

**The Joint Commission Perinatal Care
Core Measure on Exclusive
Breastfeeding**

Florida Breastfeeding Coalition

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Objectives

- Describe best practice in breastfeeding support and trends in breastfeeding indicators
- Identify key components of the TJC Perinatal Care Core Measure on Exclusive Breastfeeding
- Implement maternity care practices that increase exclusive breastfeeding rates in the hospital

Outline

- AAP and Public Health Recommendations and Indicators
- The Joint Commission Perinatal Care Core Measure
- Data Collection, the USBC Toolkit & Perinatal Care Changes
- Model Hospital Policies to Support the Breastfeeding Dyad



FROM THE AMERICAN ACADEMY OF PEDIATRICS
Operational Principles to Guide and Define the Child Health Care Sector and to Improve the Health of all Children

POLICY STATEMENT
Breastfeeding and the Use of Human Milk

SECTION ON BREASTFEEDING

KEY WORDS
breastfeeding, complementary foods, infant nutrition, lactation, human milk, nursing

ABBREVIATIONS
AAP—American Academy of Pediatrics
AHRQ—Agency for Healthcare Research and Quality
CDC—Centers for Disease Control and Prevention
CI—confidence interval
DMG—dysmaturational
DMG—dysmaturational
MED—maternal depression
SI—infant self
SIS—maternal infant death syndrome
WHO—World Health Organization

abstract

Breastfeeding and human milk are the normative standards for infant feeding and nutrition. Given the documented short- and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be considered a public health issue and not only a lifestyle choice. The American Academy of Pediatrics reaffirms its recommendation of exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant. Medical contraindications to breastfeeding are rare. Infant growth should be monitored with the World Health Organization (WHO) Growth Curve Standards to avoid mislabeling infants as underweight or failing to thrive. Hospital readiness to encourage and support the initiation and sustaining of exclusive breastfeeding should be based on the American Academy of

AAP Pediatrics 2012;129:e827-841.
www.pediatrics.org/cgi/doi/10.1542/peds.2011-3552
doi:10.1542/peds.2011-3552

**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

AAP: Breastfeeding and the Use of Human Milk. *Pediatrics* 2012;129:e827-41.
**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.

AAP Policy Statement

- Delay routine procedures until after the first feeding
- Delay vitamin K until after the first feeding, but within 6 hours of birth
- Ensure 8-12 feedings at the breast every 24 hours
- **Give no supplements (water, glucose water, infant formula or other fluids) to breastfeeding newborn infants unless medically indicated using standard evidence based guidelines for the management of hyperbilirubinemia and hypoglycemia**

AAP Pediatrics 2012;129:e827-41.

Former U.S. Surgeon General's Call to Action to Support Breastfeeding Regina A. Benjamin, MD, MBA

"I believe that we as a nation are beginning to see a shift in how we think and talk about breastfeeding."

"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."

U.S. Surgeon General's Call to Action to Support Breastfeeding

- 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.

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

Healthy People 2020 Objective		
MICH-21: Increase the proportion of infants who are breastfed		
MICH-21.1	Ever	81.9%
MICH-21.2	At 6 months	60.6%
MICH-21.3	At 1 year	34.1%
MICH-21.4	Exclusively through 3 months	46.2%
MICH-21.5	Exclusively through 6 months	25.5%
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:
<http://www.healthypeople.gov/2020/topicsobjectives2020/objectives>

2014 Breastfeeding Report Card

State	Ever Breastfed	Breastfeeding Rates ¹			
		Breastfeeding at 6 months	Breastfeeding at 12 months	Exclusive breastfeeding at 3 months	Exclusive breastfeeding at 6 months
U.S. National	79.2	49.4	26.7	46.7	18.8
Alabama	67.3	32.1	11.8	26.6	13.2
Alaska	87.3	64.3	42.5	51.6	27.6
Arizona	81.6	47.8	21.9	37.5	18.0
Arkansas	67.1	32.3	13.5	29.1	10.3
California	92.8	63.1	38.4	56.1	25.4
Colorado	81.0	55.2	29.3	50.3	25.8
Connecticut	83.3	51.4	27.5	36.9	19.2
Delaware	65.7	34.4	16.8	31.7	13.2
Dist of Columbia	77.6	53.1	30.0	37.6	17.3
Florida	77.0	48.7	26.9	38.9	18.3

