

# Finger Lakes Regional Breastfeeding Summit

Stephanie Hisgen, RN, MPH, CLC  
New York State Department of Health  
March 28, 2013

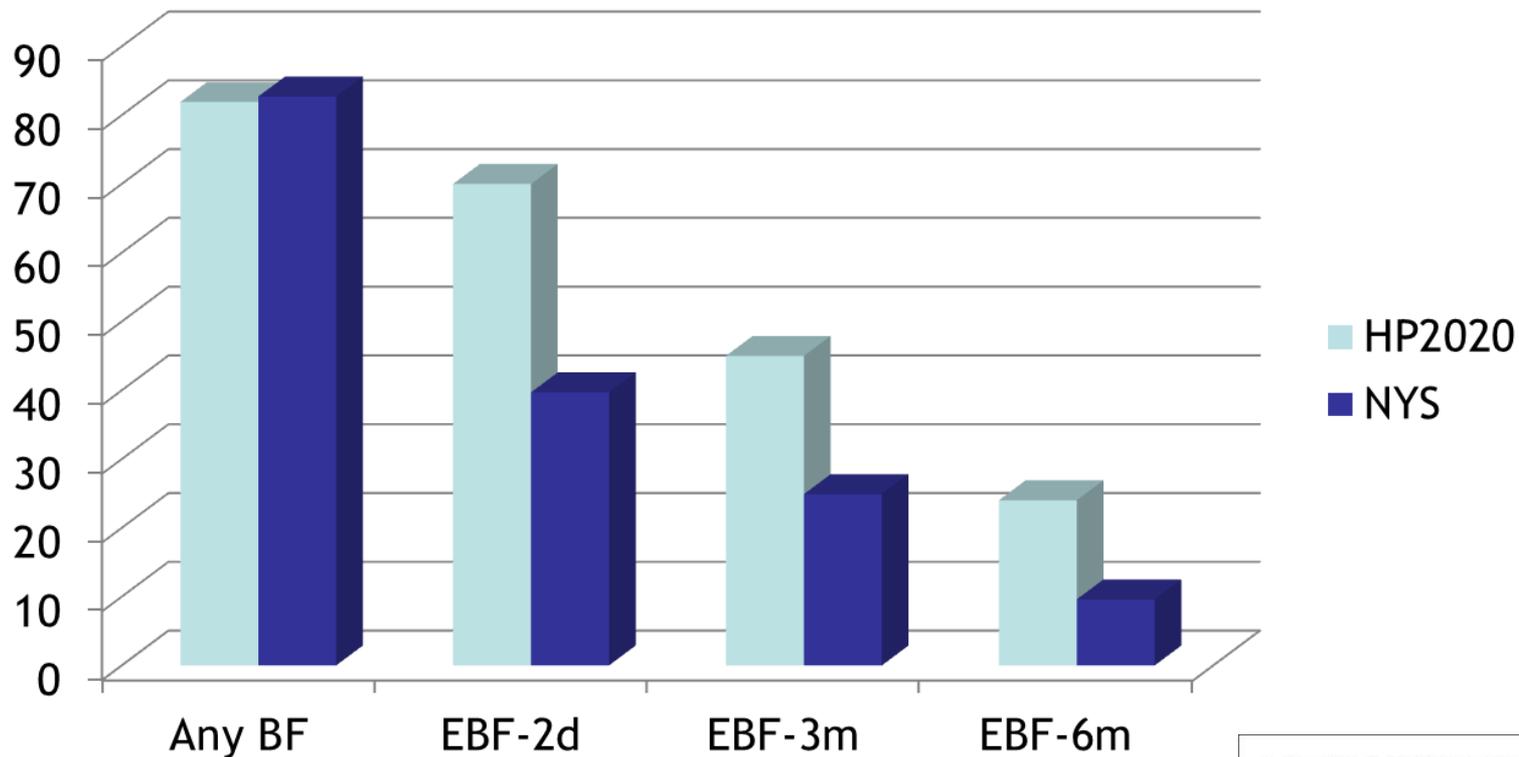


# Overview

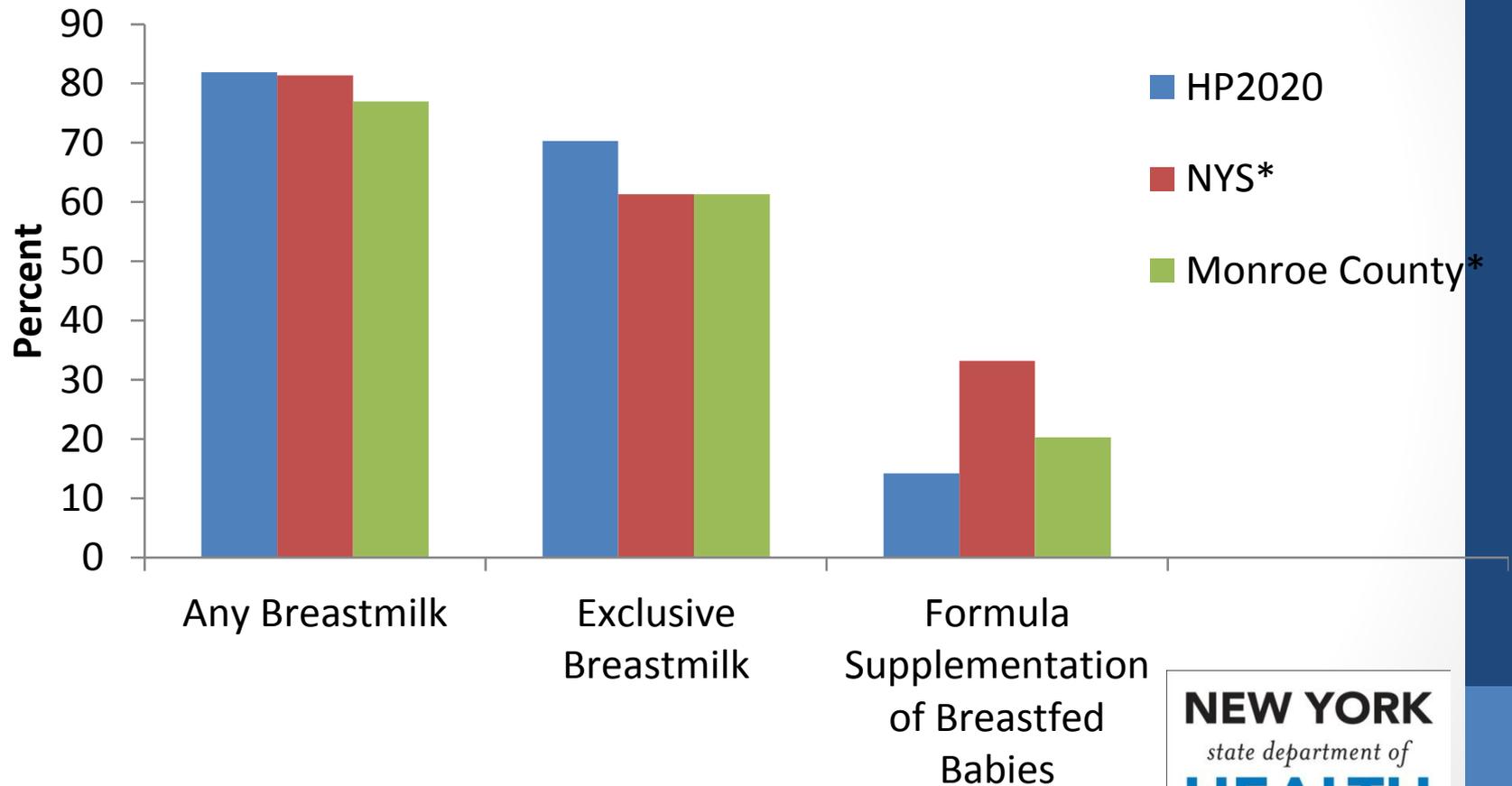
- Breastfeeding Rates
- Breastfeeding Friendly Erie County Initiative and the Return to Work Toolkit
- Medicaid Coverage for Lactation Education and Counseling
- Electronic Birth Certificate Reporting
- New York State Model Hospital Breastfeeding Policy
- New York State Breastfeeding Quality Improvement in Hospitals Learning Collaborative

