Minnesota Breastfeeding Coalition's
Strategic Plan

A Road Map

Goal 1: Environments in Minnesota are breastfeeding friendly
- Strategy: Advocate for policy change that supports breastfeeding
- Strategy: Advance community-based support for breastfeeding
- Strategy: Advance hospital and health care support for breastfeeding
- Strategy: Advance workplace support for breastfeeding
Goal 2: The infrastructure and systems of the coalition are stable and advance the coalition into the future

- Strategy: Organize and build the coalition’s internal capacity
- Strategy: Identify resources and raise funds to strengthen the coalition
- Strategy: Collaborate and communicate effectively with priority audiences
- Strategy: Reach out to and engage with existing and potential coalition members

Minnesota Breastfeeding Coalition Strategic Plan Year Two (2017) Objectives

- Strive for at least 85% of counties represented by local coalitions to identify and recognize a breastfeeding friendly workplace
- Advance state legislation for HB/LC insurance (set tangible short term goals by November 2016)
- Develop organizational budgets to support year 2 objectives
- Strengthen the Finance Subcommittee by writing policy & procedures, contracting with a bookkeeper and presenting to the MSD & Steering Committees the budget fundamentals needed to execute their positions
- Revise orientation documents & orient new 300 members annually
- Plan and implement 10th annual workshop and annual meeting
- Plan and implement 15th annual teleconference
- Cultivate a strategic plan objective for an alternative to the Mother Baby Summit by March 2017 and begin implementation by December 2017
- Form an Equity and Access Subcommittee: shorter and initial plan that will lead to a 20% increase in diversity in the Steering Committee & subcommittees: 5 minute, 20 minute, 20 minute or other.
Working Together to Increase Breastfeeding Friendly Businesses

MBC Worksite and Childcare Subcommittee
Melissa Carstensen, Facilitator

MBC Strategic Planning: Objective One

Aim for at least 80% of counties and tribes represented by local coalitions to identify and recognize a Minnesota Department of Health Breastfeeding Friendly workplace.

Minnesota Department of Health Breastfeeding Friendly Workplace Recognition

http://www.health.state.mn.us/divs/oshii/bf/BFFworkplace.html
Minnesota Breastfeeding Coalition
Breastfeeding in the Workplace resources
https://mnbreastfeedingcoalition.org/workplace/

MBC Objective One
BF Friendly Workplace Tracking Log

- Local Coalition Name:
  - Contact person from local coalition (please include name, e-mail, and phone number):
- Name of local workplace identified:
- Type of businesses (Ex: Public agency, Manufacturing, Healthcare, etc.)
- Application/Partnership Status (Ex: recognized by MDH, application submitted, application ready to submit, application partially complete, application not started, workplace contacted and partnership initiated, workplace identified but not yet contacted):
- Barriers encountered so far? Comments? What would help?
- Successes: What helped you as you worked on this process? What would you recommend to others?
MBC Objective One
BF Friendly Workplace Tracking Log

https://docs.google.com/spreadsheets/d/14cDrX8XipFKeEUBzavNHwY3VCEFy2HAdRy01b8/edit?pref=2&pli=1&gid=0

Also available as Word Document

Breastfeeding Friendly Workplace Recognition:
Working Together to Increase Breastfeeding Friendly Workplaces

Julie Alcorn-Webb, RN, MA, MPH Candidate
Advisor: Pat McGovern, PhD, MPH, RN
Bond Professor of Environmental and Occupational Health Policy
Deputy Director, Midwest Center for Occupational Health and Safety, School of Public Health

Background and Significance:
Why Objective 1?

Return to work is cited by mothers as the primary reason why they discontinue BF, or begin to supplement with formula. Having time and space to express breast milk in a supportive workplace increases the total length of BF, as well as exclusivity. Businesses also benefit by helping women achieve their BF goals. Lower absenteeism, lower healthcare costs, lower turnover rates, and higher employee productivity and loyalty equate to a 3:1 return on investment for companies that provide a supportive environment for BF women. Although federal and state law require basic supportive measures in the workplace, workplace barriers contribute to low rates of BF upon return to work. A program developed by the Minnesota Department of Health (MDH) provides recognition for workplaces in Minnesota that meet a set of criteria aimed at creating a BF Friendly Workplace for their employees. The Minnesota BF Coalition (MBC) is working to facilitate MDH BF Friendly Workplace Recognition for workplaces throughout Minnesota.


http://www.womenshealthmn.org/employer/solutions/index.html from A to Z
Breastfeeding and Return to Work: A Public Health Issue?

