

Summer 8-14-2017

The need of lactation consultant for night shift

Joyce Fung
joycefung7@yahoo.com

Follow this and additional works at: <http://repository.usfca.edu/capstone>



Part of the [Maternal, Child Health and Neonatal Nursing Commons](#)

Recommended Citation

Fung, Joyce, "The need of lactation consultant for night shift" (2017). *Master's Projects and Capstones*. 624.
<http://repository.usfca.edu/capstone/624>

This Project/Capstone is brought to you for free and open access by the Theses, Dissertations, Capstones and Projects at USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. It has been accepted for inclusion in Master's Projects and Capstones by an authorized administrator of USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. For more information, please contact repository@usfca.edu.

The Need of Lactation Consultant for Night Shift

Joyce Fung, RN

University of San Francisco

School of Nursing and Health Professions

Clinical Leadership Theme

The project is aimed at the need of lactation consultant for night shift in order to support mothers and babies sustained exclusive breastfeeding for the first 6 months. The Clinical Nurse Leader (CNL) role function is the ability to “implement quality improvement strategies based on current evidence, analytics, and risk anticipation” (AACN, 2013). I will be utilizing resources available on the unit, and collaborating with team members to implement the project.

Statement Of The Problem

Mothers and babies are willing to initiate and continue exclusive breastfeeding during night time with the support and help from lactation consultant available at night. Mothers tend to request for formula more often at night because they want to rest and sleep. Lactation consultants are professionally trained and specialize in supporting breastfeeding mothers and babies with their needs and concerns; and to prevent, recognize, and solve breastfeeding difficulties. Nine out of ten mothers prefer lactation consultants over nurses with breastfeeding assistance because lactation consultants are able to: point out main problems, provide options to solve problems, and demonstrate the technique to utilize different supplies or equipments. (Kuan, 1999). Mothers are more susceptible to give up exclusive breastfeeding due to the lack of support and help from family, friends, and significant others. Because of the inconvenience and discomfort from breastfeeding, mothers are also not keen on the idea of exclusive breastfeeding right after delivery. Moreover, babies are unable to differentiate between night and day, which causes exhaustion for mothers due to their baby’s constant crying. This can cause a decrease in the mother’s will to breastfeed their newborns. The purpose of this project is to increase exclusive breastfeeding for the first 6 months with the help of lactation consultant at night.

Project Overview

This project will be implemented in the Maternal Child Health (MCH) department of a hospital in Southern California. The department consists of three units including Labor and Delivery (L&D), postpartum and Neonatal Intensive Care Unit (NICU). Nursery is for procedure only, for example, circumcision for babies. Wellborn babies are put in the same rooms as their mothers for convenience and reassurance for both mother and baby. L&D can accept up to 10 mothers, postpartum units can accept approximately up to 18 mothers and 18 babies, and NICU can accept up to 9 babies. The staff consists of obstetricians, midwives, neonatologists, registered nurses, respiratory therapists, case managers, social workers and unit secretaries. All members of the interdisciplinary team work together to provide safe and quality care for patients and their families.

The population that this project will be focusing on are the mothers and babies postpartum. Labor can occur at any given time. Mothers who have experienced a long labor process and deliver at night time are prone to refuse exclusive breastfeeding and will instead request for formula due to exhaustion and desire to rest. Lactation consultants can come to the patient's bedside, assess their needs and conditions, prioritize the care by using their professional knowledge to provide appropriate lactation care to mothers and babies. Lactation consultants are responsible for skin-to-skin care for mothers and babies post labor. Mothers have hormones that can stabilize their baby's temperature, even out the baby's blood sugar, and initiate the bonding process. Lactation consultants teaches mothers how to hold their babies during the skin-to-skin process and provide additional guidance when mothers have questions. Babies with skin-to-skin care often cry less, have better latch on outcomes, and are able to form a stronger bond with their parents.

To improve and increase exclusive breastfeeding for the first 6 months, lactation consultant for night shift is needed. Lactation consultants assist with the initiation of skin-to-skin contact shortly after birth, assess both mothers and babies for their needs and concerns, evaluates the outcomes, and makes appropriate changes as needed (Appendix A). Babies who start to breastfeed early tend to breastfeed more successfully. According to Meredith Women's Network (2017), a baby who nurses very frequently in the first 48 hours will do a great job of bringing in milk supply and will be successful in breastfeeding. Establishing a good milk supply occurs during the first 2 to 3 weeks of breastfeeding. The effective way to establish a good milk supply is to empty breasts more often by breastfeeding or pumping at least 8 to 12 times every 24 hours. Milk supply will decrease when mothers cease to breastfeed babies effectively. Lactation consultants services during night shift can provide mothers with assistance on breastfeeding schedules, and also teach them how to correctly utilize accessories such as breast pump, nipple cream, nipple shield, etc.

