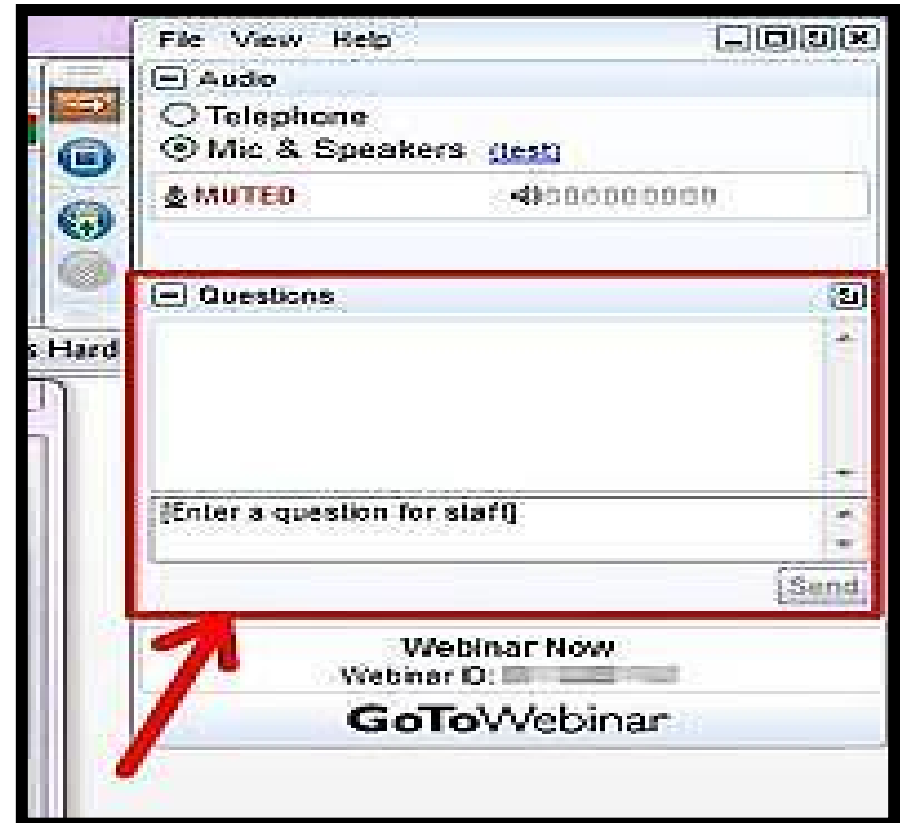


# Welcome to the OPQC Webinar Series:

## Human Milk for Late Preterm Infants: Evidence Based Care Strategies to Support Human Milk Feeding in the LPT Population

- Thank you for joining; our webinar will start shortly!
- In the mean time; please sign in the chat box the **names of all webinar participants** and full name of hospital or organization affiliation.



# Muting and Recording



- Use the **MUTE** button on your phone or you can use \*6 to place the call on **MUTE** and \*6 to **come off of MUTE**
- We will mute all lines and begin recording when the presentation begins
- During Q&A we will unmute lines

# **Human Milk for Late Preterm Infants: Evidence Based Care Strategies to Support Human Milk Feeding In the LPT Population**

**Session Two: June 18 and 29, 2015**

Laurel Moyer, MD

Pat Heinrich, RN, MSN, CLE

Facilitator: Raj Narang

Participating Team: University Hospitals MacDonald

Women's Hospital: Darlene Walker, BSN, RN,  
IBCLC, CKC and Mary McLaughlin, RN, BSN,  
IBCLC, CCCE



# CME Requirements for Internet-based Activities

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## OPQC Continuing Education Program for Level 1 Hospitals in Ohio:

Human Milk for Late Preterm Infants: Evidence Based Care Strategies to  
Support Human Milk Feeding in the LPT Population

### Presenters:

Laurel Moyer, MD, MPH

Pat Heinrich, RN, MSN, CLEC

Darlene Walker, BSN, RN, IBCLC, CKC

Mary McLaughlin, RN, BSN, IBCLC, CCCE

Facilitator: Raj Narang



In Session one we will discuss how the Baby Friendly initiative applies for this population as well as key differences in care provided for term and late preterm.

