



Mother's Own Milk (MOM) Initiative

October 2017 Learning Session:

MOM NICU Journeys

Part III

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

10/12/17

- 👶 Project Announcements
- 👶 Sharing our MOM Journey
 - 👶 Memorial Hospital West
 - 👶 Broward Health Medical Center
 - 👶 South Miami Hospital
 - 👶 Baptist Children's Hospital
 - 👶 Plantation General Hospital
 - 👶 Holtz Children's Hospital at UM Jackson Memorial
 - 👶 Kendall Regional Medical Center
- 👶 Q&A and Discussion

Announcements

Need assistance with providing your NICU staff breastfeeding education?

- 👶 Training materials and videos are available to help guide the nursing staff that attended the Breastfeeding Resource Nurse Master training last Summer
- 👶 Let us know if you need help accessing

Don't Forget!

- 👤 Free Personalized On-site Consultations for your unit!
 - 👤 Contact Ivonne at ihernand@health.usf.edu to schedule!
- 👤 Online MOM Websites for your use:
 - 👤 News and Archived Webinars, links to all resources:
<http://health.usf.edu/publichealth/chiles/fpqc/mom>
 - 👤 Implementation Tool Box:
<http://health.usf.edu/publichealth/chiles/fpqc/momtoolbox>
 - 👤 Educational Resources for Moms, Health Pros:
<http://health.usf.edu/publichealth/chiles/fpqc/momresources>



Partnering to Improve Health Care Quality
for Mothers and Babies

Today's Topic:

SHARING OUR NICU JOURNEY! SOUTH FLORIDA REGION



Our MOM Initiative

Memorial Hospital West
Pembroke Pines, FL

Partnering to Improve Health Care Quality
for Mothers and Babies



Who We Are

- 👶 One of 3 Maternity hospitals within a System
- 👶 Delivers 4,000 babies yearly
- 👶 Approximately 10% require NICU care
- 👶 Level 2, 20 bed NICU.
- 👶 Average 2 babies/month that meet MOM criteria.
- 👶 Due this low Number, we have included all NICU admitted babies, although, we only report on those that meet MOM criteria.

Fig 2. MOM pumped volume ≥ 500 ml/day on DOL 14

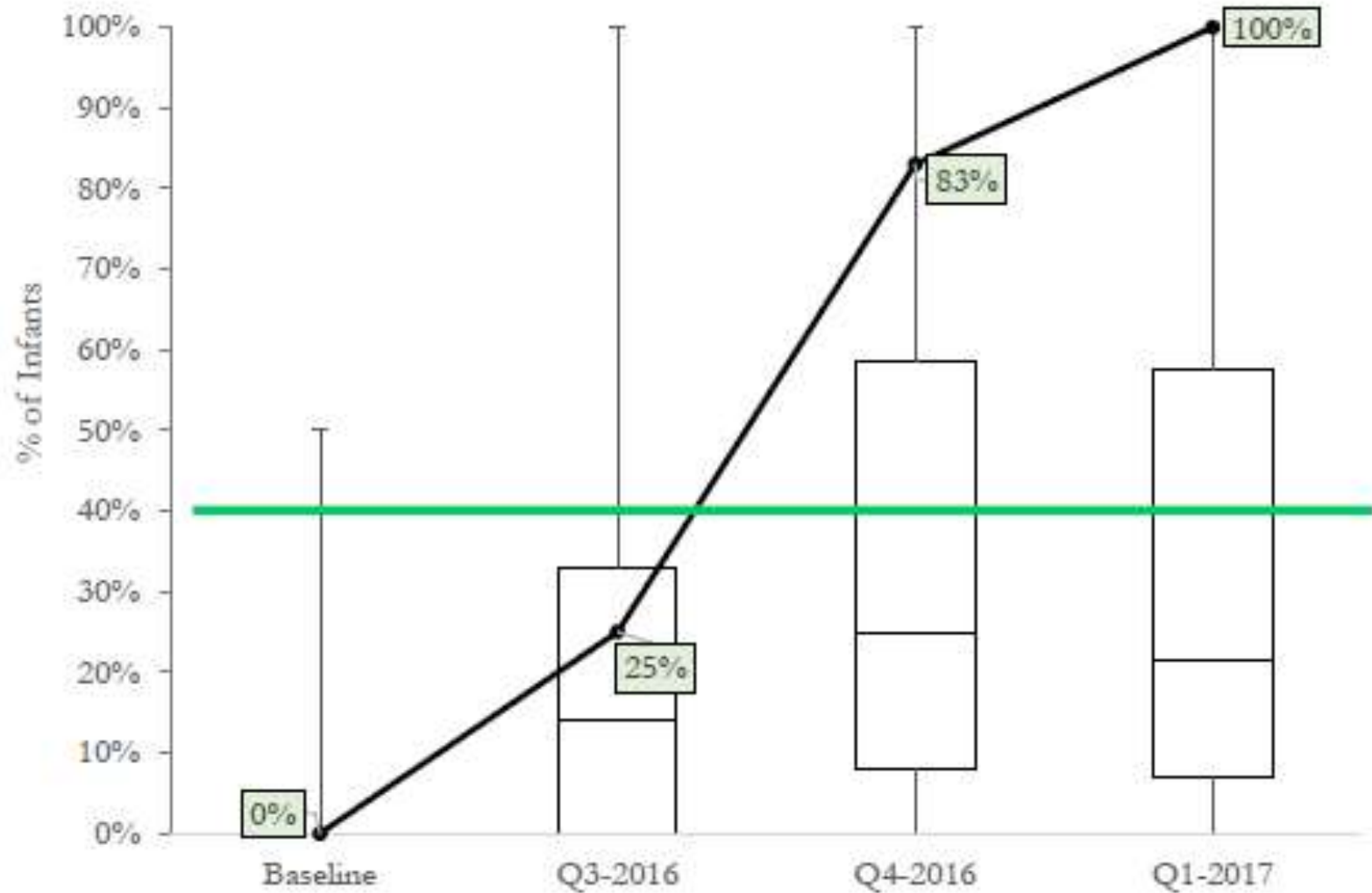


Fig 3. % of infants having $\geq 50\%$ of feeding volume comprised of MOM on DOL 14

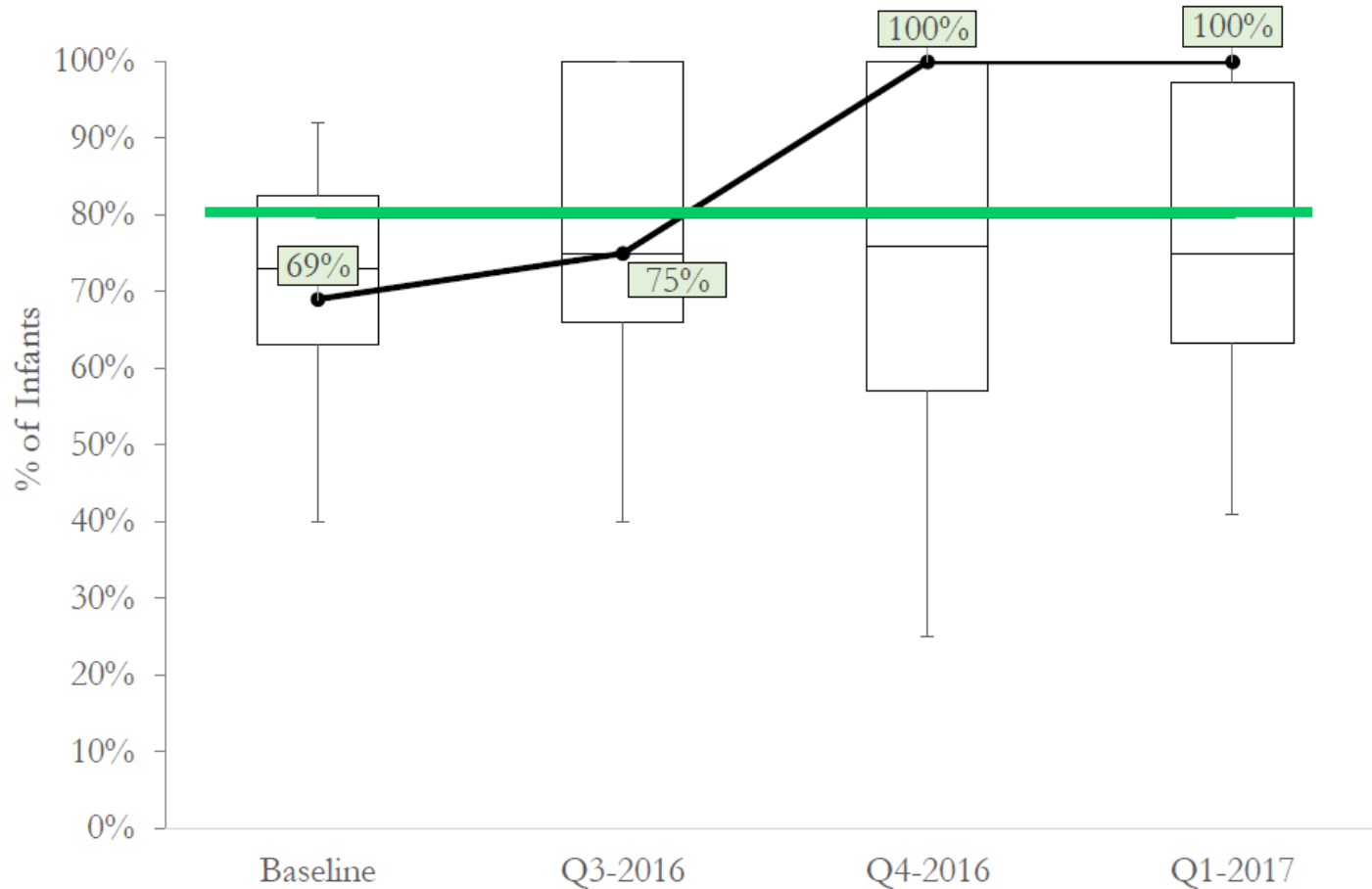
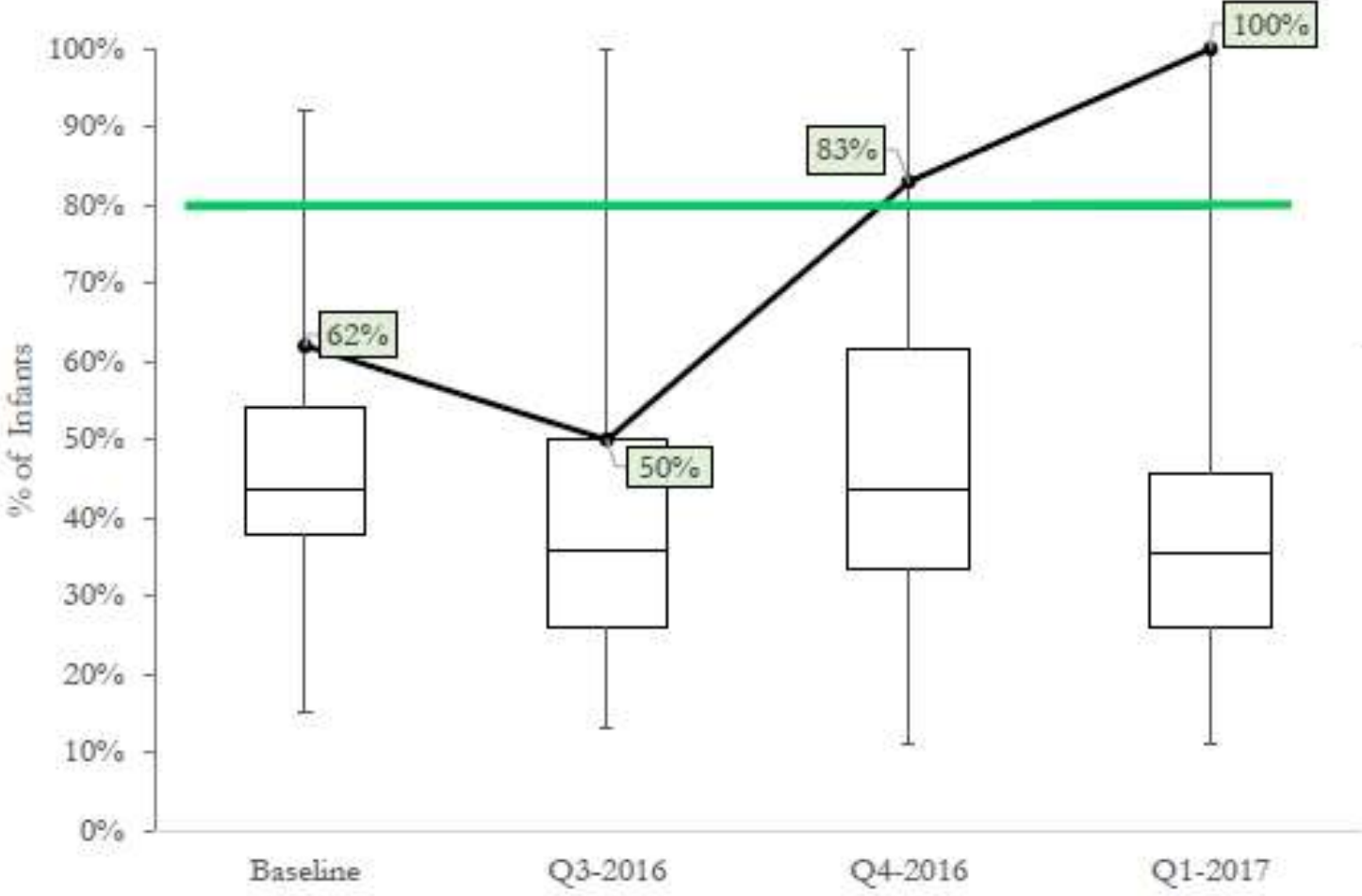


