

Where Can We Do More? Medical Schools, Hospitals, Clinics, Community-Based Organizations?

Michal A. Young, M.D., F.A.A.P.

Associate Professor and Chairman

Medical Director, B.L.E.S.S.

Department of Pediatrics and Child Health

Howard University College of Medicine

DC AAP Chapter Breastfeeding Coordinator



Disclosure Statement

- I have no relevant financial relationships with the manufacturers of any commercial products and/or provider of commercial services discussed in this CME activity.
- I do not intend to discuss an unapproved/ investigative use of a commercial product/device in my presentation.

Benefits of Breastfeeding

- Superior nutritional content for infant
- Immunological protection for infant
- Improved cognitive outcomes for infant
- Protection from premenopausal breast cancer, epithelial ovarian cancer for the mother
- Improved mother – infant bond

Risks of not Breastfeeding*

Outcome	Excess Risk (%)
Hospitalization for lower resp tract infection 1 st year	257
Necrotizing Enterocolitis (preterm infant)	138
Asthma, with family history	67
Type 2 Diabetes Mellitis	64
SIDS	56
Eczema	47
Childhood Obesity	32
Maternal Ovarian Cancer	27
Acute Lymphocytic Leukemia	23
Maternal Breast Cancer	4

*The Surgeon General's Call to Action to Support Breastfeeding 2011. U.S. Dept of Health and Human Services



Risks of Not Breastfeeding

- Infants who are not breastfed have a 21% increased risk of neonatal death

Chen A, Rogan WJ. Breastfeeding and the Risk of Postneonatal Death in the United States. *Pediatrics* 2004;113:e435-e439.

Cost Savings

- Increasing the number of infants exclusively breastfed 6 month old infants to 90%
 - Save 911 infants annually
 - \$13 billion annually (2007 dollars)
 - Related to 10 childhood illnesses

Bartick M, Reinhold A. The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis. *Pediatrics*2010;125:e1048-56.



Cost of not breastfeeding

- \$850 million per year are spent by WIC to buy formula for families who could be breastfeeding ¹
- \$475 per non-breastfed infant 1st year ²
 - Extra health costs
 - Treating 3 common diseases

1 Oliveira V, Frazio E, Smallwood D. Raising Infant Formula Costs to WIC Program: Recent Trends in Rebates and Wholesale Prices. ERR 93, USDA, Economic Research, 2010;3-4..

2Ball TM, Wright AL. Health care costs of formula-feeding in the first year of life. *Pediatrics*. 1999;103:870-876.



What Can We Do to Promote Breastfeeding

- Implementation of the International Code of Marketing Breast-Milk Substitutes (The Code)
- Improved Health Care practices- instituting the “Ten Steps” is fundamental
- Employment legislation
- Widespread public education
- Community support

What Can We Do to Promote Breastfeeding

**IMPLEMENTATION OF THE INTERNATIONAL
CODE OF MARKETING BREAST-MILK
SUBSTITUTES (THE CODE)**

The Code

- International Code of Marketing of Breastmilk Substitutes – passed by the World Health Assembly/WHO in 1981 to protect mothers and babies. It continues to be one of the most hotly debated international recommendations ever.
- Requires that parents and healthcare providers be informed about the health hazards of unnecessary and improper use of infant formula

The Code

- Main points of the Code
 - No gifts or personal samples to health workers or their families
 - The Code protects artificially fed infants through its demand for product quality control, accurate scientific information and hazard warnings on labels which should take account of the climatic and storage conditions of the country in which they are to be used

