The best moments of my day are when I

BREASTFEED.

A healthy baby
BEGIN WITH YOU.

(585) 546.4930

Perinatal NETWORK of Monroe County
Catalyst for Change

Supported by NIH Grant # HD54956, Community Partnership for Breastfeeding Promotion and Support.
“The debate is over about the importance of breastfeeding for health outcomes for women and children in the United States. There is no debate. The real questions are: How do we support women and families in breastfeeding and exclusive breastfeeding? How are we currently supporting it, and how are we currently sabotaging it?”

David Meyers, MD, FAAFP, Agency for Healthcare Research & Quality, First Annual Summit on Breastfeeding, June 11, 2009
Increasing Breastfeeding in New York State

Cynthia R Howard MD, MPH
Associate Professor of Pediatrics and Public Health Science
University of Rochester School of Medicine
Road Map for Today

- Health Impact of Breastfeeding
- Recommendations from Professional Organizations
- Real Time Efforts
  - Hospitals
  - Primary Care Providers/clinical offices
The Health Impact of Breastfeeding
What Will Breastfeeding Do For Your Patients?

We think I’ll

BREAST
FEED.

A healthy baby
BEGIN WITH YOU.
(585) 546.4930

Supported by PHS Grant #R21HD048158, Community Partnership for Breastfeeding Promotion and Support.
Breastfeeding is a natural “safety net” against the worst effects of poverty. If the child survives the first month of life, the most dangerous period of childhood, then for the next four months or so, exclusive breastfeeding goes a long way toward canceling out the health difference between being born into poverty and being born into affluence ….

It is almost as if breastfeeding takes the infant out of poverty for those first few months in order to give the child a fairer start in life and compensate for the injustice of the world into which it was born.

–James P. Grant, former Executive Director, UNICEF
Evidence Report/Technology Assessment
Number 153

Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries

Prepared for:
Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
540 Gaither Road
Rockville, MD 20850
www.ahrq.gov

Contract No. 290-02-0022

Prepared by:
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AHRQ Systematic Review
Agency for Health Care Research and Quality. Report #153

* **PROS**
  * Focus on high level studies
  * Required comparison arm
  * Screened 9000 abstracts
  * 43 studies primarily infant and 43 primarily mother
  * 29 reviews that included 400 studies

* **CONS**
  * Review of published literature up to 5/2005
  * Hard to pull out exclusive breastfeeding outcomes in all studies
  * Data combined from different studies
  * Breastfeeding studies are predominately observational in nature
Term Infant Outcomes
Agency for Health Care Research and Quality. Report #153

Figure 1. The relationship between breastfeeding and health outcomes in term infants - meta-analysis results

MA=meta-analysis; CC=case control; FH=family history; IHD=ischemic heart disease
<table>
<thead>
<tr>
<th>Health Outcome</th>
<th>% less if BF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Otitis media</td>
<td>50%</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>64%</td>
</tr>
<tr>
<td>Necrotizing enterocolitis</td>
<td>82%</td>
</tr>
<tr>
<td>Lower respiratory tract infections</td>
<td>72%</td>
</tr>
<tr>
<td>Atopic dermatitis/eczema</td>
<td>42%</td>
</tr>
<tr>
<td>Asthma – no family hx, family hx</td>
<td>27%, 40%</td>
</tr>
<tr>
<td>Obesity</td>
<td>24%</td>
</tr>
<tr>
<td>Type 1 diabetes</td>
<td>27%</td>
</tr>
<tr>
<td>Type 2 diabetes</td>
<td>39%</td>
</tr>
<tr>
<td>Childhood Leukemia – ALL, AML</td>
<td>19%, 15%</td>
</tr>
<tr>
<td>Sudden Infant Death Syndrome</td>
<td>36%</td>
</tr>
</tbody>
</table>

Agency for Health Care Research and Quality. Report #153

Slide courtesy of Susan Vierczhalek, MD, FAAP, IBCLC, FABM
Partial as Opposed to Exclusive BF

**ANY BREASTFEEDING**
- Acute Otitis Media ↓23%
- Gastroenteritis ↓65%
- Asthma [>3m0;+FH] ↓40%
- Obesity ↓4% [per mo]
- Type 1 Diabetes ↓60%
- Type 2 Diabetes ↓40%
- Leukemia ↓20% [6mo]
- SIDS ↓36%

**EXCLUSIVE BREASTFEEDING**
- Otitis Media (>3 mo) ↓50%
- Atopic Dermatitis (>3 mo) ↓32% overall reduction ↓42% + family history
- Hospital Admission for Lower Respiratory Tract Infection (>4 mo) ↓72%
- Cognitive outcomes (PROBIT), verbal 7.5; and overall IQ 5.9

Arch Gen Psychiatry. 2008 May;65(5):578-84
Agency for Health Care Research and Quality. Report #153
AHRQ (evidence through 5/2005) equivocal

12,000 infants UK Millennium Cohort Study (2012)
Improved cognitive development in breastfeeding (BF) term and preterm at 5 years

7,000 infants Britain and 600 Brazil (2011)
BF associated with increased IQ at age 4

1,312 infants Boston (2013)
0.8 increase verbal IQ at age 7 per month exclusively BF; 0.35 per month any BF

Promotion of BF Intervention Trial (PROBIT), 2008:
Followed 13,889 infants at 6.5 years
BF + 5.9 full-scale IQ, significantly higher teacher

Slide courtesy of Susan Vierczhalek, MD, FAAP, IBCLC, FABM
How Breastfeeding Benefits Mothers' Health

Feeding infants with breast milk has been shown to improve baby health and even IQ, but the benefits of breastfeeding also appear to stay with mothers for years to come, lowering risks of cardiovascular disease and cancer.

