



Mother's Own Milk (MOM) Initiative

October 2016 Learning Session:
Supporting Milk Supply

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

10/6/2016

- 👶 Project Announcements
- 👶 **NeoQic Human Milk with the Tufts Medical Center Team**
- 👶 **Monitoring Milk Supply: Using the EMR with TGH's Team**
- 👶 Q&A and Discussion

Announcements

👤 Please Save the Date!

👤 **MOM Initiative webinars** will be the first Thursday of the month 1 PM EST (unless otherwise stated)

👤 November 3rd Topic: **Staff Education**

👤 If your BRN Masters haven't started, don't know where to start, etc., please contact Ivonne Hernandez
ihernand@health.usf.edu

Florida Perinatal Quality Collaborative QUALITY IMPROVEMENT METHODS TRAINING

We are
providing
nursing
CEUs for
this event!

October 20 and 21, 2016
9 am – 4:30 pm
Orlando, FL

*Must attend in teams of at
least 3 people per site with a
pre-identified small scope
perinatal QI project*



Learn how to take a small-scope obstetric or neonatal quality improvement idea and create a concise aim and process, get team members involved, and run a Plan Do Study Act cycle to improve patient care.

FOR MORE INFORMATION AND TO REGISTER:
<http://tinyurl.com/QITrainingOct>

“Informative and in-depth information for creating and participating in QI projects”

“The trainers were extremely knowledgeable, willing to assist with individual projects, and provided a safe environment to learn”

“I am excited about implementing our plan in our unit!”

Target Audience: Hospital obstetric and neonatal nurses, physicians, quality specialists, educators, administrators, and other care providers.

Announcements

- 👤 **Data submitted** on discharged infants by the 1st of the month will be included in the report you will receive by the 15th
- 👤 **Send us your questions!**
 - 👤 We are happy to help on anything clinical, technical, data, etc.
 - 👤 FPQC@health.usf.edu

Resources on our Project Site!

FPQC.org



Organization

Home

Who We Are

Governance & Structure

Membership

Communications

Testimonials

Projects

Past

Current

Proposed

Provider Education

Events

Resources

Helpful Links

FAQ



~MOM Resources and Tool Box

Breastfeeding Resources for Mothers and Healthcare Providers are available here.

Resources for hospital teams working on the MOM Initiative are in the online Tool Box. Please click here to access the MOM Initiative's online Tool Box.

Recent tool box updates:

- o Sample Pumping Logs in Spanish
- o Patient education videos
- o Challenges and Solutions ideas from the May Kick Off
- o 2016 published Resource Article on a QI approach to increasing MOM in a NICU
- o Updates to project documents and slide sets

~MOM Archived Webinars

Webinar slide sets and Webinar recordings are archived on Box, due to their larger size.

June 21, 2016 - Data Collection

health.usf.edu/publichealth/chiles/fpqc/mom



Partnering to Improve Health Care Quality
for Mothers and Babies

Today's Topic:

SUPPORTING MILK SUPPLY

Tufts neoQic Team



Shelly Sepulveda MSN NICU Tufts, **Meg Parker** MD neoQIC Lead Boston Medical Center
Linda Potts MSN LDR & MIU, and **Lisa Enger** BSN IBCLC Lactation Tufts Medical Center



Tufts
Medical
Center

Mothers Own Milk: NeoQic Human Milk

Tufts MC Team: Linda Potts MSN RN, Lisa Enger RN IBCLC, Shelly Sepulveda MSN RN, Annmarie Melino RN, Brenda Tanquay MS, RN, Shelly Bazes MSN RN NP, Jennifer Reardon RN, Maryanne Volpe MD, Geoff Binney MD, Michael Tanguay MBA, Susan Haas MD
Northeastern Univ

Tufts Medical
Center

Floating Hospital
for Children
at **Tufts** Medical
Center

Floating Hospital for Children at Tufts Medical Center Boston , Massachusetts

The first Milk Bank in the United States was
established at
The Floating Hospital for Children in 1911



And yes....we started out as a boat!!

Perinatal & Neonatal Services

- ▶ General and High Risk Obstetrics
 - 23 Post Partum Beds
 - 7 Labor and Delivery Rooms/ 2 Operating Rooms
 - 8 Mother Special Care Beds
 - Mothers routinely transferred to Post Partum for NICU proximity
 - Well Newborn Nursery with staff after 11 pm

NICU Service

► Level III NICU

- 40 Beds, Average Daily Census 26
- Receives transports from outlying hospitals as well as inborn infants

PICU, Pediatric BMT, Pediatrics and a General Pediatric practice are also part of Tufts and The Floating Hospital for Children



Lactation Support Services

- ▶ Budgeted for 1 FTE
 - Currently .6 staffed
 - 1 BSN IBCLC
- ▶ Per Diem Staff
 - 3 non RN IBCLC



neoQIC of Massachusetts



A Who, What, Why, and Where Guide to understanding what we are doing!

- **WHO?**

A group of 10 Massachusetts hospitals with Level III NICUs working together to increase the use of human milk for Very Low Birth Weight (VLBW) infants. These hospitals are Baystate, BIDMC, BWH, BMC, Children's, MGH, South Shore, St. Elizabeth's, Tufts, and UMass.

Here at Tufts our team consists of MD's, Nurses, Lactation Consultants, QI support. These members come from OB, Neonatology, LDR/MSCU, MIU and NICU.

- **WHAT?**

The goal of this 2 year project (1/2015-12/2016) is to increase the amount of human milk that VLBW infants receive.

You may hear much talk about "PDSA's"! **What is a PDSA?** This is a way to make and test small changes, **Plan, Do, Study, Act**. Our team looks at the overall goal of increasing the amount of human milk to VLBW infants and decides on different approaches to get to that goal. We plan out our small change, make the change for a short period of time, study if this actually brought about the goal we were looking for and then act on this change to implement or revise and test again.

