



MBC

Minnesota Breastfeeding Coalition

Why Breastfeeding Friendly Matters



Introductions

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Disclosures

- We have no actual or potential conflicts of interest in relation to this presentation.

Objectives

- Discuss relationship between WHO 10 Steps to Successful Breastfeeding, BFUSA and MDH BFFBC recognition program.
- Recognize the importance of evidence-based infant feeding practices on short- and long-term health outcomes for parents and infants.
- Describe strategies for incorporating breastfeeding friendly practices in your facility.

WHO and BFUSA Relationship

- **1991** - WHO launched Baby Friendly Hospital Initiative (BFHI)-10 Steps to Successful Breastfeeding and International Code of Marketing of Breast-milk Substitutes (WHO Code)
Aim: Protect, Promote, Support Breastfeeding
- Baby-Friendly USA (BFUSA) is accrediting body in US, responsible for adoption, coordination, accreditation for Baby-Friendly[®] designation of the BFHI
- **2018** - significant updates to [WHO 10 Steps](#)
- **2021** - [BFUSA](#) incorporated WHO changes into update

Breastfeeding Friendly Birthing Center Recognition Program (BFFBC)

- [MDH 5-Star Recognition Program](#)
- Based on *10 Steps to Successful Breastfeeding*
- 2 Steps completed=1 Star
- Flexible, self-measured, no fees, not all-or-none, not sequential
- Aligns with yet has no relationship with Baby-Friendly[®] USA



mPINC Relationship to 10-Steps



**2022
Minnesota
Results Report**

State Total Score*

81

- mPINC tool is biannual hospital's self assessment of many aspects of the 10 Steps, can be used to benchmark results with state and nation
- mPINC can help guide policies, maternity care practices, prioritize QI

WHO 10 Steps

- Steps 1-2:
Management
Procedures
- Steps 3-10:
Clinical Practices

The TEN STEPS to Successful Breastfeeding

1 HOSPITAL POLICIES

Hospitals support mothers to breastfeed by...



2 STAFF COMPETENCY

Hospitals support mothers to breastfeed by...



3 ANTENATAL CARE

Hospitals support mothers to breastfeed by...



4 CARE RIGHT AFTER BIRTH

Hospitals support mothers to breastfeed by...



5 SUPPORT MOTHERS WITH BREASTFEEDING

Hospitals support mothers to breastfeed by...



6 SUPPLEMENTING

Hospitals support mothers to breastfeed by...



7 ROOMING-IN

Hospitals support mothers to breastfeed by...



8 RESPONSIVE FEEDING

Hospitals support mothers to breastfeed by...



9 BOTTLES, TEATS AND PACIFIERS

Hospitals support mothers to breastfeed by...



10 DISCHARGE

Hospitals support mothers to breastfeed by...



WHO CODE

- All areas of facility that serve expectant parents are free from magazines, advertising and promotional items or materials that promote artificial breast milk substitutes.
- WHO code has NOT diminished formula marketing, 2019 \$55 billion annually to influence families/health care workers (Rollins et al, 2022)
- Preconception, prenatal points of contact with formula advertising for expecting families has increased well beyond printed information

Formula Marketing

- Report about marketing of formula, not formula per se, How the marketing of formula milk influences our decisions on infant feeding. (WHO 2022)



**ANNOUNCING YOUR
PREGNANCY?
FORMULA MILK
COMPANIES
ALREADY KNOW**

Improved Breastfeeding Rates

- CDC 2021-Adherence to BFHI 10 Steps for Successful Breastfeeding associated with improved BF outcomes
- Pérez-Escamilla (2016) systematic review, adherence to BFHI Ten Steps has + short, medium and long-term BF outcomes, none suggested negative impact

Improved Breastfeeding Rates

- Exclusive breastfeeding rate (EBF rate) significantly higher in BFHI designated hospitals across all demographic variables studied.
- Maternity care practices in hospital were associated with differences in EBF rates
- Disparities exist with EBF rates



Patterson et al (2018)

Improved Breastfeeding Rates

- Patterson et al (2021) discusses EBF rates lower in hospitals serving highly deprived populations compared to lower deprivation, yet BFHI benefited mother's EBF rates across Area Deprivation Index categories
- Bass et al (2019) reports statewide BF initiation rates + associated with HP2020 BF outcomes, not necessarily found with BFHI designation penetrance. Complexity of contributing factors.

