

Mother's Own Milk (MOM) Initiative

August 2017 Learning Session:

MOM NICU Journeys
Part II

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 unmuted.
- This webinar is being recorded.
- Please provide feedback on our post-webinar survey.





Agenda 8/3/2017

- Project Announcements
- Sharing our Journey
 - Naples Community Hospital
 - Florida Hospital Tampa
 - Morton Plant Mease
 - Brandon Regional Hospital
 - Tampa General Hospital
 - Johns Hopkins All Children's Hospital
- Q&A and Discussion





Announcements

- Please Save the Date!
- MOM Webinars: Sharing your NICU Journey!
 - South Florida Region 9/7/17 I-2pm





Data Submission

- Please try to submit your data on a rolling basis, e.g. on the day of the infant's 'initial disposition'
- Reminder: Data for the previous month is due by the Ist of the month!

For example: Your June data was due July 1st.





August is National Breastfeeding Month!

http://www.usbreastfeeding.org/nbm

Happy World Breastfeeding Week! August 1-7

http://worldbreastfeedingweek.org/

http://biglatchon.org/

August 25-3 l

http://blackbreastfeedingweek.org/











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_medicaidbreast pumpalert.pdf





Announcements

- Need assistance with providing your NICU staff breastfeeding education?
- Semember that training materials and videos are available to help guide the nursing staff that attended the Breastfeeding Resource Nurse Master training last summer with Diane Spatz.
- Let us know if you need help accessing the box account.





Announcements

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







Partnering to Improve Health Care Quality for Mothers and Babies

Today's Topic:

SHARING OUR NICU JOURNEY! CENTRAL/WEST FLORIDA REGION



Our MOM Initiative

Naples Community Hospital System Catherine Ravelo MSN, RN, CNML

Partnering to Improve Health Care Quality for Mothers and Babies

- I00% intent to provide MOM documented
- 57% lactation assessment within 24hours
- 93% availability of hospital grade pump
- 29% initial pumping < 6 HOL</p>
- No baseline data for pumping volumes, nonnutritive sucking, skin to skin





What We've Achieved

- Improved documentation of pumping volume
- Improved documentation of skin to skin
- Improved documentation on Nutritive BF within 7 days of disposition
- Maintained lactation consultant assessment within 24 hours
- Maintained documentation of early pumping with hospital grade pump





Challenges Still to Tackle

- 2 Lactation staff resignations over a 2 month period. Currently 2 FTE with new position to be posted soon.
- Change in culture for bedside RN to offer early skin to skin regardless of respiratory support
- Need to improve monitoring MOM logs to ensure good supply
- Need to improve offering nonnutritive nursing and have MD support for practice earlier







Our MOM Initiative

Morton Plant Hospital Dawn Baltz, MSN, RN, IBCLC

Partnering to Improve Health Care Quality for Mothers and Babies

MPH Baseline Data

- 88% Intent to provide MOM documented
- 41% Lactation assessment within 24 hours of NICU admission
- 24% Hospital grade pump available at maternal discharge
- I 2% Moms pumping within 6 hours of delivery
- 53% MOM available prior to 72 hours of life
- Pumped milk volume not tracked- unable to obtain baseline





MPH Baseline Data

- Infants having ≥50% of feeding volume comprised of MOM on:
 - Day 7- 77%
 - Day 14- 82%
 - Day 28- 60%
 - Infant's initial disposition- 53%
- Non-nutritive breastfeeding documented- 25%
- Skin-to-skin documented prior to 10 DOL- 75%
- Nutritive BF session at within 7 days of infant's initial disposition
 - Yes- 40%
 - No- 53%
 - Not desired by mother- 7%





What We've Achieved

Based on 2017 Data Available

	_	_	Percentage	Percentage	-
	>1500	<1500	>1500	<1500	Baseline
Mother intended to breast feed	60	3	95.2%	4.8%	
Lactation Assessment within 24 hours	51	3	85.0%	100.0%	41%
>24 hours	9	0	15.0%		
Pumping in < 6 hours	34	3	56.7%	100.0%	12%
> 6 hours	28		46.7%		
Availability of MOM <72 hours	50	2	83.3%	66.7%	53%
Availability of hospital grade pump	34	2	56.7%	66.7%	24%
Skin to Skin	57	2	95.0%	66.7%	75%
Non nutritive Breastfeed	44	2	73.3%	66.7%	25%
not desired by mom	2		3.3%		
Pumped volumes > 500 mls					
DOL 7		1		33.3%	77%
DOL 14		1		33.3%	82%
DOL 28 - one NO one D/C					
Discharge - feeding >50% MOM	28	1	46.7%	33.3%	53%
Nutritive breastfeeding - had one mom					
who did not want to put to breast	55	2	91.7%	66.7%	40%
Discharged home	59	2	98.3%	66.7%	
Transferred out	1	1	1.7%	33.3%	