- **WHY?**

Human milk is the food that is made exclusively for human babies. The rates of NEC and infections have been shown to decrease with the use of human milk. Infants fed with human milk may also go home more quickly from the NICU. Other benefits include better tolerance to feeding and achievement of full feedings more quickly, aid in visual acuity, better bioavailability of substances needed for growth and development.

We hope to work together to provide evidence based guidelines, parent information, staff education to achieve the best possible outcome for our VLBW infants which in turn will help all infants.

- **Where?**

Our focus is on increasing the amount of human milk for our VLBW infants in the NICU. This means that we will be testing changes in LDR, NICU and MIU and MSCU.

Please ask questions, offer suggestions. We will keep you informed of our PSDA projects and their outcomes as well as our progress in increasing human milk for our VLBW infants. If you have an idea please let us know!

Overview

- ❑ Overall Project Goal: Increase the use of human milk in very low birth weigh infants in Massachusetts
- ❑ Tufts MC Interdisciplinary Team includes: Physician leader, NICU, LDR/MIU Nurse leaders, RN's, Lactation Consultants, and Quality RN, Northeastern University Health Systems Engineering Students
- ❑ Our first key driver of interest was breast pumping initiation

NeoQIC Human Milk Improvement Initiative

Primary Aims

Overall Project Goal

Increase the use of human milk in very low birth weight infants in Massachusetts

PDSAs 1-4

- 1) Increase the use of any human milk prior to NICU discharge or transfer for VLBW infants in MA to $\geq 75\%$ in 2 years
- 2) Increase the use of exclusive human milk prior to NICU discharge or transfer for VLBW infants in MA by 20% in 2 years

Outcome Measures: Percent of VLBW infants receiving any or exclusive human milk in the 24 hours prior to NICU discharge or transfer

Balancing Measures

- 1) Rate of NEC and any late infection during hospitalization
- 2) Length of stay
- 3) Growth during hospitalization



Neonatal Quality Improvement Collaborative of Massachusetts

Primary Drivers

Inadequate parental education

Inadequate breast milk initiation

Process Measure: Time (hours) to administer mothers' own milk (oral care or enteral)

Inadequate breast milk continuation

Process Measure: Any human milk used at DOL 7, 14, 21, 28

Inadequate preparation for breastfeeding in the home environment

Secondary Drivers

Lack of education at prenatal consultation

Process Measure: Document parent education on human milk benefits at prenatal consultation.

Lack of postnatal education in the NICU

Early pumping is not initiated

Process Measure: Time (hours) to first pumping

Early hand expression is not initiated

Mothers do not pump regularly

Inadequate time performing skin to skin
Process Measure: Any skin to skin performed on DOL 7, 14, 21, & 28

Lack of access to hospital-grade pumps for mothers

Lack of technical support for mothers

Process Measure: Documented contact with an IBCLC or equivalent personnel in first 72 hours of life

Lack of motivational support for mothers

Lack of training in establishment of direct breastfeeding

Process Measure: Any mothers' own milk at 3 months post-discharge (will be collected by DPH on WIC mothers only)

Potential Change Concepts

- 1) Train NICU staff to better educate families
- 2) Develop education materials for families
- 3) Develop prompts in the EMR to document education delivery

- 1) Training L&D and postpartum staff to facilitate early pumping and hand expression
- 2) Improve availability of pumps on L&D

Systematic monitoring of pumping and skin to skin by NICU staff

Hospital-grade pumps provided for all mothers











- 1) Improve NICU coverage with IBCLCs, peer-counselors, etc.
- 2) Development of peer-support breastfeeding groups

Establish home feeding regimen that maximizes direct breastfeeding prior to discharge

PDSA 1

Educating Parents and Staff

Guidelines for Mothers Who Are Breast Pumping

Baby's Age	Birthday	Day 2	Day 3	Day 4 - Day 10	Day 10 - Day 14 +
When to Pump  <ul style="list-style-type: none"> By time baby is 2 hours old 4 hours later then every 3 hours At least 1x at night 	<ul style="list-style-type: none"> 6-8+ x/day At least 1x at night 	<ul style="list-style-type: none"> 8-10x/day At least 1x at night 	<ul style="list-style-type: none"> 8-10x/day At least 1x at night 	<ul style="list-style-type: none"> 8-10x/day At least 1x at night 	<ul style="list-style-type: none"> 8-10x/day At least 1x at night
How Much Milk to Expect	 to 	 to 	 to 	 To 	25+ ounces 
How Long to Pump	<ul style="list-style-type: none"> At least 15 minutes Massage breasts well with pumping 	<ul style="list-style-type: none"> At least 15 minutes Massage breasts well with pumping 	<ul style="list-style-type: none"> At least 15 minutes Massage breasts well with pumping 	<ul style="list-style-type: none"> At least 15 minutes Massage breasts well with pumping 	<ul style="list-style-type: none"> 10-30 minutes; time starts when milk begins to flow Pump at least 5 minutes after flow is very slow

- Wash hands before pumping
- Clean equipment after pumping
- Label Milk
- Refrigerate Milk

Tufts Medical Center
 Lactation Services
 617-636-0175

Helpful but no change in time to first pump

PDSA 2 &3

We moved to creating a reminder to pump....

This did not change time to first pump



We then looked at documentation.....

Nope no wins there!!



