The Provider's Role in the Baby Friendly Journey

Florida Breastfeeding Coalition Webinar

July 9, 2013

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July 9, 2013

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• I have no relevant financial relationships with any manufacturer(s) or any commercial product(s) and/or provider of commercial services discussed in this CME activity.

• I do not intend to discuss an unapproved/investigative use of of a commercial product/device in this presentation.

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Objectives

- Identify key components of the Baby Friendly Hospital Initiative “Ten Steps to Successful Breastfeeding”

- Implement maternity care practices that support breastfeeding mothers and infants

Outline

- AAP/ACOG/AAFP and Public Health Breastfeeding Recommendations
- The Ten Steps to Successful Breastfeeding—How and Why
- The Joint Commission Perinatal Care Core Measure
- Model Hospital Policies to Support the Breastfeeding Dyad
- Key Components of Clinical Support of the Breastfeeding Dyad

Pediatricians' Practices and Attitudes Regarding Breastfeeding Promotion

- Periodic survey of FAAPs in 1995
  - Only 65% recommended breastfeeding as the exclusive method of feeding in the first month of life
  - Only 37% recommended breastfeeding for the first year of life
  - 72% of pediatricians were unfamiliar with the BFHI
  - Majority had not attended a presentation on breastfeeding in the previous 3 years
- Significant need for physician education

Schanler et al: *Pediatrics* 1999; 103(3).

Pediatricians and the Promotion and Support of Breastfeeding

- Periodic survey of FAAPs in 2004 (compared with results of 1995)
  - Pediatricians less likely to believe that the benefits of breastfeeding outweigh the difficulties or inconvenience (adjusted odds ratio, 0.60; 95% CI: 0.47-0.76)
  - Fewer believed that almost all mothers are able to succeed. More pediatricians in 2004 reported reasons to recommend against breastfeeding.
  - Pediatricians in 2004 were more likely to recommend exclusive breastfeeding (adjusted odds ratio, 1.55; 95% confidence interval, 1.23-1.94) and follow supportive hospital policies.
  - Respondents with personal breastfeeding experience were 2.3 times more likely to recommend supportive policies (adjusted odds ratio, 2.3; 95% CI 1.74-3.08) in 2004 than in 1995.

Feldman-Winter et al: *Arch Pediatr Adolesc Med.* 2008;162(12):1142-1149.

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

AAFP Breastfeeding Policy Statement

- Breastfeeding is the physiological norm for both mothers and their children. Breastmilk offers medical and psychological benefits not available from human milk substitutes. The AAFP recommends that all babies, with rare exceptions, be breastfed and/or receive expressed human milk exclusively for the first six months of life. Breastfeeding should continue with the addition of complementary foods throughout the second half of the first year. Breastfeeding beyond the first year offers considerable benefits to both mother and child, and should continue as long as mutually desired. Family physicians should have the knowledge to promote, protect, and support breastfeeding. (1989) (2012 COD)

http://www.aafp.org/about/policies/all/breastfeeding.html

ACOG COMMITTEE OPINION

Evidence continues to mount regarding the value of breastfeeding for both women and their infants. The ACOG strongly supports breastfeeding and calls on its Fellows, other health care professionals caring for women and their infants, hospitals, and employers to support women in choosing to breastfeed their infants. Obstetrician-gynecologists and other HCP caring for pregnant women should provide accurate information about breastfeeding to expectant mothers and be prepared to support them should any problems arise while breastfeeding.

Breastfeeding: Maternal and Infant aspects. ACOG Clinical Review. Volume 12, Number 361, Issue 1. January-February 2007.

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

- 52 studies (56,451 mother-infant pairs) from 21 countries.
- All forms of extra support analyzed together showed an increase in duration of 'any breastfeeding' (includes partial and exclusive breastfeeding) (risk ratio (RR) for stopping any breastfeeding before six months 0.91, 95% confidence interval (CI) 0.88 to 0.96).
- All forms of extra support together also had a positive effect on duration of exclusive breastfeeding (RR at six months 0.86, 95% CI 0.82 to 0.91; RR at four to six weeks 0.74, 95% CI 0.61 to 0.89).
- Extra support by both lay and professionals had a positive impact on breastfeeding outcomes.
- Support for breastfeeding can include giving reassurance, praise, information, and the opportunity to discuss and to respond to a mother's questions.

Cochrane Review Recommendations

- 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.
- Support is likely to be more effective in settings with high initiation rates, so efforts to increase the uptake of breastfeeding should be in place.
- Support may be offered either by professional or lay/peer supporters, or a combination of both.
- 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.
- Support should be tailored to the setting and the needs of the population group.

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
Recommendations for Preterm Infants

- All preterm infants should receive human milk
  - Should be fortified to ensure optimal nutrient intake for infants < 1500 grams at birth
  - Pasteurized donor human milk should be used if mother's own milk is unavailable or its use is contraindicated
- Methods and training for milk expression must be available for mothers
- NICUs should use evidence-based protocols for collection, storage, and labeling of human milk
- No data to support routine culturing of human milk

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.

AAP Policy Statement

- Avoid routine pacifier use until after 3-4 weeks of life
- Begin vitamin D drops, 400 IU, at hospital discharge
- Mother and baby sleep in close proximity

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

AAP Policy Statement

- Follow-up visit at 3-5 days of age, within 48 to 72 hours of discharge from hospital
- Expect no more than 7% weight loss total and no weight loss after day 5 of life
- Observe feeding

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

Clinical Support of Breastfeeding

- 1163 mother-newborn pairs
  - 1007 (87%) initiated breastfeeding
  - 872 (75%) breastfeeding at 2 weeks
  - 646 (55%) breastfeeding at 12 weeks

- Lack of confidence in ability to breastfeed at 1-2 days associated with discontinuing by 2 weeks
- Mothers were less likely to discontinue breastfeeding at 12 weeks if they reported receiving encouragement from their clinician to breastfeed

Taveras et al: *Pediatrics* 2003; 112: 108-115.

Benefits of Breastfeeding

"Dose Dependency"

EBF=Exclusive breastfeeding
BF=Breastfeeding

- 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

Ip S, Chung M, Raman G, et al. *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries*. Rockville, MD: Agency for Healthcare Research and Quality, 2007. http://www.ahrq.gov/clinic/tp/brfouttp.htm

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

Burden of Suboptimal Breastfeeding in the US

- 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.