In Session two we will discuss evidence based care strategies to support human milk feeding for late preterm infants. We will review measurement and documentation, including The Joint Commission Perinatal Core Measures and the Ohio Birth Registry IPHIS. We will close with discussion of community resources to support breastfeeding including: involving fathers and grandparents, workplace modifications, and ACA provisions.

**Disclosure:** Financial disclosure information (planning committee and presenters): Planning committee members/faculty were determined to have no conflicts of interest pertaining to this activity.

### ***Commercial Support***

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Cincinnati Children's Hospital Medical Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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## Objectives:

- Review Successful Strategies for providing HM for LPT
- Review community resources that support breast-feeding
- Describe how documentation and measurement can support HM feeding improvement efforts for LPT infants
- Evaluate session and identify future Webinar opportunities

## Hardware/Software Requirements:

Compatible with Mac and Window users and common web browsers. High-speed access recommended though not required (responsiveness may be noticeably slower using dial-up connection).

Adobe Flash Player 9.x is required and Speakers/headphones required to listen to audio

## Provider Contact Information:

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# Introduction to Faculty

**Dr. Laurel Moyer**



**Pat Heinrich, RN, MSN, CLE**

**Darlene Walker, BSN, RN, IBCLC, CKC  
and Mary McLaughlin, RN, BSN, IBCLC, CCCE  
from**

# Agenda – Session 2

## June 18, 2005 and repeated June 29, 2015

<u>Topic</u>	<u>Objective</u>	<u>Content</u>	<u>Time</u>	<u>Presenter</u>
Welcome, Introductions and Agenda Review			5 min	Facilitator: Raj Narang
Practical Strategies in Providing Evidence based care for LPT infants	Review Successful Strategies for providing HM for Late Preterm Infants	<ol style="list-style-type: none"> <li>1) Caring for the LTP Infant: Policies and Guidelines               <ol style="list-style-type: none"> <li>a) Assessment and monitoring</li> <li>b) Supplemental feeding</li> <li>c) Criteria for D/C and D/C education</li> </ol> </li> <li>2) Staff Education: orientation, staff training, and annual competencies</li> <li>3) Effective Scripting</li> <li>4) Consistent messaging</li> <li>5) Antenatal education/TJC Speak Up program</li> </ol>	25 min	Laurel Moyer, University Hospitals MacDonald Women's Hospital: Darlene Walker and Mary McLaughlin
Community support after D/C	Review community resources that support breast-feeding	<ol style="list-style-type: none"> <li>1. Discharge criteria</li> <li>2. Lactation Support</li> <li>3. Family support</li> <li>4. Affordable Care Act provisions</li> <li>5. Support groups</li> </ol>	10 min	Pat Heinrich
Measurement and Documentation to Support HM Feeding for LPT Infants	Describe how documentation and measurement can support HM feeding improvement efforts for LPT infants	<ol style="list-style-type: none"> <li>1. TJC PC05: Exclusive breast milk feeding considering mother's choice</li> <li>2. The Ohio Birth Registry IPHIS: correctly documenting the breast feeding variable</li> <li>3. Incorporating Nutrition into the Title V MCH Services Block Grant National Performance Measures</li> </ol>	5 min	Pat Heinrich
Summary	Closing comments		2 min	Laurel Moyer
Q&A, Evaluation & Wrap up, and Resources	Evaluate session and highlight resources	<ol style="list-style-type: none"> <li>1. Opqc.net: accessing resources used in this webinar</li> </ol>	8 min	Pat Heinrich
Thank You			5 min	Facilitator: Raj Narang



# Objectives For Today

- Review Successful Strategies for providing HM for LPT
- Review community resources that support breast-feeding
- Describe how documentation and measurement can support HM feeding improvement efforts for LPT infants

Dr. Laurel Moyer

# **SUCCESSFUL STRATEGIES FOR PROVIDING HM FOR LATE PRETERM INFANTS**



# Expert Opinion

- Observe in NICU or Transitional Nursery for the first 24 hours if 34 weeks OR 35-36 weeks AND <2,300 gm\*

*\*Unless arrangements can be made to provide transitional care and close monitoring in the mother's room*

