

DNPAO State Program Highlights

Maternity Care Practices



State-Based Programs

The Nutrition, Physical Activity, and Obesity Program (NPAO) is a cooperative agreement between the CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO) and 25 state health departments. The program goal is to prevent and control obesity and other chronic diseases through healthful eating and physical activity.

DNPAO Target Areas

The state programs develop strategies to leverage resources and coordinate statewide efforts with multiple partners to address all of the following DNPAO principal target areas:

- Increase physical activity
- Increase the consumption of fruits and vegetables
- Decrease the consumption of sugar sweetened beverages
- **Increase breastfeeding initiation, duration, and exclusivity**
- Reduce the consumption of high energy dense foods
- Decrease television viewing

Strategies Related to Breastfeeding

DNPAO developed six guidance documents to provide assistance and direction regarding each of the principal target areas. The guidance document developed to address breastfeeding includes the following strategies:

- **Maternity care practices**
- Support for breastfeeding in the workplace
- Peer support
- Educating mothers
- Professional support
- Media and social marketing

Maternity Care Practices

Maternity care practices related to breastfeeding take place during the intrapartum hospital stay which includes immediate prenatal care, care during labor and birthing, and postpartum care.

Some maternity care practices with the potential to influence breastfeeding include developing a written policy on breastfeeding, providing all staff with education and training, encouraging early breastfeeding initiation, supporting cue-based feeding, restricting supplements and pacifiers for breastfed infants, and providing post-discharge follow-up.

State Activities Promoting Maternity Care Practices

Colorado

Colorado Can Do 5! Initiative

Based on a report published by the Colorado Department of Public Health and Environment (CDPHE), significantly higher breastfeeding continuation rates in Colorado were associated with five maternity care practices including (1) the infant is breastfed in the first hour after birth, (2) the infant is fed only breast milk in the hospital, (3) the infant stays in the same room with the mother in the hospital, (4) the infant does not use a pacifier in the hospital, and (5) hospital staff gives the mother a telephone number to call for help with breastfeeding after discharge. As a result of this report, CDPHE decided to disseminate this information to hospitals and medical centers and developed the Colorado Can Do 5! statewide hospital initiative.

Funded by CDPHE, Colorado Can Do 5! is a collaborative effort of the Colorado Physical Activity and Nutrition Program; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); the Colorado Women's Health Unit; and the Colorado Breastfeeding Coalition.

The initiative focuses on providing informational sessions on the five maternity care practices to state hospitals and medical centers with maternity services. CDPHE invites public and private health care providers to attend educational sessions in their respective hospitals, and the information is presented by breastfeeding coalition members (such as, a physician, dietician, and a lactation consultant). The presenters are also available to hospitals for technical assistance on implementing the five practices.

As a result of the initiative, over 900 health care providers at 51 of the 55 Colorado hospitals have received training on the Can Do 5! message. CDPHE also manages a listserv among a network of hospital staff working in lactation through which breastfeeding resources and updates are communicated. In addition, over 30,000 crib cards reinforcing the Can Do 5! message to parents and health care providers have been distributed to hospitals, public health agencies, medical centers, and WIC programs.

Future plans for the statewide initiative include providing the Can Do 5! information to the remaining four Colorado hospitals and evaluating the impact of the initiative. Additionally, hospitals will have the opportunity to apply for an award if they have demonstrated success in institutionalizing the five recommended maternity care practices.

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Indiana

Utilizing a State-Funded Position to Create a Network of Community Support

Through funding from the Division of Nutrition and Physical Activity and the Division of Maternal and Child Health at the Indiana State Department of Health, a state breastfeeding coordinator position was established in 2008. The coordinator has since worked on various breastfeeding efforts throughout the state to improve maternity care practices. These activities include sponsoring a summit for hospital administrators to highlight the importance of implementing evidence-based practices for breastfeeding; sponsoring candidates to attend the International Board Certified Lactation Consultant (IBCLC) training and take the IBCLC exam; providing sample breastfeeding policies to hospitals upon request; and establishing links between maternity care facilities and local coalitions through community partnerships.

The creation of a state breastfeeding coordinator position has allowed for numerous state successes related to breastfeeding. Most significant was the support of 15 Indiana residents to take the IBCLC exam, all of whom were provided training and study materials. Because of this training, nine counties that previously did not have an IBCLC now have one to facilitate breastfeeding activities.

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New Mexico

Using Loving Support to Create a Breastfeeding-Friendly Community

In 2006, New Mexico was one of four states to attend a CDC-sponsored training entitled "Using Loving Support to create a breastfeeding-friendly community." This training promoted community-based efforts to provide the loving support that new mothers need while breastfeeding and addressed the protective factors breastfeeding has against childhood overweight, various chronic diseases, infectious diseases,

and improving the immune system. Following the training, the New Mexico Department of Health's Physical Activity and Nutrition Program, WIC, and the Pregnancy Risk Assessment and Monitoring System (PRAMS), along with the New Mexico Breastfeeding Taskforce, combined efforts to turn the knowledge and skills learned from the CDC training into action.

