



**Pennsylvania
Breastfeeding
Awareness
and
Support
Plan**

Mother's Milk

Food Of Health For Pennsylvania Children

**Pennsylvania Department of Health
Bureau of Family Health
2013**

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Defining Breastfeeding



Breastfeeding is providing mother's own milk for her baby. Most of the time the baby is receiving the milk directly from the breast, but there are situations when the baby receives milk other than at the breast (for example, when the baby is preterm and receives mother's milk by a tube into the baby's stomach, or when mom is at work and the baby receives her milk by bottle or cup).

There are even occasions when donor human milk is fed to a very sick baby when the own mother's milk is not available.

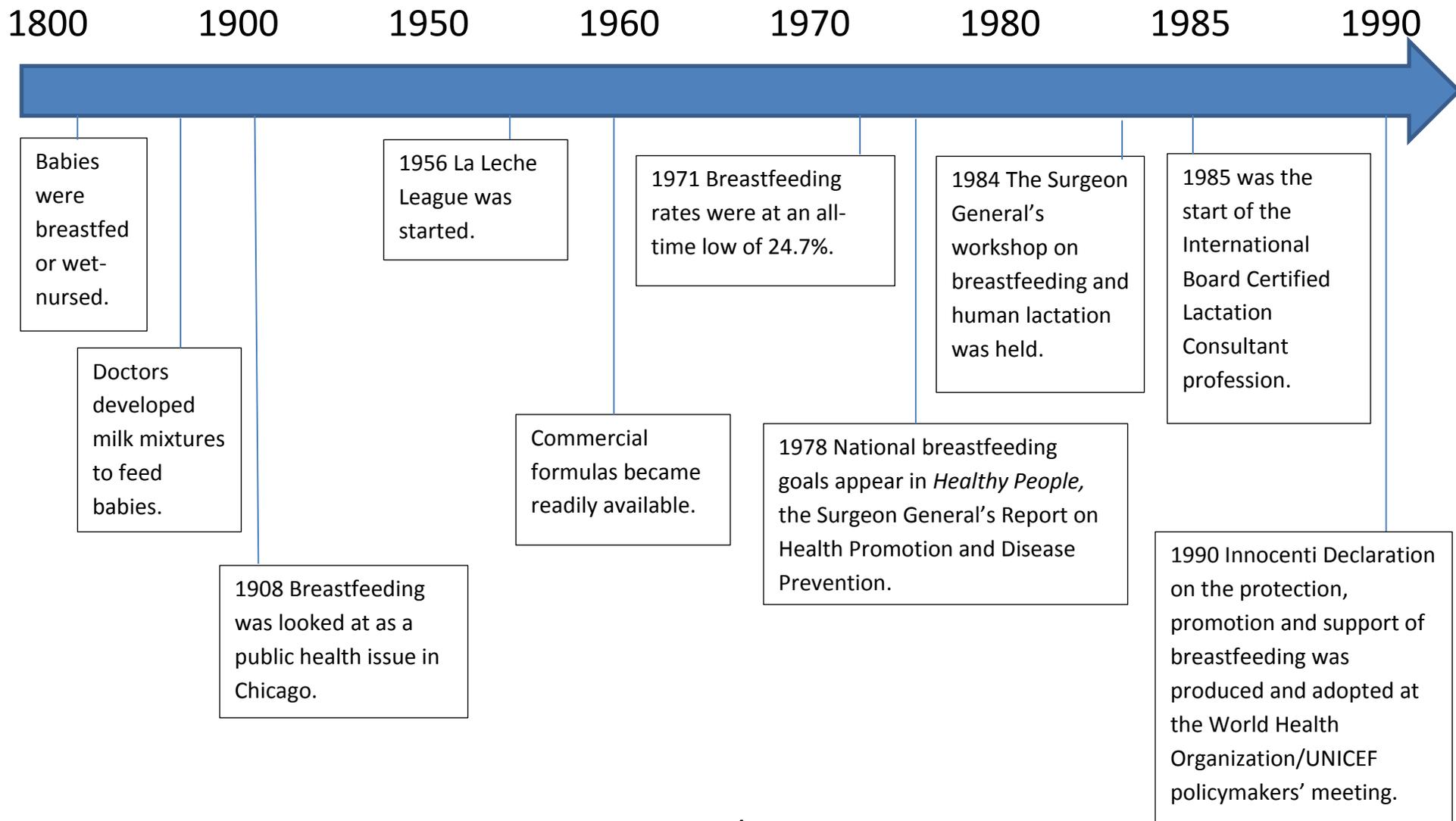
Exclusive breastfeeding is the normative model. Exclusive breastfeeding is defined as a baby receiving nothing but mother's milk--no water, no juice, no food. A baby receiving medicine, vitamins and minerals is considered to be almost exclusively breast-fed (Labbok 1990).

The American Academy of Pediatrics recommends that an infant be breastfed exclusively for about the first six months, then continuing to breastfeed (along with appropriate,

nutrient-dense foods) for at least the first year or longer, as mutually desired by mother and child (American Academy of Pediatrics, 2012).

Breastfeeding ... the doorway to a child's health.

The Evolution of Infant Feeding



The Evolution of Infant Feeding (continued)

1990

1995

2000

2005

2010

1990 The Baby-Friendly Hospital Initiative began.

1997 The American Academy of Pediatrics' policy statement on breastfeeding was issued.

2000 U.S. Dept. of Health and Human Services published "The Blueprint for Action on Breastfeeding."

2007 The first Maternal Practices in Infant Nutrition and Care (mPINC) hospital survey was administered.

2011 "The Surgeon General's Call to Action to Support Breastfeeding" was released.

