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Decreasing Maternal Breastfeeding Dissatisfaction During the Night Shift Related to Lactation Support

Robyn Caston

University of San Francisco, rcaston@usfca.edu

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Decreasing Maternal Breastfeeding Dissatisfaction

Decreasing Maternal Breastfeeding Dissatisfaction During the Night Shift Related to Lactation

Support

Robyn Caston

University San Francisco

School of Nursing and Health Professions

Nurs 670 Internship K8A

Cathy Coleman, DNP, R.N., CPHQ, PHN, CNL

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Decreasing Maternal Breastfeeding Dissatisfaction

Abstract

Problem

This paper will discuss the Clinical Nurse Leader (CNL) project's specific aim: to decrease maternal dissatisfaction during the night shift related to lactation support in a high-risk maternal department.

Context

Research has shown that adding lactation support improves the decision to exclusively breastfeed and increases the duration. Breastfeeding for all infants starting at birth and continuing until at least 6 months of age has been recommended by the World Health Organization, UNICEF, and the American Academy of Pediatrics. Many studies about lactation support have demonstrated the health benefits to mothers and their infants.

Interventions

A baseline survey will be given to exclusively breastfeeding mothers with either vaginal or c-section deliveries with singleton or multiple infant births. Based on results, a six-week-night shift lactation pilot program will add 24-hour lactation support for mothers who decide to breastfeed exclusively. A baseline survey highlights the need to ensure that postpartum breastfeeding support provided by lactation consultants is perceived as positive by new mothers. Post survey will identify the success of the six-week pilot. Devoted lactation consultants provide education and support for new mothers desiring to breastfeed to improve breastfeeding outcomes.

Measures

The project's process measure will be to implement lactation consultant coverage on the night shift. Each measure in the project will lead to a goal to increase maternal satisfaction. This project's global aim will be to increase exclusive breastfeeding rates from 69% to 75%, by results monitored in an in-house STATIT tracking report. The specific aim of decreasing

Decreasing Maternal Breastfeeding Dissatisfaction

maternal dissatisfaction during the night shift related to lactation support will be documented by 24 respondents completing a seven-question baseline and post-pilot survey.

Conclusion

The objective of this review was to assess if providing night shift lactation education or support using lactation consultants would improve patient satisfaction and increase exclusive breastfeeding rates.

Evidence suggests that developing and improving lactation support increases breastfeeding initiation and improves breastfeeding experiences in an atmosphere of well-being.

Keywords: breastfeeding; consultant; duration; initiation; outcomes; support.

Introduction

This paper will discuss the Clinical Nurse Leader (CNL) project's specific aim: to decrease maternal dissatisfaction during the night shift related to lactation support in a high-risk maternal department. Exclusive breastfeeding has significant and helpful long-term health benefits for mothers and their newborns. In fact, the World Health Organization (WHO) (2021) recommends that mothers exclusively breastfeed their newborns for at least the first six months of life to help infants achieve good health with optimal growth and development. For this reason, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) assembled a committee named the Global Breastfeeding Collective, and the main goal is to rally political, legal, financial, and public support for Breastfeeding (UNICEF, 2021). All mothers should have the technical, financial, emotional, and public support they need to breastfeed.

Over the past two decades, exclusive inpatient breastfeeding is defined as no other food or water other than breastmilk (World Health Organization, 2021). This definition challenges

Decreasing Maternal Breastfeeding Dissatisfaction

most perinatal microsystem rates because mothers may decide to provide formula supplementation. The evidence recommends providing lactation support, which benefits the mother's mental well-being during the postpartum period and increases exclusive breastfeeding duration (Krol & Grossmann, 2018). Lactation support is necessary because it promotes a healthy start to life and remains an important tool to support new mothers in exclusive Breastfeeding.

Breastfeeding can be overwhelming and challenging for the patients because the infant wakes several times a night to feed. La Leche League (2021) has identified that night waking is a biological norm and aids in breastmilk production. The wakefulness of the newborn can make breastfeeding a challenge to manage sleep and the high need for babies to feed. The hormones in nighttime milk make it easier for mother and infant to get to sleep and sleep in a shorter amount of time (La Leche League G.B., 2021). Therefore, lactation support is vital to ensure that families are well supported and educated around the clock, especially at night. Patel et al. (2016) suggest that developing and improving antepartum and postpartum support programs can benefit and prolong the mother's desire for exclusive Breastfeeding. These support programs can be delivered face to face in the hospital, clinic, and home via telephone contact. Lactation consultants, identified as International Board-Certified Lactation Consultants (IBCLCs), have more professional and technical skills than nurses to help mothers breastfeed their infants (van Dellen et al., 2019).

This paper will discuss the Clinical Nurse Leader (CNL) project's specific aim: to decrease maternal dissatisfaction during the night shift related to lactation support in a high-risk maternal department. This high-risk maternal-child hospital supports breastfeeding mothers, but only provides lactation support on days and evening shifts. Most evening shifts

Decreasing Maternal Breastfeeding Dissatisfaction

end at eleven o'clock, which leaves mothers without lactation support from 11 pm to 7 am. A global goal of this facility is to improve exclusive breastfeeding rates by increasing lactation support which will increase breastfeeding rates from 69% to 75% by December 31, 2021.

PROBLEM DESCRIPTION

In 2021, the Acute Care Obstetrics (ACO) department at the high-risk hospital continues to face the challenges of the Joint Commission, one of the essential healthcare governing agencies. The Joint Commission published 1 of 5 core measures (PC-05) to hold hospitals with perinatal services accountable to improve breastfeeding rates (Joint Commission, 2018). In this high-risk maternal-child microsystem, two key points are identified as the gaps in the current system on the unit. The first key point is to close the identified gap by increasing night shift support of breastfeeding mothers by providing 24-hour lactation consultation support. The second key point is to provide a well-developed lactation program that can deliver assistance with evaluating the problem and treating problems in a nurturing and supportive environment.

The current breastfeeding rate at this high-risk hospital is only 69%; therefore, the facility is missing the benchmark percentage of 80%. The inability to reach the benchmark drives the need for change. Lactation consultants are the experts that can use evidence-based and best practices to guide the workflow of the bedside nurses through a well-developed feeding plan. The internal published policy can support the best breastfeeding practices (Kaiser Permanente, 2020). The policy was last updated in 2020 and is currently accessed through the hospital's internal intranet site. In unison, all staff will review the updated breastfeeding policy, while the lactation program will be redeveloped and equally divided among all three shifts (07-1500, 1500-2300, 2300-0700) to provide 24-hour lactation support for the patients and the

Decreasing Maternal Breastfeeding Dissatisfaction

staff. The recommendation for Level III (Tertiary Care) neonatal facilities is 1.9 full-time employees (FTEs) per 1,000 deliveries (Brooks et al., 2013). This high-risk maternal child hospital has approximately 4,581 deliveries a year which will allow for 8.5 FTEs. There are currently only 4.2 FTEs lactation consultants, which identifies a 4.3 FTE shortage based on the recommended amount of lactation consultants to support the microsystem.

Along with the Northern California region, the ACO department identified 2021 as a year to focus on Breastfeeding and its many challenges. Committees have come together to share best practices to reenergize inpatient and outpatient breastfeeding. As a CNL, the use of knowledge about the microsystem, research, and evidence-based practices will assist the team in reaching 80% breastfeeding rates to align with the current benchmark.

Available Knowledge

The project will occur in the Acute Care Obstetrics (ACO) department of a high-risk hospital in Northern California. The adult population's primary diagnoses are either cesarean section or vaginal delivery. Secondary conditions identified after delivery are eclampsia (pre and severe), diabetes (gestational, type 1 & 2), postpartum hemorrhage, advanced maternal age, and chorioamnionitis. Women who deliver at this facility may have single or multiple core morbidities. Women who present with these secondary diagnoses may face barriers to success with Breastfeeding (Griffin et al., 2020).

Patient satisfaction and breastfeeding rates scores are the focal point for this quality and safety-driven unit. The ACO unit HCAHPS star rating averages four stars with a combined total of 91% overall (National Care Experience Analytics, 2020). These scores give voice to the patients that they are receiving overall exceptional care in the department.

However, HCAHPS star ratings do not include any questions about breastfeeding satisfaction.

