



OBRC

Newsletter

QUARTER 1 | 2021

**The 2020 mPINC
& other surveys.**

**Top 3 Challenges
to providing optimal
breastfeeding support**

**OBRC's New
Virtual Trainings**



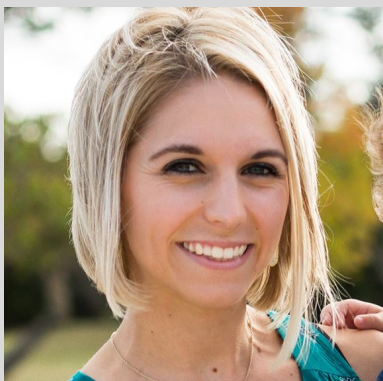
OBRC CORNER

Thank you for checking out our newsletter!



Becky Mannel

Fall is here and so are the CDC's mPINC state report cards! See page 3 for more information on all things mPINC. In this issue, we also provide evidence-based options to various challenges in providing optimal breastfeeding support. These challenges were submitted to OBRC by hospitals and other facilities state-wide that provide care to breastfeeding families. To further help with these challenges we have updated our resource page and our families page on our website in order to allow families and staff to easily find materials they need to help promote and prolong breastfeeding.



Jaclyn Huxford

We are continuing to remind providers and the public that the Oklahoma Breastfeeding Hotline is a great way for breastfeeding families to access IBCLC care. In addition, our Lactation Clinic is available for in-person and telehealth visits. Call OU Physicians Women's Health today to schedule! 405-271-9494.

Thank you for working with us! If you like what we're doing, have an idea, or need some training, feel free to drop us a line. Our email and phone are always available:

Email: obrc@ouhsc.edu

Phone: 405-271-6162

Stay safe & mask up!

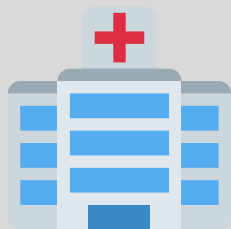
The OBRC team



Amanda Parsons

Let's Get Connected!

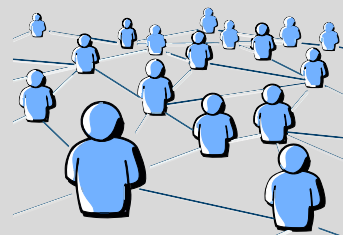
Click the below to visit to our social media pages for the most up-to-date information, updates, research, and more!



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SERVING HEALTHCARE PROVIDERS IN OKLAHOMA

The 2018 Scores Are In!

What is mPINC?

The CDC's national survey of Maternity Practices in Infant Nutrition and Care (mPINC) assesses maternity care practices and provides feedback to encourage hospitals to make improvements that better support breastfeeding. About every 2 years, the CDC invites all hospitals across the country to complete the mPINC survey. The questions focus on specific parts of hospital maternity care that affect how babies are fed.

Why does mPINC exist?

Doctors, nurses, and hospital administrators can use mPINC data to improve care practices and policies to better support their maternity patients. The CDC sends a report to every participating hospital showing specific changes they can make to support breastfeeding mothers. State health departments and other stakeholders can use mPINC data to work together with partner agencies, organizations, policy makers, and health professionals to improve evidence-based maternity care practices and policies at hospitals in their state.

What is the process like?

The CDC calculates a total mPINC score for every participating hospital to indicate its overall level of maternity care practices and policies that support optimal infant feeding. A total mPINC score is provided in the individual hospital reports. Subscores further categorize maternity care practice subdomains. Responses are scored using an algorithm that denotes the evidence and best practices to promote optimal infant feeding within the maternity care setting. Possible scores range from 0 to 100, with higher scores indicating better maternity care practices and policies.

How to see my facility's score?

An electronic version of each hospital's report was sent to the work e-mail of the survey recipient in June 2020. If you are unable to locate your hospital's mPINC report, please e-mail mpinc@cdc.gov with your request and include the hospital name and address. ***NOTE* The CDC has now launched the 2020 mPINC survey so we are alerting everyone to be on the lookout for the CDC's initial contact to identify who to send the survey too. They ALWAYS call and speak with the mother/baby or L&D manager to determine who to contact by email.**

Where does Oklahoma stand?