1992 The Pennsylvania Breastfeeding Coalition was established.

1998 The United States Breastfeeding Committee was launched.

2004 The Pa. Department of Health developed the Pa. Breastfeeding Awareness and Support Program

2008 "The Business Case for Breastfeeding" for employers was released.

2010 The Patient Protection and Affordable Care Act was enacted and addressed breastfeeding.

Benefits of Breastfeeding

Benefits for the infant

- Enhanced immune system and response^{1, 2, 4, 6, 7}
- Decreased risk for chronic diseases such as type 1 and 2 diabetes, asthma, leukemia and allergies^{1, 4, 6}
- Fewer infections such as middle ear infections, gastroenteritis and respiratory tract infections^{1, 2, 4, 6, 7, 9}
- Reduced risk of obesity^{1, 2, 4, 6, 9}
- Reduced risk of sudden infant death syndrome (SIDS)^{1, 9, 10}
- Improved foundations of emotional and mental health^{4, 6}
- Optimal growth and development^{1, 4, 6, 9}

Benefits for the mother

- Improved postpartum recovery^{6, 9}
- Reduced risk of postpartum depression^{1, 4}
- Decreased risk of osteoporosis^{3, 4, 6, 9}
- Decreased risk of type 2 diabetes, breast and ovarian cancer^{4, 6, 8, 9}
- Increased infant bonding^{4, 6}
- Assistance in returning to pre-pregnancy weight^{4, 6, 9}

Benefits for the family

- Lower food costs⁶
- Fewer healthcare costs⁶
- Enhanced bonding⁶

Benefits for Pennsylvania

- Decreased healthcare costs^{6, 9}
- Decreased cost for public health programs^{6, 9}
- Decreased environmental burden for disposal of formula containers^{6, 9}
- Decreased energy demands for production and transport of formula^{6, 9}
- Decreased parental employee absenteeism^{6, 9}

1. Agency for Healthcare Research and Quality, 2007.
2. Weaver, 2006.
3. Paton, 2003.
4. Lawrence, 2011.
5. Division of Nutrition and Physical Activity, 2007.
6. American Academy of Pediatrics, 2006.
7. Heinig, 2001.
8. Stuebe, 2005.
9. American Academy of Pediatrics, 2012.
10. American Academy of Pediatrics, 2011.

Contraindications to Breastfeeding

Very few mothers experience contraindications to breastfeeding. In rare instances, an infant should not breastfeed. Contraindications to breastfeeding are:

Infant with:

- Galactosemia (a rare genetic metabolic disorder)
- Tyrosinemia (a rare genetic metabolic disorder)

Mother with:

- Human immunodeficiency virus (HIV) positive
- Human T-cell lymphotropic virus, type I or II positive
- Illicit drug abuse
- Alcohol abuse
- Condition requiring use of certain medications (such as chemotherapeutic agents) until they have cleared her system. (For current information about chemotherapeutic agents, check Lactmed, the National Library of Medicine drug database at <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>)
- Exposure to therapeutic radioactive isotopes until they have cleared her system. Radio-contrast agents are NOT a contraindication.

While the following are not permanent contraindications to breastfeeding, these maternal conditions at the time of birth do indicate a need to delay breastfeeding:

- Untreated active tuberculosis. Once treated and no longer contagious, the woman may breastfeed her baby. In the meantime, she can mask, wash her hands well and pump her milk, which can then be fed to the baby by another person.
- Active varicella while contagious. In the meantime, she can pump her milk. If there are no lesions on the breasts, the milk can be fed to her baby by another person. Once lesions have healed, she may breastfeed.
- Untreated brucellosis. The woman must pump and discard milk from both breasts until she has been appropriately treated for 48-96 hours; then she may breastfeed.
- Herpes lesions on nipple until healed. In the meantime, she may breastfeed from the breast without lesions. She should pump and discard the milk from the breast with the lesions as well as cover the lesions on the other breast while breastfeeding. Careful hand washing is very important.

(American Academy of Pediatrics, 2012; Lawrence 2011)



A knowledgeable clinician can help determine breastfeeding's risk-to-benefit ratio.

Pennsylvania Breastfeeding Plan History

The Pennsylvania Department of Health (Department) developed the Breastfeeding Awareness and Support Program (Program) in 2004 with the overall mission of increasing the number of mothers who choose breastfeeding as their long-term infant feeding method. The Department has employed International Board Certified Lactation Consultants in the position of coordinators of the Program. Through the work of these coordinators and in partnership with many individuals and organizations throughout Pennsylvania, the Program continues to focus on the following:

- Increasing the number of people who perceive breastfeeding as both desirable and normal, while decreasing breastfeeding's negative stereotypes among the general public;
- Increasing the number of mothers who choose to initiate breastfeeding;
- Increasing the number of mothers who breastfeed their infants exclusively for six months and then continue breastfeeding for a year or more by:
 - 1) raising awareness of the benefits of exclusive breastfeeding; and
 - 2) creating a feeding standard of continued breastfeeding, with timely introduction of complementary foods at about six months;
- Developing social and institutional support resources to enable breastfeeding continuation in public places such as work, medical facilities and the surrounding community.

