

Mother's Own Milk (MOM) Initiative

MOM Sustainability Data: Let's Keep Moving Forward!

Partnering to Improve Health Care Quality for Mothers and Babies

Welcome!

- Please enter your Audio PIN on your phone or we will be unable to un-mute you for discussion.
- If you have a question, please enter it in the Question box or Raise your hand to be unmuted.
- This webinar is being recorded.
- Please provide feedback on our post-webinar survey.



Agenda 11/1/2018

- Initiative-wide Data
- We look forward to Q&A and supporting your continued progress!





Mother's Own Milk (MOM) Sustainability

Report through Q3-2018 Initiative-Wide

n= 13 participating hospitals

Partnering to Improve Health Care Quality for Mothers and Babies

General Statistics

Sustainability

	Baseline	Q3-16	Q4-16	Q1-17	Q2-17	Q3-17	Q4-17	Q1-18	Q2-18	Q3-18
Number of Infants reported	187	238	285	264	278	300	329	293	199	211
Initial disposition - %										
Discharged home	91%	88%	85%	90%	89%	86%	91%	91%	90%	93%
Transferred out	5%	4%	4%	5%	4%	6%	4%	3%	4%	2%
Expired	4%	8%	11%	5%	7%	8%	5%	6%	7%	5%
Maternal race & ethnicity - %										
Non-Hispanic White	30%	24%	25%	23%	27%	23%	23%	24%	25%	24%
Non-Hispanic-Black	40%	46%	43%	42%	41%	40%	43%	40%	42%	42%
Hispanic	25%	27%	29%	28%	27%	33%	28%	31%	25%	32%
Other	5%	2%	3%	6%	4%	3%	5%	5%	7%	2%
Unknown	0%	1%	0%	1%	1%	1%	1%	0%	1%	0%

	Baseline	Q3-16	Q4-16	Q1-17	Q2-17	Q3-17	Q4-17	Q1-18	Q2-18	Q3-18
Infant characteristics - Mean										
Gestational age (weeks)	28.5	28.3	28.2	28.1	28.1	28.4	27.9	28.3	28.1	28
Birth weight (grams)	1096.4	1043.4	1032.2	1040.7	1045.9	1067	1006.7	1066.1	1031.4	1054.2
Length of hospital stay (days)	59.1	67.9	64.2	69.8	69	68.6	76.9	68.9	68.4	68.7

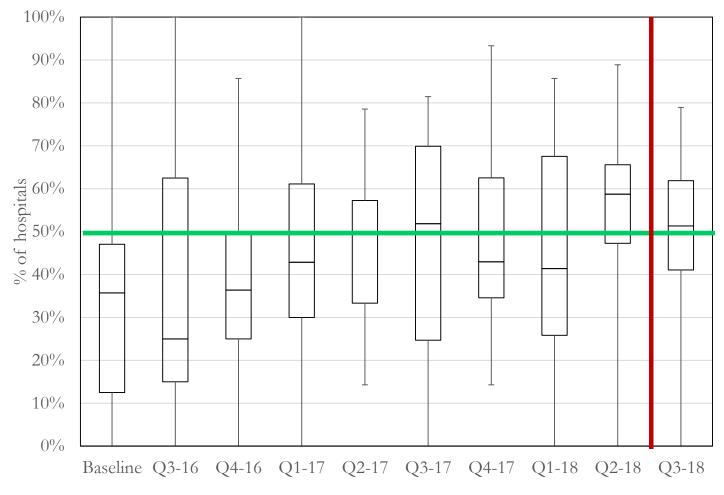


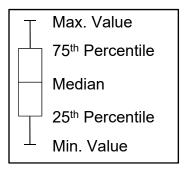
Fig 1. First pumping session ≤ 6 HOL





Fig 6. First pumping session \leq 6 HOL





Goal Line:

Denominator: Only infants whose mother intended to provide MOM







South Miami Hospital NICU

Maureen Pahl, BSN, BS, ANLC, IBCLC

MaureenP@baptisthealth.net

Partnering to Improve Health Care Quality for Mothers and Babies

Key Points Assisted with Practice Change

- Increase in lactation staff
 - The addition of a full time L.C. in M/B provides 5 days of coverage.
 - Our NICU has I PT L.C. on days and 2 PT L.C.'s on nights.
- Lactation rounding on the antepartum units
 - Focus on pumping < 6 hours</p>
- Pumping < 6 hour is actually a M/B PI Project since April!</p>
 - They are actually keeping stats on their progress



Key Points Assisted with Practice Change

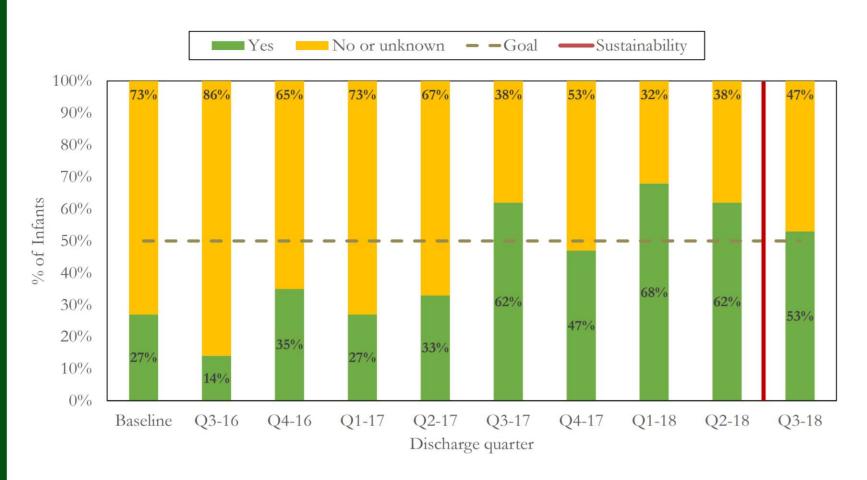
Breastfeeding Education Initiatives:

- Breastfeeding committee has started monthly education topics with ongoing staff education by assignment.
- MBU Governess has taken on the project of teaching staff the breast pump mechanics
- L&D nurses are educating on bf exclusivity
- NICU PI: Human milk separation also has had a positive effect on our sustainability phase of FPQC due to closer observation of milk volumes.





Fig 1. First pumping session \leq 6 HOL





Take Home Message!

All of these changes together make the staff's messages consistent and increase patient awareness of pumping early and value of human milk.





Any Questions?





Definitions

Select "NA" if infant is transferred, discharged, or expires prior to the data collection timepoint. Selecting "NA" will remove infant from denominator for the specific measure only





Fig 2. Non-nutritive breastfeeding documented

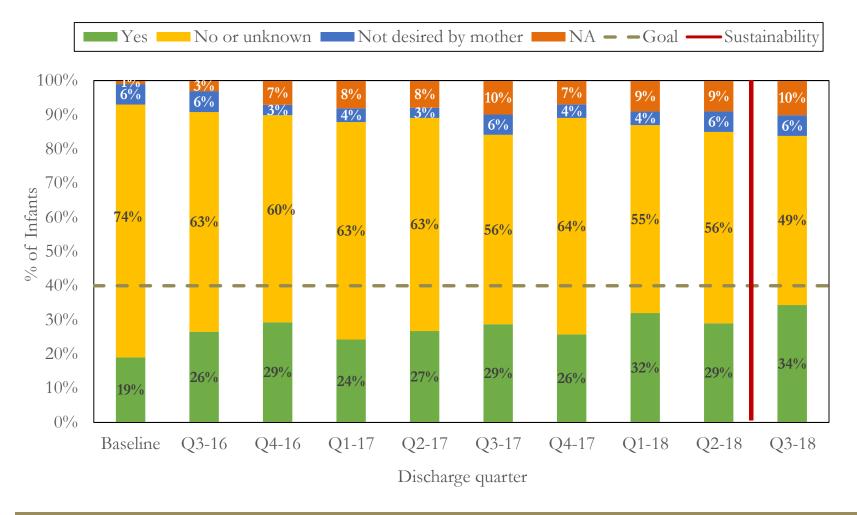






Fig 2b. Non-nutritive breastfeeding documented "NA" CORRECTED (if infant discharged home)