- Exclusively BF in Minnesota (2013)
  - 1 Month: 45.2%
  - 4 Months: 23.5%

- Healthy People 2020
  - MICH-21.4: Exclusively through 3 months 46.2%

- MICH-21.5: Exclusively through 6 months 25.5%

**Healthy People 2020 Goals**

- MICH-22: Increase the proportion of employers that have worksite lactation support programs. 38.0%

*Workplace lactation programs support a women’s ability to achieve her BF goals*


**It’s the Law!**

- **Federal Law**
  - The Patient Protection and Affordable Care Act ("Affordable Care Act") amended section 7 of the Fair Labor Standards Act ("FLSA") to require employers to provide reasonable break time for an employee to express breast milk for her nursing child each time such employee has need to express the milk. Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.
  - http://www.dol.gov/whd/nursingmothers/

- **Minnesota Law**
  - 181.939  NURSING MOTHERS.
    - (a) An employer must provide reasonable unpaid break time each day to an employee who needs to express breast milk for her breast-fed child. The break time is reasonable time, not necessarily connected with any break time already provided to the employee, and the employee is not required to provide break time under this section if the employee would unduly disrupt the operations of the employer.
    - (b) The employer must make reasonable efforts to provide a room or other location, in close proximity to the work area, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, and that includes access to an electrical outlet, where the employee can express her milk in privacy. The employer would be held harmless if reasonable efforts have been made.
    - (c) For the purposes of this section, “employee” means a person or entity that employs one or more employees and includes the state and its political subdivisions.
    - (d) An employee may not retaliate against an employee for exercising rights or remedies under this section.
      - https://www.revisor.mn.gov/statutes/?id=181.939

Minnesota Department of Health
Breastfeeding Friendly Workplace Recognition Program

Criteria for Recognition as a Breastfeeding Friendly Workplace:

1. Written guideline or policy
2. Support
3. Time
4. Education
5. Place
Why Recognize Workplaces?

Goals of Recognition Programs

• Recognize organizations for their support of breastfeeding
• Increase the number of organizations who support breastfeeding moms and families
• Increase rates of initiation, duration and exclusivity of breastfeeding in Minnesota

Minnesota Breastfeeding Coalition

http://mnbreastfeedingcoalition.org/

• The Minnesota Breastfeeding Coalition supports the goals of the United States Breastfeeding Committee, which are as follows:
  – Assure access to comprehensive, current, and culturally appropriate lactation care and services for all women, children, and families.
  – Ensure that all federal, state, and local laws relating to child welfare and family law recognize and support the importance and practice of breastfeeding.
  – Increase protection, promotion, and support for breastfeeding mothers in the workforce.

Strategic Plan: Objective 1

Aim for at least 80% of counties and tribes represented by local coalitions to identify and recognize a breastfeeding friendly workplace by August 2016.

Research Questions

Overall: How can the MBC Workplace Subcommittee assist MBC members in achieving Objective 1?

1. Who are the local coalition members most interested in working on Objective 1 (contact info) and what work has already been done by local coalition members?
2. What are the practical problems encountered by local coalition members working on Objective 1 and how can the subcommittee help resolve those problems?
3. What resources can be delivered to encourage additional local coalition members to engage in Objective 1 activities?
4. What motivates workplaces to seek Breastfeeding Friendly Recognition and how can those motivations be leveraged by MBC members?
5. How will the progress toward Objective 1 be collected and recorded?
Initial Data
2015 MBC Annual Meeting

Breastfeeding Friendly Workplace Interest Survey

Table I. Results of Initial Breastfeeding Friendly Workplace Interest Survey

<table>
<thead>
<tr>
<th>n=45: 33 Respondents provided contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td>of those who provided contact information self-identified as the contact for their local coalition</td>
</tr>
<tr>
<td>of those who provided contact information did not self-identify as the contact for their local coalition</td>
</tr>
<tr>
<td>of those plan to work with a local company to achieve BF-friendly recognition</td>
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<tr>
<td>of those plan to work with a local company to achieve BF-friendly recognition</td>
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<td>of those have identified the company they will assist</td>
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<td>of those have identified the company they will assist</td>
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<td>of those would like to identify a company to assist</td>
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<td>of those would like to identify a company to assist</td>
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At the time of the 2015 annual meeting, 6 worksites in MN had been recognized as Breastfeeding Friendly.

Conceptual Model for Employers Seeking Breastfeeding Friendly Recognition
Based on the Theory of Planned Behavior

Practical Tools
- Toolkit: 4 Steps to Meeting MBC Objective 1
- Monthly E-blasts
- Letter to introduction to businesses
- Local coalition tracking spreadsheet
Selected References


http://www.health.state.mn.us/divs/oshii/bf/BFFworkplace.html
http://www.dol.gov/whd/nursingmothers/
https://www.revisor.mn.gov/statutes/?id=181.939

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**The Washington County Breastfeeding Coalition (WCBC)**

- Established in September 2010 as part of the Statewide Health Improvement Program (SHIP) and the Health Care Breastfeeding Support Intervention.
- Members meet monthly to collaborate, share resources, plan projects and network.