Fig 4. % of infants having $\geq 50\%$ of feeding volume comprised of MOM on initial disposition



What We've Achieved

- 👶 Hospital grade breast pump loaner program
- 👶 Designated hospital grade pump in all L&D & postpartum rooms.
- 👶 Nutritive breast feeding/EBM at DC 70-80%.
- 👶 Partnered with WIC and collaborated to prioritize pumps for NICU moms.
- 👶 MOM bulletin board- staff positive reinforcement
- 👶 MOM education binders for antepartum patients
- 👶 Initiative expanded to all NICU admissions.
- 👶 MOM Spot light in Physician Dining room TV

Challenges Still to Tackle

- 👶 We have a low number of babies that meet the criteria for MOM initiative.
- 👶 BRNM training-tools are not fully utilized
- 👶 Staff hesitate to provide skin to skin with Lines & intubated due to the limited resources.
- 👶 We struggle with maintaining mother's pumping logs on a consistent basis.
- 👶 High acuity of moms, delay in initiating pumping.



Our MOM Initiative



Partnering to Improve Health Care Quality
for Mothers and Babies



Where We Started

- A 63 bed Level III neonatal unit equipped with state-of-the-art technology offering the highest level of care for neonatal diagnosis, surgery and rehabilitation
- Board-certified neonatologists, nursing specialists and other pediatric specialists such as lactation experts ensure comprehensive, multidisciplinary, individualized care for critically ill newborns
- Designated as a Level III Regional Perinatal Intensive Care Center (RPICC) for excellence in standard of care and one of only 11 RPICC sites in the state of Florida, where high quality medical care is provided to improve the immediate and long-term outcome of pregnancy and of infants born at risk



Where We Started

BROWARD HEALTH MEDICAL CENTER | **BROWARD HEALTH Children's Hospital**

MOTHER'S OWN MILK (MOM) INITIATIVE

FPQC Partnering to Improve Health Care Quality for Mothers and Babies

Kick Off
September
9th
2016

PRESENTED BY:
Neonatal Intensive Care Unit

TIME & LOCATION:
6:30-8:30AM
BHMC Auditorium A & B

Please join us for a light breakfast as we kick off our Mothers Own Milk (MOM) initiative.

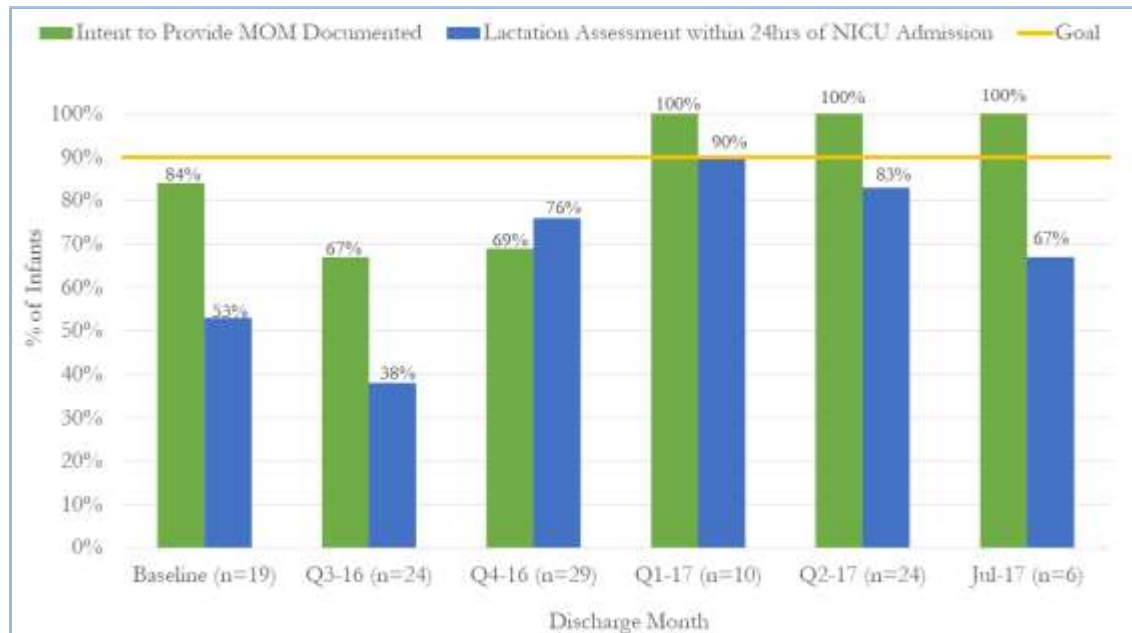
Breast milk is the optimal source of nutrition for babies, especially those under 1,500 grams at birth. Benefits include improved gastrointestinal maturity, better feeding tolerance and reduced risk of life-threatening infections such as sepsis and necrotizing enterocolitis. Infants fed human milk have lower mortality, better visual development, fewer chronic diseases later in life (including obesity, diabetes, asthma and cancer) and higher IQ scores. Breast feeding promotes mother-infant bonding, improves mother's health, and reduces length of stay and health care costs.

BROWARD HEALTH
Care Warriors

- Attended FPQC Kick Off in May 2016
- Breastfeeding Resource Nurse Training August 2016
- SFCH MOM Project Kick Off September 2016

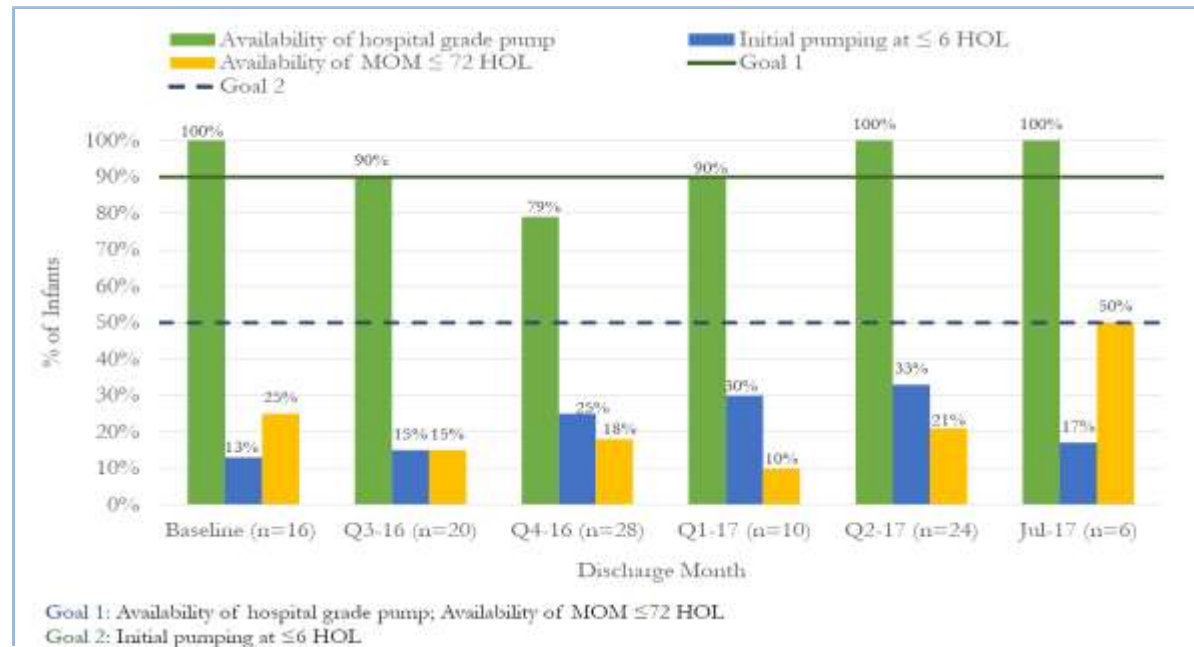


Intent to provide MOM was documented & Lactation assessment conducted ≤ 24 hours of NICU admission