By Katherine Harmon

MOTHER'S MILK IS GOOD FOR MOMS: Lactating appears to help mothers--as well as their babies--to stay healthier, according to new research. But researchers are still trying to figure out how breastfeeding can up protection for moms from everything from cancer to cardiovascular disease. Image: ISTOCKPHOTO/WILDCAT78
Pregnancy Lactation Cycle

- **Pregnancy Lactation Cycle**
  - Breast changes from nonfunctional organ into a mature milk producing gland
    - Meets nutritional, developmental and immune needs of newborn
  - Cessation of lactation initiates a process for the breast to revert to a resting state
  - Changes alter morphology and molecular characteristics of the breast and produce important yet poorly understood effects on maternal health (e.g. breast cancer risk)

Figure 3. The relationship between breastfeeding and maternal outcomes - meta-analysis results

Comparison                      #Studies
BC (RR) Collaborative Grp 2002
ever vs. never                  47
BC Bernier 2000
ever vs. never                  12
BC Bernier 2000
lifetime BF >12 mo vs. never    23
OC update MA
ever vs. never                  9
OC update MA
lifetime BF <12 mo vs. never    6
OC update MA
lifetime BF >=12 mo vs. never   6

MA= meta-analysis; OC=ovarian cancer; BC=breast cancer; RR=relative risk
## Maternal Outcomes AHRQ

*Agency for Health Care Research and Quality.  Report #153*

<table>
<thead>
<tr>
<th>Condition</th>
<th>% less in BF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer-per year of lactation</td>
<td>28%</td>
</tr>
<tr>
<td>Ovarian Cancer</td>
<td>21%</td>
</tr>
<tr>
<td>Type 2 Diabetes-per year of lactation</td>
<td>12%</td>
</tr>
<tr>
<td>Postpartum Depression</td>
<td>association</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>equivocal</td>
</tr>
<tr>
<td>Postpartum weight loss</td>
<td>equivocal</td>
</tr>
</tbody>
</table>
Other Outcomes

Schwarz et al. 2009 Obstet Gynecol 113:974-982

* Maternal Cardiovascular Disease
  * Data from Women’s Health Initiative 139,682 postmenopausal women
  * Median age 63
  * Adjusted for many confounders
  * Dose responsive results

* Lifetime History of >=12 months of lactation
  * Hypertension ↓risk 12%
  * Diabetes ↓risk 20%
  * Hyperlipidemia ↓risk 19%
  * Cardiovascular disease ↓risk 9%
Other Outcomes

Billions in Savings

* 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 of 911 infant/child deaths.

* If 80% $10.5 billion and 741 infant deaths

Cost Savings Maternal Health


* Health care costs that could be saved if 90% of women vs the current 23% breastfed for the recommended 12 months

* 5 outcomes
  * breast cancer ↓ 5,000
  * ovarian cancer
  * Hypertension ↓ 54,000
  * Type 2 diabetes
  * Heart attacks ↓ ~14,000

* We could prevent more than 4,000 premature maternal deaths per year in the US (deaths at age 69 or younger)
  * $17.4 billion due to the economic cost of premature death

* $734 million in direct costs and $126 million in indirect costs

* 1 in every 33 mothers could be saved from a lifetime of hypertension

Economic stimulus packages.

Bestforbabes.org
✓ Health Impact of Breastfeeding
* Professional organization recommendations
* Real Time Efforts
  * Hospitals
  * Primary Care Providers/clinical offices
<table>
<thead>
<tr>
<th>Objective</th>
<th>Baseline (%)</th>
<th>Target (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the proportion of infants who are breastfed (MICH 21)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever</td>
<td>74.0*</td>
<td>81.9</td>
</tr>
<tr>
<td>At 6 months</td>
<td>43.5*</td>
<td>60.6</td>
</tr>
<tr>
<td>At 1 year</td>
<td>22.7*</td>
<td>34.1</td>
</tr>
<tr>
<td>Exclusively through 3 months</td>
<td>33.6*</td>
<td>46.2</td>
</tr>
<tr>
<td>Exclusively through 6 months</td>
<td>14.1*</td>
<td>25.5</td>
</tr>
<tr>
<td>Increase the proportion of employers that have worksite lactation support programs (MICH 22)</td>
<td>25¹</td>
<td>38</td>
</tr>
<tr>
<td>Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life (MICH 23)</td>
<td>24.2*</td>
<td>14.2</td>
</tr>
<tr>
<td>Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies (MICH 24)</td>
<td>2.9¹</td>
<td>8.1</td>
</tr>
</tbody>
</table>

MICH = Maternal, Infant, and Child Health.

* Source: Centers for Disease Control and Prevention, National Immunization Survey, 2006 data.\(^{41}\)

¹ Source: Society for Human Resource Management Survey, 2009.\(^{132}\)

¹ Source: Centers for Disease Control and Prevention, Breastfeeding Report Card—United States, 2009.\(^{231}\)
WHO, AAP, ACOG, AAFP, APHA, ADA, ACNMW

* **WHO**
  * Breastfeed for at least 2 years
  * Breastfeeding exclusively for 6 months
  * Add solid foods at 6 months
  * BF for as long as mom and baby desire

* **AAP, ACOG, AAFP, APHA, ADA, ACNMW**
  * Breastfeeding for at least 1 year
  * Breastfeed exclusively for 6 months
  * Add solid food at 6 months (AAP CON 4-6 months)
  * Breastfeed for as long as mom and baby desire
  * Providers should have knowledge and skill to promote and support breastfeeding
Research and practice in the 5 years since publication of the last AAP policy statement have reinforced the conclusion that breastfeeding and the use of human milk confer unique nutritional and nonnutritional benefits to the infant and the mother and, in turn, optimize infant, child, and adult health as well as child growth and development.