**Mission, Vision, and Goals**

**Mission and Vision**
- To promote, support and protect breastfeeding through education, outreach, and collaboration within our community.
- We envision a community where breastfeeding is the norm and where families are supported and empowered to achieve their breastfeeding goals.

**Goals**
- Increase initiation and duration rates in Washington County.
- Advance breastfeeding knowledge and the skill base of health professionals.
- Provide families with accurate information, community support, and the resources to successfully breastfeed.
- Link healthcare professionals, breastfeeding families, and the community with up-to-date referral and educational materials.

**WCBC...Past, Present and Future**

- Sponsored Professional Education events with Jon Dorsey.
- Developed SHIP Friendly Hospital Certification process with Washington County Hospital.
- Developed Washington County Breastfeeding Resource List.
- Developed "Breastfeeding Toolkit for the Perinatal Clinic Setting" and urges to place in every clinic.
- Added two additional businesses to Core Toolkit.
  
  - Continue in support SHIP process.
  - Breastfeeding Toolkit for the Perinatal Clinic Setting.
  - Recently revised Washington County Breastfeeding Resource List and other sections of the Clinic Toolkit.
  
  - Implement Clinic Toolkit for medical practices.
  - Establish more community and workplace support for breastfeeding.
  - Seek funding to support additional professional training sessions.
  - Identify additional sites to place newly revised Toolkit and share updated version with current users.
  - Ensure all Washington County clinics are aware of the Washington County Breastfeeding List.
**First Steps to Identify Breastfeeding Friendly Workplace:**

- Emailed Washington County BF Coalition members regarding MBC Objective: "Aim for at least 80% of counties and tribes represented by Local coalitions to identify and recognize a breastfeeding friendly workplace by August 2016"
- Responses = Zero
- Then added as an agenda item to bi-monthly coalition meetings beginning in July 2015.
- Responses = Zero
- Persisted in adding as agenda item to bi-monthly coalition meetings

**WCBC Breastfeeding Friendly Workplace**

- In early 2016 a Coalition member mentioned wonderful lactation rooms available at new Hy-Vee grocery store in Oakdale, MN
- The Coalition decided this would be great first business to work with!
- Two Coalition members contacted the store manager to set up a meeting
- Met with store manager on site to discuss Breastfeeding Friendly Business process and view lactation rooms

**HyVee Oakdale**
HyVee Oakdale

Process

- Store manager passed on information to store Registered Dietitians
- Our Coalition provided information on the Minnesota Department of Health (MDH) Breastfeeding Friendly Workplace application process, sample breastfeeding policy templates and other resource materials
- It took frequent communications with the store to ensure they were “on task” and check if they needed anything further from us.

Results

- Store met deadline of August 15th, 2016 and submitted their Breastfeeding Friendly Workplace application to MDH
- Hy-Vee is currently waiting for results of their submitted application.
Breastfeeding Support in the Workplace

- Reduce barriers to breastfeeding for nursing mothers returning to work
- Provide a safe, clean, private space for mothers to express milk
- Create a mother’s/lactation room that meets minimum standards

Statewide Health Improvement Program (SHIP) efforts

- Offered mini-grants of up to $2,999 to local health care partners to work on worksite wellness initiatives
- 3 health care partners applied for funding to work on breastfeeding supports in their workplace

Lakeview Hospital
**Lakeview Hospital**

- **Policy:** Develop an employee breastfeeding policy which will outline the importance of supporting breastfeeding in the workplace.

- **System:** Improving and expanding commitment to Employee Wellness overall and including breastfeeding supports for employees.

- **Environment:** Update and enhance employee lactation rooms.

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**Central Pediatrics**

- **Policy:** Implement a comprehensive Nursing Mother’s policy that supports pumping in the workplace.

- **System:** During new employee orientation employee’s will learn about the lactation room and breastfeeding policy.

- **Environment:** Update an existing clinic room into an employee lactation room.
Stillwater Medical Group

**Policy:** Develop an employee breastfeeding policy which will outline the importance of supporting breastfeeding in the workplace.

**System:** Promote breastfeeding supports and policy at new employee orientation.

**Environment:** Create a convenient, accessible and inviting space for mothers to pump and continue to breastfeed their infants.
**Washington County**

- **Policy:** Develop a County-wide employee breastfeeding policy.
- **System:** Promote breastfeeding policy and nursing mother’s support kit process on Washington County employee intranet.
- **Environment:** Washington County will create a sign-out process for employees to check-out a nursing mother’s support kit. This process will provide more opportunities to support nursing mother’s.

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**Breastfeeding Friendly Health Department Recognition**

- On Sept. 15, the Minnesota Department of Health (MDH) notified Washington County Public Health & Environment that it had been named a gold-level Breastfeeding Friendly Health Department.
Lessons Learned

- Use wisdom, knowledge and contacts of local coalition members to identify potential businesses to work with
- Be persistent!
- Offer resources to guide them
- Frequent follow up
- Plan to celebrate and recognize businesses for this accomplishment

Questions?

