

CTG Action Institute on Breastfeeding

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American Academy of Pediatrics

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Illinois Chapter

Outline

- Current trends and the importance of optimal maternity care
- The Baby Friendly Hospital Initiative
- Evidence for breastfeeding
- Action Steps for initiating implementation
- Utilizing technical assistance for support



Breastfeeding: A Cornerstone of Quality Maternal-Infant Care

“Breast milk is uniquely suited to the human infant’s nutritional needs and is a live substance with unparalleled immunological and anti-inflammatory properties that protect against a host of illnesses and diseases for both mothers and children.”

-Surgeon General’s Call to Action to Support
Breastfeeding, January 20, 2011

- Lawrence & Lawrence (2010)
- Surgeon General’s Call to Action to Support Breastfeeding (2011)



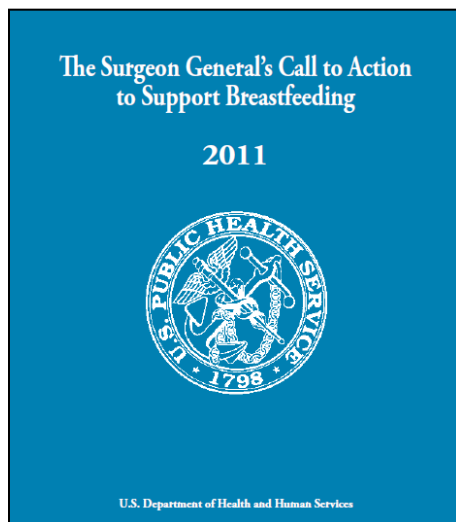
Breastfeeding: A Cornerstone of Quality Maternal-Infant Care

□ Call to Action to Support Breastfeeding

- Requests greater support to improve breastfeeding practices, rates and maternal-infant outcomes in the US

- Action Step #7: Focus on Healthcare Providers

- “Ensure that maternity care practices throughout the US are fully supportive of breastfeeding,”
- Recommends the “Accelerated implementation of the Baby-Friendly Hospital Initiative” as a suggested strategy



Current Trends

Numerous governmental and non-governmental health care agencies are evaluating breastfeeding practices and promoting those that are evidence-based



Current Trends: Health Provider Organizations

- ❑ American Academy of Pediatrics
- ❑ American Congress of Obstetricians and Gynecologists
- ❑ American Academy of Family Physicians
- ❑ Academy of Breastfeeding Medicine
- ❑ American College of Nurse-Midwives



Breastfeeding: A Cornerstone of Quality Maternal-Infant Care

“Breastfeeding and human milk are the normative standards for infant feeding and nutrition. Given the documented short- and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be considered a **public health issue** and not only a lifestyle choice.”

-American Academy of Pediatrics: Policy
Statement on Breastfeeding, February, 2012



CDC Guide to Breastfeeding Interventions



- Evidence-based Recommendations
 - Maternity hospitals implement Baby-Friendly steps
 - Educating Mothers about breastfeeding
 - Professional support
 - Peer counselors
 - Support in the work place



Current Trends: The Joint Commission

- Includes exclusive breast milk feeding as one of five Perinatal Care Core measures (April 2010)



Costs of Formula Feeding

- Suboptimal infant feeding practices in the United States have resulted in an estimated \$13 billion per year in excessive costs

- \$3.6 billion/year spent to treat 3 conditions preventable by breastfeeding for a minimum of 6 months
 - Diarrhea
 - Respiratory Infections
 - Ear infections



Costs to Hospitals

- Sick babies result in higher costs
 - \$200,000 spent for each case of NEC
 - \$90,000 becomes hospital debt
 - Increased health claims, decreased productivity, and an increase in missed work days to care for sick children
 - Poor breastfeeding practices lead to more readmissions



Breastfeeding: A Cornerstone of Quality Maternal-Infant Care

- “Virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the health care system and society at large.”

- The World Health Organization



Benefits of Human Milk

The benefits of human milk extend well beyond infancy, impacting health across the lifespan of the child and mother.