Recently, published evidence-based studies have confirmed and quantitated the risks of not breastfeeding. Thus, infant feeding should not be considered as a lifestyle choice but rather as a basic health issue. As such, the pediatrician’s role in advocating and supporting proper breastfeeding practices is essential and vital for the achievement of this preferred public health goal.
Not a lifestyle issue—Basic Health Issue--Public Health Goal

Benefits Mom and Baby
- Nutritional
- Non nutritional

Optimize Lifetime Health
- Nutrition, epigenetic effects, microbiome
- Infant and child health, growth and development
- Adult health

Public Health
- Benefits the individual
- Benefits society
Road Map for Today

- Health Impact of Breastfeeding
- Professional organization recommendations
- Real Time Efforts
  - Hospitals
  - Primary Care Providers/clinical offices
NYS Prevention Agenda


Slide courtesy of Patricia Waniewski, RN, MS
Five Prevention Agenda Priorities

1) Prevent chronic diseases
2) Promote a healthy and safe environment
3) Promote healthy women, infants and children
4) Promote mental health and prevent substance abuse
5) Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare associated infections

Slide courtesy of Patricia Waniewski, RN, MS
Priority Strategies
Reduce Obesity in Children and Adults

1) Increasing adoption and use of food standards
2) Implementation of Complete Streets policies, plans, and practices
3) Promotion of policies and practices in support of breastfeeding
4) Increasing the availability, accessibility and use of evidence-based interventions

Slide courtesy of Patricia Waniewski, RN, MS
# Promote Policies and Practices in Support of Breastfeeding

<table>
<thead>
<tr>
<th>FACT SHEET</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim</strong></td>
</tr>
<tr>
<td>What are you trying to accomplish?</td>
</tr>
<tr>
<td><strong>Actions</strong></td>
</tr>
<tr>
<td>What changes will you make?</td>
</tr>
<tr>
<td>- Recommended Steps</td>
</tr>
<tr>
<td>- Focus on disparities</td>
</tr>
<tr>
<td>- Stakeholders to engage</td>
</tr>
<tr>
<td><strong>Achievement</strong></td>
</tr>
<tr>
<td>How will you know that you have achieved your Aim?</td>
</tr>
<tr>
<td><strong>Selected Resources</strong></td>
</tr>
</tbody>
</table>
NYS Prevention Agenda

AIM

* Increase breastfeeding exclusivity for the first 6 months of life, and continued BF duration for the first 12 months of life.

* Make breastfeeding the norm rather than the “alternative.”
Paradigm Shift Around Breastfeeding

* Normal rather than special or best
  * Key partners: hospital, outpatient and employment settings
* Health decision not lifestyle choice
  * Family education
* Public health priority
  * Action required in many areas
  * Socioecologic model
Promote Policies and Practices in Support of Breastfeeding

- Normal rather than special or best
  - Key partners: hospital, outpatient and employment settings
- Health decision not lifestyle choice
  - Family education
- Public health priority
  - Action required in many areas
- Socioecologic model
ACTION 1

Recruit hospitals to participate in quality improvement efforts to increase BF exclusivity at discharge
What is the Current Hospital Experience Like for Moms?

* Majority of US/NYS women plan to breastfeed
* Most do not achieve their own goals
* The hospital experience influences breastfeeding intention, establishment, duration

Adapted from Susan Vierczhalek, MD, FAAP, IBCLC, FABM
How Can We Change the Experience?

The best moments of my day are when I breastfeed.

A healthy baby begins with you.
(585) 546.4930

Supported by PHS Grant # 8E0BHD58652, Community Partnership for Breastfeeding Promotion and Support.
The Ten Steps to Successful Breastfeeding

- Developed by WHO and UNICEF in 1991 to protect, promote and support breastfeeding in maternity hospitals
- The TEN STEPS are evidence-based practices
- Baby-Friendly Hospital Initiative – designation process
- BFUSA established in 1997
- BF Hospitals: 4 in NYS; 150 in US; 15,000 worldwide
Your facility can provide excellent breastfeeding care without becoming formally Baby Friendly designated!!!
1) Maintain a written breastfeeding policy that is routinely communicated to all health care staff
2) Train all health care staff in skills necessary to implement this policy
3) Inform all women about the benefits and management of breastfeeding
4) Help mothers initiate breastfeeding within a half-hour of birth
5) Show mothers how to breastfeed, and how to maintain lactation even if they are separated from their infants
The Ten Steps to Successful Breastfeeding

6) Give breastfeeding infants no food or drink other than breast milk, unless medically indicated

7) Encourage rooming-in -- mothers and infants should remain together twenty-four hours a day whenever feasible

8) Encourage unrestricted breastfeeding - when baby exhibits hunger cues or signals or on the request of the mother

9) Give no artificial nipples or pacifiers to breastfeeding infants

10) Refer mothers to established breastfeeding and/or mother’s support groups and services and foster the establishment of those services when they are not available
Promotion of Breastfeeding Intervention Trial

- Cluster RCT with long term follow-up
- 31 maternity hospitals and follow-up clinics in the Republic of Belarus
- Assess the effects of breastfeeding promotion (e.g. Baby Friendly Hospital Practices)
- 17,046 healthy mothers and term infants
- 16,491 (96.7%) f/u to 12 months

JAMA 2001, 285 (4) 24-31
Promotion of Breastfeeding Intervention Trial

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- 17,046 healthy mothers and term infants
- 16,491 (96.7%) f/u to 12 months

JAMA 2001, 285 (4) 24-31
PROBIT Results

- Exclusive Breastfeeding at 3 months
  43.3% vs 6.4% (p<.001)
- Exclusive Breastfeeding at 6 months
  7.9% vs 0.6% (p=.01)
- Any Breastfeeding at 12 month
  19.7% vs 11.4% (p<.01)

JAMA 2001, 285 (4) 24-31
Boston City Before and After Baby Friendly

Hospital practices are associated with breastfeeding continuation at 8 weeks

<table>
<thead>
<tr>
<th>Practice</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital gave mother phone number to call for breastfeeding help</td>
<td>75</td>
<td>64</td>
</tr>
<tr>
<td>Baby did not use pacifier in hospital</td>
<td>78</td>
<td>69</td>
</tr>
<tr>
<td>Baby stayed in same room with mother</td>
<td>74</td>
<td>62</td>
</tr>
<tr>
<td>Baby fed only breastmilk in hospital</td>
<td>81</td>
<td>65</td>
</tr>
<tr>
<td>Baby breastfed in 1st hour after birth</td>
<td>77</td>
<td>66</td>
</tr>
</tbody>
</table>

Source: Murray et al., 2007
Number of Baby Friendly steps in place predicts risk of breastfeeding cessation

Steps measured:
- Late bf initiation
- Supplemented feedings
- Lack of rooming-in
- Scheduled feedings
- Pacifiers

Source: DiGirolamo et al., 2001
2001 Outcomes in US Baby Friendly vs Non Designated Hospitals

How Can We Change the Experience?

The best moments of my day are when I BREASTFEED.