[Hospital Name] NeoQIC Meeting Agenda

Meeting Name: Neo Qic Human Milk

Date: 2-11-16

Attendees: Shelly Sepulveda

Using the Template
For Meetings helped keep meetings
Short and Productive

Topic & Discussion Points	Actions	Person Responsible
1a. Review Current Aims 1b. Data Review • Updated Run charts (attached) (10 mins) Start Time: _____	<ul style="list-style-type: none"> o Discuss the presentation for march 1 o <u>Chart audit</u> e1week = 38% - e2week = 41% → added Sagiey huddle in b <hr/> all NICU babies. / if parents not here. or baby on Nirm's high fi chest tube - higher than we thought. → brkd will count as a component of skin to skin	Shelly will send letter from NeoQIC Lisa + Linda will put slides together. Jen + Anne Marie
2. Review Last PDSA (results attached) (15 mins) Start Time: _____	→ hours to first pump → 7 7 hours. % mom's pumping → 56% (↓ 77) → in b Red cap data in now - more to be enrolled. - review of data	- Lisa Enger. Mike Tengway.

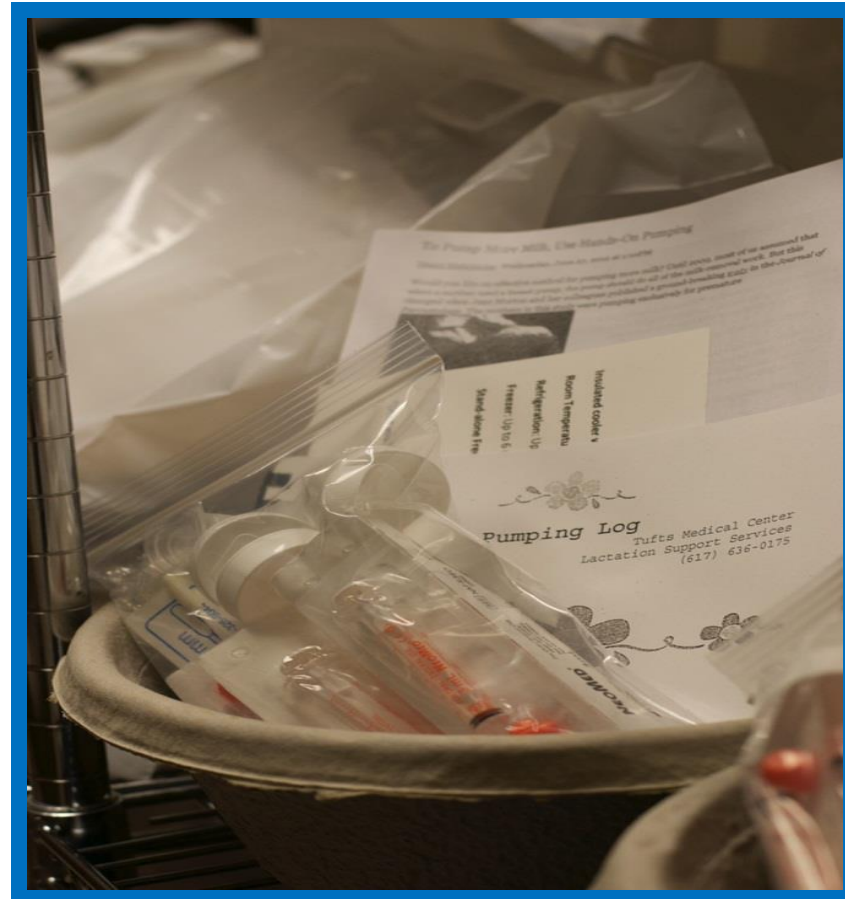
PDSA 4

Health System	Tufts medical Center		Date	11/30/2015
Team	Shelly Sepulveda and Linda Potts		PDSA #	4
Aim				
Key Driver Being Addressed	Inadequate breast milk initiation			
Aim Statement			Change to Test	
To improve the time to first pump to 6 hours after delivery			Place in which first pumping is targeted	
Plan				
Enabling Actions			Define Measures	
To inform Staff including CCT's on the plan to pump on admission			track time to first pump for all NICU mom admissions to Mother infant unit	
Do				
Who	What	When	Where	
Nurses and CCT's	The staff will set up and assist MOM to pump on admission	On admission	MIU	
Study				
Measures	Before	After	Qualitative Observations	
time to first pump	13.2	7	The implementaion of an addition to a system already in place (Admission); providing Kits to minimize the change in workflow has allowed this to be a sustainable improvement	
2				
Act				
If PDSA is Successful			If PDSA is Unsuccessful	
continue move to next plan which involves kangaroo care				

