Finger Lakes Regional Breastfeeding Summit

Stephanie Hisgen, RN, MPH, CLC
New York State Department of Health
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Overview

• Breastfeeding Rates
• Breastfeeding Friendly Erie County Initiative and the Return to Work Toolkit
• Medicaid Coverage for Lactation Education and Counseling
• Electronic Birth Certificate Reporting
• New York State Model Hospital Breastfeeding Policy
• New York State Breastfeeding Quality Improvement in Hospitals Learning Collaborative
Breastfeeding Metrics
Healthy People 2020 vs. NYS

Graph showing breastfeeding metrics for any breastfeeding, exclusive breastfeeding for 2 days, 3 months, and 6 months compared between Healthy People 2020 (light blue) and NYS (dark blue).
Breastfeeding Metrics: HP 2020, NYS, and Monroe County

- hp2020
- NYS*
- Monroe County*

*Electronic Birth Certificate data (EBC) 2010, excludes NICU admission and transfers in/out of hospital
Exclusive Breast Milk Feeding in the Hospital by County of Residence (2010)

Statewide Rate: 43.5%

Rate of exclusive breastfeeding:
- 65.0 - 77.7: Q1 (15)
- 60.7 - 64.9: Q2 (15)
- 52.3 - 60.6: Q3 (16)
- 26.0 - 52.2: Q4 (16)
- County rate exceeds HP2020* goal of 70% or higher (5)
NYS's Comprehensive Approach to Breastfeeding Protection, Promotion and Support

- Co-branded Materials with NYCDOHMH
- MRT: Breastfeeding Education and Counseling
- Medicaid Coverage for breast pumps
- Business Case for Breastfeeding Training
- Return to Work Toolkit
- Co-branded Materials with NYCDOHMH
- MRT: Breastfeeding Education and Counseling
- Medicaid Coverage for breast pumps
- Model Hospital Policy
- 18 Hour Course Training
- BQIH with 12 hospitals
- NYC works with 10 hospitals

- Breastfeeding Friendly Erie County Initiative
- Healthcare Provider
- Community
- HCP Pocket Guide: Simply the Best
- Brochure
- Breastfeeding partners organization
- Public reporting of rates

- Nursing Mothers in Workplace Act
- Breastfeeding Mothers Bill of Rights
- Medicaid Redesign
- Engaging key stakeholders

- Advocacy and Policy
- Communicate

- Childcare
- Worksites

- Hospitals

- Medicaid Coverage for breast pumps

- Breastfeeding Friendly Childcare Centers and Homes
Medicaid State Plan Amendment: Lactation Education and Counseling
New Medicaid Benefit: Breastfeeding Education / Lactation Counseling

- Effective April 1, 2013
- Pregnant or postpartum woman
- Ordered by a licensed physician or midwife, or registered physician assistant or nurse practitioner.
- Provided by a certified lactation consultant (IBCLC) who is a licensed health professional.
- Provided at an Article 28 clinic, private practice, free-standing clinic or Federally Qualified Health Center (FQHC).

New Medicaid Benefit: Breastfeeding Education / Lactation Counseling

• Individual Sessions:
  • Three visits allowed
  • Each visit must be 45 minutes at a minimum
  • Any time or number during pregnancy or the postpartum period (12 months after birth)

• Group Sessions:
  • Two group sessions allowed.
  • Groups must be 60 minutes at a minimum
  • One session during the prenatal period and one session during the postpartum period
NYS Medicaid - Improved Quality & Reimbursement of Breast Pumps

• NYS Medicaid covers the purchase of manual and personal use electric breast pumps.

• To improve the quality & safety of breast pumps:
  • Minimum pump specifications were developed. [www.health.ny.gov/community/pregnancy/breastfeeding/](http://www.health.ny.gov/community/pregnancy/breastfeeding/)
  • New reimbursement rates were calculated by Medicaid which increase the maximum reimbursement amount for both manual and personal electric pumps.

• NYS Medicaid covers rental of hospital-grade electric pumps for preterm infants or infants with special needs.
Electronic Birth Certificate Reporting
Electronic Birth Certificate Reporting

• Variation exists in who is reporting the information to the birth certificate.

