FPQC

Florida Perinatal Quality Collaborative

Florida's Quality Improvement Initiative: Mother's Own Milk (MOM)

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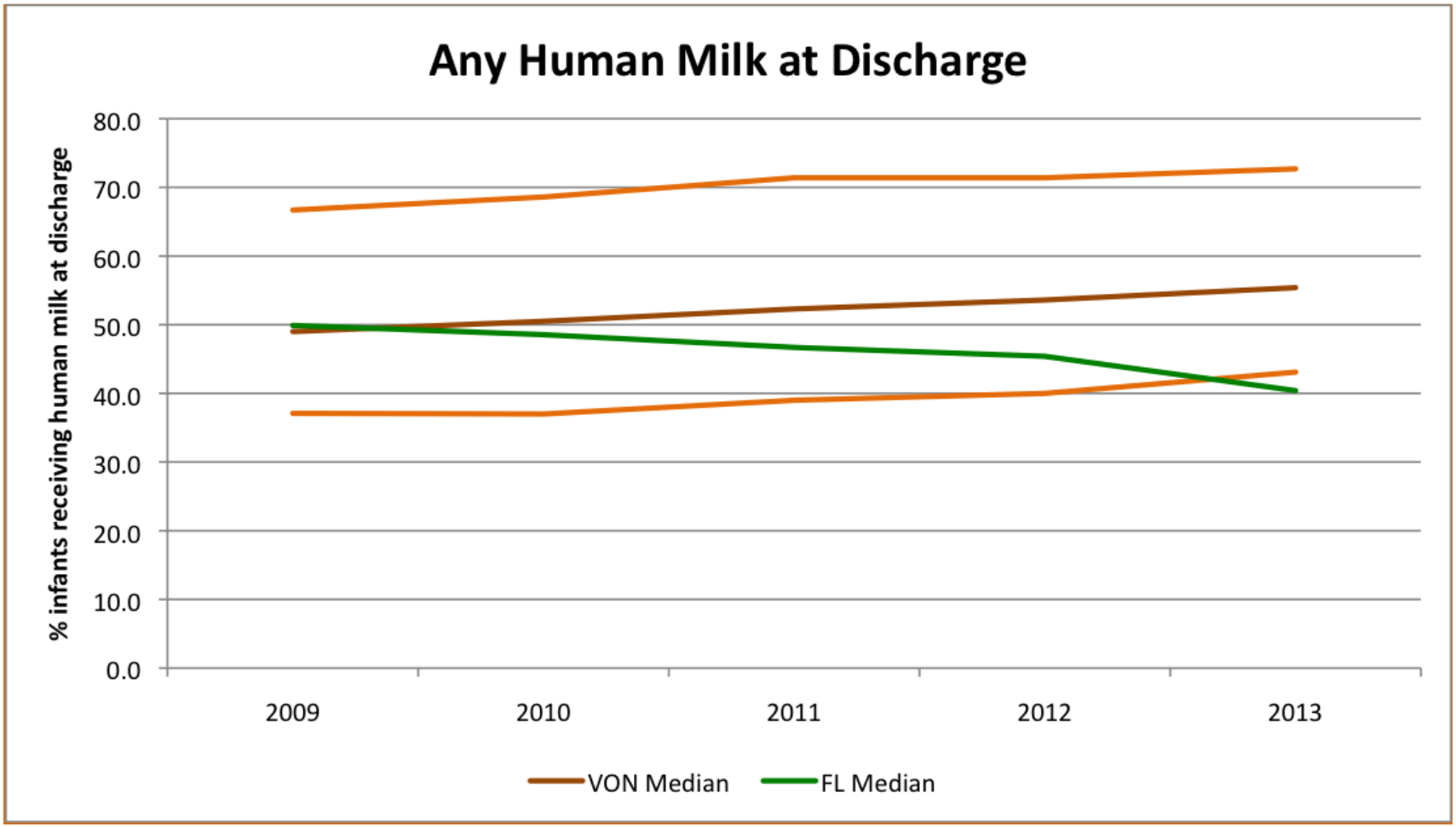
Partnering to Improve Health Care Quality
for Mothers and Babies

Background and Significance

- Human milk is the optimal source of nutrition for babies, especially those under 1,500 grams at birth.
- The AAP (2012) recommends an exclusive human milk diet for premature infants.
  - Mother's own milk (MOM) is the 1st choice
  - Use of pasteurized donor milk (PDM) is recommended if MOM is not available.

Florida vs Vermont Oxford Network (VON) from 2009 to 2013



FPQC MOM Initiative Aim

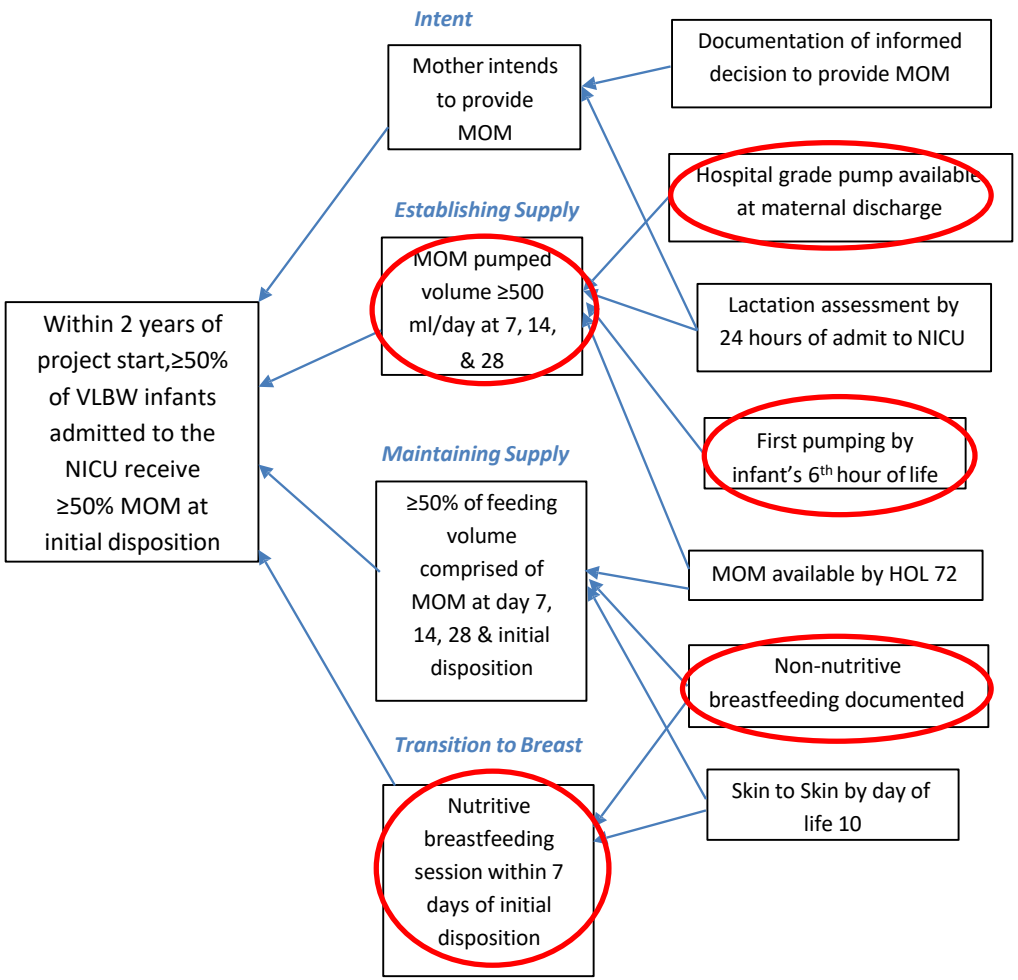
To apply evidence-based interventions to increase the use of MOM in VLBWs

