

Maternal-Child Health Nurse Leadership Academy :

Improving the Health & Wellbeing of Mothers & Infants

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MCH Nurse Leadership Academy

Julia A. Snethen, PhD, RN



Learning Objectives

- Discuss MCH Nurse Leadership Academy
 - Purpose
 - Goals
- Describe outcomes of:
 - Inter-professional team
 - Leadership projects and
 - Personal leadership development



MCH Nurse Leadership Academy Overview

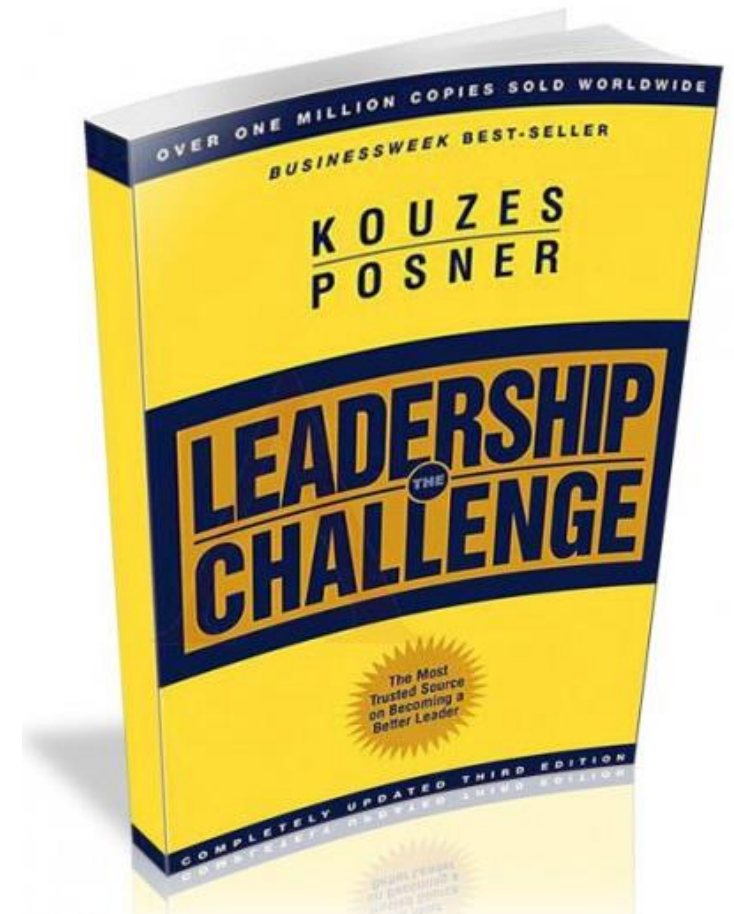
Designed to develop leadership skills:

- maternal-child health nurses
- nurse midwives
 - effectively lead inter-professional teams
 - improve the quality of healthcare for childbearing women and children up to 5 years old.



Transformational Leadership Model

- Model the Way
- Inspire a Shared Vision
- Challenge the Process
- Enable Others to Act
- Encourage the Heart