# Breastfeeding Metrics

## *Healthy People 2020 vs. NYS*



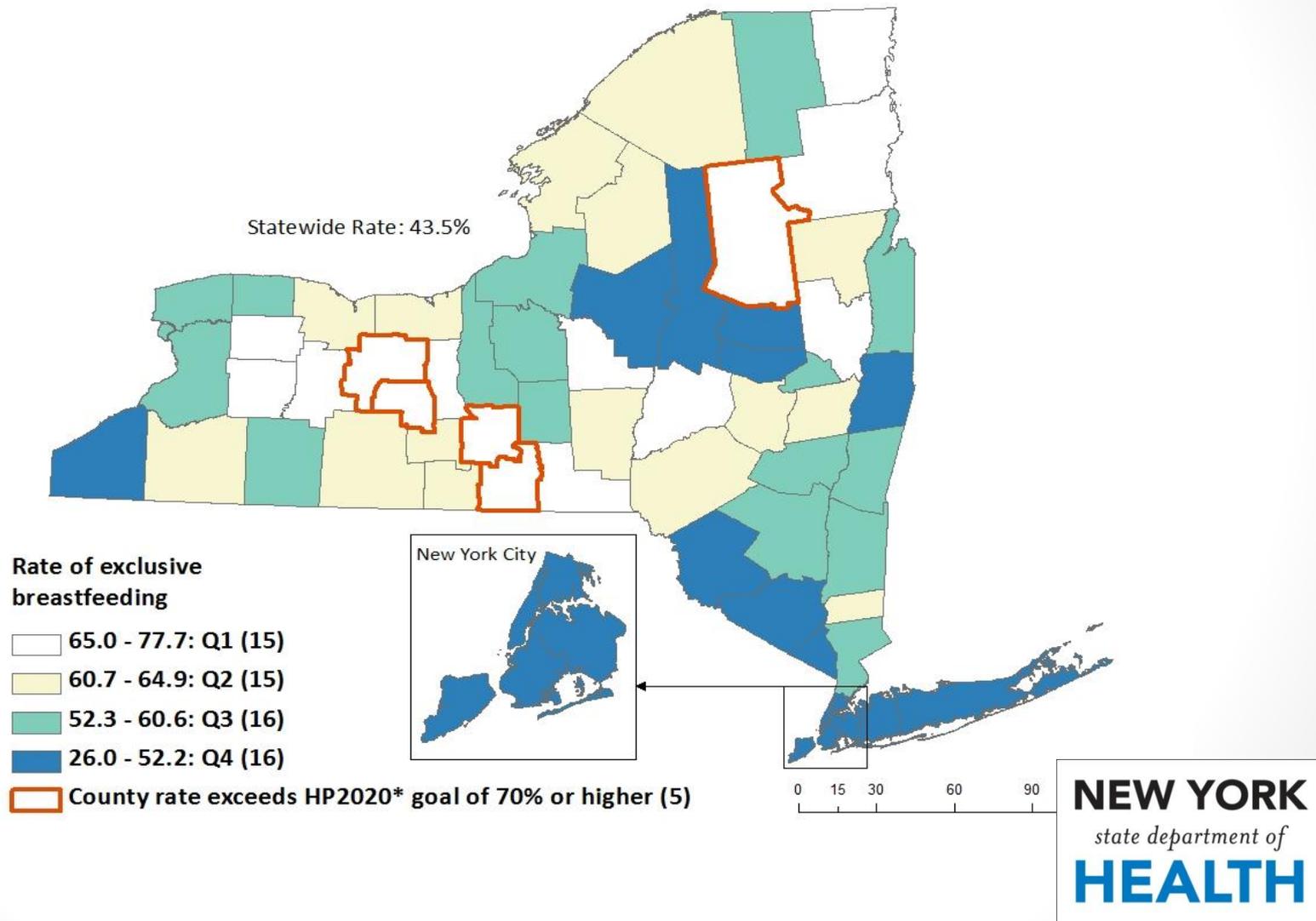
# Breastfeeding Metrics: HP 2020, NYS, and Monroe County



**NEW YORK**  
*state department of*  
**HEALTH**

\*Electronic Birth Certificate data (EBC) 2010 , excludes NICU admission and transfers in/out of hospital

# Exclusive Breast Milk Feeding in the Hospital by County of Residence (2010)



# NYS's Comprehensive Approach to Breastfeeding Protection, Promotion and Support

Breastfeeding Friendly Erie County Initiative



Community



Healthcare Provider

Co-branded Materials with NYCDOHMH  
MRT- Breastfeeding Education and Counseling  
Medicaid Coverage for breast pumps



Family Support

Nursing Mothers in Workplace Act  
Breastfeeding Mothers Bill of Rights  
Medicaid Redesign  
Engaging key stakeholders



Advocacy and Policy

HCP Pocket Guide  
*Simply the Best* brochure  
Breastfeeding partners organization  
Public reporting of rates



Communication



Business Case for Breastfeeding Training  
Return to Work Toolkit



Worksites



Childcare

CACFP Breastfeeding Friendly Childcare Centers and Homes



Hospitals

Model Hospital Policy  
18 Hour Course Training  
BQIH with 12 hospitals  
NYC works with 10 hospitals

# Medicaid State Plan Amendment: Lactation Education and Counseling



# New Medicaid Benefit: Breastfeeding Education / Lactation Counseling

- Effective April 1, 2013
- Pregnant or postpartum woman
- Ordered by a licensed physician or midwife, or registered physician assistant or nurse practitioner.
- Provided by a certified lactation consultant (IBCLC) who is a licensed health professional.
- Provided at an Article 28 clinic, private practice, free-standing clinic or Federally Qualified Health Center (FQHC).

# New Medicaid Benefit: Breastfeeding Education / Lactation Counseling

- **Individual Sessions:**
  - Three visits allowed
  - Each visit must be 45 minutes at a minimum
  - Any time or number during pregnancy or the postpartum period (12 months after birth)
- **Group Sessions:**
  - Two group sessions allowed.
  - Groups must be 60 minutes at a minimum
  - One session during the prenatal period and one session during the postpartum period

# NYS Medicaid - Improved Quality & Reimbursement of Breast Pumps

- NYS Medicaid covers the purchase of manual and personal use electric breast pumps.
- To improve the quality & safety of breast pumps:
  - Minimum pump specifications were developed.  
[www.health.ny.gov/community/pregnancy/breastfeeding/](http://www.health.ny.gov/community/pregnancy/breastfeeding/)
  - New reimbursement rates were calculated by Medicaid which increase the maximum reimbursement amount for both manual and personal electric pumps.
- NYS Medicaid covers rental of hospital-grade electric pumps for preterm infants or infants with special needs.

# Electronic Birth Certificate Reporting



# Electronic Birth Certificate Reporting

- Variation exists in who is reporting the information to the birth certificate.
- In 2010, Public Health Law 2803-j amended to include public reporting of breastfeeding rates for all hospitals in NYS providing maternity care.
- Revised guidance sent to hospitals on how to document exclusive breastfeeding in Spring 2010.

# Electronic Birth Certificate Reporting

- **Infant Feeding from Birth to Hospital Discharge:** Based on live born infants, excluding infants who were admitted to the Neonatal Intensive Care Unit (NICU) or transferred to or from another hospital. This describes what the infant was fed between birth and discharge from the hospital (or day 5 of life for infants hospitalized more than 5 days).
  - **Fed *Any* Breast Milk:** Includes both infants who were fed only breast milk (by any method--from the breast, bottle, cup or feeding tube) and infants who were given both breast milk and formula, sugar water, or other liquids.
  - **Fed *Exclusively* Breast Milk:** Infants who were fed *only* breast milk (i.e., no formula or water) since birth.
  - **Breastfed Infants Supplemented with Formula:** Among infants fed any breast milk, the percentage who were also fed (supplemented with) formula.
- <http://hospitals.nyhealth.gov/maternity.php?PHPSESSID=c4ac70bf6c863cc57ebfb6e547139ba0>

# New York State Model Hospital Breastfeeding Policy



# NYS Model

## Hospital Breastfeeding Policy

### NYS Model Hospital Breastfeeding Policy

- To improve hospital breastfeeding policies to be consistent with:
  - NYS laws and NY Hospital Regulations (Required)
  - Academy of Breastfeeding Medicine, *Baby Friendly USA, Inc.*, U.S. Breastfeeding Committee (Recommended)

### NYS Implementation Guide

- To provide hospitals with potential strategies to implement and translate policies into practice and to make systems and environmental changes to improve overall breastfeeding support.

