



Mother's Own Milk (MOM) Initiative

November 2016 Learning Session:
Staff Education

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

11/3/2016

- 👶 Project Announcements
- 👶 Needs Assessment- Winnie Palmer Hospital for Women & Babies
- 👶 Educational Plan - Johns Hopkins All Children's Hospital
- 👶 Staff & Parent Education- Brandon Regional Hospital
- 👶 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)
- 👶 December 1st:
 - 👶 Reviewing Quality Improvement Data Reports – getting the most out of tracking your data
- 👶 NeoQIC will be sharing with us educational materials for families! They are available in 6 different languages. Stay tuned...

REGISTRATION NOW OPEN

FPQC.org



Florida Perinatal Quality Collaborative

ANNUAL CONFERENCE

April 27-28, 2017

Poll Question

👤 Have you prioritized and identified the step or steps that will be addressed in your NICU?

Yes

No



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Today's Topic:

EDUCATING YOUR STAFF ON IMPROVING MOM IN THE NICU



Alexander Center for Neonatology

Winnie Palmer Hospital for Women & Babies

Staff Education: Needs Assessment



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Planning the Needs Assessment

- Our team met to determine the what when, how, etc. of performing a Needs Assessment of the Staff.
 - Our NICU has about 400 staff members!
 - How to reach them all?



Planning Needs Assessment

- Using Survey monkey
 - Survey Monkey used in the past to survey staff.
 - <https://www.surveymonkey.com/r/FSV7SP7>
- Survey has been sent out via email x 2
- Flyers put up in NICU at assignment boards and staff lounge with a QR code for accessibility
 - Some interesting data has arisen



Florida Perinatal Quality Collaborative



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Mother's Own Milk Initiative

Your input is needed to better support the smallest of patients at WPH!

Please complete a brief questionnaire by accessing the QR code below



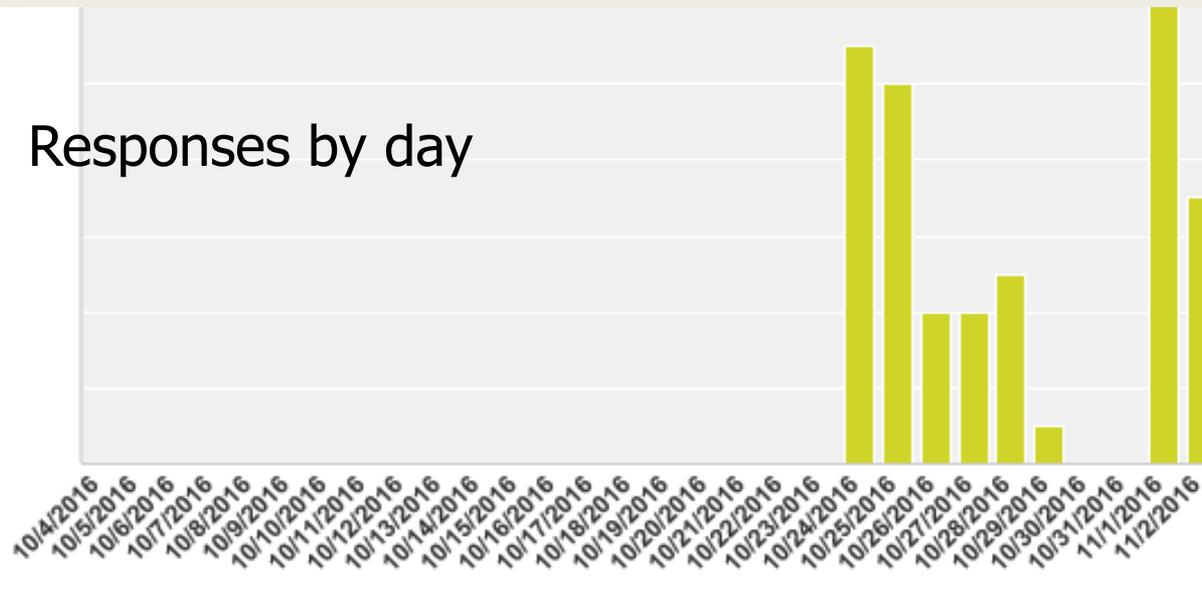
WINNIE PALMER HOSPITAL
For Women & Babies

Supported by Arnold Palmer Medical Center Foundation



E-mail Responses

Responses by day





What is the MOM Initiative

Initiative through Florida Perinatal Quality Collaborative (FPQC) that focuses on increasing the number of VLBW infants in the NICU who receive feedings of $\geq 50\%$ of Mothers Own Milk at Discharge

Why are we participating in this FPQC Initiative?

