

The Early Nutrition Journey and MFGM: Evidence for Improving Cognitive Outcomes

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INTERPROFESSIONAL PANEL DISCUSSION

Kirsten Frank, RD, CSPCC, LDN, CNSC, IBCLC:

Interprofessional collaboration and education model is comprised of 4 core concepts. The first 1 being roles and responsibilities, and that's the use of knowledge of one's own role and team member expertise to address individual and population health outcomes. I think my role as a lactation consultant and also as a dietitian brings 2 different roles and responsibilities to the interprofessional team atmosphere so that I can both speak on nutrition and then also the lactation aspect of care. That second core concept being value and ethics.

Brian K. Stansfield, MD: Values and ethics are implicit to who we are and the various roles and expertise that we have and we bring to the interprofessional healthcare team. The goal of recognizing these values and ethics is that we can promote the individual values and bring new perspectives to our care. It allows us to really value diversity; it helps us to look at people individually to recognize cultural differences and background differences that we're really navigating and specific to the patients that we're caring for. Within the healthcare system, recognizing the values of individuals allows us to collaborate together

with honesty and integrity, striving for health equity, and improving health outcomes.

Our third core competency is communication.

Michaela Berroya, MSN, RNC-NIC: It is really important as part of an interprofessional collaboration, to have great communication. If we are not all on the same page, none of these protocols or guidelines that we are trying to implement are going to work. We need to make sure that we are responsive to each team member's needs and that everyone has a seat at the table. We want to be respectful to all of our colleagues and all of the expertise and knowledge that they're bringing to this group. We want to give compassionate care to our patients, and we want to be compassionate with our colleagues. Everybody has different specialties, and this is why interprofessional collaboration is so important so that we have a whole picture for our patients.

Frank: The last core competency is teams and teamwork. And as Dr. Stansfield and Michaela mentioned about both value and ethics and communication, and as I mentioned about roles and responsibility, those all play a huge role in teams and teamwork. That aspect of bringing the principles of the science of teamwork together to come collaboratively together to make group decisions for the best care for that



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patient, talking through each of our roles and expertise and manage each other up in those decisions and those collaborative conversations that we have together. And also, to hold each other accountable as well with regards to the care that we're bringing to the table for our patients.

Berroya: We wonder: why do we need interprofessional collaboration, and what gaps might it fill for us in our varying settings and different professions? So, we know, without our interprofessional collaboration, we may have a fragmented health system. When we collaborate with each other, we are a more collaborative workforce, and this leads to a collaborative practice. We then, fortunately, have a strengthened health system, and the end result, which is what we all are working for and towards, is improved health outcomes for our patients. So, when we talk about this framework, we are looking at, what can we do in our own institutions, and how can we bring this to other places?

Stansfield: One place where this is really clear to me is in interdisciplinary rounding at the patient bedside where, as the physician, we incorporate both discussion opinions and comment on the care from nurses, dietician, respiratory therapists, parents, any social workers, or other staff that might have insights that we may not gather from our exam or from the electronic medical record. And what it does is, it allows us to really come up with a thoughtful and comprehensive plan of care for each individual during each day. And I think it also brings the values and good communication from the team members so that everybody's on the same page when we leave the bedside. Kirsten, does your institution practice interdisciplinary care? And what are your thoughts about that?

Frank: We host, every day, interprofessional rounds with each other. It is comprised of myself, a dietitian, pharmacist, respiratory therapy, nursing staff, sometimes our spiritual care providers, our case management team, and social work. We round every day, and we have an opportunity with each other to share our expertise and what we can bring to the table to help optimize the care of the patients that we're talking about. And a lot of the times, because we

round throughout the unit and go room to room, if the family's present, we'll also include the family in our collaborative conversations with each other. And so, it helps all of us stay on the same page. We all are able to share our information and what we can bring to the table right in that moment. And it definitely, I feel, optimizes the care of that patient.

Berroya: We do the same thing at my institution. And I think this is actually extremely helpful when families are present for our interprofessional rounds because there are so many team members there that are specialized in their areas, and they're getting an overview of the plan from everyone. And if the family has something that they would like to input or a question that they need to ask, this is a great space for them to do that and to also understand why we are doing what we're doing for their baby.

And to just sum up what we were all talking about, this framework is really important to give us the best healthcare outcomes for our patients. We have stronger teams; we more efficiently use our resources; and we are helping to improve access to healthcare and make sure that our patients get the best outcomes as possible. And that is what we're all here for and why we do our jobs.

Stansfield: Interprofessional care, I think we do this in many ways, but one place where I've seen it actually be very effective is in the thinking through of new information, particularly around, how do we feed and provide nutrition to preterm infants? It's such a complicated part of our jobs, and we're inundated with new information about the timing of when we start feeds, the supplements we may use, the addition of certain fortifiers by either type or timing. How do we measure growth and progress in our nutrition goals? And incorporating all of this new information into the standard practices within our units—the feeding protocols that we use to help streamline care and to make it predictable for the entire healthcare team. It can be difficult, and it really is an opportunity for interprofessional care to sort of highlight the various values and ethics, the expertise, that many partners in the healthcare team can



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bring to the table. And I think it's been one area where I've seen the importance of good communication across professions. I'm curious, Kirsten, as a dietitian, does your program incorporate new information into your feeding protocols?

