

# WIC and the Maryland Community...

Working Together for  
Improved Breastfeeding  
Outcomes



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- Disclosure

I have no real or apparent conflict of interest that have direct bearing on the subject matter being presented.

# Learning Objectives

At the end of this session, attendees will be able to:

- Describe what is happening in Maryland to improve breastfeeding outcomes.
- List at least three different groups who have participated in this initiative.
- State two parts of either the process or content that he/she can apply within his/her state.



# Maryland Hospital Breastfeeding Policy Recommendation Committee\*

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Maryland WIC

\* Initial Committee

# A Snapshot of Breastfeeding in Maryland



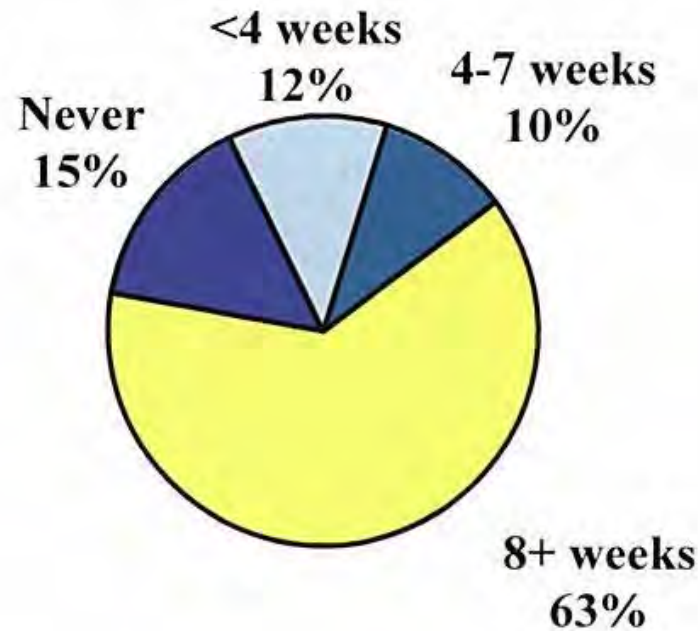
Maryland WIC

# Maryland's Breastfeeding Report Card 2013

Categories of Infant Feeding	Healthy People 2020 Breastfeeding Objectives	2011 Maryland Rates CDC Breastfeeding Report Card	2013 Maryland Rates CDC Breastfeeding Report Card
Ever Breastfed	81.9%	78.5%	69.4%
Breastfed at 6 months	60.6%	45.2%	52.0%
Breastfed at 1 year	34.1%	27%	24.2%
Exclusively breastfed at 3 months	46.2%	32%	29.3%
Exclusively breastfed at 6 months	25.5%	13.1%	15.1%
% of breastfed newborns who get formula supplementation in first two days of life	≤14.2%	30.9%	22.9%



