Supporting Breastfeeding: A Public Health Initiative

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Learning Objectives

Following session attendance, participants will be able to:

- List health benefits for breastfeeding mother-infant dyads
- Describe the Breastfeeding-Friendly North Dakota designation programs and related recent research
- Describe evidence-based practice for breastfeeding dyads in perinatal care.

Benefits of Breastfeeding

- Baby
- Mother
- Society
- Environment
- Economically
Health Benefits for Baby

- Natural source of nutrients
- Less risk of SIDS
- Fewer ear and respiratory infections
- Enhanced brain development
- Less risk of overweight
- Less risk of gastrointestinal disease
- Less risk of asthma and atopic dermatitis

Health Benefits for Mother

- Faster recovery
- Less risk of ovarian and breast cancer
- Less risk of postpartum depression
- Less risk of diabetes
- Less risk of cardiovascular disease

Milk Composition

- Micro- & Macro-nutrients
  - Vitamins & Minerals
  - Fats, Proteins & Carbohydrates

- Bioactive Factors
  - Microphages
  - Stem Cells
  - Immunoglobulins
  - Cytokines & Chemokines
  - Growth Factors
  - Hormones
  - Anti-microbials
  - Metabolic Hormones
  - Oligosaccharides & glycans
  - Mucins

[Source: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3586783/table/T2/]
Breastmilk vs. Formula

First Foods Movement

Surgeon General’s call to action:

- Mothers who want to breastfeed report several factors impede their efforts, including:
  - Lack of support at home
  - Family members who have experience with breastfeeding
  - Breathing information from health care clinicians
  - Time and privacy to breastfeed or express milk at the workplace
  - Connection to other breastfeeding mothers in their communities
Surgeon General’s call to action

HEALTH CARE

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

Action 8. Develop systems to guarantee a continuum of skilled support for lactation between hospital and health care settings in the community

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

Action 10. Include basic support for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners, and pediatricians

Action 11. Increase access to services provided by International Board Certified Lactation Consultants

Action 12. Identify and address obstacles to greater availability of safe banked donor milk for fragile infants

Breastfeeding is gaining popularity

JUST DO IT!

Famous actress breastfeeds twins

Guess who?

Image source: http://www.huffingtonpost.com/2010/05/18/modern-familys-julie-bowe_n_580757.html
Lack of breastfeeding costly

Agency for Healthcare Quality and Research (AHRQ) data revealed:
(Bartick, 2010)

- Increased rates of exclusive breastfeeding for 6 months from 12.3% (2005) to 90% would save the U.S. $113 billion and 911 lives
- Increased rates of exclusive breastfeeding for 6 months from 12.3% (2005) to 80% would save the U.S. $80.3 billion and 741 lives

North Dakota is ahead of the national average for initiation and duration at 6 months of age. Exclusive breastfeeding is much higher than the national average.

North Dakota has reached the goal for initiation but not duration. North Dakota's exclusively breastfeeding dyads are exceeding the HP2020 goal at 3 months of age.
What can hospitals do to support breastfeeding mothers?

**Breastfeeding Support-Birth Facility Support**

- Increase percent of hospital and birthing centers where at least 90% of mothers and newborn infants have skin-to-skin contact for at least 30 minutes within one hour of an uncomplicated vaginal birth.
- Increase percent of hospitals and birthing centers where at least 90% of healthy full-term infants are rooming in with mother for at least 23 hours per day.
- Increase percent of live births occurring at hospitals or birthing centers designated as Baby-Friendly.
- Decrease percentage of breastfed infants receiving formula before 2 days of age.

**mPINC data** reveal improvements in maternity care practices in N.D.

10 Steps to Successful Breastfeeding (required implementation for designation)

1. Written breastfeeding policy routinely communicated to staff.
2. Train staff on skills necessary to implement policy.
3. Inform all pregnant women of breastfeeding benefits and management.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Share mother-infant breastfeeding successfully in hospital.
6. Continue to feed infants only breast milk, unless medically indicated.
7. Practice rooming-in, mother-infant dyads remain together 24 hours/day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers.

WHO/UNICEF Baby-friendly Hospital Initiative

**Best Fed Beginnings-Results**

Among women who intended to breastfeed, formula supplementation in the hospital was associated:

- With a 2X risk of not fully breastfeeding at 30-60 days
- With a 3X risk of breastfeeding cessation after 60 days

**Formula Supplementation and Breastfeeding (Chantry, et al., 2014)**

**Baby-Friendly Implementation Research**

DiGirolamo et al, 2008

**North Dakota success story**

Turtle Mountain Service Unit of IHS, Quentin Burdick Memorial Health Care Facility

8% in 2010
52% in 2013
Breastfeeding at discharge
North Dakota Breastfeeding-Friendly Designation

5 Steps to North Dakota Breastfeeding-Friendly
1. Train staff on skills necessary to implement policy
2. Inform all pregnant women of breastfeeding benefits and management
3. Help mothers initiate breastfeeding within one hour of birth
4. Show mothers how to breastfeed and maintain lactation
5. Give infants no food or drink other than breast-milk, unless medically indicated

Training Needs

Top breastfeeding training requests:
- Showing women how to breastfeed
- Common problems encountered with breastfeeding
- Health benefits of breastfeeding
- Practices counterproductive to breastfeeding success
Top breastfeeding service requests:

- Education materials development
  - Handouts
  - Brochures
  - Prescription pads
  - Crib cards
- Lactation consultant training scholarships
  - Two, one-hour trainings – NDBF orientation
  - NDBF Skills Training – to be piloted June, 2015

Hierarchy of infant feeding choices for term baby:
1. Baby at mother's breast
2. Mother's own expressed milk
3. Milk from HMBANA or state licensed milk bank
4. Cow milk formula
5. Soy formula
Resources for breastfeeding

Professionals:
- [link to resources for hospitals and maternity centers](http://www.usbreastfeeding.org/HealthCare/HospitalMaternityCenterPractices/ResourcesforHospitalsMaternityCenters/tabid/183/Default.aspx)
- [link to training for healthcare professionals](http://www.usbreastfeeding.org/HealthCare/TrainingforHealthCareProfessionals/tabid/96/Default.aspx)

Patients:
- [link to breastfeeding resources](http://www.womenshealth.gov/breastfeeding/)
- [link to La Leche League information](http://www.lalecheleague.org/nb.html)
- [link to International Lactation Consultant Association](http://www.ilca.org/i4a/pages/index.cfm?pageid=1)

“Breastfeeding is nature’s health plan.”
– Author Unknown

THANK YOU!

Questions?

References