



*“Partners in Perinatal Quality”*

**July 2010**

## **Human Milk for the Very Low Birth Weight Infant**

Multiple groups have demonstrated benefit from using Human Milk for enteral nutrition in VLBW and larger infants. Estimates suggest Tennessee could avoid \$3-7 million dollars per year in NICU hospital costs by systematically improving the utilization of Human Milk for initiation and maintenance of enteral nutrition (Bisquera 2002, Meizen-Derr 2009, VON-TIPOC Report 2007.) Accordingly, stakeholders represented at the March 2009 TIPQC State Meeting voted to develop a data-driven toolkit to support a statewide perinatal quality improvement project aimed at increasing HM in Tennessee NICUs.

The aim of this project is to improve the health of infants admitted to the NICU in Tennessee by increasing initiation and sustainment of enteral nutrition with human milk. Clearly there exist some contraindications and barriers to achieving total use of human milk for all NICU infants. Thus, we seek to decrease the rate of non-human milk feeding infants 50% by December 2011.

The four pilot NICUs of The Med, Monroe Carell Jr. Children’s Hospital at Vanderbilt, East Tennessee Children’s Hospital, and Parkridge East have finalized the tool kit and are now piloting the data system for this project.

Plan to join the Informational Webinar with the state leaders of this project to get a first glimpse of the tool kit and this project on August 31 at 10 AM CST. This is a very exciting project, and it will make a profound difference in the health of our tiniest babies. To join this webinar, you will need to email [Brenda.Barker@TIPQC.org](mailto:Brenda.Barker@TIPQC.org) to receive an invitation from Webex.

Also, you will want to mark your calendars for the State “Kick Off” on September 20 in Nashville at Monroe Carell Jr. Children’s Hospital from 11- 4 PM CST.

# Project Updates

We're making some changes in response to feedback from the membership, and are beginning a step-wise improvement project on multiple facets of our communication. To make sure that you, the members, are getting the information you need to keep TIPOC running, emails will become increasingly interactive and some content will move to a more on-demand format. For example, this month's e-zine contains links to project updates that will be maintained on our website. Additionally, we will begin to rely on your active reply or RSVP instead of multiple reminders for the same event. Please provide us with feedback as we make changes, and be sure to pass on suggestions on how we can facilitate your active participation.

## **OB—Reducing Elective Deliveries before 39 Weeks**

Regional OB change teams forming or in progress in North-East, Mid, and West Regions. <http://www.tipqc.org/projects>

## **OB—Breastfeeding Awareness Campaign**

Change package being drafted, data structure ready for testing in pilot. <http://www.tipqc.org/projects>

## **NICU—Human Milk for the Very Low Birth Weight Infants Project**

Pilot change package completed, IRB reviews in progress. <http://www.tipqc.org/projects>

## **NICU—CLABSI Reduction**

First state aggregate data was shared during Summer Regional Learning Sessions. <http://www.tipqc.org/projects>

## **NICU--Admission Temperature Project**

*Sustainment data for June needs to be submitted to TIPOC ASAP for state aggregate report to be presented at July 28<sup>th</sup> sustainment huddle!*  
<http://www.tipqc.org/projects>

## **NICU—“How's Your Baby?”**

Pilot Centers beginning to test Dr. Bill Edward's "How's Your Baby?" parent data entry tool. <http://www.tipqc.org/projects>

## **NICU--Golden Hour**

First Development meeting planned for this fall. <http://www.tipqc.org/projects>

**Please note that we have added a calendar feature to our website, where these dates and others can be found at <http://www.tipqc.org/calendar>.**