This statewide plan, then, is another means to communicate the mission of the Program and provide systematic approaches to support breastfeeding families in Pennsylvania. Additionally, the strategies in the plan provide a framework for individuals, organizations, communities, employers and policy makers to involve themselves and others in that support. This plan, as well as the previous one, are the results of ongoing collaboration among stakeholders toward a common agenda for health that stands to improve outcomes, link community-based health initiatives, and continue to establish and expand partnerships.

Promoting and supporting breastfeeding can only be accomplished through collaborations with appropriate state and local level partners and breastfeeding mothers and families.

Current Breastfeeding Data and Practices

In this section, breastfeeding data is presented from a number of different sources to paint a picture of current breastfeeding practices in Pennsylvania. The Department has been utilizing data gathered from Pennsylvania Certificates of Live Birth (birth certificates) since 2003 as the primary source of breastfeeding initiation rates, utilizing such data to measure the efforts of activities and initiatives designed to increase those rates. Also presented as equally important are the results of the Centers for Disease Control and Prevention (CDC) Breastfeeding Report Card; Healthy People 2020; the Maternity Practices in Infant Nutrition and Care (mPINC) survey; and the Pregnancy Risk Assessment and Monitoring System (PRAMS). The information presented and the sources utilized should be considered when determining direction for improvement, but findings rarely match and may not be comparable from source to source.

Pennsylvania Certificates of Live Births

Breastfeeding initiation is identified on each birth certificate and is collected for both in-hospital and out-of-hospital Pennsylvania births. Each birth certificate is submitted to the Pennsylvania Department of Health, Bureau of Health Statistics and Research, where it is analyzed. The question: **Is newborn being breastfed?** was added to the birth certificate in 2003. Birth certificate data is compiled annually.

In 2010, there were 143,321 live births, ranking Pennsylvania as sixth in the nation in number of births (U.S. Department of Health and Human Services-CDC, 2012). Breastfeeding initiation rates, as measured by Pennsylvania birth certificate data, have continued to improve as noted in Table 1 below.

Table 1

Pennsylvania Breastfeeding Initiation Rates, 2003-2010

2003	61%
2004	62%
2005	64%
2006	65%
2007	65%
2008	67%
2009	69%
2010	70%

Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research, Certificate of Live Birth
Provided by: Pennsylvania Breastfeeding Awareness and Support Program. June 2012

Table 2 indicates that, in 2010, women between the ages of 25 and 44 are more likely to initiate breastfeeding than women over 45 years or women younger than 25 years. An improvement in breastfeeding initiation rates for all age ranges (except those 45 and over) can be seen in comparing 2006 rates with rates in 2010.

Table 2 Pennsylvania Breastfeeding Initiation Rate by Age of Mother, 2006-2010

Mother's Age	Percent Breastfeeding Initiation by Year				
	2006	2007	2008	2009	2010
Under 15	36%	38%	36%	43%	37%
15-19	48%	48%	50%	54%	54%
20-24	56%	57%	59%	60%	62%
25-29	67%	68%	69%	71%	73%
30-34	71%	72%	73%	76%	77%
35-39	72%	73%	73%	75%	76%
40-44	74%	73%	74%	75%	75%
45 & Over	77%	75%	75%	74%	70%

Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research, Certificate of Live Birth
 Provided by: Pennsylvania Breastfeeding Awareness and Support Program, June 2012

Table 3 indicates that babies born at less than 37 weeks gestation are less likely to be breastfed than those at or over 37 weeks gestation. Additionally, breastfeeding is more likely to be initiated in babies weighing more at birth (2500+ grams) than those weighing less (1500-2499 grams and 0-1499 grams).

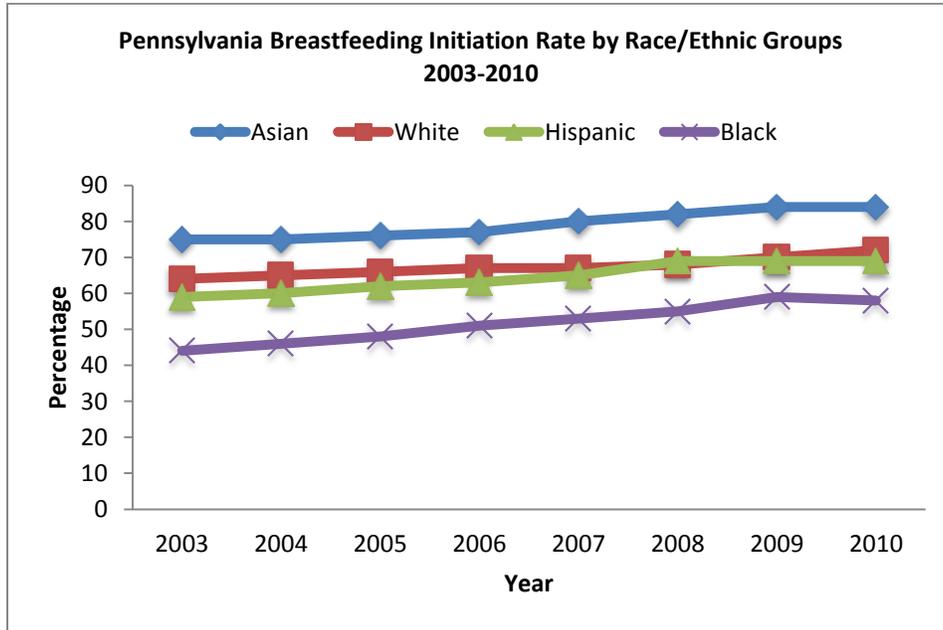
Table 3 Pennsylvania Breastfeeding Initiation Rate by Gestation and Birth Weight, 2006-2010

