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CHAMPS:
COMMUNITIES AND HOSPITALS ADVANCING MATERNITY PRACTICES

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Call Agenda

1. Overview
2. The big picture
3. Background
4. Team members
5. Hospitals – goals and assistance
6. Community – goals and involvement
7. Questions
8. Contacts

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Overview

- CHAMPS: Communities and Hospitals Advancing Maternity Practices
- Breastfeeding-focused initiative to improve MCH outcomes and exclusive breastfeeding in MS, NOLA, and S Texas
- Start date August 1, 2014; 3 year project
- Funding: WK Kellogg Foundation

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Why this matters in Mississippi

- Dr Collier, MSDH
  Prenatal Consultant
- Toni Hill, BA,
  Certified Doula

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BREASTFEEDING SUPPORT THROUGH THE MISSISSIPPI STATE DEPARTMENT OF HEALTH

Mississippi State Department of Health, Office of Preventive Health

September 15, 2014

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MS Department of Health Office of Preventive Health's Breastfeeding Initiative

- Increase access to breastfeeding friendly environments
  - Assessing breastfeeding policies, laws and accommodations for hospitals
  - Educate and engage key hospital decision makers
  - Establish Baby-Friendly Hospital Initiative guidelines and evaluation criteria for statewide initiative
  - Report quality measures related to breastfeeding
  - Create learning collaborative for quality improvement
  - Provide technical assistance to hospitals

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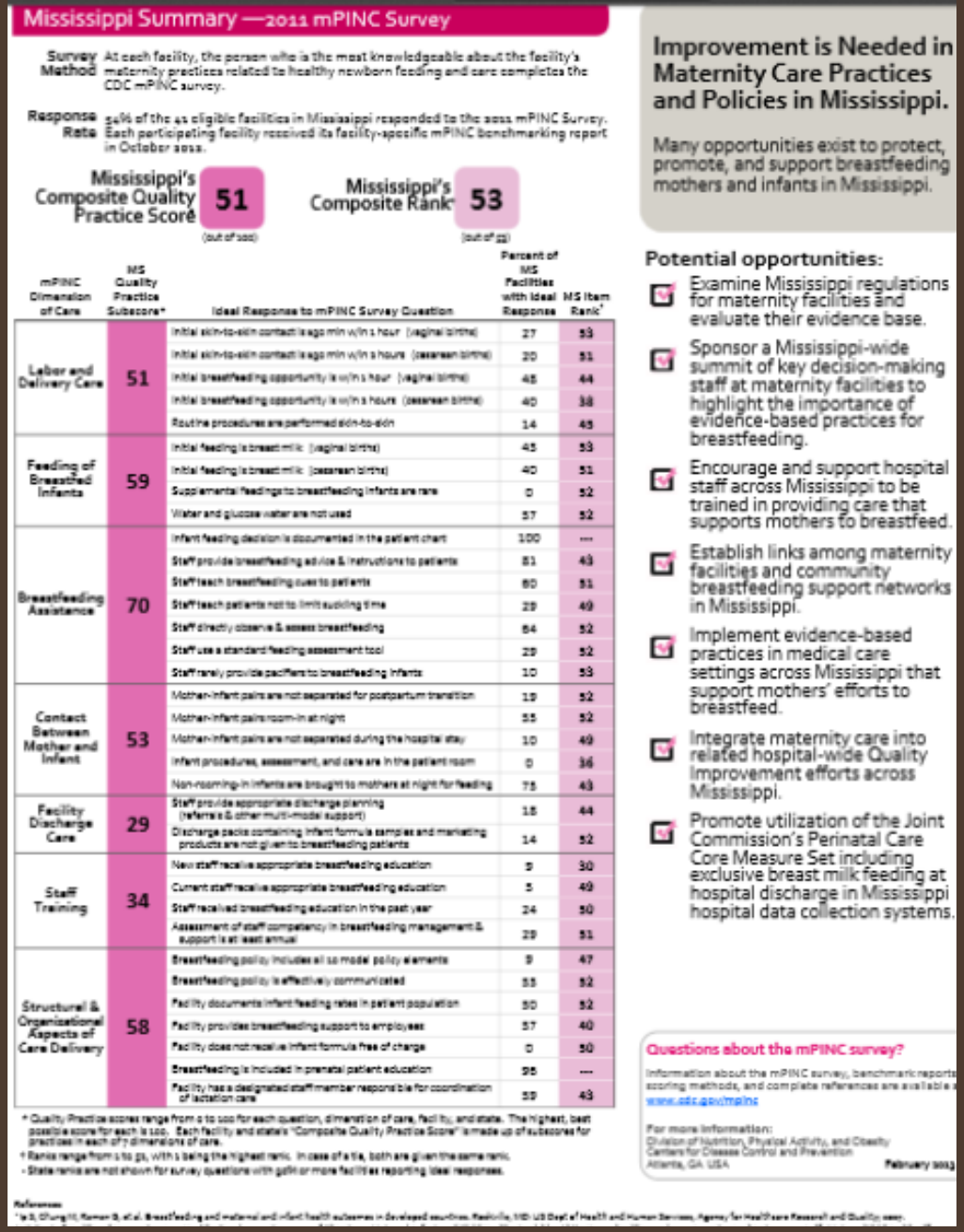
- 44 birthing facilities in Mississippi
- Maternity Practices in Infant Nutrition and Care (mPINC)

