

Rhode Island: Collaborating to Increase Breastfeeding Rates

The small state is a mighty force for innovation in breastfeeding-support programs and policies.

Overview

Rhode Island's successful breastfeeding initiatives are a testament to the power of collaboration. Formal collaboration and informal cooperation take place regularly via Maternity Care Practice Collaborative meetings, which state health department staff convene and facilitate on a monthly basis. The group acts as a brain trust of sorts, tackling a variety of maternal and child health issues facing Rhode Island. The group includes representatives from the state's six birthing hospitals: Women and Infants Hospital of Rhode Island, Kent Hospital, Newport Hospital, Memorial Hospital of Rhode Island, South County Hospital, and Landmark Medical Center.

State Health Department Role

The health department's role as convener and facilitator is critical to the way the Maternity Care Practice Collaborative functions. The state collects and analyzes data and uses the groups represented in the Maternity Care Practice Collaborative meetings to disseminate the information. Change happens when group members agree to implement modifications to their practices and hospitals to address statewide issues. Stakeholders are able to improve patient care and benefit from the health department's neutral ground, where they can review data, discuss best practices, informally share information, and collaborate on areas of concern. Health department staff also benefit by having this group at the ready, able to collaborate quickly and tackle issues when they arise. The informality of the Maternity Care Practice Collaborative—no one is required to participate, and most of the initiatives implemented as a result of discussion in the group are optional—also breeds action. Because no one organization's bottom line is at stake, all are more willing to work together to improve maternal and child health in Rhode Island.

Breastfeeding Initiatives

One example of the state's success in creating change through the Maternity Care Practice Collaborative has been in breastfeeding initiatives. Rhode Island hopes as many mothers as possible will follow the [American Academy of Pediatrics'](#) "gold standard" of infant nutrition, which is exclusive breastfeeding for the first six months, followed by breastfeeding in combination with the introduction of complementary foods at least until the child's first birthday.

To achieve this, the group felt that it was necessary to create an infrastructure of support for breastfeeding along the lactation continuum—from preconception to breastfeeding's natural end. It was important that a variety of initiatives reach all moms, not just women enrolled in MCH programs. Department of Health Program Manager Kristine Campagna says, "It is the combination of programs and policies that will make a difference and move the needle on Rhode Island's breastfeeding rates."

The state's breastfeeding rates have enjoyed an upward trend, similar to the national rates of increase. In Rhode Island, 73.7 percent of babies are ever breastfed, 46.8 percent of babies are breastfed at six months, and 16.9 are breastfed exclusively at six months. These rates are very

close to Healthy People 2010 targets. Still, Rhode Island thinks it can continue to make progress and meet the new goals laid out by the [Healthy People 2020](#) objectives that 81.9 percent of babies are ever breastfed, 60.6 are breastfeeding at six months, and 25.5 percent of those are exclusively breastfed at six months. To do so, the state and its Maternity Care Practice Collaborative will develop a breastfeeding strategic plan in 2013 to regroup and redouble their efforts.

Ban the Bags

Rhode Island was the first state in the nation to go “bag free” in 2011. None of the state’s birthing hospitals give new mothers formula samples or related advertising at discharge. According to the [Surgeon General’s 2011 Call to Action to Support Breastfeeding](#), research indicates that women who receive commercial discharge packs are less likely to exclusively breastfeed.

The state did not pass a law or change regulations to make this a reality; rather, health department officials brought the Maternity Care Practice Collaborative the data about formula giveaways and told participants that its goal was to ban the practice statewide. Some of the hospitals were already [Baby Friendly](#), while others were working to end the practice as part of efforts to earn the Baby Friendly distinction, which requires hospitals to adopt 10 maternity care practices that facilitate early and sustained breastfeeding in the intrapartum period. Members not already moving in this direction liked the idea of working together to effect change, especially something that could earn Rhode Island a “first in the nation” distinction. In this case, Rhode Island benefitted from being a very small state. With only a handful of birthing hospitals, the small group came to consensus quickly.

Once all were bag free, the state used some star power—the state’s First Lady Stephanie Chafee, a nurse, hailed the decision—to call attention to the issue. The members of the Maternity Care Practice Collaborative supported each other during what was a major culture change at some hospitals. Misconceptions about formula and breastfeeding were widespread, especially among seasoned nurses, and the group collaborated to educate and re-train hospital staff and ensure hospital policies supported the ban. The health department is currently gathering data to determine the effectiveness of the policy on breastfeeding rates.

Breastfeeding and MCH Programs

Rhode Island’s Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides prenatal education to pregnant and breastfeeding women and their partners about the benefits of breastfeeding and has peer counselors available to help mothers through the duration of lactation. WIC clients who are breastfeeding but request formula are first referred to peer counselors or International Board Certified Lactation Consultants (IBCLCs) to resolve breastfeeding issues before the program provides formula.

Rhode Care, the state’s Medicaid-managed care program whose beneficiaries include pregnant women, covers the cost of a breast pump for women when it is medically necessary, such as if the baby is hospitalized. WIC clients receive breast pumps under similar circumstances, or when the mother must return to work or school.

