

“We’re all in this together”

How two Healthy Start sites are using quality improvement to increase breastfeeding rates

A core performance measure of the Healthy Start program is the percentage of Healthy Start child participants whose parent/caregiver reports they were breastfed or fed breast milk at 6 months. Breastfeeding has many health benefits for both infants and mothers. The American Academy of Pediatrics recommends exclusively breastfeeding for the first six months of a baby’s life.

With support from the Healthy Start EPIC Center, two Healthy Start sites, Detroit Healthy Start and Midwest Healthy Start, decided to focus on the breastfeeding performance measure. Both have taken an ongoing quality improvement (QI) approach that is focused on the participant, is data-informed, and involves all staff members. The Healthy Start EPIC Center recently spoke with these two QI leaders to understand how they have applied core principles of QI in their settings.

A Participant-Centered Approach

The ultimate goal of both sites’ QI efforts is to improve maternal and infant health outcomes, with breastfeeding as one pathway to improved outcomes overall. Research shows that babies who were breastfed have lower risks of asthma, childhood obesity, respiratory infections, sudden infant death syndrome, and Type II diabetes. Mothers who breastfeed have lower risk of health problems including Type II diabetes, certain types of breast cancer, and ovarian cancer.

Both sites started their QI process with an examination of their breastfeeding data. At the beginning, about 30% of Midwest Healthy Start’s participants initiated breastfeeding, and about 1% continued breastfeeding at 6 months. “We knew we wanted to increase those rates,” said Mary Curry, ND, the Program Coordinator and Prenatal Health Coordinator at Midwest Healthy Start. They engaged the Healthy Start EPIC Center to work collaboratively on increasing this percentage.

Detroit Healthy Start didn’t have high quality baseline data, and this was a concern to them. They elected to join a Quality Improvement Peer Learning Network (QI PLN), an initiative of the Healthy Start EPIC Center. “When the QI PLN started, it forced us to look at our current baseline, set goals for ourselves and meet those goals,” said Aimee Surma, MS, RN, the Program Evaluator for Detroit Healthy Start.

Grounded in Facts and Data

The Detroit Healthy Start team reviewed their universal intake form and saw the forms as a first step to start the breastfeeding conversation. They realized they needed to add questions about breastfeeding to this form. Using the prioritization matrix, a tool provided in the QI PLN, they then explored which interventions could achieve a high impact on breastfeeding rates, at a relatively low cost. The prioritization matrix activity helped the team to identify the Cofective App as a low-resource, potentially high impact strategy, which they opted to pursue. The Cofective App is designed to support pregnant women and their partners, by providing information about what to expect in the hospital, how to prepare for the baby to return home, and how to increase readiness for breastfeeding.



At Midwest Healthy Start, the team dug deeper into their data. A case management chart audit revealed that information on breastfeeding was frequently captured in the case notes, but this qualitative information was not captured in the performance measure calculation, leading to an underestimate of their breastfeeding rate. The audit also revealed that staff members who were lactation consultants were more likely to ask about breastfeeding and make notes in the file than other staff members. A follow up conversation with staff confirmed that some staff were uncomfortable having conversations around breastfeeding. The Midwest Healthy Start team developed a QI strategy to respond to this data. First, they worked with their case management software vendor to add a question about current breastfeeding use in the case management record to help them monitor progress.

To increase staff comfort, Midwest Healthy Start purchased H.U.G Your Baby Curriculum and held a Motivational Interviewing Community Training, an in-person workshop hosted by the Healthy Start EPIC Center designed to enhance staff's ability to assess participants' readiness for behavior change and support their personal motivation for change. "The Healthy Start EPIC Center website really helped us to structure what elements we'd incorporate into improvement of the breastfeeding rate. We went to a conference last spring where we heard about the H.U.G Your Baby curriculum. After we went to conference, we pulled up H.U.G Your Baby [on the Healthy Start EPIC website] to make sure it was evidence-based. We know there's been a push to make sure everything is evidence-based and tested," said Curry.

