Perinatal Outreach
Breastfeeding Newsletter

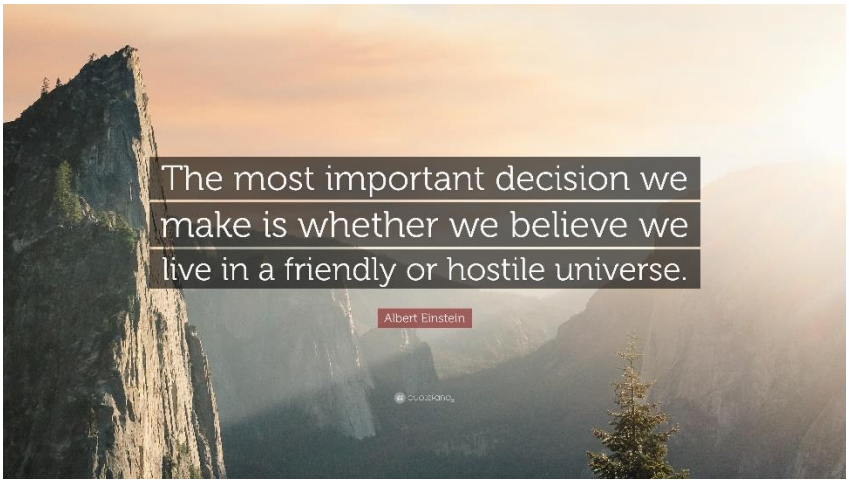
ISSUE 14 **May 2021**

Collaboration and Communication Across and Within Perinatal Providers and Services

Hello, breastfeeding champions. It seems as though spring (summer?!) is officially here! With it comes anticipation and planning for summer. Vaccinations, more outside time, and more sunshine and warmth are all welcome symbols of optimism!

This newsletter is focused on the importance of **collaboration and communication** among the various perinatal providers and services families encounter. It includes research, different communication and debriefing frameworks, a Perinatal Collaborative model in Maine, and some really helpful, insightful, and thorough Provider and Parent Pearls from MaineFamilies.

Lastly, I want to share this quote that came from another newsletter in my inbox recently:



Sending you all strength and patience as we continue to navigate these uncertain, yet optimistic times. Make your universe a friendly one and know that we're part of it, too! As always, please contact me anytime with any questions,

~Kara Kaikini, MS, IBCLC
kaikik@mmc.org

ORIGINAL RESEARCH

Interdisciplinary Collaboration in Maternal Mental Health

MCN, The American Journal of Maternal/Child Nursing: July/August 2017 - Volume 42 - Issue 4

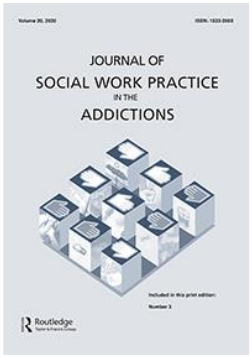
Abstract

"One out of every five to seven births is affected by postpartum depression, making it the most common maternal health problem in the first year after childbirth. Early identification and treatment are essential, though screening and treatment rates are low. Factors that inhibit effective screening and treatment include lack of uniform screening policies in all maternal health settings, **poor coordination of care between primary care and mental health services, inadequate coordination of community education efforts and resources**, social stigma surrounding mental health treatment, and ineffective application of research and technology in the clinical setting. **An interdisciplinary model that includes primary care providers, mental health professionals, community resources, policy makers, researchers, and technological innovators addresses these gaps in care and enhances screening and treatment efforts that improve overall maternal and child health.** We present a promising **interdisciplinary cross-organizational approach** coalescing diverse perspectives from those working across policy, research, training, primary care, and mental health in various disciplines to practice collaboratively to improve perinatal mental healthcare."

Selix, Nancy DNP, FNP-C, CNM; Henshaw, Erin PhD; Barrera, Alinne PhD; Botcheva, Luba PhD; Huie, Erin MSW; Kaufman, Gabrielle MA, LPCC Interdisciplinary Collaboration in Maternal Mental Health, MCN, The American Journal of Maternal/Child Nursing: July/August 2017 - Volume 42 - Issue 4 - p 226-231, doi: 10.1097/NMC.0000000000000343

Cross-sectoral collaboration working with perinatal women who use substances: outcomes and lessons from HerWay Home

Journal of Social Work Practice in the Addictions (2020), 20:3, 179-193



"The literature on best practices for programs working with pregnant or parenting women who have experienced an array of complex issues including problematic substance use, poverty, violence, trauma, impacts of colonization, involvement with the child protection system, and/or negative experiences with service systems, consistently finds that a wrap- around approach that addresses the woman and child together is optimal (BC Center of Excellence for Women's Health, nd; Marcellus et al., 2015). **The harm reduction, relationship-based, trauma-informed philosophy** that underscores HerWay Home's approach is similarly supported by the literature (Motz et al., 2006; Nathoo et al., 2015; Pepler et al., 2014).