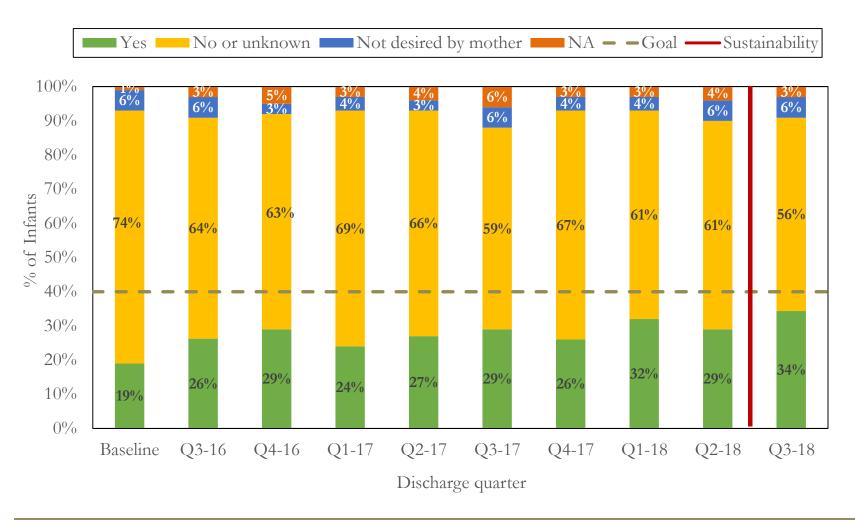
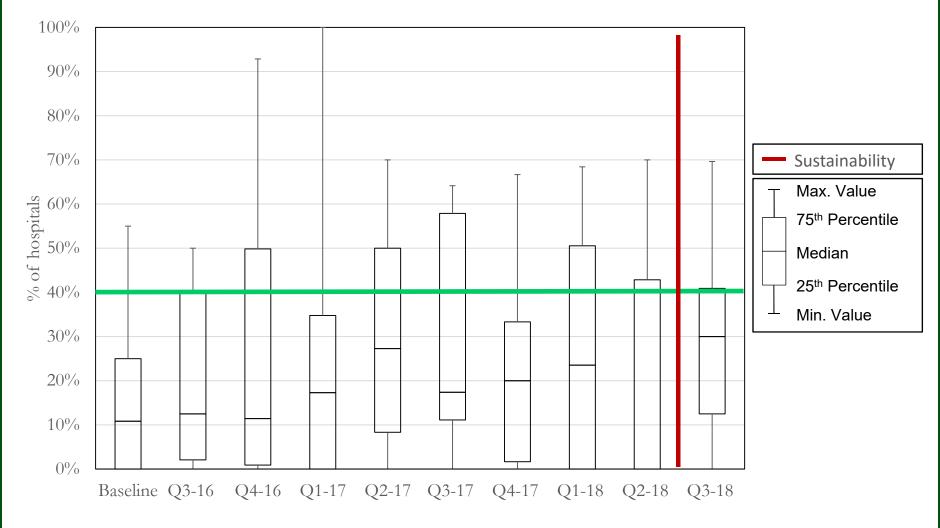






Fig 5. Non-nutritive BF session documented



Goal Line:

Denominator: Only infants whose mother intended to provide MOM





Fig 3. MOM pumped volume ≥500 ml/day on DOL 14

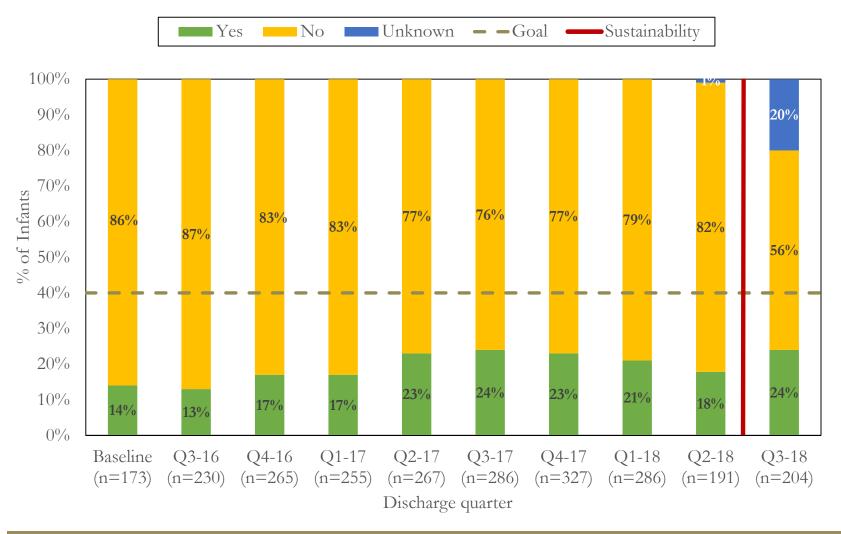




Fig 4. Average % of feeding volume that is MOM on DOL 14

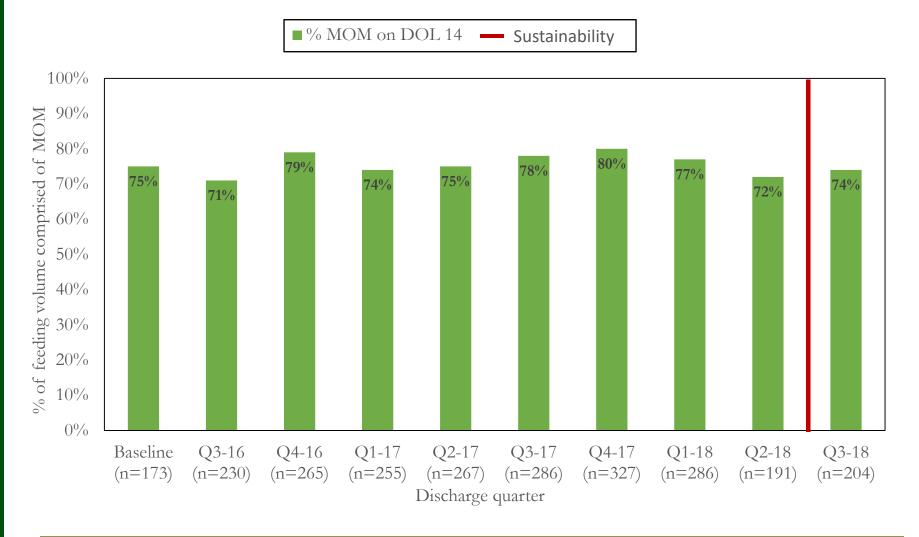
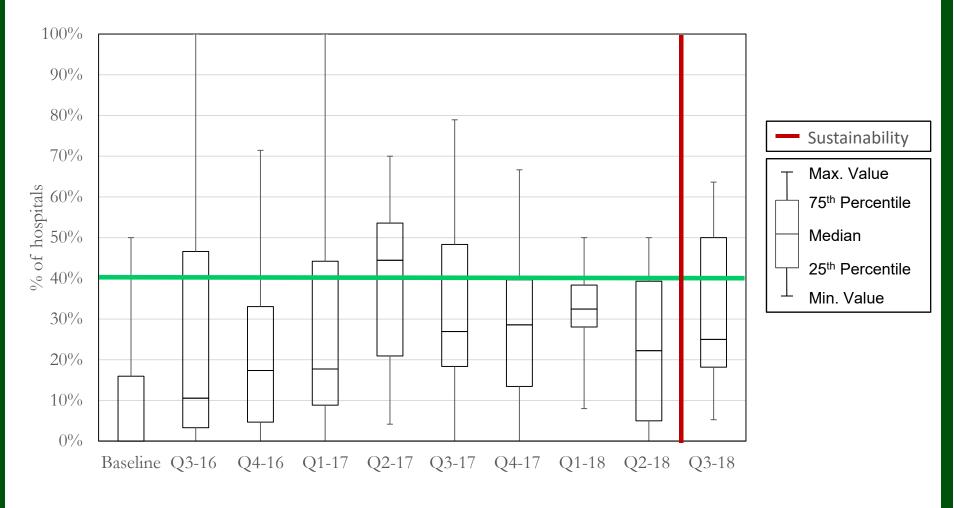






