

WINTER ■ 2011

Breastfeeding Kentucky



Healthy People 2020 Objectives Combat the Barriers to Breastfeeding

USBC Publishes New Resource to Address Hospital Barriers

Washington, DC--Social and environmental support for breastfeeding has been brought to the forefront of our nation's public health priorities with the launch of the Healthy People 2020 (HP2020) agenda by the U.S. Department of Health and Human Services. HP2020 objectives will continue to track national breastfeeding rates, but new objectives will also address recognized barriers to breastfeeding success. New targets will focus attention on worksite support and maternity care practices: areas that often present obstacles for breastfeeding mothers.

HP2020 has raised existing targets for breastfeeding initiation, duration, and exclusivity, reflecting our nation's ongoing commitment to the medical recommendation of six months of exclusive breastfeeding followed by continued breastfeeding for the first year of life and beyond. According to the most recent data from the Centers for Disease Control and Prevention (CDC), 75% of new mothers initiate breastfeeding, but only 13% of infants are breastfed exclusively for six months, while 22% continue some breastfeeding to one year. HP2020 targets aim to increase these rates to 81.9% initiating breastfeeding, 23.7% breastfeeding exclusively through six months, and 34.1% continuing at one year.

The new objectives will take on some of the most challenging barriers to breastfeeding success faced by U.S. mothers. One goal addresses worksite lactation support programs, a topic that has received much recent attention with the passage of the workplace breastfeeding support provision in the *Patient Protection and Affordable Care Act*. Women now comprise half of the American workforce, with nearly four out of ten women serving as the primary breadwinner in their families. Returning to work can be a major hurdle for new mothers struggling to balance working and breastfeeding: in 2009, only 25% of employers reported providing an on-site lactation/mother's room, according to the Society for Human Resource Management (SHRM).

Two new objectives address maternity care practices, including a target to reduce formula supplementation within the first two days of life. The CDC reports that 25.4% of breastfed infants receive formula before two days of age, despite medical recommendations *against* routine supplementation with formula, glucose water, or water. Early supplementation decreases a mother's milk production and can lead to negative health outcomes for the infant.

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Another new goal aims for 8.1% of live births to occur in facilities that provide recommended breastfeeding care. Currently less than 4% of U.S. births occur in facilities that have earned the Baby Friendly designation, meeting standards set by UNICEF and the World Health Organization to provide an optimal level of breastfeeding care.

The CDC's 2007 Maternity Practices in Infant Nutrition and Care (mPINC) survey of all birth facilities in the U.S. showed that the average score was only 65 out of 100. The United States Breastfeeding Committee (USBC) has just published a new resource for maternity facilities choosing The Joint Commission's new Perinatal Care Core Measure Set. This toolkit will also be invaluable for facilities striving to improve mPINC scores: Part 1 is designed to aid in accurate collection of data on exclusive breastfeeding, while Part 2 focuses on improving adherence to evidence-based best practices.

USBC Chair Robin W. Stanton, MA, RD, LD, applauds the focus in HP2020 on increasing awareness of the social and

environmental determinants of health. "In order to reach their own infant feeding goals, mothers need focused support from health care providers, employers, families, and communities," says Stanton. "The federal recognition of this need marks an important step for breastfeeding advocacy to ensure that all mothers are empowered to succeed."

For more information on Healthy People 2020, visit www.healthypeople.gov. USBC publications, including an analysis of the barriers to exclusive breastfeeding, can be downloaded from [USBC's Publications page](#). To locate health care providers and knowledgeable breastfeeding support personnel that can offer assistance and answer questions about breastfeeding, visit [USBC's FAQ page](#).

USBC is an organization of organizations. Opinions expressed by USBC are not necessarily the position of all member organizations and opinions expressed by USBC member organization representatives are not necessarily the position of USBC.