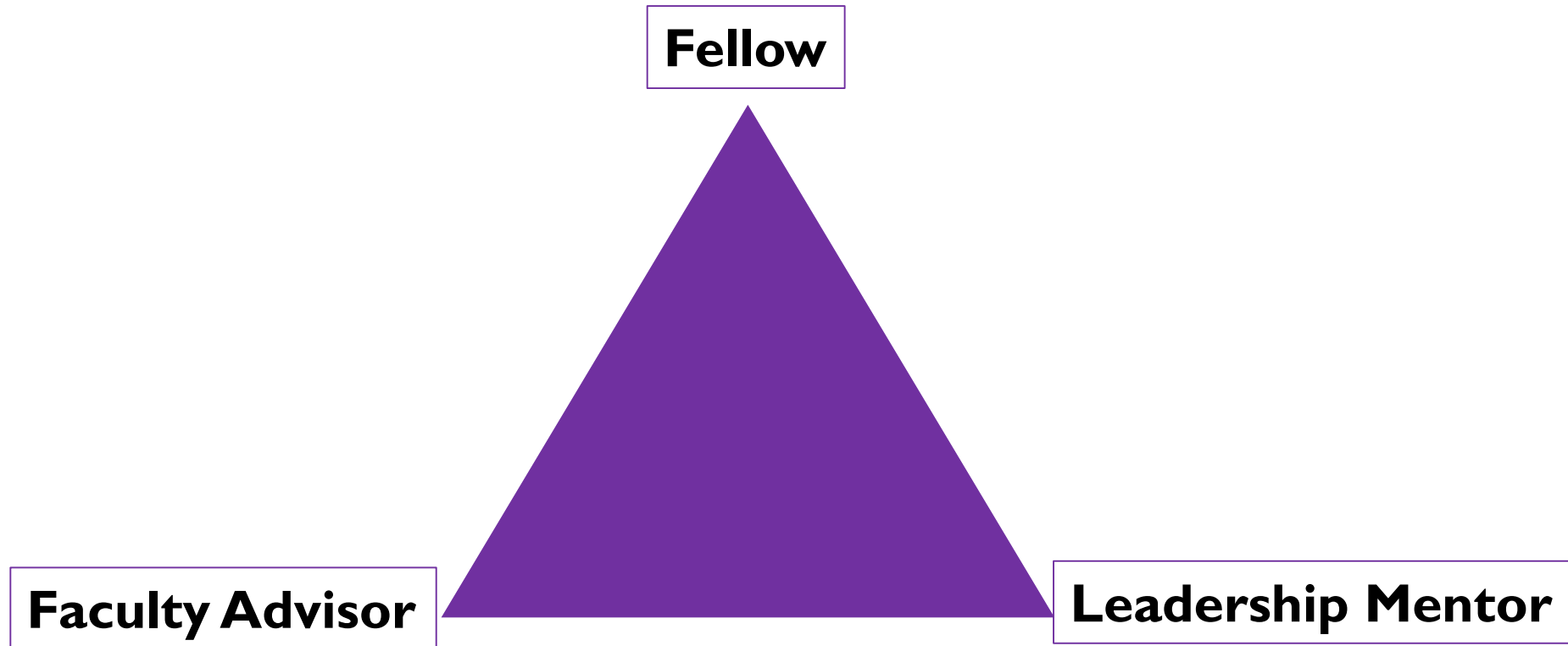
MCHNLA Structure

18-20 mo.

- Triad relationship
- Evaluations measure:
 - leadership practices
 - skills
 - knowledge
- Mentor
- Inter-professional team
- Project
- Participate in:
 - 2 workshops
 - 2 site visits
- Outcomes
 - STTI Conference
 - Poster
 - Project
 - Leadership Journey



Academy Triad Relationship



MCHNLA Mentor Role

- Work with fellow to:
 - champion,
 - advise and
 - advocate
- Not Fellow's direct supervisor
- Familiar with Fellow's practice setting
- Demonstrates characteristics of a Leadership Mentor



Faculty Advisor Role

- Participates:
 - On-line application review
 - Selection process
- Advising and mentoring
 - Project
 - Leadership Journey
 - Site-visits
 - Workshops
 - Monthly conference calls
- Collaborates with:
 - MCHNLA faculty advisors
 - STTI
 - Johnson & Johnson
- Curriculum development:
 - Presentation
 - Evaluation
- To Achieve Program:
 - Goals
 - Objectives



MCHNLA: Benefits



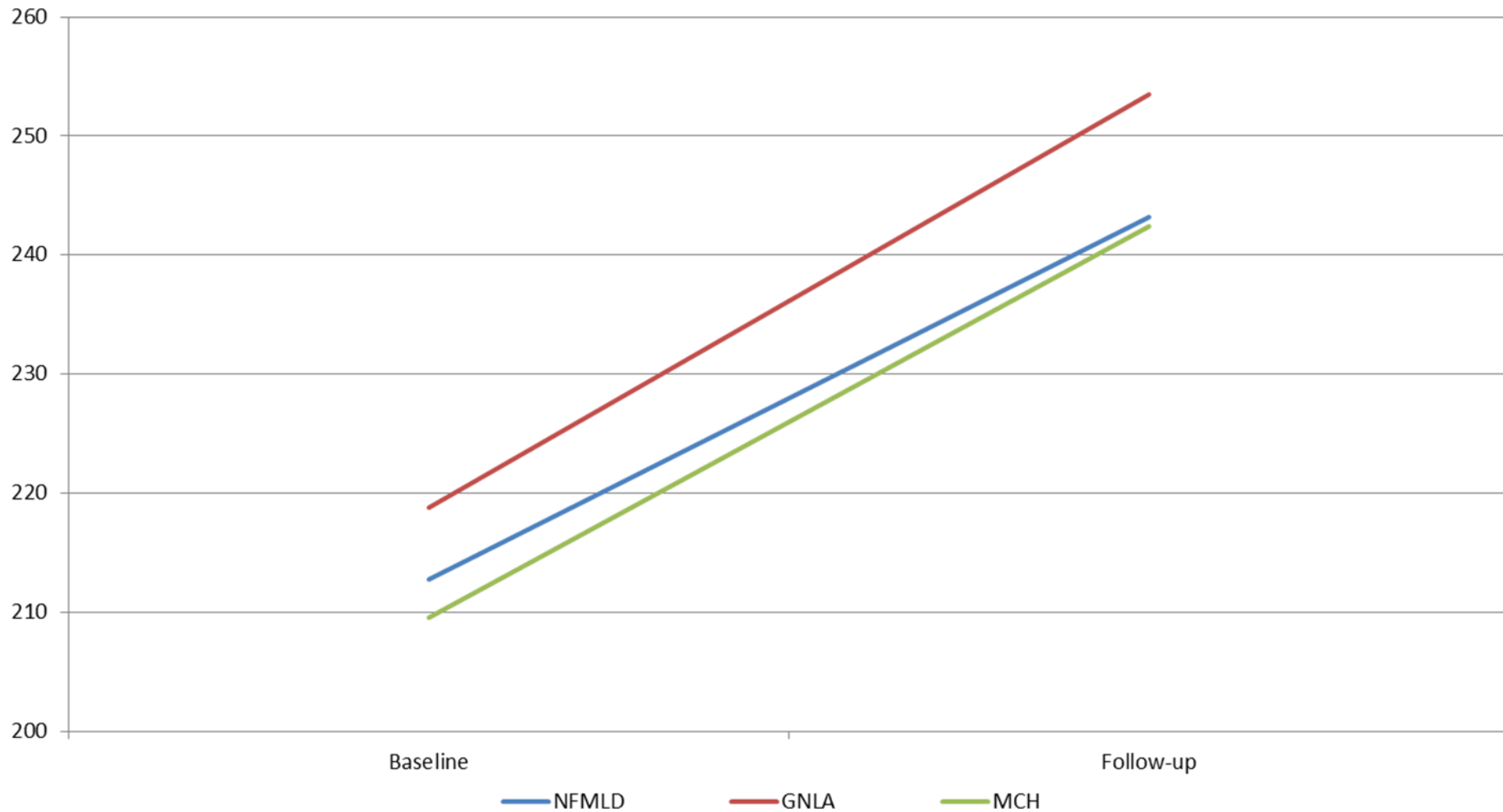
- Professional Growth
- Knowledge driven meetings
- Resources:
 - Evidence-based materials
 - One-on-one consultations
- Collaborating with colleagues:
 - Accomplished
 - Supportive

