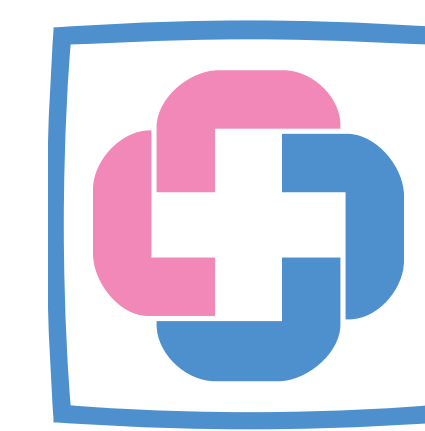




EXCLUSIVE BREASTFEEDING FOR BABIES AT-RISK FOR HYPOGLYCEMIA



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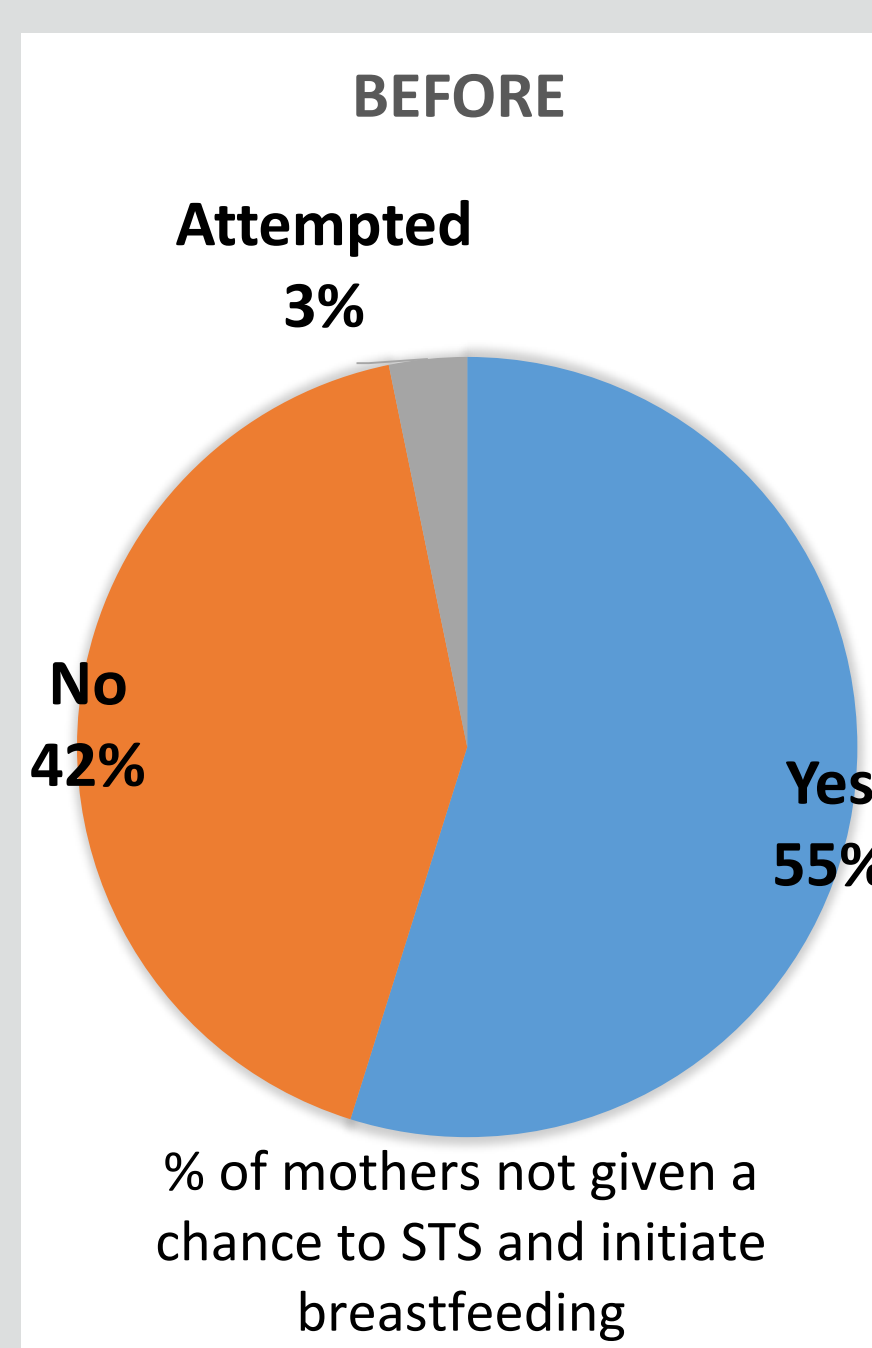
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Background