# New York State Model Hospital Breastfeeding Policy & Implementation Guide

**Fall 2010:**  
NYS Model Hospital  
Breastfeeding  
Policy and  
Implementation  
Guide developed

**February 2011:**  
9 webinar trainings  
conducted for  
hospital staff  
Staff from 84% of NYS  
hospitals attended  
the training

**March 2011:**  
NYS Model Hospital  
Breastfeeding Policy,  
Implementation Guide,  
and training posted to  
NYSDOH public website

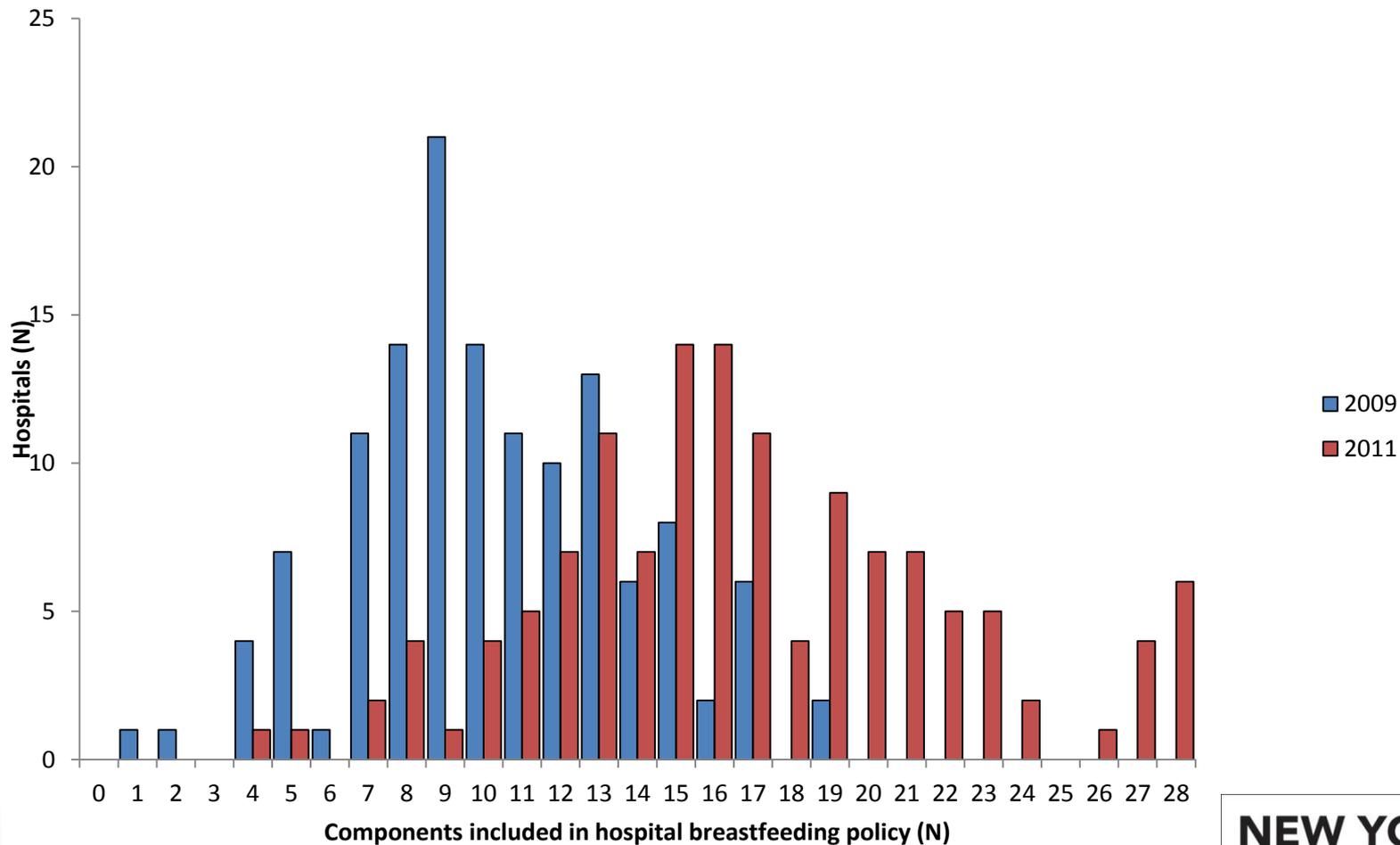
**78% of hospitals within NYC**  
**86% of hospitals outside of NYC**

**September 2011:**  
100% of hospitals  
submitted their  
breastfeeding policy  
for review

**Spring 2012:**  
Review of  
hospital policies  
completed

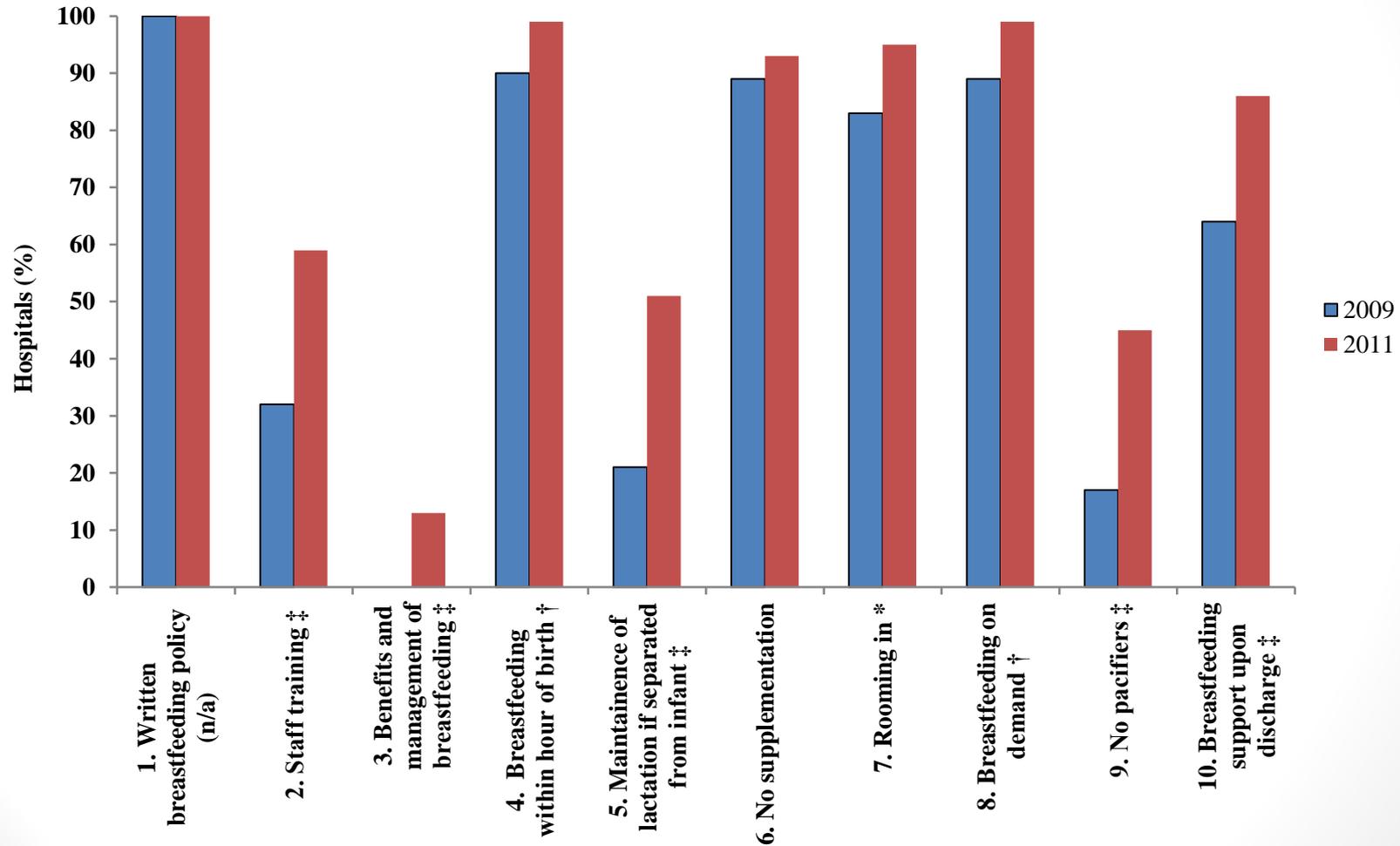
**Fall 2012:**  
Hospitals will be  
informed of their  
breastfeeding policy  
review