Newborns are especially fussy on the second night due to their realization of being out of their mother's womb which leads to their eagerness to familiarize with new people and their environment. "Instead of hearing mother's heartbeat, the swooshing of the placental arteries, the soothing sound of mother's lungs or the comforting gurgling of mother's intestines, baby is in a crib, swaddled, in a diaper, a hat and a blanket. Baby is not yet become accustomed to the new noises, lights, sounds and smells" (Jan, 2016). Professionally trained lactation consultant or specialist is needed to assist mothers on how to take care of and feed their babies when they are fussy (Appendix A). The baby's mother and family members are highly likely to request for formula when they're efforts to calm the baby has failed. Exclusive breastfeeding is often stopped once the mother starts formula feeding their baby.

Newborns can not differentiate their days and nights. “Reverse cycling is when baby nurses frequently at night and less frequently during the day. Newborns may reverse cycle in the early days or weeks simply because they have their days and nights mixed up” (Kelly, 2011). Patients often prefer lactation consultants over nurses and physicians on issues related to breastfeeding. Lactation consultants give significantly more positive encouragement than either nurses or physicians did regarding breastfeeding. (Humenick, 1998). In order for the patients to have more effective and professional guidance and education, lactation consultants are more suitable to educate mothers and families on breastfeeding. Lactation consultants are more knowledgeable with more effective breastfeeding positions, techniques, and can provide a more accurate demonstration on the utilization of supplies and equipments for breastfeeding. For more detailed assistance and guidance, lactation consultants are the best option for exclusive breastfeeding mothers.

Rationale

To identify the need of lactation consultant for night shift, a root cause analysis was utilized (Appendix C). The Centers for Disease Control and Prevention (CDC) Breastfeeding Report Card (2014) of breastfeeding rates in California, 63.1% of newborns were breastfed at 6 months and 38.4% at 12 months. Breastfeeding rates shows a rising trend in the United States. In 2011, 79% of newborns started to breastfeed. However, the breastfeeding duration shortens before reaching 6 months, the recommended length. According to CDC Breastfeeding Report Card (2016), more than half of states have already met the Healthy People 2020 objective of 81.9% ever breastfeeding. Despite high breastfeeding initiation rates and continued improvement in breastfeeding duration, most states are not meeting Healthy People 2020 exclusive breastfeeding target. For babies born in 2013, 12 states met the Healthy People 2020

breastfeeding objective for 6 months duration (60.6%). The hospital that I am implementing this new project are above the national average of 50%. About 97% of mothers breastfeed their babies during their hospital stays after delivery, and 76% are breastfeeding exclusively when they leave the hospital (Kaiser Permanente, 2017).

In order to preserve the breastfeeding rate above average, a series of surveys, questionnaires, assessments, and follow-up phone calls were done to analyse how breastfeeding exclusive rates can be improved when a lactation consultant are available for night shift. According to the information collected from the surveys, questionnaires, assessments, and follow-up phone calls that we have done, the most significant issue is pregnant women being unaware of the services provided by lactation consultants. They mostly rely on non-medical personnel for incorrect guidance leading to negative breastfeeding experiences which results in hesitance with exclusive breastfeeding.

Methodology

Change, is one of the most difficult concepts to understand and execute. In order to accomplish this project, I will utilize Kurt Lewin's Change Management Theory (Refer to page 16 for Lewin's Change Theory chart), also known as "The Change Theory of Nursing". Lewin's theory is a time-tested theory that is considered the model of change by medical professionals. Lewin's change theory consists of three major stages: unfreezing stage, change stage, and refreezing stage; and a force field analysis that consist of three major concepts: driving forces, restraining forces, and equilibrium. (Kaminski, 2011). I will incorporate Lewin's change theory to shift the system in the Maternal Child Health department to integrate a Lactation Consultant position towards a more efficient and cost effective method for the hospital.

In Lewin's force field analysis, he proposed that "in any situation there are both driving and restraining forces that influence any change that may occur" (Kaminski, 2011). Driving forces are variables that push in the direction of change, therefore causing a shift in the equilibrium for change. Restraining forces counteracts the driving forces and generate obstacles that cause change to stagnant. Equilibrium is the present level of productivity, which is the current state before any change occurs. (Kaminski, 2011). According to Kurt Lewin, change within the equilibrium occurs when driving forces are stronger than restraining forces, "successful change is achieved by either strengthening the driving forces or weakening the restraining forces" (Kaminski, 2011). In this project, the driving force consists of: Registered Nurses, patients, and family members. On the other side, the restraining forces might pertain to: the director, management, and board of directors. In order to successfully shift the equilibrium, I will actively gather the driving force and variables to pursue change by persuading management and board of directors to implement this program.

In the first step, or unfreezing stage, an old pattern or habit that was counterproductive or inadequate is considered to be abandoned. According to June Kaminski, RN MSN PhD, "This is the stage where the desire to change occurs, or at least the recognition that change is needed" (Kaminski, 2011). During the unfreezing stage, it is imperative for individuals to overcome the burdens of individual resistance and form a group consensus. There are three general methods used to achieve unfreezing; first is to increase the driving forces away from the current situation, second is to decrease the restraining forces that have a negative effect towards the existing equilibrium, and thirdly is to find a balanced combination of both methods. (Kaminski, 2011). In order to achieve the end goal, it is essential to gather enough support from the driving forces in this project. Once management approves of this proposal, the next step will commence.