- Human milk is recognized as the optimal feeding for all infants because of its proven health benefits to infants and their mothers. The World Health Organization (WHO), the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the United States Preventive Services Task Force all recommend breastfeeding for the first six months of life.
- Mothers of vulnerable infants, such as preterm infants, encounter a variety of unique breastfeeding barriers and challenges that result in a decreased rate of breastfeeding in preterm compared with term infants. As an example, one study found that, breastfeeding initiation rates were 77, 70, and 63 percent in term infants, infants born between 32 and 36 weeks gestation, and those born between 24 and 31 weeks, respectively
- Maternal feeding goals are not fixed. This was shown in a prospective study of 352 mothers (53 percent black; 70 percent low-income) of preterm infants. Prior to delivery, 55 percent of mothers had planned to provide exclusive breast milk. However, during the NICU hospitalization, only 10 percent of mothers chose exclusive at-breast feeding, and rates were especially low for black mothers.



Did you know?

- In the U.S., studies show that \$13 billion in medical costs and preventable deaths could be saved each year by breastfeeding. Data from the Centers for Disease Control and Prevention (CDC), only about 14% of U.S. mothers continue to breastfeed for the recommended six months.
- Mothers who pump within 6 hours of delivery are more likely to continue to breastfeed their babies for the recommended 6 months
- 75% of all our NICU families see a lactation consultant within 24 hours of birth
- Combining hand techniques with electric pumping increases milk production in moms of preterm infants

MOM Monday's

- Gives staff a weekly update of what we are doing with the project.



Early pumping in the DR/PACU

- NICU lactation initiative
 - Provides education to staff in DR/PACU
 - Provides education to NICU staff at bedside



Some Take Aways

- Takes time
- Make sure you have enough staff champions
- Be transparent
- Be patient!

MOM Initiative Educational Plan



Johns Hopkins All Children's Hospital

St Petersburg, FL

Lisa Smotrich BSN, RN, CCRN



- Johns Hopkins All Children's Hospital in St. Petersburg, FL is home to a 96-bed Level IV NICU.
- The majority of NICU patients are admitted from Bayfront Hospital (Labor and Delivery unit located on the 3rd floor of our hospital)
 - Neonatologists and ARNPs consult on high risk mothers and provide prenatal counseling
- Receiving facility for the west coast of Florida
- 17-county area served
 - Ronald McDonald House
- International Program
- Approximately 175 RNs
- In-House Transport Team
 - Ambulance
 - Helicopter
 - Fixed-Wing



Unit Assessment

- Many of the suggested interventions from the “10 steps” are already in place in some form
- **Primary need identified** is for nurse education about the “why” behind the initiative and to standardize the language we use.
 - Nurses know that “breast is best” but don’t always know what that means
 - There is wide variation in nurse language and practices
 - Still using language like “do you plan/want to breastfeed”
 - Many nurses “talk the talk” but don’t “walk the walk”
 - Many are dedicated to supporting breastfeeding and have received additional training...but others are uncomfortable with the subject and avoid it.
- Initial education will offer an overview of the first five steps with supporting research and information.

Areas of Success

- Fully operational Milk Depot serving the entire hospital
- Milk Scanning
- Collaboration between Bayfront and JHACH Lactation Consultants
- Hospital-grade free “rental” pumps available for duration of hospital admission
 - Four pump rooms in NICU
 - Three pump rooms on other floors
 - Pumps on trolleys available to take to patient rooms
 - Pumps available at each of three Ronald McDonald Houses