- Chung, Raman, Trikalinos, Lau, & Ip (2008).



Evidence (acute illness/outcomes)

- Formula fed infants have greater rates of:
 - NEC
 - Respiratory infections
 - Sepsis
 - Ventilator use
 - SIDS

- Bachrach, Schwartz, & Bachrach (2003)
- Ball & Wright (1999)
- Ip, Chung, Raman, Chew, Magula, DeVine, et al. (2007)
- Ford et al. (1993)
- Schanler (2001)
- Schanler, Shulman, & Lau (1999)



Evidence (chronic disease)

- Formula fed infants have greater rates of:
 - Obesity
 - Developmental Disabilities
 - Diabetes (Types I & II)
 - Asthma & allergies

•Arenz, Ruckerl, Koletzko, & von Kries (2004)
•Harder et al. (2005)
•Ip et al. (2007)
•Owen, Martin, Whincup, Smith, & Good (2006)
•Sacker, Quigley, & Kelly (2006)



Breastfeeding and Obesity

- The likelihood of obesity is 22% lower among children who were breastfed¹
 - Results from a meta-analysis of 9 studies
 - Adjusted for potential confounding factors (including maternal overweight, education, income, race, and birth weight)
- Risk of becoming overweight was reduced by 4% for each month of breastfeeding (with a plateau after 9 months of breastfeeding)²
 - Results from a meta-analysis of 17 studies

1. Arenz, Ruckerl, Koletzko, & von Kries (2004)
2. Harder, Bergmann, Kallischnigg, Plagemann (2005)



Evidence

- Mothers who breastfeed have decreased risk of:
 - Multiple types of cancer:
 - Breast
 - Ovarian
 - Thyroid
 - Osteoporosis
 - Post-partum depression
 - Metabolic syndrome

•Bernier et al. (2000)

•Collaborative Group on Hormonal Factors in Breast Cancer (2002)

•Green, Broom, & Mirabella (2006)

•Ip et al. (2007)

•Jardri et al. (2006)

•Mancini, Carlson, & Albers (2007)



Why is Exclusivity Important?

- Impact of breast milk exclusivity increases health outcomes exponentially, providing the greatest amount of protection against major health problems for infants and mothers
- Breastfeeding duration increases with exclusivity



Baby-Friendly Principles:

Keep mothers and babies together

- ❑ Mothers and babies stay healthier when kept together.
- ❑ Interrupting, delaying, or limiting the time a mother and infant spend together may have harmful effects
 - Physically
 - Relationship
 - Breastfeeding success



Baby Friendly Hospital Initiative

The Baby-Friendly Hospital Initiative (BFHI)

- A global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding
- 10 Steps to Successful Breastfeeding: Evidence-based maternity care practices which support, promote and protect breastfeeding



Baby Friendly Hospital Initiative: Ten Steps to Successful Breastfeeding

1. Written breastfeeding policy
2. Training for staff
3. Inform pregnant women about breastfeeding
4. Initiate breastfeeding within one hour of birth
5. Show mothers how to breastfeed and maintain lactation, even if separated from their infants
6. No food or drink other than breast milk
7. Practice “rooming in”
8. Encourage breastfeeding on demand
9. No pacifiers or artificial nipples
10. Foster the establishment of breastfeeding support groups



WHO Code

- Uphold the International Code of Marketing of Breast Milk Substitutes



Why implement Baby Friendly Steps?

- ❑ Move towards current evidence-based practices – facilitates best health outcomes
- ❑ Breastfeeding success and duration are impacted by hospital experience
- ❑ Supports mothers no matter how they choose to feed their babies
- ❑ Many of the 10 steps are easily adapted as Quality Improvement projects
- ❑ Incremental changes lead to cumulative effects
- ❑ Protects mothers from formula marketing practices and meets consumer needs