Decreasing Maternal Breastfeeding Dissatisfaction

The breastfeeding rates for this high-risk hospital are published monthly by an in-house Statit Scorecard (STATIT) report. The most current available rates are 68% (March 2021), 67% (April 2021), and 68% (May 2021) (Kaiser Permanente, 2021). All of these statistics fall short of the previously mentioned benchmark of 80%.

Rationale

Mothers benefit from having professional lactation support that provides the extra layer of expertise and guidance to the inpatient and outpatient settings. Professional support is one-on-one counseling about breastfeeding techniques provided by a health professional (medical, nursing, or allied professionals, including those providing lactation care) (Bibbins-Domingo et al., 2016). Breastfeeding assistance in the hospital with education and ample support encourages mothers to breastfeed their infants successfully.

Research by Dennison et al. (2016) identifies that having family-inclusive, structured education and lactation support increases the decision to breastfeed and extend exclusively breastfeeding duration. As a result, UNICEF and the WHO (2011) have challenged those facilities with maternal and newborn services to increase their exclusive breastfeeding rates and implement the Ten Steps to Successful Breastfeeding. The Ten Steps to Successful Breastfeeding identifies that lactation support is vital to ensuring that families are well supported and educated (van Dellen et al., 2019). Due to the bedside nurses' other responsibilities, Breastfeeding can be a problematic issue for them to adequately address, but lactation consults can ease the care load by managing those patients with breastfeeding challenges.

New mothers who choose to breastfeed exclusively may struggle with the idea and reality that nighttime feedings are biological. Mothers are more likely to give up on

Decreasing Maternal Breastfeeding Dissatisfaction

Breastfeeding due to frustration, lack of education, and the perception of the lack of consistent support. By providing extra support around-the-clock, lactation consultants can increase mothers' satisfaction and increase the decision to breastfeed exclusively.

Specific Aim

The project's specific aim is to decrease maternal dissatisfaction during the night shift related to lactation support on a high-risk maternal unit.

Context

Breastmilk has been identified by the WHO (2021) as the most optimal way to ensure that infants receive a great start to life. With that being said, providing support to mothers who choose to breastfeed exclusively is essential. Recent effort has been made to understand which maternal interventions support mothers who exclusively breastfeed. Even though research primarily focuses on measuring outcomes, little work has been done to find specific interventions that allow mothers to feel educated and have adequate support (Leeming et al., 2017).

In the attempt to understand the decision to breastfeed, an interpersonal relationship must begin with the lactation consultant. The relationship between the lactation professional encourages patient engagement and initiates the necessary support for the patient to become successful (DeFoor & Darby, 2020).

Decreasing Maternal Breastfeeding Dissatisfaction

Microsystem Assessment

A microsystem assessment of a high-risk hospital was completed and used to review the department's delivery of quality patient care. The assessment identified the following quality gaps: (a) inconsistent lactation support on all three shifts; (b) current breastfeeding rates at 69%, which is below the 80% benchmark (c) lactation support for day and evening shifts only, which leads to decrease satisfaction with lactation support (Patel & Patel, 2015) (see Appendix A).

IHI Culture Assessment

By prioritizing the identified gaps in care and staff workflows, the unit can set into motion by initiating the first IHI aim—improving the patient's experience (See Appendix B). The model for improvements will guide the project using the Plan, Do, Study, Act (PDSA) cycle to test and implement change (Bender et al., 2019). The lateral collaboration will ensure that all those invested have the avenue and the ability to provide feedback throughout the process. The process of a microsystem change should include five stages 1) Planning, 2) Intervention or Training, 3) Reassessment, 4) Sustainability Period, and 5) Data Review.

Along with Lippit's theory, the QSEN resource tool kit continuously seeks to improve quality and safety in the microsystem by providing bedside nurses and lactation consultants with breastfeeding knowledge, skills, and mindset (KSAs). The QSEN website provides the Clinical Nurse Leader with developing unique evidence-based clinical designs (2020). The CNL leader facilitates the process for stakeholders to have an organized and inclusive way to identify, implement, and measure the success of breastfeeding rates.

Decreasing Maternal Breastfeeding Dissatisfaction

SWOT Analysis

A Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis was completed in the project's planning phase. The SWOT analysis allowed the team to discover focused recommendations and strategies by identifying the leveraging strengths and opportunities to overcome weaknesses and threats. The SWOT analysis is displayed in Appendix C.

ROI Plan

Choosing not to breastfeed exclusively may be a parent's choice, but research has shown that formula feeding is a significant contributor to U.S. illness and healthcare costs (Smith, 2019). Overall, estimates suggest that if 80 percent of mothers breastfeed exclusively for six months, the United States could save \$10.5 billion in health care costs in the infant's first year of life alone (Kapinos et al., 2016). There would be approximately \$200,000 savings per year in excess pediatric and maternal healthcare costs in this high-risk facility. According to recommendations, the estimated savings would be \$3,275,000 per year in the U.S., causing economic losses per person who were not breastfeeding, estimated to equal \$210.13 billion annually worldwide. (Walters et al., 2019).

The AAP (2020) reminds us that lactation supports encourage mothers to exclusively breastfeed up to 6 months. The lactation consultant's salary is approximately \$150,000 annually (See Appendix D). Based on the current shortage of lactation consultants identified in the microsystem assessment, a total of 4.3 FTE shortage has been noted. For this reason, there would need to be an increased potential salary gain of \$600,000 annually to provide quality and safe lactation support. The proposed project intervention's estimated financial analysis and

Decreasing Maternal Breastfeeding Dissatisfaction

return on investment (ROI) demonstrated a relatively low-cost program compared to the potential loss of \$3,275,000 per year in the U.S. for those who do not breastfeed.

Interventions

Unquestionably, exclusive breastfeeding has insurmountable benefits, not only for the infant but for the mother as well. With that said, a project must provide structured and well-designed interventions to drive change of culture and a change in practice. A high-quality and safe practice environment promotes a setting where mothers can have the support they need to thrive (2020). Therefore, this project should positively impact how mothers view lactation support on the night shift. To facilitate this project, a baseline survey will be given to thirty patients in two weeks who meet the following criteria to identify the dissatisfaction on the night shift: 1) The pre-survey participants will be either vaginal or c-section deliveries with singleton or multiple births. 2) The mother must have been exclusively breastfeeding during the entire stay, and 3) the infant(s) should be normal newborns with no medical issues that warrant formula supplementation. (See Appendix E for baseline and comparative survey).

A lactation consultant or support person program will need to be developed using identified nighttime support processes for the lactation professional. Night shift brings a new set of specific challenges and is highly important in establishing breastfeeding (La Leche League G.B., 2021). As noted by QSEN (2020), there needs to be a display of evidence-based knowledge to promote research into patient care. The lactation team will need to outline how to educate mothers about sleep deprivation and realistic expectations. Additionally, they will need to support breastfeeding mothers with physical and emotional trials. The lactation

Decreasing Maternal Breastfeeding Dissatisfaction

consultant or support champion will need to equip mothers with many tools in a short amount of time.

The post-survey will be given at the end of the eight-week project to collect data for outcome measures. QSEN (2020) directs the CNL to engage the patients in active interest in fostering health promotion, safety, well-being, and self-care management. Without a doubt, importance should be placed on listening to the patients and their partners to provide exceptional patient-focused care.

Measures

Using measures help teams evaluate if the change has been successful in causing positive outcomes (Institute for Healthcare Improvement, 2021). Metrics measures quantitative and qualitative assessment commonly used for assessing, comparing, and tracking performance or production. Generally, a group of metrics will typically be used to build a dashboard that management or analysts regularly review to maintain performance assessments, opinions, and business strategies.

This project's global aim will be to increase exclusive breastfeeding rates from 69% to 75%, which an in-house STATIT report will track. The specific aim of decreasing maternal dissatisfaction during the night shift related to lactation support will be documented by 80% of respondents completing question seven on the baseline and comparative survey. The baseline data will be quantified by a pre-survey given in the early dates of the project (See Appendix F).

Decreasing Maternal Breastfeeding Dissatisfaction

IHI's Model for Improvement (IHI, 2021) establishes the family of measures: (a) outcome measures are specific goals or outcomes the intervention is focused on, (b) balancing measures are consequences or unintentional impact of the intervention to the other part of the system or workflow, (c) process measures are the interventions to be monitored that will directly contribute or drives the outcome. The project's process measure will be to implement lactation consultant coverage on the night shift. Each measure in the project will lead to a goal to decrease maternal satisfaction.

