Rachal Trigger

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Patient Advocacy Office

Madigan Army Medical Center

9040 Jackson Ave.

Tacoma, WA 98431

Dear Patient Advocate Specialist:

I am writing this letter to you as both a nurse and a former patient. I have recently given birth and recovered at your facility. I received excellent nursing care; however, I did not receive the support that I needed with breastfeeding my child. “It is every nurse’s constant responsibility to advocate for patients, that is, to call to their aid when they cannot do this for themselves” (Black, 2014, p. 299). As a patient I did not receive the support that I needed. I am contacting you as a nurse to advocate on behalf of current and future postpartum patients.

I chose to contact the patient advocacy office at Madigan Army Medical Center because I am a proud member of this community and would like to help other postpartum women in this community receive adequate breastfeeding support. Breastfeeding benefits both the mother and child. Breastfeeding protects the newborn from infection and reduces newborn mortality. Adults who were breastfed as babies are less likely to be overweight. Children and adolescents that have been breastfed perform better in intelligence tests. Breastfeeding also reduces the risk of ovarian cancer and breast cancer in the mother (World Health Organization [WHO], 2014). The benefits of breastfeeding are far-reaching and can be observed throughout a lifetime.

The World Health Organization (WHO) “is the directing and coordinating authority for health within the United Nations system. WHO provides leadership on matters critical to health” (WHO, 2014). WHO recommends early initiation of breastfeeding within 1 hour of birth (2014). WHO also recommends exclusive breastfeeding for the first 6 months of life (2014). Community support groups were also on the list of recommendations made by WHO (2014). Only “about 38% of infants 0 to 6 months old are exclusively breastfed” (WHO, 2014). Adequate breastfeeding support immediately after birth will help increase these numbers and benefit the community as a whole. Please refer to the appendix to review additional data.

Based on the recommendations of WHO and United Nations Children’s Fund (UNICEF) I would like to propose some measures to improve breastfeeding success in the immediate postpartum period.

The first measure is to make skin-to-skin contact between mother and baby immediately after birth and initiating breastfeeding within the first hour of life standard procedure unless medical intervention is necessary for the health of mother or baby. I propose that a policy is created which clearly states this to be the procedure unless medical intervention is required or the mother requests otherwise. Following the birth of my child I was not able to breastfeed within one hour of delivery. I was given my child shortly after delivery, but he was then taken by staff for routine care. I was unable to breastfeed until about 90 minutes after delivery. I would like for mothers to have a chance to breastfeed prior to routine care being performed.

The next measure I am proposing is to provide access to a lactation consultant within 24 hours of delivery to all mother-baby couplets. I was hospitalized for approximately 48 hours after the delivery of my child. I requested to be seen by one of the lactation consultants on the day I delivered. The request was put in by my nurse, but I still had not been seen at the time of my discharge. I propose that a consultation with the lactation consultant is incorporated into the postpartum care plan.

The last measure that I am proposing to you is forming a mother-baby breastfeeding support group. I suggest that the group be led by a lactation consultant and is open to pregnant women as well as postpartum women. Healthcare providers should be involved to provide education and answer questions. The group should meet regularly and women should be referred upon discharge if not already involved during prenatal care.

Thank you for your time and consideration of the measures to improve breastfeeding support at Madigan Army Medical Center.

Sincerely,

Rachal Trigger

References

Baby-Friendly USA. (2012). *The ten steps to successful breastfeeding.* Retrieved from http://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative/the-ten-steps

Black, B.P. (2014). *Professional nursing: Concepts and challenges* (7th ed.). Maryland Heights, MO: Saunders

United Nations Children’s Fund. (2013). *Breastfeeding.* Retrieved from http://www.unicef.org/nutrition/index\_24824.html

World Health Organization. (2014). *Infant and young child feeding.* Retrieved from http://www.who.int/mediacentre/factsheets/fs342/en/

Appendix

* “Providing infants with human milk gives them the most complete nutrition possible. Human milk provides the optimal mix of nutrients and antibodies necessary for each baby to thrive” (WHO, 2014).
* “If every child was breastfed within an hour of birth and given only breast milk for their first six months of life about 800,000 child lives would be saved every year” (WHO, 2014).
* “A non-breastfed child is 14 times more likely to die in the first six months than an exclusively breastfed child” (UNICEF, 2013).
* “Six months of exclusive breast feeding was associated with a 53% decrease in hospital admissions for diarrhea and a 27% decrease in respiratory tract infections” (UNICEF, 2013)
* The Baby Friendly Hospital Initiative is a program created by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) to promote and recognize birthing facilities that offer optimal conditions for infant feeding. The initiative sets forth the ten steps to successful breastfeeding that facilities must adhere to if they wish to receive Baby Friendly designation. The list is as follows (2012).
1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other that breast milk, unless medically indicated.
7. Practice rooming in – allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge.