How Can Physicians Work Together to Improve Breastfeeding Rates in West Virginia?

West Virginia Perinatal Summit

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October 13, 2017

Objectives

- Counsel families about the importance of breastfeeding
- Identify the physician’s role in implementing evidence-based maternity care practices
- Describe optimal outpatient support of breastfeeding mothers and infants

Optimizing Support for Breastfeeding as Part of Obstetric Practice

- The American College of Obstetricians and Gynecologists recommends exclusive breastfeeding for the first 6 months of life, with continued breastfeeding as complementary foods are introduced through the infant’s first year of life, or longer as mutually desired by the woman and her infant.

Faculty Disclosure

- I have no relevant financial relationships to disclose.
- I do not intend to discuss off label use of medications, products or devices.
- I have written permission to use photographs for educational purposes.
Open Ended Questions

- What have you heard about breastfeeding?
- What have you heard about how long to breastfeed?
- How does your family or partner feel about breastfeeding?
- What are your plans for returning to work or school?
- How did feeding go with your older child(ren)?

American Academy of Pediatrics: Breastfeeding and the Use of Human Milk Policy Statement

- Breastfeed exclusively for about the first 6 months of life
- Continuing for at least the first year of life, with addition of complementary solids
- Thereafter, for as long as mutually desired by mother and child

AAP Policy Statement

- Human milk is the normative standard for infant feeding and nutrition
- Breastfeeding should be considered a public health issue and not a lifestyle choice
- Hospital routines to encourage and support the initiation and sustaining of exclusive breastfeeding should be based on the American Academy of Pediatrics-endorsed WHO/UNICEF “Ten Steps to Successful Breastfeeding”
AAP Policy Statement
Role of the Pediatrician

- Promote breastfeeding as the norm for infant feeding
- Become knowledgeable in the principles and management of lactation and breastfeeding
- Develop skills necessary for assessing the adequacy of breastfeeding
- Support training and education for medical students, residents and postgraduate physicians in breastfeeding and lactation


- More pediatricians recommend exclusive breastfeeding (65% vs. 76%)
- Fewer felt that mothers can be successful (70% vs. 57%)
- Fewer felt that benefits outweigh the difficulties (70% vs. 50%)
- Younger pediatricians less confident in managing breastfeeding problems


The Health Benefits of Breastfeeding are Substantial:

- Breastfeeding mothers have lower rates of:
  - breast cancer
  - ovarian cancer
  - type 2 diabetes
  - postpartum depression
- These multiple benefits of breastfeeding demonstrate the contribution and relevance of breastfeeding as a global public health issue, for low- and high-income populations alike.


AAP Policy Statement
Role of the Pediatrician

- Promote hospital policies that are compatible with the AAP and ABM Model Hospital Policy and the WHO/UNICEF “Ten Steps to Successful Breastfeeding”
- Collaborate with the OB community to develop optimal breastfeeding support programs
- Coordinate with community-based health care professionals and certified breastfeeding counselors to ensure uniform and comprehensive breastfeeding support


The Lancet Breastfeeding Series Key Messages

- Breastfeeding has substantial benefits for women and children in high- and low-income countries alike, and the evidence now is stronger than ever.
- The health and economic benefits of breastfeeding are huge: increasing breastfeeding rates could save hundreds of thousand of lives and add hundreds of billions of dollars to the global economy each year.
- Breastfeeding plays a significant role in improving nutrition, education, and maternal and child health and survival


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Breastfeeding Saves Lives

For every 597 women who optimally breastfeed, one maternal or child death is prevented
- Nearly 80% of excess deaths and medical costs attributable to suboptimal breastfeeding are maternal


Impact of Optimized Breastfeeding on the Costs of Necrotizing Enterocolitis in Extremely Low Birthweight Infants

- Incidence of NEC:
  - > 98% human milk, 1.3%
  - Mixed diet, 8.2%
  - Premature formula, 11.1%

- Current feeding accounts for:
  - 928 excess NEC cases
  - 121 excess deaths
  - Costs
    - $27.1 million direct medical costs
    - $563,655 indirect costs
    - $1.5 billion in premature death

Colaizy et al: J Peds 2016; 175:100-105.