The second step, change stage, requires participants to actively change through: behavior, feelings, and thoughts. The most decisive aspect in this stage is to convince the change target group that the new method is improved and superior than the previous method. During this stage, the foundations and processes to the new system are set in stone in order to achieve the desired results. According to Lewin, “This is the most time-consuming, costly, yet productive stage as far as tangible results go” (Kaminski, 2011). During this change step, the program to incorporate lactation support services would commence once the management approves of this proposal. The process begins with information provided for the mothers and their family and bedside teaching for breastfeeding provided by the lactation consultant. The objective of this program would be to improve and increase exclusive breastfeeding upon discharge in Family Centered Care. Once progress has been made, then we can move onto the final step.

The third and last step, refreezing stage, is the process of “freezing” the new method into place, so that it becomes the new “standard operating procedure”. Without this final step, participants would revert back to previous methods and habits. According to Lewin, “the changes implemented are ‘frozen’ in place to ensure that they become part of normal working procedures” (Kaminski, 2011). After implementing the lactation support services into the Maternal Child Health department, further regulation would be standardized within the unit. A new system of surveys and review would monitor breastfeeding mothers and babies during their hospital stay. Hospital staff would follow a set of guidelines to evaluate performance of breastfeeding mothers. Most importantly, hospital staff would be required to make sure both patient and lactation staff are content and pleased with the lactation support services and Maternal Child Health department at the hospital.

My predictions on this project is extremely favorable. I see a constant rise in patient and staff satisfaction when this new system is implemented into the Maternal Child Health department. In order to check the expected results against initial predictions, I will review the logs and surveys of patients and staff throughout the whole process. Kurt Lewin's Change Management Theory is an ongoing method that is on a constant loop without an end. It is the perfect candidate to base this project on and is absolutely suitable for the implementation of a new system of approach to the Maternal Child Health department at the hospital.

Literature Review

The information about breastfeeding exclusively supports the need of a lactation consultants for night shift. It is very important for newborns and mothers to have the necessary support and guidance for breastfeeding. According to American Pregnancy Association, "Breastfeeding is something individual for each woman" (American Pregnancy Association, 2016), and if they have any questions or concerns about breastfeeding, they should consult with a breastfeeding specialist which is a lactation consultation. In order to increase exclusive breastfeeding rates, having a lactation consultant for mothers and babies at night time ensures all needs are addressed properly at all times. Most mothers sleep at night but babies do not. Babies wake up when they are in need. This is one of the reasons why a lactation consultant for night shift is needed because they can provide their knowledge and skills for new or experienced mothers regarding breastfeeding issues.

Breastfeeding exclusively is beneficial for the health of both the mother and the baby. According to World Health Organization, "exclusive breastfeeding is recommended up to 6 months of age," (WHO, 2017), and it is the, "normal way of providing young infants with the nutrients they need for healthy growth and development," (WHO, 2017). Breastfeeding can help

improve the immune system for both the baby and the mother. Illnesses such as ear infections, stomach viruses, lower respiratory viruses, and meningitis are less likely to occur for a baby that is breastfed exclusively. A mother's breast milk is specifically made to protect her baby because the mother's body creates secretory IgA for her body's pathogens, therefore giving the baby protection against the pathogens via her breast milk. (American Academy of Pediatrics, 2015). Babies who are breastfed exclusively have a lower risk of developing childhood cancer, and can prevent diseases that occur later in life such as type 1 and 2 diabetes, hyperlipidemia, hypertension, and certain allergies. (American Academy of Pediatrics, 2015). Based on multiple researches and studies, it has shown that children who have been breastfed exclusively have higher cognitive development, "researchers concluded from IQ scores and other intelligence tests that prolonged and exclusive breastfeeding significantly improves cognitive development." (American Academy of Pediatrics, 2015). The American Academy of Pediatrics also recommends breastfeeding as a way to reduce the baby's risk of becoming overweight or obese. Breastfeeding exclusively affects later weight gain due to babies eating until satisfied, which leads to healthier eating habits later on, and breast milk has less insulin than formula. Lastly, the U.S. Centers for Disease Control and Prevention recommends breastfeeding for as long as possible to lower the risk of SIDS. (American Academy of Pediatrics, 2015).

There are also many health benefits from breastfeeding for the mother. According to the National Institutes of Health, many women who did not breastfeed or stopped breastfeeding early on experienced a higher risk for postpartum depression. (American Academy of Pediatrics, 2015). Women who breastfeed also feel more relaxed than women who do not breastfeed due to the hormone oxytocin being released during breastfeeding. Breastfeeding is also beneficial for the mother because it can help lower the risk of ovarian cancer and breast cancer, decrease the

size of the uterus more quickly, lose weight more quickly by burning more calories, providing temporary contraception, delay return of menstrual cycle in order to keep more iron in the body, and keeps the bones strong to prevent bone fractures and osteoporosis in older age. (American Academy of Pediatrics, 2015). Not only can breastfeeding exclusively provide many health benefits for both the mother and the baby, but most importantly it can help create a special bond between the mother and baby from the physical contact.

