

# Welcome

Office for State, Tribal, Local and Territorial Support  
*presents . . .*

***CDC Vital Signs***

**Hospital Support for Breastfeeding: Experiences from  
State and Tribal Partners**

**October 13, 2015  
2:00–3:00 pm (EDT)**



Centers for Disease Control and Prevention  
Office for State, Tribal, Local and Territorial Support



# Agenda

<b>2:00 pm</b>	<b>Welcome &amp; Introductions</b>	<b>Judy Monroe, MD</b> Director, Office for State, Tribal, Local and Territorial Support Deputy Director, CDC
<b>2:05 pm</b>	<b>Presentations</b>	<b>Cria Perrine, PhD</b> Lead, Infant Feeding Team, Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion, CDC  <b>Susan Karol, MD</b> Chief Medical Officer, Indian Health Service  <b>Carina Saraiva, MPH</b> Research Scientist, California Department of Public Health
<b>2:30 pm</b>	<b>Q&amp;A and Discussion</b>	<b>Judy Monroe, MD</b>
<b>2:55 pm</b>	<b>Wrap-up</b>	
<b>3:00 pm</b>	<b>End of Call</b>	



**CDC**  
**Vital**signs™ Teleconference  
to support STLT efforts and build  
momentum around the monthly  
release of CDC *Vital Signs*



# Vital Signs: Improvements in Hospital Support for Breastfeeding, 2007–2013

**Cria Perrine, PhD**

Lead, Infant Feeding Team

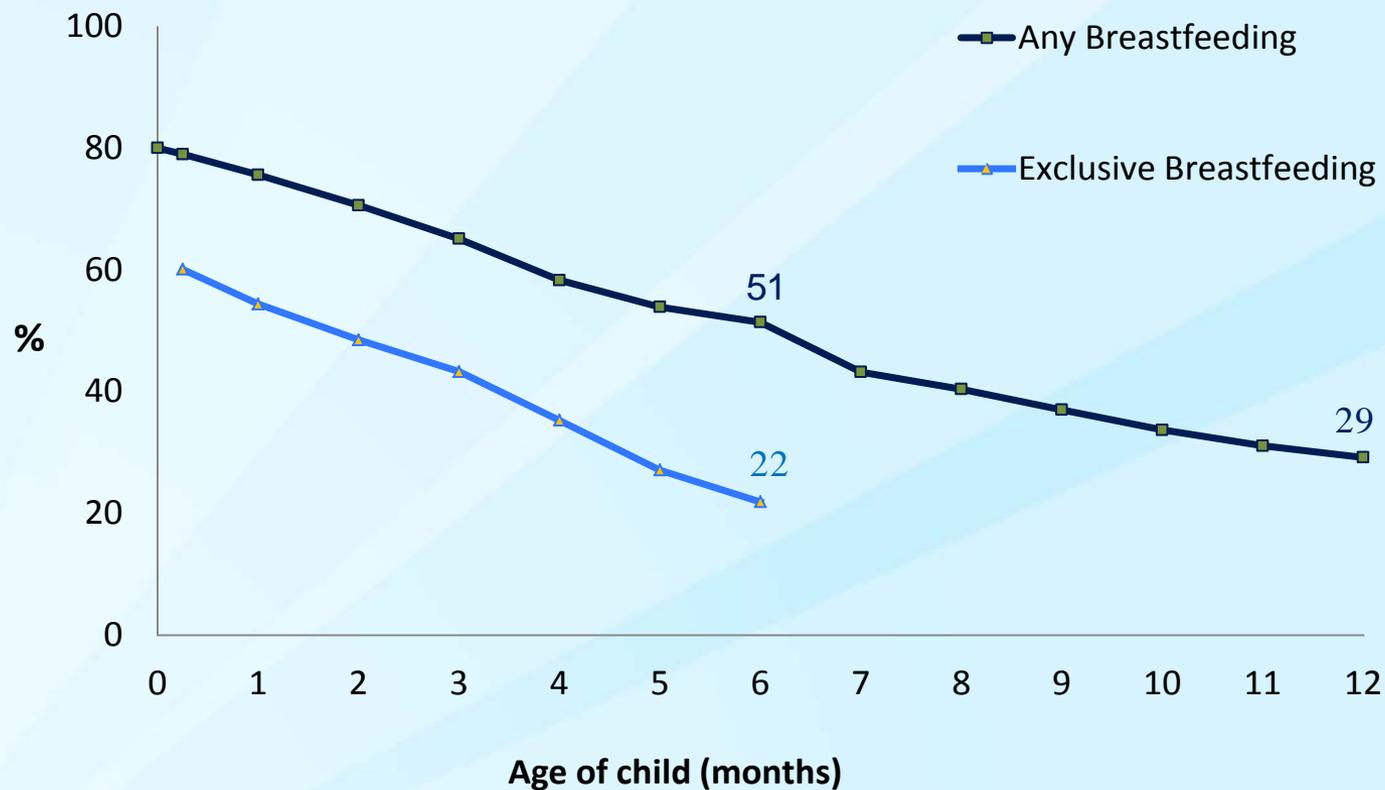
Nutrition Branch

Division of Nutrition, Physical Activity, and Obesity

# Breastfeeding Improves the Health of Mothers and Babies

- ❑ **American Academy of Pediatrics recommends:**
  - Exclusive breastfeeding\* for about 6 months
  - Continued breastfeeding 1 year or longer
- ❑ **Babies who are breastfed have a reduced risk of numerous illnesses and conditions**
  - Low rates of breastfeeding add \$2.2 billion a year to medical costs for children
- ❑ **Mothers who breastfeed have a reduced risk of breast and ovarian cancers and diabetes**
  - More recent evidence suggests a lower risk of heart disease

# Percentage of Children Breastfeeding During the First Year



Exclusive breastfeeding is defined as only breast milk and needed medications or vitamins.

