Evidence-into-Practice approach – breastfeeding and attachment for babies and families in neonatal units

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Introduction
The Scottish Improvement Science Collaborating Centre (SISCC), hosted by the University of Dundee, is funded to strengthen the evidence base for large scale sustainable change. The SISCC is a cross-sectoral collaboration of researchers, health and social care staff, policy makers, educators, and third sector representation from across Scotland, to add value to existing investment and deliver a ‘step change’ in improvement knowledge and practice, and maximise benefit for Scotland and beyond.

The Yorkshire and Humber Health Innovation and Education Cluster used the Evidence into Practice (EiP) approach within neonatal units across Humberside and demonstrated a 20% increase in the number of babies receiving kangaroo care, and an increase in babies being breastfed on discharge. It is the intention of this project to mimic this approach within a Scottish context.

Why change practice & how?
Despite the overwhelming evidence demonstrating the short and long-term benefits of breastfeeding and kangaroo skin-to-skin care, its application remains variable; which reduces the beneficial impact for babies and families within neonatal units. It is widely accepted that the process of implementing new evidence into routine practice in health care is a long and complex process. And the results of research on how best to implement, embed and sustain improvements in healthcare, are described as ’mixed’. These are often comparisons made between quality improvement and research approaches to improve care. The EiP approach is a synthesis of research and quality improvement. It presents a robust research generated evidence base to practitioners, facilitating them to assess the impact and feasibility of the evidence within their own context, explore barriers and enablers, leading to the co-creation of an improvement strategy relevant to their own unit.

Methods
SISCC aims to evaluate the EiP approach as a means of enabling large-scale sustainable evidence-based practice change. Using the high quality evidence base of interventions to support kangaroo skin-to-skin care and early support for breastfeeding to improve outcomes for babies and families within neonatal units.

Evidence into Practice Phases

Phase One – Evidence Synthesis
Systematic review level evidence reviewed and evidence statements developed

Phase Two – Online Consultation
Evidence statements developed into online survey – distributed widely to capture stakeholder views

Phase Three – Facilitated Consultation
Workshops replicating online consultation – examining:
• impact and feasibility of evidence-statements;
• barriers and enablers to implementing evidence-statements;
• examples of current practice.

Phase Four – Analysis & Dissemination
Analysis and synthesis of the online and workshop data. Sense-checking and widespread dissemination of the findings

A summary of the key barriers and enablers identified through the consultation process are in Figure 1.

Findings
The online and workshop data has been synthesised to identify the evidence-based interventions found to have the greatest impact and feasibility to implement. It also summarises the barriers and strategies to implementing the evidence base and embedding practice change raised by the cross-sectoral workshop participants (neonatal staff, third sector organisations, and academic institutes).

Next steps
Dissemination of the full analysis, has been facilitated through a national workshop with key individuals from neonatal units and third sector organisations from across Scotland. It is anticipated that the results will be used to develop local improvement strategies. The evaluation aims to evaluate different improvement approaches and the influence of local contexts; in order to understand what works, for who, how and in what contexts thus strengthening the evidence base to support large-scale sustainable change across health and social care.

Acknowledgements
• All those who have generously given their time and enthusiasm to this project.
• Baby Friendly Initiative – UNICEF
• NHS Health Scotland
• Scottish Government
• SISCC Team