

EBS: REDUCE INFANT MORTALITY

TEN STEPS TO SUCCESSFUL BREASTFEEDING



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Let's Talk About...



- Why breastfeeding is important
- Breastfeeding status in North Carolina
- National and state guidance/goals for breastfeeding
- Local breastfeeding initiatives and resources
- Critical partners in the breastfeeding discussion
- Breastfeeding Ten Steps as a checklist

The Power of Breastfeeding



Exclusive breastfeeding is considered one of the most effective preventive health measures to reduce child morbidity and mortality, in the US and globally.

~Surgeon General's Call to Action to Support Breastfeeding, 2011

Breastfeeding is Important because...

- Health Effects
- Psychosocial Effects
- Economic Effects
- Environmental Effects



Breastfeeding is Important because...

□ Health effects

For Babies:

- ✓ Fewer ear infections
- ✓ Lower risk of SIDS
- ✓ Less risk of obesity
- ✓ Less risk of diabetes

For Moms:

- ✓ Lose weight quicker
- ✓ Less risk of breast cancer
- ✓ Less risk of ovarian and uterine cancer

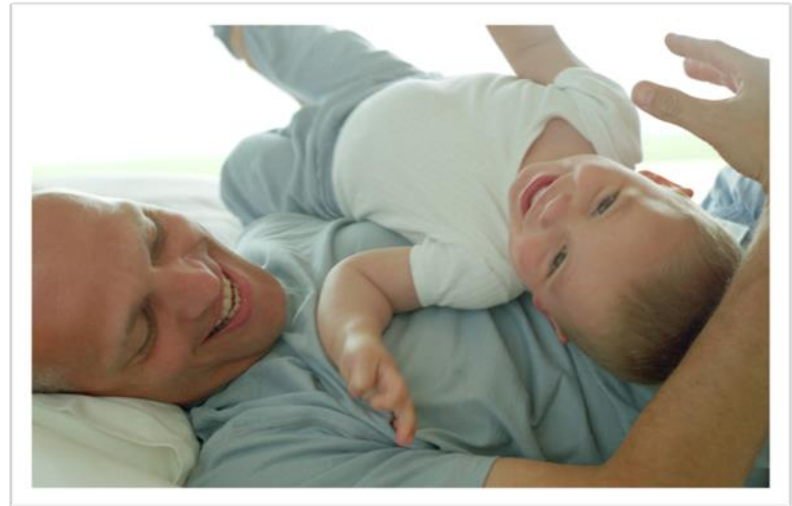
Breastfeeding is Important because...



- Psychosocial Effects
 - Increased sense of bonding or closeness with newborn
 - Decreased risk of postpartum depression

Breastfeeding is Important because...

- Economic Effects
 - Lower health care costs
 - Improved productivity



Breastfeeding is Important because...



- Environmental Effects
 - Renewable food
 - No packaging or containers required
 - No fuel cost

Barriers to Breastfeeding



- ❑ Lack of Knowledge
- ❑ Social Norms
- ❑ Poor Family, Social & Community Support
- ❑ Embarrassment
- ❑ Lactation Problems
- ❑ Employment and Child Care