<http://www.cdc.gov/breastfeeding/data/reportcard.htm>

National Immunization Survey (Infants Born in 2011 in US)

	HP 2020 Goals (%)	US (%)
Initiation	81.9	79.2
6 mo (any)	60.6	49.4
12 mo (any)	34.1	26.7
3 mo (excl)	46.2	40.7
6 mo (excl)	25.5	18.8

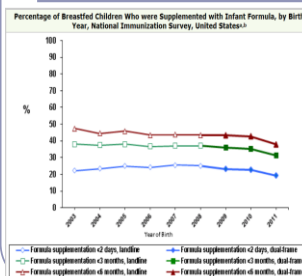
<http://www.cdc.gov/breastfeeding/data/reportcard.htm>

Breastfeeding Report Card US, 2014

- 19.4% of infants receive formula before 2 days of age
- 7.79% of births occur in Baby Friendly Hospitals
- State child care regulation support for onsite breastfeeding



Supplementation Rates in US



- Within 2 days of birth: 19%
- Within 3 months: 32%
- Within 6 months: 38%

CDC, National Immunization Survey

Supportive Hospital Practices

- **Skin-to-skin contact** – Doctors and midwives place newborns skin-to-skin with their mothers immediately after birth, with no bedding or clothing between them, allowing enough uninterrupted time (at least 30 minutes) for mother and baby to start breastfeeding well.
- **Teaching about breastfeeding** – Hospital staff teach mothers and babies how to breastfeed and to recognize and respond to important feeding cues.
- **Early and frequent breastfeeding** – Hospital staff help mothers and babies start breastfeeding as soon as possible after birth, with many opportunities to practice throughout the hospital stay. Pacifiers are saved for medical procedures.

DiGirolamo AM, Grummer-Strawn LM, Fein S. Effect of Maternity care practices on breastfeeding. Pediatrics 2008;122(Supp 2):543-49.

Supportive Hospital Practices

- **Exclusive breastfeeding** – Hospital staff only disrupt breastfeeding with supplementary feedings in cases of rare medical complications.
- **Rooming-in** – Hospital staff encourage mothers and babies to room together and teach families the benefits of this kind of close contact, including better quality and quantity of sleep for both and more opportunities to practice breastfeeding.
- **Active follow-up after discharge** – Hospital staff schedule in-person breastfeeding follow-up visits for mothers and babies after they go home to check-up on breastfeeding, help resolve any feeding problems, and connect families to community breastfeeding resources.

DiGirolamo AM, Grummer-Strawn LM, Fein S. Effect of Maternity care practices on breastfeeding. Pediatrics 2008;122(Supp 2):543-49.

Core Measures

- Developed by The Joint Commission to serve as standardized performance measurement systems, assessing care delivered by a health system in a focused area
- Step-wise process of development with input from other stakeholders, such as CMS, IHI, and NQF
- Based upon the USPSTF grading of evidence

Core Measures

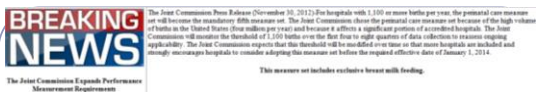
- Use QI methodology for implementation
- Health care delivery and reimbursement is shifting to value-based methodology
- IOM calls for health care delivery to be STEEP
 - Safe, timely, effective, efficient, equitable, and patient-centered

Do Core Measures Matter?

- Publically reported
- Reflect the best evidence

Perinatal Core Measure Set

- PC-01: Elective delivery
- PC-02: Cesarean section
- PC-03: Antenatal steroids
- PC-04: Health care associated bloodstream infections in newborns
- PC-05: Exclusive breast milk feeding



- **For hospitals with 1,100 or more births per year, the perinatal care measure set will become the mandatory fifth measure set.** The Joint Commission chose the perinatal care measure set because of the high volume of births in the United States (four million per year) and because it affects a significant portion of accredited hospitals. The Joint Commission will monitor the threshold of 1,100 births over the first four to eight quarters of data collection to reassess ongoing applicability. The Joint Commission expects that this threshold will be modified over time so that more hospitals are included and strongly encourages hospitals to consider adopting this measure set before the required effective date of January 1, 2014.

