Quality Improvement in Maternity and Infant Care: The Ten Steps, mPINC, and The Joint Commission Core Measures

Florida Breastfeeding Coalition Webinar May 8, 2012

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Objectives

- Identify the Ten Steps to Successful Breastfeeding of the Baby Friendly Hospital Initiative
- Describe the report cards and indicators used to evaluate the effectiveness of breastfeeding support in the US and in FL
- Identify opportunities for quality improvement in your institution
I have nothing to disclose.
American Academy of Pediatrics
Breastfeeding Recommendations

- **Exclusively** for about the first 6 months of life
- Continuing for at least the first year of life**, with addition of complementary solids
- Thereafter, for as long as mutually desired by mother and child


**WHO Recommends 2 years minimum
AAP Policy Statement

- Human milk is the normative standard for infant feeding and nutrition
- Breastfeeding should be considered a public health issue and not a lifestyle choice
- Hospital routines to encourage and support the initiation and sustaining of exclusive breastfeeding should be based on the American Academy of Pediatrics-endorsed WHO/UNICEF “Ten Steps to Successful Breastfeeding”

AAP Pediatrics 2012;129;e827-41.
Benefits of Breastfeeding

“Dose Dependency”

- Acute otitis media 50% less with EBF > 3-6 months
- Atopic dermatitis 42% less with EBF > 3 months
- Gastroenteritis 64% less with any BF vs. none
- Lower respiratory tract disease and hospitalization 72% less with EBF > 4 months
- Asthma 40% less with BF > 3 months with positive family history
- Obesity 24% less with any BF
- Type 1 DM 30% less with BF > 3 months
- Type 2 DM 40% less with any BF vs. None
- Cancer:
  - Acute lymphocytic leukemia 20% less with BF >6 months
  - Acute myelogenous leukemia 15% less with BF >6 months
- SIDS 36% less with any BF > 1 month


http://www.ahrq.gov/clinic/tp/brfouttp.htm

AAP *Pediatrics* 2012;129;e827-41.
• Results: If 90% of US families could comply with medical recommendations to breastfeed exclusively for 6 months, the United States would save $13 billion per year and prevent an excess 911 deaths, nearly all of which would be in infants ($10.5 billion and 741 deaths at 80% compliance).

• Conclusions: Current US breastfeeding rates are suboptimal and result in significant excess costs and preventable infant deaths. Investment in strategies to promote longer breastfeeding duration and exclusivity may be cost-effective.

US Preventive Services Task Force

- Actions of the healthcare system in relation to breastfeeding do matter
- Primary care clinicians should support women in breastfeeding
- What physicians and the health system do before and around the time of delivery makes a difference in initiation, exclusivity, and duration of breastfeeding
- What happens in the community after discharge also makes a difference
### Healthy People 2020 Objective

**Mich-21: Increase the proportion of infants who are breastfed**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mich-21.1</td>
<td>Ever</td>
<td>81.9%</td>
</tr>
<tr>
<td>Mich-21.2</td>
<td>At 6 months</td>
<td>60.6%</td>
</tr>
<tr>
<td>Mich-21.3</td>
<td>At 1 year</td>
<td>34.1%</td>
</tr>
<tr>
<td>Mich-21.4</td>
<td>Exclusively through 3 months</td>
<td>46.2%</td>
</tr>
<tr>
<td>Mich-21.5</td>
<td>Exclusively through 6 months</td>
<td>25.5%</td>
</tr>
</tbody>
</table>

**Mich-22: Increase the proportion of employers that have worksite lactation support programs.**

38%

**Mich-23: Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life.**

14.2%

**Mich-24: Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies.**

8.1%

Healthy People Maternal, Infant, and Child Health 2020 Objectives:
<table>
<thead>
<tr>
<th></th>
<th>HP 2020 Goals (%)</th>
<th>US (%)</th>
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<tbody>
<tr>
<td>Initiation</td>
<td>81.9</td>
<td>74.6</td>
</tr>
<tr>
<td>6 mo (any)</td>
<td>60.6</td>
<td>44.3</td>
</tr>
<tr>
<td>12 mo (any)</td>
<td>34.1</td>
<td>23.8</td>
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<tr>
<td>3 mo (excl)</td>
<td>46.2</td>
<td>35.0</td>
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<tr>
<td>6 mo (excl)</td>
<td>25.5</td>
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# National Immunization Survey

## Infants Born in 2008 in US

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<th>HP 2020 Goals (%)</th>
<th>US (%)</th>
<th>FL (%)</th>
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<tr>
<td>12 mo (any)</td>
<td>34.1</td>
<td>23.8</td>
<td>20.2</td>
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<tr>
<td>3 mo (excl)</td>
<td>46.2</td>
<td>35.0</td>
<td>31.7</td>
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<tr>
<td>6 mo (excl)</td>
<td>25.5</td>
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## 2011 Breastfeeding Report Card