Programs that work with highly vulnerable populations with complex issues such as pregnant and parenting women with substance use issues, and that place a **strong emphasis on a relationship-based approach**, must undertake a similar approach with the service systems with which they interact and on which they rely. This means allocating time to building relationships and trust. When this occurs, program participants – such as the women participating in HerWay Home – will be more likely to achieve important outcomes and program partners will be more likely to view the program as a valuable resource and conduit to improving their own service delivery with vulnerable or marginalized populations."

Deborah Rutman & Carol Hubberstey (2020) Cross-sectoral collaboration working with perinatal women who use substances: outcomes and lessons from HerWay Home, Journal of Social Work Practice in the Addictions, 20:3, 179-193, DOI: 10.1080/1533256X.2020.1793068, https://doi.org/10.1080/1533256X.2020.1793068

COMMUNICATION TOOLS & RESOURCES

Debriefing

One formal communication technique is a Debrief. In healthcare, this is defined in this AHRQ article (cited below) as:

Agency for Healthcare Research and Quality

> "…a dialogue between two or more people; its goals are to discuss the actions and thought processes involved in a particular patient care situation, encourage reflection on those actions and thought processes, and incorporate improvement into future performance. The function of debriefing is to identify aspects of team performance that went well, and those that did not. The discussion then focuses on determining opportunities for improvement at the individual, team, and system level."

Source: https://psnet.ahrq.gov/primer/debriefing-clinical-learning#

Communication Frameworks

One example of a communication framework that was developed here in Maine is the "Best Practice Recommendations for Handoff Communication During Transport from a Home or Freestanding Birth Center To a Hospital Setting". This was developed in 2014 to provide a uniform standard to guide communication across settings and professionals caring for women and newborns that are transferred from a home or freestanding birth center to a hospital setting.

This framework includes:

- Sample discussion points for debriefing
  - What could be done differently, what could be done the same; summarizing, creating follow-up plans to address recommendations
- Standardized communication tools
- Professional Competence Review Process Guide

Communication Strategies

TeamSTEPPS® is AHRQ's signature curriculum to improve patient safety by training health care teams to communicate and practice effective teamwork. You can download their app (for free) with structured communication tools and checklists from the TeamSTEPPS Pocket Guide on your smartphone or tablet. https://www.ahrq.gov/teamstepps/instructor/essentials/pocketguideapp.html

One communication technique they recommend is **SBAR** (Situation, Background, Assessment, Recommendation and Request). This is commonly used as a bedside communication tool, but it can apply to most any communication need. A breastfeeding support example could look like this…

A nurse/lactation consultant/home visitor calls the pediatric provider to communication breastfeeding and weight gain concerns about a shared patient/client:

Situation (What is going on with the mother):

> "Hi, I'm calling because Baby J isn't gaining appropriate weight for his age."

Background (What is the clinical background or context):

> "Baby J is a 10-day old male born via cesarean at 38 weeks who has had latch issues from birth. Mother has cracked, painful nipples. We've worked on positioning and latch improvement during our last two visits with no improvement. Baby J gets tired easily at the breast and shuts down after several minutes of attempting a comfortable latch."

Assessment (What do you think the problem is):

> "Baby J's mother reports most latch challenges and pain are happening on the right breast. I have also done a suck assessment and tongue-tie assessment. I'd like to rule out any oral anatomy restrictions (ie. ankyloglossia) and muscular challenges (ie torticollis)."

Recommendation and Request (What would you do to correct it):

> "I believe Baby J and his mother would benefit greatly from further oral and physical assessments from a pediatric ENT or dentist and a pediatric osteopathic practitioner and/or pediatric physical therapist."

Spotlight on Collaboration in Maine: PQC4ME

The **Perinatal Quality Collaborative for Maine (PQC4ME)** was established in early 2017 with a mission to improve the state of perinatal health care in Maine. The collaborative is under the direction of expert perinatal clinicians utilizing evidence informed practice when available, who represent the full range choices and care options, with inclusion of all interested stakeholders in the process, without undue influence from any one sector. There are Maine delivery centers that also participate in the Northern New England Perinatal Quality Improvement Network which focuses on improving perinatal health across Northern New England and has a regional focus rather than a state specific focus.

The PQC4ME meets virtually on a quarterly basis and focuses on topics urgent in Maine such as increased rates of maternal and infant mortality, increased rates of infants born substance exposed, and health disparities that are both racial and socioeconomic. If you would like to join or have questions about PQ4ME, please contact Kayla Cole at kcole@mainemed.com.