Contact Information:
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Public Health Program Supervisor
WIC Program Coordinator
Washington County WIC Program
Maggie.domski@co.washington.mn.us
651-430-6649

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Community Health Specialist
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The Road to Breastfeeding Friendly Workplace Recognition

Sharon Dunham RN BSN CLC
on behalf of
CentraCare - St. Cloud Hospital
and
CentraCare Health - Monticello
Starting the Journey: Take the First STEP

Start with the specific breastfeeding friendly criteria:
- Workplace, Maternity Center, Health Dept., & Child Care Center

Workplace criteria acronym: STEP
- Support, Stakeholders, and Champions
- Time, Work schedule flexibility, Formal Policy
- Education, Norm, employees, and supervisors, Resources
- Privacy, Location, required amenities, Room preparation

It takes a Team Effort to Arrive at the Destination

Lactation Lounge Photos

Challenges on the Road
- Locating a Champion
- Time Commitment
- Communicating the Evidence
- Patience during the Process
- Staying Motivated through each STEP

Supporting Breastfeeding in the Workplace
Breastfeeding Friendly Workplace Recognition Award

Contact: Sharon Dunham
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St. Cloud, MN 56303
Phone: 320-251-2700, x53127
Sharon.Dunham@centracare.com

MBC Objective One
Local Coalitions Teleconference

November 17, 2016
10:00 – 11:30 A.M.
Twin Cities Metro Outpatient Non-medical Need Artificial Baby Milk (ABM) Sample, Gift and Coupon Community Practices Survey Results

Thanks To Our Subgroup

- **Lead:** Linda Johnson, RN, CLC
- **Group members:**
  - Thia Bryan, MA, CLEC, CPT, HealthPartners
  - Mary Bursek, HealthPartners Market Research
  - Rebecca Fahning, RDH, BS, IBCLC, HealthEast
  - Katie Galloway, RD, LD, IBCLC, Dakota County WIC
  - Jesse Hennum, MD (Med Peds), Allina and Children’s
  - Laura Page, Hennepin County WIC Peer Educator
  - Joanne Wesley, BA, IBCLC, MBC

Clinic System Survey Participation

- Allina
- HealthEast
- HealthPartners (Stillwater Medical Group)
- M Health (Fairview)
- North Memorial

Survey completed by clinicians or clinic manager
Impact of Non-medical ABM Samples, Gifts & Coupons

- Non-medical need ABM samples, gifts and/or coupons given to family
- Mother's confidence in her ability to exclusively breastfeed is reduced
- Durations of exclusive breastmilk and overall breastfeeding reduced

Goal #1: Understand the prevalence of non-medical outpatient clinic formula sampling, gift and coupon distribution
- 10 questions
- 526 surveys sent
- 65 completed
- 12% completion

Goal #2: Get feedback on what types of resources MBC might be able to make available to help change practices and increase safety
- 93% of responders wanted resources

3 Trends Emerged

- Family Medicine had the highest tendency to distribute in-sample (compared to OB/GYN and Pediatric clinics)
- For patients choosing to formula feed, Pediatric clinics were more likely to advocate families about safe formula preparation and feeding (compared to Family Med and OB/GYN clinics)
- Many (39%) outpatient clinics are currently not offering any education on safe formula preparation and feeding
What is your practice specialty?

33% Family Practice
32% Pediatrics
26% OB/GYN
10% Other
2% Multi-specialty clinic

To whom does your clinic distribute gift bags or items that include infant formula coupons or samples?

- 87% Our clinic does not distribute gift bags or items...
- 5% Infant formula feeding patients
- 3% Breastfeeding patients
- 3% All pregnant patients
- 2% All postpartum patients

Which infant formula companies currently supply the items your clinic distributes to patients?

- 50% Abbott/Similac
- 33% Mead Johnson/Enfamil
- 17% Gerber/Good Start
- 0% Store brand/or Perrigo
- 0% Other
Along with patient gift bags/items, what else is offered by the infant formula representatives?

- Educational incentives for providers and staff on behalf of the representative's company: 40% (3 Respondents, 5 Responses)
- Food, such as pens, notepads, coffee mugs, etc.: 40% (3 Respondents, 5 Responses)
- Video instruction: 20% (2 Respondents, 3 Responses)
- Hands-on formula preparation demonstration: 0% (0 Respondents, 0 Responses)
- Written information (book or handout): 20% (2 Respondents, 3 Responses)
- Undefined items such as pens, notepads, coffee mugs, etc.: 0% (0 Respondents, 0 Responses)
- Other: 0% (0 Respondents, 0 Responses)

For patients choosing to use infant formula, what education or guidance does your clinic staff provide regarding formula preparation and feeding?