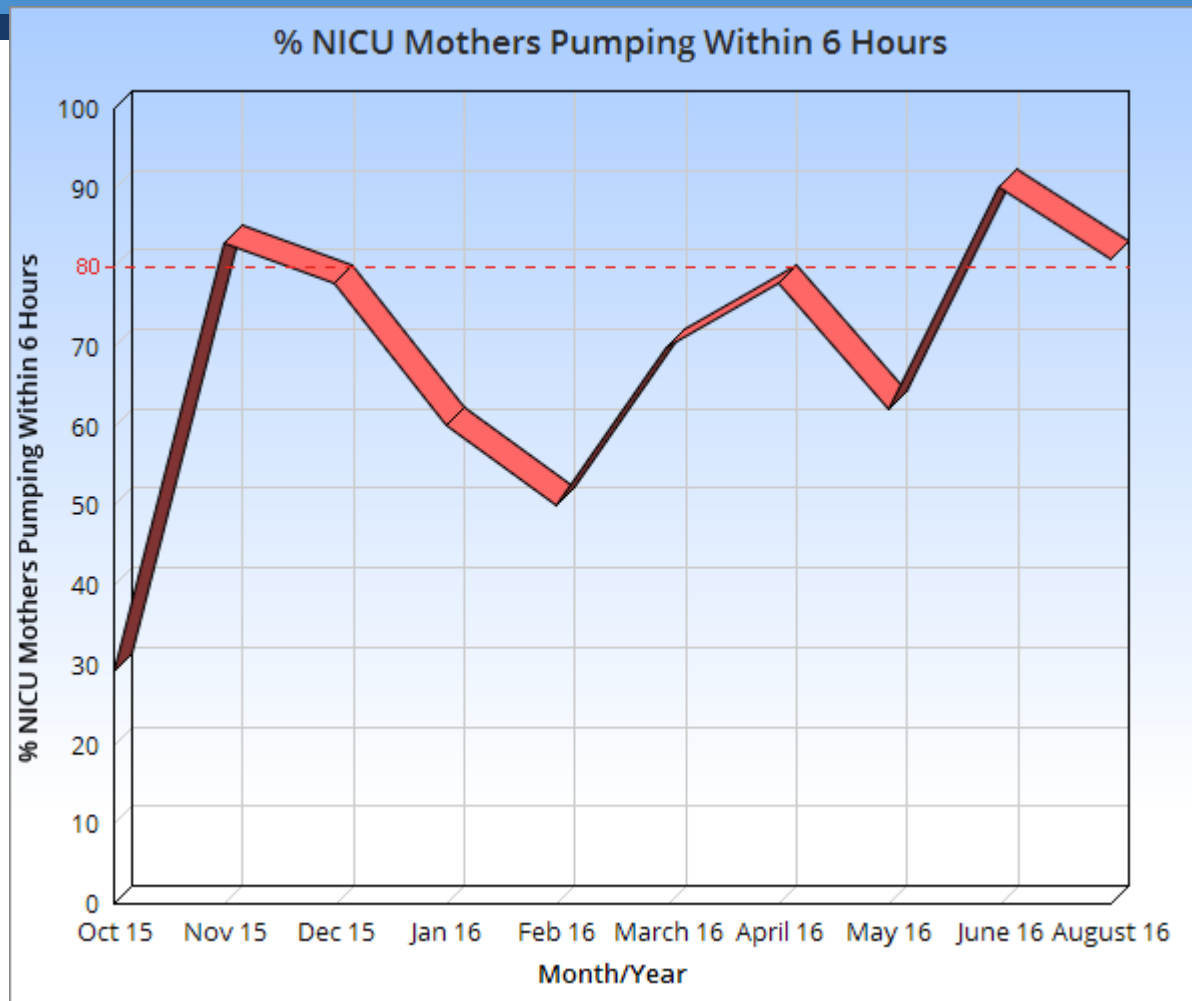
Admission Pumping Kit

What's in the kit???

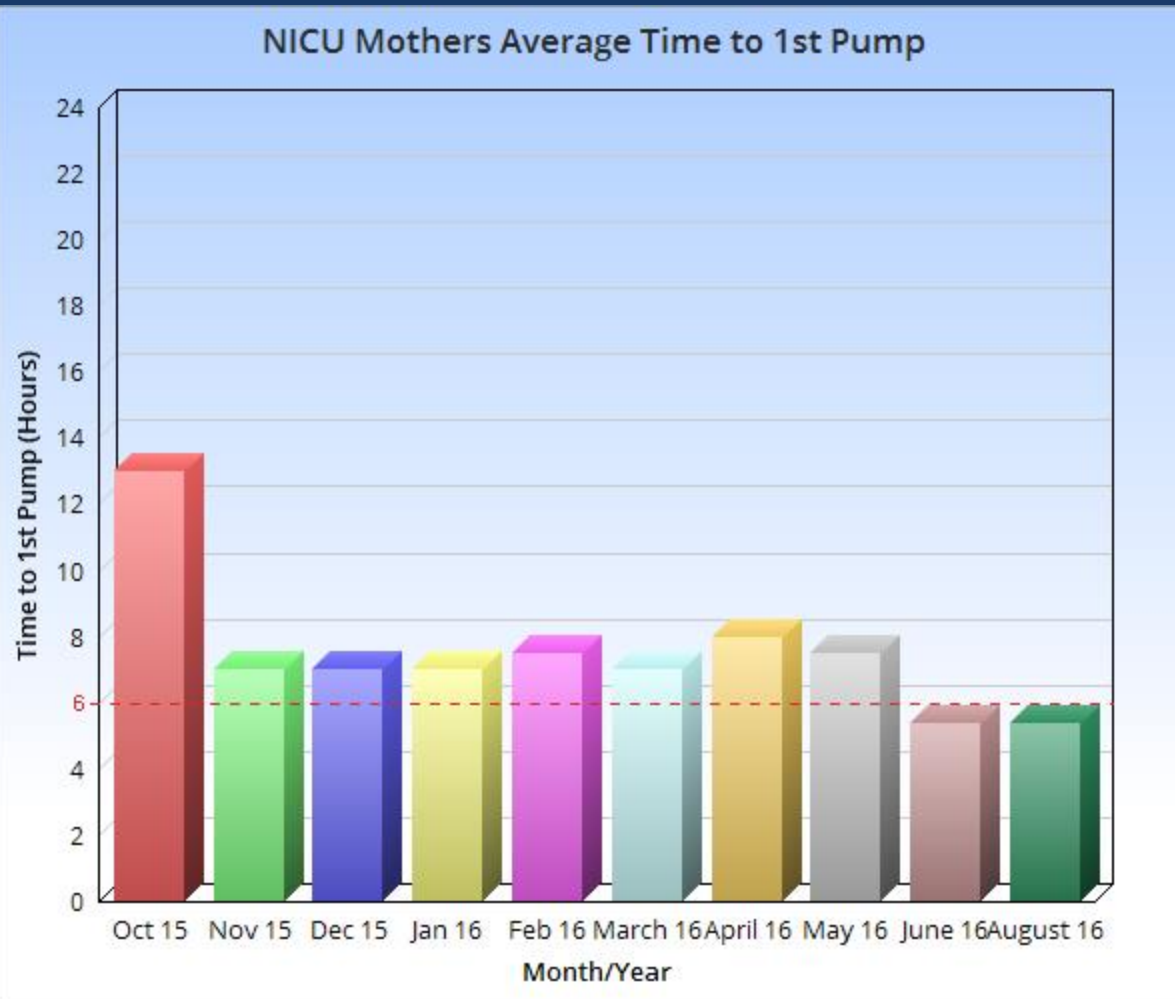
- Pumping Log
- Storage Reference Card
- Hand Expression information
- Swabs and Syringes
- Electric Pump Kit
- Cleaning Supplies