Healthy People 2020

**MICH** 21: Increase the proportion of infants who are breastfed
- MICH 21.1: Ever 81.9% 82.5%
- MICH 21.2: At 6 months 60.8% 55.3%
- MICH 21.3: At 1 year 34.1% 33.7%
- MICH 21.4: Exclusively through 3 months 46.2% 46.0%
- MICH 21.4: Exclusively through 6 months 25.5% 24.9%

**MICH** 22: Increase the proportion of employers that have worksite lactation support programs
- MICH 22: Increase the proportion of breastfeeding newborns who receive formula supplementation within the first 2 days of life
- MICH 22.2: Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies

**MICH** 23: Reduce the proportion of breastfeeding newborns who receive formula supplementation within the first 2 days of life
- MICH 23.2: Increase the proportion of breastfeeding newborns who receive formula supplementation within the first 2 days of life

**MICH** 24: Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies

**WV**
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https://www.cdc.gov/breastfeeding/data/nis_data/index.htm

Suboptimal Breastfeeding

Per 2012 rates, and assuming 90% of infants were breastfed per recommendations, suboptimal breastfeeding results in:
- 3,340 annual maternal deaths (MI, breast CA, DM)
- 721 pediatric deaths (SIDS, NEC)

Costs $3 billion in medical costs and $14.2 in premature death

Rates of Any and Exclusive Breastfeeding by Age Among Children Born in 2014, National Immunization Survey

Initiation & Duration

National Immunization Survey

Opportunities to Promote Breastfeeding

Baby Friendly Hospital Initiative

Growth in Baby Friendly Designation


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BABY FRIENDLY HOSPITAL INITIATIVE
TEN STEPS
Hospital Policies to Support Breastfeeding

- Have a written breastfeeding policy that is routinely communicated to all health care staff.
- Train all health care staff in skills necessary to implement this policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding within one hour of birth.

www.babyfriendlyusa.org

Supportive Hospital Practices

- Skin-to-skin contact – Doctors and midwives place newborns skin-to-skin with their mothers immediately after birth, with no bedding or clothing between them, allowing enough uninterrupted time (at least 30 minutes) for mother and baby to start breastfeeding well.
- Exclusive breastfeeding – Hospital staff only disrupt breastfeeding with supplementary feedings in cases of rare medical complications.
- Rooming-in – Hospital staff encourage mothers and babies to room together and teach families the benefits of this kind of close contact, including better quality and quantity of sleep for both and more opportunities to practice breastfeeding.


Breastfeeding Initiation

“Babies Are Born to Breastfeed”

- Skin-to-skin contact
  - Promotes physiologic stability
  - Provides thermal regulation
  - Glucose homeostasis
  - Decreased stress & crying
  - Enhances feeding opportunities
  - Infant crawls to breast and self-attaches
  - Colonization with maternal flora

- Oxytocin release
  - Uterine contractions
  - Stimulates milk ejection reflex
  - Maternal attachment and feelings of love for newborn

AAP Pediatrics 2012;129;e827-41.
Academy of Breastfeeding Medicine (ABM) Protocols 5 & 7 (www.bfmed.org)

Mother’s Intention to Breastfeed

- 80% of women intend to breastfeed.
- 77% start breastfeeding.
- 16% exclusive breastfeeding at 6 mos.
- 60% of mothers do not breastfeed as long as they intend
  - problems with latch
  - problems with milk flow
  - poor weight gain
  - pain


Clinical Support of Breastfeeding

- 1163 mother-newborn pairs
  - 1007 (87%) initiated breastfeeding
  - 872 (75%) breastfeeding at 2 weeks
  - 646 (55%) breastfeeding at 12 weeks

- Lack of confidence in ability to breastfeed at 1-2 days associated with discontinuing by 2 weeks
- Mothers were less likely to discontinue breastfeeding at 12 weeks if they reported receiving encouragement from their clinician to breastfeed

In-Hospital Formula Use Increases Early Breastfeeding Cessation

- Cohort study: 210 infants exclusively breastfed vs. 183 that received in-hospital formula supplementation
- Reasons:
  - Perceived insufficient milk supply (18%)
  - Signs of inadequate intake (16%)
  - Poor latch of breastfeeding (14%)
- Among women intending to exclusively breastfeed, in-hospital formula supplementation was associated with a nearly 2-fold greater risk of not fully breastfeeding at days 30-60 and a nearly 3-fold risk of breastfeeding cessation by day 60.


