

Take Action!

Lay the Foundation for a Lifetime of Good Health – Promoting, protecting, supporting breastfeeding

How to Use?

This Maternal and Child Health (MCH) Action Guide was created in order to assist local MCH programs with developing their MCH plan. The Breastfeeding Action Guide is intended to help local health agencies and community partners develop specific, measurable, achievable, realistic, and time-framed (SMART) goals and objectives as well identify evidence-based strategies related to addressing this issue. This guide identifies strategies and action steps to lay the foundation for a life time of good health by promoting, protecting, and supporting breastfeeding in your community.

MCH Action Guides are divided into four (4) sections:

- **“How to Use”** - includes special instructions;
- **“What’s at Stake”** - contains background information & data;
- **“What Works”** - outlines best practices or promising strategies;
- **“Resources and Tools”** - lists resources and tools to help keep young drivers safe and write SMART objectives.

MCH Program Specialists are available to provide technical assistance to incorporate Action Guide information into local MCH operational plan and consult on specific content material. To contact an MCH Program Specialist about this Action Guide call Prevention Services Division Breastfeeding Coordinator at 303-692-2462 or email jennifer.dellaport@state.co.us.



Tip!

Find local data
and experts
Contact Your MCH
Program Specialist
Today!

What’s at Stake?

Increases in health risks.

Breastfeeding prevents acute and chronic illnesses. Human milk is species-specific and uniquely superior for infants. Infants not breastfed are at increased risk for ear infections, respiratory illnesses, diarrhea, SIDs, diabetes, childhood leukemia, and becoming overweight.

Extra health care expenses.

\$331-\$475 spent on extra health care costs for the non-breastfed infant in the first year of life to treat 3 illnesses (ear infections, respiratory tract and gastrointestinal illnesses).

Mothers’ ability to maximize on benefits of breastfeeding.

Among many benefits, breastfeeding reduces a mother’s risks for breast and ovarian cancers and diabetes. Compared to women who have never breastfed, women who breastfeed for at least one year are 10-15% less likely to have high blood pressure, diabetes, high cholesterol and cardiovascular disease.

Breastfeeding recommendations not met.

All major medical authorities recommend infants be breastfed exclusively for their first six months of life and continue to breastfeed for the first 1-2 years.

Colorado mothers need more support:

- 48% of Colorado mothers are breastfeeding at 6 months postpartum. (*2008 CDC National Immunization Survey*)
- 28% of lower income mothers are breastfeeding at 6 months postpartum. (*2008 CDC Pediatric Nutrition Surveillance Survey*)
- Populations at highest risks for obesity and diabetes have lower breastfeeding rates.

More breastfeeding for a longer period of time is better!

Questions to Ask:

- ✓ *How do our county’s rates compare to other counties in the area?*
- ✓ *What are the barriers to breastfeeding in our community?*
- ✓ *Which organizations might partner together to normalize breastfeeding in our community?*
- ✓ *What are the reasons members in our community quit breastfeeding?*



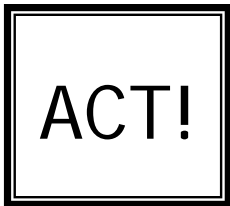
What Works?

Create alliances to raise awareness and design programs that work!

Strategy #1: Leverage the Strengths and Assets of Partners

Everyone has a role to play in promoting, supporting, and protecting breastfeeding. Communities can build solutions to create a breastfeeding-friendly community by working collaboratively across sectors, including sectors that previously may not have been considered. This inclusive approach brings multiple perspectives and assets for greater results. Whether forming a breastfeeding coalition or aligning the mission with an existing coalition will result in leveraging your communities' commitment, strengths and assets! Include individuals of these organizations to ensure multiple perspectives and talents are included in your efforts:

- Health care professionals
- Lactation experts
- Hospitals
- Employers
- Charity organizations
- Food Banks
- Child care providers
- Faith Communities
- Parents/Families/Grandparents
- Policymakers
- Social Services Providers
- Media
- Civic Organizations
- Tribal Councils
- Cultural-Interest Groups
- Youth
- Schools



- ✓ Identify a core group of individuals, selecting people most concerned with breastfeeding, to begin the process of reaching out to the broader community.
- ✓ Select diverse perspectives for your community coalition.
- ✓ Review Community Action Kit for Protecting, Promoting, and Supporting Breastfeeding, Texas Department of State Health Services WIC Program. (See link on Resource page)



Questions to Ask:

- ✓ *What coalitions exist in our area?*
- ✓ *How will we identify who to invite for collaboration?*
- ✓ *What is the value of working with a variety of partners?*
- ✓ *What resources will we need to coordinate a coalition?*
- ✓ *How will we identify a mission and come to consensus on what to accomplish?*
- ✓ *What will our group actually do to create these outcomes?*
- ✓ *What tangible results will we use to evaluate your activities?*

What Works? *(continued)*

Building breastfeeding supportive workplaces!