What We Achieved

- Baby Weigh scale for pre and post weights
- Availability of 2 hospital grade loaner pumps
- Coordination with WIC for hospital grade loaner pumps
- Progression of implementation of steps





Challenges Still to Tackle

- Pumping within 6 hours for all moms.
- Increasing skin to skin
 - Not just initially
 - But getting to several times per day
- Non nutritive attempts and consistency
- Documentation of pump volumes
 - Not all moms keeping logs
 - Identifying which day to check logs
 - Writing note in chart
- Continuing momentum and integrating into culture







Our MOM Initiative

Brandon Regional Hospital Peggy Penovich BSN, RNC-NIC, IBCLC

Partnering to Improve Health Care Quality for Mothers and Babies

- We are a 22 bed, Level III NICU.
- We have a computer system that allows us pull reports for data collection and an informatics professional on our team.
- Skin to skin and initial pumping documentation was inconsistent.
- Lack of understanding of benefits of MOM vs. donor milk.
- 40 % of infants were being discharged on any mother's milk in 2015-2016





What We've Achieved

- We were using donor milk prior to MOMI began.
- From June 2015 to June 2016, our donor milk use was 123,000 ml and a cost of \$24,020.00.
- July 2016 to July 2017 our donor milk use decreased to 63,000 ml and a cost of \$7,995.00. (This reflects a change to a FL milk bank.)
- Forty-nine percent less donor milk is being used.
- 45% of MOMI babies going home on any mother's milk.
- Improved bedside education of mothers on importance of their breast milk.





Challenges Still to Tackle

- Difficulty in obtaining rental pumps for use after discharge.
- Availability of IBCLC's for VLBW moms.
- Obtaining consent from donor milk when necessary vs. with all admission consents.
- Initiating pumping within two hours with EVERY mom.
- Maintaining pumping after one month
- Increasing percentage of mothers with multiple drug use and no visitation