	2006	2007	2008	2009	2010
Gestation					
37+ Weeks	66%	67%	68%	70%	71%
<37 Weeks	54%	55%	56%	60%	62%
Birth Weight					
0-1499 Grams	40%	44%	44%	49%	53%
1500-2499 Grams	53%	54%	55%	59%	60%
2500+ Grams	66%	67%	68%	70%	71%

Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research, Certificate of Live Birth
 Provided by: Pennsylvania Breastfeeding Awareness and Support Program, June 2012

Graph 1 illustrates the racial and ethnic disparities in breastfeeding initiation rates in Pennsylvania. Asian women consistently initiate breastfeeding at rates higher than other races/ethnic groups, and African-American women have the lowest breastfeeding initiation rates but continue to see improvement in those rates.

Graph 1 Pennsylvania Breastfeeding Initiation Rate by Race/Ethnic Groups, 2003-2010



Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research, Certificate of Live Birth Provided by: Pennsylvania Breastfeeding Awareness and Support Program, June 2012

Healthy People 2010 and 2020

“Healthy People is a set of goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States” (www.healthypeople.gov HHS Healthy People 2020 Brochure). These targets (objectives, goals) have led the nation in planning for a healthy society for over three decades.

In 2013, it is important to both reflect on the breastfeeding goals set for 2010 and how well they were accomplished, as well as, look to those slated for achievement by 2020.

For Healthy People 2010, the following were the breastfeeding goals, target and final percents.

Increase the proportion of infants who are breastfed	2010 Target	Final
1: Ever	75%	74%
2: At 6 months	50%	43%
3: At 1 year	25%	24%
4: Exclusively through 3 months	40%	34%
5: Exclusively through 6 months	17%	14%

U.S. Department of Health and Human Services (2010), Healthy People 2010 Final Review, Hyattsville, MD: National Center for Health Statistics, 2012

For Healthy People 2020 the breastfeeding goals are expanded.

Increase the proportion of infants who are breastfed	2020 Target
1: Ever	81.9%
2: At 6 months	60.6%
3: At 1 year	34.1%
4: Exclusively through 3 months	46.2%
5: Exclusively through 6 months	25.5%
Increase the proportion of employers that have worksite lactation support programs	38%
Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life	14.2%
Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies	8.1%

U.S. Department of Health and Human Services (2012), National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, National Immunization Survey 2012 CDC Breastfeeding Report Card, Retrieved March 14, 2013, www.cdc.gov/breastfeeding

Maternity Practices in Infant Nutrition and Care (mPINC) Survey

CDC's Maternity Practices in Infant Nutrition and Care (mPINC) survey scores how well maternity care practices and policies of hospitals and birth centers support breastfeeding. The survey is scored on a scale of 0-100, with higher scores indicating better practices. Every other year since 2007, the CDC has conducted this voluntary, self-reported survey of all facilities with registered maternity beds in the United States and Territories. Each hospital receives a report on how well they are doing in comparison to other hospitals, and each state receives an aggregate report of their state's participating hospitals, a summary of successful practices in the state, areas for improvement and a comparison of their state to the nation.

There are 34 questions on the survey that relate to seven maternity care practice areas:

- labor and delivery care;
- postpartum feeding of breastfed infants;
- postpartum breastfeeding assistance;
- postpartum contact between mother and infant;
- facility discharge care;
- staff training; and
- structural and organizational aspects of care delivery.

In the 2011 survey, the mPINC score for Pennsylvania hospitals was 66 percent, and the national average was 70 percent. Pennsylvania ranked 36th (tied with Illinois, Missouri and Texas) out of 53 (number includes the 50 states, the District of Columbia, Puerto Rico, and the Pacific Islands [Guam, Saipan, and American Samoa]). Fourteen states scored below Pennsylvania's mPINC score.

Strengths cited in Pennsylvania include:

- Staff at all (100 percent) facilities in Pennsylvania consistently ask about and record mothers' infant feeding decisions.
- Staff at 96 percent of facilities in Pennsylvania provide breastfeeding advice and instructions to patients who are breastfeeding.

At the same time, there are several areas in Pennsylvania that need improvement:

- appropriate use of breastfeeding supplements (Only 17 percent of facilities adhere to standard clinical practice guidelines against routine supplementation.);
- protection of patients from formula marketing (Only 24 percent of facilities adhere to recommendations against the distribution of formula company discharge packs.);
- rooming-in at least 23 hours per day (Only 19 percent of facilities report this occurring for healthy full-term infants.); and
- inclusion of model breastfeeding policy elements (Only 17 percent of facilities have policy components recommended by the Academy of Breastfeeding Medicine.).

The 2011 mPINC survey for Pennsylvania appears on the following pages.

Maternity Practices in Infant Nutrition and Care in Pennsylvania —2011 mPINC Survey

This report provides data from the 2011 mPINC survey for Pennsylvania. It describes specific opportunities to improve mother-baby care at hospitals and birth centers in Pennsylvania in order to more successfully meet national quality of care standards for perinatal care.