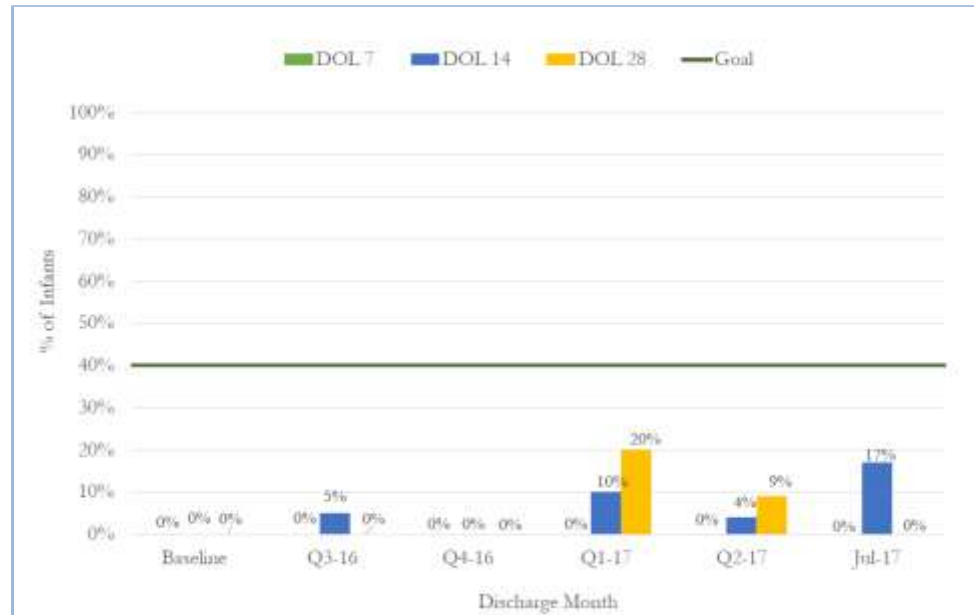
- 🕒 Intent to provide MOM: Our Neonatologists took ownership of this bench mark in August of 2016 by educating Mothers and documenting in the chart
- 🕒 Lactation Assessment within 24hrs: We have two dedicated NICU Lactation consultants and a dedicated Social Worker offering support on a weekly bases.
 - 🕒 Challenges: Off shift coverage & consistency

Availability of hospital grade pump at maternal discharge, 1st pumping session ≤ 6 HOL, & Availability of MOM ≤ 72 HOL



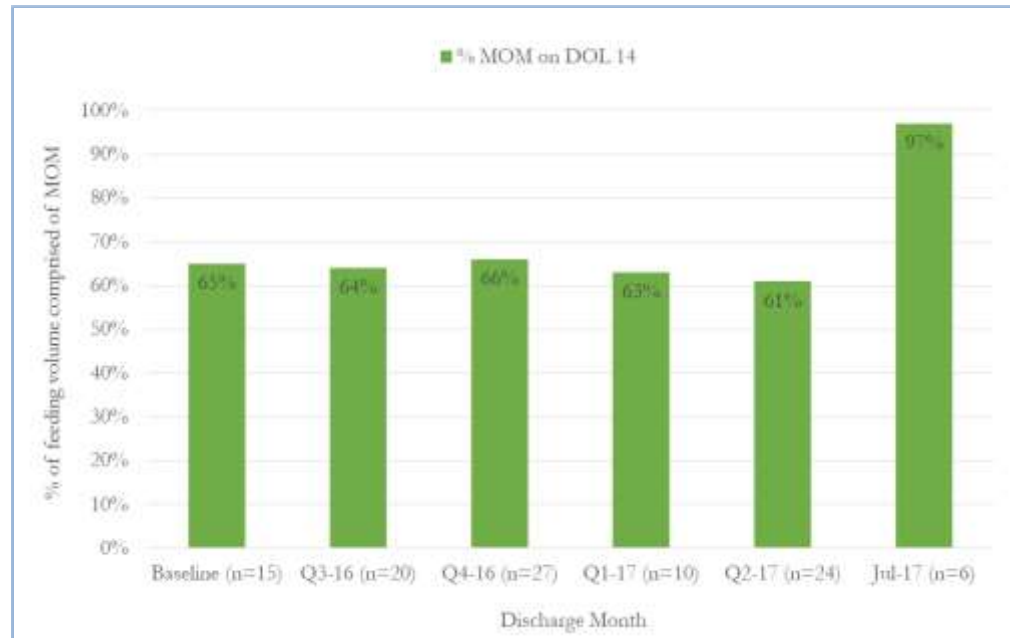
- 🕒 Availability of hospital grade pump: We attribute our success to the Lactation Center
- 🕒 Initial pumping at ≤ 6 hours: Challenges NICU nurse is admitting the patient, therefore we rely on L&D, Maternity, and Lactation.
- 🕒 Availability of MOM ≤ 72 HOL: By 72 hours as a team we are able to assist Mom in provided MOM
 - 🕒 Challenge: Documentation

MOM pumped volume ≥ 500 ml/day on day 7, 14, & 28



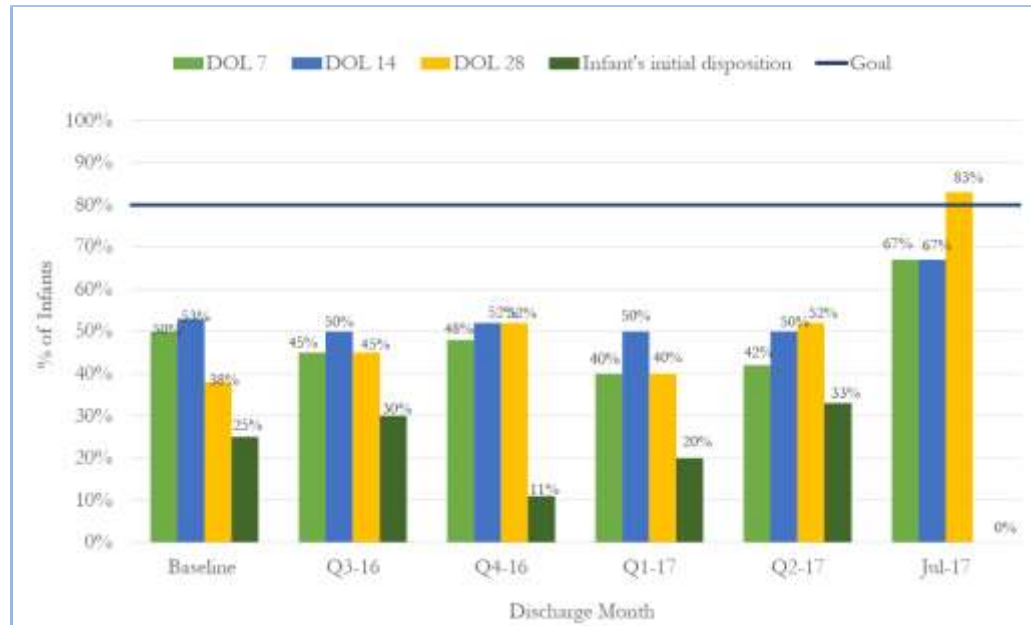
- In-services began in March of 2017 which included a breast feeding video, “The Power of Pumping”, and our Pumping logs
- Our vision was that the Pumping Logs would be kept at the bedside where our Mothers could enter their own volumes.
- Challenge: Staff buy in and Mothers entering their volumes

Average % of feeding volume that is MOM on DOL 14



- 👤 Our success is due to increased awareness and the education provided to NICU staff.

% of Infants having $\geq 50\%$ of feeding volume comprised of MOM on day 7, 14, 28, & disposition



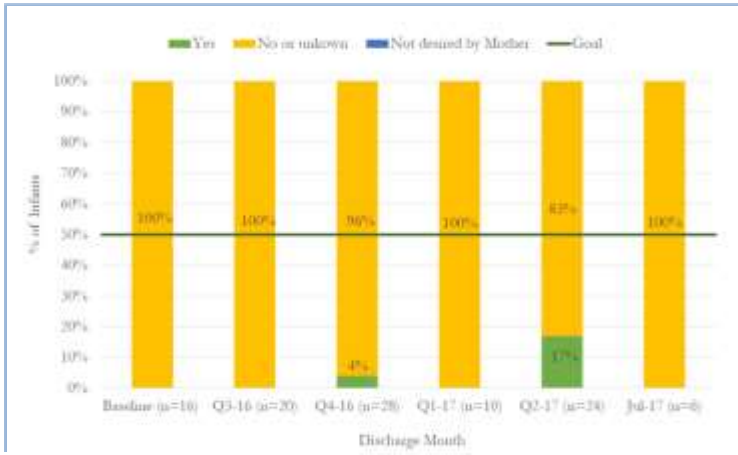
- One of our great successes during this past July!
- Challenges:
 - Mom hears potential discharge date and stops bringing in MOM.
 - Bedside RN sends MOM home too early before discharge.
 - International patient's Mother returns home and unable to transport MOM to the unit.