• In 2010, Public Health Law 2803-j amended to include public reporting of breastfeeding rates for all hospitals in NYS providing maternity care.

• Revised guidance sent to hospitals on how to document exclusive breastfeeding in Spring 2010.
Electronic Birth Certificate Reporting

- **Infant Feeding from Birth to Hospital Discharge**: Based on live born infants, excluding infants who were admitted to the Neonatal Intensive Care Unit (NICU) or transferred to or from another hospital. This describes what the infant was fed between birth and discharge from the hospital (or day 5 of life for infants hospitalized more than 5 days).
  - **Fed Any Breast Milk**: Includes both infants who were fed only breast milk (by any method—from the breast, bottle, cup or feeding tube) and infants who were given both breast milk and formula, sugar water, or other liquids.
  - **Fed Exclusively Breast Milk**: Infants who were fed only breast milk (i.e., no formula or water) since birth.
  - **Breastfed Infants Supplemented with Formula**: Among infants fed any breast milk, the percentage who were also fed (supplemented with) formula.

- [http://hospitals.nyhealth.gov/maternity.php?PHPSESSID=c4ac70bf6c863cc57ebfb6e547139ba0](http://hospitals.nyhealth.gov/maternity.php?PHPSESSID=c4ac70bf6c863cc57ebfb6e547139ba0)
New York State Model Hospital
Breastfeeding Policy
NYS Model Hospital Breastfeeding Policy

NYS Model Hospital Breastfeeding Policy

• To improve hospital breastfeeding policies to be consistent with:
  • NYS laws and NY Hospital Regulations (Required)
  • Academy of Breastfeeding Medicine, Baby Friendly USA, Inc., U.S. Breastfeeding Committee (Recommended)

NYS Implementation Guide

• To provide hospitals with potential strategies to implement and translate policies into practice and to make systems and environmental changes to improve overall breastfeeding support.
New York State Model Hospital Breastfeeding Policy & Implementation Guide

**Fall 2010:**
NYS Model Hospital Breastfeeding Policy and Implementation Guide developed

**February 2011:**
9 webinar trainings conducted for hospital staff
Staff from 84% of NYS hospitals attended the training

**March 2011:**
NYS Model Hospital Breastfeeding Policy, Implementation Guide, and training posted to NYSDOH public website

**September 2011:**
100% of hospitals submitted their breastfeeding policy for review

**Spring 2012:**
Review of hospital policies completed

**Fall 2012:**
Hospitals will be informed of their breastfeeding policy review

78% of hospitals within NYC
86% of hospitals outside of NYC

http://www.health.ny.gov/community/pregnancy/breastfeeding/
Improvement in NYS Hospital Breastfeeding Policies: 2009 vs. 2011

Components included in hospital breastfeeding policy (N)
Increase in Percent of NYS Hospitals that include each of Ten Steps to Successful Breastfeeding in Hospital Breastfeeding Policy

2009 vs. 2011
## Hospital Breastfeeding Policy

### NYS Model Policy vs. Baby Friendly USA, Inc.

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<thead>
<tr>
<th>NYS Model Policy</th>
<th>Baby Friendly USA, Inc.</th>
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<tr>
<td>Includes required components under NYS Hospital Regulations and NYS Public Health Law</td>
<td>Not governed by state/federal laws or regulations.&lt;br&gt;Based on evidence-based global criteria adapted for use in the U.S.</td>
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<td>Based on <em>Ten Steps to Successful Breastfeeding</em></td>
<td>Based on <em>Ten Steps to Successful Breastfeeding</em></td>
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<td>Mothers have a right to be discharged and not given formula or promotional materials from formula companies.</td>
<td>Complies with International Code of Marketing of Infant Milk Substitutes&lt;br&gt;• No advertising for formula, bottles or nipples&lt;br&gt;• No “free” formula samples or coupons&lt;br&gt;• Purchase formula at market price&lt;br&gt;• Do not use any promotional or “educational” materials from formula companies or distributors</td>
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<td>NYS Model Policy</td>
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<td>Requires training of health care staff</td>
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<td>Requires all staff complete comprehensive training with annual updates &amp; competency verification</td>
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<td>Staff must place infants (skin-to-skin) for breastfeeding in first 30-60 minutes following delivery unless medically contraindicated</td>
<td>Staff should place infants skin-to-skin immediately following delivery and continue uninterrupted until the first breastfeeding has occurred</td>
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<td>Ensure functional assessment of the infant at the breast within 8 hours</td>
<td>Assess mother’s breastfeeding technique within first 3 hours; no later than 6 hours following birth.</td>
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New York State Breastfeeding Quality Improvement in Hospitals (BQIH) Learning Collaborative
Positioning for Success

