


Obesity Prevention:
Improving Exclusive Breastfeeding Rates in California Hospitals



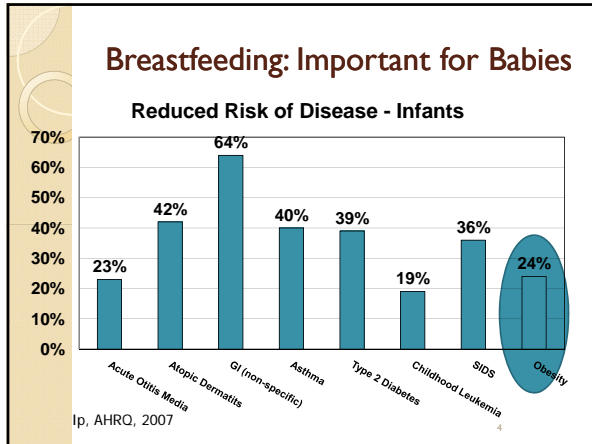
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Birth & Beyond California Project
2009

Acknowledgements

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- In collaboration with
 - Regional Perinatal Programs of California, PAC/LAC
 - Breastfeeding Task Force of Greater LA
- Adapted from Perinatal Services Network, Loma Linda University

Objectives

- Participants will describe the relationship between exclusive breastfeeding, attachment and obesity prevention.
- Participants will identify three strategies for making institutional changes in hospitals to promote breastfeeding in communities where exclusive breastfeeding rates are low
- Participants will identify three lessons learned from the implementation of the Birth and Beyond California Project



Breastfeeding Reduces the Risk of Childhood Obesity

- Leptin, ghrelin, adiponectin play a role
- Infants self-regulate at the breast
- Different maternal behavior
- Reduced risk for early growth acceleration
- Other variables
- **Reduces the risk of obesity by 4% for each month of breastfeeding**

Ip, AHRQ, 2007
Dewey, JHL, 2003
Miralles, Obesity, 2006

Breastfeeding Reduces the Risk of Childhood Obesity

- **Exclusive BF for 3 to 6 months is associated with reduced risk for childhood overweight**
- Not a panacea, but the start of our obesity prevention efforts
- BF promotion is likely to be an important component in larger efforts to reduce childhood obesity

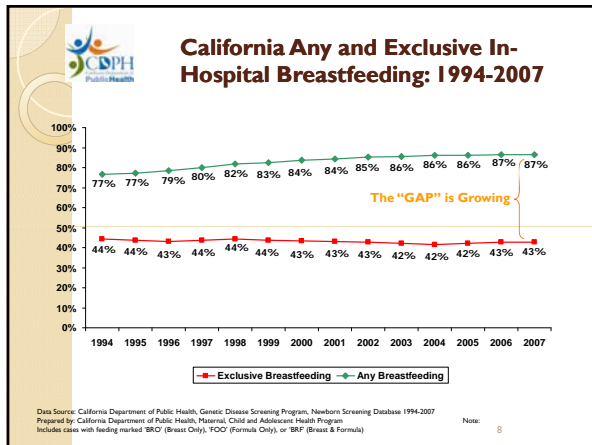
Ip, AHRQ, 2007
Dewey, JHL, 2003
Miralles, Obesity, 2006


Breastfeeding Categories

- “EXCLUSIVE BREASTFEEDING”
 - Infants fed only human milk
 - Recommended by American Academy of Pediatrics, American College of Obstetricians and Gynecologists, Academy of Family Physicians, American Dietetic Association
- “ANY BREASTFEEDING”
 - Includes infants fed only human milk and infants fed a combination of human milk and formula



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Breastfeeding
Investing in California's Future

<http://www.cdph.ca.gov/HEALTHINFO/HEALTHYLIVING/CHILDFAMILY/Pages/BreastfeedingInvestinginCaliforniaFuture.aspx>

Recommendation

- Facilitate the implementation of a culturally competent and sensitive system of evidence-based care to ensure that all California hospitals and clinics promote *exclusive* breastfeeding for six months and support any breastfeeding as part of their general health strategies

- Breastfeeding: Investing in California's Future, 2007



- Providing Breastfeeding Support: Model Hospital Policy Recommendations
- Model Hospital Policy Recommendations Toolkit

cdph.ca.gov/Breastfeeding

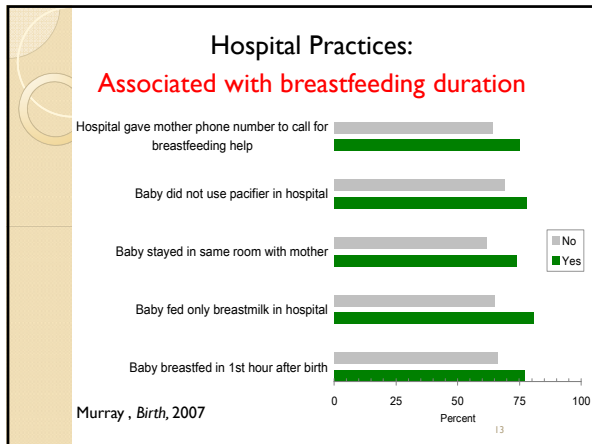
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Hospital Policy is **Key**

