



OKLAHOMA
BREASTFEEDING
RESOURCE CENTER

Creating the Optimal Hospital Experience for Breastfeeding Families

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Sara Bellatti, MS
Office Administrator, OBRC

Becky Mannel, MPH, IBCLC, FILCA
Director, OBRC

Disclosure

- We **DO NOT** have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.



The OBRC Team



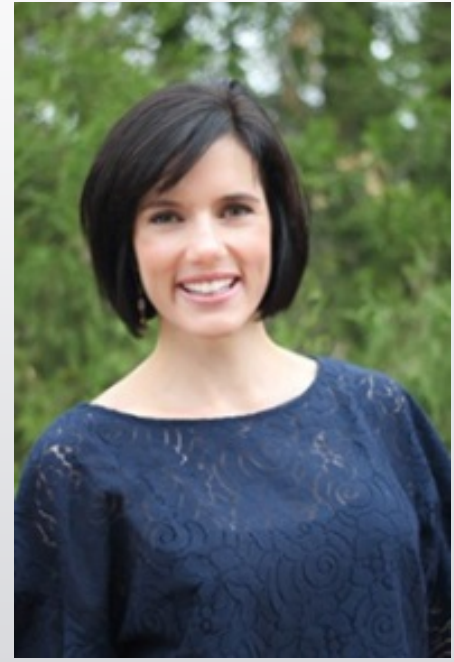
Becky Mannel



Petra Colindres



Sara Bellatti



Amanda Parsons

Oklahoma Breastfeeding Hotline Team



Jayme Provine, Cassidy Hotz, Paula Freeman, Keri Hale, Petra Colindres,
Charissa Larson, Jaclyn Huxford

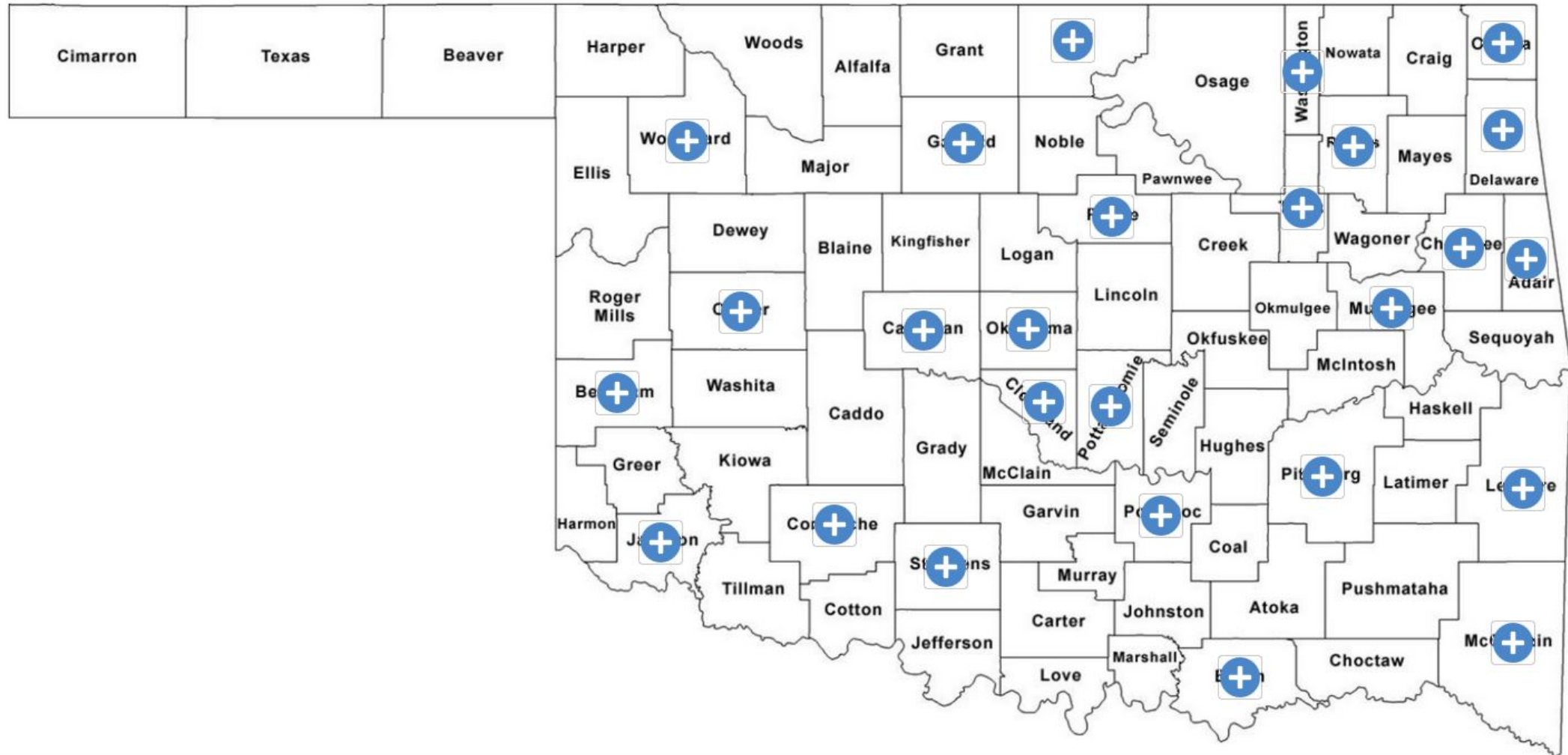


Objectives



1. Describe the cycle of suboptimal hospital experiences for breastfeeding families
2. Describe cycle of optimal hospital experiences for breastfeeding families
3. List three ways hospitals can help improve Oklahoma breastfeeding rates
4. Name one resource available from OBRC to help hospitals improve breastfeeding care

Oklahoma Birthing Hospitals by County



CDC's Maternity Practices in Infant Nutrition & Care Survey (mPINC)

2015 Survey Results

Total
SCORE*
(out of 100)

78

Overall **RANK****
(out of 53)

28th

Compare **TOTAL SCORES**
from 2007 through 2015:

