The Critical Role of Hospitals in Supporting Breastfeeding: Systemic Changes and Long-Term Benefits

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New Jersey Baby-Friendly Hospital Initiative
Breastfeeding Summit
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Outline

- Why Breastfeeding
- Why Hospitals
- New Jersey mPINC Results
- Steps forward
Babies who are not breastfed have higher risk of minor and major health problems.

Source: AHRQ, 2007
Breastfeeding: Important for children

Children who were never breastfed (or breastfed less) have higher risk of long-term health problems.

Source: AHRQ, 2007
Prevalence of adiposity, according to triceps skin-fold thickness (>97th percentile)

Continuation of breastfeeding to 8 weeks by hospital experience

Breastfeeding in the 1st hour
- Yes: 77%
- No: 66%

No supplemented feeding
- Yes: 81%
- No: 65%

Rooming in
- Yes: 74%
- No: 62%

No pacifiers
- Yes: 78%
- No: 69%

Phone number given to mother
- Yes: 75%
- No: 64%

Percent breastfeeding at 8 weeks

Source: Murray, et al. 2007
Hospital practice change affects breastfeeding months later

Source: Nylander, et al. 1991
Risk of breastfeeding cessation before 6 weeks by number of *Baby Friendly* steps in place.

Steps measured:
- Early bf initiation
- Exclusive breastfeeding
- Rooming-in
- On-demand feedings
- No pacifiers
- Information provided

Source: DiGirolamo et al., 2008
maternity Practices in Infant Nutrition and Care
Purposes

- **Intervention**
  - Communicates importance of breastfeeding-related practices
  - Benchmarks current practices

- **Surveillance**
  - Bi-annual assessment
  - National and state reports
Basic design

- Census design
- Single key informant
- Paper or web-based
- Anonymous
- Biennial
- Based on WHO/UNICEF Ten Steps
- Total of 52 questions
  - Numeric responses
  - Checklists
  - Likert scale (e.g. Few, Some, Many, Most)
mPINC Dimensions

- Labor and delivery care
- Postpartum care
  - Feeding of breastfed infants
  - Breastfeeding assistance
  - Contact between mother and infant
- Discharge care
- Staff training
- Structural and organizational aspects of care delivery
Benchmark Reports

- Individual policies/practices (36 items)
  - Rationale, explanation, ideal response, actual response, score (0-100)
- Subscores for each dimension
  - Percentile within
    - Nation
    - State
    - Facilities of comparable size
- Composite Quality Practice Score
### III. Facility Discharge Care

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rationale</th>
<th>Explanation</th>
<th>Ideal Response</th>
<th>Your Response</th>
<th>Your Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of anticipatory breastfeeding support</td>
<td>The AAP clinical practice guidelines recommend evaluation of all infants for breastfeeding readiness and anticipatory breastfeeding support improves breastfeeding outcomes.</td>
<td>This measure reports how often new mothers/parents attended anticipatory breastfeeding conferences on site.</td>
<td>All 3 modules</td>
<td>Yes</td>
<td>100</td>
</tr>
<tr>
<td>Distribution of discharge pack containing infant formula</td>
<td>The AAP &amp; ACOG recommend against distributing infant formula “discharge packs” because it does not reduce breastfeeding initiation or increase breastfeeding rates.</td>
<td>This measure reports the percentage of discharge packs containing breastfeeding information and resources.</td>
<td>No</td>
<td>No</td>
<td>100</td>
</tr>
</tbody>
</table>

### IV. Staff Training

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rationale</th>
<th>Explanation</th>
<th>Ideal Response</th>
<th>Your Response</th>
<th>Your Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation of new staff</td>
<td>The AAP recommends that all new staff members receive breastfeeding education and support.</td>
<td>This measure reports the percentage of breastfeeding education and support received by new staff.</td>
<td>&gt; 10</td>
<td>1 to 4</td>
<td>25</td>
</tr>
<tr>
<td>Continuing education</td>
<td>The AAP recommends that ongoing breastfeeding education is an essential component of professional development.</td>
<td>This measure reports the frequency of breastfeeding education and support provided by the facility.</td>
<td>≥ 4</td>
<td>1 to 4</td>
<td>50</td>
</tr>
</tbody>
</table>

