



NeoQIC Human Milk Quality Improvement Collaborative

The NeoQIC Human Milk Quality Improvement (QI) Collaborative is a consortium of level 3 NICUs in Massachusetts (MA) focused on improving provision of human milk for very low birth weight (VLBW; $\leq 1,500$ grams) infants. The NeoQIC Human Milk QI Collaborative started in January 2015, and plans to continue until December 2017. Funding comes from the MA Department of Public Health and the W.K. Kellogg Foundation.

By December 31st, 2017, among VLBW infants born in Massachusetts, our Collaborative aims to:

- 1) Increase the rate of any mother's own milk use in the 24 hours prior to discharge/transfer from a baseline of 63% to $\geq 75\%$
- 2) Increase the rate of exclusive mother's own milk use in the 24 hours prior to discharge/transfer from a baseline of 45% to $\geq 55\%$
- 3) Reduce the racial/ethnic disparities in any and exclusive mother's own milk use

How are we doing it?

We hold webinars four times per year and in-person conferences two times per year. At these events we provide education in QI methodology, best practices to support breastfeeding for mothers of preterm infants, and emerging evidence on the benefits of human milk. We also actively promote collaboration among teams, so that teams can propel their progress by learning from others. We have a robust centralized database where teams keep track of important breastfeeding metrics, including: family education, breast milk initiation, continuation, skin-to-skin, necrotizing enterocolitis, late infections, and infant growth. Teams receive transparent data reports that compare their own progress to other teams, which also drives their local improvement work.



Who is involved?

Currently, all 10 level 3 NICUs in MA are participating, and 9 of these hospitals have multi-disciplinary teams and contribute data to our centralized database. The project leaders are Meg Parker, MD a neonatologist and human milk researcher from Boston Medical Center and Munish Gupta, MD, a neonatologist from Beth Israel Deaconess Medical Center and director of NeoQIC. We also partner with the MA Department of Public Health, Massachusetts Breastfeeding Coalition, and Mother's Milk Bank Northeast.

We recognize that support of mothers to make milk for their preterm infants does not only happen in level 3 NICUs. Our mothers are supported by special care nursery staff, obstetricians, midwives, labor and delivery and post-partum staff, pediatricians, providers at WIC centers, and at a variety of community lactation support organizations. We appreciate the help from everyone in reaching our goal to increase human milk for preterm infants.

What else are we doing?

In addition to facilitating important local QI work, our leadership team is creating culturally-appropriate education materials for families. Our written materials, with professional photos and graphic design, and written at a 5-6 grade reading level, will soon be freely available. They will be translated into 5-7 languages. In 2017, we plan to create 5-7 short educational videos in English and Spanish that will be designed to be viewed on a smart phone or tablet. These will also be freely available when complete. We are investigating in more detail reasons for differences in milk production among the Black and Hispanic mothers with VLBW infants in our state. We hope that our work in Massachusetts will be translated to similar QI collaboratives elsewhere.

For further questions or interest in helping in the NeoQIC Human Milk QI Collaborative, please contact Meg Parker at margaret.parker@bmc.org