CDC Breastfeeding Report Card

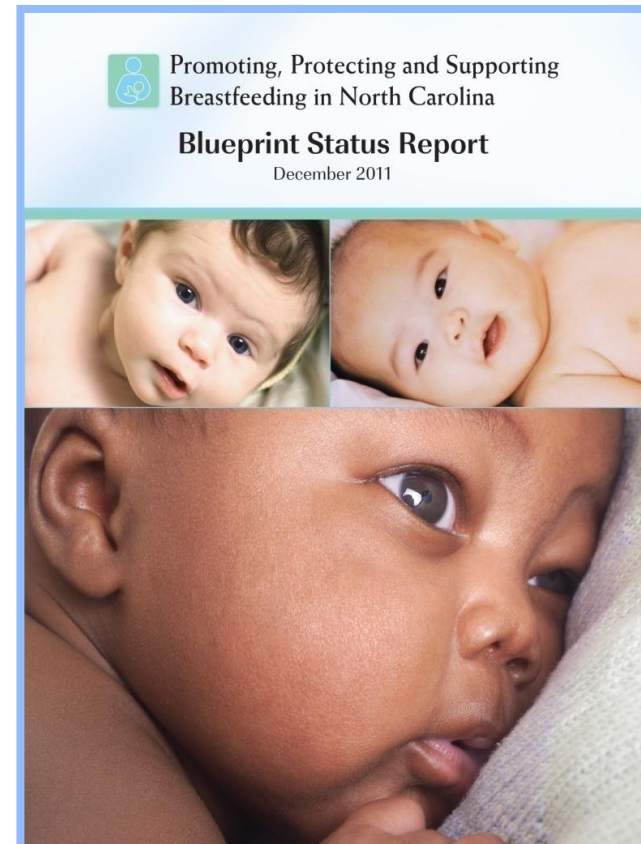
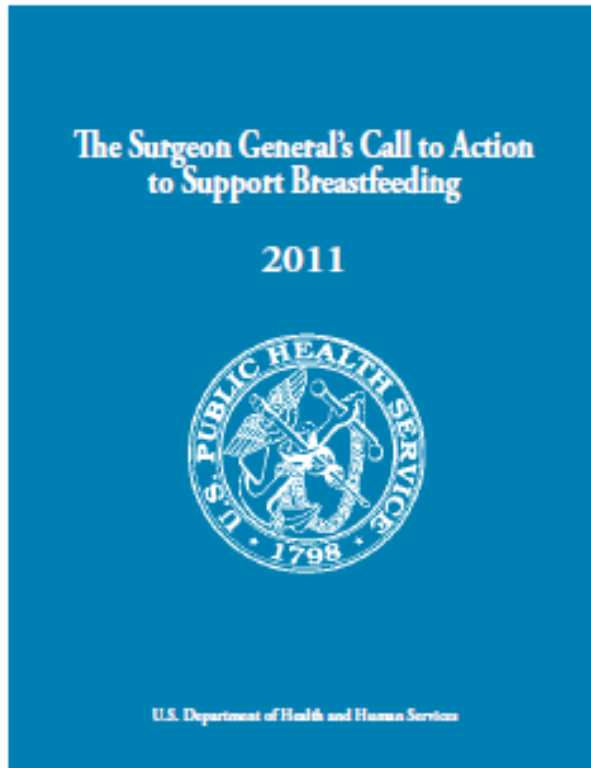
| Objective | Healthy People 2020 Goal | Nation 2014 (%) | North Carolina 2010 (%) | North Carolina 2011 (%) | North Carolina 2012 (%) | North Carolina 2013 (%) | North Carolina 2014 (%) |
|-------------------------------------|--------------------------|-----------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Ever Breastfed | 81.9% | 79.2 | 73.5 | 67.3 | 68.2 | 74.9 | 77.2 |
| Breastfeeding at 6 months | 60.6% | 49.4 | 35.9 | 37.0 | 38.3 | 48.5 | 48.3 |
| Breastfeeding at 12 months | 34.1% | 26.7 | 19.4 | 19.6 | 20.8 | 31.9 | 24.5 |
| Exclusive breastfeeding at 3 months | 46.2% | 40.7 | 28.2 | 28.1 | 37.6 | 32.7 | 42.6 |
| Exclusive breastfeeding at 6 months | 25.5% | 18.8 | 8.7 | 8.2 | 15.3 | 14.8 | 20.7 |

Breastfeeding Disparities



- Race/Ethnicity
 - Rates for black infants about 50% lower
- Socioeconomic status
 - Lower income and lower education = lower rates

National & State Breastfeeding Guidance



Surgeon General's Breastfeeding Call to Action Steps

- Give mothers the support they need to breastfeed their babies
 - Teach mothers to breastfeed
- Develop programs to educate fathers and grandmothers about breastfeeding
 - Offer classes on breastfeeding that are convenient for family members to attend.

Surgeon General's Breastfeeding Call to Action Steps

- Strengthen programs that provide mother-to-mother support and peer counseling
 - Establish peer counseling as a core service available to all women
- Use community-based organizations to promote and support breastfeeding
 - Integrate education and support for breastfeeding into public health programs that serve new families.