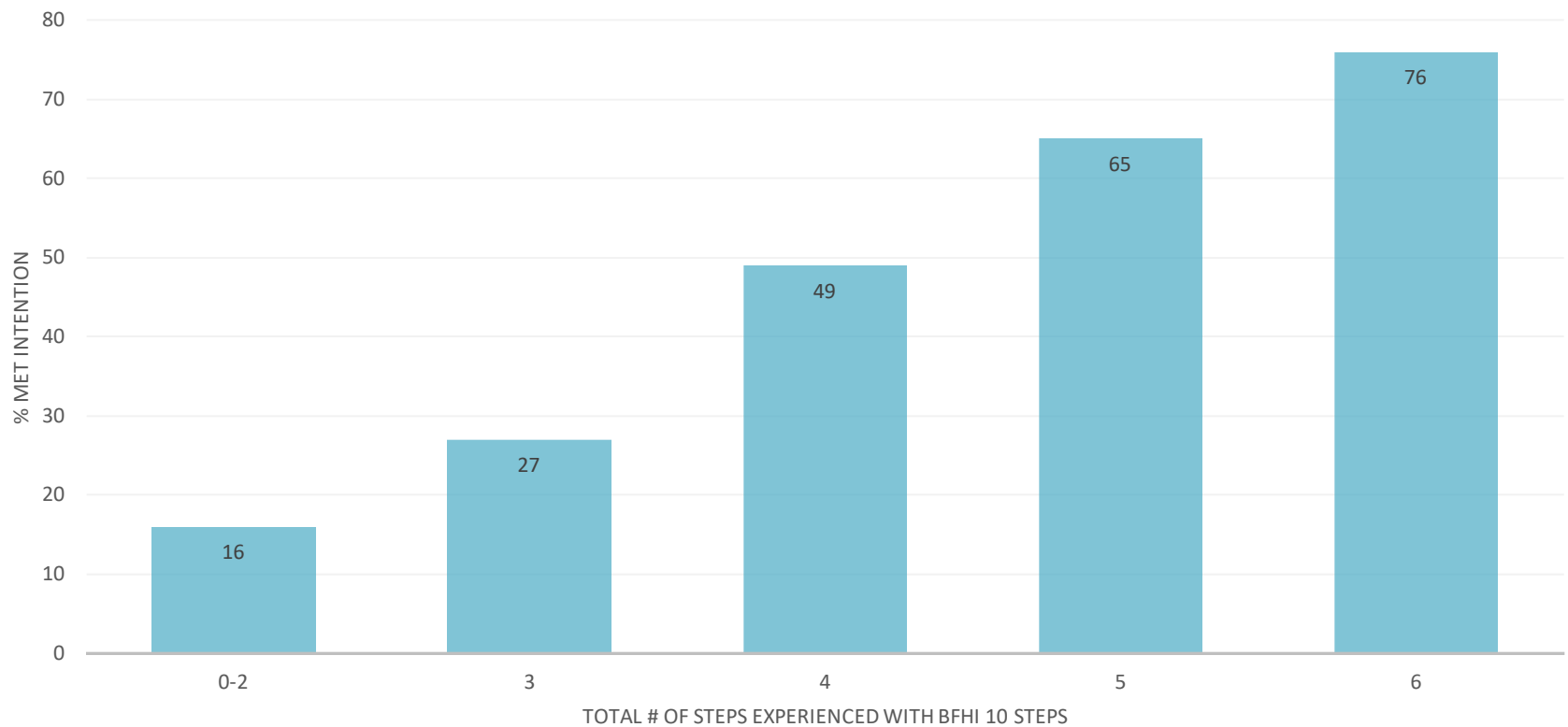
More Steps, Better Outcomes

- “Dose-response” relationship between exposure to # of steps and likelihood of improved BF outcomes. Pérez-Escamilla (2016)