Bartick M, Reinhold A. The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis. *Pediatrics*. 2010;125:e1048.

Cost Analysis of Maternal Disease Associated with Suboptimal Breastfeeding

- Low breastfeeding rates in the U.S. may cause:
  - as many as 5,000 cases of breast cancer
  - nearly 54,000 cases of hypertension
  - almost 14,000 heart attacks each year.

Bartick et al: *Obstetrics & Gynecology*. 122(1):111-119, July 2013.

Cost Analysis of Maternal Disease Associated with Suboptimal Breastfeeding

- The economic costs to society of premature death (before age 70) total $17.4 billion a year, due to an increase in heart attacks, hypertension, breast cancer, premenopausal ovarian cancer and type 2 diabetes in women who breastfeed less than recommended.
- Increased burden of disease from suboptimal breastfeeding increased medical costs, incurring $734 million in direct costs and $126 million in indirect costs. The costs result from the increased rates of breast cancer, hypertension, and heart attacks, which are seen in women who breastfeed less than recommended.

Bartick et al: *Obstetrics & Gynecology*. 122(1):111-119, July 2013.

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

- Does the provider play a role?

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

2012 Breastfeeding Report Card

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

State	Ever Breastfed	Breastfeeding at 6 months	Breastfeeding at 12 months	breastfeeding at 3 months	breastfeeding at 6 months
U.S. National	76.9	47.2	25.5	36.0	16.3
Alabama	57.2	29.7	14.4	24.8	9.1
Alaska	85.1	54.6	31.7	46.6	21.0
Arizona	76.8	43.4	27.5	35.3	19.6
Arkansas	62.4	29.2	13.3	23.8	10.6
California	87.6	56.1	31.1	41.4	21.7
Colorado	87.5	56.9	27.3	50.7	26.6
Connecticut	79.1	48.4	23.8	35.8	12.6
Delaware	71.8	42.8	22.3	32.2	13.1
Dist of Columbia	72.5	46.6	24.2	33.0	14.8
Florida	77.0	46.2	30.1	38.9	19.2
Georgia	70.9	40.8	17.6	27.8	12.9
Hawaii	85.1	51.1	32.4	42.6	20.7
Idaho	90.8	58.9	35.4	52.4	23.2
Illinois	76.8	49.8	25.3	35.7	13.6
Indiana	72.6	39.2	20.9	31.3	13.8
Iowa	79.3	48.7	27.4	43.0	15.6
Kansas	80.2	45.1	23.1	37.8	17.4
Kentucky	59.4	27.3	10.8	21.1	9.6
Louisiana	53.5	23.6	11.9	17.3	9.6
Maine	76.1	41.5	23.1	37.9	15.2
Maryland	72.6	48.5	22.0	31.5	15.0
Massachusetts	84.2	56.8	34.5	40.8	16.5
Michigan	79.1	48.5	24.0	37.2	17.9
Minnesota	78.0	53.8	29.2	35.5	16.1
Mississippi	47.2	26.2	13.0	20.0	7.6
Missouri	77.6	43.1	24.3	36.7	16.2
Montana	83.5	45.4	27.0	40.1	12.5
Nebraska	82.2	53.4	27.0	44.7	20.2
Nevada	79.5	37.4	20.6	37.2	11.7

"More and more mothers are breastfeeding every year... every mother in our nation deserves information, guidance, and support with this decision from her family and friends, the community where she lives, the health professionals on whom she relies, and her employer."

Kathleen Sebelius
Secretary
United States Department of Health and Human Services
Surgeon General's Call to Action to Support Breastfeeding

Breastfeeding Report Card US, 2012

- Breastfeeding rates continue to rise, with increases of about 2% in initiation and rates at 6 and 12 months
- Maternity Practices in Infant Nutrition and Care (mPINC) national average survey scores increased from 65-70 (FL increased to 69)
- In 2008, less than 2% of births occurred in Baby Friendly facilities; that number has now tripled to 6% (2.93% in FL)

Breastfeeding Report Card—US, 2012

- 24.6% of infants receive formula before 2 days of age (25.6% in FL)
- State child care regulation support for onsite breastfeeding (FL no)

National Immunization Survey (Infants Born in 2009 in US)

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

	HP 2020 Goals (%)	US (%)	Florida (%)
Initiation	81.9	76.9	77.0
6 mo (any)	60.6	47.2	46.2
12 mo (any)	34.1	25.5	30.1
3 mo (excl)	46.2	36.0	38.9
6 mo (excl)	25.5	16.3	19.2

Baby Friendly Hospital Initiative

- World Health Organization/United Nations Children's Fund launched in 1991
- Based on the Ten Steps to Successful Breastfeeding—endorsed by the AAP
- Evidence-based guidance shown to increase initiation, continuation, and exclusivity of breastfeeding
- Dose dependent effect—more steps in place, less likely mother will stop breastfeeding*

*DiGirolamo AM, Grummer-Strawn LM, Fein SB. Effect of maternity-care practices on breastfeeding. Pediatrics 2008;122(Suppl 2):S43–9.

Supportive Hospital Practices

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

- **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.
- **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.

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 breastmilk, *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

International Code on Marketing of Breastmilk Substitutes (WHO, 1981)

www.who.int/nutrition/publications/code_english.pdf

1. No advertising of breast milk substitutes to families
2. No free samples or supplies in the health care system.
3. No promotion of products through health care facilities, including no free or low-cost formula.
4. No contact between marketing personnel and mothers.
5. No gifts or personal samples to health workers.
6. No words or pictures idealizing artificial feeding, including pictures of infants, on the labels or product.
7. Information to health workers should be scientific and factual only.
8. All information on artificial feeding, including labels, should explain the benefits of breastfeeding and the costs and hazards associated with artificial feeding.
9. Unsuitable products should not be promoted for babies.
10. All products should be of high quality and take account of the climate and storage conditions of the country where they are used.

Breastfeeding Initiation "Babies are Born to Breastfeed"

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

AAP *Pediatrics* 2012;129;e827-41.
Academy of Breastfeeding Medicine (ABM) Protocols 5 & 7 (www.bfmed.org)

Effect of Delivery Room Practices on Early Breastfeeding

- For infants who had continuous skin-to-skin contact in the delivery room
  - 63% establish successful suckling

- Of those separated for procedures,
  - only 21% established a successful suckling pattern (P<0.001)

Adapted from: Righard L, Alade O. Effect of delivery room routines on success of first breastfeed. *Lancet* 1990, 336:1105-1107.