• Strong Evidence-base to Support Change
• NYS Legislation and Hospital Regulations
• Variation in Hospital Maternity Care Practices and Breastfeeding Metrics
• Aligned and Supportive Leadership and Expert Partners
• Engaged Hospital Teams
• Collaborative Learning
NYS Breastfeeding Quality Improvement in Hospitals (BQIHH) Learning Collaborative

• **Partnership:** NYS Department of Health and National Initiative for Children’s Healthcare Quality (NICHQ)

• **Project Period:** Feb 2010 through Dec 2011

• **Participants:** 12 hospitals working with subject matter and improvement experts

• **Project Design:** Learning Collaborative – IHI Breakthrough Series methodology
NYS Breastfeeding Quality Improvement in Hospitals Learning Collaborative (BQIH)

NYS HOSPITALS PROVIDING MATERNITY SERVICES

- SELECTED
- NOT SELECTED
1. Evidence-based Maternity Care Practices

The Ten Steps to Successful Breastfeeding are as follows:

1. Have 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 pregnant 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 should be separated from their infants.
6. Give newborn infants only one food or drink other than breast-milk, unless medically indicated.
7. Practice rooming-in—allow mothers and infants to remain together—24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial or pacifiers (also called dummy’s or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

2. Improvement Model

The 10 Steps to Successful Breastfeeding: The 10 Steps to Successful Breastfeeding and the IHI Breakthrough Series Improvement Methodology

3. Learning Model

CPPW-Funded Breastfeeding Hospital Quality Improvement in Hospital Based on Evidence-based Maternity Care Practices: The 10 Steps to Successful Breastfeeding and the IHI Breakthrough Series Improvement Methodology
BQIH Project AIM

• **Aim** - to increase breastfeeding, especially exclusive breastfeeding, among mothers/infants in selected hospitals by improving hospital breastfeeding policies and practices to be consistent with NYS hospital regulations and laws and recommended best practices such that:

• Between birth and hospital discharge:
  • **increase percentage** of infants fed any breast milk
  • **increase percentage** of infants exclusively fed breast milk
  • **decrease percentage** of breastfed infants (i.e., fed breast milk) supplemented with formula

** As documented in the medical record review AND as reported on the electronic birth certificate
BQIH Change Package

- Early breastfeeding—within 1 hr (vaginal) or 2 hr (C/S)
- No supplemental formula for breastfed infants
- Encourage frequent feeding (≥8 feedings/24 hours)
- Practice rooming-in (≥6 hours per 8-hour shift)
- Provide mother breastfeeding instruction
- Directly observe and assess breastfeeding every shift
- Restrict use of pacifiers
- Provide post-discharge support
- Restrict distribution of formula at discharge
- Restrict distribution of promotional materials at discharge
- Ensure adequate training of health care staff
BQIH Data Measurement Plan

- Breastfeeding Initiation
  - Vaginal Delivery: Within 1 hour
  - Cesarean Section: Within 2 hours
- Breastfeeding Instruction documented
- Observation & Assessment Every Shift
- Frequent Breastfeeding (Feed-on-Demand)
- Mother-Infant Rooming-in
- At Discharge
  - Infant formula samples or discount coupons
  - Commercial products or marketing materials
BQIH – Infant Feeding Outcomes

![Bar chart showing infant feeding outcomes.](chart.png)

- **Fed only formula**
  - Jun-10: 20%
  - Nov-11: 15%

- **Fed both breast milk and formula**
  - Jun-10: 40%
  - Nov-11: 45%

- **Fed only human breast milk**
  - Jun-10: 30%
  - Nov-11: 35%
BQIH Hospital-level Improvement in Measures