Leadership Journey

- Leadership Journey is just that....a journey
- Journey can be challenging at times....
 - Events out of your control
 - Unexpected changes in:
 - Organization
 - Personnel
 - Programming
- Process requires a time commitment from participants
- Outcomes—Priceless!



MCHNLA Impact Data



MCH Nurse Leadership Academy Exemplars & Impact

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





Sigma Theta Tau International
and

Johnson & Johnson

Maternal Child Health Nurse Leadership Academy



Transforming Professional & Personal Lives

- Mentorship relationships
- Stretching out of comfort zones
- Embracing leadership
- Networking
- Forever friendships



Taryn Edwards, MSN, CRNP, NNP-BC

- MCH leadership mentee
- Outcomes:
 - Published leadership project from academy
 - Completed MSN
 - 3 graduation awards
 - Multiple scholarships, presentations, and publications
 - Became mentor for the academy

CONTINUING EDUCATION

J Perinatal Neonatal Nurs
Vol 24, No 3, pp 246-253
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An Innovative Model for Achieving Breast-feeding Success in Infants With Complex Surgical Anomalies

Taryn M. Edwards, BSN, RN-BC; Diane L. Spatz, PhD, RN-BC, FAAN

This manuscript describes an innovative nurse-driven continuous quality improvement project. Infants born with congenital surgical anomalies face significant challenges within the newborn period and human milk/breast-feeding may not be viewed as a priority. In many hospitals, nurses refer families to lactation consultants for all breast-feeding assistance and support. The Transition to Breast Pathway was developed on the basis of the evidence-based standards and protocols at The Children's Hospital of Philadelphia. The pathway consists of (1) initiation of pumping and maintenance of milk supply, (2) mouth care with human milk, (3) skin-to-skin care, (4) nonnutritive sucking at the breast, (5) transitioning to at breast feeds. A sample of 80 infants were enrolled in this project. Major results of the project are as follows: (1) mother's average milk supply was approximately 603 mL/d, (2) 71% (57/80) of the infants received mouth care with human milk, (3) 48% (38/80) mother/infant dyads performed skin-to-skin care, (4) 60% (35/58) of mother/infant dyads performed nonnutritive sucking at the breast, (5) 100% (58/58) of mother-infant dyads transitioned to breast prior to discharge. This continuous quality improvement project demonstrates that nurses can and should lead the process of transitioning infants to at breast feeds. **Key words:** breast-feeding, human, intensive care, milk, neonatal

Infants born with complex surgical anomalies are infants that may benefit most from receiving their mothers' own milk. However, because of their diagnosis and hospital stay, they may be at highest risk for not receiving human milk. This article describes a continuous quality improvement project completed at The

Children's Hospital of Philadelphia (CHOP). The hospital's lactation program has a critical focus on the role of the bedside nurse in providing evidence-based lactation education, support, and care.¹ This continuous quality improvement (CQI) project builds on the strong culture of support for human milk and addresses how the staff nurse can facilitate the process of taking a mother from being pump dependent to successfully transitioning her infant to at-breast feeds.

Author Affiliations: The Children's Hospital of Philadelphia (Ms Edwards and Dr Spatz) and University of Pennsylvania School of Nursing (Dr Spatz), Philadelphia, Pennsylvania.

We thank Sigma Theta Tau International and Johnson & Johnson Maternal-Child Health Leadership Academy, XI chapter of Sigma Theta Tau International, Project Transition Team Members.
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Submitted for publication: March 4, 2010
Accepted for publication: May 19, 2010