# Late Preterm Order Set (35-36 weeks)

## Infants $\leq$ 34 weeks admitted to SCN

- POCT glucose per infant glucose policy or by 60 minutes of age and AC glucose x 2
- Weigh patient on admission and daily
- Vital Signs and Assessment: initial within 1 hour
- Vital signs q3 for the 1<sup>st</sup> 24 hours; then q6 until discharge
- Support temperature stability per Thermoregulation protocol (97 – 99.8 F)
- Rewarming cold infant per unit protocol and CALL MD if rewarmed x 2 within 24 hours
- Bathe with soap and H2O when stable
- Inpatient consult to Lactation (if breastfeeding)
- Metabolic state screen and hearing screen completed

# Late Preterm Order Set continued

- Feeding:
  - Breast feeding
    - Breastfeeding q3 hours
    - Supplementation if breast refusal, non-effective feeding x 2 feeds or weight loss > 3% per day or >7% during hospitalization
      - Supplement with EBM or 22 kcal transitional formula
        - » Day 1 15 ml
        - » Day 2 and after 15-30 ml
  - Formula feeding
    - Bottle feeding q3 hours with 22 kcal transitional formula
    - Recommended minimum feeding volumes unless otherwise ordered
      - Day 1 15 ml q 3 hours
      - Day 2-3 25-30 ml q3 hours
      - Day 4 and after 30-45 ml q3 hours
- May room-in with mother if stable
- Transcutaneous bilirubin if jaundice OR day of discharge
- Review Late Preterm teaching sheet with assigned caregiver
- Pediatrician identified and appt documented within 48 hours of discharge

# Breastfeeding Management

## Vulnerabilities

1. Hypothermia
2. Hypoglycemia
3. Respiratory Instability
4. Immature state regulation
5. Hypotonia and Immature Feeding Skills
6. Insufficient milk (delayed lactogenesis)
7. Hyperbilirubinemia

# Prevent Hypothermia & Hypoglycemia

## Immediate Skin-to-skin care (STS)

- Helps to stabilize temperature
  - » Mothers thermo-regulate their infant's temp
- Stabilizes blood glucose levels
  - » Even when a feeding does
- Stabilizes respiratory effort
- Colonize the infant's skin
  - » Helps protect against URI and Intestinal infections



# STS is Evidence Based

- BFUSA Step 4: Help mothers initiate breastfeeding within one hour of birth
- Every baby should be placed skin to skin as soon as possible (within 5 min. after birth) if mother and baby are stable
  - Dried and wet blankets removed
  - Covered with warm blankets
  - Cap
  - Initial assessment can be done s2s
  - Do not interrupt until first feeding is accomplished (or for 1 hour if bottle feeding)



## • Delay bath

Slide adapted from MOD Presentation

by Wahib Mena, M.D. and Glenda Dickerson, MS, RN, IBCLC



# Immature State Regulation

- Encourage Postpartum STS Care
  - Helps mom recognize feeding cues
  - Encourages frequent feedings
- Minimize interruptions
- Parent education
  - Avoid excessive stimulation (handling, lights, noise, etc.)
  - Limit visitors



# Feeding Challenges

- LPT is more prone to positional apnea
  - Careful feeding position
    - Avoid cradle hold
    - Clutch (football) or cross-cradle is preferred
      - Mom should be instructed not to flex head in these positions
      - Breast should not rest on the infant's chest
  - Avoid use of slings
    - Wraps/KC garments may work well

# Preferred: Clutch (previously know as Football) Position



Fig. 4 Clutch or Side Position

# Preferred: Cross-Cradle Hold to help avoid over flexing neck



# Hypotonia & Immature Feeding Skills

- Wide range of sucking patterns, frequency, and intensity
  - May tire quickly
  - May lack strength for appropriate sucking pressure (60 mm Hg)
  - May drop nipple between sucking burst - and be unable to sustain nutritive sucking
    - 15% to 60% of time spent sucking

# Hypotonia & Immature Feeding Skills

- S2S to encourage breastfeeding in first hour after birth
- Assist/support mom to breastfeed the infant
  - 8 times in 24 hours
  - Teach mom feeding cues
  - Awaken if baby does not indicate hunger
- Position to promote latch
  - Cross-cradle/football
  - **Use Dancer-Hand to stabilize jaw** →
- Consider use of nipple shield
  - For difficult latch
  - Evidence of ineffective milk transfer
  - Infant may need to use until 40 weeks post-conceptual age



