THE BABY-FRIENDLY HAWAI‘I PROJECT: GUIDING HOSPITALS TO SYSTEMS SUPPORTIVE OF BREASTFEEDING

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BACKGROUND

Baby-Friendly Hawai‘i Project
- 2010-2015
- Funded through CDC Communities Putting Prevention to Work and Hawai‘i Department of Health (DOH).
- In 2009, only 1 of Hawai‘i’s 11 Maternity Care Hospitals was designated Baby-Friendly.

Project Goals
- To engage all 11 hospitals in adopting evidence-based maternity care practices to increase initiation and duration of breastfeeding (following the Ten Steps to Successful Breastfeeding).
- To help interested hospitals to prepare for Baby-Friendly Hospital designation.

RESULTS

Baby-Friendly Hawai‘i Project Results
- 1 hospital became designated
- 2 are awaiting notice of designation
- 1 started the 4-D path to designation
- All 11 participated in trainings and TA

PROJECT ACTIVITY #

<table>
<thead>
<tr>
<th>Activity</th>
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<tbody>
<tr>
<td>Trainings held (1-4 hrs)</td>
<td>50</td>
</tr>
<tr>
<td>Hospital staff trained (from all 11 hospitals)</td>
<td>876</td>
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<tr>
<td>Train-the-trainer workshops (varying from 1-5 days)</td>
<td>6</td>
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<tr>
<td>Staff trained as trainers (from all 11 hospitals)</td>
<td>28</td>
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<tr>
<td>Hospital site visits (1-2/year)</td>
<td>43</td>
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<tr>
<td>Mock Baby-Friendly visits (4-6 hrs)</td>
<td>5</td>
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BABY-FRIENDLY HAWAI‘I PROJECT KEY STEPS

1. Engage all hospitals statewide
- Not all hospitals were interested in designation, but all participated in improving policies and practices.
- Hospitals without initial interest in designation ended up starting the process.

2. Enlist support from a consultant
- The consultant was a nurse who had experience in guiding hospitals in systems-changes.
- She also developed trainings, trained staff, reviewed policies, and provided technical assistance (TA).

3. Recruit teams of champions
- Engage hospital leadership and identify staff to become project champions and trainers.
- Teams help move the project forward when leadership changes and other challenges arise.

4. Assess hospitals
- DOH and the consultant regularly assessed hospital practices, policies, and training needs.
- Policy change and staff training were the early priorities identified by hospitals.

5. Conduct site visits for TA & training
- Frequent visits maintained momentum.
- TA included policy review, “Mock Baby Friendly Visits” to prepare for designation, and other systems-change guidance.

6. Monitor project outcomes
- Informal assessments were conducted during site visits.
- State-level mPinc and Newborn Screening data were monitored and shared with hospitals.

DISCUSSION

- Improvements seen in maternity care practices, exclusive breastfeeding rates, and use of formula may have been due to participation by all hospitals in the project.
- Other factors also could have led to these trends (e.g. Joint Commission measures, leadership changes).
- Using the same pre- and post-assessment would have better shown project impacts.
- Engaging all hospitals, conducting regular visits, and providing trainers with capacity-building opportunities helped the project be successful.
- Working with a nurse consultant/trainer helped create a collaborative peer learning environment to which hospital nurses responded positively.

CONCLUSION

- State health departments are uniquely positioned to convene hospital partners statewide and can be catalysts for system-changes to improve breastfeeding.
- The Baby-Friendly Hawai‘i Project provides a framework for other state health departments to follow.

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