Strategy #2: Create awareness and provide guidance to employers for how to accommodate breastfeeding employees

Colorado mothers cite returning to work as a major reason for stopping breastfeeding. In the workplace, mothers face physical barriers: lack of a private, pumping-friendly space and an inflexible work schedule – and emotional barriers: difficulty scheduling time to pump, being uncomfortable storing or cleaning pump supplies in front of other employees, and anxiety about discussing breastfeeding needs at work. Mothers facing the most significant barriers are those in lower wage and retail positions.

In 2008 Colorado passed the Workplace Accommodation for Nursing Mothers Act, which requires that employers make a reasonable effort to: provide a private location in close proximity to a nursing employee's work area (other than a toilet stall) in which to express milk, provide time to express breast milk for up to two years after the child's birth (can be paid/unpaid meal and/or break time), and not discriminate against women for expressing milk in the workplace.

Unfortunately, many Colorado employers are still unaware of the new law. They may perceive supporting a lactation program as costly, logistically challenging (staff coverage), of low priority compared to other employer offered benefits, requiring special treatment (extra breaks, special rooms), and potentially a liability risk (human milk storage and safety). Employers also lack information about the business benefits of lactation programs, which are actually proven to reduce healthcare costs, lower absenteeism, decrease employee turnover, increase job satisfaction and productivity and improve company image in the marketplace and community.



- ✓ Inform employers about Colorado legislation. (See link on Resource page under Reviews and Reports)
- ✓ Educate on the benefits to employers and coworkers using the Colorado Employer toolkit (Locate at the Colorado Breastfeeding Coalition website link on Resource page) or the U.S. Department of Health and Human Services Business Case for Breastfeeding toolkit. (See link on Resource page.)
- ✓ Provide training to individual or groups of employers.
- ✓ Offer technical assistance to help employers create corporate lactation policies.
- ✓ Publicly recognize employers that support breastfeeding employees.



Questions to Ask:

- ✓ *Who are the largest employers of lower wage female workers in the community?*
- ✓ *Which employers provide or could provide a model lactation program?*
- ✓ *What level of outreach can be done with resources available?*
- ✓ *What other organizations might desire collaboration with this effort?*
- ✓ *Which community members or organizations could lead the strategy?*
- ✓ *How can any program effort be evaluated?*

What Works? *(continued)*

Strengthen health care professional skills and knowledge!

Strategy #3: Encourage local hospitals, birth centers, health departments, and group practice clinicians to provide lactation training for all local health care providers (physicians, nurses and other health care professionals).

Making institutional changes in maternity care practices has been shown to significantly increase breastfeeding initiation and duration rates. The world recognized Baby-Friendly Hospital Initiative encourages and gives special recognition to hospitals that demonstrate an optimal level of breastfeeding care by adhering to ten model breastfeeding practices, known as The Ten Steps to Successful Breastfeeding. While these Ten Steps are considered the gold standard for breastfeeding maternity practices, relatively few U.S. hospitals--and only one in Colorado—have earned the “Baby-Friendly” designation.

Communities can move toward baby-friendly practices by providing opportunities for health care providers to participate in trainings. Recently around 90% of Colorado hospitals and numerous community partners received training regarding five breastfeeding supportive practices that were found to significantly extend breastfeeding duration among Colorado mothers. The practices are:

1. Infant is breastfed in the first hour after birth.
2. Infant is fed only breast milk in the hospital.
3. Infant stays in the same room with the mother in the hospital.
4. Infant does not use a pacifier in the hospital.
5. Hospital staff gives mother a telephone number to call for help with breastfeeding after discharge.

While the training audiences *overwhelmingly* found the training informational, useful and motivating to make change, many individuals reported two outstanding needs: 1) help with troubleshooting breastfeeding problems to build confidence and competence; and 2) local trainings to enable the greatest number of providers to attend.



ACT!

- ✓ Assess types of training required focusing on provider needs e.g., level of promotion and intervention, and maternal population served -prenatal, early postpartum, late postpartum.
- ✓ Research provider preferred training methods (presenter in person, on-line, self paced, seminar, etc.). (See links on Resource page under Educational Opportunities.
- ✓ Offer and/or recommend lactation trainings and breastfeeding curricula available.



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Questions to Ask:

- ✓ *Which of the five practices do our hospitals and birth centers practice with healthy newborns?*
- ✓ *Do our hospitals and birth centers have policies for those practices?*
- ✓ *What practices do our hospitals find challenging and why?*
- ✓ *What are our training resources (e.g., budget, local expertise)?*
- ✓ *How can we assess the lactation training needs of health care providers?*
- ✓ *Does our training include sufficient numbers of language and cultural competencies*

What Works? *(continued)*

Building breastfeeding support in the community to meet the needs of all mothers!

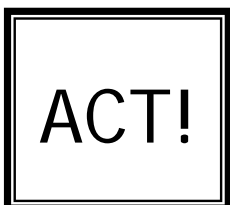
Strategy #4: Create a community where every family has access to breastfeeding support and resources.

