

Challenges and Solutions Brainstorm the MOM Kickoff

Challenges	Potential Solutions
Prenatal education of OBs	<ul style="list-style-type: none"> • Hold regular department meetings • Develop list of key points to highlight • Make education required • Post Healthy Start staff in OB offices
Handling maternal transports	<ul style="list-style-type: none"> • Standardize process for antepartum consult • Obtain pumping supplies and consent at transport
Formula samples in OB offices	<ul style="list-style-type: none"> • Remove from view of patients
Assuring prenatal education of moms	<ul style="list-style-type: none"> • Ask moms if they received education • EMR documentation
Size, funding, and commitment affects staff education efforts – what are desired competencies?	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Make education as quantifiable as possible • Teach what is normal and expected for moms and babies
Challenges with monitoring MOM <ul style="list-style-type: none"> • Getting moms to use logs • Getting nurses to look at logs • Moms overuse of cell phones • No consistent follow-up of logs • Process notes do not include logs 	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Having pumps available • Mom’s meds and sleepy moms • Lack of priority (timing) • Who does the assessment? • OB collaboration • Bedside nurses workload • Mom going back to work 	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Night birth—less than ideal staffing; difficulties getting pumps • Who is responsible for giving mom the kit? NICU? Postpartum? • Initiation in L&D • “Why bother if baby might expire?” 	<ul style="list-style-type: none"> • 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)

	<ul style="list-style-type: none"> • Encourage milk donation • Yellow (not white) sheet on isolette for parents to see 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
<p>Difficulty accessing pumps/developing a loaner program</p> <ul style="list-style-type: none"> • WIC doesn't have a loaner program after baby has been discharged • Funding for hospital-grade breast pumps/quality pumps for mom 	<ul style="list-style-type: none"> • Sharing resources for local pumping programs (Medela, Babys R Us, medical supply company) • Medicaid to fund electric pumps later this year • Ask Medela or other companies for grants to have extra pumps (based on the number the hospital already uses)