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The Important Role of the WIC Program in Protecting, Promoting and Supporting Breastfeeding

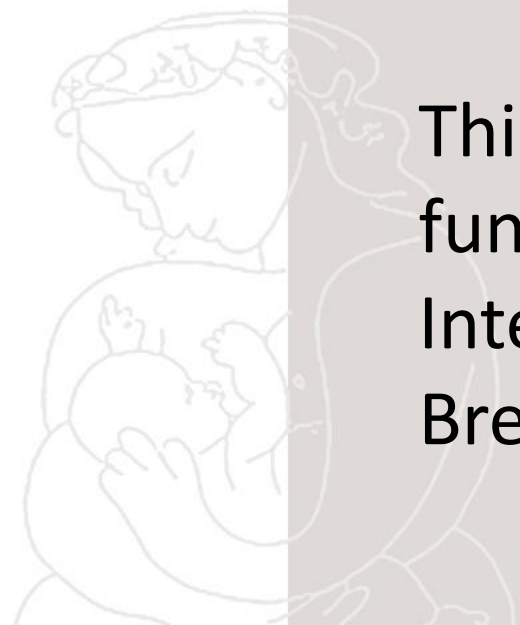
Trish MacEnroe
Executive Director
Baby-Friendly USA, Inc.
September 8, 2016



The speaker discloses employment with Baby-Friendly USA, Inc.

There are no other conflicts of interest.

This presentation is not supported by any funds from companies that violate the International Code of Marketing of Breastmilk Substitutes.



Participants will be able to describe:

- The importance of breastfeeding.
- Three (3) practices that support breastfeeding.
- The role of the WIC Program in protecting, promoting and supporting breastfeeding.
- The role fathers can plan in protecting and supporting breastfeeding.



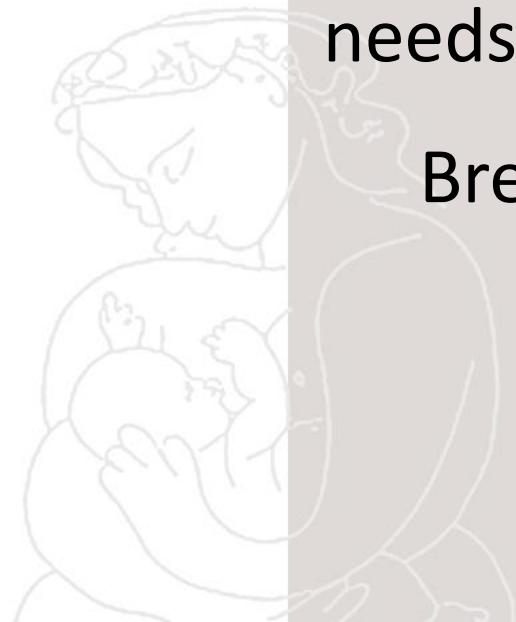
Importance of Breastfeeding

Breastfeeding is not only the optimal way to feed babies... **it is the normal way to feed babies.**

Human milk is perfectly designed to meet the needs of human infants.

Breastfeeding provides:

- Nutritional
- Immunological
- Emotional nurturance



No commercially prepared formula is the same as breastmilk with regards to:

- Nutrients
- Enzymes
- Growth factors
- Hormones
- Immunologic & anti-inflammatory properties



INFANTS who are breastfed are at a reduced risk for:

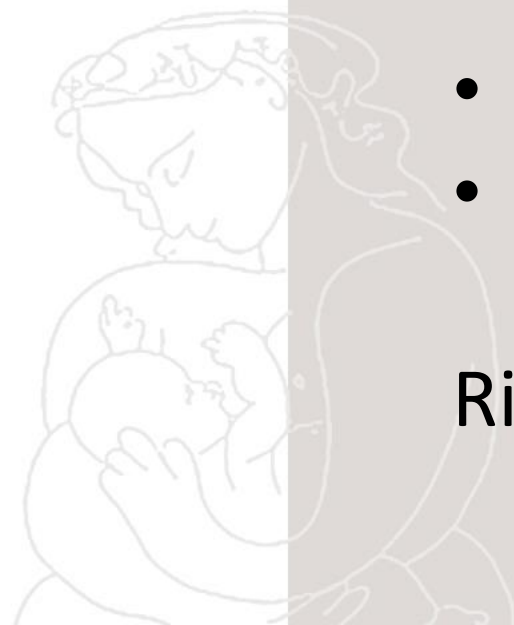
- Ear infections
- Upper respiratory infections
- Bronchiolitis
- Necrotizing Enterocolitis (NEC)
- Diabetes
- SIDS



WOMEN who have breastfed are at a reduced risk for:

- Breast cancer
- Ovarian cancer
- Anemia
- Osteoporosis

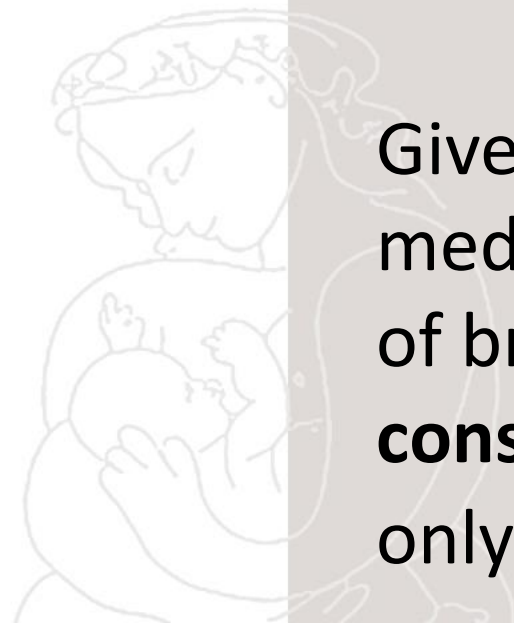
Risk reduction is dose responsive



American Academy of Pediatrics - 2012

Breastfeeding and human milk are the **normative standards** for infant feeding and nutrition.

Given the documented short- and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be **considered a public health issue** and not only a lifestyle choice.



Healthy People 2020 goals

Increase the proportion of infants being breastfed

Ever to 81.9% [2006: 74.0%]

At 6 months to 60.5% [2006:43.5%]

At 1 year to 34.1% [2006: 22.7%]

Exclusively through 3 months to 44.3% [2006:
33.6%]

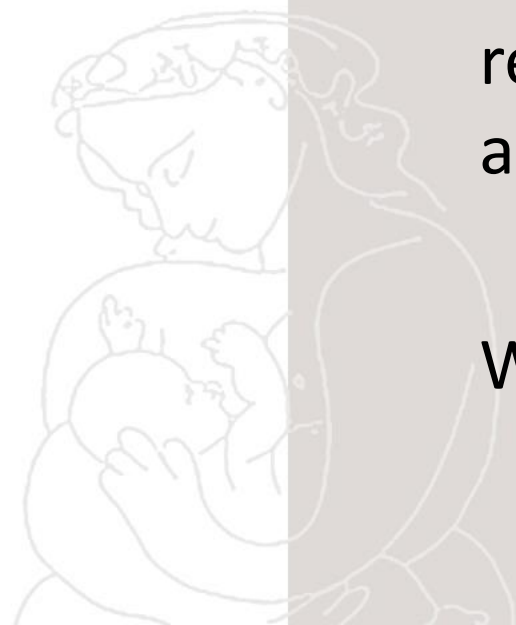
Exclusively through 6 months to 23.7% [2006:
14.1%]



Healthy People 2020 goals

Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and babies to 8.1% [2007 baseline: 2.9%]

We are currently at 18.23%



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Breastfeeding is a Public Health Issue

The Surgeon General's Call to Action
to Support Breastfeeding

2011



U.S. Department of Health and Human Services

“One of the most highly effective preventive measures a mother can take to protect the health of her infant and herself is to breastfeed.”

