

A program to improve rates of exclusive breastfeeding in women with diabetes who are planning to breastfeed

Best Start Conference 2016

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The Team

- Jo Watson, Operations Director, NP
- Sue Hermann, Advanced Practice Nurse Postpartum
- Billarar Johnson, Birthing Unit Team Leader
- Michelle O'Connor, Maternal Newborn Unit Team Leader
- Fiona Thompson Hutchinson, Advanced Practice Nurse High Risk Clinics
- Jenny Lam McCullough, Project Assistant

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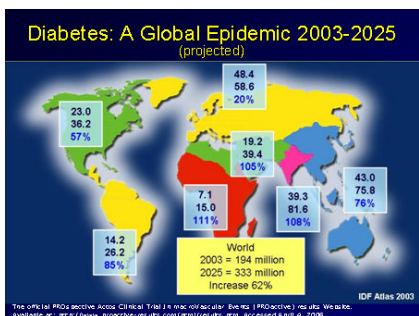
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Diabetes is a global epidemic



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**Diabetes Related Benefits for Mothers**

- Breastfeeding is associated with lower incidence of metabolic syndrome (Gunderson, et al., 2010)
- Breastfeeding duration is associated with improved insulin and glucose response in women with a history of GDM (Chouinard-Castonguay et al., 2013; O' Reilly et al., 2012)
- Increased duration of breastfeeding can reduce the risk of developing T2DM (Liu et al., 2010; Gunderson, et al, 2007; Stuebe et al., 2005)

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**Diabetes Related Benefits for Infants**

- Breastfeeding is protective against childhood obesity (Feig et al., 2011)
- Exclusive breastfeeding and increased duration are protective against T1DM (Sadauskaite-Kuehne et al., 2004; Alves et al., 2011)

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**Our Problem**

**Women with diabetes  
have lower rates of  
exclusive breastfeeding**

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### Our Experience

| Exclusive Breastfeeding Rates at Discharge (2011-2013) |     |
|--|-----|
| Breastfeeding Rate                                     | 75% |
| Gestational Diabetes                                   | 49% |

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### Our Goal

Increase rates of exclusive breastfeeding for women with gestational diabetes who give birth at Sunnybrook in 2015 [birth to hospital discharge] from 49% to 60%

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### Objectives

- For women with diabetes who are pregnant*
- 100% will receive antenatal education in their second trimester about breastfeeding and diabetes
  - 95% of women who are planning to breastfeed will be offered an antenatal consultation with an LC in the Breastfeeding Clinic
  - 75% will attend the Breastfeeding Clinic antenatal consultation in their third trimester

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### Objectives

- *85% of women who participate in this program will have an early LC visit, LC discharge visit and early follow-up phone call for ongoing assessment and support*

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### Objectives

- *85% of obstetrical Nursing staff will complete the on-line Diabetes and Breastfeeding learning module before Sept 2015*
- *Staff report increased knowledge regarding diabetes and breastfeeding as measured by pre and post-tests*

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### Objectives

- *Additional patient focused resources will be developed for staff and families*

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### Objectives

- % of diabetic women initiating breastfeeding
- % of diabetic women exclusively breastfeeding at discharge

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 **The Plan**

| ACTIVITIES   | PARTICIPATION  |
|--|--|
| <ul style="list-style-type: none"> <li>• Educate antenatal clinic staff to refer women</li> <li>• Develop content for Diabetes class</li> <li>• Educate LCs to conduct visits</li> <li>• Educate all staff and evaluate education strategies</li> <li>• Identify and refer women who are pregnant, diabetic</li> <li>• Develop a standard of care and other resources</li> <li>• Conduct antenatal &amp; postnatal visits</li> </ul> | <ul style="list-style-type: none"> <li>Clinic NPs</li> <li>APNs</li> <li>Staff nurses</li> <li>Breastfeeding Clinic Lactation Consultants</li> <li>Women and their families</li> </ul> |

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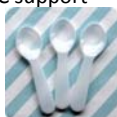
### Project Strategies

**For Staff**

- education sessions and pretest
- Completion of e-learning module
- Ongoing informal education and support

**For Women**

- Brief breastfeeding education in diabetes class
- Offer of one-on-one antenatal and postnatal consult with an LC
- Early, frequent LC support during hospitalization and postpartum




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Program Elements for Women

Antenatal Intrapartum info in diabetes class

- Offer of LC consult one-on-one LC visit
- Intrapartum hand expression
- Notation in electronic record-notify clinic

Postnatal

- RN notifies clinic re birth
- Early LC visit in mother's room
- Daily LC visits
- Discharge visit and phone /clinic fu

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**Sunnybrook has a program for Women with Diabetes who are planning to breastfeed.**

**This program provides:**

- A Breastfeeding Clinic appointment before going home
- Information on early and frequent skin-to-skin contact with your baby
- Tips on how to hand express often
- Information about going colostrum/breastmilk to your baby early and often
- Breastfeeding support before going home
- A Breastfeeding Clinic appointment on the day of discharge

**Breastfeeding Clinic**  
116.430.5888 press option #3  
Room 945 203  
www.sunnybrook.ca

**Bayview Campus**  
2075 Bayview Avenue,  
Toronto, Ontario M2N 3M5

**HELPING YOU BREASTFEED**

Sunnybrook Health Sciences Centre  
2015

*This document has been prepared with funding provided by the Government of Ontario and the support of the Breastfeeding Centre at Health One.*

*Partly affiliated with the University of Toronto*

**Sunnybrook HEALTH SCIENCES CENTRE**  
*where we STRATEGIZE MOST*

**Sunnybrook HEALTH SCIENCES CENTRE**

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### About the Diabetes and Breastfeeding Program

This pamphlet is for women who have diabetes and plan to breastfeed. It covers information including the benefits of breastfeeding for mothers and babies and tips to begin breastfeeding and increase milk supply.