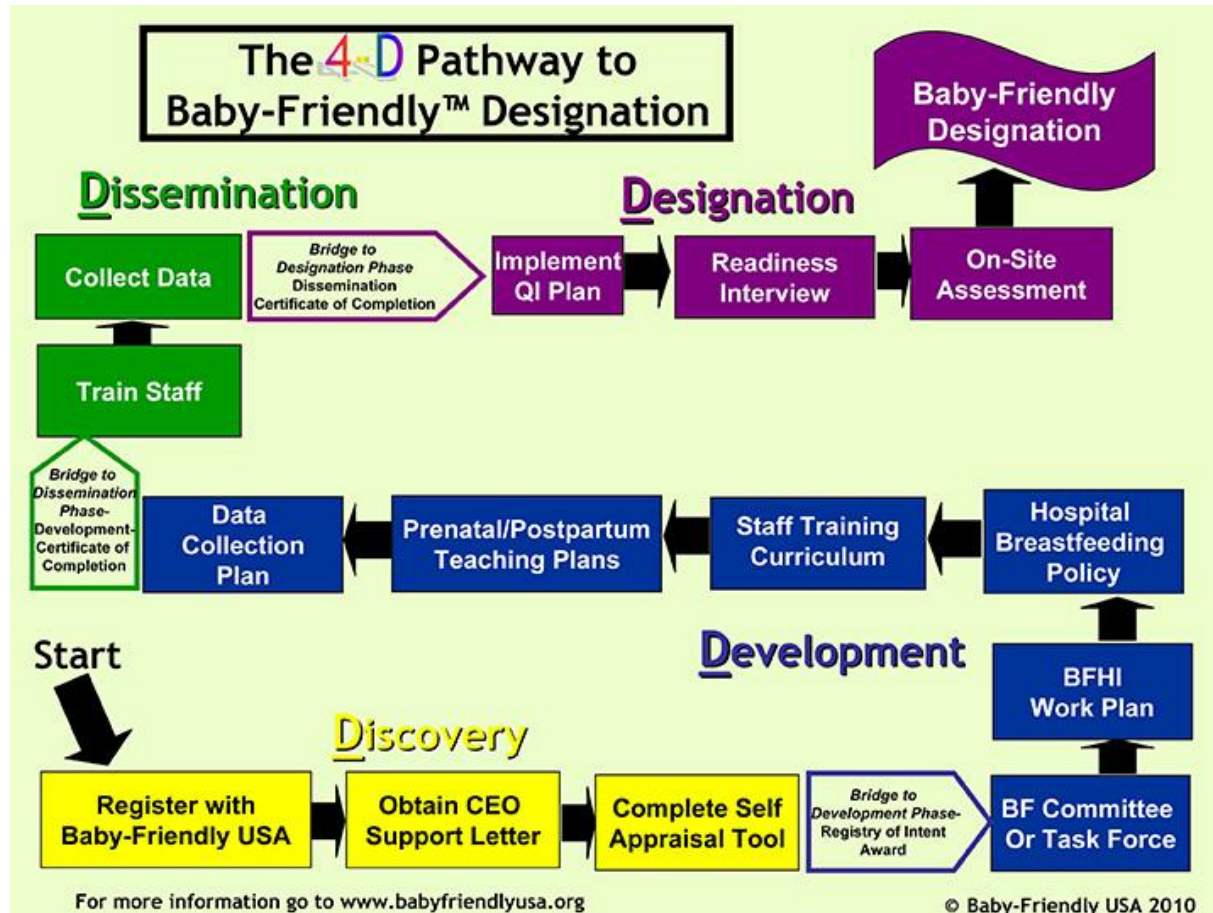


Myths: What Baby Friendly is not...

- Forcing mothers to breastfeed
- Eliminating formula all together
- Expensive
 - Recent study (12/2010) looked at overall expense of providing baby-friendly hospital nursery services and found it to be cost neutral compared to non-baby-friendly hospitals.