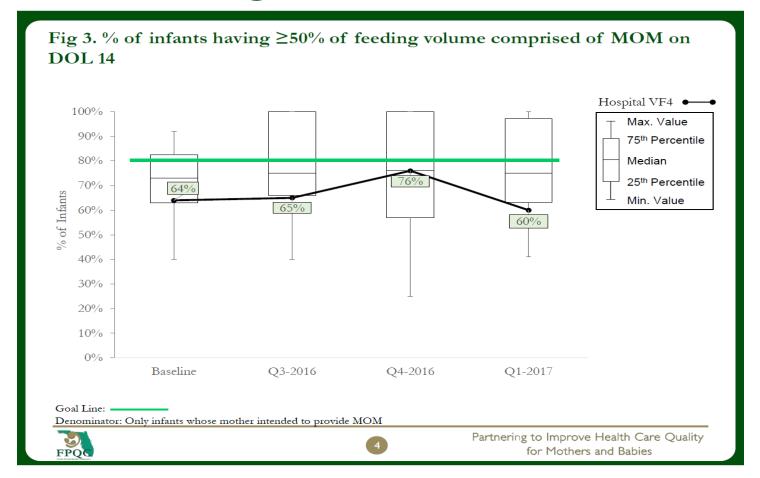


Our MOM Initiative

Tampa General Hospital Karen Fugate MSN RNC-NIC, CPHQ

Partnering to Improve Health Care Quality for Mothers and Babies

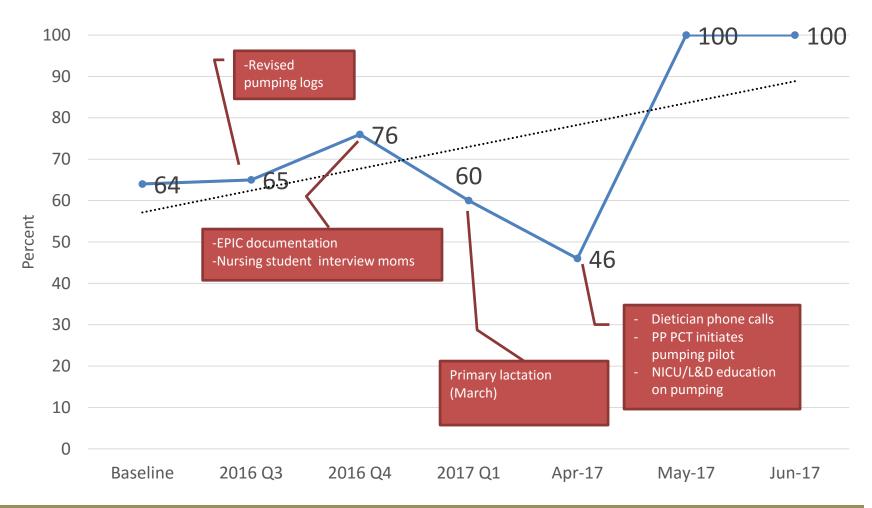
\geq 50% of feeding volume = MOM on DOL 14







What We've Achieved ≥ 50% of feeding volume = MOM on DOL 14







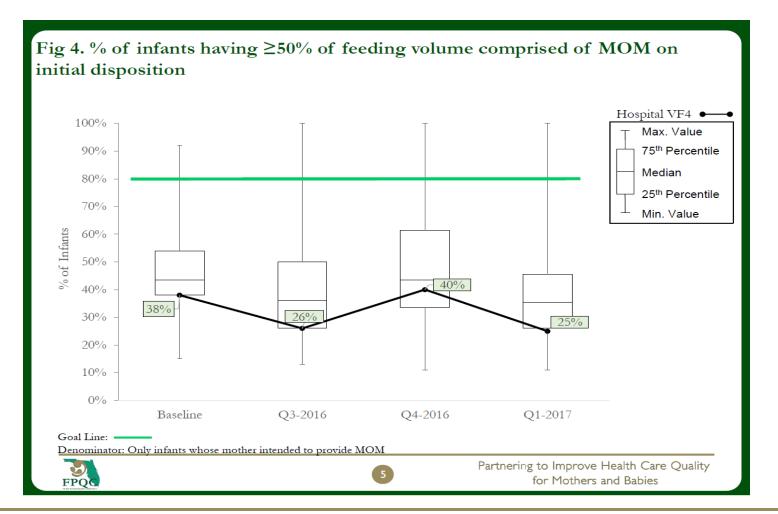
How we improved

- Pumping logs revised and added to starter kits
- Added documentation pumping sessions and 24 hr volume to EPIC
- Pump education for L&D staff -moms on MgSO4
- Pump education for NICU staff "initiation" vs. "maintenance"
- PP PCT pilot developed education and competencies to assist with Ist pump session
- Primary lactation
- Dieticians place phone DOL 5-7, then weekly





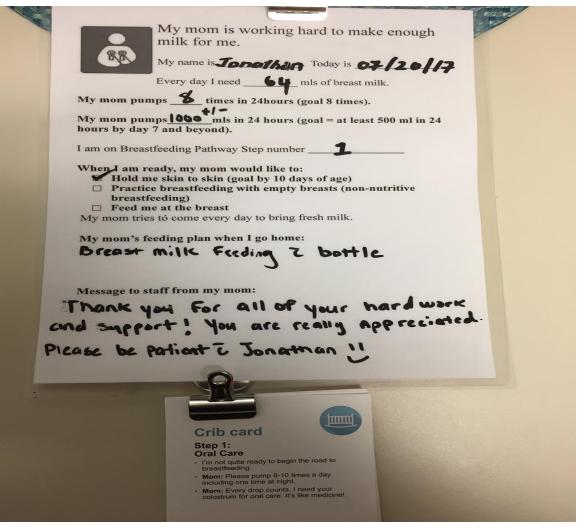
Challenges Still to Tackle







"My mom pumps for me"



Started pilot7/21







Our MOM Initiative

Johns Hopkins All Children's Hospital



Partnering to Improve Health Care Quality for Mothers and Babies

- Regional Level IV Center
- 97 Bed NICU
- BEST(Breastfeeding Enrichment Support and Teaching) Team staffed by IBCLCs: 1987
- Centralized Milk Prep; 'Mother's Milk Depot': 2009
- Donor Milk Program: 2012
- 50+ staff trained in 2 day in-house 'Lactation Liaison' class: 2014-2015
- Breastfeeding Resource Nurse Master Training: 2016
- Multidisciplinary staff certified or working toward CLC and IBCLC certification