Milk Depot



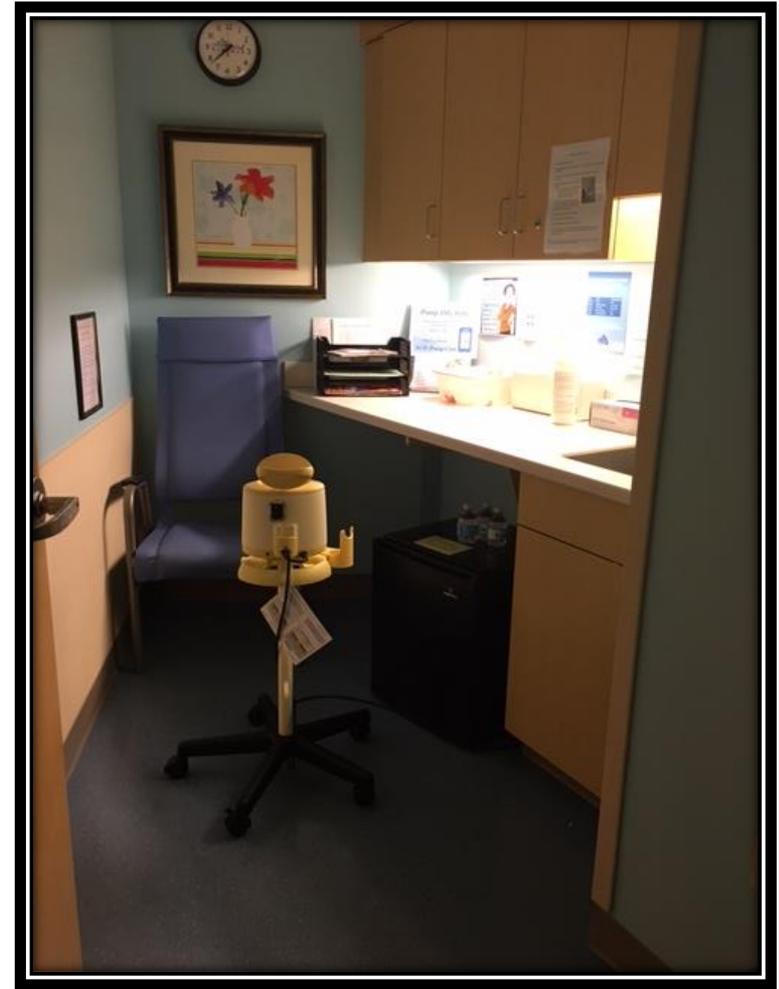
Supplies and Fresh Milk Storage



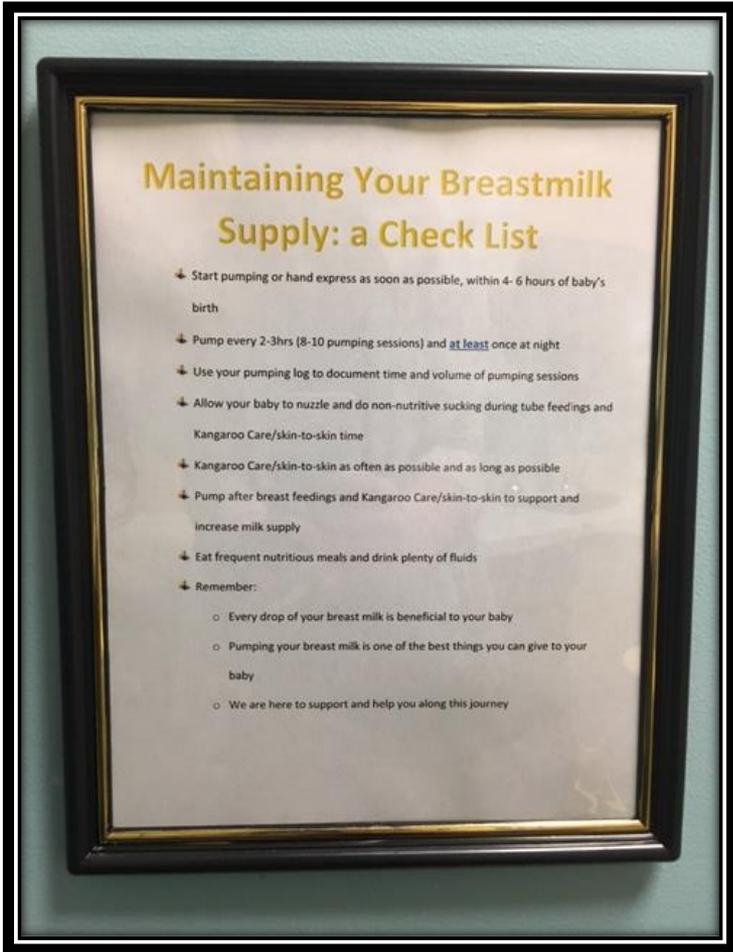
Preparation Areas



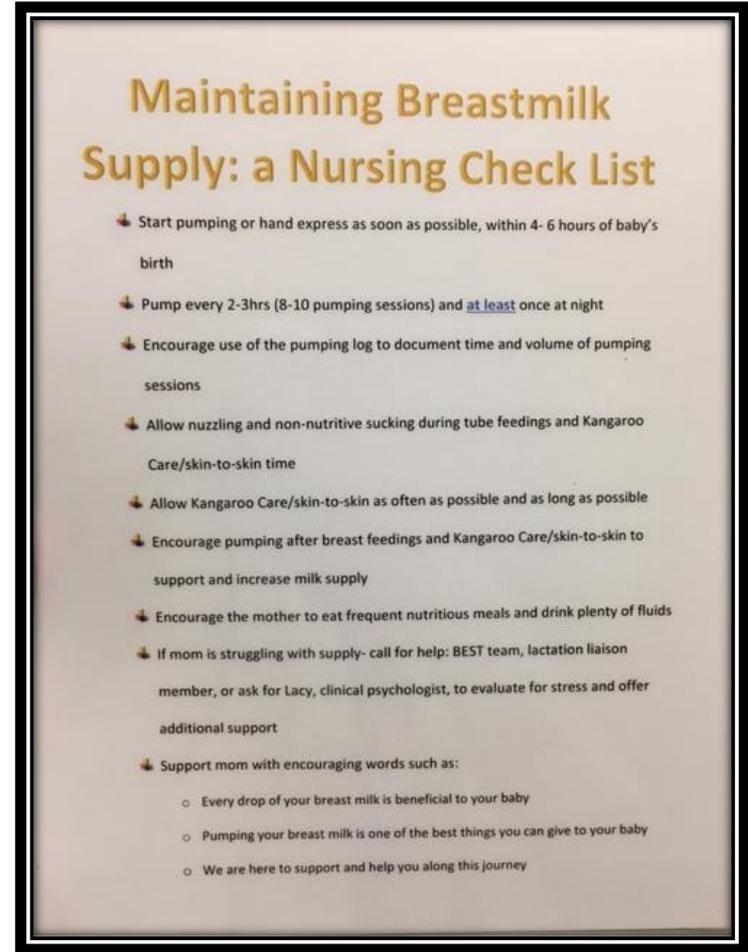
**Breast Milk
and Prepared
Formula
Fridge (1 of 6)**



**Pump Room
(1 of 7)**



In Pump Rooms (for Moms)



At Bedside (for Nurses)

Educational Plan

Phase 1: Computer-Based Training Module

- Required for all bedside nursing staff
- To be completed in November 2016
- Contains information about the physiology of lactation and the activity of breast milk in the human body
- Describes results of research on outcomes of exclusive breastmilk feeding in premature infants
- Provides suggested scripting such as
 - “Your milk is medicine for your baby”
 - “We will help you to provide milk for your baby”



Supporting Human Milk Use & Breastfeeding for the Vulnerable Infant

Johns Hopkins All Children's Hospital
NICU

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for Mothers and Babies



Step 1: Informed Decision

- 👉 **Assess maternal infant feeding preference**
 - 👉 Ask "do you plan to provide milk to your baby?" instead of "breastmilk or formula?"
- 👉 **Provide information**
 - 👉 Knowledge about the importance of human milk for VLBW infants was the single most important factor in changing mother's initial feeding decision.
 - 👉 Mother's want health professionals to share knowledge about providing milk, so they can make an informed decision!