Baby-Friendly Hospital Initiative



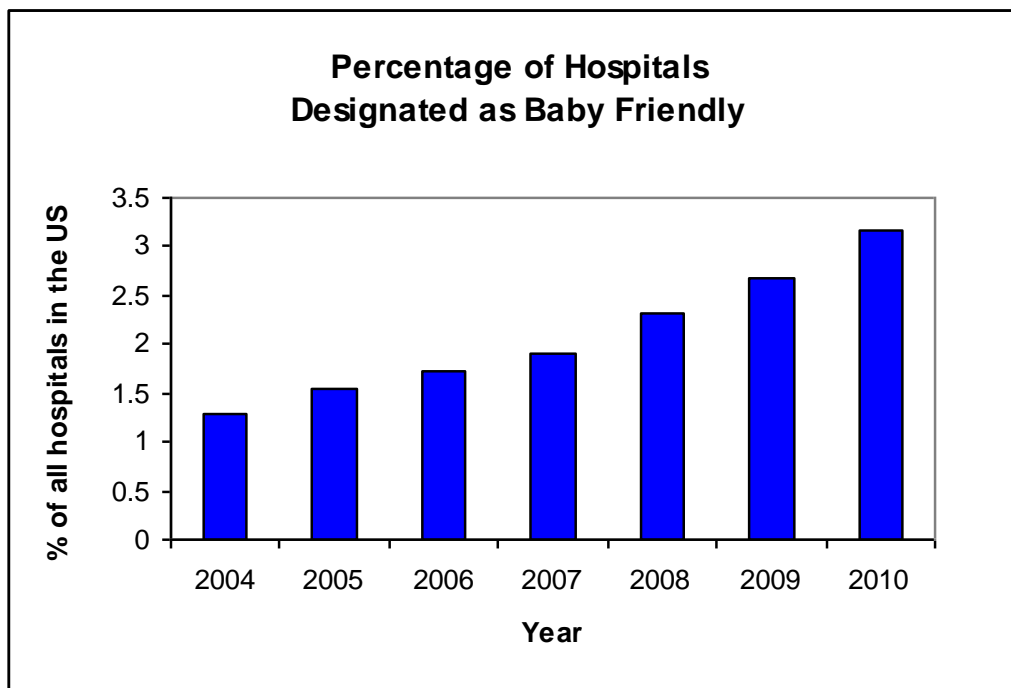
Baby Friendly Hospital Initiative

Internationally, 20,000 maternity facilities worldwide are designated Baby-Friendly