Ethical Consideration

The attainment of the project's goal is based on how well the CNL learns the microsystem and provides a vision that can positively change (King et al., 2019). As a CNL, it is imperative to act with the highest integrity by setting attainable goals, discussing human rights often, and ensuring the team is displaying dignity and respect (American Nurses Association, 2015). A leader has the responsibility to carry out moral courage with self-knowledge and assertiveness. A CNL can mentor the team to communicate and articulate the need for clarity when an ethical issue is identified (King et al., 2019). Therefore, the CNL leads in steering quality and safety, and outcomes while ensuring that human rights are upheld.

Research (2018) shows that religion and culture play a vital role in how a patient will respond to Breastfeeding. Leaders in the microsystem must identify that the team has an obligation to view these ethical considerations and empower change without bias. Bias can cloud one's judgment, which allows for adverse outcomes. Breastfeeding for a mother is a personal choice, and the mother should not feel pressured to go against her cultural beliefs. The CNL can influence and create an atmosphere of change and inclusivity. Leverage the value of the

Decreasing Maternal Breastfeeding Dissatisfaction

microsystem and empower the frontline team with evidence-based knowledge and understanding.

As a person who influences the whole team, the best way to communicate with the team is to refer back to the common goal of reaching successful outcomes. Moreover, it is with that goal in front; a leader can encourage a culture or an environment of positive change. Culture change leads to receptive staff and positive patient outcomes. Breastfeeding can be overwhelming and challenging for the bedside nurse, but lactation consults can ease the care load by managing those patients with challenges (La Leche League, 2021) and foster feelings of beneficence.

A non-research statement of determination was submitted to the University of San Francisco School of Nursing and Health Professions' Institutional Review Board (IRB). The project has been considered a non-research practice and an evidence-based change project. This project has been approved as a quality improvement project by faculty using Quality Improvement review guidelines and does not require IRB approval (See Appendix G).

Methodology

Lippitt's Change Theory provides helpful guidelines and a framework that aids change in the healthcare environment. (See Appendix H for the list of phases). This change theory focuses more on the role and responsibility of the change agent than the evolution of the change itself. Information is continuously exchanged throughout the process (Kritsonis, 2018). Lippitt's theory expounds on four elements by suggesting the 7-phase process to illicit change that validates the CNL as a change agent. In the beginning phase, there is a need to perform a quality and comprehensive assessment of the feedback about breastfeeding support, motivating the team by

Decreasing Maternal Breastfeeding Dissatisfaction

identifying the resources and developing strategic action plans. My role as the CNL assists in empowering, facilitating, and providing accountability to the project.

The individual stages of the project moved sequentially and required the engagement of each team member. Nurse leaders are increasingly responsible for excellence and outcomes, as demonstrated by evidence-based practices introduced into the microsystem (King et al., 2019). The team collectively developed a simple seven-question survey that will be given to 30 breastfeeding mothers in a high-risk maternal unit. (See Appendix I). The exclusively breastfeeding mothers received a baseline survey in pen and paper and were given ample time to complete it before discharge. Mothers were either vaginal or c-section with single or multiple births at the time of delivery. It was essential to ensure that the newborns had no medical issues, which would require giving formula. Surveying the patients will provide the context for problem identification and the action needed to provide adequate night shift breastfeeding support (King et al., 2019).

The team will use and continue monitoring the intervention progress through the Plan-Do-Study-Act (PDSA) process, which is extremely helpful to track and evaluates changes in the microsystem (Institute for Healthcare Improvement, 2021). The PDSA enables modifications to occur as needed and provides feedback on the workflow processes. As a result, new standards may become available to provide positive feedback for lactation support on the night shift. In the role of a transformational leader, identifying high-value, high-impact, evidence-based steps that promote better patient outcomes will provide helpful information for quality improvements, better decision making, and financial responsibility in any microsystem.

Results

This survey will be used to help drive motivation for providing lactation support on the night shift. Baseline data can identify essential high-quality environmental resources that may be a potential risk for the microsystem (Mc Koen et al., 2009). Before the survey was created, ANM leadership rounds were performed in June 2021, and a weekly theme was documented in a 4-week log binder. (See Appendix J). The four central themes were categorized into two categories: 1) Lack of staff and resources and 2) patient satisfaction. It became clear that there was some traction around patients not being satisfied with the lack of consistent lactation support for breastfeeding in the high-risk maternal unit.

Data is a critical component of a quality improvement process. Data lays the groundwork to document the existence of a problem, the result of the problematic outcome, and documents whether an intervention results in an actual improvement (Harris et al., 2018). As referenced in the prior methodology, a baseline survey of seven closed-ended questions was given to 24 exclusively breastfeeding mothers for the sake of collecting subjective data. The timing of the survey was decided to collect data from the patient before discharge while the experience was fresh on the patient's mind.

Patient Survey

The patient survey was a survey that was given to breastfeeding mothers to help identify the need for having lactation support extended to the night shift. The current workflow is allotted for day and evening shift lactation support. The questionnaire consisted of seven questions, all surrounding satisfaction of breastfeeding support divided on the day, evening, and night shift. One of the seven questions asked if a lactation consultant saw the patient during their inpatient experience. Only 34 percent of the patients surveyed were seen by a lactation consultant. This

Decreasing Maternal Breastfeeding Dissatisfaction

low percentage was the result of the inconsistency of lactation consultants available 24 hours a day, seven days a week.

In the finalizing survey results, the night shift was perceived as the most challenging and the least supported shift, but 62.5% were satisfied with the support they received during the night shift. Even though the patients seemed to be more than 62% satisfied with the night shift, it was documented that the lactation consultant workflow and the lack of staff availability contributed to inconsistent lactation support on all three shifts.

Discussion

Decreasing maternal breastfeeding dissatisfaction on the night shift is strategically vital for improving health, not just for infants in one unit of a hospital but for all hospitals helping mothers deliver their infants. Breastfeeding is known to be the best nutrition for infants. The WHO and UNICEF recommend that every mother breastfeeds exclusively for 6 months and then continue breastfeeding for up to 2 years (UNICEF, 2021; World Health Organization, 2021). While many mothers state their intended wishes to exclusively breastfeed, many mothers tend to become frustrated and overwhelmed during night shift frequent infant feedings.

Globally improvements are needed to support mothers who decide to breastfeed exclusively by providing adequate education and consistent lactation support. Patel et al. (2016) suggest developing and improving intrapartum and postpartum support programs that can be delivered face-to-face in the hospital.

It raises concern for this high-risk maternal hospital that 64% of the patients surveyed did not receive any lactation support. Patel et al. (2016) pinpoint that early and consistent support is critical for establishing an adequate milk supply and increasing breastfeeding duration.

Performing leadership rounds for a month allowed me to gain insight into the patients' concerns

Decreasing Maternal Breastfeeding Dissatisfaction

about night shift breastfeeding challenges. As written in the results, two themes became apparent during leadership rounds, insufficient lactation support and patient satisfaction. The leadership rounding log contributed the qualitative data to cause further research about supporting breastfeeding mothers during the extremely important night shift.

Next Steps

The project was not thoroughly implemented due to a job transfer and promotion to an OBGyn clinic. An implementation plan was coordinated with the quality nurse for the high-risk maternal child to implement the project at a later date. Instead, the focus was placed on building a quantitative base to model the financial impact of changes adding full-time employees (FTEs) for lactation.

The recommendations for maternal child facilities equates to 1.6 FTEs per 1000 births for a level 2 NICU and 1.9 FTEs for a level 3 NICU (Mannel & Mannel, 2006). The microsystem currently has 4.2 FTEs lactation consultants, which again identifies a 4.3 FTE deficit of lactation consultants to support the facility successfully. In addition to identifying this project's financial and clinical benefits, the business case incorporates the Quality and Safety Education for Nurses (QSEN) competencies of quality, evidence-based practice, and patient-centered care. Quality is demonstrated by describing strategies for improving outcomes at all points of care. To address patient-centered care, it analyzes the factors that create barriers to patient-centered care and creates plans to address barriers in care settings that prevent fully integrating patient-centered care (Nkrumah & Abekah-Nkrumah, 2019). Lastly, evidence-based practice is demonstrated by providing knowledge of health research methods and processes, thus leading to new knowledge for practice. While preparing the business plan, the key findings from the literature search found that the AAP recommends exclusive breastfeeding for the first six months of life, formula

Decreasing Maternal Breastfeeding Dissatisfaction

feeding is a significant contributor to U.S. illness and healthcare costs, and the lack of lactation support negatively impacts patient satisfaction scores.