A healthy baby BEGINS WITH YOU.
(585) 546.4930

Supported by PHS Grant #KO8-HG005452, Community Partnership for Breastfeeding Promotion and Support.
Practices that are good for breastfed infants improve care for all infants regardless of feeding choice.
* All mammals have a sequence at birth
* Newborn mammals follow inborn instincts in response to physical cues to engage in feeding behaviors necessary for survival
* Newborn elicits caregiving behavior in mother
* Mother provides warmth, protection, nutrition
* Newborn initiates feeding
* Newborn maintains feeding

Adapted from Susan Vierczhalek, MD, FAAP, IBCLC, FABM
Evolutionary Biology and Neuroscience

SKIN TO SKIN IS AN INTEGRAL PART OF THIS SEQUENCE

Adapted from Susan Vierczhalek, MD, FAAP, IBCLC, FABM
1-2 hours after birth, infants separated from their mothers exhibit ‘separation distress crying’

Infants placed in a cot for the first 90 minutes after birth cried 10x more than those placed skin to skin with mother

Transition: Cot vs Skin to Skin Care

Skin to Skin

<table>
<thead>
<tr>
<th>Time (min)</th>
<th>Axillar</th>
<th>Scap</th>
<th>Thigh</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>34.5</td>
<td>35</td>
<td>35.5</td>
</tr>
<tr>
<td>15</td>
<td>35</td>
<td>35.5</td>
<td>36</td>
</tr>
<tr>
<td>30</td>
<td>36</td>
<td>36.5</td>
<td>37</td>
</tr>
<tr>
<td>60</td>
<td>37</td>
<td>37.5</td>
<td>38</td>
</tr>
<tr>
<td>90</td>
<td>38</td>
<td>38</td>
<td>38</td>
</tr>
</tbody>
</table>

(p<.01)

Cot

<table>
<thead>
<tr>
<th>Time (min)</th>
<th>Axillar</th>
<th>Scap</th>
<th>Thigh</th>
</tr>
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<tbody>
<tr>
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<td>35.5</td>
<td>36</td>
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<tr>
<td>30</td>
<td>36</td>
<td>36.5</td>
<td>37</td>
</tr>
<tr>
<td>60</td>
<td>37</td>
<td>37.5</td>
<td>38</td>
</tr>
<tr>
<td>90</td>
<td>38</td>
<td>38</td>
<td>38</td>
</tr>
</tbody>
</table>

Transition: Cot vs Skin to Skin Care

- RCT of immediate postpartum care of 50 term healthy newborns during first 90 minutes
- Skin to skin intervention improves
  - Respiratory rate
  - Blood glucose levels
  - Infant crying

<table>
<thead>
<tr>
<th></th>
<th>S/S</th>
<th>Cot</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart rate</td>
<td>137</td>
<td>141</td>
<td>NS</td>
</tr>
<tr>
<td>Respiratory rate</td>
<td>44</td>
<td>50</td>
<td>.05</td>
</tr>
<tr>
<td>Blood Glucose</td>
<td>3.2</td>
<td>2.6</td>
<td>.001</td>
</tr>
<tr>
<td>pH</td>
<td>7.3</td>
<td>7.3</td>
<td>NS</td>
</tr>
</tbody>
</table>

Summary Infant Effects
Skin to Skin Contact

* Results in
  * Less infant crying
  * Improved transition
    * Lower respiratory rate
    * Better temperature stability
    * Higher blood glucose levels
  * **Longer breastfeeding** exclusive BF duration by 1.4 months and any BF by 2.1 months
Skin to Skin Contact – Maternal Effects

- Oxytocin release:
  - Lowers cortisol → lower stress
  - Increases social responsiveness, parenting behavior
  - Increases sense of mastery and confidence
- Breast skin temperature rises
- Less engorgement day 3
- Less post-op pain in mothers following Cesarean birth
- Strong preference for SSC in future births

Adapted from Susan Vierczhalek, MD, FAAP, IBCLC, FABM
Skin to Skin Contact – Maternal Effects

Skin to Skin Contact is good for all Moms and Babies

Adapted from Susan Vierczhalek, MD, FAAP, IBCLC, FABM
Ways to Incorporate Breastfeeding Friendly Practices into Nursery Care

Avoid Separating Moms and Babies
Night-time in the Hospital
It is the standard of care at Rochester General Hospital for both formula and breastfed infants to stay in the room with their mother 24 hours a day. This has many advantages:

- Babies are sensitive to too much noise, light and handling. In mom’s room, baby is only exposed to its family and a few care providers.
- Baby is comforted by familiar voices, touches and smells.
- Families get to know baby faster and can respond to the immediate needs of the newborn infant as only mother and family can.

Breastfeeding Your Baby
Mothers are encouraged to breastfeed their baby exclusively. This means that the baby receives nothing other than breastmilk.

This is especially important during the night so that:

- Mom’s milk supply will increase sooner.
- The hormone that makes the milk (prolactin) is higher at night. Take advantage of this important time!
- You can learn your baby’s feeding cues.
- You can avoid breastfeeding problems due to early formula feeding. Formula should never been given without a medical reason.
- Any problems that may occur can be identified sooner when help is readily available.

My Night-time Plan for Today (Date: ____)
Tonight I would like my baby to:
- [ ] Room-in (baby stays in the room all night) This is your best choice for breastfeeding success.
- [ ] Go to the nursery and be brought out to me for feedings.
- [ ] Be fed formula in the nursery. I understand this may impact my success with milk production.

Name: __________________________
Date: ____________________________
Think about how breastfeeding should be incorporated into every policy or procedure that is routine on your unit.
Blood sampling can result in significant pain and stress for the newborn infant. (Anand, 1993; Rao, Blass, Brignol, Marino, & Glass, 1997) For most procedures the following interventions are recommended to insure adequate pain control for the infant. This procedure is appropriate for use in neonates ≥ 35 weeks gestation. The alternatives described have been shown to effectively alleviate pain and stress during neonatal blood sampling.

