

**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**

# Conflict of Interest



- 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

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.

# 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.

# 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**

<b>MICH-21.1</b>	Ever	81.9%
<b>MICH-21.2</b>	At 6 months	60.6%
<b>MICH-21.3</b>	At 1 year	34.1%
<b>MICH-21.4</b>	Exclusively through 3 months	46.2%
<b>MICH-21.5</b>	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>

# National Immunization Survey

## Infants Born in 2008 in US



	HP 2020 Goals (%)	US (%)
Initiation	81.9	74.6
6 mo (any)	60.6	44.3
12 mo (any)	34.1	23.8
3 mo (excl)	46.2	35.0
6 mo (excl)	25.5	14.8

# National Immunization Survey

## Infants Born in 2008 in US



	HP 2020 Goals (%)	US (%)	FL (%)
Initiation	81.9	74.6	79.5
6 mo (any)	60.6	44.3	39.0
12 mo (any)	34.1	23.8	20.2
3 mo (excl)	46.2	35.0	31.7
6 mo (excl)	25.5	14.8	12.9

# 2011 Breastfeeding Report Card

*“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.”*

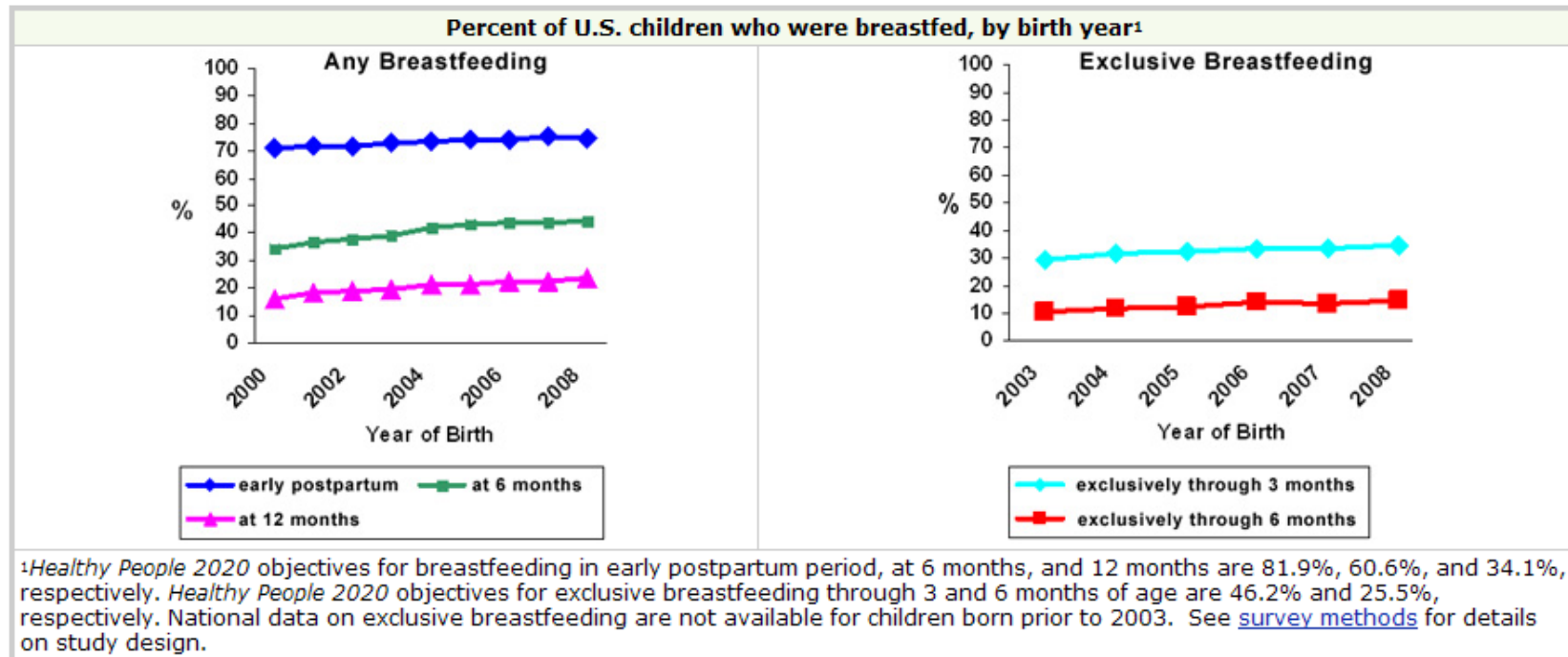
State	Ever Breastfed	Breastfeeding at 6 months	Breastfeeding at 12 months	feeding at 3 months	feeding at 6 months
<b>U.S. National</b>	74.6	44.3	23.8	35.0	14.8
Alabama	56.7	24.4	8.0	19.8	5.9
Alaska	<b>84.2</b>	45.5	25.6	37.7	17.1
Arizona	78.4	52.0	22.3	36.1	12.3
Arkansas	63.9	34.0	16.0	29.9	13.7
California	<b>86.6</b>	59.1	<b>40.0</b>	<b>48.1</b>	<b>25.7</b>
Colorado	80.0	55.6	26.8	<b>46.3</b>	24.0
Connecticut	74.4	47.1	25.0	43.4	16.2
Delaware	71.8	40.7	18.2	31.6	11.4
Dist of Columbia	74.8	48.6	32.4	34.8	17.1
Florida	79.5	39.0	20.2	31.7	12.9
Georgia	71.6	36.7	18.5	27.1	10.1
Hawaii	<b>85.0</b>	52.4	31.2	42.4	20.8
Idaho	<b>84.5</b>	<b>61.2</b>	31.4	<b>49.5</b>	22.1
Illinois	70.6	44.5	21.7	35.3	14.3
Indiana	67.4	31.4	12.8	29.7	11.4
Iowa	78.0	51.9	28.8	37.2	17.0
Kansas	75.4	41.0	21.6	33.5	10.6
Kentucky	57.8	32.9	18.6	24.2	9.8
Louisiana	48.9	18.2	7.0	20.5	7.8
Maine	73.5	49.2	31.6	38.6	18.5
Maryland	78.5	45.2	27.0	32.0	13.1
Massachusetts	76.9	46.0	20.4	42.8	14.1
Michigan	69.3	42.9	18.2	31.3	16.3
Minnesota	<b>82.5</b>	50.9	24.1	45.0	15.0

Breastfeeding Report Card:

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

# 2008 National Immunization Survey

## Breastfeeding Among U.S. Children Born 2000–2008, CDC National Immunization Survey



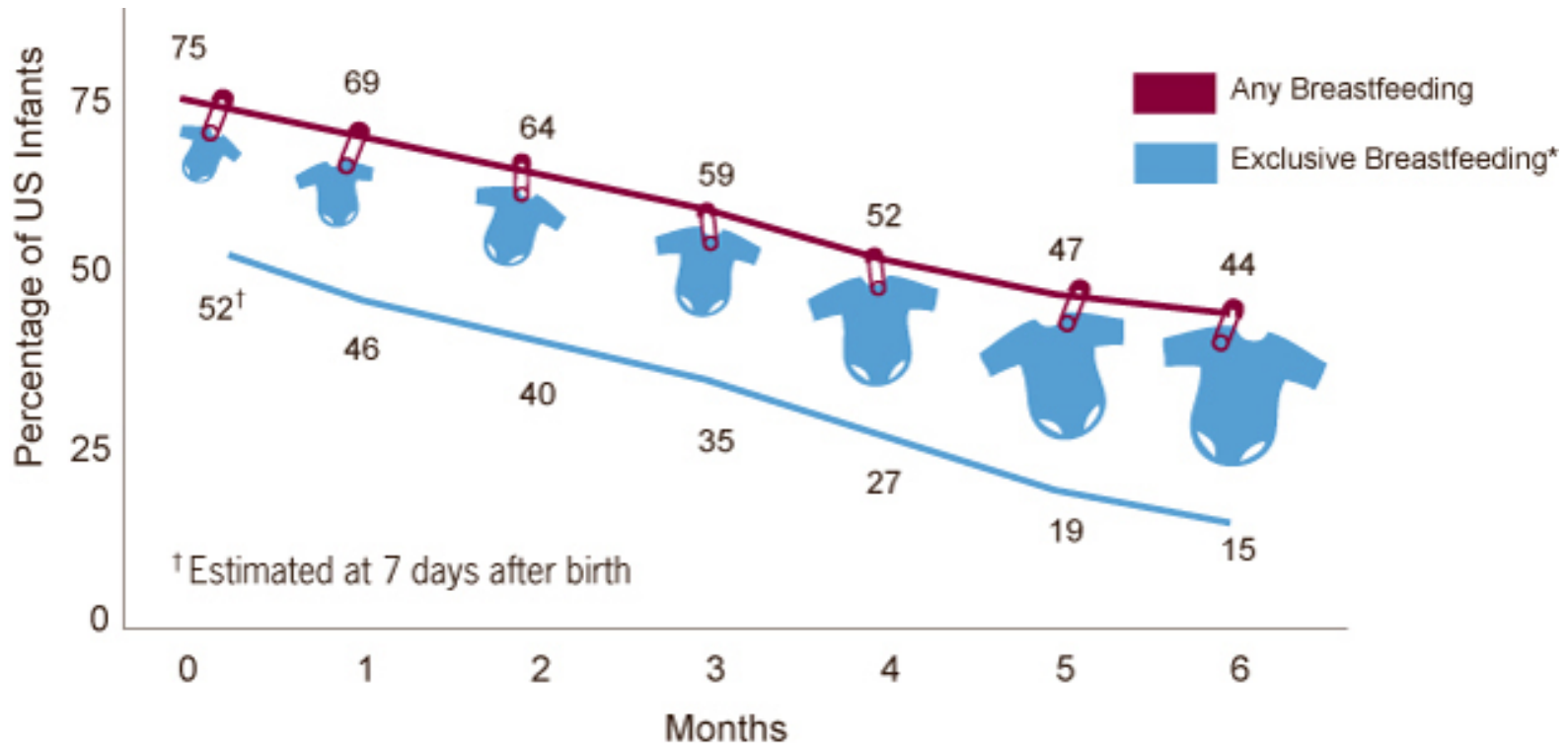
### Data

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

National Immunization Survey:

[http://www.cdc.gov/breastfeeding/data/NIS\\_data/index.htm](http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm)

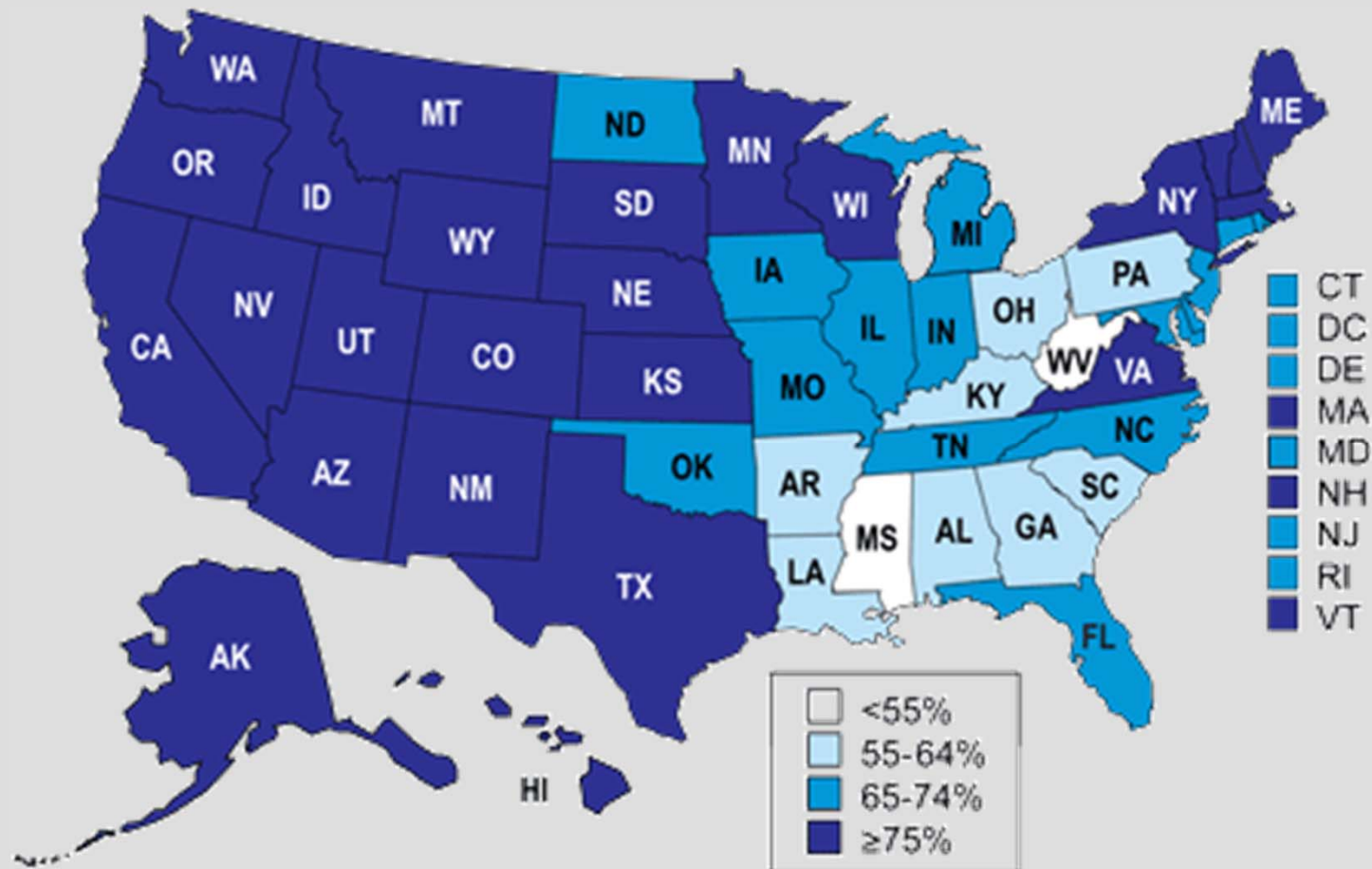
# Percentage of Any and Exclusive Breastfeeding by Month Since Birth Among US Infants Born in 2008