Upcoming Conferences and Events

February 1, 2011

USLCA Webinar

Ethics

with Elizabeth Brooks, JD, IBCLC

For more information:

uslcaonline.org/edures.html

February 8, 2011

CDC-USBC Bi-Monthly

Teleconference

2:00-3:00 ET

Two locations available:

Franklin County Cooperative

Extension Office

To RSVP, contact Marlene Goodlett

Email: Marlene.Goodlett@ky.gov

Phone: 502-564-3827 ext. 3612

or

Louisville Metro Health Department

400 East Gray St

To RSVP, contact Barbara Ruedel

Email:

barbara.ruedel@louisvilleky.gov

Phone: 502-574-5279

March 9-11, 2011

Louisville

Kentucky Public Health Association

Annual Conference

For more information:

www.kpha-ky.org

March 14-18, 2011

Johnson City, TN;

March 21-25, 2011

Louisville, KY;

March 28-April 1, 2011

Chillicothe, OH

Lactation Counselor Certificate

Training Program (CLC)

For more information:

Phone: 508-888-8044

Email: info@healthychildren.cc

Website: www.healthychildren.cc

Save The Date

April 13, 2011

Louisville, KY

2nd Annual Breastfeeding Summit

Hosted by the WIC Program and the

Lactation Improvement Network of

Kentucky (LINK)

Lunch and CEUs will be provided

Save The Date

May 1-4, 2011

Portland, Oregon

NWA 2011 Annual Education and

Networking Conference and Exhibits

www.nwica.org

Save The Date

July 13-17

San Diego, CA

ILCA Annual Conference

For more information:

www.ilca.org

Breastfeeding Services in Hospitals: New Documents Support Case

Doraine Bailey, MA, IBCLC, RLC
Lexington-Fayette Co. Health Department

Several recent documents are available to help build, sustain, and justify breastfeeding support in the hospital. They may be helpful resources to discuss at coalition meetings, for quality-improvement projects, or to pass on to administrators or providers in your area. These resources may be especially helpful for hospitals implementing the Joint Commission Perinatal Core Measure Set (which includes a measure of exclusive breastfeeding during the hospital stay). All are available for free download.

Authors of these policy documents include the United States Lactation Consultant Association (USLCA), the Academy for Breastfeeding Medicine (ABM) and the US Breastfeeding Committee (USBC).

Containing Health Care Costs—Help in Plain Sight (USLCA): Breastfeeding is well recognized as a low-cost, effective preventative health measure. The Patient Protection and Affordable Care Act (health care reform) recognizes the US Preventive Services Task Force recommendation that breastfeeding education and clinical care should be a mandatory benefit in health insurance plans. In order to provide this enhanced care, International Board Certified Lactation Consultants (IBCLCs) should be fully integrated into the health care system and be appropriately reimbursed. IBCLCs provide high quality and cost-effective care to breastfeeding families where other health professionals are unable to do so. (www.uslcaonline.org)

Model Breastfeeding Policy (ABM Clinical Protocol #7): Revised in 2010, this protocol seeks to promote maternal–infant care that supports the normal physiologic functions involved in the establishment of breastfeeding and assists families in initiating and developing a successful and satisfying in-patient experience. It is based on recommendations from a variety of recent policy statements, most of which consider the UNICEF/World Health Organization evidence based *Ten Steps to Successful Breastfeeding* as the minimum standard. The protocol underscores research showing that hospitals implementing six of seven studied steps were six times more likely to meet their exclusive breastfeeding goals than those hospitals implementing none or only one of the steps. (www.bfmed.org)

Core Competencies in Breastfeeding Care & Services for All Health Professionals (2010, revised) (USBC): Successful breastfeeding requires a knowledgeable health care community. Unfortunately, the volume of new information, advances in treatments and technologies, and health care system challenges, combined with the relative paucity of professional training in human lactation and breastfeeding, leave many providers without satisfactory answers for their patients. These core competencies in breastfeeding care and services were developed to provide educators and health professionals with a framework to integrate evidence-based breastfeeding knowledge, skills, and attitudes into their standard practices. These core competencies represent the *minimal* knowledge, skills, and attitudes necessary for health professionals from *all* disciplines to provide patient care that protects, promotes, and supports breastfeeding. (www.usbreastfeeding.org, under Publications).