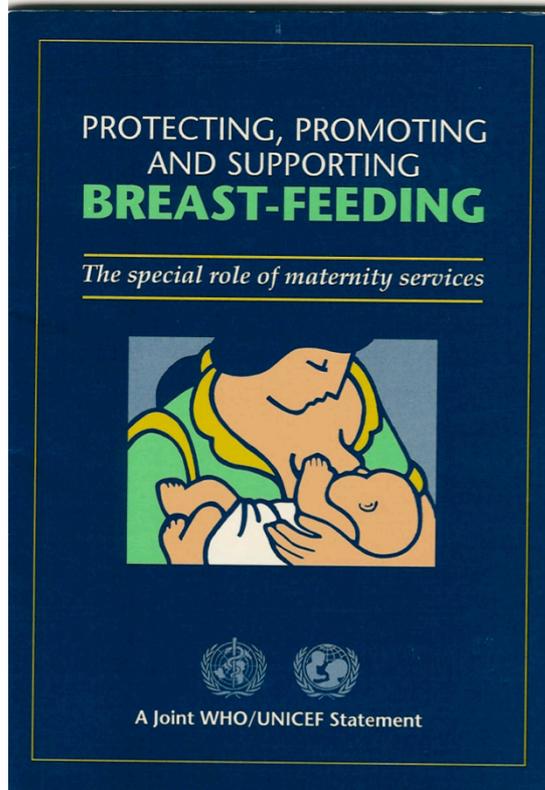
The Code

- Main points of the Code
 - No advertising, offering free samples to parents, idealizing artificial feeding and comparing products with breastmilk
 - Prohibits company personnel from contacting pregnant women, mothers or their families, whether directly or indirectly
 - Prohibits all promotion for any product that replaces breastmilk whether suitable or not

What Can We Do to Promote Breastfeeding

**IMPROVED HEALTH CARE PRACTICES-
INSTITUTING THE “TEN STEPS” IS
FUNDAMENTAL**

Baby Friendly Hospital Initiative



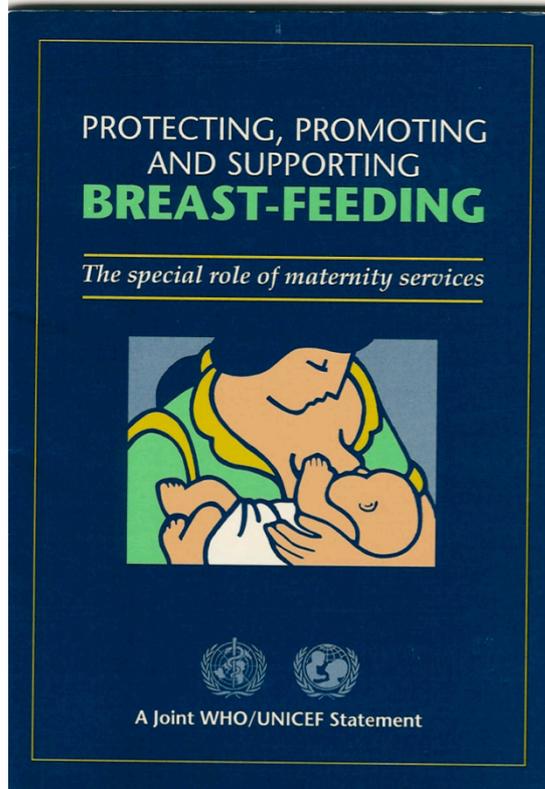
Care for mother during and immediately after delivery
(Joint Statement, 1989 pages 17-19)

TEN STEPS TO SUCCESSFUL BREASTFEEDING

Every facility providing maternity services and care for newborn infants should:

- 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.***

Baby Friendly Hospital Initiative



Care for mother during and immediately after delivery
(Joint Statement, 1989 pages 17-19)

TEN STEPS TO SUCCESSFUL BREASTFEEDING

Every facility providing maternity services and care for newborn infants should:

- 6. Give newborn infants no 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 teats or pacifiers to breastfeeding infants.*
- 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.*

Remember...

- Sufficient evidence exists for the effectiveness of the 10 Steps
- The most clearly effective of the 10 Steps relate to education, guidance and support for mothers before and after delivery, including after discharge from hospital
- Approach to the mother with delay or failure of lactogenesis must be individualized

Steps Related to Guidance and Support for the Mother

- The following steps have been shown to improve guidance and support for the mother to breastfeed:
 - o Step 3 – Antenatal Education
 - o Step 5 – Showing Mothers How to Breastfeed
 - o Step 10 – Continuing Support After Discharge

PLQCC

- The D.C. Breastfeeding Coalition established the District of Columbia Perinatal Lactation Quality Care Collaborative (PLQCC) in October 2010.
- Brought leaders together from the 7 general hospitals, 1 children's hospital and one free-standing birthing facility in the District to review evidence based best practices and learn from each other's successes and challenges addressing breastfeeding-related maternity care practices.
- Met quarterly