*“I have issued this **Call to Action** because the time has come to set forth the important roles and responsibilities of clinicians, employers, communities, researchers, and government leaders and to urge us all to take on a commitment to enable mothers to meet their personal goals for breastfeeding.”*

*Regina Benjamin, MD
US Surgeon General*

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U.S. Department of Health and Human Services

Actions for Health Care:

ACTION 7. Ensure that maternity care practices throughout the United States are fully supportive of breastfeeding.

Accelerate implementation of the Baby-Friendly Hospital Initiative.

How breastfeeding works

Breastfeeding is natural, but does not always occur naturally in our health care institutions.



How breastfeeding works

Skin to Skin immediately following birth.

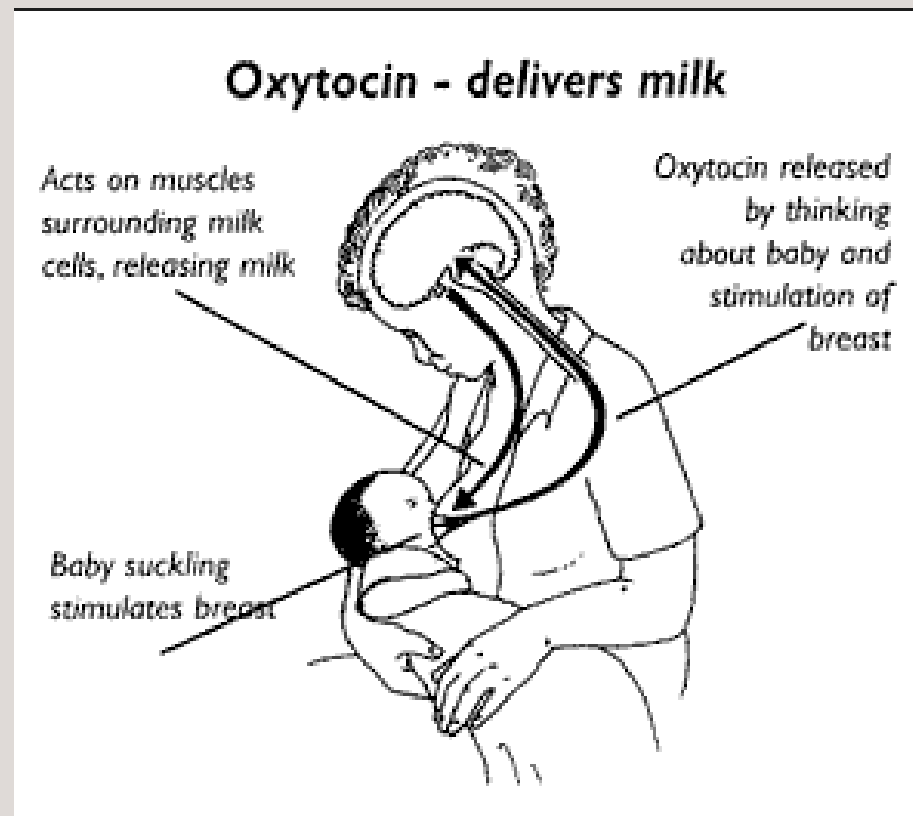


How breastfeeding works

Supply and demand – frequent nursing stimulates breast – triggers milk production.



Supply and demand.



Reduces Demand – Reduces Supply.



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The Important Role of the WIC Program in Protecting, Promoting and Support Breastfeeding



Enrolling women early in their pregnancies ensures that they have access to:

- Nutrition education
- Breastfeeding education
- Breastfeeding support
- Healthy WIC foods

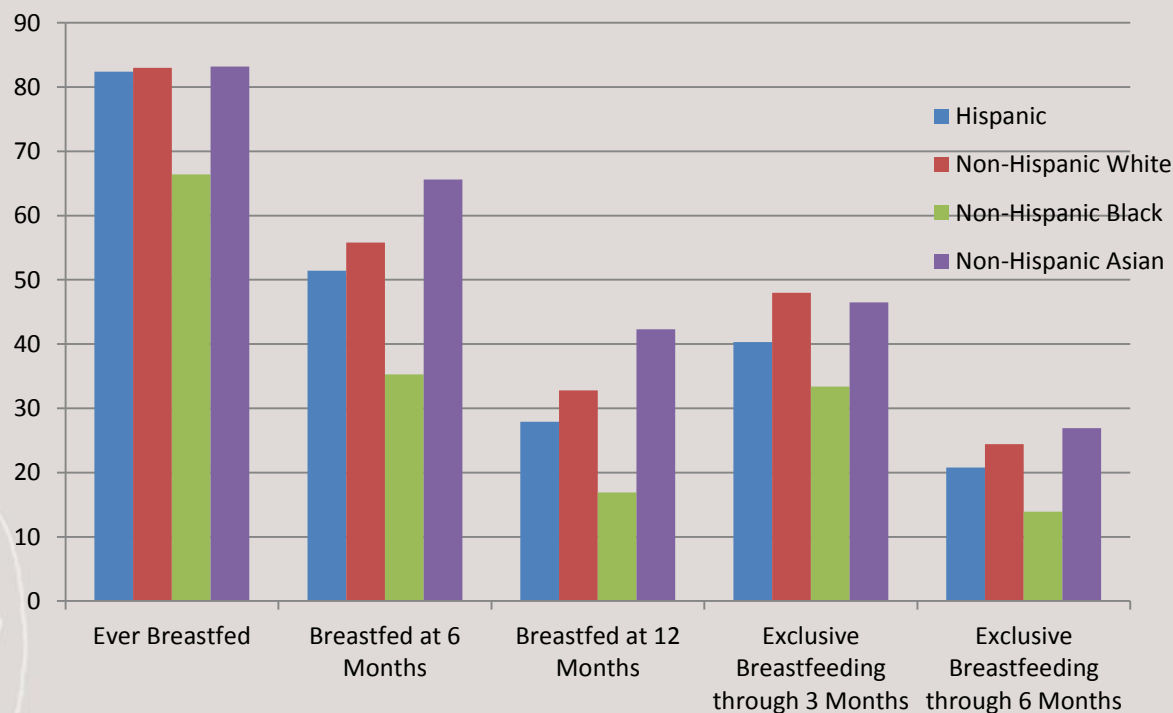


WIC Enrollment By Trimester

% Pregnant Women Enrolled	Trimester of Enrollment in WIC
54.5%	1 st Trimester
36.0%	2 nd Trimester
9.2%	3 rd Trimester
0.3%	Unreported