We want to identify hospitals and birthing centers that want to enhance the support staff members and policies provide for breastfeeding friendly feeding choices.



Mississippi Summary —2011 mPINC Survey

Survey Method At each facility, the person who is the most knowledgeable about the facility's maternity practices related to healthy newborn feeding and care completes the CDC mPINC survey.

Response Rate 54% of the 41 eligible facilities in Mississippi responded to the 2011 mPINC Survey. Each participating facility received its facility-specific mPINC benchmarking report in October 2012.

Mississippi's Composite Quality Practice Score 51 (out of 100)

Mississippi's Composite Rank 53 (out of 53)

mPINC Dimension of Care	MS Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of MS Facilities with Ideal Response	MS Item Rank†
Labor and Delivery Care	51	Initial skin-to-skin contact ≥ 90 min v/in 1 hour (vaginal births)	27	53
		Initial skin-to-skin contact ≥ 90 min v/in 2 hours (cesarean births)	20	51
		Initial breastfeeding opportunity ≤ 10/in 1 hour (vaginal births)	45	44
		Initial breastfeeding opportunity ≤ 10/in 2 hours (cesarean births)	40	38
		Routine procedures are performed skin-to-skin	14	45
Feeding of Breastfed Infants	59	Initial feeding is breast milk (vaginal births)	45	53
		Initial feeding is breast milk (cesarean births)	40	51
		Supplemental feedings to breastfeeding infants are rare	0	52
		Water and glucose water are not used	57	52
Breastfeeding Assistance	70	Infant feeding decision is documented in the patient chart	100	---
		Staff provide breastfeeding advice & instructions to patients	81	43
		Staff teach breastfeeding cues to patients	60	51
		Staff teach patients not to limit sucking time	29	49
		Staff directly observe & assess breastfeeding	84	52
		Staff use a standard feeding assessment tool	29	52
		Staff rarely provide pacifiers to breastfeeding infants	10	53
Contact Between Mother and Infant	53	Mother-infant pairs are not separated for postpartum transition	19	52
		Mother-infant pairs room-in at night	55	52
		Mother-infant pairs are not separated during the hospital stay	10	49
		Infant procedures, assessment, and care are in the patient room	0	36
		Non-rooming-in infants are brought to mothers at night for feeding	75	43
Facility Discharge Care	29	Staff provide appropriate discharge planning (referrals & other multi-modal support)	18	44
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	14	52
Staff Training	34	New staff receive appropriate breastfeeding education	9	30
		Current staff receive appropriate breastfeeding education	5	49
		Staff received breastfeeding education in the past year	24	50
		Assessment of staff competency in breastfeeding management & support is at least annual	29	51
Structural & Organizational Aspects of Care Delivery	58	Breastfeeding policy includes all 10 mPINC policy elements	9	47
		Breastfeeding policy is effectively communicated	55	52
		Facility documents infant feeding rates in patient population	50	52
		Facility provides breastfeeding support to employees	57	40
		Facility does not receive infant formula free of charge	0	50
		Breastfeeding is included in prenatal patient education	95	---
		Facility has a designated staff member responsible for coordination of lactation care	59	43