Core Measure Improvement Methodology

- http://www.jointcommission.org/assets/1/6/S7_TS_V11_N7.pdf

The Joint Commission

- The Perinatal Care core measure set includes an additional measure, PC-05a, “Exclusive Breast Milk Feeding Considering Mother’s Choice.” This measure is a subset of the original measure, PC-05. It includes “only those newborns that were exclusively fed breast milk during the entire hospitalization excluding those whose mothers chose not to breast feed.”

Strategy PC-05 *Exclusive breast milk feeding* / PC-05a *Exclusive breast milk feeding* *considering mother’s choice*:

“Exclusive breast milk feeding evaluated in PC-05 and PC-05a can be improved by adopting a policy promoting breast milk as the default method of feeding,” Celeste G. Milton, MPH, BSN, RN, associate project director for the Division of Healthcare Quality Evaluation at The Joint Commission, says.

According to the Academy of Breastfeeding Medicine, exclusive breast milk feeding for the first six months of neonatal life is an important behavior in decreasing infant death and illness worldwide. Breastfeeding has also been championed by the World Health Organization (WHO), US Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG).¹¹

Hospitals with 1,100 or more births annually have an opportunity to get a jumpstart on the mandatory PC measure set. By using the many resources available to improve perinatal care procedures, they can not only work toward achieving a high performance rating, but ensure that every baby “*is a finer one than the last*” by directly impacting what matters most—the care and protection of newborns and their mothers. “The evidence base supporting the PC measures shows that improvement in the measures results in shorter hospitalizations, lower morbidity and mortality, and decreased costs to the patients and hospitals,” Milton says. “These measures will ensure that the patients receive quality and safe care.”

The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding

- 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.

http://www.jointcommission.org/perinatal_care/

Mother’s Initial Feeding Plan

- Documented on admission (birth) & before first feeding in baby’s chart with date & time of both
- No evidence for both breast milk & formula combined feeding, so if this is mother’s choice, must document that the mother has been counseled on the benefits of exclusive breast milk feeding and risks of adding formula
- If mother later elects formula after exclusive breastfeeding, this must be documented by a MD/DO/PA/CNM/IBCLC/CLC
- RN can document feeding plan only if later supporting document from provider

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.

The Joint Commission

of exclusively breast milk-fed non-NICU term infants, including those supplemented with human milk
of term infants, including those with medical reasons for supplementation, with certain exceptions*

Exclusions

- When determining whether there is a reason due to a medical maternal condition documented by a physician/advanced practice nurse (APN)/physician assistant (PA)/certified nurse midwife (CNM) /international board certified lactation consultant (IBCLC)/ certified lactation counselor (CLC) for not exclusively feeding breast milk, reasons must be explicitly documented (e.g., "mother is HIV positive - newborn will not be breast fed") or clearly implied (e.g., "mother is currently abusing alcohol - newborn will be fed formula"). If reasons are not mentioned in the context of newborn feeding, do not make inferences (e.g., do not assume that the newborn is not receiving breast milk because of the medications the mother is currently taking). Documentation from certified lactation educators alone cannot be used for maternal medical conditions.

The only acceptable maternal reasons for which "breast milk should be avoided" are as follows:

- HIV infection
- Human t-Lymphotropic 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

USBC Toolkit



<http://www.usbreastfeeding.org/Portals/0/Publications/Implementing-TJC-Measure-EBMF-2013-USBC.pdf>

USBC Toolkit 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 ____."
- Document medical indications for supplementation
- Document the length of time spent skin-to-skin following delivery or an unsuccessful feed.

USBC Toolkit 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

Core Measure Improvement Methodology

- Education of all hospital personnel about the measure and the background
- Remind staff
- Use checklists to enforce the behaviors
- Quality improvement involvement to monitor
- IT involvement to improve documentation and ability to track

Core Measure Improvement Methodology

- Adopt a hospital-wide policy promoting breast milk feeding as the default method of feeding.
- Obtain clear, concise documentation from clinicians to help coders identify prematurity conditions
- Make sure mothers understand that their choice of feeding is for the hospitalization period only—not for the long term

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Core Measure Improvement Methodology

- Promote skin-to-skin contact immediately following delivery.
- Promote rooming-in to help mothers recognize early feeding cues.
- Utilize Joint Commission posters and brochures from the Speak Up™: What You Need to Know About Breastfeeding campaign.
- Partner with community maternal-child health programs, such as WIC, that offer evidence-based prenatal and postpartum education as well as ongoing nutrition support and monitoring.