Many women who are experiencing pregnancy for the first time do not have enough or correct information for breastfeeding. It is important for a lactation consultant to provide knowledge and the correct breastfeeding techniques for these women. The role of a lactation consultant is to provide guidance and teachings for mothers on breastfeeding, no matter if they are new mothers or experienced mothers. While many mothers do not have any problems at all with breastfeeding their newborn, about 92% of new mothers said they have problems breastfeeding three days after giving birth (NPR, 2013). Difficult situations and circumstances such as babies with latch-on problems or slow weight gain, babies with physical or developmental problems, premature infants or multiples, mothers with flat, inverted, or sore nipples, mothers with an insufficient milk supply, mothers with specific medical conditions, working mothers, weaning, and many more will require the expertise of a lactation consultant. (Happy Fig Latchpal, 2014). They will know which positions to try with babies that have physical or developmental problems, and what types of supplements or food to eat to increase the mother's milk supply. In order for mothers and babies to gain all of the health benefits from breastfeeding, and receive the correct information and guidance on how to breastfeed, a lactation consultant is required. Also, to increase the rate of breastfeeding exclusively, lactation

consultants are needed during the night shift to provide the much needed skills both the mothers and the babies require.

Cost-Analysis

Being one of the largest non-profit healthcare organizations in California, annual operating revenue was 64.6 billion in 2016, 60.7 billion in 2015 and 56.4 billion in 2014. Data as of March 31, 2017 unless otherwise noted, the health plan membership was 4,396,545 in southern California region and 4,135,975 in northern California region (Kaiser Permanente, 2017). The mission and vision are to provide high-quality and affordable health care services to members and communities and create a healthy population. Creating a healthy population starts with breastfeeding and having a lactation consultant during night shift can ensure adequate physical and emotional support. A 2001 study revealed that \$3.6 billion could be saved if breastfeeding rates were increased to levels of the Healthy People objectives (Bartick, 2010). If 90% of US families could comply with medical recommendations to breastfeed exclusively for 6 months, the United States would save \$13 billion per year and prevent an excess 911 deaths, nearly all of which would be infants (Bartick, 2010).

Based on the salary reports conducted by Kaiser Permanente, RN IBCLC salaries at Kaiser Permanente can range from \$48 - \$62 per hour, base salaries for RN is \$55 per hour (Glassdoor, 2017). Salary depends on qualifications and experiences. Annual salary for a IBCLC without a RN license is approximately \$68,500. RNs without lactation training cannot provide the same services as lactation consultants. IBCLC is a healthcare professional who receives professional lactation training to provide high quality breastfeeding and lactation routine care by utilizing different resources and equipments. According to International Lactation Consultant Association (2017), IBCLCs have positive impacts on global health. They improve breastfeeding

outcomes, lower health costs, improve consumer satisfaction, improve an institution's image, improve consumer trust, and improve breastfeeding programs and policies.

Most hospitals started practicing “couplet care” in maternity unit. When a hospital practices “couplet care”, babies do not stay in the nursery, the mother and baby stay in a room together in order for babies to have better access to their mother's breast milk. Staying in the same room for mother and baby encourages breastfeeding and also increases the bond between mother and baby. While healthy babies often stay by their mother's bedside, critically sick babies stay in the Neonatal Intensive Care Unit (NICU). For simple procedures or tests such as circumcisions, newborn screening tests, etc, they are performed in the nursery.

Breastfeeding is a natural activity which has become a learned skill and is an ongoing process. It requires confident commitment and support from healthcare professionals. Registered nurses will often feel overwhelmed when hospitals lack lactation consultants, which will lead to double the workload for registered nurses on maternity wards. This will cause a huge amount of stress for registered nurses, which leads to exhaustion causing nurses to quit. Kaiser Permanente has cited an even higher turnover costs, averaging \$47,403 per medical/surgical RN and \$85,197 for maternity RNs (AFSCME, 2017).

On average, a baby eats 25 ounces of milk per day, which equals to around 9,125 ounces of milk/formula per year. (Hamm, 2013). Formula costs around \$0.19 per ounce, which equals to around \$1,733.75 per year, while breast milk costs \$0. (Hamm, 2013). According to International Lactation Consultant Association, “formula feeding increases adverse health outcomes”, and can cause, “difficult hospital re-admissions, increased hospital lengths of stay, and lost days at work by parents due to sick children.” (ILCA, 2017). Exclusive breastfeeding can help save a large amount of money spent on formula from hospitals and can help lower the health risks. Frequency

of health service utilization for lower respiratory tract illnesses, otitis media, and gastrointestinal illnesses in the first year of life was assessed in relation to duration of exclusive breastfeeding. In the first year of life, there were roughly 2033 excess office visits, 212 excess days of hospitalization, and 609 excess prescriptions for these three illnesses per 1000 never-breastfed infants compared with 100 infants exclusively breastfed for at least 3 months. (Ball, 1999). These additional health care services cost the managed care health system between \$331 and \$475 per never-breastfed infant during the first year of life (Ball, 1999).