# Improvement in NYS Hospital Breastfeeding Policies: 2009 vs. 2011



# Increase in Percent of NYS Hospitals that include each of *Ten Steps to Successful Breastfeeding* in Hospital Breastfeeding Policy

## 2009 vs. 2011



# Hospital Breastfeeding Policy

## NYS Model Policy vs. *Baby Friendly USA, Inc.*

NYS Model Policy	<i>Baby Friendly USA, Inc.</i>
Includes required components under NYS Hospital Regulations and NYS Public Health Law	Not governed by state/federal laws or regulations. Based on evidence-based global criteria adapted for use in the U.S.
Based on <i>Ten Steps to Successful Breastfeeding</i>	Based on <i>Ten Steps to Successful Breastfeeding</i>
Mothers have a right to be discharged and not given formula or promotional materials from formula companies.	Complies with International Code of Marketing of Infant Milk Substitutes <ul style="list-style-type: none"> <li>•No advertising for formula, bottles or nipples</li> <li>•No “free” formula samples or coupons</li> <li>•Purchase formula at market price</li> <li>•Do not use any promotional or “educational” materials from formula companies or distributors</li> </ul>

# Hospital Breastfeeding Policy

## NYS Model Policy vs. *Baby Friendly USA, Inc.*

NYS Model Policy	<i>Baby Friendly USA, Inc.</i>
Requires training of health care staff	Requires training of health care staff
	Requires all staff complete comprehensive training with annual updates & competency verification
Staff must place infants (skin-to-skin) for breastfeeding in first 30-60 minutes following delivery unless medically contraindicated	Staff should place infants skin-to-skin immediately following delivery and continue uninterrupted until the first breastfeeding has occurred
Ensure functional assessment of the infant at the breast within 8 hours	Assess mother's breastfeeding technique within first 3 hours; no later than 6 hours following birth.

# New York State Breastfeeding Quality Improvement in Hospitals (BQIH) Learning Collaborative



# Positioning for Success

- Strong Evidence-base to Support Change
- NYS Legislation and Hospital Regulations
- Variation in Hospital Maternity Care Practices and Breastfeeding Metrics
- Aligned and Supportive Leadership and Expert Partners
- Engaged Hospital Teams
- Collaborative Learning

# NYS Breastfeeding Quality Improvement in Hospitals (BQIH) Learning Collaborative

- **Partnership:** NYS Department of Health and National Initiative for Children's Healthcare Quality (NICHQ)
- **Project Period:** Feb 2010 through Dec 2011
- **Participants:** 12 hospitals working with subject matter and improvement experts
- **Project Design:** Learning Collaborative – IHI Breakthrough Series methodology

# NYS Breastfeeding Quality Improvement in Hospitals Learning Collaborative (BQIH)

NYS HOSPITALS PROVIDING MATERNITY SERVICES

▲ SELECTED  
▲ NOT SELECTED

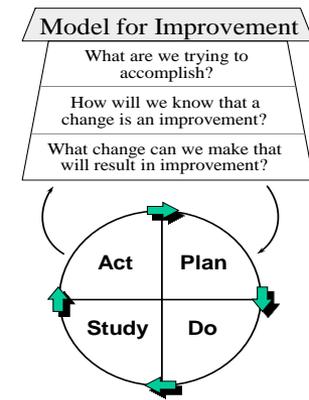


# CPPW-Funded Breastfeeding Hospital Quality Improvement in Hospital Based on Evidence-based Maternity Care Practices: *The 10 Steps to Successful Breastfeeding* and the IHI Breakthrough Series Improvement Methodology

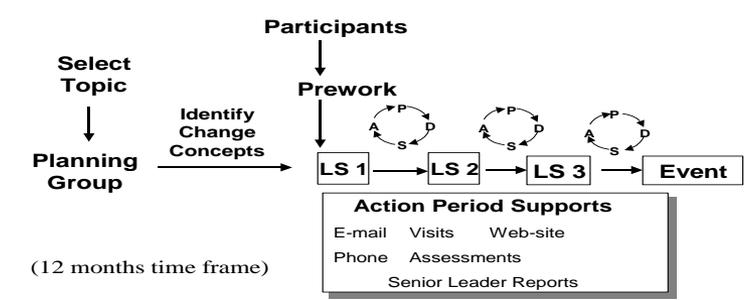
## 1. Evidence-based Maternity Care Practices

The *Ten Steps to Successful Breastfeeding* are as follows:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
6. Give newborn 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 artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.



## 2. Improvement Model



## 3. Learning Model

# BQIH Project AIM

- **Aim** - to increase breastfeeding, especially exclusive breastfeeding, among mothers/infants in selected hospitals by improving hospital breastfeeding policies and practices to be consistent with NYS hospital regulations and laws and recommended best practices such that:
- Between birth and hospital discharge:
  - **increase percentage** of infants fed any breast milk
  - **increase percentage** of infants exclusively fed breast milk
  - **decrease percentage** of breastfed infants (i.e., fed breast milk) supplemented with formula

\*\* As documented in the medical record review AND as reported on the electronic birth certificate

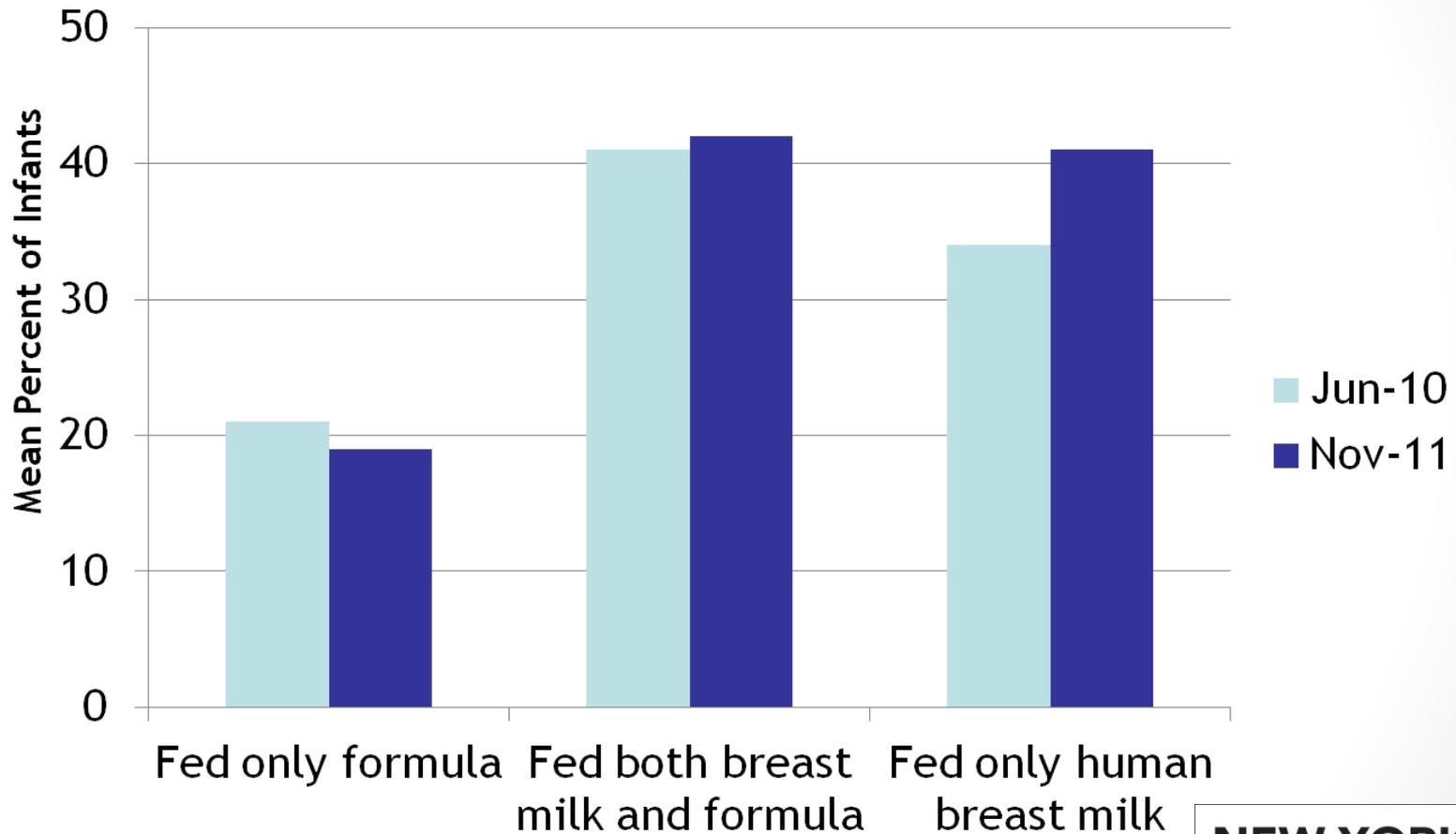
# BQIH Change Package

- Early breastfeeding—within 1 hr (vaginal) or 2 hr (C/S)
- No supplemental formula for breastfed infants
- Encourage frequent feeding ( $\geq 8$  feedings/24 hours)
- Practice rooming-in ( $\geq 6$  hours per 8-hour shift)
- Provide mother breastfeeding instruction
- Directly observe and assess breastfeeding every shift
- Restrict use of pacifiers
- Provide post-discharge support
- Restrict distribution of formula at discharge
- Restrict distribution of promotional materials at discharge
- Ensure adequate training of health care staff