57

2007
survey

55

2009
survey

62


2011
survey

71

2013
survey

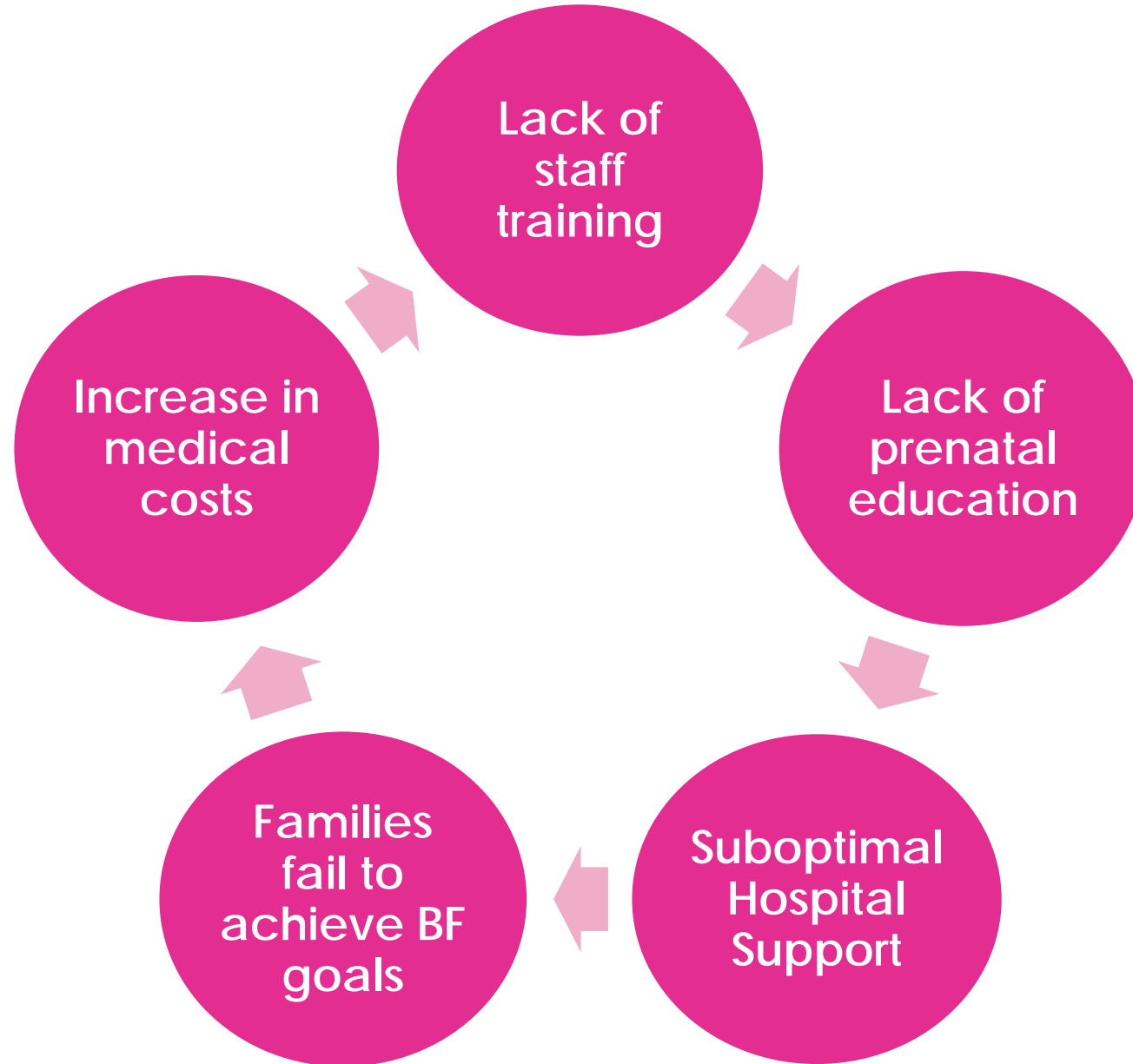
78

2015
survey

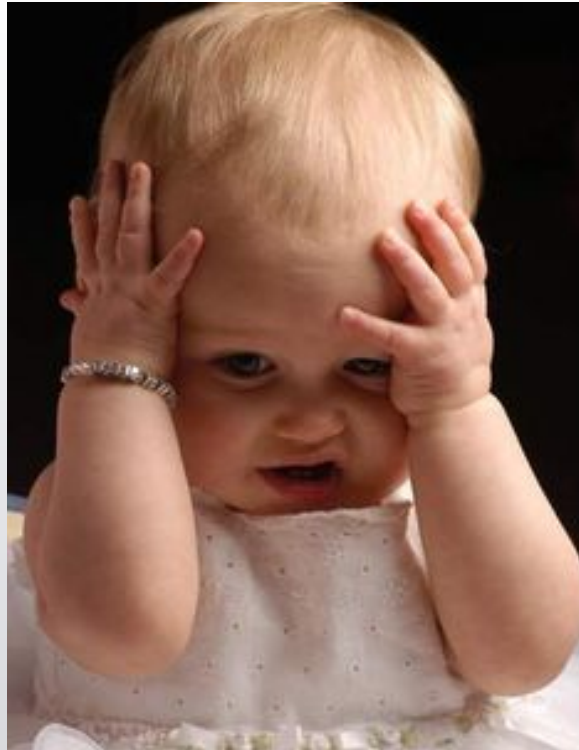


The Cycle of a Suboptimal Hospital Experience for Breastfeeding Families

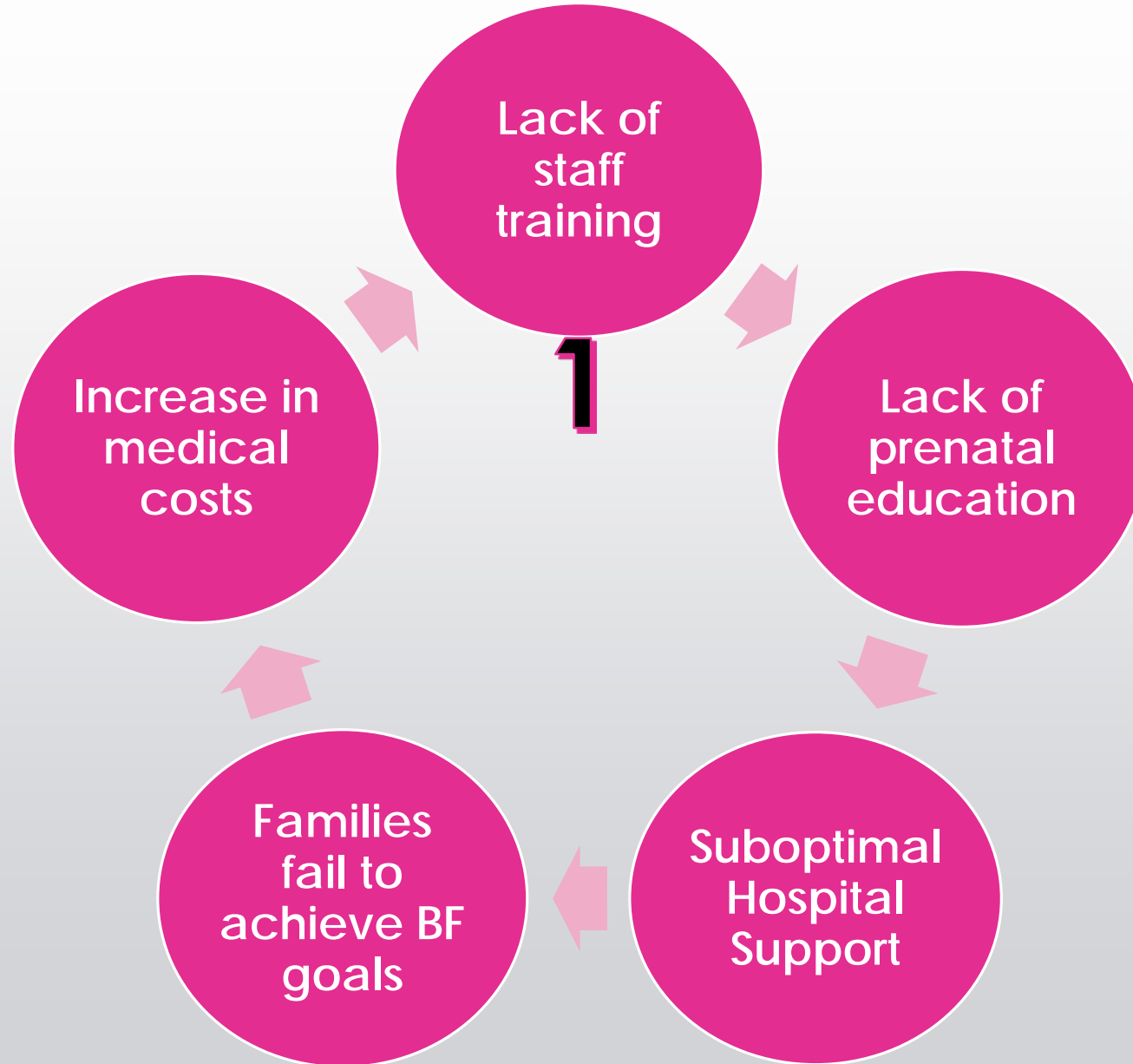
Cycle of a Suboptimal Breastfeeding Experience



WHAT CAN WE DO?



Cycle of a Suboptimal Hospital Experience



Issue #1: Lack of staff training

What Does the Evidence Say?

Well-trained health professionals provide the best support for breastfeeding

Staff Training

68

New staff receive appropriate breastfeeding education	32%
Current staff receive appropriate breastfeeding education	39%
Staff received breastfeeding education in the past year	62%
Competency assessment in bf management & support is at least annual	70%

There are benefits in educating other departments/staff such as:

- **Pharmacists** – evaluating medication safety
- **Social workers** – resources available in the community
- **Anesthesiologists** – skin to skin contact after cesarean births
- **Radiologists** – breastfeeding after procedures (CT scan...)



Issue #1: Lack of staff training

What Strategies Can We Take?

Assess health professionals' knowledge and skills

- Discussing the importance of breastfeeding for babies and mothers
- Educating women prenatally on how to feed their baby
- Encouraging skin-to-skin contact between mother and baby soon after birth, for all babies
- Helping mothers initiate breastfeeding within the first hour
- Importance of exclusive breastfeeding (EBF) for 6 months and continued breastfeeding to 1 year or more



Issue #1: Lack of staff training

What Strategies Can We Take?

Consider requiring hospital staff to participate in **online** or **in-person** breastfeeding training

- ▶ Oklahoma Breastfeeding Resource Center (OBRC) - [LINK](#)
- ▶ United States Breastfeeding Committee (USBC) – [LINK](#)
- ▶ Lactation Education Resources (LER) - [LINK](#)
- ▶ American Academy of Pediatrics (AAP) – [LINK](#)

OBRC In-Person Trainings

➤ OBRC In-Person Classes are **absolutely FREE!**

- Title V Block Grant from OSDH = No cost to you!
- Goal: To provide evidence-based breastfeeding education and training to healthcare staff statewide
- Making Breastfeeding Easier class meets Baby-Friendly requirements for clinical skills training
- Hospitals and healthcare organizations can schedule “on demand” at their facility.

➤ Making Breastfeeding Easier (MBE)

- 1-day Class for 7.5 CNEs
- 4 classes scheduled yearly on OUHSC campus
- Register on our events page via Qualtrics

➤ Breastfeeding Basics & Beyond (BBB)

- 2-day Class for 11.8 CNEs
- 4 classes scheduled yearly in OKC and Tulsa
- Register on our events page



OBRC Online Training Outline (15 CNEs)

Section 1: Discuss the rationale for professional, government and international policies that promote, protect and support breastfeeding in the United States

Section 2: Demonstrate the ability to communicate effectively about breastfeeding

Section 3: Describe the anatomy and physiology of lactation and the process of breastfeeding

Section 4: Identify teaching points appropriate for prenatal classes and in interactions with pregnant women

Section 5: Discuss hospital birth policies and procedures that support exclusive breastfeeding

Section 6: Demonstrate the ability to identify the hallmarks of milk transfer and optimal breastfeeding

Section 7: Discuss hospital postpartum management policies and procedures that support exclusive breastfeeding

Section 8: Discuss methods that may increase milk production in a variety of circumstances

Section 9: Identify teaching points to include when educating or counseling parents who are using bottles and/or formula

Section 10: Discuss contraindications to breastfeeding in the United States as well as commonly encountered areas of concern for breastfeeding mothers and their babies.

Section 11: Describe management techniques for breast and nipple problems

Section 12: Identify acceptable medical reasons for supplementation of breastfed babies according to national and international authorities

Section 13: Describe essential components of support for mother to continue breastfeeding beyond the early weeks.