- Hospitals with written policy have better breastfeeding outcomes at 2 weeks
- Administrative prioritization of breastfeeding support drives the hospital practices that lead to improved breastfeeding
- Monitor improvements in breastfeeding support over time

Rosenberg, *Breastfeeding Medicine*, 2008

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Breastfeeding Duration

- Breastfeeding at 6 months was associated with
 - Exclusive breastfeeding in hospital
 - Not receiving a gift pack with formula at hospital discharge

Dabritz, J Hum Lact, 2008

Hospital Policies: Affect all ethnicities & income levels

- Breastfeeding rates in US Baby-Friendly Hospitals exceed state and regional rates across all ethnicities and income levels
- Breastfeeding rates are high in these hospitals even among populations who do not traditionally breastfeed

Merewood, Pediatrics, 2005

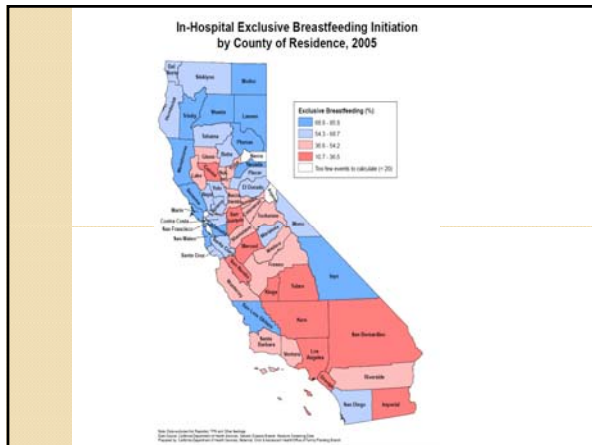


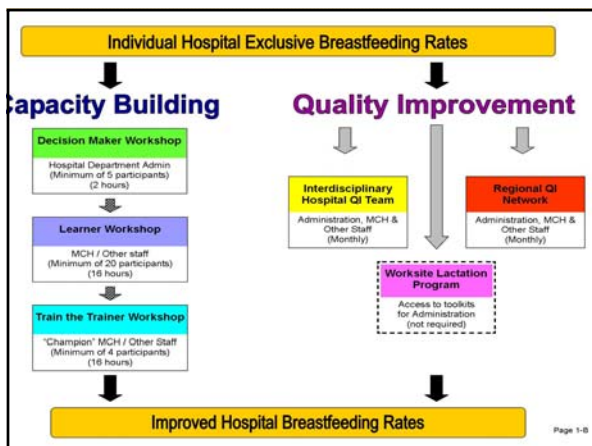

Birth & Beyond California:

Ongoing Training & Quality Improvement Project



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Marketing: The Physiologic Norm is Easier

- Skin to skin triggers
 - Infant competence
 - Appropriate maternal responses
- Exclusive breastfeeding in the early days promotes a cascade of breastfeeding successes
- Mother/baby togetherness in the early days enhances parental competence



Moore, *Cochrane Review*, 2007
Chiu, *Breastfeeding Medicine*, 2008

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Measurable Differences in Babies held Skin-to-Skin:

- Stabilizes the infant's oxygen
- Keeps baby WARM or COOL depending on their needs
- Stabilizes their blood pressure
- Reduces crying
- Increases quiet alert state which leads to mother/infant interaction




Moore, *Cochrane Database Syst Rev*, 2007

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Lessons Learned:
“Readiness” for BBC

- Multidisciplinary hospital team in place
- Administrative support
- Participation in other regional QI or Breastfeeding Coalition activities



Lessons Learned:

Administrative buy-in is key

- Chief Nursing Officer
- Obstetrical and Pediatric Physicians
- Quality Improvement Officer



Lessons Learned:

Educational emphasis on skin to skin

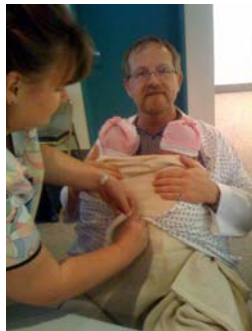
- Validates nurses: skin-to-skin
- Validates nurses: bonding
- Easy: nurse doesn't have to breastfeed