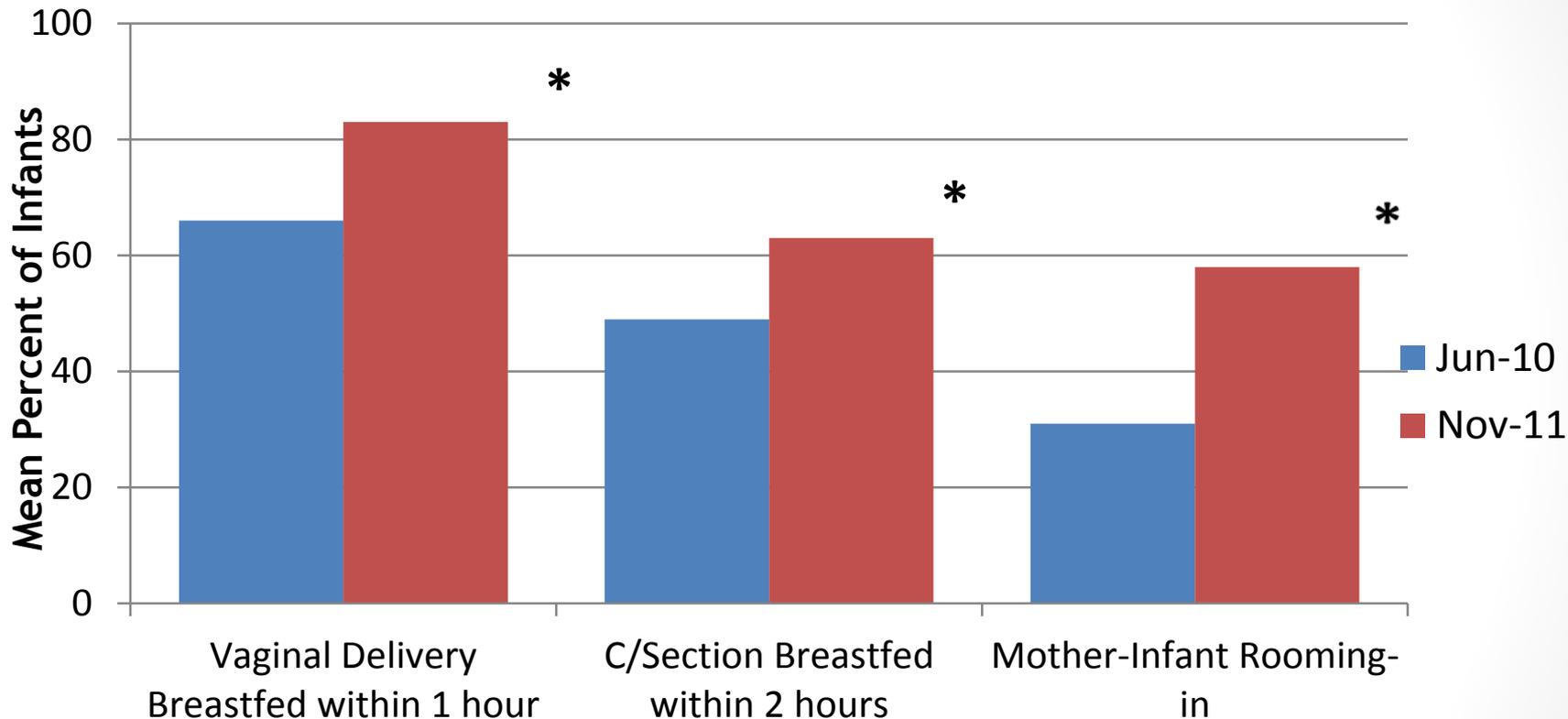
# BQIH Data Measurement Plan

- Breastfeeding Initiation
  - Vaginal Delivery: Within 1 hour
  - Cesarean Section: Within 2 hours
- Breastfeeding Instruction documented
- Observation & Assessment Every Shift
- Frequent Breastfeeding (Feed-on-Demand)
- Mother-Infant Rooming-in
- At Discharge
  - Infant formula samples or discount coupons
  - Commercial products or marketing materials