California is currently ranking at 86%, while the national average is 79% of exclusively breastfeeding mothers (California WIC Association & UC Davis Human Lactation Center, 2020). Approximately 75% of Northern California hospitals still give healthy babies some formula in the first days of life, even when moms say they want to breastfeed. Inpatient exclusive breastfeeding rates rose from 56.6% to 70.4% in California in the last five years. Exclusive breastfeeding mothers need adequate and specialized support to carry out their expressed plan of care. Research has shown that breastfed infants are more likely to have fewer diseases in childhood and adult years (Ben-Joseph, 2018). The United State's overall savings of \$13 billion annually can be achieved in healthcare costs due to healthier adults from breastfed babies.

Not only does the United States want to excel, but the entire world is in a race to align its healthcare systems with the recommendations of our governing agencies for best practices in Breastfeeding. Underdeveloped countries have an advantage at this point because they have yet to have accessibility to formula. They must rely on nature to feed their infants.

Stakeholders will then need to invest in hiring at least one full-time employee and possibly 1 per diem to fill in for the days not covered by a full-time employee. The full-time employee will need to be in a benefited position. The positions need to be created in the Taleo system and approved. Due to the length of time for approval, the next best plan is to alter the current Lactation consultants schedule to cover at least four hours of the night shift to complete a 6 week pilot for partial night shift coverage.

Decreasing Maternal Breastfeeding Dissatisfaction

Eight Week Pilot

Once lactation support has been identified, an eight-week pilot should be put into place to sustain a consistent lactation support program. The lactation consultants would be placed on orientation for three eight-hour shifts to learn about the specific nighttime maternal and infant behaviors. The orientation would focus on educating the mother that hormones during night feedings make it easier for mother and infant to sleep. That being said, milk produced any other time may not have the same effect (La Leche League G.B., 2021). During the night hours, prolactin hormone levels are produced naturally to support milk production. Therefore, infants that feed frequently signal the mother's body to produce more milk. Breastmilk during this time is high in the amino acid tryptophan, which helps an infant make melatonin (La Leche League G.B., 2021). Lactation consultants can be an enormous resource for the mothers who decide to breastfeed, but the partner can also be a great resource to mothers in this tough time for Breastfeeding. For example, the partner can assist the mother by being with the infant in the early morning hours, giving the mom a little time to rest. Good communication is beneficial and instructing the mother to ask for help with specific tasks other than breastfeeding and be clear about the kind of support they need. The lactation consultant can help with setting the expectation and tone of the breastfeeding journey.

The eight-week pilot uses the PDSA cycle to document the test change once the interventions are initiated in the project (Institute for Healthcare Improvement, 2021). Each week the lactation consultants will meet to debrief with the team to identify weekly themes. Once the theme is identified, the lactation team will plan for an intervention to be initiated the following week. This cycle will continue until the seventh week, every week evaluating progress at the end of the week.

Decreasing Maternal Breastfeeding Dissatisfaction

In order to quantify the effect of change, a post-survey will be used to compare the results from the baseline survey. Once results are tabulated and compared, the percentage of change determines if the presence of a designated lactation professional on the night shift is essential to promoting exclusive breastfeeding before hospital discharge in a high-risk maternal department.

Conclusion

The CNL project that has been presented allowed me to practice the skills to identify a problem and develop a quality improvement project. There is a worldwide campaign for mothers to breastfeed their infants exclusively (UNICEF, 2021; World Health Organization, 2021).

With this in mind, perinatal departments need to foster and invest in developing its lactation program to support mothers 24 hours a day. Patel (2016) identified that lactation education and support interventions could increase initiation, duration, and incidence of Breastfeeding.

Lactation consultants have the luxury of one-on-one time with a mother who may be experiencing challenges—unquestionably adding value to the idea that Breastfeeding provides healthier outcomes for mothers, infants, and children around the world.

Mothers and infants that need support, especially at night, rely on lactation consultants to provide technical skills, knowledge, and guidance. The WHO states that breastfeeding mothers should have access to certified lactation consultants who can help to build a mother's confidence, improve feeding techniques, and prevent or resolve breastfeeding problems (Mannel & Mannel, 2006).

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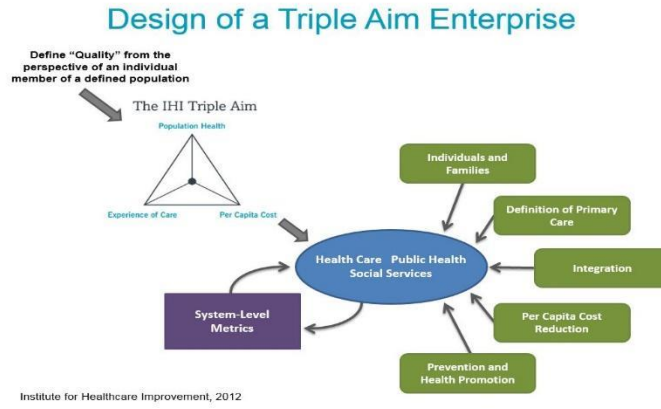
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Decreasing Maternal Breastfeeding Dissatisfaction

Secretaries Total	4 total					psychology, urology, pulmonary, surgery, pulmonary, radiology, infectious disease, gastroenterology		
Clinical Resource Coord.	0							
Social Worker	2							
Health Service Assts.	0							
Ancillary Staff/Birth Clerk	2 total							
Do you use Per Diems?		___X___ Yes ___NO		Staff Satisfaction Scores		%		
Do you use Travelers?		___X___ Yes ___NO		How stressful is the unit?	% Not Satisfied			
Do you use On-Call Staff?		___Yes ___X___ NO		Would you recommend it as a good place to work?	% Strongly Agree			
Do you use a Float Pool?		___X___ Yes ___NO						
*Each staff member should complete the Personal Skills Assessment and "The Activity Survey", pgs 10 - 12								
D. Know Your Processes: How do things get done in the microsystem? Who does what? What are the step-by-step processes? How long does the care process take? Where are the delays? What are the "between" microsystems handoffs?								
1. Create flow charts of routine processes.			Do you use/initiate any of the following?					
<ul style="list-style-type: none"> a) Overall admission and treatment process b) Admit to Inpatient Unit c) Usual Inpatient care d) Change of shift process e) Discharge process f) Transfer to another facility process g) Medication Administration h) Adverse event 			Check all that apply <input checked="" type="checkbox"/> Standing Orders/Critical Pathways <input checked="" type="checkbox"/> Rapid Response Team <input type="checkbox"/> Bed Management Rounds <input checked="" type="checkbox"/> Multidisciplinary/with Family Rounds <input type="checkbox"/> Midnight Rounds <input checked="" type="checkbox"/> Preceptor/Charge Role <input checked="" type="checkbox"/> Discharge Goals			Capacity	# Rooms __20__	# Beds __20__
						# Turnovers/Bed/Year _____		
						Linking Microsystems		
						Labor & Delivery ER OR ICU MRI/CT Scan, Intervention Radiology		
2. Complete the Core and Supporting Process Assessment Tool, pg 14								
E. Know Your Patterns: What patterns are present but not acknowledged in your microsystem? What is the leadership and social pattern? How often does the microsystem meet to discuss patient care? Are patients and families involved? What are your results and outcomes?								
<ul style="list-style-type: none"> • Does every member of the unit meet regularly as a team? Not since Pandemic, but the Huddle message is posted and must be signed off by all staff. 			<ul style="list-style-type: none"> • Do the members of the unit regularly review and discuss safety and reliability issues? Management teams meet quarterly and as needed based on unit needs. 			<ul style="list-style-type: none"> • What have you successfully changed? Breastfeeding workflow and implementing change to foster a more supportive unit. 		
						<ul style="list-style-type: none"> • How frequently? Monthly 	<ul style="list-style-type: none"> • What are you most proud of? Staff teamwork and engagement of the staff involved in active projects on the unit. 	
<ul style="list-style-type: none"> • What is the most significant pattern of variation? Breastfeeding, pain, 			*Complete "Metrics that Matter", pgs 20 & 21					

Appendix B

Triple Aim



Source: Institute for Healthcare Improvement. (2012). *The IHI triple aim initiative*.