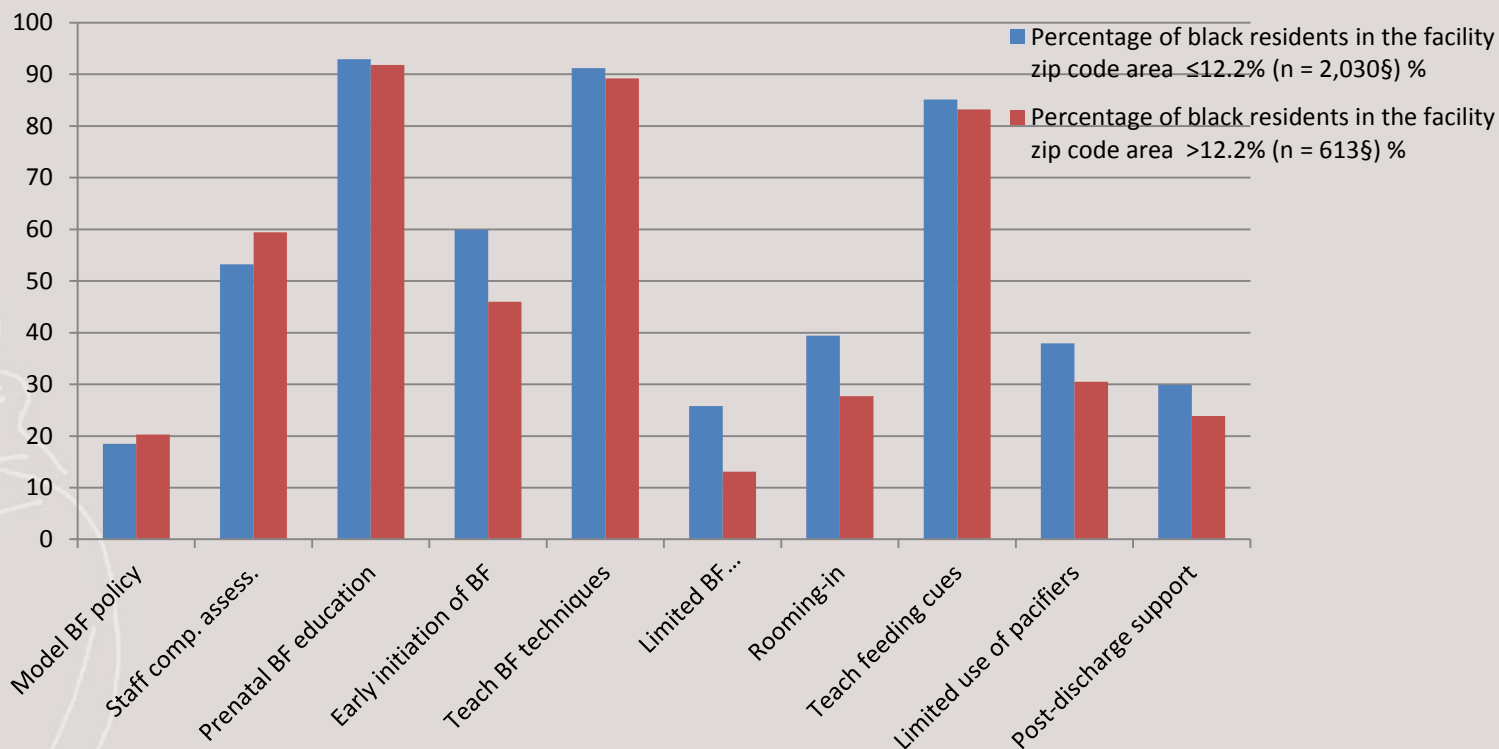
Thorn, B., Tadler, C., Huret, N., Trippe, C., Ayo, E., Mendelson, M., Patlan, K. L., Schwartz, G., & Tran, V. (2015). WIC Participant and Program Characteristics 2014. Prepared by Insight Policy Research under Contract No. AG-3198-C-11-0010. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service.

Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born in 2012



SOURCE: http://www.cdc.gov/breastfeeding/data/nis_data/index.htm

Racial Disparities in Access to Maternity Care Practices That Support Breastfeeding – US, 2011



SOURCE: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6333a2.htm>

WIC POPULATION BY RACE

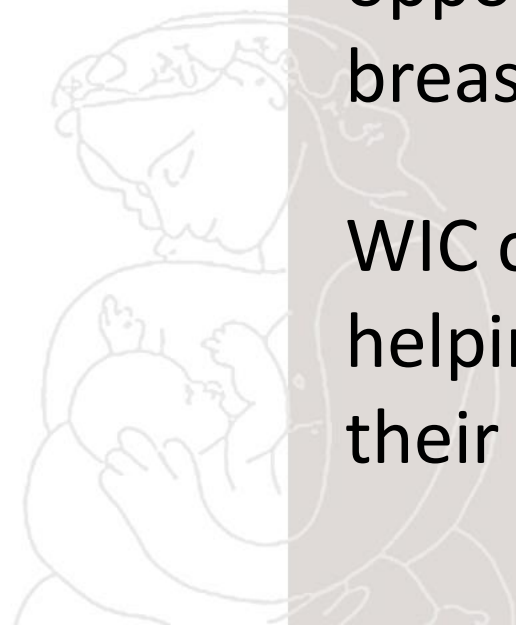
RACE	WIC PARTICIPANTS	US POPULATION
American Indian or Alaska Native Only	11.1	0.8
Asian Only	3.3	4.9
Black or African American Only	20.3	12.6
Native Hawaiian or Other Pacific Islander Only	0.8	0.2
White Only	58.7	74.0
Some Other Race	-	4.7
Two or More	5.4	2.8
Race Not Reported	0.2	-

Thorn, B., Tadler, C., Huret, N., Trippe, C., Ayo, E., Mendelson, M., Patlan, K. L., Schwartz, G., & Tran, V. (2015). WIC Participant and Program Characteristics 2014. Prepared by Insight Policy Research under Contract No. AG-3198-C-11-0010. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service.

The WIC Program enrolls more than 50% of all babies born in US.

The WIC Program has a tremendous opportunity to address racial disparities in breastfeeding.

WIC can make a major public health impact by helping the women to exclusively breastfeed their babies, for as long as possible.

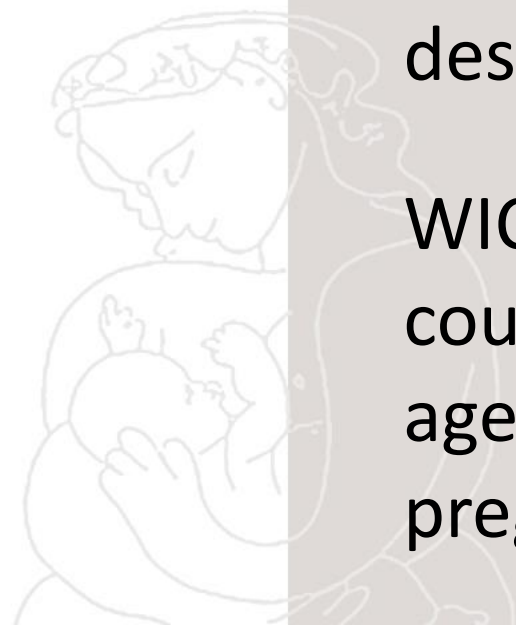


WIC PROMOTES BREASTFEEDING

Every State Agency is required to spend 1.6% of NSA funds on breastfeeding education and support.

Every State Agency is required to have a designated Breastfeeding Coordinator.