### Diabetes

Diabetes occurs when there are high sugar levels in the blood. Women who have diabetes in pregnancy may have more challenges with breastfeeding and are at an increased risk of having diabetes in the future. Babies born to women with diabetes may have low blood sugar when born.

### Why Breastfeed? Reasons for Mothers

Breastfeeding may reduce your risk of getting diabetes later in life.

### Why Breastfeed? Reasons for Babies

Immediately after having your baby, breastfeeding and holding your baby skin-to-skin may improve your baby's blood sugar levels. Breastfeeding and going colostrum/breastmilk early may protect your baby from developing obesity and diabetes later in life.

### Skin-to-Skin

Place your baby naked or dressed only in a diaper upright against your bare chest as much as possible.

**Why do skin-to-skin:**

- Helps to keep baby's blood sugar normal
- Helps your baby stay warmer
- Your baby breastfeeds sooner and longer
- Your baby may cry less
- Your baby may be calmer

### Hand Expressing

Hand expressing is a simple way to remove the colostrum/breastmilk from your breast. Hand expressing is easy and takes only a few minutes. Hand expressing breasts every hour for the first 12 hours after going home will help to increase your milk supply. After the first 12 hours continue hand expressing after each feeding until your milk comes in. This will help you to make a more plentiful milk supply.

### Collecting Colostrum/breastmilk

You can collect your colostrum on tiny spoons or in small cups and give this milk to your baby at every feeding.

### Laid-Back Breastfeeding

The laid-back position can help you breastfeed. This position may trigger reflexes that help babies latch on to the breast.

### Baby Feeding Cues (Signs baby is ready to feed)

Watch your baby for early feeding cues. It is easier to breastfeed when your baby is showing early cues compared to late feeding cues.

**EARLY CUES - "I'm hungry"**

- Staring
- Mouth opening
- Turning head
- Reaching

**LATE CUES - "Calm me, then feed me"**

- Crying
- Fussing
- Screaming

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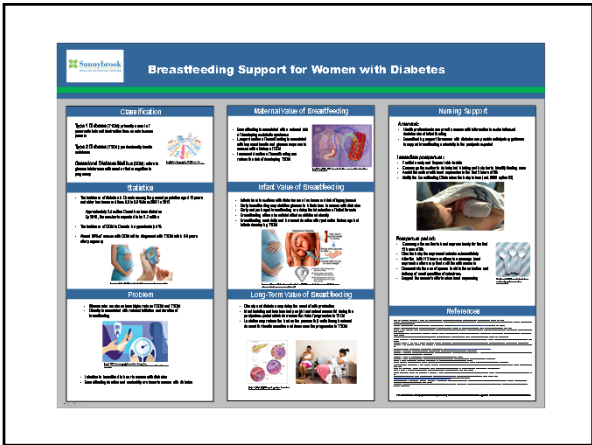
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*85% of obstetrical Nursing staff will complete the on-line Diabetes and Breastfeeding learning module before Sept 2015*

**86% completed by Feb 1, 2016**

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*Staff report increased knowledge regarding diabetes and breastfeeding as measured by pre and post-tests*

**Pretest mean score 70%**  
**Post test mean score 92%**

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*100% of pregnant women with diabetes will receive antenatal education in their second trimester about breastfeeding and diabetes*

**100%**

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*95% of women who are planning to breastfeed will be offered an antenatal consultation with an LC in the Breastfeeding Clinic*

**100%**

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*75% of women will attend the Breastfeeding Clinic antenatal consultation in their third trimester*

*154 (81%) of women planning to breastfeed agreed to an antenatal visit*

*86 (56%) women who agreed to a visit actually booked a visit*

*32 (21%) women attended an antenatal visit*

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- *98 % of diabetic women initiated breastfeeding*
- *63 % of diabetic women were exclusively breastfeeding at discharge*

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### Rates of Exclusive Breastfeeding

| Exclusive Breastfeeding Rates at Discharge (2011-2013) 36 months |     |
|--|-----|
| Breastfeeding Rate   | 75% |
| Gestational Diabetes   | 49% |

| Exclusive Breastfeeding Rates at Discharge (2015) 11 months |     |
|---|-----|
| Breastfeeding Rate  | 81% |
| Gestational Diabetes  | 63% |

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### Project Reach



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### Recommendations for Other Centres

- Identify women with diabetes who are planning to breastfeed as an 'at risk' group
- Develop an approach to provide education and support
- Use our poster and e-learning module for staff education
- Track exclusive breastfeeding rates

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