 - 👉 **Women who receive this personalized information from a health care provider are more likely to begin breastfeeding or milk expression than those who do not receive this information.**

(Miracle, Meier & Bennett, 2004)

You are the first health professionals that mothers meet when they arrive to the NICU. You play a critical role in providing this information!



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Step 1: Informed Decision

- 👉 Reasons for initially choosing formula may include:
 - 👉 Lack of role models
 - 👉 Perceived pain/discomfort
 - 👉 Lifestyle modification
 - 👉 How can we address these concerns?
- 👉 Mothers of expected LBW or premature infants should be encouraged to pump even if they prefer not to physically breastfeed.
 - 👉 **"We are going to take care of your baby and to do this best - we need mom's milk"**, followed by further explanation of the benefits of breastfeeding.
 - 👉 **Breast milk is "medicine" that only the mother can provide!**



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Step 2: Establishment and Maintenance of Milk Supply

- 👉 Let ARNP, Neonatologist, and/or Lactation Consultant know mother's intent to breastfeed as soon as possible
- 👉 See Charge Nurse or Stork Nurse to assist with providing MOM Bundle (if not already given)
 - 👉 Contains hand pump, collection swabs and bottles, cooler, ice pack, pumping log.
 - 👉 Encourage mother to pump early and often! At least every 2-3 hours during the day and once overnight.