Leveraging Resources and Professionals Across Programs

The state leverages its limited breastfeeding resources by blending and braiding staff and budgets to ensure that the public health message is incorporated into a variety of initiatives. The health department takes a leadership and administrative role, collecting breastfeeding initiation and duration data and managing lactation specialists who are WIC-funded employees. The state enjoys the services of WIC-funded IBCLCs at two of the state's largest birthing hospitals and a state agency breastfeeding coordinator, who organizes breastfeeding activities in workplaces, hospitals, provider offices, and other state agencies. The state agency breastfeeding coordinator is housed within the state health department so that she may serve WIC clients but also coordinate with other state programs to give the breastfeeding message a broader reach. Coordinated staff trainings and other community programs rely on various budgets, so that every agency has a stake in promoting breastfeeding.

Breastfeeding Support for All Women

Rhode Island's hospitals are a critical partner in promoting breastfeeding to all new moms. According to CDC, which measures each state's hospitals' breastfeeding-related maternity care practices, Rhode Island had a Maternity Practices in Infant Nutrition and Care (mPINC) score of [81](#) (of a possible 100) in 2011, which is among the best in the nation. The average is 70. The Maternity Care Practice Collaborative is supporting the Baby Friendly distinction in birthing facilities. As noted previously, to be Baby Friendly, hospitals must adopt 10 maternity care practices that facilitate breastfeeding, such as helping mothers initiate breastfeeding within an hour of birth, allowing infants to "room in" with their mothers, and not giving pacifiers or artificial nipples.

With the enactment of the Affordable Care Act in 2010, more services are also available for breastfeeding mothers. The law requires insurance plans to cover, without cost sharing, breastfeeding support, supplies, and counseling.

At times, success in breastfeeding comes down to knowledge and personalized support. Rhode Island has a [resource guide](#) developed by the state's Breastfeeding Coalition, which works closely with the Maternity Care Practice Collaborative. The resource guide houses a comprehensive directory of the state's resources, including clinical information about how to breastfeed and practical information about returning to work. Several 24-hour call-in lines, called "warmlines," are available for new mothers who have questions or need help breastfeeding. IBCLCs are available for in-person support and troubleshooting in many communities.

Breastfeeding-Friendly Workplaces

Returning to work within weeks or months after the birth of a baby is one of the major reasons women do not initiate breastfeeding or wean early. A supportive workplace that allows mothers break time, physical space to pump, and refrigeration space to store milk helps women breastfeed longer. Breastfeeding is good for employers, too, who enjoy improved employee retention and loyalty, lower insurance and healthcare costs, and fewer employee sick days.

State and federal policies support breastfeeding in the workplace. The Rhode Island state legislature passed a [law](#) in 2003 requiring employers to provide reasonable break times for

nursing mothers to express milk and make reasonable accommodations for them to do so, in a location other than a toilet stall. State law also allows women the right to breastfeed in public and clarifies that the activity is not considered indecent exposure. The federal Affordable Care Act echoes this policy, but exempts employers with fewer than 50 employees and employers for which these requirements impose undue hardship. A [report](#) by the Institute for Women's Policy Research predicts that these changes will allow more women, especially low-wage minorities, who traditionally work full-time in breastfeeding-unfriendly industries to continue breastfeeding after returning to work.

Rhode Island was one of the first 10 states to receive funding to promote the [Business Case for Breastfeeding](#), an initiative and toolkit developed by the U.S. Department of Health and Human Services' Maternal and Child Health Bureau and the National Business Group on Health. With the funding, Rhode Island established the Breastfeeding Friendly Workplace Award, a robust re-granting program to encourage and reward local business for establishing and sustaining supportive breastfeeding policies. In recent years, the state's obesity prevention program took over financially supporting the workplace grants through an award from the CDC's Initiative for a Healthy Weight.

The health department administers the grants and the Rhode Island Breastfeeding Coalition oversees implementation, conducting site visits and technical assistance activities. This type of collaboration—especially the fact that several coalition staff members can conduct all award-related activities—allows the small program to have a big impact.

Businesses receive \$1,000 "[mini-grants](#)" to implement breastfeeding-friendly supports, such as an organizational policy for breastfeeding and developing a lactation space. Employers who are already breastfeeding friendly also are eligible for grants.

One Breastfeeding Friendly Workplace Award highlights the power of collaboration, in particular the effectiveness of informal relationship building. MomDocFamily, a group of physicians whose mission is to help doctors coming up behind them balance work and family, sought the Breastfeeding Coalition's help. MomDocFamily noticed that many young female doctors were unable to nurse their own babies because they lacked space to pump and were afraid that bringing attention to the issue would harm their careers. The coalition's contacts were able to develop a list of all the pumping rooms in all the state's hospitals and MomDocFamily raised awareness among new doctor-moms. Eventually, the group received a \$1,000 mini-grant to create additional pumping spaces for surgeons and ER doctors, whose jobs made going to a pumping room in another wing of the hospital impossible.

A key to the Breastfeeding Friendly Workplace Award program's early success came from some political "stars" that attracted media attention and popularized the program. Former ASTHO member and health director David Gifford championed the program in its early years. Then-Governor Donald Carcieri and his wife, Suzanne, were also supportive of the program. Suzanne attended the first award ceremony. These supporters contributed to the program's sustainability through continued visibility and political will.

For more information:



State Breastfeeding Initiatives

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