<u>United Kingdom</u>	13%
<u>Australia</u>	23%
<u>United States</u>	6%



Baby Friendly Hospital Initiative

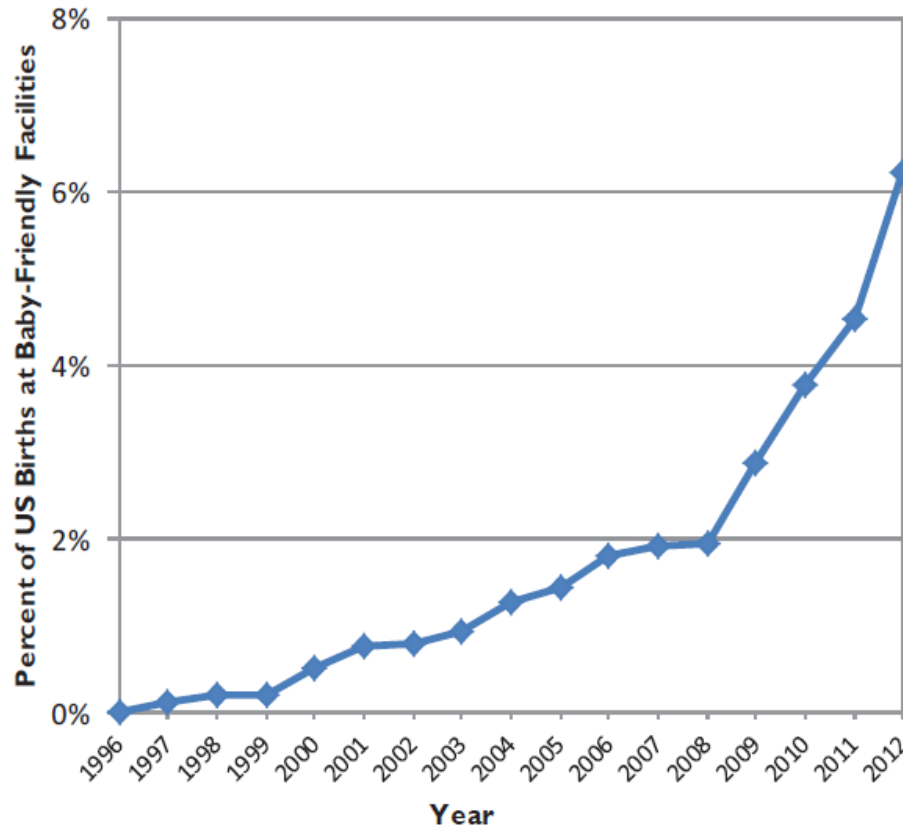


- 23 hospitals earned BFHI designation status nationally in 2011
- 143 hospitals/birthing centers in the United States are Baby Friendly out of 3500
- Represents approx. 200,000 births annually