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Step 2: Establishment and Maintenance of Milk Supply

- Provide the mother with instructions on breastfeeding and breast pumping techniques, asap and **within 6 hours of delivery.**
- Mothers of VLBW infants produce significantly more milk throughout the first 6 weeks when pumping is initiated **within 1 hour of delivery.**
 - Parker LA, Sullivan S, Krueger C, Kelechi T, Mueller M. Effect of early breast milk expression on milk volume and timing of lactogenesis stage II among mothers of very low birth weight infants: a pilot study. *J Perinatol.* 2012;32(3):205-209.
 - Parker LA, Sullivan S, Krueger C, Mueller M. Association of timing of initiation of breastmilk expression on milk volume and timing of lactogenesis stage II among mothers of very low-birth-weight infants. *Breastfeed Med.* 2015;10(2):84-91.



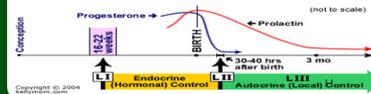
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Step 2: Establishment and Maintenance of Milk Supply

- **Lactogenesis I** (2nd-3rd trimester)
 - Colostrum
- **Lactogenesis II** (post-partum)
 - Transitional milk
 - Milk comes to volume
- **Lactogenesis III**
 - Mature milk volume
 - Relies on frequent nipple stimulation & effective removal of milk

Normal Milk Volume	
During days 0-4 Postpartum	30-90 ml/24 hrs (colostrum)
Day 6 postpartum	550-705 ml/24 hr period
1 wk – 6 months postpartum	440-1220 ml/24 hr period



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Step 2: Establishment and Maintenance of Milk Supply

1. Initially volumes may be merely 2-5 ml per pump.
2. Goal **pump 8 times/ 24 hrs.**
3. An ideal milk supply is considered **500-750 ml per 24 hours at 1 week after delivery.**
4. A minimal milk supply would be considered **< 500 ml/24 hrs period 1 week after delivery.**
5. If mother is a high producer > 750 ml per 24 hours after 2 weeks, may be able to drop one or two pumping sessions. Watching closely for any drop in milk production.
6. Consult lactation for decrease in milk supply.

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Step 2: Establishment and Maintenance of Milk Supply

Assess pumping needs prior to mother's discharge home for hospitalized infant

- Manual pump included in kit, short term use
- Personal use electric pumps, short term use
- **Hospital grade pump to establish milk supply!**
- Lactation consult prior to NICU mother D/C home
- Options for electric pump at home:
 - Rent hospital-grade pump from Milk Depot while infant is in NICU
 - WIC referral
 - Insurance coverage

Step 4: Feeding of Breast Milk

- ☛ **After colostrum has been provided then fresh breast milk should be provided as much as possible.**
 - ☛ Fresh breast milk has more calories, antioxidant capacity and greater immunological support.
 - ☛ Hind milk feedings can assist with infant weight gain
 - ☛ Consult lactation and milk will be labeled for use.
- ☛ Gavage breast milk feedings via gravity
 - ☛ 6% of human milk fat is lost when feeds are administered by gravity compared to 16% when bolus feeds are delivered by pump.
 - ☛ 50% of fat is lost when fortified human milk is fed continuously by pump (Rogers et al., 2010)



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Step 5: Skin to Skin

- ☛ Initiate skin-to-skin contact when infant is physically able to promote maternal-child attachment and breastfeeding transition.
- ☛ Involves placing the baby naked prone on the mother's bare chest to provide physiologic stability of the newborn and promote mother-infant bonding
- ☛ Skin to skin stabilization provides
 - ☛ Provides **stability of heart rate, respirations & temperature.**
 - ☛ Baby having events? Kangaroo care may help!
 - ☛ Prevention of hypoglycemia
 - ☛ Enhances maternal/infant bonding
 - ☛ Enhanced milk supply
 - ☛ Improved weight gain
 - ☛ Promotes brain development
 - ☛ Extended duration of breastfeeding



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Step 5: Skin to Skin

Encourage skin-to-skin or kangaroo care!

- ☛ Skin-to-skin care should be done with the mother or family members **daily** as clinical condition allows.
- ☛ Plan with parents for sessions with a goal of >60 minutes.
- ☛ Infants in humidity may be held skin to skin for the first time on **Day 7** when isolette is changed, and **daily** thereafter as clinical condition allows.

Did you know...

You don't need an order for kangaroo care!



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Step 5: Skin to Skin

Contraindications to kangaroo care:

- ☛ Intubated
- ☛ Trach
- ☛ PICC Line

...There are **NO** absolute contraindications to kangaroo care!

