

Healthy Infants with Mothers' Milk (HI-MOM)

Neonatal Intensive Care Group

Primary Aim:

To increase the use of exclusive mother's own milk (with or without fortification) prior to NICU discharge by 20% from original baseline.

Primary Drivers:

I. Inadequate and inconsistent parental education

a. Secondary Drivers:

1. Lack of education during prenatal NICU consultation

Process measure: Document parental education on the benefits of human milk to the preterm/term infant in medical record

2. Lack of postnatal education in the NICU

Process measure: Document parental education on human milk benefits as part of prenatal consultation note in medical record

b. Potential Changes/Interventions:

1. Consistent training for all NICU staff
2. Develop plan for ongoing staff education
3. Develop educational materials and support resources for families

II. Inadequate mother's milk availability for first feed

Process measures: 1. Composition of first feed (e.g. formula, donor milk, human milk)
2. Time from birth to administration of first feed

a. Secondary Drivers:

1. Early pumping not initiated:

Process measure: Time from delivery in hours to first maternal pumping

2. Early hand expression not initiated

b. Potential Changes:

1. Train labor and delivery/postpartum staff to facilitate early pumping and manual expression
2. Availability of pumps in maternal room immediately postpartum

III. Inadequate breast milk continuation while infant still in NICU:

Process measure: Composition of feeds when full enteral nutrition (140-150 ml/kg/day) achieved

a. Secondary Drivers:

1. Mother not pumping regularly at home
2. Inadequate skin to skin time when visiting in NICU
3. Lack of access to pumps and private space in the NICU
4. Lack of lactation support both in NICU and at home

Process measure: Time from birth to first contact with lactation support post-delivery

b. Potential Changes:

1. Monitor pumping and skin-to-skin by NICU staff

Process measure: Document discussion of skin-to-skin

Process measure: Days from birth to first skin-to-skin

Process measure: Babies go skin- to-skin post-delivery as appropriate

2. Hospital-grade pumps provided to all mothers

Process measure: Document hospital has process to ensure that appropriate paperwork to ensure hospital grade pumps are available
Document mother has a hospital grade pump available for pumping within 48 hours of her discharge

3. Improve NICU lactation support services and potentially develop peer support groups

4. Provide information for support services in the community

IV. Inadequate breast milk preparation for infant discharge

Process measure: Composition of feeds at discharge and at 3 months post-discharge

(WIC)

a. Secondary Drivers:

1. Inadequate maternal training prior to discharge
2. Lack of resources provided at discharged
3. Lack of equipment provided at discharge

b. Potential Changes:

1. Improve discharge education
2. Establish home feeding regimen in NICU prior to discharge
3. Ensure availability of supplies and provide contact information for additional support at the time of discharge

Process measure: Document discharge education, supplies, and information provided to mom