* Quality Practice scores range from 0 to 100 for each question, dimension of care, facility, and state. The highest, best possible score for each is 100. Each facility and state's "Composite Quality Practice Score" is made up of subscores for practices in each of 7 dimensions of care.

† Ranks range from 1 to 53, with 1 being the highest rank. In case of a tie, both are given the same rank.

– State ranks are not shown for survey questions with 50% or more facilities reporting ideal responses.

Improvement is Needed in Maternity Care Practices and Policies in Mississippi.

Many opportunities exist to protect, promote, and support breastfeeding mothers and infants in Mississippi.

Potential opportunities:

- Examine Mississippi regulations for maternity facilities and evaluate their evidence base.
- Sponsor a Mississippi-wide summit of key decision-making staff at maternity facilities to highlight the importance of evidence-based practices for breastfeeding.
- Encourage and support hospital staff across Mississippi to be trained in providing care that supports mothers to breastfeed.
- Establish links among maternity facilities and community breastfeeding support networks in Mississippi.
- Implement evidence-based practices in medical care settings across Mississippi that support mothers' efforts to breastfeed.
- Integrate maternity care into related hospital-wide Quality Improvement efforts across Mississippi.
- Promote utilization of the Joint Commission's Perinatal Care Core Measure Set including exclusive breast milk feeding at hospital discharge in Mississippi hospital data collection systems.

Questions about the mPINC survey?

Information about the mPINC survey, benchmark reports, scoring methods, and complete references are available at www.cdc.gov/mpinc

For more information:
Division of Nutrition, Physical Activity, and Obesity
Centers for Disease Control and Prevention
Atlanta, GA USA

February 2013

www.cdc.gov/breastfeeding/pdf/mpinc/states/mpinc2011mississippi.pdf

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Maternity Practices in Infant Nutrition and Care in Mississippi —2011 mPINC Survey

This report provides data from the 2011 mPINC survey for Mississippi. It describes specific opportunities to improve mother-baby care at hospitals and birth centers in Mississippi in order to more successfully meet national quality of care standards for perinatal care.

More information is at www.cdc.gov/m

Breastfeeding is a National Priority

Breastfeeding is associated with decreased risk for infant morbidity and mortality as well as maternal morbidity,[1] and provides optimal infant nutrition. *Healthy People 2020*[2] establishes breastfeeding initiation, continuation, and exclusivity as national priorities.

Changes in Maternity Care Practices Improve Breastfeeding Rates

Maternity practices in hospitals and birth centers can influence breastfeeding behaviors during a period critical to successful establishment of lactation.[3] Abundant literature, including a Cochrane review, document that institutional changes in maternity care practices to make them more supportive of breastfeeding increase initiation and continuation of breastfeeding.[4]

Breastfeeding Support in Mississippi Facilities

Strengths

Documentation of Mothers' Feeding Decisions

Staff at all (100%) facilities in Mississippi consistently ask about and record mothers' infant feeding decisions.

Standard documentation of infant feeding decisions is important to adequately support maternal choice.

Availability of Prenatal Breastfeeding Instruction

Most facilities (96%) in Mississippi include breastfeeding education as a routine element of their prenatal classes.

Prenatal education about breastfeeding is important because it provides mothers with a better understanding of the benefits and requirements of breastfeeding, resulting in improved breastfeeding rates.

Needed Improvements

Appropriate Use of Breastfeeding Supplements

No facilities (0%) in Mississippi adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water.

