



# Family Centered Care: Feedback and Continuation of Data Collection

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# AGENDA

## ***Introduction***

Jochen Profit, MD, MPH, Principal Investigator

1:00pm - 1:05pm

## ***Collection of Colostrum as Oral Care in EPIC***

Nida Lovatanapongsa, MSN, CNS, CCRN

Christy Whiteside, IBCLC

1:05pm - 1:15pm

## ***Presentation of Data***

Jochen Profit

1:15pm - 1:25pm

## ***Feedback from Data Collectors and Proposed Data Report***

Beate Danielsen, MA, PhD

1:25pm – 1:40pm

## ***Q/A and Discussion on Continuation of Data Collection***

All

1:40pm —2:00pm

# Family Centered Care is Critical to Achieving Health Equity

NICU

TRANSITION AND FOLLOW THROUGH



HIGH QUALITY CLINICAL CARE



FAMILY ENGAGEMENT AND INVOLVEMENT IN CARE



INTEGRATION OF THE INFANT INTO THE FAMILY UNIT

# Measures of Family Centered Care

- Time to priming with oral colostrum
- Days to first skin-to-skin care
- Delayed social worker encounter



*Point-of-care derived measures developed in collaboration with disadvantaged families. Measures selected through a modified Delphi panel that included family representatives.*

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# Project Goals

- **To routinely measure family centered care processes**
- **To minimize data collection burden**
- **To use results to establish partnerships with families to improve key care delivery processes**



# Oral Care: Colostrum

# Journey

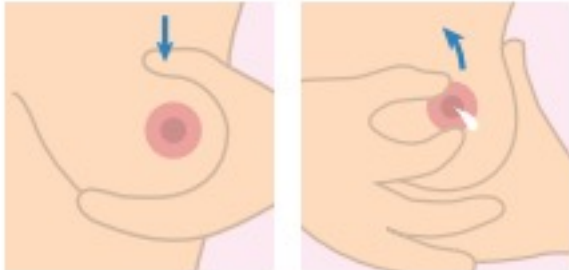
- Started educating staff and family the importance of colostrum oral care in 2011
- Previously, oral care was performed by the nurses with sucrose water



# Hand Expression

- Begins immediately once mother is stable
- Lactation consultant follow-up to provide family support
- Verbal and written instructions are provided to family

## Express



## Collect



## Label

A label will be given to you from our staff so you can properly label the milk you express for your newborn. Once you label the milk with the date and time the milk was expressed, give the milk to your nurse.

# Hand Expression Handout for Parents



## Expressing breast milk by hand for your newborn



Expressing (pumping breast milk by hand) reduces pressure in swollen or leaky breasts and can be a good way to start a pumping session. When you feed your baby expressed milk in the first few days after delivery, hand expression can be better than using a pump as it can include more of your colostrum.

For sick or premature babies who aren't feeding at the breast, "hands-on pumping" helps ensure you make enough milk. Hands-on pumping combines hand expression and an electrical pump. This technique can increase the amount of milk you can pump, and can also increase the fat content of the pumped milk.

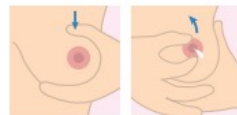
The sooner you start expressing your milk, and the more frequently you express, the more milk you will make. The NICU staff will be happy to help you learn how to hand express.

The goal is to hand express/pump eight times a day, spread out over the 24-hour period. You can follow whatever schedule works out best for you, but don't go more than four hours without expressing your milk.

Follow the steps below to guide you through milk expression:

1. Wash your hands with soap and water.
2. Placing a warm, moist towel on your breast may help get your milk to flow.
3. Gently massage your breast in circles or stroke them from the back toward the nipple to help your milk flow.
4. To express milk, cup your breast with your thumb and index finger, one to two inches back from the areola (the dark-skinned area).
5. Begin by pressing your hand back toward your chest. Compress your breast between your thumb and finger while moving your hand slightly outward toward your nipple.
6. Release the pressure between your thumb and finger, and move your hand back toward your chest again.
7. Repeat this pumping action while rotating the position of your hand around your breast for every few compressions. Changing your hand position helps ensure you empty the milk ducts all the way around your breast. It will take a minute or so before your milk begins dripping.

