INCREASING BREASTFEEDING

PRIMARY CARE SETTINGS

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PREVENTION AGENDA

• Encourage and recruit practices for NYS BFF
  • Evaluate opportunities to reach vulnerable populations
    • Identify high risk populations and providers who serve vulnerable populations
  • Develop stakeholder committee to inform best practices
    • BF advocates, health care providers, WIC, universities, human service organizations, disability services, immigrant/refugee organizations
  • Prioritize a targeted number of providers and practices
    • Recruit and support practices
PREVENTION AGENDA

• Encourage and recruit practices for NYS BFF
  • Incentivize BFF practices
    • Establish a Network or Learning Collaborative, Recognition program
  • Monitor adoption of BFF practices
    • Track experiences and BF rates
  • Establish clinical community linkages
    • Seamless transition in care from OB – Delivery – Home - Work
NYS DOH BREASTFEEDING FRIENDLY PRACTICE DESIGNATION

Targets OB-GYN, Pediatric and Family Medicine practices

Ten Steps To Breastfeeding Friendly Practice

• Evidence-based – AAP, WIC, Academy of Breastfeeding Practices recommendations for practices
• Mirrors Baby Friendly Hospital
• Includes Menu of Implementation Strategies
TEN STEPS TO BREASTFEEDING FRIENDLY

1. Develop and maintain a breastfeeding-friendly office policy

2. Train all staff to be breastfeeding-friendly by promoting, supporting, and protecting breastfeeding (special populations)

3. Eliminate all infant formula and formula company materials 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 BREASTFEEDING FRIENDLY

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.

6. Identify your local breastfeeding support network and foster collaborative working relationships and referral systems.

7. Provide comprehensive breastfeeding support to new mothers.
ROLE OF PRACTITIONERS

• Providers encouragement to breastfeed associated with increased breastfeeding **initiation**

• Indifference by providers shown to discourage **exclusive** breastfeeding

• Strong evidence supports comprehensive, structured breastfeeding education and lactation counseling is effective*

*USPSTF, Cochran Reviews, Community Guide*
RECRUITING PRACTICES

Identify a Community Champion
• Systems level
• Community Level

Cast a Wide Net or Targeted Invitations
• Open invitation
• Target Practices Meeting Selection Criteria (high medicaid pop, employ Lactation professionals, etc.)

Pilot with Innovators and Early Adopters
• Innovators – Early Adopters – Early Majority – Late Majority - Laggards
PRINCIPLES OF ACADEMIC DETAILING

• First Appointment
  • Start strong foundation for or continue to build a relationship

• Gaining Buy-in
  • Two Birds – parallels with other quality improvement initiatives (pcmh or meaningful use)

• Custom Binders
  • Easy to use
  • Material at fingertips
  • Step by Step Resources
CONDUCT VISUAL ASSESSMENT

Staff Perceptions of Breastfeeding

Formula Marketing
• free formula and baby items with formula
• company brand (first prenatal visit packets) storage of formula supplies
• images of infants bottle feeding (posters, books, puzzles)
• toy baby bottles
• writing pads, pens, coffee mugs, clocks and other office items from formula companies
IDENTIFY OFFICE CHAMPIONS

• Team Approach, if possible. Provider should be one of the champions

• Complete self-assessment and review binder supports

• Train staff in skills necessary to implement policy, including special populations

• Provide on-going support and follow up
All Providers and all office staff need breastfeeding training

Entry – Level Training
• Benefits of Breastfeeding

Additional Topics
• Physician Toolkits to standardize messaging
• Addressing barriers (return to work, cultural perceptions, mothers w/disabilities)
• Most compelling breastfeeding messages
• Reimbursement for breastfeeding services

Adapted from Breastfeeding Support and Promotion Speaker’s Kit, American Academy of Pediatrics Section on Breastfeeding, 2012
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IDENTIFY AND CREATE RESOURCES

- Telephone Triage Resource Book
- NYS Department of Health and WIC Material
- Physician Toolkits
- 2-1-1 in your region
- Networks and Coalitions – Resource Guides
Healthy You x2 Prenatal Toolkit

- Developed in Erie County by physicians, nurses, dieticians, lactation consultants
- Incorporates Surgeon General’s recommendation to improve prenatal care
- Topics include maternal weight gain, breastfeeding, diabetes and avoiding alcohol, tobacco, and drug use during pregnancy

Ounce of Prevention is Worth a Pound Toolkit

- Developed in Ohio and adapted in Erie County to include improved breastfeeding education and supports
- Incorporates evidence-based messages as recommended by the Expert Committee with NICHQ and AAP
BREASTFEEDING OFFICE POLICY DEVELOPMENT

- Breastfeeding Policy Template available
- Identify supporters
- Identify critics
- Plan to gain buy-in
Policy Implementation

Self Assessment/Plan of Action

Communicate Regularly
  • Provider Meetings
  • Staff Meetings

Incentives

Capture data to Evaluate – EMR

Community team follow-up
QUESTIONS

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