

**CDC *Vital Signs* Town Hall Teleconference**

**Hospital Support for Breastfeeding  
Transcript**

August 9, 2011  
12:00pm – 1:00pm EST

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 star, 1.

Today's conference is being recorded. If you have any objections, you may disconnect at this time. Now I will turn over the meeting to Dr. Judy Monroe, Director of the Office for State, Tribal, Local, and Territorial Support. You may begin.

Dr. Judy Monroe: Thank you, Operator. So good afternoon to all of you on the East Coast. And good morning to everyone else on the call today.

And welcome to CDC's August *Vital Signs* Town hall Teleconference on the role of hospitals and supporting breast feeding and the link between breast feeding and obesity.

So as the operator told you, I'm Dr. Judy Monroe. And I direct the office of State, Tribal, Local, and Territorial Support here at CDC. And I'm just very glad that all of you joined us today.

It's well known that we are in the midst of an obesity epidemic in United States that's affecting more of our children and adolescents every year. The numbers are quite sobering. One in five US preschoolers is overweight

according to this month's *Vital Signs* report. Half of these children or 10% of our preschoolers are obese.

What isn't as well known is that hospital support for breastfeeding can play an important role in addressing this public health issue. Breastfeeding has been shown to help protect against childhood obesity and the good news is that most US mothers - 75% of them - start out breastfeeding. And yet by nine months only 31% of US babies are breastfeeding at all.

Low breastfeeding rates even at three months illustrate clearly that mothers continue to face multiple barriers to breastfeeding despite the fact that the American Academy of Pediatrics recommends that babies be fed nothing but breast milk for the first six months of life and then continue breastfeeding for at least one year.

During today's presentations, you're going to hear how mother infant care practices in hospitals can support or discourage breastfeeding initiation as well as continuation at home. More importantly, though we don't want to just focus on what hospitals can do but also what public health can do to help hospitals support mothers to breastfeed.

We will hear from colleagues in Wyoming and Connecticut on their efforts to work with hospitals and birth centers to implement maternity care practices and policies that have been shown to improve breastfeeding outcomes and rates.

After today's presentations, there will be a half hour for questions and information sharing. And I encourage you to take advantage of this opportunity to share strategies, lessons learned, challenges, and success stories from your own jurisdictions.

So without further delay, I'm going to turn the teleconference over to Brook Nash from our office OSTLTS is our acronym for our office. And she's with the knowledge management branch and she's going to introduce our speakers and facilitate discussion - the discussion portion of today's meeting. So, Brook, take it away.

Brook Nash: Thank you. And thanks to inviting me to facilitate the call. Good afternoon everyone on the phone and thank you again for joining us.

So before we get started, I wanted to let everyone know that you can download today's PowerPoint presentation and follow along with the presenters. And you can also see biographies for each of our presenters on the town hall Web site. So if you're in front of your computer the easiest way to get there is to go to [www.cdc.gov/ostlts](http://www.cdc.gov/ostlts). After you open that site, you're going to see the *Vital Signs* Town Hall tab. It's going to be a flash module at the top of your page. And click twice on the *Vital Signs* Town Hall tab. And then there's going to be a resource box where you can find the biographies and the PowerPoint presentation.

So this is also where we will add the recording and transcript of today's meeting. And those items should be available by the end of the week.

So now it is my pleasure to introduce our speakers. I will introduce all of our speakers now. And each speaker will hand the presentation over to the next presenter.

Our first speaker this afternoon, Dr. Laurence Grummer-Strawn, Chief of CDC's nutrition branch and the Division of Nutrition, Physical Activity, and Obesity. Joins us today to provide a summary of this month's *Vital Signs*

Report. Strawn leads CDC's national breastfeeding support efforts and is responsible for promoting programs and policies that help people make healthier food choices.

Following Dr. Laurence Grummer-Strawn is Dr. Jewel Mullen. She is Commissioner of the Connecticut Department of Public Health. Dr. Mullen will highlight the Connecticut Breastfeeding Initiative which has leveraged existing partnerships to support hospitals to work towards Baby-Friendly status.

