Spread collaborative: Expansion of breastfeeding in Kostroma, Tambov, Ivanovo, Tula and Tver regions of the Russian Federation

Date improvement activities began: October, 2010
Date of end of collaborative: November, 2011

Aims/objectives:

To expand the practice of breastfeeding in Russian regions

Implementation package/interventions:

The WHO/UNICEF Ten Steps to Successful Breastfeeding, as adapted to Russian women's consultations, maternity hospitals, children's polyclinics and children's hospital units for ill and preterm babies (see details in attached report)

Measurement:

Percent of newborns placed in skin-to-skin contact with the mother for at least two hours
Rates of exclusive breastfeeding at discharge home from the maternity hospital
Rates of exclusive breastfeeding at three-month visits to children's polyclinics
Rates of exclusive breastfeeding at six-month visits to children's polyclinics.

Indicators are assessed and self-reported monthly.

The final project change package added recommendations to track both breastfeeding and exclusive breastfeeding at discharge, 1, 3, 6, 9 and 12 months of age. These indicators could be tracked for each child on a special medical record insert, that was included in the change package. Some facilities tracked these indicators as well. Children's hospitals tracked breastfeeding among children admitted to units for preterm and ill infants, at both admission and discharge.
Spread strategy:

The demonstration collaborative (see related profile) was implemented at 12 hospitals in 2 regions--Kostroma and Tambov, including one children's hospital referral unit for preterm and ill newborns which piloted novel methods for adapting the "Ten Steps." The underlying project was expanded to two new regions, Ivanovo and Tula. Tver region facilities incorporated some elements of the change package related to early placement at the breast into activities in a related collaborative on preventing newborn hypothermia (see related profile). The lessons from the demonstration collaborative were distilled into a draft written change package and implementation was continued at 8 of the demonstration collaborative facilities; 9 new facilities spread the complete change package while a number of others participated in breastfeeding support training sessions and implemented some elements of the "Ten Steps." In Tula Region, four children's hospitals participated; the three with inpatient departments caring for ill and preterm newborns worked to roll out the innovations introduced at Tambov Region Children's Hospital in phase 1. Tambov Region Children's Hospital itself led an effort to spread breastfeeding practices oblast-wide.

Number of sites/coverage:

17 hospitals in 4 of 83 Russian regions

Coaching:

Each region was designated a quality improvement coach. Coaches included QI specialists from the Russian Institute for Health Care Organization and Information, clinical experts from the Ivanovo Institute for Motherhood and Childcare, and a clinician from Tver region facility with long QI experience. We tested various technical assistance strategies for spread and continuation in the various oblasts during the spread collaborative. The overall strategy was that teams, with basic orientation and training in QI, could use the detailed written change packages and online resources to achieve cost-effective improvement. Having noted the success of the initial intensive team orientation in achieving rapid spread at Galich Hospital in Kostroma region, we attempted to replicate this approach at the new hospitals in Ivanovo and Tver oblasts. Rather than conducting joint learning sessions, we conducted individual orientations for the regional improvement teams, where collaborative topics were selected, and then for each facility improvement team onsite. In this manner, a larger number of facility staff could be oriented to the project. In Tula oblast, because time was short, we conducted an intensive orientation for all maternal and child health facility leaders in the oblast, provided training on the web portal and provided a single on-site supportive visit. For Kostroma oblast, we continued the strategy of intensive on-site supportive visits. In Tambov oblast, we worked primarily in the capital, at the regional level.

Joint breastfeeding support training sessions were provided by the Russian coordinator of the Baby-Friendly Hospital Initiative in Ivanovo and Tula for 47 participants from 18 hospitals. The improvement team leader from Tambov
Region Children’s Hospital was developed as a trainer and coach. A special seminar on breastfeeding of ill and preterm newborns was led by the Kulakov Center for 14 participants from 9 hospitals and organizations.

