

## **Safe Implementation of Evidence-Based Maternity Practices**

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### **Background/Objectives:**

CHAMPS has demonstrated improvements in maternity care practices and shrinkage in gaps between care in the Black/African American population compared to the non-Black/AA population in the southern United States (Merewood et al, 2019), however, safety concerns regarding rooming-in and skin-to-skin continue to exist in the literature and are being discussed by hospital staff. The creation and implementation of a train-the-trainer (TTT) Safety Workshop for hospital educators, and a safety checklist for hospitals, has potential to enable adoption of safety within the framework of the Ten Steps and support exclusive breastfeeding.

### **Methods:**

Using a safety curriculum that employs the principles of visual design, and interactive, case-based participation to enhance learning, a TTT approach for dissemination, and a Safety Checklist, hospital educators have partnered to adopt safety strategies around: skin-to-skin care, room sharing without bed sharing, and prevention of falls. This safety curriculum was created and piloted in Mississippi (MS), a region of the US with known breastfeeding disparities and increased infant mortality.

### **Results:**

CHAMPS faculty piloted a Safety Curriculum for learners in two seminars in MS, then used the CHAMPS TTT Safety Workshop for a group of selected maternity care center educators representing different regions of MS. The curriculum focuses on issues related to skin-to-skin and rooming-in. Hospital site visits have identified unsafe practices such as, immediate skin-to-skin care that was not observed and monitored, rooming-in that did not include regular rounding, non-medically indicated procedures such as, nasogastric tube insertion to evacuate stomach contents, test feeding with glucose water, breast binding for formula feeding mothers, and numerous images portraying unsafe sleep in newborns. Ongoing safety trainings and technical assistance, including the adoption of a safety checklist, are being adopted to improve care.

### **Conclusions:**

It is possible to implement a safety curriculum that improves safe implementation of the Ten Steps and Baby-Friendly designation as well as improves health equity by decreasing disparities in breastfeeding.