Goal:

- Within 2 years of project start, greater than 50% of very low birth weight infants admitted to the NICU will receive greater than or equal to 50% of mothers own milk (MOM) at discharge

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

Mother's Own Milk (MOM) Initiative



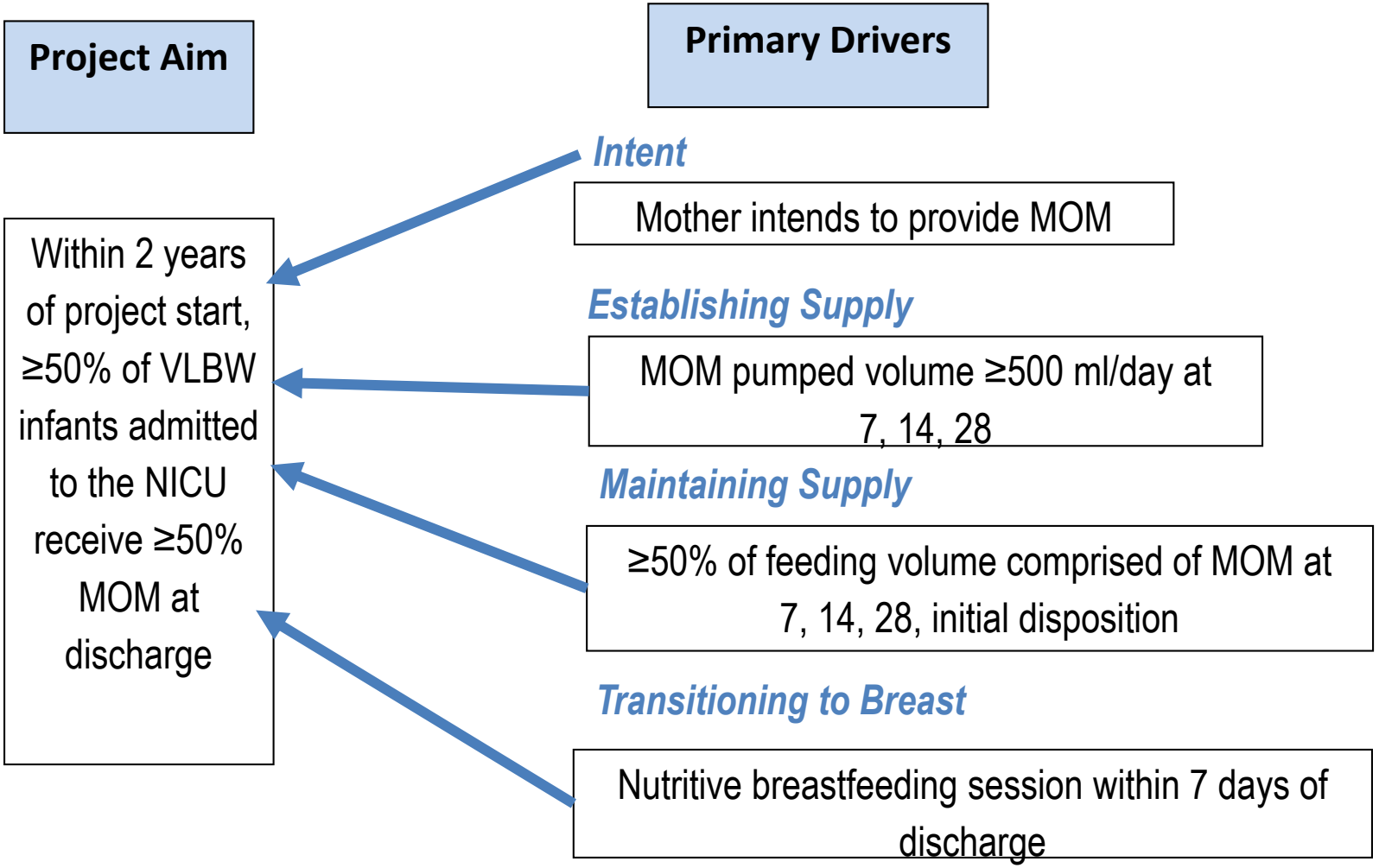
Recommended Key Practices

1. Process to provide maternal education and advocate for mother's own milk
2. Documentation of informed decision to provide mother's own milk
3. Standardized process for lactation consultations, and assessment by 24 hours of NICU admission
4. Determination of who is responsible and continuously available to initiate and assist with ongoing pumping
5. Secure sufficient number of pumps and ensure access in-house and at discharge
6. Provide breastfeeding education and measure competencies for all staff
7. Maternal education on hand expression, hands-on pumping, colostrum collection, etc.
8. Ensure appropriate supplies are available to facilitate breastfeeding and provision of breast milk
9. Process to monitor milk supply
10. Standardized guidelines (for skin-to-skin, test weights, non-nutritive breastfeeding, etc.)