Section 14: Describe strategies that protect breastfeeding as a public health goal

Section 15: Identify barriers and solutions to implementation of the Ten Steps to Successful Breastfeeding that comprise the Baby-Friendly Hospital Initiative

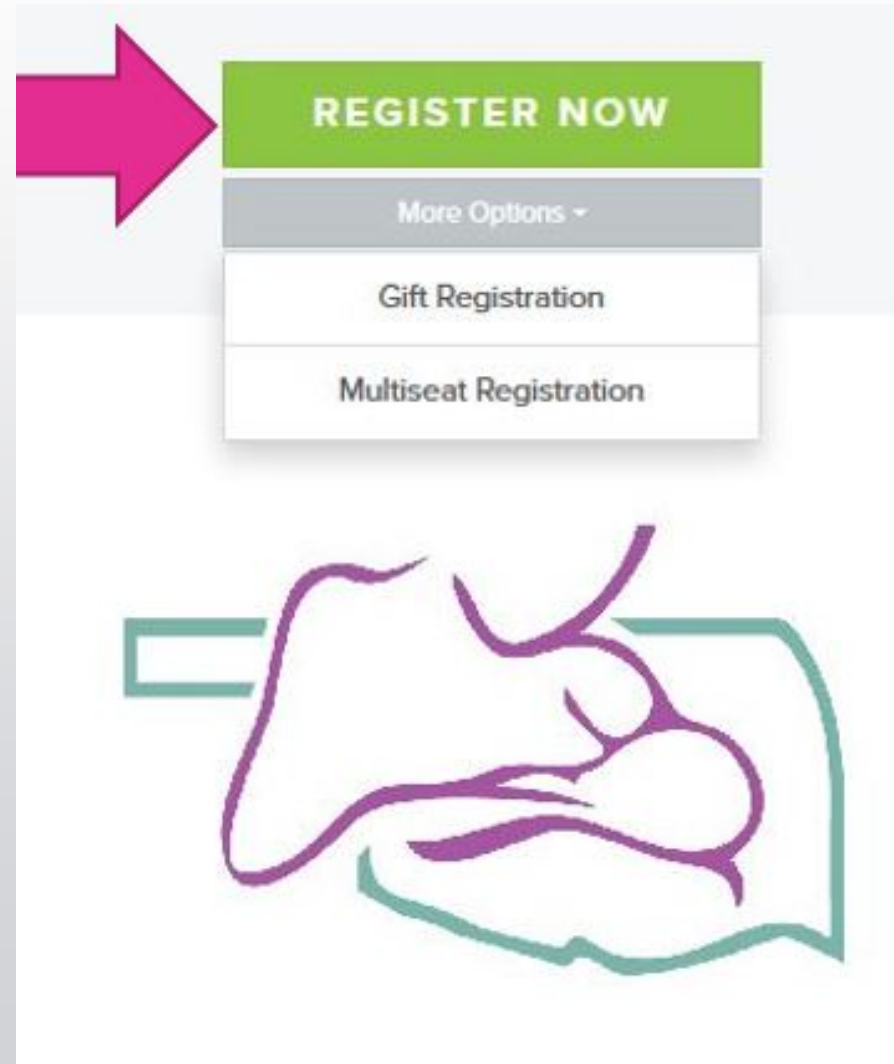
OBRC Online Training Costs

\$60 per person

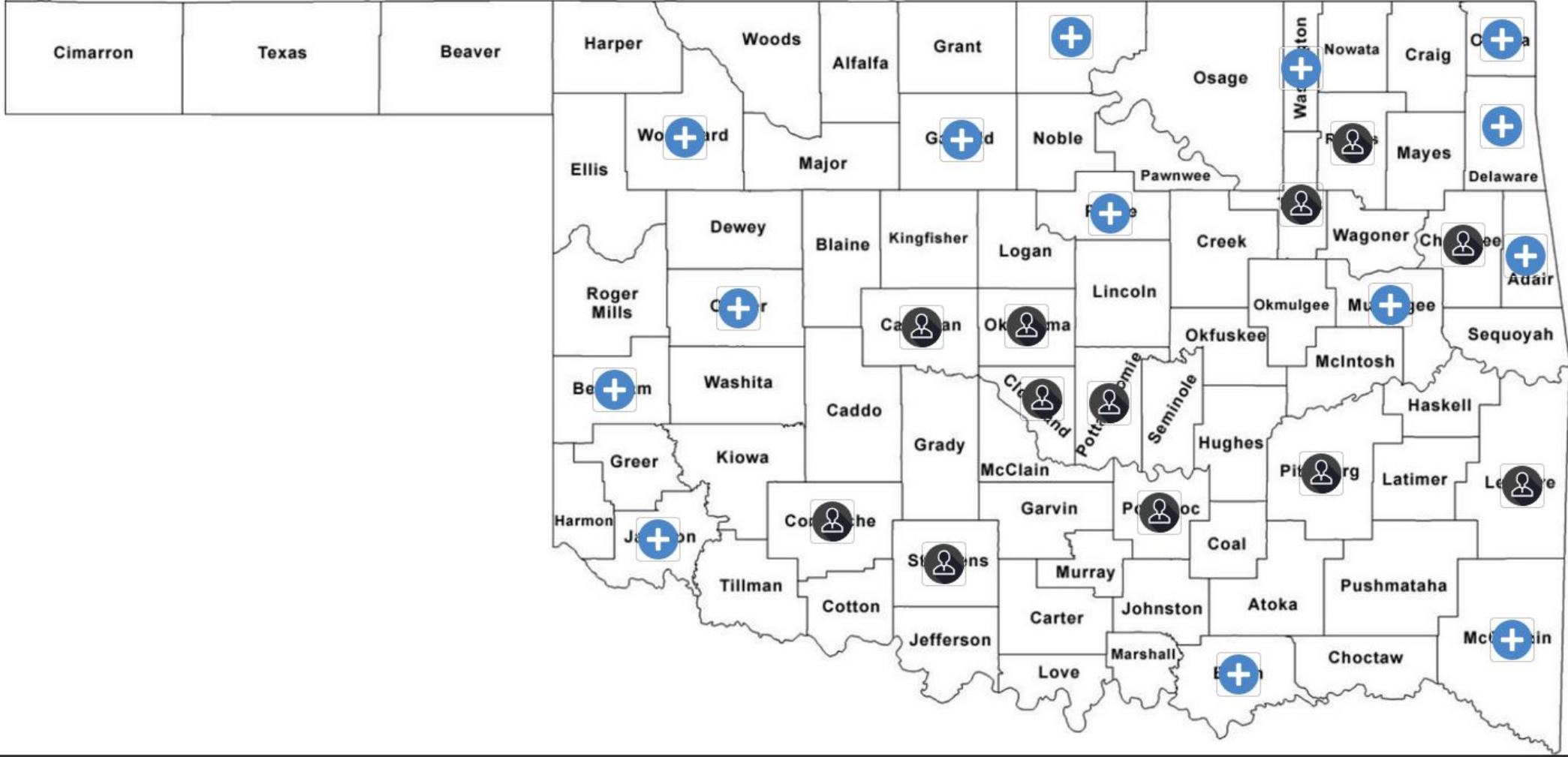
-OR-

\$30 per person with
BBFOK Discount
(*Becoming Baby-Friendly in
Oklahoma*)

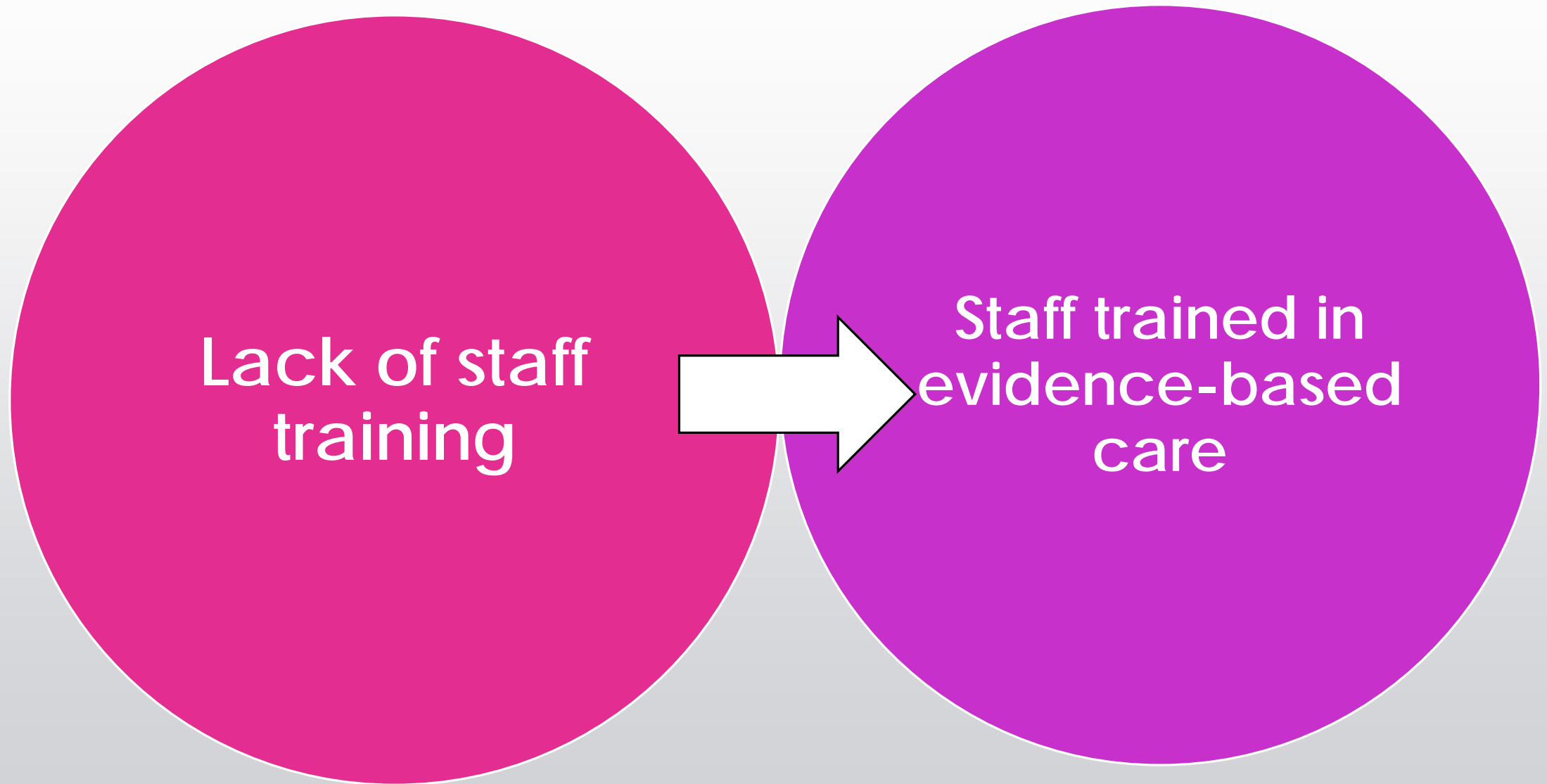
*Contact OBRC to obtain
specialized discount link.*



Oklahoma Hospitals Training Staff in Breastfeeding by County



CHANGE IN THE CYCLE



Cycle of a Suboptimal Hospital Experience





Issue #2: Lack of prenatal education What Does the Evidence Say?