*p<0.0001
BQIH Hospital-level Improvement in Measures

- Breastfeeding Instruction
- Observation and Assessment q shift
- Receive promotional materials at D/C
- Receive Formula Samples at D/C

Mean Percent of Infants

+ p<0.001, *p<0.0001
Change Concept:
Help mothers initiate breastfeeding within 1 hour (vaginal) & 2 hours (C/S) delivery

Tests of Change:
- S2S after birth
- S2S in Operating Room
- Change admitting process
- Delay infant bath
- Transition care
One Hospital’s Tests of Change

C/Section: Infants fed breast milk <2 hours (%)

- Champion identified
- Tested skin to skin in Operating Room
- Layout limitations
- Champion lost
- Testing scaled back to only elective c/s
  - mother’s request for skin to skin
  - Testing lactation consultant bringing baby back to PACU
- Staffing changes brought new life to skin to skin in PACU
Change Concept:
Practice Rooming-in and Feeding on Demand

Tests of Change:
• No active collection of infants at night
• Initiate night time feeding plan
• Private rooms when possible
• Transition Care
• Physician exams in the mother’s room
One Hospital’s Tests of Change

Mother-Infant Rooming-in (% Breastfeeding Infants)

- Documentation of rooming-in started
- Re-visit and testing night time feeding plan
- Developed competency techs and secretaries to document time out of mother’s room
- Electronic documentation
  - Implemented and breastfeeding measures not fillable fields

NEW YORK state department of HEALTH
Reduction in Percentage of Breastfeeding Mothers Receiving Formula Samples or Discount Coupons

Breastfeeding Mothers (Mean %)

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Source: New York State Department of Health
Hospital Systems Changes

- **10** hospitals implemented or expanded rooming-in practices
- **2** hospitals placed formula in a medication administration machine
- **2** hospitals changed the care delivery model
- **2** hospitals implemented transition care
- **11** hospitals discontinued distributing formula and coupons at discharge
Next Steps

• **NYSDOH** – Roll out BQIH over next 5 years to reach remaining NYS Hospitals that provide maternity care

• **NYCDOHMH** – Use BQIH to work with NYC Hospitals to become *Baby Friendly*

• **NICHQ/CDC** - Use BQIH as framework for *Best Fed Beginnings* – work with 90 U.S. hospitals to become *Baby Friendly*
Breastfeeding Friendly Erie County Initiative and Return to Work Toolkit
Breastfeeding Friendly Erie County Initiative

• **Project Aim:**
  • To increase breastfeeding exclusivity and duration, from hospital discharge through 3 months, among low income women participating in WIC and Medicaid, who live in communities of color (CoC) in Erie County, NY.

• **Funding Period:**
  • September 30, 2012 - September 29, 2013 (one year)
Breastfeeding Friendly Erie County

Project Objectives

1.) Expand the Western NY Healthy Living Coalition to include organizations that focus on improving breastfeeding support in communities of color.

2.) Increase the proportion of OB-GYN and Pediatric practices that achieve NYS Department of Health Breastfeeding Friendly Practice Designation.

3.) Increase the proportion of home visiting services and programs currently serving Medicaid-eligible women that improve their visitation pattern to provide breastfeeding support to new mothers at 24-48 hours, 2 weeks, and 4 weeks after discharge.

4.) Increase the proportion of child care centers and day care homes that achieve the Breastfeeding Friendly Child Care designation awarded by the NYS Child and Adult Care Food Program (CACFP).

5.) Increase the number of Baby Cafés® or drop-in breastfeeding centers, in faith- and community based organizations.
Return to Work Toolkit

• Partnership between NYS WIC and Bureau of Community Chronic Disease Prevention

• Empowers hourly wage earners to talk with employers

• Supports the *NYS Nursing Mothers’ in the Workplace Act*

www.breastfeedingpartners.org
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  - OHSM, ISHSG, DFH, DON

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  - NYCDOHMH, CDC, AAP, ACOG, NYSNA, HANYS, GNYHA
  - New York Statewide Breastfeeding Coalition
  - Breastfeeding Experts
Questions