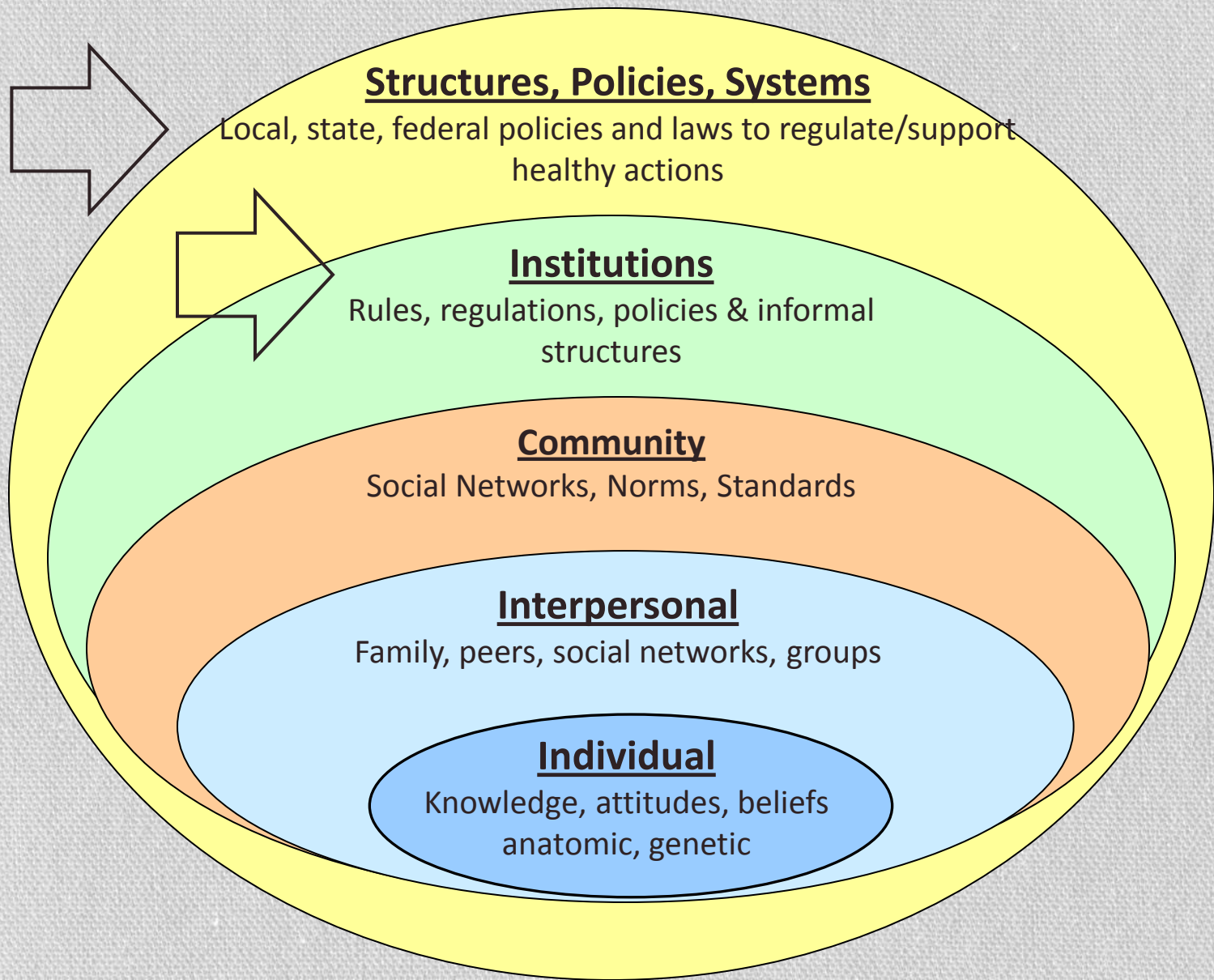


A stylized, light-colored illustration of a plant with several leaves and a cluster of small, round buds or flowers, positioned on the left side of the slide against a dark brown background.

***NATIONAL  
BREASTFEEDING  
INITIATIVES:  
LOCAL IMPLICATIONS***

Ann Dozier, RN, PhD

# Social-Ecological Model



# Governmental Initiatives

- **Surgeon General Call to Action**
- **CDC**
  - mPINC biennial hospital survey
  - Infant feeding practices surveys
  - PRAMS
  - Funded BF initiatives – e.g. Hospital Collaborative
- **Healthy People Goals**
- **National Immunization Survey**
- **USDA/WIC**
  - Peer Counseling
  - Restructured food packages
- **HRSA/MCHB/OWH**
  - Home visiting programs
  - Healthy Start
  - Prevention Guidelines
    - BF counseling
  - Womenshealth.gov
- **ACA (Section 7)**
  - Workplace lactation support
  - Funding of services/equipment
  - Increase hospitals with Baby-Friendly designation
    - Hospital learning collaborative
    - Community transformation grants