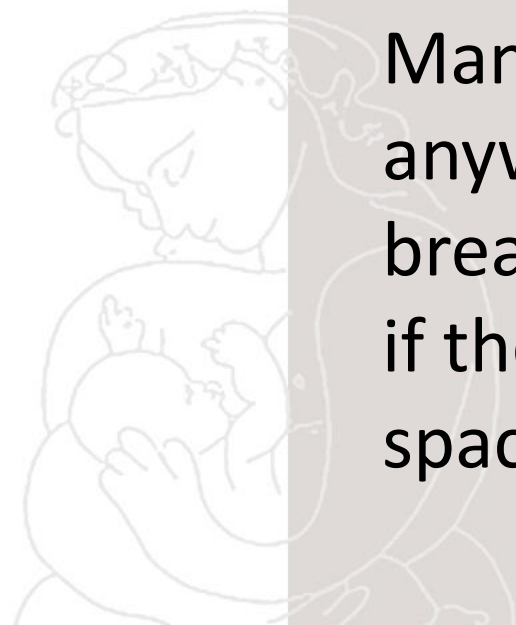
WIC ensures breastfeeding training and counseling skills are provided to local agency staff to enable them to support pregnant and breastfeeding women..



WIC PROMOTES BREASTFEEDING

Many WIC clinics are “Breastfeeding Friendly” – displaying positive breastfeeding images, and - not displaying or offering products that undermine breastfeeding.

Many WIC Clinics promote breastfeeding anywhere but have a designated area for breastfeeding mothers to feed their babies if the mother requests privacy or a quiet space.





Six Steps to Achieve Breastfeeding Goals for WIC Clinics

NWA recognizes the ongoing commitment of WIC staff to improve and sustain breastfeeding rates. The *Six Steps to Achieve Breastfeeding Goals for WIC Clinics* is an integral part of the NWA Breastfeeding Strategic Plan to assist agencies to achieve these goals.

Goals

- To offer practical suggestions to increase exclusive breastfeeding initiation and duration among WIC participants.
- To promote and create internal and external environments that support exclusive breastfeeding.

Feed them well.
Love them lots!
Your child has you.
And you have WIC!

NWA'S MISSION
NWA inspires and empowers the WIC community to advocate for and promote quality nutrition services for all eligible mothers and young children, and ensure effective management of WIC.

STEP 1

PRESENT EXCLUSIVE BREASTFEEDING AS THE NORM FOR ALL MOTHERS AND BABIES.

- Recognize and encourage the use of human milk as the perfect food for all infants.
- Support mothers in setting and reaching their exclusive breastfeeding goals.
- Develop staff training programs to deliver consistent educational messages for mothers.
- Encourage breastfeeding at all nutrition contacts, beginning with prenatal enrollment.
- Promote the food package incentives for women who breastfeed exclusively.
- Collaborate with community partners to promote exclusive breastfeeding as the norm.

STEP 2

PROVIDE AN APPROPRIATE BREASTFEEDING-FRIENDLY ENVIRONMENT.

- Become a breastfeeding-friendly WIC clinic by striving to meet the *International Code of the Marketing of Breastmilk Substitutes* (WHO Code; for more information, visit www.who.int/nutrition/publications/code_english.pdf).
- Train staff in how to assemble, clean, and issue breastfeeding equipment appropriately.

- Provide breastfeeding equipment, as available, following appropriate assessment by trained and qualified staff.
- Encourage mothers to breastfeed anywhere in the clinic. Provide a private area only upon the mother's request.
- Facilitate breastfeeding support groups at WIC clinic sites.
- Provide consistent breastfeeding education, educational materials, and hands-on help—both prenatally and during the postpartum period.
- Ensure that management fully promotes, encourages, and supports staff in their personal efforts to breastfeed.

- Explore collaborative efforts to provide a breastfeeding warm line, with competently trained staff who respond to questions in a timely manner.
- Support breastfeeding mothers and respond to breastfeeding questions outside of formal nutrition education sessions.

STEP 5

MENTOR AND TRAIN ALL STAFF TO BECOME COMPETENT BREASTFEEDING ADVOCATES AND/OR COUNSELORS.

- Provide lactation management education, including ongoing continuing education.
- Allow adequate clinic time for hands-on mentoring.
- Train all staff in the necessary skills to assess a breastfeeding dyad.

STEP 6

SUPPORT EXCLUSIVE BREASTFEEDING THROUGH ASSESSMENT, EVALUATION, AND ASSISTANCE.

- Provide a staff with access to at least one specialist who has received International Board Certified Lactation Consultant (IBCLC) credentials for referral and mentorship.
- Maximize utilization of trained Breastfeeding Peer Counselors.
- Ensure that competently trained breastfeeding staff provide breastfeeding classes and/or one-on-one education for all pregnant and breastfeeding women.

STEP 3

ENSURE ACCESS TO COMPETENTLY TRAINED BREASTFEEDING STAFF AT EACH WIC CLINIC SITE.

- Train competent professional authorities (CPAs) to provide a thorough assessment and appropriate support of the mother's breastfeeding plans and educational needs throughout the prenatal and postpartum periods.
- Encourage and support breastfeeding education and training for staff to pursue advanced credentials in breastfeeding.

STEP 4

DEVELOP PROCEDURES TO ACCOMMODATE BREASTFEEDING MOTHERS AND BABIES.

- Allow adequate time for assessment, evaluation, and assistance to resolve breastfeeding problems.
- Address all breastfeeding concerns in a timely manner.

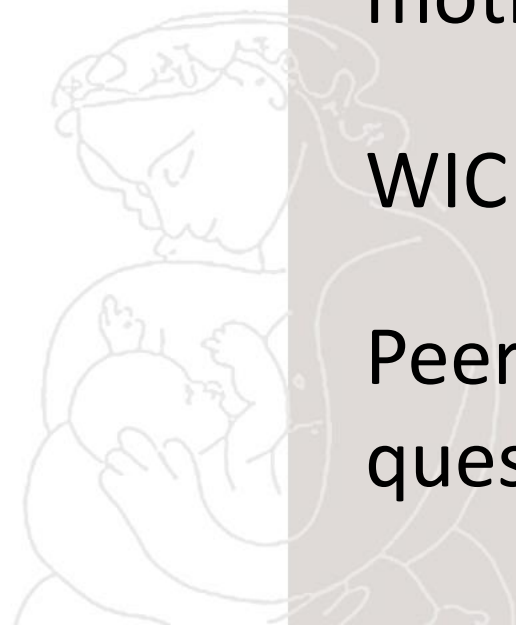
As the nation's premier public health nutrition program, WIC provides the competitive edge that will give our nation's future leaders a fair start in life.

WIC has a highly successful Breastfeeding Peer Counselor Program.

Peer Counselors are like other WIC mothers.

WIC Moms can relate to them.

Peer Counselors provide support, answer questions, help with referrals, etc.



WIC PROMOTES BREASTFEEDING

WIC also provides breast pumps to mothers who need one. (Specific rules are determined by each State Agency)

Breast pumps are paid for by WIC food dollars..



WIC PROMOTES BREASTFEEDING

WIC programs are required to work collaboratively with health care providers and hospitals.

