

*Vital Signs* Town Hall Teleconference  
Hospital Support for Breastfeeding: Experiences from  
State and Tribal Partners  
Q & A  
October 10, 2015  
1:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. After the presentation we will conduct a question and answer session. To ask a question, please press the star 1. Today's conference is being recorded. If you have any objections, you may disconnect at this time. I would like to introduce your host for today's conference, Dr. Judy Monroe. You may begin.

Dr. Judy Monroe: Thank you operator. So good afternoon everyone and it's great to have so many of you joining our call today. So I'm Dr. Judy Monroe and I direct the Office of State, Tribal, Local and Territorial Support at the CDC.

We'll be discussing today the latest *Vital Signs* report on hospital support for breast feeding. Now before we get started I do have some housekeeping details. You can go online and download today's PowerPoint presentation so you can follow along with the presenters. The web address is <http://www.cdc.gov/stltpublichealth>-- that's S-T-L-T public health. Look on the right side of the page for the *Vital Signs* teleconferences link or you can just Google CDC *Vital Signs* town hall and click on the top link and that should get you there.

On the same webpage you can access the bios for today's presenters and the audio recording and transcript which will be available next week. There will be time for questions after today's presentations but you can get in the queue

at any time that a question comes to you and you do that by pressing star 1 and say your name when prompted.

Now back to our topic for today—Hospital Support for Breastfeeding: Experiences from State and Tribal Partners. We're going to hear from three colleagues.

First we will hear from Dr. Cria Perrine, the team lead for the infant feeding team in the Division of Nutrition, Physical Activity and Obesity at CDC's National Center for Chronic Disease Prevention and Health Promotion. She will talk about the findings in this month's *Vital Signs* report.

Then Dr. Susan Karol will present. She is the chief medical officer for the Indian Health Service. She will discuss the implementation of the Baby-Friendly hospital initiative at the Indian Health Service and then hand the call over to our third speaker Carina Saraiva a research scientist at the California Department of Public Health.

She will discuss how California used CDC's maternity practices in infant nutrition and care survey data to improve breast feeding efforts in their state. And so now I will turn the call over to Dr. Perrine.

Dr. Cria Perrine: Thank you and good afternoon. Thanks for being with us everyone. So I am starting on my first slide which the title is breast feeding improves the health of mothers and babies.

So the American Academy of Pediatrics recommends that infants be exclusively breast fed for about six months, meaning that they receive only breast milk and needed medications or vitamins but no other solids or liquids and then that they continue breastfeeding with the introduction of nutrient rich

complimentary foods for at least one year. Babies who are breastfed have a reduced risk of numerous illnesses and conditions and it's been estimated that the low rates of breast feeding in the US contribute to an additional \$2.2 billion per year in direct medical costs.

In addition to health benefits for babies, mothers who breastfeed have a reduced risk for breast and ovarian cancers and diabetes. There's also been some more recent evidence that suggests a lower risk of cardiovascular disease and hypertension. Next slide.

This slide shows the US breastfeeding rates for infants born in 2012 which is the most current data available. You can see that 80% of infants start out breastfeeding however just over half are receiving any breast milk at six months and only 22% are exclusively breastfed at six months. Next slide.

In a survey of mothers followed from pregnancy throughout the first year of their child's life, 60% reported that they did not breast feed as long as they wanted. When they were asked why they stopped, the most common reasons they gave were related to problems with breast feeding so this included things like pain, trouble with their baby latching on or perceiving that they didn't have enough milk or the baby wasn't gaining enough weight.

Really many of these things are problems that can be overcome with early professional support if moms get the support they need to sort of really establish their milk supply and make sure that they have breastfeeding established. Next slide.

So in 1991 the World Health Organization and UNICEF developed the Baby-Friendly Hospital Initiative. So the core of this initiative is the Ten Steps to Successful Breastfeeding which outlines evidence based hospital practices to

support breastfeeding because we know that the hospital experience is really critical to women being able to breastfeed.

The Baby-Friendly hospital initiative was endorsed by the American Academy of Pediatrics in 2009 and currently 14% of all births in the US occur in baby-friendly hospitals.

At CDC in 2007 we launched the Maternity Practices and Infant Nutrition and Care Survey or MPINC which is a census of all birth facilities in the US and territories. The survey is conducted every other year and we've consistently had a response rate of greater than 80%.

So the survey is sent to a key informant identified through a telephone screening as the person most knowledgeable to answer questions about routine feeding and infant care practices. Next slide.

So the *Vital Signs* MMWR examined trends from 2007 to 2013 in the percent of hospitals implementing the Ten Steps to Successful Breastfeeding using our MPINC data. So here you can see what the ten steps are and how the practices have changed over this time period. I guess I'll give you a second to sort of digest this data-heavy slide. But from steps three and five we're high at baseline and also in 2013.