PLQCC

- 90% indicated that the meetings were helpful in improving their breastfeeding support services and 100% indicated that they would continue to attend future meetings.
- Participants' interest for future topics include:
 - ideas to optimize mother-baby nursing care that promotes breastfeeding ,
 - * identifying post-discharge breastfeeding support services
 - * assistance with improving workplace support and
 - * collaborating with research

Actions That Will Encourage/Support a Breastfeeding Choice

- Encourage the placement of the baby at the breast within 1 hour after delivery.
- When it is necessary to medicate the mother, select drugs that are compatible with breastfeeding if possible.
- Ask about breastfeeding concerns on the postpartum visits
- Make referrals to lactation consultants when needed
- Make referrals to WIC public health nutritionist in the prenatal and/or postpartum period

What we know

- Mothers and babies that do not initiate breastfeeding in the hospital are highly unlikely to breastfeed when they go home.

What we must do

- It is incumbent on those of us who care for mothers and babies in delivery settings in hospitals and birthing centers to do everything possible to promote, protect and support breastfeeding.
- Inform mothers, their families, communities and healthcare providers that Breastfeeding is not simply a choice, it's a health care decision.

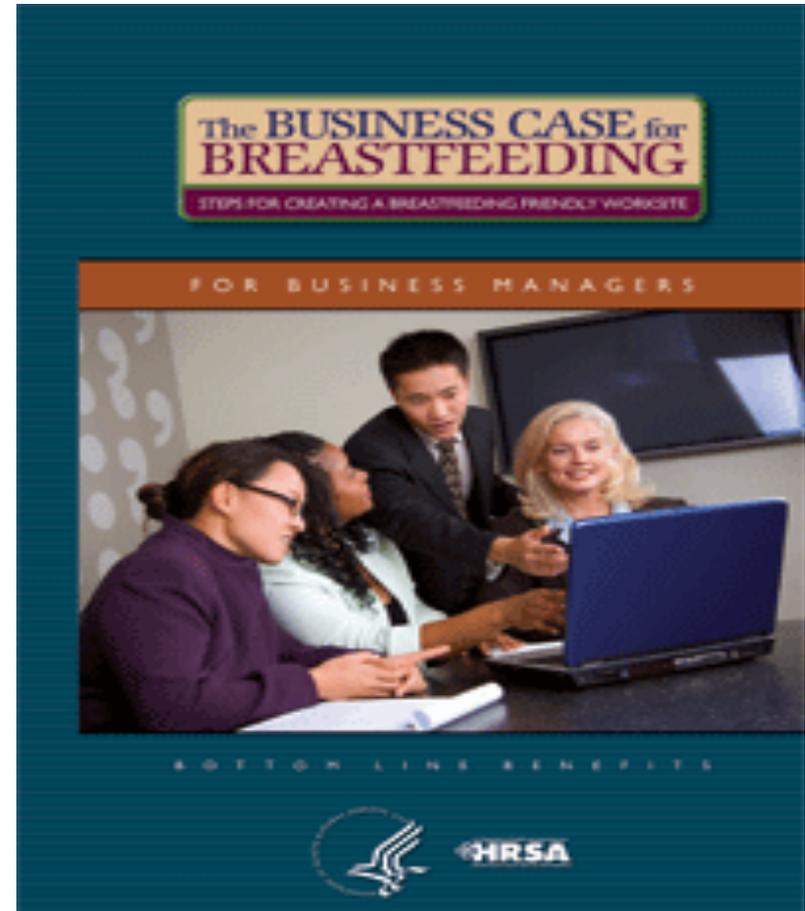
What Can We Do to Promote Breastfeeding

EMPLOYMENT LEGISLATION

EMPLOYER RESOURCES

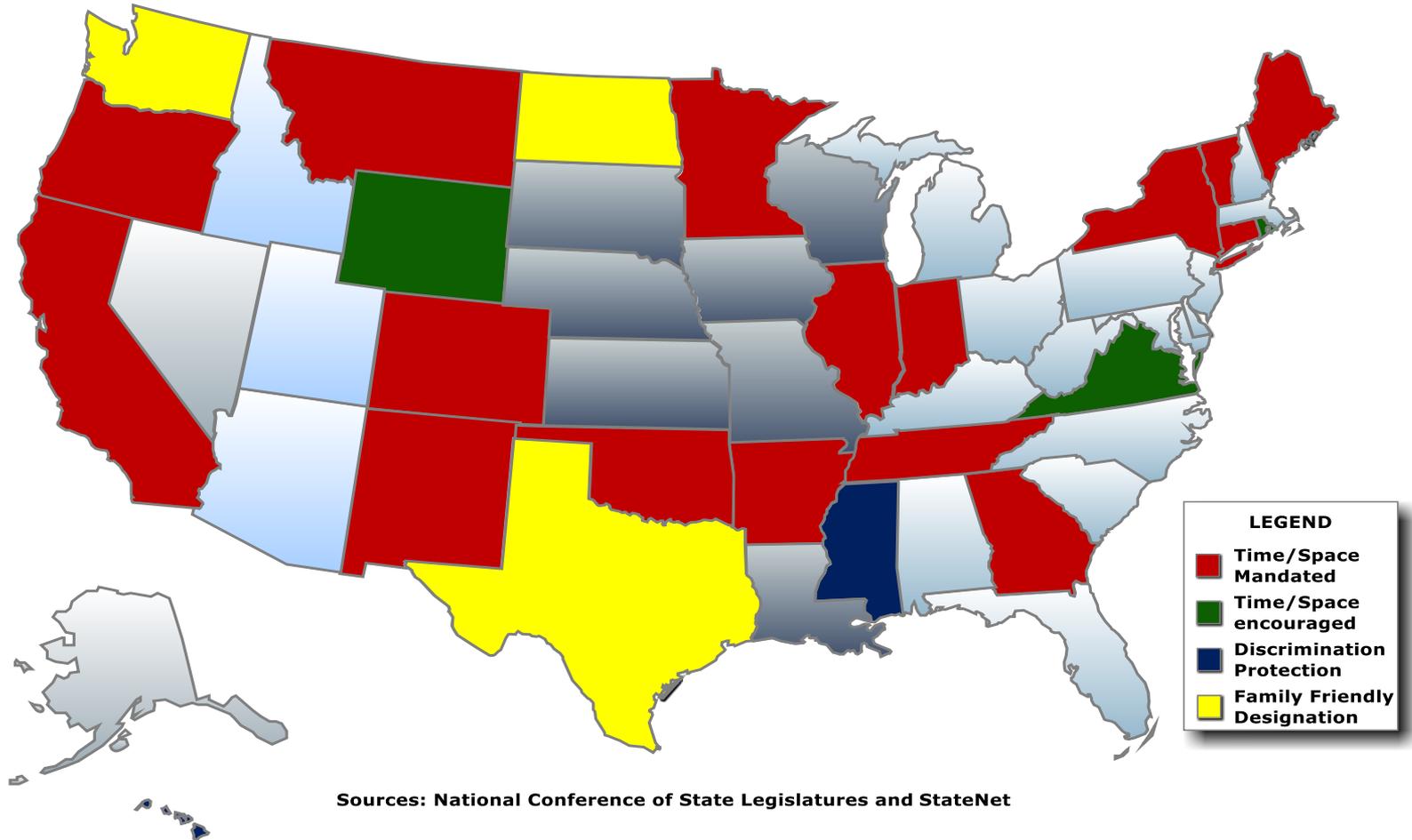
The Business Case for Breastfeeding

- National workplace initiative of US HRSA Maternal and Child Health Bureau
- Developed to address barriers and educate employers about the value of supporting breastfeeding employees in the workplace
- Trainings held in 30 states over 3 years through 2010



Workplace Legislation

WORKPLACE BREASTFEEDING LAWS



HEALTHCARE REFORM LEGISLATION

- Signed into law by President Obama on March 23, 2010
- Section 4207 amends the Fair Labor Standards Act (FLSA) of 1938 ([29 U.S.Code 207](#))
- Federal requirements do not preempt a state law that provides greater protections to employees

HEALTHCARE REFORM LEGISLATION

- Requires an employer to provide a place, other than a bathroom, and reasonable, unpaid break time for an employee to express breast milk each time she needs to for her nursing child for one year after birth
- If these requirements impose an undue hardship, an employer with less than 50 employees is not subject to them
- As of August 15, 2012 breast-pumps and equipment and lactation support is to be covered by insurances