246

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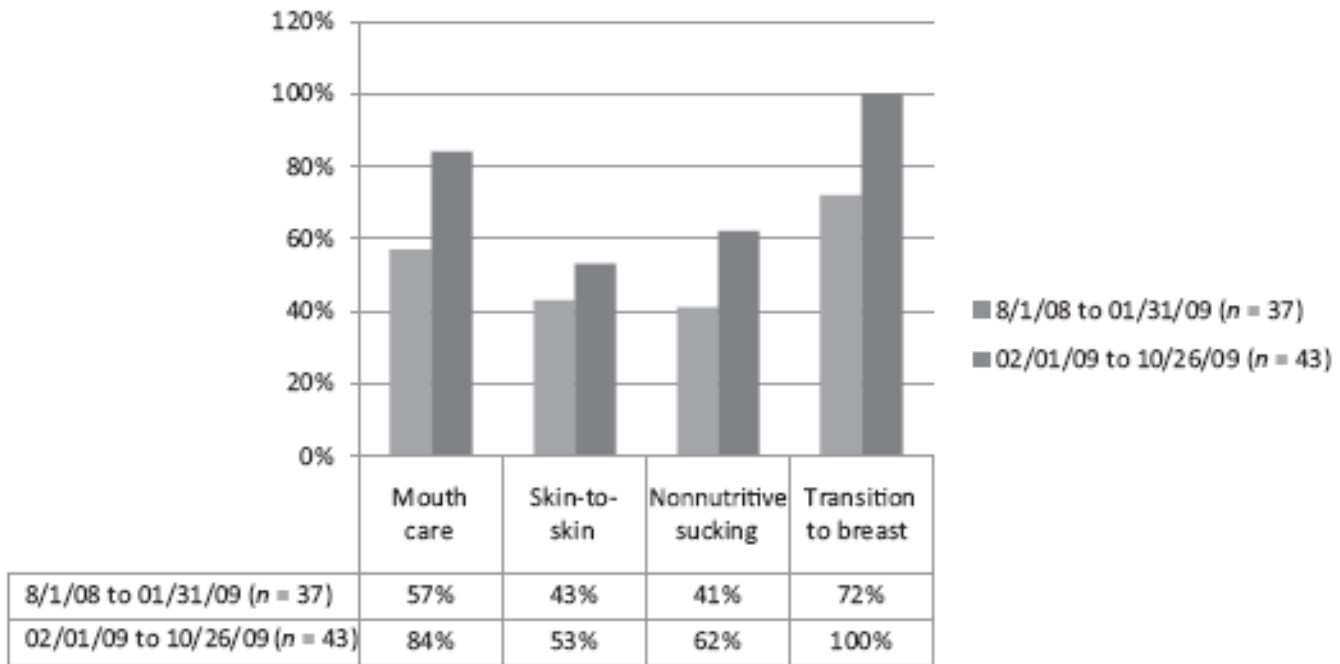


Figure 3. Comparison of the first 6 months of the continuous quality improvement project to the last 6 months.



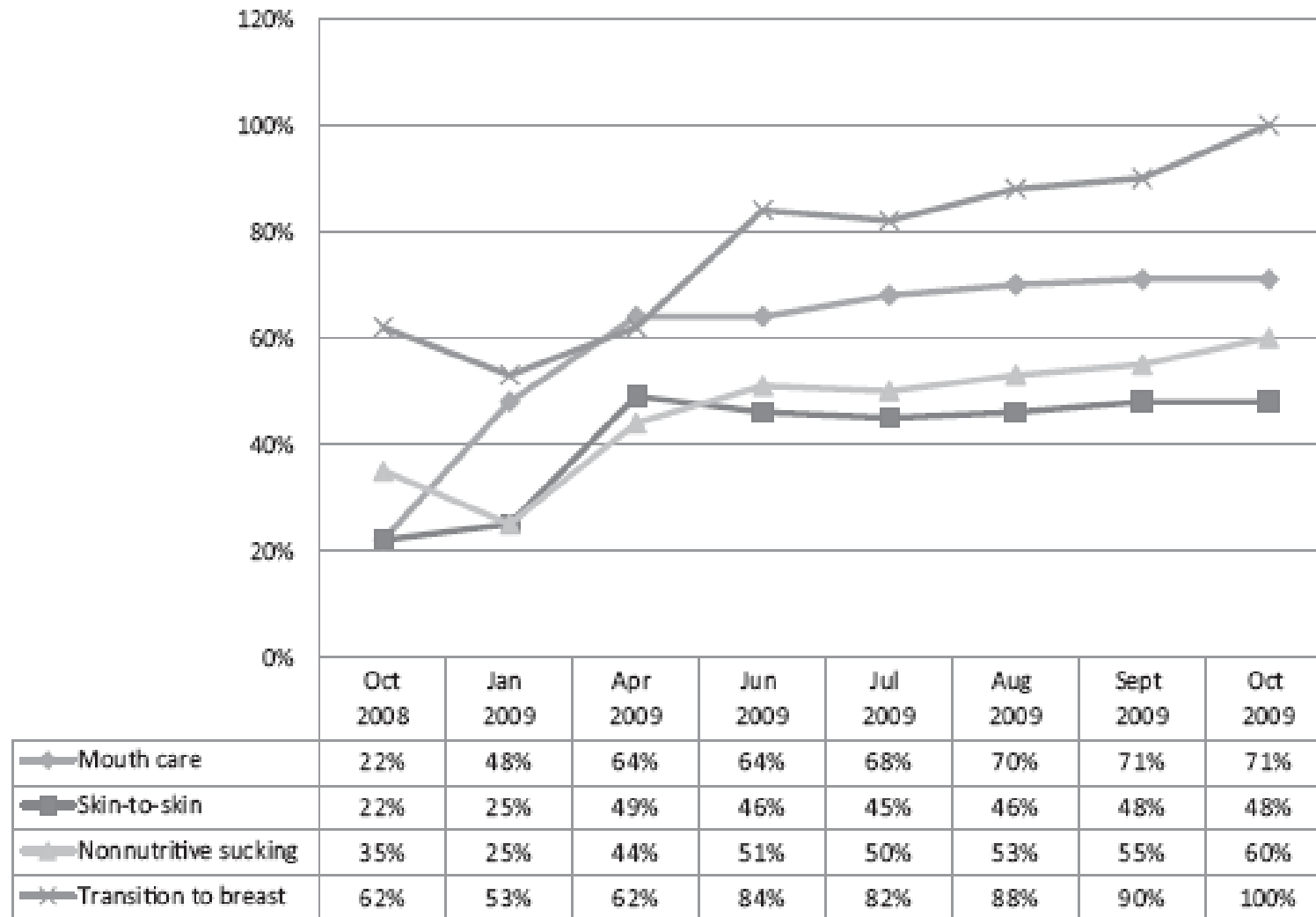


Figure 2. Continuous quality improvement data at select time intervals.