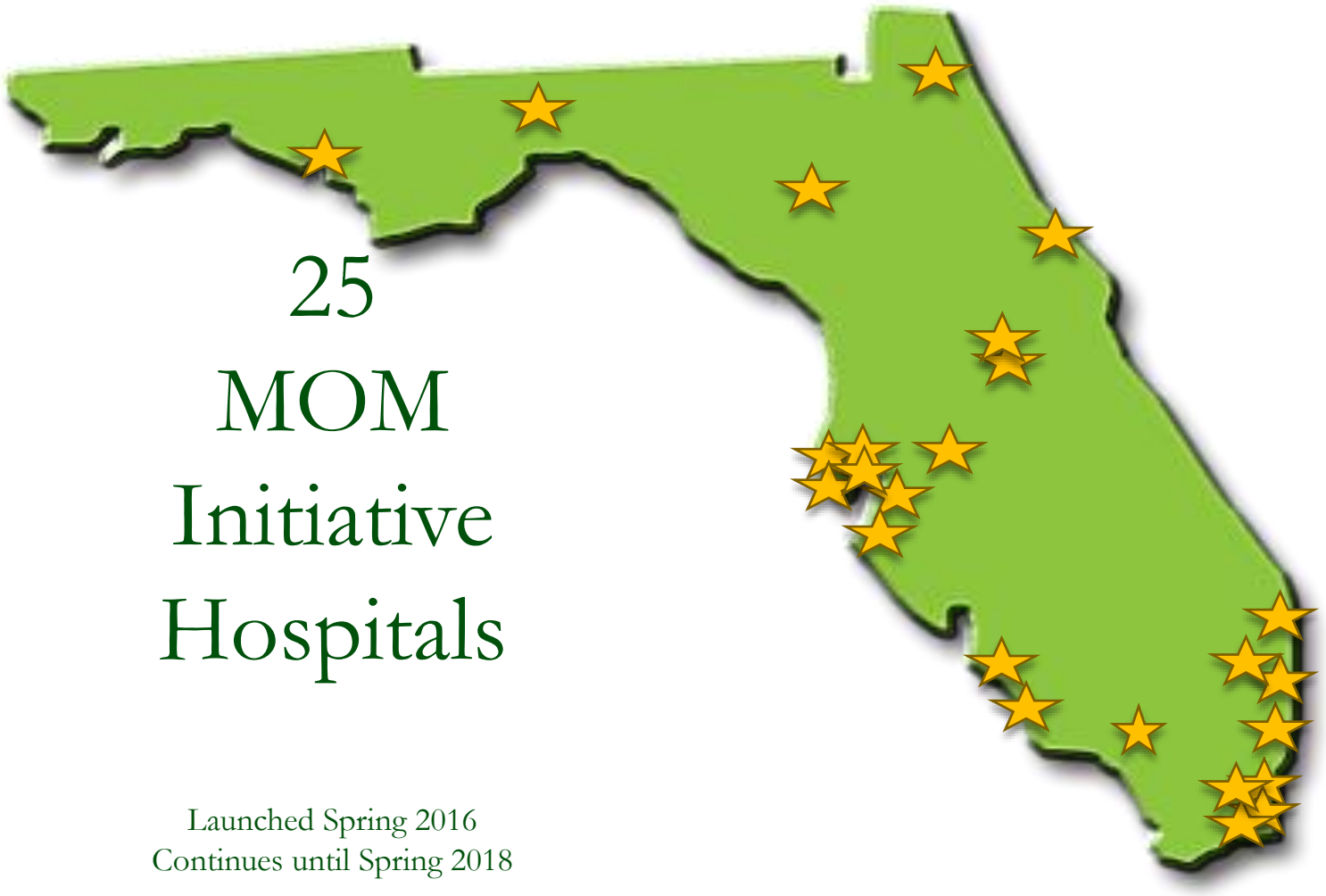
v. 1-2017

Note: Excludes where MOM is contraindicated.

MOM Project

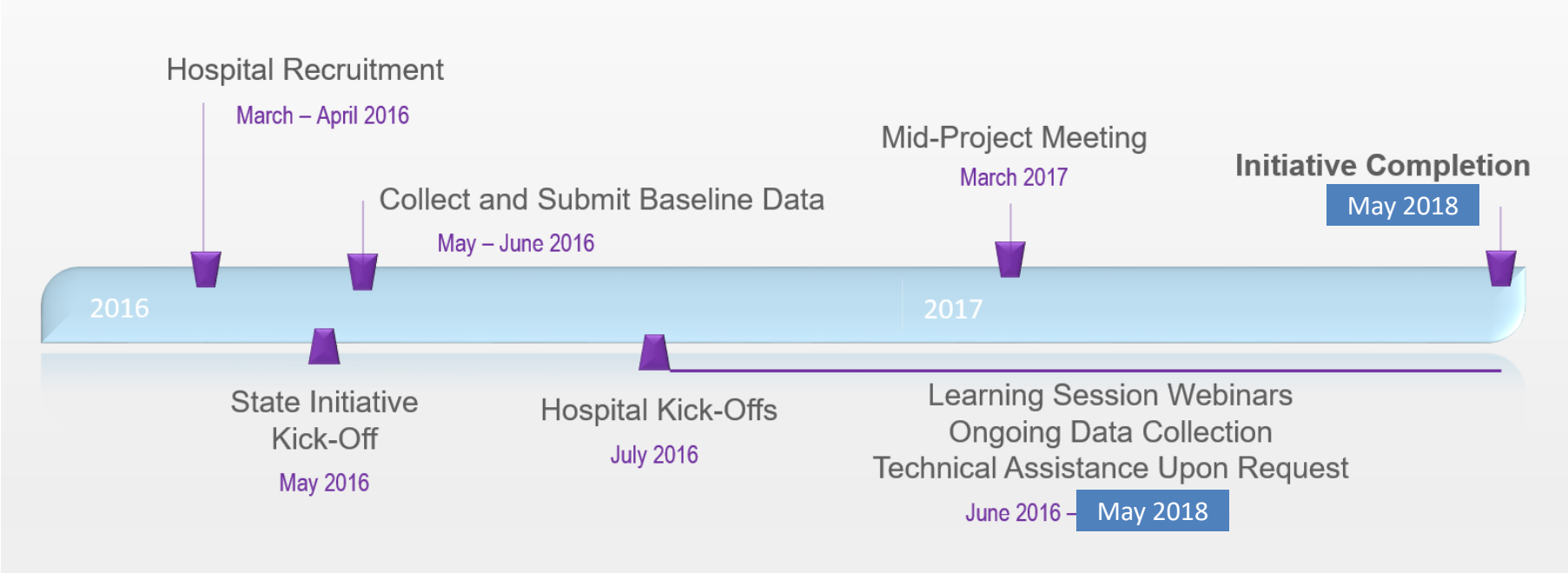

Project Aim
Within 2 years of project start, ≥50% of VLBW infants admitted to the NICU receive ≥50% MOM at discharge
Primary Drivers
Intent
Mother intends to provide MOM
Establishing Supply
MOM pumped volume ≥500 ml/day at 7, 14, 28
Maintaining Supply
≥50% of feeding volume comprised of MOM at 7, 14, 28, initial disposition
Transitioning to Breast
Nutritive breastfeeding session within 7 days of discharge

25 MOM Initiative Hospitals



Launched Spring 2016
Continues until Spring 2018

Timeline


Hospital Recruitment
March – April 2016
Collect and Submit Baseline Data
May – June 2016
Mid-Project Meeting
March 2017
Initiative Completion
May 2018
2016
2017
State Initiative Kick-Off
May 2016
Hospital Kick-Offs
July 2016
Learning Session Webinars
Ongoing Data Collection
Technical Assistance Upon Request
June 2016 – May 2018