Fig 1. MOM pumped volume ≥500 ml/day on DOL 14



Goal Line:

Denominator: Only infants whose mother intended to provide MOM





Tampa General Hospital NICU

Karla Zacarkim Madison, RN, BSN, IBCLC Elistsa Spencer, RN IBCLC

breastfeeding@tgh.org

Partnering to Improve Health Care Quality for Mothers and Babies

MOM Supply: Trial & Error

- Primary Lactation: not sustainable with increased census and acuity we had experienced in the past 12 months.
- Documenting # of pumping sessions and total 24 hr volume x shift by bedside RN's added to flow-sheet rows in EPIC as part of assessment (nursing driven improvement)-underutilized
- NICU added breastmilk communication board in each room as part of their breastfeeding pathway to success (nursing-driven improvement)-underutilized



MOM Supply: What's Worked!

- Standardized Lactation education provided on the initial and follow up ELBW mother visits. Documentation was also standardized and included what was NOT done so it can be covered on the next visit.
- Standardized follow up visits
 - DOL6 to reinforce hands-on pumping and remind them to switch to maintenance mode.
 - DOL 14, DOL 21, DOL 28
- Built in "follow up" and "pump needs" consult reason in EPIC (EMR).
 - These consults are ordered by LC team which improved hand-off by making it more consistent, removed personal variability and moved us away from paper



MOM Supply: What's Worked!

- Voalte phones to allow mothers to call lactation directly and use of translation services made it easier to work with non-English speaking mothers regardless of location
- Improved availability and utilization of mother's breastmilk success kits on home unit by ordering supplies and making the kits ourselves.
- Extended time for loaner pump to 1 month:
 - to assist with WIC pump issue/rental/insurance etc -less stressful for mom, allowed for more time to work on supply
 - Standardized process for loaner pump service/ turn around and communication
- Increase in staff-filled open full-time position to replace team member who retired.
- Improved communication!
 - Monthly communication meetings and feedback on process improvement, vote on changes as a team!
 - Sommunicating issues via email/text, sharing successes and challenges with the rest of the team.