# US Breastfeeding Intentions

- ❑ 60% of mothers stop breastfeeding earlier than they want
  - Reasons for stopping related to early problems with breastfeeding
  - Problems that can often be overcome with early professional support and management



# Baby-Friendly Hospital Initiative

- ❑ **Developed by WHO/UNICEF in 1991**
  - Evidence-based hospital practices to support breastfeeding
  - Ten Steps to Successful Breastfeeding + following International Code of Marketing of Breast Milk Substitutes
- ❑ **Endorsed by American Academy of Pediatrics in 2009**
- ❑ **14% of US babies born in Baby-Friendly hospitals**

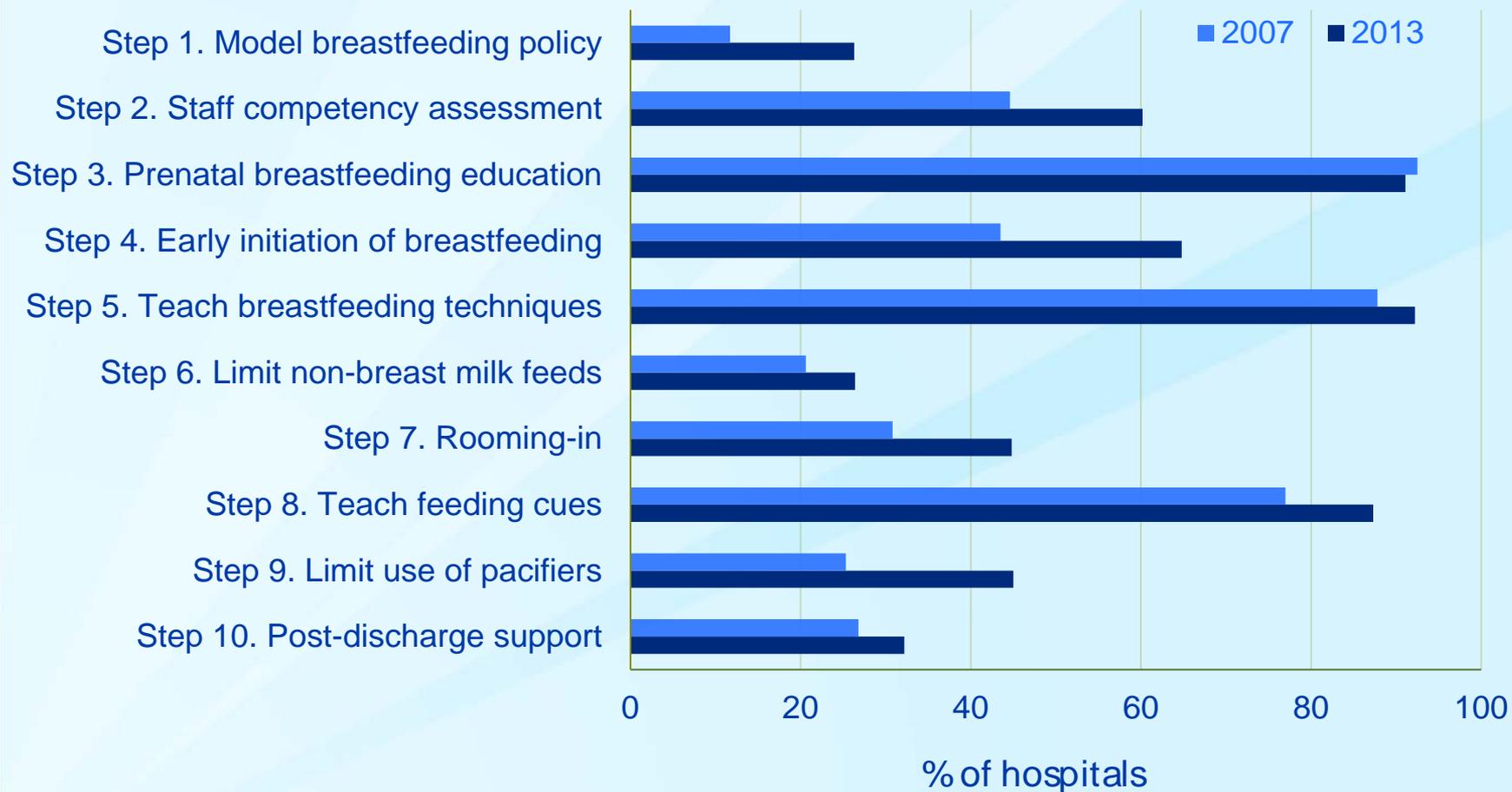




# Maternity Practices in Infant Nutrition and Care (mPINC) Survey

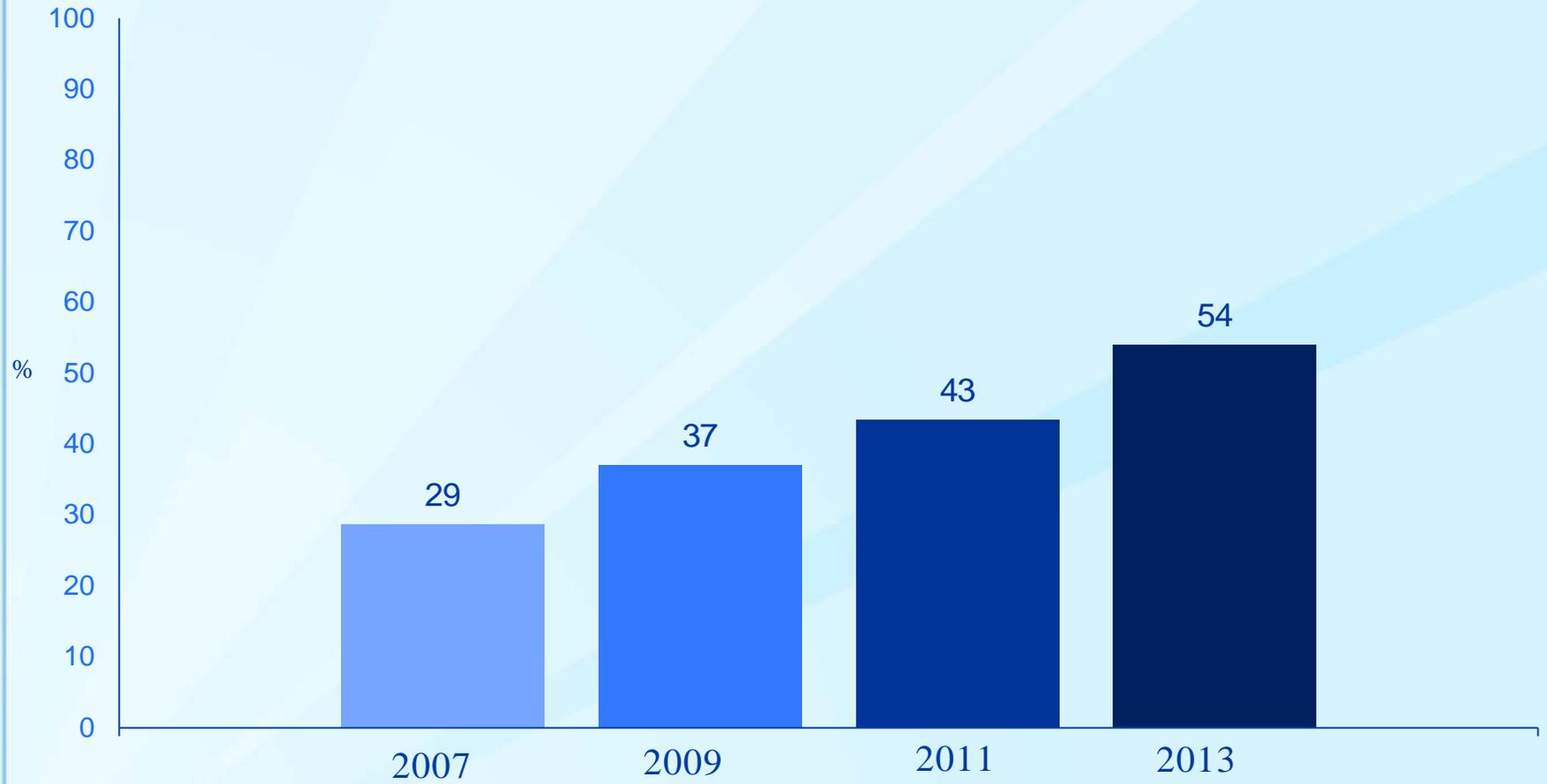
- **Census of all hospitals and birth centers that provide maternity services**
  - 2007, 2009, 2011, 2013
  - 82–83% response rate
  