Feeding substrate on day 7, 14, 28 & initial disposition

Discharge Month	DOL 7			DOL 14			DOL 28			Initial Disposition		
	Feeding Substrate			Feeding Substrate			Feeding Substrate			Feeding Substrate		
	Formula %	DM %	MOM %	Formula %	DM %	MOM %	Formula %	DM %	MOM %	Formula %	DM %	MOM %
Baseline	70%	0%	31%	41%	0%	59%	55%	0%	45%	73%	0%	27%
Q3-16	36%	0%	64%	54%	0%	46%	45%	0%	55%	73%	0%	27%
Q4-16	62%	0%	38%	45%	0%	55%	44%	0%	56%	81%	0%	19%
Q1-17	67%	0%	33%	63%	0%	37%	54%	0%	46%	72%	0%	28%
Q2-17	59%	0%	41%	46%	0%	54%	40%	0%	60%	68%	0%	32%
Jul-17	55%	0%	45%	10%	0%	90%	18%	0%	82%	100%	0%	0%

 We are in the final stages of bringing Donor Milk to our NICU!

Skin-to-skin care documented at ≤ 10 DOL

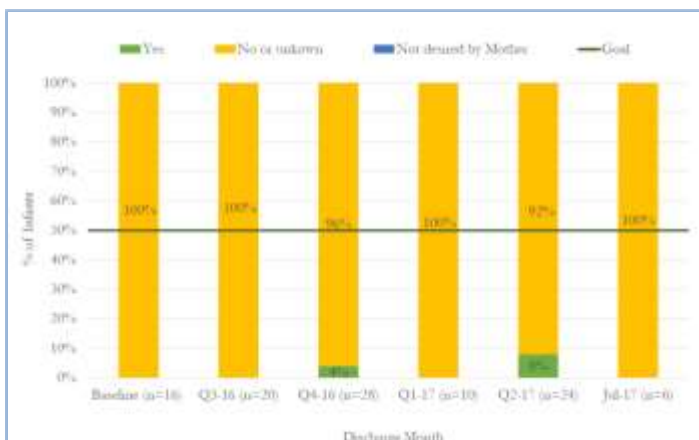


Isolation	
<input checked="" type="checkbox"/> Kangaroo Care	Yes
<input checked="" type="checkbox"/> Kangaroo Care Duration	60 minutes
<input checked="" type="checkbox"/> Kangaroo Care Tolerated	Yes

Challenges:

- 🌀 Documentation: We went live in June of 2017
- 🌀 Increase Skin to Skin: Kangaroo Board launched Mother's Day 2017, Father's Day 2017, and now Back to School for August 2017

Non-nutritive breastfeeding documented & Nutritive BF session within 7 days of infant's initial deposition



- 🕒 Non-nutritive Challenge: Area to document
 - 🕒 Plan to introduce Crib Cards and create an area for documentation
- 🕒 BF session Challenge:
 - 🕒 Possibly cultural/comfort in an open unit/education
 - 🕒 Volume driven orders

From all of us
THANK YOU!





Our MOM Initiative

SOUTH MIAMI HOSPITAL NICU
SOUTH MIAMI, FL

Partnering to Improve Health Care Quality
for Mothers and Babies



Where We Started

- 2012- Performance Improvement Breast milk upon discharge of < 32 week NICU Infant
- Prematurity Award 2013 & 2016 TJC
- 4 loaner pumps (2015)
- 1 LC dedicated to the NICU
- 100% of all NICU Moms with lactation consult
- 20 hours mandatory lactation education for staff
- 2016 Partnered with FPQC MOM Initiative



What We've Achieved

- 👶 Mother & Baby Nurse Practice Change- Pumping all NICU Moms < 6 hours
- 👶 Increased loaner pumps from 4 to 9
- 👶 NICU Staff awareness of desired milk volumes
- 👶 1 LC dedicated to NICU,
2 (7 PM-7 AM) NICU L.C.s who help M/B
and a Dedicated M/B LC!
- 👶 Addition of Speech Language Pathologist for NICU < 32 week infants!
- 👶 NICU Peer Parent Volunteer for Breastfeeding Support



Challenges Still to Tackle

- 👶 Test weights – Proof of transferred milk intake
- 👶 Breastfeeding Resource Nurses- Interest and commitment
- 👶 Discharging on human milk fortifiers instead of switching to or adding 22 calorie formula.
- 👶 Feeding directly at breast @discharge solely

Fig 2. MOM pumped volume ≥ 500 ml/day on DOL 14

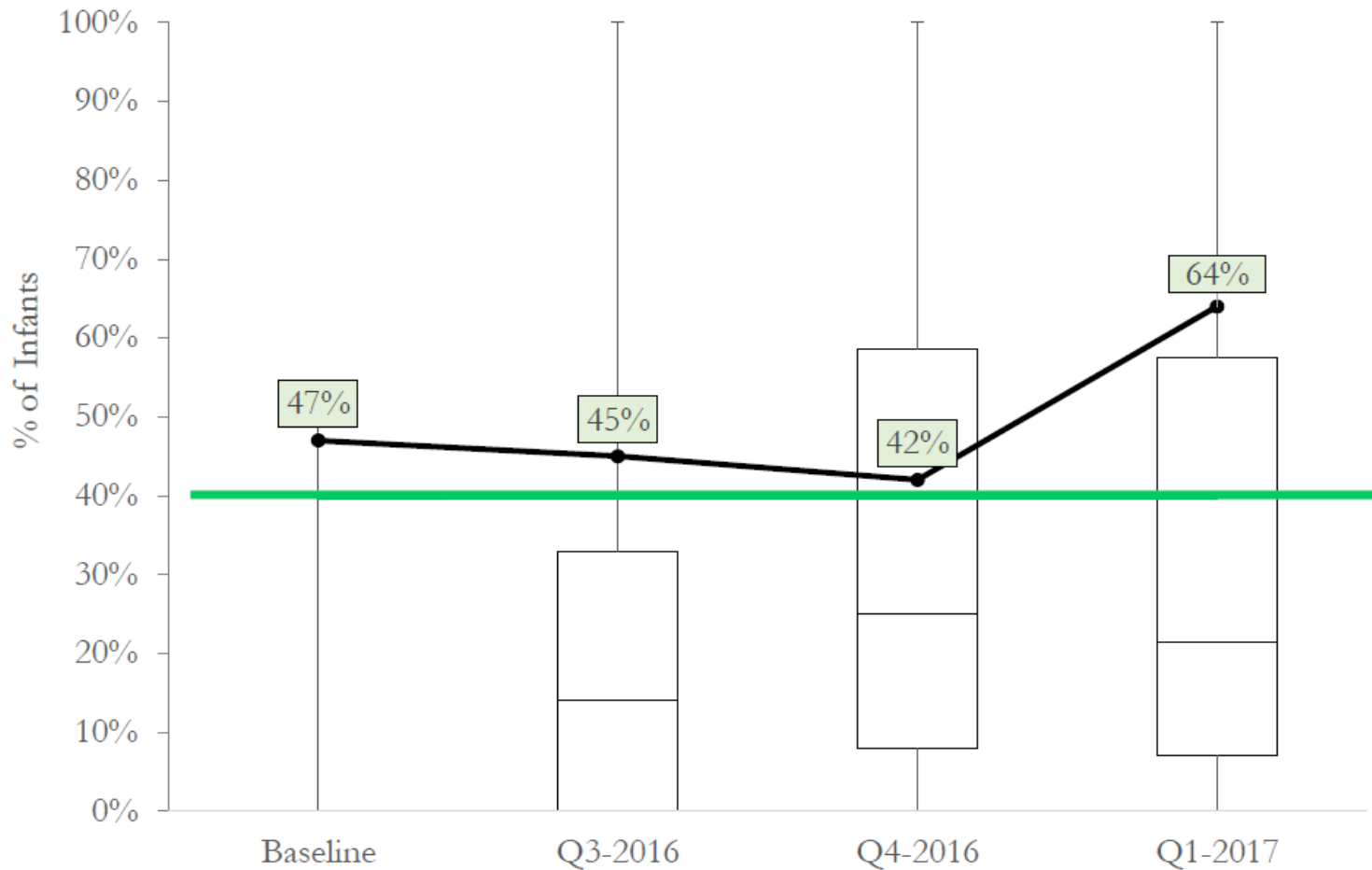


Fig 3. % of infants having $\geq 50\%$ of feeding volume comprised of MOM on DOL 14