And our last presenter today joins us from Wyoming as Director of the Wyoming Department of Health, Thomas Forslund over sees the state's efforts to expand breastfeeding education and implement policy and practice changes that encourage breastfeeding practices.

So at this time, I will turn it over to our first presenter, Dr. Grummer-Strawn, welcome.

Dr. Laurence Grummer-Strawn: Thank you very much, Brook. And welcome everyone. Thank you for attending today's *Vital Signs* Town Hall meeting focusing on hospital support for breastfeeding, preventing obesity begins in hospitals.

Next slide, please. I hope that many of you have already seen the materials that we released last week as part of the *Vital Signs* series. The facts sheet as well as the MMWR and the press release that we put out as well as many other communication materials.

The key message we were trying to get out through this communication effort is that hospitals need to improve their maternity care practices to better support breastfeeding. Next slide.

This overall main point is really supported by three key issues that we focused on in the facts sheet. First, that hospital practices play a critical role in a mother's ability to carry out her intention to breastfeed. Second, that breastfeeding improves the health of both mothers and children. And lowers the risk of childhood obesity. And finally, that while we have made some improvements in maternity practices since 2007 the majority of US hospitals still report practices that do not support breastfeeding.

Let's provide a little bit more information on each of these three points. Next slide, the first hospital practices play a critical role in a mother's ability to carry out her intention to breastfeed. We know from a number of studies that most women do want to breastfeed.

One study showed 80% of women intend to breastfeed during pregnancy. And we know that three out of four women in the United States now do start breastfeeding. But they can't continue as long as they would like. And by six months only 15% of women are still exclusively breastfeeding as recommended by the American Academy of Pediatrics.

We also know that hospital stay is a critical time for both mothers and babies to learn how to breastfeed. If mothers are not supported in hospital in optimum ways, one in three will stop breastfeeding in the first six weeks compared to only 3% among those who got optimal care in the hospital. Exclusive breastfeeding in the hospital is also known to lead to longer duration of breastfeeding and a later introduction to supplements to breastfeeding.

The World Health Organization and UNICEF have defined ten key steps to successful breastfeeding that are outlined on the next slide, so please move to

the next slide. I won't go through all ten of these steps but would like to focus your attention on just a few of them to give you a flavor on the kinds that WHO is calling for.

The first step is having a breastfeeding policy for the hospital. Step six focuses on avoiding giving formula to breastfeeding infants except when there's a medical necessity for it. Step seven focuses on keeping mothers and babies together throughout the hospital stay so that they can breastfeed. And step ten talks about connecting women with support networks when they are discharged from the hospital.

Next slide, please. The second main point is that breastfeeding improves the health of mothers and children and lowers the risk of childhood obesity. It has been long recognized that formula feeding or early discontinuation of breastfeeding increases the risk of a number of diseases; infectious diseases, asthma, diabetes, SIDs.

More recent evidence indicates that breastfeeding also protects against childhood obesity. A META analysis looking at duration of breastfeeding noted that each additional of breastfeeding reduces the odds of becoming overweight by 4%. Especially when we compare women who breastfed for nine months to those that did not breastfeed at all, we see a 30% reduction in the odds of being overweight at later ages.

We also know that because of all of these diseases, the lack of breastfeeding actually adds \$2.2 billion per year to our medical costs. Benefits of breastfeeding are not just for children they're also for mothers. We know that mothers who breastfeed have a reduced risk of breast and ovarian cancers.

Next slide, our third and final major point is that while we have seen improvements since 2007 the majority of US hospitals still report maternity care practices that do not support breastfeeding. I mentioned earlier the ten steps to successful breastfeeding and the World Health Organization and UNICEF have created the Baby-Friendly hospital initiative to recognize hospitals that can demonstrate that they actually carry out all ten of these steps as part of routine care.

This year, in the United States, only 4½ % of infants are born in facilities that have designated as being Baby-Friendly. At CDC, we conduct a survey every two years called the Maternity Practices and Infant Nutrition and Care Survey. It is a census of all hospitals in the United States that provide maternity services.