- **Assess usual practice for healthy, term infants**
  - Key informant identified through telephone screening as person most knowledgeable about relevant practices
    - Encouraged to get input from key staff as needed
  - 56-item questionnaire

# Percent of Hospitals Implementing the Ten Steps to Successful Breastfeeding

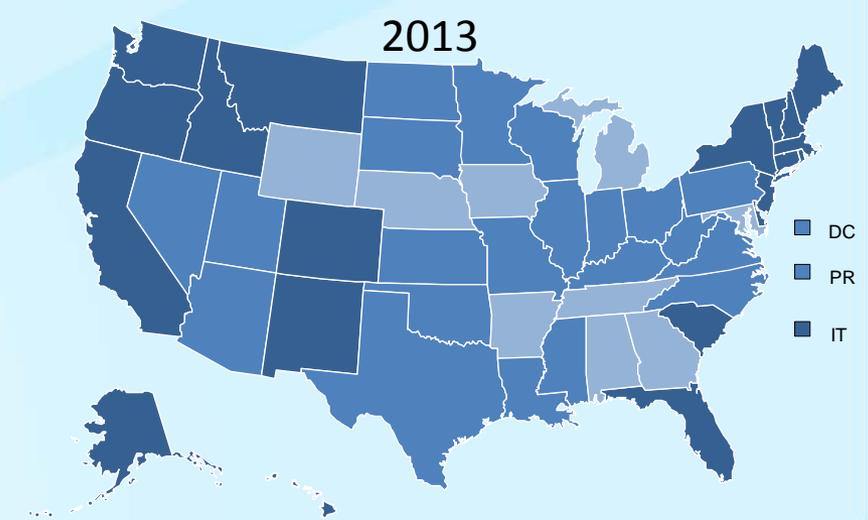
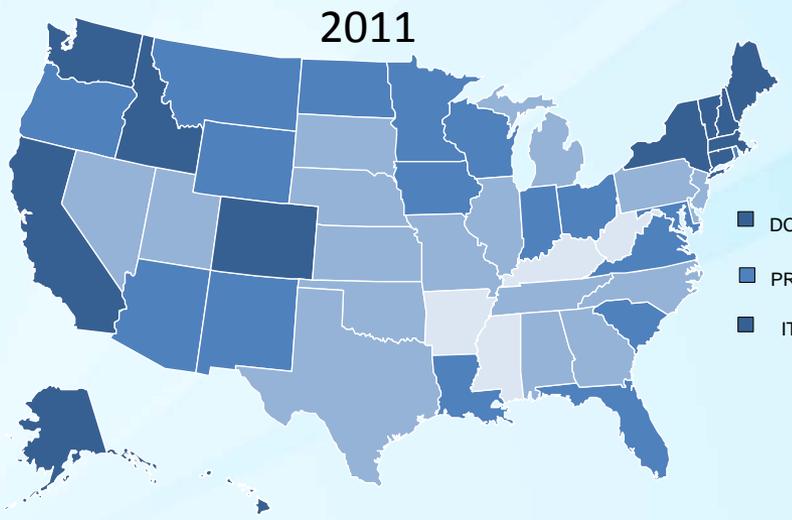
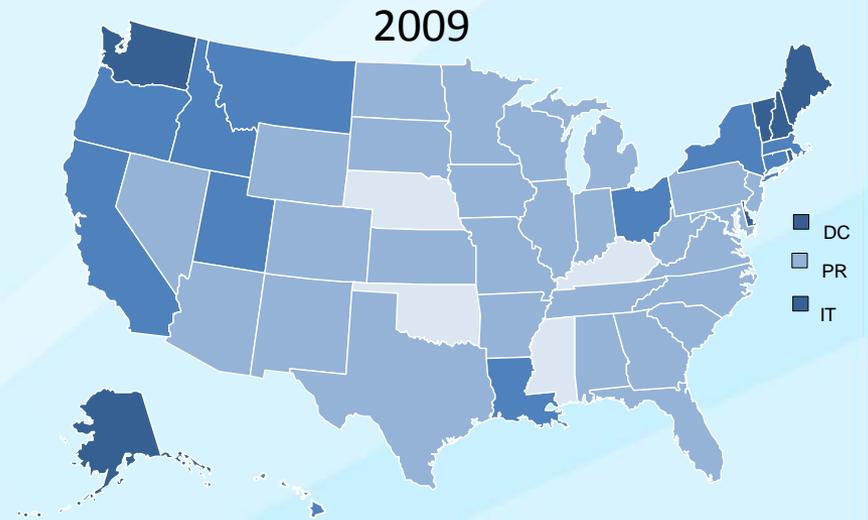
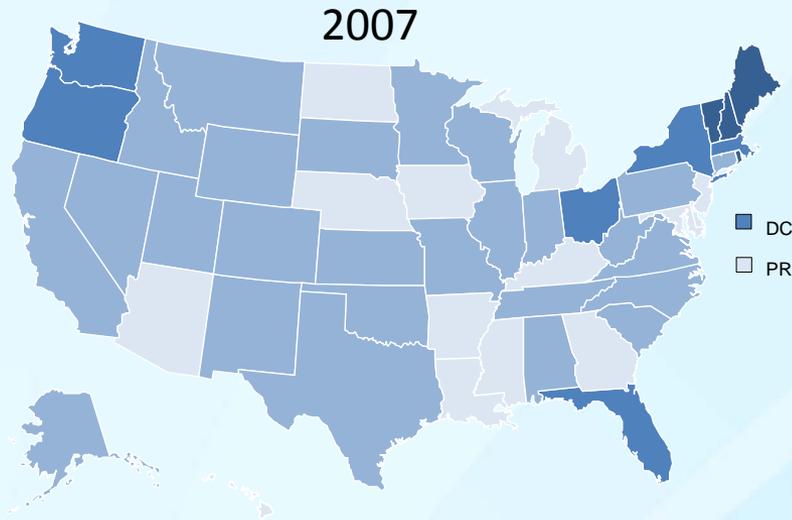