Percentage of Mothers pumping by 6 hours



AVERAGE HOURS TO FIRST PUMP



NeoQIC Human Milk Improvement Initiative

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- PDSA 5**
 infants receiving any or exclusive human milk in the 24 hours prior to NICU discharge or transfer

- Balancing Measures**
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 - 2) Length of stay
 - 3) Growth during hospitalization

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- 1) Training L&D and postpartum staff to facilitate early pumping and hand expression
 - 2) Improve availability of pumps on L&D
- Systematic monitoring of pumping and skin to skin by NICU staff
- Hospital-grade pumps provided for all mothers
- 1) Improve NICU coverage with IBCLCs, peer-counselors, etc.
 - 2) Development of peer-support breastfeeding groups
- Establish home feeding regimen that maximizes direct breastfeeding prior to discharge

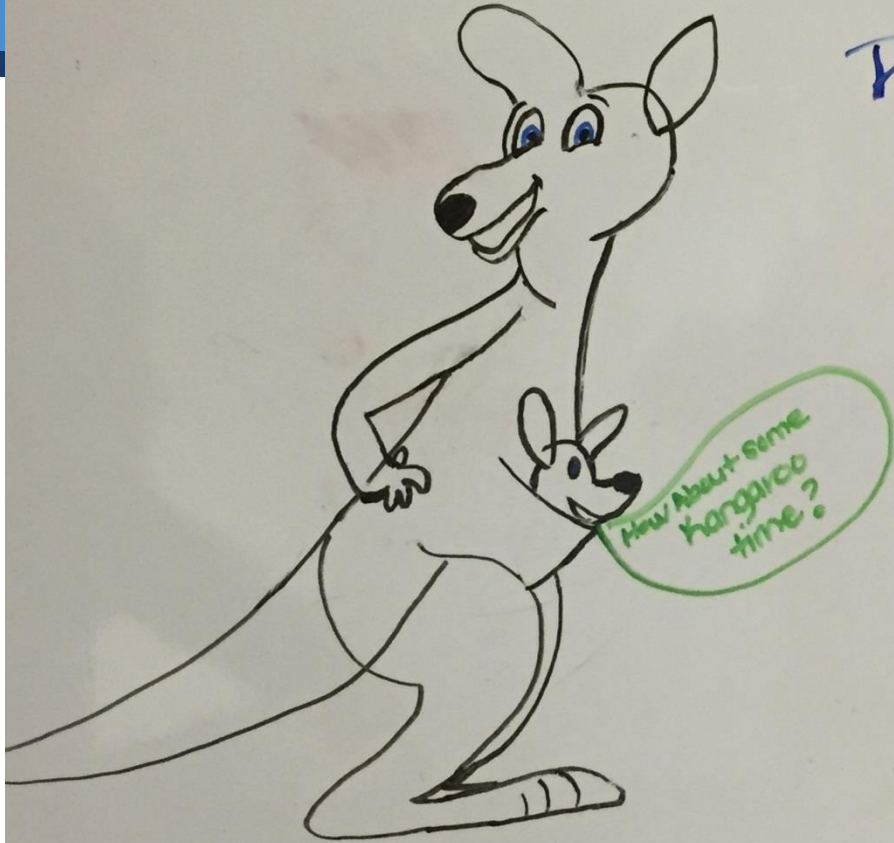


PDSA # 5

- ▶ Aim is to improve KC documentation in all NICU infants from 38% (survey monkey) to 60% in all NICU babies by 3/1/2016.
- ▶ Plan: Standardize where to document KC,
 - provide information during safety huddles and electronic communication...make it a Unit initiative
 - How did we test this change?

Chart audits are done weekly in a similar fashion to the data being kept, to determine percentage of documentation for KC

- ▶ Current documentation improved from 38% to 85%



Please document
Kangaroo Care (KC)
on the front of
the flowsheet
under "position"

