



Mother's Own Milk (MOM) Initiative

July 2017 Learning Session:
Sharing our NICU Journey!

Partnering to Improve Health Care Quality
for Mothers and Babies



Welcome!

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- 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

7/6/2017

- 👤 Project Announcements
- 👤 Sharing our Journey: North Florida Region
 - 👤 North Florida Regional Medical Center
 - 👤 Winter Haven Women's Hospital
 - 👤 Halifax Health Medical Center
 - 👤 Winnie Palmer Hospital For Women & Babies
 - 👤 Tallahassee Memorial Healthcare
 - 👤 Gulf Coast Regional Medical Center
- 👤 Q&A and Discussion

Announcements

Please Save the Date! MOM Webinars: Sharing your NICU Journey!

 West Central Florida Region 8/3/17 1-2pm

 South Florida Region 9/7/17 1-2pm

 Power point template provided

MOM Webinars: Sharing your NICU Journey!

- 👤 *We also want to hear about your NICUs experiences with the following indicators:*
- 👤 MOM pumped volume more than or equal to 500 ml/day by DOL 14 (Fig 2 in the quarterly report)
- 👤 Percent of infants having more than or equal to 50% of feeding volume compromised of MOM on DOL 14 (Fig 3 in quarterly report)
- 👤 Percent of infants having more than or equal to 50% of feeding volume comprised of MOM on Initial Disposition (Fig 4 in quarterly report)

Hospital Grade Pumps

- 👉 Are your Medicaid mothers able to obtain their hospital grade pumps?
- 👉 Most are telling us they are not.
- 👉 **AHCA Needs to know !**
- 👉 https://apps.ahca.myflorida.com/smmc_cirts/
- 👉 http://flbreastfeeding.org/pdf/final_medicaidbreastpumpalert.pdf

Announcements

- 👶 Don't Forget: Free Personalized On-site Consultations for your unit!
- 👶 Contact Ivonne ihernand@health.usf.edu to schedule!



Partnering to Improve Health Care Quality
for Mothers and Babies

Today's Topic:

SHARING OUR NICU JOURNEY! NORTH FLORIDA REGION



Our MOM Initiative

North Florida Regional Medical Center
Gainesville, FL

Partnering to Improve Health Care Quality
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Where We Started

- 👉 We are a twelve bed, level II NICU. When we started working on this project, we were fearful that we may not have many infants who would fall into the less than 1500 gram weight criteria. ***We are excited to report that since the start of data collection we have cared for eleven infants weighing less than 1500 grams.***
- 👉 One of the main aspects of the project that we have had to work on was improving our documentation of many of the data collection aspects.
- 👉 We often were performing these tasks, however, we were not documenting them in our charting system.
- 👉 We have educated the staff in the NICU, Labor and Delivery unit, as well as Post Partum unit on documentation of various events such as first skin to skin care experience, the lactation assessment, initial pumping, non-nutritive breastfeed, etc...

Where We Started

- 👶 As a smaller unit, we are fortunate to have excellent interdisciplinary resources such as lactation consultants, speech and language pathologists, nutritionists, and occupational therapists who all help provide excellent care to our patients.
- 👶 Our unit strives to provide family centered care and one of our values has always been encouraging breast milk feeding in the NICU.
- 👶 This project has given us the tools and resources to further encourage exclusive or majority human breast milk feedings to not only our very low birth weight infants, but to all of our infants.

What We've Achieved

- 👶 We have recently started utilizing Prolacta on our unit for infants who qualify for the use of this human milk derived feeding supplement. Although Prolacta use is not directly related to the FPQC MOM Initiative, we feel that it has greatly improved the quality of care that is provided to our very low birth weight and sick infants. We also feel that the use of Prolacta further encourages a diet of strictly human breast milk in these infants.

The requirements for Prolacta use on our unit are as follows:

- 👶 * Infant must weigh less than 1500 grams.
- 👶 * Infant has failed use of Enfamil HMF due to abdominal issues.
- 👶 * If an infant has a twin/sibling who meets the weight criteria, the larger twin will also receive Prolacta.