Previously, at-risk babies for Hypoglycemia would be transferred from Delivery suite to the postnatal wards for early feeding within 30 minutes after birth. The fear that these babies would become hypoglycemic resulted in delivery suite nurses and neonatal doctors rushing the babies to the postnatal wards. This led to maternal separation for about an hour or two as mothers were transferred later. Postnatal ward nurses would then feed the babies with formula for the first and 2nd feed, until mothers were transferred to the wards to try breastfeeding.

Problems or Opportunities

As a Baby Friendly Hospital (BFHI), this practice hindered the commencement of skin-to-skin (STS) and early initiation of breastfeeding. There was lack of awareness amongst Delivery Suite Nursing staff, Neonatal doctors and Postnatal Ward nurses about the potential benefits of STS, and the fact that STS can stabilize the babies' glucose levels and potentially prevent hypoglycemia. There was also a misconception that the only method to prevent an adverse event is to formula-feed these babies. Studies showed that early initiation of breastfeeding could help with mother-child bonding which would lead to higher success rates of latching and establishment of milk supply.



Aim

A multi-disciplinary team (delivery suite nurses, postnatal ward nurses, neonatal doctor and executive from Nursing) was formed to reduce the number of mothers not given opportunity to STS and initiate breastfeeding for at-risk babies for Hypoglycaemia.

Methodology to find out Root Causes

Focus Group Carried out

71 staff responded. Both Postnatal ward nurses and Delivery suite nurses were asked on the challenges they faced transferring mothers and babies to the postnatal ward at the same time, especially for at-risk babies

Root Causes

Knowledge Deficit

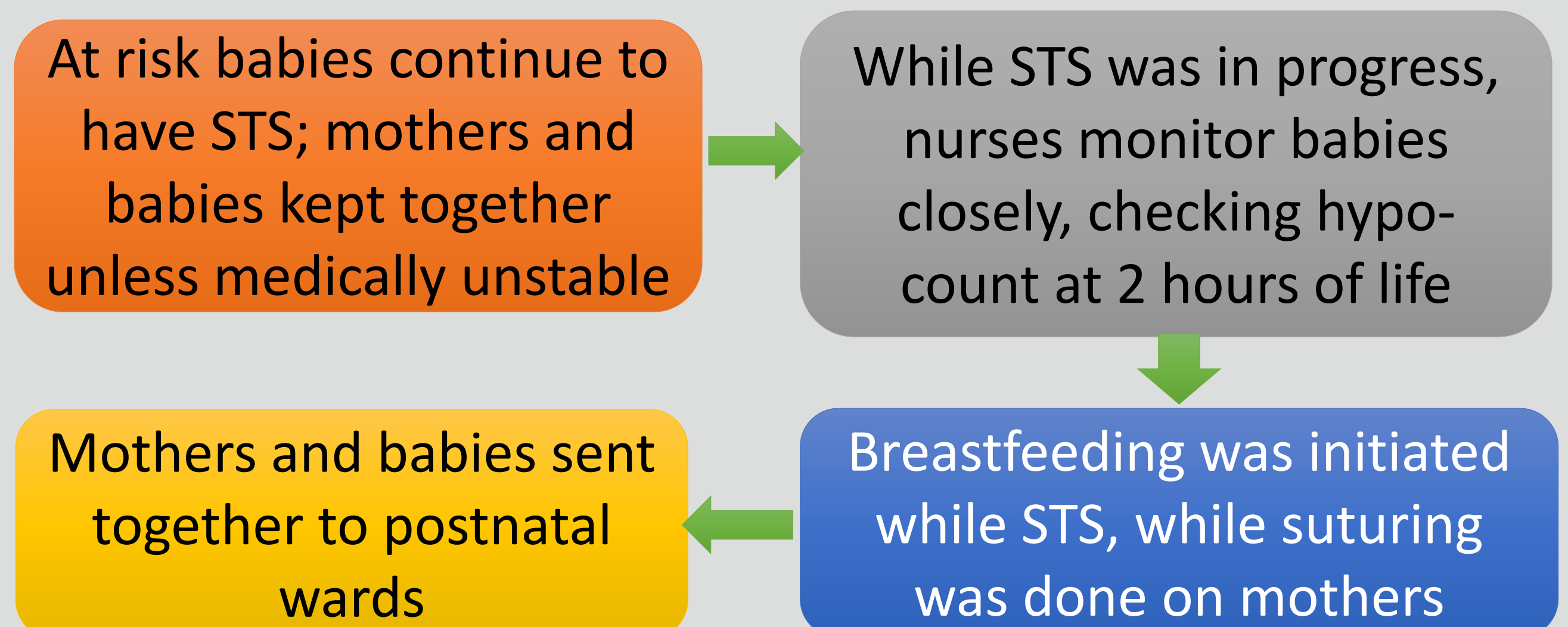
Nurses who educated the patients did not know that STS would increase glucose, then prevent hypoglycemia; thought that cup-feeding was better than breastfeeding