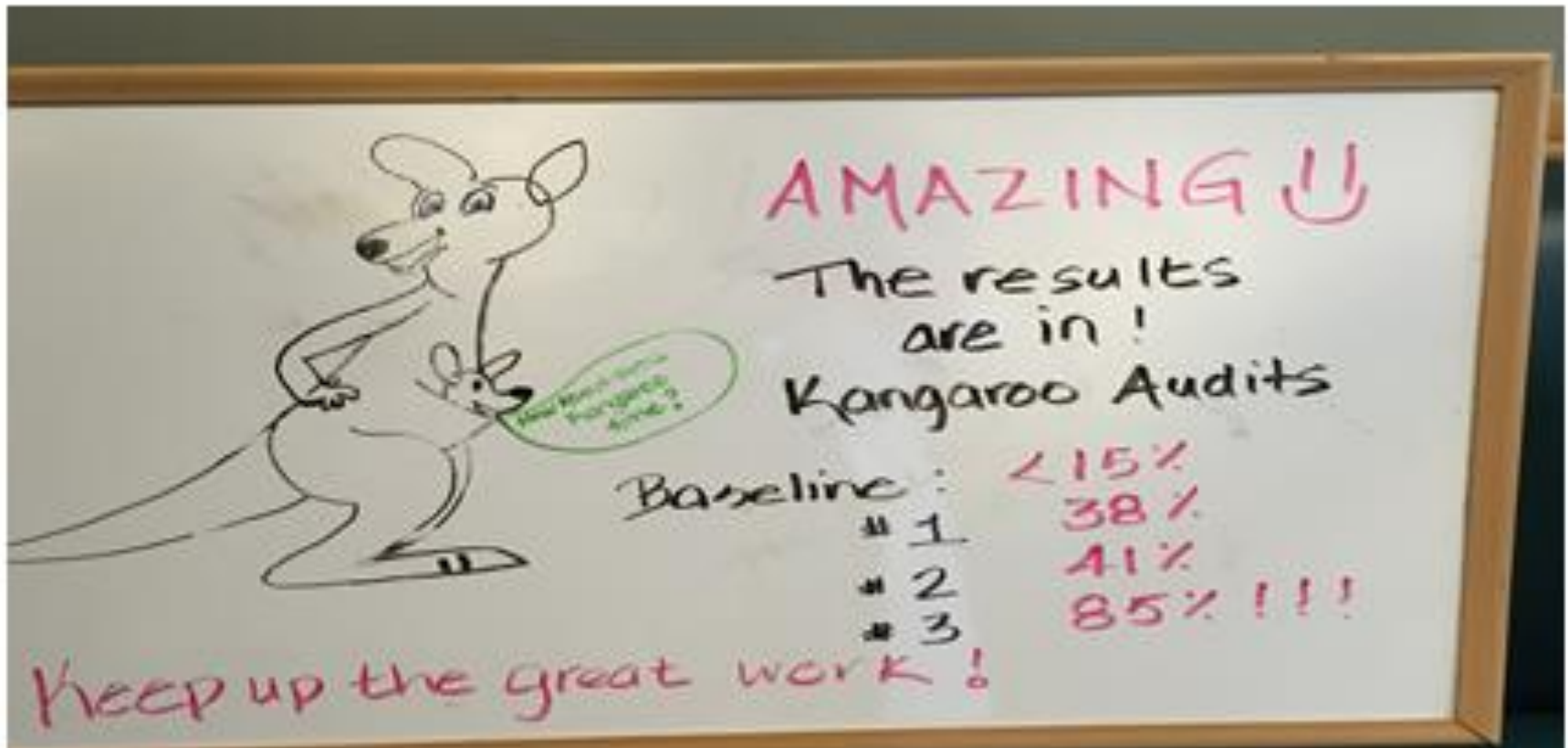


The Agreed upon documentation

A yellow "Data Flow Sheet" with a grid for recording data. The grid has columns for "DATE" and "TIME" (with sub-columns for Hour, Min, Sec) and rows for "MON", "TUE", "WED", "THU", "FRI", "SAT", "SUN". To the right of the grid is a "COMMENTS" column with the instruction "Other and please with each entry". An arrow points to the "KC" label in the grid.

The Nursing Reminder Board!!

Don't forget to clarify
a Mom or Dad
↓
KMC ↓
 KDC



Percentage of those Babies who could Kangaroo by criteria did and were documented
This is over a 3 week period.

Kangarooing and Getting Mom's Milk



Ongoing PDSA Work

- ▶ Pumping at the Bedside
- ▶ Collaboration with Level 2 nurseries to improve time to first pump
- ▶ Information for Transport Team to inform parents of Importance of early pumping and breastmilk

PUMPING at the BEDSIDE

Nursing Information Sheet

Help Moms Make More Milk!
Encourage Pumping at the Bedside

Why?????

- Pumping close to baby and especially after skin to skin time has been shown to increase mom's milk production. We now have 90% of NICU moms in MIU initiating pumping within 6 hours. To continue this initiative and support healthy milk supplies research shows pumping at bedside facilitates a better milk supply.
 - Acuna-Muga et al "Volume of Milk Obtained in Relation to Location and Circumstances of Expression in Mothers of Very Low Birthweight Infants" Journal of Human Lactation 2014, Volume 30(1) 41
- Pumping at bedside allows mom to spend more time with her baby, no need to leave to pump.
- It's Family Friendly!!

PLEASE!! Encourage moms to pull up a pump and pump with her baby!





MOM of 28 weeker pumped milk Day 4

Information for Transfer Families

MAKING BREAST MILK WHEN YOUR BABY IS TRANSFERRED TO A NICU

Breastfeeding is best for baby and mom. Breast milk is a food and a medicine for babies who are sick in the NICU.



Breast milk is best for your baby because:

- It is a food and a medicine for your baby
- It helps fight infections and germs
- It is easy to digest

How do I make milk if my baby is transferred to the NICU?

- If your baby cannot breastfeed, you will need to use a breast pump or your hands (hand expression) to remove the milk from your breasts.
- Ask your nurse or lactation consultant to teach you how to use a breast pump and to hand express.

Start making milk right away

- It is best to start using a breast pump or expressing your milk before you baby is 6 hours old
- Save every last drop of your milk! The early milk, called colostrum, is often yellow and is very important to help babies fight infections.



If your baby can't breastfeed or drink from a bottle, your milk can be put in her mouth or into a tube that goes to the stomach

Keeping up your milk supply

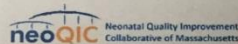
- Express or pump your milk 8 to 10 times every 24 hours for the first few weeks
- Hold your baby skin-to-skin naked, with only a diaper, on your bare chest. This helps you make more milk and helps you bond with your baby.
- Pump at the hospital when you visit so you don't skip sessions.

Getting a breast pump for home

- Breast pumps are often covered by health insurance.
- Ask your nurse or a lactation consultant to help you to get a breast pump. You may need a prescription from your doctor.



When your baby is transferred to another hospital, make sure any milk you have goes with your baby. If you have questions, please contact your nurse, your baby's nurse, or a lactation consultant for additional information.