And we try to monitor maternity care practices that are related to breastfeeding. Next slide, please. It is the result of this survey that are being reported in the MMWR last week. And become the scientific foundation of this *Vital Signs* report. The report shares data from the mPINC survey - that we call it for short - for 2007 and 2009.

While some of the results of these surveys have been presented in other forum before this, this is the first report that links the results directly to the World Health Organization and UNICEF ten steps. As you see on this slide, a comparison between 2007 and 2009 shows very modest improvements in maternity care practices on the ten steps indicated.

Hospitals generally do a pretty good job with supporting breastfeeding in terms of providing prenatal education and teaching patients about breastfeeding. However, they also set up a number of barriers to breastfeeding. Only 14% of hospitals had a model breastfeeding policy. Four

out of five hospitals supplement breastfed babies with formula without medical necessity. And only a third of hospitals practice rooming in.

Next slide, please. If we look across all ten of these recommended policies and practices we see that less than 4% of hospitals actually implement nine or ten of them. So in fact, over 96% of hospitals aren't doing all that they can to support breastfeeding mothers and babies.

Next slide, please. In this *Vital Signs*, we call upon a number of different potential actors to help improve the practices we've discussed here. Federal, state, and local governments have a role to play in promoting quality maternity care, educating hospitals about these practices, monitoring progress over time, setting standards for hospital care, and providing technical assistance as hospitals are trying to make these changes.

Hospitals themselves can make changes by using the data that we provide to them through the mPINC data to prioritize what changes are most important for their hospitals. They can also work toward becoming Baby-Friendly. Doctors and nurses can become better educated on how they can support breastfeeding.

Those that work in hospitals can actually help to change the policies within their hospitals and write better policies. And those that do not work within the hospital but provide outpatient care can provide a coordination with hospitals so that there can be continuity of care.

Mothers and families can ask about help with breastfeeding so that they can be connected to those support services that they need. And they can seek out hospitals that are known to provide better care.

Next slide, please. CDC has used a wide variety of venues to publicize this new science and issue this call to action. As you see on this slide, we have done press briefings, Web sites, Twitter pages, Twitter releases, text messages, a wide variety of messages to try and get this word out about the need to improve our maternity practices.

In addition, we have provided for every state health department a report on their results on the mPINC survey so that they can see how their state is doing compared to other states. And that report is available at [www.cdc.gov/mpinc](http://www.cdc.gov/mpinc). In addition, we provide data on breastfeeding rates and other support services that are provided within each state as the infrastructure to support breastfeeding and that you can find at [www.cdc.gov/breastfeeding](http://www.cdc.gov/breastfeeding).

Finally, we've issued a swiss cheese press release for each state health department to fill in their information from this mPINC report and this breastfeeding report card so they can issue word to the press about what is going on in their state.

I'd like to close by reminding everyone of our key message that we're hoping to communicate through this *Vital Signs* report. Hospitals need to improve their maternity care practices to better support breastfeeding. We hope that you share - you will help us to share this message with the many key actors who can make a difference.

I'd now like to pass on to Jewel Mullen from Connecticut to talk about their breastfeeding initiative. Thank you.

Dr. Jewel Mullen: Thank you and I'd like to just start by thanking the CDC and ASTHO for giving Connecticut a chance and giving me a chance to highlight the work of Stafford Connecticut who have been carrying on the message that hospitals

need to improve their maternity care. And through a project that's been funded through communities putting prevention to work actually been able to implement the Connecticut Breastfeeding Initiative.

So, I advance to the slide on our project background which references back to over \$140,000 grant through ARRA funding. The Baby-Friendly Hospital Initiative has been ongoing here at the Connecticut Department of Public Health and I'm now able to update the data on the slide to indicate that 5% of births in the US actually occur in maternity hospitals that are designated as Baby-Friendly.

In Connecticut, we're already at 10% or 3 out of the 29 of the maternity hospitals here being Baby-Friendly. From the report card that we received last week, we know that of our breastfeeding practices are very similar to what Dr. Grummer-Strawn just reflected as the national tendency and that 74% of women have ever breastfed their infant which drops down to 47% doing some breastfeeding at six months but only 16% exclusively breastfeeding at the end of the six month period.

