



## Healthy Infants with Mothers' Milk (HI-MOM)

### Healthy Newborn Group

Primary aim: To increase the percentage of newborns receiving exclusive breast milk feeding during the entire birth hospitalization by 20% above baseline

#### Primary Drivers

1. Inadequate maternal education on the benefits of exclusive breastfeeding
  - a. Secondary drivers
    - i. Lack of prenatal education in the obstetrician's office  
Process measure: Document conversation regarding the benefits of breast feeding to mother and baby.
    - ii. Lack of staff education on the benefits of exclusive breastfeeding  
Process measure: Document that all staff received formal education on the benefits of breastfeeding to mother and baby.
  - b. Potential changes/interventions
    - i. Develop consistent educational materials for mothers and partners from the OB office to labor and delivery to postpartum
    - ii. Educate staff regarding the benefits of breastfeeding to mother and baby
    - iii. Develop consistent staff messaging to talk with mothers and partners about the benefits of exclusive breast milk feeding
    - iv. Document annual education opportunities for all newborn health care providers
    - v. Develop a breast milk feeding guideline that is communicated to all staff and families  
Process measure: Document presence of formal breast milk feeding guideline
2. Inadequate opportunity for early evidence-based practices that promote initiation and maintenance of breast milk feeding
  - a. Secondary drivers
    - i. Early separation of mother and newborn that is not medically indicated
    - ii. Delivery room routines that interfere with skin-to-skin contact within the first hour
    - iii. Lack of staff education on the importance of early skin-to-skin and breastfeeding during the first hour  
Process measure: Document that all staff have received formal education on the benefits of early skin-to-skin contact.
  - b. Potential changes/interventions:
    - i. Develop staff educational materials that document the importance of skin-to-skin and early breastfeeding for initiation and maintenance

- ii. Streamline staff documentation to free staff to support mother and baby
  - iii. Eliminate policies that routinely separate healthy mothers and their newborns  
Process measure: Develop and document guideline on initiation of skin-to-skin for all healthy mothers and newborns irrespective of route of delivery
  - iv. Expect initiation of skin-to-skin and breastfeeding within one hour of birth for all healthy mothers and newborns, irrespective of route of delivery  
Process measure: Document time of first skin-to-skin contact by route of delivery  
Process measure: Document time of first breastfeed by route of delivery
3. Policies that interfere with exclusive breast milk feeding
- a. Secondary drivers
    - i. Lack of newborn nursery guidelines that discourage newborns remaining in the nursery except to ensure infant safety (e.g. mother is showering)
    - ii. Insufficient lactation contact hours available for nursing mothers, especially on nights and weekends  
Process measure: Document hours of lactation consultant availability
    - iii. Distribution of formula packs to mothers  
Process measure: Document number of mothers receiving formula packs.
    - iv. Lack of a guidelines that defines conditions for medically indicated formula  
Process measure: Document whether or not such a policy exists.
    - v. Failure to identify mothers and their newborns who are at high risk for lactation challenges
  - b. Potential changes/interventions
    - i. Develop a guideline that defines medically indicated formula administration and its duration
    - ii. Encourage mothers to keep newborns in their room at all times except when it would be unsafe
    - iii. Increase percent of RNs that achieve CLC status
    - iv. Increase hours of lactation consultant availability by 20% above baseline
    - v. Each mother has a breast feeding assessment at least twice during the birth hospitalization