MIBFN
Michigan Breastfeeding Network

MATERNITY CARE

SYSTEM CHANGER'S GUIDE TO EVIDENCE-BASED MATERNITY CARE PRACTICES IN SUPPORT OF BREASTFEEDING

www.mibreastfeeding.org/Maternity-Care

BREASTFEEDING IS GOOD FOR EVERYONE

Breastfeeding is not a lifestyle choice: it is a public health imperative for families in our society and is recognized as the optimal method for feeding and nurturing children. It is a biological norm to breastfeed infants and young children. The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for the first six months of life and the World Health Organization (WHO) recommends breastfeeding until at least two years of age with continuation of breastfeeding as long as mutually desired by mother and child.[1,2] Recent estimates show that over 800,000 child lives worldwide and 20,000 maternal lives could be saved each year if every child were exclusively breastfed, meaning that the infant receives only breast milk and no other liquids or solids, for the first six months of life.[3] Additionally, associated medical cost differences equaled a savings of $40.2 million per year.[4] Breastfeeding provides valuable protection against illnesses such as diarrhea, pneumonia, and upper respiratory infections in addition to protection against Sudden Infant Death Syndrome (SIDS), particularly during the first year of life.[5] Breastfeeding also provides lasting health benefits with lower incidences of allergy, asthma, high blood pressure, and obesity as breastfed infants enter into childhood and adolescence. Breastfeeding also promotes socio-emotional development, contributing to positive maternal self-image while developing a stable, nurturing maternal-infant relationship. The emotional security and warmth developed within the breastfeeding relationship promotes an early and secure attachment for the child, which is central to subsequent development. Breastfeeding affects children's cognitive and social functioning with typical IQ gains of two to five points in healthy infants and up to eight points for low birthweight babies, which significantly impacts school readiness and participation.[6] In addition to these benefits for infants and children, WHO also states that breastfeeding helps to improve the health of mothers by lowering the risk of postpartum depression and decreasing their lifetime incidence of cardiovascular disease, type II diabetes, osteoporosis, and breast and ovarian cancers.

INFANT MORTALITY: THE DISMAL COST OF NOT BREASTFEEDING

Across the country, as well as in Michigan, African-American women have the lowest rates of breastfeeding initiation and duration. According to national CDC data, the breastfeeding initiation rate stands at 64.3 percent for African Americans as compared to 81.5 percent for whites and 81.9 percent for Hispanics.[7] Among other reductions in health, low breastfeeding rates result in higher infant mortality rates, a statistic used as a basic measure of public health for countries around the world. The United States has one of the worst infant survival rates in the industrialized world reporting 5.9 infant deaths per 1,000 live births in 2016.[8] In Michigan, infant mortality rates are devastatingly high especially in urban areas: in Detroit, the infant mortality rate for African American infants is 14.5 deaths per 1,000 live births and in Flint the infant mortality rate for African American infants reached a staggering 20 deaths per 1,000 live births.[9,10] However, evidence-based maternity care practices that support breastfeeding have been shown to increase breastfeeding initiation, duration, and exclusivity rates, factors which protect against infant mortality. Early initiation of breastfeeding within the first hour and exclusive breastfeeding for the first six months of life are predictors of infant survival.[11] Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhea or pneumonia, and aids in a faster recovery during illness. Babies who are breastfed for three months or more have a 38 percent lower risk of death within their first year compared with babies never breastfed.[12] Supporting mothers to breastfeed exclusively is cost effective, safe, and reduces health disparities for families. In the face of such a dire public health crisis, the impact of breastfeeding on maternal and child health is both measurable and immediate: breastfeeding remains the single most effective way to prevent infant death.[13] Indeed, a modest five percent increase in breastfeeding rates was associated with statistically significant differences in child infectious morbidity for the U.S. population.[14]

FAMILIES NEED CONSISTENT BREASTFEEDING MESSAGES

According to the CDC Guide to Strategies to Support Breastfeeding Mothers and Babies, women require accurate prenatal breastfeeding education: first, to learn the benefits of breastfeeding and, second, to help prepare them for the postpartum period.[15] The lack of consistent messaging presented to breastfeeding families is a primary roadblock to breastfeeding success. It is not enough merely to talk about breastfeeding, stakeholders need to provide unified messages in order for mothers to trust the information they receive.[16] In the 2015 Landscape Analysis of Michigan mothers and professionals, completed in partnership with the WK Kellogg Foundation, participants in communities across the state named inconsistent messaging as a primary roadblock to breastfeeding success.[17]