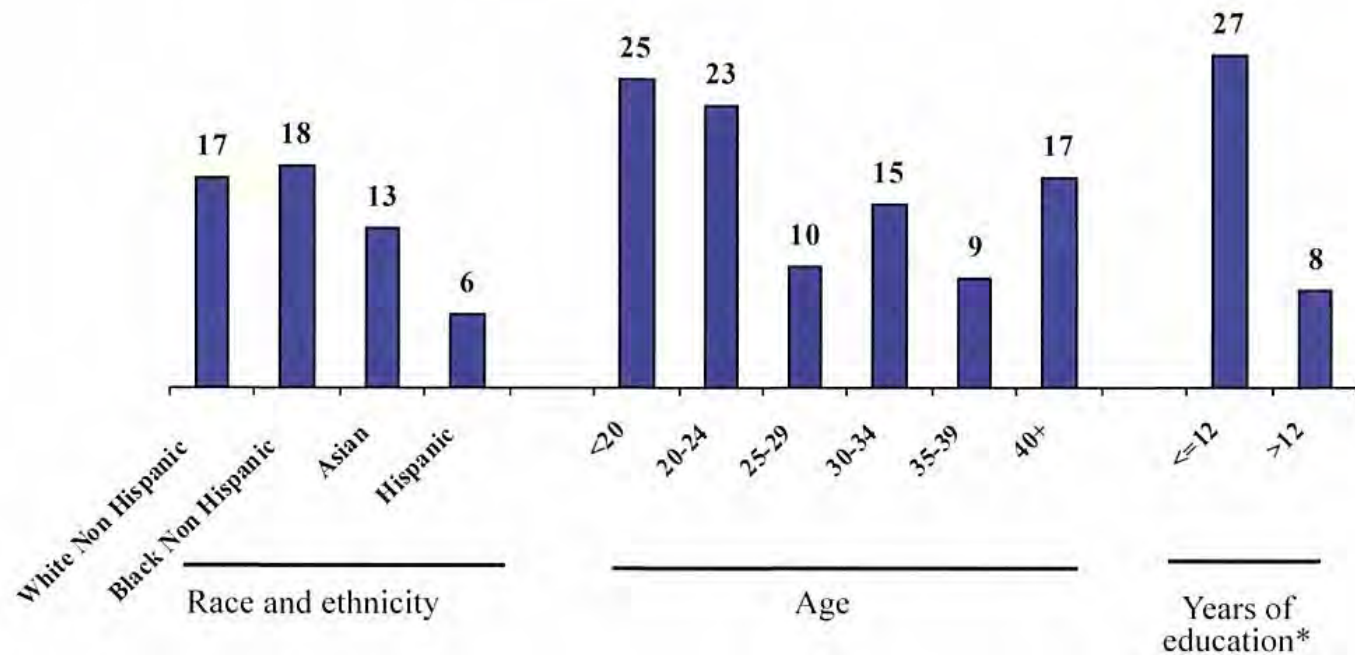
# Distribution of Mothers by Length of Time Infants were Breastfed



*Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) Report, 2011 births*



# Percentage of Mothers Who Reported Never Breastfeeding



\*Includes only mothers ages 20 and above.

Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) Report, 2011 births





# Breastfeeding Support in Maryland Facilities

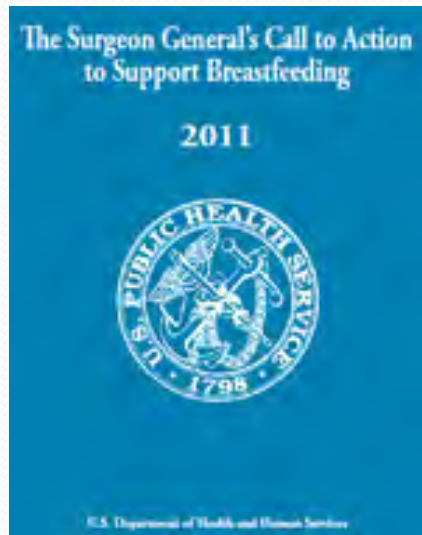
- Most births in Maryland occur in hospitals
- Maternity Practices in Infant Nutrition and Care in Maryland —2009 mPINC Survey

*“Many opportunities exist to protect, promote, and support breastfeeding mothers and infants in Maryland.”*



Maternity Practices in Infant Nutrition and Care In Maryland —2009 mPINC Survey

# The Surgeon General's Call to Action to Support Breastfeeding



- Identifies barriers to breastfeeding
- Recommends actions for:
  - Mothers and families
  - **Communities**
  - **Health care providers and facilities**
  - Employers
  - Public health leadership
  - Researchers



# Affordable Care Act: Breastfeeding Requirements

- Requires insurers to provide:
  - Coverage for lactation services
  - Coverage for breast pumps
- Requires employers to provide:
  - Break time for nursing mothers to express milk
  - A non-bathroom space, shielded from view and intrusion



