



Healthy Infants with Mothers' Milk (HI-MOM)

Ante-Partum Group

Primary Aim:

To increase:

1. The intent to use exclusive mother's own milk prior to delivery by 15% above baseline
2. To increase the use of exclusive mother's own milk prior to discharge from the birth hospitalization by 20% above baseline

1. Primary Driver: Increase the amount and quality of direct antepartum education regarding the benefits of human milk for infants as well as benefits of breastfeeding and breast pumping for mothers during prenatal office visits.

a. Secondary Drivers:

1. Lack of breastfeeding education during office visits from the obstetric provider

Process measure: Document conversation regarding the benefits of breastfeeding to mother and baby.

2. Lack of breastfeeding education during the prenatal office visit from the pediatric providers

Process measure: Document conversation regarding the benefits of breastfeeding to mother and baby.

b. Potential Changes/Interventions:

1. In the obstetric health care provider's office, standardize timing of discussion regarding the benefits of breast feeding during the clinical breast exam: This is really the first opportunity for the health care provider (HCP) to initiate a discussion around breastfeeding, and is also an opportunity to discover anatomic limitations to breastfeeding as well as to recommend an early consultation with a lactation consultant.

Process measure:

Is the clinical breast exam reliably performed and documented at the initial visit by the HCP?

Is the patient referred to a lactation consultant?

Does the patient complete the visit to the lactation consultant?



Does the HCP initiate a conversation regarding breastfeeding the infant during or after the clinical breast exam?

Are patients with anatomic limitations and/or early concerns about breastfeeding educated and referred to lactation consultants following the clinical breast exam?

2. In the pediatric health provider's office, provide consistent messaging regarding benefits of breast milk/breast feeding to both mother and baby during initial visit

3. Develop and standardize documentation practices for consistency and tracking

2. Primary Driver: Increase the availability of linguistically and culturally appropriate resources and educational materials available to mothers during prenatal visits.

a. Secondary Drivers:

1. Inconsistencies in providing mothers with written educational materials during office visits.

Process measure: Document that educational materials were provided.

Obtain feedback regarding benefit of these materials.

2. Inconsistencies in providing contact information for childbirth and/or breast feeding education classes during office visits.

Process measure: Document that this information was provided.

Obtain feedback regarding benefit of these materials.

3. Lack of linguistically and culturally appropriate resources and educational materials

Process measure: Document the availability of linguistically and culturally appropriate materials in at least English and Spanish

b. Potential Changes/Interventions:

1. Review available materials and educational classes for accuracy of content

2. Review and select a recommended list of hand-outs to provide to mothers during the office visit (may include written materials, links to online information, contact information for lactation consultants, location and timing of educational classes, etc)

3. Develop and standardize documentation practices for consistency and tracking