Lessons Learned:

Educational emphasis on infant safety

- Overcomes the nurses' concerns
 - Infant temperature
 - Sleepy mothers
 - Medicated mothers



Lessons Learned: Practicing with dolls

- Meets the needs of a variety of learning styles
- Makes the 16 hour course enjoyable
- Creates a safe learning environment



Lessons Learned: Hospitals have been creative

- Promoting skin to skin
 - SOFT
 - Golden Hour
 - Babymoon
 - GIFT
- Visitors are asked to give the baby, mother and father privacy

Promoting Skin to skin



cdph.ca.gov/Breastfeeding

**Lessons Learned:
Nurses love skin to skin**



- Homework: put a mother and baby skin to skin
- Babies search out the breast and latch on
 - Mothers and fathers love it
 - Nurses love it

**Lessons Learned:
Key Component -Train the Trainer**

- Sustainability
 - Train the Trainer prepares hospitals to train all mother/baby staff
 - All of the hospitals have done 16 hours of their own mandatory training




**Lessons Learned:
Value of Regional Networks**

- Models
 - Central Valley: phone
 - LA: in-person,
 - Orange: pre-BBC
- Sharing successes
- Choose own topics



**Lessons Learned:
Weak QI**


- Hospitals said they had a multidisciplinary QI team in place on application
- Reality: most of them did not
- Most hospitals are not doing QI work in maternity
- Level 3 NICUs are the exception




Intensive Care

**Lessons Learned:
Evaluation Challenges**

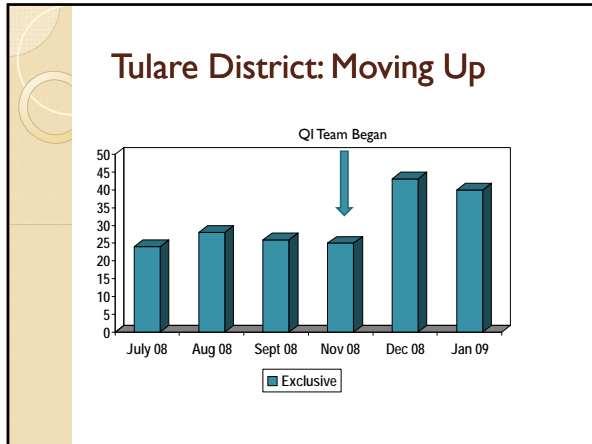
- Data reporting lags
- Quarterly self appraisals – changed to every 6 months
- Hospital's rarely collect skin and breastfeeding data
 - Time
 - Inaccurate documentation
- Patient Satisfaction is almost universally examined
- Nurse Self Efficacy baseline data

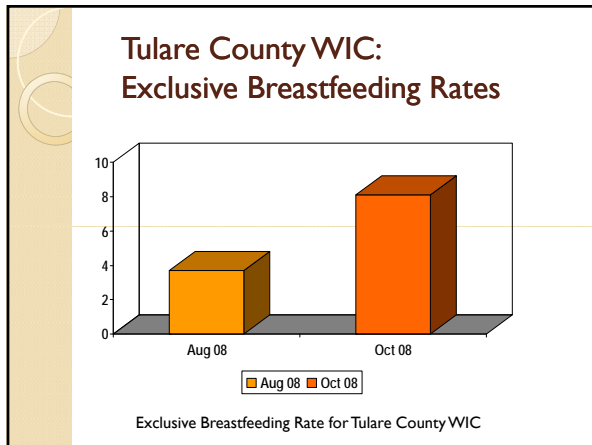


**Lessons Learned:
Tulare County Experience**




- All three hospitals in the county participate in the project
- QI alone improved BF rates at Tulare District Hospital
- County WIC rates increased





Nurse self efficacy

- Baseline data show only Somewhat Confident or Fairly Confident educating their peers about the benefits and management of breastfeeding
 - 3.4 on 5 point Likert Scale



**Lessons Learned:
Sustainability Challenges**

- Ongoing work is needed
 - Policy revision
 - QI
 - Didactic training for new hires
 - Clinical training for all staff



**Lessons Learned:
Things that were not barriers**

- Cost of nurse education
- Mothers wanting their babies 'cleaned' before skin to skin
- Physicians objecting to skin to skin in the delivery room
- Patients demanding the "Free Formula Discharge Bag"
- Visitors objecting to being asked to leave for skin to skin time

**Lessons Learned:
Opportunities lie ahead**

- Joint Commission accepted 6 new perinatal quality measures in 2009
- Exclusive breastfeeding is one of them



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**Birth & Beyond
California Project:**

LA County Applications:
available in June 2009
www.PACLAC.org

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