In 2007, the program began with the development of health care provider training and resource initiative in Cibola County. This allowed local hospital staff to receive skill-based training on best lactation practices in addition to textbooks and educational resources. During the second program phase, staff planned and delivered a town meeting to discuss facilitators and barriers to successful breastfeeding. Participants at the town meeting highlighted the importance of establishing follow-up support for mothers after they leave the hospital. As a result of the meeting, there was improved community collaboration with the local Cibola County Breastfeeding Task Force. The third program phase consisted of leveraging funding from the New Mexico Breastfeeding Task Force to institute a weekly breastfeeding support group to mothers who deliver and initiate breastfeeding at Cibola General Hospital.

Since the program began in 2007, breastfeeding initiation rates among WIC mothers have increased in Cibola County from 61.3% to 70.9%. Future plans for the program include expanding the program to Clovis, New Mexico, and the selecting another intervention community based on community needs and breastfeeding rates.

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New York

Maternity Care Staff Training to Improve Hospital Breastfeeding Support Practices

To support improvements in hospital breastfeeding policies and practices, the New York State Department of Health purchased access to an online training called the Ten Steps to Successful

Breastfeeding: 18-Hour Interdisciplinary Breastfeeding Management Course for the United States. This course addresses the basic training requirements specified in the Ten Steps to Successful Breastfeeding, ten strategies endorsed by the WHO and UNICEF to support successful breastfeeding in maternity care facilities.

With the purchase of the course, every hospital in the state that provides maternity care was provided up to 8 access codes for the training. The course access codes are distributed by the Regional Perinatal Care Centers to their affiliate hospitals. The New York State Department of Health monitors participants' initiation, progress, and completion of the course statewide.

Since December 2009, more than 550 course codes have been distributed to New York hospitals. Future plans for the program include administering hospital surveys to assess the range of staff trained and credentialed in breastfeeding support and the deployment of trained and credentialed staff across work shifts. Furthermore, a subset of hospitals engaged in an additional breastfeeding quality initiative will receive course codes sufficient to train 15-20 maternity care staff.

New York Hospital Breastfeeding Performance Indicators

A high proportion of breastfed infants born in New York hospitals are supplemented with formula before two days of age. In 2008, formula supplementation of breastfed infants in New York hospitals, excluding New York City, varied from 0-99%. Hospital staff are generally aware of the breastfeeding initiation rates at their hospital, but are less aware of their exclusive breastfeeding and formula supplementation rates. To address this issue, infant feeding data from the New York Statewide Perinatal Data System, an electronic maternal and newborn data collection and analysis system, was analyzed. The New York State Department of Health used the findings to rank hospitals based on three breastfeeding indicators: breastfeeding initiation, exclusive breastfeeding, and formula supplementation of breastfed infants.

Each hospital was informed of their performance relative to other hospitals and provided the opportunity to review and verify their infant feeding data. Following this review and verification phase, the New York State Department of Health plans to post each hospital's breastfeeding performance indicators on their Web site and add this information to the *Maternity Information Leaflet*, a brochure hospitals are required to provide to patients during pre-booking or admission. Hospitals will also receive annual reports reflecting their performance on breastfeeding indicators.

Reviewing and Analyzing Breastfeeding Policies and Infant Feeding Practices in New York Hospitals

To further assess breastfeeding practices in hospitals around the state, the New York State Department of Health collected, reviewed, and analyzed hospital breastfeeding policies and infant care and feeding practices. The project began with a request to maternity care hospitals to submit their written breastfeeding policies as specified in New York's Rules and Regulations Title 10, Part 405.21 (which describe 32 maternity care requirements for hospitals to implement); and supporting documentation including newborn admission orders; written policies and procedures related to newborn care in labor and delivery, newborn rooming-in, feeding, and care.

Once this information was received from all 139 New York maternity care hospitals, a standard coding system was developed to identify how many of the 32 maternity care requirements hospitals were included in their policies, resulting in a total policy score for each hospital and a quartile ranking with other hospitals in the state. This information was sent to each hospital CEO using a secure web-based system for health data and information developed by the New York State Department of Health. To facilitate ongoing communication and support with hospitals, a mail distribution entitled *Promoting Breastfeeding* was established.

Future plans for this project include recollecting and evaluating hospital policies addressing breastfeeding

practices next year. In addition, the New York State Department of Health plans to collaborate with breastfeeding experts to develop the *New York State Breastfeeding Model Hospital Policy Guidelines*. These guidelines will provide recommendations to support hospital policy improvement and will be disseminated through web-based trainings for hospitals.