- ☛ Patient's clinical status should be taken into consideration before each session
- ☛ Special considerations:
 - ☛ Umbilical lines
 - ☛ Chest tubes
 - ☛ Fresh surgical patients
- ☛ Review NICU Kangaroo Mother Care/Skin-to-Skin Policy



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Educational Plan

- **Phase 2: Individual Topic Education**

- Starting in January 2017 hands-on, in-person education on a different topic will be provided to all staff nurses each month
- Topics will include:
 - Oral Care with Colostrum
 - Non-Nutritive Sucking
 - Transition to Breastfeeding
 - Weighted Feeds
 - Discharge Preparation for the Breastfed Baby
 - Yearly Competency on Kangaroo Care

Other Future Goals:

- New breastmilk scanning system with scanners and printers at each bedside (est. January 2017).
- Collaboration with High Risk OB offices to provide more prenatal education about breastmilk and pumping.
- Post-Discharge support for nursing/pumping mothers.



MOM'S OWN MILK INITIATIVE

Brandon Regional Hospital

Jenny Santiago Borje, MSN, RNC-NIC



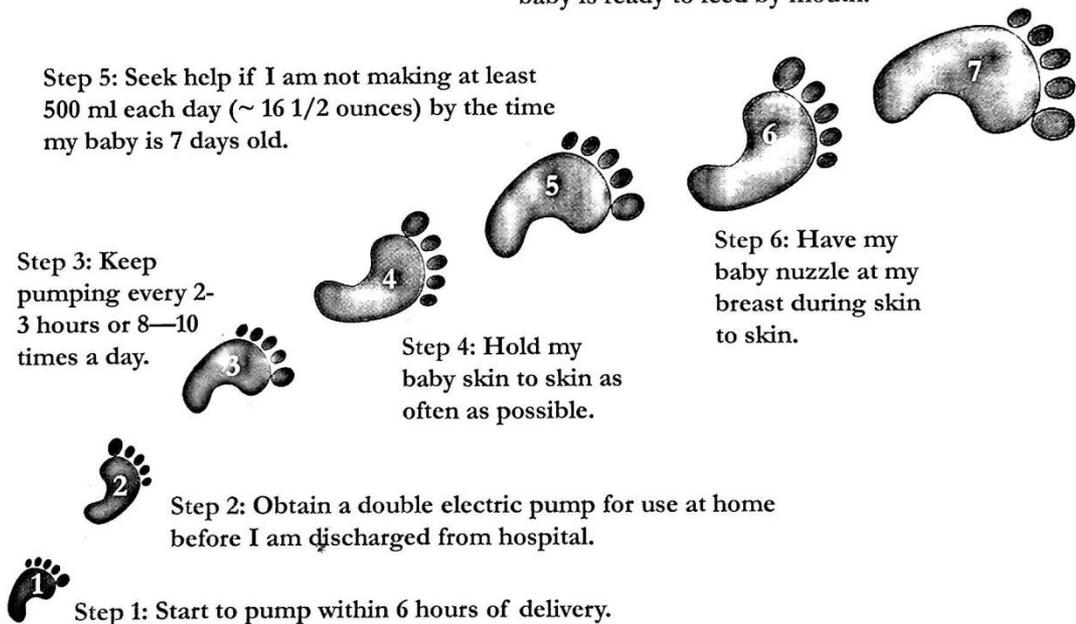
PACKET: WELCOME LETTER

Congratulations on the birth of your baby! Mother's milk is the best start for every baby and is the ideal food for your infant. To help achieve your goals for breastfeeding, it is important to use a pumping log to track your milk volume. Tracking can be done on paper or an app on your phone. Your baby's nurse will check the log on day 7, day 14, and day 28. To maximize your success it is important to have a hospital grade pump when discharged. During the first few days your volume may be low, but pumping on a schedule of every 2-3 hours or 8 times a day will help. Frequency is more important than volume during the first week. Think of your milk as a medicine for your baby that no one can provide except you!

Thanks for pumping Mom!!!