Our 3 of 29 hospitals account for about 16% of the live births in the state. And our anticipation through this project is that we're going to markedly increase the numbers of births at Baby-Friendly hospitals. Our effort builds on the national Baby-Friendly movement. Once again carrying on the message that we just heard and built on existing partnerships in Connecticut specifically those with the Connecticut Breastfeeding Coalition and the Connecticut Hospital Association.

Next slide. We've already seen the ten steps to being Baby-Friendly. And it's advancing breastfeeding and on this slide I want to highlight the five steps that the Connecticut project focused on. They're in bold. They were selected with

the thought that they were realistic in helping us achieve at the end of the two year grant period having the ten maternity hospitals that participated in the project achieving these five steps.

With the understanding that they're also very closely linked to the other five thereby enabling hospitals to get closer to actually being - having a Baby-Friendly designation. Another reason these steps were selected is that they require external support that our program staff are actually able to provide along with our partners.

Ten maternity hospitals representing wide geographic variation across the little state of Connecticut and including a great representation of under represented minority groups have participated.

We'll go to the next slide. The specific activities for our initiative have included giving 20 hours of training to maternity staff at the hospitals which achieves the Baby-Friendly step number 2. Additionally, working with the consultant, each hospital gets 40 hours of individualized consultation. They complete a self appraisal. And then through their consultation they'll stair step toward implementing all five steps we cited are really geared to them specifically.

We work hard to foster collaboration between the ten hospitals. That includes holding monthly telephone conference calls. And quarterly in person calls. Each hospital gets \$750 worth of materials to educate patients and staff. And there have been other financial supports offered for the Baby-Friendly USA hospital fees which if you go to the next slide are explained a little bit more on the model that's show here. And which I'm not going to go through in detail.

What I want to note that after the project started, this new pathway towards Baby-Friendly designation was introduced into our work. And our staff here worked with the hospitals and our partners to ensure that we could adapt what we were doing to help the hospitals move along this pathway. From first learning about and registering with Baby-Friendly USA all the way down to their Baby-Friendly designation.

Next slide. The achievements to date have been - I can tell you because I have staff - what they are very proud of. Efforts that I know people are already starting to think about what to sustain once the grant period has ended. And that's because this effort has really showed our capacity to move from a siloed program into one that becomes a statewide public health model.

We feel that it's replicable. And we see as the hospitals are moving along the pathway closer to dissemination and designation that we have ten maternity hospitals that are advancing in a way that before long 43% of our births in this state at these ten hospitals will mean that those 43% of the births will be at Baby-Friendly hospitals.

As I mentioned we have a focus on low income and minority women among whom there has been lower breastfeeding prevalence. And all of our hospitals have moved along the pathway with one preparing for a site visit next month with the expectation that they will get their Baby-Friendly designation.

More than 500 staff that have trained have also gotten continuing education credits. And we've been able to use this effort to leverage other funds such as with the WICs Peer Counseling Program.

We also have a strong evaluation component to back what we feel that we deserve to be proud of but that was going to quantify it for us even more as we

contracted with an independent evaluator who is getting information from all ten of the hospitals and evaluating our work with our communities as well.

We started talking about our sustainability and the capacity to continue to build relationships with the hospitals and the coalitions, the breastfeeding coalitions. We know that we've - because of the increased knowledge that we've helped develop among staff as far as practices at the maternity hospitals will improve.

And we have three hospitals that are becoming train the trainer sites. Having been given this opportunity to represent my staff's work I can also say that as commissioner I've started the conversation about what other programs we need to be looking at within DPH. For example, we license our daycare centers in the state.

So and I understand from the report card that that is one of our less optimally performing domains. So you've gotten us thinking about what we can do on the regulatory and support side for daycare to also improve maternity and breastfeeding practices.

I'm going to stop and introduce Dr. Thomas Forslund to continue. And I just made you a doctor, Tom.

Thomas Forslund: Yes, thank you for the promotion Jewel. I want to thank Jewel and for her presentation, that's very impressive what Connecticut is doing. And hopefully others can replicate that.