Timeline

This project started in late May of 2017 and is still ongoing. Refer to Appendix B for Gantt Chart Timeline. Many challenges appeared during this project, since I am currently still a student, there were many information where I do not have full access to. I relied on my superior's access in order to obtain the information I needed to complete this project. Another challenge was setting up and meeting with upper management. Proposing a project to upper management is foreign to me and it took me quite some time to successfully set up a meeting with their busy schedules.

Expected Results

The antenatal assessments, admission and discharge surveys, and follow up phone calls provided me with an abundant of additional information. During the antenatal assessments, I found that most of the women were not aware of the services provided by the lactation consultants. Another issue I found from these assessments and surveys is that women do not want to breastfeed due to difficulties experienced from the previous baby. Also, due to women being very knowledgeable and busy, they know that combining breastfeeding and formula is possible and requires less physical time spent with their baby, making breastfeeding exclusively

extremely difficult. To name another, I noticed is that there are not many lactation consultants available on the wards because the nursing directors find no need to increase expense by hiring more than two lactation consultants since they feel that regular RNs are able to do what the lactation consultants do.

My expected results are increased rates of breastfeeding exclusively, for those who have been given accurate information by lactation consultants. During the antenatal assessments, information about lactation consultant services can be provided so women can take advantage of these services and get accurate information on breastfeeding. Women who have experienced difficulties with breastfeeding with their previous baby should be encouraged to see a lactation consultant in order for them to receive the proper techniques for breastfeeding to avoid their previous difficulties with breastfeeding. Also, the lactation consultant can provide the accurate information on breastfeeding, and support. Providing lactation consultant services can also help women who have a busy schedule plan out their day, and help them give their babies the proper nutrients that they need. To ease the difficulties that occur during the poorly-supervised nights, I believe a lactation consultant is necessary for night shift in order to increase the rates of exclusive breastfeeding.

Nursing Relevance

According to the goals of Healthy People 2020 launched by the Department of Health and Human Services in 2010, “Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; achieve health equity, eliminate disparities, and improve the health of all groups; create social and physical environments that promote good health for all; and promote quality of life, healthy development, and healthy behaviors across all life stages” (CDC, 2015). This project contributes to the well being and good health for mothers and babies.

It is important to promote health and to maintain good health. Maintaining a good health and promoting quality of life across all life stages are both essential for everyone. Breastfeeding helps produce a healthier and better population and benefits social economic. Breastfed babies are healthier than formula-fed babies because breast milk is the perfect match for a breastfed baby since the milk changes and accommodates the baby's body as the baby grows. Mothers who breastfeed their babies recover from pregnancy, labor, and birth faster than those who do not breastfeed. World Health Organization. (2017).

Breastfeeding has substantial benefits for all mothers, newborns, and children everywhere, and may produce economic gains for countries across all income levels. Increasing optimal breastfeeding (including early initiation, exclusive breastfeeding for six months, and continued breastfeeding) can save nearly 820,000 lives, 87 percent of which are infants under six months of age, and add hundreds of billions of dollars to the global economy each year (BMGF, 2016). Many hospitals are aiming to become Baby-Friendly hospitals in order to support and promote breastfeeding. Lactation consultants are needed to provide their skills, knowledge, and guidance for mothers, due to the lack of proper lactation knowledge from most mothers, in order to increase the breastfeeding rate in hospitals. Lactation consultants are more available during the day shift due to budget limits and there are rarely any lactation consultants available during the night shift. Mothers and babies who need attention and support from lactation consultants are unable to receive their services since there are no lactation consultants available at nighttime; Kaiser Permanente's mission statement states, "Kaiser permanente exists to provide high-quality, affordable healthcare services and to improve the health of our members and the communities we serve." (Kaiser, 2017), and in order to provide high-quality service to all patients, nighttime lactation consultants should be included in the team to provide optimal care for the mothers and

babies. When provided with correct information, guidance, and support from lactation consultants, hospital's breastfeeding rates will definitely be able to increase.

Summary Report

This CNL Internship Project has presented me with opportunities to grasp the necessary tools and components in order to successfully implement a foundational project such as, the introduction of a lactation consultant for night shift. There is currently a high demand of lactation consultants for night shift across hospitals in metropolitans in the United States; due to the lack of professional lactation services that initiate skin-to-skin contact, assess both mothers and babies for their needs, evaluate the outcomes, and adjust accordingly. Due to the lack of lactation consultant services, there has been a decline in mothers breastfeeding their babies (Humenick, 1998). The goal of this CNL Internship Project is to add a lactation consultant position during night shift to support mothers and babies sustain exclusive breastfeeding for the first 6 months post labor.

For this project, the setting will be located in the Maternal Child Health (MCH) department of a hospital in Southern California. The Maternal Child Health (MCH) department includes three units: Labor and Delivery (L&D), postpartum and Neonatal Intensive Care Unit (NICU). The staff consists of: obstetricians, midwives, neonatologists, registered nurses, respiratory therapists, case managers, social workers and unit secretaries. The population for this project will be mothers and newborn babies postpartum.