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Decreasing Maternal Breastfeeding Dissatisfaction

Appendix C

SWOT Analysis

SWOT ANALYSIS for 24-7 Lactation Consultants

S	Strengths <ul style="list-style-type: none">• Increase exclusive breastfeeding rates• Support for mothers 24 hours a day which will build mothers confidence• Training for staff with challenging latches• Increase personalized support/Resources for patients• Marketing edge advertising 24-7 consultant available• Competence increase with staff	W	Weaknesses <ul style="list-style-type: none">• Nurses become more challenged with helping with difficult cases.• Decreased skills for nurses• Inability for lactation to visit necessary patients• Patients may not trust that staff can help
O	Opportunities <ul style="list-style-type: none">• Improvement in our reputation• Improvement in quality for breastfeeding• Emotional support for parents• Innovation and technology development• Improvement with patient satisfaction with breastfeeding	T	Threats <ul style="list-style-type: none">• Increased cost• Price inflation/deflation• Job dissatisfaction• Loss of lactation staff• Inability to fill open positions

Appendix D

Lactation Cost Analysis

Annual Lactation Consultant's Payroll 4-year Projection				
Employee	Annual Estimated salary Dollar to be Paid	Year 2 with 4% Merit/inflation	Year 3 with 4% Merit/Inflation	Year 4 with 4 % Inflation
Lactation 1	\$ 150,000.00	\$ 160,000.00	\$ 170,000.00	\$ 181,200.00
Lactation 2	\$ 150,000.00	\$ 160,000.00	\$ 170,000.00	\$ 181,200.00
Lactation 3	\$ 150,000.00	\$ 160,000.00	\$ 170,000.00	\$ 181,200.00
Lactation 4	\$ 150,000.00	\$ 160,000.00	\$ 170,000.00	\$ 181,200.00
Grand Total	\$ 600,000.00	\$ 640,000.00	\$ 680,000.00	\$ 724,800.00

Decreasing Maternal Breastfeeding Dissatisfaction

Appendix E

Pre-Post Patient Survey

AIM: Decrease maternal dissatisfaction during the night shift by 15% related to Lactation Support on High-Risk Maternal Unit.

1. What shift do you feel the least supported on regarding Lactation Support?
 - a. Day 0700-1500
 - b. PM 1500-2300
 - c. Nights 2300-0700
2. What shift do you feel the most supported on regarding Lactation Support?
 - a. Day 0700-1500
 - b. PM 1500-2300
 - c. Nights 2300-0700
3. What shift was the most challenging for Breastfeeding?
 - a. Day 0700-1500
 - b. PM 1500-2300
 - c. Nights 2300-0700
4. Did you receive a visit from a Lactation Consultant?
Yes
No
5. From 1-5, how satisfied are you with Lactation Support on Day shift (0700-1500)? (Please Circle)
1-Not very satisfied
2-Partially satisfied
3-Satisfied
4-More than satisfied
5-Very satisfied
6. From 1-5 how satisfied are you with Lactation Support on Evening shift (1500-2300)? (Please Circle)
1-Not very satisfied
2-Partially satisfied
3-Satisfied
4-More than satisfied
5-Very satisfied
7. From 1-5, how satisfied are you with Lactation Support on Night shift (2300-0700)? (Please Circle)
1-Not very satisfied
2-Partially satisfied
3-Satisfied
4-More than satisfied
5-Very satisfied

Appendix F

Project Charter

Project Charter: Decreasing maternal breastfeeding dissatisfaction during the night shift related to lactation support in a high-risk, acute care obstetrics microsystem.

Global Aim: To improve exclusive breastfeeding rates from 69% to 75% by December 31, 2021.

Specific Aim: By October 31, 2021, a decrease in maternal dissatisfaction during the night shift related to lactation support will be documented by 80% of respondents completing question seven on a baseline and comparative survey.

Background:

Exclusive breast milk feeding for the first six months of neonatal life has long been the expressed goal of the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP), and Centers for Disease Control and Prevention (CDC) (American Academy of Pediatrics, 2012; Centers for Disease Control and Prevention [CDC], 2020; Office of the Surgeon General, 2021; UNICEF, 2021; World Health Organization, 2021). The evidence recommends that providing lactation support benefits the mother's mental well-being during the postpartum period and increases exclusive breastfeeding duration (Krol & Grossmann, 2018). The Joint Commission (TJC) published 1 of 5 core measures (PC-05) to hold hospitals with perinatal services accountable to improve breastfeeding rates (Joint Commission, 2018). Evidence has now recentered focus on the importance of lactation support for mothers who decide to exclusively breastfeed (Centers for Disease Control and Prevention [CDC], 2020; Anstey et al., 2017; Chetwynd et al., 2019; Francis et al., 2020; Patel & Patel, 2015). Implementation of evidence-based supportive hospital practices can improve exclusive breast milk feeding rates.

Sponsors

Chief of Pediatrics	Acute Care Obstetrics Manager
Chief Nursing Officer	
Quality Consultant Nurse	

Goals

1. To provide a reliable lactation program created with evidence-based practices that effectively support mothers who decide to breastfeed exclusively, which includes:

- 24-hour lactation Support – 7-3pm; 3-11pm; 11pm-7am
- Evaluation on the baseline and comparative survey patients about breastfeeding support on night shift.

Decreasing Maternal Breastfeeding Dissatisfaction

- Guidance to hospital staff to only disrupt breastfeeding with supplementary feedings in cases of medical emergencies.
- Monitoring in-house data by using STATIT report to provide meaningful breastfeeding data that drives performance improvement.

Measures

Measure	Data Source	Target
Global Aim Outcome		
% Patients who are breastfeeding exclusively while inpatient	STATIT Report	75%
Specific Aim Outcome		
% Patients that are satisfied with lactation support at night	Post Survey Results	15% > than pre-survey
Process		
Implementing lactation consultant coverage	K.P. Schedule	50%=28 hrs a week
Balancing		
Monitor % of feeding that use formula	Healthconnect	Weekly

Team

Change Agent/Lead	RC
Manager Lead	ML
MD Co Lead	TBD
RN Co Lead	LT
CNS/Educator	RL
Quality Nurse	SR
Staff Nurse	MC, PM
MD Champions	TBD
Assistant Nurse Manager Assist	SM,KC,DH, MB

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Appendix G

Measurement Strategy

Background: To improve exclusive breastfeeding rates from 69% to 75% by December 31, 2021.

Population Criteria: Exclusive breastfeeding inpatient mothers in a high-risk, acute care obstetrics microsystem.

Data Collection Method: Data will be obtained regarding breastfeeding rates from the STATIC report; then, baseline and comparative patient surveys from a sample of 30 patients will be conducted. Beginning January 2022, a patient survey will be given quarterly to assess the level of satisfaction on the night shift.

Data Definitions

Data Element	Definition
Exclusive Breastfeeding (inpatient only)	No other food or water other than breastmilk during the hospital stay.
Breastfeeding Rates (STATIT report)	The percentage of infants fed exclusively with breast milk while in the hospital monthly divided by the total amount of babies delivered monthly X 100.
International Board-Certified Lactation Consultant (United States Lactation Consultant Association, 2021)	The International Board-Certified Lactation Consultant (IBCLC) is a member of the maternal-child healthcare team with specialized skills in breastfeeding care and management. The IBCLC credential is the highest certification and the only internationally recognized credential in the field of lactation
TJC	The Joint Commission- an accreditation group that develops and upholds patient safety and care standards for hospitals and other healthcare organizations.
PC05	Exclusive breast milk feeding during the newborn's entire hospitalization. The measure is reported as an overall rate that includes all newborns that were exclusively fed breast milk during the entire hospitalization.
Couplet	A mother and baby are cared for together, as a pair or "couplet," during their entire hospital stay by the same nurse.

