

## Increasing Supportive Breastfeeding Practices in Birthing Facilities: ASTHO Learning Community, Year One

### I. Introduction

Beginning in 2014, the Association of State and Territorial Health Officials (ASTHO), funded by the Centers for Disease Control and Prevention (CDC), supported 17 states and the District of Columbia in reducing the barriers to breastfeeding using three evidence-based strategies: 1) Increasing practices supportive of breastfeeding in birthing facilities; 2) Improving access to professional and peer support for breastfeeding; and 3) Ensuring workplace compliance with the federal lactation accommodation law. In 2015, ASTHO awarded the 17 states, as well as South Dakota, additional funding to continue their work through June 2016.

To better understand how states approached their work in year one of the project, ASTHO identified nine states to study, conducting stakeholder interviews and an in-depth analysis of their materials. The [Learning Community Project Summary](#) provides an overall report on the lessons learned during the first year, as well as year one outcomes. This issue brief will:

- Provide detailed background research on the importance of supportive breastfeeding policies in birthing facilities on breastfeeding rates.
- Describe the work of five states promoting breastfeeding policies in birthing facilities.
- Summarize the lessons states learned about this strategy.

All quotations included in this document are taken from the stakeholder interviews. Summaries of the other two strategies, improving access to professional and peer support for breastfeeding and ensuring workplace compliance with the federal lactation accommodation law, are available on ASTHO's Website. For more information on all states' efforts, please see [ASTHO's Breastfeeding State Initiatives map](#).

### II. The Role of Maternity Facilities in Promoting Breastfeeding

Breastfeeding has many well-documented salutary effects for both mothers and infants and can be a powerful, positive experience. Breastfeeding protects infants against a range of acute and chronic health conditions and enhances bonding between mothers and infants.<sup>1</sup> A full description of breastfeeding's positive effects can be found in the [ASTHO Breastfeeding Learning Community Project Summary](#).

Due to the array of positive benefits, maternal and child health experts recommend breastfeeding exclusively through the first six months, and continuing to breastfeed through the first year.<sup>2</sup> However, most women in the United States do not breastfeed for this amount of time. Although 79 percent of mothers initiate breastfeeding following birth and almost 50 percent of babies are still breastfed at six months, only 19 percent of babies are breastfed exclusively at six months.<sup>3</sup> Only about one-quarter of babies are still breastfed at one year.<sup>4</sup>

Maternity care facilities play a significant role in establishing breastfeeding behaviors.<sup>5</sup> Hospitals and birthing facilities can positively influence women and their infants' breastfeeding initiation, particularly by encouraging close contact between mother and infant and facilitating opportunities for immediate breastfeeding such as keeping the newborn in the mother's room and having supporting and encouraging breastfeeding. Likewise, hospitals can undermine breastfeeding by promoting and advertising formula through discharge packs.<sup>6,7</sup>

The World Health Organization/UNICEF created the Baby-Friendly Hospital Initiative (BFHI) to combine and promote evidence-based strategies for hospitals to encourage positive lactation practices, the [Ten Steps to Successful Breastfeeding](#). Baby-Friendly USA designates “[Baby-Friendly Hospitals](#),” which demonstrates that hospitals have achieved and maintained these ten steps. Hospitals that improve their maternity practices and adopt the ten steps consistently demonstrate increases in breastfeeding initiation.<sup>8,9</sup> However, pursuit of this designation can be challenging for hospitals, logistically or financially. To address these challenges, some states have created their own recognition programs to incentivize and honor hospitals progressing towards or achieving these ten steps.

### III. States Focus on Improving Breastfeeding Practices in Maternity Facilities

In the ASTHO Breastfeeding Learning Community, 13 states worked on improving breastfeeding policies and practices in maternity facilities. In general, these states engaged in:

- Publicly recognizing the progress of birthing facilities and hospitals through recognition or designation programs, such as Baby-Friendly designation or similar state initiatives.
- Convening summits for health care professionals and breastfeeding support professionals and/or paraprofessionals to discuss strategies for improving breastfeeding rates in their communities.
- Training medical staff, including administrators, doctors, nurses, and lactation support professionals, offering incentives such as continuing education units.
- Increasing counseling support and coordination, particularly for women in the Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- Establishing mentor-mentee relationships between hospitals.

#### Hawaii

Hawaii sought to coordinate the efforts of the Hawaii Department of Health, the state WIC office, and the Hawaii’s breastfeeding coalition, Breastfeeding Hawaii. Hawaii’s 11 birthing hospitals have worked for several years on changing norms and improving breastfeeding support, with several working towards Baby-Friendly Hospital designation. One hospital leveraged its process for accreditation from the [Joint Commission](#), an organization that certifies and accredits nearly 21,000 health care organizations and programs in the US, to incentivize and promote the implementation of breastfeeding policies and practices. Through this process, the hospital used pay-for-performance financial incentives to improve its exclusive breastfeeding rate. The hospital conducted a mandatory training for all 600 staff and improved their exclusive breastfeeding rate from about 36 to 40 percent to well over 50 percent.