# Hypotonia and Immature Feeding Skills

- Protect mother's milk supply – direct breastfeeding is best if possible
- Evaluate need for supplement
  - FIRST use expressed colostrum
  - If needed consider donor milk
  - Hydrolyzed formula
    - Reduce the risk of sensitizing a susceptible infant to allergies or diabetes
    - May help to lower bili levels
- Alternate feeding methods
  - Expressed breastmilk with teaspoon/cup
  - Supplemental Nursing Systems





# Spoon Feeding





# Protect mother's milk supply

Assist the mother to begin pumping

- Start pumping within 6 hours if separated from infant - *Window of opportunity for establishing milk supply*
- If infant is feeding effectively
  - Pump to provide additional stimulation to increase milk supply
- If the infant is not feeding effectively
  - Pump after each feeding (8-10 times per 24 hours) for first 2 weeks hours
  - Be sure mom uses appropriate size breast shield for pumping

# Hyperbilirubinemia

- 2.4 times greater risk of significant hyperbilirubinemia than term infants
- ~ 25% will require phototherapy
- Increased risk of kernicterus and bilirubin-induced neurotoxicity
  - Increased bilirubin production
  - Decreased bilirubin clearance
  - Exacerbated by poor feeding



# Prevent Hyberbilirubinemia

- Optimize milk intake
  - Early Lactation referral
  - Frequent feedings - 8-10 feeds in 24 hours
  - Evaluate latch
  - Use breast massage and hand expression
  - Nipple shield
- Promote rapid meconium clearance and increase stool volume
  - Early and frequent colostrum feeds
  - Supplement with hand expressed milk if needed
- Prevent excessive weight loss (>20 gms day)
  - Limit visitors and interruptions
  - Evaluation of feeding once per shift
  - Pre and post feed weights if needed

# Minimum Discharge Criteria for LPT (feeding section)

- Discharge should not be considered before 48 hours after birth
- Follow-up visit arranged within 48 hours after hospital discharge
- Stable vital signs documented within reference ranges and stable for the 12 hours preceding discharge
- At least 1 stool has been passed spontaneously
- 24 hours of successful feeding (breast or bottle) and the ability to coordinate sucking, swallowing, and breathing while feeding has been demonstrated
  - Any infant with a weight loss > 2-3% of birth weight per day or a maximum of 7% of birth weight during the birth hospitalization should be assessed for evidence of dehydration before discharge
- Formal evaluation of breastfeeding, including observation of position, latch, and milk transfer, has been undertaken and documented in the chart by trained caregivers at least twice daily after birth
- Feeding plan has been developed and is understood by the family
- Transcutaneous bilirubin prior to discharge and risk assessment plan for jaundice for infants discharged within 72 hours of birth



# Discharge Feeding Plan

- Team effort planned with mother
  - STS Care
  - Feed the Baby/Determine the method
  - Protect Mother's Milk Supply
  - Lactation Referral
- Communicate this plan with outpatient care provider (continued next section)
  - Early and Appropriate Follow-up
  - Continue evaluation

Pat Heinrich, RN, MSN, CLE

**BREAST FEEDING AFTER DISCHARGE  
COMMUNITY SUPPORT**



# Community Support

1. Additional Planned Discharge F/U
2. Lactation Support
3. Family Support
4. Affordable Care Act Provisions
5. Additional Support Groups

# Planned Discharge Follow Up

## 1. Early First Appointment - PCP or home visit

1-2 days post d/c\*

- Having a home visit or well child check-up within 72 hours after discharge was associated with a decreased rate of hospitalization
- Weight check
- Feeding assessment (assess for effective breastfeeding, review intake and output)
- Assess jaundice
- Assess family coping skills
- Referrals as needed (e.g. Lactation Specialist)

## 2. Ongoing f/u

- Weekly until 40 weeks GA or until exclusive breastfeeding achieved
- Monitor weight, length, head circumference
- Assess developmental milestones



\*Source: *Pediatrics*. 2007;120:1390-1401.