Learning sessions & communication among teams:

Spread of the written change package was conducted through learning sessions where the change package was discussed and distributed, the project web portal, QI trainings for the new sites, clinical trainings with participation of physicians and nurses from demonstration collaborative sites, and experience sharing through visits of improvement team members from new sites to model facilities and programs developed during the demonstration phase. An initial learning session was conducted in October 2010, an interim session in May 2011 and a final project conference/video conference in November 2011. Communication also occurred through the training sessions listed above.

Results:

• A median 70% of newborns placed early at the breast and in skin-to-skin contact with mother for 2 hours or more after birth at 33 hospitals

• Median percent of newborns exclusively breastfed at discharge from the maternity department raised from about 55% to about 85% among 14 participating hospitals

• Median percent of babies exclusively breastfed at 3 and 6 months of age raised about 10 percentage points at 12 participating children’s polyclinics

• Percent of ill and preterm newborns exclusively breastfed at discharge from 3 children’s hospitals in Tambov and Tula oblasts raised from 60% to 80%.

• 6 participating hospitals were named “Baby-Friendly Hospitals”

• The project likely contributed to the adoption of methodologic recommendations on breastfeeding at all levels of care adopted by MOHSID, regulations supporting early breastfeeding adopted by Russian CDC.

• Tambov Region Children’s Hospital’s Innovative work on increasing breastfeeding 35 percentage points among ill and preterm newborns transferred to children’s hospitals was presented and published nationally and internationally (see attached presentation). The Tambov improvement team leader, Svetlana Polyanskaya received the Young Investigator award from First Moscow State Medical University named for I.M. Sechenov.

• Project partners participated in the international effort to adapt the Ten Steps to neonatal intensive care units, and submitted recommendations.

Best practices/conclusions:

A final written Russian-language change package was developed with the following elements

Objective 1. Introduction of a unified policy on breastfeeding
Objective 2. Development of consistency and collaboration between different facilities and levels of the health system, possibly by creating a committee to coordinate activities.

Objective 3. Participation of the facility in the BFHI.

Objective 4. Training of facility staff on breastfeeding support.

Objective 5. Educating the public about breastfeeding through use of:

- Brochures
- Informational stands
- Articles and programs in the media
- Educational lectures
- Thematic public education campaigns
- Telephone hotlines

Objective 6. Mandatory counseling for pregnant women, including:

- Individual counseling
- Group activities, such as a School for Positive Parenting
- Conversations with partners and family members

Objective 7. Introducing measures to establish breastfeeding at the maternity hospital:

- Early placement of the baby at the breast
- Individual delivery rooms (in Russia many delivery rooms have 2 or more tables)
- Partner births (the mother is a more common partner than the husband)
- Rooming-in of mother and baby in the maternity ward
- Training and counseling of mothers
• Excluding supplemental feeding and liquids, pacifiers and nipples

• Administering medications that do not impact the ability to breastfeed

Objective 8: Support for breastfeeding mothers after discharge

• As part of the standard post-delivery home visits

• Breastfeeding counseling at healthy baby clinics, where mothers can come with questions and for group activities

• Hotlines

• Mothers' breastfeeding support groups

Objective 9: Introducing algorithms for organization of breastfeeding in complicated situations, including:

• Inpatient treatment:
  
  o Rooming-in of the mother at the children's hospital

  o Breastmilk pumping for ill or preterm infants

  o Tube and cup feeding for babies unable to suck at the breast

  o Guidelines on feeding of preterm infants

• Eliminating social reasons for women's refusal to breastfeed, including bringing in a psychologist to work with these women.

[1] Improving Care–Ensuring Health, web site of the Russian Center for Quality Assurance in Health Care


[3] Uppsala-Final breastfeeding presentation HCI Russian MNCH


[6] Low Birthweight/Kangaroo Care
Newborn Care [7]
Nutrition [8]
Infant and young child feeding [9]
Countries: Russia [10]
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ASSIST publication: no

Improvement Story [11]

English [12]

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Links
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