The main method I will incorporate for this project is Kurt Lewin's Change Management Theory, or "The Change Theory of Nursing". I will utilize Lewin's change theory to shift the foundation system in the Maternal Child Health department to incorporate a Lactation Consultant position. The baseline data demonstrated that increasing competent breastfeeding can save nearly

eight hundred and twenty thousand lives, which eighty seven percent of which are infants under six months of age. According to the baseline data, the addition of a Lactation Consultant for night shifts would save countless innocent lives, and greatly benefit the hospital. In order to execute this CNL Internship project, material and software aids such as: PowerPoint presentations, surveys, instructional guidelines, and preparation courses, will be offered and implemented into the Maternal Child Health Department.

This CNL Internship assignment is an ongoing project, which has not been thoroughly incorporated into the department. Although there is insufficient conclusive data, the baseline data showed the positive effects of incorporating a lactation consultant for night shift; infants and mothers both benefit in the long run from breastfeeding exclusively. In order to sustain the plan to implement the Lactation Consultant services in the Maternal Child Health Department, several curriculums such as: bedside instruction, patient and staff survey and interview, commencement of lactation consultant program with the staff, would be enforced. Also, it is of critical importance to gain the support from hospital staff to ensure the optimal progress of this program. The cultivation of these essential variable would secure this CNL Internship program into the future of this hospital and the department.

References

American Academy of Pediatrics. (2015). Why breastfeed? Retrieved from

<https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/Why-Breastfeed.aspx>

American Congress of Obstetricians and Gynecologists. (2013). Breastfeeding in undeserved

women: increasing initiation and continuation of breastfeeding. Retrieved from

<https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Breastfeeding-in-Underserved-Women-Increasing-Initiation-and-Continuation-of-Breastfeeding>

American Federation of State, County & Municipal Employees. (2017). The cost of failure.

Retrieved from

<https://www.afscme.org/news/publications/health-care/solving-the-nursing-shortage/the-cost-of-failure>

American Pregnancy Association. (2016). Lactation consultants. Retrieved from

<http://americanpregnancy.org/planning/lactation-consultants/>

American Association of Colleges of Nursing. (2013). Competencies and curricular expectations

for clinical nurse leader education and practice. Retrieved from

<http://www.aacn.nche.edu/cnl/CNL-Competencies-October-2013.pdf>.

- Ball, T. M., & Wright, A. L. (1999). Health care costs of formula-feeding in the first year of Life. *Pediatrics*, *103*(Supplement 1), 870-876.
- Bartick, M., & Reinhold, A. (2010). The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis. *Pediatrics*, *125*(5), e1048-e1056.
- Bill and Melinda Gates Foundation. (2016). The evidence is in: breastfeeding benefits children, mothers and economies. Retrieved from <https://www.impatientoptimists.org/Posts/2016/03/The-Evidence-Is-In-Breastfeeding-Benefits-Children-Mothers-and-Economies#.WV8RqNPvBJ>
- Bramson, L., Lee, J. W., Moore, E., Montgomery, S., Neish, C., Bahjri, K., & Melcher, C. L. (2010). Effect of early skin-to-skin mother—Infant contact during the first 3 hours following birth on exclusive breastfeeding during the maternity hospital stay. *Journal of Human Lactation*, *26*(2), 130-137.
- Centers for Disease Control and Prevention. (2014). Breastfeeding Report Card. Retrieved from <https://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf>
- Centers for Disease Control and Prevention. (2016). Breastfeeding Report Card. Retrieved from <https://www.cdc.gov/breastfeeding/pdf/2016breastfeedingreportcard.pdf>
- Centers for Disease Control and Prevention. (2015). Healthy people 2020. Retrieved from https://www.cdc.gov/nchs/healthy_people/hp2020.htm
- Glassdoor. (2017). Kaiser permanente RN salaries. Retrieved from https://www.glassdoor.com/Hourly-Pay/Kaiser-Permanente-Registered-Nurse-Hourly-Pay-E19466_D_KO18,34.htm
- Glassdoor. (2017). Kaiser permanente RN lactation consultant salaries. Retrieved from

https://www.glassdoor.com/Hourly-Pay/Kaiser-Permanente-RN-Lactation-Consultant-Hourly-Pay-E19466_D_KO18,41.htm

Hamm, Trent. (2013). The Simple Dollar. *How much does breastfeeding really save?* Retrieved from <http://www.thesimpledollar.com/how-much-money-does-breastfeeding-really-save/>

Happy Fig Latchpal. (2014). 5 Benefits of finding a lactation consultant. Retrieved from <http://www.latchpal.com/5-benefits-of-finding-a-lactation-consultant/>

Humenick, S. S., Hill, P. D., & Spiegelberg, P. L. (1998). Breastfeeding and health professional Encouragement. *Journal of Human Lactation*, 14(4), 305-310.

