MOM MID-PROJECT MEETING
ROUND ROBIN NOTES

Topics:
Follow-up after Mom's Discharge
Getting to >50% MOM feedings by discharge
Documentation/EMR
Early Initiation
Non-Nutritive and Nutritive Breastfeeding

Follow-up after Mom's Discharge

Challenges	Solutions
• Timing • Who does it? Never enough people! • Depending on nurses, who may not notice an issue • Lack of Lactation Consultants • Mothers' response biases to nurse asking/calling • Moms not compliant with pumping logs • Milk brought to depot, not the beside, so volume is unknown • Staff not documenting pump log volume and time • Not all staff are on board/on the same level • Parents frustrated by the high number of questions and so many people asking • When baby is transferred for a health issue and mothers get upset talking about pumping • Continued pumping with long stay babies • Pumping spaces at work, paid breaks, storage of milk • Moms who won't come back in (transportation issues, older children, etc) • Multiple births • Parents don't always answer the phone	• LC makes contact or nurse talks about pumping • 1 day shift and 1 night shift nurse assigned to a patient to check in with mother (even if not their patient) at least once during shift • LC or nurse champion calls every mother once per week • Immediate calls to lactation to report issue • If at bedside, most nurses check in with mom • It can be about how you ask. Try "Did you bring your pump log?" • Scripted conversation/message for nurses • Ease App – developed by anesthesiologists. Send info to parents about NICU baby, including photos. Costs $. Use this to check in re: lactation • Help mom have WIC pump set before discharge • Electronic logs (moms like to type it into their phone) • Nurses sometimes add up the milk that is brought in rather than asking mom to keep a log • If mom hasn't been in for 24 hours, they get a call • Review milk output with parents when they bring it in • Ask moms to bring ALL milk in and we will quantify it • Call parents after daily weight check of baby to check-in on everything including lactation • Neonatologists on rounds or calling to mention milk pumping to parents • Added tracking mom's milk volume to work list for nurses and got it added to the EMR

	• Motivation for parents: pictures, ‘thanks for pumping’ signs, meal tickets • Emphasize that it encourages bonding • Person who does initial consult checks in for the baby’s duration of stay (daily at first and then day 7, 14, 28) • If parent doesn’t come in, required call to discuss breastfeeding. There is some contact every shift. • Use WIC, Baby Café to encourage continued pumping • Volunteers, students, interns to do the calls. Peer counselors, licensed massage therapist. • If parent isn’t there at rounds, they get a call each shift • Tie in the physicians! • ICU Baby local program

<u>Getting to >50% MOM by Discharge</u>

Challenges	**Solutions**
• Mother not present: mom going back to work, including no support for pumping at work • Follow-up with mom after discharge specific questions by nurses, physicians, lactation • Importance of 500 ml target – knowledge • DOL 28 decreased pumping • Reliance on donor breast milk – culture of the unit, expectations, early consent <36-38 hours) • Milk supply. Need good electronic version that can be shared. • Pumping logs – who follows up on this – accountability. Mom filling it out. • Nursing buy-in • Documentation of MOM volume/supply (EMR) • Family on board and OB staff – medically ok to pump <6 hours • Reliance on lactation consultant. Need nursing education • Physicians not waiting for MOM but using donor milk • Focus on volume	• Prolacta +6 – need MOM to provide this • BRNs follow-up with mom – volume assessment, DOL 7, 14, 28 • Keep list of BF moms • Cerner solution to capture BM on receipt • Laminated signs/crib cards with goals • Reward (photoshoot) DOL 7, 14, 28 if pumping – for isolette and home • Add MOM topic to rounding daily for each patient, like vital signs. Add to worklist or part of dedicated duties for bedside nurses. • Nurses held accountable for knowing volume at min every day • Education blocks and skills fairs for nursing • Employ MOM tools beyond VLBWs – it is culture of unit • Loaner pumps available (“gap pumps”) for 2 weeks until WIC pump and give DOL 7 goal of 500 ml • Affirming to mom she is doing a good job/encouragement • Contest for nurses/parents – kangaroo-a-thon