Impact on Breastfeeding Duration of Early Infant-Mother Contact

- Those infants who had skin-to-skin contact and 15-20 minutes of suckling within the first hour after delivery were twice as likely to be breastfeeding at 3 months as those infants who had no contact with mother in the first hour

DeChateau P, Wiberg B. Long term effect on mother-infant behavior of extra contact during the first hour postpartum. *Acta Peadiatr* 1977, 66:145-151.

Recommended Breastfeeding Practices

- Continuous rooming-in (associated with more frequent breastfeeding) Yamauchi Y, Yamanouchi I . The relationship between rooming-in/not rooming-in and breastfeeding variables. *Acta Paediatr Scand* 1990, 79:1019.
- Respond to early breastfeeding cues
  - Rooting
  - Fist to mouth
  - Early arousal
- Crying is a late hunger sign

AAP *Pediatrics* 2005;115:496-506.

Infant Feeding Pattern

- Encourage at least 8-12 feedings per day
- Alternate the breast which is offered first
- Allow infant to nurse on one or both breasts until he/she falls asleep or falls off the breast to increase fat and calorie consumption
- Attempt to arouse after 4 hours

AAP *Pediatrics* 2005;115:496-506.

Postpartum Management

- Evaluation of breastfeeding by trained observer at least twice daily
- Staff to document
  - Infant positioning/latch
  - Milk transfer
  - Daily weights
  - Appearance of jaundice
  - Maternal problems—nipple pain, bleeding, engorgement

AAP *Pediatrics* 2005;115:496-506.

Recommended Breastfeeding Practices

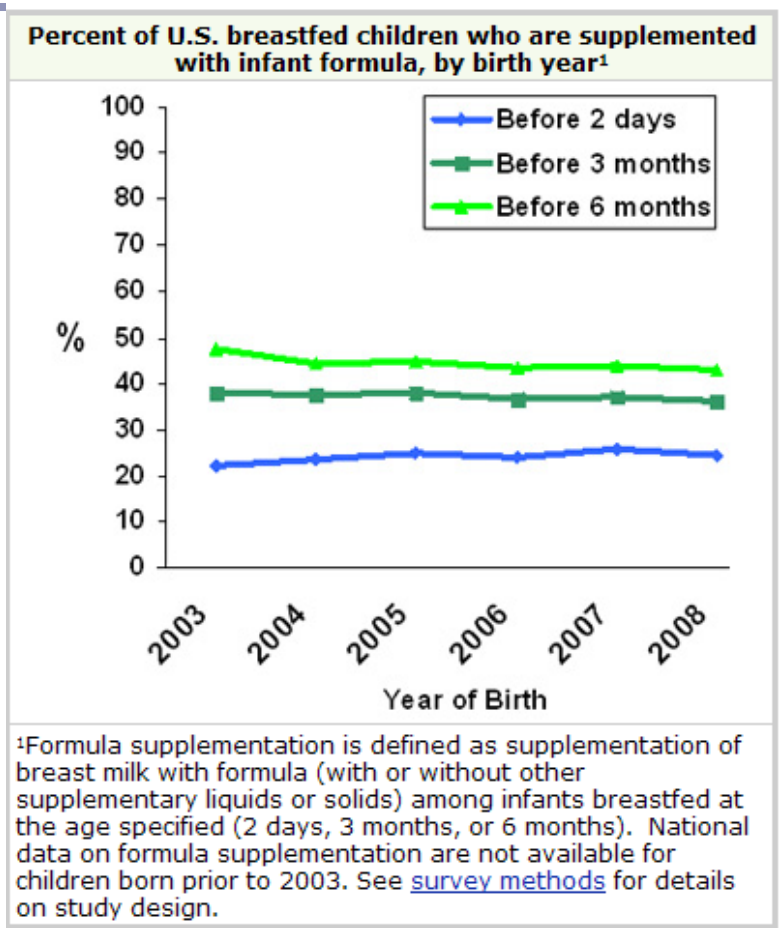
- Avoid pacifiers in early weeks until breastfeeding is well established
- Avoid supplemental bottles, unless medically indicated

AAP *Pediatrics* 2005;115:496-506.

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



Supplemental Feeding

- Interfere with establishment of maternal milk supply
- Increase incidence of maternal engorgement
- Alter intestinal flora
- Sensitize infant to allergens

Medical Indications for Supplementation in Term, Healthy Newborns

- Severe hypoglycemia not responsive to breastfeeding
- Severe maternal illness or maternal separation
- Inborn errors or 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

Formula Supplementation "Just one bottle"

Decreased frequency or effectiveness of suckling

Decreased amount of milk removed from breasts

Delayed milk production or reduced milk supply

Some infants have difficulty attaching to breast if formula given by bottle

Risks of Formula Supplementation

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

Criteria for Hospital Discharge

- At least 2 successful feedings
- Documentation of coordinated sucking, swallowing, and breathing while feeding
- Clinically significant jaundice, if present, evaluated
- Appropriate management and/or follow-up plans have been put in place
- Breastfeeding mother and infant assessed by trained staff for position, latch-on, and adequacy of swallowing
- If discharged <48 hours after delivery, a definitive appointment has been made for the infant to be examined within 48 hours of discharge