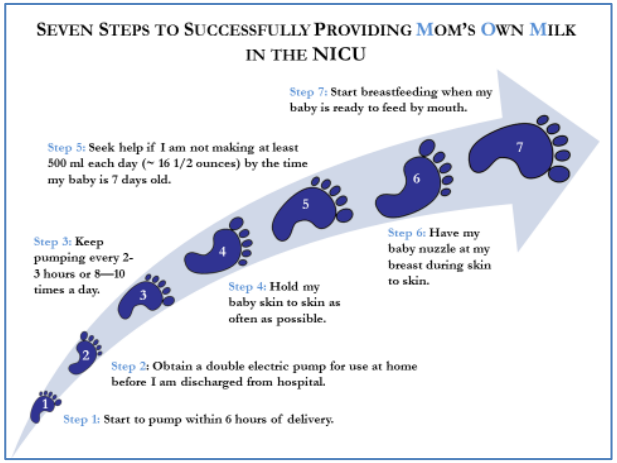
MOM MID-PROJECT MEETING

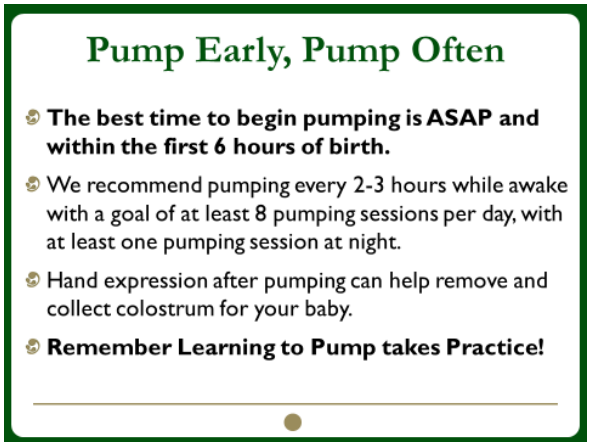
1. Prenatal Advocacy and Education on MOM

- All mothers with high risk pregnancies receive prenatal education on the importance of MOM

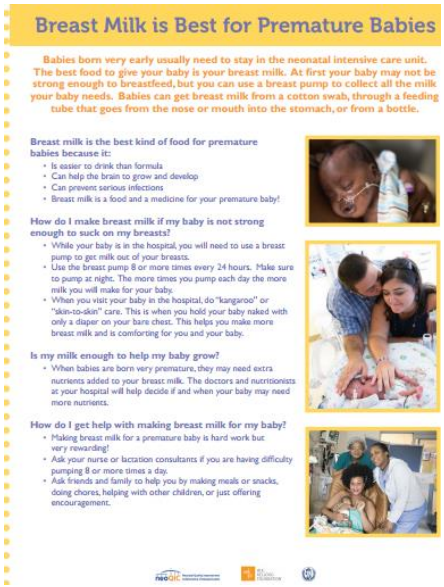
MOM Education Tool

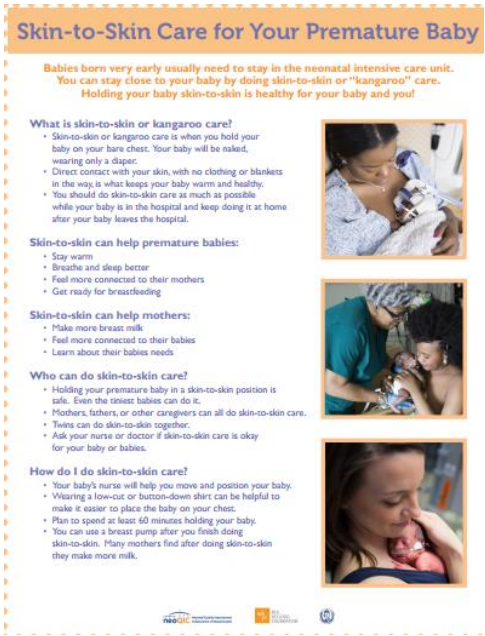
- Used prenatally or after delivery of NICU infant
- Focused on MOM for VLBW
- Can be customized by hospitals & available in Spanish
- http://health.usf.edu/publichealth/chiles/fpqc/~/media/46E206F23F794A459CD1C15F675357DB.ashx

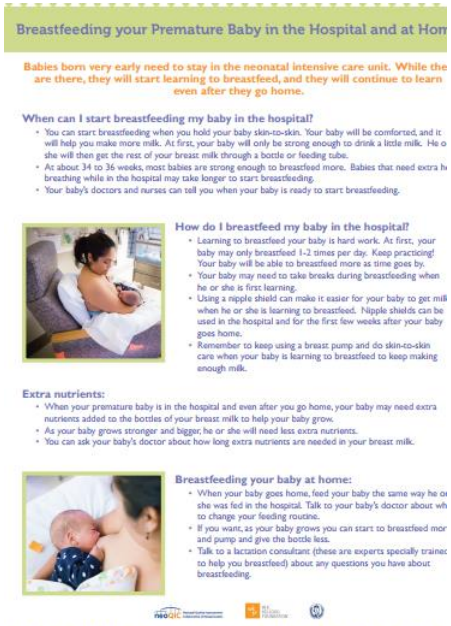




Educational Materials (8 languages)







http://health.usf.edu/publichealth/chiles/fpqc/momresources

2. Documentation of Informed Decision to Provide MOM

Mothers receive counseling on the benefits of MOM to allow for a fully informed feeding decision, and maternal feeding intent should be documented

3. Standard Process for Lactation Assessments

Lactation assessment for mothers of VLBW infants within 24 hours of NICU admission.

1. Review pumping frequency or technique
   (i.e., 8-12 times per day with 1session at night)
2. Assess breast comfort while pumping
   (i.e., flange size, vacuum level)
3. Review use of the pumping log
4. Develop a plan for a hospital grade electric pump at or after maternal discharge
   (i.e., WIC referral, loaner pump, rental information).

4. Person responsible and continuously available to initiate and assist with ongoing pumping

First pumping within the infant's 6th hour of life

and

Assistance with ongoing pumping

5. Secure sufficient number of pumps and ensure in-house access and at discharge

- Hospital grade pumps should be made easily accessible in areas such as labor & delivery, postpartum units, and NICUs
- Mothers need access to a hospital grade pump after maternal hospital discharge.

7. Maternal Education in NICU

- Early Initiation of Pumping
- Hand expression and Colostrum collection
- Engorgement
- Hands-on pumping
- Pumping and breast milk management

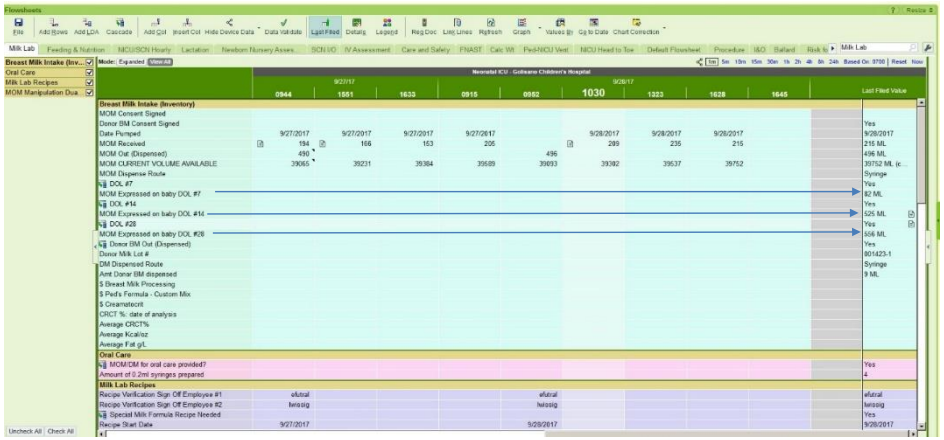
8. Ensure appropriate breastfeeding supplies

Success of the mother in producing milk and breastfeeding in the NICU is dependent on availability of equipment and supplies to support establishment of milk supply and breast milk management