National Data

Figure 2: Percent of US Births at Baby-Friendly Hospitals, 1996-2012

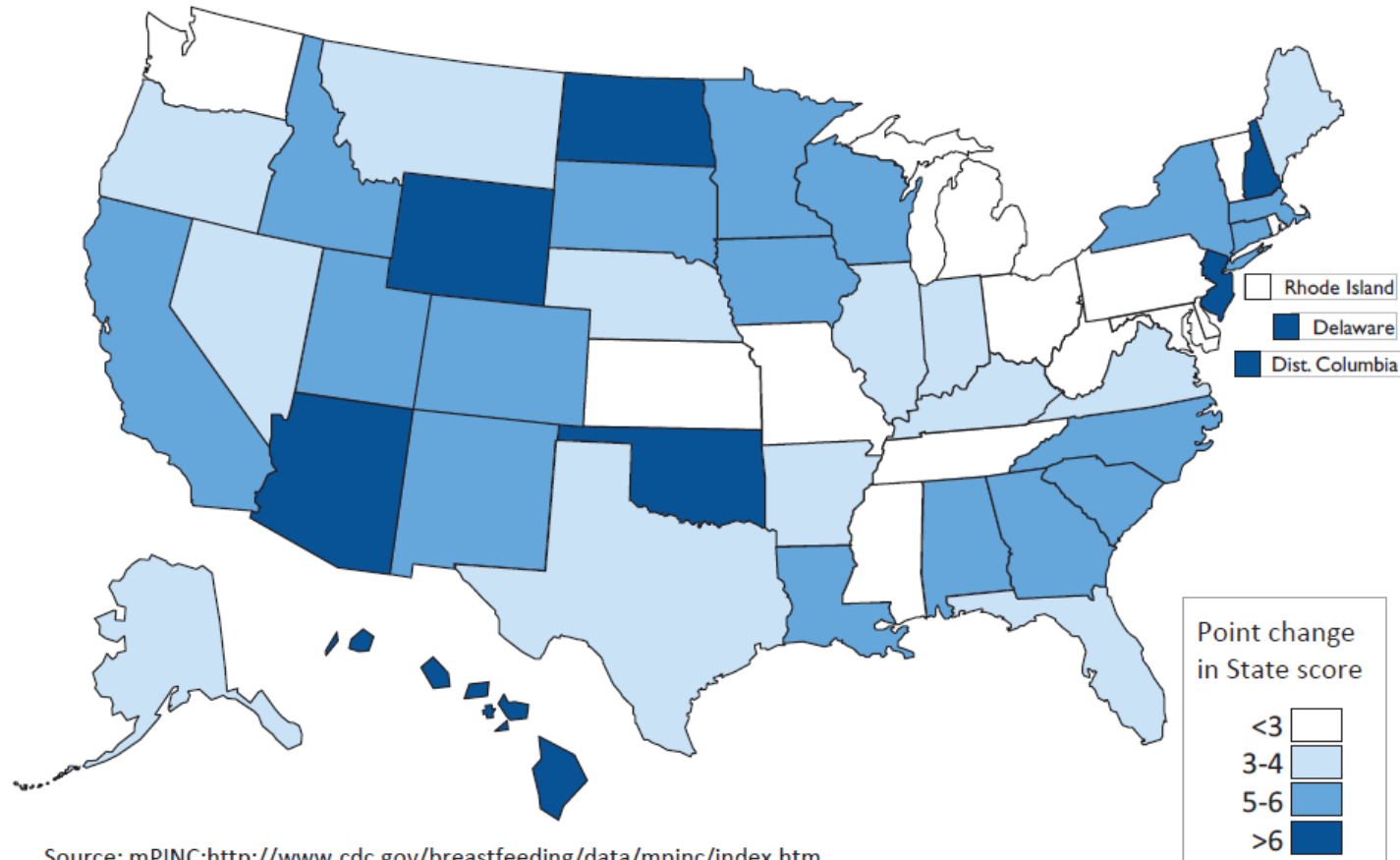


Sources: *Baby-Friendly facilities* : www.babyfriendlyusa.org



National Data

Figure 1: Changes in State mPINC scores between 2009 and 2011



National Increases in Key Breastfeeding Measures

- The CDC's Breastfeeding Report Card (BRC):

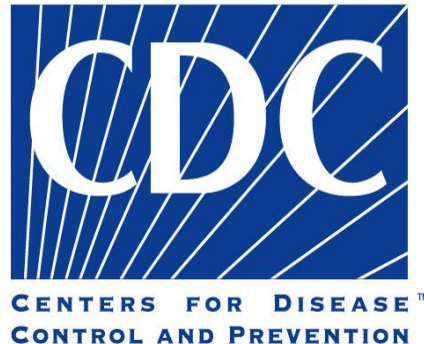
Measure	2011 BRC	2012 BRC
Breastfeeding initiation	74.6%	76.9%
Breastfeeding at 6 months	44.3%	47.2%
Breastfeeding at 12 months	23.8%	25.5%

- mPINC scores
 - Assesses and scores how well maternity care practices at hospitals and birth centers support breastfeeding
 - Scale of 0 – 100
 - 2009 average score: 65 2011 average score: 70
- Percentage of babies born in Baby-Friendly Hospital
 - 2008: < 2% 2011: 6%

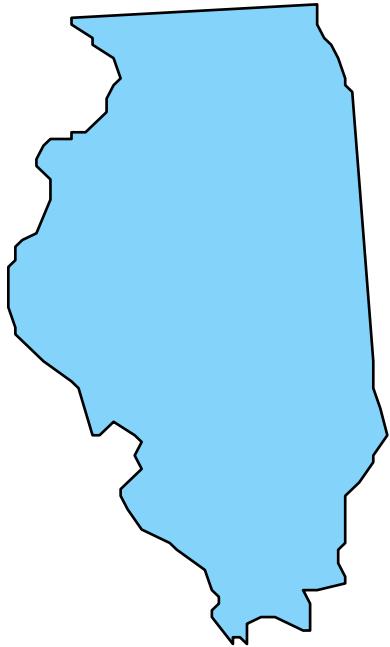


Current Trends: CDC - mPINC

- Maternity Practices in Infant Nutrition and Care
 - National Measurement Tool Conducted by CDC
- Illinois ranked 35th (2011 mPINC)



Illinois Data

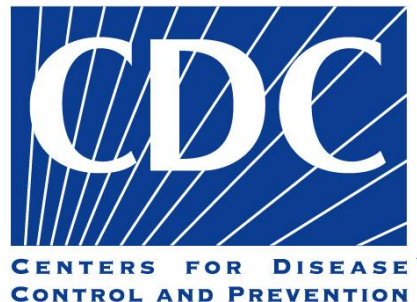


Measure	2011 Breastfeeding Report Card	2012 Breastfeeding Report Card
Ever breastfed	70.6	76.8
Breastfeeding at 6 months	44.5	49.8
Breastfeeding at 12 months	21.7	25.3
Exclusive breastfeeding at 3 months	35.3	35.7
Exclusive breastfeeding at 6 months	14.3	13.6
Average mPINC score	63	66
% of live births occurring at Baby-Friendly facilities	1.43	1.47



