

Welcome!

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



CDC Vital Signs : **Hospital Support for Breastfeeding**

August 9, 2011
12:00pm – 1:00pm EST



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

Agenda

12:00 pm Welcome & Introductions

Judy Monroe, MD, FAAFP

Deputy Director, CDC; OSTLTS Director, CDC

12:02 pm Speaker Introductions

Brook Nash, MPH, CHES

Knowledge Management Branch, OSTLTS, CDC

12:04 pm *Vital Signs* Overview

Laurence Grummer-Strawn, PhD, MPA, MA

Chief, Nutrition Branch, Division of Nutrition,
Physical Activity, and Obesity, CDC

12:10 pm Presentations

Jewel Mullen, MD, MPH, MPA

Commissioner, Connecticut Department of
Public Health

Thomas Forslund, MPA

Director, Wyoming Department of Health

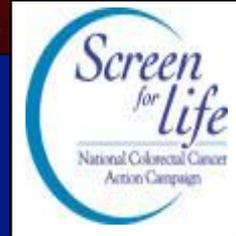
12:30 pm Q&A and Discussion

Brook Nash, MPH, CHES

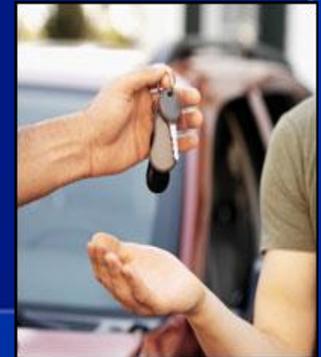
12:55 pm Wrap – up

Judy Monroe, MD, FAAFP

1:00 pm End of call



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



Hospital Support for Breastfeeding

Preventing obesity begins in hospitals

CDC *Vital Signs* Town Hall Meeting

8/9/2011

Laurence Grummer-Strawn, PhD, MPA, MA

August 2011 *Vital Signs*

Key message:

**Hospitals need to improve their
maternity care practices to better
support breastfeeding**

Main supporting points

- Hospital practices play a critical role in a mother's ability to carry out her intention to breastfeed
- Breastfeeding improves the health of mothers and children and lowers the risk of childhood obesity
- Despite modest improvements since 2007, the majority of U.S. hospitals still report maternity care practices that do not support breastfeeding

Hospital practices play a critical role in a mother's ability to carry out her intention to breastfeed

- 80% of women intend to breastfeed; 75% start breastfeeding; 15% exclusive breastfeeding at 6 mos.
- Hospital stay a critical time for mothers and babies to learn to breastfeed
- 1 in 3 mothers stop breastfeeding early without hospital support
- Exclusive breastfeeding in hospital → longer duration
- WHO and UNICEF have defined Ten Steps to Successful Breastfeeding

Ten Steps to Successful Breastfeeding

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 an hour of birth
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants
6. Give breastfeeding newborn infants no food or drink other than breast milk unless medically indicated
7. Practice rooming in - that is, allow mothers and infants to remain together 24 hours per 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