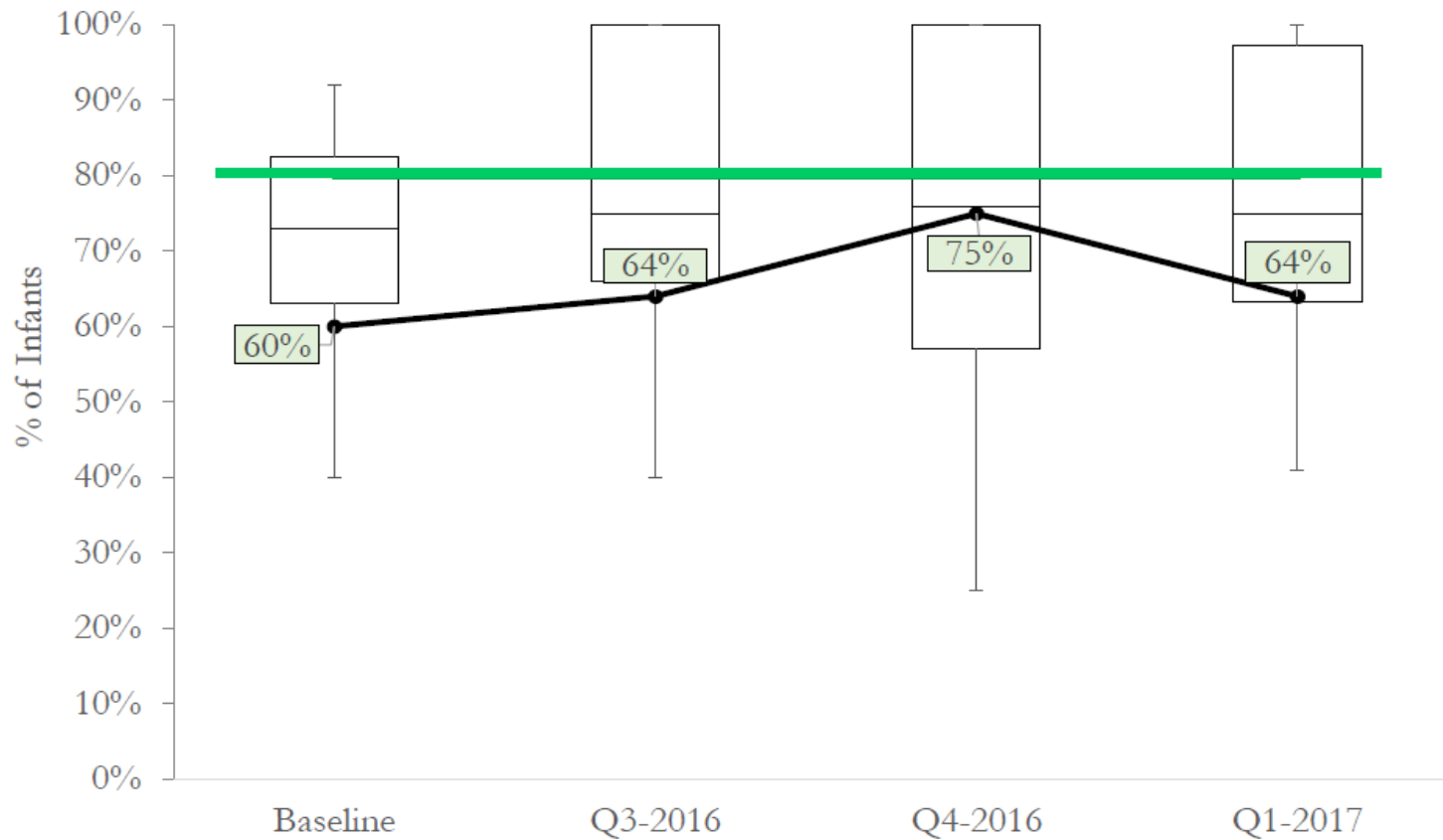
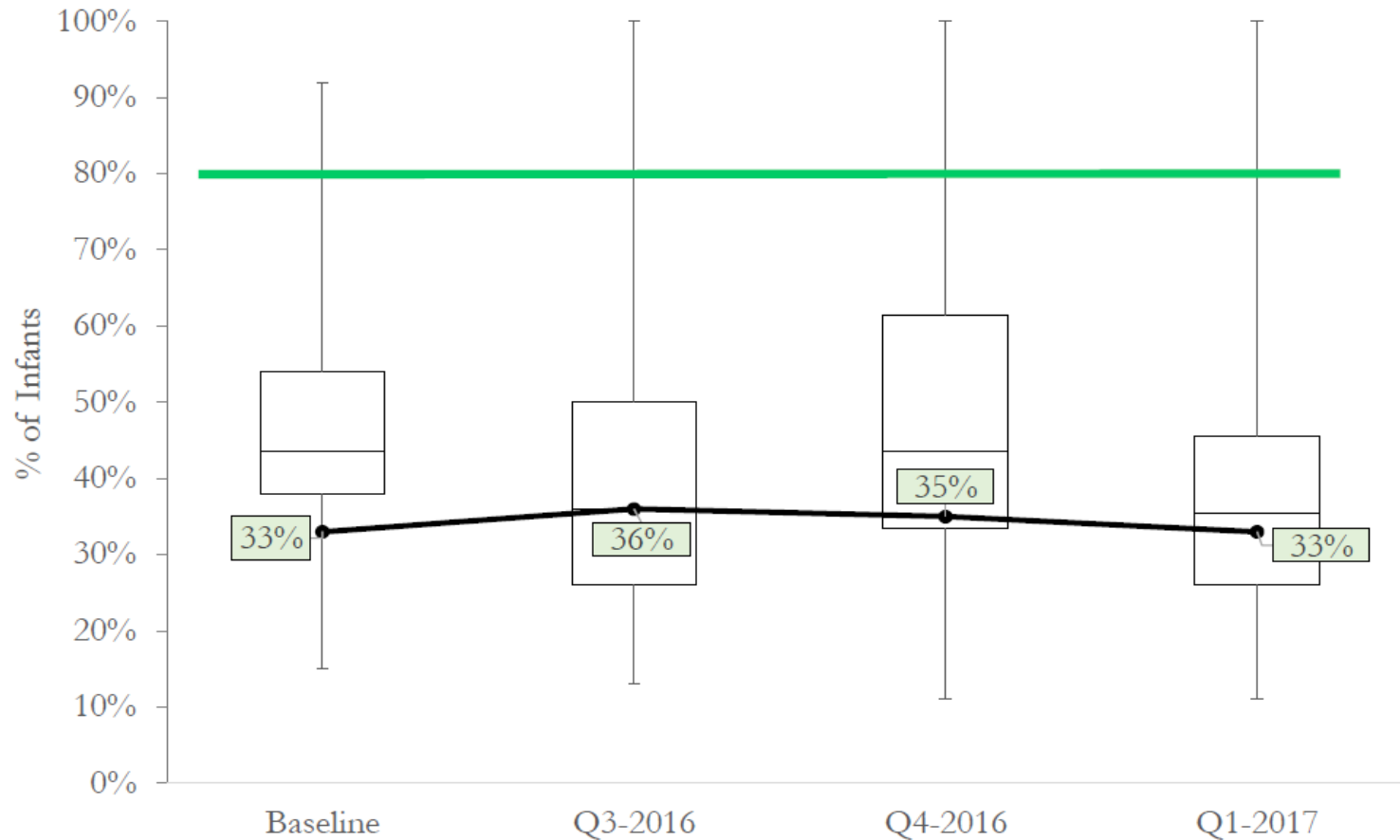


Fig 4. % of infants having $\geq 50\%$ of feeding volume comprised of MOM on initial disposition



Thank You FPQC

- 👶 Sincere Thanks to all of you for your collaboration and hard work (;





Our MOM Initiative

**Baptist Children's Hospital
Miami, FL**

**Presented by Alreca Daly RN and
Katrina Villanueva RN**

Partnering to Improve Health Care Quality
for Mothers and Babies



Where We Started

- Baptist Children's Hospital NICU is a 36 bed unit with 22 Level 2 beds and 14 Level 3 beds.
- Prior to the inception of the MOM initiative, we collected baseline data on 15 babies that met the MOM criteria of ≤ 1500 gms between Jan 2016 to June 2016.
 - Base line data
 - MOM pumped volume ≥ 500 mls on DOL 14 =0
 - % of Infants having $\geq 50\%$ feeding Vol. MOM on DOL 14 =38%
 - % of infants having $\geq 50\%$ of feeding vol. of MOM on Initial Disposition=38%
 - Donor Milk at DOL 14=33%
 - Initial Disposition feeding formula only=60%
- We have had 31 babies that met the MOM criteria since the inception of the initiative in July 2016 through the last quarter ending June 2017

Demographics of Target Population

- Maximum gestational age during intervention period June 2016 - June 2017 was 32 weeks.
 - Average length of stay for the 31 babies surveyed was 2.7 months (12 of those babies remained in the NICU 3-6 months)
- 32% of the babies were \leq 26wks(10 of 31)
- 19% of the babies were between 23-25 weeks (6 of 31)
Average length of stay for the babies \leq 26 weeks was 3.5-4 months

What We've Achieved

- **Average data from July 2016 – June 2017**
 - MOM pumped volume \geq 500mls on DOL 14 increased from 0 at baseline to an **average** of 43%
 - % of Infants having \geq 50% feeding volume MOM on DOL 14 increased from 38% at baseline to an **average** of 79%
 - % of infants having \geq 50% of feeding volume MOM on Initial Disposition increased from 38% at baseline to an **average** of 46%
 - Donor Milk at DOL 14 decreased from 33% at baseline to an **average** of 10%
 - Formula only at Initial Disposition decreased from 60% at baseline to an **average** of 45%
- **Better collaboration with our Mother/Baby Unit and other disciplines via:**
 - Email alerts sent to MOM Initiative
 - Meetings including FPQC site visit
 - Collaboration with Social Worker regarding breast pumps for home use
 - Feedback from Lactation Consultants
 - Staff Education
 - Neonatologists initiating conversations during rounds regarding MOM and availability of breast pumps
 - EMR documentation of education and interventions by all disciplines

Challenges Still to Tackle

- 👶 Pumping within 6hrs of life
- 👶 Additional Support
 - 👶 Second MOM Nurse Champion
 - 👶 Mother/Baby Nurse Champion
- 👶 Educating and keeping staff and moms motivated
- 👶 Maintaining MOM supply through initial disposition for our long-term babies (LOS \geq 3 months)
 - 👶 Moms return to work within 6-8 weeks or sooner in an effort to utilize time off once the baby is discharged
 - 👶 Challenges after going back to work include lack of time, accommodations for pumping, storage and handling of milk
- 👶 Overall improvement of our MOM indicators

Crib Card and Refrigerator Magnet

My mom is my superhero...

Kangaroo by: _____ (≤ DOL #10)

Mom and I tried non-nutritive sucking on: _____

Mommy pumped ≥ 500ml/day (16.5oz)

DOL # 7 _____ vol. _____ ml/day

DOL #14 _____ vol. _____ ml/day

DOL #28 _____ vol. _____ ml/day



It's all worth it. All of your time. All of your energy.

All for your little one.



Just the beginning.....



Our MOM Initiative

Plantation General Hospital
Donna Neumann, RN ANLC

Partnering to Improve Health Care Quality
for Mothers and Babies



Where We Started

PGH started the MOM Initiative- Baseline of 100% in both “Intent to Provide EBM” and “Lactation Assessment in 24 hours.”

- Already trying to achieve breastmilk for all 1st feedings
- We bought 16 new Medela Symphony Pumps(adding to our existing pumps giving us 32 pumps Hospital wide)
- Medela Rep did in-service education on pump use and early initiation covering all Maternal Child Units over a 1 week period during AM/PM Huddle
- 2 Designated LCs to NICU covering NICU 6 days/week
- Fantastic MD and ARNP support
- 3 RN’s trained as “nurse resources”

Where We Started...

NICU Pump Room



Post-Partum Designated Pumps



Where We Started...

Areas to improve were:

- Availability of Hospital Grade Electric Pumps Prior to Mother's Discharge
- Initial Pumping at 6 hours or less post Delivery
- Education of NICU staff on expected Adequate milk volumes, DOL 7,14,and 28



Expected Milk Volume Laminated Cards

Education of NICU Staff on expected milk yields from mothers by developing cards for at bedside for DOL 7, 14, and 28. This helps milk volumes become common dialogue between RNs and Parents

Where We Started...

