ASTHOConnects Session #3: 10 Building Blocks of Early Childhood Nutrition: Strategies to Promote Breastfeeding

April 30, 2020
Agenda

• Welcome
• Presentation from Blythe Thomas
• Presentation from Daniel Weiss
• Questions and Answers
• Updates
• Closing
Desired Outcomes

• Provide background on how breastfeeding promotes lifelong nutrition and health, including early brain development.

• Demonstrate how states have promoted breastfeeding via perinatal quality collaboratives and the effects of those initiatives, including their impact on breastfeeding rates.

• Describe the ways in which disparities in access to nutrition for breastfeeding mothers disproportionately and negatively impact racial and ethnic minority populations.
How breastfeeding provides lifelong nutrition and health

Blythe Thomas, Chief Strategy Officer
April 30, 2020
1,000 Days

We lead the fight to make the well-being of women and children in the first 1,000 days a policy and funding priority.

The Solutions We Champion

Access to quality, comprehensive health care
Support to reach breastfeeding goals
Strong federal nutrition programs
Federal paid family & medical leave
Why Nutrition Matters in the 1,000-Day Window

The 1,000 days starting in a woman’s pregnancy and up to her child’s 2nd birthday offer a unique window of opportunity to build healthier and more prosperous futures.

Building Brains
Nutrition in the first 1,000 days provides the building blocks for brain development.

Building Health
Healthy futures begin in the first 1,000 days.

Building a Fair Start
Nourishing a strong start for all children.

Building Prosperity
The case for investing in the first 1,000 days.
Why Nutrition Matters in the 1,000-Day Window

Good nutrition during the first 1,000 days provides the building blocks for healthy brain development.
Today’s Agenda

- The power of breastfeeding
- Challenges for women to achieve their healthiest 1,000 Days
- Racial and ethnic disparities
Building Blocks: Breastfeeding

Good nutrition during the first 1,000 days provides the building blocks for healthy development.

- **Building Brains**
  When it comes to brain development, breastmilk is nature’s superfood.

- **Building Health**
  Breastmilk builds a baby’s immunity and protects her health.

- **Building a Fair Start**
  Women need support to nourish their babies well.

- **Building Prosperity**
  Ensuring mothers and children have a healthy first 1,000 days benefits societies.
One of the greatest challenges to breastfeeding:

Paid Leave
“Paid Leave” Goes Beyond Maternity Leave

Paid family and medical leave allows workers to continue to earn all or a portion of their income while they take time away from work to meet family caregiving or personal health needs.

This can include time:

- to address a serious medical condition or a significant health event, such as pregnancy
- to care for a newborn, newly adopted child or newly-placed foster child
- to care for a family member facing a serious health challenge
- to address family circumstances arising from a military service member’s deployment
Most workers in the U.S. do not have access to paid leave

- In 2019 a mere 19% of workers had paid leave provided by their employers
- This figure drops to 6% among the lowest-wage workers, who earn an average wage of $10.28/hour

- Nearly 1/3 of employed women do not take any maternity leave at all
- 1 in 4 women in the U.S. returns to work within just 2 weeks of giving birth
- The average American maternity leave lasts only 10 weeks, and only ¼ of women take paid maternity leave lasting for more than 8 weeks
- The typical woman on maternity leave is older, more likely married, more likely non-Hispanic White, and more educated than the typical woman who gives birth
FMLA provides unpaid leave, but about 40% of workers are NOT eligible

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<tr>
<th>Race/Ethnicity</th>
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<th>Black</th>
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<tr>
<td>Cannot Take Leave</td>
<td>13%</td>
<td>23%</td>
<td>26%</td>
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</table>

Access to paid parental leave varies by race/ethnicity

Source: BLS, ATUS Leave Module
Research shows that paid leave policies can reduce disparities

California’s paid leave policy has had an equalizing impact

- For mothers overall
  - Leave-taking more than doubled
  - The average duration increased by an average of about 3 weeks

- Leave-taking increased most for mothers who were non-White, who were not college graduates, and who were unmarried
  - Black mothers: increase of about 6 weeks (from 1 week to 7 weeks)

Source: BLS, ATUS Leave Module
Returning to work affects breastfeeding rates

- A mother is more than twice as likely to stop breastfeeding in the month she returns to work compared to a mother who has not yet returned to work.