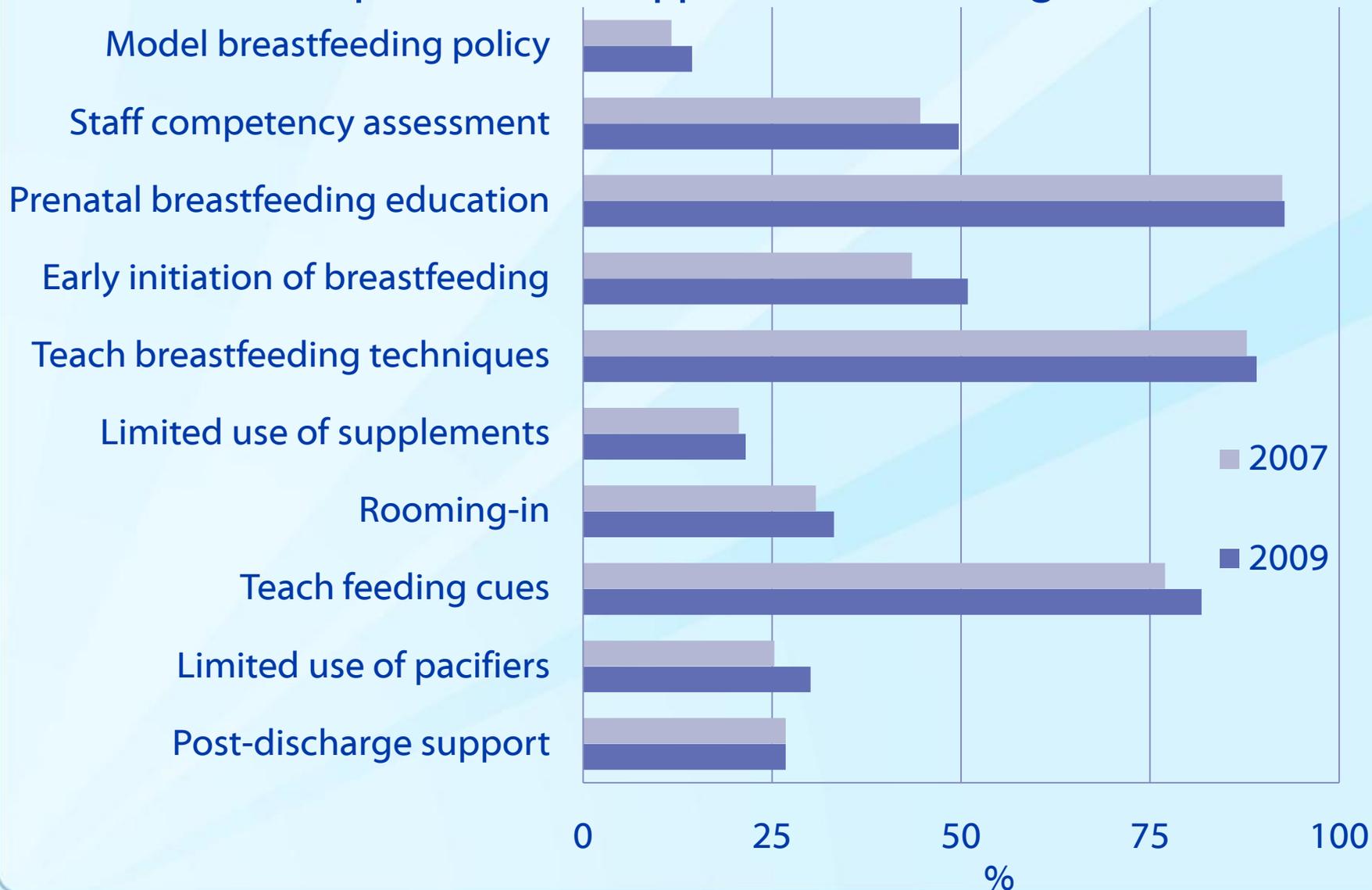
Breastfeeding improves the health of mothers and children and lowers the risk of childhood obesity

- Formula feeding and early discontinuation of breastfeeding increases risk of infections, asthma, obesity, diabetes, and SIDS
- Breastfeeding for 9 months reduces a baby's odds of becoming overweight by more than 30%
- Low rates of breastfeeding add \$2.2 billion a year to medical costs
- Mothers who breastfeed have a reduced risk of breast and ovarian cancers