What We've Achieved

- 👶 We are also fortunate to have access to donor human breast milk. This resource along with the use of Prolacta has further helped to ensure that our very low birth weight infants receive a human breast milk only diet.
- 👶 The majority of the infants in our study have gone home receiving only breast milk feedings during their NICU experience.
- 👶 We had several nurses trained as Breastfeeding Resource Nurses and feel that this has greatly improved our early pumping rates on our unit. This training has also given some of our staff the confidence to provide hands on help and education about breast pumping and breast feeding to our NICU mothers.

Challenges Still to Tackle

- ➊ Another challenge has been the compliance of staff outside of the NICU, such as on the Labor and Delivery unit, to get these mothers pumping early. These staff members feel that the mothers may be "too sick" to start pumping after delivery or that the nurses are "too busy" providing care to their patients to help the mothers initiate pumping.
- ➋ Our NICU staff has become proficient in assisting mothers with pumping, however, we often struggle to get the mothers of infants who fall into this study pumping early as they usually are very sick and remain on the Labor and Delivery Unit for longer periods of time.

Challenges Still to Tackle

- ☉ One of the biggest challenges we have struggled with is creating a rental/loaning program for hospital grade breast pumps. We have not yet found a way to allow a program of this nature to exist on our unit.

Challenges Still to Tackle

- 👶 We also need to work on training more staff to be diligent in accomplishing the tasks that need to be completed in the first 24 hours of life in these very low birth weight infants.
- 👶 We currently only have one or two staff members who are completing task such as the lactation assessment. At this point in time, our unit has only cared for a few very low birth weight infants, however, as we continue to grow we hope to care for even more of these infants. Therefore, it would be beneficial to have more staff trained in how to perform this critical tasks to provide early intervention in the hopes of ensuring a strictly human milk diet for these infants.



Our MOM Initiative

Winter Haven Women's Hospital

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Where We Started

- 👶 With lots of uncertainty.
- 👶 No standard place to document in the chart
- 👶 No standard practices in place for supporting breast milk feedings
- 👶 Large use of donor breast milk
- 👶 40% of infants discharged home on some breast milk

What We've Achieved

- Standardized documentation in the EMR.
- Developed an education folder to give mothers with a pumping kit that contains everything needed to initiate pumping
- Designed a breast milk weighing station for mothers to measure their breast milk volume when they come to visit.

What We've Achieved

- Include mothers in bedside report to coordinate and encourage skin to skin
- Round started every shift by charge nurses to see that initiatives are being done (milk volumes are being charted)
- A place to document milk volumes (until May of this year we have no data on milk volumes at DOL 7, 14, and 28 because there was not a clear place to document in the EMR).

What We've Achieved

- QI 17 100% of infants had more than or equal to 50 % of feeding volume comprised of MOM on DOL 14.
- QI 17 No infants had more than or equal to 50% of feeding volume comprised of MOM on initial disposition.

Challenges Still to Tackle

- 👤 Staff lack of enthusiasm
- 👤 Limited spacing making skin to skin challenging
- 👤 Old protocols/ways of doing things



Our MOM Initiative

Halifax Health Medical Center

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Where We Started

👶 Low volume = Low focus



👶 Documentation options within our electronic health record



What We've Achieved

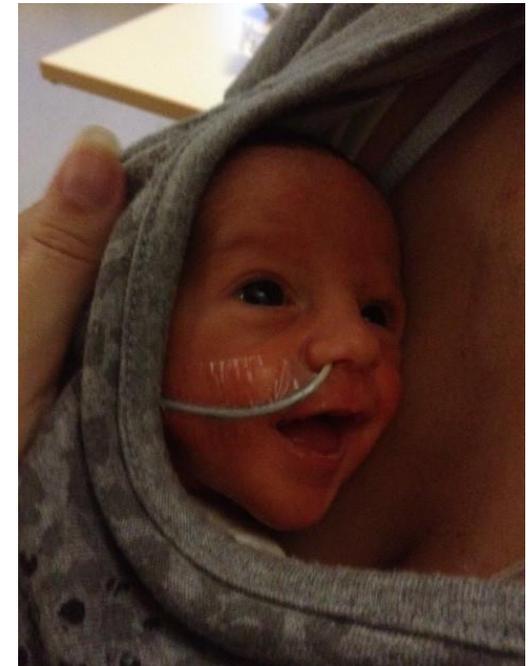
- Improved documentation on maternal feeding choice and initiation of pumping
- Established pump logs
- Established Lactation Assessment Documentation