More Steps, Better Outcomes

Association Between # of BFHI Practices Experienced and Meeting Intention to Breastfeed at 1 Month Old



Beauregard, et al. Pediatrics, 2022

Impact on Racial Disparities

- CHAMPS program in 4 southern states had goal to increase initiation and exclusive BF by increasing BFHI designated hospitals and reduce racial disparities
- Merewood et al (2019) reports
 - BF initiation and exclusivity rates increased, and increase was greater among Black dyads than White dyads.
 - Increased compliance with 10 Steps was associated with decrease in racial disparities in BF.
 - Specific maternity care practices impacted BF outcomes

Impact on Racial Disparities

- Breastfeeding rates in MS
 - BF initiation rates increased 56-66%, disparity between black and white dyads decreased
 - EBF rates increased 26-37%, disparity between black and white dyads did not significantly change
- Aligning maternity care practices with the 10 Steps

Impact on Racial Disparities

- Significantly more likely to initiate BF post-BFHI than pre-BFHI in 1 academic hospital in SC
- Racial disparity persisted pre/post as Black mothers were 2.4 times less likely to sustain BF than non-Black mothers even when controlling for health and sociocultural factors
- Reveals need for further culturally competent and equitable work to sustain BF in Black women



Hemingway et al (2021)

Patient Satisfaction

- Integrated review looked at mothers' perception and experiences of BF support in Baby-Friendly hospital
- Mothers were mostly satisfied with support and guidance received at BFH, mainly + BF aspects emphasized, STS often not lasting past 30 minutes
- Mothers in BFHs perceived BF support more adherent to Baby-Friendly practices than in non-BFHs



Lojander et al. (2022)

Staff Perspective

- Qualitative study of MS maternity nurses' experiences & perceptions to implementing BFHI initiative
- Overall process of BFH-designation challenging and worthwhile d/t improvements in maternity care, nurses' knowledge, health outcomes for women and their newborns



Burnham et al (2021)

Interim BF Designation Programs

- Bass et al (2019) discussed Maryland Best Practice Hospitals 2012 (either BFHI or flexible implementation of all 10 steps with model policy). Prior to this, MD had not achieved any of the HP2020 objectives. By 2018, MD exceeded all HP2020 objectives.
- Le et al (2022) BFHI-designated hospitals had highest average # of total hospital practices supportive of BF, followed by *Gift*-designated hospitals
 - Subset of practices significantly associated with BF maintenance-BF within 1st hour of birth, BF in hospital and infant only receiving BM in hospital
 - Receiving formula gift pack negatively associated with BF maintenance

Quality Improvement

- 10 Steps, BFHI by BFUSA, MDH BFFBC and mPINC all can serve as basis for organizations QI program as they consider highly interrelated specific actions at facility and community level
- Not an individual sport, takes teamwork



Importance of Measurement

- “Without data, you're just another person with an opinion.” *W. Edwards Deming*
- “Gold” standard within US reflects accountability with BFUSA accreditation
- Arújo et al (2019) describes hospital self-monitoring overestimated compliance with 10 Steps as compared with external evaluation in Brazil, Step 4 had lowest compliance



Outcomes of the mPINC

- 2015 mPINC scores linked with TJC's exclusive breastfeeding rate at hospital discharge rate.
- Exclusive breastfeeding rate 39% for lowest quartile mPINC scores to 60.4% for highest quartile.
- Higher mPINC scores were associated with higher rates of in-hospital exclusive breastfeeding.