We tend to overestimate the amount and adequacy of counseling and support that pregnant women receive.

Encouragement and education from health care providers result in increased:

- Breastfeeding initiation
- Exclusivity
- Duration

Issue #2: Lack of prenatal education

What Strategies Can We Take?

ABM Protocol #19:

Breastfeeding Promotion in the Prenatal Setting

1. Create a breastfeeding friendly office and community
2. Consider the background, ethnicity, and culture of individual women, families, and communities
3. Take a detailed breastfeeding history as a part of the prenatal history

Issue #2: Lack of prenatal education What Strategies Can We Take?

ABM Protocol #19: Breastfeeding Promotion in the Prenatal Setting...cont.

4. Discuss breastfeeding at each prenatal visit

➡ 1st Trimester

- Recommend exclusive breastfeeding (EBF) for the first 6 months
- Include and educate partners/support persons
- Address known common barriers to breastfeeding

➡ 2nd Trimester

- Recommend a breastfeeding course or peer support group
- Review basic breastfeeding information (supply, cues, frequency, avoiding artificial nipples)

Issue #2: Lack of prenatal education

What Strategies Can We Take?

ABM Protocol #19: Breastfeeding Promotion in the Prenatal Setting...cont.

4. Discuss breastfeeding at each prenatal visit...cont.

➤ 3rd Trimester

- Consider demonstrating with dolls/props
- Review outpatient options for lactation care & provide guidance on possible issues such as engorgement, nighttime feedings, pumping, returning to work, etc.
- Discuss importance of early skin-to-skin
- Recommend discussing breastfeeding plans with HCP/GP/Pediatrician

Prenatal Education Sample #2

Breast Milk is Best

Babies may be supplemented with expressed breast milk.

This can happen when

- ▶ Baby has low blood sugar or jaundice.
- ▶ The breast milk supply needs to be increased.
- ▶ Mom cannot nurse due to medical reasons.
- ▶ Mom returns to work or cannot be with her baby.

Breast milk expression may also be used

- ▶ To wake a sleepy baby or coax a baby to the breast.
- ▶ To relieve sore nipples, breast fullness or engorgement.
- ▶ To soften full breasts, making it easier for baby to latch.

Risks of Using a Bottle

- ▶ Bottles and equipment that are not cared for properly may contain bacteria that can cause serious illness in babies.
- ▶ Young babies are at the greatest risk of infections. The risk rises for babies that are less than two months old, babies born preterm, low birth-weight babies or babies that are immune-compromised.

Reduce These Risks

- ▶ Breastfeed as often as possible.
- ▶ Talk with your physician, nurse or lactation consultant about alternative methods for feeding breast milk.
- ▶ Clean and sterilize all equipment prior to use.



In an effort to make our patients' stay at INTEGRIS Baptist Women's Center more rewarding and improve the patient experience we are providing parents with

Cuddle Time Every afternoon from 2 to 4 p.m.

Cuddle Time is a two-hour period offered daily to give parents and their newborns uninterrupted time to bond, breastfeed and rest.

While visits from staff, family and friends are helpful and warming, they can also be taxing on a new mom who is trying to get some needed rest and bond with baby.

During this period no visits are made, unless requested by new moms or medically necessary. Research shows that giving patients uninterrupted time to rest promotes health and healing.

Community Resources

INTEGRIS Baptist Medical Center Health Resources

4West Labor and Delivery.....	405-949-3401
Birth Certificate Office.....	405-552-2778
INTEGRIS Public Safety.....	405-949-3425

Lactation Resources

Oklahoma Breastfeeding Hotline.....	1-877-271-MILK (6455)
INTEGRIS Baptist Medical Center Lactation Department	405-949-3254
COBA Breastfeeding Help	

Oklahoma resources for prenatal and postpartum breastfeeding support.
<http://www.okbreastfeeding.org/breastfeeding-help.html>

WIC

WIC gives you access to healthy food, nutrition education and breastfeeding guidance. If you're pregnant, a caregiver, or a mom with a child under 5, you can get the right personalized support for you and your family. To get started go to <http://www.signupwic.com/>, and enter your ZIP code to find a location near you.

Other Resources

Text4Baby

Free texting service with messages timed to your pregnancy and baby's growth.
www.text4baby.org

Oklahoma Safe Kids Coalition.....405-271-5695

Car seat information. <http://www.safekids.org/>

U.S. Consumer Product Safety Commission.....800-638-2772
<http://www.cpsc.gov/>

Crisis Hotlines

2-1-1 Helpline 2-1-1
Call specialists available 24 hours a day, 7 days a week. Referral to Oklahoma community services for those who need help.

Child Protective Services800-522-3511
24-hour reporting hotline: suspected child or adult maltreatment.
<http://www.okdhs.org/services/cps/Pages/default.aspx>

HeartLine

HeartLine serves people needing emotional support, information about and referral to a variety of community services, crisis intervention and suicide prevention.
<http://heartlineoklahoma.org/>

Infant Crisis Services405-528-3663
Assistance with infant/toddler clothing and food. <http://www.infantcrisis.org/>

Family Builders405-232-8226
Offers counseling to parents for the prevention of child abuse
<http://familybuildersok.org/contact-us/>

Parent Promise405-232-2500
Parent-child Center links parents with a support person who understands the many challenges of being a parent, becomes a link to the resources available in your community, and shares helpful information with you and your family. <http://occf.org/pp/>

Postpartum Support International - OklahomaPostpartum Depression Hotline 800-944-4773
<http://www.postpartum.net/locations/oklahoma/>

Prenatal Education Sample #2

Skin to Skin Contact for You and Your Baby

Early skin-to-skin contact begins at birth. Your naked baby is placed on your bare chest. Your baby is dried with clean towels. The baby's head is covered with a dry cap and a warm blanket is placed across the baby's back.

Skin to skin contact promotes bonding with infant. Following are benefits of skin-to-skin contact.

- ▶ Helps baby get used to life outside your body.
- ▶ Helps stabilize your baby's heart rate, blood pressure, temperature and blood sugar.
- ▶ Helps babies interact more with their mothers.
- ▶ Babies cry less than babies who do not go skin-to-skin.
- ▶ Mothers, who are breastfeeding, tend to breastfeed longer if they had early skin-to-skin contact with their babies. During skin-to-skin contact, babies often initiate breastfeeding on their own.
- ▶ Reduces stress for you and your newborn.
- ▶ During painful procedures, such as having blood drawn, decreases pain.

Skin-to-skin contact will warm, soothe and calm your baby at birth, during your hospital stay, at home and during painful procedures in the doctor's office.

Early skin-to-skin contact for mothers and their healthy newborn infants
Moore ER, Anderson GC, Bergman N, Dowsell T
Published Online: May 16, 2012



Rooming In: Your Baby's First Sleep Over

You wait nine months to meet your baby. You dream about your baby and look forward to the moment of birth with excitement. After birth, you and your baby will want and need to be together.

Rooming in after birth is when your baby stays in your room with you the majority of the time, preferably at least 23 out of 24 hours. In recent years, studies have shown that it is best for mothers and babies to stay together after birth. Babies stay warm and cry less, and breastfeeding gets off to a better start when mothers and their babies are together.



Rooming in has many benefits.

- ▶ Babies cry less and are easier to calm
- ▶ Moms get more rest
- ▶ Moms are able to learn feeding cues
- ▶ Moms can participate in deciding their baby's plan of care
- ▶ Moms make more breast milk, faster