In 2018, 39 of 49 eligible hospitals in Oklahoma participated (80%). The 2018 results for Oklahoma are below.

State Total Score*

75

National Total Score*

79

Immediate Postpartum Care	National Subscore	81	Oklahoma Subscore	84
Rooming-In	National Subscore	71	Oklahoma Subscore	71
Feeding Practices	National Subscore	82	Oklahoma Subscore	75
Feeding Education & Support	National Subscore	92	Oklahoma Subscore	87
Discharge Support	National Subscore	78	Oklahoma Subscore	69
Institutional Management	National Subscore	70	Oklahoma Subscore	63

BREASTFEEDING IN OKLAHOMA

Dear Oklahoma Birthing Hospital managers:

As an organization that partners with the Oklahoma State Department of Health, we work to improve the breastfeeding rates throughout Oklahoma. We take great pride in this task and that is why we ask all Oklahoma birthing hospitals to participate in various annual or biannual information gathering surveys. Below you will find information on three surveys, one from the CDC and two from OBRC. We would like to ask labor and delivery or mother-baby managers to please take some time to complete these surveys.

Survey #1: The 2020 mPINC survey is on its way!

CDC's 2020 national survey of Maternity Practices in Infant Nutrition and Care (mPINC) launched in mid-August! When you receive your survey, CDC recommends completing and submitting as soon as possible. Once they get farther along in contacting and distributing the survey to hospitals, the CDC will set a deadline for completing the 2020 mPINC surveys. Once your hospital has been screened and determined eligible by Battelle (the contractor implementing the mPINC survey for CDC) the identified contact person will be emailed a unique survey link and login information to complete the 2020 mPINC survey online. If you are having trouble accessing the survey with your unique username and password, be sure you are using Microsoft Edge or Google Chrome. You may experience issues accessing the survey from Internet Explorer. Let's see if we can beat our participation for the 2018 mPINC survey and again have over 80% of Oklahoma birthing hospitals complete it!

mPINC Information link: <https://www.cdc.gov/breastfeeding/data/mpinc/index.htm>

Survey #2: What's in your discharge bags for parents?

Ban the Bags (BTB) is a national campaign to stop formula company marketing in maternity hospitals. The campaign grew out of efforts in Massachusetts to stop aggressive formula company marketing tactics in hospitals. Multiple studies have shown that formula sales campaigns undermine mothers who choose to breastfeed, and coopt medical professionals to promote expensive brand-name formula. The goal of BTB is to keep companies and vendors from participating as a part of the healthcare team. Is your hospital already listed on the BTB website? Please take 3 minutes to answer our short survey so we can update our records for all Oklahoma birthing hospitals that have banned the bags. We will also use this data to update the BTB site.

BTB survey link: https://ouhsc.qualtrics.com/jfe/form/SV_3n41pfiPprf78UJ

Survey #3: The 10 Steps to Successful Breastfeeding.

The Ten Steps summarize a package of evidence-based practices that facilities providing maternity and newborn services should implement to support breastfeeding. WHO has called upon all facilities providing maternity and newborn services worldwide to implement the Ten Steps. Please take 5 minutes to answer our short survey to help you assess how many of the 10 steps your hospital has implemented and find out what support you can receive from OBRC.

10 steps survey link: https://ouhsc.qualtrics.com/jfe/form/SV_06CiEA8S8cXsfml

CHALLENGES OF TEACHING BREASTFEEDING

Breastfeeding Support: Facts, Guides, Evidence & Resources

In the fall of 2019, OBRC hosted a webinar on *Optimizing Breastfeeding Support* and distributed a survey asking hospitals to tell us how they provide optimal support and where they needed guidance. Here we have outlined the top three issues and strategies to overcome them.

1) Disparities/Cultures & Misinformation

It is important to remember that it is the parent's decision whether to breastfeed or formula feed their child. It is the duty of the staff to show both cultural sensitivity and cultural humility. Cultural sensitivity is acknowledging differences and similarities between cultures without labeling them as "good" or "bad". Cultural humility is "the delicate application of cultural knowledge and information in a way that allows for the client's lived experiences to supersede what the clinician believes to be true based on the clinician's own studies or previous interactions". See example below.