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Texas

Texas Ten Step and Texas Ten Step Star Achiever Programs

In 1999, the Texas Department of State Health Services (DSHS) and the Texas Hospital Association together developed the Texas Ten Step Program in an effort to improve the health of Texas mothers and infants by promoting breastfeeding. The objectives of the Texas Ten Step Program are to encourage facilities to reach the goal of having 75 percent of their mothers breastfeeding at discharge; to help facilities support breastfeeding mothers before, during, and after delivery; and to encourage facilities to identify breastfeeding resources for mothers after they are discharged. The Texas Ten Step Program is based on the WHO-UNICEF Ten Steps to Successful Breastfeeding. The DSHS certification is entirely voluntary and self-reporting and the certification is awarded for having policies that address 85 percent of the Steps. DSHS encourages Texas Ten Step Program Hospitals to make the additional changes to become a Baby Friendly Hospital, a certification awarded to hospitals by Baby Friendly USA that demonstrate an optimal level of care for infant feeding.

To assist Texas Ten Step facilities to more fully integrate the WHO-UNICEF Ten Steps to Successful Breastfeeding, DSHS is planning and developing a new program called Texas Ten Steps Star Achiever Program. The program will utilize a staged approach by targeting hospitals that have already experienced small-scale successes in addressing the WHO-UNICEF Ten Steps to Successful Breastfeeding. The program will provide technical assistance, training, tools, and

collaborative opportunities to assist hospitals in implementing quality improvement processes and delivering recommended care for lactating mothers and infants.

Texas Better by Breastfeeding Initiative

The Better by Breastfeeding Initiative was developed in collaboration with several program areas across the Texas Department of State Health Services with a shared interest in breastfeeding promotion and obesity prevention. The goal of the Better by Breastfeeding Initiative is to increase awareness among key decision makers of the impact of hospital policies and practices on breastfeeding outcomes.

Pertinent resources will be disseminated to inform community and hospital stakeholders, including state and local breastfeeding coalition members, regional and local WIC program staff, lactation consultants, OB-GYN doctors, pediatricians, neonatologists, hospital administrators, quality improvement directors, and maternity service nurse managers. The purpose of these documents will be to report the current state of breastfeeding in Texas hospitals and encourage hospitals to take steps to improve exclusive breastfeeding rates in the postpartum hospital setting.

Resources will consist of an informational booklet about the impact of hospital practices on breastfeeding outcomes, one page fact sheets, a self-assessment guide, a resource list, and a hospital-specific one-page report. The hospital-specific report will include data reflecting a hospital's exclusive breastfeeding rate in comparison to rates among the hospital's geographic region and the rest of the state.

The Better by Breastfeeding Initiative aims to motivate hospitals to consider what changes can be made to move along the continuum of recommended practices toward the Ten Steps to Successful Breastfeeding.

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Washington

Maternity Care Practices in Washington Hospitals: A Quality Improvement Process

The Washington Nutrition, Physical Activity, and Obesity Prevention Program provided funding to the Breastfeeding Coalition of Washington to support a program called Within Reach. Within Reach is a pilot project that encourages hospitals to implement evidence-based maternity care practices.

The project began with a collaboration between the Breastfeeding Coalition of Washington and Yakima Valley Memorial Hospital to review data from the Maternity Practices in Infant Nutrition and Care Survey. To obtain an accurate view of the hospital's practices, the maternity care manager at the hospital conducted a small chart audit. Using this information, the coalition tailored a training for Yakima Valley Memorial Hospital physicians, hospital administrators, and maternity staff. The training topics included results from the internal chart audit, the impact of maternity care practices on breastfeeding, strategies to improve maternity care practices, and recommendations from a family physician that had previous success in implementing a breastfeeding quality improvement plan at a Seattle medical center.

Since the July 2009 training, the coalition has continued to provide follow-up technical assistance to the hospital. As a result of the Within Reach project, Yakima Valley Memorial Hospital formed a "Promoting Breastfeeding Success Performance Improvement" committee to further identify and improve maternity care practices within the hospital. In April 2010, the hospital also implemented a policy to eliminate the distribution of commercial formula discharge packs. Future plans for the project include providing similar trainings to an additional four hospitals and evaluating the processes and outcomes of the program.

Increasing Breastfeeding Success: Why It Matters and What the Research Shows

The Washington State Health Department provided funding and support for a project aimed develop evidence-based policies and protocols related to maternity care practices by improving knowledge among health care providers.

This project involved the development of a CD-ROM toolkit which spanned ten lactation topics. The program toolkit included PowerPoint presentations with notes for presenters, learning objectives, questions to stimulate discussions on how to improve practice, educational handouts, pre- and post-tests, an evaluation, bibliographies from peer-reviewed publications, and suggestions for planning and implementing presentations. The presentations were developed using evidence-based research and designed to facilitate an hour-long presentation and discussion. The presentations were created for several audiences, including health care staff to share during department continuing education time, medical resident lectures, and groups wishing to organize larger interdepartmental lectures.

Since development, 1,000 copies of the CD-ROM toolkit have been distributed to state breastfeeding coalitions, hospitals, medical clinics, health departments, and medical schools across the country. Many health care providers consider the program useful because of the detailed information offered for planning and delivering maternity care practice information and also because of the low cost.

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Need more information?

Visit the CDC DNPAO Web site to learn more information about our funded state programs:

<http://www.cdc.gov/obesity/stateprograms/index.html>