Barrera et al (2019)

Minnesota mPINC results



2022 Minnesota Results Report

State Total Score*



National Total Score*



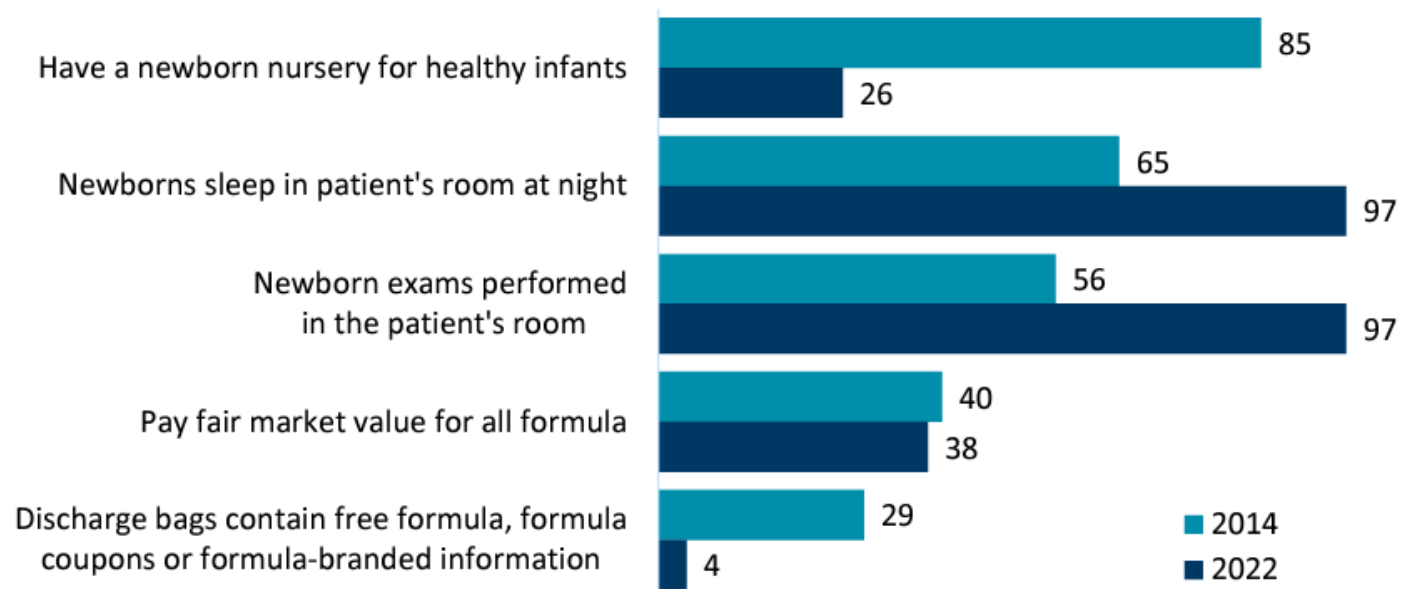
	National Subscore	Minnesota Subscore	Minnesota Hospitals with Ideal Response
Rooming-In	76	74	
Mother-infant dyads are rooming-in 24 hours/day			91%
Routine newborn exams, procedures, and care occur in the mother's room			29%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			67%
Feeding Practices	81	83	Minnesota Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula			60%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			96%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			44%

Minnesota mPINC results

Institutional Management	National Subscore	Minnesota Subscore	Minnesota Hospitals with Ideal Response
Nurses are required to demonstrate competency in assessing breastfeeding (milk transfer & maternal pain), assisting with breastfeeding (positioning & latch), teaching hand expression & safe formula preparation/feeding, and demonstrating safe skin-to-skin practices	76	72	67%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management	76	72	47%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization	76	72	85%
Hospital pays a fair market price for infant formula	76	72	74%
Hospital has 100% of written policy elements [§]	76	72	22%

