

Initiating a Breastfeeding Quality Improvement Program in a NICU in Medellín, Colombia



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Project Overview

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 Fellowship Duration: Sept. 5 – Dec. 15, 2017



About the McBurney Fellowship Program

Through McGill's Institute for Health and Social Policy, the McBurney Fellowship Program supports students in international service programs related to health and social policy in Latin America. McBurney Fellows serve abroad in organizations working to meet the basic needs of local populations. One key aspect of this fellowship is its mandate to make a significant contribution to improving the health and social conditions of poor and marginalized populations through the delivery of concrete and measurable interventions. Students and their mentors identify issues, make connections with local organizations, and develop a strategy for the fellowship. The views expressed in this document are the opinions of the fellow, and do not necessarily reflect the opinions of the IHSP.

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Fellowship Rationale and Objectives

This fellowship and service project was the 4th study in a research program developed between McGill University's Ingram School of Nursing and the Faculty of Nursing at the Universidad de Antioquia (UDEA) in Medellín, Colombia, as part of McGill's master's in Global Health nursing program. The second of those studies examined barriers and facilitators to preparing families for discharge from the neonatal intensive care unit (NICU) at Hospital Universitario San Vicente Fundación (HUSVF) in Medellín, Colombia. There, it was found that families faced numerous challenges to initiating and sustaining breastfeeding prior to hospital discharge. Therefore, the purpose of this project was to initiate a longer-term quality improvement program to enhance breastfeeding support in the NICU at HUSVF to address these identified needs.

In 2015, more than half (57%) of Colombian children were not breastfed. This project therefore aims to establish new standards and guidelines for breastfeeding support in the NICU at HUSVF, and to initiate the development of clinical tools and knowledge translation strategies to improve breastfeeding support that can be adopted by NICUs across Colombia. The specific objectives of this project were to: 1) assess the level of breastfeeding support in the NICU at HUSVF in Medellín, Colombia, and 2) collaborate with NICU healthcare providers at the HUSVF to identify potential strategies for enhancing breastfeeding support for vulnerable families prior to discharge from the hospital. The development, implementation and evaluation of breastfeeding support interventions in the NICU will serve as a longer-term, on-going collaborative program of nursing research between McGill University and UDEA.

Background/Context

The NICU at HUSVF is the primary referral center in the department (region) of Antioquia as well as the surrounding departments in the North-West of Colombia, and is the most specialized NICU in the country. Consequently, the NICU at HUSVF cares for some of the most vulnerable infants in the country, and serves as a role model for other NICUs throughout Colombia. In addition, a high proportion of infants in the NICU at HUSVF are born to poor and marginalized families (e.g. low-income, illiterate, adolescents, and indigenous mothers) who may not be able to afford infant formula, and for whom the lack of support to establish breastfeeding in the NICU may have serious long-term health and economic consequences after hospital discharge. The WHO's *Global Strategy for Infant and Young Child Feeding*, recommends exclusive breastfeeding for the first six months of life and continued breastfeeding for up to two years and beyond to support optimal infant growth and development. Breastfeeding is especially

critical for ill and premature infants in the NICU, for whom the health benefits of human milk can be life-saving.

Activities

While in the field, I had the opportunity to immerse myself into the setting and the NICU team at HUSVF. Not only did I conduct research in the form of chart reviews, informal interviews and observational site visits, but I also had the opportunity to do a stage at the NICU as well. I also had the opportunity to work with neonatologists, respiratory therapists, nutritionists, nurses, auxiliary nurses and lactation consultants. I had the chance to attend a 2-day breastfeeding workshop alongside healthcare professionals from a wide variety of disciplines. I was also able to go with nursing students from a local university to their community placement. There, they were working with a group of community members in an impoverished area outside the city to provide educative workshops on health promotion and prevention strategies for the community members to disseminate.

Challenges and Successes

While I was there, I was able to complete phase 1 of my project, which was to collect baseline data on breastfeeding practices in the NICU and a preliminary assessment of the unit's breastfeeding support. All the data for the project (objectives 1 and 2) were supposed to be collected before I returned to Montreal in December, however we hit a couple of administrative obstacles during the process. The project had to go through ethics approval by 4 committees, 2 at the hospital and 2 at the University of Antioquia. These processes took much longer than expected and delayed the initiation of the project, which meant that not all of the objectives could be completed during my time there. In addition, I had to change my type of visa during my time in Colombia to be allowed to conduct the project at the Hospital, which delayed the initiation even further. With all these unexpected delays, only objective 1 was accomplished before I came back to Montreal.