SEVEN STEPS FROM FPQC WEBSITE

SEVEN STEPS TO SUCCESSFULLY PROVIDING MOM'S OWN MILK IN THE NICU

- Step 1: Start to pump within 6 hours of delivery.
- Step 2: Obtain a double electric pump for use at home before I am discharged from hospital.
- Step 3: Keep pumping every 2-3 hours or 8—10 times a day.
- Step 4: Hold my baby skin to skin as often as possible.
- Step 5: Seek help if I am not making at least 500 ml each day (~ 16 1/2 ounces) by the time my baby is 7 days old.
- Step 6: Have my baby nuzzle at my breast during skin to skin.
- Step 7: Start breastfeeding when my baby is ready to feed by mouth.
- 

PACKET OBTAINED FROM FPQC SLIGHTLY MODIFIED FOR OUR USE

FOR BABIES UNDER 1500 grams

MOM ASSESSMENT

Does mom intend to provide MOM?	<input type="checkbox"/> Yes <input type="checkbox"/> No - stop	Intent to provide MOM documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lactation Assessment within 24 hours of admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Availability of <u>hospital grade pump</u> at maternal discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No or Unknown <input type="checkbox"/> NA
Initial pumping = HOL </= 6 hours Date of first pumping ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No or Unknown <input type="checkbox"/> NA	Non-nutritive BF documented	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Not desired by mother

Skin to skin (S2S) care </= DOL 10

- Yes
- No or Unknown
- NA
- Not desired by mother
- Date: _____
- LC called on Admission <1500 grams within 6 hours

Lactation Assessment

- Review pumping frequency/technique
- Assess breast comfort while pumping
- Review use of the pumping log
- Develop a plan for a hospital grade electric pump at or after maternal discharge

	DOL7	DOL 14	DOL 28	Day of Infant Initial Disposition
MOM PUMPED VOLUME \geq 500 ml/day	<input type="checkbox"/> Yes <input type="checkbox"/> No or Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No or Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No/ Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
MOM pumping volume	ml	ml	ml	ml
Donor HM feeding vql	ml	ml	ml	ml
Formula feeding volume	ml	ml	ml	ml

Pumping log Week #1

Session	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<i>Goal:</i> ≥8/day	<i>Drops...</i>		<i>Increasing milk volumes</i>				>500 ml/day
1							
2							
3							
4							
5							
6							
7							
8							
DAILY TOTAL							

Pumping checklist

- ✓ Have milk storage containers easily available.
- ✓ Dim the lights, turn on soft music, or keep a picture of your baby visible.
- ✓ Wash your hands.
- ✓ Sit in a comfortable position and area.
- ✓ Use relaxation techniques, such as consciously slowing your breathing and thinking about your baby.
- ✓ Apply warm compresses to your breasts and massage your breasts prior to pumping.
- ✓ Pump at least 8 times a day for 15 minutes. As milk supply increases, you should pump until 2-3 minutes after your milk stops flowing, which may be approximately 30 minutes. Record the time you spent pumping and the milk volume pumped.
- ✓ By the 7th day, please consult your NICU nurse or lactation consultant, if your milk supply isn't increasing or if your 24-hour milk supply is not >500 ml (16-17 oz).
- ✓ To increase your milk supply, consider hand expression in addition to pumping (video: <http://newborns.stanford.edu/Breastfeeding/HandExpression.html>).
- ✓ Please discuss any nipple or breast discomfort with your NICU nurse or lactation consultant.

Pumping log Week #2

Session	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
<i>Goal:</i> ≥8/day	<i>Goal: >500 ml/day</i>						
1							
2							
3							
4							
5							
6							
7							
8							
DAILY TOTAL							

Pumping checklist

- ✓ Have milk storage containers easily available.
- ✓ Dim the lights, turn on soft music, or keep a picture of your baby visible.
- ✓ Wash your hands.
- ✓ Sit in a comfortable position and area.
- ✓ Use relaxation techniques, such as consciously slowing your breathing and thinking about your baby.
- ✓ Apply warm compresses to your breasts and massage your breasts prior to pumping.
- ✓ Pump until 2-3 minutes after your milk stops flowing, which may be approximately 30 minutes. Record the time you spent pumping and the milk volume pumped.
- ✓ If 24-hour milk supply is <500 ml (16-17 oz), please consult your NICU nurse or lactation consultant.
- ✓ Hands-on pumping may help support and maintain a good milk supply. (video: <http://newborns.stanford.edu/Breastfeeding/HandExpression.html>).
- ✓ Please discuss any nipple or breast discomfort with your NICU nurse or lactation consultant.