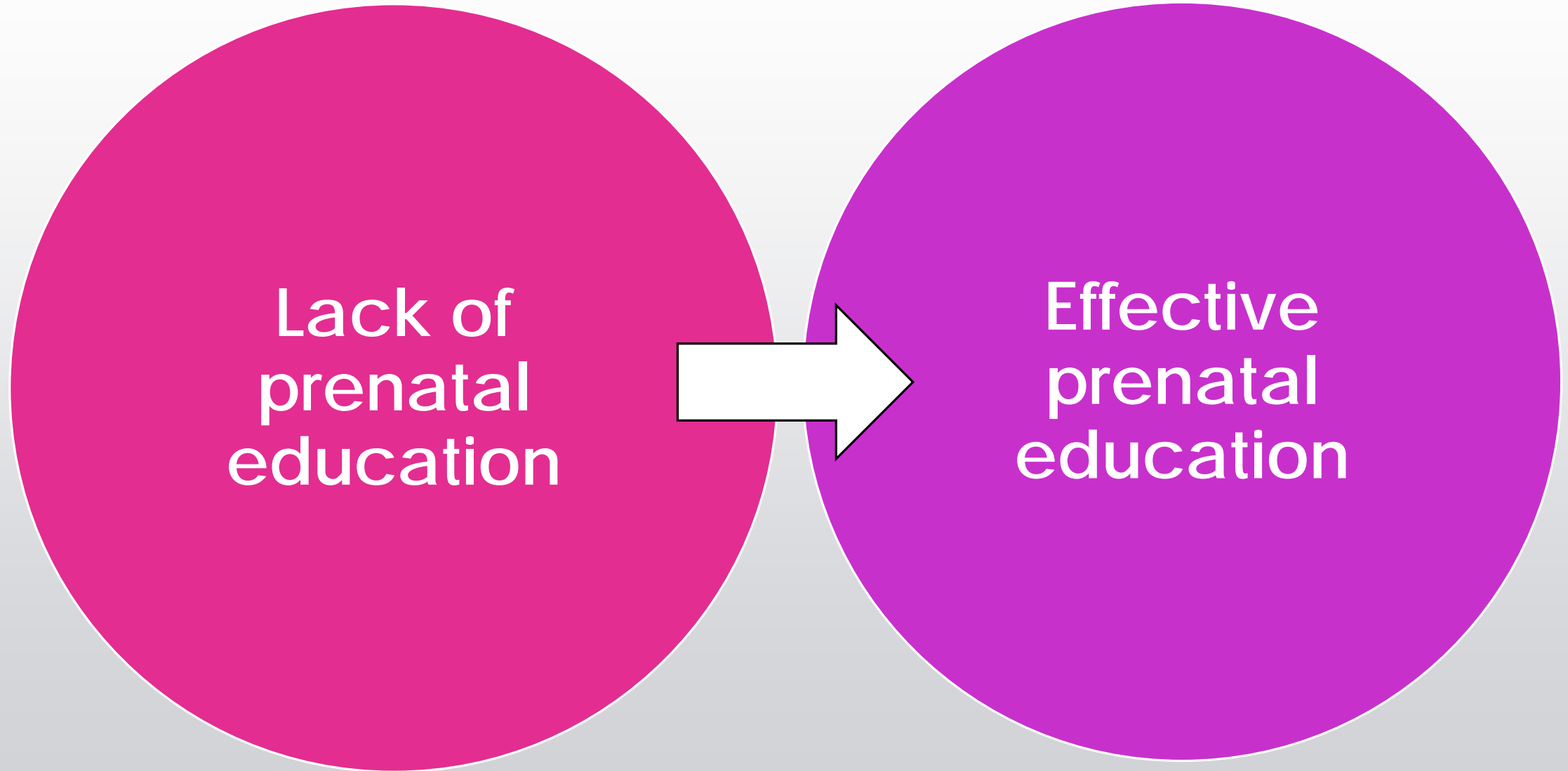
Mothers and babies share a natural instinct to be close after birth. Babies cared for in the hospital nursery cry more and may have more trouble breastfeeding than babies who "room in" with their mothers.

You will get as much sleep with your baby in your room as you will if your baby is in the nursery.

- ▶ Studies show that mothers whose babies are cared for in the nursery do not get more sleep than mothers who room in with their babies at night.
- ▶ Many mothers sleep more peacefully knowing that their babies are with them. Mothers learn to recognize their baby's needs. A connection that lasts a lifetime begins.
- ▶ Normal baby care (e.g., exams, vital signs and baths) can be done while rooming in.
- ▶ You can be close to your baby and even help with some of the care if you wish.
- ▶ Babies bathed by their mothers and held skin-to-skin stay just as warm as babies bathed in the nursery and placed in warmers.

The benefits of keeping moms and babies together are so impressive that many professional organizations have made recommendations promoting skin-to-skin contact and rooming in and opposing routine separation of mothers and babies after birth. These organizations include the Academy of Breastfeeding Medicine; American Academy of Pediatrics; American College of Obstetricians and Gynecologists; Association of Women's Health, Obstetric and Neonatal Nurses; International Lactation Consultant Association; and World Health Organization. Supported also by the Lamaze International Education Council.

CHANGE IN THE CYCLE



Cycle of a Suboptimal Hospital Experience

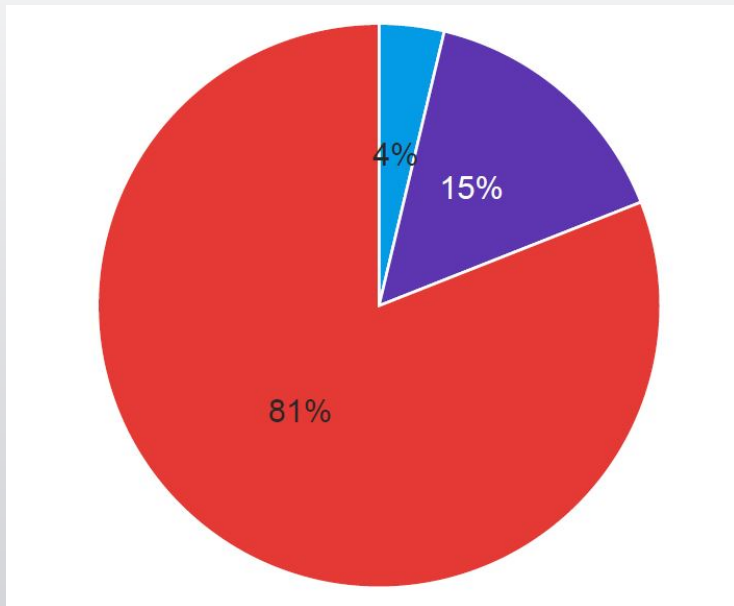


Issue #3: Suboptimal Hospital Support

What Does the Evidence Say?

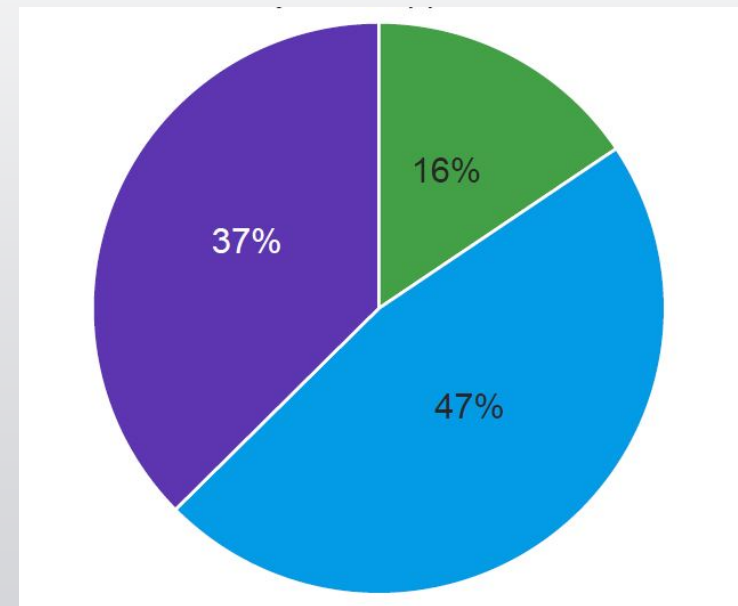
In 2018, the Oklahoma Breastfeeding Hotline distributed a state-wide survey to breastfeeding mothers. We received responses from 525 Oklahoma mothers. Below are a few results from that survey.

How was breastfeeding for you?



15% - Did **not** breastfeed as planned
81% - Did breastfeed as planned

When did you first have breastfeeding problems?



47% - After hospital/first 2 weeks
37% - In the hospital
16% - Within 2-6 weeks

Issue #3: Suboptimal Hospital Support

What Does the Evidence Say?

Experiences during maternity stay influence breastfeeding

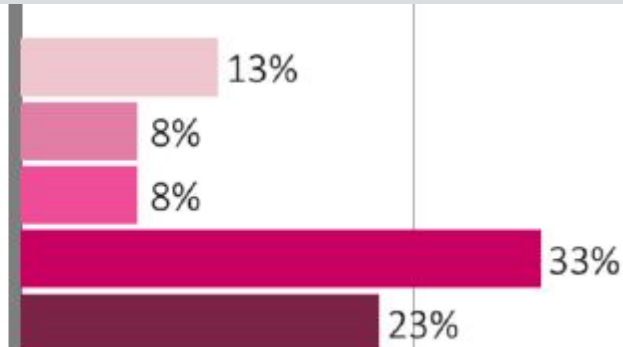
Breastfeeding Barriers within the hospital setting:

- ▶ Fragmented care
- ▶ Inappropriate practices / routines
- ▶ Insufficient knowledge & clinical competence
 - Supply
 - Feeding frequency and Cues
 - Medication
 - Supplementation
 - Diapers & bowel movements

Appropriate Feeding Practices:

Supplemental feedings
to breastfeeding
infants are rare.

(in *Feeding of Breastfed Infants*)



A 30 second video that will make everyone smile 😊



Issue #3: Suboptimal Hospital Support What Strategies Can We Take?

- Train all maternal/child health staff
- Establish breastfeeding policies
 - Support exclusive breastfeeding
 - Skin to Skin right after birth
 - Keep moms& babies together
- Provide community support information