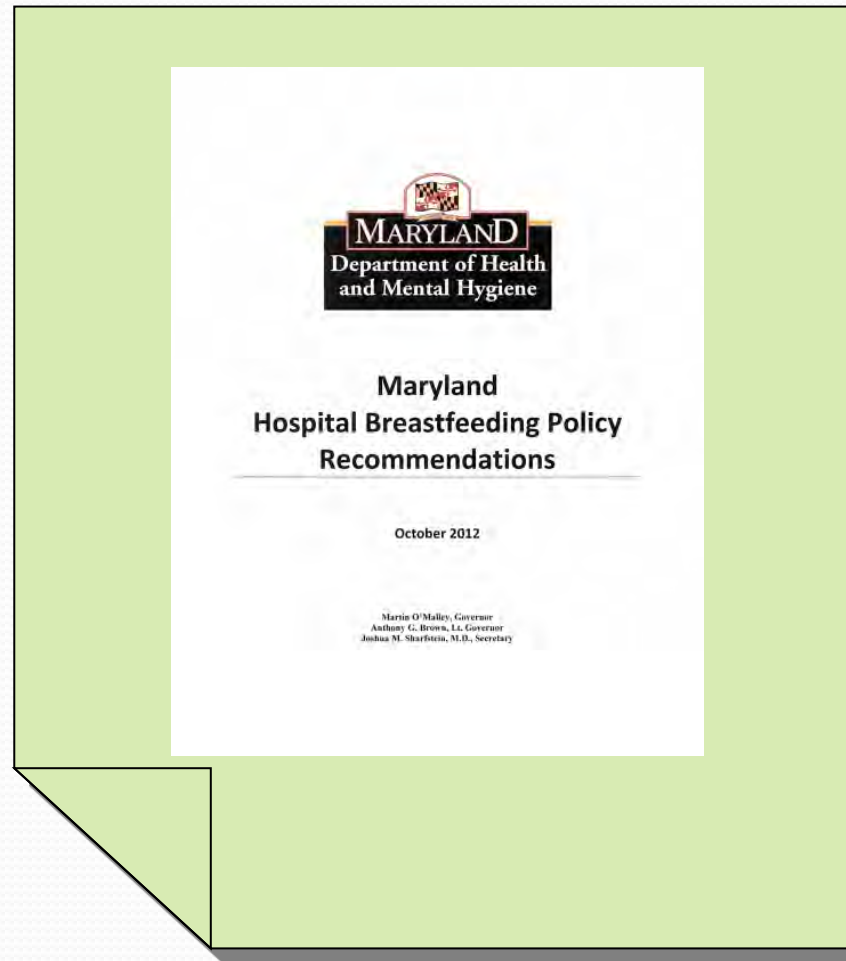
# The Joint Commission Perinatal Core Measures

- Elective delivery
- Cesarean section
- Use of antenatal steroids
- Healthcare-associated bloodstream infections in newborns
- **Exclusive breast milk feeding**

*<http://www.usbreastfeeding.org/Portals/o/Publications/Implementing-TJC-Measure-EBMF-2013-USBC.pdf>*



# On the Path to Continuous Quality Improvement



# Committee Composed of People with Varied Backgrounds\*

- Programs within DHMH
  - WIC Program
  - Family Planning and Home Visiting
  - Surveillance Quality Initiatives
  - Chronic Disease Prevention and Control
- Professional Backgrounds
  - Health Policy Analysts
  - Social Worker
  - Neonatologist
  - Dietitians
  - International Board Certified Lactation Consultants
  - Nurse/Nurse Practitioner



# Developing the Hospital Breastfeeding Policies

- Explore what other states are doing
  - California
  - New York
  - Colorado
  - Texas



# Developing the Hospital Breastfeeding Policies

- Input from the Maryland Community
  - Stakeholders meeting
  - Public comment opportunities

gov/publicrelations/pr/Lists/Posts/Post.aspx?ID=279

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MARYLAND

DHMH PRESS RELEASES

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DHMH Press Releases

Posts

August 23

**DHMH Seeks Public Comment on Hospital Breastfeeding Policy Recommendations**

by System Account on 8/23/2012 9:59 AM  
Category: DHMH

**BALTIMORE, MD (August 23, 2012)** --August is Breastfeeding Month and, in addition to a signed proclamation from Governor Martin O'Malley, the State of Maryland is marking the month by releasing for public comment policy recommendations for birthing hospitals related to breastfeeding education, promotion and support.