International Lactation Consultant Association. (2017). What is an IBCLC. Retrieved from <http://www.ilca.org/why-ibclc/ibclc>

International Lactation Consultant Association. (2017). World breastfeeding week. Retrieved from <http://www.ilca.org/global-health/world-breastfeeding-week>

Jan, Barger. (2016). Baby's second night. KellyMom. Retrieved from <http://kellymom.com/ages/newborn/bf-basics/second-night/>

Joint Commission's Annual Report 2015, The Joint Commission. (2015). Breastfeeding. Retrieved from <https://thrive.kaiserpermanente.org/easier-health-care/maternity/baby-101/breastfeeding>

Kaiser Permanente. (2017). About kaiser permanente. Retrieved from <https://share.kaiserpermanente.org/about-kaiser-permanente/>

Kaiser Permanente. (2017). Breastfeeding rates soar across region. Retrieved from <https://lookinside.kaiserpermanente.org/breastfeeding-rates-soar-across-region/>

Kaiser Permanente. (2017). Fast facts. Retrieved from <https://share.kaiserpermanente.org/article/fast-facts-about-kaiser-permanente/>

Kaiser Permanente. (2017). Southern california fast facts. Retrieved from

<https://share.kaiserpermanente.org/article/southern-california-fast-facts/>

Kaminski, J. (2011, March 23). Theory applied to informatics – Lewin’s Change Theory.

Retrieved from <http://cjni.net/journal/?p=1210>

Kelly, B. (2011). Reverse cycling. KellyMom. Retrieved from

<http://kellymom.com/bf/normal/reverse-cycling/>

Kuan, L. W., Britto, M., Decolongon, J., Schoettker, P. J., Atherton, H.D., & Kotagal, U. R.

(1999). Health system factors contributing to breastfeeding success. *Pediatrics*, *104*(3), e28-e28.

La Leche League International. (2007). Guidelines for active leaders who also work as paid lactation consultants. Retrieved from

<http://www.llli.org/llleaderweb/lv/lvmayjun90p39.html>

Meredith Women’s Network. (2017). The first 48 hours after birth. Retrieved from

<http://www.fitpregnancy.com/baby/breastfeeding/first-48-hours-after-birth>

NPR, Southern California Public Radio. (2013). To succeed at breastfeeding, most new moms could use help. Retrieved from

<http://www.npr.org/sections/health-shots/2013/09/23/225349120/to-succeed-at-breast-feeding-most-new-moms-could-use-help>

World Health Organization. (2017). Breastfeeding. Retrieved from

<http://www.who.int/topics/breastfeeding/en/>

Appendix A

REQUIRING MORE LACTATION CARE AT NIGHT TIME**1. Patient criteria:**

a. Mother

- i. Have experienced a long labor process and deliver at night time
- ii. First time/new mother
- iii. Without family member
- iv. With special needs e.g. flat nipples, inverted nipples, sore nipples, multiple births, cesarean birth
- v. Medical conditions: e.g. postpartum hemorrhage, mastitis, mastectomy, eclampsia, hypertension
- vi. Medication side effects: e.g. Magnesium Sulfate, Stadol

b. Baby

- i. Medical conditions: e.g. cleft lip, cleft palate, down syndrome
- ii. Medication side effect: Stadol
- iii. Fussy baby

2. Equipments and Supplies:

- a. Electrical breast pump
- b. Manual breast pump
- c. Nipple shield
- d. Supplemental Nursing System
- e. Nipple cream and nursing pads