Pumping Log Week 4

Session	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
<i>Goal: ≥ 8/day</i>	<i>Goal: >500 ml/day</i>						
1							
2							
3							
4							
5							
6							
7							
8							
DAILY TOTAL							

DOCUMENTATION

Start Date: 10/17/2016

Completion Date:

Start Time: 16:41

Completion Time:

Task Name: Mother's Own Milk Initiative

MOM Assessment

- Does mom intend to provide MOM
 - Yes
 - No
- Intent to provide MOM documented
 - Yes
 - No or Unknown
- Lactation assessment within 24 hours of admission
 - Yes
 - No
 - 1) Review pumping frequency/technique, 2) Assess breast comfort while pumping, 3) Review use of the pumping log, and 4) Develop a plan for a hosp grade electric pump at or after maternal discharge
- Availability of hospital grade pump at maternal discharge
 - Yes
 - No or unknown
 - NA
- Initial pumping <= 6 HOL
 - Yes
 - No
 - NA

DOCUMENTATION

- Non-nutritive BF documented
 - Yes
 - No or unknown
 - NA
 - Not desired by mother
- Skin to skin (S2S) care <= DOL 10
 - Yes
 - No or unknown
 - NA
 - Not desired by mother
- Pumping & Feeding DOL 7
 - Mother's pump volume >= 500 ml/day
 - Yes
 - No
 - Unknown
 - MOM feeding volume (mL) on DOL 7
 - Donor human milk feeding volume (mL) on DOL 7
 - Formula feeding volume (ml) on DOL 7
- Pumping & Feeding DOL 14
 - Mother's pump volume >= 500 ml/day
 - Yes
 - No
 - Unknown
 - MOM feeding volume (mL) on DOL 14
 - Donor human milk feeding volume (mL) on DOL 14
 - Formula feeding volume (ml) on DOL 14
- Pumping & Feeding DOL 28
 - MOM feeding volume (mL) on DOL 28
 - Donor human milk feeding volume (mL) on DOL 28
 - Formula feeding volume (ml) on DOL 28
 - Mother's pump volume >= 500 ml/day
 - Yes
 - No
 - Unknown

LAMINATED AND FILLED UP WITH THE DATES
TO REMIND NURSES TO ASK ON DUE DATES



My mom pumps for me!

Pump Volume

@7 Days ____/____/____ _____mL

@14 Days ____/____/____ _____mL

@28 Days ____/____/____ _____mL

TRACKING IN EXCEL

Subject #	Name	Return Code	DOB	7 Day	14 Day	28 Day	picture	MOM BF AT DC	pics	skin2skin 10 days
16										
17			3-Jul							
18			5-Aug					100%		
19			12-Aug							
20			12-Aug							
21			13-Aug				yes			
22			17-Aug							
23			17-Aug							
24			31-Aug					100%		
25			9-Sep	16-Sep	23-Sep	7-Oct	yes			
26			9-Sep	16-Sep	23-Sep	7-Oct	yes			
27			14-Sep	21-Sep	28-Sep	12-Oct	yes			
28			20-Sep	27-Sep	4-Oct	18-Oct	yes	yes		
29			4-Oct	11-Oct	18-Oct	1-Nov	yes			
30			13-Oct	20-Oct	27-Oct	10-Nov	yes			
31			26-Oct	3-Nov	10-Nov	28-Nov				13-Nov

PICTURE FOR MOM
@ 7 DAYS



Thank you Mommy for
giving me milk
full of love, Zymila 

PICTURE FOR MOM
@ 28 DAYS



Thank you Mommy for
giving me milk
full of love, Richard

MORE PICTURES FOR MOMS



Your awesome milk makes me grow...
Thanks Mom!
❤️ De'Angelo

ELSIE

**Mom of 25 Weeker
Pumped Milk At 7 Days
here at BRH NICU**





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).

Let's Start!

- 👤 Watch the MBRN training modules
- 👤 Complete the Needs Assessment in your NICU
 - 👤 Ex Survey Monkey
 - 👤 Consider including diverse NICU staff (NEOs, ARNPs, Nurses,)
- 👤 Hold a meeting to review findings with MOM Team & Key Stakeholders

Next Steps.....

- 👤 Prioritize and identify the step or steps that will be addressed in your NICU.
 - 👤 Also identify those steps that may already be implemented in your NICU.
- 👤 Use your baseline data from the FPQC MOM initiative in your decision making process.
- 👤 Plan your educational sessions
 - 👤 Consider phases I, II, III etc.
 - 👤 Address unit priorities...
 - 👤 Sustainability
- 👤 Use the MOM Tool Box resources!

Keep Going 😊

- 👶 Continue to work with your MOM committee as you develop PDSA cycles and various practice changes.
- 👶 Track your work and continue to use your FPQC MOM data as one way to gauge your progress.
- 👶 We are a work in progress!!!



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Questions?

Technical Assistance:

FPQC@HEALTH.USF.EDU