"Hospitals play a critical role in supporting mothers who choose to breastfeed," said Frances Phillips, Deputy Secretary for Public Health. "These draft recommendations set out best practices to increase breastfeeding rates across the state."

The proposed recommendations encourage hospitals to either (1) attain "Baby-Friendly" status through the World Health Organization-adopted Baby Friendly program or (2) meet 10 key evidence-based practices.

The proposed recommendations include:

- Have a written breastfeeding policy that is routinely communicated to all hospital staff.
- Train all hospital staff in the skills necessary to implement this policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help breastfeeding mothers initiate breastfeeding within 1 hour of birth.
- Encourage breastfeeding on demand.
- Show breastfeeding mothers how to breastfeed and how to maintain lactation, even if they are separated





# Policies Introduced Through Live Press Release

Participating speakers  
from:

- DHMH
- Maryland AAP
- Maryland Breastfeeding Coalition
- Shady Grove Adventist Hospital



The Maryland Hospital Breastfeeding Policies  
are rolled out on Tuesday, November 13, 2012.



Maryland WIC

# Maryland's Goal

All Maryland hospitals with maternity services will commit to achieve either:

- Baby-Friendly certification
- The Maryland Hospital Breastfeeding Policy Recommendations

# The Ten Recommendations for Improved Breastfeeding Support



# # 1: Have a Written Policy That is Routinely Communicated to All Healthcare Staff

- A policy helps to:
  - ensure consistent, effective care for mothers and babies
  - provide a standard of practice that can be measured
  - support actions



## # 2: Train All Healthcare Staff in Skills Necessary to Implement the Policy

- Train on all of the Ten Recommendations
- Training assists staff to implement these steps

# #3: Inform All Pregnant Women About the Benefits and Management of Breastfeeding

- Discuss the importance of breastfeeding with pregnant women and highlight practices that support the initiation of breastfeeding

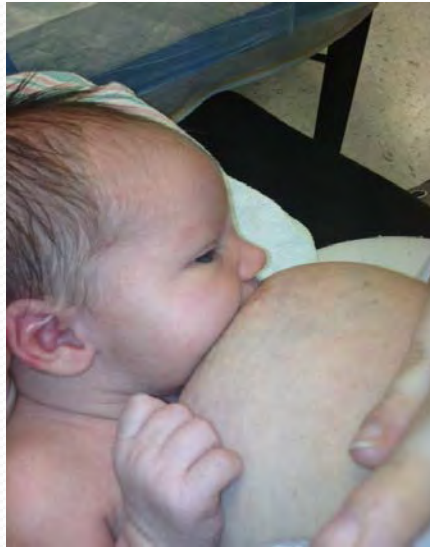


## #4: Help Breastfeeding Mothers Initiate Breastfeeding Within One Hour of Birth

- Facilitate skin-to-skin contact and early initiation of breastfeeding

## #5: Encourage Breastfeeding on Demand

- Teach parents to identify early feeding cues
- Teach parents expected normal newborn behaviors related to feeding





# #6: Show Breastfeeding Mothers How to Breastfeed and How to Maintain Lactation, Even if They are Separated From Their Infants

- Assist a mother to learn the skills of positioning and attaching her baby, as well as the skill of hand expression
- Help a mother to maintain breastfeeding when separated from the baby



## #7: Practice “Rooming In” – Encourage Breastfeeding Mothers and Infants to Remain Together 24 Hours a Day

- Minimize separation of mothers and infants for routine care
- Teach parents that both mother and infant will be healthier and happier if kept together