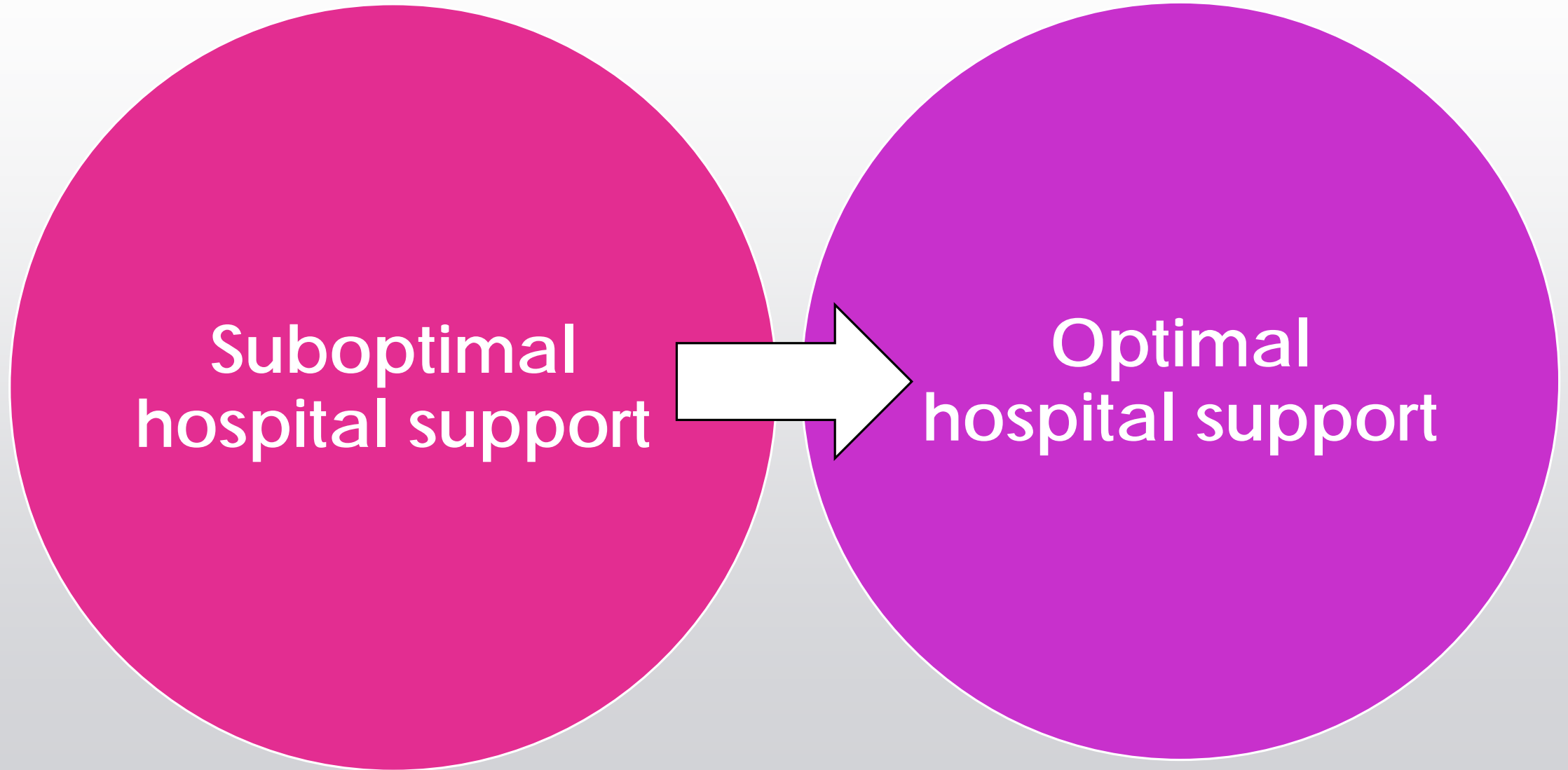
Hospital Discharge Care

62

Staff provide appropriate discharge planning[†]
(referrals & other multi-modal support) 23%

Discharge packs containing infant formula samples and marketing
products are not given to breastfeeding patients 74%

CHANGE IN THE CYCLE



Cycle of a Suboptimal Hospital Experience



Issue #4: Families fail to achieve BF goals

What Does the Evidence Say?

Approximately **60%** of mothers do **not** reach their breastfeeding goals

► Barriers to breastfeeding...

- Inaccurate information
- Lack of education
- Lack of support in hospital, community and/or workplace

► Common reasons why mothers quit breastfeeding

- Difficulties with lactation
- Infant nutrition and weight
- Illness or need to take medicine
- The effort associated with pumping milk

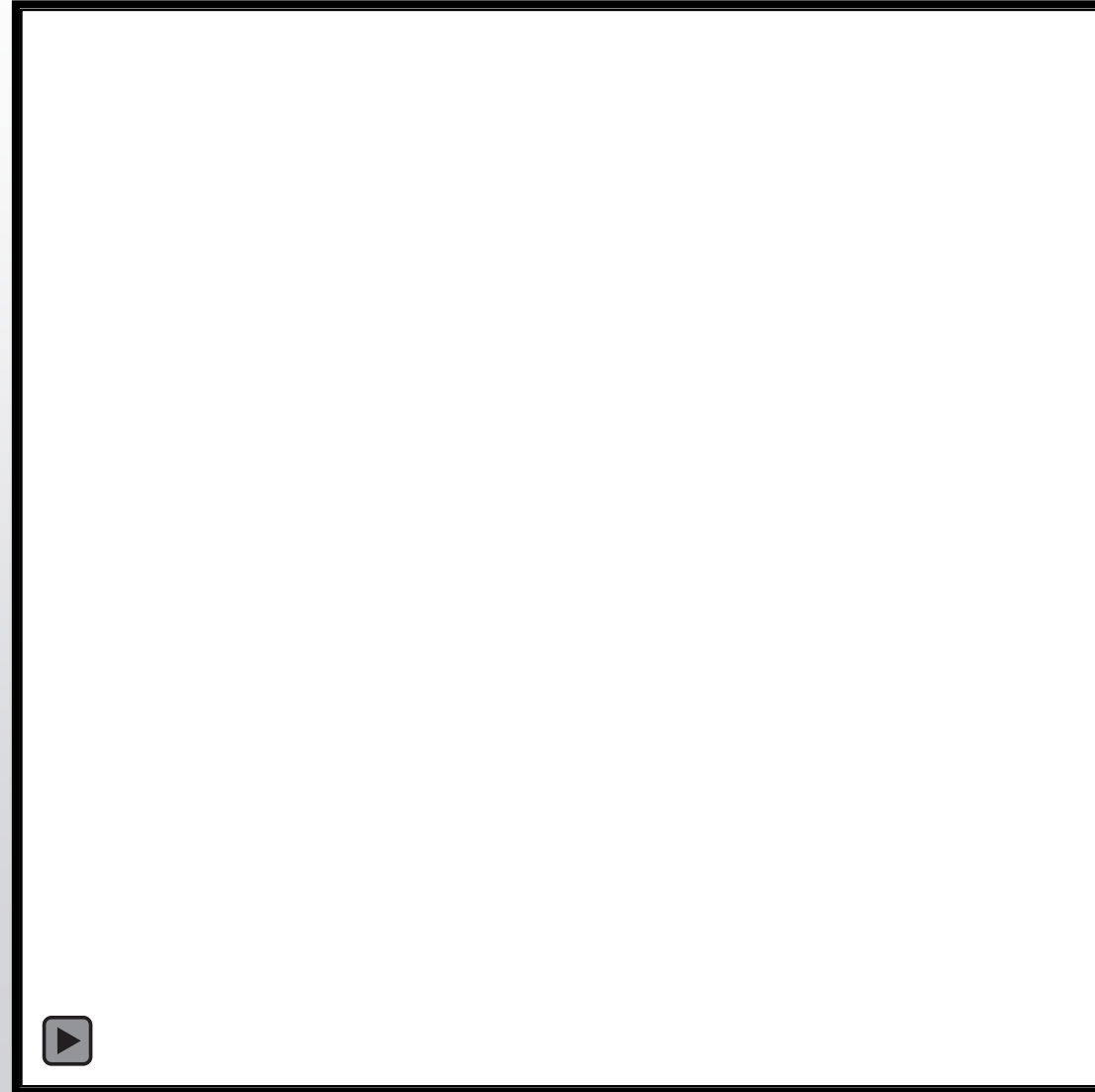
Issue #4: Families fail to achieve BF goals

What Strategies Can We Take?

Breastfeeding families need to know about breastfeeding **care and support options** outside of the hospital

- Community support groups/meet ups
- In-home and outpatient lactation care
- Laws that protect breastfeeding moms/families
- Oklahoma Breastfeeding Hotline: 1-877-271-6455 (MILK) / OK2BF to 61222

Referring Breastfeeding Support is EASY!



Referring Breastfeeding Support is EASY!



COBA Coalition of Oklahoma Breastfeeding Advocates

Get in touch! [f](#) [t](#) [e](#)

[HOME](#) [LAW/POLICY](#) [HEALTH CARE](#) [BREASTFEEDING AT WORK](#) **[BREASTFEEDING HELP](#)** [ADVOCACY](#)

Oklahoma offers 24/7 breastfeeding help! Call 1-877-271-MILK (6455)
Regional resources are always expanding!