- Women who return to work before 6 weeks postpartum are more than 3 times as likely to stop breastfeeding than women who return later.

- In one study of new mothers in Singapore, work-related factors were reported as the most important reason that working mothers stopped breastfeeding between 2 and 6 months.

Source: BLS, ATUS Leave Module
A comprehensive, equitable paid leave policy must:

• **Provide sufficient time off:** At a minimum, 12 weeks

• **Cover all employers and all workers:** Paid leave must be available to all workers regardless of the size of their employer, the sector they work in, the length of their employment or whether they work full-time, part-time or are self-employed

• **Ensure economic security now and in the future:** Workers should not have to decide between their health or caregiving responsibilities and their job

• **Cover medical and family caregiving needs comprehensively:** Any plan should be available for the full range of personal medical and family caregiving needs

Source: BLS, ATUS Leave Module
Find Out More!

Connect with us:

@1000Days
@First1000Days
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Check out our website for resources and updates on what we’re working on:
www.thousanddays.org

Read our reports:
The First 1,000 Days: Nourishing America’s Future
The First 1,000 Days: Listening to America’s Mothers
The First 1,000 Days: The Case for Paid Leave in America

View and share our videos and other resources for parents:
https://thousanddays.org/for-parents/
1,000 Thanks!
Illinois Perinatal Quality Collaborative: Breastfeeding Considerations in Statewide QI Initiatives

10 Building Blocks of Early Childhood Nutrition: Strategies to Promote Breastfeeding
April 30, 2020

Dan Weiss, MPH
Overview

• ILPQC Overview
• Breastfeeding Considerations in Current ILPQC Statewide Quality Improvement Initiatives
  – Mothers & Newborns affected by Opioids (MNO)-OB & Neonatal Initiatives
  – Immediate Postpartum Long-Acting Reversible Contraception (IPLARC) Initiative
  – Improving Postpartum Access to Care (IPAC) Initiative
  – COVID-19 Information & Response Strategies
ILPQC OVERVIEW
State Perinatal Quality Collaboratives (PQCs) are networks of perinatal care providers and public health professionals, working to improve pregnancy outcomes for women and newborns by advancing evidence-based clinical practices and processes.
Illinois Perinatal Quality Collaborative (ILPQC)

• 119 Illinois hospitals participating in 1 or more initiative
  • 99% of IL births covered by ILPQC
  • 100% of IL NICU beds covered by ILPQC
• Support participating hospitals’ implementation of evidenced-based practices since 2013
• Current Initiatives
  • 110 MNO hospital teams
  • 30 IPLARC hospital teams
  • 15 IPAC hospital teams
  • 101 HTN sustainability hospital teams

>99% of IL births
Illinois identified statewide trends in maternal mortality and provided recommendations to prevent maternal mortality
ILPQC Central staff serve on IL MMRC and MMRC-V
Key Findings:
- Average of 73 women per year died within one year of pregnancy 2008-2016 (655 total)
- Non-Hispanic Black women are 6 times as likely to die as non-Hispanic White women
- 72% of pregnancy-related deaths and 93% of violent pregnant-associated deaths (includes overdoses) were deemed preventable
- Opioid-related poisonings are now the leading cause of pregnancy-associated deaths, including hemorrhage or hypertension

ILPQC Central Team

Ann Borders
ILPQC Executive Director, OB Lead

Leslie Caldarelli & Justin Josephsen
Neonatal Leads

Patricia Lee King
State Project Director

Daniel Weiss
Project Manager

Autumn Perrault
Nurse Quality Manager

info@ilpqc.org OR www.ilpqc.org
Building Hospital Capacity to Drive Systems & Culture Change: Leave no hospital behind

ILPQC hospital teams work to implement evidence-based care guidelines using PDSA cycles to facilitate every provider, every nurse providing optimal care to every patient, every time, in every unit.