\*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)





America's Move to Raise a Healthier Generation of Kids

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 [GO](#)

**Learn the Facts**  
RAISING HEALTHIER KIDS

**Eat Healthy**  
FOOD & NUTRITION

**Get Active**  
PHYSICAL ACTIVITY

**Take Action**  
SIMPLE STEPS TO SUCCESS

**Join Us**  
LET'S MOVE TOGETHER



## 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.

**Health Care  
Providers join  
*Let's Move!***

1

GO ▶

**Make BMI screening a standard  
part of your care.**

2

**Talk to your  
patients about  
Breast Feeding  
and First Foods.**

3



**Prescribe  
Activity  
and Healthy  
Habits.**

4

GO ▶

**Be a Leader  
in your  
Community.**

5

GO ▶

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



- “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.”

# Everyone Can Help Make Breastfeeding Easier, Surgeon General Says in “Call to Action”



- *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.**

# 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.

# **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](http://www.babyfriendlyusa.org)

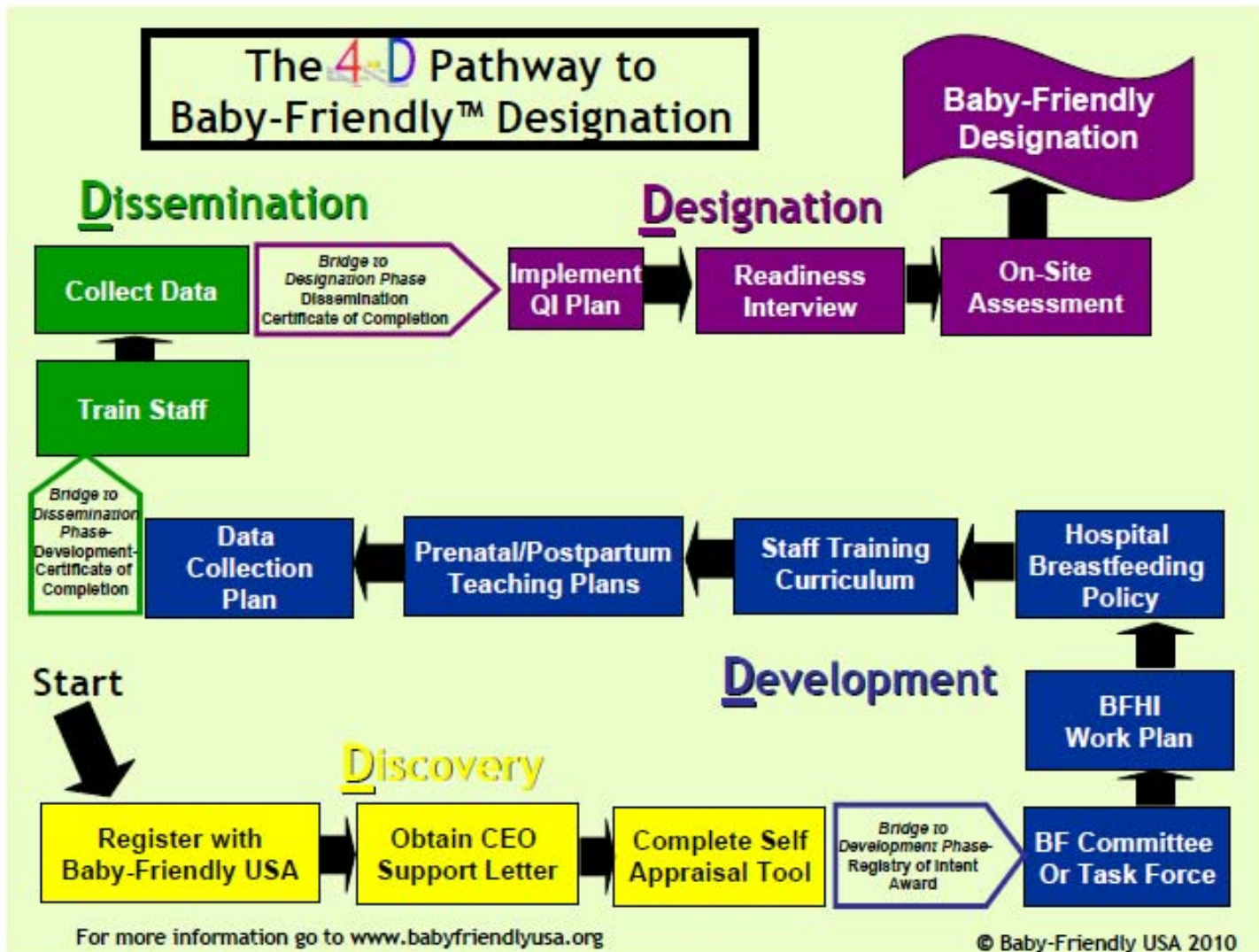
# BABY FRIENDLY HOSPITAL INITIATIVE TEN STEPS

## 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](http://www.babyfriendlyusa.org)



Baby Friendly USA

# Florida Baby Friendly Hospitals



- Cape Canaveral
- Morton Plant
- Mease Countryside
- Naval Hospital, Jacksonville