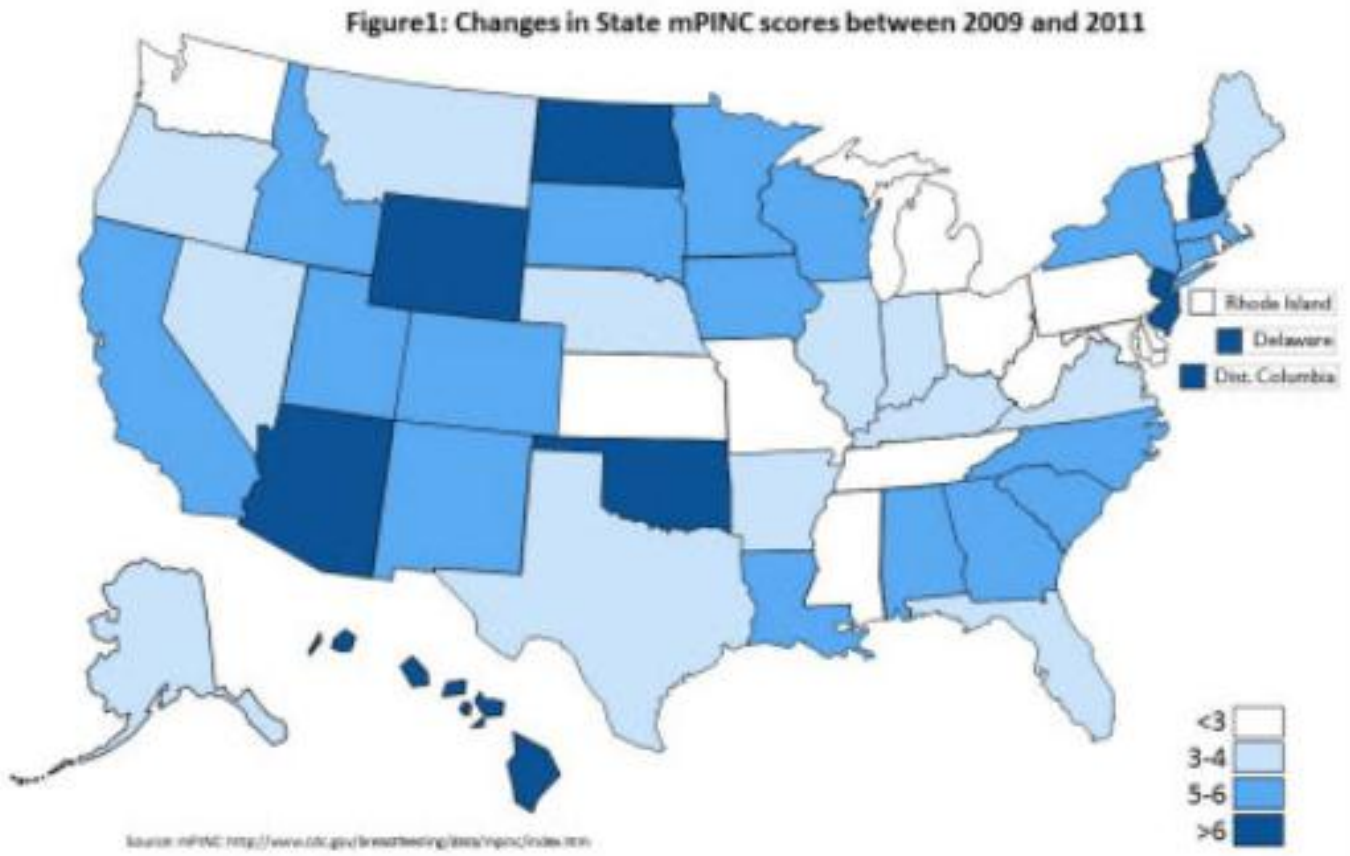
Academy of Breastfeeding Medicine (ABM) Protocol 2
American Academy of Pediatrics Committee on Fetus and Newborn: Hospital stay for healthy term newborns. *Pediatrics* 2004;113(5):1434-6.

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.

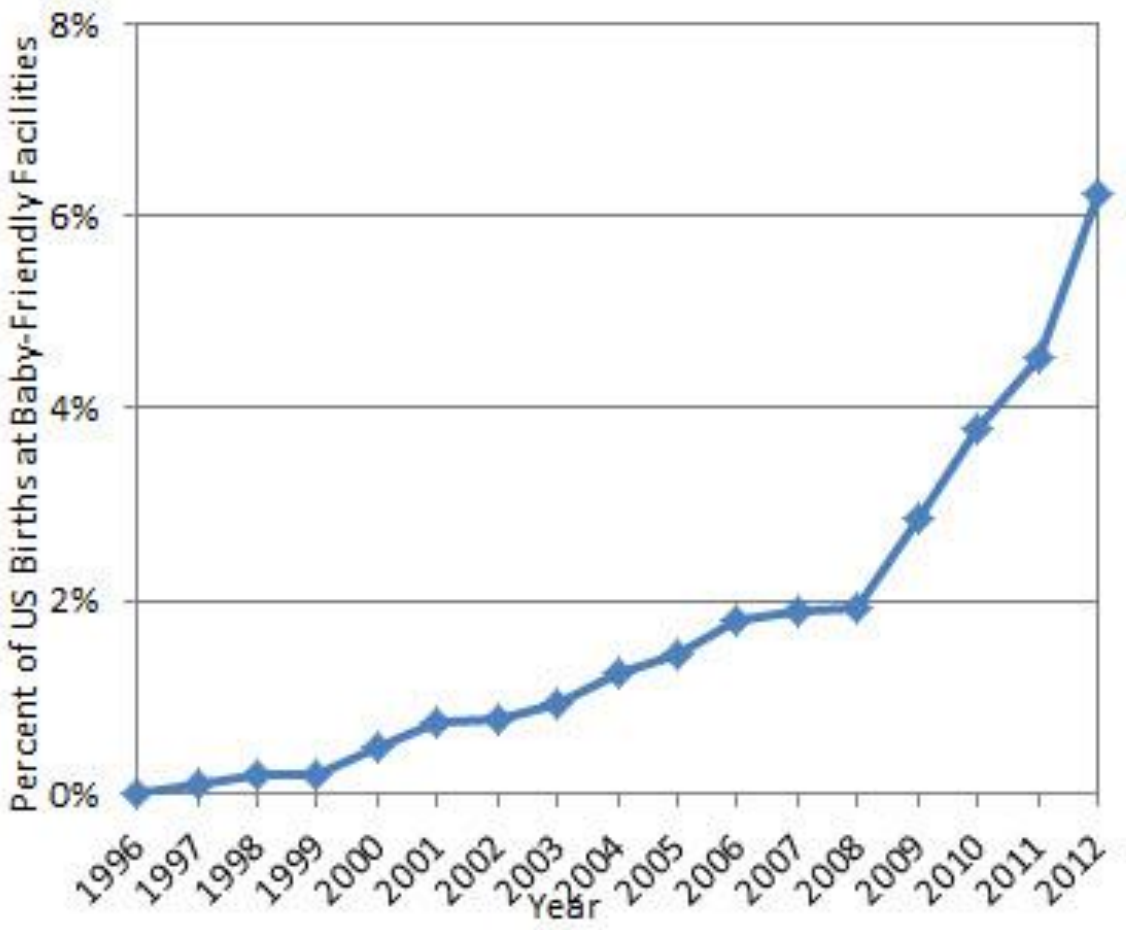
Philipp BL et al. 2001. Baby-Friendly Hospital Initiative Improves Breastfeeding Initiation Rates in a US Hospital Setting. Pediatrics 108(3):677-681.