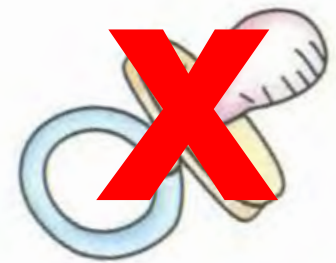
# #8: Give Breastfed Infants No Food or Drink, Other Than Breast Milk, Unless Medically Indicated



- Support successful breastfeeding
- Providing anything other than breast milk at this time interferes with the establishment of successful breastfeeding

# #9: Give No Pacifiers or Artificial Nipples to Breastfeeding Infants in the Hospital, Unless Medically Indicated

- Pacifiers and artificial nipples can interfere with the establishment of breastfeeding
- Determine medical need when using pacifiers



# #10: Foster the Establishment of Breastfeeding Support Groups and Refer Breastfeeding Mothers to Them on Discharge From the Hospital or Clinic

- Discuss with a mother how to find support for breastfeeding after she returns home

# Referrals for Breastfeeding Support

- Lactation Consultants
- Hospital Support Groups
- WIC
- La Leche League
- International Lactation Consultant Association (ILCA)
- Maryland Breastfeeding Coalition (MBC)

# Hospital Breastfeeding Policy Self Assessments

- Each hospital providing maternity services was asked to complete a self assessment
  - Rated each of the 10 Breastfeeding Policy steps
  - Revealed areas met/easily met
  - Revealed perceived difficulty with certain steps
  - Provided overview of where each hospital was in the continuum of meeting the Breastfeeding Policy steps



# Letters of Commitment

23 hospitals signed letters of commitment to meet Maryland Best Practices.

9 hospitals have expressed their intent to be certified as Baby-Friendly.



# Facilitating Change



# Banning the Bags



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No upcoming events.

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Donate

## Maryland Breastfeeding Coalition

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### What is the "Ban The Bags" campaign?

It has been a common practice for infant formula companies to distribute bags containing formula samples, coupons and other advertising to maternity patients in hospitals. Research has shown these free "gift" bags increase formula sales and decrease the duration of breastfeeding. This strategy has been successful as a marketing practice because the bags are given to mothers by healthcare providers, who appear implicitly to be promoting the use of formula. "Ban the Bags" is a national campaign to stop formula company marketing in maternity hospitals. Join this campaign and help us end a practice that costs parents money and leads to negative health outcomes for mothers and babies.





The **Maryland Breastfeeding Coalition** fully supports the "Ban the Bags" campaign. We have sent a [letter](#) to CEO's of birthing hospitals across the state, asking them to support this initiative. We need your help to spread the word and encourage hospitals to stop giving out formula discharge bags to mothers. **Call or write your local hospital today!**

The Maryland Breastfeeding Coalition has also prepared a brief presentation for health professionals to highlight the research regarding the effects of formula discharge bags and suggest how hospitals can approach banning the bags. This presentation can be found at <http://www.youtube.com/watch?v=RNxp-0bm-Ms>. We encourage you to view and share it with other health care providers. The presentation is also available [here](#) for you to download.

Massachusetts and Rhode Island have already discontinued the use of formula discharge bags in all their maternity hospitals. Let's make Maryland the 3rd state to go all bag free!

## What Maryland Hospitals Have Already Banned the Bag?

Maryland Breastfeeding Coalition commends the following hospitals in Maryland who have gone bag free:

- Anne Arundel Medical Center
- Calvert Memorial Hospital
- Carroll Hospital Center
- Frederick Memorial Hospital
- Greater Baltimore Medical Center
- Holy Cross Hospital
- Howard County General Hospital
- Johns Hopkins Bayview Medical Center
- Johns Hopkins Hospital
- MedStar Franklin Square Medical Center
- MedStar Montgomery Medical Center
- MedStar St. Mary's Hospital
- Mercy Medical Center
- Memorial Hospital at Easton
- Saint Agnes Hospital
- Shady Grove Adventist Hospital
- Sinai Hospital
- Special Beginnings Birth & Women's Center
- Union Hospital of Cecil County
- University of Maryland Medical Center
- Upper Chesapeake Medical Center
- Walter Reed National Military Medical Center
- Washington Adventist Hospital



