Q and A responses by Elizabeth Jeanson

(Some additional responses by Dr. Brown's Medical, DBM)

How did you address breastfeeding with bottle feeding?

EJ: All babies are held skin to skin from admission, until they are medically able to breast or bottle feed. Mothers expressing a desire to breastfeed are offered a 72-hour exclusive breastfeeding time when the baby demonstrates readiness. During this 72 hours, no bottles are offered and the mother has to room in. Our neonatal dietician determines the specific caloric needs and plan, which determines how many breastfeeding attempts and how many bottles would need to be offered to meet the infant's caloric needs. After the 72 hours, parents are allowed to choose if they want to offer the breast or the bottle. With guidance from the staff to ensure enough calories for the entire shift are met.

DBM: Of note, the IDF™ program recommends a protected breastfeeding window, but allows for each hospital to decide what time frame best meets their needs.

How do you manage the 72Hour window with moms on Mag?

EJ: Mothers on mag are not able to come to the NICU and are unable to breast or bottle feed. However, if they have the desire to breastfeed, the infant is supported via PIV until the mother is healthy enough to come to the unit. Of course, there are times when mothers are retained in postpartum for days. In this situation, individual strategies are designed between the medical team and the parents.

When you use the 72 hour breastfeeding window, do you use pre and post weights?

EJ: We use the prescribed time algorithm provided through IDF™ to determine effectiveness of breastfeeding. If requested by the parents they can do pre and post weights.

How were the teaching modules standardized and provided to the staff, purchased by vendor or hospital system?

EJ: The teaching modules are a part of the IDF™ package. They are standardized. The information is reinforced through unit specific activities, posters, share point alerts. Each staff member was responsible for completing the on line education.

DBM: When the IDF™ Program is purchased unit-wide for a hospital, each staff member receives access to the online training program and completes the program at their own pace. The hospital coordinator of the program works closely with Dr. Brown's Medical on an implementation program.

If I did a literature review on IDF™ like you did, would it be convincing enough to engage interest in my physicians? The majority of them are currently all volume-driven.

EJ: The literature is clear that IDF™ is an effective feeding routine. In Volume driven strongholds a quality improvement project is often the best way to facilitate new thinking.

DBM: Please contact us at medinfo@drbrownsmedical.com for a complete list of references. There are journal articles, as well as more recent QI Projects presented at national conferences, that demonstrate the many benefits of IDF™

How did you change the mindset of the more experienced/ older NICU nurses who are also volume-driven?

EJ: Ask them to be on the implementation committee. Remind them of the benefit to the nurse (eg, giving them autonomy to determine how well and infant is feeding and make changes to meet the infants needs -bottle, nipple, volume, pacing).

How do you allow protected breastfeeding window with parents who are not present 72 hours?

EJ: Mothers must make a choice. We have found that most mothers who truly desire breastfeeding will find a way. Those mothers whose life situations do not allow them to be present are usually allowed to place the baby at the breast when they can be present if the baby is cueing. Other feeds are provided by bottle. There is no "exclusive breastfeeding window". We do involve social work to assist families in making the breastfeeding window a reality for whatever length of time mothers can commit. Some mothers come and go from the unit 8 times a day and do not room in.