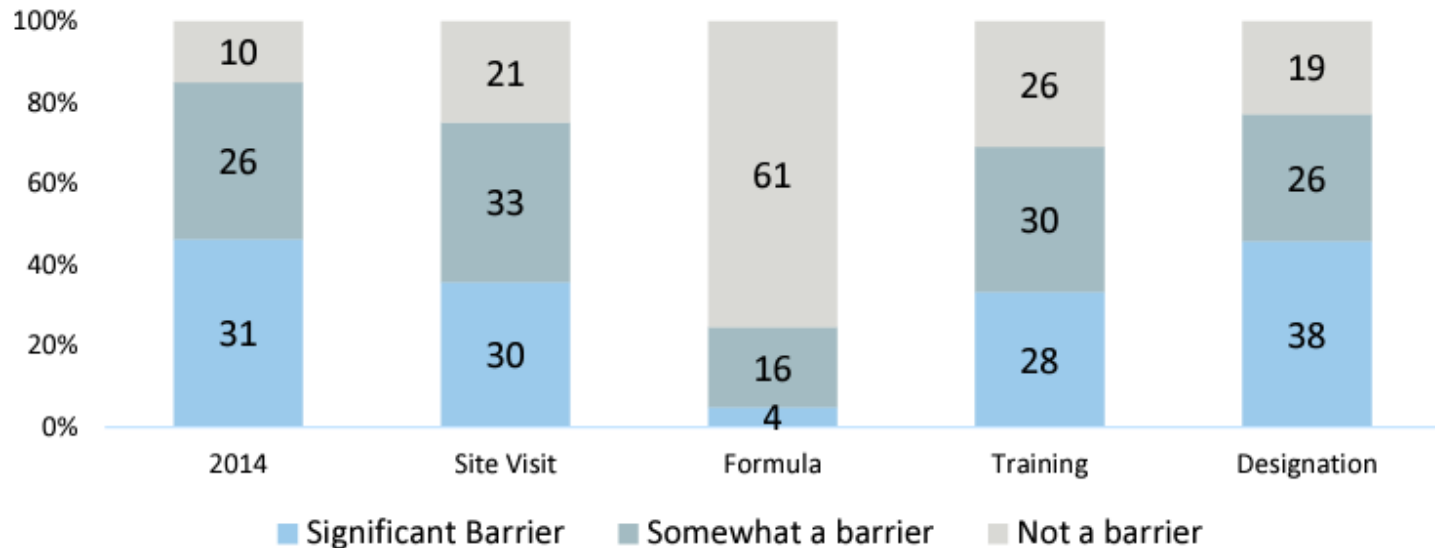
Infant Feeding Practices Survey

Percentage of evidence-based best practices in maternity care



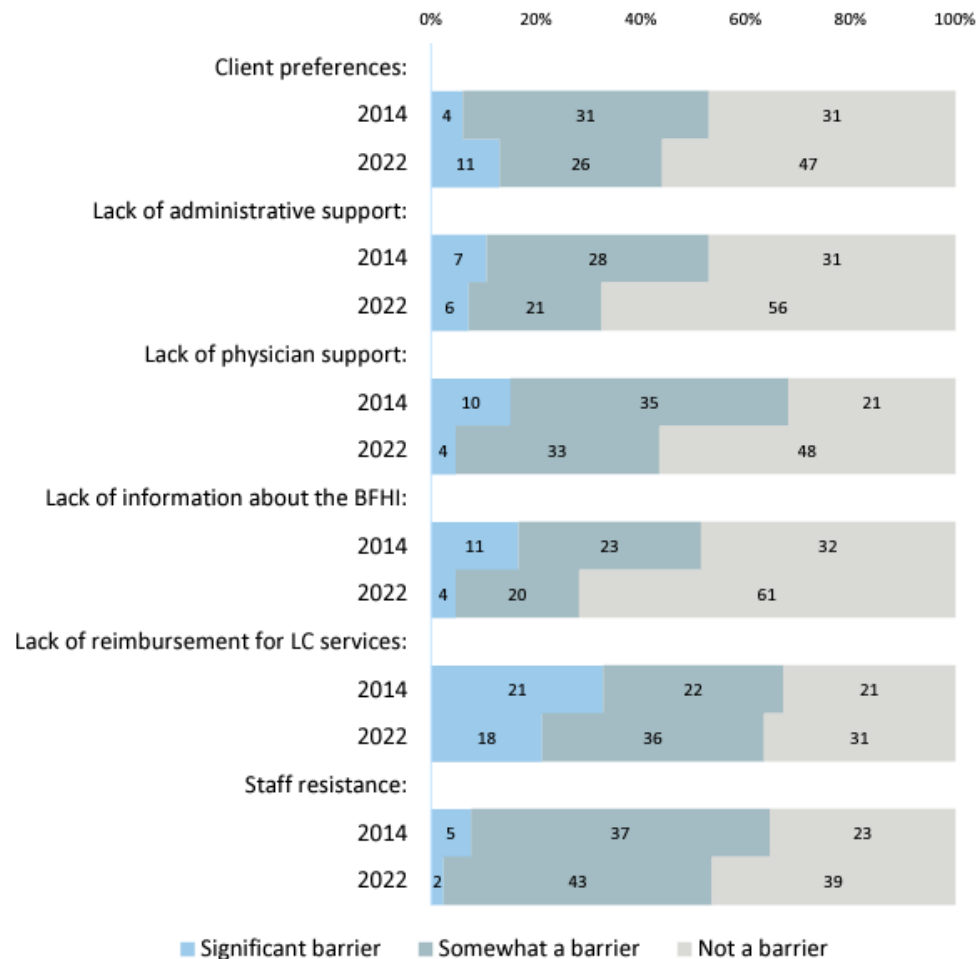
Barriers to Baby-Friendly

How much of a barrier is cost or the cost of the following items when initiating the Baby-Friendly certification process?



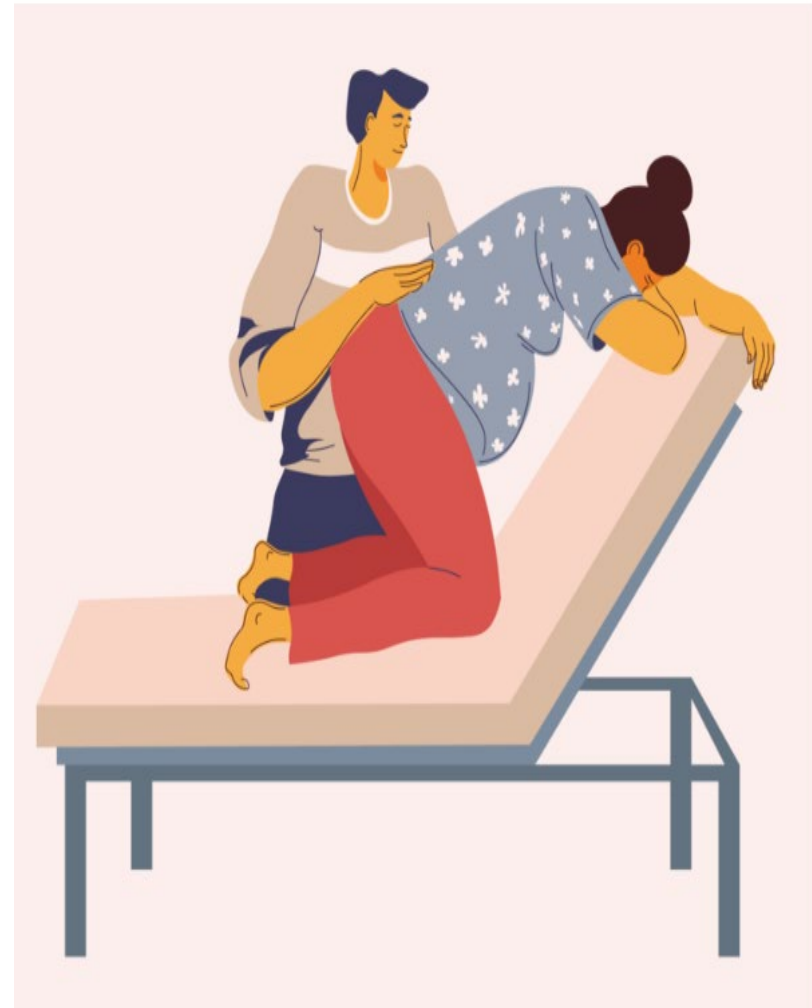
Barriers to Baby-Friendly

How much of a barrier are / were the following items to your hospital or birth center initiating the Baby-Friendly certification process? (In percentages)



10 Steps Learning Collaborative

- The [10 Steps Learning Collaborative](#), a quality improvement community, met monthly to improve specific infant feeding care practices in Minnesota's birth centers.
- Hospitals supported each other to close the gap between actual practices and evidence-based practices as the standard of care.