More information is at www.cdc.gov/mpinc

Breastfeeding is a National Priority

Breastfeeding is associated with decreased risk for infant morbidity and mortality as well as maternal morbidity,¹ and provides optimal infant nutrition. *Healthy People 2020*² establishes breastfeeding initiation, continuation, and exclusivity as national priorities.

Changes in Maternity Care Practices Improve Breastfeeding Rates

Maternity practices in hospitals and birth centers can influence breastfeeding behaviors during a period critical to successful establishment of lactation.³ Abundant literature, including a Cochrane review, document that institutional changes in maternity care practices to make them more supportive of breastfeeding increase initiation and continuation of breastfeeding.⁴

Breastfeeding Support in Pennsylvania Facilities

Strengths

 <p>Documentation of Mothers' Feeding Decisions Staff at all (100%) facilities in Pennsylvania consistently ask about and record mothers' infant feeding decisions.</p>	Standard documentation of infant feeding decisions is important to adequately support maternal choice.
 <p>Provision of Breastfeeding Advice and Counseling Staff at 96% of facilities in Pennsylvania provide breastfeeding advice and instructions to patients who are breastfeeding, or intend to breastfeed.</p>	The American Academy of Pediatrics (AAP) recommends pediatricians provide patients with complete, current information on the benefits and methods of breastfeeding to ensure that the feeding decision is a fully informed one. Patient education is important in order to establish breastfeeding.

Needed Improvements

 <p>Appropriate Use of Breastfeeding Supplements Only 17% of facilities in Pennsylvania adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water.</p>	The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) Guidelines for Perinatal Care recommend against routine supplementation because supplementation with formula and/or water makes infants more likely to receive formula at home and stop breastfeeding prematurely.
 <p>Inclusion of Model Breastfeeding Policy Elements Only 17% of facilities in Pennsylvania have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM).</p>	The ABM model breastfeeding policy elements are the result of extensive research on best practices to improve breastfeeding outcomes. Facility policies determine the nature of care that is available to patients. Facilities with comprehensive policies consistently have the highest rates of exclusive breastfeeding, regardless of patient population characteristics such as ethnicity, income, and payer status.
 <p>Protection of Patients from Formula Marketing Only 24% of facilities in Pennsylvania adhere to clinical and public health recommendations against distributing formula company discharge packs.</p>	Distribution of discharge packs contributes to premature breastfeeding discontinuation. The ACOG, AAP, American Public Health Association (APHA), and the federal Government Accountability Office (GAO) all identify this practice as inappropriate in medical environments and recommend against it.
 <p>Use of Combined Mother/Baby Postpartum Care Only 19% of facilities in Pennsylvania report that most healthy full-term infants remain with their mothers for at least 23 hours per day throughout the hospital stay.</p>	Mother-infant contact during the hospital stay helps establish breastfeeding and maintain infant weight, temperature, and health. Rooming-in increases breastfeeding learning opportunities and duration and quality of maternal sleep, and reduces supplemental feeds.

Every two years, CDC administers the national Maternity Practices in Infant Nutrition and Care (mPINC) survey to all hospitals and birth centers in the U.S. that provide maternity care.

Data from this survey can be used to establish evidence-based, breastfeeding-supportive maternity practices as standards of care in hospitals and birth centers across the US. Improved care will help meet *Healthy People 2020* breastfeeding objectives and will help improve maternal and child health nationwide.

National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity, and Obesity



Pennsylvania Summary —2011 mPINC Survey

Survey Method At each facility, the person who is the most knowledgeable about the facility's maternity practices related to healthy newborn feeding and care completes the CDC mPINC survey.

Response Rate 88% of the 106 eligible facilities in Pennsylvania responded to the 2011 mPINC Survey. Each participating facility received its facility-specific mPINC benchmarking report in October 2012.

Pennsylvania's Composite Quality Practice Score **66**
(out of 100)

Pennsylvania's Composite Rank† **36**
(out of 53)

mPINC Dimension of Care	PA Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of PA Facilities with Ideal Response	PA Item Rank‡
Labor and Delivery Care	64	Initial skin-to-skin contact is ≥30 min w/in 1 hour (vaginal births)	43	42
		Initial skin-to-skin contact is ≥30 min w/in 2 hours (cesarean births)	30	40
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	51	32
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	37	44
		Routine procedures are performed skin-to-skin	20	37
Feeding of Breastfed Infants	82	Initial feeding is breast milk (vaginal births)	80	23
		Initial feeding is breast milk (cesarean births)	69	25
		Supplemental feedings to breastfeeding infants are rare	17	39
		Water and glucose water are not used	78	35
Breastfeeding Assistance	84	Infant feeding decision is documented in the patient chart	100	---
		Staff provide breastfeeding advice & instructions to patients	96	---
		Staff teach breastfeeding cues to patients	87	20
		Staff teach patients not to limit suckling time	50	22
		Staff directly observe & assess breastfeeding	87	22
		Staff use a standard feeding assessment tool	69	27
Contact Between Mother and Infant	65	Mother-infant pairs are not separated for postpartum transition	56	34
		Mother-infant pairs room-in at night	62	45
		Mother-infant pairs are not separated during the hospital stay	19	44
		Infant procedures, assessment, and care are in the patient room	3	21
		Non-rooming-in infants are brought to mothers at night for feeding	79	36
Facility Discharge Care	42	Staff provide appropriate discharge planning (referrals & other multi-modal support)	34	16
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	24	45
Staff Training	52	New staff receive appropriate breastfeeding education	6	41
		Current staff receive appropriate breastfeeding education	9	43
		Staff received breastfeeding education in the past year	50	24
		Assessment of staff competency in breastfeeding management & support is at least annual	46	35
Structural & Organizational Aspects of Care Delivery	72	Breastfeeding policy includes all 10 model policy elements	17	25
		Breastfeeding policy is effectively communicated	88	7
		Facility documents infant feeding rates in patient population	62	42
		Facility provides breastfeeding support to employees	82	11
		Facility does not receive infant formula free of charge	7	38
		Breastfeeding is included in prenatal patient education	96	---
		Facility has a designated staff member responsible for coordination of lactation care	76	19