The most commonly cited reasons mothers stop breastfeeding in Colorado are related to concerns of not producing enough milk and soreness with breastfeeding. The American Academy of Pediatrics 2005 policy statement, *Breastfeeding and the Use of Human Milk*, recommends that breastfeeding newborns be seen by an experienced health care professional at 3 to 5 days of life and then again at 2-3 weeks of age. Timely follow up with competent support is vital to helping the breastfeeding mother/infant pair overcome obstacles.

Communities can make a difference by:

- *Normalizing* breastfeeding (work collaboratively to institute policies and procedures in organizations, public spaces, and workplaces that protect and support breastfeeding).
- Understanding the various attitudes about breastfeeding among the community's cultures.
- Identifying where mothers can get breastfeeding support and help with their concerns and ensuring that all new families receive and have access to the information and resources.

When members of a community breastfeed, the community benefits by creating healthier families, stronger workforce (i.e., less absenteeism associated with ill infants), decreasing the environmental burden for disposing formula containers (and all the resources to create and deliver the product to the community) and reducing the health care costs associated with the non-breastfed infant.



- ✓ Disseminate clinical protocols with providers regarding recommended follow-up for the breastfeeding newborn. (See links on Resource page under Educational Opportunities)
- ✓ Organize a support group(s) for breastfeeding mothers.
- ✓ Develop and distribute a community breastfeeding resource lists that include where to get help, purchase breastfeeding supplies, who to call with questions.
- ✓ Investigate ways to provide breastfeeding support services (e.g., electric pumps rentals) through unique settings (e.g., health care providers).
- ✓ Provide training to child care providers on appropriate infant feeding, and why be and how to be a breastfeeding friendly child care center. (See links on Resource page under Toolkit.)



Questions to Ask:

- ✓ *What resources for breastfeeding information and support are available in our community?*
- ✓ *How can we provide clinical protocols to health care providers in our community?*
- ✓ *How breastfeeding friendly are the child care centers in our community?*
- ✓ *What are the challenges to providing support groups and how can we overcome them?*

Resources and Tools

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Data Resources

- Colorado Pregnancy Risk Assessment and Monitoring System
Located on the Colorado Health Information data set the user can query breastfeeding rates for one or more years beginning in 1997 by county. Results include initiation and breastfeeding up to 9 or more weeks.
<http://www.cdphe.state.co.us/cohid/prams.htm>
- CDC Pediatric Nutrition Surveillance System (Colorado WIC Program data)
This information represents data (e.g., breastfeeding, growth and anemia indicators) collected in WIC clinics throughout the state. The user can view WIC participant breastfeeding rates by county, agency and state.
<http://www.cdphe.state.co.us/ps/wic/nutrition-surveillance/nutrition-surveillance.html>

Fact Sheets & Toolkits

- Community Action Kit for Protecting, Promoting, and Supporting Breastfeeding, Texas Department of State Health Services WIC Program (Supports Strategy #1)
A excellent toolkit of ideas for how to assess and address a community's breastfeeding needs and issues including how to build a coalition. www.dshs.state.tx.us/wichd/bf/pdf/Community%20Action%20Kit.pdf
- The Business Case for Breastfeeding (Supports Strategy #2)
A comprehensive kit offers tools to help employers provide worksite lactation support and offers guidance to employees on breastfeeding and working. The materials include resources to help health professionals provide education to their communities. www.womenshealth.gov/breastfeeding/programs/business-case/
- Breast-feeding Promotion Resource Kit (Supports all Strategies)
A resource kit of strategies, methods and resources to assist health care professionals, community leaders and members create a plan for a breastfeeding friendly environment. The kit is divided into four sections: breastfeeding support in the communities, breastfeeding education, breastfeeding friendly environments, and workplace support. <http://www.cdphe.state.co.us/pp/COPAN/resourcekits/Breastfeedingresourcekit.pdf>

Reviews & Reports

- The CDC Guide to Breastfeeding Interventions
There are many approaches to strengthen breastfeeding in communities, some likely more effective than others. This guide identifies interventions for which evidence is strong and those for which evidence is not yet established. www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf
- Getting It Right After Delivery: Five Hospital Practices That Support Breastfeeding
The report summarizes the state of breastfeeding in Colorado and the value of specific practices hospitals can institute to support breastfeeding mothers. The report includes an appendix of resources for hospitals. The findings published in this report provide the rationale for the Colorado Can Do 5! initiative
www.cdphe.state.co.us/ps/mch/gettingitright.pdf

Technical Assistance

- Colorado Breastfeeding Coalition: Employers - Maternity Care Practices Law, information, Colorado employer toolkit, child care center resource kit. Health care professionals) Educational opportunities
<http://www.cobfc.org/Employers/index.html>
- To develop goals and S.M.A.R.T. objectives, visit this interactive website:
http://apps.nccd.cdc.gov/dashoet/writing_good_goals/page002.html

SMART!
Specific
Measurable
Achievable
Realistic
Time- framed