# Percent of Hospitals Implementing More Than Half of the Ten Steps



# Percent of Hospitals Implementing More Than Half of the Ten Steps, by State





## Take Home Messages

- ❑ Hospital practices play a critical role in a mother's ability to carry out her intention to breastfeed
- ❑ Hospital practices that support breastfeeding are improving in the US
  - Nationally and across states
- ❑ More work is needed to ensure all mothers receive optimal breastfeeding support in the hospital

**cperrine@cdc.gov**

**For more information, please contact the Centers for Disease Control and Prevention**

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



# **The Baby-Friendly<sup>®</sup> Hospital Initiative at Indian Health Service: A System-wide Approach to Implementation**

Susan Karol, MD  
Chief Medical Officer  
Indian Health Service

October 13, 2015



# The Indian Health Service Baby-Friendly Hospital Initiative

- A global program launched in 1991 by the World Health Organization and UNICEF, to increase breastfeeding rates and ensure optimal care for new families
- All 13 IHS OB hospitals became Baby-Friendly (BF) designated between 2012 and 2014
- Maintaining Baby-Friendly standards will help end the epidemic of obesity and diabetes in Indian Country within a generation



# Steps Toward Baby-Friendly Designation

- IHS employed broad implementation strategies—for example:
  - All 13 hospitals adopted an infant feeding policy based on a common model
  - Electronic Health Record templates were created to capture Baby-Friendly activity
  - Hospitals shared strategies via regular webinars and phone conferencing



# Steps Toward Baby-Friendly Designation

- ALL RNs are required to take 15 hours of BFUSA curriculum training and 5 hours of didactic hands-on training
- Public Health Nurses are required to take the 15 hours, plus an additional 5 hours of community BF training
- All OB/Pedi/Family Med providers are required to complete 3 hours of BFUSA curriculum, and
- Pharmacists are encouraged to complete the 3-hour BFUSA curriculum



# IHS Set the Standard for the US

- **All 13 Obstetrical** IHS hospitals are Baby-Friendly designated compared to only 10% of US hospitals nationally
- 1<sup>st</sup> Baby-Friendly hospitals in Arizona, New Mexico, North Dakota, Oklahoma, and South Dakota were all IHS sites



# Tribal Programs' Baby-Friendly Journey

- Tsehootsooi (Ft. Defiance, AZ) was designated in April 2015
- Cherokee Nation W. W. Hastings (Tahlequah, OK) was designated in July 2015



# BFHI Sustainability at IHS

- Goals — maintain BFHI designation & improve our program for patients/families/communities
  - Policy and accountability
  - Staff training and engagement
  - Prenatal breastfeeding education
  - BFHI birth practices
  - QI & tracking to identify areas for improvement

**Staff  
Participation**

**Data  
Collection**

**Quality  
Improvement**



# IHS Web-Based Data Tool

2015 Monthly Data Tally Sheet										
Month	A Initiation	B NSVD-STs	C C/S-STs	D Early Initiation	E Artificial Nipples	F Pacifiers	G Rooming- in	H Formula	I Exclusive BF Education	J TJC Exclusive BMF
	% that Breastfed at all during stay / of all moms	Immediate STs / all moms	Immediate STs when able to respond / all moms	Breast-fed in 1st hour / all BF moms	Education documented to avoid artificial nipples / all BF moms	Education documented to avoid pacifiers / all BF moms	23-24 hours / all moms	Medical indication to supplement / all supplemented BF infants	Offered and documented / all moms	Data for exclusive breast milk fed / all babies included in TJC criteria
<b>Jan</b>	N = 40 D = 47 85.11%	N = 30 D = 37 81.08%	N = 4 D = 10 40.00%	N = 27 D = 40 67.50%	N = 39 D = 40 97.50%	N = 39 D = 40 97.50%	N = 40 D = 47 85.11%	N = 7 D = 13 53.85%	N = 40 D = 47 85.11%	N = 24 D = 47 51.06%
<b>Feb</b>										
<b>Mar</b>										
<b>Apr</b>	N = 40 D = 41 97.56%	N = 33 D = 36 91.67%	N = 4 D = 5 80.00%	N = 31 D = 40 77.50%	N = 38 D = 40 95.00%	N = 39 D = 40 97.50%	N = 38 D = 41 92.68%	N = 6 D = 16 37.50%	N = 39 D = 41 95.12%	N = 23 D = 41 56.10%
<b>May</b>	N = 23 D = 25 92.00%	N = 18 D = 19 94.74%	N = 6 D = 6 100.00%	N = 19 D = 23 82.61%	N = 23 D = 23 100.00%	N = 23 D = 23 100.00%	N = 25 D = 25 100.00%	N = 7 D = 11 63.64%	N = 23 D = 25 92.00%	N = 12 D = 24 50.00% 1 exclusions
<b>Jun</b>	N = 33 D = 33 100.00%	N = 21 D = 22 95.45%	N = 10 D = 11 90.91%	N = 26 D = 33 78.79%	N = 32 D = 33 96.97%	N = 32 D = 33 96.97%	N = 30 D = 33 90.91%	N = 7 D = 15 46.67%	N = 32 D = 33 96.97%	1 exclusions
<b>Jul</b>	N = 31 D = 31 100.00%	N = 23 D = 24 95.83%	N = 6 D = 7 85.71%	N = 18 D = 31 58.06%	N = 25 D = 31 80.65%	N = 25 D = 31 80.65%	N = 31 D = 31 100.00%	N = 7 D = 12 58.33%	N = 26 D = 31 83.87%	1 exclusions



# In Summary

- The IHS is proud to lead the US with its Baby-Friendly Hospital Initiative accomplishments
- IHS encourages Tribal facilities to seek BF designation and many facilities are on the pathway toward designation



Dr. Susan Karol, MD  
Chief Medical Officer  
Indian Health Service

[Susan.Karol@ihs.gov](mailto:Susan.Karol@ihs.gov)

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# CDC's Maternity Practices in Infant Nutrition and Care (mPINC) Survey