# Lactation Support after D/C in Hospitals or Clinics, and at Home

1. Support transition from supplement/ alternate feeding methods/nipple shield to full breastfeeding if desired and avoid excessive weight loss
2. Support for problems e.g. sore nipples, concerns about milk composition or volume



FROM THE WEBSITE: <http://www.ohiobreastfeedingalliance.org/>

1. The Ohio Breastfeeding Alliance (OBA) invites you to work collaboratively with us to create breastfeeding-friendly communities throughout Ohio.
2. No matter who you are or who you represent, if you are interested in promoting, protecting and supporting breastfeeding and the breastfeeding mothers and babies of Ohio, we welcome you to our coalition!
3. Our hope is to provide a website that offers the resources and tools you need to protect, promote and support breastfeeding in your community. Enjoy your visit and please return often for news, events, and information.

# OLCA has.....

- Participated in the ODH Ad Hoc Breastfeeding Steering Committee for the Ohio Department of Health Breastfeeding Policy and attended Maternity Licensure Committee Meetings.
- Provided over 15 IBLCE continuing education credits per year at member meetings and at our annual spring Breastfest conference.
- Testified and interacted with legislators regarding legislation impacting breastfeeding mothers, Lactation Consultants.
- Testified as an organization, as well as individual members, at hearings for Title V MCH Block Grant.
- Collected position descriptions and proposals for lactation programs for member reference.



# Family Support

1. Home visiting - reinforce hospital D/C teaching and screen for any challenges
  - a) Support breastfeeding
  - b) Screen and limit visitors
  - c) Reinforce SIDS safe sleep teaching (risk doubles LPT 1.4 vs. 0.7/1000)\*
  - d) Observe for jaundice (LPT peak later than term infants @ 5-7 dol\*)

# Affordable Care Act Provisions

## Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies

- The Patient Protection and Affordable Care Act also included a provision that requires coverage of [preventive health services for women](#), including "breastfeeding support, supplies, and counseling," further defined as **“comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.”** These preventive services must be covered in conjunction with each birth, beginning in the first plan year (in the individual market, policy year) that begins on or after August 1, 2012. Plans must eliminate cost-sharing for these services, meaning they can no longer charge a patient a copayment, coinsurance, or deductible when services are delivered by a network provider. Visit the [Model Payer Policy](#) page to learn more.

OHIO Specific State Law:

[Ohio Rev. Code Ann. § 3781.55](#) (2005) provides that a mother is entitled to breastfeed her baby in any location of a place of public accommodation wherein the mother is otherwise permitted. ([SB 41](#))

# Additional Support Groups – Social Media

A screenshot of a Facebook search results page for the query "Ohio Breastfeeding". The search bar at the top shows the text "Ohio Breastfeeding" and a magnifying glass icon. Below the search bar, a list of suggested groups is displayed. Each group entry includes a profile picture, the group name, and a brief description with the number of likes or members. The groups listed are:

- Ohio Breastfeeding Alliance**: Non-Profit Organization · 905 like this
- Central Ohio Breastfeeding Consultants**: Health/Medical/Pharmaceuticals · 110 like this
- Ohio Breastfeeding Advocacy**: Closed Group · 258 members
- Ohio Valley Breastfeeding Coalition**: Organization · 139 like this
- Central Ohio Breastfeeding Coalition -members only**: Closed Group · 15 members
- The Breastfeeding Center, LLC**: 2800 Lincoln Way E, Massillon, Ohio 44646 · Shopping & Retail · 5,844 like this · 504 were here
- Columbus Breastfeeding**: 170 Linfield Pl, Columbus, Ohio 43219 · Education · 168 like this

At the bottom of the search results, there is a search bar with the text "ohio breastfeeding" and a magnifying glass icon. To the left of the search results, a vertical strip of suggested group profile pictures is visible.

Pat Heinrich, RN, MSN, CLE

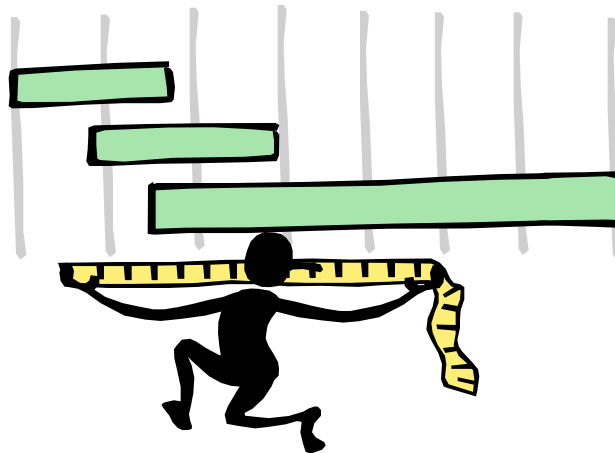
# **MEASUREMENT AND DOCUMENTATION TO SUPPORT HM FEEDING FOR LPT INFANTS**



# Measurement

“Suspecting and knowing are not the same.”