Supplementation Rates in US

- Within 2 days of birth: 17%
- Within 3 months: 29%
- Within 6 months: 35%

http://www.cdc.gov/breastfeeding/data/nis_data/index.htm

Academy of Breastfeeding Medicine Management of Jaundice

- Breastfeed early & often (first hour)
- Support skin-to-skin
- Encourage exclusive breastfeeding
- Avoid water, glucose water, or formula supplements (consider glucose gel**)
- Optimize management with good milk transfer
- Educate regarding early feeding cues


mPINC

The Breastfeeding Friendly Doctor's Office

- Encourage women/staff to breastfeed in the office.
- Display pictures of breastfeeding infants.
- Avoid distributing infant formula or coupons.
The Breastfeeding-Friendly Pediatric Office Practice

- Have a written breastfeeding-friendly office policy.
- Train staff in breastfeeding support skills.
- Discuss breastfeeding during prenatal visits and at each well-child visit.
- Encourage exclusive breastfeeding for about six months and provide anticipatory guidance that supports the continuation of breastfeeding as long as desired.
- Incorporate breastfeeding observation into routine care.


Follow-Up Visit

- Follow-up visit at 3-5 days of age, within 48 to 72 hours of discharge from hospital
- Expect no more than 7% weight loss total and no weight loss after day 5 of life
- Observe feeding
- Return to work

Management of Poor Weight Gain

- Evaluate mother’s breasts/nipples
- Evaluate and correct latch
- Increase duration of feedings
- Increase frequency of feedings
- Additional milk expression and feeding, if indicated

The Breastfeeding-Friendly Pediatric Office Practice

- Educate mothers on breast milk expression and return to work.
- Provide noncommercial breastfeeding educational resources for parents.
- Encourage breastfeeding in the waiting room, but provide private space upon request.
- Eliminate distribution of free formula.


US Preventive Services Task Force

- Primary care clinicians should support women in breastfeeding

What physicians and the health system do before and around the time of delivery makes a difference in initiation, exclusivity, and duration of breastfeeding

**U.S. Surgeon General’s Call to Action to Support Breastfeeding**

- Health care systems
  - should ensure that maternity care practices provide education and counseling on breastfeeding. Hospitals should become more “baby-friendly,” by taking steps like those recommended by the UNICEF/WHO’s Baby-Friendly Hospital Initiative
- Clinicians
  - should ensure that they are trained to properly care for breastfeeding mothers and babies. They should promote breastfeeding to their pregnant patients and make sure that mothers receive the best advice on how to breastfeed.
- Communities
- Employers
- Families

**Barriers to Exclusive Breastfeeding “Part of the Problem”**

- Healthcare systems and providers
  - Limited provider awareness, knowledge, skills and practices and limited self-awareness
  - Excessive use of medical interventions during labor and delivery
  - Insufficient attention to immediate skin-to-skin at birth and evidence-based breastfeeding support practices, such as safe co-sleeping
  - Insufficient numbers of providers skilled in both clinical and social support for EBF

**The Physician’s Role “Part of the Solution”**

- Present and discuss data on dashboard and at departmental meetings
- Develop action plans to decrease supplementation
- Help write or revise hospital policies
- Educate on the risks of supplementation
- Provide or refer for breastfeeding management
- Use QI strategies in multidisciplinary committees

**Role of Health Care Professionals in Protecting, Promoting, and Supporting Breastfeeding**

- Promote community resources
- Communicate with lactation support personnel
- Encourage third-party payer coverage for breastfeeding services and supplies
- Encourage child care providers to support breastfeeding and feeding expressed breast milk
- Support breastfeeding in the workplace
- Collaborate with breastfeeding coalitions
- Advocate for supportive legislation

**What Can West Virginia Physicians do to Support Breastfeeding?**

- Encourage exclusive breastfeeding through 6 months of age and continuation for at least 1 year
- Evaluate practices that support families in their choice to breastfeed in the hospital, office, and/or local community
- Play an active role in policy development and implementation in maternity facilities
- Recommend formula supplementation only when medically indicated
- Encourage the local facility to become Baby Friendly & “Ban the Bags”
- Become a “breastfeeding-friendly” physician/champion

**Physician Resources**
There is an App for That!

LactMed App
- About LactMed
- Did you know?
- Find a lactation consultant
- LactMed App for iPhone/iPad
- LactMed App for Android Devices
- Additional measurement
  - Birth weight
  - Birth date
  - Time
- More options

https://www.newbornweight.org/