Building on the momentum, the team organized two statewide skill-building summits on different islands to engage hospitals in implementing baby-friendly policies and practices and provide training opportunities for hospital employees. The summits’ target audience was staff working in birthing facilities, such as nurses, lactation counselors, as well as WIC staff and other paraprofessionals that counsel WIC patients. Approximately 80-90 people attended the two summits. A few attendees received a travel scholarship as an incentive, since cost for training had been cited as a barrier.

#### Illinois

The Illinois team concentrated on Touchette Regional Hospital, an urban facility serving primarily African-American women, a group with lower breastfeeding rates than their white counterparts. The team complemented ongoing efforts piloted in East St. Louis, in which care teams work with communities that most need changes to breastfeeding policy and practice. State leads from the Illinois

Department of Public Health (IDPH) put together a team including hospital leaders; the local health department; [Healthy Start](#), a program focused on improving health and well-being for pregnant women and families through the first year of an infant's life; the local WIC office; and other supportive community-based organizations to build collective impact for the breastfeeding initiative. These relationships, combined with a strong regional health officer, made the Touchette Regional Hospital community an ideal site to address health equity issues.

The team formulated consistent messages, information, and resources about breastfeeding designed to change social norms and make breastfeeding a natural, expected activity. They included information about breastfeeding in a community news publication, reaching more than 1,000 homes in the area served by Touchette Regional Hospital. Their intention was for women to hear reliable, overlapping messages so that, according to Brenda Jones, the former deputy director of Illinois' Office of Women's Health and Family Services and Title V director at the Illinois Department of Health, "There's no area where women won't hear the same message.... If they go to the health department, they're going to hear it. If they go to their doctor, they'll hear it. If they go back to the hospital they'll hear it." Their goal was to "saturate the atmosphere with the importance of breastfeeding."<sup>10</sup> To continue bridging the hospital and community settings, as well as to better coordinate with other community providers, the team created the Touchette Community Breastfeeding Collaboration Committee, which will convene on a regular basis after the project period.

The team supported training and professional development at Touchette Regional Hospital to improve the promotion of breastfeeding practices. Jones said they wanted to "saturate the [hospital] atmosphere so the nurses [tell women] 'yes, you can do skin-to-skin and you have help and we will support you.'" To give hospital staff additional support, the team implemented a skills lab that provided hands-on, interactive training for hospital staff. The lab featured seven skills stations, set up in a patient room, and ran for about a week. The team also hosted a lunch-and-learn session for providers, WIC counselors, and Healthy Start staff.

During the project, Touchette Regional Hospital's three-month breastfeeding rate rose from 19 percent to 43 percent, and women reporting post-natal skin-to-skin contact increased from 50 percent to 62 percent.

### Louisiana

To enhance its ongoing hospital breastfeeding initiative, "The Gift," Louisiana facilitated peer-to-peer mentoring between four [Baby-Friendly](#) hospitals and five hospitals working to obtain the Baby-Friendly designation. Although initiating these activities was somewhat more difficult and took longer than expected, these hospitals are now engaged and working collaboratively by sharing success and resources. Through the project, the Louisiana Department of Health and Hospitals (LA DHH) supports these mentor-mentee teams by facilitating site visits between the hospitals and conducting follow-up calls and communications.

Additionally, LA DHH supported a series of regional collaborative meetings that brought together stakeholders and hospital leadership to build capacity and collaboration among all partners. Travel stipends for hospitals that attend regional collaborative meeting were provided to encourage participation. LA DHH worked closely with local breastfeeding coalitions to conduct community-level networking meetings that brought together hospitals and community stakeholders to facilitate consistent messaging efforts and consistency in patient care.

This unique endeavor builds on years of LA DHH's work with Louisiana's hospitals to become more amenable to and supportive of breastfeeding. LA DHH worked intensely to encourage Louisiana's 51 maternity facilities, constantly updating them with information about breastfeeding efforts, and 43 hospitals are now actively improving their policies and practices and accessing resources. Although there remains some resistance to changing breastfeeding practices in hospitals, there is now enough pressure for hospitals to feel a sense of urgency to adopt breastfeeding-promoting policies and practices, according to Marci Brewer, LA DHH's state breastfeeding program manager.<sup>11</sup>

Regardless of hospitals policies and practices, the LA DHH leaders conducted hospital surveys and found "Moms [weren't] coming into hospitals prepared to receive supportive practices so it [was] hard to implement these practices," says Brewer. To address this challenge, LA DHH adopted and began using a comprehensive array of resources, the [Coffective System of Tools](#), to help communities better prepare families to receive evidence-based practices in the hospital. These tools also help communities work together to positively influence their social norms surrounding breastfeeding. LA DHH worked with partners to implement these tools statewide in hospitals, home visiting programs, and WIC.