Rick Riordan, *The Lightning Thief*





# Model for Improvement

What are we trying to accomplish?

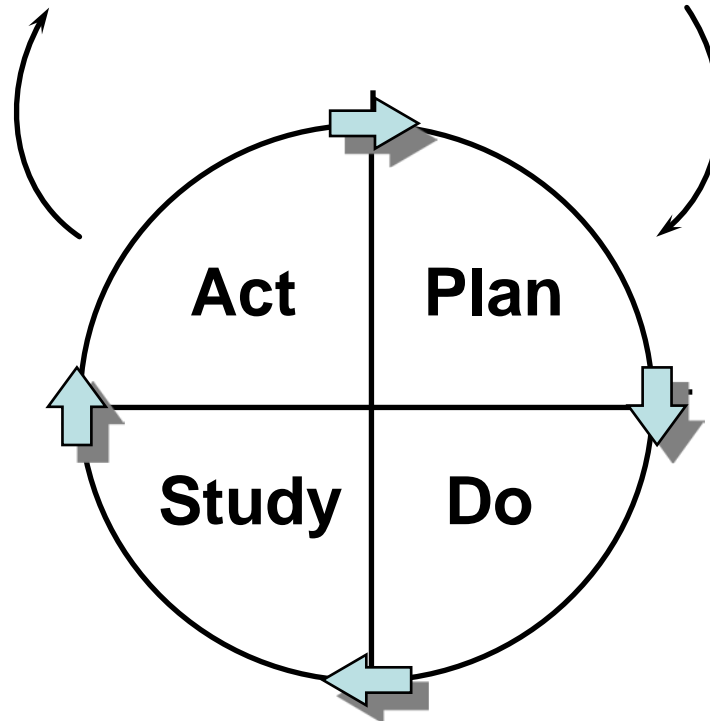
Aim

**How will we know that a change is an improvement?**

**Measures**

What change can we make that will result in improvement?

Ideas



From: Associates in Process Improvement

# Measurement



- Having a way of getting feedback to let you know improvement is happening
- Creates a sense of urgency for change, improvement, for getting started with a test of change

Any Breastfeeding				Exclusive Breastfeeding			
		Ever Breastfed	Breastfed at 6 Months	Breastfed at 12 Months		Exclusive Breastfeeding through 3 Months	Exclusive Breastfeeding through 6 Months
State	n	% ± half 95% CI	% ± half 95%CI	% ± half 95% CI	n	% ± half 95% CI	% ± half 95% CI
<b>OHIO</b>	<b>264</b>	<b>70.1±6.8</b>	<b>42.1±7.0</b>	<b>21.6±5.7</b>	<b>257</b>	<b>35.5±6.8</b>	<b>15.0±4.8</b>
<b>2020 Goal</b>		<b>81.9</b>	<b>60.6</b>	<b>34.1</b>		<b>46.2</b>	<b>25.5</b>

[http://www.cdc.gov/breastfeeding/data/nis\\_data/rates-any-exclusive-bf-state-2011.htm](http://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-state-2011.htm)

Healthy People 2020 Objective		
<b>MICH-21: Increase the proportion of infants who are breastfed</b>		
<b>MICH-21.1</b>	Ever	81.9%
<b>MICH-21.2</b>	At 6 months	60.6%
<b>MICH-21.3</b>	At 12 months	34.1%
<b>MICH-21.4</b>	Exclusively through 3 months	46.2%
<b>MICH-21.5</b>	Exclusively through 6 months	25.5%
<b>MICH-23: Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life.</b>		14.2%
<b>MICH-24: Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies.</b>		8.1%

Source: Centers for Disease Control and Prevention National Immunization Survey, 2011 birth

# How will Improvement be Measured?

- OHIO Birth Certificate/Registry is a publically reported data source
- Your medical records
- Patient feedback, verbal or written