## Using mPINC Data to Support Breastfeeding Quality Improvement Efforts in California

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**Carina Saraiva, MPH**

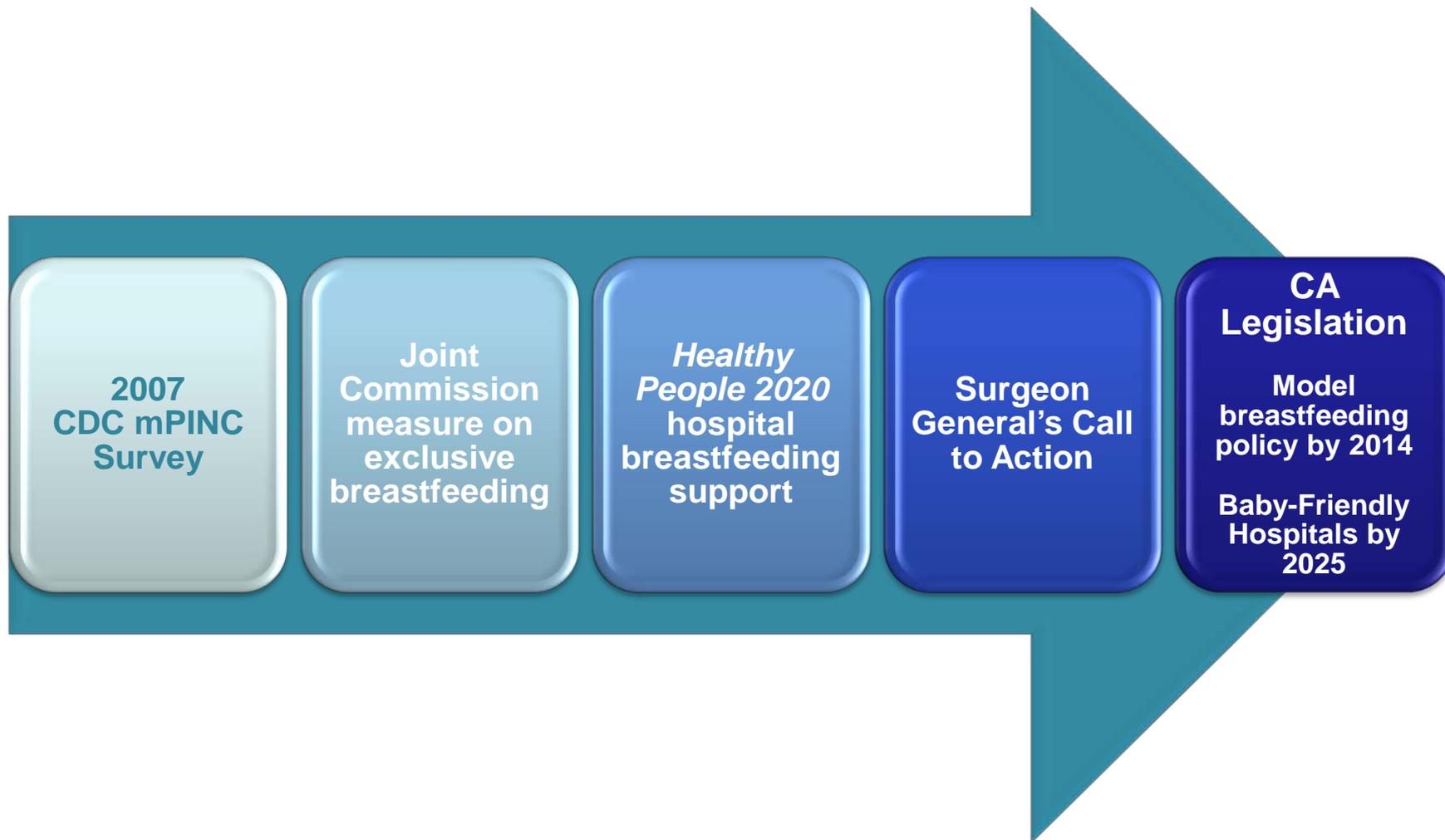
Research Scientist

California Department of Public Health

Center for Family Health

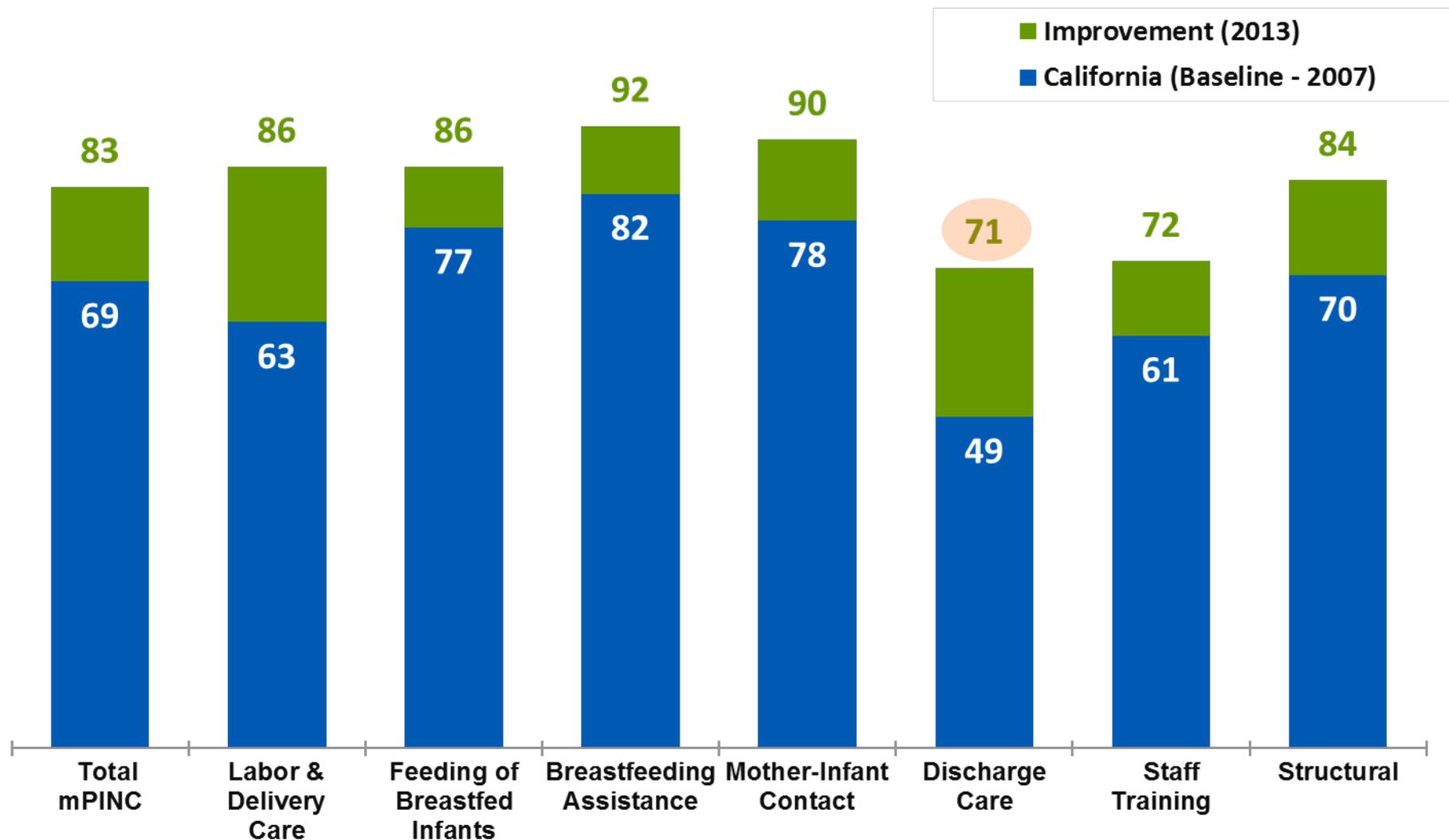
Maternal, Child and Adolescent Health Division