### Texas

Texas also built on years-long efforts in worksites and communities to concentrate specifically on improving hospital breastfeeding practices. The Texas Department of Health convened two regional summits for hospital administrators and leaders, which were intended to improve hospital breastfeeding policies and practices and establish how the hospitals could qualify for the [Texas Ten Step Program](#). The Ten Step Program offers statewide recognition to hospitals that address all ten steps for optimum breastfeeding support. Of the 274 birthing facilities in Texas, 111 have achieved Ten Step designation. The health department's data show that Ten Step hospitals have better maternal and child health outcomes and lower rates of disparities in exclusive breastfeeding.

According to Julie Stagg, state women's and perinatal health nurse consultant and state breastfeeding coordinator, Texas Department of State Health Services, the Texas team saw the ASTHO Learning Community as a "call to action...and an opportunity to identify gaps in their continuum of support" for hospitals.<sup>12</sup> Additionally, they used this project to generate leadership support for these efforts to highlight how practices impact outcomes by convening two state summits to re-activate facilities. Because of a shortened project timeline, the summits included fewer administrators than organizers had hoped, but approximately 150 nurses and front-line staff attended. Sessions concentrated on hospital policies, reimbursement, Joint Commission accreditation, as well as the benefits of enhanced breastfeeding practices, quality improvement, and other topics. The health department sought to break the work for hospitals into smaller, manageable pieces instead incorporating sweeping global changes. For example, each attendee was asked to identify immediate action steps that they could take within the next week following the summit.

### Ohio

Ohio's project, co-led by the Ohio Department of Health (ODH) and the Ohio Hospital Association (OHA), built on their successful infant mortality reduction efforts. Using similar partners and unifying, rallying goals to reduce infant mortality, the unique partnership between the ODH and OHA promoted collaboration across the state. This Ohio team was a natural fit to coalesce around common goals, think strategically across programmatic areas, and set joint priorities, interventions, and objectives. THE ODH-OHA collaboration had worked successfully on a [Safe Sleep](#) campaign to reduce infant mortality and

delaying birth until 39 weeks when possible. As the work progressed on these campaigns, the group added breastfeeding to their priorities.

Through this effort, the Ohio team promoted their state-level hospital recognition program, [First Steps for Healthy Babies](#), distinguishing maternity hospitals' that are progressing towards meeting the Ten Steps to Healthy Breastfeeding. Based on a similar initiative in North Carolina, the Ohio team developed, branded, and marketed this recognition program to the state's 107 maternity hospitals. In addition to the basic components of the Ten Steps, Ohio's program includes an additional component focused on fatherhood. The program is based on a modified five-tier system, which awards hospitals for every two steps achieved. A hospital can select which steps to implement and in the order that makes the most sense for the facility. Hospitals can apply on a quarterly basis using an [online application](#).

The Ohio team used their existing [Safe Sleep](#) campaign champions to help communicate about First Steps, which saved them time in identifying change agents and also added validity to the process, since many of these champions were known. The team ensured that their communication about the program was appealing and appropriate, conducting a survey on interest level and about "speaking baby friendly." They convened a kickoff webinar, which included more than 100 participants from about 80 hospitals, as well as other organizations. Following the webinar, 75 hospitals expressed strong interest in participating in the Ohio First Steps program or future educational opportunities related to promoting healthy breastfeeding practices. With the nine previously Baby-Friendly Hospitals, Ohio will continue to support hospitals in their efforts to become more breastfeeding-friendly.<sup>13</sup>

#### IV. Lessons Learned from State Efforts in Increasing Supportive Practices in Birthing Facilities

Using the stakeholder interviews about the states' first year and supplemental information from the states, ASTHO analyzed themes and lessons learned about states' efforts to promote, incentivize, and energize the adoption of breastfeeding policies and practices in birthing hospitals. The themes include:

- **Teams found it challenging to meaningfully engage hospital administrators, a vital constituency for large-scale changes in hospitals. But state teams found that having community champions, financial incentives, and "wins," such as improvements in rates—even small ones – can inspire leaders to engage and invest in these efforts.** Hawaii found that financial incentives offered from the Joint Commission encouraged one hospital to improve their exclusive breastfeeding rates from roughly 40 percent to more than 50 percent. Improvements in breastfeeding targets in the Illinois hospital inspired hospital leaders there, too.
- **Project leaders found it helpful to be specific and focused in their "asks" of hospitals, partners, and organizations.** Team leads found that it was more difficult to engage partners and stakeholder groups when their requests for feedback were lengthy, vague, or without a clear, intentional goal. They found that their partners were more responsive when they could readily understand, react, and respond to specific requests from project leads.
- **Teams found that although staff training and education are important, many changes to maternity practice require a large-scale culture shift.** States recommended that teams from hospitals, including from administration and practice, attend summits to collaboratively examine cultural beliefs and customs around breastfeeding, as well as collaborate on strategies to address barriers. Ohio, Texas, and Hawaii will strive to have a range of professionals attend future summits and engage in educational offerings. As Stagg from Texas pointed out, "...all providers are products of the same environment..." and need to address their beliefs and experiences together to focus on "more than maternal choices and practices," but rather "a global shift in their environment."