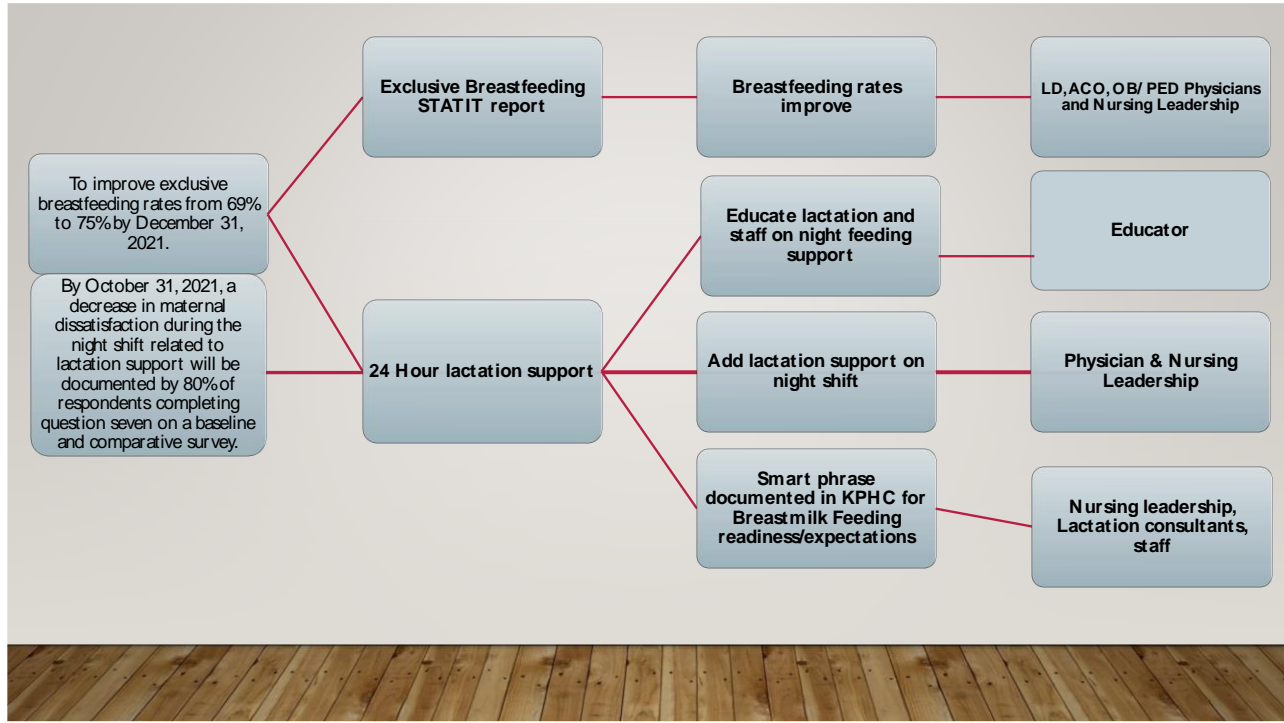
Decreasing Maternal Breastfeeding Dissatisfaction

Measure Description

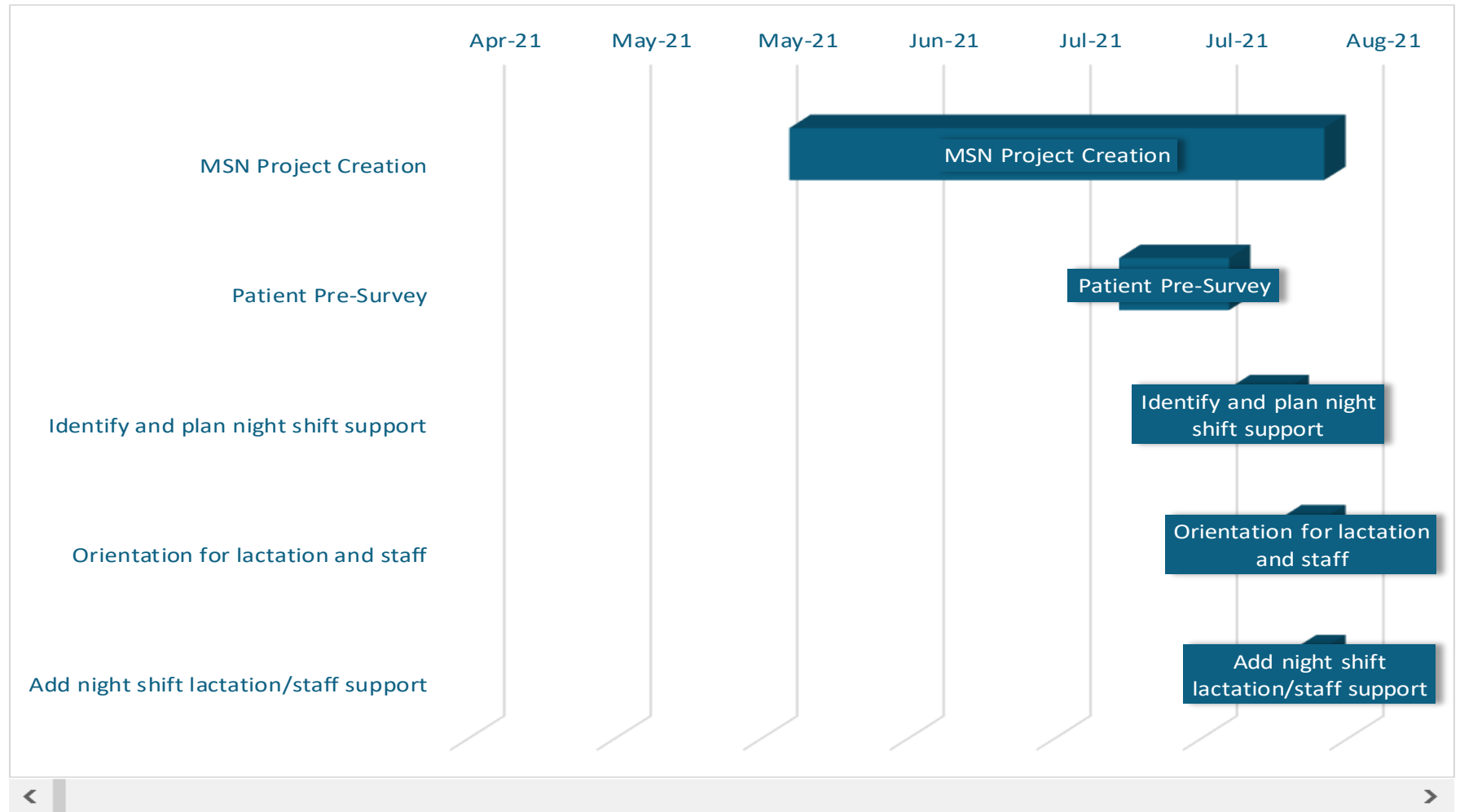
Outcome Measure	Measure Definition	Data Collection source	Goal
Global Aim Outcome			
Newborn infants, in a couplet who receive exclusive breast milk feeding without formula supplementation.	N=# exclusive breastfeeding D=# total infants that meet criteria	STATIC report	75%
Specific Aim Outcome			
% Patients that are satisfied with lactation support at night	N= # Dissatisfied patient D=# patients surveyed	Survey results	50%
Process			
Implementing lactation consultant coverage	Interviewing and hiring more lactation consultants.	Teleo	28 hours a week
Balancing			
Monitor % of feeding that use formula	N=#of infants that are receiving formula D= # of infants that are exclusively breastfeeding	Healthconnect	Below 25%

Appendix H

Driver Diagram



Appendix I
Gantt Chart



Appendix J
CNL Competencies

CNL Role Competencies	Description
<p>Advocate for the Interdisciplinary team: Assume a leadership role in effectively implementing patient safety and quality improvement initiatives within the context of the interprofessional team using effective communication (scholarly writing, speaking, and group interaction) skills.</p>	<p>Collaborate with a multidisciplinary team made up of physicians, nursing management, quality nurse, educator, lactation consultants, and staff to outline and manage improvements in patient care and safety.</p>
<p>Lifelong learner: Use quality processes and improvement science to evaluate care and ensure patient safety for individuals and communities.</p>	<p>During this project, research and evidence-based practices will be used to focus and guide each team member to reach the anticipated goal.</p>
<p>Information manager: Evaluate outcome data using current communication technologies, information systems, and statistical principles to develop strategies to reduce risks and improve health outcomes.</p>	<p>Formulating a case for change by using microsystem data, evidence, cost figures, and baseline breastfeeding data to help support the project.</p>

Appendix K

Changes to Test

1. A baseline survey will be given to the following patients to identify the level of dissatisfaction on the night shift that has started breastfeeding exclusively after delivery:
 - Mothers that have either a vaginal or c-section with single or multiple births at time of delivery.
 - The mothers with normal newborns that have no medical issues, which require the use of formula.
2. Orient a new lactation consultant for the patient's needs.
3. Pilot program with additional lactation support on night shift.
4. Baseline and comparative survey given to exclusive breastfeeding mothers to determine the percentage who are satisfied with lactation support on night shift.

