Breastfeeding Grand Rounds 2016
Building a Continuum of Care to Support Exclusive Breastfeeding in New York State

August 4, 2016

Thank You to Our Sponsors:

- University at Albany School of Public Health
- New York State Department of Health, Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

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No commercial funding has been accepted for this activity.

Featured Speakers

- Ruth Lawrence, MD, Professor of Pediatrics & Obstetrics & Gynecology, University of Rochester School of Medicine and Dentistry
- Patricia Jordan, MS, RDN, CDN, Assistant Director, Bureau of Women, Infant and Adolescent Health, New York State Department of Health
- Deborah Gregg, MPH, RDN, CDN, CLC, Nutrition Policy Coordinator, Division of Chronic Disease Prevention, New York State Department of Health
- Kate Rose Bobseine, MPH, CLC, Obesity Prevention Program Coordinator, Bureau of Community Chronic Disease Prevention, New York State Department of Health

Program Objectives

- Describe two components of the WIC Exclusive Breastfeeding (BF) Learning Community
- Describe three criteria for achieving the BF Friendly Practice Designation
- Describe three components of the NYS BF Quality Improvement in Hospitals Initiative
- List two benefits of incorporating BF support services into medical practices
- Describe three ways that WIC programs, obstetric, pediatric and family practices can empower women to exclusively breastfeed
**New York State Department of Health Initiatives**

- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Exclusive Breastfeeding Learning Community
- Breastfeeding Friendly Practice Designation
- Breastfeeding Quality Improvement in Hospitals

**Complementary Strategies**

- OB/GYNs and Midwives - breastfeeding education and support during pregnancy
- WIC - breastfeeding education and peer counseling support during pregnancy and after delivery
- Hospitals - supportive breastfeeding practices and protocols
- Pediatric and Family Practitioners - newborn follow up and lactation support for breastfeeding mothers

**Benefits of Breastfeeding**

- Species Specific - human milk is for human Infants
- Protection against chronic diseases and certain cancers - for mothers and babies
- Reduced risk of diarrhea, upper respiratory infections and Sudden Unexplained Infant Death in babies
- Breastfeeding is the physiologic completion of the reproductive cycle
- Lactation suppresses ovulation

**Current Breastfeeding Research**

- Hard wiring of infant’s brain - exclusive breastfeeding has significant impact

**Risks of Not Breastfeeding**

- Mother
  - Increased risk of cancers, chronic disease and maternal post partum depression
  - Increased risk of obesity

- Infant
  - Permanent alteration of the infant microbiome
  - Increased risk of obesity, allergies, SUID, diarrhea, and upper respiratory infections
  - Impact on hard wiring and development of the brain

**Barriers to Breastfeeding Support**

- Inconsistent or incorrect Information
- Events in the hospital during and after birth experience can impact breastfeeding
- Introducing breast milk substitutes when they are not necessary
- Lack of knowledge and support from families
A woman's intention to breastfeed can be easily derailed without support. Women need to learn about the importance of breastfeeding during pregnancy. Mothers need to learn about newborn behavior and feeding cues and taught how to breastfeed.

Just like a baby needs to feel safe, so does the mother. She needs to trust her providers and feel like her needs are being heard and being supported.

WIC Exclusive Breastfeeding Learning Community

- WIC Learning Community To Promote Exclusive Breastfeeding
- Exclusive breastfeeding rates are low among NYS WIC mothers
  - Initiation: 82.4%
  - Exclusivity at 3 months: 13.0%
- WIC serves 50% of infants born in NYS

New York State Exclusive Breast Feeding Learning Community

- Opportunity for WIC local agencies to learn from trainers and each other, while setting agency specific goals to implement effective systems to replicate a successful breastfeeding intervention
- Provide intensive on-going support
- Provide peer support

You Can Do It / WIC Can Help

- A successful initiative to increase exclusive breastfeeding in Vermont was replicated in 12 NYS WIC Local Agencies (LAs)
- Each LA formed an interdisciplinary performance improvement team (12 teams, 47 WIC staff)
- Teams participated in 7 learning community sessions
- Teams tested and implemented changes at LAs