* Quality Practice scores range from 0 to 100 for each question, dimension of care, facility, and state. The highest, best possible score for each is 100. Each facility and state's "Composite Quality Practice Score" is made up of subscores for practices in each of 7 dimensions of care.

† Ranks range from 1 to 53, with 1 being the highest rank. In case of a tie, both are given the same rank.

‡ State ranks are not shown for survey questions with 90% or more facilities reporting ideal responses.

References

¹ Ip S, Chung M, Raman G, et al. Breastfeeding and maternal and infant health outcomes in developed countries. Rockville, MD: US Dept of Health and Human Services, Agency for Healthcare Research and Quality; 2007.

² US Dept of Health and Human Services. Healthy People 2020 Summary of Objectives: Maternal, Infant, and Child Health. Available at <http://www.healthypeople.gov/2020/topics/objectives/2020/pdfs/MaternalChildHealth.pdf>

³ DiGirolamo AM, Grummer-Strawn LM, Fein S. Effect of maternity care practices on breastfeeding. *Pediatrics* 2008;122, Supp 2:543-9.

⁴ 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;4:1-171.

Improvement is Needed in Maternity Care Practices and Policies in Pennsylvania.

Many opportunities exist to protect, promote, and support breastfeeding mothers and infants in Pennsylvania.

Potential opportunities:

- ☑ Examine Pennsylvania regulations for maternity facilities and evaluate their evidence base.
- ☑ Sponsor a Pennsylvania-wide summit of key decision-making staff at maternity facilities to highlight the importance of evidence-based practices for breastfeeding.
- ☑ Encourage and support hospital staff across Pennsylvania to be trained in providing care that supports mothers to breastfeed.
- ☑ Establish links among maternity facilities and community breastfeeding support networks in Pennsylvania.
- ☑ Implement evidence-based practices in medical care settings across Pennsylvania that support mothers' efforts to breastfeed.
- ☑ Integrate maternity care into related hospital-wide Quality Improvement efforts across Pennsylvania.
- ☑ Promote utilization of the Joint Commission's Perinatal Care Core Measure Set including exclusive breast milk feeding at hospital discharge in Pennsylvania hospital data collection systems.

Questions about the mPINC survey?

Information about the mPINC survey, benchmark reports, scoring methods, and complete references are available at www.cdc.gov/mpinc

For more information:
Division of Nutrition, Physical Activity, and Obesity
Centers for Disease Control and Prevention
Atlanta, GA USA

February 2013

CDC Breastfeeding Report Card

The CDC Breastfeeding Report Card has been published annually since 2007, with data from the National Immunization Survey. The CDC Breastfeeding Report Card brings together state-by-state information to help tell the story of breastfeeding practices so states can monitor progress, celebrate successes, and identify opportunities to work with health professionals, employers, business owners, community partners and family members to protect, promote and support breastfeeding. The report includes data on the:

- percentage of U.S. births that occur at baby-friendly hospitals;
- percentage of babies
 - ever breastfed
 - breastfeeding at 6 months
 - breastfeeding at 12 months
 - exclusively breastfeeding at 3 months
 - exclusively breastfeeding at 6 months;
- percentage of breastfed infants receiving formula before 2 days of age;
- number of La Leche League (LLL) Leaders per 1,000 live births;
- number of International Board Certified Lactation Consultants (IBCLC) per 1,000 live births; and
- state's child care regulations and whether or not these regulations support onsite breastfeeding.

In the 2012 Report Card using provisional data from 2009, Pennsylvania ranked 42nd out of 51 (includes the 50 states and District of Columbia) in the percentage of children ever breastfed (U.S. Department of Health and Human Services, CDC Breastfeeding Report Card, 2012). Only nine states had lower breastfeeding initiation rates (Alabama, Arkansas, Kentucky, Louisiana, Mississippi, Ohio, South Carolina, Tennessee, West Virginia). Pennsylvania's initiation rate was 68.1 percent compared to the national rate of 76.9 percent. See comparisons below.

Comparison of Pennsylvania to National Rates in the 2012 CDC Breastfeeding Report Card

	Ever	6 months	12 months	Exclusive 3 months	Exclusive 6 months
U.S. Nation	76.9	47.2	25.5	36.0	16.3
Pennsylvania	68.1	42.3	21.6	37.2	14.1

In the same Report Card, the percent of breastfed infants in Pennsylvania receiving formula before 2 days of age was 14.1 percent. The national average was 24.6 percent. Pennsylvania is 20th in number of La Leche League Leaders per 1,000 births and 34th in number of IBCLCs per 1,000 births. According to the National Resource Center for Health and Safety in Child Care and Early Education, Pennsylvania has no regulations that support onsite breastfeeding in child care centers (U.S. Department of Health and Human Services, CDC Breastfeeding Report Card, 2012).