# Momentum continues to build for evidence-based maternity care that support breastfeeding...





# Tracking Progress in Maternity Practices in Infant Nutrition and Care (mPINC) Scores from 2007 to 2013, California





# Track Implementation of Model Breastfeeding Policies in California Hospitals

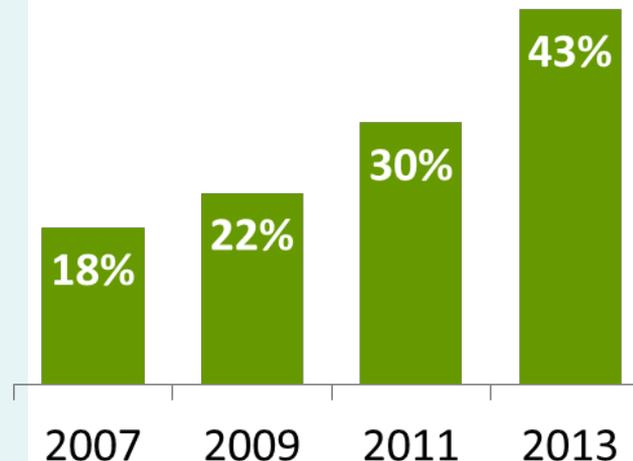
## Step 1: Model Breastfeeding Policy

### mPINC Indicator

A model breastfeeding policy includes all of the following elements:

- 1) In-service training
- 2) Prenatal breastfeeding classes
- 3) Asking about mothers' feeding plans
- 4) Initiating breastfeeding within 1 hour of vaginal birth
- 5) Initiating breastfeeding after uncomplicated C-section and/or showing mothers how to express milk and maintain lactation
- 6) Giving only breast milk to breastfed infants
- 7) Rooming-in 24 hours/day
- 8) Breastfeeding on demand
- 9) No pacifier use by breastfed infants
- 10) Referral for breastfeeding support in hospital or at discharge

### Percent CA Hospitals with a Model Breastfeeding Policy





# California mPINC Data Linkage Project

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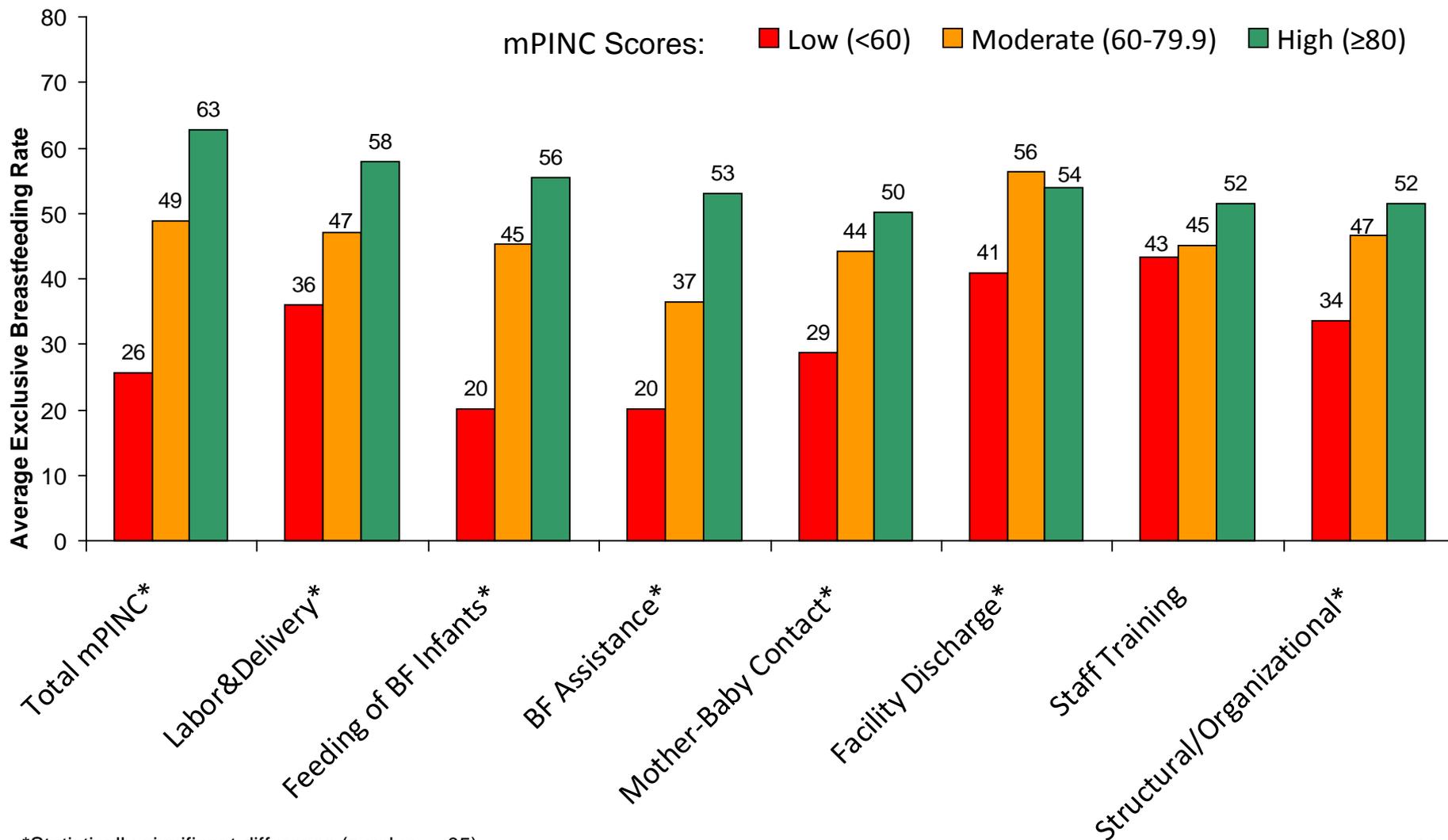
## Quality Improvement

