Mother’s Own Milk (MOM) Initiative

Using Data to Chart our Progress!

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 un-muted.

• This webinar is being recorded.

• Please provide feedback on our post-webinar survey.
Agenda
2/7/2019

- Project Announcements
- Initiative-wide Data
- Baptist Children’s Hospital

We look forward to Q&A and supporting your continued progress!
Florida Perinatal Quality Collaborative

April 4-5, 2019

ANNUAL CONFERENCE

Holiday Inn Tampa Westshore
Tampa, FL

LINK
FPQC Annual Conference Abstracts for Poster Presentations

Submit an abstract for a poster presentation on the design, implementation, lessons learned, and results of a maternal and/or infant quality improvement project in your institution.

The poster competition offers an opportunity to share your work and experiences with colleagues and a chance to win an award.

Deadline 2/28/19 LINK
Resources for Abstract & Posters

How to write a Scientific Abstract

How to write a scientific abstract in six easy steps.

How to create a Scientific Poster

How to create a research poster: Poster Basics
Join us on Facebook!
Mother’s Own Milk (MOM) Sustainability
Report through Q4-2018
Initiative-Wide

Partnering to Improve Health Care Quality for Mothers and Babies
# General Statistics

<table>
<thead>
<tr>
<th>Number of Infants reported</th>
<th>Baseline</th>
<th>Q3-16</th>
<th>Q4-16</th>
<th>Q1-17</th>
<th>Q2-17</th>
<th>Q3-17</th>
<th>Q4-17</th>
<th>Q1-18</th>
<th>Q2-18</th>
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<td>5%</td>
<td>5%</td>
<td>4%</td>
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<td>Expired</td>
<td>4%</td>
<td>8%</td>
<td>11%</td>
<td>5%</td>
<td>7%</td>
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<td>5%</td>
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<td>5%</td>
<td>7%</td>
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<tr>
<td>Non-Hispanic White</td>
<td>30%</td>
<td>24%</td>
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<td>23%</td>
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<td>Non-Hispanic-Black</td>
<td>40%</td>
<td>46%</td>
<td>43%</td>
<td>42%</td>
<td>41%</td>
<td>40%</td>
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<td>Other</td>
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<td>4%</td>
<td>6%</td>
<td>5%</td>
<td>3%</td>
<td>6%</td>
<td>5%</td>
<td>7%</td>
<td>2%</td>
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<tbody>
<tr>
<td>Gestational age (weeks)</td>
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<td>28.3</td>
<td>28.2</td>
<td>28.1</td>
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<td>28.4</td>
<td>27.9</td>
<td>28.3</td>
<td>28.1</td>
<td>28</td>
<td>27.8</td>
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<tr>
<td>Birth weight (grams)</td>
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<td>1043.4</td>
<td>1032.2</td>
<td>1040.7</td>
<td>1045.9</td>
<td>1067</td>
<td>1006.7</td>
<td>1066.1</td>
<td>1029.4</td>
<td>1054.5</td>
<td>1012.5</td>
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<tr>
<td>Length of hospital stay (days)</td>
<td>59.1</td>
<td>67.9</td>
<td>64.2</td>
<td>69.8</td>
<td>69</td>
<td>68.6</td>
<td>76.9</td>
<td>68.9</td>
<td>68.3</td>
<td>68.1</td>
<td>73.1</td>
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</table>
Fig 1. First pumping session ≤ 6 HOL

<table>
<thead>
<tr>
<th>Discharge quarter</th>
<th>Goal</th>
<th>Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>66%</td>
<td>45%</td>
</tr>
<tr>
<td>Q3-16</td>
<td>73%</td>
<td>44%</td>
</tr>
<tr>
<td>Q4-16</td>
<td>63%</td>
<td>55%</td>
</tr>
<tr>
<td>Q1-17</td>
<td>59%</td>
<td>56%</td>
</tr>
<tr>
<td>Q2-17</td>
<td>48%</td>
<td>55%</td>
</tr>
<tr>
<td>Q3-17</td>
<td>52%</td>
<td>56%</td>
</tr>
<tr>
<td>Q4-17</td>
<td>47%</td>
<td>56%</td>
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<tr>
<td>Q1-18</td>
<td>47%</td>
<td>56%</td>
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<tr>
<td>Q2-18</td>
<td>47%</td>
<td>56%</td>
</tr>
<tr>
<td>Q3-18</td>
<td>51%</td>
<td>56%</td>
</tr>
<tr>
<td>Q4-18</td>
<td>46%</td>
<td>56%</td>
</tr>
</tbody>
</table>
Fig 2. Non-nutritive breastfeeding documented