- Monitor monthly QI data for teams not meeting goals
- 1:1 QI coaching calls with teams not reaching goals
- Grand rounds speakers bureau presentations
- Focused QI topic calls with mentor hospitals
<table>
<thead>
<tr>
<th>Year</th>
<th>Early Elective Delivery</th>
<th>BC Accuracy</th>
<th>Maternal Hypertension</th>
<th>Neonatal Nutrition</th>
<th>Golden Hour</th>
<th>MNO – Neonatal</th>
<th>MNO – Obstetric</th>
<th>Immediate Postpartum LARC</th>
<th>IPAC</th>
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<td>2012</td>
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Abbreviations:
- Birth Certificate = BC
- Improving Postpartum Access to Care = IPAC
- Mothers and Newborns affected by Opioids = MNO
- Long Acting Reversible Contraception = LARC
MOTHERS AND NEWBORNS AFFECTED BY OPIOIDS (MNO) OB & NEONATAL INITIATIVES
Aim: ≥70% women with OUD receiving MAT; ≥70% connected to Behavioral Health Counseling/Recovery Services prenatally or by delivery discharge

Benchmarks:

- ≥80% all pregnant women screened with a universal validated screener during prenatal period among all deliveries
- ≥80% all pregnant women screened with a universal validated screener during L&D admission among all deliveries
- ≥70% women with OUD with an OUD clinical care checklist completed prenatally or during delivery admission
- ≥70% women with OUD receiving: Narcan, Hep C, contraception, behavioral health/ social work consult prenatally or during delivery admission
- ≥70% women with OUD receiving pediatric / neonatal consult on NAS and role in newborn care prenatally or during delivery admission
- ≥80% women with OUD receiving OUD/NAS education prenatally or during delivery admission
Aims:
• Decrease pharmacologic treatment in opioid-exposed newborns with NAS to 20%
• Increase safe and optimized discharge plans in opioid-exposed newborns to 95%
• Increase breastfeeding rates in opioid-exposed newborns at discharge to 70%

Measures:
• Percent of opioid-exposed newborns receiving a toxicology screen (urine/cord/meconium)
• Percent of opioid-exposed newborns requiring pharmacologic therapy for NAS
• Number of days of pharmacologic treatment for NAS
• Percent of mothers and newborns rooming together during infant hospitalization
• Percent of opioid-exposed newborns receiving maternal breast milk at neonatal discharge
• Percent of opioid-exposed newborns discharged with plan of safe care in place
• Average length of stay for opioid-exposed newborns
Provide Universal SUD/OUD screening with validated tool

Screen positive SUD/OUD

+ Risk factors: provide brief intervention discuss risk reduction

Document OUD in problem list: 099.320

Start OUD Clinical Care Checklist

Hep C screen
Narcan Counseling
Serial Tox screen w/ consent
Neo/Peds consult
Social Work Consult
Anesthesia consult
MFM consult
Contraception counseling

Provide standardized patient education: OUD/NAS, mom’s important role in care of opioid exposed newborn (breastfeeding, rooming in, eat-sleep-console)
Breastfeeding QI Tools MNO-Neonatal Hospitals are Using

- ABM Clinical Protocol #21: Guidelines for Breastfeeding and Substance Use or Substance Use Disorder, Revised 2016
- Breastfeeding Traffic Light Counseling Resource
- Eat-Sleep-Console Care Tool & Newborn Care Diary
- ESC Simulation & Debrief Video
- Engaging Mom in Non-Pharmacologic Care Simulation & Debrief Video
- MNO-Neonatal NAS Clinical Debrief
- Ohio Perinatal Quality Collaborative: Sample Provision of 22-Calorie, lactose-free formula for infants with NAS
Received Maternal Breastmilk from Eligible Mothers at Infant Discharge

AIM = ≥ 70%
Coordinated Discharge Worksheet for Mother/Baby Dyads

Hospital will fill this form out to coordinate with outpatient resources

Mother/Baby Dyad’s:
- Early Intervention Offices
- Local Pediatricians
- Local Health Depts.
- WIC
- Family Case Management
- Home Visiting
- Early Head Start
- Crisis Nurseries
MNO-OB Provider Education Campaign

- Provider Education Posters / Flyers and OUD/SBIRT Clinical Algorithm on Units
- eModules for Providers, Nurses, and Staff. Recommended options:
  - Words Matter: How Language Choice Can Reduce Stigma (30 Min)
  - ILPQC MNO-OB Simulation Guide
  - Upcoming 30 min ILPQC comprehensive eModule with key strategies and finishing strong for sustainability
  - Grand Rounds or OB Provider Meeting
MNO-Neo Provider Education Campaign

**MNO-Neo Education Campaign Strategies**

- NAS Assessments and e-training
  - ESC Simulation and Debrief Training Video
  - Engaging Moms in Non-pharm Care Training Video