- We do not offer education for infant formula feeding: 39% (35 Respondents, 51 Responses)
- Written information (book or handout): 21% (20 Respondents, 26 Responses)
- Hands-on formula preparation demonstration: 4% (4 Respondents, 6 Responses)
- Verbal instruction: 36% (37 Respondents, 52 Responses)
- Video instruction: 0% (0 Respondents, 0 Responses)

Would your providers or staff use infant feeding information or attend educational opportunities if developed by the MN Breastfeeding Coalition?

- 36% Handouts for patient education
- 30% Patient-focused community resource info
- 23% Infant feeding training or in-service education for providers/staff
- 7% No
- 3% Other
- 7% Other
It is difficult to provide feeding information in the little time that we have in the clinic. We are a Child Abuse Clinic; these issues don’t come up for us. Most of our pregnant patients are Somali. They primarily breastfeed and do a varying amount of formula supplementation. The hospital where we deliver is WHO Baby Friendly certified.

Demographics

Resources Needed
MBC safe formula prep toolkit?
- Culturally-appropriate and translated education for clinics, daycares, etc.
- Resource for mixed-feeding

Possible Trainings
Webinars with CEUs/L-cersp
In-person training for care teams

Communication
Seek out partners and funding
Marketing plan execution
Key cultural questions

1. What strategies and positive messages can help to support mothers with cultural and family challenges not supportive of exclusive breastfeeding?

2. For mothers that choose mixed or formula feeding, how can we best support them to do this safely?

Thanks!
Please join us at lunch to chat about culturally-appropriate ABM education and preparation needs in our communities.

Citations


American Journal of Public Health; May 2009; American Journal of Public Health; May 2009; Hospital Practices and Women's Likelihood of Fulfilling Their Intentions to Exclusively Breastfeed; Eugene Declercq, PhD, Melissa A. Liska, PhD, MPH, Carol Sakala, PhD, MPH, and Mary Ann O'Hara, MD, MPH


www.cdc.gov/breastfeeding/pdf/ABM_policy_2.pdf
www.cdc.gov/breastfeeding/pdf/ABM_strategy_addressingmarketinginfantformula.pdf

http://www.epi.umn.edu/let/nutrition/diabetes/seatingfactors.pdf

Drivers of a nationally recognized WIC agency’s success in supporting breastfeeding

Mikaela Coburn, MPH

Project Background

- Bloomington, Edina, Richfield (BER) WIC breastfeeding program
- WIC: The Special Supplemental Nutrition Program for Women, Infants, and Children
- Why are the BER program breastfeeding rates consistently high?

BER Breastfeeding Rates

Breastfeeding Initiation

- National General Population Rates: 74%
- Minnesota WIC Population Rates: 80%
- BER WIC Population Program Rates: 89.90%
Objective: describe how the BER program through its policies, procedures, processes and its organizational culture promotes and supports breastfeeding.

Data Collection

- Case Study Methodology Approach
- Breastfeeding duration and demographic data collected from publicly available data at MDH
- Collection of documents and visuals used by BER program
- Qualitative Interviews with Staff
  - 16 staff members interviewed
    - (1) Manager
    - (1) WIC Coordinator
    - (1) International Board Certified Lactation Consultant (IBCLC)
    - (4) Dietitians
    - (3) Public Health nurses
    - (4) Peer counselors
    - (2) Interpreters
1. Presentation of Breastfeeding to Clients

- **Topics:**
  - Baby Behavior
  - Birth Plans
  - Hospital Stay
  - The Law

- **Provider Techniques:**
  - Self-Relate
  - Praise

Demonstration of decreasing milk supply when formula is introduced. White rice represents breast milk, black beans represent formula.

The difference between breast milk and formula.
• Questions and Phrases:
  - Prenatal:
    - “How are you planning on feeding baby?”
    - “What have you heard about breastfeeding?”
  - Postnatal:
    - “What are your goals?”
    - “What was your plan?”
  - Motivational:
    - “Are you open to sharing why you made that decision?”
    - “Would you like more information?”

2. Barriers for Breastfeeding

Breastfeeding Barriers in the BER WIC Population. Fifteen members of the BER staff identified the most frequent barriers they encounter with clients.

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Strategies/Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace Related</td>
<td>1. Talk about the law</td>
</tr>
<tr>
<td></td>
<td>2. Encourage moms to talk to employers early</td>
</tr>
<tr>
<td></td>
<td>3. Provide letter stating intent to continue breastfeeding for mom to give to employers</td>
</tr>
<tr>
<td></td>
<td>4. Provide refrigerated/freeze bags to store breast milk</td>
</tr>
<tr>
<td></td>
<td>5. Talk about pumping</td>
</tr>
<tr>
<td></td>
<td>6. Provide manual pumps, if unable to use electric pumps in work setting</td>
</tr>
</tbody>
</table>
3. Program Practices: Staff Practices

- **Knowledge of breastfeeding**
  
  “we all know about breastfeeding, even the receptionist”

- **Staff support**
  
  “There will always be [other staff] answering your questions, so it’s like team players”