1. Options should be discussed with the infant’s parents and utilized according to their desires with the allowance for clinical needs of the infant and mother.
2. Infants may be placed skin to skin on the mother’s chest covered with a blanket and allowed to quiet for 10-15 minutes prior to the procedure. (Gray, Watt, & Blass, 2000)
3. Swaddling is a helpful method of stress reduction, but skin to skin contact is preferable enhancing both infant and maternal physiology. (Blass, 1996; Bystrova et al., 2003; Christensson et al., 1992; Christensson, 1996; Christensson, Bhat, Amadi, Eriksson, & Hojer, 1998; Hurst, Valentine, Renfro, Burns, & Ferlic, 1997; Marchini, Redham, & Uvnas-Moberg, 1992; Marchini, Lagercrantz, Feuerberg, Winberg, & Uvnas-Moberg, 1987; Algers, Madej, Rojanasthien, & Uvnas-Moberg, 1991; Uvnas-Moberg, Widstrom, Marchini, & Winberg, 1987; Uvnas-Moberg, Marchini, & Winberg, 1993; Widstrom et al., 1988; Widstrom et al., 1990)
4. Infants may be allowed to breastfeed during procedure. (Rao et al., 1997; Gray et al., 2000; Blass, 1997; Carbajal, Chauvet, Couderc, & Olivier-Martin, 1999; Michelsson, Christensson, Rothganger, & Winberg, 1996)
5. *Infants may be fed (cup or syringe) 2mls of concentrated sucrose, two to three minutes prior to the procedure (2 packets table sugar in 10mls of sterile water). (Haouari, Wood, Griffiths, & Levene, 1995) The nurse may use a pacifier (for formula fed infants) or gloved finger dipped in the solution to administer during the procedure, if preferred.
6. The extremity to be used should be wrapped in a warm soak for 5-10 minutes prior to the procedure. This will increase the peripheral blood flow. Swaddling the infant’s arms during heel stick procedures will help alleviate procedural stress.

In clinical circumstances that mandate urgent phlebotomy to appropriately care for the sick neonate, it is understood that pain control measures that interfere with timeliness of care should be suspended.

*Oral sucrose should not be utilized when blood glucose testing is performed to assess or monitor infants for hypoglycemia.

Reference List

(APA 5th ed used in this document)
**Food Induced Pain Relief**

- Food induced analgesia
  - Sweet tastes (sucrose) and milk
  - Endures well after the ingestion (minutes)
  - Opioid mediated, reversible with naloxone
    - Does not appear in infants born to mothers on methadone
- Breastfeeding provides milk fats, milk sugar and milk proteins and skin to skin contact with mom
  - Breastfeeding

Skin to Skin Contact is Analgesic

Heel Lance
- Crying reduced by 82%
- Grimacing by 65%
- Heart rate substantially reduced

I EAT AT MOM'S!
Exclusive Breastfeeding
A Challenge

Supplemented with Formula
* NYS
  * 38% by day 2
  * 56% by 3 months
* NYC
  * 44% by day 2
  * 62% by 3 months

US breastfed infants supplemented with infant formula, by birth year
Medical Indications for Supplementation

- Very low birth weight, some premature infants
- Hypoglycemia not responsive to breastfeeding
- Severe maternal illness
- Inborn errors of metabolism
- Acute dehydration or excessive weight loss not responsive to routine breastfeeding
- Maternal medication use incompatible with breastfeeding
- Supplement with mother’s expressed milk (best), donor human milk or formula (requires a doctor’s order)

Slide courtesy of Susan Vierczhalek, MD, FAAP, IBCLC, FABM
Why is Exclusive Breastfeeding So Important?

* **Risks to breastfeeding due to supplementing with formula**
  * Less demand results in less supply
  * Artificial nipples and pacifiers
    * Theorized to interfere with infant’s ability to suckle effectively and may result pain in mother
    * Used to pacify infant instead of feeding
  * **Artificial milk interferes with immune system priming and gut colonization**
    * Health Outcomes dependent on duration

Adapted from Susan Vierczhalek, MD, FAAP, IBCLC, FABM
Gut-associated Lymphoid Tissue

- Requires bacterial colonization after birth for optimal function
- Distinguishes innocuous antigens from pathogens
- Induction of T-cell activation
- Development of immunologic tolerance
- Oligosaccharides in human milk stimulate probiotics which stimulate infant’s immune system

Slide courtesy of Susan Vierczhalek, MD, FAAP, IBCLC, FABM
Respect For What We Don’t Yet Understand

There are known knowns. These are things we know that we know. There are known unknowns. That is to say, there are things that we know we don’t know. But there are also unknown unknowns. There are things we don’t know we don’t know.

Donald Rumsfeld
Action in NYS Hospitals

- **NYS BF QI in Hospitals Learning Collaborative (NYSBQIH)**
  Improve maternity care practices and increase the percentage of infants exclusively BF during their hospital stay by implementing changes based on the 10 Steps

- **NYC BF Hospital Collaborative (NYCBHC)**
  Implement system changes to increase rates of BF initiation, exclusivity and duration and to assist 10 hospitals to achieve BFHI designation

*Slide courtesy of Susan Vierczhalek, MD, FAAP, IBCLC, FABM*
Actions to Promote BF in NYS Hospitals

* **Great Beginnings NY** reinforces compliance with NY’s Perinatal Services Regulations and the *Breastfeeding Mothers’ Bill of Rights* by limiting formula supplementation of BF infants, elimination of formula marketing in hospitals, and linking mothers to community supports.

* **Latch on NYC** support mothers who choose to BF by limiting formula supplementation of BF infants, limiting access to formula by staff, elimination of formula marketing in hospitals and tracking data on the number of bottles of formula distributed.
The more I think about it, the more I think I’ll breastfeed.

My baby is going to be stronger, healthier and better off.