9. Process to monitor milk supply

A process to assist mothers and NICU staff in monitoring milk supply

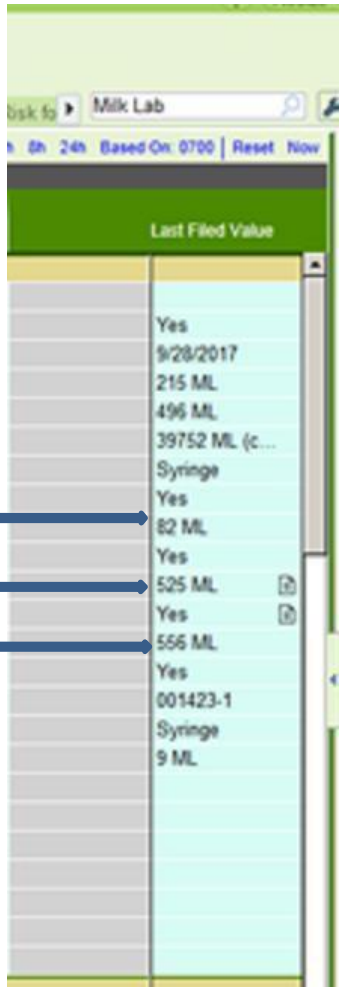
Milk Lab Monitoring Milk Supply



MOM #7 DOL = 82 ml

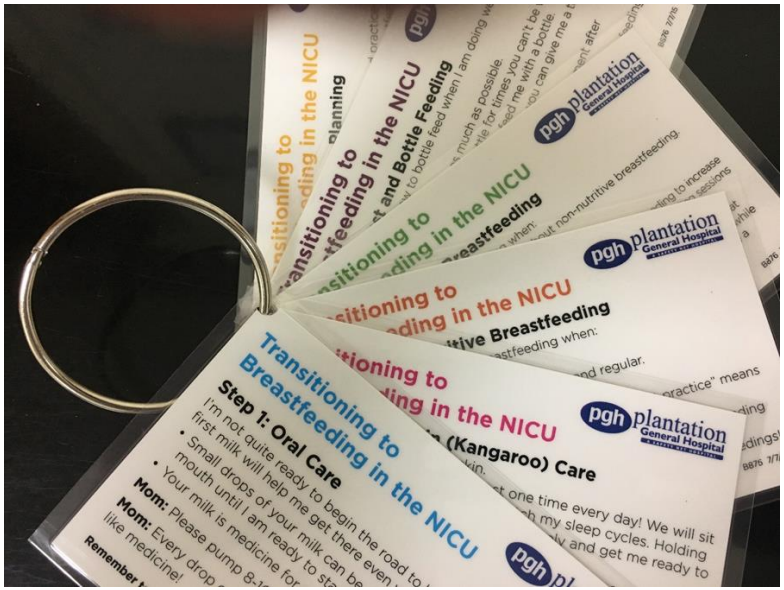
MOM #14 DOL = 525 ml

MOM #28 DOL = 556 ml



Visual Aids

- Education of NICU Staff on expected milk yields by developing cards for at bedside for DOL 7, 14, and 28.
- Common dialogue between RNs and Parents



- Laminated Crib Cards so mother is prepared for the developmental steps and cue based feeding progression

10. Standardized Guidelines

Standardized guidelines to support use of MOM and promote breastfeeding in the NICU for VLBW infants

- Management and Feeding of breast milk
- Oral care
- Skin to skin
- Non-nutritive breastfeeding
- Nipple shields
- Transition to nutritive breastfeeding / test weight
- Infant discharge feeding and appropriate follow-up

Kangaroo-a-Thon:

Celebrating the Power of Parents

Closeness & Touch

June 6th ~15th

Kickoff event:

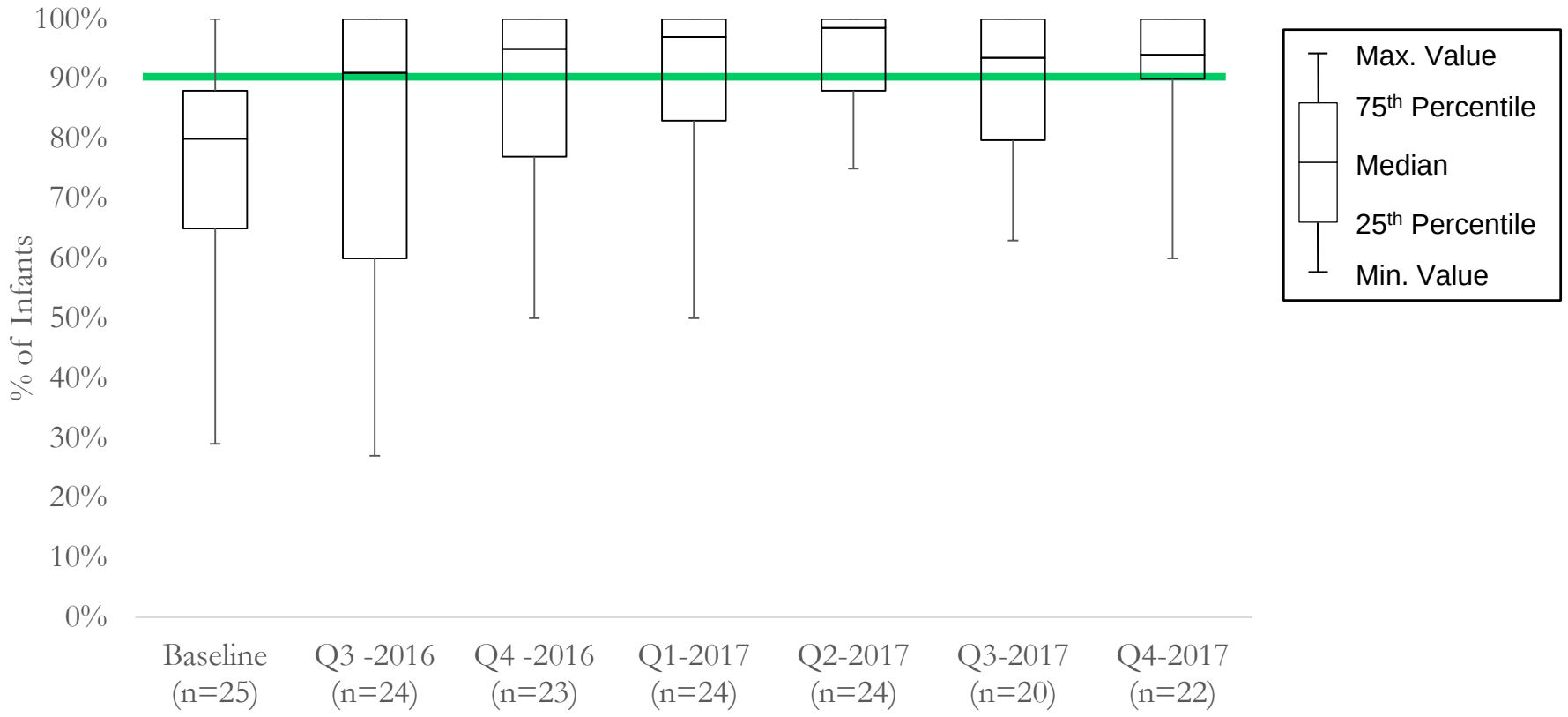
Tues: May 27th
2-4pm
Fri: May 30th
8-11pm

Lg conf room

Come and learn about specifics of kangaroo-a-thon and how you can win a prize basket while having a light snack and refreshment!!