Leadership Beyond the Academy

Beyond the Basics Ksenia Zukowsky, PhD, APRN, NNP-BC ○ Section Editor

CE 2.3
HOURS
Continuing Education

Making the Case for Using Donor Human Milk in Vulnerable Infants

Taryn M. Edwards, MSN, CRNP, NNP-BC; Diane L. Spatz, PhD, RN-BC, FAAN

ABSTRACT
Vulnerable infants are at an increased risk for feeding intolerance due to immaturity or dysfunction (ie, congenital anomaly or obstruction) of the gastrointestinal system and/or hemodynamic instability. Symptoms of feeding intolerance include vomiting, water-loss stools, increased abdominal girth, and increased gastric residuals. It has been well documented that human milk provides optimal nutrition for infants and decreases the incidence of feeding intolerance. Donor human milk can be used for these at-risk infants to supplement the mother's own milk supply if insufficient or if the mother has decided not to or is unable to provide human milk for her infant. Establishing a donor human milk program within your institution will allow an opportunity for all vulnerable infants to receive an exclusive human milk diet.

Key Words: enteral nutrition, human milk, intensive care, milk banks, neonatal



Kim Chrupcala, BSN, RN (2012-2013 Cohort)

- Cue based feeding in the NICU is hard to do but essential to facilitate breastfeeding
- Chrupcala, K., Edwards, T. & Spatz, D.L. (2015) Implementation of infant driven feeding as a standard of care in the NICU. *The Journal of Obstetric, Gynecologic, & Neonatal Nursing*

JOGNN

IN FOCUS

A Continuous Quality Improvement Project to Implement Infant-Driven Feeding as a Standard of Practice in the Newborn/Infant Intensive Care Unit

Kimberly A. Chrupcala, Taryn M. Edwards, and Diane L. Spatz

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Keywords

cues
bottle feeding
breast feeding
neonatal nursing
intensive care

ABSTRACT

Objective: To increase the number of neonates who were fed according to cues prior to discharge and potentially decrease length of stay.

Design: Continuous quality improvement.

Setting: Eighty-five bed level IV neonatal intensive care unit.

Patients: Surgical and nonsurgical neonates of all gestational ages. Neonates younger than 32 weeks gestation, who required intubation, continuous positive airway pressure (CPAP), high flow nasal cannula (HFNC), or did not have suck or gag reflexes were excluded as potential candidates for infant-driven feeding.

Intervention/Measurements: The project was conducted over a 13-month period using the following methods: (a) baseline data collection, (b) designation of Infant Driven Feeding (IDF) Champions, (c) creation of a multidisciplinary team, (d) creation of electronic health record documentation, (e) initial staff education, (f) monthly team meetings, (g) reeducation throughout the duration of the project, and (h) patient-family education.

Results: Baseline data were collected on 20 neonates with a mean gestational age of 36 0/7th weeks and a mean total length of stay (LOS) of 43 days. Postimplementation data were collected on 150 neonates with a mean gestational age of 36 1/7th weeks and a mean total LOS of 36.4 days. A potential decrease in the mean total LOS of stay by 6.63 days was achieved during this continuous quality improvement (CQI) project.

Conclusions: Neonates who are fed according to cues can become successful oral feeders and can be safely discharged home regardless of gestational age or diagnosis.

JOGNN, 00, 1-11; 2015. DOI: 10.1111/1552-8009.12727

Accepted January 2015



Cued Based-Infant Driven Feeding

- Baseline data collected
- Intervention delivered (educational content)
 - Train the trainer model
- Patient Family Education sheet created
- Charting in electronic medical record (EPIC) created!
- Post-implementation data collected



Table 1: Project Timeline

Table 1: Project Timeline	
Date	Action
September 1, 2012	Start of Baseline Data Collection
November 2012	Creation of HER Documentation for IDF First IDF Meeting
November 30, 2012	End of Baseline Data Collection
November 2012-December 2012	Mandatory Education/Start of Unit Education on IDF
January 1, 2013	Start of Post-Implementation Data Collection (Phase I)
April 2013-May 2013	Re-education of Unit by IDF Champions
May 21, 2013	MCH Leadership Academy Site Visit
May 31, 2013	End of Post-Implementation Data Collection (Phase I)
June 1, 2013	Start of Post-Implementation Data Collection (Phase II)
June 2013	Creation of PFE
October 31, 2013	End of Post-Implementation Data Collection





13:B:26

Caring for Your Child
Infant Driven Feeding

What is Infant Driven Feeding?

Infant driven feeding is a simple and natural way to introduce feedings to your hospitalized baby based on cues. Cues are signs from your baby that he is ready to eat. With infant driven feeding, you will offer your baby feedings when you see readiness cues and you will stop feedings when you see disengagement or stress cues.

What are feeding readiness cues?

Feeding readiness cues are signs from your baby that he is ready to eat. Some examples of readiness cues are:

- Your baby is awake and quiet
- Bringing hands to mouth
- Opening mouth wide while turning the head from side to side (also called rooting)
- Accepting a pacifier if offered

What are disengagement or stress cues?