For six other steps they were relatively low at baseline but we saw an improvement of approximately 10 to 20 percentage points, so those were steps 1, 2, 4, 7, 8 and 9 but for two steps —step six which was limiting non-breast milk feed to breastfed infants and step ten - providing optimal discharge support for breastfeeding moms. These two steps only increased by five to six percentage points from 2007 to 2013. Next slide.

So overall the percent of hospitals using more than half or six or more of the ten steps increased from 29% in 2007 to 54% in 2013. Next slide. And here you can see the data at the state level. So these maps show the percent of hospitals using at least half of the ten steps. The three abbreviated - abbreviations you see are Washington, DC, Puerto Rico and island territories which includes American Samoa, Guam, the Northern Mariana Islands and the US Virgin Islands.

So you can see improvements across nearly all states and you'll see that by 2013 no states are shaded in the lightest color meaning that no state had fewer than 20% of hospitals implementing at least half of the ten steps.

So the take home messages from this *Vital Signs* are first, that hospital practices play a critical role in a mother's ability to carry out her intention to breast feed, second that hospital practices that support breast feeding are improving nationally and across the state and third that while we do show improvement, the overall percent of hospitals implementing many of these steps is still low so more work is needed to ensure that all women receive - to ensure that all mothers receive optimal breast feeding support in the hospital.

And now I would like to turn it over to Dr. Susan Karol from the Indian Health Service who will talk about their baby-friendly journey. Thank you.

Dr. Susan Karol: Great, thank you Dr. Perrine and also thank you Dr. Monroe. Good afternoon everyone and thank you for the opportunity to participate in your CDC *Vital Signs* Town Hall Teleconference today. I'm very pleased to be here to discuss the important work that the Indian Health Service has done to promote breastfeeding in our IHS and tribal hospitals. Next slide.

The Baby-Friendly Hospital Initiative is a global program launched - as you know - in 1991 by the World Health Organization and the United Nations Children's Fund to increase breastfeeding rates and insure optimal care for new families.

I am very proud to report that all 13 IHS obstetrical hospitals were baby-friendly designated between 2012 and 2014. Our hope is that maintaining baby-friendly standards may help decrease the rates of obesity and diabetes in Indian Country within the next generation. Next slide.

All 13 of the IHS hospitals became designated by employing broad implementation strategies. For example all 13 hospitals adopted an infant feeding policy based on a common model that promotes breastfeeding on demand without supplementation. Our electronic health record templates were created to capture baby-friendly activities and hospitals shared strategies via regular webinars and phone conversations. Next slide.

IHS funded training systems - IHS funded training system-wide and it exceeded the Baby-Friendly standards. For example all nurses, all registered nurses took a 15 hour online course. Our public health nurses took an extra five hours of training and all OB, pediatric, and family practice providers completed a three hour course and we now have our pharmacist engaged in training. Next slide.

100% of the federal IHS hospitals are Baby-Friendly designated. The first baby-friendly hospitals in the United States were in Arizona, New Mexico, North Dakota, Oklahoma, and South Dakota. All were IHS facilities. Next slide.

In addition the Chickasaw nation and Tuba City tribally operated hospitals are in the dissemination phase of the baby-friendly pathway. They anticipate designation within the next 12 months. Next slide.

Our IHS goals are to maintain our baby friendly hospital designation and improve our program for patients, families, and communities. Our specific goals are to maintain policy and accountability, staff training and engagement, prenatal breastfeeding education, Baby-Friendly Hospital Initiative birth practices and quality improvement and tracking measures to identify areas for improvement. Next slide.

This web based data tool which is a little busy on this slide was specifically created for the baby-friendly hospitals as a quality improvement tool to track data over time and identify areas for improvement. Each parameter is based on one of the baby-friendly steps and the data is monitored monthly. Next slide.

In summary the IHS is proud to be a leader in the healthcare field with its Baby-Friendly Hospital Initiative accomplishments. I'd like to now turn to the last slide and turn the presentations over to Carina Saraiva. Sorry Carina and thank you again for the opportunity to tell to you about the Indian Health Services Baby-Friendly hospitals. Thanks.

Carina Saraiva: Thank you Dr. Karol. This is Carina Saraiva I'm a research scientist with the California Department of Public Health tasked with monitoring our progress towards achieving Healthy People 2020 objectives for breastfeeding support. Thank you so much for allowing me to share how the California Department of Public Health is using MPINC data to support breastfeeding quality improvement efforts in our hospitals. Next slide.

The momentum for evidence based maternity care that supports breastfeeding continues to build. In addition to various national initiatives emphasizing the importance of hospital breastfeeding support, California has successfully passed two laws requiring that hospitals providing maternity care implement a comprehensive model breastfeeding policy beginning in 2014 and adopt Baby-Friendly designations or an alternate process such as the CDPH model hospital policy recommendations by 2025. Next slide.

Similar to other states, California uses statewide MPINC benchmark data provided by the CDC to track progress. Since the inception of the MPINC survey in 2007 - data shown in blue bars - the California total MPINC composite score rose from 69 to 83 in 2013 - data shown in green.