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

# 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

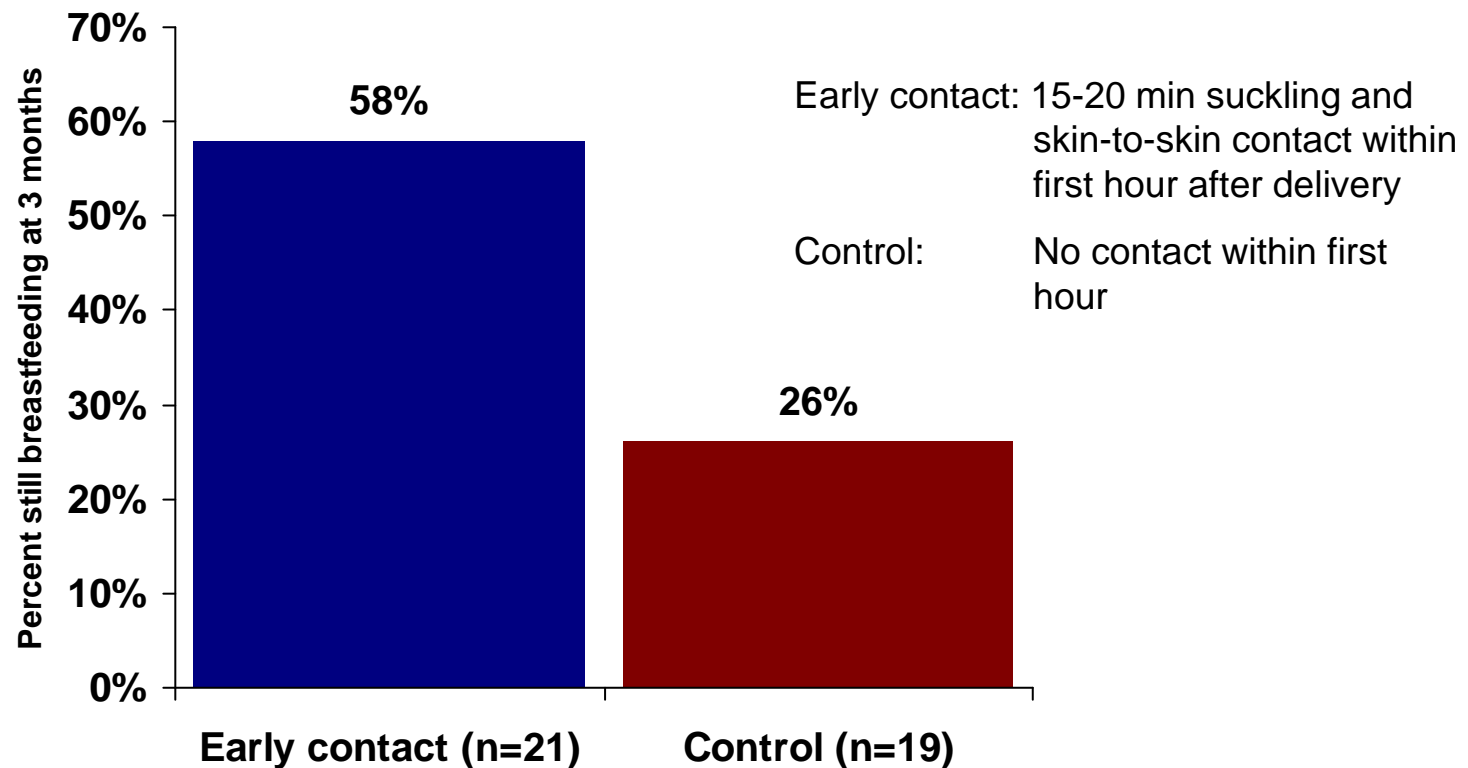
- **Oxytocin release**

- 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](http://www.bfmed.org))

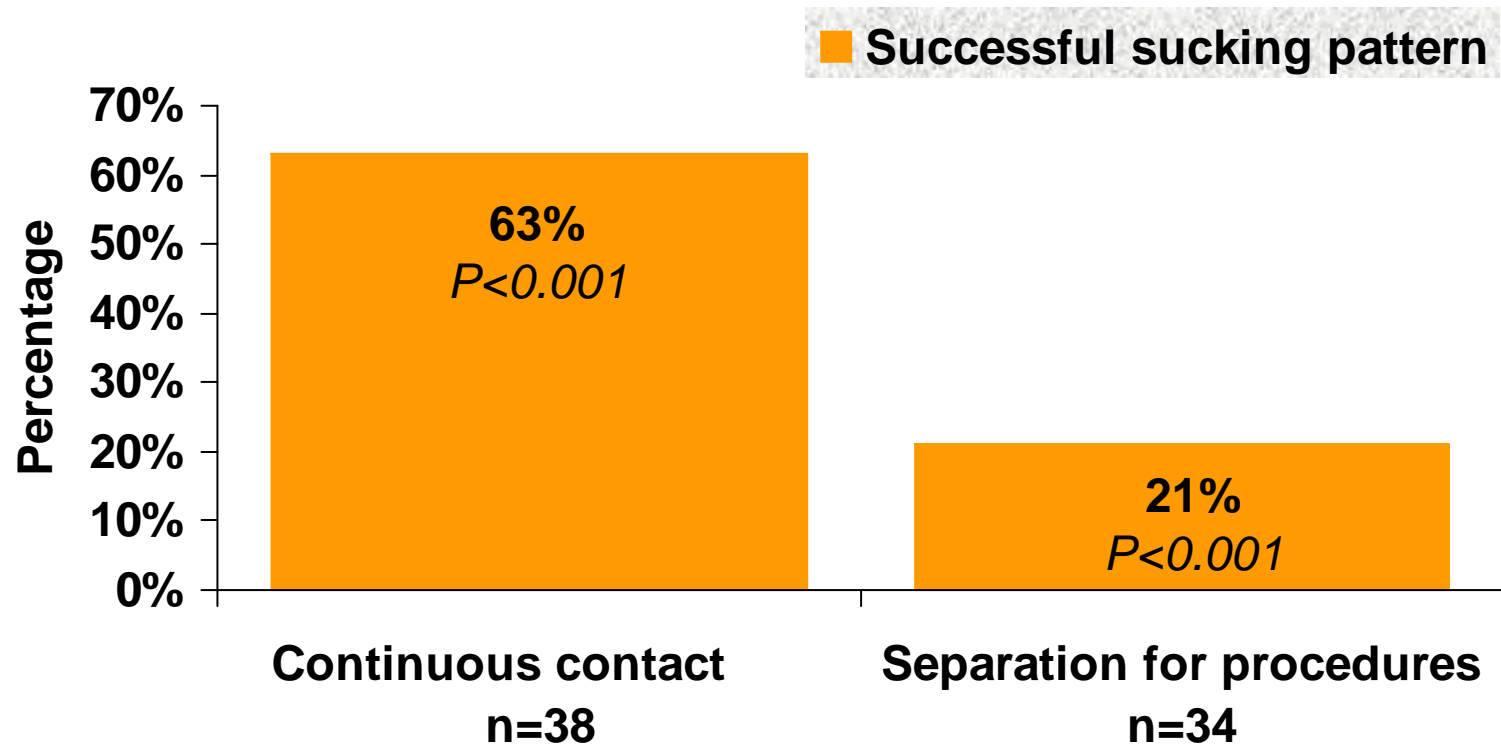
# Impact on Breastfeeding Duration of Early Infant-Mother Contact