- Baseline:
  - Yes: 19%
  - No or unknown: 26%
  - Not desired by mother: 29%
  - NA: 3%
  - Goal: 4%
  - Sustainability: 6%

- Q3-16:
  - Yes: 74%
  - No or unknown: 6%
  - Not desired by mother: 4%
  - NA: 3%
  - Goal: 5%
  - Sustainability: 2%

- Q4-16:
  - Yes: 63%
  - No or unknown: 4%
  - Not desired by mother: 2%
  - NA: 4%
  - Goal: 5%
  - Sustainability: 2%

- Q1-17:
  - Yes: 63%
  - No or unknown: 5%
  - Not desired by mother: 1%
  - NA: 4%
  - Goal: 5%
  - Sustainability: 2%

- Q2-17:
  - Yes: 69%
  - No or unknown: 9%
  - Not desired by mother: 0%
  - NA: 4%
  - Goal: 5%
  - Sustainability: 2%

- Q3-17:
  - Yes: 66%
  - No or unknown: 3%
  - Not desired by mother: 4%
  - NA: 5%
  - Goal: 6%
  - Sustainability: 2%

- Q4-17:
  - Yes: 59%
  - No or unknown: 7%
  - Not desired by mother: 4%
  - NA: 5%
  - Goal: 6%
  - Sustainability: 4%

- Q1-18:
  - Yes: 61%
  - No or unknown: 4%
  - Not desired by mother: 4%
  - NA: 5%
  - Goal: 6%
  - Sustainability: 4%

- Q2-18:
  - Yes: 61%
  - No or unknown: 4%
  - Not desired by mother: 4%
  - NA: 5%
  - Goal: 6%
  - Sustainability: 4%

- Q3-18:
  - Yes: 56%
  - No or unknown: 6%
  - Not desired by mother: 5%
  - NA: 4%
  - Goal: 6%
  - Sustainability: 4%

- Q4-18:
  - Yes: 52%
  - No or unknown: 6%
  - Not desired by mother: 5%
  - NA: 4%
  - Goal: 6%
  - Sustainability: 4%
Fig 3. MOM pumped volume ≥500 ml/day on DOL 14
Fig 4. Average % of feeding volume that is MOM on DOL 14

<table>
<thead>
<tr>
<th>Discharge quarter</th>
<th>% of feeding volume comprised of MOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>75% (n=173)</td>
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<tr>
<td>Q3-16</td>
<td>71% (n=230)</td>
</tr>
<tr>
<td>Q4-16</td>
<td>79% (n=265)</td>
</tr>
<tr>
<td>Q1-17</td>
<td>74% (n=255)</td>
</tr>
<tr>
<td>Q2-17</td>
<td>75% (n=267)</td>
</tr>
<tr>
<td>Q3-17</td>
<td>78% (n=286)</td>
</tr>
<tr>
<td>Q4-17</td>
<td>80% (n=327)</td>
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<td>Q1-18</td>
<td>77% (n=286)</td>
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<tr>
<td>Q2-18</td>
<td>71% (n=191)</td>
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<tr>
<td>Q3-18</td>
<td>74% (n=204)</td>
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<tr>
<td>Q4-18</td>
<td>79% (n=196)</td>
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Fig 5. Feeding substrate on day 14, 28, & initial disposition