  “It’s that whole culture, everybody celebrates successes, we are all on the same page”

- **Flexibility**
  
  “having a lactation consultant on staff that’s huge. We can just pull her in. [Clients] don’t need an appointment specific with her”

  “everyone answering the phone, talking about breastfeeding because sometimes it’s our peer counselors, or nurses, or dietitians so whoever [client] gets are pretty adept at introducing the conversation or discussing issues”

- **Staff buy-in**
  
  “it’s a stroke of luck of the staff that we have that’s all on board with breastfeeding. It’s a culture we’ve developed, that’s just normal to talk about”

  “I’m so grateful, WIC changed my life in many ways, from my family, I was the only one that breastfed, I want to continue that”

3. Program Practices: Staff to Client Practices

- **Promotion of self-efficacy**
  
  “we are not here to make the decision for you. It’s your decision; no matter what you do or choose to do, we are here to support you no matter what”

- **Anticipatory guidance**
  
  “we start early, “plant the seed,” “help them see the barriers they might be and solving them before they happen”

- **Accessibility of staff**
Conclusions

• Consistency and Standardization
• Client-centered
• Availability of staff
• Flexibility: cross-training of staff

Limitations and Strengths

• Limitations:
  • Collection from one agency
  • May not be generalizable without replication
  • Small sample size
• Strengths:
  • Variety of staff interviewed
  • Exploratory in nature

Next steps

• Consistency across WIC peer programs
• Evaluating factors at the clinic level that support and promote breastfeeding
• Addressing misconceptions as a way to promote breastfeeding
• Supporting breastfeeding in the workplace
Acknowledgements

- Committee Members
  - Advisor: Pat McGovem PhD
  - Reader: Katie White EdD, MBA
  - Community Advisor: Nick Kelley PhD
- All the Staff of the BER program
Baby Friendly Designation

Nan Schwietz RN, IBCLC, Nanette.M.Schwietz@lakeview.org
and Deb Nelson RN, MSN, Deborah.k.Nelson@lakeview.org

Baby Friendly Designation Pathway

February 2011 - Development phase application
2011 – 2015 - made multiple clinical practice changes
2015 – Exclusive breastfeeding core measure
  Goal = 70%
  Q1 2015 = 62.7%
  Q2 2015 = 55.3%

2015 – nursing staff education

January 2016 – re-established the Infant Feeding Team

April 2016 – Started the Development Phase
  Patient education work group
  Staff education work group
  Data collection work group
  Policy development work group

September – November 2016 – physician education
Challenges

- Consistent Leadership to help support the process
- Team members doing more than just showing up to the meetings
- Construction project and level II nursery development going on at the same time
- Baby Friendly Website is cumbersome and not user-friendly

Current Status

- Hope to submit our policy, patient education plan, staff education plan, and data collection plan by end of October.
- 2017 - Complete the implementation of all of the plans, tie up loose ends
- 2018 - Obtain Baby Friendly Designation
Feed the Baby:
What Formula Feeding and Supplementing Mothers Aren’t Hearing

I have nothing relevant to disclose

The Elephant in the Room
Why is an IBCLC covering this?
Healthy People 2020 Goals

Fein et al, J Am Diet Assoc, 1999

- 2, 5, and 7 month old babies
- >1000 formula fed infants in each age group
- Sought to find out issues with infant feeding and see if it correlated to increased diarrhea
- Found that:
  - 33% of mothers mixed formula inappropriately
  - Education from health care professional may help
Lambiner-Wolfe et al, Pediatrics, 2008
- Goal was to assess what parents learn about formula feeding practices
- 77% of mothers did not learn about formula prep from HCPs
- 73% did not learn about storage from HCP
- Mothers thought ready to feed or powdered formulas were “unlikely to contain germs”
- 30% did not read some or all of the instructions on the can

Renfrew et al, 2002, Archives of Diseases in Childhood
- UK based
- Systemic review
- Found only 5 quality studies
- Low numbers of participants
- All of the studies found inaccuracies in reconstitution

Herbold & Scott, 2008, International Journal of Environmental Health Research
- 15 mothers, infants under 7 months
- Observer came to watch them
  - 73% did not wash hands
  - 60% did not keep bottle cool during transport
  - 20% of infants slept with bottle
  - 47% added cereal to formula
Our Study

- Qualitative
- Mothers surveyed via internet
- Youngest was 18; oldest was 45
- >1500 valid responses
- 10 questions

Formula Feeding Was...