Appendix G

Statement of Determination

CNL Project: Statement of Non-Research Determination Form**Student Name:** Robyn Caston**Title of Project:**

Decreasing Maternal Breastfeeding Dissatisfaction During the Night Shift Related to Lactation Support.

Brief Description of Project:

A) Aim Statement: The project's specific aim is to decrease maternal dissatisfaction during the night shift by 15% related to lactation support on a high-risk maternal unit.

B) Description of Intervention:

1. Create a business case to justify the expansion of lactation consultation during the night shift.
2. Orient lactation consultants to the needs of patients during the night shift.
3. Implement a pilot program with additional lactation consultation support on the night shift.
4. Recommend a sustainability plan for program continuation starting January 2022.

C) How will this intervention change practice?

The business case justification and project interventions are anticipated to confirm that implementing 24-hour lactation coverage will help provide an environment that increases patient satisfaction with lactation support. This project will also reinforce to key stakeholders that a gap between the current FTEs and the recommended FTEs is necessary. There are currently only 4.2 FTEs lactation consultants, which identifies a 4.3 FTE deficit of lactation consultants to support the facility effectively.

Mannel, R., & Mannel, R. S. (2006). Staffing for Hospital Lactation Programs: Recommendations From a Tertiary Care Teaching Hospital. *Journal of Human Lactation*, 22(4), 409–417. <https://doi.org/10.1177/0890334406294166>

D) Outcome measurements:

Global Aim

% Patients who are breastfeeding exclusively while inpatient

Specific Aim

% patients that are satisfied with lactation support at night = 15% increase from pre-survey

Process

Implementing lactation consultant coverage

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used: (<http://answers.hhs.gov/ohrp/categories/1569>)

This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Students may proceed with implementation.

This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

6

Instructions: Answer YES or NO to each of the following statements:

Project Title: Decreasing Maternal Breastfeeding Dissatisfaction During the Night Shift Related to Lactation Support.	YES	NO
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	X	

The specific aim is to improve performance on a specific service or program and is a part of usual care . ALL participants will receive standard of care.	X	
The project is NOT designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does NOT follow a protocol that overrides clinical decision-making.	X	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does NOT develop paradigms or untested methods or new untested standards.	X	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does NOT seek to test an intervention that is beyond current science and experience.	X	
The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	X	
The project has NO funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	X	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., not a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	X	
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: <i>This project was undertaken as an Evidence-based change of practice project at Kaiser Santa Clara hospital and as such was not formally supervised by the Institutional Review Board.</i>	X	

ANSWER KEY: If the answer to **ALL** of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. **IRB review is not required. Keep a copy of this checklist in your files.** If the answer to ANY of these questions is **NO**, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

Appendix H

Lippitt's Change Theory 7 Phases

Lippitt's theory includes seven steps to implement a change, as follows:

- 1) Diagnosing the problem
- 2) Assess motivation and capacity for change
- 3) Assess the change agent's motivation and resources. A change agent is a person who implements the change (examples of change agents: cheerleader, facilitator, expert)
- 4) Select progressive change objective; Develop action plans, and establish strategies
- 5) Choose the appropriate role of the change agent
- 6) Maintain change through strong group dynamics
- 7) Terminate the helping relationship.

Appendix I

Baseline Patient Survey- Questions

AIM: Decrease maternal dissatisfaction during the night shift by 15% related to Lactation Support on High-Risk Maternal Unit.

1. What shift do you feel the least supported on regarding Lactation Support?
 - a. Day 0700-1500
 - b. PM 1500-2300
 - c. Nights 2300-0700
2. What shift do you feel the most supported on regarding Lactation Support?
 - d. Day 0700-1500
 - e. PM 1500-2300
 - f. Nights 2300-0700
8. What shift was the most challenging for Breastfeeding?
 - a. Day 0700-1500
 - b. PM 1500-2300
 - c. Nights 2300-0700
9. Did you receive a visit from a Lactation Consultant?

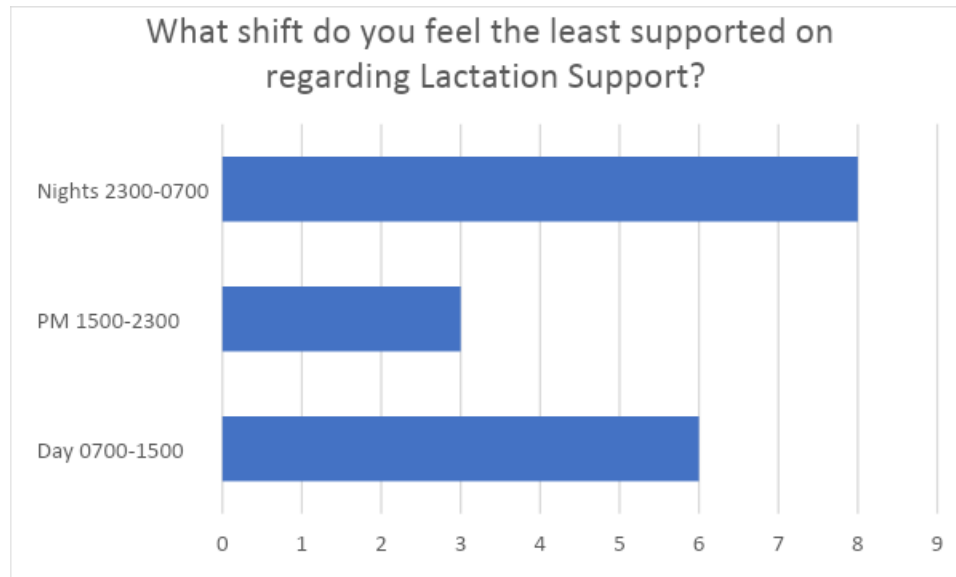
Yes

No
10. From 1-5, how satisfied are you with Lactation Support on Day shift (0700-1500)? (Please Circle)
 - 1-Not very satisfied
 - 2-Partially satisfied
 - 3-Satisfied
 - 4-More than satisfied
 - 5-Very satisfied
11. From 1-5, how satisfied are you with Lactation Support on the Evening shift (1500-2300)? (Please Circle)
 - 1-Not very satisfied
 - 2-Partially satisfied
 - 3-Satisfied
 - 4-More than satisfied
 - 5-Very satisfied
12. From 1-5, how satisfied are you with Lactation Support on the Night shift (2300-0700)? (Please Circle)
 - 1-Not very satisfied
 - 2-Partially satisfied
 - 3-Satisfied
 - 4-More than satisfied
 - 5-Very satisfied