The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) Guidelines for Perinatal Care recommend against routine supplementation because supplementation with formula and/or water makes infants more likely to receive formula at home and stop breastfeeding prematurely.

Inclusion of Model Breastfeeding Policy Elements

Only 9% of facilities in Mississippi have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM).

The ABM model breastfeeding policy elements are the result of extensive research on best practices to improve breastfeeding outcomes. Facility policies determine the nature of care that is available to patients. Facilities with comprehensive policies consistently have the highest rates of exclusive breastfeeding, regardless of patient population characteristics such as ethnicity, income, and payer status.

Initiation of Mother and Infant Skin-to-Skin Care

Only 27% of facilities in Mississippi initiate skin-to-skin care for at least 30 minutes upon delivery of the newborn

Upon delivery, the newborn should be placed skin-to-skin with the mother and allowed uninterrupted time to initiate and establish breastfeeding in order to improve infant health outcomes and reduce the risk of [illegible] of the neonatal immune system from unnecessary non-breast milk feeds

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Establish a baby friendly hospital practices recognition program based on the Baby-Friendly USA *Ten Steps to Successful Breastfeeding*

The *Ten Steps to Successful Breastfeeding* are:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast-milk, unless medically indicated.
7. Practice rooming in - allow mothers and infants to remain together 24 hours a 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 to them

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CHAMPs objectives: Big picture

- Increase exclusive breastfeeding rates in the South
- Enroll 25 hospitals in MS, NOLA, S Texas
- Help at least 10 of those hospitals to become Baby-Friendly
- Improve MCH practices in 25 hospitals

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CHAMPs team members

- The Breastfeeding Center, Boston Medical Center: Anne Merewood & team
- Reaching Our Sisters Everywhere (ROSE) Kim Bugg & team
- Funding: the W. K. Kellogg Foundation

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Boston Medical Center….

- 2,500 births/year
- LIII, 15 bed NICU
- Boston University School of Medicine
- Residency programs in Pediatrics, Ob/Gyn, Family Medicine +++
- Largest safety net hospital in New England (former Boston City Hospital)

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BMC patients

- 56% Black
- 25% Hispanic
- 11% White

- 53% Medicaid
- 24% No health insurance

- 80% WIC eligible

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1997 – 1st lactation person…

- "See breastfeeding mothers" (no-one knew who they were)
- Pediatric service: 0/1000 telephone triage calls re breastfeeding
- First day in nursery:
  - Staff knowledge poor
  - Hospital policies obstructive
  - "Our mothers don't want to breastfeed"

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BMC new approach: "*WE* are the problem, not *THEM*"

- Change hospital policies and systems that were keeping mothers and babies apart and obstructing breastfeeding
- Educate staff about lactation
- Reduce infant formula influence in the hospital

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BMC breastfeeding rates pre and post Baby-Friendly

Philipp, Merewood, et al. *Pediatrics* 2001;108:677

	1995	1999	p
Initiation - all	58%	87%	<.001
Initiation - US AA	34%	74%	.001
Exclusive - all	6%	34%	<.001

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BMC NICU rates pre and post Baby-Friendly

Merewood et al. *J Hum Lac* 2003;19(2):166

	1995	1999	p
Initiation rate - all	35%	74%	<.001
US born AA	35%	64%	.03
Non US born AA	27%	81%	.001
Any breastmilk 2 wks	28%	66%	<.001

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BFHI work before CHAMPs…

- BMC
- Consulting
- New Jersey (10)
- Oklahoma (60?)
- NICHQ (89)
- IHS (13 +)

Anne Merewood PhD MPH IBCLC
Assoc. Prof Pediatrics, BUSM
Editor in Chief, Journal of Human Lacation

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Kim Bugg, ROSE

- Formerly Emory School of Medicine NP, Pediatrics
- BestFed Beginnings Regional Faculty
- Community Health Leadership Program, Satcher health leadership Institute, Morehouse School of Medicine Associate
- United States Breastfeeding Committee, Board of Directors

FNP-BC, MSN, MPH, CLC, Change Leader for Reaching Our Sisters Everywhere, Inc.

