Increasing Consumption of Mother’s Breastmilk in the NICU

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Background
• Breastmilk ideal nutrition for premature infants.
• Mother’s breastmilk via breastfeeding or pumping milk promotes premature infants immunological, gastrointestinal, developmental, psychological health, and mother-child emotional bonding.
• Mothers and premature infants may be separated due to baby’s confinement in NICU to incubators, radiant warmers, respiratory or intravenous support requirements.
• Goal: Remove obstacles to babies in NICU receiving mother’s breastmilk.

Purpose
Increase the consumption of mother’s breastmilk by babies in the NICU.

Methods
• Quality Improvement Project
• Participants RNs in NICU (N = 87) .
• Pre/post Questionnaire: 10 item NICU Mothers Breastfeeding Survey (Rubarth, 2013) via Survey monkey (anonymous)
• Intervention: Inservice conducted by Breastfeeding Champions.
• Pre/Post Chart Review: (n = 30)

Data Analysis
• Descriptive statistics
• T-test: Pre/Post

Findings

Barriers to Breastfeeding/Pumping in NICU
- Major barriers preventing breastfeeding: Space/Privacy
- Minor barriers included: time, efficiency, supplies, sick babies, lack of knowledge, storage, unknown quantity of milk consumed

Discussion
• Pre-survey findings suggest additional education of NICU nursing staff warranted to increase knowledge and comfort with breastfeeding in NICU.
• NICU open bay design limits mothers privacy and space.
• Pre-intervention chart review: Nearly half (44%) of NICU babies 1st 50 feeds included mother’s breastmilk.
• NICU dedicated lactation consultant could support NICU families and staff members.

Outcomes
• Lactation consultant hired to work exclusively with NICU staff and families.
• Single Family Room concept design with construction to be completed by January of 2020.
• 87 Nurses received breastfeeding training by 6 champions.
• New process to increase babies consumption of mother’s breastmilk will be implemented in large NICU with >800 babies admitted per year.

Next Steps
• Conduct staff knowledge and attitudes Post survey.
• Post intervention chart reviews will be conducted to determine impact on babies rate of consumption of mother’s breastmilk in NICU.
• Continue development of new NICU lactation consultant program.

MCH Nursing Leadership Journey
Challenges the Process
• Shared evidence of need: Neonatal physicians, staff & Director.
• Recorded cost of donor breastmilk

Inspire a Shared Vision
• Education: staff, neonatal physicians, director
• Created opportunity for champions to get advancement

Enabling Others to Act
• Provided training for the champions
• Allocated champions time to receive breastfeeding training
• Held breastfeeding champions meetings

Model the Way
• Reviewed the literature
• Consulted with peer hospitals and lactation consultants

Encourage the Heart
• Kudos recognition e-mail for the champions
• Submitted champions names to NICU newsletter for recognition

Team Members
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Logic Model

Inputs
• Time & Cost Analysis
• PL education documentation change
• Create clinical staff team
• Review Literature for evidence

Strategies/Activities
• Collect data
• Provide staff education intervention
• Analyze Cost
• Provide rewards for milestones

Outputs
• Regular team meetings
• Evaluated best NICU practices to increase Breast milk consumption
• Peer group data concerning breastfeeding/pumping

Short-Term Outcomes
• RN knowledge & attitudes regarding breastfeeding/pumping
• Educational materials; Skills fair
• Cost per bottle/feeding of donor milk
• Avg. mo. cost of donor milk
• Define rewards

Long-Term Outcomes
• Completion of project and implementation of new practice.
• Poster presentation
• Cost neutral strategies for breast milk consumption of NICU babies implemented
• Post-intervention survey
• Nurses increased knowledge and proficiency with BF practices.
• Decreased use of donor milk
• Pizza party for staff