Categories Included in the 2012 CDC Breastfeeding Report Card

	% of live births at Baby-Friendly Facilities	% of breastfed infants receiving formula before two days of age	# of LLL Leaders/1,000 live births	# of IBCLCs/1,000 live births
U.S. National	6.22	24.6	0.95	3.24
Pennsylvania	0.08	14.1	1.19	2.75
High-Low	27.67-0	10-35.5	3.37-0.26	13.34-1.37

Pregnancy Risk Assessment and Monitoring System (PRAMS)

Since 2007, Pennsylvania has been collecting data through the PRAMS project. PRAMS is an ongoing population-based surveillance system designed to identify and monitor selected maternal experiences and behaviors that occur before and during pregnancy and during the child's early infancy. The overall goal of PRAMS is to reduce infant morbidity and mortality and to promote maternal health by influencing maternal and child health programs, policies and maternal behaviors during pregnancy and early infancy. This is a voluntarily completed survey collected by both mail and telephone.

The data below is from the period July 2007 to December 2008 in Pennsylvania and is compared to 2008 data for 29 states (includes New York state but not New York City). The breastfeeding information in PRAMS results from the question: **Did you ever breastfeed or pump breast milk to feed your new baby after delivery?**

In Pennsylvania:

Maternal Age

Mothers in the age category of 25 to 34 years were more likely to respond YES to the question than mothers younger or older.

Unintended pregnancies

Mothers with Unintended Pregnancies (47.1 percent) were less likely to initiate breastfeeding as compared to women with Intended Pregnancies (63.9 percent). There are more Women, Infants and Children Nutrition Program (WIC) participants who have unintended pregnancies than non-WIC participants. The WIC program appears to be positively impacting the population of mothers with Unintended Pregnancies it serves. Mothers with Unintended Pregnancies receiving WIC services are two times as likely to report breastfeeding or pumping breast milk to feed their babies for eight or more weeks than non-WIC mothers with Unintended Pregnancies.

Race/Ethnicity

The prevalence of women initiating breastfeeding by race/ethnicity is as follows: White, Non-Hispanic (67.9 percent); Black, Non-Hispanic (63.2 percent); Hispanic (82.8 percent); and Other, Non-Hispanic (95.3 percent). Although representing the fewest in the sample, those identified as Other, Non-Hispanic (not White, Not Black and Not Hispanic) are approximately 1.5 times more likely to respond YES to that question than mothers identified as Black, Non-Hispanic, and approximately 1.4 times more likely to respond YES to that question than mothers identified as White, Non-Hispanic. Maternal race categories are defined using the birth certificate variables for race and ethnicity. Non-Hispanic mothers who indicated more than one race on the birth certificate are categorized as "other" race for consistency across all PRAMS states.

Marital Status

Prevalence of women initiating breastfeeding by marital status is as follows: Married (77.3 percent); Other (60.4 percent). Married mothers are approximately 1.3 times more likely to respond YES to the question than mothers identified as other than married.

Maternal Education

Prevalence of women initiating breastfeeding by maternal education is as follows: Less than 12 years education (58.6 percent), 12 years education (58.5 percent), and More than 12 years education (79.0 percent). Mothers identified with More than 12 years of education are approximately 1.3 times more likely to respond YES to that question than either Mothers with 12 years education or Mothers with less than 12 years education.

Previous Children

Prevalence of women initiating breastfeeding by previous live births is as follows: Mothers with no previous live births (74.7 percent) and Mothers with one or more previous live births (66.9 percent). Mothers reporting no previous live births are approximately 1.1 times more likely to respond YES to that question than Mothers with one or more previous live births.

Comparison of Pennsylvania to other States

Based on the 2007-2008 data for the 29 participating states, Pennsylvania ranked 24th (of 29) with 72.4 percent of mothers answering YES to this question. This positioned Pennsylvania below the 29-state mean (average) of 78.3 percent. To illuminate the range in this 29-state comparison, note that the highest (rank 1) of the participating states was Oregon with 93.8 percent of mothers responding YES, while the lowest was Mississippi (rank 29) with 49.5 percent responding YES.

Breastfeeding 4 or more weeks

Pennsylvania ranked 21st with 59.8 percent of Pennsylvania mothers' indicating YES to breastfeeding for four or more weeks. This 29-state comparison ranged from a high of 84.2 percent indicating YES in Oregon to a low of 35.6 percent indicating YES in Mississippi, with a 29-state mean (average) of 65.5 percent.

Breastfeeding 8 or more weeks

An examination of the prevalence of breastfeeding for eight or more weeks reveals that Pennsylvania is again ranked 21st (of 29 participating states), with 48.3 percent of the mothers indicating YES. This comparison ranged from a high of 75 percent indicating YES in Oregon to a low of 26.5 percent indicating YES in Mississippi. The 29-state mean (average) percentage of mothers indicating YES for breastfeeding for eight or more weeks is 55.7 percent.



The Surgeon General's Call To Action

On January 20, 2011, Regina Benjamin, MD, Surgeon General of the United States, issued a Call to Action to Support Breastfeeding. “Everyone can help make breastfeeding easier,” Doctor Benjamin said in her announcement. “Many barriers exist for mothers who want to breastfeed,” she continued. “They shouldn’t have to go it alone. Whether you’re a clinician, a family member, a friend, or an employer, you can play an important part in helping mothers who want to breastfeed.”

