



## Improving Delivery of Breastmilk to VLBW Infants at Time of NICU Discharge Through Collaborative Quality Improvement in a Large Perinatal Care Region in Texas

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**Purpose** The AAP continues to support breastmilk as the normative diet for all infants given numerous short and long-term health benefits for both infants and mothers. The CDC Breastfeeding Report Card ranks Texas as #15 in “Ever breastfed” and #23 in “Breastfeeding at 12 months”. NICUs in the Southeast Texas Regional Advisory Council (SETRAC) (30 NICUs) reported only 26-31% of VLBW infants were discharged home on any breastmilk feeds in the years 2019 and 2020. **Methods** A multidisciplinary project team of regional physicians, nurses and lactation consultants was formed as part of the SETRAC Perinatal Committee to improve rates of SETRAC NICU VLBW graduates discharged home on breastmilk. The project aimed to achieve an absolute increase of 10% in the rates of VLBW infants receiving breastmilk at discharge within 1 year of implementation. A web-based toolkit was created (<https://www.setrac.org/perinatal/> Resources: Breastfeeding at Discharge) and a tiered system of merit was established to incentivize hospitals to increase efforts to establish and maintain mothers’ breastmilk supply. Participation was tracked through monthly meetings, biannual survey, and quarterly RAC data submission. Hospitals were asked to track rates of prenatal breastmilk counselling, as well as breast pump availability within 6 hours of delivery and at time of maternal discharge. Multiple PDSA cycles have since been undertaken to further improve this outcome measure. **Results** The percentage of VLBW infants discharged home from SETRAC NICUs on any breastmilk increased to 53% for VLBW infants (n=1124) by the end of 2021. Participation in the breastmilk quality initiative improved from 53% to 80% in the first year of the project, with >95% reporting use of the toolkit. Pump access following delivery improved from 75% to 86%, and at time of maternal discharge from 63% to 75% within the first year of project implementation. These metrics have been sustained 3 years into the project, with an additional 3% absolute improvement in all weight NICU discharges on breastmilk. **Conclusions** Through a collaborative and incentivized initiative, SETRAC has demonstrated how regionalized collaborative quality improvement can significantly improve health outcomes for infants and mothers. Our project demonstrates the ability of providers across multiple healthcare systems to work together towards a common goal. The use of a shared toolkit and RAC recognition of hospital units’ success helped to increase the delivery of breastmilk to high-risk infants. Project was approved by the Southeast Texas Regional Advisory Council (SETRAC) Perinatal Committee Perinatal QI Workgroup.