<table>
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<tr>
<th>Discharge Quarter</th>
<th>DOL 14</th>
<th>DOL 28</th>
<th>Initial Disposition</th>
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<tbody>
<tr>
<td></td>
<td>Feeding Substrate</td>
<td>Feeding Substrate</td>
<td>Feeding Substrate</td>
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<tr>
<td></td>
<td>Formula %</td>
<td>DM %</td>
<td>MOM %</td>
</tr>
<tr>
<td>Baseline</td>
<td>15%</td>
<td>15%</td>
<td>70%</td>
</tr>
<tr>
<td>Q3-16</td>
<td>13%</td>
<td>21%</td>
<td>66%</td>
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<tr>
<td>Q4-16</td>
<td>11%</td>
<td>15%</td>
<td>74%</td>
</tr>
<tr>
<td>Q1-17</td>
<td>7%</td>
<td>22%</td>
<td>72%</td>
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<tr>
<td>Q2-17</td>
<td>7%</td>
<td>21%</td>
<td>72%</td>
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<tr>
<td>Q3-17</td>
<td>10%</td>
<td>18%</td>
<td>72%</td>
</tr>
<tr>
<td>Q4-17</td>
<td>5%</td>
<td>20%</td>
<td>74%</td>
</tr>
<tr>
<td>Q1-18</td>
<td>5%</td>
<td>21%</td>
<td>74%</td>
</tr>
<tr>
<td>Q2-18</td>
<td>7%</td>
<td>25%</td>
<td>68%</td>
</tr>
<tr>
<td>Q3-18</td>
<td>6%</td>
<td>25%</td>
<td>69%</td>
</tr>
<tr>
<td>Q4-18</td>
<td>1%</td>
<td>24%</td>
<td>75%</td>
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Sustainability
Fig 6. % of Infants having ≥50% of feeding volume comprised of MOM on day 14, 28, & initial disposition

Goal 1: MOM on DOL 14 & 28
Goal 2: MOM on Infant's initial disposition
Mother’s Own Milk (MOM) Sustainability

n= 13 participating hospitals
Fig 1. First pumping session ≤ 6 HOL

Goal Line: Denominator: Only infants whose mother intended to provide MOM
Fig 2. MOM pumped volume ≥500 ml/day on DOL 14

Goal Line: Green line
Denominator: Only infants whose mother intended to provide MOM
Fig 3. % of infants having \( \geq 50\% \) of feeding volume comprised of MOM on DOL 14

Goal Line:  
Denominator: Only infants whose mother intended to provide MOM
Fig 4. Non-nutritive BF session documented

Goal Line:  
Denominator: Only infants whose mother intended to provide MOM
Fig 5. % of infants having ≥50% of feeding volume comprised of MOM on DOL 28

Goal Line:  
Denominator: Only infants whose mother intended to provide MOM

Baseline Q3-16 Q4-16 Q1-17 Q2-17 Q3-17 Q4-17 Q1-18 Q2-18 Q3-18 Q4-18
Fig 6. % of infants having ≥50% of feeding volume comprised of MOM on initial disposition

Goal Line:  
Denominator: Only infants whose mother intended to provide MOM
Our MOM Initiative

Baptist Children’s Hospital
Miami, FL
Presented by Alreca Daly RN BSN CCRN
Katrina Villanueva RN

Partnering to Improve Health Care Quality for Mothers and Babies
Fig 3. MOM pumped volume ≥500 ml/day on DOL 14
What Worked?

- Breastfeeding committee
- Increasing culture in supporting BF
  - E-mail notifications
  - Daily conversations
- Weekly audits
- Freezers
Fig 4. Average % of feeding volume that is MOM on DOL 14

<table>
<thead>
<tr>
<th>Discharge quarter</th>
<th>% of feeding volume comprised of MOM</th>
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<td>61%</td>
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<td>Q4-17</td>
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<td>66%</td>
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<td>Q2-18</td>
<td>50%</td>
</tr>
<tr>
<td>Q3-18</td>
<td>68%</td>
</tr>
<tr>
<td>Q4-18</td>
<td>100%</td>
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</tbody>
</table>

Sustainability
What Worked?