Fig 3. MOM pumped volume ≥500 ml/day on DOL 14

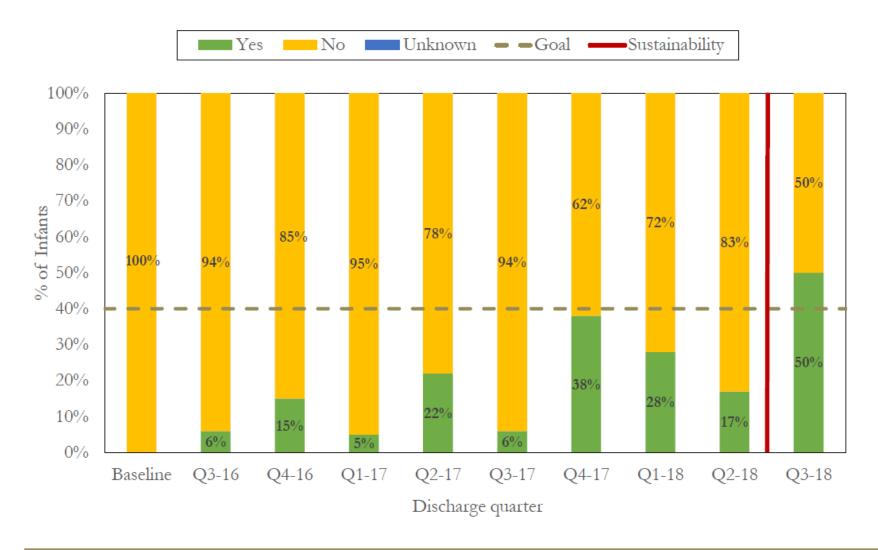
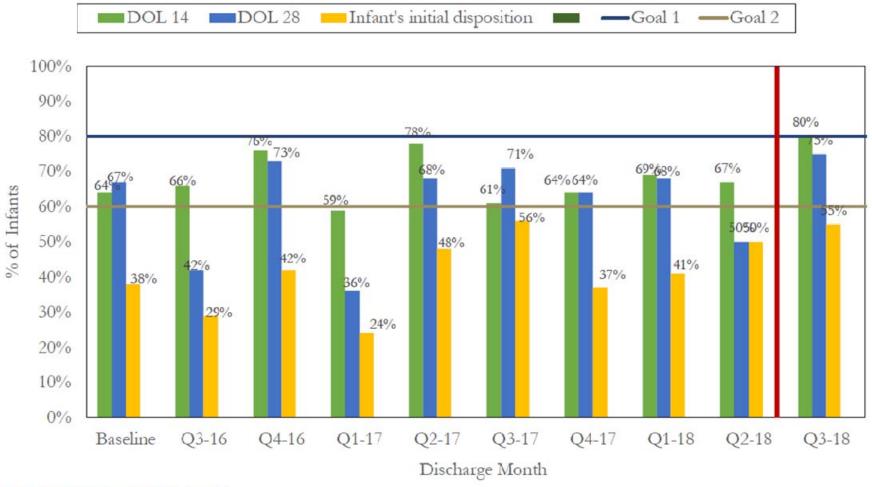
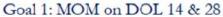






Fig 5. % of Infants having ≥50% of feeding volume comprised of MOM on day 14, 28, & initial disposition





Goal 2: MOM on Infant's initial disposition



Any Questions?





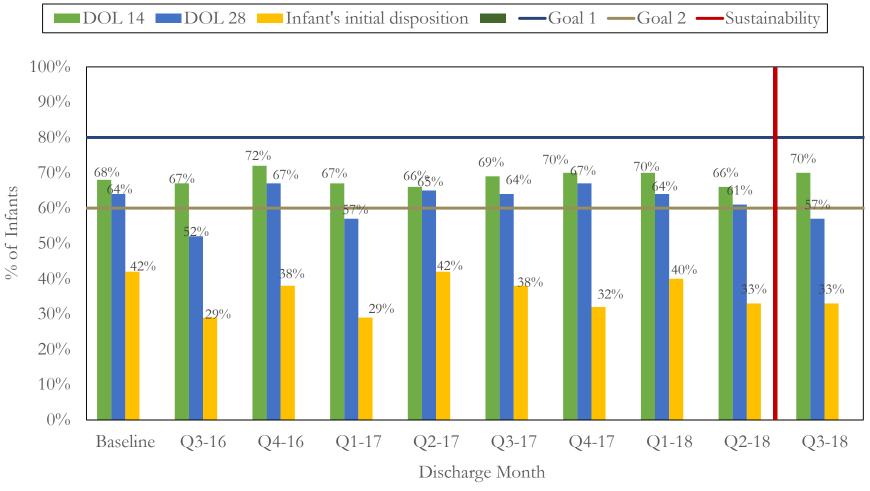
Fig 6. Feeding substrate on day 14, 28, & initial disposition