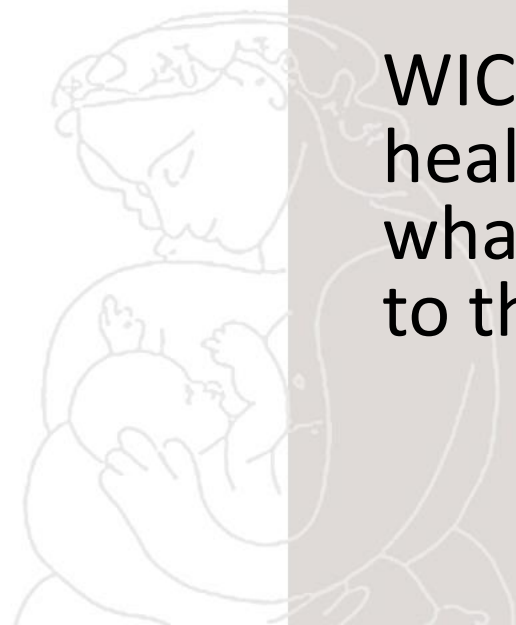
By doing so, WIC is part of the Health Care Team that provides support to mothers.



WIC PROMOTES BREASTFEEDING

Some WIC Local Agencies send Peer Counselors to the hospitals to help mothers with breastfeeding right after they deliver their babies.

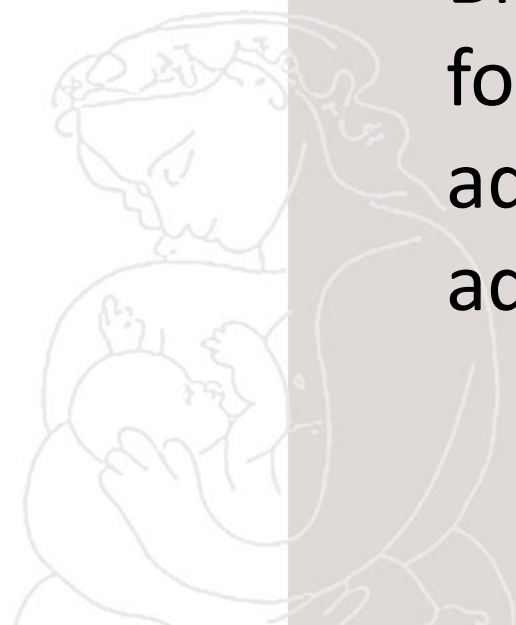
WIC Programs also conduct outreach with health care providers to let them know what breastfeeding services can be offered to their patients.



WIC PROMOTES BREASTFEEDING

Of course WIC also has the healthy food packages for all participants.

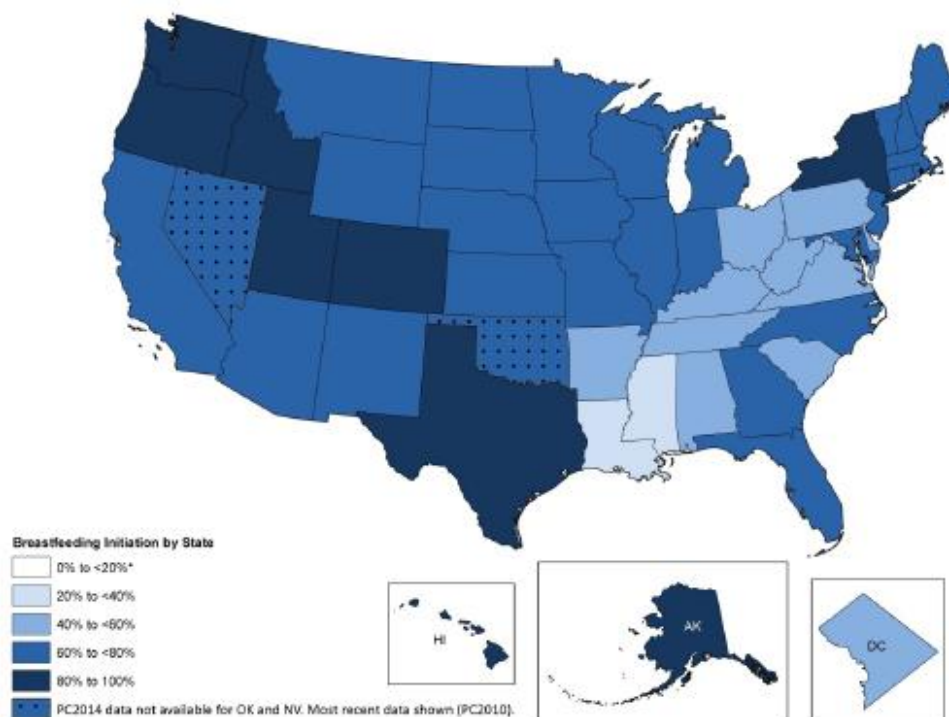
Breastfeeding Mothers get an enhanced food package that includes fish, additional fruits and vegetables, and additional milk, eggs and whole grains.



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Figure ES.4.
Breastfeeding Initiation Rates by State for WIC Infant Participants Aged 6–13 Months,
April 2014



Notes

None of the State agencies that reported data on breastfeeding initiation for 2014 reported rates of less than 20%. See table VI.1 for additional detail.

Thorn, B., Tadler, C., Huret, N., Trippe, C., Ayo, E., Mendelson, M., Patlan, K. L., Schwartz, G., & Tran, V. (2015). WIC Participant and Program Characteristics 2014. Prepared by Insight Policy Research under Contract No. AG-3198-C-11-0010. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service.

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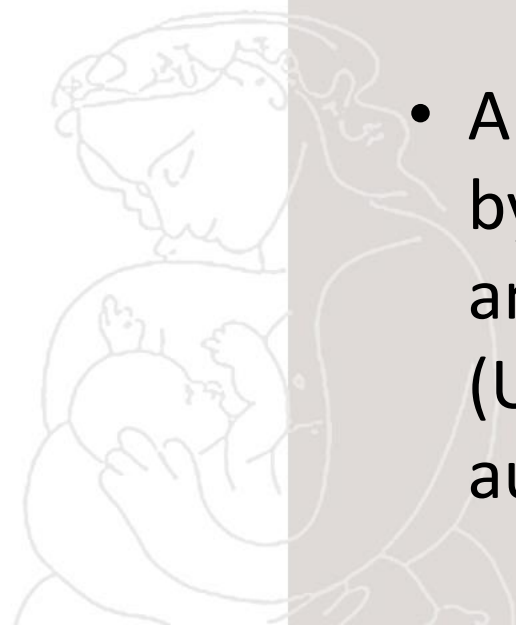
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The Baby-Friendly Hospital Initiative



What is the BFHI?

- An accreditation program for maternity facilities that have created an optimal environment for appropriate infant feeding and mother-baby bonding.
- An international program co-administered by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) in conjunction with national BFHI authorities.



The Ten Steps to Successful Breastfeeding have been demonstrated to increase both initiation and duration of breastfeeding

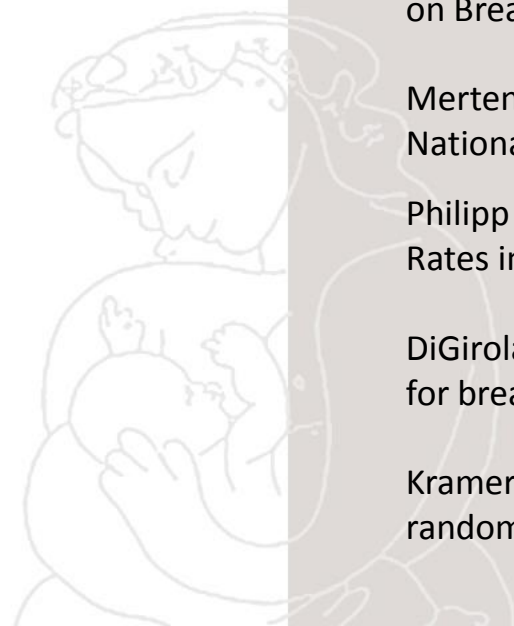
DiGirolamo AM, Grummer-Strawn LM and Fein SB. 2008. Effect of Maternity-Care Practices on Breastfeeding Pediatrics 122;S43-S49

Merten, S, et al. 2005. Do Baby-Friendly Hospitals Influence Breastfeeding Duration on a National Level? Pediatrics 116; e702-e708.