Areas to Improve, Continued...

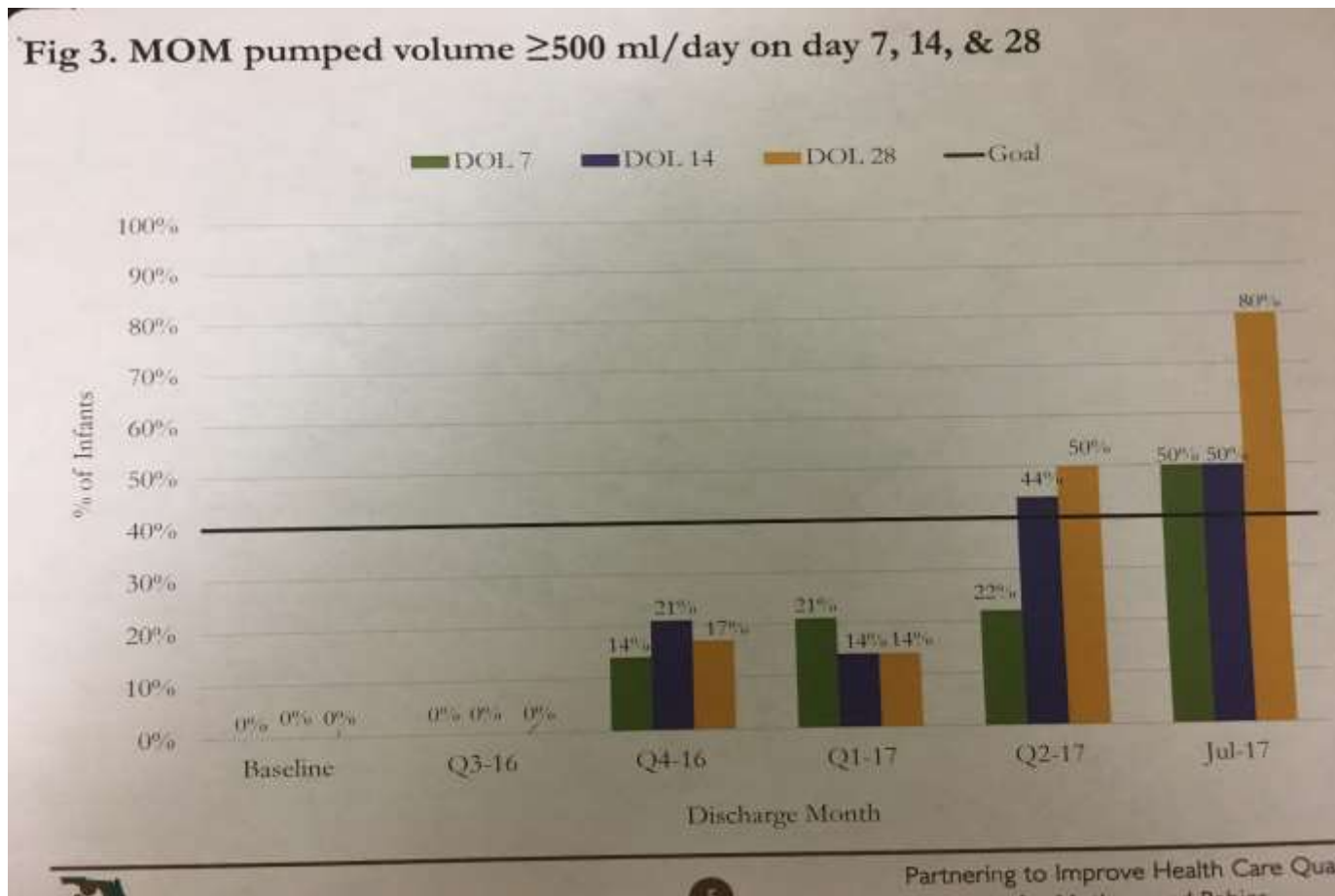
- Documentation lacked on Non- Nutritive Breast feeding and Skin to Skin at or before DOL 10
 - *It was found that only Lactation was offering S2S and NNBF and documenting it.
- Support calls to Mother's post Discharge to find out continued breastfeeding/pumping status needed improvement

What We've Achieved

Better Communication between L&D/ Mother Baby to get pump setups early has improved but is still an issue, especially for VLBW infants

Kangaroo A thons- Helping RNs get comfortable having parents handle infants early, hand hugs rather than S2S while UAC in place, skin to skin often and early

What We've Achieved, cont...



Challenges Still to Tackle

Availability of Hospital Grade Pumps at discharge

- We have created a “Cheat Sheet” for OBs with the Medical Equipment Codes and Diagnostic Codes
- We offer Flyer from the Florida Breastfeeding coalition so parents know how to file a complaint if they can't get the Medicaid breast pump in a timely manner
- Getting Pumps from WIC, Referrals faxed prior to Mother's d/c, however, actual problem lies with Mother actually receiving pump d/t ID issues and the need for 2 proofs of address

Challenges, Cont...

Skin to Skin, even with best efforts and National Kangaroo Month, still only meeting 50% mark, July results at 83%, improving and remaining consistent is our goal.

Pumping within 6 hours of delivery is a continued challenge. Tracking and education are provided to staff not prioritizing early pump set up. July results were 67% (up from 25% in June) with goal improve and stay consistent



Our MOM Initiative

Holtz Children's Hospital
Jackson Health System

Partnering to Improve Health Care Quality
for Mothers and Babies



Where We Started

- 👶 126 Bed Level II/III NICU
- 👶 Admit 200+ infants yearly with birth weight of $\leq 1500\text{g}$
- 👶 No designated place to Chart key components for data collection
- 👶 No way of tracking mother's milk supply

What We've Achieved

- 👤 Documentation upgraded in Cerner to better capture data (December 2016)
- 👤 Policies updated to include standards for non nutritive breastfeeding & breastmilk storage guidelines
- 👤 Multilingual pumping logs created in English, Spanish, & Creole for parents to use (December 2016)
- 👤 180 NICU nurses were educated, some certified (January 2017)
- 👤 Weekly NICU Support groups
 - 👤 Scrap book and other arts and crafts activities

What We've Achieved


!!!!Baby Friendly Designation!!!!

- 👶 Jackson Health System has 3 campuses, and several clinics throughout the community
- 👶 Team effort created positive changes
- 👶 Perseverance got us through the tough times
- 👶 Empowering nursings through education & creativity to enhance sustainability
- 👶 Highlighted importance of pumping within 6 hours of delivery

Challenges Still to Tackle

- 👤 Maintaining staff engagement and sustainability
- 👤 Social determinants of health-
 - 👤 Mother's availability often limited for class & teaching opportunities
 - 👤 ICU Baby
- 👤 Discharge Breast pumps- Licensure/WIC
- 👤 Mothers milk volumes
 - 👤 Checking the pumping logs and placing Lactation Consultant requests
- 👤 Skin to skin for NICU infants <1500 grams when stable
- 👤 Non nutritive breastfeeding rates
- 👤 Breast milk storage space
- 👤 Utilization of resource personnel
 - 👤 One dedicated NICU Lactation Consultant for NICU only
 - 👤 2 Breastfeeding Resource Nurses

Challenges Still to Tackle

 % of infants having $\geq 50\%$ of feeding volume comprised of MOM on DOL 14

 Baseline: 70%

 Q4 2016: 84%

 Q2 2017: 61%

Challenges Still to Tackle

👶 % of all VLBW infants having $\geq 50\%$ of feeding volume comprised of MOM at Initial Disposition

👶 Baseline: 32%

👶 Q4 2016: 39%

👶 Q2 2017: 33%

Thank You





Our MOM Initiative
Kendall Regional Medical Center
Miami

Eliana Casadesus
Lactation Consultant

Partnering to Improve Health Care Quality
for Mothers and Babies



Kendall Regional Medical Center NICU



- Who we are...
 - Part of HCA system
 - Level III NICU (since 2013)
 - 15 NICU bed capacity
 - Located in the West side of Miami

Where We Started?

KRMC

- 👶 Documentation in some processes was inconsistent...
 - 👶 Intent to provide mom own milk not always documented
 - 👶 Volume feeding comprised of MOM during NICU stay and at discharge
- 👶 Some process were not done at all...
 - 👶 Lactation assessment in first 24 hrs
 - 👶 Unknown volume of MOM available per baby on day 7, 14, 28 and at discharge
 - 👶 Skin to skin during first 10 days/documentation

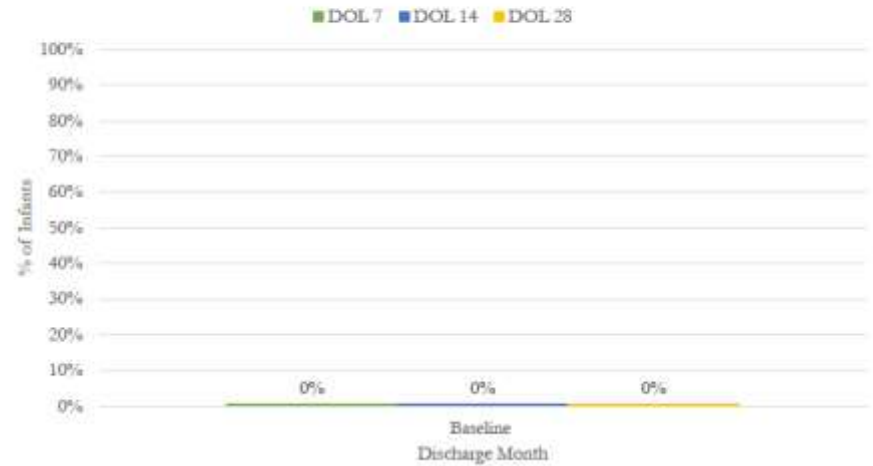
KRMC MOM project

Our baseline data

Fig 1. Intent to provide MOM was documented & Lactation assessment conducted ≤ 24 hours of NICU admission