### Express



### Collect



### Label

A label will be given to you from our staff so you can properly label the milk you express for your newborn. Once you label the milk with the date and time the milk was expressed, give the milk to your nurse.

# Patient Criteria for Oral Care

- All NICU babies

# Oral Care Guidelines

- Only the freshest expressed human milk is used
- Provide families with the necessary equipment to bring the freshly expressed human milk to NICU and sister units (e.g. PEDS, PICU and PCTU)
- Support family centered care and family involvement by encouraging and educating parents to provide their baby with oral care

# Oral Care Instructions

- Draw up 0.5-1.0 ml of human milk in a clean medicine cup while allowing milk to warm up to room temperature at the bedside
- Dip sterile applicator into human milk and instruct parent to swab and coat the entire buccal mucosa, tip of tongue and lips with milk
- Oral care can be done every 3-6 hours as tolerated

# EPIC Documentation

Hygiene
☰ Hygiene
Date of Bath
CHG Bath/Treatment
Peri Care
Foley Care

Hygiene ↑ ↓

Oral Care with Fresh Breastmilk

Select Multiple Options: (F5)

- Bath
- Mouth Care/Linen Change
- Interdry Ag
- Linen Change
- Mouth Care
- Eye Care
- Skin Care
- Cord Care
- In Line Suction Changed
- Moisture Barrier Cream
- Diaper change
- Oral Care with Fresh Breastmilk
- Oral Care with VAP Guard
- Bed Change
- EKG leads changed
- Pulse Ox probe changed
- Temp probe changed
- Other (comment)

Comment (F6)

# Next Steps

- Trialing colostrum collector kit
- Antenatal Milk Expression
  - Early engagement



# Reference

The Use of Human Milk During Parent–Newborn Separation. (2021).  
*Nursing for Women's Health*, 25(5), e15–e48.  
<https://doi.org/10.1016/j.nwh.2021.06.001>



# THANK YOU





Presentation of Data

# Population Characteristics

	FCC Pilot Participant NICU		P-value
	Yes (n=21)	No (n=114)	
<b>Total admissions</b>	604	4165	
<b>Safety Net (&gt;66% Medicaid)</b>			
No	11 (52)	88 (77)	0.02
Yes	10 (48)	26 (23)	
<b>CCS Level of Care</b>			
Regional	2 (10)	16 (14)	0.72
Intermediate	1 (5)	13 (11)	
Community	16 (76)	75 (66)	
Non-CCS	2 (10)	10 (9)	
<b>Hospital Ownership</b>			
Government	3 (14)	12 (11)	0.40
Non-profit	12 (57)	85 (75)	
Investor	5 (24)	14 (12)	
Other	1 (5)	3 (3)	
<b>Teaching</b>			
No	14 (67)	84 (74)	0.68
Yes	6 (29)	23 (20)	