Philipp BL et al. 2001. Baby-Friendly Hospital Initiative Improves Breastfeeding Initiation Rates in a US Hospital Setting. Pediatrics 108(3):677-681.

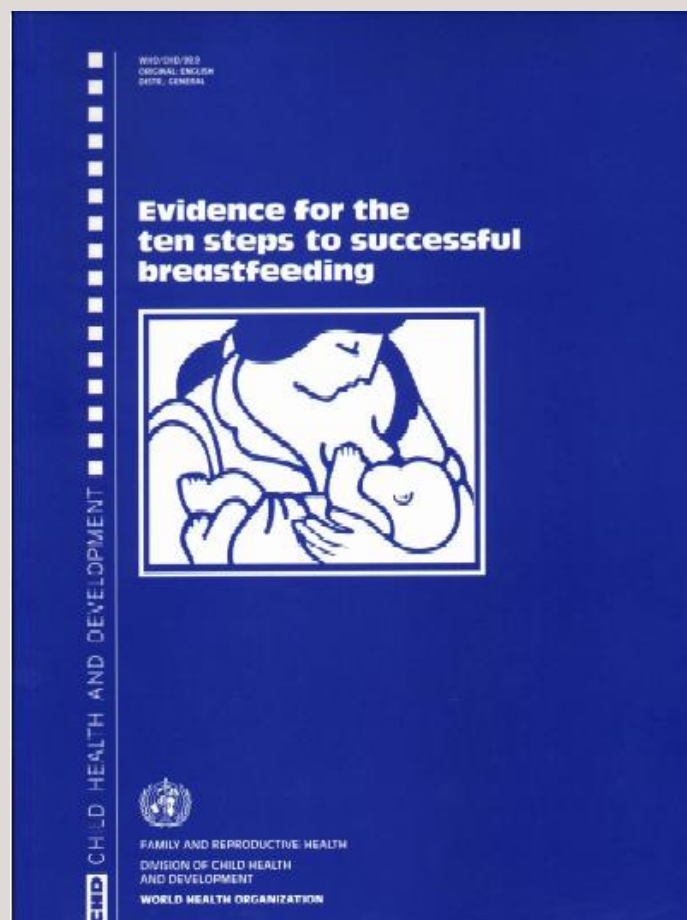
DiGirolamo AM, LM Grummer-Strawn, S Fein. 2001. Maternity care practices: implications for breastfeeding. Birth 28:94-100.

Kramer MS et al. 2001. Promotion of Breastfeeding Intervention Trial (PROBIT): A randomized trial in the Republic of Belarus. JAMA 285:413



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The Evidence



http://www.who.int/nutrition/publications/evidence_ten_step_eng.pdf

Ten Steps to Successful Breastfeeding

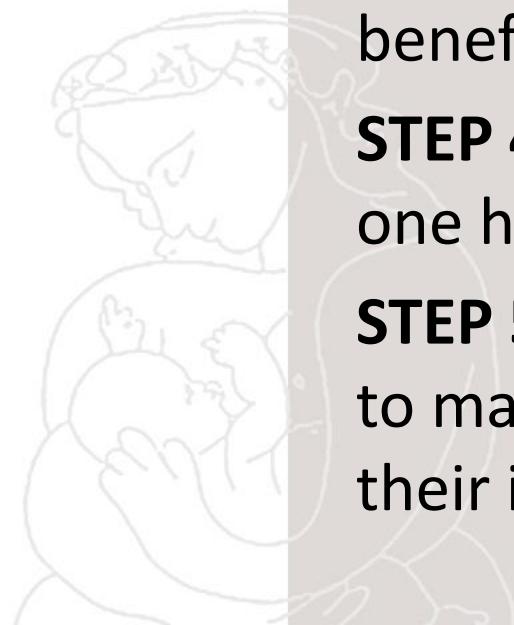
STEP 1: Have a written breastfeeding policy that is routinely communicated to all health care staff.

STEP 2: Train all health care staff in the skills necessary to implement this policy.

STEP 3: Inform all pregnant women about the benefits and management of breastfeeding.

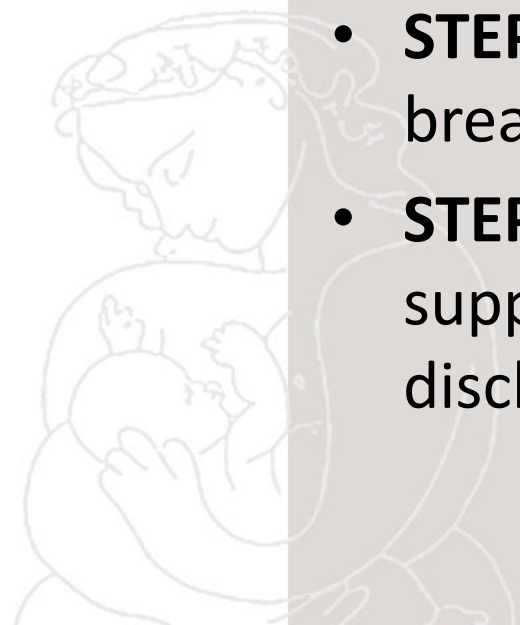
STEP 4: Help mothers initiate breastfeeding within one hour of birth.

STEP 5: Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.



Ten Steps to Successful Breastfeeding

- **STEP 6:** Give infants no food or drink other than breastmilk unless medically indicated.
- **STEP 7:** Practice rooming-in – allow mothers and infants to remain together twenty-four hours a day.
- **STEP 8:** Encourage breastfeeding on demand.
- **STEP 9:** Give no pacifiers or artificial nipples to breastfeeding infants.
- **STEP 10:** Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

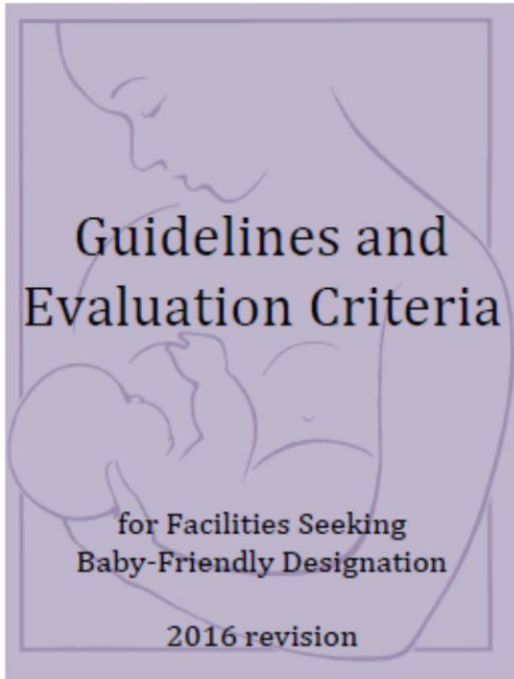


Guideline - the standard of care to strive to achieve for all patients

Criteria for Evaluation – the minimum standard that must be achieved in order to become designated as Baby-Friendly

Always strive to achieve 100%.