- Provide local breastfeeding stakeholders with local mPINC Data for quality improvement activities

## Research

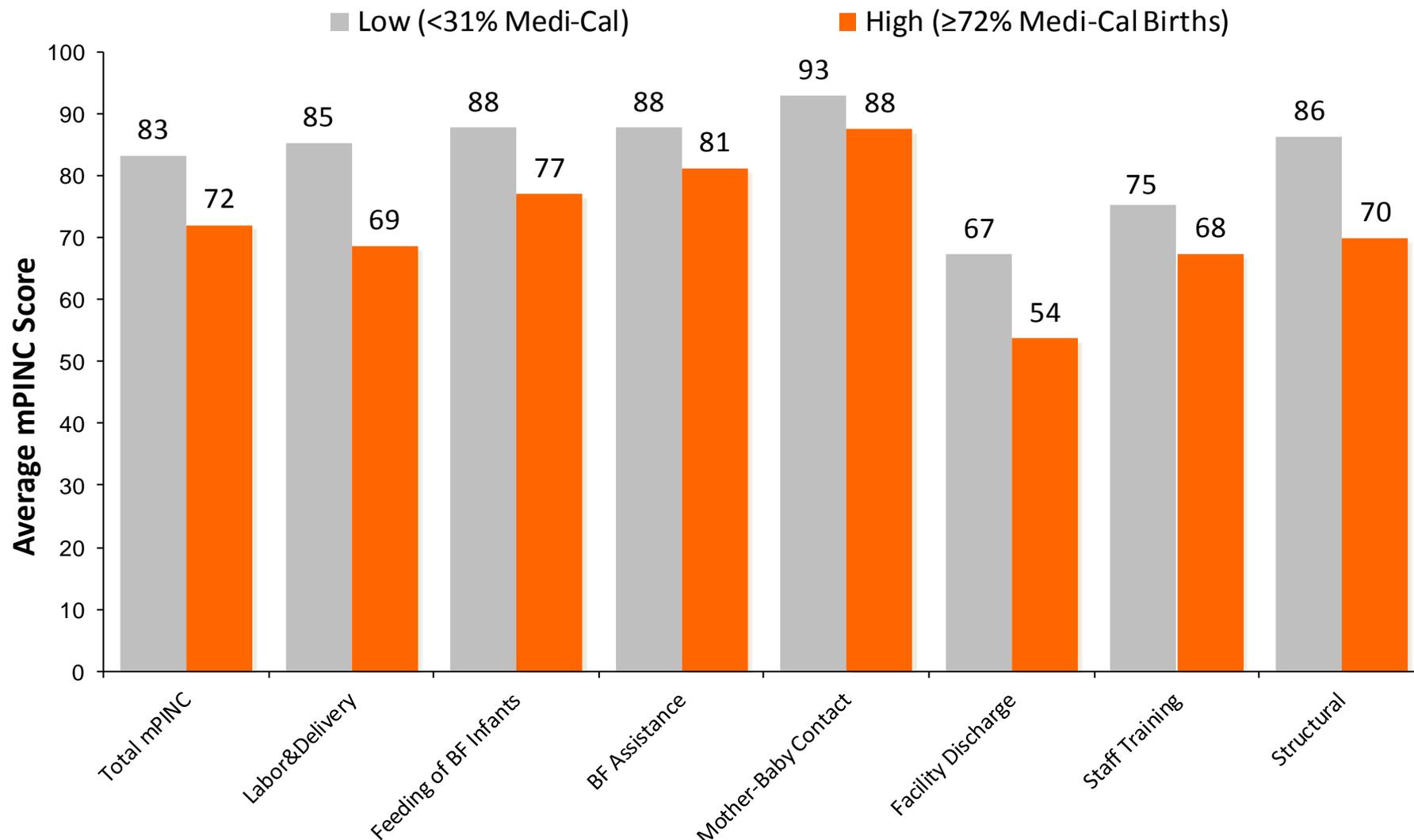
- To explore the association between maternity care practices related to breastfeeding and **exclusive** in-hospital breastfeeding initiation in California hospitals

# Average In-Hospital Exclusive Breastfeeding Rates by MPINC Total & Subscale Scores, 2007



\*Statistically significant difference (p-value < .05)

# Average mPINC Total & Subscale Scores by Percent of Hospital Birthing Population on Medi-Cal, 2011





# Regional and County-level mPINC Benchmark Report as a Maternity Care Quality Improvement Tool

<http://cdph.ca.gov/mpincdata>

Designed to communicate directly with regional partners most able to influence hospitals' policies and practices and encourage hospitals to:

- Raise awareness and participation in biennial mPINC Survey
- Initiate quality improvement projects within maternity care setting
- Collaborate to address barriers to evidence-based maternity care policies and practices

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## Regional Perinatal Programs of California

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- [Central San Joaquin Valley – Sierra Nevada](#)
- [Central-North Los Angeles and Coastal Valley](#)
- [Los Angeles/San Gabriel and Inland Orange](#)
- [Mid-Coastal](#)
- [North Coast and East Bay](#)
- [Northeastern](#)
- [San Diego and Imperial](#)
- [South Coastal Los Angeles – Orange](#)
- [Southern Inland](#)
- [Kaiser Permanente – Northern California](#)
- [Kaiser Permanente – Southern California](#)

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## Counties

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- |                                       |   |
|---------------------------------------|---|
| • <a href="#"><u>Alameda</u></a>      | • <a href="#"><u>San Bernardino</u></a> |
| • <a href="#"><u>Contra Costa</u></a> | • <a href="#"><u>San Diego</u></a>      |
| • <a href="#"><u>Los Angeles</u></a>  | • <a href="#"><u>San Joaquin</u></a>    |
| • <a href="#"><u>Orange</u></a>       | • <a href="#"><u>Santa Clara</u></a>    |
| • <a href="#"><u>Riverside</u></a>    | • <a href="#"><u>Ventura</u></a>        |
| • <a href="#"><u>Sacramento</u></a>   |   |

# Regional Breastfeeding Quality Improvement Taskforce – Alameda and Contra Costa Counties

Bring together maternity hospitals in Alameda and Contra Costa to:

- Encourage full participation in mPINC = benchmark reports for Alameda & Contra Costa
- Review most recent hospital data on maternity care practices (mPINC) and breastfeeding outcomes
- **Celebrate successes!** ★
- **Identify areas in need of improvement**