Previous projects have included:

Eat, Sleep, Console

This project focused on strengthening maternal/family involvement and use of nurturing as the first line of treatment for newborn opiate withdrawal, known as neonatal abstinence syndrome (NAS). Eat, Sleep, Console has been demonstrated to reduce the percentage of infants treated with medications for opiate withdrawal, thereby decreasing the number hospital days for infants with NAS while fostering optimal parental caregiving behaviors. The PQC4ME hosted two-in person trainings reaching 19 hospital care teams, provided quarterly coaching calls for 17-19 hospital care teams per call, assisted with data collection, and held an in person meeting with 15 hospital care teams in attendance.

- 22 hospital nurseries adopted this quality improvement initiative for a total of 24 out of 26 Maine Birthing Hospitals utilizing ESC

- A reduction in the percentage of opioid-exposed newborns who are treated with medications like Morphine or Methadone for their withdrawal
- Reduced the duration of hospitalization from approximately 11.1 days to 8.8 days leading to reduced healthcare costs
- Increased the number of infants that were able to be cared for within their own community hospital and not needing transfer to a NICU for higher levels of care

Safe Sleep

Infant sleep related deaths remain one of the top three causes of neonatal death and the top cause of death in infancy, outside the neonatal period. The Maine CDC and Department of Health and Human Services, in conjunction with the Perinatal Quality Collaborative of Maine, launched a safe sleep project across all 26 delivery hospitals in Maine. The PQC4ME hosted an in-person meeting, as well as a series of four webinars focused on different aspects of safe sleep. Hospitals completed a total of 596 audits of infants sleeping in their hospital in a 6- month time frame. Those hospitals achieved a 50% increase in hospital compliance with monthly audits of safe sleep positioning and safe sleep environment. **As of April, all 26 birthing hospitals are now Safe Sleep certified by Cribs for Kids.**

MMA CENTER FOR QUALITY IMPROVEMENT

PROVIDER PEARL

Renee LaJeunesse
Family Visitor, Maine Families

Maine Families
A great start for all parents

What type of collaboration or communication methods have you found most helpful when working with the families and other providers or services?

At Maine Families, we partner with expectant parents and parents of newborns to provide information, encouragement, and support. We are Family Visitors who meet families where they are: both physically and emotionally. Through virtual and home- or community-based visits, we focus on child development, health, safety, nutrition, and family well-being, combining evidence-based information with families' strengths to optimize child outcomes, including a positive parent-child relationship.

The work of raising children takes a village, like Toni Morrison said, specifically one that values collaboration for the benefit of families. One of our main goals at Maine Families is to leverage our community relationships to connect families to services and supports and thus improve their lives and the lives of their children. This might play out in a variety of ways, such as supporting parent's concerns about their child's development and making a referral for further assessment; or coordinating with providers to help a lactating parent with latch; or focusing on basic needs such as housing or food insecurity that can be barriers to a family's self-sufficiency. At the heart of our work is a commitment to bridging the gap between our families and their communities.

When it comes to feeding their babies, we discuss plans and goals early in a family's pregnancy. If a parent chooses breast/chestfeeding, our staff, many of whom are Certified Lactation Counselors (CLC), can provide

direct counseling and support. Part of our collaborative "village" on behalf of these families includes a close working relationship with the Public Health Nurses in the Maternal & Child Health Program. Maine Families and the Public Health Nurses ensure that all new families are receiving support from both programs. We offer warm handoffs to each other, using a team approach with shared clients to provide support and consistent messages around feeding. We also work closely with the Women, Infants, and Children (WIC) program to provide services to expectant parents and parents and their children under age five. We ensure eligible families are signed up for WIC's services and coordinate to make sure families are receiving needed nutrition and information. Through the COVID pandemic, we've specifically partnered with WIC to offer drop-in consultations with WIC staff during our Zoom sessions with families.

In addition to our collaboration with Public Health Nurses and WIC, we keep in regular touch with the lactation professionals at the local hospitals to ensure we can refer our families to them for additional individual and group support. We view all of these collaborative relationships as integral to the village of raising families who feel supported and strengthened by their community.

Why do you support breastfeeding?
When working with expectant parents, visitors at Maine Families always ask families how they think they would like to feed their baby. If a parent wants to breast/chest feed or offer human milk to their baby, we work with families one-on-one to understand the basics of lactation, help them with any problems and discuss ways to solve them, and consistently refer families to additional lactation support as necessary.

Evidence-based research shows that breast/chestfeeding has both a physical and mental health benefit for parents and children. Human milk provides the ideal nutrition for infants and research also shows that it contains antibodies that help them fight off harmful viruses and bacteria. There are also benefits for the lactating parent, from helping the uterus return to its regular size more quickly, to reducing her risk of cancers and other diseases.