The Baby-Friendly Hospital Initiative

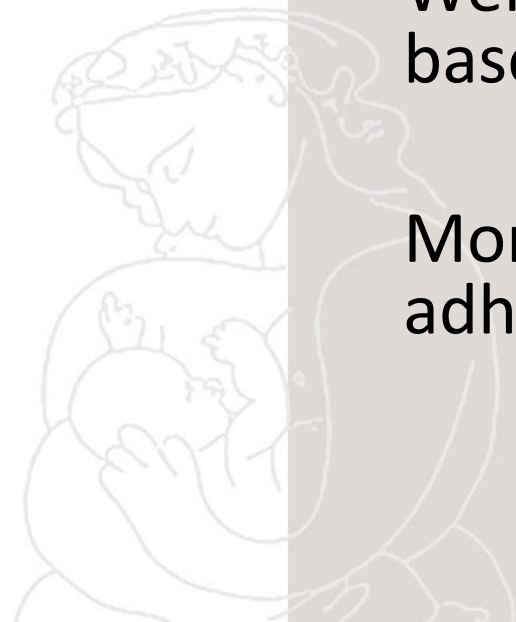


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Well-constructed, comprehensive policies effectively guide staff to deliver evidence-based care.

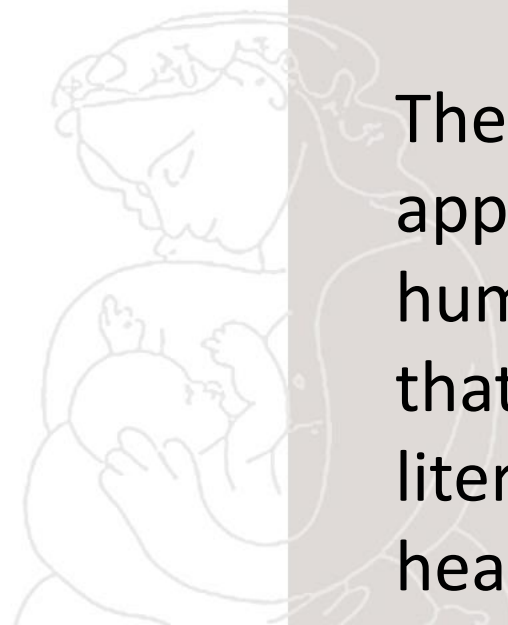
Well-trained staff provides current, evidence-based care.

Monitoring of practice is required to assure adherence to policy.



Breastfeeding has been recognized by scientific authorities as the optimal method of infant feeding and should be promoted as the norm within all maternal and child health care facilities.

The most sound and effective procedural approaches to supporting breastfeeding and human lactation in the birthing environment that have been documented in the scientific literature to date should be followed by the health facility.



The health care delivery environment should be neither restrictive nor punitive and should facilitate informed health care decisions on the part of the mother and her family.

The health care delivery environment should be sensitive to cultural and social diversity.

The mother and her family should be protected within the health care setting from false or misleading product promotion and/or advertising which interferes with or undermines informed choices regarding infant health care practices.

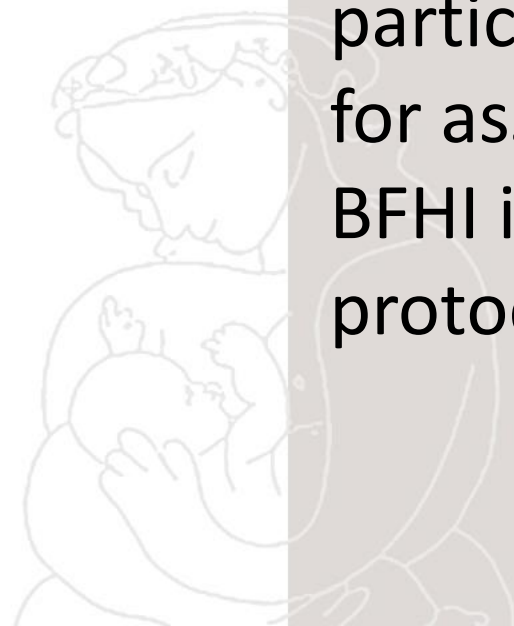


When a mother has chosen not to breastfeed, when supplementation of breastfeeding is medically indicated, or when supplementation is chosen by the breastfeeding mother (after appropriate counseling and education), it is crucial that safe and appropriate methods of formula mixing, handling, storage, and feeding are taught to the parents.

Recognition as a Baby-Friendly institution should have both national and international credibility and prestige, so that it is marketable to the community, increases demand, and thereby improves motivation among facilities to participate in the Initiative.



Participation of any facility in the U.S. BFHI is entirely voluntary and is available to any institution providing birthing services. Each participating facility assumes full responsibility for assuring that its implementation of the BFHI is consistent with all of its safety protocols.



The 4-D Pathway to Baby-Friendly Designation

Dissemination

Collect Data

Train Staff

*Bridge to
Designation Phase
Dissemination
Certificate of Completion*

Implement
QI Plan

Readiness
Interview

On-Site
Assessment

Baby-Friendly
Designation

Designation

*Bridge to
Dissemination
Phase-
Development-
Certificate of
Completion*

Data
Collection
Plan

Prenatal/Postpartum
Teaching Plans

Staff Training
Plan

Hospital
Breastfeeding
Policy

BFHI
Work Plan

BF Committee
Or Task Force

Development

Start

Register with
Baby-Friendly USA

Obtain CEO
Support Letter

Complete Self
Appraisal Tool

*Bridge to
Development Phase-
Registry of Intent
Award*

Discovery

369 Designated Facilities

18.23% of US Births

727,000 US Births

723 working towards designation

274 facilities in the Discovery Phase

102 facilities in the Development Phase

180 facilities in the Dissemination Phase

167 facilities in the Designation Phase

~3250 total birthing facilities in US



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WIC's Role in Supporting BF

The Surgeon General's Call to Action
to Support Breastfeeding

2011



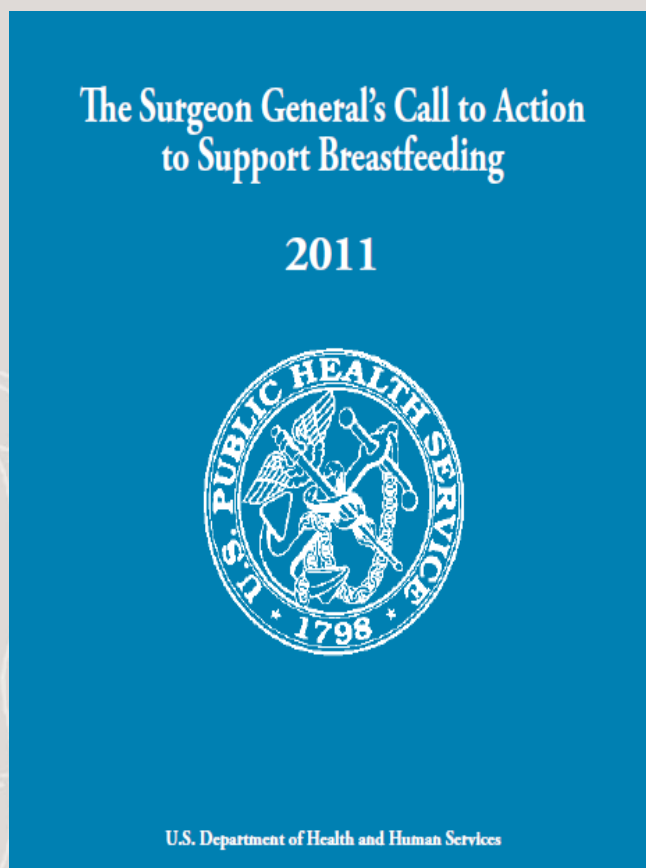
U.S. Department of Health and Human Services