	DOL 14				DOL 28		Initial Disposition			
	Feeding Substrate			Fe	eding Substra	ite	Feeding Substrate			
Discharge Quarter	Formula %	% MQ	% MOM	Formula %	% MQ	% MOM	Formula %	% MQ	% MOM	
Baseline	15%	15%	70%	19%	14%	67%	61%	0%	39%	
Q3-16	13%	21%	66%	27%	20%	53%	73%	0%	27%	
Q4-16	11%	15%	74%	16%	13%	72%	63%	0%	37%	
Q1-17	7%	22%	72%	22%	21%	58%	72%	1%	27%	
Q2-17	7%	21%	72%	18%	17%	65%	60%	1%	39%	
Q3-17	10%	18%	72%	20%	16%	64%	64%	0%	36%	
Q4-17	5%	20%	74%	17%	17%	66%	70%	0%	30%	
Q1-18	5%	21%	74%	16%	21%	63%	62%	1%	36%	
Q2-18	7%	24%	68%	19%	21%	61%	67%	0%	33%	
Q3-18	6%	25%	68%	23%	24%	53%	66%	1%	33%	

Sustainability



Fig 5. % of Infants having ≥50% of feeding volume comprised of MOM on day 14, 28, & initial disposition

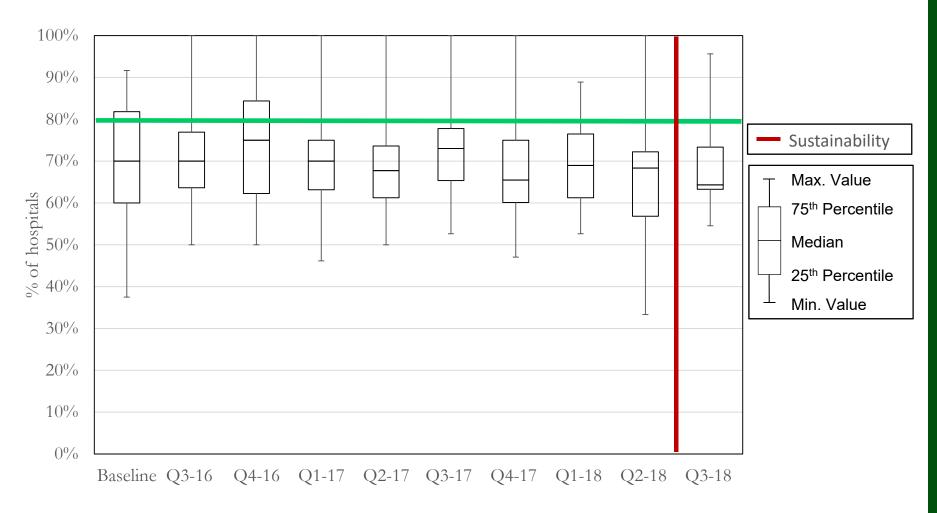




Goal 2: MOM on Infant's initial disposition



Fig 2. % of infants having ≥50% of feeding volume comprised of MOM on DOL 14

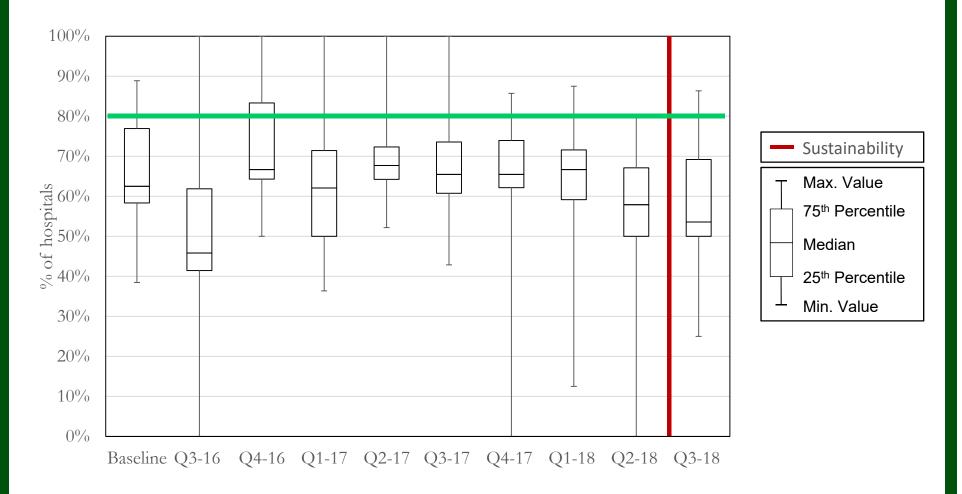


Goal Line: -

Denominator: Only infants whose mother intended to provide MOM



Fig 3. % of infants having ≥50% of feeding volume comprised of MOM on DOL 28

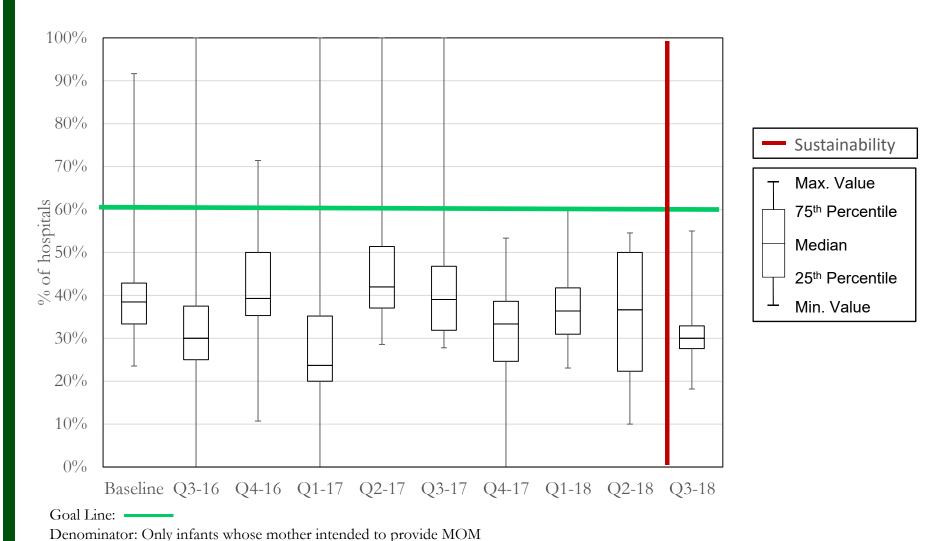


Goal Line:

Denominator: Only infants whose mother intended to provide MOM



Fig 4. % of infants having ≥50% of feeding volume comprised of MOM on initial disposition



3

Let's Discuss



This Photo by Unknown Author is licensed under CC BY-NC-ND





Mother's Own Milk (MOM) Initiative

MOM Sustainability: Support & Education

Partnering to Improve Health Care Quality for Mothers and Babies