Fig 3. MOM pumped volume ≥ 500 ml/day on day 7, 14, & 28



KRMC MOM project

Our baseline data

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

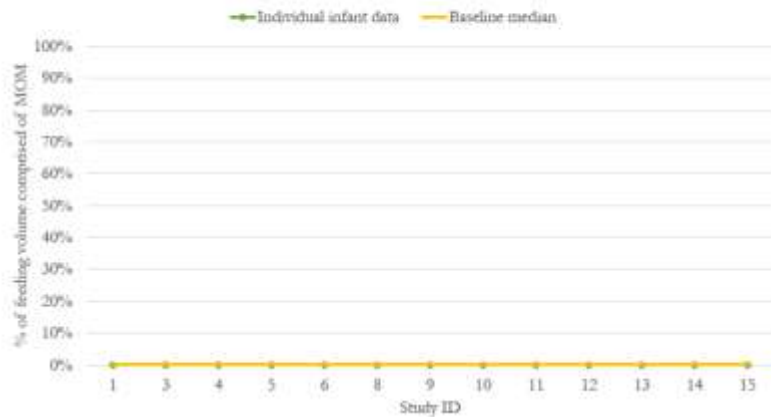
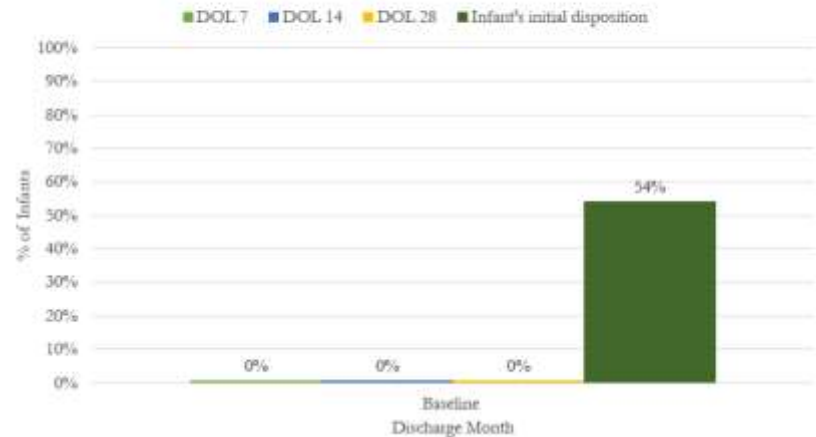


Fig 5. % of Infants having $\geq 50\%$ of feeding volume comprised of MOM on day 7, 14, 28, & initial disposition



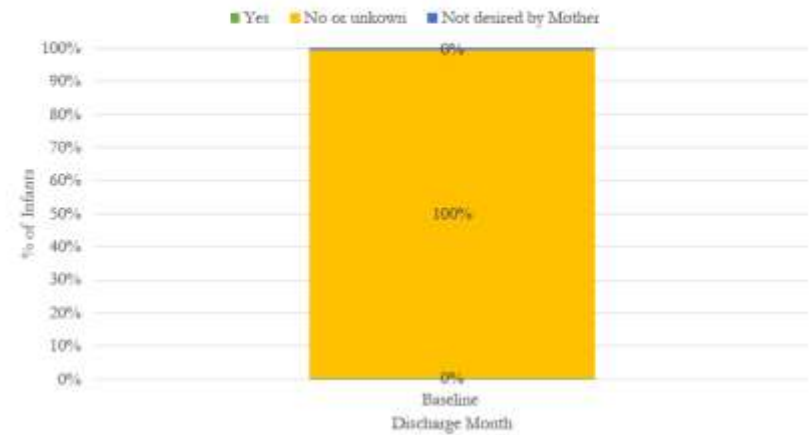
KRMC MOM project

Our baseline data

Fig 6. % of all VLBW Infants having $\geq 50\%$ of feeding volume comprised of MOM on initial disposition *will be a run chart when data are available



Fig 9. Skin-to-skin care documented at ≤ 10 DOL



What We've Achieved

KRMC

- 👶 Increased awareness about importance of MOM in premature babies (nurses, physicians, parents)
- 👶 Able to provide nursing education (NICU, labor and delivery and mother-baby units) regarding MOM and how to use pumps
- 👶 Involvement of Administration on this project and have lactation consultant in the night shift

What We've Achieved

KRMC

- 👶 Availability of donor milk in our unit (not available prior to participation in this project)
- 👶 Able to provide leasing pumps when mothers go home (from our lactation consultant team)
- 👶 The project opened the doors with enough data information in order to apply for the Breastfeeding Department of Health Grant

What We've Achieved

KRMC

- 👶 Improvements on several aspects
 - 👶 Consistent documentation on intention to provide MOM (consent forms available at bedside)
 - 👶 Lactation assessment now done in first 24 hrs
 - 👶 Better pumped volumes on DOL 7, 14 (nowadays we know how much our mothers are producing!)
 - 👶 Implementation and documentation on non-nutritive BF session
 - 👶 Skin to skin is now part of the daily nursing assessment and plans with the families

Fig 1. Intention to Provide MOM out of all eligible VLBW infants

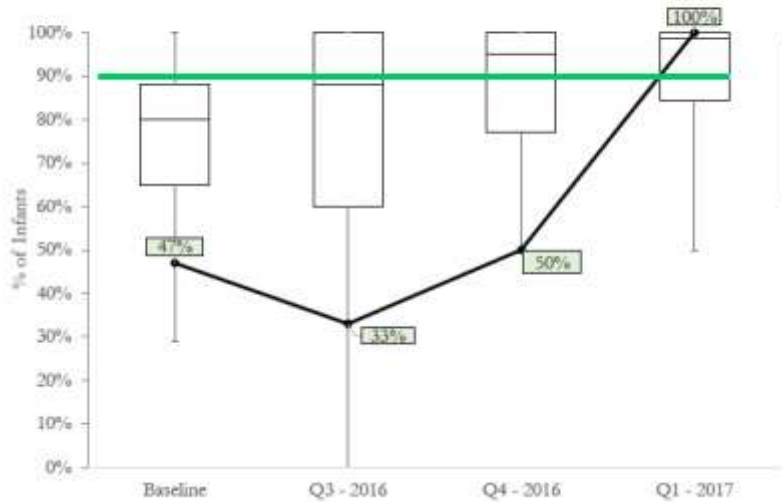


Fig 2. MOM pumped volume ≥ 500 ml/day on DOL 14

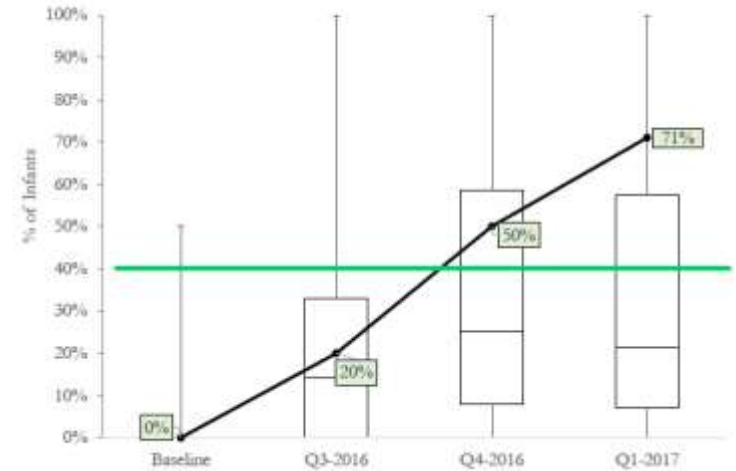


Fig 3. % of infants having $\geq 50\%$ of feeding volume comprised of MOM on DOL 14

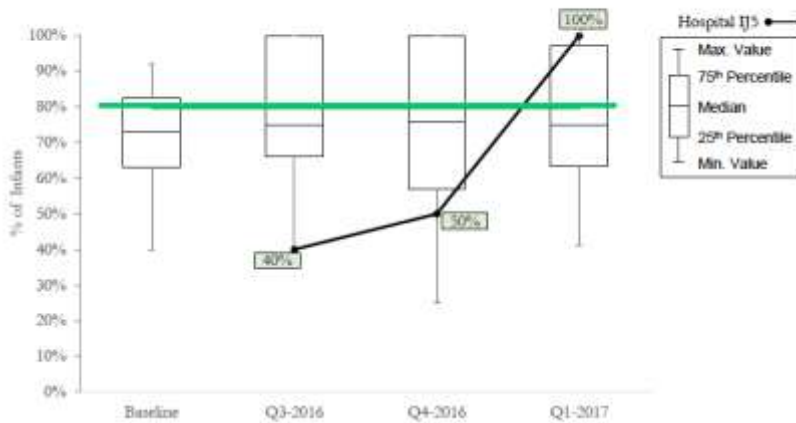
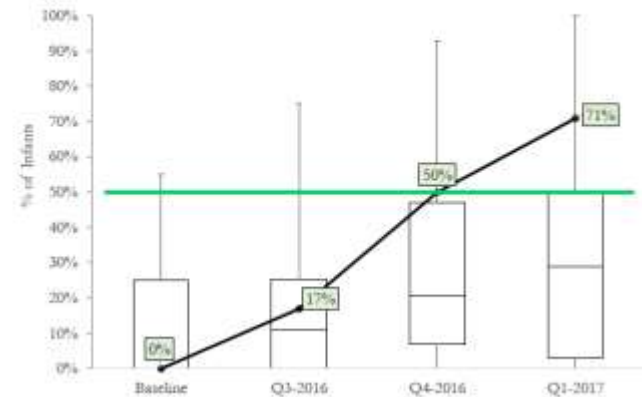


Fig 7. Non-nutritive BF session documented



Challenges Still to Tackle

- 👶 Improve our % of infants having >50% of feeding volume comprised of MOM at discharge (our numbers are still below goals)
- 👶 Reach goal of having >50% of feeding volume comprised of MOM at DOL 28
- 👶 Nutritive BF session within 7 days of discharge