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Mississippi collaborator

Cathy Carothers, IBCLC, FILCA

Co-Director, EVERY MOTHER, INC.

Breastfeeding educator and director of national government breastfeeding initiatives

Past chair – United States Breastfeeding Committee

Former MSDH WIC Breastfeeding Coordinator

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Expert collaborators

Roger Edwards, ScD
Assistant Professor, Bouvé College of Health Sciences, Northeastern University

Jere McKinley, BA
National Program Director,
Health Connect One

Emily Taylor, MPH
Founder and Director,
Women-Inspired Systems' Enrichment (WISE)

Lori Winter, MD, MPH
Director, Division of Adolescent Medicine, Cooper University Health Care

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BMC partners: Community data gathering and analysis

Michael Silverstein, MD, MPH

Director, General Academic Pediatrics, Boston Medical Center

Renee Boynton-Jarrett, MD, ScD

Assistant Professor of Pediatrics,

Boston Medical Center

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BMC Project management team

Laura Burnham, MPH – Project Manager

Apexa Patel – Project Coordinator

Douglas Rockwell, BA , Manager, Research Administration and Finance, Boston Medical Center

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Hospital goals

- Work with hospitals to increase compliance with 10 Steps
- Help hospitals measure:
  - Joint Commission bf rates (JC agrees to help with training)
  - Skin to skin – charting and rates
  - Rooming in – charting and rates

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How?

- Connect with interested hospitals and assess strengths/areas of need
- Connect with communities around the hospitals
- Work with communities and hospitals together

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WHY?

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Practical help we can offer……

- Pragmatic knowledge
- Webinars/phone conferences
- Training
- QI guidance (PDSA etc)
- Physician-specific education and "advice"

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Practical help we can offer……

- Policy guidance/charting help
- Site visits
- Outreach/education e.g. to prenatal offices serving hospitals
- Access to Kellogg Field Builders
  - US Breastfeeding Committee
  - Health Connect One

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Hospitals and expectations

- A committed TEAM with clear leadership and buy in
- Ability to self assess
- Host site visit team and attend regional meetings
- Participate in webinars and calls
- DO STUFF and LISTEN

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We promise….

- We are aware of your time constraints
- We will be consistent
- We will offer you real time, tried and tested strategies for success
- We will tell you if we think things are not headed in the right direction…..
- We also will DO STUFF and LISTEN

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Objectives: Community

- Involve community partners in the hospital environment
- Link with perinatal community around/affected by the hospitals
- Create 25 "B-LINKS" community-based breastfeeding support groups
- Outreach to, cooperate with, and integrate other Kellogg grantees, community groups, partners and collaborators

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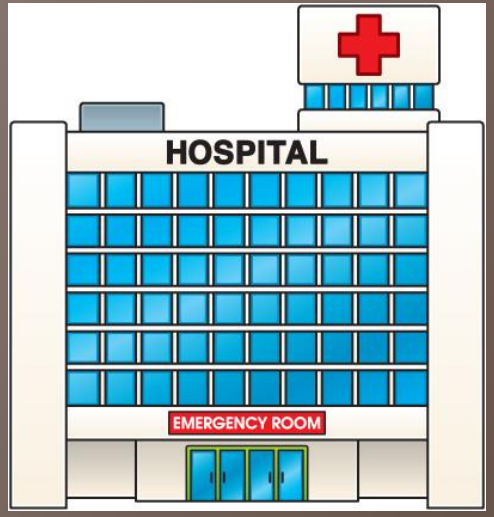

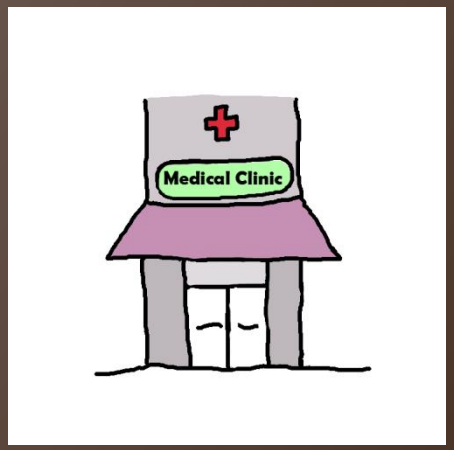

Building hospital-clinic-community partnerships to support breastfeeding: Renee Boynton-Jarrett MD