# BQIH – Infant Feeding Outcomes

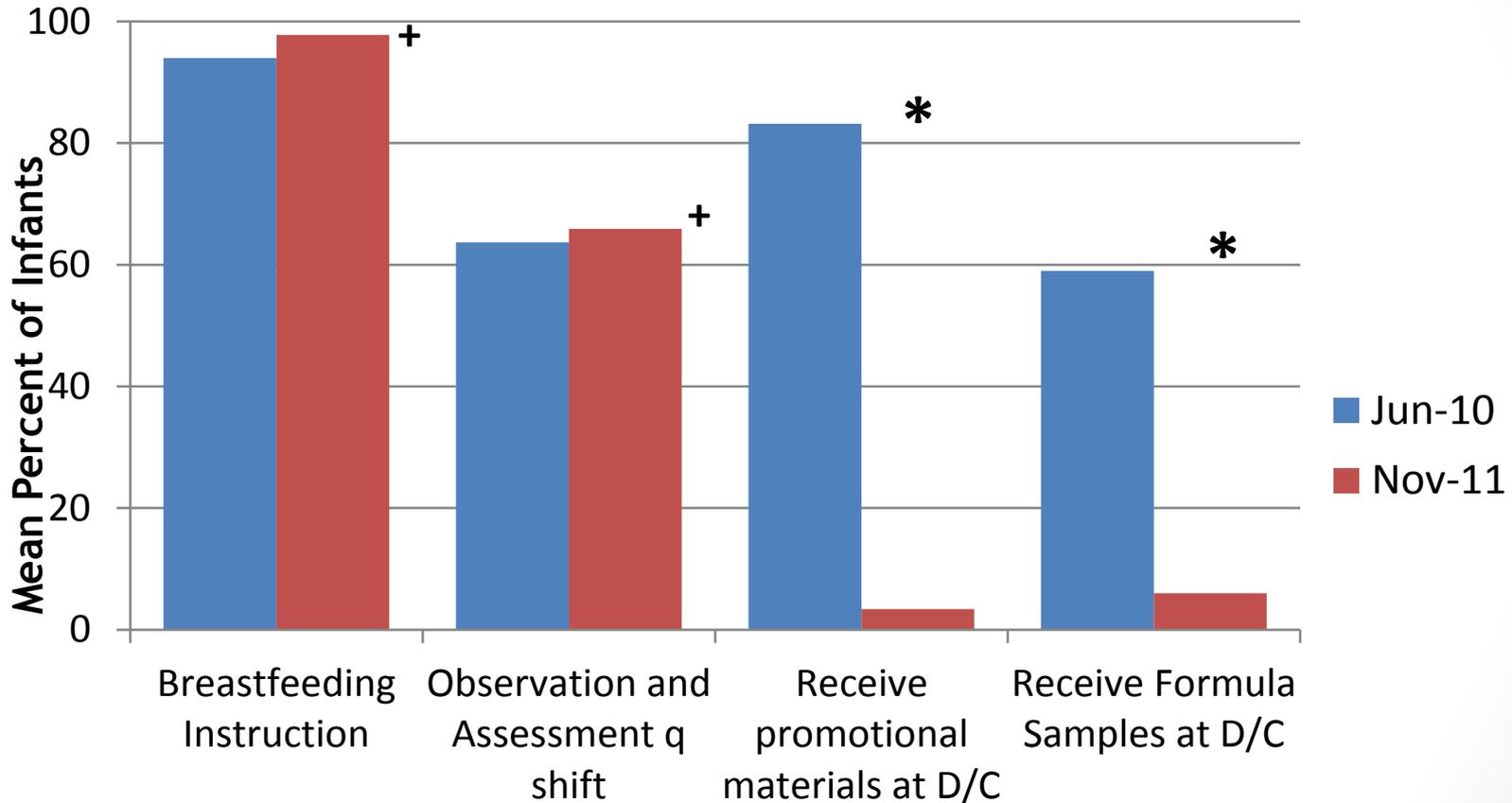


# BQIH Hospital-level Improvement in Measures



\* $p < 0.0001$

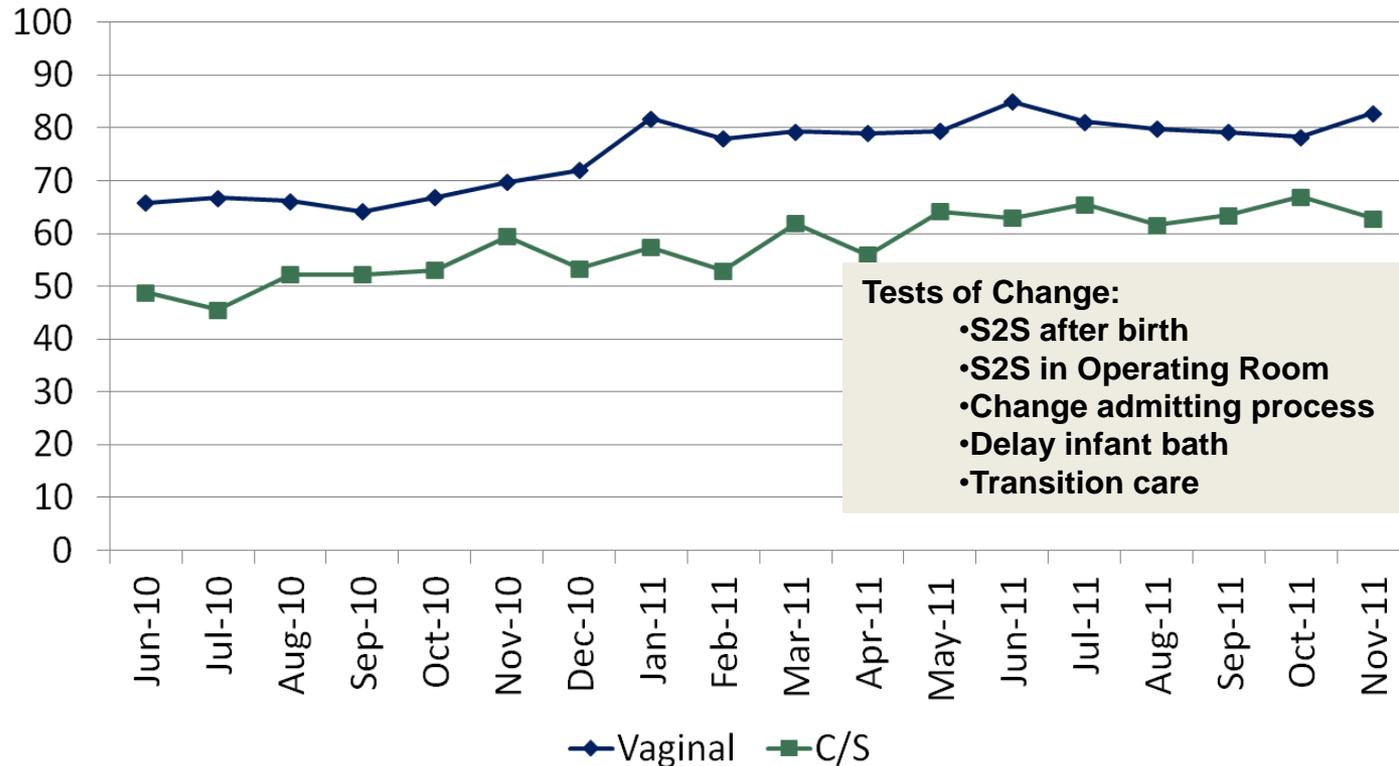
# BQIH Hospital-level Improvement in Measures



# Change Concept:

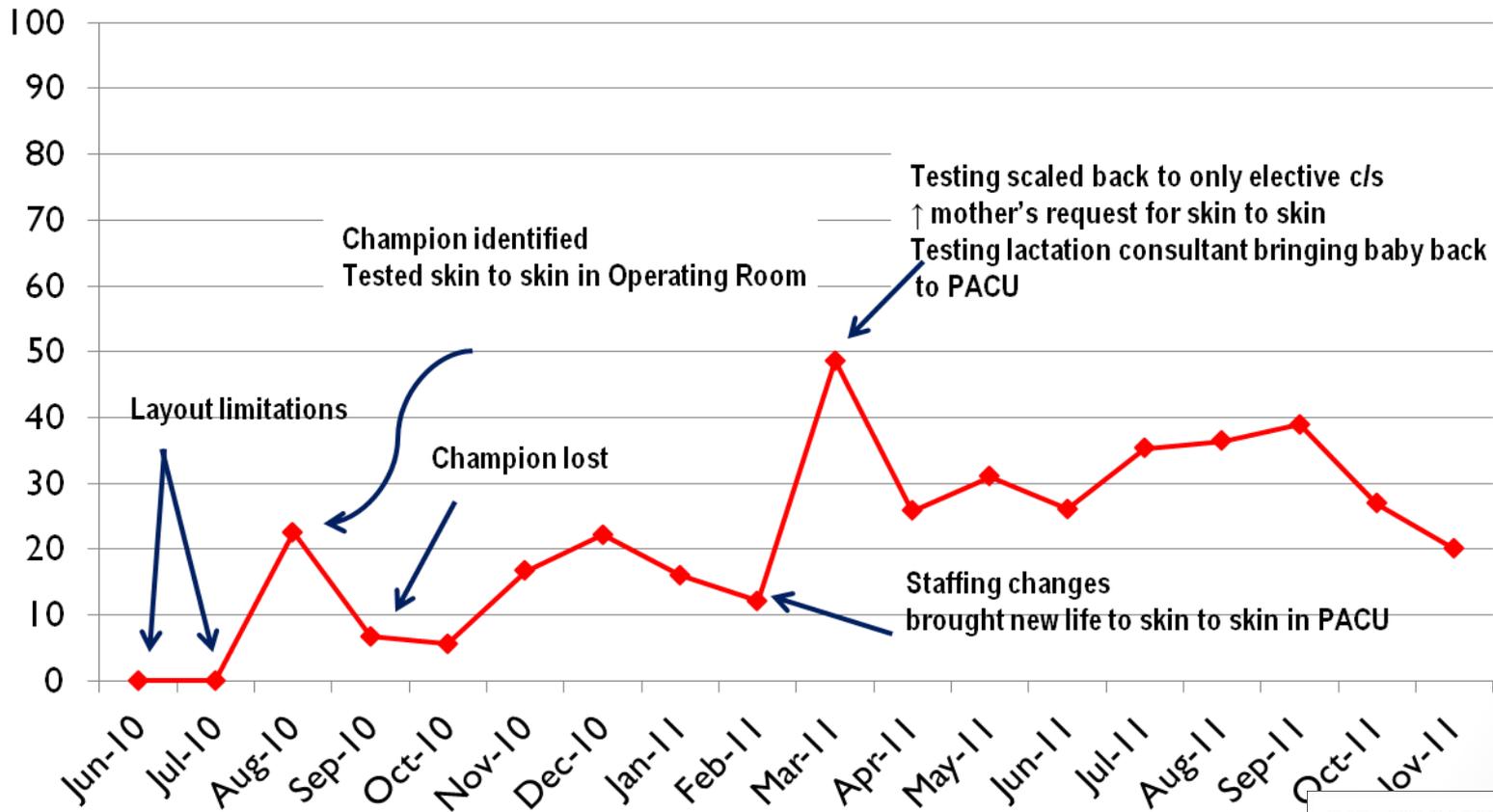
## Help mothers initiate breastfeeding within 1 hour (vaginal) & 2 hours (C/S) delivery