Surgeon General's Breastfeeding Call to Action Steps

- Ensure that maternity care practices throughout the United States are fully supportive of breastfeeding
 - Accelerate implementation of the Baby-Friendly Hospital Initiative
- Develop systems to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community
 - Establish and implement policies and programs to ensure that breastfeeding support services are in place before discharge from the hospital

North Carolina Breastfeeding Goals, Initiatives & Resources

- Expectations for breastfeeding promotion and support in local health departments
 - Creating a Breastfeeding Friendly Environment
- Breastfeeding Coordinators, Peer Counselors
- Regional Breastfeeding Training Centers
- Maternity Center Breastfeeding Friendly Designation Award Program

Breastfeeding Goals for Local Health Department Clinics

- Present exclusive breastfeeding as the norm for all mothers and babies
- Ensure access to competently trained breastfeeding staff at each clinic site
- Develop procedures to accommodate breastfeeding mothers and babies

Breastfeeding Goals for Local Health Department Clinics

- Mentor and train all staff to become competent breastfeeding advocates and/or counselors
- Support exclusive breastfeeding through assessment, evaluation, and assistance
- Provide an appropriate breastfeeding-friendly environment

Breastfeeding Friendly Environment



- No visibility of formula and formula marketing products
- Culturally appropriate, positive materials
- Consistent messaging that meets evidence-based recommendations

Breastfeeding Friendly Environment



- Positive attitude of staff
- Assure mothers are comfortable breastfeeding in the agency
- Assure access to breastfeeding promotion and support activities

Maternal Health Maternity Clinic Agreement Addenda (AA)

The Haves

- Use positive, culturally friendly educational materials that incorporate consistent breastfeeding messages.
- Use materials that are free of formula company advertising.
- Use materials that increase a mother's confidence in her ability to breastfeed.

The Have-Nots

- Avoid passive promotion of formula feeding.
- Avoid direct promotion of formula feeding.
- Store supplies of formula, baby bottles, and nipples, out of the sight of clients.

WIC Breastfeeding Coordinator

- Employed by the local WIC agency
- Develops and manages breastfeeding policies and procedures
- Assures a clinic environment that supports breastfeeding
- Assures timely and accurate breastfeeding education/counseling and support for WIC participants
- Manages breastfeeding pumps and other related breastfeeding supplies available to WIC participants

WIC Breastfeeding Coordinator is a Good Resource...

- Maintains collaborative partnerships
 - Local coalitions/advisory groups
 - North Carolina Breastfeeding Coalition (<http://www.ncbfc.org>)
 - Outreach efforts with local providers, hospital colleagues, and the community
 - NC Maternity Center Breastfeeding-Friendly Designation
 - Hospital Outreach Tool

WIC Breastfeeding Peer Counselors

- Establishes relationships and maintains regular contact with prenatal and breastfeeding women enrolled in the WIC breastfeeding peer counselor program
 - phone calls, clinic appointments, home visits, hospital visits, group discussions

WIC Breastfeeding Peer Counselors

- Provides support and information to women who are breastfeeding or planning to breastfeed:
 - to help prevent, correct and/or manage common breastfeeding problems
 - to increase the incidence of breastfeeding exclusivity and extended breastfeeding

North Carolina WIC Breastfeeding Peer Counselor Programs, Regional Breastfeeding Coordinators and Regional Nutrition Consultants by Perinatal Region

(DRAFT)

(Breastfeeding Peer Counselor Programs utilizing North Carolina WIC funds are highlighted in darker color and Regional Breastfeeding Coordinators are delineated by bold line)

