

# Title of Improvement Project: Optimising Early maternal Breast Milk for babies born before 34 weeks.

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Lead: Louise Weatherill, Sanjay Salgia, Abigail Brooks.

louise.weatherill@nhs.net

**Aim: To increase the number of < 34-week gestation babies receiving their own mother's milk within the first 6hrs to 95% by 31/12/2024.**

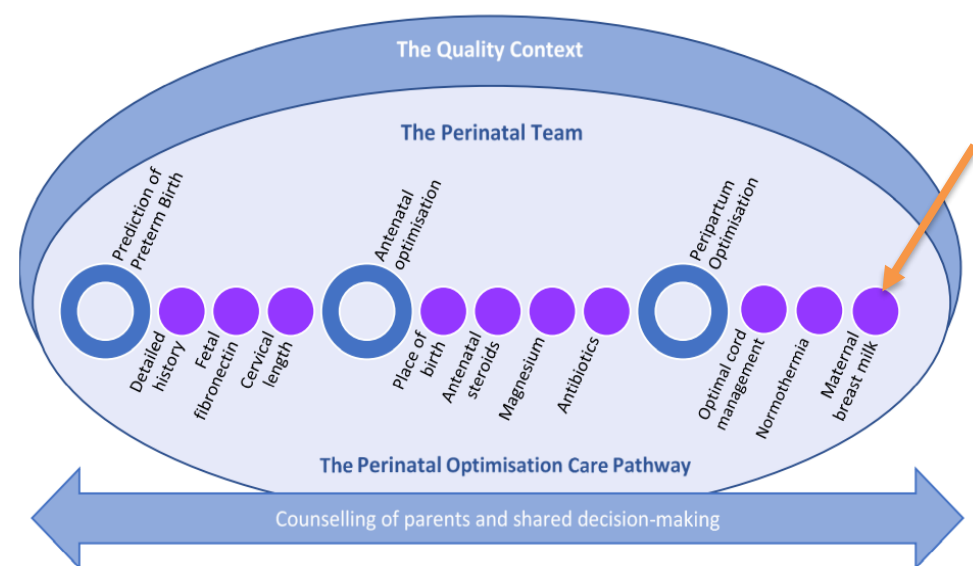
## Project background / Introduction

After having a preterm baby, women face a variety of challenges in their breastfeeding journey. A large proportion of preterm's are not exclusively fed a breast milk diet despite the known benefits. Early breastmilk feeding relies on a collaborative approach from maternity, neonates, the women, and their families. This project forms part of the Perinatal Optimisation Care Pathway.

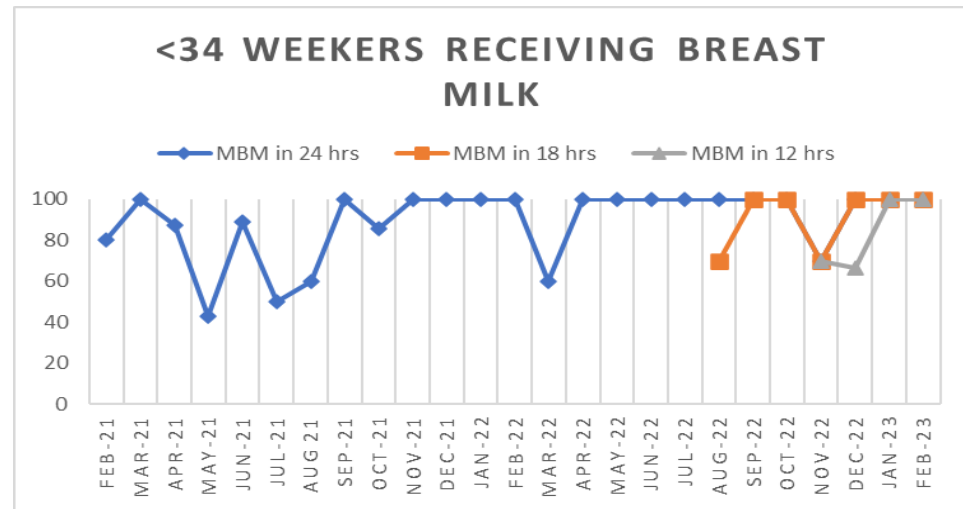
This project is taking a staged approach with the aim of increasing the total number of babies less than 34 weeks gestational age receiving maternal breast milk (Including buccal colostrum or maternal breast milk as mouth care) within 6 hours of birth to at least 95% of preterm babies admitted to the neonatal unit by the end of 2024.