### Maternity Practices in Infant Nutrition and Care (mPINC) Survey, 2013 Alameda County Benchmark Report

Alameda County Overview		California Composite Quality Practice (Total mPINC) Score*: 83		
		Alameda County Composite Quality Practice (Total mPINC) Score*: 83		
mPINC Dimension of Care	County Sub-scale Score*	State Sub-scale Score*	Ideal Response to mPINC Survey Question	
			Percent of Facilities with Ideal Response (N = 7)	
Labor and Delivery Care	★ 94	86	Initial skin-to-skin contact is within 1 hr (vaginal births)	100
			Initial skin-to-skin contact is within 2 hr (cesarean births)	71
			Initial breastfeeding opportunity is within 1 hr (vaginal births)	71
			Initial breastfeeding opportunity is within 2 hr (cesarean births)	71
			Routine procedures are performed skin-to-skin	86
Feeding of Breastfed Infants	★ 94	86	Initial feeding is breast milk (vaginal births)	100
			Initial feeding is breast milk (cesarean births)	100
			Supplemental feedings to breastfeeding infants are rare	29
			Water and glucose water are not used	100
Breastfeeding Assistance	★ 92	92	Infant feeding decision is documented	100
			Staff provide breastfeeding advice & instructions	86
			Patients are taught breastfeeding cues	86
			Patients are taught not to limit suckling time	57
			Staff directly observe & assess breastfeeding	86
			Standard feeding assessment tool is used	100
			Pacifiers are rarely provided to breastfeeding infants	71
Contact Between Mother and Infant	85	90	Mother-infant pairs are not separated for postpartum transition	86
			Most mother-infant pairs room-in at night	83
			Most mother-infant pairs are not separated during the hospital stay	57
			Infant procedures, assessment and care are in the patient room	17
			Non-rooming-in infants are brought to mothers at night for feeding	100
Facility Discharge Care	74	71	Staff provide appropriate discharge planning (referrals & other multi-modal support)	29
			Discharge packs containing product marketing infant formula samples are not given to breastfeeding patients	100
			New staff receive appropriate breastfeeding education	29
			Current staff receive appropriate breastfeeding education	0
Staff Training	56	72	Most staff received breastfeeding education in the past year	29
			Annual assessment of staff competency in breastfeeding management & support	57
			Breastfeeding policy includes all 10 model policy elements	57
Structural & Organizational Aspects of Care Delivery	88	84	In-service training	57
			Prenatal breastfeeding classes	86
			Asking about mothers' feeding plans	86
			Initiating breastfeeding within 60 minutes (vaginal) or after recovery (cesarean)	100
			Showing mothers how to express milk and maintain lactation	100
			Giving only breast milk to breastfeeding infants	100
			Rooming-in 24 hours/day	100
			Breastfeeding on-demand and duration/frequency of feedings	100
			Pacifier use by breastfed infants	86
			Referral of mothers to appropriate breastfeeding resources	86
			Breastfeeding policy is communicated effectively	86
			Facility documents infant feeding in patient population	100
			Facility provides breastfeeding support to employees	100
Facility does not receive infant formula free of charge	43			
Breastfeeding is included in prenatal patient education	86			
Facility has a designated staff member responsible for coordination of lactation care	100			

• 8 Birthing Hospitals  
 • 7 Hospitals (88%) Participated in mPINC Survey in 2013  
 Breastfeeding Statistics for Participating Hospitals  
 • Average Any Breastfeeding: 96%  
 • Average Exclusive Breastfeeding: 76%  
 Establishing maternity practices supportive of breastfeeding in California hospitals will help meet *Healthy People 2020* breastfeeding objectives and improve maternal and child health.  
 For assistance with breastfeeding promotion efforts visit the CDPH, Breastfeeding and Healthy Living web-site at: <http://cdph.ca.gov/breastfeeding>  
 For further information about the mPINC Survey visit [www.cdc.gov/mpinc](http://www.cdc.gov/mpinc)


 \*The Centers for Disease Control and Prevention (CDC) administered the mPINC Survey of all U.S. maternity care facilities in 2013. Scores were calculated for each survey item, then item scores were averaged to create a score for each of the 7 dimensions of care ("subscales"). Averages of the subscale scores were used to create a composite Quality Practice or "total mPINC" score. Possible scores ranged from 0–100, with higher scores denoting better maternity care practices. Facilities may not have responded to all individual mPINC survey questions; "ideal response" rates exclude facilities with missing data for a given survey item.



# Regional Breastfeeding QI Taskforce

## Main Activities

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- **Education** – On model breastfeeding policy development, and QI methods for organizational change
- **Action Planning** – Assessment of mPINC and other data, identify priority needs, and develop QI plan
- **Resource Sharing** – Discuss barriers to evidence-based maternity care practices and share best practices to overcome barriers
- **Collaboration** – Establish opportunities to work with local medical providers, WIC, and other MCAH programs to improve discharge care planning and postpartum support for breastfeeding mothers



# Thank You!

**Carina Saraiva, MPH**

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Visit our California Department of Public Health (CDPH)  
Breastfeeding Statistics website at:  
<http://www.cdph.ca.gov/breastfeedingdata>

# CDC *Vital Signs* Electronic Media Resources

Become a fan on Facebook

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Follow us on Twitter

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Syndicate *Vital Signs* on your website

<http://tools.cdc.gov/syndication/search.aspx?searchURL=www.cdc.gov%2fvitalsigns>

*Vital Signs* interactive buttons and banners

<http://www.cdc.gov/socialmedia/tools/buttons/vitalsigns/index.html>

# Prevention Status Reports

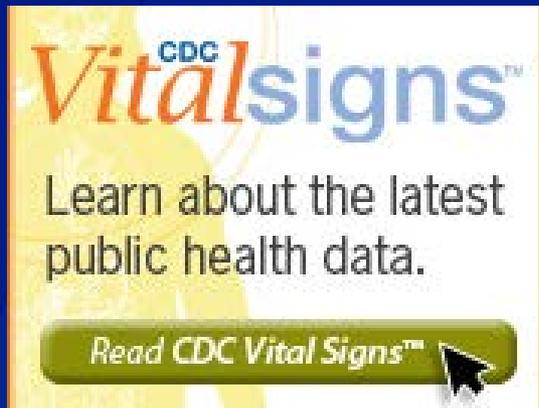
- ❑ The Prevention Status Reports (PSRs) highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce 10 important public health problems.

Topics	
 Excessive Alcohol Use	 Motor Vehicle Injuries
 Food Safety	 Nutrition, Physical Activity, and Obesity
 Healthcare-Associated Infections	 Prescription Drug Overdose
 Heart Disease and Stroke	 Teen Pregnancy
 HIV	 Tobacco Use

[www.cdc.gov/psr/](http://www.cdc.gov/psr/)

Provide feedback on this teleconference:

[OSTLTSFeedback@cdc.gov](mailto:OSTLTSFeedback@cdc.gov)



Please mark your calendars for the next  
***Vital Signs Town Hall Teleconference***

**November 10, 2015**

**2:00–3:00 pm (EST)**

**For more information, please contact Centers for Disease Control and Prevention.**

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