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

BFHI Slides 2.4a

# Effect of Delivery Room Practices on Early Breastfeeding



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

# Recommended Breastfeeding Practices

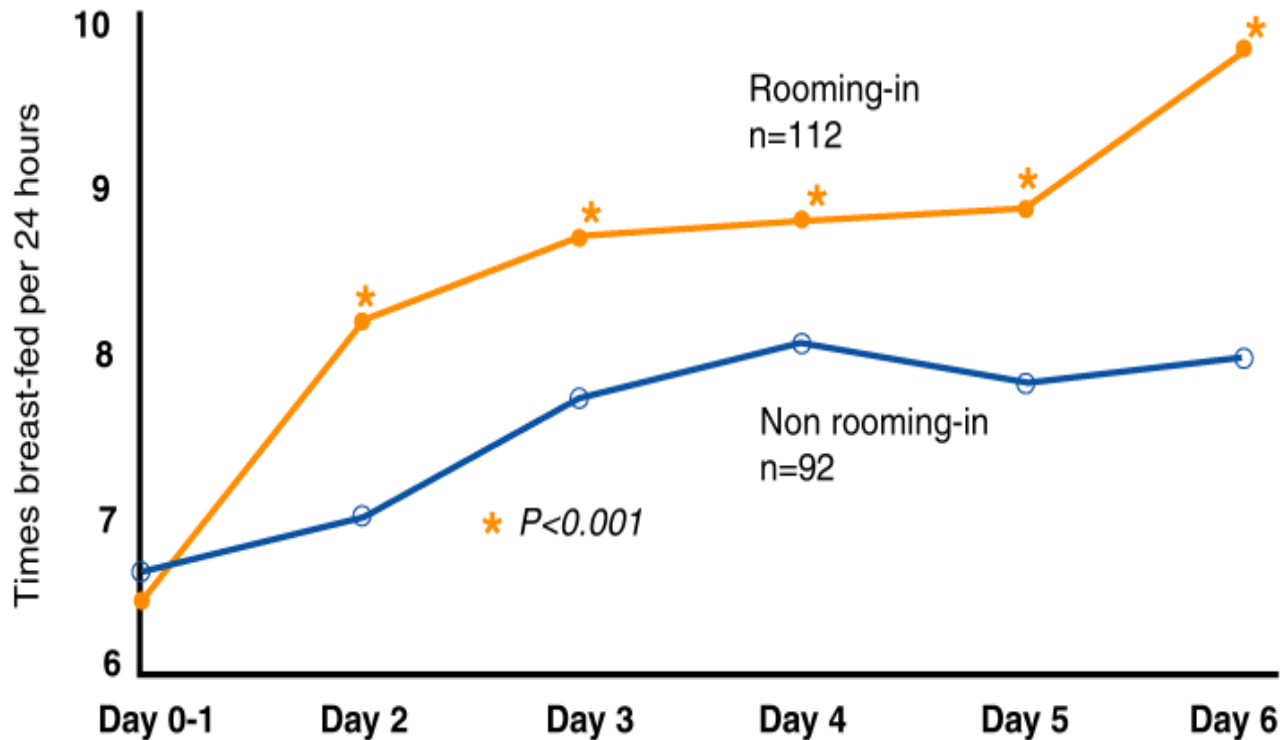


- **Continuous rooming-in**
- **Respond to early breastfeeding cues**
  - Rooting
  - Fist to mouth
  - Early arousal
- **Crying is a late hunger sign**



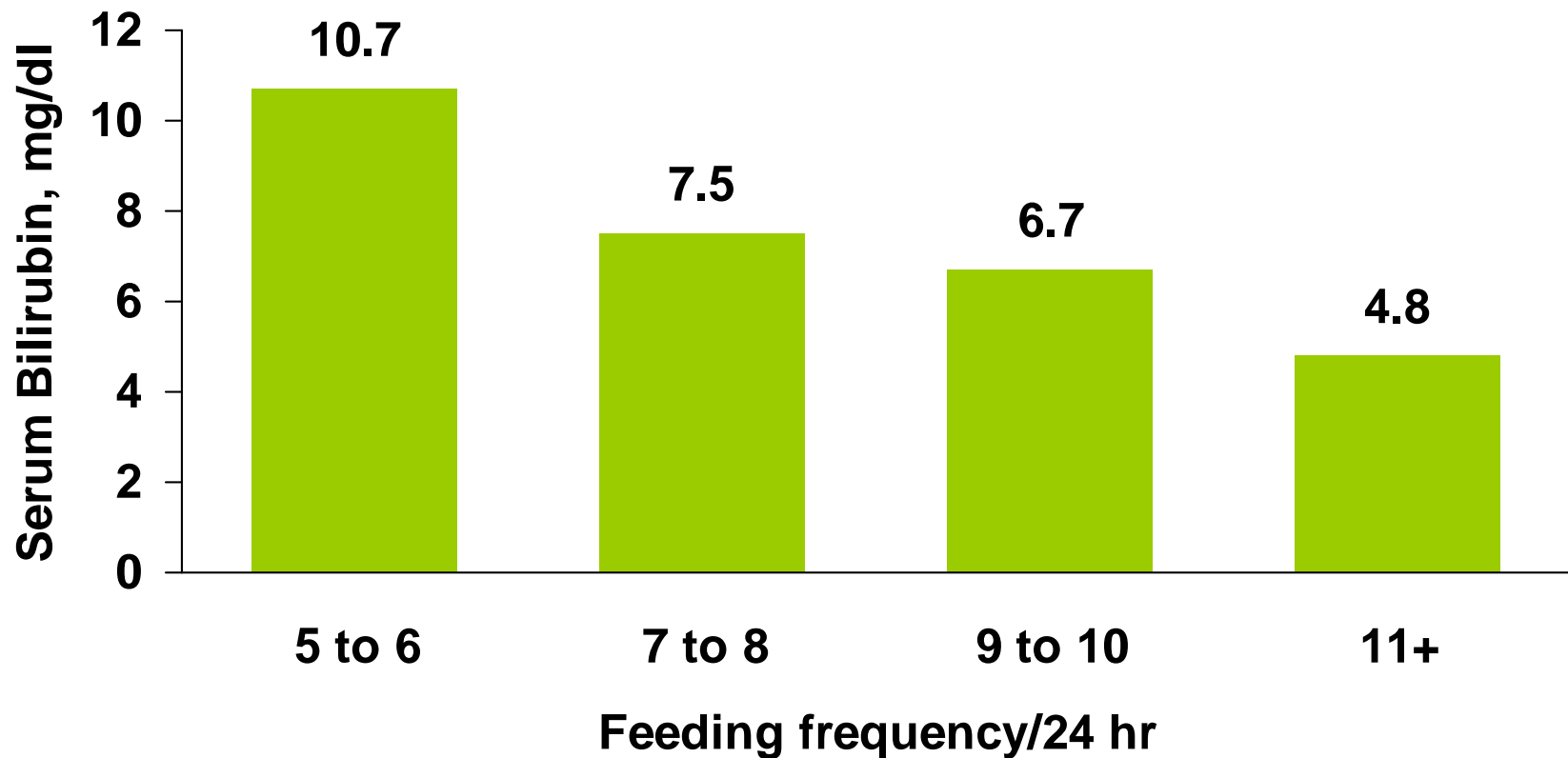
AAP *Pediatrics* 2012;129:e827-41.