Current Trends: CDC - mPINC

- Need for Quality Improvement in Illinois Hospitals
 - Decrease inappropriate usage of supplementation with formula/water/glucose water
 - Inclusion of Model Breastfeeding Policy Elements
 - Initiation of Mother and Infant Skin-to-Skin Care
 - Protection of Patients from Formula Marketing



Current Trends:

Baby Friendly Hospital Initiative

How does Illinois compare?

- Illinois – just 2 BFHI hospitals
 - St. John's Hospital – Springfield, IL
 - Pekin Hospital – Pekin, IL
- In 2012, in Chicago 14 Hospitals in Metro Chicago have entered the pathway toward designation over the past year
 - 2 hospitals in Discovery phase
 - 12 hospitals in Development phase
 - 1 in NICHQ project toward designation



City of Chicago and Suburban Cook County Communities Putting Prevention to Work



- Centers for Disease Control initiative
- Maternity Care Goals
 - Elevate standards of breastfeeding practices in Chicago hospitals
 - Increase breastfeeding rates by implementing Baby Friendly practices



COMMUNITIES PUTTING
PREVENTION TO WORK



Current Trends in ILLINOIS

- Illinois House Bill 4968: Hospital Infant Feeding Policy – passed May 2012
 - All Illinois Maternity Hospitals/Birthing Centers to adopt an infant feeding policy that promotes breastfeeding
 - Policy is to be routinely communicated to hospital staff in OB and neonatal areas
 - Requires that the policy apply to all mother-baby couplets in the obstetric and neonatal areas of hospitals
 - Effective January 2013



Current Trends:

Illinois Hospital Report Card

- Hospital Quality Rating for Consumers – will allow for consumers to choose their preferred hospitals based on breastfeeding rates
- Exclusive breastfeeding rates approved for inclusion on Illinois Hospital Report Card



Current Trends in Illinois

- Illinois Regionalized Perinatal Network System
 - Consists of 10 networks of hospitals statewide – Each network composed of a cluster of regional hospitals
 - 3 of 10 perinatal networks have already adopted breastfeeding quality improvement initiatives



Current Trends in Illinois

- Illinois State Quality Council and Perinatal Advisory Committee have approved the Evidence Based Breastfeeding Hospital Initiative (EBBHI) to become the Statewide Quality Councils' initiative for 2013.
 - The goal is to “make hospital environmental changes in maternity care practices to support initiation, continuation and exclusivity of breast milk feeding.”
 - Hospital CEO's soon to be introduced