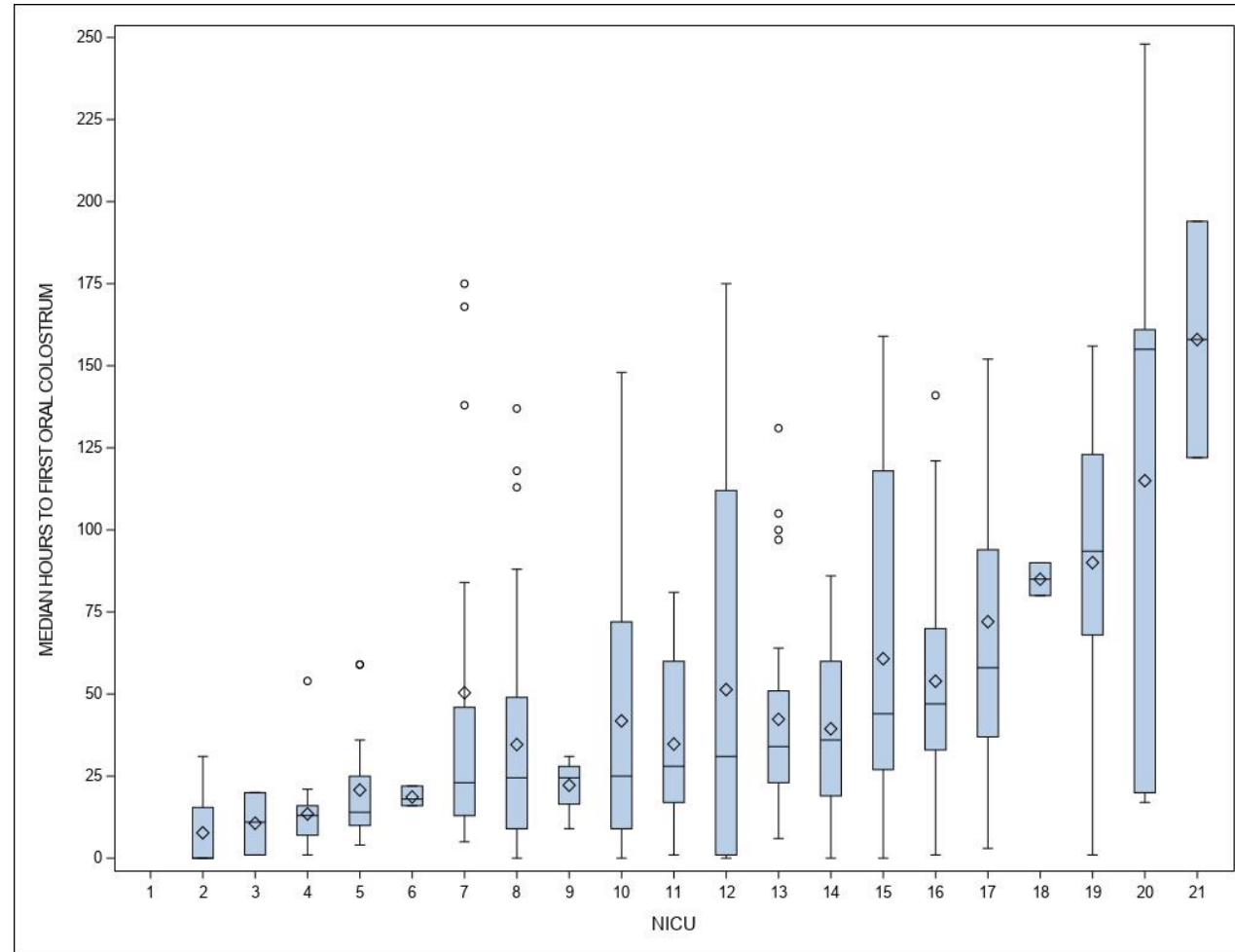
## Inclusion Criteria

Infants born in 2021  
Inborn infants

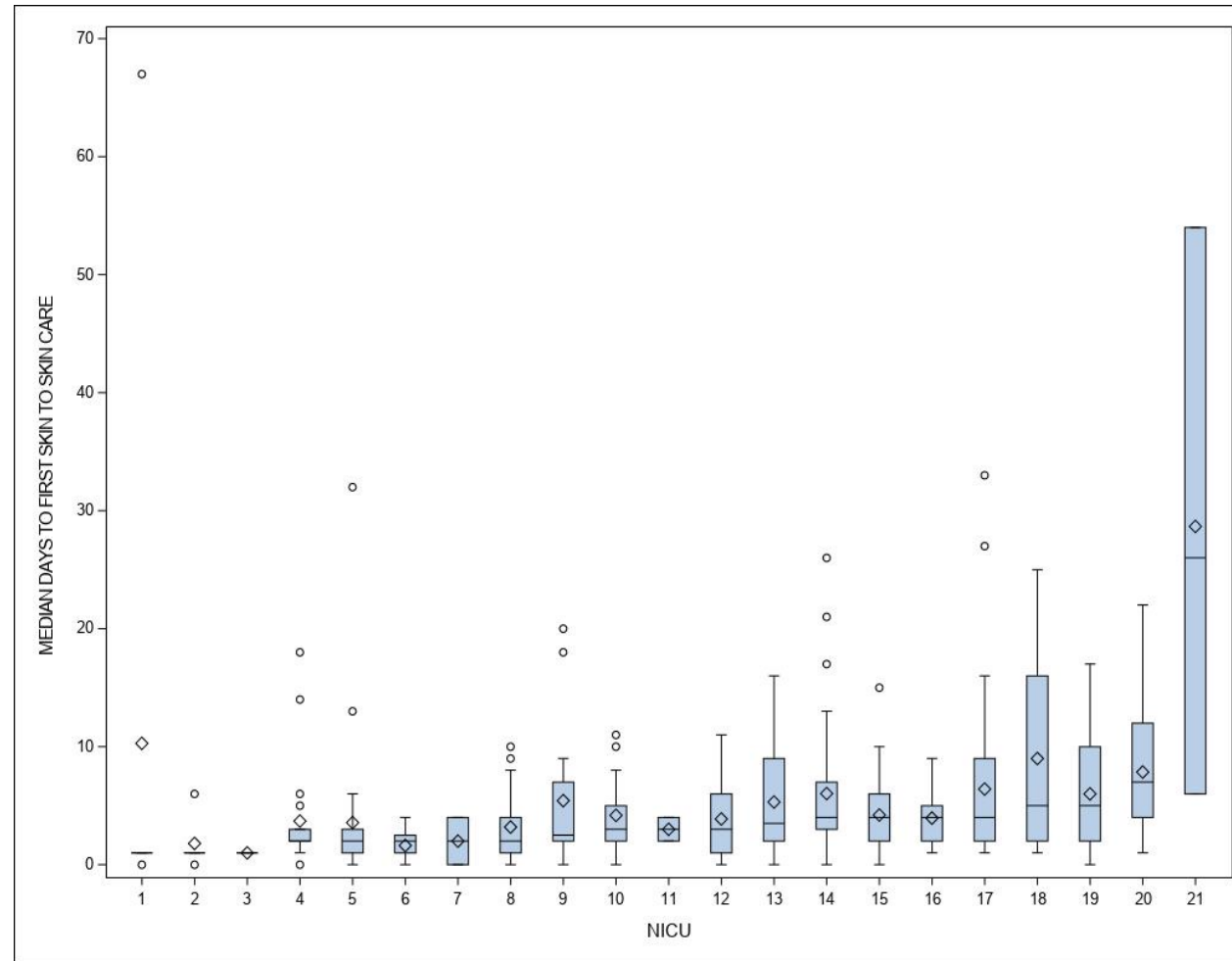
## Exclusion Criteria

Infants who died in the delivery room or within 12 hours  
Infants with maternal exposures