A healthy baby begins with you.
(585) 546.4930
ACTION 2

Encourage and recruit Pediatric, Obstetric and other primary care providers and clinical offices to become

*NYS Breastfeeding Friendly Practices*
Barriers in Primary Care

**Women**
- Women consider advice from clinicians to be very important
- Lack means to identify and obtain skilled support

**Providers**
- Clinicians underestimate their influence
- Lack training in breastfeeding
- Lack time to effectively address breastfeeding concerns
- Face barriers to reimbursement
- May fail to communicate across settings

*Slide courtesy of Susan Vierczhalek, MD, FAAP, IBCLC, FABM*
Breastfeeding education is becoming integrated into medical school and residency curricula.
Strategies to Educate Professionals

1) Make available and coordinate grand rounds or in-service presentations on breastfeeding

2) Distribute clinical protocols developed by experts, such as the ABM, to local doctors
   http://www.bfmmed.org/Resources/Protocols.aspx

3) Identify and promote access to evidence-based online training
   http://www.wellstart.org

4) Identify and make available appropriate tools
   http://www.urmc.rochester.edu/flrpp/breast-feeding-hospital-policy/provider-materials.cfm
**Checklist: Encouraging your patients to breastfeed (1-3 Minutes)**

1. **Ask:**
   - Have you thought about how you are going to feed your baby?
   - Breastfeed only (no formula) ~ That's great!
   - Both breastfeed and formula or
   - Formula feed only
   - Undecided

2. **Advise:**
   - As your doctor, I strongly advise you to breastfeed your baby.
   - Breast milk is the ONLY food your baby needs for the first six months.
   - Personalize your advice.
   - Why should you breastfeed?
     - You will have:
       - better bonding with your baby
       - lower risk of breast and ovarian cancer
       - less bleeding after delivery
       - lose pregnancy weight quickly
       - lower risk of type II diabetes
   - Why is formula-feeding risky?
     - Your baby has a higher risk of:
       - dying of SIDS (crib death)
       - developing asthma or allergies
       - being overweight or obese
       - developing diabetes
       - getting sick more often with ear infections, colds, pneumonia, diarrhea

   For more information, see “Encouraging Your Patients to Breastfeed” (laminated sheet).

3. **Assist:**
   - Most women can successfully breastfeed and I believe you can too.
   - Breastfeed only
     - Here is some information on breastfeeding to get you started and some resources for support.
     - Give appropriate materials
     - Fax Breastfeeding Partnership Referral Form to WIC
     - Faxed ___/___/___
   - Both breastfeed and formula or Undecided
     - I'd like you to think about only breastfeeding your baby.
     - Here is some information about why it is so important for both you and your baby.
     - Give appropriate materials
     - Fax Breastfeeding Partnership Referral Form to WIC
     - Faxed ___/___/___
   - Formula feed only
     - I'd like you to think more about breastfeeding. Here is some information on how breastfeeding can help both you and your baby. There are also other resources to help you if you are interested.
     - Give appropriate materials
     - Follow-up at next visit

**Notes:**

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Developed by the Community Partnership for Breastfeeding Promotion and Support, PHS Grant # R01-HD355191, a project of the Department of Community and Preventive Medicine at the University of Rochester. Adapted from the Clinical Practice Guidelines for Tobacco Use Cessation. Based on ACOG recommendations and the Agency for Healthcare Research and Quality's report "Breastfeeding and Maternal and Infant Health Outcomes in Developing Countries.”

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### Encouraging Your Patients to Breastfeed

#### For every pregnant mother:

- *Have you thought about how you are going to feed your baby?*

#### Planning to just formula feed

**Goal:** get patient to think about breastfeeding

- **Validate** lack of readiness: *I understand you are not planning to breastfeed.*
- **Clarify:** *It is your decision how you feed your baby.*
- **Encourage** re-evaluation: *As your doctor, I strongly advise you to breastfeed your baby. The best food for your baby is your breast milk.*
- **Give information:** (for example) *Babies who are formula fed are sick more often.*
- **Personalize** the risk: (for example) *Breastfeeding can help reduce your risk of getting breast cancer. This is especially important for you since you have a family history of breast cancer.*

#### Undecided

**Goal:** get patient to consider breastfeeding

- **Validate** lack of readiness: *I understand you are not sure about breastfeeding.*
- **Clarify:** *It is your decision how you feed your baby.*
- **Encourage** re-evaluation: *As your doctor, I strongly advise you to breastfeed your baby. The best food for your baby is your breast milk.*
- **Give information:** (for example) *Babies who are formula fed are sick more often.*
- **Personalize** the risk: (for example) *Breastfeeding can help reduce your risk of getting breast cancer. This is especially important for you since you have a family history of breast cancer.*

#### Planning to breastfeed and formula feed

**Goal:** get patient to consider just breastfeeding

- **Verify** ability: *Most moms can successfully breastfeed without using formula.*
- **Identify** obstacles to just breastfeeding: *Why are you thinking about using both?*
- **Assist** with problem solving: *A lot of moms find it helpful to talk to another mom who has had the same concerns.*
- **Refer** to breastfeeding peer counselor to address concerns.
- **Encourage:** *I completely support your decision to breastfeed your baby.*

#### Planning to just breastfeed

**Goal:** support the patient in her decision

- **Encourage:** *I completely support your decision to breastfeed your baby.*
- **Verify** ability: *Most moms can successfully breastfeed.*
- **Identify** obstacles and assist with problem solving: *Do you have any concerns about breastfeeding?*
- **Help** identify social support: *How does your family feel about you breastfeeding? Who will you turn to for help if you need it?*
- **Assist** with problem solving: *A lot of moms find it helpful to talk to another mom who has successfully breastfed.*
  - **Refer** to breastfeeding peer counselor to answer questions.
  - **Give information** for starting breastfeeding after delivery.

Developed by the Community Partnership for Breastfeeding Promotion and Support, NIH Grant # R01-HD050191, a project of the Department of Community and Preventive Medicine at the University of Rochester. The information provided is adapted from the Stages of Change Model developed by Prochaska and DiClemente.

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Breastfeeding Facts: Why should I breastfeed my baby?

Breastfeeding is best for mom!
- Compared to formula feeding moms, breastfeeding moms...
  - are less likely to get breast, ovarian, or endometrial cancer.
  - bleed less after delivery.
  - recover faster after delivery.
  - lose weight faster—breastfeeding burns around 500 calories per day.