HEALTHCARE REFORM LEGISLATION

- Will be administered by state branches of the Department of Labor
- Covers most, but not all, employees
 - “Non-exempt”/hourly wage earners are covered
 - Salaried (executive, administrative, or professional), and certain other employees not covered by provisions of FLSA section 207 (e.g., teachers) are not

DC Law Protects Nursing Mothers

- On December 7, 2007 Mayor Adrian M. Fenty signed a new law. This law is called the “Child’s Right to Nurse Human Rights Amendment Act of 2007” (Bill B17-0133). **The law makes it legal to breastfeed ANYWHERE a woman has the right to be with her child in DC.**
- The Law states that:
- An employer shall provide reasonable daily unpaid break-time, as required by an employee so she may express breast milk for her child; and An employer shall make reasonable efforts to provide a sanitary room or other location in close proximity to the work area, other than a bathroom or toilet stall, where an employee can express her breast milk in privacy and security.

What Can We Do to Promote Breastfeeding

WIDESPREAD PUBLIC EDUCATION

Widespread public education

- Targeted interventions to increase public acceptance of breastfeeding
 - legislation ensuring the right to breastfeed
 - programs to improve acceptance of breastfeeding in public places
 - placement of nursing mothers' lounges in public areas
 - interventions targeting child care facilities with breastfed infants and children
 - inclusion of breastfeeding in K-12 curricula

Widespread public education

- Social Norms
 - Beyonce
 - Time Magazine
- Poor Family/Social Support
- Embarrassment

CHILDCARE LEGISLATION

- Louisiana and DC prohibit any child care facility from discriminating against BF babies.
- Mississippi requires licensed child care facilities to
 - provide BF mothers with a sanitary place that is not a toilet stall to BF their children/express milk
 - provide a refrigerator to store expressed milk
 - train staff in the safe and proper storage and handling of human milk
 - display BF promotion information to the clients of the facility.

What Can We Do to Promote Breastfeeding

COMMUNITY SUPPORT

Community Support

- Knowledgeable physicians
- Lactation specialists
- Hospital support groups
- WIC programs
- La Leche League International



BLESS Baby and Family

- Breastfeeding
- Lactation
- Education
- Support
- Services
- District of Columbia WIC State Agency OAF Infrastructure Development for Breastfeeding, Lactation Parenting and Child Birth Preparation @ **HUH**



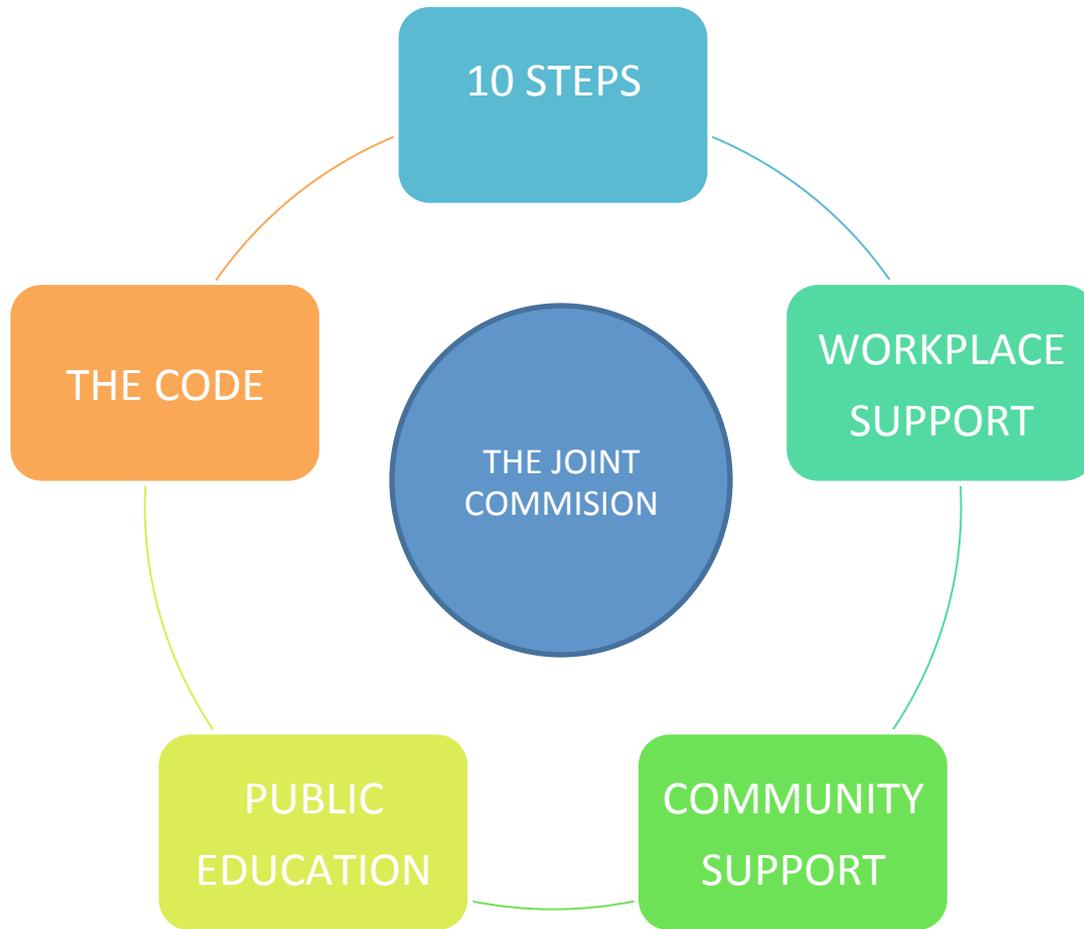
The East of the River Lactation Support Center - Washington D C