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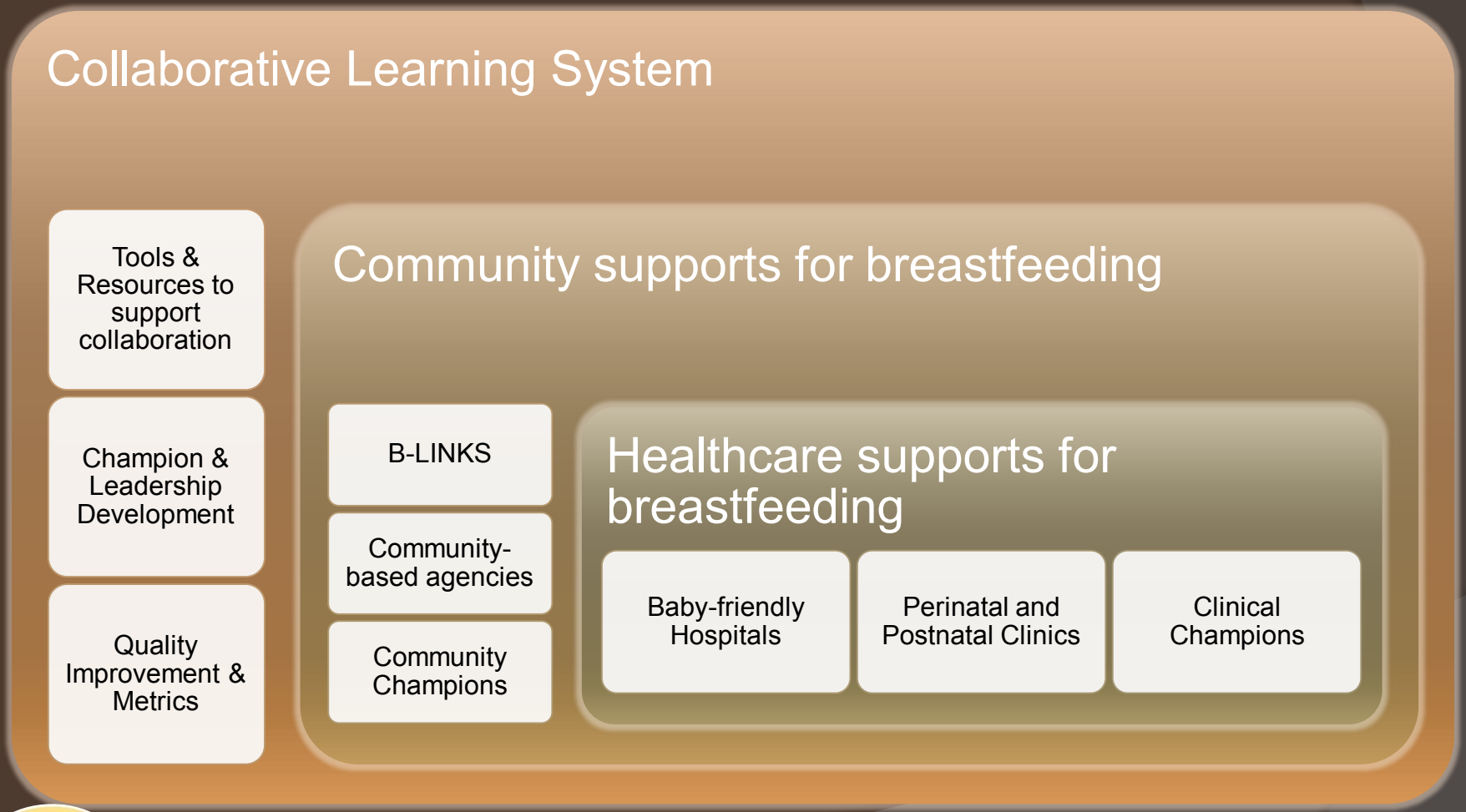