- Provider Education Campaign Posters & Flyers

- MNO-Neo Grand Rounds or Department Meetings

- Implement stigma & bias education
  - Words Matter e-Module from ILPQC Annual Conference
  - Trauma-Informed Care e-Modules
  - Stigma & OUD: What Pediatricians Need to Know online webinar

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**Support Breastfeeding**

*When is it safe to provide mother’s milk to an infant?*

Breastfeeding guidelines for healthcare providers to support mothers and babies breastfeeding

- Cocaine
- HIV
- Heroin

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**What you need to know**

Neonatal Abstinence Syndrome (NAS)

- Important resources for the care team
- Transfer of Care
- Family Preparedness

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**Are you ready for CHARGE?**

Completion of MNO Neonatal Checklist

The following elements

- Infant Support
- Family Support
- Ongoing support
- Quality Improvement (QI)
General Information for Women with OUD

- General patient education: Pain medications, opioids and pregnancy
- Pregnancy and MAT one-pager
- Are you in Treatment or Recovery? Contraception Counseling for Women with OUD, from OPQC

Increase maternal participation in the care of opioid exposed newborns

- NAS booklet (you are the treatment for your baby)
- NAS what you need to know one-pager
What should you be encouraging mothers to do postpartum?

• Rooming-in
  – Check your hospital policies across all units
  – Determine options for rooming in before and after mom’s discharge

• Optimal feeding at early hunger cues (breastfeeding & nutrition)
  – Provide lactation support to encourage breastfeeding /discuss benefits

• Maternal presence for infant hospital stays
  – Encourage mothers to be present/available with the baby as possible
  – Check your visitation policies and signage to make sure they are supportive of this message that the team values mom’s presence with the baby

• Provide Skin-to-skin contact and holding of her baby

• Help create a quiet, low-light environment

• Education on the importance of limiting visitors

• Be sure to cover Safe Sleep and fall prevention
BREASTFEEDING CONSIDERATIONS FOR IPLARC
BREASTFEEDING

Clinical Considerations

Key Takeaway:

“Given available evidence, women considering IPP hormonal LARC should be counseled about the theoretical risks of reduced duration of breastfeeding, but the preponderance of evidence has not shown a negative effect on actual breastfeeding outcomes.”

- ACOG Practice Bulletin #186, LARC: IUDs & Implants
### CDC recommendations:
**IPP LARC & breastfeeding**

#### Table:

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<th>Condition</th>
<th>Sub-Condition</th>
<th>CHC</th>
<th>POP</th>
<th>Injection</th>
<th>Implant</th>
<th>LNG-IUD</th>
<th>Cu-IUD</th>
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<td>i) with other risk factors for venous thromboembolism (VTE)</td>
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#### Legend:

1. No restriction (method can be used)
2. Advantages generally outweigh theoretical or proven risks
3. Theoretical or proven risks usually outweigh the advantages
4. Unacceptable health risk (method not to be used)

*Please see the complete guidance for clarification to this classification*
Breastfeeding

- Since the Copper IUD contains no hormones, it is classified as U.S. MEC Category 1 (no restriction for use) for women who are breastfeeding.

- The LNG IUD and implant are U.S. MEC Category 2 (advantages generally outweigh risks) for theoretical impact on lactation.

- Several small randomized control trials (RCTs) have shown no significant differences in:
  - Breast milk quality or quantity
  - Infant size

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## Evidence on IPP hormonal LARC & breastfeeding

<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>Aim</th>
<th>Result: No differences in</th>
</tr>
</thead>
</table>
| Study 1 | Single, randomized controlled trial         | Examined effect of IUDs (both Cu & LNG) on breastfeeding women randomized to insertion of LNG IUD or Cu IUD at 6-8 weeks postpartum | ○ Breastfeeding duration  
○ Infant growth |
| Study 2 | Small, randomized controlled trial          | Compared breastfeeding outcomes of women receiving IPP implant with those using no contraception | ○ Breast milk volume  
○ Newborn weight  
○ Exclusive breastfeeding rates |
| Study 3 | Prospective nonrandomized cohort study (80 women) | Examined breast milk composition of women using implant vs. nonhormonal IUD, initiated 28-56 days postpartum | ○ Breast milk composition (total protein, fat & lactose)  
○ Breast milk quantity  
○ Infant body length, weight & head circumference at 3-year follow-up |
| Study 4 | Randomized, noninferiority trial            | Compared insertion of implant at 1-3 days postpartum with standard insertion at 4-8 weeks postpartum | ○ Time to lactogensis  
○ Lactation failure  
○ Mean milk creatamocrit values (estimated fat & energy content) |
BREASTFEEDING CONSIDERATIONS FOR IPAC
IL Maternal Morbidity in the Early Postpartum Period