Percent of births at Baby-Friendly facilities in 2012, by state



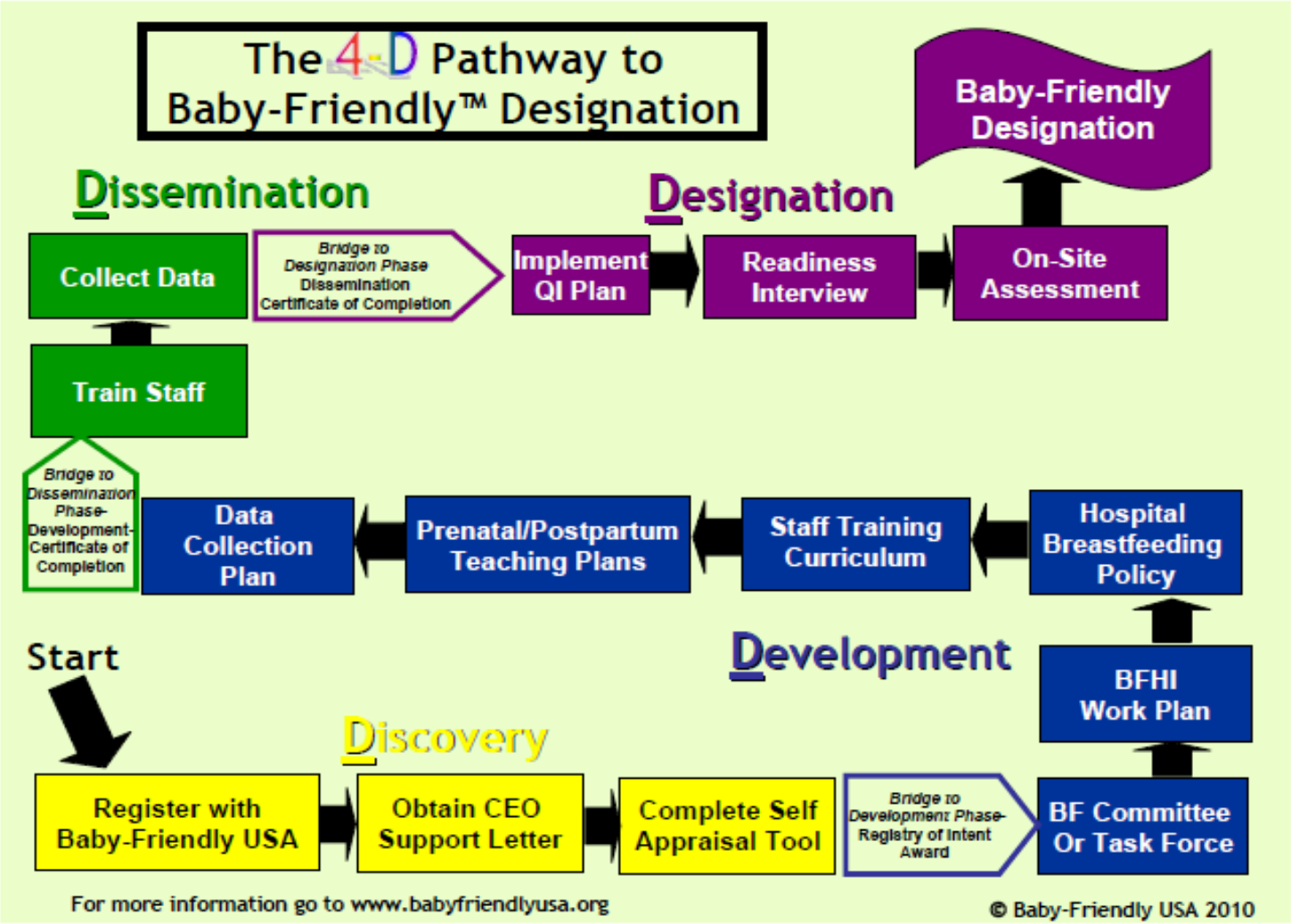
Data Source: CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC)

Figure 2: Percent of US Births at Baby-Friendly Hospitals, 1996-2012



Data Source: *Baby-Friendly facilities* : www.babyfriendlyusa.org
& Live Births: CDC NHS Live Births by State.

Baby Friendly USA



www.babyfriendlyusa.org

Florida Baby Friendly Hospitals

- Morton Plant Hospital, Clearwater, FL (06/03)
- Mease Countryside Hospital, Safety Harbor, FL (05/11)
- Naval Hospital Jacksonville (10/11)

CONTACT US | SEARCH GO

Who We Are | How We Work | Areas of Focus | Our Projects | Resources | Get Involved

NICHQ National Initiative for Children's Healthcare Quality

- Breastfeeding Projects >>
- Best Fed Beginnings
- New York State Breastfeeding Quality Improvement in Hospitals (BQIH)
- Childhood Obesity Projects >>
- Improving Systems of Care for Children with Special Healthcare Needs (ISC)
- NY Obstetrical and Neonatal Quality Collaborative (NYSONQC)
- Working to Improve Sickle Cell Healthcare (WISCH) >>

Best Fed BEGINNINGS

Improving Breastfeeding Support in U.S. Hospitals

Project Home | Background | About the Project | How to Get Involved

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

Featured Projects:

Collaborate for Healthy Weight

Be Our Voice a project of NICHQ

Best Fed BEGINNINGS Improving Breastfeeding Support in U.S. Hospitals

Best Fed Beginnings Hospitals in FL

- Florida Hospital Heartland Medical Center, Sebring, FL
- Sacred Heart Hospital, Pensacola, FL
- Shands Hospital at University of Florida, Gainesville, FL
- Spring Hill Regional Hospital, Spring Hill, FL
- Tampa General Hospital, Tampa, FL

Maternity Practices in Infant Nutrition and Care (MMWR August 2011)

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

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.