Help parents to provide meaningful/ healing touch as often as possible. Prize baskets for *families* and *staff*!

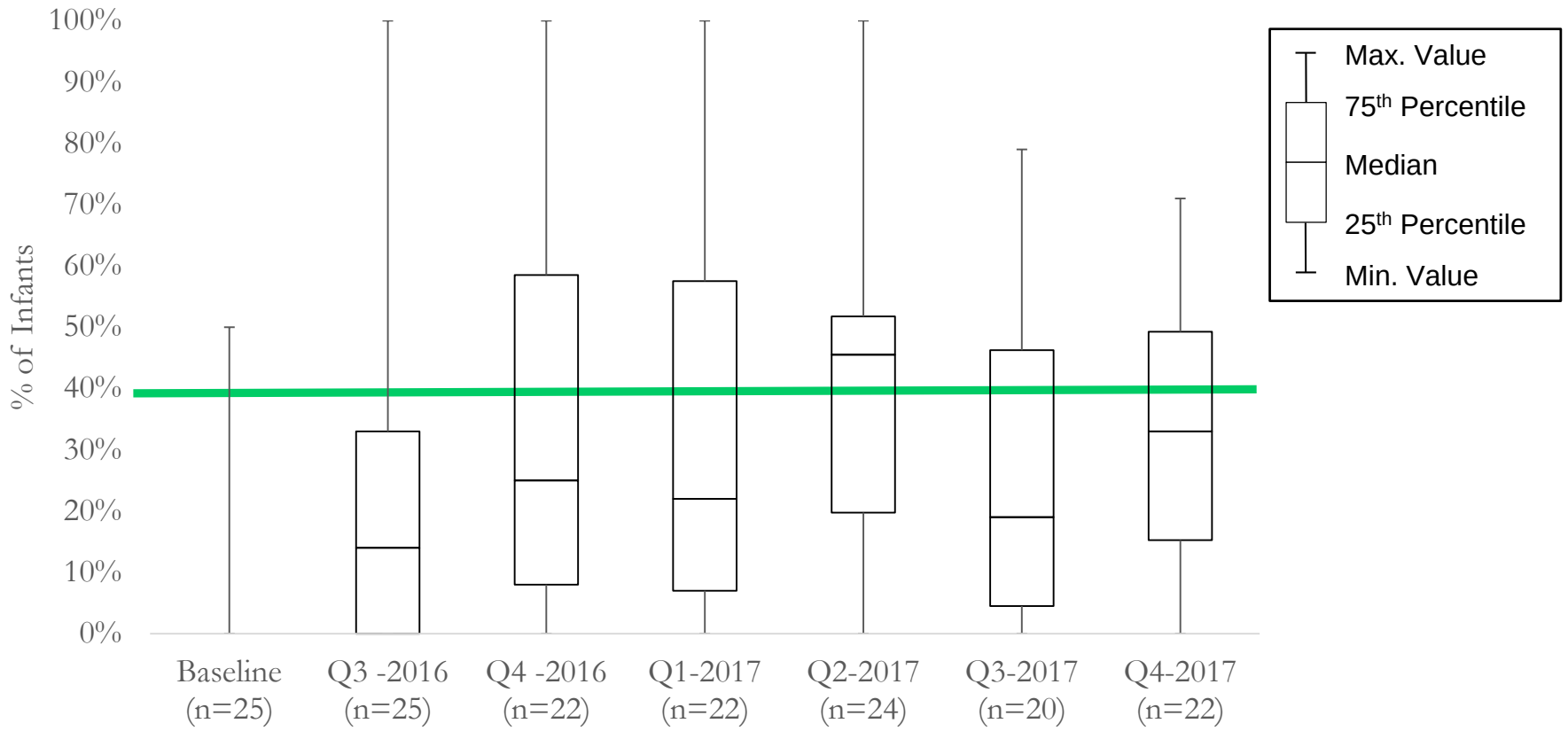
Fig 1. Intention to Provide MOM out of <u>all eligible VLBW infants</u>



Goal Line:

Denominator: All eligible VLBW infants

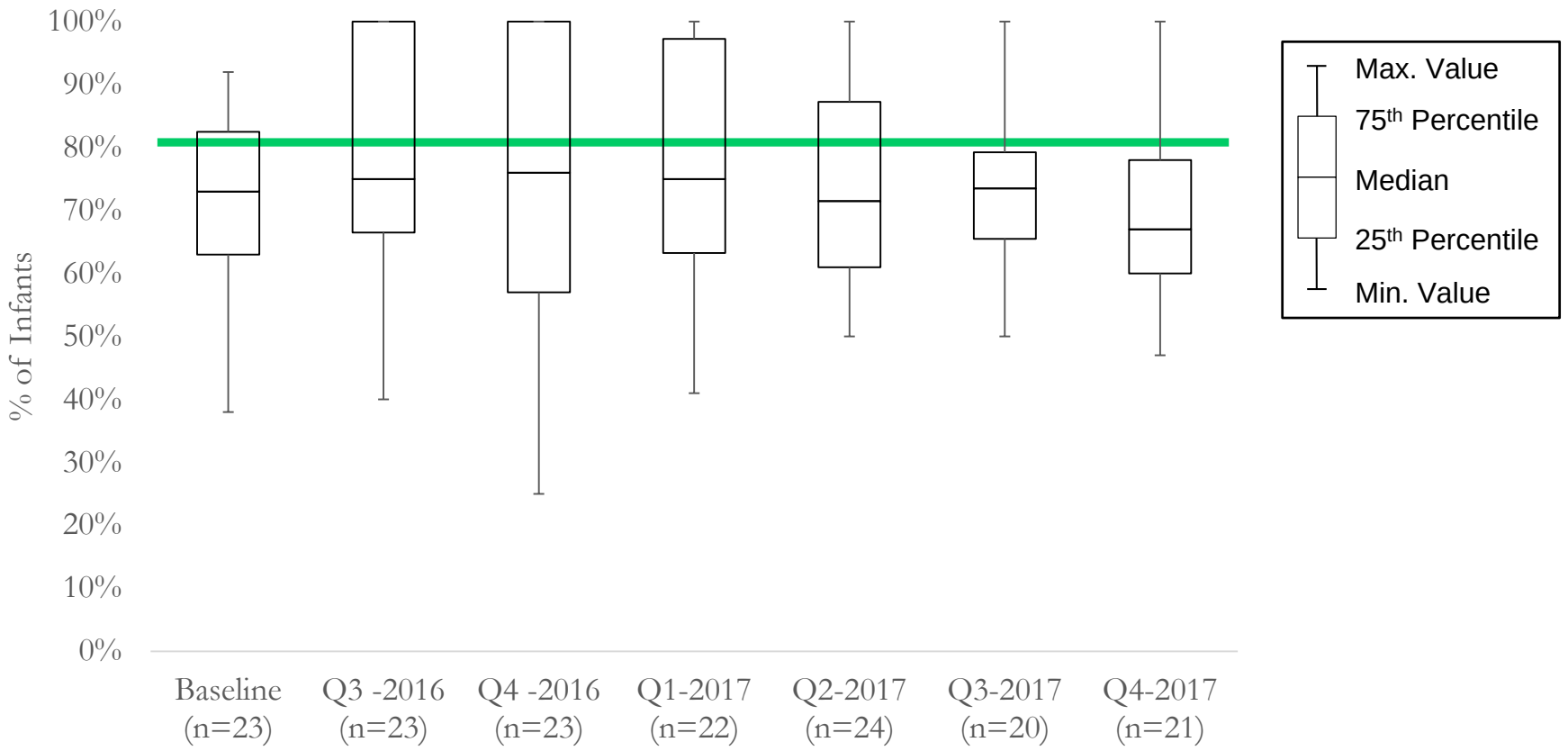
Fig 2. MOM pumped volume ≥500 ml/day on DOL 14