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• Inconsistent staff messaging about breastfeeding (e.g. go home faster, supply)
• Difficult to do cue based feeding
• Lack of accountability with BRN training
• Educate moms and staff about their expected targets
• Low census for VLBWs
• Co-morbidities and maternal motivation/circumstances
• Feeding intolerance – 1st culprit is MOM
• Fortification with formula powder discouraging to mom / post-discharge nutrition
• Culture of alternating neosure and MOM during NICU stay to promote weight gain – mixed messages (formula has “better” nutrition)
• Contraceptives to MOM (depo) lack of knowledge
• Messaging to mother after she is discharged
• Limited space in patient “bays”/open areas for pumping and skin to skin (privacy, comfort, stress level)
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• Involving dads/family to help make mom successful. Give them jobs/responsibilities/reinforce importance of MOM
• Encourage skin to skin and tie into pumping. Empower mom to advocate for this – educate her!
• Having hospital grade MOM storage/capacity
• Milk tech program – “check in” MOM
• Good apps available (co-effective, medela)
• Having process to promote BM (1-60 program then fresh-> frozen)
• Lactation intern, BF peer counselors to follow up with moms
• NICU mom peer group – regular meetings. Activity, food, bring baby, scrapbook through NICU stay
• Arts and crafts as incentive (frames for photos)
• BRNs useful when lactation consultation not available
• Wait 36-48 hr before obtaining donor milk consent
• Educate mom on difference between MOM and donor milk
• Limit duration of donor milk use if mom is not producing/providing MOM
• Educating moms on ways to incorporate pumping into their specific lifestyles – customized solutions offered
• Letter or prescription to mother’s employer on hospital letterhead to promote/support BF for working moms. Educate moms of existing laws.
• “Heart to Heart” for Valentines day, something similar for other holidays?
• Set expectation with parent on admission to use the pumping log and expectation of nurses to ask about log every visit (consistent messaging)
• Pump dedicated to each room in the NICU, locatable
• Designated area for pumping
• “hooter hiders” for moms
• Making pumping log incorporate skin to skin tracking
• “dollars” to buy baby supplies
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Documentation, Data Capture, EMRs

Challenges	**Solutions**

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<tr><td>Getting moms to fill out pumping logs</td><td>Use phone apps: Medella, Coffective
Involve significant other and family members in helping to complete logs—gives them a job to do
Use laminated bed/crib cards to collect day 7, 14, and 28 volumes that family and staff can complete – these can also be memento for family
Get family involved in completing a bedside diary to help collect data (referred to in Spatz article)
Create a board to document progress for family</td></tr>
<tr><td>Estimating mom's first pumping</td><td>Documentation of 1st pumping as hard stop before other info can be documented in EMR
Develop documentation guidelines. Standardize documentation to require documentation once per shift
Specify who owns the responsibility for documenting 1st pumping (so there is no question who is to obtain the data)</td></tr>
<tr><td>Nurse documentation issues
Have to choose between mom or baby chart
Still have to manually capture data</td><td>Pick mom or baby and document consistently
Assure enough resources/time devoted to data collection
Centralize data collection – designate one person to be responsible
Utilize clinical ladder nurses to assist with data collection (Magnet™ facilities)</td></tr>
<tr><td>Separating pumped volume of MOM and DM</td><td>If possible, create discrete data elements in EMR for feeding substrates – DM, MOM, formula
Use workarounds in EMR (right click and place comment) to document. Have parents self-weigh milk brought to NICU</td></tr>
<tr><td>EMR issues
Cerner does not allow for capture of required data (lacks NICU section)
Have to use separate EMR systems for mom and baby—double work
Changing EMR documentation requires approval by all hospitals if in a "healthcare system" which slows down the process for any change
Meditech offers limited lines to document issues</td><td>Work closely with hospital IT to change what you can
Network with hospitals with same EMR system to not reinvent the wheel (some hospitals have completed a Cerner build already to accommodate MOM documentation
Right click to add comments as a workaround
Use FPQC and involvement in a multi-hospital collaborative as leverage to get changes approved quicker
For Meditech, need to prioritize to eliminate unnecessary documentation.</td></tr>
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Early Initiation