“Just to think that my baby is getting everything she needs from my breast milk makes me feel good as a mother and empowered.” – Kanedra, Rochester

There are risks to NOT breastfeeding!
- Research shows that formula fed babies are sick more often than breastfed babies. Formulas fed babies are more likely to...
  - die from Sudden Infant Death Syndrome (called SIDS or Crib death).
  - develop diabetes later in life.
  - have allergies and asthma.
  - get ear and respiratory infections.
  - become fat or obese.
  - have vomiting and diarrhea.

Formula...
- does not protect a baby from illnesses so you may spend more time and money on doctors visits.
- is not automatically ready when your baby is hungry—formula needs to be measured, heated, and bottles need to be sterilized.
- is expensive. If you are on WIC, you will not get enough formula to last the month.
- can be contaminated and become recalled.

“[When I breastfeed] I feel closer to him, like I’m bonding with him still. It’s a good feeling.” – Dominique, Rochester

Did you know…?
- Human milk is made for human babies. Formula is made from cow’s milk or soy beans.
- Your body makes breast milk even if you don’t breastfeed.
- Breast milk is the only food or drink your baby needs for the first six months of life.
- Breast milk changes as your baby grows so it is always the perfect food.
- Breast milk changes flavor depending on what you have eaten.
- Breast milk has antibodies in it that keep your baby healthy.
- Breastfeeding helps you develop a strong bond with your baby.
- Breastfeeding helps your baby reach his or her full potential.

A few more interesting facts about breastfeeding...
- Almost all mothers can breastfeed successfully.
- Your breast milk is the perfect food for your baby even if your diet isn’t perfect.
- Even if you smoke, breastfeeding is better for your baby than not breastfeeding (to quit smoking, call 1-866-NYQUITS (1-866-697-8487) – it’s free and confidential).
- Formula is not as good as breast milk.
- According to New York State law:
  - You have the right to breastfeed your baby anywhere you are allowed to be—in the mall, at a restaurant, even at church.
  - Your employer is required to give you break time and a place to pump for your baby while you are at work.
  - You can breastfeed even if you have a C-section.
  - Breastfeeding does not ruin the shape of your breasts.
  - All breasts make milk — size doesn’t matter.
  - You can continue to breastfeed after your baby gets teeth.
  - It is ok to breastfeed for 2, 3 or even 4 years.

“I have no shame breastfeeding out in public…It’s healthy and it’s natural.” – Kenya, Rochester

Have a plan:
- Make a plan of things that can be done to help you successfully initiate breastfeeding after delivery. Share it with your doctor or midwife, labor nurse, partner and family. The following list includes some items that will help you get the best start to breastfeeding, so you may want to include them in plan.
  - Put your baby skin-to-skin (on your chest) immediately after birth.
  - Start breastfeeding within one hour of birth.
  - Breastfeed your baby any time he or she seems hungry.
  - Make sure your doctor and the nurses know you are breastfeeding and ask them not to give your baby any formula or pacifiers.
  - Keep your baby in your room with you 24 hours a day.
  - Ask your friends and family members to wait to visit you after you are home.
  - Ask the nurses or lactation consultants for help with breastfeeding if you need it.

“I’m a first time mom. I don’t know exactly what I’m doing, but I have a hint that I’m doing something right [by breastfeeding]. My baby is growing!” – Maria, Rochester

If you have questions about breastfeeding...
- Here are some phone numbers and websites for help with breastfeeding:
  - WIC Peer Counselors: for more information on breastfeeding your baby or to be referred to a Peer Counselor, please call the WIC Breastfeeding Help Line at 585-753-5640 or search http://www.breastfeedingpartners.org/
  - National Breastfeeding Helpline: call 1-800-994-9662
  - U.S. Department of Health & Human Services: www.womenshealth.gov/breastfeeding
Refer to WIC Peer Counselors

* Round at all Rochester Hospitals
* Provide support for WIC participants and low income women
* Can help with breast pump access for eligible women
# Breastfeeding-Friendly Prenatal Practice Guidelines

For each item, please indicate the level of difficulty in implementing guideline in YOUR Obstetrical practice:

1 - Easy to implement,
2 - Slightly difficult to implement
3 - Very difficult to implement.

**Practice Guidelines Assessment (Check all that apply)**

<table>
<thead>
<tr>
<th>Guidelines</th>
<th>Level of Difficulty to Implement</th>
<th>Not done by any providers/not done in practice</th>
<th>Done by SOME providers but not consistently</th>
<th>Done consistently by SOME providers</th>
<th>Done consistently by ALL providers</th>
<th>Practice has a written policy regarding this task</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Breastfeeding (BF) Education for Staff</td>
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<td>Make educational resources available for quick reference by staff in the practice</td>
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<tr>
<td>Educate all staff (physicians, front office staff, nurses, medical assistants) about breastfeeding and about our practice’s commitment to promoting, protecting, and supporting breastfeeding</td>
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<td>Identify one or more BF resource personnel on staff (BF “champions”)</td>
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4 Items Rochester Pediatricians Ask Rochester Obstetricians to Address

- Safe Sleep
- Breastfeeding reduces SIDS risk 40%
- Second Hand Smoke
- Car Seats
- Breastfeeding

Safe Sleep
Every year babies die from Sudden Infant Death Syndrome (SIDS) and accidents during sleep. Take care of your baby with these simple steps:

- Always place your baby on his or her back to sleep, for naps and at night.
- Remove all loose items (stuffed animals, pillows, etc.) from the baby’s crib. Use sleep clothing, such as a one-piece sleeper, instead of a blanket.
- Use a safety-approved crib with a firm mattress covered by a fitted sheet.
- Your baby is safest sleeping in a crib or bassinet near your bed. Your baby should not sleep in a bed or on a couch or armchair with other adults or children.
- Think about using a pacifier when placing your baby to sleep, but do not force your baby to take it. If you are breastfeeding, wait one month or until your baby has learned to breastfeed well before trying a pacifier.
- Never use positioners or wedges to prop babies when they sleep.
- Don’t forget tummy time when your baby is awake and is being watched.
- Tell everyone who cares for your baby about these safety rules.

For more information...