- Audits of Neo Notes
  - Feedback provided to entire Neo department and Director.
- Super Star’s
- Physician Champion(s)
  - New Neos very supportive of BF
Fig 6. Feeding substrate on day 14, 28, & initial disposition

<table>
<thead>
<tr>
<th>Discharge Quarter</th>
<th>DOL 14</th>
<th>DOL 28</th>
<th>Initial Disposition</th>
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<tr>
<td></td>
<td>Feeding Substrate</td>
<td>Feeding Substrate</td>
<td>Feeding Substrate</td>
</tr>
<tr>
<td></td>
<td>Formula %</td>
<td>DM %</td>
<td>MOM %</td>
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<td>38%</td>
<td>62%</td>
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<tr>
<td>Q4-18</td>
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<td>100%</td>
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Sustainability
Fig 5. % of Infants having ≥50% of feeding volume comprised of MOM on day 14, 28, & initial disposition

Goal 1: MOM on DOL 14 & 28
Goal 2: MOM on Infant’s initial disposition
What Worked?

Overall, during participation in the MOM Initiative, we have seen a general increase in the VON % (Expanded Data base) infants discharged on any human milk to a range of 89-93%.

We are above the top quartile for VON of 79.5%.

Dedicated Mothers
Any Questions?
**Mother’s Own Milk (MOM) Initiative**

**Project Aim**

Within 2 years of project start, ≥50% of VLBW infants admitted to the NICU receive ≥50% MOM at initial disposition

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**Primary Drivers**

- **Intent**
  - Mother intends to provide MOM

- **Establishing Supply**
  - MOM pumped volume ≥500 ml/day at 7, 14, & 28

- **Maintaining Supply**
  - ≥50% of feeding volume comprised of MOM at day 7, 14, & 28
  - MOM available by HOL 72
  - Non-nutritive breastfeeding documented

- **Transition to Breast**
  - Nutritive breastfeeding session within 7 days of initial disposition
  - Skin to Skin by day of life 10

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**Secondary Drivers**

- Documentation of informed decision to provide MOM
- Hospital grade pump available at maternal discharge
- Lactation assessment by 24 hours of admit to NICU
- First pumping by infant’s 6th hour of life
- Non-nutritive breastfeeding documented

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**Recommended Key Practices**

1. Process to provide maternal education and advocate for mother’s own milk
2. Documentation of informed decision to provide mother’s own milk
3. Standardized process for lactation consultations, and assessment by 24 hours of NICU admission
4. Determination of who is responsible and continuously available to initiate and assist with ongoing pumping
5. Secure sufficient number of pumps and ensure access in-house and at discharge
6. Provide breastfeeding education and measure competencies for all staff
7. Maternal education on hand expression, hands-on pumping, colostrum collection, etc.
8. Ensure appropriate supplies are available to facilitate breastfeeding and provision of breast milk
9. Process to monitor milk supply
10. Standardized guidelines (for skin-to-skin, test weights, non-nutritive breastfeeding, etc.)
Key Recommended Practices

• Standardize a process to provide maternal education and advocate for MOM.
• Document a mother’s informed decision to provide MOM.
• Standardize a process for lactation assessments, including initial assessment within 24 hours of NICU admission.
• Determine who is responsible and available to initiate or assist with breast milk pumping, including first pumping occurrence before the infant’s 6th hour of life.
• Standardize a process to secure a sufficient number of double electric breast pumps (hospital and home use) for each NICU.
Key Recommended Practices

• Provide breastfeeding education and measure competencies for nursing and medical staff caring for infants and high-risk mothers.

• Have MOM available within 72 hours of the infant’s birth by providing specific maternal education on early initiation of pumping, frequency, use of hand expression, use of pump logs, and colostrum collection.

• Standardize a process to ensure appropriate supplies are available to facilitate breastfeeding and the provision of human milk.

• Standardize a process to monitor MOM supply.

• Standardize guidelines for skin-to-skin, non-nutritive breastfeeding, test weights, transition to nutritive breastfeeding, use of nipple shields, discharge feeding plan, and breastfeeding support.
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 😊
Thank you!

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