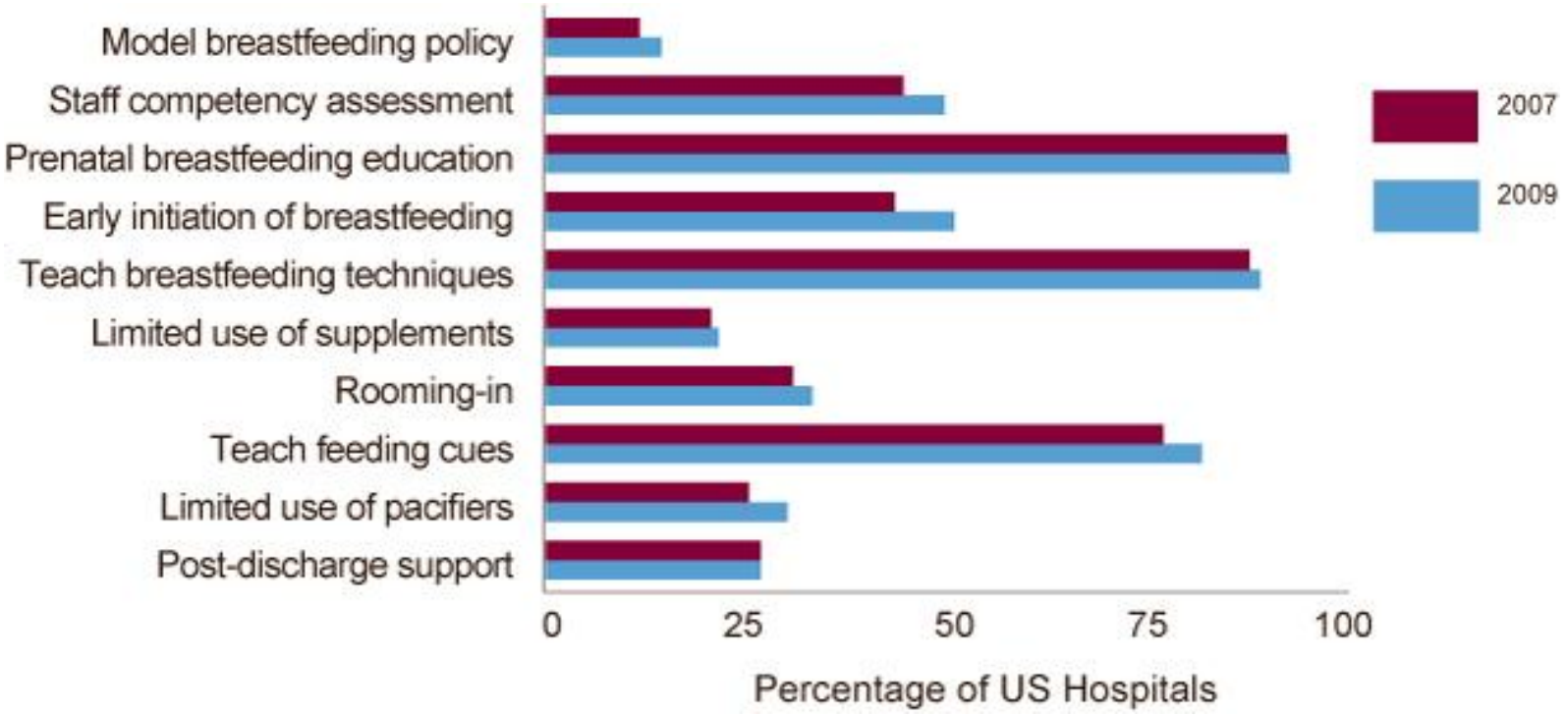
Methods: In 2007 and 2009, CDC conducted a national survey of U.S. obstetric hospitals and birth centers. CDC analyzed these data to describe the prevalence of facilities using maternity care practices consistent with the Ten Steps to Successful Breastfeeding.

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.

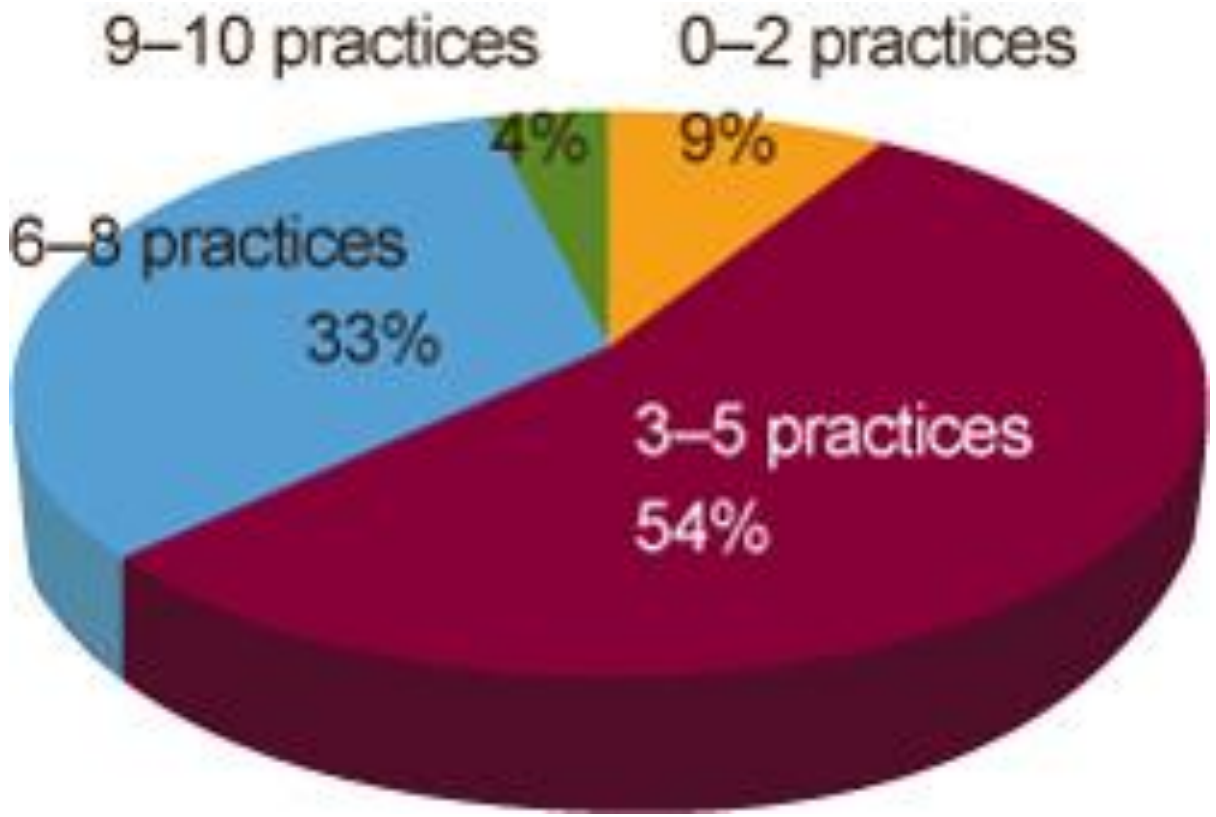
Implications for Public Health Practice: Hospitals providing maternity care should adopt evidence-based practices to support breastfeeding. Public health agencies can set quality standards for maternity care and help hospitals achieve Baby-Friendly designation. Because nearly all births in the United 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.

