

NICU breastfeeding rates

What are NICU breastfeeding rates?

NICU breastfeeding rates are measures of the amount (exclusive, partial or none) of breastfeeding/breast milk feeding for NICU infants at specific time points:

- Discharge
- 2 and 4 weeks post-discharge
- 3 and 6 months corrected gestational age (CGA)

Since many NICU infants are discharged before achieving full feeds at-breast, it is important to capture both breastfeeding as well as the amount and proportion of feeds that are own mother's milk (OMM).¹

Why are NICU breastfeeding rates important?

The success of NICU lactation care is reflected in a unit's breastfeeding rates and the proportion of feeds that are OMM. Continued data collection after discharge allows healthcare professionals to provide ongoing proactive lactation support.²

Low exclusive breastfeeding or OMM at discharge and subsequent time points may indicate sub-optimal lactation care during the hospital stay.³

How to implement?

Develop/revise protocols that:

Record breastfeeding /breast milk feeding at: Discharge 2 and 4 weeks post-discharge 3 and 6 months CGA Identify and train staff to collect breastfeeding rates and offer lactation support pathways	 Support mothers to express early and frequently in order to initiate and build their milk supply (come to volume) Collect qualitative data from mothers regarding their breastfeeding expectations and goals, lactation experiences and barriers 	Regularly educate staff on the importance of OMM, best practices to support maternal milk volumes and how optimising maternal milk volumes is key to achieving high breastfeeding rates

How to audit?

Strategies to measure best practice include:

- Percentage of infants exclusively breastfeeding and/or OMM-feeding at each time point
- Percentage of infants partially or not breastfeeding and/or OMM-feeding at each time point
- Analyse reasons for sub-optimal rates
- Percentage of mothers achieving their breastfeeding goals

Auditing records on a monthly basis:

- Highlights recent progress and can enhance motivation within the organisation to continue with quality improvement measures.
- Shows where changes are still required and allows for timely implementation of further education to staff for continuous improvements in clinical practice.
- Allows barriers to be identified and addressed.