Monitoring Milk Supply

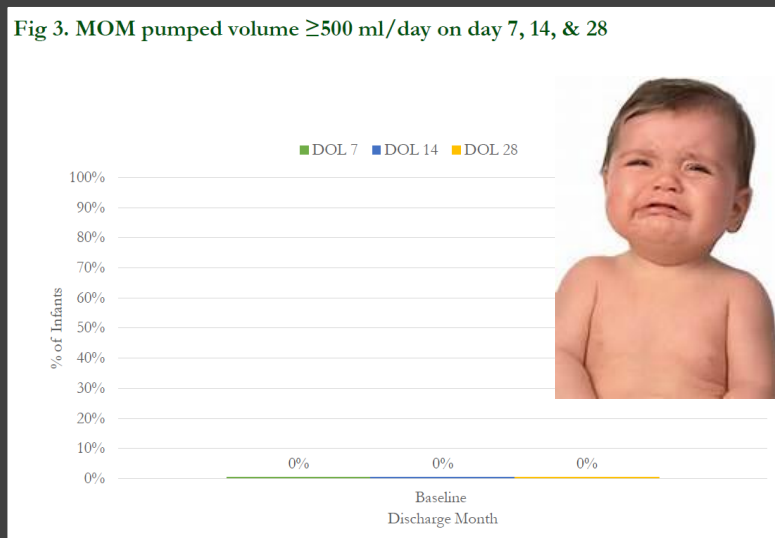
MICHELE PLATT – NURSE CHAMPION

KAREN FUGATE – TEAM LEAD



In the beginning...

BASELINE DATA



ANALYSIS

Direction of goodness is up, zero is not good.

We had no idea what our total 24 hour pumped volume was unless lactation happened to document. Were we really that bad?

Needed standardized way to document before we could determine if we needed to improve

Don't despair...

We can only get better, can't get worse than "0"

Assembled our improvement team and reviewed our baseline data

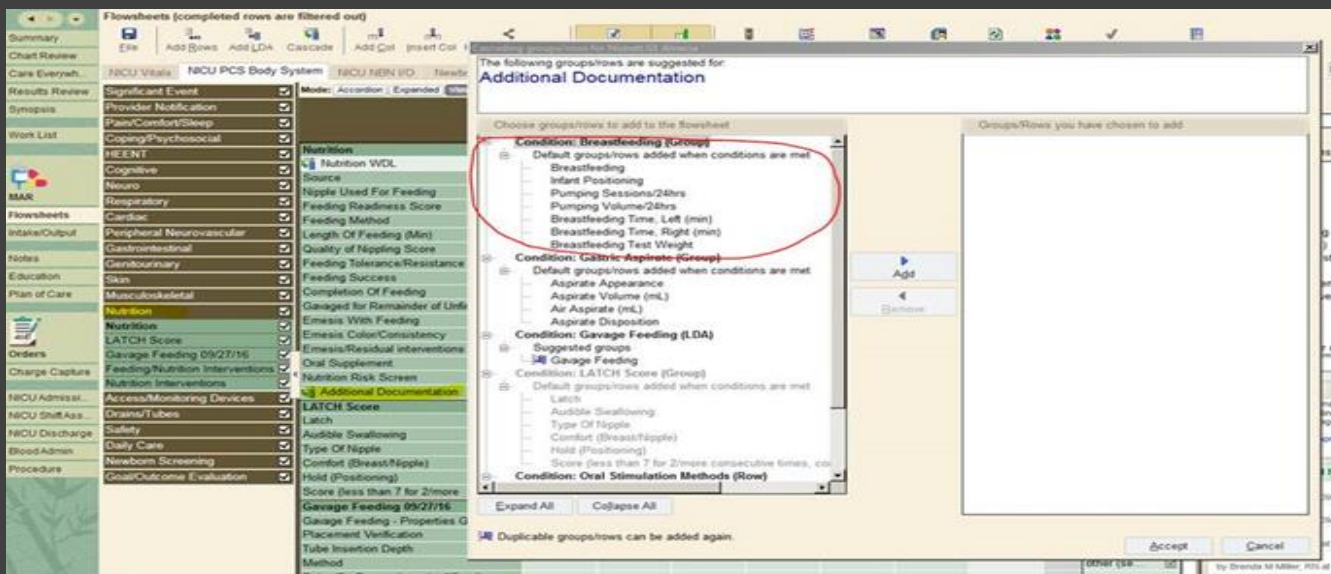
Decided "coming to volume" needed to be our first focus

- If you don't establish a good supply up front, measures close to discharge will not be applicable because there will be no MOM

Solution:

1. Emphasis on pumping logs
 - Placed in pumping starter kits
 - Placed on NICU Portal for easy staff access
2. Standardized place to document
3. Wanted ability to pull data into a report

Customized “breastfeeding group” in EPIC



Nurse adds to flowsheet by selecting the “breastfeeding” group from the “additional documentation” cascade under “Nutrition”

Pumping Sessions/24hrs

Flowsheets (completed rows are filtered out)

Model: Accordion | Expanded | View All

Admission (Current) from 9/27/2016 in 401-NEONATAL ICU

9/29/16

	1500	1531	1545	1546	1600	1700	1710	Last Filed Value
Nutrition								
Nutrition WDL								ex
Source								expressed b...
Nipple Used For Feeding								(No Value...)
Feeding Readiness Score								
Feeding Method								
Length Of Feeding (Min)								
Quality of Nipping Score								
Feeding Tolerance/Resistance								
Feeding Success								
Completion Of Feeding								
Gavaged for Remainder of Unfinished								
Emesis With Feeding								
Emesis Color/Consistency								
Emesis/Residual interventions								
Oral Supplement								
Nutrition Risk Screen								
Additional Documentation								
Breastfeeding								
LATCH Score								
Gavage Feeding 09/27/16								
Feeding/Nutrition Interventions								
Nutrition Interventions								
Access/Monitoring Devices								
Drains/Tubes								
Safety								
Daily Care								
Newborn Screening								
Goal/Outcome Evaluation								
Breastfeeding								
Breastfeeding Infant Positioning								
Pumping Sessions/24hrs								
Pumping Volume/24hrs								
Breastfeeding Time, Left (min)								
Breastfeeding Time, Right (min)								
Breastfeeding Test Weight								

09/29/16 1500

Pumping Sessions/24hrs

Comment (FB)

Row Information

Record the number of pumping sessions in a 24 hour period.