Percentage of US hospitals with Recommended Policies and Practices to Support Breastfeeding, 2007 and 2009



SOURCE: CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC)

Percentage of Hospitals by Number of Recommended Policies and Practices to Support Breastfeeding in 2009



Breastfeeding Support in Florida Facilities

Strengths

Availability of Prenatal Breastfeeding Instruction

Most facilities (99%) in Florida include breastfeeding education as a routine element of their prenatal classes.

Prenatal education about breastfeeding is important because it provides mothers with a better understanding of the benefits and requirements of breastfeeding, resulting in improved breastfeeding rates.

Provision of Breastfeeding Advice and Counseling

Staff at 92% of facilities in Florida provide breastfeeding advice and instructions to patients who are breastfeeding, or intend to breastfeed.

The American Academy of Pediatrics (AAP) recommends pediatricians provide patients with complete, current information on the benefits and methods of breastfeeding to ensure that the feeding decision is a fully informed one. Patient education is important in order to establish breastfeeding.

Needed Improvements

Appropriate Use of Breastfeeding Supplements

Only 15% of facilities in Florida adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water.

The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) Guidelines for Perinatal Care recommend against routine supplementation because supplementation with formula and/or water makes infants more likely to receive formula at home and stop breastfeeding prematurely.

Inclusion of Model Breastfeeding Policy Elements

Only 13% of facilities in Florida have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM).

The ABM model breastfeeding policy elements are the result of extensive research on best practices to improve breastfeeding outcomes. Facility policies determine the nature of care that is available to patients. Facilities with comprehensive policies consistently have the highest rates of exclusive breastfeeding, regardless of patient population characteristics such as ethnicity, income, and payer status.

Provision of Hospital Discharge Planning Support

Only 26% of facilities in Florida provide hospital discharge care including a phone call to the patient's home, opportunity for follow-up visit, and referral to community breastfeeding support.

The American Academy of Pediatrics (AAP) clinical practice guidelines recommend examination of the newborn by a qualified health care professional within 48 hours of hospital discharge in order to assess breastfeeding. Ensuring post discharge ambulatory support improves breastfeeding outcomes.

Initiation of Mother and Infant Skin-to-Skin Care

Only 46% of facilities in Florida initiate skin-to-skin care for at least 30 minutes upon delivery of the newborn.

Upon delivery, the newborn should be placed skin-to-skin with the mother and allowed uninterrupted time to initiate and establish breastfeeding in order to improve infant health outcomes and reduce the risk of impairment of the neonatal immune system from unnecessary non-breast milk feeds.

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.

National Center for Chronic Disease Prevention and Health Promotion

Division of Nutrition, Physical Activity, and Obesity

mPINC Dimension of Care	FL Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of FL Facilities with Ideal Response	FL Item Rank†
Labor and Delivery Care	63	Initial skin-to-skin contact is ≥90 min w/in 1 hour (vaginal births)	46	21
		Initial skin-to-skin contact is ≥90 min w/in 2 hours (cesarean births)	27	33
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	55	23
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	32	38
		Routine procedures are performed skin-to-skin	24	18
Feeding of Breastfed Infants	77	Initial feeding is breast milk (vaginal births)	69	35
		Initial feeding is breast milk (cesarean births)	52	44
		Supplemental feedings to breastfeeding infants are rare	15	37
		Water and glucose water are not used	82	16
Breastfeeding Assistance	82	Infant feeding decision is documented in the patient chart	98	-
		Staff provide breastfeeding advice & instructions to patients	92	-
		Staff teach breastfeeding cues to patients	84	21
		Staff teach patients not to limit suckling time	45	20
		Staff directly observe & assess breastfeeding	87	17
		Staff use a standard feeding assessment tool	54	38
		Staff rarely provide pacifiers to breastfeeding infants	34	21
Contact Between Mother and Infant	74	Mother-infant pairs are not separated for postpartum transition	63	22
		Mother-infant pairs room-in at night	81	14
		Mother-infant pairs are not separated during the hospital stay	45	16
		Infant procedures, assessment, and care are in the patient room	1	31
		Non-rooming-in infants are brought to mothers at night for feeding	75	39
Facility Discharge Care	42	Staff provide appropriate discharge planning (referrals & other multi-modal support)	26	25
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	35	19
Staff Training	48	New staff receive appropriate breastfeeding education	9	17
		Current staff receive appropriate breastfeeding education	6	45
		Staff received breastfeeding education in the past year	39	30
		Assessment of staff competency in breastfeeding management & support is at least annual	53	20
Structural & Organizational Aspects of Care Delivery	69	Breastfeeding policy includes all 10 model policy elements	13	22
		Breastfeeding policy is effectively communicated	64	38
		Facility documents infant feeding rates in patient population	68	20
		Facility provides breastfeeding support to employees	68	22
		Facility does not receive infant formula free of charge	13	17
		Breastfeeding is included in prenatal patient education	99	-
		Facility has a designated staff member responsible for coordination of lactation care	74	23

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

mPINC Action Steps

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The Joint Commission Expands Performance Measurement Requirements

The Joint Commission Press Release (November 30, 2012)-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.

This measure set includes exclusive breast milk feeding.

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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/

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.