Region I Western
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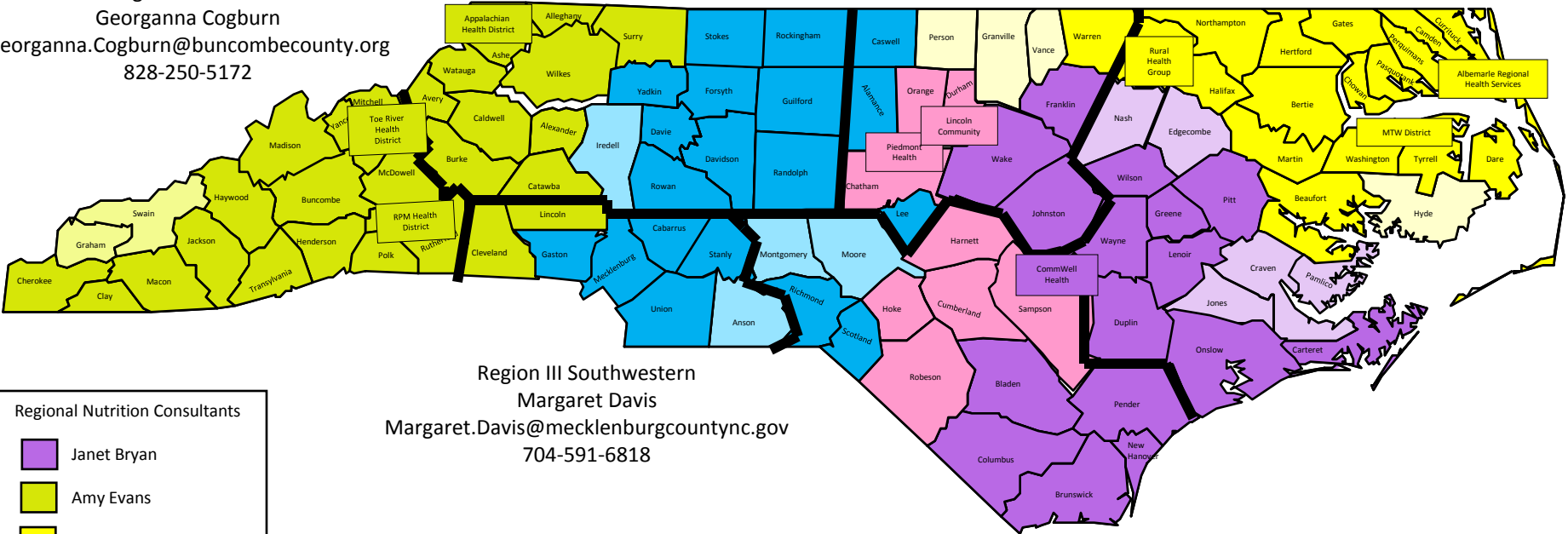
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Region III Southwestern
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Regional Nutrition Consultants

-  Janet Bryan
-  Amy Evans
-  Kathy Griffin
-  Julie Hurt
-  Sue Williams



NC Regional Breastfeeding Training Centers

Region I: Buncombe County Health Department; soon to be moved to MAHEC

Region II: Forsyth Medical Center

Region III: Mecklenberg County Health Department

Region IV: Wake County Health Department

Region V: New Hanover County Health Department

Region VI: Currently East Carolina University; changes soon for this regional center



North Carolina Maternity Center
**Breastfeeding-Friendly
Designation**



North Carolina

Breastfeeding-Friendly Child Care Designation

Ten Steps to Successful Breastfeeding

- Evidence-based protocol used by Baby-Friendly USA and endorsed by the World Health Organization to encourage and promote breastfeeding success



Ten Steps to Successful Breastfeeding



Step 1:

Have a written breastfeeding policy that is routinely communicated to all health care staff

Step 2:

Train all health care staff in skills necessary to implement the policy

Step 3:

Inform all pregnant women about the benefits and management of breastfeeding

Ten Steps to Successful Breastfeeding

Step 4:

Help mothers initiate breastfeeding within one hour of birth

Step 5:

Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants

Step 6:

Give newborns no food or drink other than breast milk, unless medically indicated

Ten Steps to Successful Breastfeeding

Step 7:

Practice “rooming-in”-allow mothers and infants to remain together 24 hours per day

Step 8:

Encourage breastfeeding on demand

Step 9:

Give no artificial teats or pacifiers (also called bottle nipples) to breastfeeding infants

Step 10:

Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

Resources

- Surgeon General's Call to Action to Support Breastfeeding: <http://www.surgeongeneral.gov/library/calls/breastfeeding/>
- Baby-Friendly USA Ten Steps to Successful Breastfeeding: <https://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative/the-ten-steps>
- NC Division of Public Health Nutrition Services Branch – WIC Breastfeeding Resources <http://nutritionnc.com/breastfeeding/index.htm>
- Office of Women's Health – Breastfeeding <http://www.womenshealth.gov/breastfeeding/>
- La Leche League of North Carolina www.lllofnc.org
- Women's Health Branch, Division of Public Health whb.ncpublichealth.com/

Contacts

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