

Problem

- Exclusive breast milk feeding is now recognized as a Perinatal Core measure by the Joint Commission and defined as feeding infants no other nutrition besides breast milk (breast milk includes human donor milk). To provide the best evidence-based feeding practices, the staff from Women and Infants began the process of making pasteurized donor milk available to our well newborn population of infants who require medical supplementation of breastfeeding. This project was led by the Unit Based Practice and Quality Council. The Human Donor Milk was implemented in July 2020.

Project Implementation

- Implementing the use of donor milk in our well infant population was a result of best practices research and education of staff and patients. Ethical considerations for the use of a limited resource and cultural practices that involved the use of donor milk also were explored, discussed, and adopted.
- By applying ethical and evidenced-based best practice principles to the process, staff implemented the controlled use of donor breast milk on the well infant unit.
- Innovative practices for this change included the creation of consent and information for parents, criteria for use, cost versus benefit analysis, procurement donor milk from sources approved by the Human Milk Bank Association of North America, and implementation of proper storage for the donor milk supplied.

Results

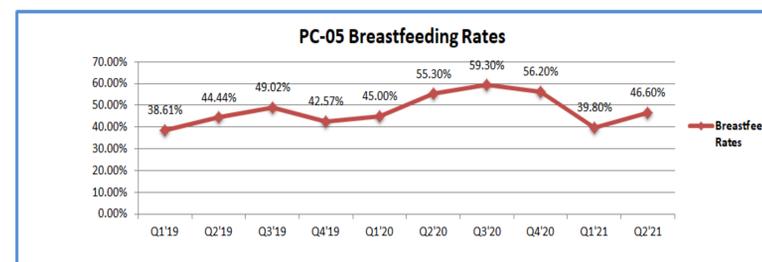
In Q1 2019, the Exclusive breast milk feeding rates were at 38.61%. After implementation of the Human Donor Milk (HMD) in July of 2021, the Exclusive Breastmilk Feeding rates increased to 59.30%. Continuous monitoring of the monthly results and completing chart audits help in sustaining the Exclusive Breast Milk feeding rates.



Table 1.

PC-05 Exclusive Breast Milk Feeding 2019-2021

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|-------------------------------|---|
| Operational Definition | Exclusive breast milk feeding during the newborn's entire hospitalization |
| Team/Committee | Perinatal Safety and Quality Committee |
| Numerator | Newborns that were fed breast milk only since birth |
| Denominator | Single term newborns discharged alive from the hospital |
| Source of Data | Midas |



| Quarter | Q1'19 | Q2'19 | Q3'19 | Q4'19 | Q1'20 | Q2'20 | Q3'20 | Q4'20 | Q1'21 | Q2'21 |
|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| N/D | 39/101 | 48/108 | 50/102 | 43/101 | 45/100 | 63/112 | 67/113 | 59/105 | 39/98 | 48/103 |
| Rate | 38.61% | 44.44% | 49.02% | 42.57% | 45.00% | 56.25% | 59.30% | 56.20% | 39.80% | 46.6% |

| | |
|----------------|--|
| Actions | <ol style="list-style-type: none"> 1. Weekly abstract sampled cases and determining the reason for noncompliance for breastfeeding. 2. Monthly present OFI cases to the Perinatal Safety and Quality Committee. 3. Quarterly update Dashboards and present to Perinatal Safety and Quality Committee. |
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Figure 1. Hospital QI tool used to drive change



Conclusions

- Exclusive breast milk feeding is known to be the best practice for all infants. Infants in the well newborn population also may need supplementation of breastfeeding because of hypoglycemia, excessive weight loss, hyperbilirubinemia, and other associated factors. By offering donor milk as a means of supplementing these infants, we preserve the health benefits associated with exclusive breastfeeding and decrease the risk of readmission and potentially preventing an extended length of hospital stay.

Acknowledgements/Hospital Team

- **Unit Based Practice and Quality Council**
- **Women and Infants Team**