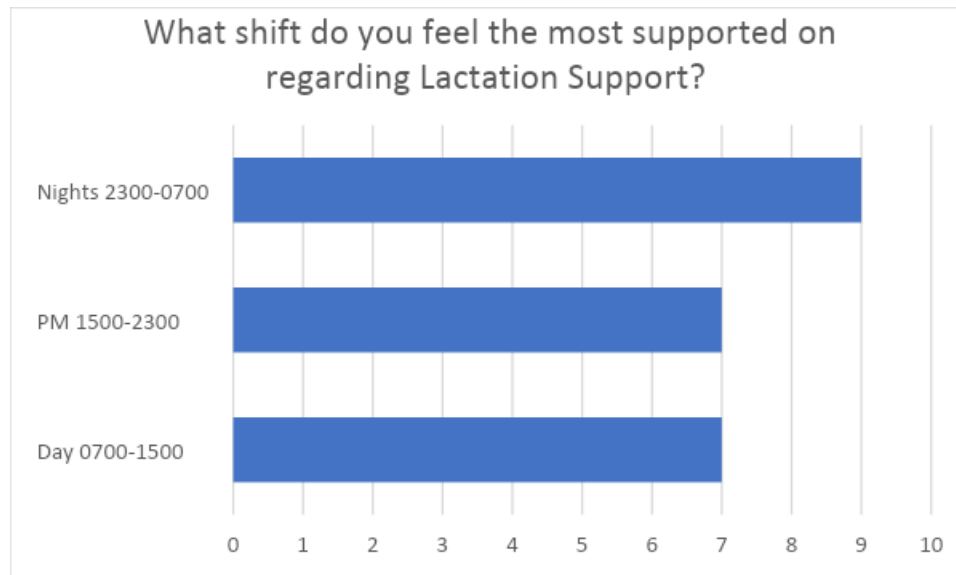
Appendix J

Final Survey Results

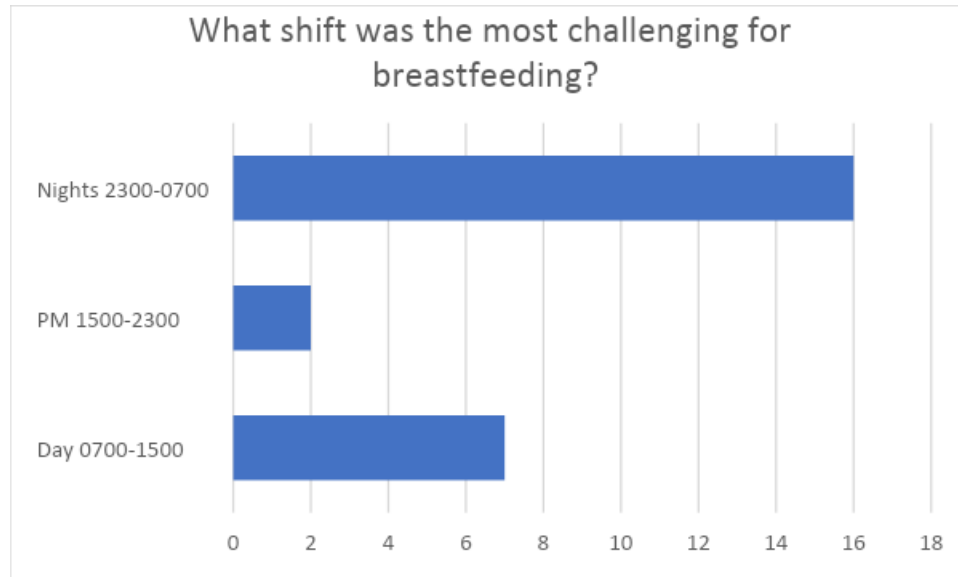
Question 1



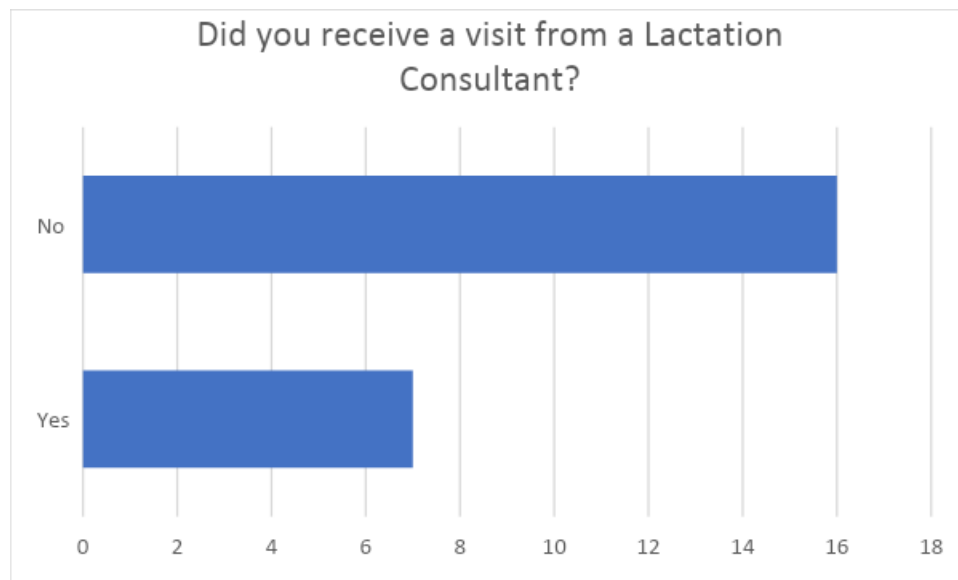
Question 2



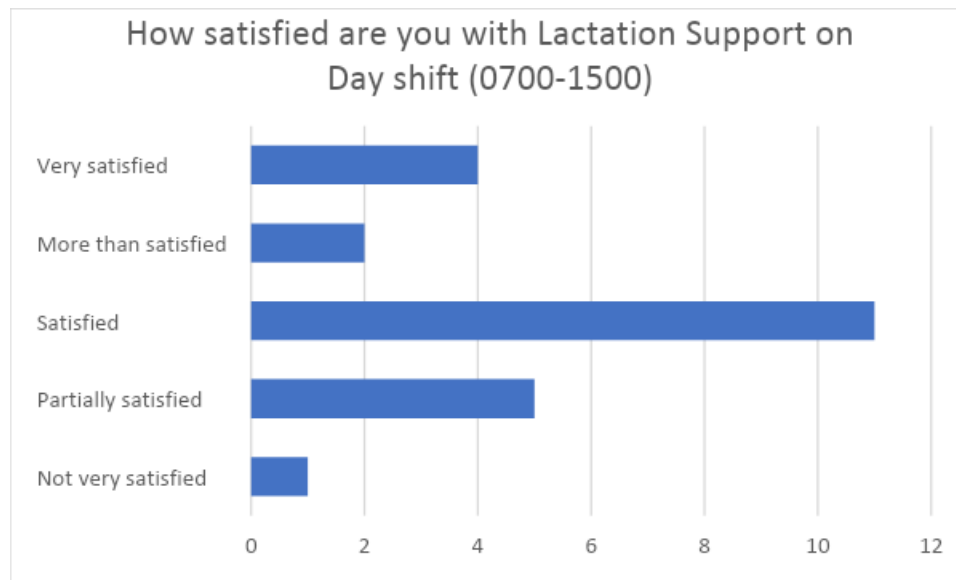
Question 3



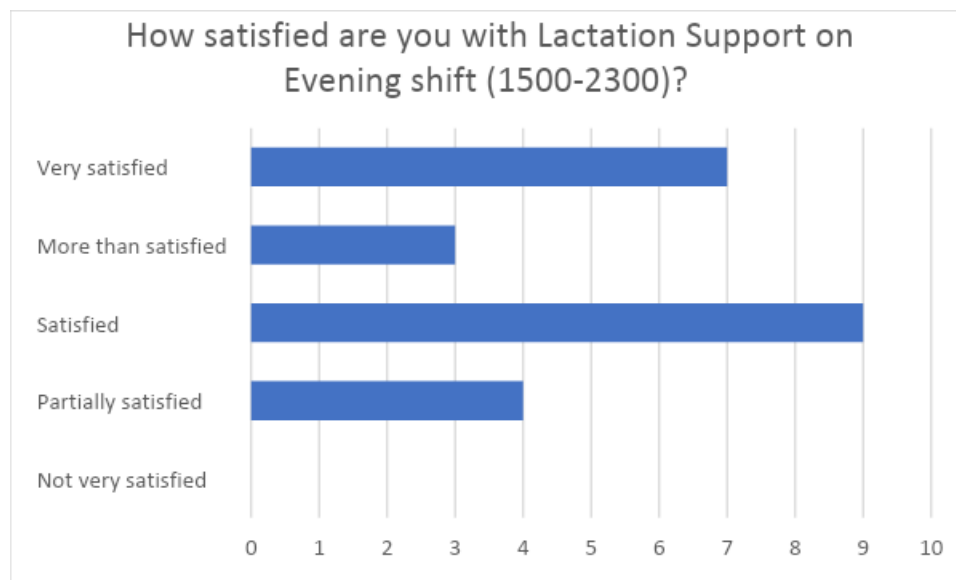
Question 4



Question 5



Question 6



Question 7