Intervention Components

- Use Breastfeeding Attrition Prediction Tool (BAPT) to assess mothers' breastfeeding knowledge, confidence, and support
- Provide individual targeted counseling based on BAPT assessment and case conferencing if warranted
- Help prepare moms for hospital experience in targeted group discussion.
- Provide early postpartum support

Breastfeeding Attrition Prediction Tool (BAPT)

- Breastfeeding Attrition Prediction Tool (BAPT) was used to assess knowledge, support, and confidence about breastfeeding
- 26 questions were used and scored to identify prenatal moms strengths and those at risk for stopping breastfeeding early
- The BAPT identifies target areas to work on in knowledge, support and confidence
Targeted Counseling

Nutritionist, Breastfeeding Coordinator and Peer Counselor meet to hold discussions to improve breastfeeding outcomes.

Targeted Group Discussions

Educate and Support Mom With:
- Her commitment to breastfeed
- Hospital practices that support breastfeeding
- Communicating feeding plan to birth support team and hospital birthing center
- Advocating for herself and baby during hospital stay
- Breastfeeding - first few weeks postpartum

Post-Natal Contacts

Purpose of Multiple Contacts after Birth
- Early Breastfeeding and infant assessments
- Provide timely support and referrals
- Help mom with confidence and knowledge
- Prevent introduction of formula

Public Health Detailing

Learning Community Framework
Confident Commitment

Preliminary Outcome Data

- Possible impact on exclusive breastfeeding rates among participants
- Intervention may be more effective among African American women
- Possible impact may be due to differences across local agencies

Local Agency Successes

- Improved WIC staff counseling skills, breastfeeding knowledge and confidence
- Exposed more staff to the importance of breastfeeding promotion; fostered consistent breastfeeding message
- Local agencies learned from each others’ experiences
- Improved staff collaboration through case conferencing
- Tailored counseling encouraged participants to share breastfeeding concerns (staff perspective)
- Public Health Detailing - improved relationships with providers

Challenges

- Enrolling moms in first trimester
- Nutrition staff and Peer Counselors don’t always work together
- Appointments were longer
- Keeping track of appropriate materials for each visit
- Finding out when moms delivered

Lessons Learned

- Train all staff to carry out intervention
- Be flexible in scheduling case conferences
- To identify and enroll first trimester prenatals:
  - Involve WIC clerical staff
  - Use community partner referrals
- Allow 30 min for targeted counseling sessions
- Conduct multiple staff trainings
- Hold regular intervention staff briefings & include PCs
- Use creative methods to contact moms

Next Steps

- Process evaluation to identify characteristics of sites and site implementation with high and low rates of exclusive breastfeeding improvement
- Expand implementation in NYS WIC clinics
New York State Breastfeeding Friendly Practice Designation

Designation Aim: To support increased breastfeeding duration and exclusivity to advance both short and long-term health benefits for women and children

- Engages practices to create a continuum of breastfeeding care
- Care is consistent and complements the WHO’s Ten Steps to Successful Breastfeeding in hospitals
- Recognizes practices that have adopted and implemented the NYS Ten Steps to a Breastfeeding Friendly Practice

Provider Roles in Practices

- Infant feeding decisions often made during pregnancy - obstetricians play a key role
- Pediatric care providers assess newborns in the hospital and at follow-up (48-72 hours of age and beyond) - opportunities to encourage/support exclusive breastfeeding
- Family physicians have relationships with families - opportunities to promote breastfeeding during the preconception period, pregnancy and postpartum

Role of Obstetric Providers

- Obstetric care providers are important resources
- Lactation is a two-person activity; breastfeeding problems are best assessed by evaluating the woman and her infant, and engaging the support from the mom’s partner and family
- Trained medical office staff can triage common breastfeeding concerns, and as needed, refer women to lactation professionals: International Board Certified Lactation Consultants (IBCLCs) or Certified Lactation Counselors (CLCs)