# Effect of Rooming-in on Frequency of Breastfeeding per 24 hours



Adapted from: Yamauchi Y, Yamanouchi I . The relationship between rooming-in/not rooming-in and breastfeeding variables. *Acta Paediatr Scand* 1990, 79:1019.

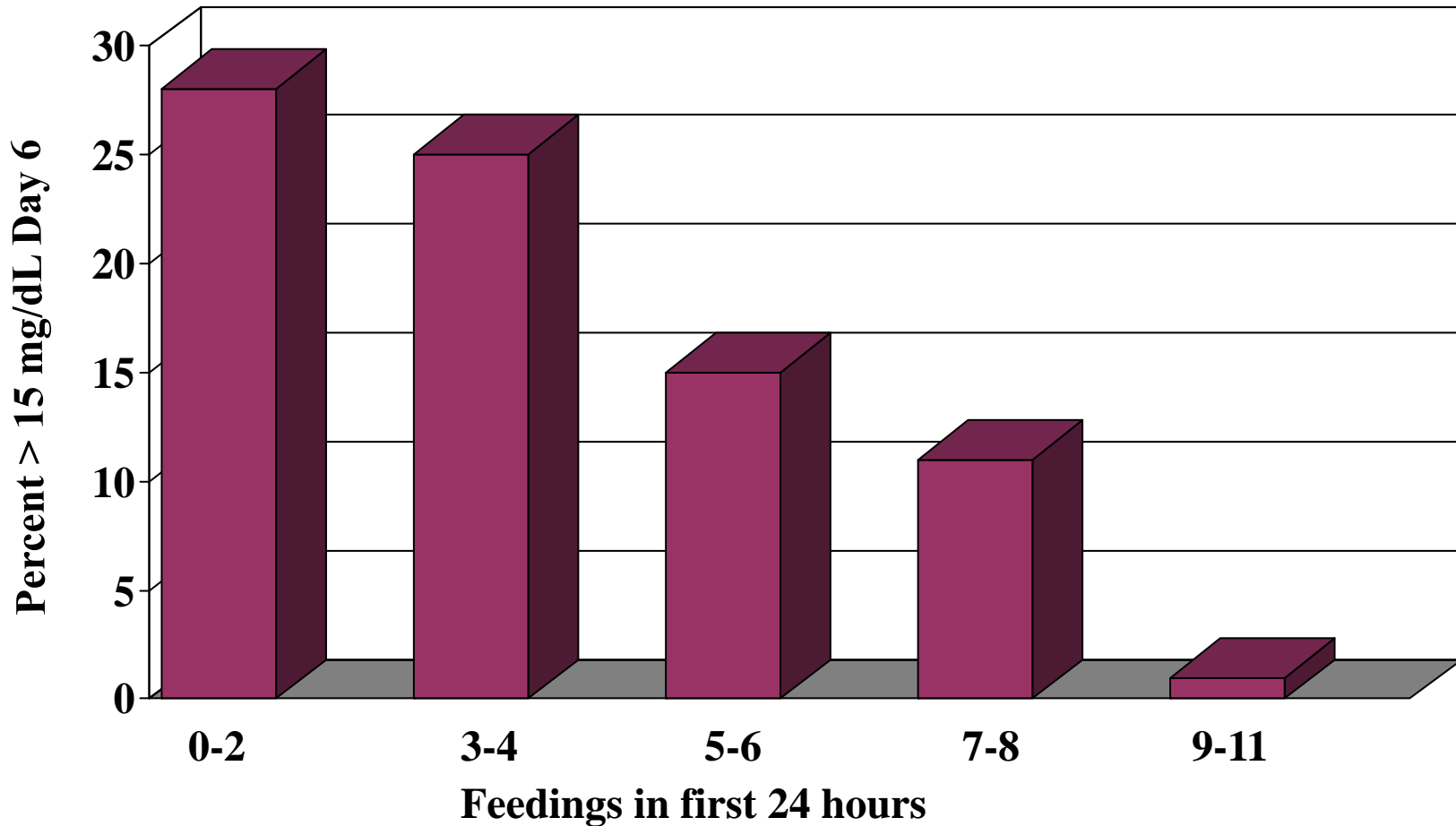
# Mean Feeding Frequency During the First 3 Days of Life and Serum Bilirubin



From: DeCarvalho et al. *Am J Dis Child*, 1982; 136:737-738.

BFHI Slides 2.4a

# 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.”**

AAP Subcommittee on Hyperbilirubinemia Clinical Practice Guideline: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation. *Pediatrics* 2004; 114: 297-316.

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



**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.

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## *The Academy Of Breastfeeding Medicine*

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### **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.

