

# Improving Mother's Own Breastmilk Rates at Discharge from the Neonatal Intensive Care Unit



Kristen Carll, BSN, RNC-NIC, Laurie Glass, DNP, CRNP, NNP-BC,  
Emily Griffioen, BSN, RN, IBCLC, Krystal Krawczyk BSN, RN, CLC, RNC-NIC  
UPMC Hamot

Magee-Womens  
UPMC Hamot

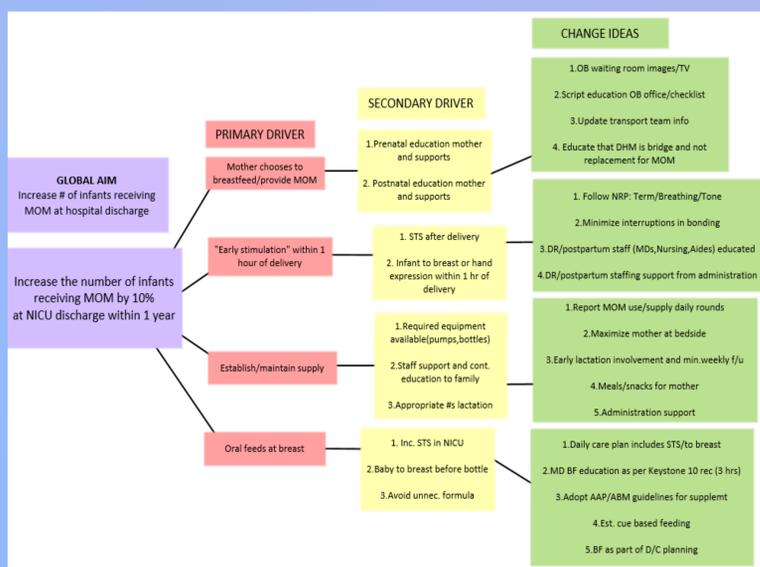
## Abstract

In July 2018, UPMC began an evidence based collaborative practice to increase the number of babies discharged home on Mother's Own Milk (MOM).

- This change was driven by well-established evidence that NICU babies who receive MOM during their hospitalization are less likely to develop necrotizing enterocolitis and sepsis, have fewer IV days, and typically a shorter length of stay. (1)
- They are less frequently re-hospitalized, have better developmental outcomes, and improved behavioral index scores at 30 months of age. (2)
- In addition to the benefits for babies, mothers who provide breastmilk have reduced risks of breast and ovarian cancer, diabetes, high cholesterol, hypertension, and heart attack. (3)

## Introduction

### UPMC SMART AIM Driver Diagram



In systemwide collaboration a SMART AIM driver diagram with key interventions was shared to allow each UPMC facility to customize specific interventions. The national benchmark of 72% of NICU babies receiving MOM at discharge was adopted.

## Methodology

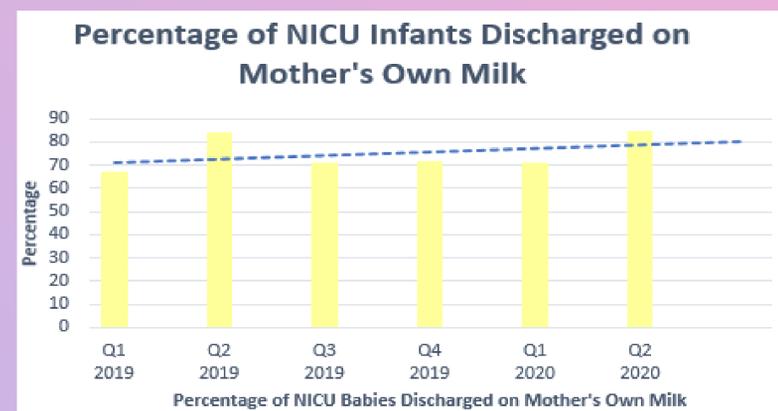
UPMC Hamot chose these interventions based on the UPMC SMART AIMS:

- January 2019: Track the percentages of breastmilk at discharge via chart auditing, and collaboration of results at a monthly virtual meeting.
- March 2019: Initiate in house antenatal lactation consults and include lactation outpatient information in discharge paperwork
- July 2019: Offer free cafeteria meals for breastfeeding moms after their hospital discharge.
- August 2019: Create admission packets with colostrum collectors and stickers to identify colostrum. Teach staff to feed in the order milk was pumped.
- September 2019: Educate all NICU staff on the implementation of new packets for all new admissions.
- October 2019: Dedicate a NICU IBCLC for 12 hours per week. Begin NICU discharge follow up calls by lactation.
- December 2019: Standardize human milk management with an electronic barcode scanning system. All staff attended system user training prior to the implementation date.



## Conclusion

By June 2020, improvement was seen in the percentage of infant's being discharged on mother's own milk. Benchmark goals were met. In addition to meeting these goal percentages, the unit saved nearly \$1000 on donor human milk comparing Jan-June 2019 to Jan-June 2020.



UPMC Hamot NICU continues to strive for meeting and exceeding this discharge benchmark goal. Data collection will be ongoing. Interventions planned for 2020 include NICU RN staffing education on the components of human milk and donor human milk. System-wide intervention includes beginning to track NICU pumping initiation rates, as well as time to maternal first pump post-delivery.

## References

- Spatz, D.L. (2019). The Need to Improve Human Milk Rates for Vulnerable Infants. *The American Journal of Maternal/Child Nursing*, 44(6), 360; <https://doi.org/10.1097/NMC.0000000000000574>
- Ellis, E. (2018). Human Milk Feeding Rates Post-NICU discharge. ClinicalTrials.gov. Retrieved from <https://clinicaltrials.gov/ct2/show/NCT02692521>
- Patel, A.L., Schoeny, M.E., Hoban, R., et al. (2019). Mediators of racial and ethnic disparity in mother's own milk feeding in very low birth weight infants. *Pediatric Research*, 85, 662-670; <https://doi.org/10.1038/s41390-019-0290-2>

## Acknowledgements

Michael Balsan, MD, Neonatologist,  
Jeanne Burns, MSN, RNC-NIC,  
Emily Hirsch, MSN, MHA, RNC-NIC