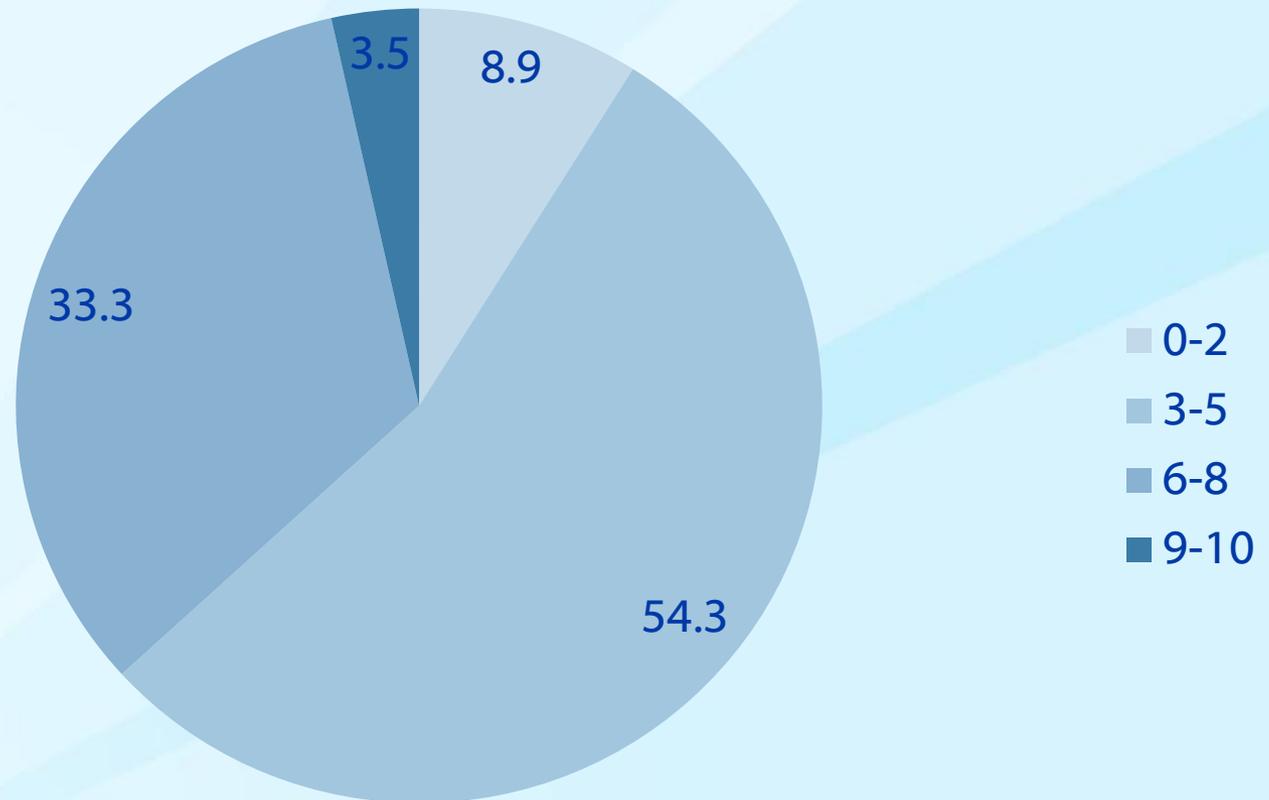
Despite modest improvements since 2007, the majority of U.S. hospitals still report maternity care practices that do not support breastfeeding

- WHO/UNICEF Baby-Friendly Hospital Initiative recognizes hospitals that follow the Ten Steps to Successful Breastfeeding
- As of 2011, only 4.5% of infants were born in facilities that have been designated Baby-Friendly
- The CDC survey on Maternity Practices in Infant Nutrition and Care (mPINC) is a census of all hospitals in the U.S. to monitor maternity care practices related to breastfeeding

Percent of U.S. hospitals with recommended policies and practices to support breastfeeding



Percent of hospitals by number of recommended policies and practices to support breastfeeding



Number of recommended practices implemented

Key Actors

- Federal, state and local government can
 - Promote quality maternity care and educate hospitals
 - Monitor hospital progress in supporting breastfeeding
 - Set quality standards for hospitals
 - Provide technical assistance
- Hospitals can
 - Use mPINC data to prioritize changes
 - Work toward becoming Baby-Friendly
- Doctors and nurses can
 - Become better educated on how to support breastfeeding
 - Help write hospital policies that support breastfeeding
 - Coordinate care between hospitals and outpatient care
- Mothers and their families can
 - Ask about help with breastfeeding
 - Seek out hospitals with better care

Communication Venues

- Press briefing with Dr. Frieden
- CDC.gov feature (spotlight)
- Facebook/Twitter posts
- Everyday Health widget
- Vital Minute Podcast
- *Vital Signs* e-newsletter delivered to GovDelivery list (50,000+)
- Text messages
- Google text and banner advertisements
- Hill Alert
- Detailed state reports on www.cdc.gov/mPINC
- Breastfeeding Report Card on www.cdc.gov/breastfeeding
- State Swiss Cheese Press Release

August 2011 *Vital Signs*

Key message:

**Hospitals need to improve their
maternity care practices to better
support breastfeeding**



Connecticut Breastfeeding Initiative

Jewel Mullen, MD, MPH, MPA
Commissioner, Connecticut Department of Public Health

Project Background

- ▶ Communities Putting Prevention to Work Funds
 - ▶ \$141,800 (ARRA funding)
- ▶ Baby-Friendly Hospital Initiative
 - ▶ International initiative developed by WHO/UNICEF
 - ▶ United States: 3% of births occur in maternity hospitals designated Baby-Friendly
 - ▶ Connecticut: 3 of 29 maternity hospitals are designated Baby-Friendly
- ▶ National Baby-Friendly momentum
- ▶ Leveraged existing partnerships



▶ **Goal: Assist ten Connecticut hospitals to achieve five Baby-Friendly steps**



The Ten Baby-Friendly Steps to Successful Breastfeeding

- ▶ **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 one hour of birth.**
- ▶ **5 - Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.**
- ▶ **6 - Give newborn infants no food or drink other than breastmilk, 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 pacifiers or artificial nipples to breastfeeding infants.**
- ▶ **10 - Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.**



Project Activities

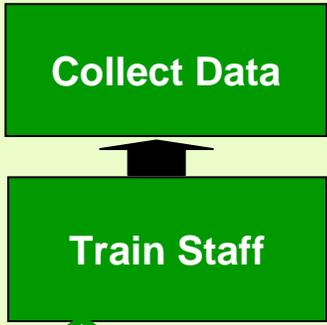
- ▶ Deliver 20-hours of training to maternity staff
 - ▶ Achieves Baby-Friendly Step #2
- ▶ Provide 40-hours of individualized maternity hospital consultation with Baby-Friendly expert
- ▶ Foster collaboration and support between the ten maternity hospitals
- ▶ Disseminate patient and staff education materials
 - ▶ \$750 per maternity hospital
- ▶ Offer financial support for Baby-Friendly USA maternity hospital fees



The 4-D Pathway to Baby-Friendly™ Designation

Baby-Friendly Designation

Dissemination



*Bridge to Designation Phase
Dissemination
Certificate of Completion*

**Implement
QI Plan**

**Readiness
Interview**

**On-Site
Assessment**

Designation

*Bridge to Dissemination Phase-
Development-
Certificate of Completion*

**Data
Collection
Plan**

**Prenatal/Postpartum
Teaching Plans**

**Staff Training
Curriculum**

**Hospital
Breastfeeding
Policy**

Development

Start

Discovery

**Register with
Baby-Friendly USA**

**Obtain CEO
Support Letter**

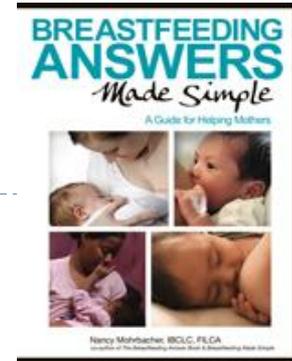
**Complete Self
Appraisal Tool**

*Bridge to Development Phase-
Registry of Intent
Award*

**BF Committee
Or Task Force**

**BFHI
Work Plan**

Project Achievements



- ▶ Modified a siloed hospital-based program into a statewide public health model
 - ▶ Created a replicable model for other states and/or counties
 - ▶ Impacted breastfeeding statewide
 - ▶ 43% of births occur at the ten maternity hospitals
 - ▶ Focused on underserved, low-income maternity populations
 - ▶ 39% of births are public pay at the ten maternity hospitals
 - ▶ Moved nine maternity hospitals to latter Development and Dissemination with one hospital in Designation
 - ▶ Trained 500+ maternity staff and secured continued education credits for trainees
 - ▶ Leveraged other federal funding sources such as the WIC Peer Counseling Program
-



Project Evaluation and Sustainability

Evaluation

- ▶ Independent evaluation: collect data from the ten maternity hospitals to drive program improvement and identify promising practices for replication
- ▶ DPH evaluation: conduct a community workshop to discuss lessons learned and ensure sustainability

Sustainability

- ▶ Built administrative capacity and strengthened maternity hospital relationships for Connecticut Breastfeeding Coalition
- ▶ Improvement in breastfeeding knowledge and bedside practices for trained maternity staff
- ▶ Three hospitals selected to implement a maternity hospital staff train-the-trainer model