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The Clinician's Role

- Present and discuss data on dashboard and at departmental meetings
- Develop action plans to decrease supplementation
- Help write or revise hospital policies
- Educate on the risks of supplementation
- Provide or refer for breastfeeding management
- Use QI strategies

Does changing what we do in the hospital work—The BFHI Ten Steps?

- **Kramer. JAMA, 2001;285:413-420**
 - Intervention group more likely to be exclusively breastfed at 3 and 6 mos and still breastfeeding at 2 mos (Belarus)
- **Braun. AJPH, 2003;93(8):1277-1279**
 - Cohort study showed a larger effect in underserved populations (Brazil)
- **Merten. Pediatrics, 2005;116(5):e702-708**
 - Higher duration rates (Switzerland)
- **Hofvander. Acta Paediatrica, 2005;94(8):1012-1016**
 - 6 mos breastfeeding rate increased from 50-73% (Sweden)
- **Broadfoot. Arch Dis in Childhood Fetal and Neonatal Edition, 2005;90(2):F114-F116**
 - 28% more likely to be exclusively bf-ing at 7 days of life (p<0.001) (Scotland)
- **Phillipp et al. Pediatrics, 2001;108:677**
 - Increased initiation and exclusivity

Baby Friendly Hospital Initiative

- Boston Medical Center, the nation's 22nd Baby-Friendly hospital
 - During the implementation of the BFHI, breastfeeding rates rose from 58 percent to 87 percent, including an increase among US-born African-American mothers from 34 percent to 74 percent in 1999.

Phillipp BL et al. 2001. Baby-Friendly Hospital Initiative Improves Breastfeeding Initiation Rates in a US Hospital Setting. Pediatrics 108(3):677-681.

Maternity Practices in Infant Nutrition and Care (mPINC)

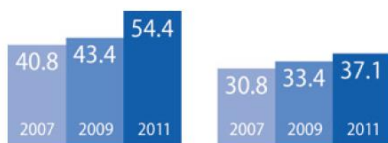
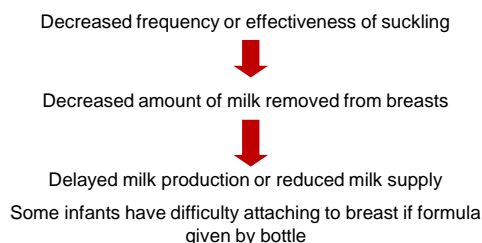


Figure 1: Percent of hospitals and birth centers where most infants experience skin-to-skin contact and rooming-in—mPINC 2007, 2009, and 2011

Why NOT to supplement

- The most significant predictor of duration was the receipt of supplemental feedings while in the hospital ($P < .0001$)
Howard, C. R. et al. Pediatrics 2003;111:511-518
- Shorter duration of breastfeeding if used formula in the first month (2.79, CI 2.05-3.80)
Vogel, et al. Acta Paediatr 88: 1320-6, 1999.
- Six times more likely to be exclusively breastfeeding at 8 weeks if not supplemented with formula in the hospital (OR 6.3 Exclusive BF)
"Breastfeeding and New Jersey Maternity Hospitals: A Comparative Report, using data from the New Jersey Pregnancy Risk Assessment Monitoring System (NJ-PRAMS)"
- Not receiving supplemental feedings remained significant for reaching feeding goals (Adj OR=2.3, 95% CI 1.8, 3.1)
Perrine, et al. Pediatrics, 2012; Jul, 130:1, 54-60

Formula Supplementation "Just one bottle"



Risks of Formula Supplementation

- Interferes with establishment of maternal milk supply (delayed lactogenesis)
- Increases risk of maternal engorgement
- Alters neonatal bowel flora
- Exposes and sensitizes newborn to foreign protein
- Interferes with immune system development