DO NOT SAY: "In your culture, you're taught that mom's milk isn't enough, but that's not true."

DO: Ask open ended questions such as "tell me why you think your milk is not enough". Treat mom with respect, listen to her concerns and treat her as a person with valid concerns.

2) Resistance to Change

A critical step in engaging staff is listening. Provide evidence-based information and listen to any concerns about how to implement needed changes. Offer time to discuss problem solving and recommended courses of action. Admit to any gaps in knowledge. This promotes honesty and can help to break down walls.

- Begin meeting with PRAISE about all the steps in place and work done thus far.
- Discuss pros, cons, and concerns, but pick the easiest task first.
- Breakdown issues into smaller items, discuss problem solving options and end the meeting with a strategy and a follow up meeting date.

3) Encouraging mom that she is enough

Mothers often have doubts about their milk supply so it is paramount that we use simple language to teach them how their breasts make milk, how baby takes in milk, and what are normal infant behaviors. Below we have outlined some normal newborn behaviors as well as information to share with parents to help make their breastfeeding journey easier.

Inputs, Outputs and Everything in Between!

New babies are expected to eat **8 or more times in 24 hours**. If not advised of this, parents will often worry "is baby getting enough?" This is where a descriptive **explanation of baby's tummy size** is extremely beneficial as well as education about "feeding on demand/cue" and to expect cluster feeds cluster feeds (feeding every hour or so for several feeds in a row) over the first several weeks.

Another way to assure parents that baby is getting enough is to tell them to count the number of wet diapers and poops. The color, texture, and frequency of a breastfed baby's poops will change as baby grows.

Watch your language!

The best practice when sharing information with patients is to use open ended-questions and abstain from using medical jargon (e.g. say "first milk" instead of colostrum). Please see this handout on communication as well as this handout on helping moms gain confidence in their milk production from Cathy Carother's presentations during our 2019 BBFOK summit. Want to learn more about best practices with communication? Contact ORBC to help!

ONLINE COURSES FOR STAFF AND FAMILIES

Virtual...it's the cool thing to do!

Our 1-day Making Breastfeeding Easier (MBE) and our 2-day Breastfeeding Basics & Beyond (BBB) classes are now available via Zoom! These classes teach current information and skills to support breastfeeding mothers and their children, particularly during the prenatal and early postpartum periods. Class participants will be evaluated for basic breastfeeding competencies and receive CNEs. Contact us today to schedule a training! Email: OBRC@ouhsc.edu

3-hour Breastfeeding Provider Training

Having trouble finding breastfeeding courses for physicians? Keep an eye out for our upcoming release of our first online breastfeeding education for providers! This course will help your facility to comply with Step 2.

15-hour Online Breastfeeding Training for Health Care Staff

OBRC is proud to announce a brand new version of our 15 hour online training for healthcare staff! We acquired a new learning platform (Digital Chalk) and a new presentation format (Prezi). Additional information about this course ...

- \$90 per enrollment of each staff member
- \$45 per enrollment of each staff member for Oklahoma birthing hospitals who participate in our Becoming Baby-Friendly in Oklahoma project
- Covers all breastfeeding education for staff as required for Baby-Friendly Hospital designation (Step 2)

[Click here for details!](#)

Free Online Prenatal Breastfeeding Education for Patients

OBRC has launched its first online prenatal breastfeeding education. This educational session is completely free and available in English and Spanish. This course takes approximately one hour to complete and...

- Covers basic breastfeeding information for families
- Meets prenatal education requirements for Baby-Friendly hospitals (Step 3)
- Works best with **Chrome** browser

[Click here to view!](#)

Save The Date!

OBRC's 9th Annual BBFOK Summit: The Virtual Edition

**Friday
Feb. 26, 2021**

**Click here to create
your Zoom account
today!**



**WHAT DO YOU KNOW ABOUT
BREASTFEEDING?**

Click here for our FREE breastfeeding education for parents!
Everything you need to know, in one place!