- 50% of postpartum strokes occur within 10 days of discharge
- **20% of women discontinue breastfeeding before the first 6-weeks**
- Up to 40% of women do not attend the 6-week postpartum visit
- As many as 1 in 5 women experience a postpartum mental health disorder
Components of the 2 week Early Postpartum Visit

**Maternal Health Safety Check**

- National and State groups are **recommending a paradigm shift** in caring for postpartum women.

- Postpartum maternal morbidity and mortality **can affect all patients**, regardless of a healthy and uncomplicated pregnancy.

- Early postpartum visits can **make a difference for all moms**.
BREASTFEEDING CONSIDERATIONS FOR COVID-19
COVID-19 Response Strategies for Maternal Health

- Important to **ensure all women have access to contraception prior to discharge** as many patient may be unable or may avoid 6 week follow-up visit.
- Patients need **close postpartum follow up during COVID**. There is concern for increased mental health issues/postpartum depression / domestic violence / strain from unemployment other social determinants.
- Also concern for underlying medical conditions will not receive appropriate care or patients may avoid seeking care when needed could worsen maternal mortality crisis- **Consider IPAC 2 week follow up telehealth appointments**.
- Consider sending BP cuffs home with all patients with HTN or preeclampsia.
- **Encourage patients to ask for help & provide resources** to contact if they have trouble with feeding, nipple pain, low milk supply, or with any other concerns.
COVID-19 Patient Education Resources

- **IL EverThrive Protecting and Caring for Your Family During the Coronavirus Outbreak** (4.3.2020)
- **SMFM Information for Women & Families** (4.3.2020)
- "Is It Safe to Provide Milk for my Baby if I Have, or Have Been Exposed to, COVID-19" (Adapted by ILPQC with permissions 4/2020)
- "If Your Doctors Suspect You Have COVID-19" (Adapted by ILPQC with permissions 4/2020)
- The 4th Trimester Project’s patient education website on COVID-19 For New Moms (3.2020)
Mental Health Resources

- During this crisis heightened awareness of need for mental health resources for our patients and staff.

- **IL Perinatal Depression Program MOMS Hotline**
  1-866-364-MOMS (1-866-364-6667)
  24/7 & answered live by licensed mental health professionals

- **Postpartum Depression Illinois Alliance**: 1-847-205-4455

- **NAMI (National Alliance for the Mentally Ill)** Help line 1-800-950-NAMI (1-800-950-6264)

- **Postpartum Support International** (800-944-4773)

- **Mental Health and Coping During COVID-19 | CDC**

- **Resources for providers, families, and leaders to support the health and well-being of communities impacted by COVID-19**
Birth Equity and COVID-19

- MGH Boston Example Birth Equity and COVID-19 Workflow (4.3.2020)
- https://www.apa.org/topics/covid-19-bias
- https://implicit.harvard.edu/implicit/featuredtask.html
- https://www.dropbox.com/sh/zvg12qp7g477un9/AADAndcUeK1QzjYzwtGnhSqda?dl=0 (Multilingual COVID resources)
- https://en.contracovid.com
2020 ILPQC Statewide QI Initiatives

- OB- Promoting Vaginal Birth
- OB- Birth Equity
- Neonatal Antibiotic Stewardship
THANKS TO OUR FUNDERS

IDPH
Illinois Department of Public Health

CDC
Centers for Disease Control and Prevention

DHS
Illinois Department of Human Services

JB & MK PRITZKER
Family Foundation
Questions
Updates

• Two Infographics
  1. PQC strategies to promote breastfeeding
  2. Importance of early childhood nutrition and breastfeeding for early brain development

• National Minority Health Month
  • We'd like to hear from you
    *(please share what your state is currently using for inclusive and gender-neutral language)*
A virtual learning series for public health leaders.

Thank you!

Questions/Technical Assistance Requests: breastfeeding@astho.org