MEDICAL PROVIDERS GREATLY INFLUENCE BREASTFEEDING OUTCOMES

A woman's medical provider has the biggest influence on initiation and duration of breastfeeding and research has demonstrated that health care provider ambivalence toward breastfeeding can have a negative impact on breastfeeding decisions.[18] Studies show that when women receive positive prenatal support from their providers, they are less likely to discontinue breastfeeding at both six weeks and 12 weeks after birth. However, 35 percent of mothers report not discussing breastfeeding with their healthcare provider.[19] These findings are especially significant for lower income populations. Significant barriers to breastfeeding are disproportionately experienced by African American mothers: earlier return to work, inequitable breastfeeding education from providers, and inaccessibility to peer and professional breastfeeding support.[20] For minority and at-risk populations, medical providers are crucial in addressing a dearth of breastfeeding education and support.

COMMUNITY PREPARATION AND POSTPARTUM SUPPORT ARE INTEGRAL TO BREASTFEEDING OUTCOMES

Michigan WIC provides a model system for implementing supportive community care. Each month, 200,000 mothers, babies, and children under age five, receive nutrition education, breastfeeding support, and referrals to other health services from the Michigan WIC Program. Leading by example, the Michigan WIC Division trains all staff, from intake clerks to program coordinators, with mandatory 2-day "Breastfeeding Basics" training to ensure that all staff, at all points of contact, are prepared to share evidence-based breastfeeding information. In an effort to extend this model, they provide free, condensed, online training opportunities to Michigan birthing hospitals and outpatient providers. Increased outreach efforts for peer support programs such as the WIC Peer Counseling Program ensure that consistent breastfeeding messages saturate a community.

HOSPITAL CARE INFLUENCES BREASTFEEDING OUTCOMES

Human milk offers developmental, digestive, and immunological benefits that cannot be duplicated. Breastfeeding lays the foundation for lifelong health for mothers and babies. Due to its inextricable relationship with the birth experience, there are several key supportive maternity care practices that improve breastfeeding outcomes. Every two years the Centers for Disease Control and Protection (CDC) invites all hospitals across the country to fill out the Maternity Practices in Infant Nutrition and Care (mPINC) survey, which assesses a hospital's maternity care practices.[21] As a measure of success, hospitals with higher mPINC scores have better breastfeeding outcomes and these hospitals also achieve many of the steps necessary for Baby-Friendly designation. Accordingly, hospitals that pursue Baby-Friendly designation employ these same evidence-based practices to improve breastfeeding outcomes. The Surgeon General's Call to Action on Breastfeeding specifically calls for expanded breastfeeding education to address gaps and disparities in breastfeeding outcomes and Baby-Friendly answers this call. All Baby-Friendly practices are evidence-based, safe, and promote public health for all populations served, which carries great significance for traditionally marginalized groups.[22] Since its inception in 1991, Baby-Friendly hospitals have reduced racial disparities while witnessing a subsequent rise in U.S. breastfeeding rates. For example, a study of 32 U.S. Baby-Friendly hospitals report breastfeeding initiation rates of 83.8 percent compared to the national average of 69.5 percent.[23] In-hospital exclusive breastfeeding rates were 78.4 percent compared with a national rate of 46.3 percent.[24] Most notably, breastfeeding rates were similar even for hospitals with high proportions of African American or low-income patients. Baby-Friendly has been shown to increase breastfeeding rates regardless of demographic and socioeconomic factors that are traditionally linked with low breastfeeding rates.[25]

DIVERSE, MULTIDISCIPLINARY CARE TEAMS POSITIVELY IMPACT BREASTFEEDING OUTCOMES

Research shows that to properly care for diverse populations it is important that care teams mirror those that they serve for the delivery and provision of culturally competent care.[26] Mothers are more compliant with health and medical guidance provided by people with whom they can relate. Trust, diversity, and communication are fundamental principles of effective healthcare.[27] Based on this foundation, care teams can develop an environment that enhances quality of care for patients and quality of outcomes for patient care. Specific to lactation, effective support comes in many forms, from physicians, community health

workers, advanced certification programs, international board certification, and many more. Especially in "first food deserts" (to learn more about the first food movement, visit "Utilize the Evidence" section of www.mibreastfeeding.org/maternity-care), trained breastfeeding supporters across disciplines and scopes of service are key to effectively reducing inequities in breastfeeding outcomes. Some of the most effective ways to do this are to create opportunities for mothers to receive care from people who reflect their cultural identities and to provide repeated access to culturally sensitive care.