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<tr>
<th>State</th>
<th>Ever Breastfed</th>
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<td>10.1</td>
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<tr>
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<td>Iowa</td>
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<td>37.2</td>
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<td>33.5</td>
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<td>Kentucky</td>
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<td>24.2</td>
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<td>Louisiana</td>
<td>48.9</td>
<td>18.2</td>
<td>7.0</td>
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<tr>
<td>Maine</td>
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<td>24.1</td>
<td>45.0</td>
<td>15.0</td>
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</table>

“The time has come to set forth the important roles and responsibilities of clinicians, employers, communities, researchers, and government leaders and to urge us all to take on a commitment to enable mothers to meet their personal goals for breastfeeding.”


**Percent of U.S. children who were breastfed, by birth year:**

<table>
<thead>
<tr>
<th>Year of Birth</th>
<th>Any Breastfeeding</th>
<th>Exclusive Breastfeeding</th>
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<tbody>
<tr>
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<td></td>
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<td>2002</td>
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<td>2006</td>
<td></td>
<td></td>
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<tr>
<td>2008</td>
<td></td>
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</tr>
</tbody>
</table>

**Healthy People 2020 objectives for breastfeeding in early postpartum period, at 6 months, and 12 months are 81.9%, 60.6%, and 34.1%, respectively. Healthy People 2020 objectives for exclusive breastfeeding through 3 and 6 months of age are 46.2% and 25.5%, respectively. National data on exclusive breastfeeding are not available for children born prior to 2003. See survey methods for details on study design.**

**Data**

Percent of U.S. children who were breastfed, by birth year, National Immunization Survey, United States (percent ± half 95% Confidence Interval).

**National Immunization Survey:**

Percentage of Any and Exclusive Breastfeeding by Month Since Birth Among US Infants Born in 2008

*Exclusive breastfeeding = infant receives only breast milk and vitamins or medications, but no other solids or liquids.

SOURCE: CDC National Immunization Survey
Percent of Children Ever Breastfed by State (2007)
About Let's Move!

Information about programs that offer solutions and ways that different organizations can play a role in solving the problem of childhood obesity.

READ MORE
Let’s Move! is strengthened by the individual efforts of all providers, but even more so when they work with patients and families, in clinics, practices, homes, schools and neighborhoods to achieve the goal of a healthier lifestyle.

1. Health Care Providers join Let’s Move!
2. Make BMI screening a standard part of your care.
3. Talk to your patients about Breast Feeding and First Foods.
4. Prescribe Activity and Healthy Habits.
5. Be a Leader in your Community.
“I believe that we as a nation are beginning to see a shift in how we think and talk about breastfeeding,” said Dr. Benjamin. “With this ‘Call to Action,’ I am urging everyone to help make breastfeeding easier.”
Benjamin cites health benefits, offers steps for families, clinicians and employers

WASHINGTON, DC, Jan. 20, 2011 - Surgeon General Regina M. Benjamin today issued a “Call to Action to Support Breastfeeding,” outlining steps that can be taken to remove some of the obstacles faced by women who want to breastfeed their babies.

“Many barriers exist for mothers who want to breastfeed,” Dr. Benjamin said. “They shouldn’t have to go it alone. Whether you’re a clinician, a family member, a friend, or an employer, you can play an important part in helping mothers who want to breastfeed.”

While 75 percent of U.S. babies start out breastfeeding, the Centers for Disease Control and Prevention says, only 13 percent are exclusively breastfed at the end of six months. The rates are particularly low among African-American infants.
Communities
  - should expand and improve programs that provide mother-to-mother support and peer counseling

Health care systems
  - should ensure that maternity care practices provide education and counseling on breastfeeding. Hospitals should become more “baby-friendly,” by taking steps like those recommended by the UNICEF/WHO’s Baby-Friendly Hospital Initiative

Clinicians
  - should ensure that they are trained to properly care for breastfeeding mothers and babies. They should promote breastfeeding to their pregnant patients and make sure that mothers receive the best advice on how to breastfeed.

Employers
  - should work toward establishing paid maternity leave and high-quality lactation support programs. Employers should expand the use of programs that allow nursing mothers to have their babies close by so they can feed them during the day. They should also provide women with break time and private space to express breast milk.