International Board Certified Lactation Consultant Staffing Recommendations for the Inpatient Setting (USLCA): How many IBCLCs does a facility really need for appropriate patient care? This short paper provides evidence-based recommendations on lactation-specific staffing for inpatient services. They recommend:

- Level I inpatient: 1.3 FTEs per 1000 deliveries per year
- Level II inpatient: 1.6 FTEs per 1000 deliveries per year
- Level III inpatient: 1.9 FTEs per 1000 deliveries per year

Facilities providing outpatient care would need additional FTEs to provide that service. (www.uslcaonline.org)

Implementing TJC Core Measure on Exclusive Breast Milk Feeding (2010 revised) (USBC): This toolkit addresses the exclusive breast milk feeding core measure in the *Joint Commission's Perinatal Care Core Measure set*. Part 1 of the toolkit, **Guidelines for Data Collection**, is designed to aid hospitals and maternity facilities in accurate collection of the data for the new measure. Part 2 of the toolkit, **Implementing Practices That Improve Exclusive Breast Milk Feeding**, focuses on improving adherence to evidence-based best practices, which is ultimately reflected in rates of exclusive breast milk feeding. (www.usbreastfeeding.org, under Publications)

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Five Steps to Improving Job Security for the Hospital-Based IBCLC (USLCA): The economic downturn has led many hospitals to cut “unnecessary” staff, including IBCLCs. This paper is designed to suggest potential strategies and practical steps for IBCLCs to utilize when their lactation consultant position or program is in jeopardy. Many administrators do not recognize the unintended consequences to mother-baby care that result from the reduction of lactation services, including a reduction in the initiation of breastfeeding, an increase in expensive readmissions due to feeding issues, and a decrease in patient satisfaction. For those instituting the Joint Commission Perinatal Core Measure Set, such staff

reductions significantly impact their ability to meet exclusive breastfeeding goals. (www.uslcaonline.org)

Other pertinent documents: US Preventive Services Task Force, “Primary Care Interventions to Promote Breastfeeding,” www.uspreventiveservicestaskforce.org/uspstf/uspsbrfd.htm

The Joint Commission, “Perinatal Care Core Measure set,” http://www.jointcommission.org/perinatal_care/

Breastfeeding Challenge 2010

Nancy Merk, MS, RD, LD, IBCLC
Northern Kentucky Health Department

The Northern Kentucky Breastfeeding Coalition proudly participated once again in the Global Breastfeeding Challenge, sponsored by the Quintessence Foundation of Canada, on Saturday October 2, 2010. The event was a competition to see which site could gather the most breastfeeding babies at one time, as well as an innovative way to highlight the value and benefits of breastfeeding.

We hosted our site at the Boone County Extension Office in Burlington. We distributed invitation flyers in each of our WIC Clinics and at each of the area birthing hospitals. The

Public Information Manager for the Northern KY Health Department assisted us by issuing a press release about the event and organizing online registration through the Health Department’s website.

We received a great deal of media attention for this event. A local news anchor interviewed us and plugged the event several times prior to the Challenge. The day of the event a camera man from another TV station conducted a brief interview. We were also invited to do a live interview with another local station the following week.

Our program included a meet and greet time with refreshments, followed by opening remarks provided by Dr Lynne Saddler, the new District Director of Health for the Northern KY Health Department. Following the Challenge we had the pleasure of hearing Dr Rob Tagher, a local pediatrician, speak to the group and answer questions.



We were thrilled to have 21 breastfeeding couplets participate in the event. We were also able to outscore our neighboring site in Lexington by one they probably didn’t even know that was my goal!