Appendix B

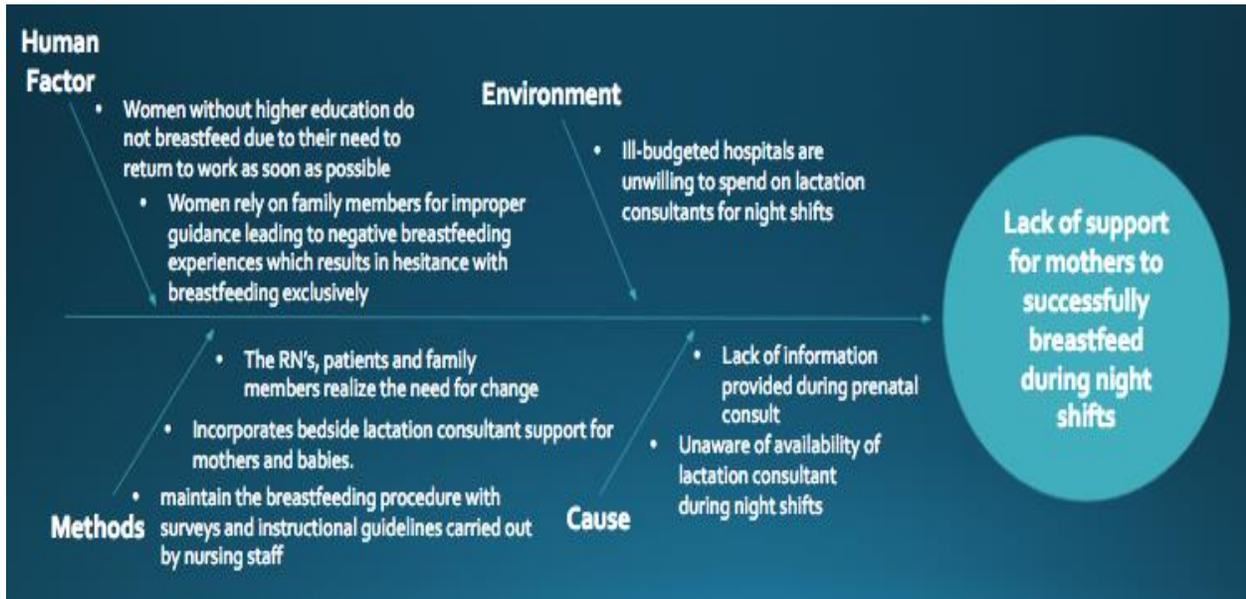
Gantt Chart



Appendix C

Root Cost Analysis

Fishbone Diagram



Appendix D

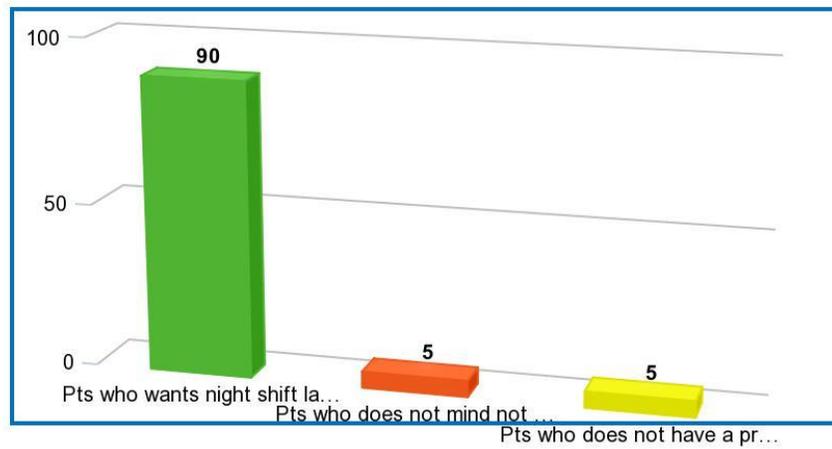
Cost Analysis

| | Formula | Breastfeed |
|-------------------------------|----------------|-------------------|
| Cost per Ounce of Milk | \$0.19 | \$0 |
| Amount per Year | 9,125 OZ | 9,125 OZ |
| Total | \$1733.75 | \$0 |

Appendix E

Bar Graph

Patient's Survey on Lactation Consultants at Nighttime

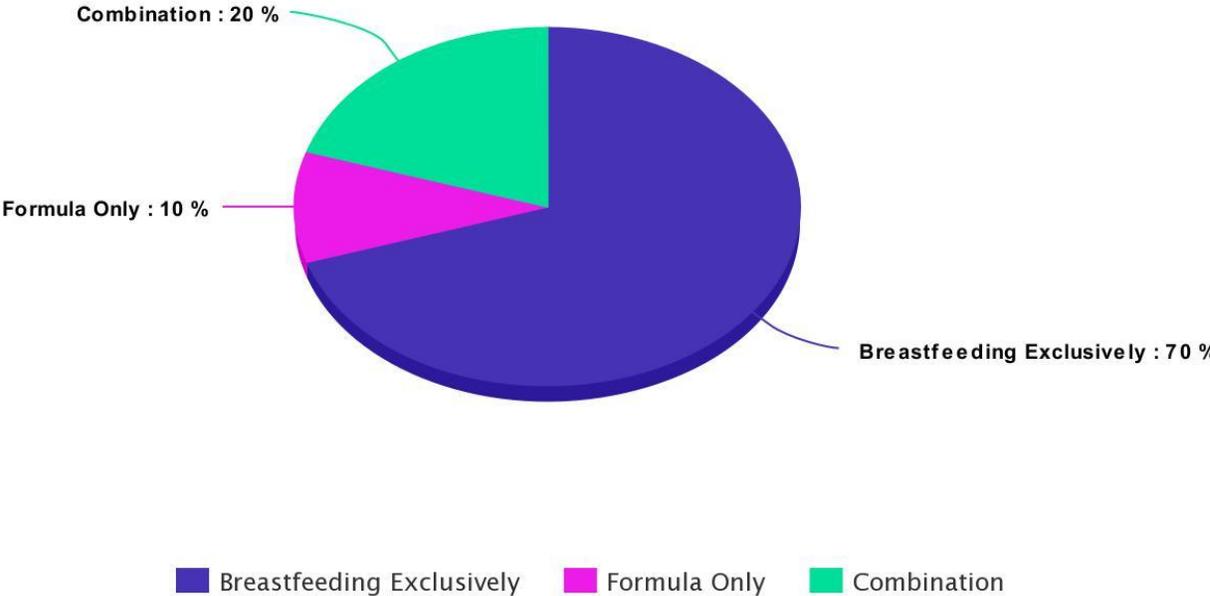


Series 1

Appendix F

Pie Chart

Before Intervention



Appendix G

Lewin's Change Theory