Breastfeeding and Child Obesity in Wyoming: Data and Practice Review



Wyoming
Department
of Health

Thomas O. Forslund, Director
Wyoming Department of Health
Tom.Forslund@wyo.gov

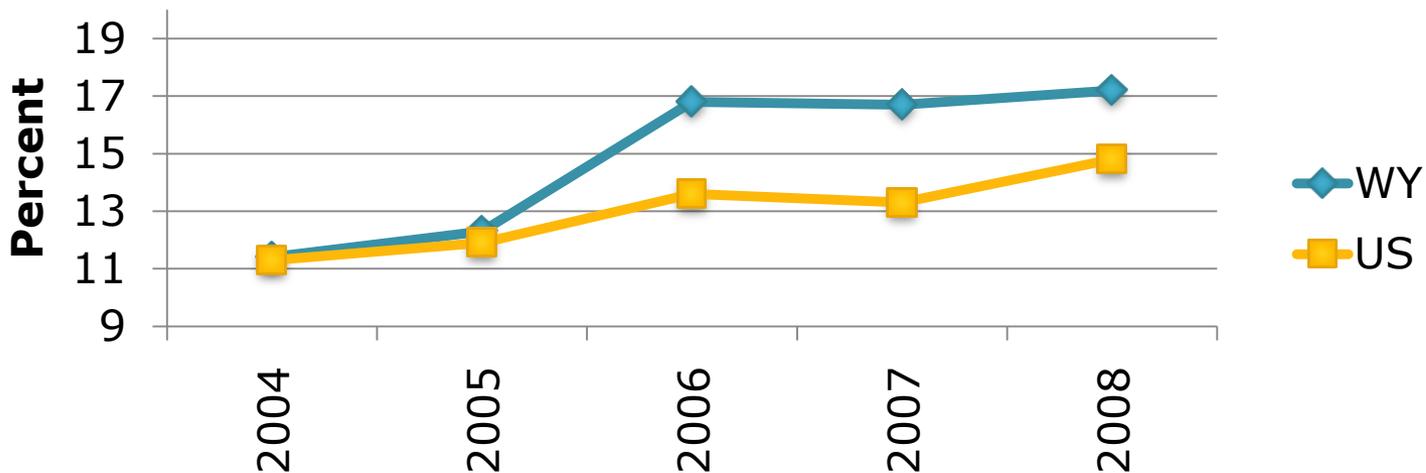
Commit to your health.

Wyoming and Healthy People Goals

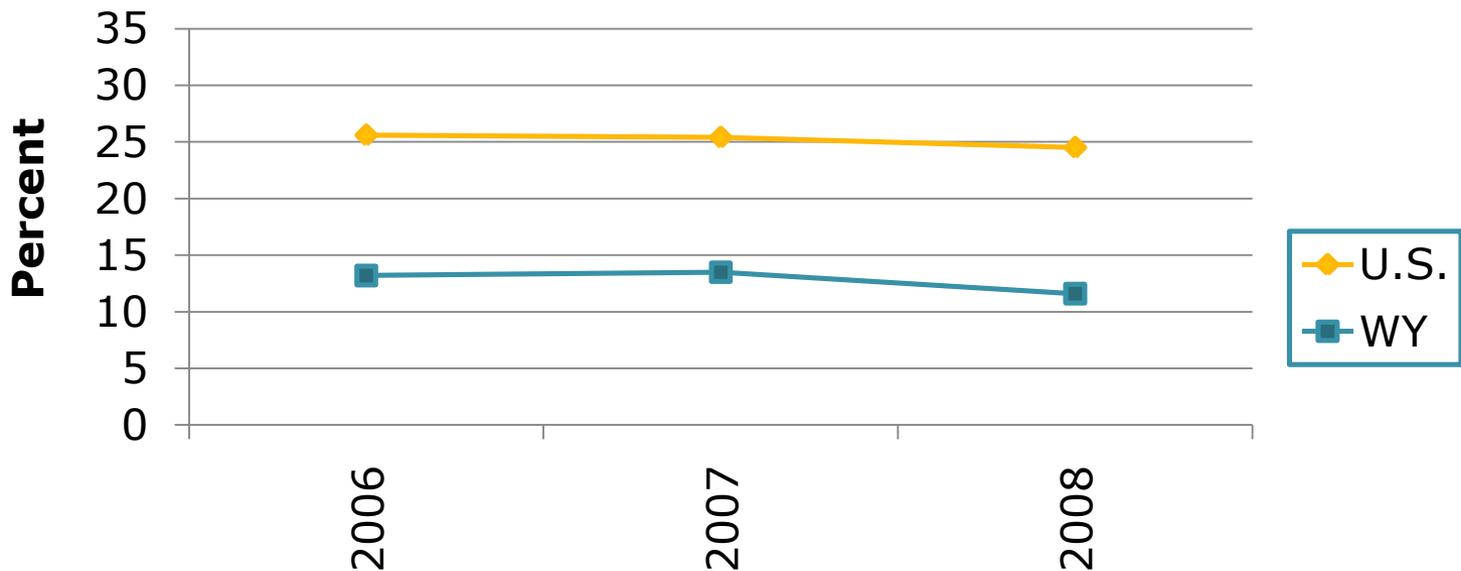
- Wyoming met 4 of the 5 Healthy People 2010 goals related to breastfeeding*
- Wyoming has already met 2 of the 5 Healthy People 2020 goals
 - **83.2%** Ever breastfed (HP2020: 81.9%)
 - 48.2% Breastfeeding at 6 months (HP2020: 60.6%)
 - 21.4% Breastfeeding at 12 months (HP2020: 34.1%)
 - **47.9%** Exclusive breastfeeding at 3 months (HP2020: 38%)
 - 17.2% Exclusive breastfeeding at 6 months (HP2020: 25.5%)