- Collaborative program between Children's National Medical Center, the Women Infants and Children (WIC) Program, and the DC Breastfeeding Coalition.
- The program aims to help mothers in the Washington, DC metro area who choose to breastfeed reach their breastfeeding goals through prenatal breastfeeding education and post-partum breastfeeding support.
- It is fully funded by a grant from the United States Department of Agriculture/WIC.

Actions That Will Encourage/Support a Breastfeeding Choice

- Speak with your patients during the prenatal period about the risks of not of breastfeeding
- Dispel misinformation about impact of breastfeeding on breast changes
- Dispel misinformation about breastfeeding and birth control
- Dispel misinformation about breastfeeding and sexuality
- Remove formula sponsored literature and samples from your office and replace with breastfeeding supportive literature and posters.

PERFECT STORM



The Perinatal Care Core Measure Set

- After March 31, 2010, The Joint Commission's Pregnancy and Related Conditions core measure set was retired.

The new Perinatal Care core measure set was available for selection for hospitals beginning with April 1, 2010 discharges.

The Perinatal Care Core Measure Set 2010

The Perinatal Care core measure set comprises the following measures:

- PC -01 Elective delivery
- PC-02 Cesarean section
- PC-03 Antenatal steroids
- PC-04 Health care–associated bloodstream infections in newborns
- PC-05 ***Exclusive breast milk feeding***

The Perinatal Care Core Measure Set 2014

The Perinatal Care core measure set comprises the following measures:

- PC -01 Elective delivery
- PC-02 Cesarean section
- PC-03 Antenatal steroids
- PC-04 Health care–associated bloodstream infections in newborns
- PC-05 *Exclusive breast milk feeding*
- **PC-05a – *Exclusive Breast Milk Feeding Considering Mothers Choice - Second rate, subset of first, excluding those whose mothers chose not to breast feed***
- Beginning with 2014 discharges, **ALL** hospitals with **1,100 or more deliveries** will be required to submit the Perinatal Care (PC) Measure Set to The Joint Commission for accreditation

The Joint Commission Rationale

Exclusive breast milk feeding for the first 6 months of neonatal life has long been the expressed goal of World Health Organization (WHO), Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP) and American College of Obstetricians and Gynecologists (ACOG). ACOG has recently reiterated its position (ACOG, 2007).

Why Exclusive Breastfeeding?

- Scientific evidence of the benefits for infant survival, growth and development
- Breastmilk provides all the energy and nutrients that an infant needs during the first 6 months
- Reduces infant deaths caused by common childhood illnesses such as diarrhea and pneumonia

The Joint Commission Rationale:

- Much evidence has now focused on the prenatal and intrapartum period as critical for the success of exclusive (or any) BF (Centers for Disease Control and Prevention [CDC], 2007; Petrova et al., 2007; Shealy et al., 2005; Taveras et al., 2004).