- Eager to work in partnership with FPQC and change culture in our NICU
- Formed vibrant interdisciplinary taskforce, including 'in-house' birth hospital staff & lactation services





- Analyzed current processes
- No standardized process for:
 - Bedside conversation by interdisciplinary team
 - Collaboration /communication with referral/birth hospitals
 - Documentation
 - Prenatal and post natal education for staff and mothers
- Practice Guidelines in need of revision, creation, implementation





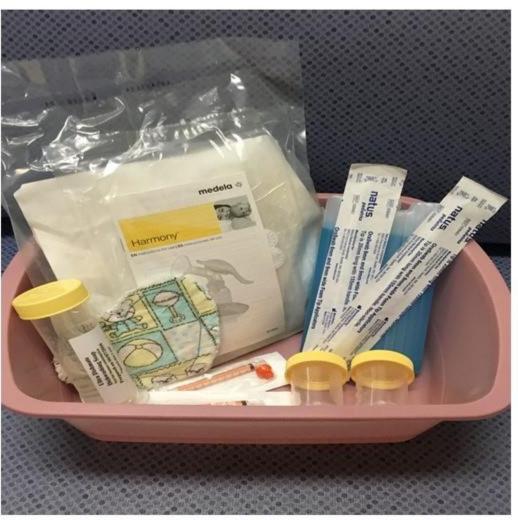
What We've Achieved

- Standardized script and prenatal consult form
- JHACH / Bayfront Baby Place collaboration
- MOM Bundle
- MOM Booklet: 'Your Milk is Best Medicine'
- Bedside Nursing / ARNP / SN Checklist
- Standardized Documentation in EMR (in process)
- Revised existing and developed new guidelines:
 - KMC
 - NNB
 - Test Weights
 - Oral Care
 - Discharge Feeding Guidelines





MOM Bundle – Breastfeeding Kit



MOM Bundle

- Hand pump
- Oral Syringes
- Oral Swabs
- Cooler packs
- Colostrum bottles
- · Scent cloth
- Pumping log
- Cooler bag
- MOM flyer

Stork Nurse/Bedside/ARNP Checklist

Maternal Education Packet	
Hand Expression & Hospital grade breast pump	
Timing of Pumping (within 4-6 hours)	
Frequency of Pumping - every 2-3 hours (8-10 times/day and at least once at night)	
Duration of Pumping (15-20 minutes)	
Kangaroo Care (Skin to Skin) Info	
Colostrum Collection	



What We've Achieved

- Communication plan with outlying hospitals
- Increased lactation coverage to 7 days a week
- Redesigned breastfeeding support group (iPump Club), utilizing survey from mothers
- In-house medication resource (Common Maternal Medications and Breastfeeding), available for staff members