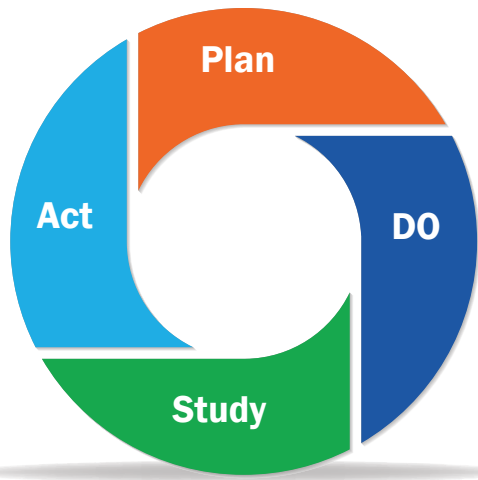
So you have your baseline data. Now what? Both Midwest Healthy Start and Detroit Healthy Start used the approach of thinking internally first. What are the factors that we can immediately influence? It's important to ensure the internal systems are supportive before looking for strategies to change participant behaviors.



Involving All Staff

Including all staff in QI efforts was essential for both sites because it increased ownership, consistency, and sustainability of needed changes. Additionally, both programs found that having a diverse range of perspectives provided a more comprehensive understanding of the problem to address. "With breastfeeding, if Mom expressed any concerns, we wanted to make sure any team member could provide some guidance until referral to a lactation counselor could be initiated," said Curry. Before the roll-out of the breastfeeding QI initiative, Midwest Healthy Start asked staff to share their thoughts and concerns. Staff continues to meet weekly to discuss the initiative.

Meanwhile, at Detroit Healthy Start, frontline staff provided input on how best to integrate the breastfeeding questions in the intake form. They use a small part of their weekly case conference meeting with RNs, social workers and CHWs to discuss ongoing progress. "We always ask for their input because these changes mostly affect them. They provide solutions for what might be a better approach," said Sharifa Harvey, LMSW, Maternal and Infant Health Coordinator at Detroit Healthy Start. Engaging staff in a participatory process has "created a better sense of community, knowing we're all in this together," said Surma.



Midwest Healthy Start has considered their work to date as a pilot that can be applied to other Healthy Start performance measures. After fine-tuning the process of adding the breastfeeding question to their case management notes, they intend to repeat this process with the other benchmarks. They are using the new Healthy Start screening tools to collect intake information; they then rely on the case management record for ongoing monitoring of the benchmarks, since these will be updated during every participant interaction.

Continuous and Ongoing

As the Detroit Healthy Start and Midwest Healthy Start teams are well aware, QI is not something that can be checked off a list. Successful teams continuously analyze the processes and systems that are driving outcomes, and adapt interventions to respond to these systems-level issues. When Detroit studied the impact of their push for participants to use the Cofective App, they discovered that just two participants had actually downloaded it. The team decided to regroup and think about what might be the barriers preventing this resource from being utilized by participants. “We took a step back and asked, ‘what about us?’ Are we comfortable talking about troubleshooting and encouraging clients to breastfeed?” said Surma. The team is now looking at ways to increase staff comfort with having conversations about breastfeeding with participants.

Because QI is continuous and ongoing, it may sometimes appear to be an overwhelming and daunting endeavor. Both Midwest Healthy Start and Detroit Healthy Start have found a way to parse out smaller QI projects, which are easier to define and achieve, and that also contribute to changing the culture so that QI is always integrated into program activities. “With the QI PLN, it’s been most helpful to talk about small changes. Going into this, we thought we’d need this huge intervention in order to see a huge change. Our monthly meeting has broken it down, and we have emphasized small changes,” said Surma.

You have an idea for improving performance, but how do you know if it’s worth trying? Both Detroit Healthy Start and Midwest Healthy Start have similar advice: start small. “Develop a plan, make a small little test, and keep moving. It’s a continuous process. If you think of an idea and it fails, it’s not the end of the world. The data captured is useful and can help inform future changes,” said Curry.

A Culture of Learning

“Healthy Start has a culture of always learning,” said Harvey. Although updated data on breastfeeding rates is not yet available, the two sites have shown that involving all staff in taking a critical look at the root causes yields practical strategies for addressing problems. As demonstrated at Detroit Healthy Start and Midwest Healthy Start, QI methods are a valuable strategy to identify opportunities for improved performance.

Wondering what to do now? The Healthy Start EPIC Center is here to support you! We have technical assistance to support your QI efforts and use of the Healthy Start screening tools as an additional data source.