Optimizing Support of Obstetric Practices for Breastfeeding

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The Birth Hospitalization

- Support evidence-based maternity practices such as:
  - Skin to skin and the “golden hour”
  - Rooming-in
  - No formula marketing or supplementation of breastfed infants, unless medically necessary
  - Develop hospital discharge systems, i.e., warm lines, peer support groups, Baby Cafes™, home visits, etc.
  - Work with and encourage support by:
    - Nurse midwives and doulas
    - Hospital lactation consultants, nurses and managers
    - Obstetrician and pediatrician
    - WIC Peer Counselors

ACOG Committee Opinion No. 658 February 2016
Patient-Provider Communication

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Role of Pediatric Providers

- Establish relationship with mother and family prior to delivery
- Conduct infant assessments at bedside after birth - opportunity to discuss breastfeeding with mother’s support (family & friends)
- Make sure hand expression is taught and mother is confident about latch, positioning and milk transfer
- Schedule post-discharge appointment within 48-72 hours to evaluate infant’s health and establishment of breastfeeding
- Observe a breastfeeding session


- Grade B recommendation: Moderate benefit of multifaceted/multimodal interventions that promote and support breastfeeding
- Interventions increase breastfeeding initiation, duration, and exclusivity
- Interventions that include both prenatal and postnatal components most effective at increasing duration
- System-level interventions having support of senior leadership more likely to be sustained over time

Provider-Based Intervention Effectiveness

- Individual or group education:
  - Increased initiation - 23%, CI 12-34%
  - Increased duration up to 3 months - 39%, CI 27-50%
- Combined education & in-person or phone support:
  - Increased initiation - 21%, CI 7-35%
  - Increased duration up to 3 months - 36%, 22-49%
  - Increased duration 4-6 months - 13%, 1-23%

CI = Confidence Interval

Ten Steps to a Breastfeeding Friendly Practice

- Supported by: Academy of Breastfeeding Medicine, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Academy of Family Physicians; Centers for Disease Control and Prevention, United States Breastfeeding Committee, WIC
- Based on two Academy of Breastfeeding Medicine Clinical Protocols: # 2 and #14
- Designed to complement the World Health Organization’s Ten Steps to Successful Breastfeeding and the Baby-Friendly Hospital Initiative

Ten Steps to a Breastfeeding Friendly Practice

1. Develop, implement and maintain a breastfeeding-friendly office policy
2. Train all staff to be breastfeeding-friendly by promoting, supporting, and protecting breastfeeding
3. Discontinue routine distribution of breast milk substitutes and eliminate formula marketing materials and gift packs from your office
4. Create a breastfeeding-friendly office environment
5. Discuss the benefits of breastfeeding, especially exclusive breastfeeding, and the basics of breastfeeding management with women and their families during the prenatal period
Ten Steps to a Breastfeeding Friendly Practice

6. Discuss the benefits of breastfeeding, especially exclusive breastfeeding, and the basics of breastfeeding management with women and their families during the postpartum period.
7. Encourage breastfeeding mothers to feed newborns only breast milk.
8. Teach mothers about maintaining lactation when separated from their infants.
9. Identify your local breastfeeding support network and foster collaborative working relationships and referral systems.
10. Provide comprehensive breastfeeding support to new mothers.

The Designation Process

- Review the NYS Ten Steps to A Breastfeeding Practice Implementation Guide.
- Complete the NYS Breastfeeding Friendly Practice Designation pre-assessment form to assess practice status compared to the Ten Steps.
- Identify a practice champion(s) and establish a team to test, refine and implement the Ten Steps.
- When all Ten Steps are implemented, submit the post-assessment form and written breastfeeding office policy.

NYSDOH Web Resources

NYS Ten Steps to a Breastfeeding Friendly Practice
- Introductory Letter
- The NYS Ten Steps
- Implementation Guide
- Designation Assessment Survey (fillable form)

Takeaways

Designated practices have reported:
- Meeting more of the breastfeeding needs of patients.
- Increasing patient satisfaction.
- Increasing the comfort of practice staff because of being trained on all aspects of providing breastfeeding support.
- Increasing breastfeeding rates in their practice.
- Creating a breastfeeding friendly office is just the right thing to do.