Maternal Breast Milk (MBM) is the optimal form of feeding for preterm infants. Specific health benefits for the preterm infant population include lower mortality rates, lower rates of sepsis, necrotising enterocolitis, improved neurodevelopmental and fewer hospitalisations in the first year after discharge from the neonatal unit compared to those babies' who receive formula feeds.

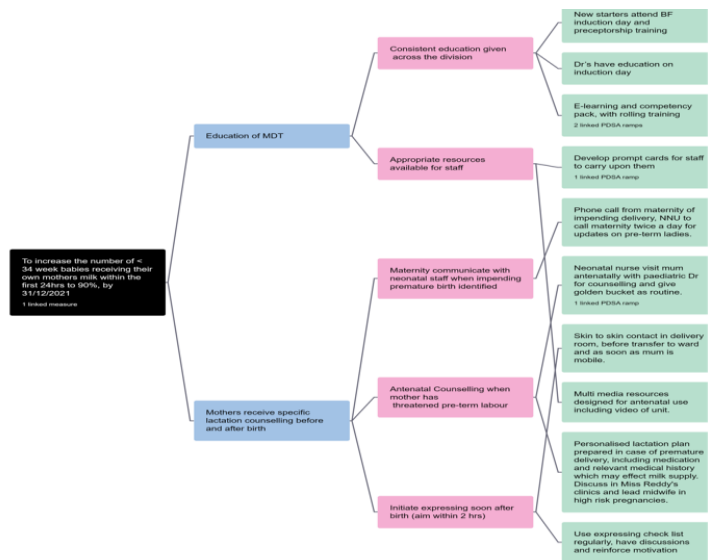
## The Perinatal Optimisation Care Pathway



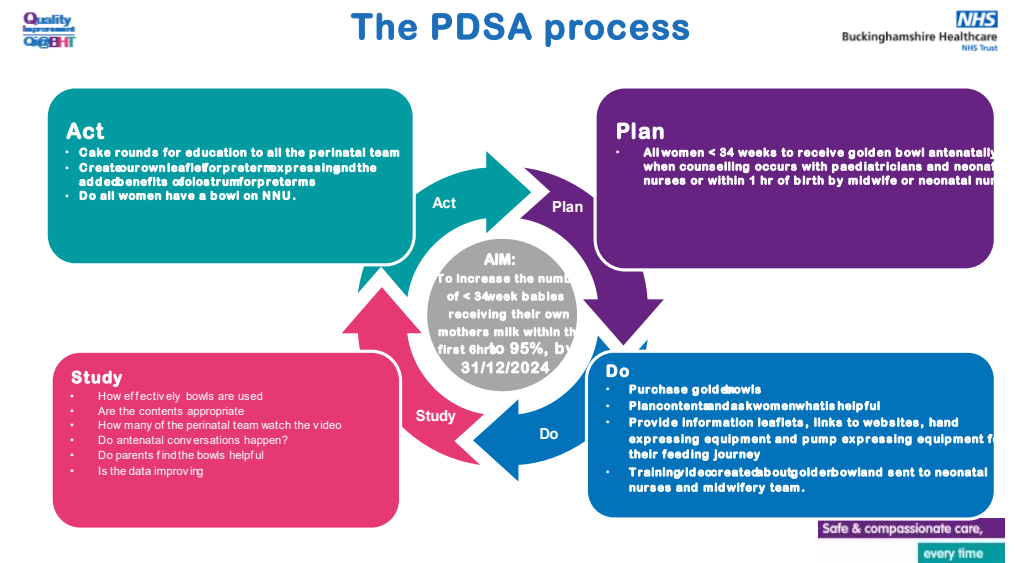
## Outcome



## Driver Diagram



## PDSA cycle of change



## Parent and Staff Feedback

**Parent** Golden Bowls are helpful and have everything you need for your expressing journey. Antenatal conversations are reassuring.

**Staff** A successful collaborative project that has improved collaborative team working.

## Conclusion & next steps

This quality improvement project is ongoing, with consistently positive results. Excellent collaboration across maternity and neonatal services has improved the success of the project. Having regular project meetings at local and regional levels helps to focus the project and PDSA cycles. Antenatal counselling was introduced, golden bowls, prompt cards, resources, patient information leaflets, education videos for staff has improved knowledge and resources for the perinatal team and parents. Ongoing PDSA ramps include tea and cake trolley rounds which raises awareness for the project and how it fits within the optimisation preterm care bundle.

**Quality, Efficiency and/or Financial Benefits** The health benefits to the preterm baby of receiving MBM are potentially significant including lower mortality rates and reduced risk of sepsis.

Reference: [Maternal Breast Milk Toolkit | British Association of Perinatal Medicine \(bapm.org\)](https://www.bapm.org/)