

Breastfeeding education to improve exclusivity

**Improving Exclusive Breastfeeding Rates Through QR Code-Based Education
Among First-Time Mothers**

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Executive Summary

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Key Project Findings

- A standardized breastfeeding education program using a QR code-linked instructional video was successfully integrated into routine postpartum nursing care during a 12-week quality improvement project
- Of 177 eligible mothers, 156 (88%) received the intervention
- Exclusive breastfeeding rates increased from 58% to 77%
- Formula supplementation decreased from 42% to 23%
- Nursing staff compliance with intervention delivery improved from 71% to 100%
- Delays in lactation consultation during evenings and weekends remained a barrier
- The intervention demonstrated a practical, low-cost, sustainable strategy

Executive Overview

Exclusive breastfeeding is recognized as one of the most effective strategies for improving maternal and infant health. Despite this, many mothers discontinue exclusive breastfeeding shortly after birth due to barriers to timely education and support (Centers for Disease Control and Prevention [CDC], 2025; Meek & Noble, 2022). National breastfeeding data reveal a persistent gap between breastfeeding initiation and sustained exclusive breastfeeding, underscoring the need for innovative approaches to enhance access to education during the immediate postpartum period (CDC, 2025).

At the project site, breastfeeding education depended largely on lactation consultant availability. Limited evening and weekend coverage led to inconsistent education before discharge.

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This Doctor of Nursing Practice quality improvement project evaluated whether providing eligible mothers with a standardized breastfeeding brochure containing a QR code linked to an evidence-based instructional video would improve exclusive breastfeeding rates before hospital discharge. The intervention was designed to supplement, rather than replace, lactation consultant services by ensuring every eligible mother had access to consistent, evidence-based breastfeeding education regardless of staffing availability.

Breastfeeding education provided during the immediate postpartum hospitalization represents a critical opportunity to influence maternal confidence, improve breastfeeding self-efficacy, and support successful breastfeeding after discharge. Incorporating technology into patient education allows mothers and their support persons to access instructional content at their convenience, review information multiple times, and reinforce teaching received from nursing staff. Standardizing educational delivery also promotes consistency in nursing practice while reducing variations in patient education associated with staffing patterns.

Implementation of the Project

The project was conducted over 12 weeks using the Plan-Do-Study-Act framework. Eligible mothers received an evidence-based brochure with a QR code linking to an instructional breastfeeding video upon admission. Weekly chart audits tracked intervention delivery, exclusive breastfeeding rates, formula supplementation, staff compliance, and completion of lactation consultations.

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Outcomes of the Project

The initiative led to significant improvements in patient outcomes. Of 177 eligible mothers, 156 (88%) received the intervention. Exclusive breastfeeding rates rose from 58% to 77%, while formula supplementation declined from 42% to 23%. Nursing compliance increased from 71% to 100%, demonstrating successful integration into routine postpartum care. Although delays in lactation consultation persisted during evenings and weekends, the standardized education ensured mothers received evidence-based breastfeeding information before discharge.

Practice Implications

This project showed that technology-enhanced breastfeeding education can strengthen postpartum education and complement existing lactation services. Similar technology-assisted interventions have improved access to breastfeeding education and support (Blackmore et al., 2022; Iamchareon & Maneesriwongul, 2025). The intervention required minimal resources, was easily integrated into nursing workflows, and may be especially beneficial for hospitals with limited lactation consultant coverage.

Conclusion

Implementing a standardized QR code-linked breastfeeding education program improved exclusive breastfeeding rates, reduced formula supplementation, and increased staff compliance with intervention delivery. Integrating standardized educational resources into routine maternity care provides healthcare organizations with a sustainable approach to enhancing breastfeeding support and addressing gaps in lactation consultant availability.

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