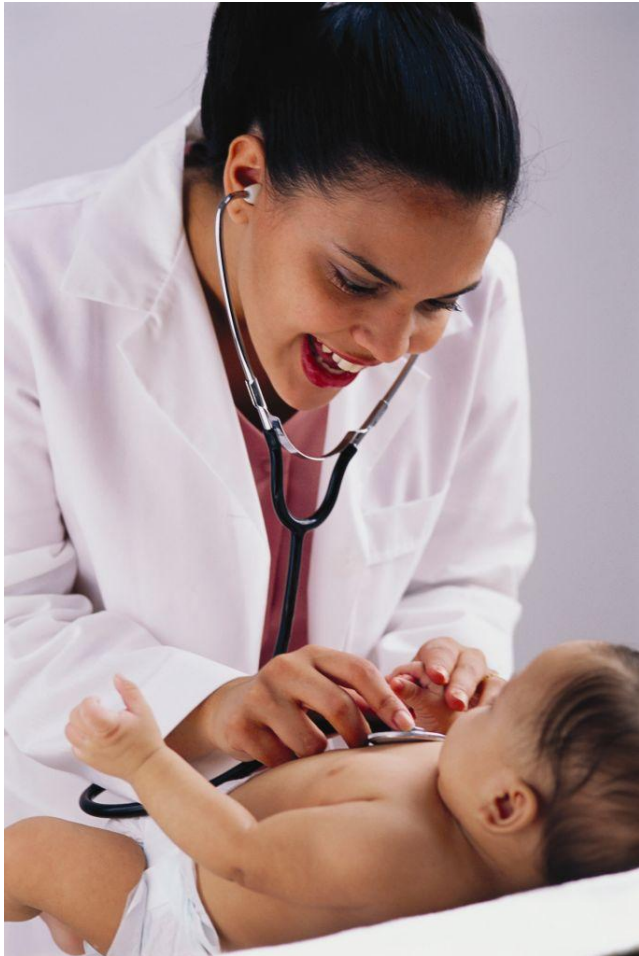


Current Trends in Illinois

- Illinois State Quality Council and Perinatal Advisory Committee EBBHI:
 - All Infants
 - **Skin to Skin** contact for at least 30 minutes: for all patients without complications regardless of feeding method within 2 hours of delivery
 - **24 hour rooming in:** keep mothers and babies together unless medically indicated
 - Additional Protocols for Breastfeeding Infants
 - **Initiate breastfeeding within 60 minutes** for all uncomplicated vaginal and cesarean births
 - Facilitate **breastfeeding on demand**
 - Educate and promote patients and families on the benefits of **exclusive breastfeeding** and support exclusive breastfeeding by avoiding the use of **routine supplementation** of breastfeeding infants through the use of formula, glucose, or water **unless medically indicated.**
 - For mothers who are separated from their babies educate and **initiate breast pumping** as soon as possible post delivery or within 6 hrs



Current Trends in Illinois



- The Illinois Physicians' Statement on Breastfeeding:
 - Led and authored by ICAAP
 - Collaborative statement between ICAAP, the Illinois section of the American Congress of Obstetricians and Gynecologists and the Illinois Academy of Family Physicians
 - Focus on continuity of care
 - Advocates for Baby-Friendly Hospital Initiative in Illinois



Illinois Physicians' Statement on Breastfeeding

- Continuity of Care
 - Pre-pregnancy to Weaning: Adequate resources and breastfeeding referrals to ensure duration of breastfeeding
- Evidence-based research
- Practice Recommendations
- Advocacy for Breastfeeding



Key Factors Supporting Success

- Local support utilizing a community-based approach providing personalized support – effective in facilitating environmental and systems change
- Collaborative approaches offer opportunities for group technical assistance and education - help hospitals find commonality in their challenges, community support, momentum to carry forward, networking, sharing of information, and healthy competition



Key Factors Supporting Success

- ❑ CEO/ Upper Administration buy-in and support is critical to success
- ❑ Physician involvement is key – engagement and support of champions are necessary to carry momentum for practice change
- ❑ Nursing/lactation leadership are your keys to activating and implementation
- ❑ Participation of all areas of maternity nursing and training of staff is critical to effectively implement practice and culture change



Key Factors Supporting Success

- Multi-faceted team approach – drawing upon strengths & expertise of a strategic collection of partners contributes to success
- Engagement of community resources facilitates continuity of care, consumer education and success
- Potential funding provides hospitals with an incentive to enter and pursue the 4-D pathway toward designation, aids in training staff



Getting Started

- ❑ Develop work plan: action steps and timeline
- ❑ Familiarize with Baby-Friendly Hospital Initiative and resources
- ❑ Outreach to CEO's
- ❑ Identify Lactation leaders and invite participation
- ❑ Obtain baseline maternity and infant practices
- ❑ Utilize ICAAP for information, guidance, support and resources



ICAAP Technical Support for Baby-Friendly Hospital Initiatives

- Assist and inform on work plan development
- Inform teams on implementation of Baby-Friendly steps and the 4D pathway
- Webinars to implementation teams to inform and aid in implementation process
- Presentations and educational seminars to nursing leadership, physicians/providers and decision makers
- Provide ongoing technical assistance:
 - strategic planning for program development, education, guidance and support, quality improvement collaboratives, resource information



Thank You

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