Disengagement or stress cues are signs from your baby that the feeding should be stopped. Stopping the feeding at this time is safest for your baby no matter how much he ate. Some examples of disengagement or stress cues are:

- Wrinkling the forehead
- Putting hand(s) up in a "stop sign" motion with fingers spread out
- Unstable changes in vital signs
- Stuffy nose or noisy breathing

Another important reason to end a feeding is if the baby is asleep. Do not force your baby to eat if he is finished.

Why Should I Try Infant Driven Feeding?

Feeding your baby according to cues will allow for a safe and enjoyable feeding experience. Research has also shown that hospitalized babies who are fed according to cues go home faster!




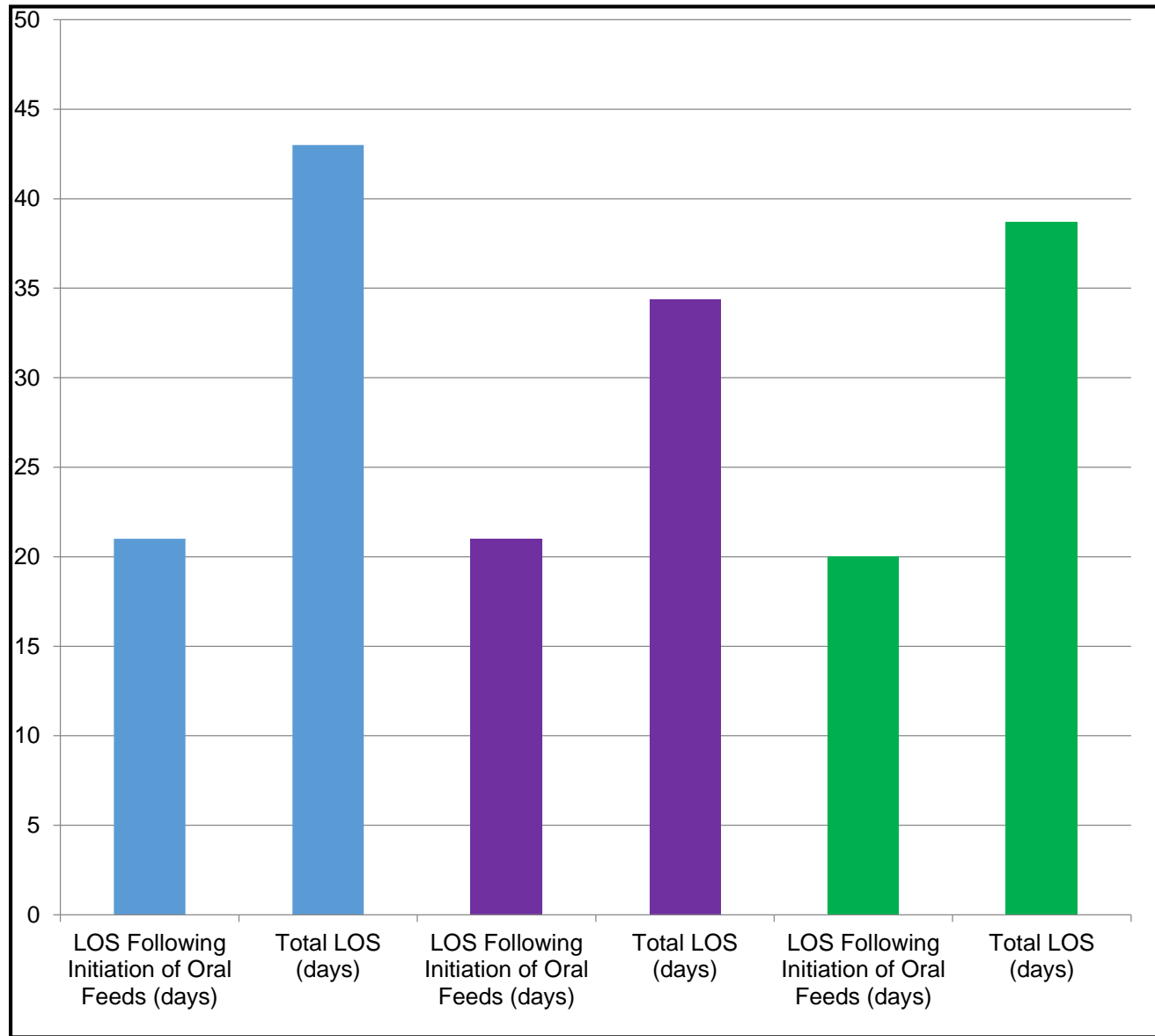
Creation of Carting in EPIC

Assessments Vital Signs NICU General Care Respiratory Intake Output Vascular Access Tubes/Drains/Ostomies Episodic Events Sedation/ANES Record Intake

Mode: Accordion Expanded View All 1m 5m 10m 15m 30m 1h 2h 4h 8h 24h Based on: 0700 Reset Now

	NEO INT D								Last Filed Value
	7/11/13			7/12/13					
	1800	1830	2100	0000	0300	0600	0900	1200	
Calorie Count									
Enteral Feedings									
Is the patient receiving enteral feedings?									
Bolus NG Feed									
Formula Name		BM/GG...	BM/GG...	GGs 20	GGs 20	GGs 20	ggs 20		bm
Additive Name									
Breast Milk Fortifier Name									
Method of Delivery		Pump	Pump	Pump	Pump	Pump	Gravity	Grav	Gravity
Has Bag/Feeding Set Been Changed?		YES	YES	YES	YES	YES	YES	Y	YES
Pump Type, if applicable									
Rate (mL/h), if applicable		45	45	35	45	32			32 mL
Cumulative Volume (mL) (Pump Reading)									
Hourly Volume Given (mL)		45	45	35	45	32	45		43 mL
Flush Volume (mL) (Pre/Post Feed)									
Infant Driven Feeding									
Pre-feeding cues		Awake ...		Physiol...		Physiol...	Awake ...		Awake or stirr...
Feeding Quality Score		2		2		2	3		Inconsistent ...
Reason for termination of feeding		Decreas...		Decreas...		Decreas...	Stress c...		Stress cues (...)
Cosign (for flowsheet documentation)									
Cosign									