Goal Line:

Denominator: Only infants whose mother intended to provide MOM

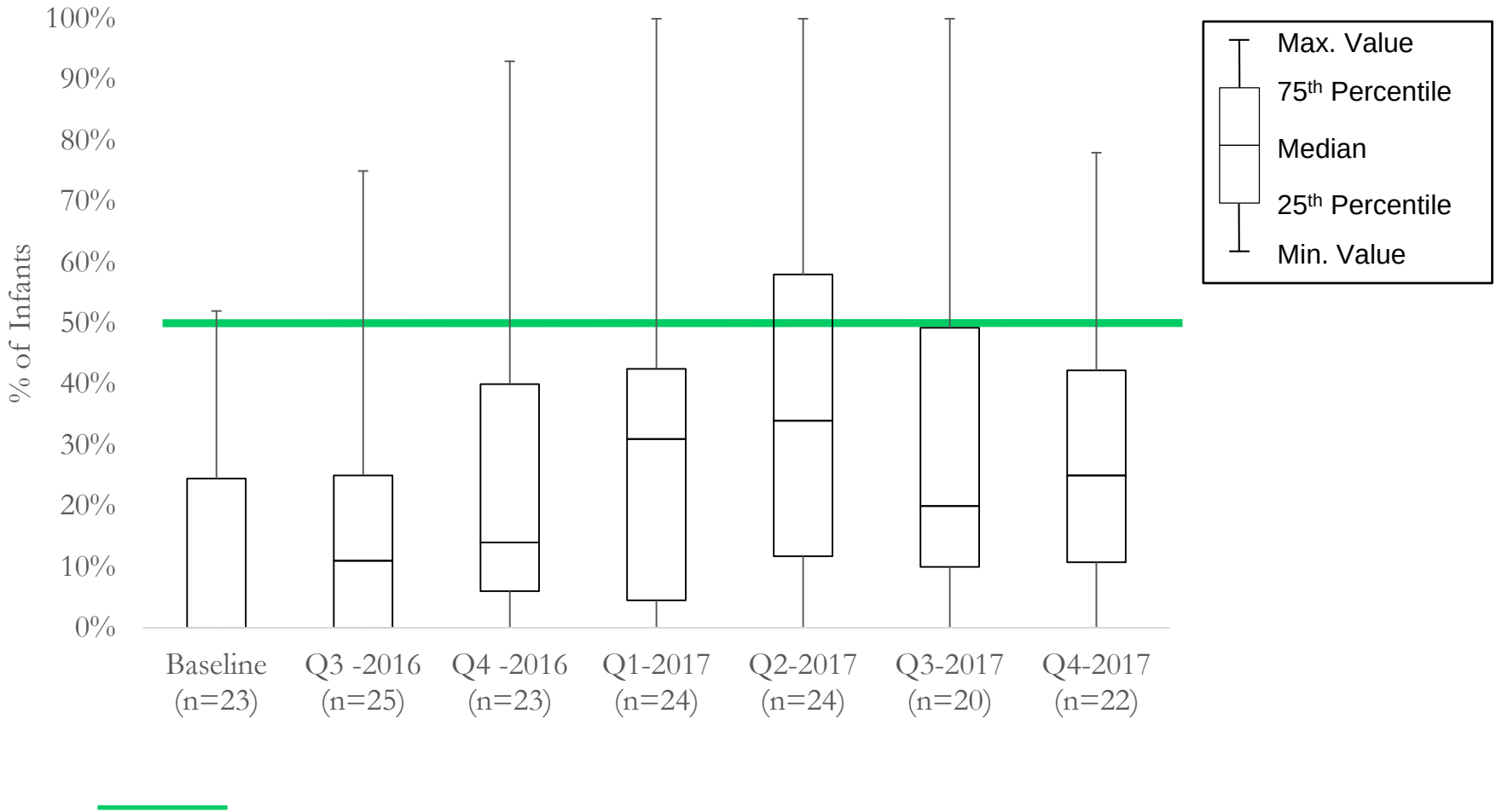
Fig 3. % of infants having ≥50% of feeding volume comprised of MOM on DOL 14



Goal Line:

Denominator: Only infants whose mother intended to provide MOM

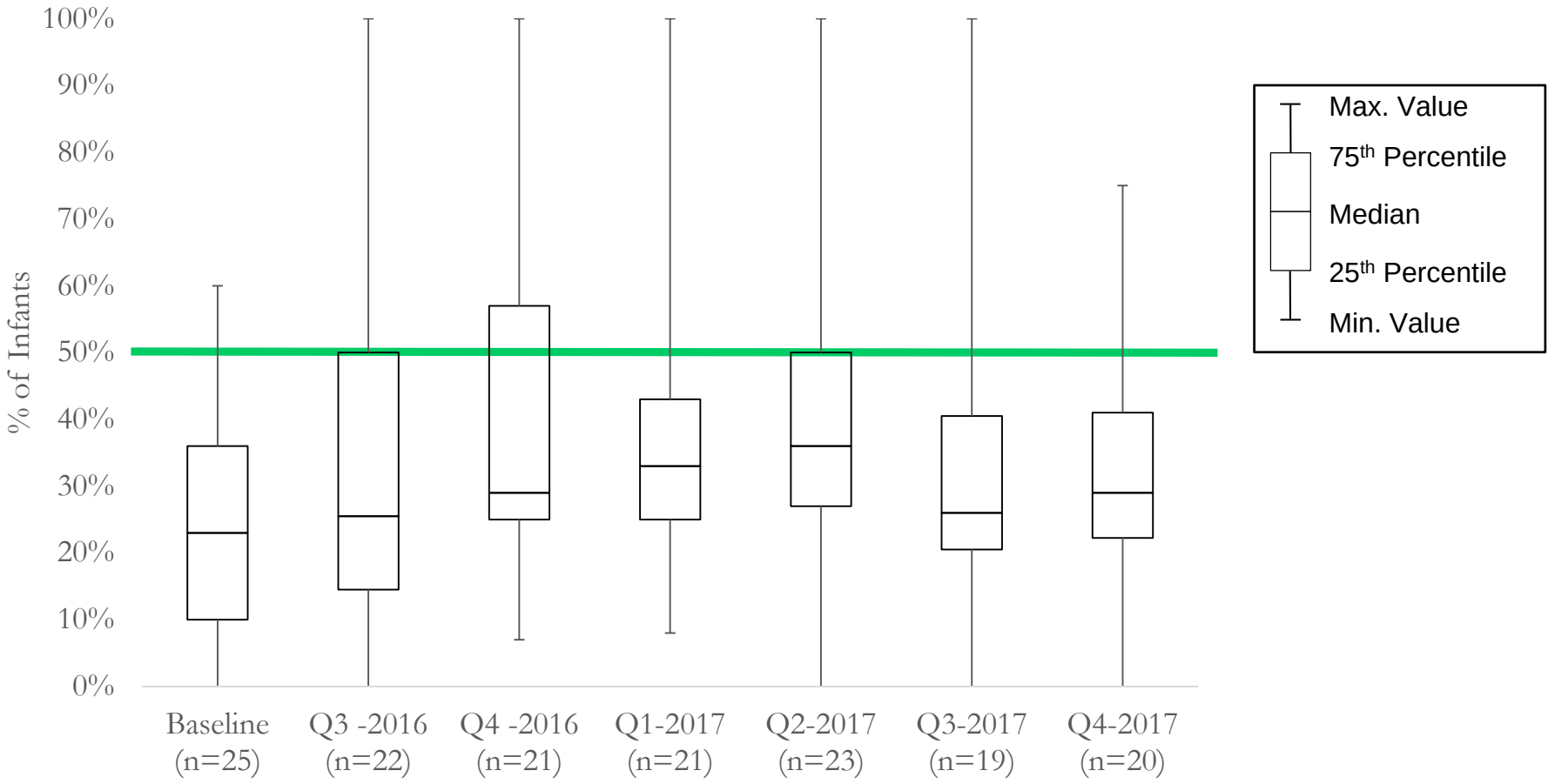
Fig 7. Non-nutritive BF session documented



Goal Line:

Denominator: Only infants whose mother intended to provide MOM

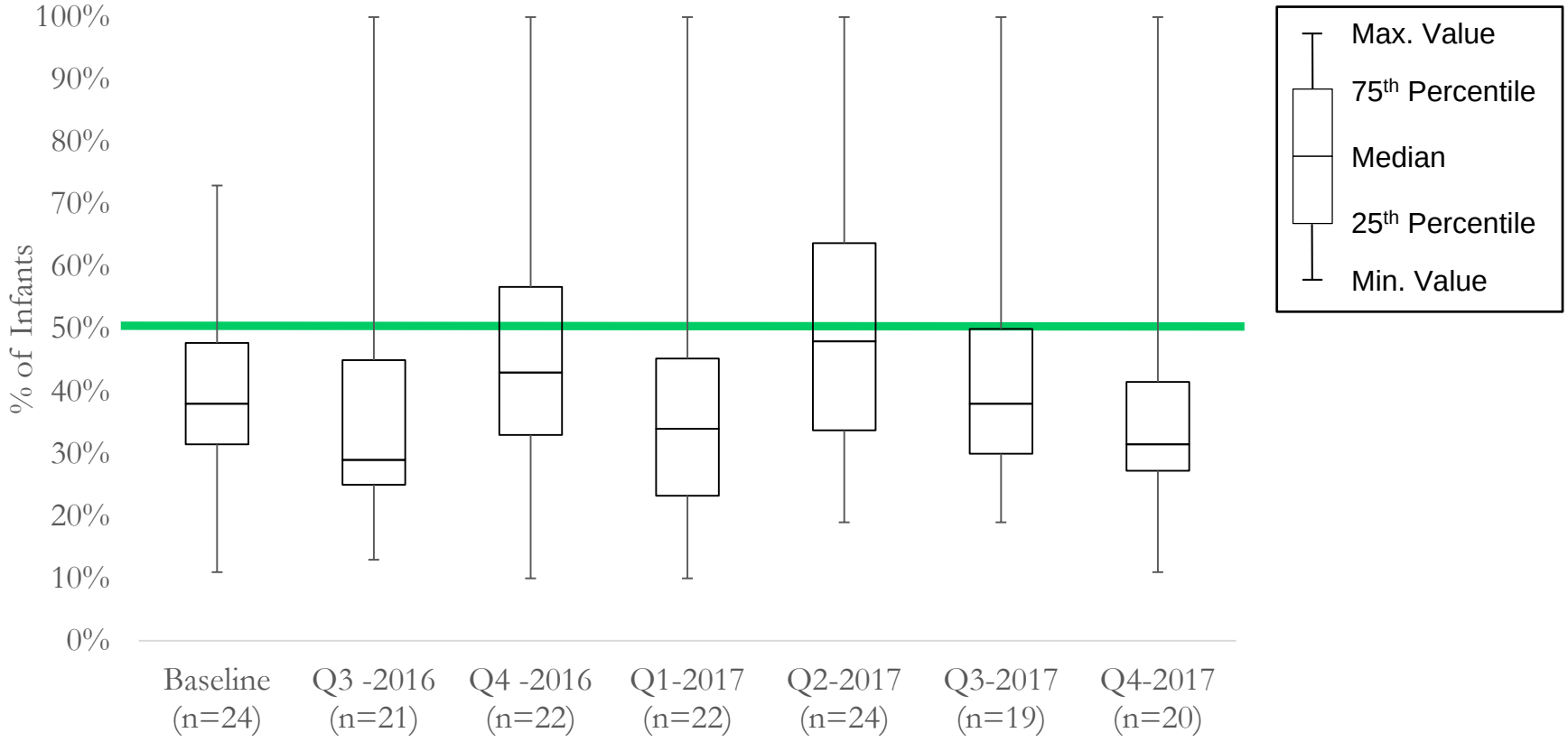
Fig 6. Nutritive BF session at within 7 days of infant's initial disposition



Goal Line:

Denominator: Only infants whose mother intended to provide MOM

Fig 5. % of all VLBW infants having ≥50% of feeding volume comprised of MOM on Initial Disposition



Goal Line:

Denominator: All VLBW infants

Average NICU Census	DOL 14 ≥ 50% MOM	Nutritive BF	All VLBW ≥ 50% MOM Initial Disp.
71-100	68%	24%	28%
41-70	63%	34%	40%
21-40	76%	32%	39%
<20	92%	40%	65%

Next Steps……..

- Sustainability survey completed
  - 22 out of 25 MOM NICUs responses
  - Phase to start June 2018
  - Continue to maintain progress and work on improvements ☺
- Explore the racial & ethnic disparities in providing MOM
  - Disparities persist in use of MOM and access to PDM in NICUs (Boundy et al., 2017).

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QUESTIONS?

- For more information, visit our project website:

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

www.fpqc.org

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