Next Steps for Breastfeeding Friendly Practices

- 35 practices and their sites designated, as of July 2016.
- Release of Request for Applications (RFA): “Creating Breastfeeding Friendly Communities”
  - Develop/Expand Coalitions
  - Spread Breastfeeding Friendly Practice Designation
  - Spread Breastfeeding Friendly Childcare Designation
  - Establish Baby Cafés™
  - Build Supportive Worksites.

Breastfeeding Quality Improvement in Hospitals (BQIH)
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- NYSDOH & National Institute for Children’s Health Quality (NICHQ) Partnership
- Purpose: Support participating hospitals to build and sustain systems changes to achieve the Ten Steps to Successful Breastfeeding, thereby increasing the exclusive breastfeeding rate among healthy newborns during birth hospitalization in New York
  - Create hospital environments that support breastfeeding
  - Reduce disparities in New York State breastfeeding rates, especially among low-income women who participate in WIC and Medicaid

BQIH Implementation

- Hospitals engage multi-disciplinary improvement teams to
  - Set hospital-specific goals
  - Test and implement changes
  - Share results
  - Share ideas with other BQIH hospital teams

Multi-disciplinary Improvement Team

- Senior Hospital Administrative Leader
- Physician Champion(s): OB, Pediatrics, Family Medicine
- Nurse Manager
- Senior lactation staff member
- Mother Partner
- Manager from affiliated prenatal services
- Quality Improvement Specialist
- IT
- Local WIC representative

Data Collection for Quality Improvement (QI)

- Purpose of QI measurement is learning not judgment
- Hospital Data Collection
  - Baseline data: Where are we starting?
  - Monthly Data: How are we doing?
  - Are our changes making a difference?
- Share data back to team
BQIH Timeline

- February 2010 - December 2011: 12 Hospitals (Pilot)
- October 2014 - February 2016: 12 Hospitals (Cohort A)
- May 2016 - March 2018: 21 Hospitals (Cohort B)

BQIH: Pilot & Cohort A Successes

- Increases in the percentage of:
  - Infants fed only breast milk
  - Breastfeeding infants rooming in
  - Mother/Infant dyads initiating breastfeeding within 1 hour (vaginal delivery) and 2 hours (C-section delivery) of birth

- Cohort A - Increase in the percentage of:
  - Mother/Infant dyads feeding on cue
  - Mother/Infant dyads who received a breastfeeding assessment

BQIH Cohort B

- May 2016 - March 2018 in 21 NYS maternity hospitals
- Increased focus on WIC Engagement

Takeaways

- More and more hospitals across the state and around the country taking this work on:
  - 72 Hospitals across New York State
    - 45 hospitals outside of NYC
    - 27 hospitals in NYC
- You can do this work, too!
  - Start small with one step
  - Recruit a team
  - Find a champion
  - Gather and share your data

Importance of All Providers and WIC Programs Across the Care Continuum

- Maintain, update and communicate breastfeeding policy
- Train all staff regardless of the position
- Learn motivational interviewing techniques
- Tailor counseling to the needs of each mother
- Discontinue all marketing of breast milk substitutes
- Create breastfeeding-friendly environments
- Establish breastfeeding community support networks
- Create a referral and triage system for follow-up

Breaking Down Barriers

- Incorporate public health interventions at each stage of a mother's reproductive journey
- Foster collaboration at the personal, medical, and community level to ensure consistent breastfeeding education and support
- Incorporate strategies that empower women to build confidence, make informed feeding decisions, and utilize lactation support
Leadership

- You can do it - find champions at all points in the continuum of care
- Resources available on BFGR 2016 program webpage
- A breastfeeding friendly practice is the right thing to do!
- Leadership at all levels is important
- Call to Action from NYS Health Commissioner Howard A. Zucker, MD, JD

Evaluations & Continuing Education: CME, CNE, CHES, LCERP and General CEU credits are available. Please visit http://www.albany.edu/sph/cphce/bfgr16.shtml to fill out your evaluation and complete the post-test.

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Thank you!