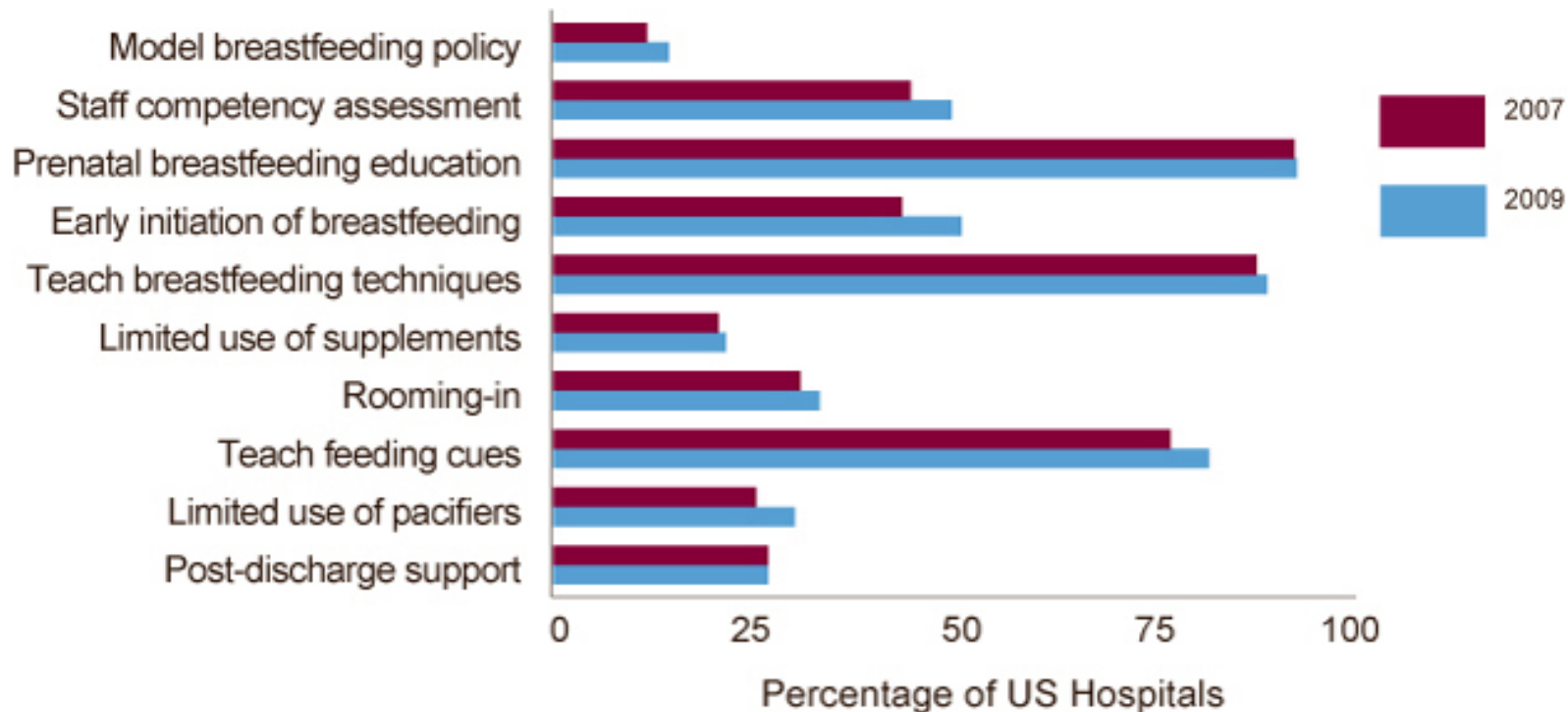
## Protocol #7: Model breastfeeding policy

**BREASTFEEDING POLICY**

[www.bfmed.org](http://www.bfmed.org)

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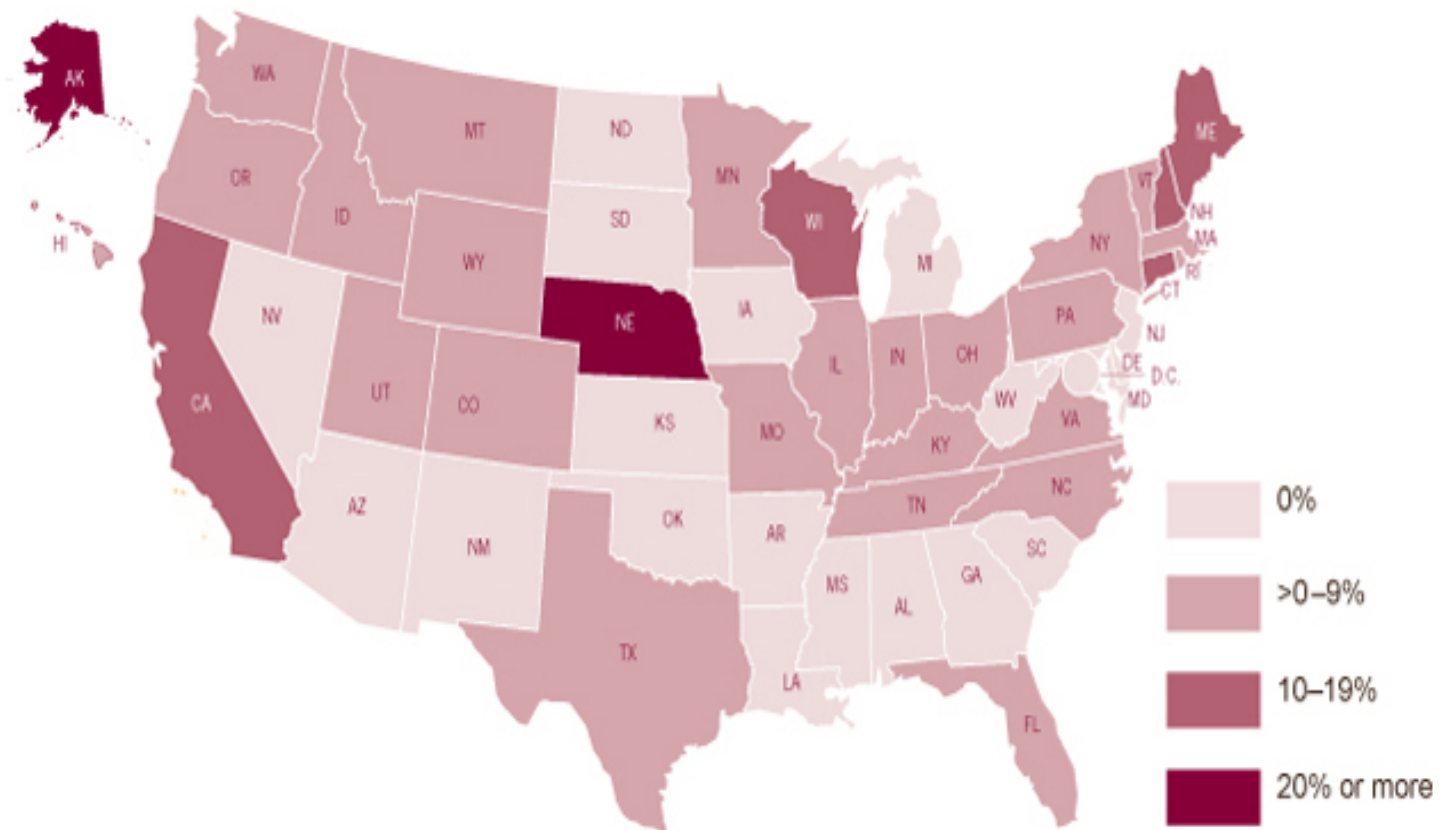
# Percentage of US hospitals with Recommended Policies and Practices to Support Breastfeeding, 2007 and 2009