RECOMMENDATIONS:

The following recommendations recognize the importance of evidence-based maternity care within hospital and healthcare systems to ensure access, equity, and implementation of best care practices.

All medical providers should receive and provide evidence-based breastfeeding education:

Medical providers have the greatest influence on a woman's decision to breastfeed and must be able to provide lactation management and support. Inappropriate and conflicting information about breastfeeding leads to premature weaning, resulting in a loss of multiple health benefits for both mother and child.[28] Conversely, equipping all providers with evidence-based information advances breastfeeding outcomes. When medical providers, nurse practitioners, physician assistants, and other care providers provide basic support for breastfeeding it ensures continuity of care for mothers and families. In addition, any health care professional that provides care to breastfeeding women, whether a dentist, surgeon, radiologist, or pharmacist, should also receive basic breastfeeding education in order to provide evidence-based care in clinical practice. The long-term goal should be to include breastfeeding in the curriculum for all health and medical professional programs but a short-term solution is to provide training that supports breastfeeding with appropriate avenues for referral to lactation professionals when necessary.

WIC referrals should be universal:

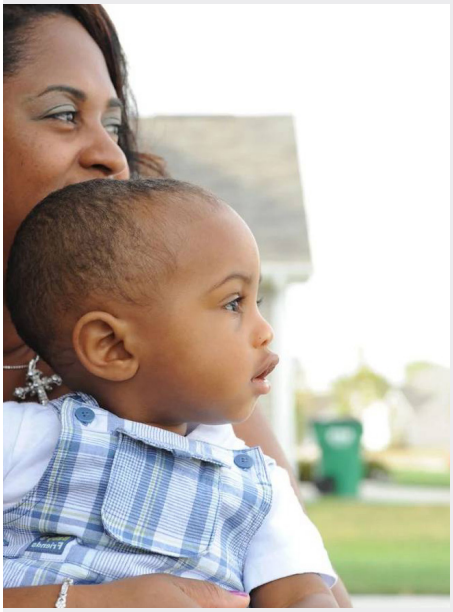
One out of every two babies born in Michigan receives WIC benefits. WIC services are locally available and offer seamless support from prenatal education through the immediate postpartum period. WIC helps to close the gap for mothers who need breastfeeding support immediately following their hospital stay and who are at risk for infant formula use, providing lactation support to low-income women who may not otherwise have access to lactation professionals. Michigan WIC also provides breastfeeding support to breastfeeding mothers who are not WIC eligible. This guarantees that all women have access to evidence-based lactation support. WIC Peer Counselors are particularly skilled at meeting clients where they are, tailoring breastfeeding education to meet client need and providing realistic expectations. Local WIC agencies also disseminate information about support groups, provide culturally-appropriate breastfeeding information, and educate through a variety of formats, including posters and handouts, the WIC Connect mobile app, and online education options. Increased outreach efforts for peer and professional support programs such as the WIC Peer Counseling Program, which includes IBCLCs, CLCs, CLSs, and Peer Counselors at local agencies, ensure that consistent breastfeeding messages saturate a community. All mothers should receive information on WIC in order for all mothers and babies to benefit from evidence-based, peer to peer breastfeeding support.

All birthing hospitals in Michigan should implement the evidence based practices that are outlined in mPINC and central to Baby-Friendly designation:

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.[29] Doctors, nurses, and hospital administrators can use mPINC scores to improve evidence-based care practices and policies that align with the steps needed to achieve Baby-Friendly designation. As of September 2018, there are 14 Baby-Friendly designated hospitals in Michigan. Care must be taken to ensure that hospitals in traditionally underserved communities have the systemic infrastructure and funding necessary to pursue Baby-Friendly designation. Detroit's first hospital to earn Baby-Friendly designation, Ascension St. John Hospital, was borne out of an initiative to address the multitude of breastfeeding barriers facing metro-Detroit mothers and the socioeconomic and racial disparities that exist in the city's vulnerable, low-income population.[30] To close the gap, collaborative efforts in Detroit continue to advocate for a cultural shift toward an evidence-based maternity-care environment in an area traditionally lacking breastfeeding support.