Families
  - should give mothers the support and encouragement they need to breastfeed.
BABY FRIENDLY HOSPITAL INITIATIVE TEN STEPS
Hospital Policies to Support Breastfeeding

- Have a written breastfeeding policy that is routinely communicated to all health care staff.
- Train all health care staff in skills necessary to implement this policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding within one hour of birth.

www.babyfriendlyusa.org
BABY FRIENDLY HOSPITAL INITIATIVE TEN STEPS
Hospital Policies to Support Breastfeeding

• Show mothers how to breastfeed, and to maintain lactation, even if separated from infants.
• Give newborn infants nothing other than breast milk, *unless* medically indicated.
• Practice rooming-in 24 hours a day.
• Encourage breastfeeding on demand.
• Give no artificial nipples or pacifiers.
• Foster the establishment of breastfeeding support groups.

www.babyfriendlyusa.org
Baby Friendly USA
Florida Baby Friendly Hospitals

- Cape Canaveral
- Morton Plant
- Mease Countryside
- Naval Hospital, Jacksonville
Best Fed BEGINNINGS
Improving Breastfeeding Support in U.S. Hospitals

Overview

NICHQ, with support from the Centers for Disease Control and Prevention (CDC), is leading a nationwide effort in close partnership with Baby-Friendly USA to help hospitals improve maternity care and increase the number of Baby-Friendly hospitals in the United States. 90 hospitals will be recruited from across the country to participate in a 22-month learning collaborative to make system-level changes to maternity care practices in pursuit of Baby-Friendly designation.

Announcements
### Breastfeeding Initiation

**“Babies are Born to Breastfeed”**

<table>
<thead>
<tr>
<th>Skin-to-skin contact</th>
<th>Oxytocin release</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Promotes physiologic stability</td>
<td>- Uterine contractions</td>
</tr>
<tr>
<td>- Provides thermal regulation</td>
<td>- Stimulates milk ejection reflex</td>
</tr>
<tr>
<td>- Enhances feeding opportunities</td>
<td>- Maternal attachment and feelings of love for newborn</td>
</tr>
<tr>
<td>- Infant crawls to breast and self-attaches</td>
<td></td>
</tr>
<tr>
<td>- Colonization with maternal flora</td>
<td></td>
</tr>
</tbody>
</table>

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**AAP Pediatrics** 2012;129;e827-41.

**Academy of Breastfeeding Medicine (ABM) Protocols 5 & 7** (www.bfmed.org)
Impact on Breastfeeding Duration of Early Infant-Mother Contact


- Early contact: 15-20 min suckling and skin-to-skin contact within first hour after delivery
- Control: No contact within first hour

<table>
<thead>
<tr>
<th>Percent still breastfeeding at 3 months</th>
<th>Early contact (n=21)</th>
<th>Control (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>0%</td>
<td>26%</td>
</tr>
<tr>
<td>10%</td>
<td>0%</td>
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</tr>
<tr>
<td>20%</td>
<td></td>
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</tr>
<tr>
<td>30%</td>
<td></td>
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<tr>
<td>40%</td>
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<td>50%</td>
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<tr>
<td>60%</td>
<td></td>
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<tr>
<td>70%</td>
<td>58%</td>
<td></td>
</tr>
</tbody>
</table>

BFHI Slides 2.4a
Effect of Delivery Room Practices on Early Breastfeeding


![Graph showing successful sucking pattern](image)

- Continuous contact, n=38: 63% successful sucking pattern, P<0.001
- Separation for procedures, n=34: 21% successful sucking pattern, P<0.001

BFHI Slides 2.4a
Recommended Breastfeeding Practices

- Continuous rooming-in
- Respond to early breastfeeding cues
  - Rooting
  - Fist to mouth
  - Early arousal
- Crying is a late hunger sign

AAP Pediatrics 2012;129;e827-41.
Effect of Rooming-in on Frequency of Breastfeeding per 24 hours


BFHI Slides 2.4a
Mean Feeding Frequency During the First 3 Days of Life and Serum Bilirubin

Effect of Breastfeeding Frequency in First 24 Hours and Bilirubin > 15 mg/dL on Day 6 in Japanese Newborns

Yamauchi: Pediatrics 1990; 86: 171
Primary Prevention of Neonatal Jaundice

- **Recommendation #1**
  - Clinicians should advise mothers to nurse their infants at least 8 to 12 times per day for the first several days.

- **Recommendation #1.1**
  - The AAP recommends against routine supplementation of nondehydrated breastfed infants with water or dextrose water.
    - “Supplementation with water or glucose water will not prevent hyperbilirubinemia or decrease total serum bilirubin levels.”

Background: Childhood obesity is a national epidemic in the United States. Increasing the proportion of mothers who breastfeed is one important public health strategy for preventing childhood obesity. The World Health Organization and United Nations Children's Fund (UNICEF) Baby-Friendly Hospital Initiative specifies Ten Steps to Successful Breastfeeding that delineate evidence-based hospital practices to improve breastfeeding initiation, duration, and exclusivity.

Methods: In 2007 and 2009, CDC conducted a national survey of U.S. obstetric hospitals and birth centers. CDC analyzed these data to describe the prevalence of facilities using maternity care practices consistent with the Ten Steps to Successful Breastfeeding.