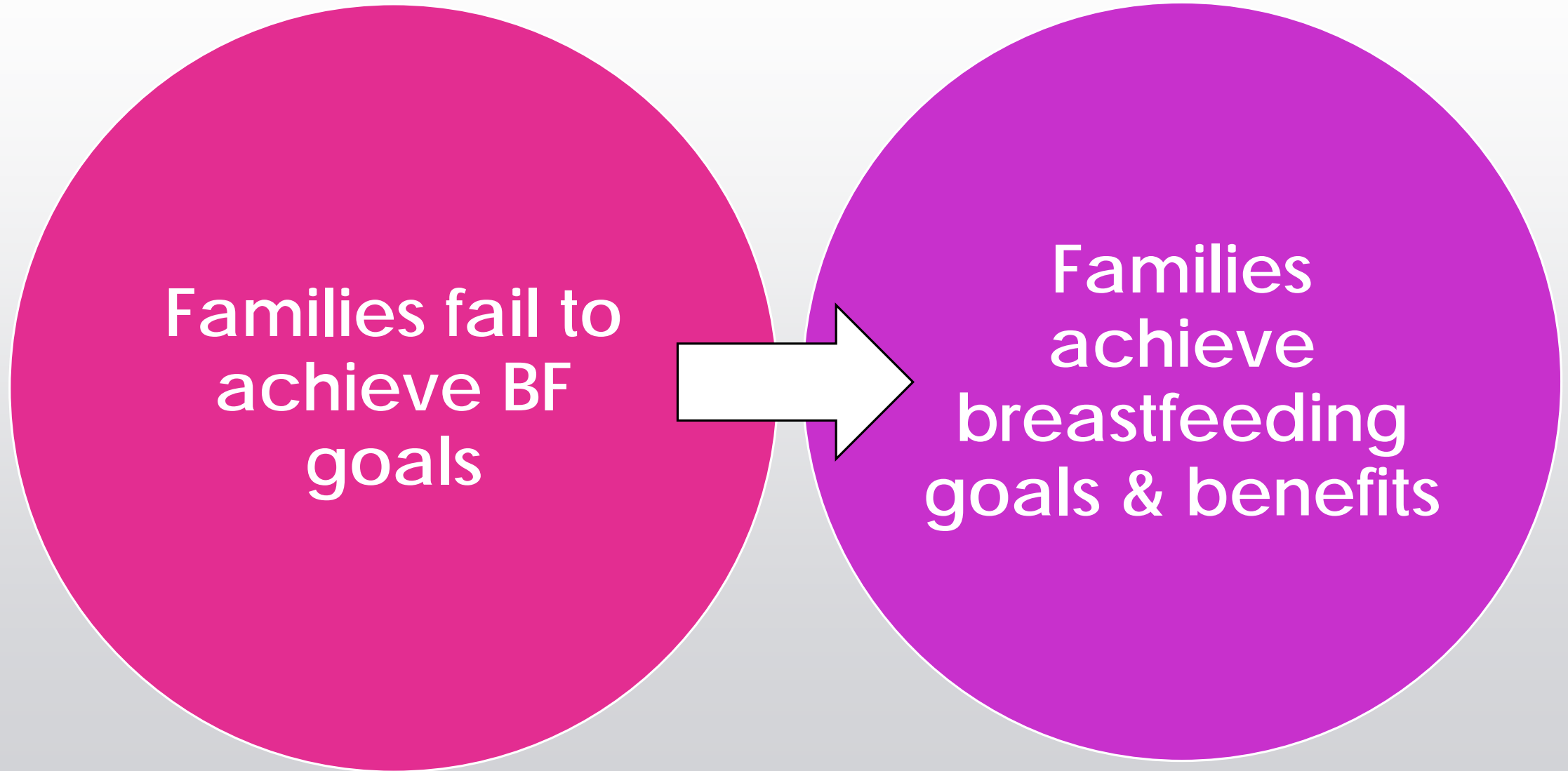
Pages in this Section

- [Oklahoma Breastfeeding Hotline](#)
- [Lactation Consultant Resource Guide](#)
- [Prenatal Education and Birth and Postpartum Support](#)
- [Volunteer Peer Support](#)
- [WIC Breastfeeding Support](#)

At its recent Strategic Planning session, the Board of Directors of the Coalition of Oklahoma Breastfeeding Advocates unanimously voted to adopt a new set of goals and tactics to align COBA's focus and priorities with our mission and current capacity.

COBA will focus on building organizational capacity and on networking, education, promotion of public awareness, and advocacy for breastfeeding families across the state of Oklahoma. To build momentum toward this new focus, **COBA will be pausing its direct mother support programming through COBA Baby Café after July 2019.**

CHANGE IN THE CYCLE

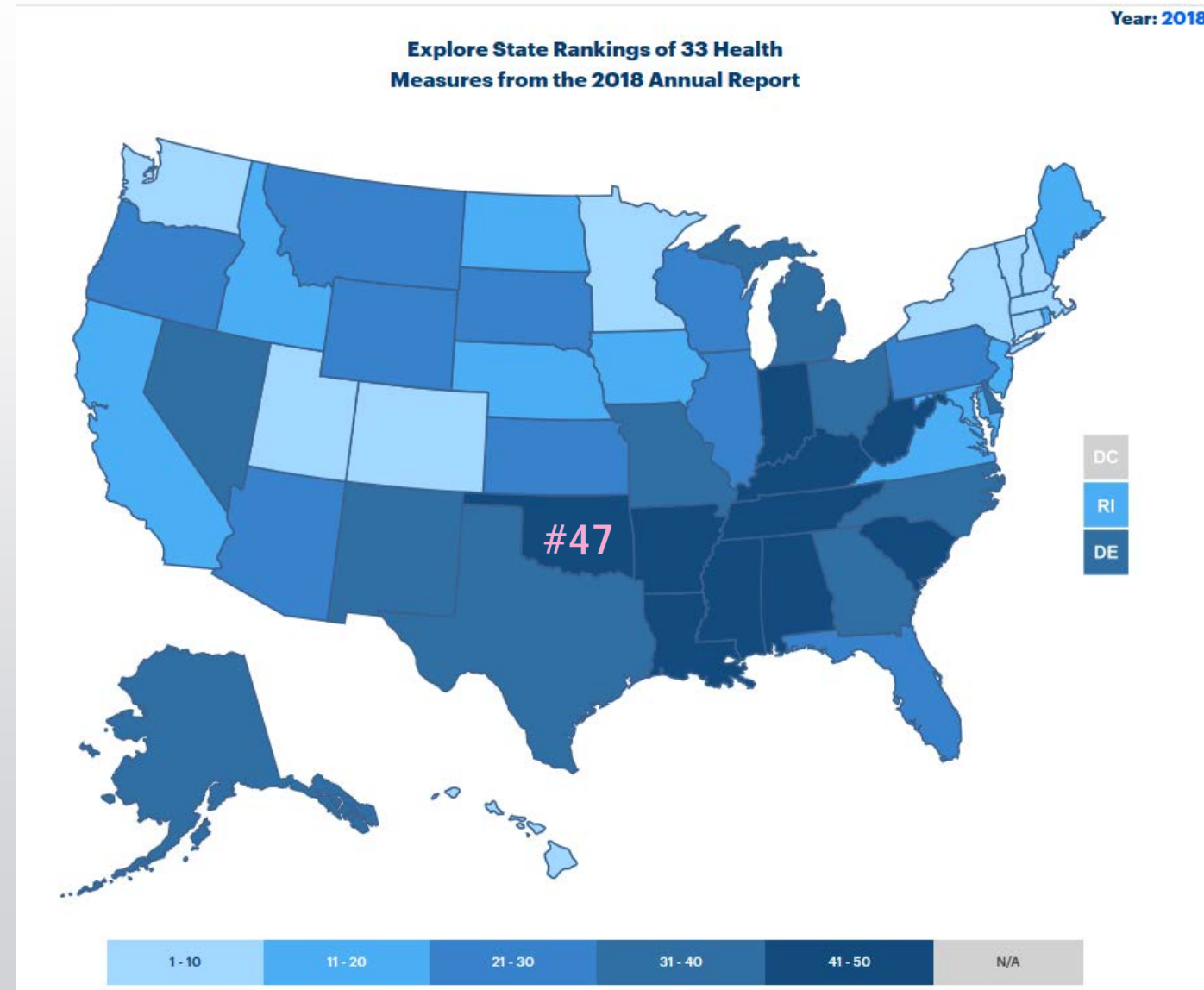


Cycle of a Suboptimal Hospital Experience



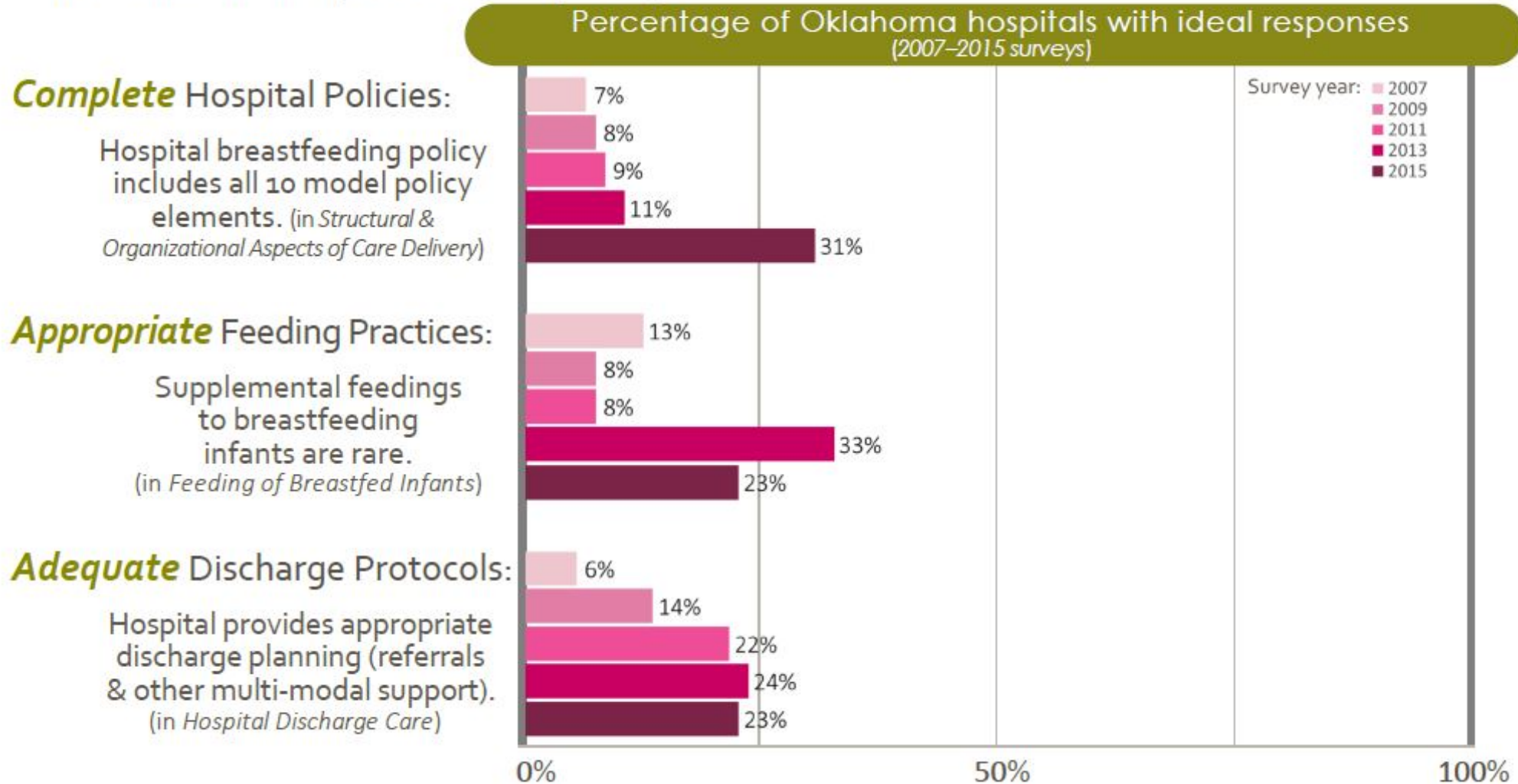
Help improve health rates of Oklahomans

- **47th** in national health rankings
- **39th** in national ranking for infants ever breastfed (*up from 44th in 2018!*)
- **7.4** infant deaths per 1,000 live births (*national average is 5.8*)
- **23.9** maternal deaths per 1,000 live births (*national average is 13.3*)



Help improve mPINC rates for Oklahoma

Examine **IDEAL RESPONSES TO SELECTED ITEMS**
in Oklahoma hospitals for 2007–2015:



Issue #5: Increase in medical costs

What Does the Evidence Say?

