

Human Milk KDD



Eliminate late onset (>72hrs) bacterial blood stream and CSF infections in infants in Ohio NICUs

Practice Changes

Aim

SMART AIM
 By June 2013 we will reduce late onset (>72 hrs) blood stream/CSF infections in infants 22-29 weeks gestational age to < 10% in Ohio NICUs

Key Drivers

Maternal education about the benefits (for both mother and infant) of HM

Care practices that promote adequate supply of human milk

Administrative/Leader and staff education to promote and support HM

Optimize feeding practices to promote initial and persistent human milk feeds

Use of donor milk when mother's milk not available or inadequate in volume

- All pregnant women should be informed of the benefits of human milk
- Antenatal consult (NICU MD and Lactation Consultation) on admission for high risk mothers (admitted for preterm labor or other complications) including
 - Benefit and importance of human milk as first feedings
 - Importance of early pumping for adequate and sustained milk supply
 - Use of donor milk if no maternal milk is available

- Encourage Kangaroo care
- All Mothers should be shown (by LC or trained nursing staff) how to express their milk (both pumping and by hand expression)
- Early initiation of pumping (within 6 hours of delivery)

- Presentation of business case for human milk
- Leadership commitment to communicate project goals (as they relate to the organizational strategic objectives) and support team by removing barriers to achieving them

- Develop unit specific feeding guidelines/policies, to promote initial and persistent human milk feed

- Policies to encourage use of donor milk from a certified milk bank, if MOM NA

For all infants 22-29 weeks GA:
 1)HM begun within 72 hrs. in >80%.
 2) ≥ 100 ml/kg/day of HM by 21 days of life >95%)
 - MOM maximized
 - DM minimized
 - Formula eliminated