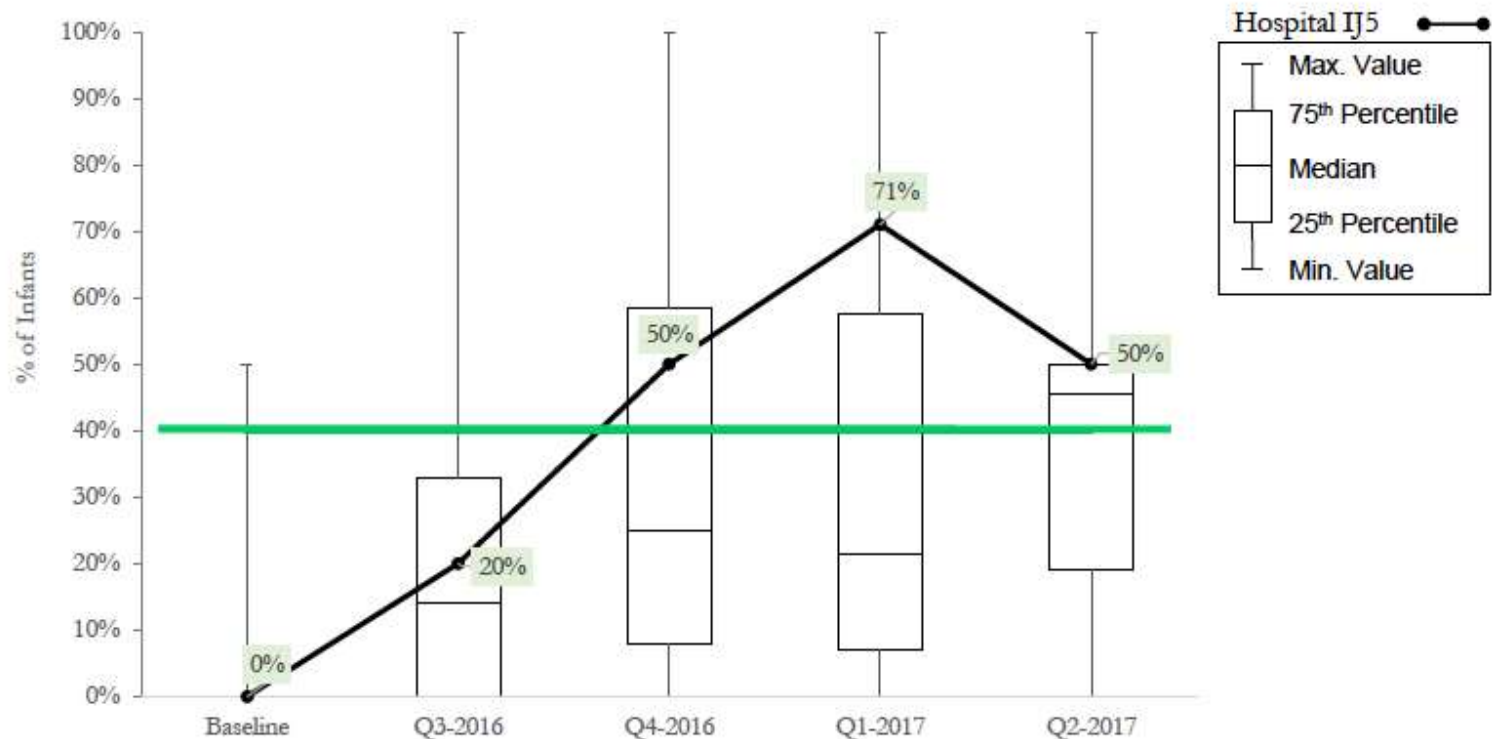
Overall Goal of MOM project

Kendall Regional Medical Center, Miami



Overall goal of MOM project KRMC

Fig 2. MOM pumped volume ≥ 500 ml/day on DOL 14

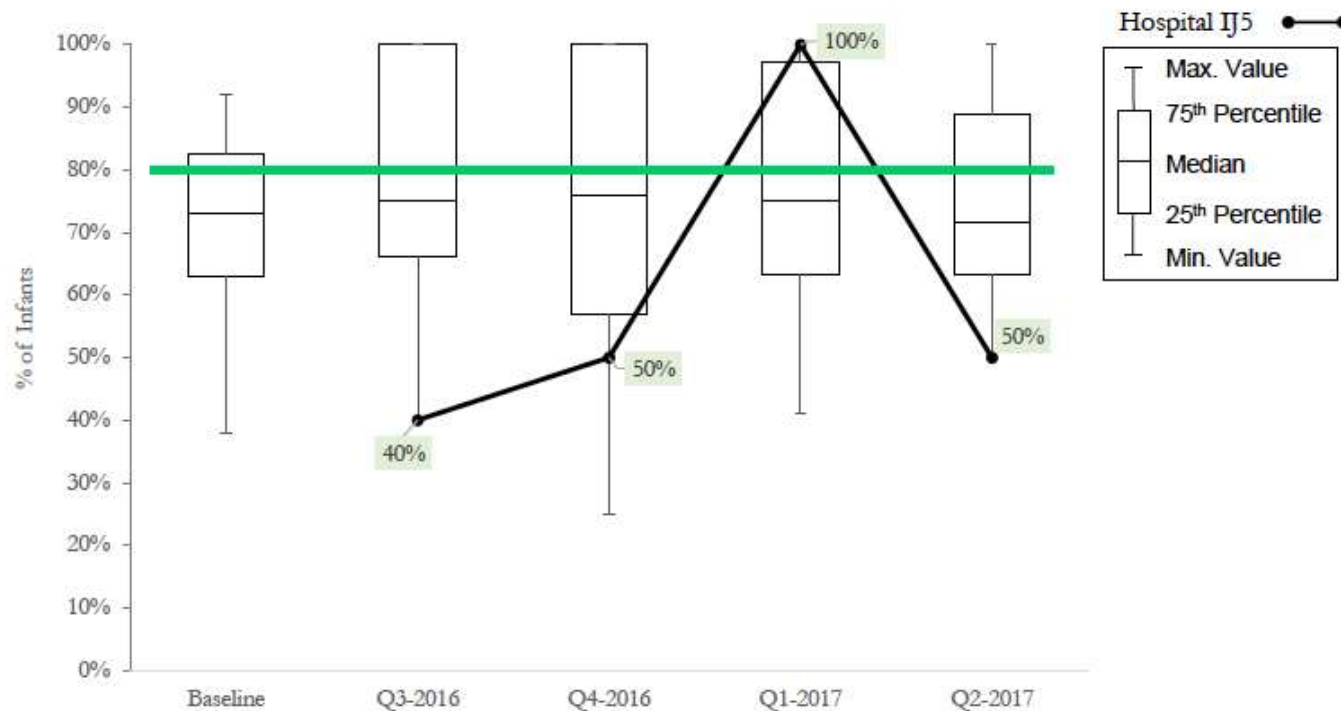


Goal Line: —

Denominator: Only infants whose mother intended to provide MOM

Overall goal of MOM project KRMC

Fig 3. % of infants having $\geq 50\%$ of feeding volume comprised of MOM on DOL 14

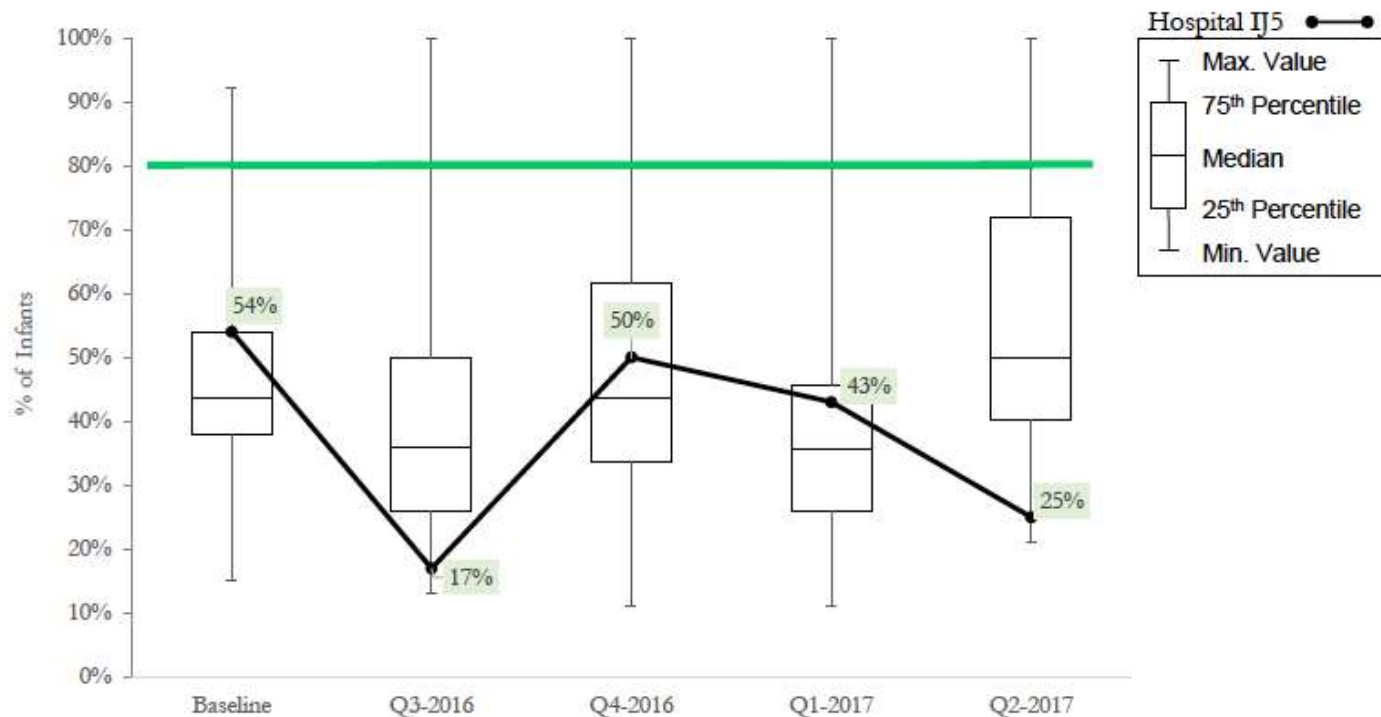


Goal Line: 

Denominator: Only infants whose mother intended to provide MOM

Overall goal of MOM project KRMC


Fig 4. % of infants having $\geq 50\%$ of feeding volume comprised of MOM on initial disposition



Goal Line: —

Denominator: Only infants whose mother intended to provide MOM

End of presentation

 We want to thank FPQC for allowing us to participate in this project. We were able to change a lot of things in our NICU that have made an impact in our moms and babies.

 Thank you!



Partnering to Improve Health Care Quality
for Mothers and Babies

DISCUSSION AND Q&A

If you have a question, please enter it in the Question box or Raise your hand to be un-muted.

We can only unmute you if you have dialed your Audio PIN (shown on the GoToWebinar side bar).



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Questions?

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