Quality Improvement Initiatives to Increase Breast Milk Use in the Boston Children’s NICU:
Increasing Rates of Skin to Skin Care and Decreasing Time to First Lactation Consultation

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OVERALL PROJECT GOAL

To improve the rate of breast milk use for all infants admitted to Boston Children’s Hospital NICU

BACKGROUND

- Breast milk use has many benefits for neonates including reduction of necrotizing enterocolitis, reduction of infections and promotion of neurodevelopment
- Skin to Skin (STS) care improves rates of sustained breastfeeding
- STS has important physiologic benefits to premature infants including stabilization of cardiorespiratory parameters
- STS has beneficial psychological effects on mother-infant bonding
- Early access to lactation consultant support and breastfeeding education can increase breast milk intake
- Early initiation of lactation by mothers separated from their ill newborns is critical for breast milk supply and breastfeeding duration

METHODS

- Establish a multi-disciplinary QI team invested in improving breast milk use
- Develop and administer a pre-test survey to staff to assess current knowledge, practice variation and opportunities for potential improvements
- Perform PDSA cycles around identified change concepts
- Measure rates of STS and time to first lactation consultation (Process Measures)
- Measure breast milk use at time of transfer/discharge (Outcome Measure)

KEY DRIVER DIAGRAM

BCH Breast Milk Improvement Initiative

- Primary Aims
  - Key Driver: Increase the use of breast milk among infants admitted to the NICU
  - Initial Project Goal: Increase the rate of breast milk use among infants admitted to the NICU
  - Process Measure: Skin to Skin (STS) Events Per Eligible Patient Day
  - Outcome Measure: % of Infants < 32 gestational age Receiving Any Breast Milk on Day of Transfer/Discharge

AIM statement: For preterm infants less than 32 weeks, increase rates of STS by 20% above baseline from 7/15-11/16

- Methods
  - PDSA cycle 1 (July 2015): Provide nursing education on STS benefits and proper documentation
  - PDSA cycle 2 (May 2016): Development and implementation of a STS eligibility guideline
  - PDSA cycle 3 (July 2016): Use of double-sided crib cards to designate STS eligibility

CONCLUSIONS/NEXT STEPS

- Quality improvement interventions to increase rates of STS and decrease time to first lactation consultation led to improvements in breast milk use in the BCH NICU.
- Future QI interventions: Focus on improving rates of prenatal consultations in the advanced fetal care center, promotion of colostrum use for first feeds and focus on GI surgical neonate population.