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

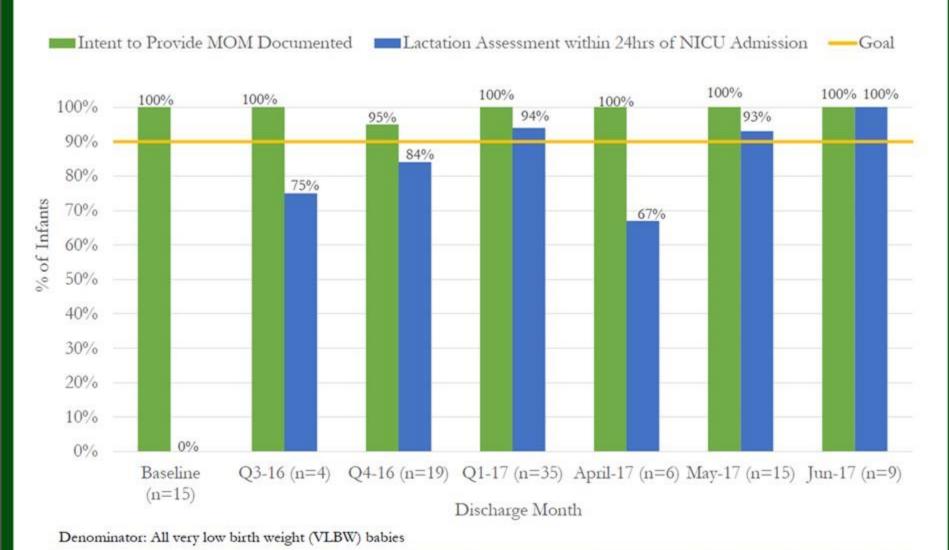
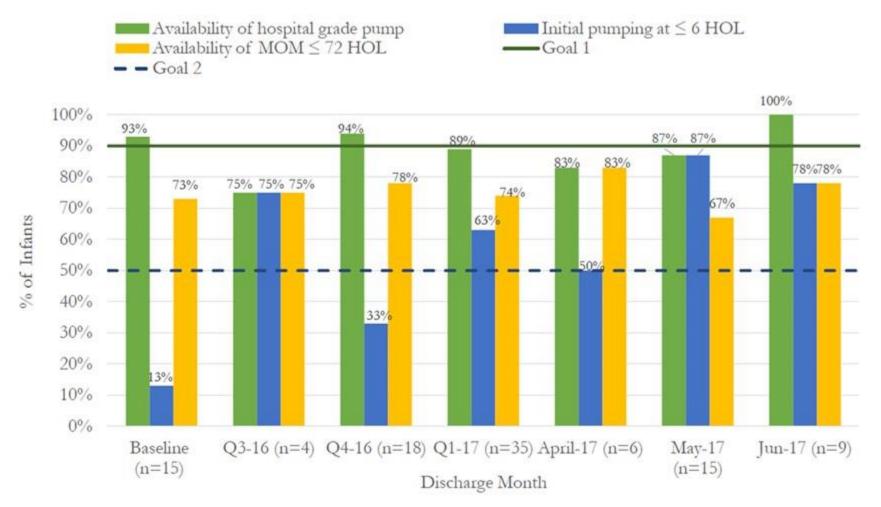




Fig 2. Availability of hospital grade pump at maternal discharge, 1st pumping session ≤ 6 HOL, & Availability of MOM ≤72 HOL

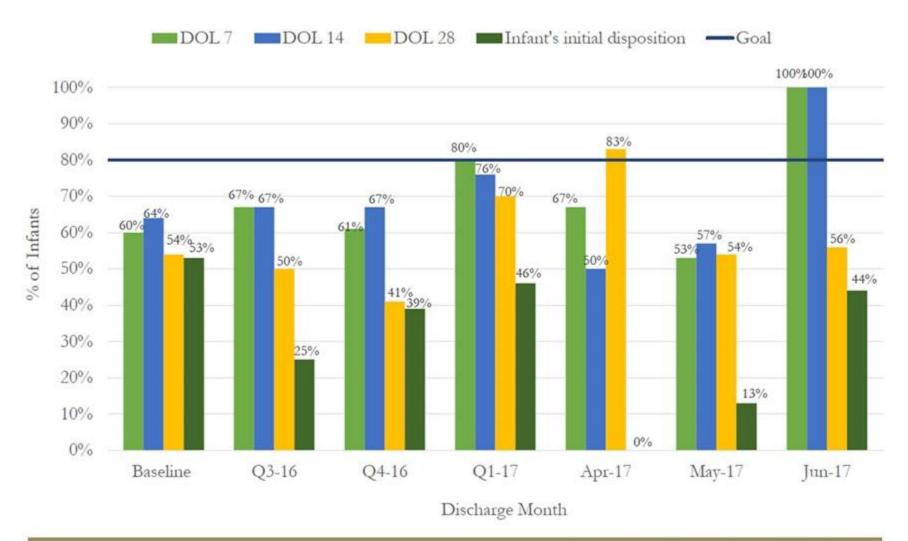


Goal 1: Availability of hospital grade pump; Availability of MOM ≤72 HOL

Goal 2: Initial pumping at ≤6 HOL



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





Challenges Still to Tackle

- Improving maternal milk volumes
- Improving % of mothers providing >50% MOM at discharge
- Improving EMR Documentation for NNB
- Implementing Infant Driven Feeding program former cue-based feeding program)
- Empowering and certification of unit RN's and other team members as peer counselors, CLC's, IBCLC's
- Ongoing collaboration as free standing children's hospital with outlying birth hospitals and community resources







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DISCUSSION AND Q&A

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Questions?

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