Results: In 2009, staff members at most hospitals provide prenatal breastfeeding education (93%) and teach mothers breastfeeding techniques (89%) and feeding cues (82%). However, few hospitals have model breastfeeding policies (14%), limit breastfeeding supplement use (22%), or support mothers postdischarge (27%). From 2007 to 2009, the percentage of hospitals with recommended practices covering at least nine of 10 indicators increased only slightly, from 2.4% to 3.5%. Recommended maternity care practices vary by region and facility size.

Conclusion: Most U.S. hospitals have policies and practices that do not conform to international recommendations for best practices in maternity care and interfere with mothers’ abilities to breastfeed.

Implications for Public Health Practice: Hospitals providing maternity care should adopt evidence-based practices to support breastfeeding. Public health agencies can set quality standards for maternity care and help hospitals achieve Baby-Friendly designation. Because nearly all births in the United States occur in hospitals, improvements in hospital policies and practices could increase rates of exclusive and continued breastfeeding nationwide, contributing to improved child health, including lower rates of obesity.
ABM Protocols

A central goal of The Academy of Breastfeeding Medicine is the development of clinical protocols for managing common medical problems that may impact breastfeeding success. These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not delineate an exclusive course of treatment or serve as standards of medical care. Variations in treatment may be appropriate according to the needs of an individual patient.

Protocol #7: Model breastfeeding policy

SOURCE: CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC)
Percentage of births at Baby-Friendly facilities in 2011, by state

SOURCE: Baby-Friendly facilities in 2011 and CDC National Center for Health Statistics 2009 Live Births
Percentage of Hospitals by Number of Recommended Policies and Practices to Support Breastfeeding in 2009

- 9–10 practices: 4%
- 6–8 practices: 33%
- 3–5 practices: 54%
- 0–2 practices: 9%
Maternity Care Practices:
http://www.cdc.gov/breastfeeding/data/mpinc/index.htm

<table>
<thead>
<tr>
<th>State</th>
<th>Total score</th>
<th>Labor &amp; delivery care</th>
<th>Feeding of breastfed infant</th>
<th>Breastfeeding assistance</th>
<th>Mother/infant contact</th>
<th>Discharge care</th>
<th>Staff training</th>
<th>Structural &amp; Organizational Aspects</th>
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<tr>
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<td>80</td>
<td>46</td>
<td>34</td>
<td>81</td>
<td>5</td>
</tr>
<tr>
<td>FL</td>
<td>65</td>
<td>63</td>
<td>77</td>
<td>82</td>
<td>74</td>
<td>42</td>
<td>48</td>
<td>69</td>
<td>99</td>
</tr>
</tbody>
</table>
## Breastfeeding Support in Florida Facilities

### Strengths

<table>
<thead>
<tr>
<th>Strength</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of Prenatal Breastfeeding Instruction</td>
<td>Most facilities (99%) in Florida include breastfeeding education as a routine element of their prenatal classes.</td>
</tr>
<tr>
<td>Provision of Breastfeeding Advice and Counseling</td>
<td>Staff at 92% of facilities in Florida provide breastfeeding advice and instructions to patients who are breastfeeding, or intend to breastfeed.</td>
</tr>
</tbody>
</table>

### Needed Improvements

<table>
<thead>
<tr>
<th>Needed Improvement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate Use of Breastfeeding Supplements</td>
<td>Only 15% of facilities in Florida adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water.</td>
</tr>
<tr>
<td>Inclusion of Model Breastfeeding Policy Elements</td>
<td>Only 33% of facilities in Florida have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM).</td>
</tr>
<tr>
<td>Provision of Hospital Discharge Planning Support</td>
<td>Only 26% of facilities in Florida provide hospital discharge care including a phone call to the patient’s home, opportunity for follow-up visits, and referral to community breastfeeding support.</td>
</tr>
<tr>
<td>Initiation of Mother and Infant Skin-to-Skin Care</td>
<td>Only 46% of facilities in Florida initiate skin-to-skin care for at least 30 minutes upon delivery of the newborn.</td>
</tr>
</tbody>
</table>

Every two years, CDC administers the national Maternity Practices in Infant Nutrition and Care (mPINC) survey to all hospitals and birth centers in the U.S. that provide maternity care.