# National Breastfeeding Measures



## Incorporating Nutrition into the Title V MCH Services Block Grant National Performance Measures

4	<p><b>A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months</b></p> <p><b>Goal</b> To increase the proportion of infants who are breastfed and who are breastfed at six months</p>	<p><b>Support Breastfeeding promotion and support activities</b></p> <ul style="list-style-type: none"><li>• Increasing “Breastfeeding Friendly” hospitals</li><li>• Improving maternity care practices in birthing facilities, such as Ten Steps to Successful Breastfeeding or the Baby-Friendly Hospital Initiative.</li><li>• Access to professional support (statewide referral and resources; linkages between birthing facilities and community resources; collaborate with state Medicaid and insurance for coverage)</li><li>• Access to peer that support</li><li>• Support for breastfeeding in the workplace (ensure compliance with workplace accommodation law, enhance lactation support programs)all facilities that deliver infants.</li><li>• Support for breastfeeding in early care and education (promote inclusion of breastfeeding support in licensing standards and Quality Rating Improvement Systems, support model breastfeeding policies for families served and breastfeeding employees, facilitate training of ECE providers on how to support breastfeeding families and handling breastmilk)</li><li>• Access to breastfeeding education and information (integrate education into public health programs that serve new families, facilitate access to education in the community</li><li>• Promote a breastfeeding-friendly culture (social marketing campaigns, address marketing of breast milk substitutes)</li><li>• <a href="http://www.cdc.gov/breastfeeding/pdf/BF-Guide-508.PDF">http://www.cdc.gov/breastfeeding/pdf/BF-Guide-508.PDF</a></li></ul>
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# The Joint Commission – TJC PC05

## Changes to breast milk feeding performance measures PC-05a and PC-05

The Joint Commission is retiring the Perinatal Care (PC) core measure PC-05a: Exclusive breast milk feeding considering mother's initial feeding plan, effective with October 1, 2015, discharges. Feedback from key stakeholders – including health care organizations, The Centers for Disease Control and Prevention (CDC), the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), the Association of Women's Health, Obstetric & Neonatal Nurses (AWHONN), and The Joint Commission's Perinatal Care Technical Advisory Panel – indicates that capturing data on the mother's preferences to not exclusively breast feed has been challenging. Also, some organizations may be concentrating on data collection as much or more than on strategies to increase exclusive breast milk feeding. The retirement of PC-05a allows hospitals to focus their resources on improving rates for PC-05: Exclusive breast milk feeding. Performance on this measure continues to be below 50 percent at approximately half of Joint Commission accredited hospitals.



In addition, The Joint Commission revised PC-05 so that maternal medical conditions are no longer excluded. This change was made because these conditions are unusual (affecting approximately 2 percent of patients), and they cannot be modeled in the electronically specified version of PC-05. The removal of measure exclusions will also significantly reduce the burden of data abstraction. The revised measure is similar to PC-02: Cesarean birth, which reports the cesarean birth rate with no exclusions.

# In Summary

**PLEASE  
Remember  
I'm a LPT  
infant**

- Do not delay treatment
- Be proactive
- Educate staff and parents
- Initiate lactation referral early and f/u after D/C
- Close f/u & monitoring for feeding problems and comorbidities after D/C home
- Partner with Community Resources
- Measure to assess if changes are moving you to your goals





**For a Question or Comment, please  
Click on the raised hand icon on the right  
of your screen OR type into the chat box.**





# Evaluation and Wrap Up

How did we do? What else do you need?



# Resources

1. CDC Breastfeeding Resource - <http://www.cdc.gov/breastfeeding/>
2. AWHONN Position Statement on Breastfeeding - <http://onlinelibrary.wiley.com/enhanced/doi/10.1111/1552-6909.12530/>
3. The AAP breastfeeding resources:
  - a) Healthy Children.org  
<https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/default.aspx>
  - b) Breastfeeding Initiatives - <http://www2.aap.org/breastfeeding/>

# Resources

## 10 Steps for Promoting and Protecting Breastfeeding for Vulnerable Infants

*by Dr. Diane Spatz, CHOP*

Step 1-Informed Decision Making.

Step 2-Initiation and Maintenance of Milk Supply.

Step 3-Human Milk Management.

Step 4-Feeding of Human Milk and Lacto-engineering.