Mean % of infants initiating breastfeeding

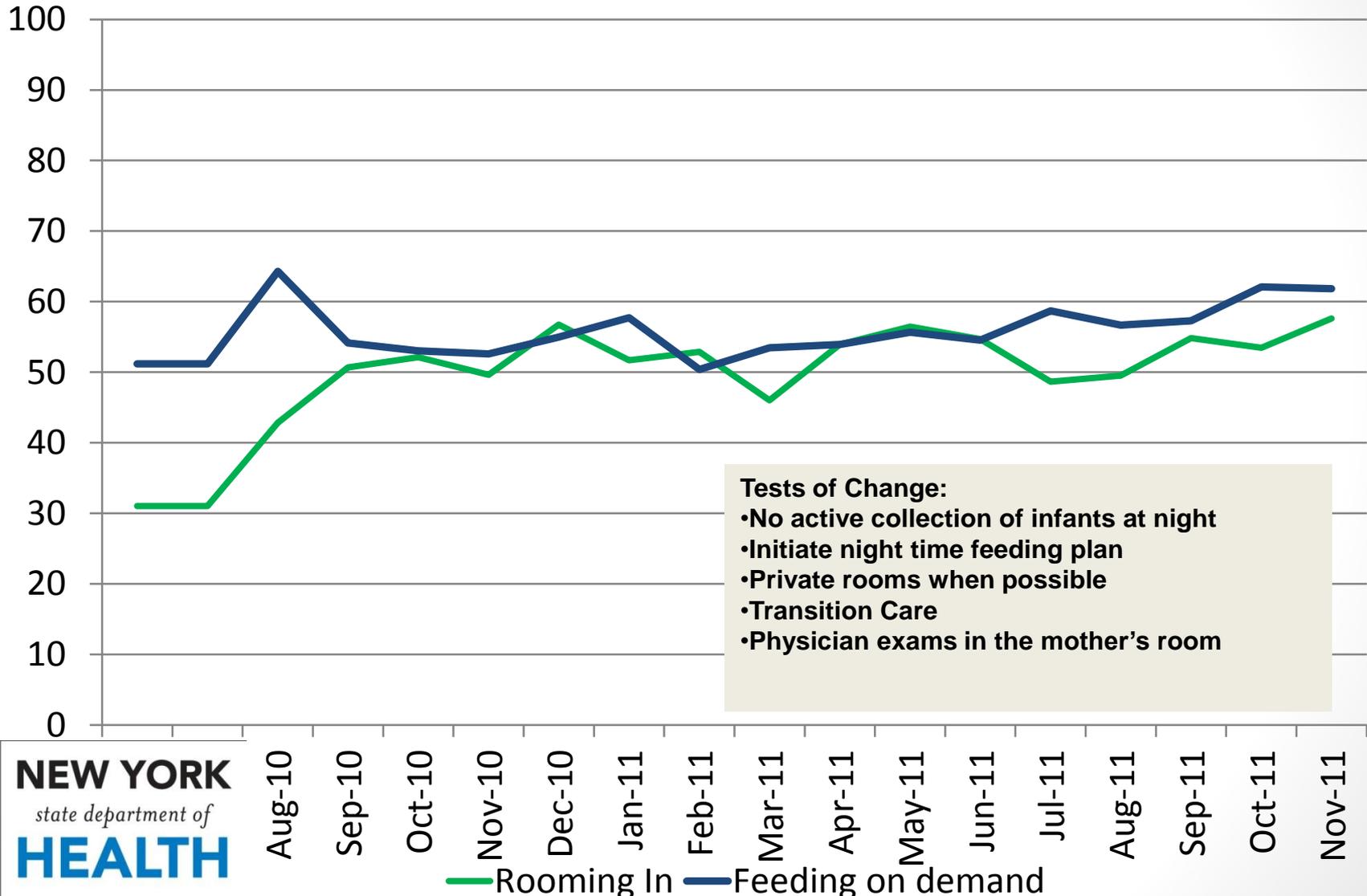


# One Hospital's Tests of Change

## C/Section: Infants fed breast milk <2 hours (%)

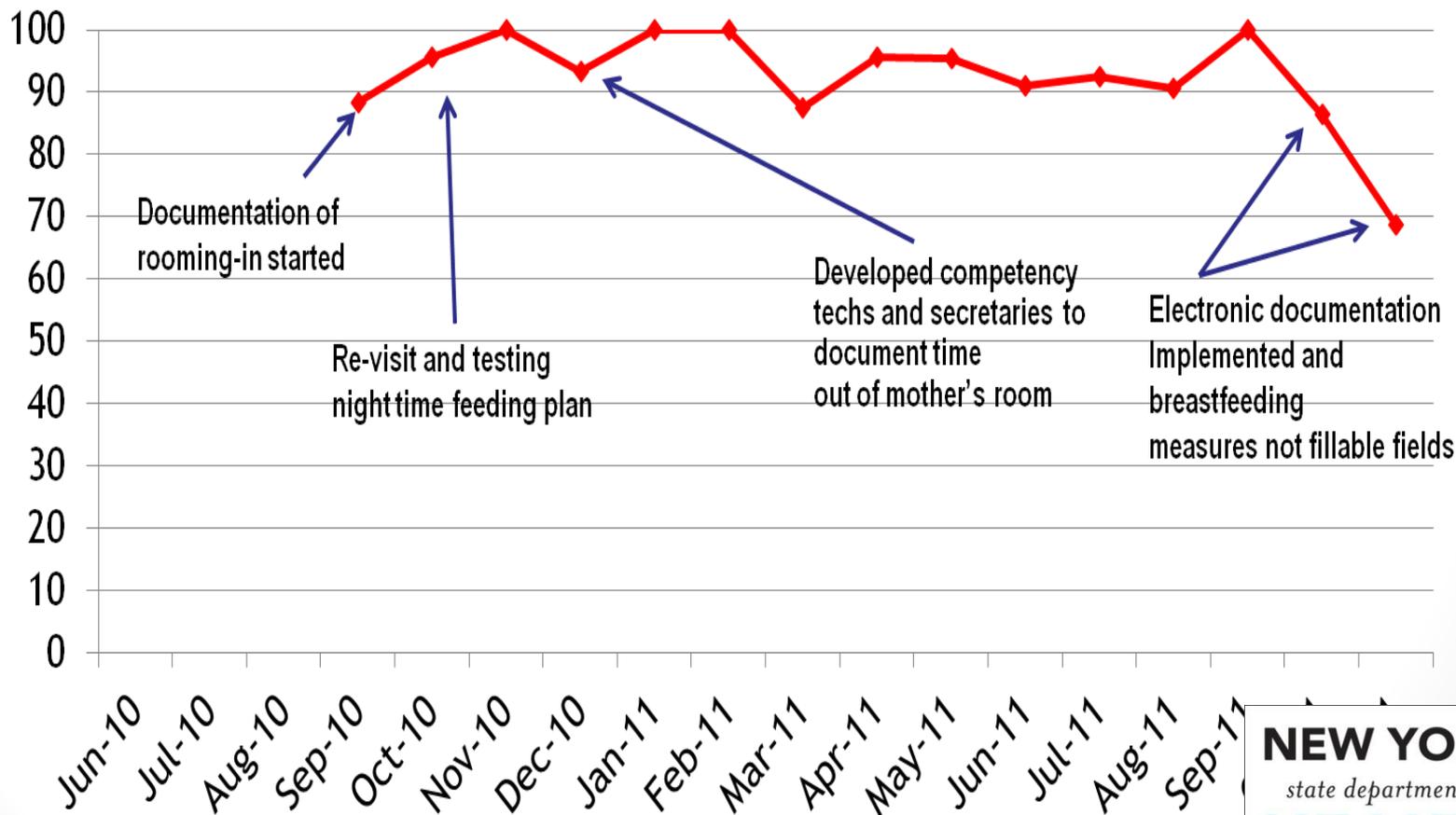


# Change Concept: Practice Rooming-in and Feeding on Demand

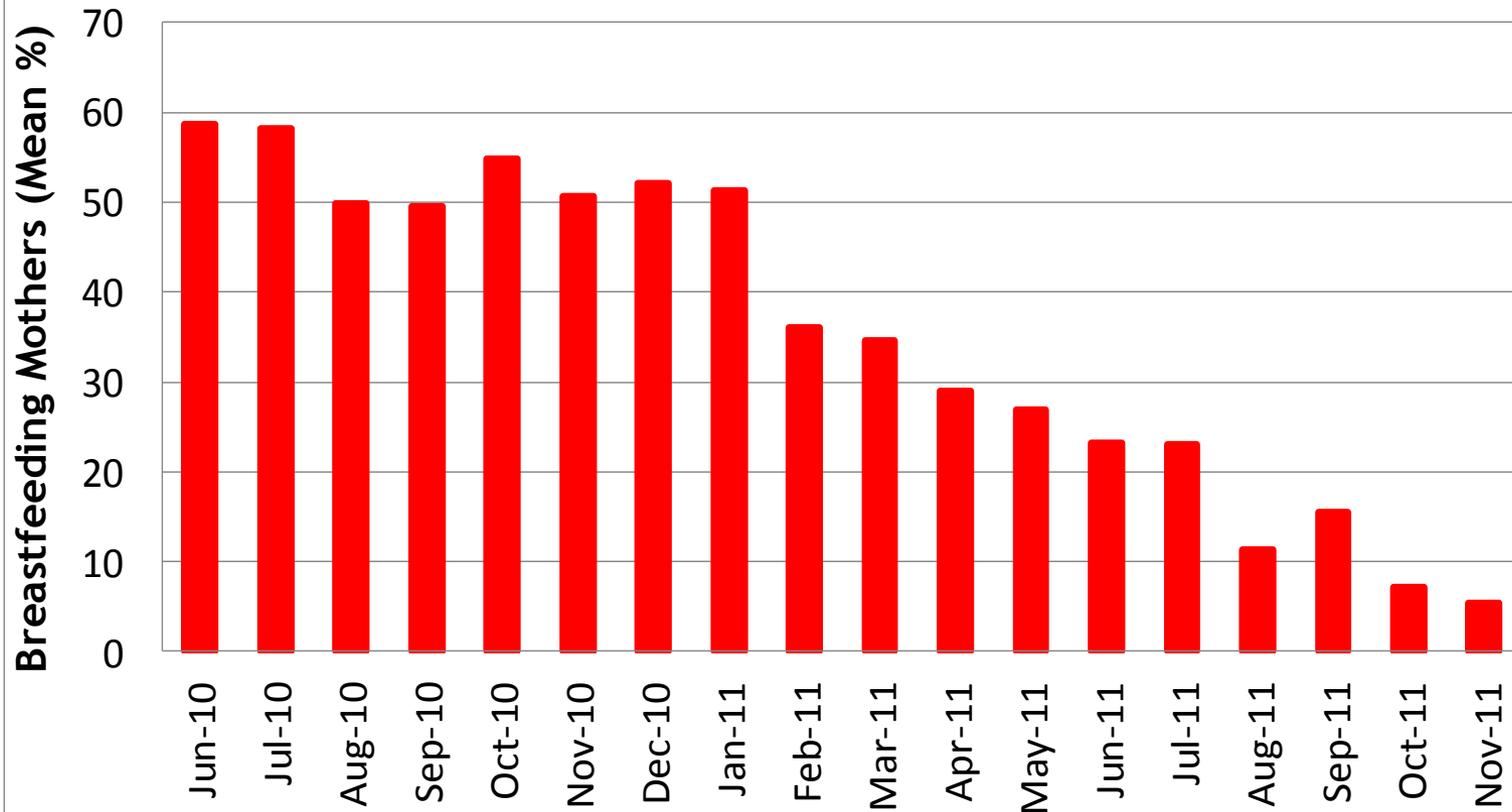


# One Hospital's Tests of Change

## Mother-Infant Rooming-in (% Breastfeeding Infants)



## Reduction in Percentage of Breastfeeding Mothers Receiving Formula Samples or Discount Coupons



# Hospital Systems Changes

- **10** hospitals implemented or expanded rooming-in practices
- **2** hospitals placed formula in a medication administration machine
- **2** hospitals changed the care delivery model
- **2** hospitals implemented transition care
- **11** hospitals discontinued distributing formula and coupons at discharge

# Next Steps

- **NYSDOH** – Roll out BQIH over next 5 years to reach remaining NYS Hospitals that provide maternity care
- **NYCDOHMH** – Use BQIH to work with NYC Hospitals to become *Baby Friendly*
- **NICHQ/CDC**- Use BQIH as framework for ***Best Fed Beginnings*** – work with 90 U.S. hospitals to become *Baby Friendly*

# Breastfeeding Friendly Erie County Initiative and Return to Work Toolkit



# Breastfeeding Friendly Erie County Initiative

- **Project Aim:**

- To increase breastfeeding exclusivity and duration, from hospital discharge through 3 months, among low income women participating in WIC and Medicaid, who live in communities of color (CoC) in Erie County, NY.

- **Funding Period:**

- September 30, 2012 - September 29, 2013  
(one year)