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

## U.S. State Info

### 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



CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC)-2009 close window

Table 0b: Average facility score by state									
	Total score	Labor & delivery care	Feeding of breastfed infant	Breastfeeding assistance	Mother/infant contact	Discharge care	Staff training	Structural & Organizational Aspects	N
<b>All</b>	65	63	78	81	71	43	51	69	2666
<b>State</b>									
<b>AK</b>	74	85	87	79	90	64	46	68	19
<b>AL</b>	57	45	73	77	56	31	53	68	48
<b>AR</b>	52	44	69	71	62	28	30	59	38
<b>AZ</b>	64	64	75	81	82	32	50	65	38
<b>CA</b>	73	67	79	87	83	57	62	74	202
<b>CO</b>	71	76	85	84	82	45	54	73	49
<b>CT</b>	71	69	86	85	72	41	64	77	24
<b>DC</b>	72	77	78	87	73	41	72	78	6
<b>DE</b>	67	62	74	89	80	46	34	81	5
<b>FL</b>	65	63	77	82	74	42	48	69	99

Maternity Care Practices:

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

## 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 & 20 min w/in 1 hour (vaginal births)	46	21
		Initial skin-to-skin contact & 20 min w/in 2 hours (cesarean births)	27	33
		Initial breastfeeding opportunity & w/in 1 hour (vaginal births)	55	23
		Initial breastfeeding opportunity & 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](http://www.cdc.gov/mPINC)

# The Joint Commission

**SpeakUP™**



**What you need to know about breastfeeding is supported by**

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American Academy of Pediatrics  
[www.aap.org](http://www.aap.org)  
Association of Women's Health, Obstetric and Neonatal Nurses  
[www.awhonn.org](http://www.awhonn.org)  
Baby-Friendly USA, Inc.  
[www.babyfriendlyusa.org](http://www.babyfriendlyusa.org)  
Centers for Disease Control and Prevention  
[www.cdc.gov/breastfeeding](http://www.cdc.gov/breastfeeding)  
March of Dimes  
[www.marchofdimes.com](http://www.marchofdimes.com)  
United States Breastfeeding Committee  
[www.usbreastfeeding.org](http://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 after the baby is born. Tell your doctor or nurse 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 can help keep your baby's temperature and breathing normal. It can also increase your milk supply.
- If you are cold, ask for a blanket to cover you and your baby. Your body heat will keep your baby warm as long as your baby's back is covered. Your baby does not need to be tightly wrapped.
- Tell caregivers you want to breastfeed before your baby's tests are done. Many tests can be done while your baby is skin-to-skin on you. Ask to go along if your baby is taken away for a test.
- If you have a Cesarean birth, you can still have skin-to-skin contact and breastfeed. You should be able to do this within the first two hours unless there is a medical reason not to.
- You can usually breastfeed if you have more than one baby. Your body will make enough milk to feed all your babies.
- Have your baby stay in your room. "Rooming in" encourages skin-to-skin contact and helps you recognize early feeding cues such as when your baby starts sucking his or her fist.
- 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 tell if your baby is 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. Also 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 early 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 you 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 medicines.
- 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.

[LactMed](#) provides information about medicines and breastfeeding for health professionals.

## 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 Perinatal Care Core Measure



- 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-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

# 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](http://www.usbreastfeeding.org):

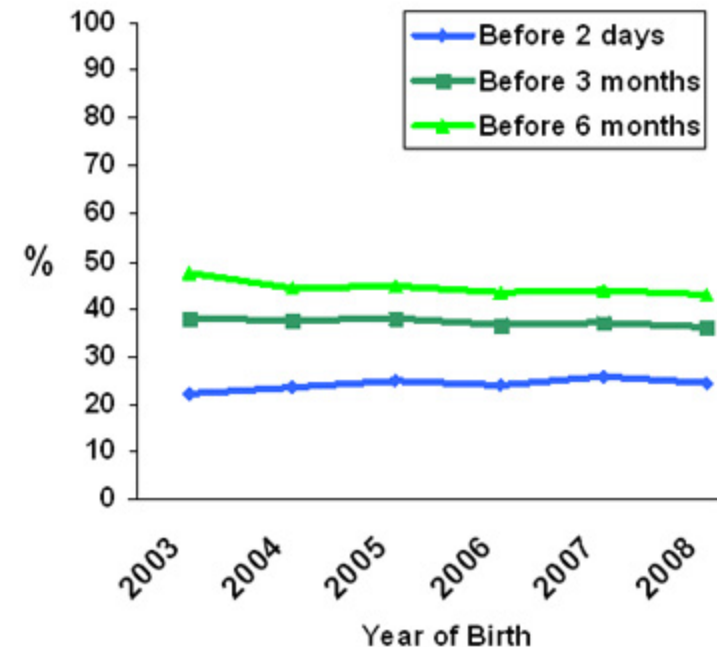
[Implementing TJC Core Measure on Exclusive Breast Milk Feeding](#)

# 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

Percent of U.S. breastfed children who are supplemented with infant formula, by birth year<sup>1</sup>



<sup>1</sup>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

# United States Breastfeeding Committee



United States Breastfeeding  
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*"All U.S. mothers should have the opportunity to breastfeed their infants and all infants should have the opportunity to be breastfed."*

[➔ Read More](#)



## 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

## 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!](#)

[www.usbreastfeeding.org](http://www.usbreastfeeding.org)

# USBC Toolkit



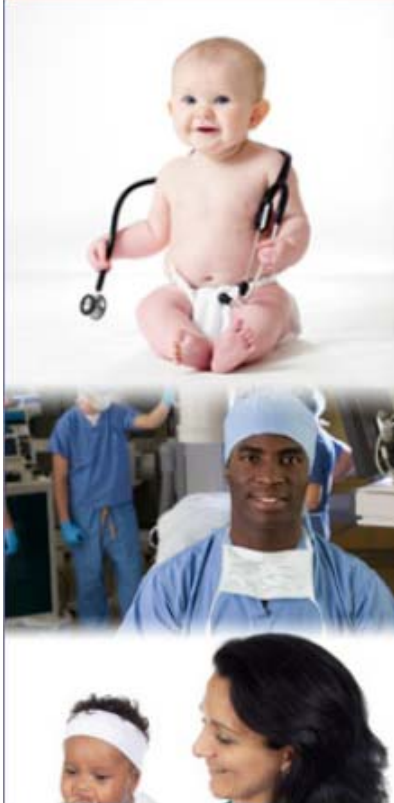
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## Toolkit: *Implementing TJC Perinatal Care Core Measure on Exclusive Breast Milk Feeding*

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.

cdc.gov:  
Vital Signs

# 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**

<http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>

**American Academy of Pediatrics Section on Breastfeeding**

[www.aap.org](http://www.aap.org)

**Academy of Breastfeeding Medicine Clinical Protocols**

[www.bfmed.org](http://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.



## Florida Breastfeeding Coalition, Inc.

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[Mease Countryside Hospital, Safety Harbor, FL](#)  
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<http://www.flbreastfeeding.org/>



- **Questions?**