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
  o Purpose
  o Goals

• Describe outcomes of:
  o Inter-professional team
  o Leadership projects and
  o Personal leadership development
MCH Nurse Leadership Academy Overview

Designed to develop leadership skills:

• maternal-child health nurses

• nurse midwives
  
  o effectively lead inter-professional teams

  o 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:
  o leadership practices
  o skills
  o knowledge

• Mentor
• Inter-professional team
• Project

• Participate in:
  o 2 workshops
  o 2 site visits

• Outcomes
  o STTI Conference
  o Poster
    – Project
    – Leadership Journey
Academy Triad Relationship

- Fellow
- Faculty Advisor
- Leadership Mentor
MCHNLA Mentor Role

• Work with fellow to:
  o champion,
  o advise and
  o 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
Project

Opportunity:
• Develop a project that can make a difference
• Interesting topic

Benefits:
• Improve health of women and children
• Improve quality of health care
• Improve organization
Leadership Journey

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

Baseline vs. Follow-up:
- NFMLD
- GNLA
- MCH
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
Project Transition

Table 1. Project transition timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 17, 2008</td>
<td>Held first Project Transition Meeting</td>
</tr>
<tr>
<td>July 28, 2008</td>
<td>Initial survey and education ofNeo-surgical nursing team</td>
</tr>
<tr>
<td>July 31, 2008</td>
<td>Project Transition initiated</td>
</tr>
<tr>
<td>August 1, 2008</td>
<td>Data collection started</td>
</tr>
<tr>
<td>August 7, 2008</td>
<td>Survey Completed, Collaborate data and disseminate to nursing staff</td>
</tr>
<tr>
<td>February 2009</td>
<td>Resurvey and reeducation ofNEOSURGICAL nursing team</td>
</tr>
<tr>
<td>August 31, 2009</td>
<td>Project Transition completed</td>
</tr>
</tbody>
</table>

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Figure 1. Project transition pathway: data collection tool.
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.
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 (i.e., 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

Cued Based-Infant Driven Feeding

• Baseline data collected

• Intervention delivered (educational content)
  o 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>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>September 1, 2012</td>
<td>Start of Baseline Data Collection</td>
</tr>
<tr>
<td>November 2012</td>
<td>Creation of HER Documentation for IDF</td>
</tr>
<tr>
<td>November 30, 2012</td>
<td>First IDF Meeting</td>
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<tr>
<td>November 2012-December 2012</td>
<td>End of Baseline Data Collection</td>
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<tr>
<td>January 1, 2013</td>
<td>Mandatory Education/Start of Unit Education on IDF</td>
</tr>
<tr>
<td>April 2013-May 2013</td>
<td>Start of Post-Implementation Data Collection (Phase I)</td>
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<tr>
<td>May 21, 2013</td>
<td>Re-education of Unit by IDF Champions</td>
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<tr>
<td>May 31, 2013</td>
<td>MCH Leadership Academy Site Visit</td>
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<tr>
<td>June 1, 2013</td>
<td>End of Post-Implementation Data Collection (Phase I)</td>
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<tr>
<td>June 2013</td>
<td>Start of Post-Implementation Data Collection (Phase II)</td>
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<tr>
<td>October 31, 2013</td>
<td>Creation of PFE</td>
</tr>
<tr>
<td></td>
<td>End of Post-Implementation Data Collection</td>
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</table>
Appendix A: PFE on 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 feeling 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 wake 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 hands 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 angry. 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

#### Table Data:

<table>
<thead>
<tr>
<th>Date</th>
<th>Intake 1</th>
<th>Intake 2</th>
<th>Intake 3</th>
<th>Intake 4</th>
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<tbody>
<tr>
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<td>1800</td>
<td>2100</td>
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<td>1800</td>
<td>1800</td>
<td>2100</td>
<td>0000</td>
</tr>
</tbody>
</table>

#### Carting Details:

- **Formula Name**: BMG9... BMG9... G93.20 G93.20 G93.20 ggs 20
- **Additive Name**: Pump
- **Total Milk Feeder Name**: Pump
- **Method of Delivery**: Pump
- **Has Bag/Feeding Set Changed?**: YES
- **Pump Type, if applicable**: YES
- **Rate (mL/h), if applicable**: 45
- **Cumulative Volume (mL) (Pump Reading)**: 45
- **Hourly Volume Given (mL)**: 45
- **Flush Volume (mL) (Pre/Post Feeding)**: 45 mL

#### Feeding Quality Score

- **Reason for termination of feeding**: Decreased... Decreased... Decreased... Stress..."
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

Organization
Mission & Values

Organization Values

Your Values
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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