<table>
<thead>
<tr>
<th>Reason Given</th>
<th>Responses</th>
</tr>
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<tbody>
<tr>
<td>Your first feeding choice</td>
<td>44.1%</td>
</tr>
<tr>
<td>Something you didn’t implement</td>
<td>20.7%</td>
</tr>
<tr>
<td>Something you did out of necessity</td>
<td>21.4%</td>
</tr>
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Write-In Reasons Given

- Pregnancy
- Sexual assault
- Sleep deprivation
- Sick of breastfeeding
- Breast reduction
- Reflux
- Not allowed to pump at work
- Embarrassment
- Mother needed more sleep
- Teething infant/biting
- Thrush/mastitis
- Failure to thrive
- Adoption
- Lip or tongue tie
- Pressure from family or doctor
- Painful feeding
- Breast refusal
- Allergies
- Multiples
- IGT/PCOS
- Jaundice
- NICU
- Low blood sugar
“Formula feeding was the last resort that I had with no support.”

Was infant feeding discussed prenatally?

“Once I said I wanted to breastfeed, I was given no other information about breast or formula feeding.”
The CDC recommends: (from the CDC website as of October 2016)

- **Clean up before preparation**
  - Wash your hands with soap and water
  - Clean bottles in a dishwasher with hot water and a heated drying cycle, or scrub bottles in hot, soapy water and then sterilize them
  - Clean work surfaces, such as countertops and sinks

- **Prepare safely**
  - Keep powdered formula lids and scoops clean (be careful about what they touch)
  - Use hot water (158 degrees F/70 degrees C and above) to make formula
  - Cool formula to ensure it is not too hot before feeding your baby by running the prepared capped bottle under cool water or placing it in an ice bath and checking the cooling water from getting into the bottle or on the nipple before feeding the baby
  - Carefully shake, rather than stir, formula in the bottle

- **Use up quickly or store safely**
  - Use formula within 2 hours of preparation. If the baby does not finish the entire bottle of formula, discard the unused formula
  - If you do not plan to use the prepared formula right away, refrigerate it immediately and use it within 24 hours. Refrigeration slows bacterial growth and increases safety
  - When in doubt, throw it out. If you can't remember how long you have kept formula in the refrigerator, it is safer to throw it out than to feed it to your baby

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**Were you given information on preparing formula?**

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, in the hospital.</td>
<td>9%</td>
</tr>
<tr>
<td>Yes, by a healthcare provider outside the hospital.</td>
<td>55%</td>
</tr>
<tr>
<td>Yes, I don't remember, please specify (open text field).</td>
<td>15%</td>
</tr>
<tr>
<td>No</td>
<td>25%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

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**Were you given information on how much formula to feed your baby?**

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, by a healthcare provider.</td>
<td>28%</td>
</tr>
<tr>
<td>Yes, by a healthcare provider outside the hospital.</td>
<td>17%</td>
</tr>
<tr>
<td>No</td>
<td>65%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>
Write-in comments

- Formula company can
- Formula company website
- Formula company hotline
- Internet
- WIC
- Family
- Dietician/Nutritionist

Recommendations from Similac

Research puts breastfed baby intake at 23-30 ounces/day from 1 month – 6 months, and indicates that amounts remain fairly stagnant. (Cox, 1996; Dewey 1983, 1984, 1991; Kent, 1999; Cox 1996; Salazar 2000)

“The information that I got on amounts was conflicting depending on who it was from – sometimes even in the same facility.”
If you supplemented or combo-fed, were you given information on how to successfully manage this?

![Graph showing percentages of responses]

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, but not enough</td>
<td>3.0%</td>
</tr>
<tr>
<td>Yes, but medication or nutrition plans were not communicated</td>
<td>7.8%</td>
</tr>
<tr>
<td>No</td>
<td>95.2%</td>
</tr>
<tr>
<td>Not qualified to answer/n/a</td>
<td>4.0%</td>
</tr>
<tr>
<td>Don’t answer</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

Write-in comments

- “I was told (to feed formula) as needed. That was never defined.”
- “(Combo feeding) was never touted as manageable, so I just switched to formula.”
- “I was told to feed until baby wouldn’t take anymore.”
- “I was told to give some formula.”

Tarrant et al, 2013, Archives of Disease in Childhood

- Assessed obesity risk based on formula feeding
- 368 babies
- Available 6 week data (184) showed mean intake was 205ml/kilogram of body weight/day (so a 10 pound baby would take in about 32 ounces per day)
- Mothers often switched formula because baby was eating “too often” (defined as 2-3 hours)
Were you given information on types of formula and which would work best for your baby?

Considerations about formula

- Palm olein oils used in some infant formulas to mimic the fatty acid of human milk has been shown to lower bone mineral content and bone mineral density. Absorption of fat is also negatively effected (Koo et al, 2003, Pediatrics; Koo et al, 2006, Journal of American College of Nutrition).
- If an infant has a 1st degree relative with allergic disease, avoiding allergens may prevent or delay allergic issues in infant (Greer et al, 2008, Pediatrics).