In terms of Wyoming, obviously, breastfeeding is linked to a number of positive health outcomes that we've been hearing about. State of Wyoming is seeing some recent increases in the number of different metrics associated

with early or increased early initiation and continuation of breastfeeding practices.

If you want to go to the next slide, Wyoming successfully has met four of the five Healthy People 2010 breastfeeding goals by 2007. Additionally as of 2008, Wyoming has already met two of the five Healthy People 2020 goals as moving in the right direction to meet the other three goals.

You go to the next slide; the first graph shows that Wyoming has consistently seen increases in the percentage of mothers who are exclusively breastfeeding as of this child six months of life. And since 2005 has scored better in this measure than the United States as a whole.

The first line of the graph depicts children who were exclusively breastfed through six months of age representing five birth cohorts from 2011 report of the National Immunization Survey. The two lines represent survey data that indicates Wyoming and the United States rates were similar levels, actually 11% in 2004 but have increased since then.

However, Wyoming has increased at a faster rate than the United States as a whole, ending with 17.2% of children exclusively breastfed through age six months in 2008 versus the United States rates of 14.8%.

The second graphic shows that the present, the percent of children receiving supplemental formula in the first 48 hours following birth has decreased from 2006 forward and remains consistently lower than the US rate.

If you go on to the next slide, the maternity practices in infant nutrition and care national survey results, showed that Wyoming scored 79 of a possible 100 points on three dimensions of care which is breastfeeding, or feeding of

breastfed infants, breastfeeding assistance, and contact between infant and mother.

These scores indicate that Wyoming hospitals and birth centers are implementing practices known to increase the breastfeeding initiation. And subsequent continuation of breastfeeding after the mother leaves the hospital or birth center. Wyoming did not score as well with regard to facility discharge care and staff training. However, we know of right efforts that may impact future measurement of these efforts.

Well, to the next slide. The number activities may be related to the increase Wyoming has seen in six months of exclusive breastfeeding. Powell Valley hospital's the first Wyoming hospital to achieve the Baby-Friendly distinction. And the Memorial Hospital of Sheridan county is working towards this. And we expect them to achieve it shortly which then represents 10% of the birth hospitals within Wyoming. A number of other hospitals in Wyoming are taking these steps in the same direction.

Secondly a statewide breastfeeding coalition was established in early 2008 as a partnership between the WIC, Public Health Nursing, and our Maternal Family Health Section within the Department of Health. Leche League, Mothers Healthy Babies, and a few local Wyoming hospitals all came together to support standardized breastfeeding support and to meet the Healthy People 2020 goals.

It's one - additionally it's one of our maternal health and child section, priorities for the next four years. And then additionally we have our local public health offices working on this as one of their priorities.

Going to the next slide. The Healthy Children Project provides a basic annual certified lactation counselor training in advanced CLC, training in Wyoming in alternate years. Secondly, the Wyoming WIC program is also responding to greater desire for skin to skin and exclusive breastfeeding education for WIC participants in the last 18 months. Essentially, we've increased training opportunities for WIC participants.

Thirdly, the new WIC food packages do not offer formula to breastfeeding women in the first month and do offer larger food packages with more options for breastfed infant. Or basically baby meats and mom food related to tuna, salmon, more milk, egg, cheese, etcetera.

Fourthly, WIC provides personal electric breast pumps for infants on Medicaid in collaboration with WIC since 2008. And hospital grade pumps for infants and mothers with breastfeeding difficulties.

Finally, WIC provides peer support for new breastfeeding mothers. And last slide, is that essentially we are making progress in Wyoming. However, there's still a lot to do. And contrary to Connecticut, we have not been - have not put into place a good program to compare the impacts of what we're doing to the outcomes that we're seeing.

So we can give you antidotal or general information in terms of trends but we can't tell you there's a direct correlation between the actions we are taking and the outcomes we're seeing but we're moving towards measuring our efforts. And determining the outcomes and the relationship between our activities and the outcomes we're seeing. So we hope to get there in the near future but we're not there yet.

So with that I will be happy to turn it back to Brook for finalizing the discussion.