While improvements occurred within all dimensions of care assessed by the MPINC survey, marked improvements occurred in labor and delivery care while more work is still needed to improve discharge support offered to breastfeeding mothers as well as staff training. Next slide.

The MPINC survey data has also been useful to track implementation of model breastfeeding policies that include all ten elements of a comprehensive policy as listed here. In 2007 only 18% of California hospitals reported having a model breastfeeding policy. This has been gradually improving to 43% of hospitals in 2013. We will continue to monitor this indicator to assess how well hospitals are complying with recent legislation for such policies effective January 2014. Next slide.

In 2009 the CDPH initiated a data sharing agreement with the CDC to obtain our MPINC survey responses for California hospitals in order to link hospital level breastfeeding data from our newborn screening program and other hospital characteristics to allow for local level analysis.

There were two main components of this project. The more practical component was to provide our local breastfeeding stakeholders with MPINC data to utilize in their quality improvement work with area hospitals but we also wanted to build a strong case for evidence-based maternity care in California by exploring the association of maternity care practices as measured by the MPINC survey and exclusive in hospital breastfeeding initiation rates among California hospitals.

I will cover the research project briefly and then discuss how we will utilize MPINC data in our work with local breastfeeding stakeholders, highlighting activities in Alameda and Contra Costa counties located in the Bay area of California. Next slide.

So early on in this project we explored the association between MPINC scores and hospital exclusive breastfeeding rates. Using MPINC 2007 data, we looked at the average in hospital exclusive breast feeding rates among low scoring hospitals with scores below 60—shown in red bars—and those scoring moderate scores between 60 to 79.9—shown in orange bars—or high with scores of 80 and above, shown in green.

We observed a statistically significant difference in the average exclusive breastfeeding rates among hospitals with low, moderate, and high MPINC scores. With low scoring hospitals having the lowest average exclusive breastfeeding rates and hospitals with scores of 80 or above having the highest. Next slide.

We have also used MPINC 2011 data to highlight disparities in maternity care practices by examining MPINC scores by the proportion of the hospital birthing population receiving Medi-CAL which is California's Medicaid

program. Categorizing hospitals into quartiles based on the proportion of their birthing population on Medi-CAL we found that hospitals in the lowest quartile with less than 1/3 of their birthing population on Medi-CAL-shown here in grey-had much higher MPINC scores than those hospitals in the highest quartile where nearly 3/4 of their population was on Medi-CAL, shown in orange.

The biggest disparity was in labor and delivery practice score which includes early skin-to-skin contact in breastfeeding initiation and again we see much worse discharge support offered in hospitals serving the most at-risk population. Next slide.

But the most important goal for us in California was to utilize MPINC data to inform, influence, and monitor change in breastfeeding support at the local level. Using the link MPINC data set the California Department of Public Health developed and disseminated regional and county level benchmark reports designed to communicate directly with our local partners most able to influence hospital policies and practices and to raise awareness and encourage hospitals to participate in the upcoming MPINC survey in 2015 to utilize their current MPINC data to initiate quality improvement projects within the maternity care setting and to collaborate to address barriers to evidence based maternity care policies and practices.

In 2013 CDPH produced MPINC benchmark reports for each of the eleven Regional Perinatal Programs of California or RPPC's shown here as well as counties that had at least five hospitals participating in the MPINC survey. Next slide.

Now I'll go over how one of our local stakeholders working as a WIC regional breastfeeding liaison in Alameda and Contra Costa counties

partnered with our RPPC coordinator for the East Bay region of California and together they saw the MPINC benchmark reports as an opportunity to bring together local hospitals, medical providers, and maternal child and adolescent health program staff, such as WIC and home visiting, to once again encourage full participation in the MPINC survey so that they could get separate benchmark reports for Alameda and Contra Costa counties to review their most recent MPINC data and breastfeeding outcomes, to celebrate areas where their hospitals are providing quality care, and to identify priority areas in need of improvement such as coordinated discharge planning and staff training. Next slide.

Together they initiated regional breastfeeding quality improvement taskforce that provides participants with education including training on model breastfeeding policy development and quality improvement methods, action planning including assessment of MPINC and other data sources, identifying priorities and developing a QI plan setting goals to monitor progress.

This taskforce also allowed participants to discuss common barriers to evidence based maternity care and to share best practices and established opportunities for collaboration with local WIC and other medical and MCH providers to improve post-discharge support for breastfeeding women in their community.

I'm happy to report that they have several innovative projects aimed at improving the continuum of care for post-partum breastfeeding women in the Bay area with some promising preliminary results that I'm sure will be shared soon. Next slide.

I would like to take this opportunity to thank the CDC for their ongoing partnership and getting these MPINC data to our local stakeholders. I leave

you here with my contact information and a link to our California breastfeeding statistics website where our local MPINC data products can be downloaded. Thank you.