Perinatal Quality Collaborative of North Carolina
EHM Well Phase II

Primary Drivers	Secondary Drivers
Relate directly to getting the desired results AND outside the focus of this collaborative action plan	**Actions:**
1. Create supportive and family-centered environment	a. Assess unit commitment to and encourage family centered care practices b. Assure continuous labor support c. Create visitation policy that supports mother and newborn (in terms of privacy and social support) d. Provide comfortable breastfeeding environment, including a seating arrangement that can be replicated at home
2. Improve birthing practices to support BF	a. Reduce routine use of IV hydration, pitocin, analgesia/anesthesia and other medications b. Reduce use of routine episiotomy
3. Promote Breastfeeding support in the community	a. Emphasize breastfeeding in group prenatal patient education b. Collaborate to assure breastfeeding support groups for outpatients c. Promote breastfeeding support in the greater community, with special attention to underserved groups
A. Support breastfeeding from admission through the first hours of life	**Actions:**
1. Support optimal feeding intentions and establish maternal expectations for maternity care upon admission	a. Engage all mothers in discussion with support and information to promote the exclusive use of mother's milk for newborns b. * Inform mothers about the presence of skilled support for breastfeeding available to them c. Consider the potential impact on successful breastfeeding when making labor intervention decisions
2. Initiate skin-to-skin contact of mother and baby immediately after birth	a. Place baby on mother's upper abdomen and/or chest prior to cord clamping. Place a warm blanket over baby, and place infant hat if available b. * Facilitate uninterrupted skin-to-skin contact for AT LEAST the first hour of life; preferably until after the first feeding is complete c. Administer Vitamin K and eye prophylaxis while baby and mother are skin-to-skin
3. Assist baby who indicates readiness to breastfeed in first 60-90 minutes	a. Assess infant readiness b. Point out infant feeding cues, educating mother of her infants' inborn competence c. Offer encouragement for feeding according to infant feeding cues, and give support as needed. Support should be mostly hands-off at this time
B. Support breastfeeding throughout the maternity stay	**Actions:**
1. Support mothers and babies to remain together 24 hr/day	a. Transition infants and mothers to postpartum unit together, when transfer is necessary

	b. * Encourage mothers to remain with their babies together in the postpartum room c. Show mothers infant feeding (hunger and satiety) cues, and encourage feeding accordingly d. Educate families about the risks of nipple preference and do not supply pacifiers e. If direct breastfeeding is not an option, offer human milk (or formula) through Supplemental Nursing Systems (SNS), spoons or cups instead of bottles with artificial nipples f. Promote skin-to-skin throughout maternity stay
2. Show mothers how to breastfeed and express milk	a. * Standardize breastfeeding support to include assessment of mothers comfort while feeding, position, latch and effective milk transfer, at least once each shift and whenever possible with each staff-patient contact. b. Standardize documentation of infant feeding, supplementation, and related practices (rooming-in, skin-to-skin, etc.) c. * Teach all mothers how to hand-express milk d. Provide breastfeeding support groups for in-patients e. Create infant feeding plan prior to discharge including milk expression with a pump as indicated. f. Identify breastfeeding community support resources and review with caregivers prior to discharge
3. Refrain from feeding newborns anything other than human milk unless medically indicated	a. Inform of relevant risks and benefits if supplement feeding is requested by parent(s) for non-medical reasons b. Consider informed consent for formula administration c. Maintain infant formula supply in Pyxis or similar controlled system to minimize wasteful and/or contraindicated distribution d. * Document all supplemental feedings by type of supplement, mode of feeding, and amount e. Delay discharging mother-baby dyads when inadequate milk transfer &/or other acute breastfeeding problems are identified
C. Safe use of expressed milk	**Actions:**
1. If breastfeeding is temporarily contraindicated, or if mother is unavailable, support the use of human milk	a. Follow standard guidelines for expression, labeling and storage of mother's own milk. (See HMBANA guidance) b. If possible, all feedings other than direct breastfeeds should be by cup to enhance infant latch at the breast c. Support the mother to BF when she and infant are able by helping her express milk frequently during separation or period of contraindication
D. Health System Leadership	**Actions:**
1. Education and communication for and with all staff and providers	a. Achieve support of medical and administrative leadership using both patient experience and data b. Written, comprehensive policy that supports breastfeeding routinely communicated to all staff c. Ensure adequate staffing, e.g., Provide LC support 24/7 at least at the ratio 1 FTE: 783 births (see warm line) d. Use physicians, Lactation Consultants, specially trained

	nurses and parents as faculty for regular Continuing Education e. Address attitude and skill acquisition (competency) in addition to knowledge acquisition
2. Measure what matters	a. Establish aim (s) b. Collect data on initiation, exclusivity and patient experience c. Create dashboard of indicators to follow trends and measure improvement d. * Regularly round on data (at least quarterly) with a multi-disciplinary group
3. Market health	a. Refrain from accepting or distributing any infant formula or marketing materials b. Purchase and record use of formula and bottles