*CDC
Breastfeeding Report Card –
United States,
2010 and
2011

Children Exclusively Breastfed through Six months of Age (5 Birth Cohorts; NIS, 2011)*



Children Receiving Supplemental Formula in First 48 Hours After Birth (3 Birth Cohorts; NIS, 2011)*



*CDC National Immunization Survey (NIS) Data Breastfeeding Report Card, US: Process Indicators

Wyoming and the mPINC 2009

- Wyoming scored 79 of a possible 100 points on 3 dimensions of care
 - Feeding of Breastfed Infants
 - Breastfeeding Assistance
 - Contact between Infant and Mother
- Scored below 40 on 2 dimensions
 - Facility Discharge Care
 - Staff Training
- Wyoming is implementing a variety of activities to improve scores

What is Wyoming doing?

- **Baby-Friendly™ Hospitals**
 - Powell Valley Hospital has achieved; Sheridan County working toward it
- **Statewide Breastfeeding Coalition**
 - Established in 2008; partnerships between local WIC/PHN agencies, MFH, and local hospital staff to promote standardized breastfeeding support
- **78% of Wyoming counties list breastfeeding as a priority for Public Health Nursing Offices (18 of 23 counties)**

What is Wyoming doing? (2)

- The Healthy Children Project
 - Provides Certified Lactation Counselor (CLC) trainings
- Wyoming WIC
 - Increased participant education on skin-to-skin contact and exclusive breastfeeding
 - New food packages (*no formula to breastfeeding infants in the first month post-partum, larger food options for breastfed infants and mothers*)
 - Provides breast pumps for breastfed infants
 - Peer counselor support for new breastfeeding moms
- All of these activities encourage the use of breastfeeding techniques among facilities/hospitals and individual mothers

Lessons Learned

- 10% of Wyoming's children are obese (*vs. United States: 12%*)*
- To keep/decrease this rate, we must:
 - Continue to monitor survey data and use this to drive policy and practice
 - Continue and/or expand those practices proven to promote exclusive breastfeeding
 - Monitor the progress of facilities as they approach Baby-Friendly™ status

*Youth
Risk
Behavior
Survey
2009;
http://www.cdc.gov/healthyouth/yrbs/pdf/obesity/wy_obesity_combo.pdf

CDC *Vital Signs* Electronic Media Resources

Become a fan on Facebook-

<http://www.facebook.com/cdc>

Follow us on Twitter-

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Syndicate *Vital Signs* on your website-

<http://tools.cdc.gov/register/cart.aspx>

Vital Signs interactive buttons and banners-

<http://www.cdc.gov/vitalsigns/SocialMedia.html>



Provide feedback on this teleconference:

OSTLTSFeedback@cdc.gov



Please mark your calendars for the next
OSTLTS Town Hall Teleconference:

September 13, 2011
2:00pm – 3:00pm EST

**For more information please contact Centers for Disease Control and Prevention
CDC 24/7: Saving lives. Protecting people. Saving money through prevention.**

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

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.



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