The Joint Commission

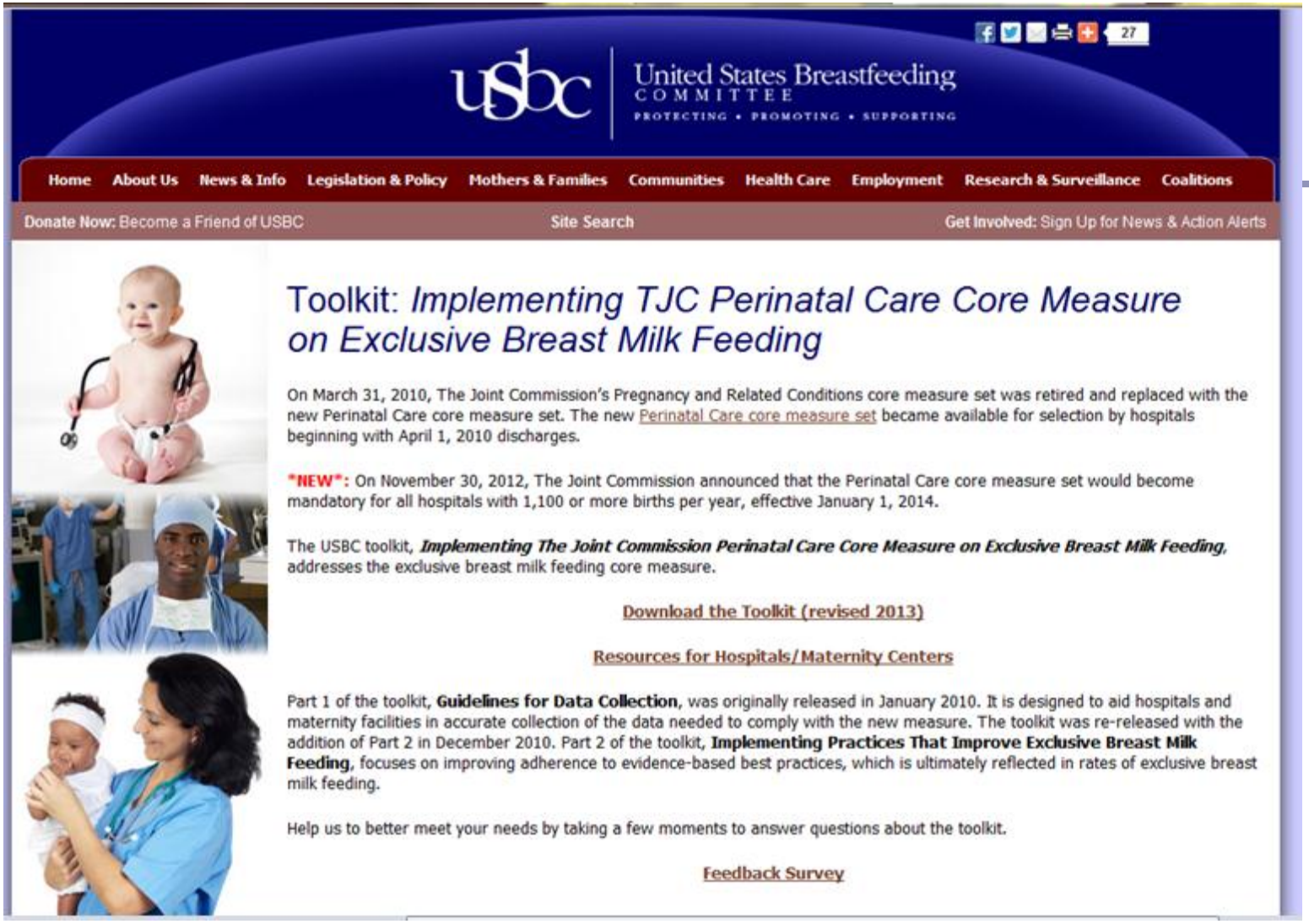
of exclusively breast milk-fed non-NICU term infants, including those supplemented with human milk

# of term infants, including those with medical reasons for supplementation, with certain exceptions*

The Joint Commission

- Beginning with January 1, 2013 discharges, the Perinatal Care core measure set will include 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.”

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

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

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

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

Florida Breastfeeding Coalition

Mission Statement: Florida Breastfeeding Coalition will improve the health of Floridians by working collaboratively to protect, promote and support breastfeeding.

http://www.flbreastfeeding.org/

Florida Breastfeeding Coalition, Inc.

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August 1-7

World Breastfeeding Week

ALL of AUGUST

National Breastfeeding Month

Activities and Events in Florida Celebrating Breastfeeding

"Florida Quest For Quality Maternity Care Award"
Baby Steps to Baby-Friendly Hospital

Florida Quest For Quality Maternity Care Award

Any Florida maternity hospital or birthing center can achieve one to four stars in the five star Florida Breastfeeding Coalition's *Florida Quest For Quality Maternity Care Award* project **without applying to Baby-Friendly**

Subscribe to FBC-StepstoBabyFriendly

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YAHOO! Groups Join Now!

Powered by us.groups.yahoo.com

This **YahooGroup list** is for those maternity facilities who would like to be on a support list to share successes as well as to discuss implementation barriers and suggestions. This is also a way to stay in contact the FBC Chair of the Florida Quest for Quality Maternity Care Award, Heidi C. Agostinho, Ph.D, IBCLC.

PROJECT BACKGROUND:

The Florida Breastfeeding Coalition is committed to encouraging improved maternity policy and practice in infant nutrition and care in Florida maternity care institutions. Breastfeeding provides optimal nutrition for infants and is associated with decreased risk in infant morbidity and mortality as well as maternal morbidity. Maternity policies and practices in hospitals and birth centers can influence breastfeeding behaviors and outcomes during a period critical to successful establishment of breastfeeding. Much of the literature, including a Cochrane review found that institutional changes in maternity care policies and practices makes for improved breastfeeding success by increasing initiation and duration of breastfeeding.

The Florida Breastfeeding Coalition supports the ***Ten Steps To Successful Breastfeeding*** criteria of The World Health Organization (WHO) and UNICEF and encourages all delivering hospitals to initiate as many steps as possible in their facility. The Ten Steps To Successful Breastfeeding has also been

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.

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.

SOURCE: cdc.gov: Vital Signs

The Provider's Role in the Baby Friendly Journey

- Encourage exclusive breastfeeding through 6 months of age and continuation for at least 1 year
- Evaluate practices that support families in their choice to breastfeed in the hospital, office, and/or local community, as recommended by the US Surgeon General
- Support breastfeeding friendly/Baby Friendly Hospital Initiative as a quality improvement activity
- Play an active role in policy development and implementation in maternity facilities
- Recommend formula supplementation only when medically indicated

Web Resources

LactMed: Drugs and Lactation Database
http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT

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/