Birthing Facilities in MN



- 18 Facilities completed Intent to Apply for 5 Star Recognition Program
- 3 Facilities earned Stars
 - Lake Region Healthcare – Women’s & Children’s Health Center
 - Northfield Hospital and Clinics Birth Center
 - CentraCare Birth Center
- 13 Facilities awarded mini-grants for breastfeeding friendly projects
- 11 BFHI Designated Facilities

Statewide Health Improvement Partnership

- SHIP is a comprehensive health strategy coordinated across all of Minnesota's 87 counties and 10 tribal nations.
- Supports community-driven solutions to expand opportunities for active living, healthy eating and commercial tobacco-free living, helping all people in Minnesota prevent chronic diseases including cancer, heart disease, stroke and type 2 diabetes.
- Breastfeeding is one of the many activities LPH staff can choose to work on through SHIP.





Breastfeeding & SHIP

Baby Café

Breastfeeding
Friendly
Workplaces

Breastfeeding
Supportive
places &
spaces

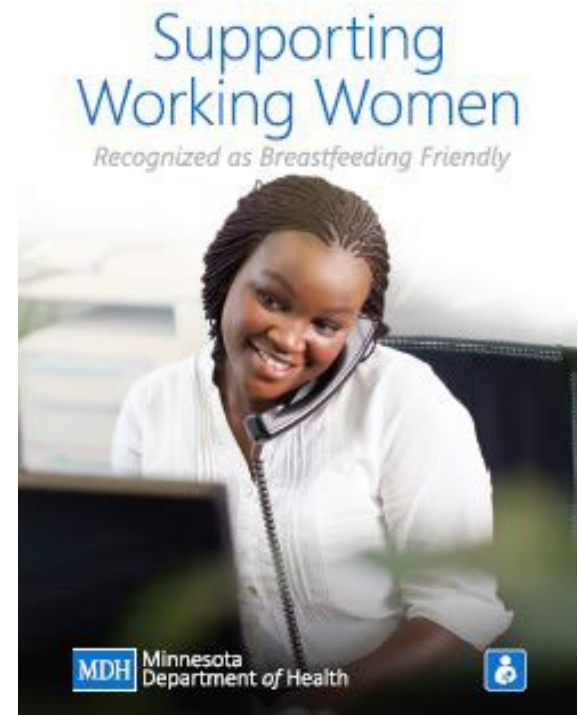
Examples of SHIP Breastfeeding Work for Health Care

- Provide support around Breastfeeding Friendly Birth Centers
- Partnering with a clinic or hospital to create and support a local Baby Café
- Provide training opportunities for healthcare staff around CLC or IBCLC certifications
- Create a referral system with clinics and hospitals to refer patients to local breastfeeding resources
- Connecting with local breastfeeding coalition to learn more about community needs and how healthcare organizations can support coalition goals

Breastfeeding Friendly Workplaces

- [MDH recognition of workplace lactation support](#) for employees
- Criteria for recognition:
 - Written policy or guideline*
 - Support
 - Time*
 - Education
 - Place*

* *required by state and/or federal law*



CHAMPS NATIONAL

INFORMATIONAL WEBINAR

CHAMPS is going National. Starting this fall, in collaboration with the CDC, we will enroll and work with 100 US hospitals to increase breastfeeding rates and decrease disparities.

Join this webinar to find out what CHAMPS National is all about, and how to sign up your hospital, state, community, or organization to work with CHAMPS and improve health equity for mothers and babies.



Tuesday, October 24, 2023
12pm Eastern Time



<https://bit.ly/champsnationalwebinar>



CHAMPS National partners include ROSE, Camie Goldhammer, and other experts in the field of maternal-child health equity.

REGISTER



LEARN MORE AT WWW.CHEEREQUITY.ORG



Thank you!



Please reach out with any questions:

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- Carrie Klun, carrie.klun@state.mn.us

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