### V. Structural & Organizational Aspects of Care Delivery

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rationale</th>
<th>Explanation</th>
<th>Ideal Response</th>
<th>Your Response</th>
<th>Your Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding policy</td>
<td>The AAP recommends policies that support breastfeeding.</td>
<td>This measure reports the number of models of breastfeeding policies in place at the facility.</td>
<td>Birth module</td>
<td>Birth module</td>
<td>100</td>
</tr>
<tr>
<td>Communication of breastfeeding policy</td>
<td>Effective, face-to-face communication increases the likelihood that a facility's breastfeeding policy will be implemented appropriately.</td>
<td>This measure reports the number of times breastfeeding policy information was communicated to staff.</td>
<td>Any action or case</td>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>Infant feeding documentation policy</td>
<td>Standardized documentation of breastfeeding enhances quality of care and improves staff collaboration and support from other disciplines.</td>
<td>This measure reports the number of times breastfeeding documentation was used in the facility.</td>
<td>No</td>
<td>Yes</td>
<td>100</td>
</tr>
</tbody>
</table>

#### Next steps

Examine the care dimension that was the most problematic in your facility compared to others in your state or across the country, and choose one care process or policy to begin improving. For example:

1. **I. Labor and delivery care—Reduce delays in first contact and breastfeeding opportunities.**
   - Feeding of breastfed infants—Eliminate unnecessary supplementation.
   - Breastfeeding assistance—Provide patient education and assistance.
   - Contact between mother and infant—Normalize breastfeeding behaviors between mothers and infants.

2. **II. Postpartum care—Facilitate staff training on breastfeeding management and support.**

3. **III. Facility discharge care—Implement AAP practice recommendations.**

4. **IV. Start training—Facilitate staff training on breastfeeding management and support.**

5. **V. Structural & organizational aspects of care delivery—Implement your facility’s policies related to breastfeeding.**
Target audiences

Hospital audience:
- CEO/Administrator
- Director of Quality Improvement
- Director of Obstetrics
- Director of Pediatrics
- Mother Baby Nurse Manager
- Survey Respondent

Birth Center audience:
- Birth Center Owner
- Medical Director
- Head Midwife
- Key Informant
Typical maternity care in the US includes many types of problematic practices.
Typical maternity care in the US includes many types of problematic practices.
Skin-to-skin contact is not standard of care.

Most patients experience skin-to-skin contact (vaginal birth) - New Jersey, 26%

Most patients experience skin-to-skin contact (cesarean birth) - New Jersey, 21%

Routine infant procedures almost always performed while mother & infant are skin-to-skin - New Jersey, 9%
Breastfed infants are frequently supplemented with formula, water or sugar water.

Distribution of percent of breastfed infants that are supplemented:

- 50-89%
- 10-49%
- 90%+
- <10%

New Jersey
Most mothers receive some kind of breastfeeding instruction. Pacifiers are frequently provided.

- Infant feeding decisions are almost always documented
  - New Jersey, 100%

- Most breastfeeding patients receive breastfeeding advice and instructions
  - New Jersey, 91%

- Few breastfed infants are provided pacifiers
  - New Jersey, 30%

Percent of facilities reporting each practice.
24 h rooming-in is not standard practice at most facilities.

At least 90% of mothers and infants room together at least 23h/day

New Jersey, 10%

Mothers and infants are not separated at night

New Jersey, 47%

Percent of facilities reporting each practice
Most facilities separate mothers and infants for a variety of (unnecessary) reasons.

- Mother out of room
  - New Jersey, 84%
- Mother bathing
  - New Jersey, 76%
- Hearing test
  - New Jersey, 93%
- Heel stick
  - New Jersey, 86%
- Pediatric rounds
  - New Jersey, 74%
- Infant’s bath
  - New Jersey, 67%
- Infant photos
  - New Jersey, 64%
- Change of shift
  - New Jersey, 26%
- Visiting hours
  - New Jersey, 0%

Although single instances may be harmless, multiple separations are problematic.
Most facilities provide referrals, but the most effective discharge care is also the least common.