PUMPING ASSESSMENT	
Mom's Breast Comfort While Pumping	<input type="radio"/> Painful <input type="radio"/> Not Painful
Interventions to Alleviate Pain	<input type="text"/>
24 HOUR PUMPING VOLUMES	
Day 7	<input type="text"/> (ml)
Day 14	<input type="text"/> (ml)
Day 28	<input type="text"/> (ml)
Day of Discharge	<input type="text"/> (ml)
INTERACTION	
Bonding Interaction Observed	<input type="checkbox"/> Skin to Skin Contact <input type="checkbox"/> Non-Nutritive Sucking <input type="checkbox"/> Active Breastfeeding
LACTATION NEEDS	
Mother Has Hospital Grade Pump at Time of Maternal Discharge	<input type="radio"/> Yes <input type="radio"/> No
Hospital Grade Electric Pump Rental Info Provided	<input type="radio"/> Yes <input type="radio"/> No Comment <input type="text"/>
COMMENTS	
Comments	<input type="text"/>

Challenges Still to Tackle

- 👶 Non-nutritive breast feeding
- 👶 Transitioning from OG/NG feeds to breast
- 👶 Establishing use of Donor Milk

got milk?





Our MOM Initiative GOT MILK?

Winnie Palmer Hospital for Women and Babies

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If breastmilk was marketed as an Rx It
would be ordered for every premature
infant



Where We Started

- 👶 First and Most important thing we did was:
 - 👶 Join the Collaborative!
- 👶 Reviewed our baseline data, key practices and drivers to determine our PDSA cycle.
 - 👶 Decide to focus on pumping in the first 6 hours.
 - 👶 Baseline data demonstrated opportunity
 - 👶 Only 20%
 - 👶 Gave us the ability to collaborate with the Baby Friendly Initiative
 - 👶 Organization was entering D3 on the journey

What We've Achieved

- 👉 Our First PDSA cycle was a success:
 - 👉 Initial pumping within the first six hours
 - 👉 July 2016 20%
 - 👉 April 2017 86%
- 👉 Skin to Skin Care documented by DOL 10
 - 👉 Achieved 2 months where we reached 100%
 - 👉 Have always achieved more than 60%
- 👉 Approximately 25% of our staff are Certified Breast Feeding Counselors
 - 👉 8 Breastfeeding Resource Nurses
 - 👉 114 Certified Breastfeeding Counselors

Challenges Still to Tackle

- 👤 Volume of Mother's Own Milk
 - 👤 Educating staff to check pumping log and appropriate amount at DOL7,14,28 and D/C
 - 👤 Milk Room Supervisor keeps track of the amount of milk the mother produces and checks in
 - 👤 Surveyed the staff
 - 👤 <https://www.surveymonkey.com/r/FSV7SP7>
 - 👤 We had a rate of return of 22% 😞
 - 👤 Staff answered they checked Mom's log, but had differing answers about the amount of milk pumped.
 - 👤 Targeted education

Challenges Still to Tackle

- 👶 Volume of Mother's Own Milk
- 👶 DOL 14 and Initial Disposition
- 👶 What is holding us back?
 - 👶 Volume Driven vs. Infant Driven
 - 👶 Feeding is a task to be completed
 - 👶 Must meet an appropriate # of ml. at a feeding to D/C
 - 👶 DOL 14
 - 👶 Supplemental feeding
 - 👶 Initial Disposition
 - 👶 Supplemental feeding

Challenges Still to Tackle

- 👶 Nonnutritive Breastfeeding
 - 👶 Difference from Skin to Skin- Is it?
- 👶 Nutritive Breastfeeding
 - 👶 When to start
- 👶 Rolling concepts out to the entire NICU population.

“In the NICU, human milk must be viewed as a medical intervention that is just as important as IV nutrition or a ventilator.”

-- Diane Spatz, PhD, RN-BC, FAAN





Our MOM Initiative

Tallahassee Memorial Healthcare

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Where We Started

- 👶 We have made amazing progress since the inception of our MOM project. The cooperation of all OB departments has enabled us to change the culture of our area, while increasingly meeting the needs of our families.
- 👶 We began our MOM project shortly after beginning our Baby-Friendly certification journey. Happily, both of these priorities are enhanced by the initiation of our human donor milk project.