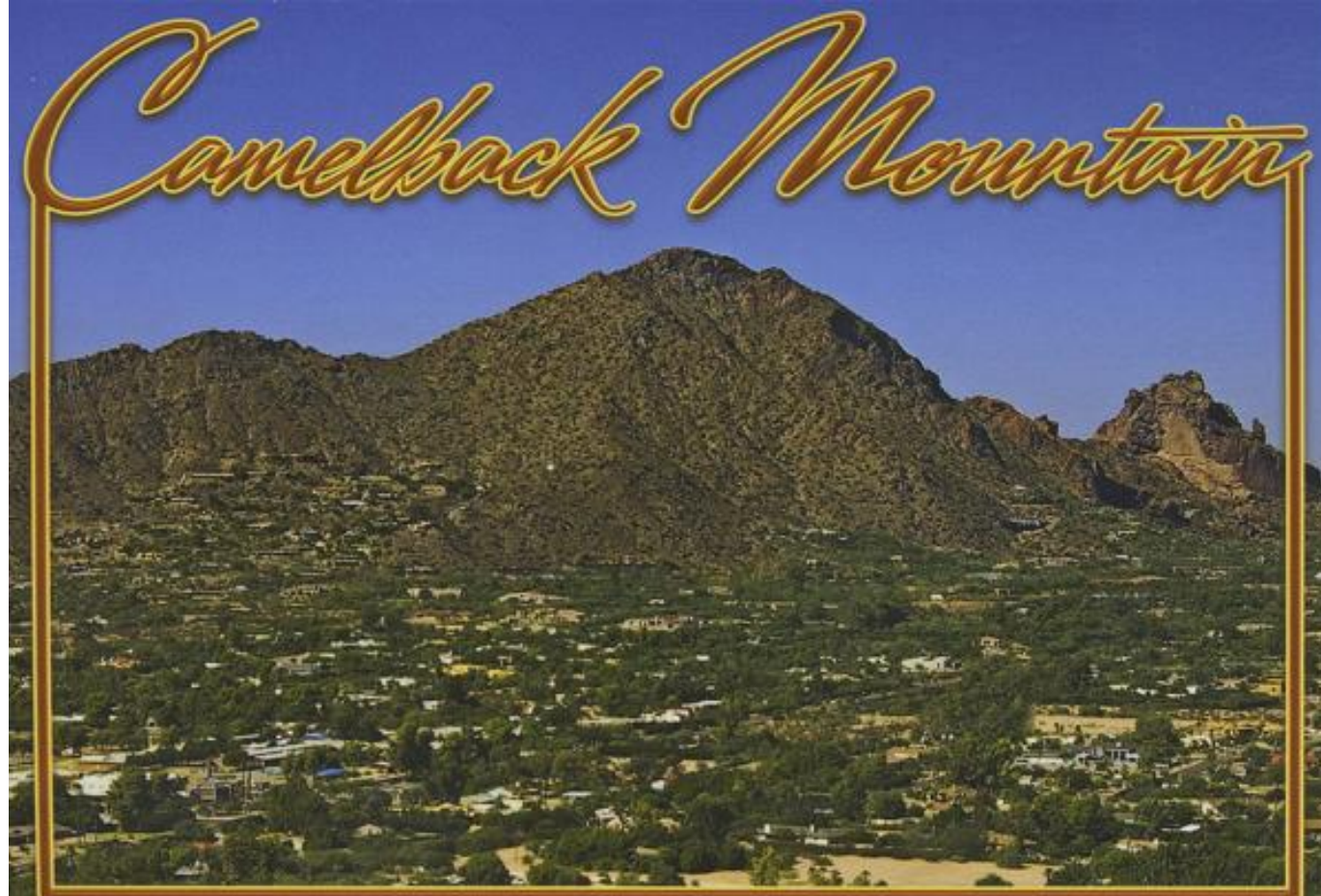



Sustained Mentorship Outside the Academy!

