

## Quality Improvement Program – A cascade of events to increase own mother's milk in the hospital and beyond

Despite the **known benefits** of own mother's milk for preterm and vulnerable infants, a large proportion of them are not fed an **exclusive** human milk diet during the critical first 28 days of a NICU infant's life.<sup>1</sup>

In addition, the dose of own mother's milk with which these infants are fed, is often unknown – or not tracked.<sup>1</sup>

Human milk for the small and sick newborn presents unique challenges that require a specialised response.<sup>2</sup>

### HOW DO YOU KNOW THAT YOU ARE ON THE RIGHT TRACK TO:

Get mother's  
lactation  
right **from  
the start?**



Get the provision  
of own mother's milk  
to the infant right  
**from the start?**





# Evidence shows that standardised interventions **lead to optimal results**

Pump dependent mothers who have milk volumes that are **lower than 150ml/day on DAY 4** post birth are at

**9 x**

greater odds of low milk supply<sup>3</sup> and

**7 x**

greater odds of formula feeding at NICU discharge and beyond,<sup>4</sup>

This drives **an urgency** for clinicians to **ACT NOW** and to provide specialised lactation support.

To achieve better health outcomes for all NICU infants we need to **ensure high-dose, long exposure to own mother's milk** through systematic and continuous implementation of evidence-based care.

Initiation of a mother's milk supply is a critical event. If initiation is not achieved to its full potential, milk supply will be compromised. The proactive management of lactation during the early post-partum period is a high priority.



**Do you know** why parents should be provided with consistent, evidence-based information around lactation and infant feeding?

## INFORMED DECISION

### It is important because...

When parents are informed and understand that their milk is an essential medical intervention that no one else can provide to their infant, they **almost always** decide to express milk.<sup>5</sup>

In addition, mothers consistently report stronger commitment if they understand the evidence-based value of their milk.<sup>5-10</sup>



**Do you know** how soon after birth the first milk expression should occur?

## TIME TO FIRST EXPRESSION

### It is important because...

Early breast stimulation (feeding or pumping) within 1-3 hours but no later than 6 hours of birth, has a positive impact on future milk supply and subsequent feeding outcomes.<sup>11-16</sup>



**Do you know** how frequently mother's should express their milk every day?

## FREQUENT EXPRESSION

### It is important because...

Frequent expression is **of critical importance** during the first 14 days after birth to initiate and build adequate milk volumes for future milk supply.

When the infant is not able to breast-feed, mothers should be supported to express frequently and at least **8 or more times in 24 hours**, including once during the night.<sup>12,13,18</sup>



**Do you know** how soon after birth mother's milk should 'come in'?

## TIME TO MILK COMING IN

### It is important because...

Any delay to milk coming in (secretory activation) is linked to risks of low milk volumes and a shortened duration of lactation.<sup>19,20</sup>

Secretory activation normally occurs between **24 - 72 hours** after birth.<sup>21</sup>

Onset of secretory activation beyond 72 hours is defined as delayed onset of lactation.<sup>22,23</sup>



**Do you know** the optimal volume of milk that mothers should aim for by the time babies are 14 days old?

## COMING TO VOLUME

### It is important because...

Building milk supply in the first 14 days takes advantage of the high levels milk-production hormones.<sup>22</sup>

After 1 month post birth, it is more difficult to increase their milk supply significantly.<sup>23,24</sup>

Coming to volume is defined as a total daily milk volume of **> 500 ml by day 14** post birth.<sup>24,25</sup>



**Do you know** why the dose of own mother's milk is a more accurate quality measure than rates of ever receiving, or receiving own mother's milk at time of hospital discharge?

## DOSE OF OWN MOTHER'S MILK

### It is important because...

Higher doses of own mother's milk (and the avoidance of bovine formula) are low-cost interventions that reduce the risk of morbidities such as necrotising enterocolitis, late onset sepsis, bronchopulmonary dysplasia and retinopathy of prematurity. It is also shown to shorten the length of the hospital stay.<sup>28-36</sup>

It is important to track the dose of own mother's milk fed to the infant during critical time points: 0-14 days and from 0-28 days post-birth.<sup>1</sup>

In the first few days and weeks  
**you can make an impact**





# A wait and see approach is not enough – start your cascade of improvements now!

## EVALUATE

- ✓ Make sure you **know your areas** of improvement
- ✓ Make sure you have a **solid plan**

## EDUCATE

- ✓ Educate **your whole team – with evidence-based practices**
- ✓ Ask your Medela representative about the **Lactation Quality Improvement** education program

## MEASURE

- ✓ Demonstrate positive practice change – **collect and analyse** your lactation data before and after your interventions
- ✓ Monitor and measure your mother and infant lactation markers **from the start**



Find out more about Medela's Quality Improvement program to **implement and audit** your lactation practices.

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