Results from the knowledge deficit

Healthcare staff were misguided that at-risk babies must be fed immediately at any cost, thus sending them up to the postnatal wards as soon as possible.

Solutions

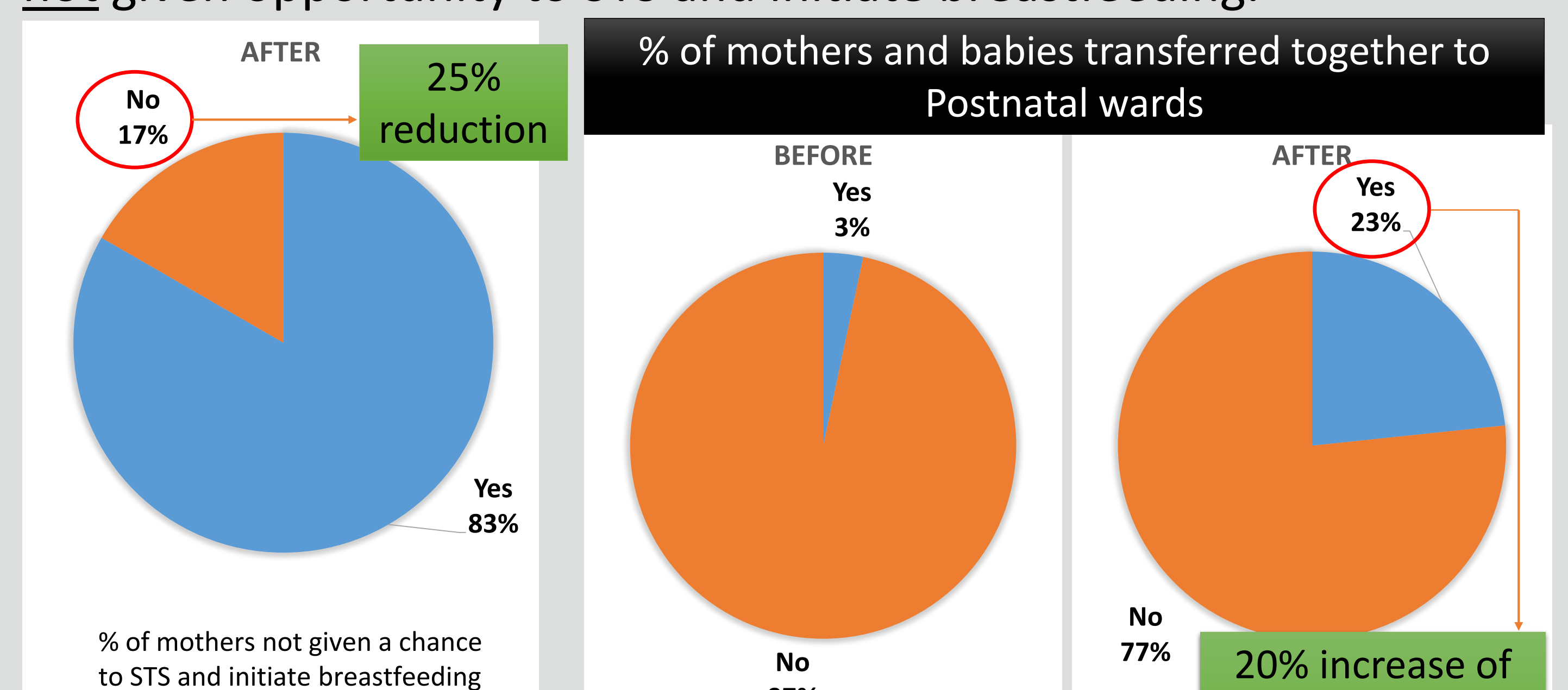
A study was carried out on mothers that fitted a set of criteria. All nurses in delivery suite were told to perform STS and initiate breastfeeding for all at-risk babies unless on medical grounds. While STS was in progress, nurses continued to monitor babies, checking their hypo-counts at 2 hours of life.