Data from this survey can be used to establish evidence-based, breastfeeding-supportive maternity practices as standards of care in hospitals and birth centers across the US. Improved care will help meet Healthy People 2020 breastfeeding objectives and will help improve maternal and child health nationwide.
<table>
<thead>
<tr>
<th>mPINC Dimension of Care</th>
<th>FL Quality Practice Subcom*</th>
<th>Ideal Response to mPINC Survey Question</th>
<th>Percent of FL Facilities with Ideal Response</th>
<th>FL Item Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor and Delivery Care</td>
<td>63</td>
<td>Initial skin-to-skin contact is 90 min within 1 hour (vaginal births)</td>
<td>46</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial skin-to-skin contact is 90 min within 2 hours (cesarean births)</td>
<td>27</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial breastfeeding opportunity is 1 hour (vaginal births)</td>
<td>55</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial breastfeeding opportunity is 2 hour (cesarean births)</td>
<td>32</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Routine procedures are performed skin-to-skin</td>
<td>24</td>
<td>18</td>
</tr>
<tr>
<td>Feeding of Breastfed Infants</td>
<td>77</td>
<td>Initial feeding is breast milk (vaginal births)</td>
<td>69</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial feeding is breast milk (cesarean births)</td>
<td>52</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supplemental feedings to breast feeding infants are rare</td>
<td>15</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Water and glucose water are not used</td>
<td>82</td>
<td>16</td>
</tr>
<tr>
<td>Breastfeeding Assistance</td>
<td>82</td>
<td>Infant feeding decision is documented in the patient chart</td>
<td>98</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff provide breastfeeding advice &amp; instructions to patients</td>
<td>92</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff teach breastfeeding cues to patients</td>
<td>84</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff teach patients not to limit suckling time</td>
<td>45</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff directly observe &amp; assess breastfeeding</td>
<td>87</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff use a standard feeding assessment tool</td>
<td>54</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff rarely provide pacifiers to breast feeding infants</td>
<td>34</td>
<td>21</td>
</tr>
<tr>
<td>Contact Between Mother and Infant</td>
<td>74</td>
<td>Mother-infant pairs are not separated for postpartum transition</td>
<td>63</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mother-infant pairs room-in at night</td>
<td>81</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mother-infant pairs are not separated during the hospital stay</td>
<td>45</td>
<td>16</td>
</tr>
<tr>
<td>Facility Discharge Care</td>
<td>42</td>
<td>Infant procedures, assessment, and care are in the patient room</td>
<td>1</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-rooming in infants are brought to mothers at night for feeding</td>
<td>75</td>
<td>39</td>
</tr>
<tr>
<td>Staff Training</td>
<td>48</td>
<td>New staff receive appropriate breastfeeding education</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Current staff receive appropriate breastfeeding education</td>
<td>6</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff received breastfeeding education in the past year</td>
<td>39</td>
<td>30</td>
</tr>
<tr>
<td>Structural &amp; Organizational Aspects of Care Delivery</td>
<td>69</td>
<td>Breastfeeding policy includes all model policy elements</td>
<td>13</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breastfeeding policy is effectively communicated</td>
<td>64</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facility documents infant feeding rates in patient population</td>
<td>68</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facility provides breast feeding support to employees</td>
<td>68</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facility does not receive infant formula free of charge</td>
<td>13</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breastfeeding is included in prenatal patient education</td>
<td>99</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facility has a designated staff member responsible for coordination of lactation care</td>
<td>74</td>
<td>23</td>
</tr>
</tbody>
</table>

Take action on this critical need—consider the following:

- Examine Florida regulations for maternity facilities and evaluate their evidence base; revise if necessary.
- Sponsor a Florida-wide summit of key decision-making staff at maternity facilities to highlight the importance of evidence-based practices for breastfeeding.
- Pay for hospital staff across Florida to participate in 18-hour training courses in breastfeeding.
- Establish links among maternity facilities and community breastfeeding support networks in Florida.
- Identify and implement programs within hospital settings—choose one widespread practice and adjust it to be evidence-based and supportive of breastfeeding.
- Integrate maternity care into related hospital-wide Quality Improvement efforts across Florida.
- Promote Florida-wide utilization of the Joint Commission’s Perinatal Care Core Measure Set including exclusive breastfeeding at discharge in hospital data collection.

Questions about the mPINC survey?

Information about the mPINC survey, benchmark reports, scoring methods, and complete references are available at: www.cdc.gov/mpinc
The Joint Commission

SpeakUP

What you need to know about breastfeeding is supported by

Academy of Breastfeeding Medicine
www.bfmls.org
American Academy of Pediatrics
www.aap.org
Association of Women’s Health, Obstetric and Neonatal Nurses
www.awhonn.org
Baby-Friendly USA, Inc.
www.babyfriendlyusa.org
Centers for Disease Control and Prevention
www.cdc.gov/breastfeeding
March of Dimes
www.marchofdimes.com
United States Breastfeeding Committee
www.usbreastfeeding.org

What you need to know about breastfeeding

The Joint Commission is the largest health care accrediting body in the United States that promotes quality and safety.