Pumping volume/24hrs

The screenshot displays a clinical data entry application. The main table is titled 'Pumping Volume/24hrs' and shows data for several dates: 1500, 1531, 1545, 1546, 1600, 1700, and 1710. The '1500' column has a value of 1500. The '1531' column has a value of 1531. The '1545' column has a value of 1545. The '1546' column has a value of 1546. The '1600' column has a value of 1600. The '1700' column has a value of 1700. The '1710' column has a value of 1710. The 'Last Filed Value' column is empty. The table is part of a larger system with a sidebar on the left containing various medical categories like 'Significant Event', 'Pain/Comfort/Sleep', 'HEENT', 'Nutrition', etc. On the right, there is a 'Row Information' panel with a yellow-highlighted reminder: 'Record the total pumped volume of breast milk in a 24 hour period. Consult Lactation Nurse for <500ml at DOL 7 and/or <600ml at DOL 14.'

Built reminder in “row information” to consult lactation for low supply issues

How are we doing now

Implemented in August

Requested to document pumping sessions and pumping volume at least once in 24hrs

Spot check 9/29

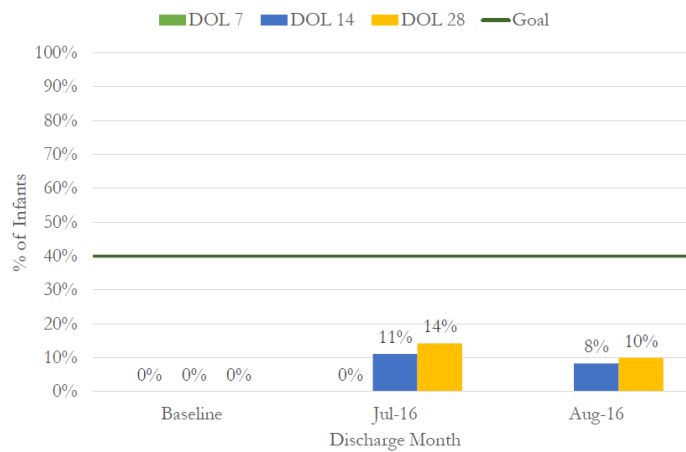
- 19 total <1500gm or <30wk infants receiving MOM in NICU
- 10 of 19 (53%) had the “breastfeeding” section added to their flowsheet.
- 5 of the 10 (50%) with the “breastfeeding” section added had documentation at least once in the pumping session or pumping volume/24hr rows.

Next steps:

1. Incorporate specific questions regarding pumping sessions and pumping volume in daily medical rounds and weekly Nutrition Rounds
2. Re-educate staff how to add “breastfeeding” section to flowsheet and where to document

August discharges

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





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).



Partnering to Improve Health Care Quality
for Mothers and Babies

PUMPING SUPPORT & ASSISTANCE



Top Ten Jobs for _____ to help with Pumping!

- 1-Assemble the breast pump**
- 2-Turn pump on and press drop button for Premie Plus pattern (This pattern helps to get the colostrum out).**
- 3-Adjust vacuum. Mom should pump at the maximum pressure that is comfortable but that does not hurt.**
- 4-When mom is finished pumping, don't waste any colostrum. Save every drop!**
- 5- Label bottle with WHITE breast milk label: baby's first and last name, Medical Record number, and date and time that mom finished pumping.**
- 6-Orange dots for colostrum-Number in the exact order that mom pumped until mom is making 20 milliliters per breast.**
- 7-Dishwashing: The parts that touch her breast should be taken apart and washed with hot soapy water (Palmolive) and rinsed well and then put on towel to air dry.**
- 8-Sterilization: One time per day. Use microwave bag to steam clean (2 ounces of water in bag for 3 minutes in microwave).**
- 9-Keep pump log with most important columns being date, time, and amount.**
- 10-Oral care with colostrum as soon as you have drops!**

10 Steps for Partners/ Families to help with pumping!

Pumping Support: Shared Responsibility

- 👤 How to handle a mom that is groggy from medications and has no support person with her?
- 👤 Getting C/S to pump when exhausted and in pain?
 - 👤 Address pain control
 - 👤 Cluster care and include pumping support
 - 👤 Provide assistance with pumping, Support Person, Staff RN (LDR/PP/NICU), Peer Counselor, Patient Care Tech?

Resources

Pumping Logs (English/Spanish)

 <http://health.usf.edu/publichealth/chiles/fpqc/momtoolbox>

Increasing Milk Supply for NICU Families Info Sheet (English/Spanish)

 <http://www.lactationtraining.com/resources/handouts-parents/handouts-lactation/increasing-supply-nicu-baby>

 <http://www.lactationtraining.com/resources/handouts-parents/increasing-supply-spanish/download>

Do you have resources you want to share?

Email them to us: FPQC@health.usf.edu

How Best to Support with Long Term Pumping?

- 👶 Importance of breast pumping initiation
 - 👶 Pump Early & Pump Often
 - 👶 At least 8 /day and once at night
 - 👶 *Mom's Role: Pump, Eat & Sleep* (first 2 weeks)
- 👶 Pumping frequency & 24 hour Milk Supply
- 👶 Increasing 24 hour Milk Supply > 500 ml
 - 👶 Key time points DOL 7, 14 & 28
- 👶 Kangaroo Care (Skin to Skin Holding)

SAVE THE DATE



Florida Perinatal Quality Collaborative

ANNUAL CONFERENCE

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