<b>Healthy People 2020 Objective</b>	<b>Baseline % (year measured)</b>	<b>2020 Target %</b>
<b>Increase the proportion of infants who are breastfed:</b>	(2006 births)	
Ever	74.0	81.9
At 6 months	43.5	60.6
At 1 year	22.7	34.1
Exclusively through 3 months	33.6	46.2
Exclusively through 6 months	14.1	25.5
Increase the proportion of employers that have worksite lactation support programs	25.0 (2009)	38.0
<b>Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life</b>	<b>24.2 (2006 births)</b>	<b>14.2</b>
<b>Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies</b>	<b>2.9 (2009)</b>	<b>8.1</b>

# ***US Breastfeeding Committee***

- **Coalition of >40 organizations across the US**
  - every state BF coalition
    - Yes NY has one: <http://www.nysbreastfeeding.org/become-a-member/>
  - governmental agencies (CDC, HRSA, WIC/FDA)
  - advocacy organizations (APHA, WABA)
  - professional associations (AAP, ABM,
  - individuals

**improve the Nation's health by working collaboratively to protect,  
promote, and support breastfeeding**

**usbreastfeeding.org**

# ***US Breastfeeding Committee***

- **Advocacy**

- Federal and state policy
- build and sustain national and state coalitions to generate collective action to implement policy, systems, and environmental changes needed to increase breastfeeding rates and eliminate disparities (Kellogg Foundation grant)

- **Resource development**

- Workplace lactation support
- Core Competencies in Breastfeeding Care and Services for All Health Professionals
- Toolkit: *Implementing TJC Perinatal Care Core Measure on Exclusive Breast Milk Feeding*

# *TJC Perinatal Core Measures*

- **Exclusive Breast Milk Feeding**
  - Section 6 in your manual
    - Includes details of Perinatal Core measures
    - Examples of how to document
    - Steps to promote in-hospital exclusivity

United States Breastfeeding Committee. Implementing The Joint Commission Perinatal Care core measure on exclusive breast milk feeding. Revised. Washington, DC: United States Breastfeeding Committee; 2010.

# TJC Perinatal Core Measures

- How is exclusive breast milk feeding defined?

*“a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.”*

Breast milk feeding 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.

While breastfeeding is the goal for optimal health, it is recognized that human milk provided indirectly is still superior to alternatives.



# TJC Perinatal Core Measures

# of exclusively breast milk-fed non-NICU term infants  
(including those supplemented with human milk)

-----Divided by-----

# of non-NICU term infants  
(including those with medical reasons for supplementation, with certain exceptions)\*

Multiple methods to collect/track these data

# ***Finger Lakes Birth Certificate Coding***

## **Prior to January 2011**

Response to the infant feeding question on what mom planned to feed baby and/or on what the physician stated in his discharge note was the intended feeding method.

This is no longer acceptable.

## **As of January 2011**

*Coders use infant's intake & output sheet in the medical record and to review each feeding to determine if infant was fed only breast milk, only formula or a combination of breast milk and formula.*

### **Additional clarifications:**

‘ounces’ does not always mean that formula was used (it could be breastmilk)

If formula type is not listed or not clear whether baby was fed formula or breast milk - coders have been encouraged to bring this to the nurse manager's attention for clarification.

# ***Affordable Care Act***

- Workplace lactation support
  - Break time: frequency/length
  - Appropriate space
  - NYS law (if more stringent) supersedes federal law
- Increase hospitals with Baby-Friendly designation
- Funding of services/equipment
  - Required for all new insurance plans
    - Comprehensive BF support
    - Counseling (coverage of a trained provider) – prenatal/postpartum
    - Breastfeeding equipment

# Baby Friendly Designation

- Major national push
- More steps implemented the better
  - Hospital Learning Collaborative Project to Boost the Number of US Hospitals Designated as Baby-Friendly
    - Focus on improving continuity – prenatal to postpartum....
- prenatal counseling (or lack of)
  - Everyone getting more pressure to increase BF
  - Make it easy for providers to do the right thing
  - Be visible with hospital and OB/leaders/champion
  - Focus on the 80%
  - Create and tell your success stories

# Baby Friendly Designation

- More steps implemented the better
- Colorado “5”
  - Baby stayed in mother’s room
  - Given telephone number to call for help
  - Baby breastfed in first hour
  - Baby fed only breast milk
  - No pacifier use in hospital

# Baby Friendly Designation

- If high initiation, four in-hospital practices associated with longer BF
  - early skin-to-skin contact
  - attempted breastfeeding within the first hour
  - rooming-in
  - no in-hospital supplementation
  
- Australian study; initiation rates exceeded 95%

Wendy Brodribb, Sue Kruske and Yvette D. Miller. Baby-Friendly Hospital Accreditation, In-Hospital Care Practices, and Breastfeeding. Pediatrics. Published online March 13, 2013. <http://pediatrics.aappublications.org/content/early/2013/03/06/peds.2012-2556>

# Breastpumps

- Myths and realities
  - Perceived as an entitlement
    - Every BF mother needs one
  - How we (as professionals) talk about it promotes the mechanization of BF
    - Lost art of hand expression
    - Unnecessary early use
- New FDA Resource (Section 11)

# Summary

- **Breastfeeding is increasingly in the national spotlight**
- **Efforts extend across the ecological spectrum**
  - Everyone has a role
  - Funding efforts to support breastfeeding
  - Resource development
  - Increasing advocacy efforts
  - Tracking and data