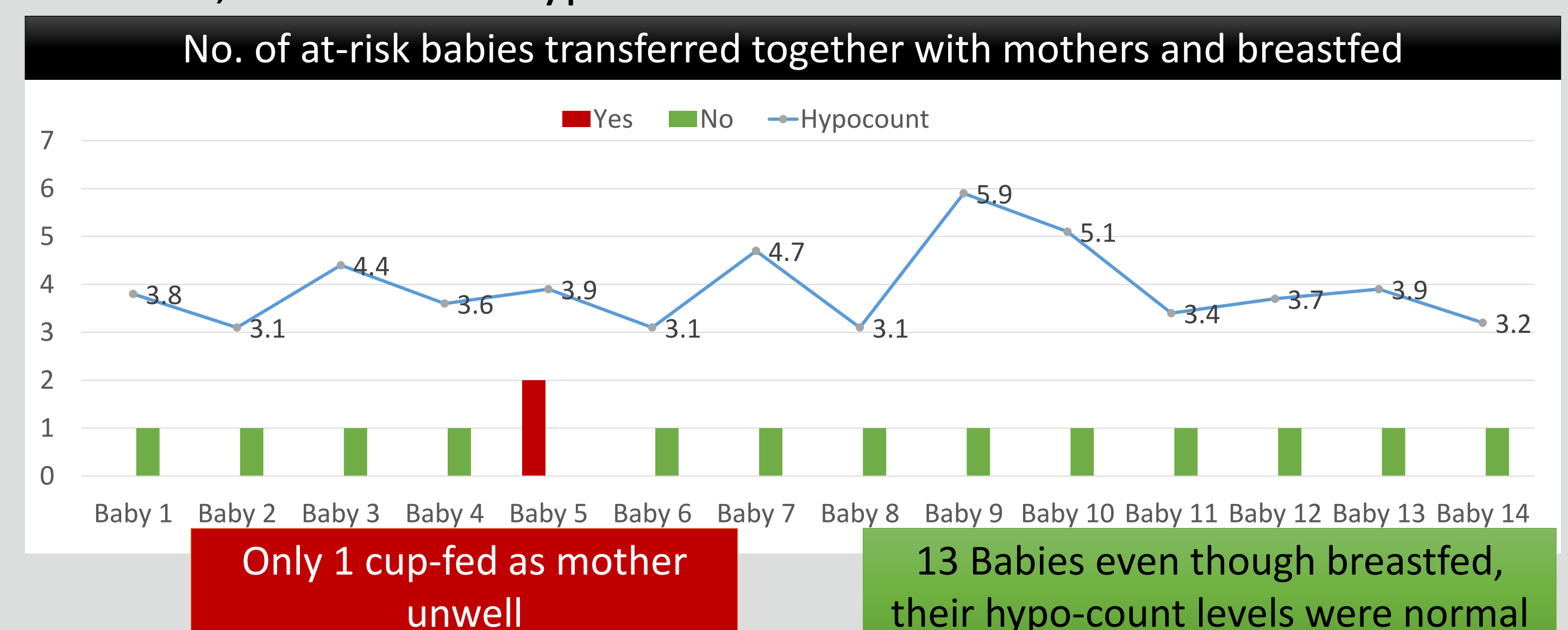
The team extensively researched on literature and studies to substantiate the benefits of STS with regards to increasing glucose and alleviating pain during episiotomy repair. Roadshows were conducted to both nurses and doctors to re-educate them; the management of babies in hypoglycaemia pathway was refined.

Results and Conclusion

The post implementation data showed 25% reduction of mothers not given opportunity to STS and initiate breastfeeding.



There was 20% increase in mothers and babies transferred together to postnatal wards. Most importantly, all at-risk babies who were transferred together with mothers, had normal hypo-count levels.



The team uphold BFHI policies by clearing the misconceptions of healthcare professionals, based on scientific research. With the collaborative effort from different departments, at-risk babies were the biggest beneficiaries as they received the best from mothers – liquid gold through STS.