Helping health care organizations help patients

As a mother, one of the most important things you will decide is how to feed your baby. The many health benefits of breastfeeding include:

- Natural source of the nutrients your baby needs
- Less risk of Sudden Infant Death Syndrome (SIDS)
- Fewer ear and respiratory infections for your baby
- Enhances newborn brain development
- Less risk your baby will be overweight
- Less risk of diabetes for your baby and you
- Less risk of postpartum depression for you
- Less risk of breast and ovarian cancer for you
- Faster recovery for you

Breastfeeding is natural for you and your baby, but it is a skill that needs to be learned. Speak up and ask questions about breastfeeding before your baby is born and while you are in the hospital. This will help you continue to breastfeed after you go home. This brochure provides information to help you breastfeed your baby. Remember, you should always talk to your doctor or nurse about any tips or advice given to you about your health.
Before you go to the hospital

- Learn about breastfeeding. Go online, read books, take a class and talk with other moms who have reached their breastfeeding goals.
- Get the support of your partner. Go to breastfeeding classes and read the materials together.
- Gather a support team. Ask friends or relatives who have breastfed if you can call them whenever you need help or support.
- Talk to your doctor or nurse about breastfeeding. Ask what happens at the hospital if your baby is born. Tell your doctor or nurse if you want to breastfeed within the first hour, unless medically not possible.
- Ask your doctor or nurse about birthing choices and how they affect breastfeeding.
- If you have a written birth plan, include that you want to breastfeed.
- Ask about breastfeeding support at the hospital where you will have your baby. Find out if it follows the 10 steps of the Baby-Friendly Hospital program.
- Ask if the hospital has a lactation consultant. They are trained to provide additional help if you have problems breastfeeding. Ask how you can contact the lactation consultant.
- You may want to ask some friends and family to visit after you go home. This may help you feel more comfortable as you and your baby learn to breastfeed.
- Visit your new baby’s doctor or nurse. Ask how they can help you and your baby get started breastfeeding. Ask if they work with a lactation consultant.

In the hospital

It is important to speak up about your desire to breastfeed. When you go to the hospital, tell your nurses and doctors that you want to breastfeed as soon as possible after your baby is born. The following steps can promote bonding with your baby and lay a good foundation for breastfeeding:

- Ask that your baby be placed skin-to-skin on you as soon as your baby is born. Stay skin-to-skin until after the first breastfeeding. Skin-to-skin contact helps your baby maintain their body temperature and feel safe. It helps new parents feel more connected to their baby.
- Ask if you can stay in the hospital longer than the “standard” stay. This may make it easier to continue breastfeeding.
- Be sure to ask your doctor or nurse if you can hold your baby skin-to-skin. This may be possible, even in a special care unit.
- Speak up and tell staff that you do not want your baby given formula or water, unless there is a medical reason for it.
- Ask staff not to give your baby a pacifier or bottle. These should not be given until your baby is about four weeks old, after breastfeeding is well established.

It is important to know how to get the breastfeeding support you need in the hospital. You also need to know how you and your baby can stay healthy. These tips can help:

- Ask your nurse to help you breastfeed. The nurse should watch you breastfeed several times before you leave the hospital. The nurse can help you if your baby is not latching on and getting milk.
- If you have trouble breastfeeding, ask your nurse for help. Ask to talk to a lactation consultant if you continue to have trouble.
- Talk to your doctor, nurse or lactation consultant about what you should eat or drink while you are breastfeeding.
- Wash your hands often, especially before touching your baby. Watch to see that caregivers wash their hands. Do not be afraid to speak up if they do not. Ask visitors to wash their hands.
- Breast milk is very important if your baby is born early or is sick. Breast milk can help your baby get better faster and develop properly. The nurses or lactation consultant can help you learn how to pump your milk if your baby cannot breastfeed.
- If your baby has to stay in the hospital, stay with your baby if possible. If you cannot stay, visit often. Ask the doctor or nurse if you can hold your baby skin-to-skin. This may be possible, even in a special care unit.
- When you leave, ask if you can call the hospital when you have questions about breastfeeding. Ask for contacts at a breastfeeding support group in your area.
- Breastfeeding may be uncomfortable at first, but it should not hurt. If it does, ask for help.
- If anyone tells you to stop breastfeeding, ask why and get a second opinion.

After you leave the hospital

No matter how you feed your baby, life with a newborn can be challenging. For the first few weeks, most babies do not eat and sleep on a regular schedule. The following tips can help you continue breastfeeding when you return home.

- You and your baby need to recover. Plan to spend a lot of time resting, holding your baby skin-to-skin and breastfeeding. During the first few weeks, your baby should not go more than three or four hours between feedings.
- Plan to see your baby’s doctor or nurse within 48 hours of coming home from the hospital, or within 24 hours if your baby has a health problem. The doctor or nurse will make sure that your baby is healthy and getting enough to eat.
- Keep your baby within hearing range. This will help your baby respond quickly to your baby’s early feeding cues.
- If you get sick, keep breastfeeding. Be sure to tell your doctor or nurse that you are breastfeeding. You can safely breastfeed even while you are taking most medications.
- Ask about the resources that are available to help you continue breastfeeding after you leave the hospital.
- If you have questions, call an expert. Do not feel embarrassed if you need to ask for help. Even if you have breastfed before, every baby is different. There are people who want to help you breastfeed.