We were fortunate to have awesome door prizes donated. Among these were handmade quilts. We had enough donations to allow each mom to receive a prize.

Our site ranked 71st out of 214 sites participating in the challenge. The “winner” was a site in Amersfoort, The Netherlands that gathered 158 breastfeeding couplets. Canada had the most sites at 159, with a total of 3162 babies. They were followed by the US with 34 sites and 484 babies. What an awesome display of support for breastfeeding!

Institute of Medicine Updates Recommendations for Vitamin D

Janet Johnson, RD, LD, IBCLC
Pike County Health Department

The Institute of Medicine (IOM) has rolled out new dietary reference intakes (DRIs) for vitamin D. The DRI for vitamin D was first set in 1997 at 200 IU/day for people age 0-50 and at 400 IU for adults 51 and older. The recommendations released on November 30, 2010 raise the DRI to 600 IU/day for people age 1-70 years and up to 800 IU/day for people who are 71 years or older.

So where is the recommendation for infants, you may be wondering? This IOM report has been released just 2 years after the American Academy of Pediatrics revised their clinical report, "Prevention of Rickets and Vitamin D Deficiency in Infants, Children, and Adolescents." The AAP had revised their guidelines from recommending infants being supplemented with 200 IU/day of vitamin D starting at 2 months of age to recommending that all infants, children, and adolescents should receive 400 IU/day beginning in the first few days of life. The IOM report supports the AAP's recommendation for infants, calling it an Adequate Intake (AI) level instead of a true RDA.

What about sunlight?

UVB light from the sun reacts with cholesterol in our skin to produce vitamin D. However, with vitamin D production depending greatly on time spent outdoors, skin pigmentation, season, cloud coverage, air pollution, body mass, geographical latitude, and use of UV protection, it is not safe or research-based to assume that Americans are receiving adequate levels of vitamin D from sunlight. Don't assume you are soaking up the vitamin D on your daily drive, either. UVB light cannot penetrate glass, so to get vitamin D, people have to actually be outside. With this in mind, the IOM made their recommendations for dietary vitamin D based on people receiving a minimal amount of sunlight.

So why bother?

Cod liver oil, providing 400 IU of vitamin D per teaspoon, became commonly used to treat and prevent childhood rickets in the 1960s. This practice sharply decreased the

incidence of rickets. However, with few parents giving their kids cod liver oil and families spending most of their time inside, rickets has been on the rise, peaking in incidence between 3 and 18 months of age. Recent research has also linked vitamin D not only to bone health but also to the prevention of infections, autoimmune diseases, some forms of cancer, type 2 diabetes and even type 1 diabetes.

Why can't we just supplement mom?

For breastfed infants it is tempting to skip supplements and just supplement mom instead. Maternal supplements of 6,500 IU are needed to significantly raise breastfed infant serum levels and research is not yet available to support the safety to the mother of such a high dose on a continued basis. Therefore, the AAP concludes in their clinical report that at this time, it is safer to provide the smaller supplement to the infant.

How can infants receive vitamin D?

Exclusively and partially breastfed infants can be provided their dose of vitamin D through vitamin drops such as Poly-Vi-Sol, Tri-Vi-Sol, or a product called Just D, which provides vitamin D only. In the United States infant formulas are required to provide 400 IU of vitamin D per liter, so exclusively formula-fed infants receive their supplement through their formula.

At age 1 year the IOM recommends that children need 600 IU of vitamin D/day. It is uncommon for American children to eat fatty fish daily, and it would take 6 cups of vitamin fortified cow's milk to meet this requirement. Once children are weaned from breast milk or formula, it is recommended that children have less than 3 cups of milk per day. Therefore, children over age 1 will continue to need a supplement. The IOM has set the upper intake level for vitamin D for 1-3 year olds at 2,500 IU per day, so parents need to follow dosing directions carefully to avoid over-supplementation.



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