Step 6-Non-nutritive sucking (NNS).

Step 7-Transition to breast.

Step 8-Measuring milk transfer.

Step 9-Preparation for Discharge.

Step 10- Access to Health Provider who is knowledgeable about Breastfeeding a NICU Baby.

# Resources

**American Academy of Nursing on Policy**

## **Core competencies in human milk and breastfeeding: Policy and practice implications for nurses**

*Diane L. Spatz, PhD, RN-BC, FAAN\**  
*University of Pennsylvania School of Nursing, Philadelphia, PA*

Available at: [http://www.nursingoutlook.org/article/S0029-6554\(14\)00087-6/pdf](http://www.nursingoutlook.org/article/S0029-6554(14)00087-6/pdf)



# Resources

CDC Home



Centers for Disease Control and Prevention

CDC 24/7: Saving Lives. Protecting People.™

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## Overweight and Obesity

### Overweight and Obesity

Strategies to Combat Obesity

Take Action for Me

Take Action for My Family

Take Action for My Community

Strategies and Solutions

Child Care and Early Education

#### ► Healthy Hospital Environments

Let's Move Salad Bars to School

Healthy Food Service Guidelines

Adult Overweight and Obesity

[Overweight and Obesity](#) > [Strategies to Combat Obesity](#) > [Take Action for My Community](#)



## Healthy Hospital Environments

- [Healthy Hospital Practice to Practice Series \(P2P\)](#)
- [Healthy Hospital Toolkit](#)

Hospitals are employers and providers of health care and serve more than 6.3 million employees and 481 million patients each year. Hospitals reach a large population of employees, patients and visitors and can have an impact on neighboring communities. This makes them an important setting for obesity prevention efforts.

Hospitals can create policies and environments to encourage healthier food and beverage choices, increase physical activity, and support breastfeeding/lactation.

CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) promotes improvements in hospital environments with partners across the country to ensure that the healthier choice is the easier choice. DNPAO has developed tools to assist hospitals in conducting food, beverage, and physical activity environment assessments for prioritizing and implementing change.



<http://www.cdc.gov/obesity/strategies/healthy-hospital-env.html>

# Resources



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Department of Health

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Ohio First Steps for Healthy Babies

Why Join?

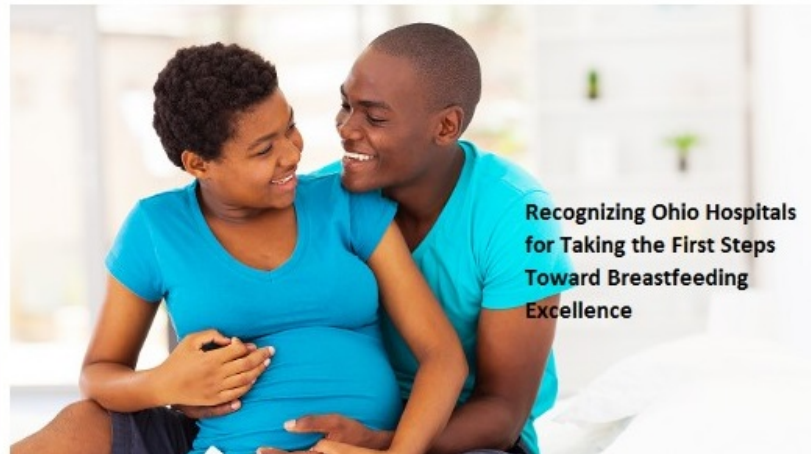
News and Events

Application

Resources



A BREASTFEEDING INITIATIVE BY THE OHIO DEPARTMENT OF HEALTH AND OHIO HOSPITAL ASSOCIATION



<http://www.odh.ohio.gov/odhprograms/cfhs/ofc/Ohio%20First%20Steps%20for%20Healthy%20Babies.aspx>

# For more information about OPQC



- [OPQC web site: https://opqc.net](https://opqc.net)



- [OPQC email: opqc@cchmc.org](mailto:opqc@cchmc.org)



- [Twitter account: @OhioPQC](https://twitter.com/OhioPQC)



- [OPQC Online Newsletter](#)

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Rajinder Narang

**THANK YOU**





# OPQC

*It takes a village...*



# OPQC and Your Hospital: Working together to improve outcomes for women and newborns in Ohio