The Joint Commission Rationale:

- Exclusive breast milk feeding rate during birth hospital stay has been shown to be **unacceptably low**. Healthy People 2010 and the CDC have been active in promoting this goal For newborn feeding.

Joint Commission Rationale

2007 Data

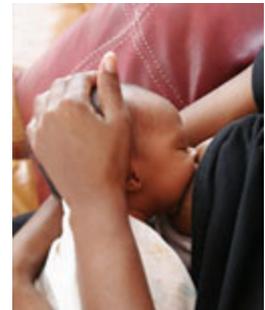
- 24% of facilities reported giving supplements (and not breast milk exclusively) as a general practice with more than half of all healthy, full-term breastfeeding newborns, a practice that is not supportive of breastfeeding
- Healthy, full-term breastfed infants who receive supplements are given glucose water or water, 30% of facilities reported giving feedings of glucose water and 15% reported giving water, practices that are not supportive of breastfeeding.
- 17% of facilities reported they gave something other than breast milk as a first feeding to more than half the healthy, full-term, breastfeeding newborns born in uncomplicated cesarean births

Joint Commission Definition

- Includes **all live born newborns discharged from the hospital except:**
 - Discharged from the NICU
 - Diagnosed with galactosemia before discharge
 - Fed parenterally during the hospital stay
 - Experienced death
 - Length of stay >120 days
 - Enrolled in clinical trials
 - *Documented Reason for Not EBF*

Breastfeeding is: All in one

- Psychoneurological stimulation
- Food
- Hormones
- Immune stimulation/modulation
- Granulocytes
- Medication



- We must convey that it is absolutely necessary for Americans to recognize that affordable and attainable health care begins with breastfeeding.



- Breastfeeding is the single intervention that confers a lifetime of health benefits in infancy and beyond.



Babies were born to be breastfed

**CASES – WHERE DO WE NEED TO
DO MORE**

Meet Sharon

Healthy 19yo African American G1P1 who decided to breastfeed in the 8th month of her pregnancy.

She is the first in her family to attempt breastfeeding.

She was able to latch her daughter “well” in the hospital and only experienced mild nipple pain.

Since her milk came in (on day 2), her baby has refused to latch.

She attempted to pump her engorged breast causing bleeding and cracked nipples.

Sharon's story continued

- Fully formula feeding when she calls you for help on DOL #3.
- Significant tissue damage noted on her flattened nipples.
- Unable to latch without assistance and nipple shield.
- Transitions to EBF and continues until her milk supply drops suddenly after starting a hormonal contraceptive at 3 months.

Sharon's Challenges Addressed

- Lactation Problems/Healthcare Related (10 Step Issues)
 - Healthcare staff training in the skills necessary to assess and assist breastfeeding families (with or without problems)
 - Related to lack of prenatal education provided to inexperienced breastfeeding mom
 - Increased educational efforts to counteract family pressure for hormonal contraception
 - Remember that all patients do not respond the same and to listen to the patient

Sharon's Challenges Addressed

- Community Support
 - Inclusion of basic breastfeeding education and nipple exam during routine prenatal care
 - Routine breastfeeding education for all mom enrolled in WIC regardless of their intent to breastfeed
 - Discussion of breastfeeding intentions during any pediatric office visits once pregnancy determined or visible

PRENATAL EDUCATION

- Goal is
 - to increase mothers' breastfeeding knowledge and skills, AND
 - to influence their attitudes toward breastfeeding
- Most effective single intervention for increasing breastfeeding initiation and short-term duration
- taught by someone with expertise or training in lactation management Prenatal education more helpful for primigravida
- needs to cover BF technique and build confidence
- Group discussions: myths, inhibitions, and practical demonstrations
- Talks about benefits: doubtful value



Sharon's Challenges Addressed

- Invite key family members/significant others into all prenatal and post-partum conversations about breastfeeding
- Provide specific recommendations about non-nutritive ways family members/significant others can be supportive
- Provide referral to local breastfeeding support group upon discharge

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