Challenges	Solutions
• MOM having problems at birth and not able or wanting to pump right away • Mom in shock and not ready to start, put off pumping until tomorrow • Visitors for mom & baby interrupt pumping • Connecting mom with a pump because she not in a hospital room yet • Some nurses are not onboard; don't feel responsible to get pumping started • Need earlier education to support breastfeeding during prenatal care • Focused on normal moms and not focused on supporting NICU moms • Lactation consultants are not available • Adequate staffing including lactation consultants/techs • Staffing distance from c-section area is too far away to provide support • Using the wrong phalange size on the breast pump. Occurs as much as 50% of the time • Confusion about breast feeding contraindication • Cultural diversity regarding breast feeding • Perceive culture about "the mom being forced to breastfeed" • Transferred baby to another hospital and getting moms started pumping in the hospital where they are	• Putting a book together for mom to educate about breast feeding, pumping and the NICU baby • Encourage partner or mom supporter to take lead role with supporting pumping. Other family members can help. • MOM pumping is built into part of Golden Hour strategies during the first hour of life • Emphasize helping mom as well as baby. Focus on mother and baby together as one unit. • Nurse is responsible to chart when mom started pumping and is held accountable (someone responsible, task reminder) • Put together pumping kit including log and everything needed to get started • Promote breastfeeding log apps and paper logs. Provide app info on the paper log • Right size pumping equipment for mom • Breast pump in every delivery room and every NICU room • Breastfeeding champion is on every nursing shift • Work with OBs about educating about breast feeding prenatally, especially with high risk mothers • Encourage mom every time going from drops to more. • Emphasize the importance of oral care even with small amounts of breastmilk • Reward mom for all breastfeeding every time • NICU nurse reminds OB nurse about breastfeeding during all communications before and during the first day of birth • Transport nurse starts breastfeeding education and activity at baby pick-up • Have a lactation consultant or intern in prenatal clinic, especially educating high risk moms • Provide loaner program/connect with WIC when possible • Breast feeding should be part of a delivery hospital tour • Give written steps to moms in advance to get a pump at discharge prior to delivery for both Medicaid and insurance • Create culture change for breast feeding

	• Educate mom at first NICU visit (consult <24 hours of NICU admission) • Debriefing on all babies started at >6 hours • Setting expectation of pumping at <1 hour • Educate pre-delivery during delivery admission about breastfeeding/pumping timing • Call mom at transfer hospital to be sure breast feeding is started (have a plan/protocol) by nurse receiving referral • Need a breast feeding communication plan for the whole team (baby transport, postpartum nurses, lactation at referring hospital) • Focus on starting pumping even before mom has received all of her breast feeding education • Include in mom's education all that can interfere with breastfeeding success to avoid any barriers • Promote as "only mom can do" – gift approach • Know who intended not to breast feeding originally to reward and encourage continuation. These tend to be the moms who quit early • Have mom pump more during the day including two hour shifts to give adequate time at night to sleep initially

Non-Nutritive and Nutritive Breastfeeding

Challenges	Solutions
• "Lines"/CPAP • Time – Protocol – Grey area	• Increased attachment lines – security • Remove UA lines—can also reduce infections • Increasing feeds = reduced need for lines • PI project/specific to NICU
• Staff turnover/New RNs	• Plan for non-nutritive/breastfeeding session • Tips for Kangaroo Care • Education for new staff competency/simulation
• Lack of support – safe transfer for skin-to-skin	• 2 person technique – RT, OT therapist • nann.org resource • Kangaroo Zacky's – product to support S2S / Variations of wrap • CHOP Video skin-to-skin
• Maternal fear of breastfeeding	

          • Provider fear of aspiration • Neo provider – breastfeeding/skin-to-skin/education • Design unit • Chairs	• “Target practice” instead of saying non-nutritive breastfeeding → less scary • Success with skin-to-skin leads to increased movement toward breastfeeding • Bonding/S2S/benefits S@S • One form adding nuzzling + skin-to-skin + pumping log • Low expectations for non-nutritive • Baby is asking for it • Plan with mom and staff • Using nipple shield can increase success • Focused provider education – webinar • Increase comfort level out of the box or isolette/giraffe. • Rounding increases contact Single Family Rooms • Lounge chair