# Training Curriculum

- Challenge:
  - Training is one of the biggest challenges for hospitals seeking Baby Friendly Status
    - Time
    - Expense
- Solution:
  - Develop curriculum modules with goal that hospitals can use free of charge
    - Clinical Masters Nursing student practicum project
    - Hospital IBCLC offered to work with DHMH staff to review/refine curriculum



# The Maryland Department of Health and Mental Hygiene

## Hospital Breastfeeding Policy

### Maternity Staff Training Program

Communication Skills  
Session 2



Martin O'Malley, Governor  
Anthony G. Brown, Lt. Governor  
Joshua M. Sharfstein, M.D., Secretary, DHMH



UNIVERSITY of MARYLAND  
UPPER CHESAPEAKE MEDICAL CENTER  
MEMBER OF UPPER CHESAPEAKE HEALTH

# Objectives

- Demonstrate ability to communicate effectively about breastfeeding
- Learn effective communication techniques
- Standards of effective communication



# Skin-to-Skin Video

Video by Laurie Miele, RN, BSN, IBCLC  
and Lisa Chassagne, RN, BSN, IBCLC,  
Lactation Consultants at University of  
Maryland Upper Chesapeake Medical  
Center



# Assistance to Hospitals with the Process

- Key hospital contacts surveyed to determine areas of need
- Webinars hosted by DHMH
  - Volunteers from hospitals shared experience with topic
  - Recorded presentation available to access
- List of available resources compiled and shared



# Website

## MATERNAL AND CHILD HEALTH BUREAU

Office of Genetics and People with Special Health Care Needs  
Women, Infants, Children Program (WIC)

## FAMILY PLANNING AND HOME VISITING

Child and Adolescent Health  
Family Planning and Reproductive Health  
Home Visiting  
Maternal and Child Health  
Reducing Infant Mortality  
Contact Us

## SURVEILLANCE AND QUALITY INITIATIVES

Child Fatality Review  
Fetal and Infant Mortality Review  
Intimate Partner Violence (IPV)  
Maternal Mortality Review  
Pregnancy Risk Assessment Monitoring System (PRAMS)

Maryland Hospital Breastfeeding Policy Recommendations

[Pregnant Women and](#)

## Maryland Hospital Breastfeeding Policy Recommendations

### Introduction

DHMH encourages all birthing hospitals in the State to become "Maryland Best Practices Hospitals," by either attaining Baby Friendly certification through the Baby Friendly Hospital Initiative (BFHI) the details of which are available at <http://www.babyfriendlyusa.org/eng/o1.html>, or meeting the ten criteria contained in the [Maryland Hospital Breastfeeding Policy Recommendations](#). A hospital may choose to implement none of these criteria, or, it may choose to fulfill one or more of these criteria. If a hospital chooses to satisfy all ten of the criteria in these policy recommendations, then the hospital will be considered a "Maryland Best Practices Hospital."

### Background

While breastfeeding initiation is the essential first step, duration and exclusivity are key to obtaining the myriad of benefits to public health and society provided through breastfeeding. Babies who are fed formula or stop breastfeeding early have higher risks of obesity, diabetes, respiratory and ear infections, and sudden infant death syndrome (SIDS), and tend to require more doctor visits and hospitalizations. 1, 2 Breastfeeding decisions are influenced by many factors, including a mother's initial breastfeeding experience, family support, challenges on returning to work or school, and community support. In the United States, most babies are born in a hospital, and mother and baby have their first feeding experience in that setting. A mother's comfort with breastfeeding and her commitment to continue can be greatly influenced by hospital practices and staff support. First impressions have a lasting effect on subsequent behavior, making the birthing hospital stay a critical opportunity to impact breastfeeding success.