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Collaboration

- Support collaborations between the hospitals, pre- and post-natal clinics, and community-based agencies.
- Development and support a local network of clinical and community champions:
  - Support shared learning opportunities
  - Develop collaborative problem-solving tools
  - Build local capacity for resource sharing to support breastfeeding through stages of pre-conception, post-conception, post-partum

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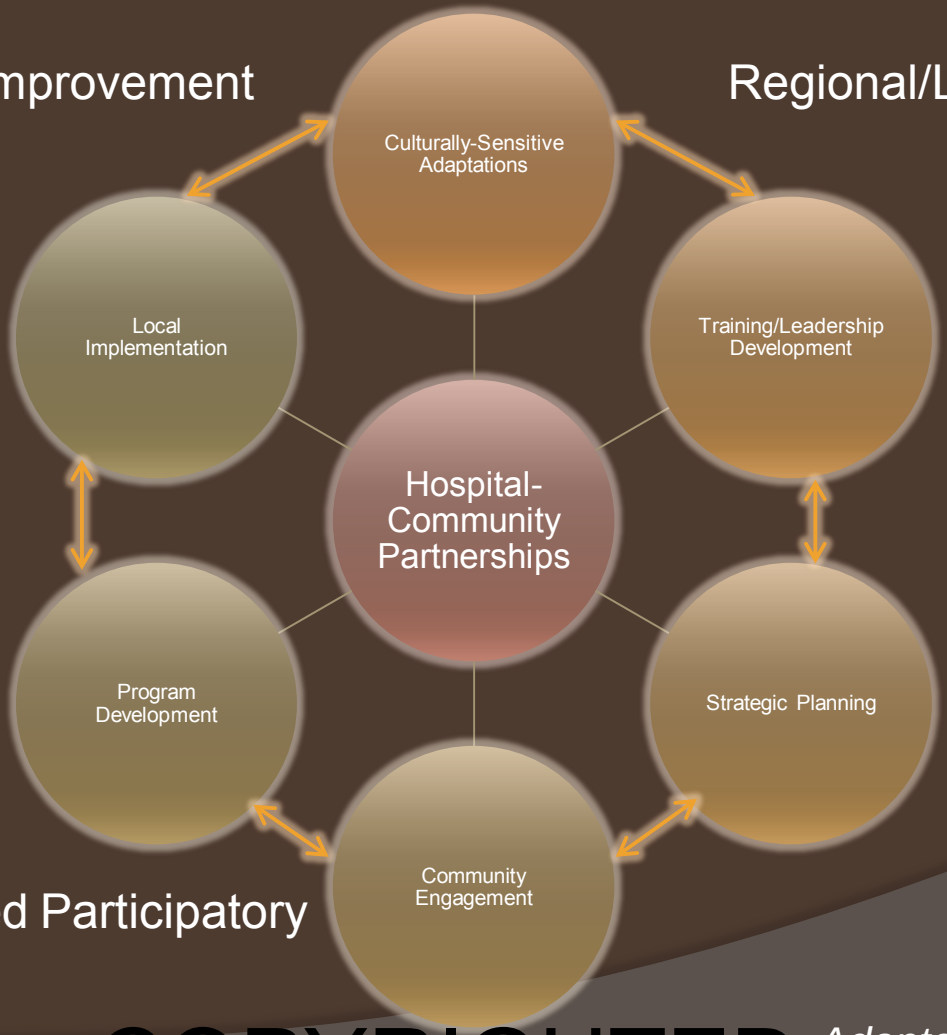
Model for Building Hospital-Community Partnerships to Support Breastfeeding

Quality Improvement

Regional/Local Adaptations



Learning system, resources and tools

Strategic Alliances

Community-based Participatory

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Adapted from Ngo et al 2008

Questions?

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Contact information

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