How does improving breastfeeding outcomes help Oklahomans?

Breastfeeding Saves Lives Calculator
www.usbreastfeeding.org/saving-calc



Cost of Suboptimal Breastfeeding for Oklahoma

If we achieved 80% EBF at 6 Months



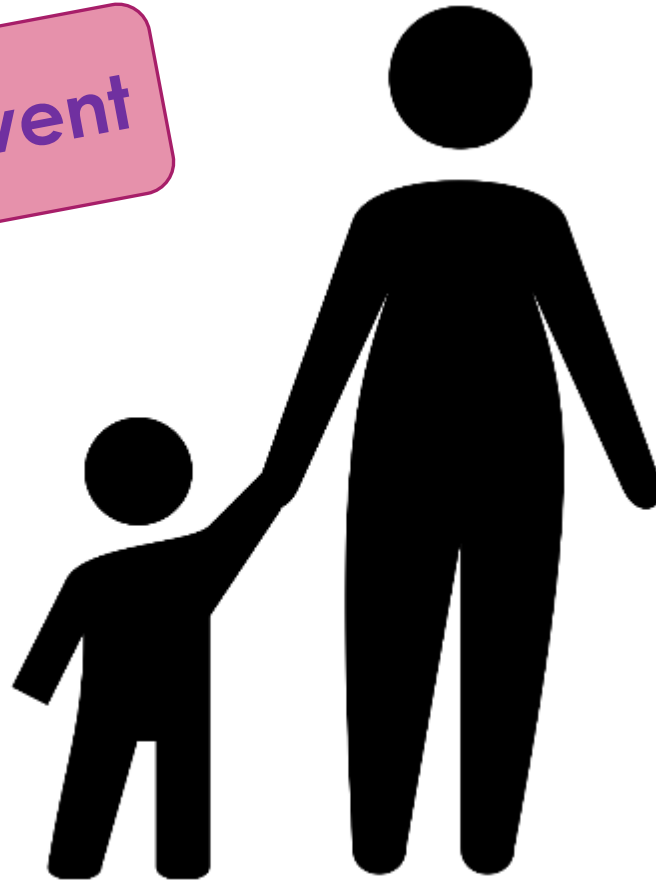
Health impact of breastfeeding for Oklahoma

	Initiation	Exclusive in hospital	3 mo exclusive	6 mo exclusive	6 mo any	12 mo any
Changing from rates of...	79.2	69.1	41	21.3	46.7	30.5
... to rates of	95	85	80	80	90	80

would prevent...

If we achieved 80% EBF at 6 Months

Would prevent



Medical Costs

\$33,086,161

(\$21,996,764 to \$45,822,207)

Non Medical Costs

\$14,004,363

(\$11,492,067 to \$16,924,695)

Death Costs

\$164,496,827

(\$42,578,303 to \$300,675,219)

Maternal deaths

28

(-7, 67)

Child deaths

9

(2, 17)

Based on expected impact on 5 maternal and 9 pediatric diseases

MATERNAL

1. Pre-menopausal ovarian cancer
2. Breast cancer
3. Hypertension
4. Diabetes
5. Myocardial Infarction

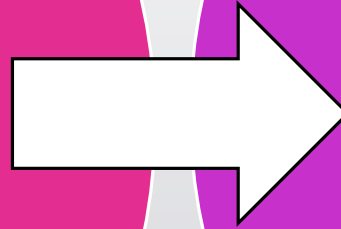
PEDIATRIC

1. Acute Lymphoblastic Leukemia
2. Crohn's Disease
3. Ulcerative Colitis
4. Sudden Infant Death Syndrome
5. Ear Infections
6. Gastrointestinal Illness
7. Obesity
8. Lower Respiratory Tract Infection
9. Necrotizing Enterocolitis

CHANGE IN THE CYCLE

Increases in:

- Medical costs
- Death rates



Decreases in:

- Medical costs
- Death rates

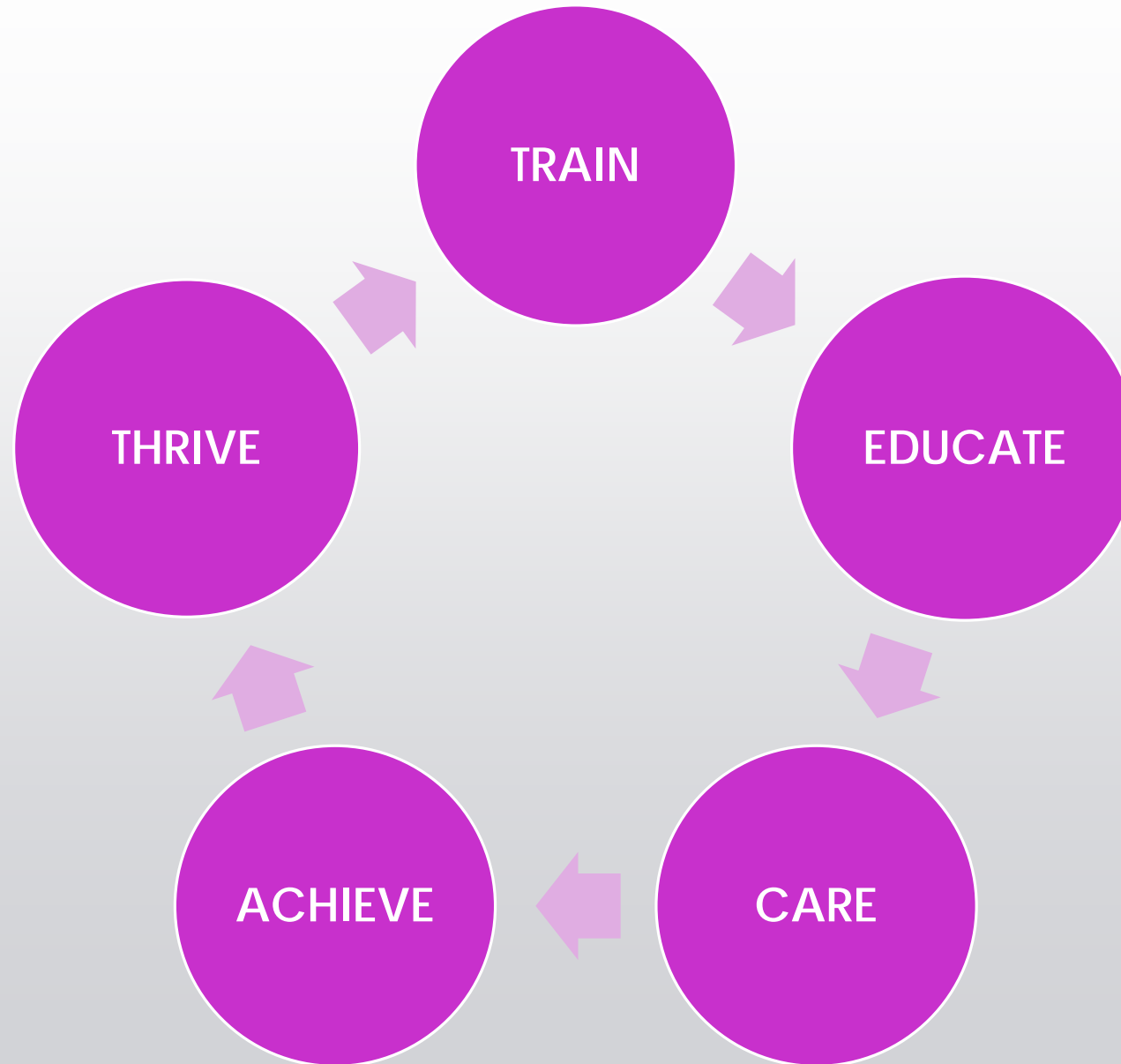


THE NEW CYCLE OF AN OPTIMAL BREASTFEEDING EXPERIENCE...

Cycle of **OPTIMAL** Breastfeeding Experience



Cycle of **OPTIMAL** Breastfeeding Experience



References

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- ▶ <https://www.census.gov/quickfacts/OK>
- ▶ USBC Core Competencies in Breastfeeding Care and Services for All Health Professionals.
<http://www.usbreastfeeding.org/p/cm/ld/fid=170>
- ▶ Lactation Education Resources. <https://www.lactationtraining.com/our-courses/baby-friendly-hospital-initiative-bfhi/training-for-bfhi>
- ▶ AAP Policy statement
- ▶ CDC OK mPINC data from 2015
- ▶ Stuebe, A. M. et al. An online Calculator to estimate the impact of changes in breastfeeding rates on population health and costs. *Breastfeeding Medicine*, 2017;12(10): 645-658.
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Questions?