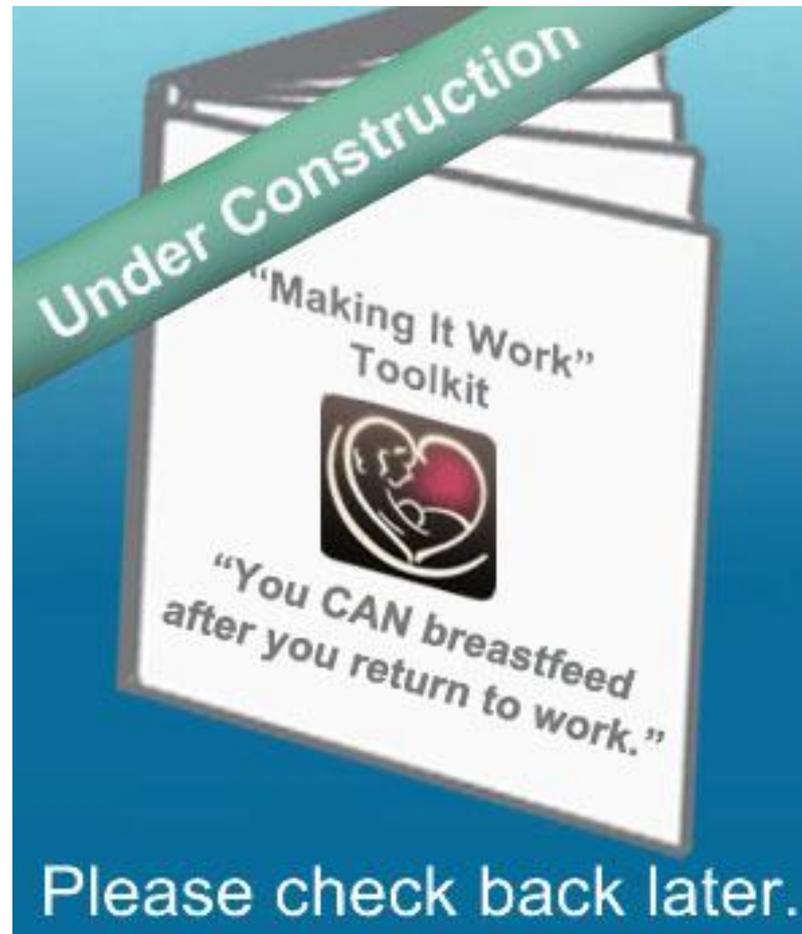
# Breastfeeding Friendly Erie County

## Project Objectives

- 1.) Expand the Western NY Healthy Living Coalition to include organizations that focus on improving breastfeeding support in communities of color.
- 2.) Increase the proportion of OB-GYN and Pediatric practices that achieve NYS Department of Health Breastfeeding Friendly Practice Designation.
- 3.) Increase the proportion of home visiting services and programs currently serving Medicaid-eligible women that improve their visitation pattern to provide breastfeeding support to new mothers at 24-48 hours, 2 weeks, and 4 weeks after discharge.
- 4.) Increase the proportion of child care centers and day care homes that achieve the Breastfeeding Friendly Child Care designation awarded by the NYS Child and Adult Care Food Program (CACFP).
- 5.) Increase the number of Baby Cafés® or drop-in breastfeeding centers, in faith- and community based organizations.

# Return to Work Toolkit

- Partnership between NYS WIC and Bureau of Community Chronic Disease Prevention
- Empowers hourly wage earners to talk with employers
- Supports the *NYS Nursing Mothers' in the Workplace Act*



# Acknowledgements

- **NYS Dept. of Health**

- Barbara A. Dennison, MD
- Pat Waniewski, RN, MS
- Kyle Restina
- Sara Bonam-Welge, RD, MS
- Eileen FitzPatrick, RD, MPH
- Bethany Hawke, MPH
- Deborah Gregg, RD, CDN, MPH
- OHSM, ISHSG, DFH, DON

- **Partnership/Advisory Team**

- Cynthia Howard, MD, MPH – Clinical Advisory/Consultant
- NYCDOHMH, CDC, AAP, ACOG, NYSNA, HANYS, GNYHA
- New York Statewide Breastfeeding Coalition
- Breastfeeding Experts

# Questions

