## Challenges and Solutions: Brainstorm the MOM Kickoff

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Potential Solutions</th>
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| Prenatal education of OBs                                                 | • Hold regular department meetings  
• Develop list of key points to highlight  
• Make education required  
• Post Healthy Start staff in OB offices |
| Handling maternal transports                                              | • Standardize process for antepartum consult  
• Obtain pumping supplies and consent at transport |
| Formula samples in OB offices                                             | • Remove from view of patients |
| Assuring prenatal education of moms                                       | • Ask moms if they received education  
• EMR documentation |
| Size, funding, and commitment affects staff education efforts – what are desired competencies? | • US Breastfeeding Committee has template for managing competency assessment  
• BRN training to be offered by FPQC can train NICU nurses for free |
| Pushback regarding the time, effort, and effect on productivity           | • Make education mandatory paid time for staff  
• Obtain leadership buy-in  
• Include OB and other disciplines on team |
| Medical staff needs numbers to see the benefit of educating staff         | • Make education as quantifiable as possible  
• Teach what is normal and expected for moms and babies |
| Challenges with monitoring MOM                                            | • Networking in-service with multiple stakeholders (WIC, Healthy Start, others)  
• Give family members the job of helping mom use log  
• Provide app recommendations to moms |
| Challenges with lactation assessment < 24 hours                           | • L&D nurses should help with initiation—collaboration and communication across departments  
• Need multiple staff available and trained to cover for other priorities of staff  
• Provide back-up pumps and back-up plan for getting milk to NICU |
| Challenges with first pumping < 6 hours of life                          | • Buy in on postpartum side to initiate  
• Clarify who is giving kit, where it comes from and who pays for it  
• Get L&D involved  
• Use volunteers to prepare kits  
• Establish locations to store kits on unit for easy access  
• Make it a competition with staff: use incentives (candy, gift cards) |
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<tr>
<th>Difficulty accessing pumps/developing a loaner program</th>
<th>Sharing resources for local pumping programs (Medela, Babys R Us, medical supply company)</th>
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<tbody>
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<td>• WIC doesn’t have a loaner program after baby has been discharged</td>
<td>• Medicaid to fund electric pumps later this year</td>
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<td>• Funding for hospital-grade breast pumps/quality pumps for mom</td>
<td>• Ask Medela or other companies for grants to have extra pumps (based on the number the hospital already uses)</td>
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- Encourage milk donation
- Yellow (not white) sheet on isolette for parents to sue and for staff to see—heightens awareness
- EMR notice to trigger monitoring
- Include in medical team rounding process
- Assign core group the responsibility to monitor
- Find way for an electronic pumping log to populate progress notes