In-Hospital Formula Use Increases Early Breastfeeding Cessation

- Cohort study; 210 infants exclusively breastfed vs. 183 that received in-hospital formula supplementation
- Reasons:
 - Perceived insufficient milk supply (18%)
 - Signs of inadequate intake (16%)
 - Poor latch of breastfeeding (14%)
- Among women intending to exclusively breastfeed, in-hospital formula supplementation was associated with a nearly 2-fold greater risk of not fully breastfeeding at days 30-60 and a nearly 3-fold risk of breastfeeding cessation by day 60

Chantry et al, Journal of Pediatrics: <http://dx.doi.org/10.1016/j.jpeds.2013.12.035>

Addressing Maternal Fatigue: A Challenge to In-Hospital Breastfeeding Promotion

M. Jane Heinig, PhD, IBCLC, JHL 2010; 26(3):231-232

- Nurses, physicians and midwives may offer formula as a means to increase maternal rest during the hospital stay.
 - Mothers unprepared for the discomfort and fatigue of postpartum recovery may welcome formula as a solution
 - Satisfaction ratings often based on interventions to improve maternal rest

Addressing Maternal Fatigue: A Challenge to In-Hospital Breastfeeding Promotion

M. Jane Heinig, PhD, IBCLC, JHL 2010; 26(3):231-232

- Recommendations
 - Prepare women for the experience of post-partum fatigue through education during pregnancy
 - Teach side-lying position
 - Address mothers' ability to soothe infants' crying
 - Prolong hospital-enforced "rest periods" during the day and limit visitors
 - Delay intrusions by ancillary staff until late morning
 - Organize nursing activities to allow more maternal rest time
 - Provide web-based educational resources to mothers upon discharge

Breastfeeding Policy

- Every maternity facility should have one
- Covers the "Ten Steps" and bans acceptance of free or low-cost formula, bottles, and nipples
- Eliminate formula discharge bags "Ban the Bags"

Why have a breastfeeding policy?

- Requires a course of action and provides guidance
- Helps establish consistent care for mothers and babies
- Provides a standard that can be evaluated
- AAP Model Breastfeeding Policy
- Academy of Breastfeeding Medicine, Protocol #7 (bfmed.org)
- Covers the "Ten Steps" and bans acceptance of free or low-cost formula, bottles, and nipples
- "Ban the Bags" campaign eliminates formula discharge bags

The Academy Of Breastfeeding Medicine

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

www.bfmed.org

Staff Training

- Advantages of breastfeeding
- Risks of artificial feeding
- Mechanisms of lactation and suckling
- How to help mothers initiate and sustain breastfeeding
- How to assess breastfeed
- How to solve breastfeeding difficulties
- Hospital breastfeeding policies and practices
- Focus on changing negative attitudes which set up barriers

Patient Education (Antenatal)

- Benefits of breastfeeding/risks of infant formula
- Early initiation
- Importance of rooming-in
- Importance of feeding on demand
- Importance of exclusive breastfeeding
- How to assure enough breast milk
- Risks of artificial feeding and use of bottles and pacifiers

Mother's Intention to Breastfeed

- 80% of women intend to breastfeed.
- 77% start breastfeeding.
- 16% exclusive breastfeeding at 6 mos.
- **60% of mothers do not breastfeed as long as they intend**
 - problems with latch
 - problems with milk flow
 - poor weight gain
 - pain

Source: Infant Feeding Practices Study II and National Immunization Survey, 2012

Support for healthy breastfeeding mothers with healthy term babies (Cochrane Review, 2012)

- 52 studies (56,451 mother-infant pairs) from 21 countries.
- Support for breastfeeding can include giving reassurance, praise, information, and the opportunity to discuss and to respond to a mother's questions.
- All women should be offered support to breastfeed their babies to increase the duration and exclusivity of breastfeeding.
- Healthcare settings should provide such trained support as standard.
- Strategies that rely mainly on face-to-face support are more likely to succeed.
- Support that is only offered when women seek help is unlikely to be effective; women should be offered ongoing visits on a scheduled basis so they can predict that support will be available.

Web Resources

The Joint Commission
http://www.jointcommission.org/perinatal_care/

United States Breastfeeding Committee
<http://www.usbreastfeeding.org/p/cm/ld/fid=169>

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/>