For more information

Your Guide to Breastfeeding from the National Women’s Health Information Center

Baby Friendly USA lists 10 steps that hospitals can take to support breastfeeding.

The Women, Infants and Children (WIC) program offers breastfeeding advice.

Local health organizations provide information about medications and breastfeeding for health professionals.
The Joint Commission defines exclusive breast milk feeding as:

- “a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines”
- Includes expressed mother’s milk as well as donor human milk, both of which may be fed to the infant by means other than suckling at the breast.
The Joint Commission assesses how many non-NICU babies without a contraindication to breastfeeding were exclusively breast milk fed.

Exceptions:
- Discharged from the NICU
- ICD-9 code for Galactosemia
- ICD-9 code for Parenteral infusion
- Experienced Death
- Length of stay > 120 days
- Enrolled in clinical trials
- Documented Reasons for not exclusively feeding breast milk
The only **acceptable** maternal reasons for which “breast milk should be avoided” are as follows:

- HIV infection
- Human t-Lymphotrophic virus type I or II
- Substance abuse and/or alcohol abuse
- Active, untreated tuberculosis
- Taking certain meds: chemotherapy, radioactive isotopes, antimetabolites, antiretroviral meds, and other medications where the risk of morbidity outweighs the benefits of breast milk feeding.
- Undergoing radiation therapy
- Active, untreated varicella
- Active herpes simplex virus breast lesions

** In some of these cases the infant can and should be exclusively breast milk fed
Is it necessary to document medical indications for supplementation?

- The Joint Commission does NOT require documentation of the medical indication for supplementing with formula. The infant will still be counted towards not exclusively breastfed.

- If supplementing with expressed or donor human milk the patient is still counted towards the exclusively breastfed.

- Baby-Friendly Hospitals are required to document medical reasons for supplementation, as well as route and type of supplement.
Recommendations for Documentation

- Avoid using the word “bottle” as a synonym for formula. Specify expressed breast milk, formula, etc.
- Encourage provider orders that state “exclusive breastfeeding” or breastfeeding contraindicated due to ____.”
- Documentation that describes the medical indication for supplementation
- Documentation of the length of time spent skin-to-skin following delivery or an unsuccessful feed.
Recommendations for Documentation

- Mother has been taught and understands various aspects related to infant feeding, such as:
  - The health impact of breastfeeding to the mother and child
  - The importance of exclusivity
  - Information on milk supply, engorgement versus fullness, sore nipples, mastitis, pacifiers, and WIC
The Joint Commission
Perinatal Care Core Measure

- California data indicate that <10% of breastfeeding infants are supplemented at “top performing hospitals”
- How do you track exclusive rates?
- USBC Toolkit

www.usbreastfeeding.org:
Implementing TJC Core Measure on Exclusive Breast Milk Feeding
Supplementation Rates in US

- Within 2 days of birth: 25%
- Within 3 months: 37%
- Within 6 months: 44%

CDC, 2011 Data, for cohort born in 2008

**Note:**

Formula supplementation is defined as supplementation of breast milk with formula (with or without other supplementary liquids or solids) among infants breastfed at the age specified (2 days, 3 months, or 6 months). National data on formula supplementation are not available for children born prior to 2003. See [survey methods](#) for details on study design.
Medical Indications for Supplementation in Term, Healthy Newborns

- Severe hypoglycemia not responsive to breastfeeding
- Severe maternal illness or maternal separation
- Inborn errors of metabolism (galactosemia)
- Infant unable to feed due to congenital malformation or illness
- Maternal medication use incompatible with breastfeeding
- Mother who is HIV positive in the United States, Europe

Restrict volume to 10-15 ml per feeding for term babies in the first 1 days of life.**

Academy of Breastfeeding Medicine (ABM) Protocols 3, 7
UNICEF, Revised BFHI Course and Assessment Tools, 2006
Supplementation is not routinely indicated for:

- Hypoglycemia
- Jaundice
- Baby sleeping too long
- Allow mother to sleep
- Inadequate infant weight gain
Risks of Formula Supplementation

- Interferes with establishment of maternal milk supply (delayed lactogenesis)
- Increases risk of maternal engorgement
- Alters neonatal bowel flora
- Interferes with immune system development
- Exposes newborn to foreign protein
- May cause nipple confusion if artificial nipple used
- Decreases interest in the breast
- Interferes with maternal-infant attachment
"All U.S. mothers should have the opportunity to breastfeed their infants and all infants should have the opportunity to be breastfed."