The mental health benefits of breast/chestfeeding are also important. One of our main goals for families is to form a healthy and strong parent-child attachment; the relationship that grows between a parent and child the first few years of life is important to the development of a baby's brain.

Our role as Family Visitors is to focus on children, parents, and families. Operating from a strengths perspective, we always understand each family's unique situation and provide the same support for those who either choose or need to formula feed.

PARENT PEARL

Aubrey, mom of two, Maine Families participant

What kind of communication and/or collaboration happened (or didn't happen) between the different people who helped you with breastfeeding? How was this helpful, or not? What breastfeeding support are you most grateful you received, or what support do you *wish* you received?

Maine Families
A great start for all parents

When my first baby was born, I connected really well with one of the lactation consultants I met at the hospital. She was instrumental in helping me figure out how to breastfeed and she really met me where I was at. I felt like a lot of times other lactation consultants doing rounds while in the hospital would recommend a hold without learning much about you. Because I have large breasts, everyone always tells me to try the football hold. But for whatever reason, my first baby was so put-off by that position. Some lactation consultants would say "This is what's best for you." I felt like they pushed something that wasn't comfortable onto me.

But not this lactation consultant. She really approached breastfeeding in a wonderful way. She wanted to know what was comfortable to me and what seemed comfortable to my baby. She asked a lot of questions, legitimately cared, and it was clear that she wanted to help me in any way that she could. She was really invested in caring for both me as a mom and for my baby. She took the time to get to know us and really help. And without her, I honestly don't think I would have been able to figure it out.

What also helped was that we had a maternal visiting nurse visit us at home for the first two months every week. She took the baby's weight, took measurements, asked me if I had any medical questions. She was also able to weigh the baby before and after a feeding so I felt assured of how many ounces of milk I was producing. And so that gave me a huge amount of peace and reassurance around something that I found very stressful.

In addition to these supports, I had my Maine Families visitor, Jenn, come too, and we had such a good connection**.** She spent time with my baby and me, getting to know us individually and as a unit working together. She took the time to understand what my goals were and helped us reach all of them. She cared about what my struggles were in trying to achieve our goals and worked with me through them. Without the support and guidance of my Maine Families visitor we would not have been as successful or healthy. Thanks to her we knew what to work on developmentally and how to get there. I could speak to all three of these women – my lactation consultant, the public heath visiting nurse, and my Maine Families visitor and get the same consistent messages and support from them.

Fifteen months later, when my second baby was born, it was a vastly different experience. We asked for lactation help as soon as the baby was born. The lactation consultant doing rounds at the hospital this time gave me an earful about how my breast anatomy wasn't going to work for nursing. I remember her saying "there's no way you're going to be able to breastfeed your baby." She kept encouraging me to give a bottle of donor milk or pumped milk, but I was afraid of nipple confusion and so I refused. She made me feel that by trying to breastfeed I would be doing my baby a disservice. Little did she know I had just recently weaned my first healthy baby after a very successful year of breastfeeding. She didn't even take the time to ask.

It's immediately about the connection and the level of support you feel from the people helping you breastfeed. That's the kind of approach I think you need to encourage people to breastfeed and help them be their best. People who support breastfeeding need to be willing meet you where you are at. They need to ask questions and be curious and caring and not shame parents. I was determined to work as hard as I could to breastfeed both my babies and the support network I had after the birth of my first child – the lactation consultant, the visiting nurses, and my Maine Families visitor -- really made it possible for my efforts to be fruitful. I'm thankful for the experience with my first baby. If I hadn't had all that support and hadn't proven that I could nurse a healthy baby for a year, I don't think I would have believed I could do it when my second baby was born.

COMING UP: PERINATAL OUTREACH WEBINARS

Perinatal Outreach Presents
2021 Webinar Series

Clinical Quality Improvement Series

August 4, 2021 -- 12:00-1:00pm
Still Births

Objectives:

1. Apply evidence informed strategies to care of future pregnant women or newborns.
2. Communicate effectively with families and/or other care team members.

Presenters: Dr. Alexandria Betz, MD

Please register through Coursestorm

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Joint Provider

PRENATAL BREASTFEEDING EDUCATION WEBINAR

Wednesday
September 1st 2021

12:00-1:00pm

Milk Supply: Understanding, Optimizing, and Preparing for Different Scenarios

Kara Kaikini, MS, IBCLC

If you have any questions, requests for specific education, or something you'd like to include in a future newsletter, please contact us!

Also, if you received this email from a colleague and would like to be added to the distribution list, please contact Kara.

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