Questions Raised

The collaboration on the ground in Colombia really made this fellowship what it was. Everyone who I encountered at the hospital, university and in the community was so incredibly hospitable, inviting and invested in the project. Everyone was incredibly helpful at getting me in touch with people, making introductions, providing me with learning opportunities and teaching me how to use tools specific to collecting the information I needed. Aside from the administrative obstacles that I explained above, there was nothing else that did not work during my fellowship.

Throughout my whole time in Colombia, everyone that I worked with was very interested in the project and its' outcomes. It became evident to me that healthcare professionals there do not have the time nor the means to conduct research. All team members were very interested in supporting breastfeeding in the NICU, however they lacked the resources to do a needs

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assessment in order to observe what changes could be made. This raised questions for me concerning the feasibility of the project and its implementation. Yes, I was there and able to provide an additional resource for them, but would and could the project be sustainable over time to really leave the unit with a plan and strategies to make practice changes in supporting breastfeeding? That is something I tried to address while I was there and hope to continue to work on now that I am back in Montreal.

Training and Mentoring

Training/mentoring on site

While at the organization, I received substantial training from many people involved in the project. At the onset, the hospital provided an orientation day, which included presentations on the history of the hospital, available resources, infection control and emergency policies and procedures. Following this, I received orientation and training on unit specific policies, practices, resources and technology from the head nurses and other staff in the NICU. In addition, I received training on the hospital's medical charting system as well as specialized education on nursing care in a NICU setting. I believed I received sufficient training to accomplish the objective I completed while I was there. Given adequate time, if I had been able to move on to the second objective, I believe I would have needed additional training on how to organize focus groups/other research interventions specific to practices at that hospital. These considerations may include policies and procedures specific to the hospital about providing employees with leave to participate in research initiatives, if that is even feasible. All the resources I needed for the project were available however; I often needed the assistance of other people, for example, to arrange the use of a hospital computer to perform chart reviews.

Training/mentoring from McGill supervisor

My faculty mentor served as a co-supervisor for this project. She helped develop the project plan in collaboration with our partners in Colombia, and was responsible for ensuring I received the support I needed in Medellin to complete my project. My mentor worked closely with me to write the project proposal, and was responsible for submitting the project for ethics approval at McGill University, and the two institutions research ethics boards in Colombia. She coached me on how to conduct myself as a foreign nursing student; how to ensure my safety; and how to best capitalize on all the learning experiences available to me in Colombia, based on her experiences with the 3 previous master's student projects completed under her supervision in Colombia. During my fellowship, my mentor held bi-weekly skype meetings with myself and my on-site supervisor in Medellin, to monitor my project progress and to provide guidance on all aspects of the project implementation.

What did you learn?

The learning opportunities that this fellowship offered me were numerous in quantity and extremely rich in quality. One of the most rewarding and least expected learning

opportunities came from working with a multidisciplinary team of Colombian healthcare providers in a clinical and academic setting. These relationships furnished some very interesting discussions on the similarities and differences between the healthcare system and healthcare delivery and seeking behaviors between Colombia and Canada. These conversations made me reflect on how much there is still to learn about the Canadian healthcare system and how and what we can learn and offer to systems in other countries. These conversations also helped me gain a deeper understanding of the role of the nurse by seeing how the profession changes across borders.

Admittedly, I had preconceived notions about the quality and type of care that I was going to see at the organization I was working at, due to political and financial constraints I had heard about before arriving. However, the quality of care and management of resources was completely different from what I was expecting. The organization provided amazing care to their patients and families in a setting with limited resources and older facilities. It taught me an overarching lesson that no matter where healthcare is delivered in the world, the roots are essentially the same. In particular, the practice of nursing is so transient from one place to the next, that my fears of not “fitting in” in a Colombian hospital were entirely unnecessary. I really learned and experienced how nursing is truly universal.

The only thing I would do differently next time is truly master the language before going to the country. I chose to spend 5 weeks in Colombia to learn Spanish from very basic roots. Though I was able to converse in Spanish throughout my fellowship, I think I would have been at a greater advantage and slightly less intimidated if I had conquered the language before I arrived. In addition, I would have had those 5 extra weeks to dive into deep conversations with people, which I was only able to do later on in my fellowship.

Community Implications and Further Work

In the short term, this project exposed the NICU staff at HUSVF to The Guiding Principles and the Ten Steps of the Neo-BFHI. In addition, after gathering the information from the *International Self-Assessment survey of policies and practices to protect, promote and support breastfeeding in neonatal wards*, the data will be given to the NICU staff. This will provide the unit with an understanding and appreciation of their current practices regarding breastfeeding support. While I was there, I learned that the organization and those working there do not have a lot of time or resources to put towards unit needs assessments, quality improvement projects or research in general. Since I was collecting data anyways, I offered to provide the NICU with a unit-specific tool for them to be able to collect data on breastfeeding in an easy time-efficient manner.