Frank: We recently, in my institution, just got through a process of updating our feeding protocols, and we came together and put together what we called a nutrition expert committee in our unit. And it was made up of myself (dietitian), a couple of our bedside nurses that wanted to join the nutrition expert committee, 2 of our nurse practitioners, and we had a physician lead, one of our neonatologists. And we started off with doing an audit of our current protocols and kind of seeing where we were falling short and if what we were using was up to date with the current evidence. And with the new evidence that's out there, we decided to do a little deeper dive into the research based off of the audit that we put together.

We tried to meet twice a month with each other. And each of our meetings was focused on utilizing the information we got from our audit and doing a deep dive into our literature and how we could apply the most recent evidence to our feeding protocols. And we actually took a lot of the newer information to help provide a newer feeding protocol, and we broke down the different gestational ages a little bit more tightly to be a little bit more individualized in care, as well as the weight classes for our babies. And then we used a lot of the information that's available now in the current evidence to help. We start fortification a little faster, a little sooner. We are also shortening our trophic feeding days, and it seems like we are able to feed babies a little faster than we previously were, and we just went live with those protocols in the middle of April.

Stansfield: That's a really great example of how interprofessional care really helps to mold precise feeding protocol. Michaela, I'm curious as a nurse, how do you implement some of these changes?

Berroya: I think these interprofessional groups are so important because in the past, before some of these guidelines and protocols were established, as the nurse at the bedside, it was sometimes like, "Let's see, which attending is on today to see where they're going to go with this? Am I, as the nurse, going to have some say in what's going on?" Interprofessional collaboration is extremely important because we did the same thing with our protocols. Pretty much as Kirsten said, the members that were involved, we had those same members involved in our feeding guidelines. The nurse felt like they really had a seat at the table to say, we may think that we want to do this, but how can it be actually implemented in practice in terms of timing and flow? And this helps to have a better workflow for the nurse because you've had a voice at the top of the table.

Stansfield: It seems like interprofessional care and good communication across professions is actually really helpful in bringing in new information and then implementing that information.

Frank: I like what you touched on there too, with keeping the nursing team involved. Because at first when we put our committee together, we weren't thinking through quite all the people that should be at the table because, like Dr. Stansfield said, we're here thinking about putting these protocols together, but then how does that impact the nurses at the bedside? So, when we pulled our nurses into our group, it was actually quite helpful because some of the newer evidence, talking about maybe increasing feeds a little faster at a faster volume than we have previously been used to and starting feeds a little sooner—it feels uncomfortable sometimes. And so, with our bedside nurses there and able to speak through some of those potential fears and hesitations that the rest of the unit may experience was incredibly helpful to us so that we could, again, look at the literature. What does it say? What does it look like in real life? How do we apply this? And that the bedside nurse input was incredibly valuable.



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Berroya: I often say that sometimes the nurse is the gatekeeper because they are the person that is at the bedside the most out of all of the teams. It's really important to be able to feel like you had a say. To alleviate the fears of some of your colleagues because they know that nursing was represented in this discussion to come up with these protocols.

Frank: In looking at those 4 core competencies of roles and responsibilities, value and ethics, communication, and teams and teamwork, and how they apply in the NICU being so impactful to the care of our patients. But it doesn't just apply to the NICU setting. This is actually quite pertinent across all healthcare settings to make sure that we are optimizing the best care possible for the patients that we are helping and serving.

SUMMARY

One area where interprofessional collaboration has proven especially beneficial is in nutrition planning for preterm infants. With frequent updates in research and best practices, forming interdisciplinary committees has allowed teams to audit existing protocols and implement evidence-based updates. These changes—such as initiating feeds sooner, shortening trophic feeding periods, or adjusting fortification—are made more effective through the collaborative process.

These committees often consist of dietitians, nurses, nurse practitioners, physicians, and others. By meeting regularly, teams can analyze current practices, compare them with emerging evidence, and adjust protocols accordingly. Including bedside nurses in these discussions has been particularly valuable. Their hands-on experience provides essential insights into how changes affect workflow, comfort levels, and feasibility in real-world settings.

This kind of inclusion also helps alleviate concerns and fosters trust in the changes being made. Nurses, often the primary caregivers at the bedside, play a crucial role in ensuring new protocols are successfully implemented. When all voices are heard, especially those closest to the patient, changes are more likely to succeed.

Using the four core competencies—roles and responsibilities, values and ethics, communication, and teams and teamwork—strengthens healthcare systems and improves outcomes. These principles are universally applicable across various care settings and are vital to delivering the highest standard of patient care.

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