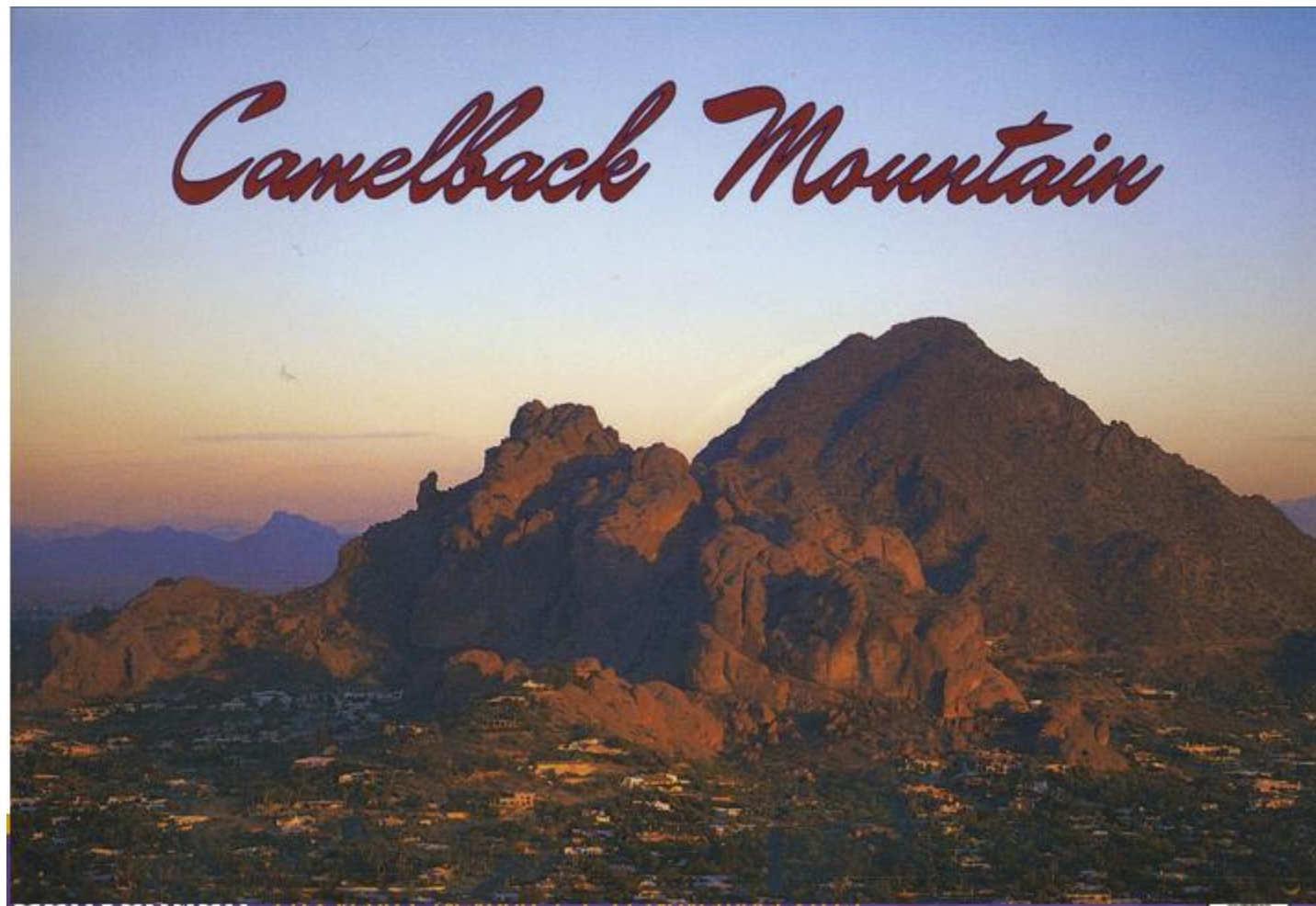
- Jessica Gordon, PhD, RN, IBCLC
 - 2008-2009 cohort
- Jessica Brumley, PhD, CNM
 - 2010-2011 cohort
- Ivonne Hernandez, PhD, RN, IBCLC
 - 2012-2013 cohort



The Academy Challenges Participants to New Heights!



They Conquered Camelback!



The Organizer



If we weren't at MCH Nurse Leadership Academy.....



Organizational Impact: Why is this important?

Patricia Clinton PhD, ARNP, FAAN, FAANP

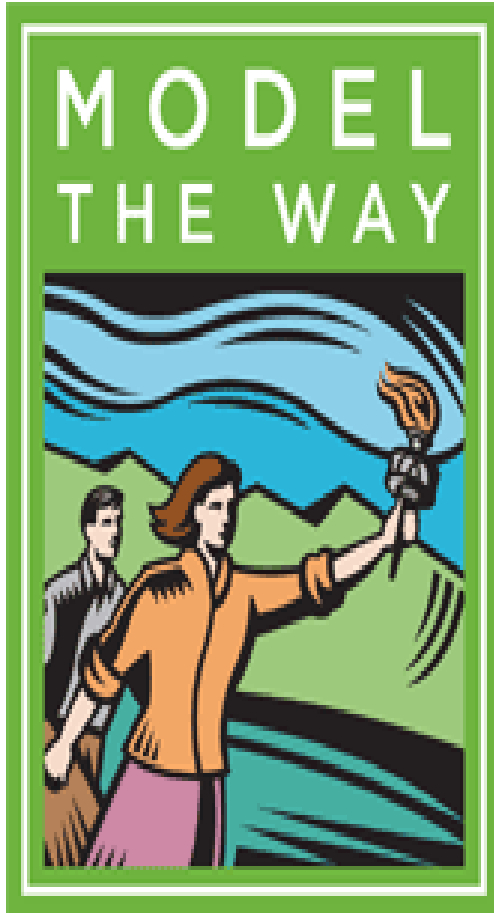


Leadership



“Credibility is the foundation of leadership”
(Kouzes & Posner, 2012)

Model the Way



Modeling the way is the defining example of credibility

Clarify Values



Finding your voice

Clarify Values



**Affirm shared
values**

Creating the Leader in You



Impact on Organization



28

Midwives



355

OB-GYN/
Physicians



2,084
nurses



17,597

Population
directly
served

Population Impacted



11,704
Boys 0-5



11,846
Girls 0-5



42,671
Women



63,790
Population
indirectly
served

Sustainability



Your project is the vehicle to transform the institution

Thank you & Questions

- To contact us:
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