FPQC Technical Assistance

- Phone, email and virtual consultations available
- Consultations can consist of:
 - Review of data trends
 - Discuss clinical issues related to MOM
 - Support staff educational needs
 - Tailored to meet the needs of your NICU ☺



Web Based Education

- Access to Breast Pumps
- Supporting Milk Supply
- Staff Education
- Improving Lactation Success in Mothers of VLBW Infants with Dr. Leslie Parker
- Breastfeeding Peer Counselors in the NICU with Dr. Paula Meier
- Supporting Kangaroo Care in Your NICU
- Role of WIC in Supporting MOM for VLBWs:
- Practical Strategies for Neonatologists to Promote NICU's Efforts
- Taking a SPIN Around the NICU Dr. Jae Kim





Web Based Education

- Getting the Most Out of Your MOM QI Data Reports
- Getting to Goal:>50% of Feeding Volume at Discharge
- Moving to Sustainability of MOM

MOM NICU Journeys: North, West and South Florida regions.



This Photo by Unknown Author is licensed under CC BY-NC-ND





BOX BRNM Resources

- Resources for Mothers
- Resource for <u>Healthcare Providers</u>
- Breastfeeding Resource Nurse Master (BRNM) have access to:
 - Video modules developed by Dr. Spatz on Promoting and Protecting Breastfeeding for Vulnerable Infants 10 Step Model. They are in BOX.
 - Email if you need assistance logging in to access materials. ihernand@health.usf.edu





Thank you!

Questions? Email us at FPQC@health.usf.edu

Florida Perinatal Quality Collaborative

Partnering to Improve Health Care Quality for Mothers and Babies