Welcome

The United States Breastfeeding Committee (USBC) is an independent nonprofit coalition of more than 40 nationally influential professional, educational, and governmental organizations, that share a common

www.usbreastfeeding.org

News

NEWS: W.K. Kellogg Fndtn Awards Grant to USBC
NEWS: 2012 Nat'l Conference of State/Territorial/Tribal Breastfeeding Coalitions
NEWS: Best Fed Beginnings Collaborative

Quick Links

Donate Now!
Toolkit: Implementing TJC Perinatal Care Core Measure on Exclusive Breast Milk Feeding

On March 31, 2010, The Joint Commission’s Pregnancy and Related Conditions core measure set was retired and replaced with the new Perinatal Care core measure set. The new Perinatal Care core measure set became available for selection by hospitals beginning with April 1, 2010 discharges.

USBC’s toolkit, Implementing The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding, addresses the exclusive breast milk feeding core measure.

Download the Toolkit

Resources for Hospitals/Maternity Centers

Part 1 of the toolkit, Guidelines for Data Collection, was originally released in January 2010. It is designed to aid hospitals and maternity facilities in accurate collection of the data needed to comply with the new measure. The toolkit was re-released with the addition of Part 2 in December 2010. Part 2 of the toolkit, Implementing Practices That Improve Exclusive Breast Milk Feeding, focuses on improving adherence to evidence-based best practices, which is ultimately reflected in rates of exclusive breast milk feeding.

Help us to better meet your needs by taking a few moments to answer questions about the toolkit.
We must help hospitals support mothers to breastfeed.

Federal government can:
- Promote maternity care policies and practices that increase breastfeeding rates.
- Track hospital policies and practices that support mothers to be able to breastfeed.
- Help all federal hospitals implement the Ten Steps to Successful Breastfeeding.

State and local government can:
- Set statewide maternity care quality standards for hospitals to support breastfeeding.
- Help hospitals use the Ten Steps to Successful Breastfeeding, starting with the largest hospitals in the state.

Hospitals can:
- Partner with Baby-Friendly hospitals to learn how to improve maternity care.
- Use CDC’s Maternity Practices in Infant Nutrition and Care (mPINC) survey data to prioritize changes to improve maternity care practices.
- Stop distributing formula samples and give-aways to breastfeeding mothers.
- Work with community organizations, doctors, and nurses to create networks that provide at-home or clinic-based breastfeeding support for every newborn.
- Become Baby-Friendly.

Doctors and nurses can:
- Help write hospital policies that help every mother be able to breastfeed.
- Learn how to counsel mothers on breastfeeding during prenatal visits, and support breastfeeding in the hospital and at each pediatric doctor’s visit until breastfeeding stops.
- Include lactation consultants and other breastfeeding experts on patient care teams.

Mothers and their families can:
- Talk to doctors and nurses about breastfeeding plans, and ask how to get help with breastfeeding.
- Ask about breastfeeding support practices when choosing a hospital.
- Join with other community members to encourage local hospitals to become Baby-Friendly.
What Can We Do?

- Know the rationale and encourage exclusive breastfeeding through 6 months of age
- Review local, state, and national breastfeeding data; use these data for quality improvement activities in your institutions
- Develop a multidisciplinary breastfeeding committee
- Review mPINC scores and self-assess on the Ten Steps
- Establish priorities for quality improvement
- Make a commitment to become fully compliant with the Ten Steps
- Become a Baby Friendly Hospital!
Web Resources

LactMed: Drugs and Lactation Database

American Academy of Pediatrics Section on Breastfeeding
www.aap.org

Academy of Breastfeeding Medicine Clinical Protocols
www.bfmed.org

Breastfeeding Report Card:
http://www.cdc.gov/breastfeeding/data/reportcard.htm

Maternity Care Practices:
http://www.cdc.gov/breastfeeding/data/mpinc/index.htm

Centers for Disease Control and Prevention
http://www.cdc.gov/breastfeeding/
FBC announces their **Hospital Initiative Project**

"Florida Quest For Quality Maternity Care Award"

**FREE WEBINARS to Help Hospital Leadership**

Learn How to Improve mPINC Scores, Comply with The Joint Commission’s Maternity Care and Infant Feeding Core Measures and Take Steps to Becoming a Baby Friendly Hospital

**Target Audience:**
- Hospital Administrators
- Maternity/Baby Nurse Managers
- Women’s Service Managers
- Quality Improvement Managers

Those who are interested in long term success and exploring solutions aimed at improving quality and performance using evidence based UNICEF 10 Steps to Successful Breastfeeding.

[Webinar Flyer with Registration Information](#)

April 3 - May 8 - June 12 - July 10 (2012)

[Recordings of WEBINARS](#)
Florida Breastfeeding Coalition's Mission Statement
Florida Breastfeeding Coalition will improve the health of Floridians by working collaboratively to protect, promote and support breastfeeding.

http://www.flbreastfeeding.org/
• Questions?