Organizations should train, recruit, and hire diverse, multidisciplinary care teams that reflect the populations they serve:

Especially for our most under-resourced Michiganders, the status quo will not suffice. Generations of women have not benefited from culturally humble breastfeeding support. Therefore, in order to positively impact outcomes, our maternity care systems should provide an abundance of lactation supporters with representation from the communities they serve, who provide a continuum of care, with different access points to mothers, and a range in scopes of practice. Several organizations across the state, including St. John Mother Nurture Lactation College and Michigan WIC, are intentionally preparing diverse, multidisciplinary, and culturally sensitive lactation supporters to increase accessibility of breastfeeding services. All maternity care organizations need to examine their processes and, oftentimes self-imposed, barriers to hiring lactation supporters who can provide services across a continuum of care with the necessary cultural sensitivity to reach mothers during this especially vulnerable time.



LOOKING AHEAD: A NEW BREASTFEEDING LANDSCAPE

MIBFN envisions a Michigan in which all families receive evidence-based, culturally sensitive maternity care that is centered on reducing inequities in breastfeeding outcomes, with focus on increasing initiation rates and reducing adverse health outcomes for mothers and babies. Standardizing breastfeeding-supportive policies and practices in maternity care systems catalyzes breastfeeding support throughout communities. Especially for the most vulnerable families, breastfeeding is a key intervention in the lives of infants and young children. Diverse, multidisciplinary lactation support improves the health of all Michigan families, strengthens our communities, and builds future prosperity throughout our state.

MIBFN MATERNITY CARE AND BREASTFEEDING REFERENCE LIST

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The following tools are available at: www.mibreastfeeding.org/maternity-care

1) Baby-Friendly Map of Michigan

This map demonstrates all the birthing hospitals in Michigan that are currently Baby Friendly designated. It is a great tool for administrators and advocates who wish to motivate implementation of the 10-steps in their local hospitals communities.

2) Baby-Friendly is Good for Everyone Flyer

This tool dispels myths and provides concrete examples of why every hospital and community would benefit by implementing the evidence-based 10-Steps to Baby Friendly Hospital Designation. It is a great tool for administrators and advocates who wish to motivate implementation of the 10-Steps in their local hospitals and communities.

3) Why WIC For Breastfeeding Families? Flyer

MIBFN advocates for every mother to be referred for WIC Breastfeeding services because Michigan WIC is a key partner in community breastfeeding support. Did you know they offer classes and support groups to every breastfeeding mother, regardless of income? This tool is great for everyone throughout Maternity Care Systems to use to refer families for WIC breastfeeding services.

4) MIBFN System Changer's Guide to Breastfeeding and Maternity Care

This Guide outlines evidence based practices and recommendations to improve the Maternity Care Systems throughout Michigan. This tool is intended to support advocates, decision-makers, and system changers throughout the Maternity Care systems in Michigan as they chart a better path forward for their organizations, families, and communities.

5) MIBFN Position Paper in Support of Breastfeeding in the Maternity Care Setting

This Position Paper is a concise outline of the evidence-based recommendations in the System Changer's Guide. It is intended to support policy makers, advocates, and system changers throughout the Maternity Care systems in Michigan to make legislative and administrative policy changes to support a more breastfeeding friendly maternity care landscape in Michigan.

6) Story Sharing Platform

We want to hear from you! This entire campaign and toolkit are intended to improve maternity care throughout Michigan. Please tell us your stories, share your successes, challenges, and passion for maternity care. We use your submission to inform our advocacy agenda, future tools, and on ongoing work in this important system. Please share your story at www.mibreastfeeding.org/maternity-care.

In an effort to promote consistency of messaging across all communities and partners, **Michigan WIC, MIBFN, and Coffective** are partnering to provide the Coffective System of Training and Tools to all maternity-care providers throughout Michigan.