Prebiotics, Synbiotics, Probiotics and Formula

- "Insufficient data to recommend routine use," ESPGHAN Committee on Nutrition, 2011.
- There is not enough evidence to state that supplementation of term infant formula with probiotics, prebiotics or synbiotics results in improved growth or clinical outcomes in term infants. There is no data available to establish if synbiotics are superior to probiotics or prebiotics. Mugambi et al. Nutrition Journal 2012.
- Child care infants fed a formula supplemented with L. reuteri or B. lactis had fewer and shorter episodes of diarrhea, with no effect on respiratory illnesses. These effects were more prominent with L. reuteri, which was also the only supplement to improve additional morbidity parameters. Weizman et al, Pediatrics, 2005.
Recommendations

- Prenatal breastfeeding education
  - Classes seem to be most effective (Rosen, 2008)
- Give bottle feeding education to all bottle feeding mothers, including how to choose the appropriate bottle/nipple (helpful info from Petersen and Harmer, breastandbottlefeeding.com)
  - Exclusively pumping mothers are bottle feeding
- Give stomach inappropriate amount information to all mothers
- Teach paced or baby led bottle feeding
- Encourage car based feeding
- Provide in-depth education on preparation to formula feeding between breast feeding sessions
- Support parents that areformula feeding by providing a formula, with attention given to concerns they have or history of allergies
- Teach mothers when to discard prepared formula
  - Refrigerated, premature formula should not be used longer than 24 hours
  - Formula remaining after a feed should be discarded
- Reiterate these points at multiple visits and remind parents that you can help
- If possible, teach not only mother, but significant others and support people
- Supplementing mothers need to be told
  - How to appropriately mix and store formula or how to appropriately store donor milk if being used
  - Information on handling a healthy milk supply
  - A plan for how much, how often, and how to taper from supplementation (if short term)
  - If mother is exclusively formula feeding address how to dry up breast milk
- Discourage the "clean plate club," especially with mothers bottle feeding breast milk

“I wish there were a balance between breast and formula feeding. When I ran into trouble, there was no acceptance that formula was an option, so I continued to fail and feel worthless while trying to breastfeed. There is no support for those struggling if they don't respond to the 'it gets better' mantra. I wanted to die because I was a failure at breastfeeding.”
Prenatal Breastmilk Expression

Mayo Clinic Health System  Red Wing
Minnesota Breastfeeding Coalition 9th Annual Meeting

October 28, 2016

Jenna Reinhart RN, IBCLC
Reinhart.Jenna@mayo.edu
651-267-5376
Objectives

• Indicate when providing extra colostrum could be beneficial to the mom and/or baby

• Identify positive outcomes of expressing and storing colostrum prenatally

• Develop a plan for expressing and storage of colostrum
Background on colostrum collecting

- Breastfeeding Core Measures
- Review of 2014 Initiation and Exclusivity Data
  - 46% mothers received formula in first 4 hours
  - 34% of AT RISK mothers formula by discharge
- USLCA Webinar 2014, Suzanne Cox, Australia
  - Supplementing neonates with colostrum assisted with immunity, hydration, improved active feeding.
  - Increased milk supply and confidence building for mother.
MCHS Birthplace goals

• Decrease formula use in the first 4 hours
• Increase exclusive breastfeeding rates by hospital discharge
• Increase our duration rates
Indications for collecting and storing colostrum during pregnancy

- Type I, Type II and gestational diabetes
- Inflammatory bowel disease (Ulcerative colitis, Crohn’s Disease)
- Multiple Sclerosis
- Women at risk for not producing a full milk supply (breast hypoplasia, PCOS, history of breast surgery)
Education from Provider

- Candidates identified at 28 week prenatal provider visit
- Introduction to program
- Order placed for referral for a Lactation consult at 34-36 weeks gestation
supplies
Supplies given to patient

- Soft sided cooler
- Syringes/ caps
- Storage container labeled “Store in Freezer”
- Spoon
- Med cups

- Lactation services brochure
- Hand expression brochure
- Website resources
- Labels
Hand expression

Start collecting at 37 weeks
Collect into a spoon or cup
After warm shower
Stop if cramping starts
Labeling and Storage

• Number each syringe

• New syringe for each session

• Seal with moms MR # label

• Place in plastic container in freezer
Use of milk in Hospital

- Finger feed with 5fr NG tube
- Supplement at the breast
- Give after or during a feed for a low blood sugar
- Give during the second night when baby is more fussy
- Use as supplement for jaundice prevention
Pilot sample of 34 mothers

Intended BF by discharge
Exclusive BF by Discharge

Prenatal Breastmilk
Intended to breastfeed and received formula

- 45% for 2014
- 25% for Prenatal BM

Formula first 4 hrs
Findings

• 8% increase of breastfeeding exclusivity rate in hospital overall
• 15% increase exclusivity rate among mothers expressing colostrum prenatally
• Decreased formula use in the first 4 hours by 17% in pilot group
• No mothers who collected colostrum went into preterm labor
• Increase in mothers confidence
• Mothers reported their milk came in sooner and had more breastmilk than expected
References


Hand Expression Websites