What We've Achieved:

MOM pumped volume $\geq 500\text{ml/day}$ on day 7, 14, 28

July 2016

May 2017

👶 Day 7 6%

63%

👶 Day 14 6%

63%

👶 Day 28 6%

71%

What We've Achieved:

% of Infant having 50% if feeding volume comprised of MOM on day 7, 14, 28 & initial disposition

	July 2016	May 2017
👶 Day 7	59%	100%
👶 Day 14	71%	88%
👶 Day 28	63%	86%
👶 Discharge Date	24%	75%

What We've Achieved:

**% of all VLBW Infants having $\geq 50\%$
of feeding volume comprised of
MOM on initial disposition**

July 2016

21%

May 2017

75%

What We've Achieved: Skin-to-Skin care documented at ≤ 10 DOL

July 2016

65%

May 2017

88%

Challenges Still to Tackle

- 👶 Increasing non-nutritive breast feeding

July 2016	May 2017
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0	25%
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- 👶 Nutritive breast feeding session within 7 days of infant's disposition

July 2016	May 2017
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25%	50%
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Our MOM Initiative

Gulf Coast Regional Medical Center



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Where We Started

- 👶 Lack of formal lactation program in place
- 👶 Few lactation resources
- 👶 Deficient non-nutritive breastfeeding and documentation
- 👶 Absence of tracking MOM

Where We Started

- 👶 Intent to provide MOM baseline = 67%
- 👶 MOM pumped volume \geq 500ml DOL 14 = 0%
- 👶 % of infants \geq 50% MOM DOL 14 = 73%
- 👶 % of infants \geq 50% MOM on initial disp. = 55%
- 👶 % of VLBW \geq 50% of fdg on initial disp. = 40%

Where We Started, cont.

- 👶 Nutritive BF within 7 days of initial disp. = 0%
- 👶 Non-nutritive BF documented = 0%
- 👶 Weight at initial disp $\leq 3^{\text{rd}}\%$ on FGC = 0%
- 👶 Head circ at initial disp $\leq 3^{\text{rd}}\%$ on FGC = 10%

What We've Achieved

- 👤 BRNM and BRN training
- 👤 Staff training on lactation and documentation
- 👤 Labeling EBM in the order it is pumped

What We've Achieved

(Data as of the end of Q1 2017)

- 👶 Intent to provide MOM baseline = 67% to **82%**
- 👶 MOM pumped volume \geq 500ml DOL 14 = 0% to **22%**
- 👶 % of infants \geq 50% MOM DOL 14 = 73% to **78%**
- 👶 % of infants \geq 50% MOM on initial disp. = 55% to **33%**
- 👶 % of VLBW \geq 50% of fdg on initial disp. = 40% to **27%**

What We've Achieved, cont.

- 👶 Nutritive BF within 7 days of initial disp. = 0% to 22%
- 👶 Non-nutritive BF documented = 0% to 38%
- 👶 Weight at initial disp \leq 3rd% on FGC = 0% to 0%
- 👶 Head circ at initial disp \leq 3rd% on FGC = 10% to 0%

Low Birth Weight Folders



M.O.M



1. Pump 1-6 hour after birth
2. Document Milk Supply every Shift
Goal: 30ml by day 3 & 500ml by day 7
3. Document interventions as needed
4. Skin-to-skin ASAP
5. Non-nutritive BF when stable

Challenges Still to Tackle

Upcoming Initiatives...

- 👤 More hands-on and Health Stream education to ALL of Women's and Children's Staff:
 - * Reinforce the “why's” of the initiative
 - * Pump fit assessments
 - * Non-nutritive breastfeeding techniques
 - * Transitioning to breastfeeding techniques

Plan to Tackle Challenges

- Separate, dedicated educators for Children's Services and Women's Services
- Applied for Baby Steps for Baby Friendly Grant to help provide staff education hours, equipment and breastfeeding incentives to families
- Added to Quality Dashboard to continue monitoring even after completion of the project



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DISCUSSION AND Q&A

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



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Questions?

Technical Assistance:

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