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
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker</th>
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<tr>
<td>12:00 pm</td>
<td>Welcome &amp; Introductions</td>
<td>Judy Monroe, MD, FAAFP</td>
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<td>Deputy Director, CDC; OSTLTS Director, CDC</td>
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<td>12:02 pm</td>
<td>Speaker Introductions</td>
<td>Brook Nash, MPH, CHES</td>
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<td>Knowledge Management Branch, OSTLTS, CDC</td>
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<td>12:04 pm</td>
<td>Vital Signs Overview</td>
<td>Laurence Grummer-Strawn, PhD, MPA, MA</td>
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<td>Chief, Nutrition Branch, Division of Nutrition, Physical Activity, and Obesity, CDC</td>
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<tr>
<td>12:10 pm</td>
<td>Presentations</td>
<td>Jewel Mullen, MD, MPH, MPA</td>
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<td>Commissioner, Connecticut Department of Public Health</td>
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<td>Thomas Forslund, MPA</td>
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<td>Director, Wyoming Department of Health</td>
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<td>12:30 pm</td>
<td>Q&amp;A and Discussion</td>
<td>Brook Nash, MPH, CHES</td>
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<td>12:55 pm</td>
<td>Wrap – up</td>
<td>Judy Monroe, MD, FAAFP</td>
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<td>1:00 pm</td>
<td>End of call</td>
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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
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 hospitals by number of recommended policies and practices to support breastfeeding

- 33.3% of hospitals have 0-2 recommended practices implemented.
- 8.9% of hospitals have 3-5 recommended practices implemented.
- 54.3% of hospitals have 6-8 recommended practices implemented.
- 3.5% of hospitals have 9-10 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](http://www.cdc.gov/mPINC)
- Breastfeeding Report Card on [www.cdc.gov/breastfeeding](http://www.cdc.gov/breastfeeding)
- State Swiss Cheese Press Release
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
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

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

CDC Vital Signs Electronic Media Resources

Become a fan on Facebook-
http://www.facebook.com/cdc

Follow us on Twitter-
http://twitter.com/cdcgov/

Syndicate Vital Signs on your website-

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.

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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.