### The Process

Recognizing the vital role that hospitals play in the success of breastfeeding, the Maryland Department of Health and Mental Hygiene (DHMH) formed a committee to develop breastfeeding policy recommendations that will strengthen and improve current maternity care practices. A stakeholders' meeting was held in December 2011 to obtain input. The first edition recommendations were posted on the DHMH website for public comment in February 2012. Over 130 comments were received in this first round. 56% of the respondents strongly agreed and 30% agreed that the policy recommendations focused on correct strategies to promote and support breastfeeding. The second edition recommendations were posted on the DHMH website for public comment in August 2012; 34 comments were received. 85% of the respondents agreed with the updated policy recommendations. In September 2012, the Committee finalized the policy recommendations and hospital self-assessment form. These policy recommendations, based on the WHO/UNICEF Ten Steps to Successful Breastfeeding, <http://www.unicef.org/newsline/tensteps.htm> include evidence-based hospital practices that increase rates of breastfeeding initiation, duration, and exclusivity for healthy, full term infants whose mothers have chosen to breastfeed them.

### Resources

[Breastfeeding Training Resource List](#)  
November 5, 2013 Breastfeeding Training Resource Webinar

### Next Steps

- December 2013: Evaluate surveys from the training resources webinar

- U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Support Breastfeeding. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011. <http://surgeongeneral.gov>
- Hospital Support for Breastfeeding: Preventing Obesity Begins in Hospitals. CDC VitalSigns; August 2011. <http://www.cdc.gov/VitalSigns/Breastfeeding/index.html>

[Click here to see Maryland Hospital Commitments](#)

[phpa.dhmh.maryland.gov/mch/SitePages/preg](http://phpa.dhmh.maryland.gov/mch/SitePages/preg)



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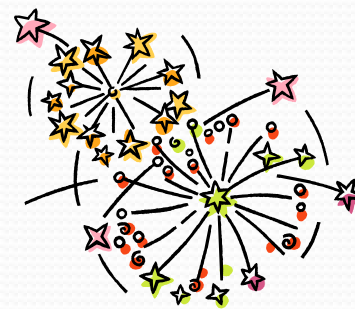
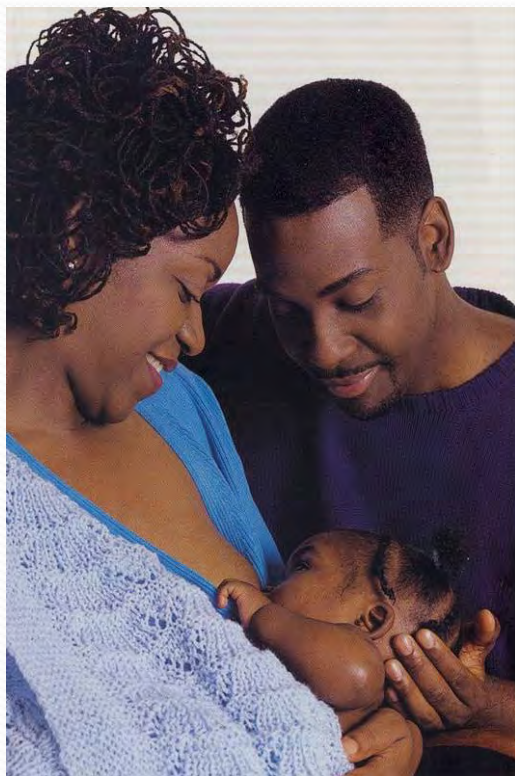
<http://phpa.dhmh.maryland.gov/mch/SitePages/hospital-bf-policy.aspx>



# Committee Expansion

- Added seven non-DHMH members to Hospital Breastfeeding Policy Committee
  - From varied geographic regions of Maryland
  - Consisting of varied professional backgrounds
  - From varied-sized hospitals





**Maryland gets its  
first Baby Friendly  
Hospital, April 2014!**



Maryland **WIC**

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