About Breastfeeding
WIC Breastfeeding Help Line
call 1-855-753-5640 or
http://www.breastfeedingpartners.org/
National Breastfeeding Helpline:
call 1-888-999-5623
U.S. Department of Health & Human Services: www.womenshealth.gov/breastfeeding

About Car Seat Safety
AAP Child Passenger Safety Recommendations

About Quitting Smoking
call 1-855-KY-QUIT (1-855-697-8447)

About Safe Sleep
New York State Department of Health
call 1-800-336-7437
Back to Sleep Campaign
call 1-800-606-2742 or
www.nichd.nih.gov/SDS

Important information for every parent
4 Items Rochester Pediatricians Ask Rochester Obstetricians to Address

- **Safe Sleep**
  Breastfeeding reduces SIDS risk 40%

- **Second Hand Smoke**

- **Car Seats**

- **Breastfeeding**

Breastfeeding

**Breastfeeding is good for your baby and you.**

Breast milk has antibodies in it that protect your baby from getting sick.

Breast milk changes as your baby grows so it is always the perfect food.

Formula fed babies are more likely to die from Sudden Infant Death Syndrome (SIDS), become obese, develop diabetes, get ear and respiratory infections and have allergies and asthma.

Even if you smoke, breastfeeding is better for your baby than not breastfeeding.

Breastfeeding helps you recover from childbirth faster.

Breastfeeding moms are less likely to get breast or ovarian cancer later in life.

Breastfeeding helps you lose weight faster—breastfeeding burns around 500 calories per day.

**Car Seat Safety**

While you are pregnant, always wear your seatbelt to protect you and your unborn baby. The proper way to wear your seatbelt is with the lap belt across your hips and below your belly and the shoulder belt across your chest (between your breasts).

**Your baby should always ride in a car seat.**

1. All infants and toddlers should ride in a Rear-Facing Car Safety Seat until they are 2 years old or until they reach the highest weight or height limit allowed by their car seat's manufacturer.

2. All children 2 years or older, or those who have outgrown the rear-facing weight or height limit for their car seat, should use a Forward-Facing Car Safety Seat with a five-point harness for as long as possible, up to the weight or height allowed by their car seat's manufacturer.

3. All children whose weight or height is above the forward-facing limit should use a Belt-Positioning Booster Seat until the vehicle seat belt fits properly, typically when they have reached 4 feet 6 inches in height and are between 5 and 12 years of age.

4. When children are ready to use the vehicle seat belt alone they should always use the Lap and Shoulder Seat Belts for optimal protection. Seat belts fit properly when the lap belt lies across the upper thighs and the shoulder belt fits over the shoulder (not across the neck) and across the chest.

Remember: All children under 13 should ride in the back seat. Always read the car seat instructions and the vehicle owner’s manual.

**Secondhand Smoke**

Everyone knows that smoking is bad for smokers, but did you know....?  

Secondhand smoke (the smoke that comes from the burning end of a cigarette, cigar or pipe) can cause Sudden Infant Death Syndrome (SIDS). It can also cause lung cancer and heart disease.

Children who live in homes where people smoke get sick more often with coughs, whooping, ear infections, bronchitis & pneumonia.

Children with asthma may have asthma attacks that are more frequent and more severe.

Opening windows or using fans will not stop secondhand smoke exposure.

Toxins (dangerous substances) from smoking stay in the environment long after smoking is over. Children are at significant risk of being harmed by these particles that remain on smoke’s clothing, rugs, furniture, curtains and other surfaces.

Make your car and home smoke-free.

Keep yourself and your children away from places where smoking is allowed. If you smoke, smoke only outside.

For help quitting, call 1-866-NY-QUITS (1-866-697-8487)
4 Items Rochester Pediatricians Ask Rochester Obstetricians to Address

* Brochures are available at NO CHARGE
* Finger Lakes Region Perinatal Programs website
  http://urmc.rochester.edu/flrpp/provider-materials/documents/PediatricSocietyTrifoldPURPLEbrochure_1.pdf
* Supported
  Andrew Doniger, MD, MPH Director, Monroe County Department of Public Health
  James Wood, MD, Chair, Dept. of Obstetrics & Gynecology University of Rochester Medical Center
  David Gandell, MD, University of Rochester Medical Center, Chair, American Congress of Obstetrics and Gynecology District II, New York Section 10
  Paul Lehouillier, MD, Rochester General Hospital President, Rochester Pediatric Society
  Danielle Thomas-Taylor, MD, MPH Rochester General Hospital/URMC Referral and Evaluation of Abused Children Program (REACH)
Encourage women/staff to breastfeed in the office.
Display pictures of breastfeeding infants.
Avoid distributing infant formula or coupons.

Photo © Joan Meek, MD, FAAP

Slide courtesy of Susan Vierczhalek, MD, FAAP, IBCLC, FABM
Breastfeeding support is often time-intensive initially but pays off in a healthier patient population. It is in your insurers’ best interests that you provide these services, and be reimbursed appropriately.

1. Commonly used ICD-9CM codes
2. Options for billing the three to five day visit
3. Billing for extra time spent at well baby visits
4. Use of time based coding
5. Billing for consults
6. Billing for care provided for the mother
7. Billing for allied health professional services

AAP, 2010
Effective April 1, 2013 a separate Medicaid payment is available for separate and distinct breastfeeding services provided by professionals who are certified as IBCLCs credentialed by the IBLCE

- Physicians
- Nurse Practitioners (NPs)
- Midwives (MWs)
- Physician Assistants (PAs)
- Registered Nurses (RNs)
Health Resources and Services Administration (HRSA) 2011, breastfeeding benefits for non grandfathered health insurance plans include:

* **Coverage for breastfeeding education**
  Pre- and postnatal counseling by a trained provider in conjunction with each child. The benefits are available at no cost share to consumers.

* **Breastfeeding supplies benefits**
  Requires health insurance plans to cover the cost of breast pump rental and purchase at low or no cost to consumers.

Slide courtesy of Susan Vierczhalek, MD, FAAP, IBCLC, FABM
NYS Breastfeeding Friendly Practices

Opportunity to reach vulnerable populations and to address barriers

- Help families obtain BF support
- Improve providers’ knowledge, confidence, practice
- Enhance communication across settings
The more we think about it, the more we think I’ll **BREASTFEED.**

My baby is going to be stronger, healthier and better off.

A healthy baby **BEGINS WITH YOU.**

(585) 546.4930