In the long term, this project will be the basis for practice change in the NICU. Implementing any of the Guiding Principles or The Ten Steps of the Neo-BFHI, if not already implemented, could benefit the unit and the infants and families a great deal. Furthermore, this project will be used to launch further research and quality improvements initiatives for nursing students at the Universidad de Antioquia. The project will give the NICU staff an opportunity to make recommendations and suggestions for practice change solutions surrounding breastfeeding

support. Finally, this project will create a concrete intervention plan that will remain with the unit for further use and/or action.

How might your fellowship make a difference for the people you worked with?

On the institutional level, this project will allow the organization to gain invaluable information about their breastfeeding support practices in the NICU that can be benchmarked against local, national and international guidelines. This will provide a baseline for practice improvement purposes in the NICU. This will serve as a basis to help support breastfeeding practices, which are critical for the livelihoods of these infants, in a unit that serves one of the most vulnerable populations in the country. The stakeholders in this project, which include the NICU nurse managers, nurses, auxiliary nurses, neonatologists and lactation consultants were all very



interested in project outcomes as they know the benefits of breastfeeding preterm and sick infants, however, lack the time and resources to do so. This project will hopefully help support the community of infants and families hospitalized in the NICU. Since it was identified in a previous study that parents felt unprepared in regards to breastfeeding after discharge, hopefully the project and intervention plan will help provide more supportive interventions for parents during the hospitalization period so they feel more prepared upon discharge. This project may be relevant to individuals outside the community as Colombia's Ministry of Health and Social Protection has put a lot of effort into its 10-year plan on increasing breastfeeding awareness and

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moving closer to the recommendations on infant feeding as put out by the World Health Organization.

What would be the next steps to translate your findings into policy action?

Considering this is an ongoing project, there is still work that needs to be done such as holding focus groups, collating suggestions from key stakeholders regarding priority practice changes and creating an action plan to implement change. This work will be continued on the ground in Colombia and from a distance in Canada. While completing phase 2 of this project it is our hopes to publish in a Colombian journal to elaborate on the process of initiating this quality improvement (QI) project as QI is still a new concept in Latin America. Publishing this processional style paper may offer new ideas on quality improvement and knowledge translation that could be useful, and cost effective alternatives to traditional research in lower resource settings. On a smaller scale, my current work over this semester will aim to put together a report for the NICU, which will include all the background data I was able to collect on breastfeeding support practices in their unit. Finally, I will create a tool for the unit to help them collect demographic and breastfeeding data for them to be able to analyze and compare their unit practices over time.

Program Evaluation

How did this fellowship further your academic or career goals?

This fellowship gave me the unique opportunity to practice nursing in different context, which is an invaluable experience that I may never have the opportunity to recreate in the future. Academically speaking, this fellowship ignited a spark in me to pursue future research pertaining to the role of the nurse, specifically how this role changes or stays the same across borders. This is a research area that I had never considered pursuing, but is of great interest to me. Professionally speaking, this fellowship provided me with experiences that expanded my practice to the Neonatal and Pediatric Intensive Care Units. These are areas that I had not to date worked in, but this experience reinforced my desire to work in pediatrics when I graduate in May.

What did you value most about the fellowship?

The relationships I built, both on an academic and personal level will be something I will value greatly going forward. Every individual I worked with was welcoming and nurturing and I continue to communicate with them from Montreal. These are all relationships that I would never have made if not for this fellowship. I look forward to working with these people for a long time coming and visiting Colombia again both for personal and professional experiences.

Any advice for future fellows?

My advice for future fellows is to soak everything in. Regardless the length of the fellowship, time will go by quicker than you expect. After being back home, I have asked myself many times, did my experience there really happen? It is important to appreciate everything during your

fellowship, from the people you interact with to the environment you are living in, because sadly your time there will end sooner than you might like.

How useful was it to interact with other fellows?

Unfortunately, I was not able to interact with other fellows before or during my fellowship, but I would have loved the opportunity to do so.

Any suggestions for how to improve the program?

It would be nice to have some level of interaction with other current or past fellows. I was never made aware of any opportunities to meet the other fellows so I am not sure if that is usually an option or not. If meeting the other fellows is not a feasible option, then maybe an email or a group for all the fellows to share a bit about their project and setting before leaving.

Was your project part of a larger/ongoing program? If so, what are the next steps? If not, would you recommend this placement/organization to someone else?

My project is part of an ongoing project in Colombia. The project will be continued by myself, my faculty mentor in Montreal and our partners on the ground in Colombia. It is our hopes that a graduate student in nursing, from the university we were collaborating in Medellin, will join the project to coordinate the research and implementation from Colombia. In the long term, there may be more nursing graduate students from McGill going to Colombia who will continue implementing this project or building off of it to work on other service or community related initiatives in and around Medellin.