- Return clinic visit: 16%
- Home visit: 5%
- Telephone call: 67%
- Center support group: 61%
- Referral to support group: 70%
- LC referral: 70%
- WIC referral: 88%
- Outpatient clinic referral: 14%
- Phone # given: 98%
- List of resources: 91%
- BF feeding assessment sheet: 63%

Percent of facilities reporting each practice.
90% of facilities provide infant formula samples to breastfeeding mothers, which is unsupportive of breastfeeding.

Are discharge packs containing infant formula provided to breastfeeding mothers?

New Jersey
Breastfeeding training and skills assessment of new and existing staff is inadequate.

- **New staff receive >18 hours of breastfeeding training**
  - New Jersey, 0%

- **Existing staff receive 5+ hours of breastfeeding training**
  - New Jersey, 14%

- **Staff competencies assessed annually**
  - New Jersey, 81%
While most facilities have a breastfeeding policy, few facilities have comprehensive policies.

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<th>Percentage</th>
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<tr>
<td>In-service training</td>
<td>65%</td>
</tr>
<tr>
<td>Prenatal breastfeeding classes</td>
<td>51%</td>
</tr>
<tr>
<td>Asking about mother's feeding plans</td>
<td>84%</td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td>93%</td>
</tr>
<tr>
<td>Education on lactation if separated</td>
<td>84%</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>65%</td>
</tr>
<tr>
<td>24 hr/day rooming-in</td>
<td>65%</td>
</tr>
<tr>
<td>Breastfeeding on demand</td>
<td>86%</td>
</tr>
<tr>
<td>Pacifier use</td>
<td>56%</td>
</tr>
<tr>
<td>Referral of breastfeeding problems</td>
<td>86%</td>
</tr>
</tbody>
</table>

Percent of facilities reporting each element
Criteria for focusing efforts

- Strongest evidence base
  - Limit supplementation, separation, skin-to-skin
- Most feasible
  - Eliminate pacifiers, increase skin-to-skin
- Easiest to communicate
  - Supplementation, separation, discharge support
- Multiplier effects
  - Training/competency assessment, policy, separation
- Most room for improvement
  - Facility-specific (based on score and percentile)
How can we most effectively improve maternity care practices in the US?

1. Educate facility decision-makers:
   - mPINC Benchmark Reports
   - Vital Signs report
   - Grassroots efforts by hospital staff
   - Social movements (e.g. BanTheBags.org)
   - Strong statements from health professional organizations such as ABM, AAP, ACOG, NAPNAP, ANA
   - Training programs directed toward facilities
2. Recognize excellence

- Baby-Friendly Hospital Initiative (currently 121 hospitals in the US)
  - International Gold Standard
  - “On site validation of mPINC”
  - Hospitals must pay for assessment
  - Free formula is a significant barrier

- Incorporate Ten Steps into other recognition programs
3. Measure/Report Outcomes

- The Joint Commission
  - Exclusive breast milk feeding

- mPINC
  - Not publicly reported
4. Ensure oversight by regulatory agencies

- The Joint Commission
  - Assessors often ask about lactation care
  - No national standards to apply

- State perinatal regulations/hospital certification
  - Generally weak
5. Pay for Performance

- Tie reimbursement rates to performance

- Medicaid or 3rd party payer payments could be higher for better performing hospitals
  - Based on exclusive in-hospital breastfeeding rates
  - Based on BFHI designation
  - Based on receipt of free formula
6. Establish regional collaboratives

- Hospitals meet together to learn and establish performance goals
- Various stakeholders are engaged to seek out innovative solutions
- National Initiative for Children’s Healthcare Quality (NICHQ) -- $2 M
Unprecedented Time for Breastfeeding and Health Care

- Affordable Care Act
- President’s Task Force on Obesity
- SG Call to Action
- Vital Signs
- IOM report on Women’s Health Services
Thank you!

www.cdc.gov/breastfeeding

www.cdc.gov/mpinc