- ***It is important for the teams to understand their audience –and the supporting data about the population—to create resonant and meaningful strategies and messages.*** In Illinois, Touchette Regional Hospital made major policy and practice changes, including eliminating the formula bag that had traditionally been given to new mothers. Knowing that these were a popular incentive, the team found alternatives for mothers, including gift cards for local restaurants. In Louisiana, knowing that mothers weren't necessarily prepared for the changes at the hospital, they created patient education tools to better equip and prepare staff to work with mothers to be open to baby-friendly practices.

Additional project lessons learned can be found in the [ASTHO Breastfeeding Learning Community Year One Project Summary](#).

## V. Conclusion

The state teams, joined by their colleagues, will continue to learn from one another as they concentrate on their specific state challenges in improving policies and practices in maternity facilities. During the second project year, states will promote hospital recognition programs, host state summits, regional meetings, and other information-sharing opportunities. States will also continue to explore methods and approaches for disseminating training, including online and in alternative settings. Together, these efforts combine to create more consistent, supportive, and healthy birthing facilities across the nation.

## VI. Acknowledgements

ASTHO is grateful to all of the teams and particularly thanks the following state team members who provided their time and thoughtful feedback during stakeholder interviews that informed this Issue Brief:

*Hawaii:* Heidi Hansen-Smith and Lorilyn Salamanca (Hawaii Department of Health)

*Illinois:* Brenda Jones (Illinois Department of Public Health, formerly of the Division of Maternal and Child Health)

*Louisiana:* Marci Brewer (Louisiana Department of Health and Hospitals)

*Ohio:* Dyane Gogan-Turner, Breanne Haviland (Ohio Department of Health) and Stacey Conrad (formerly of Ohio Hospital Association), Ryan Everett (Ohio Hospital Association)

*Texas:* Julie Stagg (Texas Department of Health)

ASTHO is also grateful to the Centers for Disease Control and Prevention for ongoing support and funding for this project.

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<sup>1</sup> Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. [Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries. Evidence Report/Technology Assessment No. 153](#). AHRQ Publication No. 07-E007. Rockville, MD: Agency for Healthcare Research and Quality. April 2007. Accessed on August 3, 2015.

<sup>2</sup> U.S. Department of Health and Human Services. [The Surgeon General's Call to Action to Support Breastfeeding](#); 2011. Accessed on August 3, 2015.

<sup>3</sup> U.S. Department of Health and Human Services. Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity. [Breastfeeding Report Card: United States 2014](#). Accessed on June 14, 2015.

<sup>4</sup> *Ibid.*

<sup>5</sup> U.S. Department of Health and Human Services. [The Surgeon General's Call to Action to Support Breastfeeding](#); 2011. Accessed on August 3, 2015.

<sup>6</sup> *Ibid.*

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<sup>7</sup> Molla R. [5 Reasons Why American Women Won't Breastfeed](#). Wall Street Journal April 14, 2014. Accessed on August 5, 2015.

<sup>8</sup> Fairbank L, O'Meara S, Renfrew MJ, Woolridge M, Snowden AJ, Lister-Sharp D. A systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding. *Health Technology Assessment* 2000;4(25):1-171.

<sup>9</sup> Philipp BL, Merewood A, Miller LW, et al. Baby Friendly Hospital Initiative improves breastfeeding initiation rates in a U.S. hospital setting. *Pediatrics* 2001;108(3):677-81.

<sup>10</sup> Jones, Brenda; Former Deputy Director, Illinois Title V MCH Director, Office of Women's Health and Family Services, Illinois Department of Health. Interviewed by phone, June 29, 2015.

<sup>11</sup> Brewer, Marci; State Breastfeeding Program Manager, Louisiana Department of Health and Hospitals. Interviewed by phone June 22, 2015..

<sup>12</sup> Stagg, Julie; State Women's and Perinatal Health Nurse Consultant State Breastfeeding Coordinator, Texas Department of State Health Services. Interviewed by phone June 25, 2015..

<sup>13</sup> Conrad, Stacy, Former Director of Population Health, Ohio Hospital Association, Gogan-Turner, Dyane, Child and Family Health Services Program Manager and Haviland, Breanne, <TITLE>, Ohio Department of Health and. Interviewed by phone June 15, 2015.