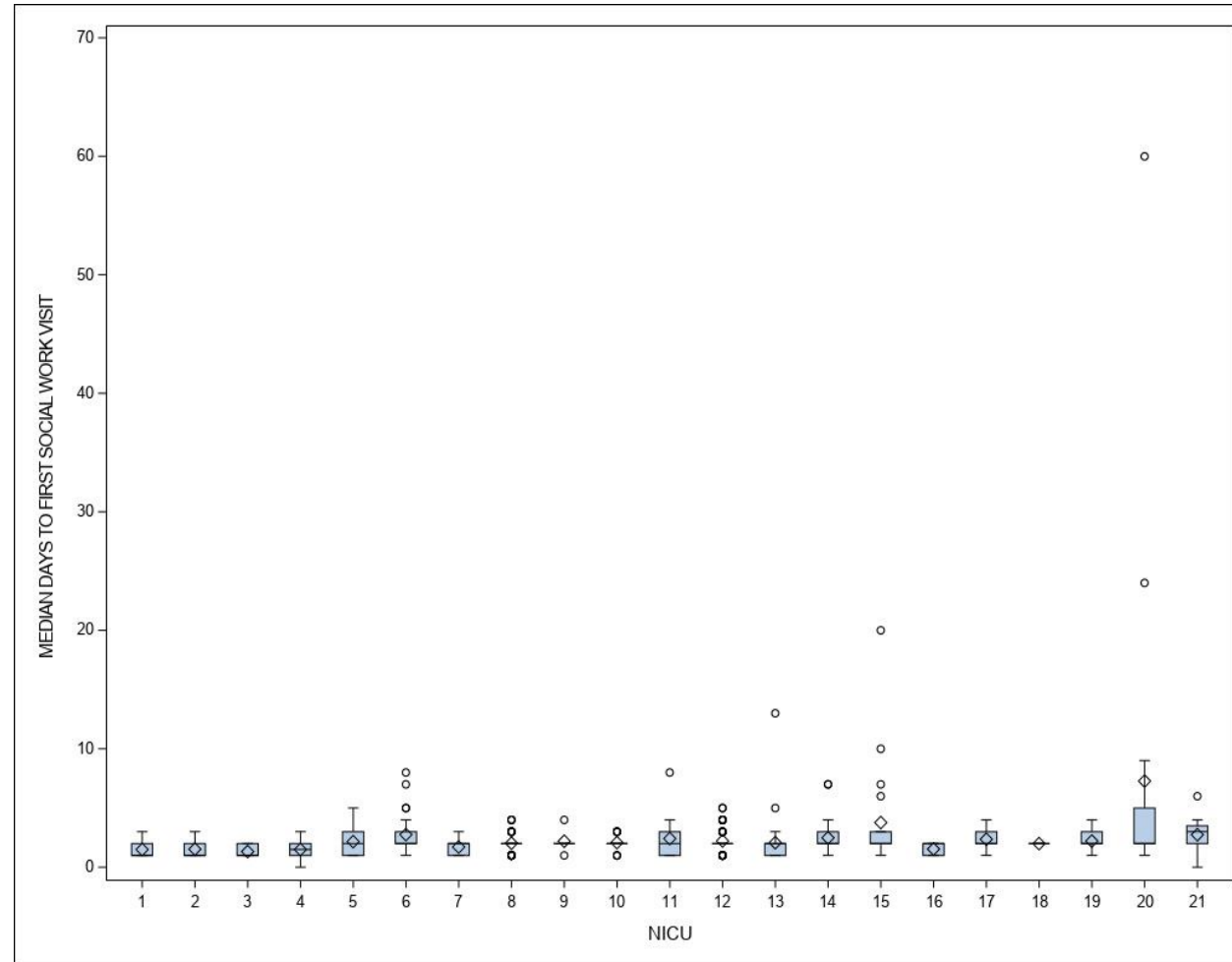
# Hours to first administration of oral colostrum



# Days to first skin-to-skin care across NICUs



# Days to first social worker contact across NICUs



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# FCC Individual Comments

- 80 comments out of 1046 possible opportunities
- 5 providers reported it was too time-consuming to collect information on the FCC items, especially colostrum
- 3 reported information for start and stop times for skin to skin was not available; if skin to skin was not done immediately after birth, it was difficult to determine skin to skin start time
- 3 listed maternal substance use, so no BM
- 1 listed using iMed/Centricity EHR, thus no data fields available to track FCC items-related data

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# General Barriers Reported

- Very time consuming to collect the information on skin to skin, colostrum, especially when EHR is not designed to easily track these
- Good number of providers mentioned that baby was transferred on the day of birth so no FCC information was collected
- Limited parental visits were also reported in some cases, and thus little information for these families on FCC items



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# Discussion

Jochen Profit, MD, MPH

Beate Danielsen, PhD, Director, Health Information Solutions

Kimber Padua, RN, BSN