Actions for Mothers and Their Families:

- 1. Give mothers the support they need to breastfeed their babies.*
- 2. Develop programs to educate fathers and grandmothers.*

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WIC's Role in Supporting BF



Actions for Communities:

- 3. Strengthen programs that provide mother-to-mother support and peer counseling.*
- 4. Use community-based organizations to promote and support breastfeeding.*
- 5. Create a national campaign to promote breastfeeding.*
- 6. Ensure that the marketing of infant formula is conducted in a way that minimizes its negative impacts on exclusive breastfeeding.*

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WIC's Role in Supporting BF

The Surgeon General's Call to Action
to Support Breastfeeding

2011



U.S. Department of Health and Human Services

Actions for Health Care:

8. Develop systems to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community.

9. Provide education and training in breastfeeding for all health professionals who care for women and children.

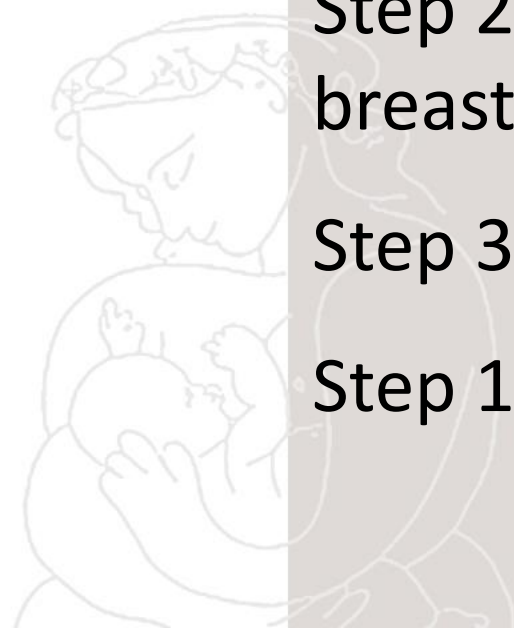
Join select hospital breastfeeding committees.

Join/organize continuity of care committees.

Step 2 – Invite hospital personnel to join WIC breastfeeding training programs.

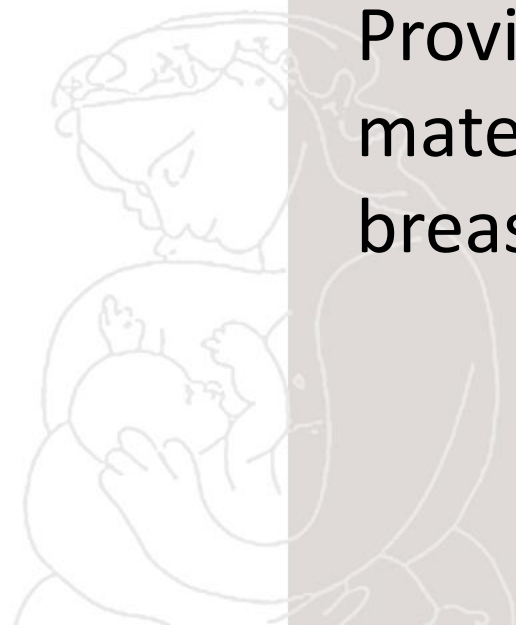
Step 3 – Provide prenatal education.

Step 10 – Provide post partum support.



Provide anticipatory guidance around breastfeeding expectations.

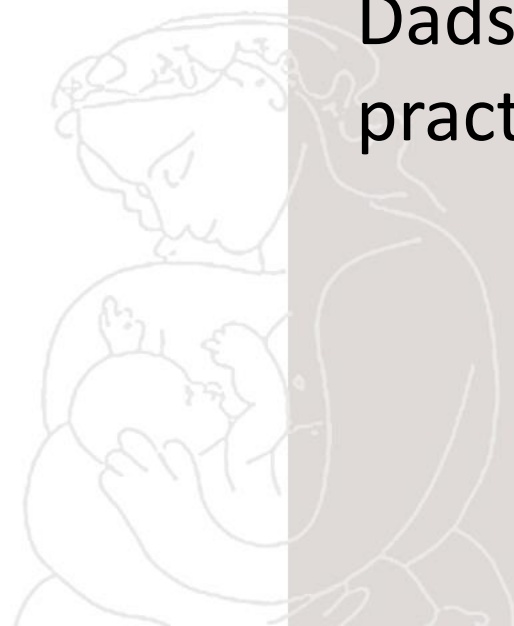
Provide anticipatory guidance around the maternity care practices that support breastfeeding.



WIC's important role in the BFHI

Engage dads as partners in advocating for the care practices that support breastfeeding.

Dads are partners in safe delivery of those practices.



Expectant fathers can be influential advocates for breastfeeding, playing a critical role in encouraging a woman to breastfeed her newborn infant.

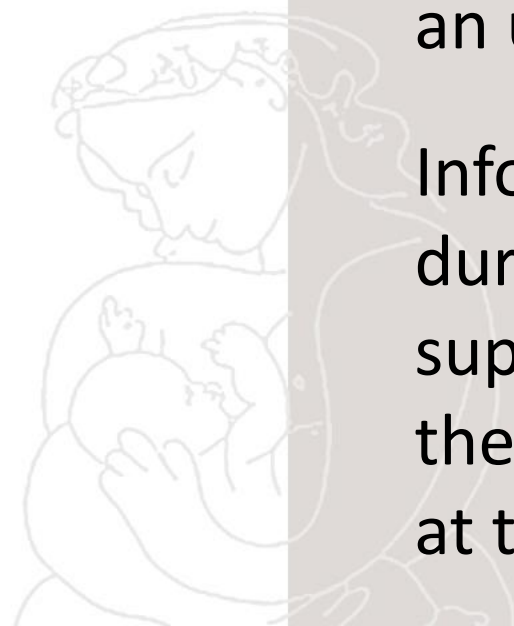
[Dads as breastfeeding advocates: results from a randomized controlled trial of an educational intervention.](#) Wolfberg AJ, Michels KB, Shields W, O'Campo P, Bronner Y, Bienstock J., Am J Obstet Gynecol. 2004 Sep;191(3):708-12



Sleepiness is a normal, hormonally-driven, physiological response to breastfeeding for both the mother and infant.

Families need to be informed of this to prevent an unsafe sleep situation.

Inform the mother that she may get sleepy during a breastfeed. Encourage her to ask for support from a significant other (**DAD**) to place the baby on his/her back in the bassinette/crib at the end of a breastfeed.



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Thanks for all you do