Dr. Benjamin’s Call to Action identifies ways that families, communities, employers and healthcare professionals can improve breastfeeding rates and increase support for breastfeeding:

- Communities should expand and improve programs that provide mother-to-mother support and peer counseling.
- Healthcare systems should ensure that maternity care practices provide education and counseling on breastfeeding. Hospitals should become more “baby-friendly,” by taking steps like those recommended by the UNICEF/WHO’s Baby-Friendly Hospital Initiative.
- Clinicians should ensure that they are trained to properly care for breastfeeding mothers and babies. They should promote breastfeeding to their pregnant patients and make sure that mothers receive the best advice on how to breastfeed.
- Employers should work toward establishing paid maternity leave and high-quality lactation support programs. Employers should expand the use of programs that allow nursing mothers to have their babies close by so they can feed them during the day. They should also provide women with break time and private space to express breast milk.
- Families should give mothers the support and encouragement they need to breastfeed. Family members can help mothers prepare for breastfeeding and support their continued breastfeeding, including after their return to work or school.



The Call to Action outlines the following steps that can be taken by all across the U. S. to remove some of the obstacles faced by women who want to breastfeed their babies.

1. Give mothers the support they need to breastfeed their babies.
2. Develop programs to educate fathers and grandmothers about breastfeeding.
3. Strengthen programs that provide mother-to-mother support and peer counseling.
4. Use community-based organizations to promote and support breastfeeding.
5. Create a campaign to promote breastfeeding.
6. Ensure that the marketing of infant formula is conducted in a way that minimizes its negative impacts on exclusive breastfeeding.
7. Ensure that maternity care practices throughout the United States are fully supportive of breastfeeding.
8. Develop systems to guarantee continuity of skilled support for lactation between hospitals and healthcare settings in the community.
9. Provide education and training in breastfeeding for all health professionals who care for women and children.
10. Include basic support for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners and pediatricians.
11. Ensure access to services provided by International Board Certified Lactation Consultants.
12. Identify and address obstacles to greater availability of safe banked donor milk for fragile infants.
13. Work toward establishing paid maternity leave for all employed mothers.
14. Ensure that employers establish and maintain comprehensive, high-quality lactation support programs for their employees.
15. Expand the use of programs in the workplace that allow lactating mothers to have direct access to their babies.
16. Ensure that all child care providers accommodate the needs of breastfeeding mothers and infants.
17. Increase funding of high-quality research on breastfeeding.
18. Strengthen existing capacity and develop future capacity for conducting research on breastfeeding.
19. Develop a national monitoring system to improve the tracking of breastfeeding rates as well as the policies and environmental factors that affect breastfeeding.
20. Improve national leadership on the promotion and support of breastfeeding.

Source: U.S. Department of Health and Human Services, 2011

State Plan, Purpose and Strategies

The purpose of the Pennsylvania State Plan cannot be stated better than North Carolina did in their state plan. We borrowed their words, inserting Pennsylvania and our six strategies into their language.

“The purpose of the State Plan is to offer recommended actions that will interest and engage a broad spectrum of stakeholders and supporters of breastfeeding for each of the six strategies. Due to the natural overlapping of issues across the six strategies, the reader is encouraged to review all six areas to identify actions relevant to their interests, regardless of how the actions are categorized.

A cumulative effort by many, regardless of the magnitude of any single effort, will contribute to making breastfeeding the norm for infant feeding in Pennsylvania. It is hoped, therefore, that leaders within communities, government, health care, business, academia, and public and private organizations will use one or more sets of recommended actions relevant to their settings to guide them in their efforts to promote, protect and support breastfeeding. It is only through a well-orchestrated combination of individual efforts, policies, environmental support and research that we will achieve the vision for Pennsylvania’s mothers and children of breastfeeding becoming the cultural norm.” (Mason 2006)

Strategies for Pennsylvania stakeholders and supporters of breastfeeding

1. Collect, Analyze and Utilize Data
2. Address Disparities
3. Promote Public Awareness and Education
4. Improve Healthcare Support
5. Educate Workplaces
6. Build Community Partnerships

“We need to show that breastfeeding is not some sort of ideology to be defended; it is rather a universal act of allegiance to our children and to ourselves”

The Problem With Breastfeeding: A Personal Reflection (Akre, 2006)

Strategy 1: Collect, Analyze and Utilize Data

The Pennsylvania Department of Health, Bureau of Health Statistics and Research provides the primary source of breastfeeding initiation rates for Pennsylvania using information from birth certificates, first gathered in 2003 (Pennsylvania Department of Health, 2003). The Pennsylvania Women, Infants and Children Nutrition Program (WIC) collects its participants' breastfeeding incidence and duration time. Other sources, mostly national, also provide initiation, duration and exclusivity rates, but definitions and findings often vary.

Collecting and utilizing breastfeeding and breastfeeding-related data is important to be able to understand what activities are effective in supporting breastfeeding and how and where more effective activities can be employed. Since this plan was first released in 2008, the way data is collected has changed significantly, particularly with the increasing use of electronic health records. However, even with these new methods and technologies, tracking breastfeeding data often remains individualized versus standardized, terminology varies, and, at times, data is not collected at all, particularly related to such items as exclusive breastfeeding rates.

Partners should make use of available data, collect additional data to aid in efforts and share data with others who are interested in or should be interested in supporting breastfeeding.

Partners: Hospitals and healthcare providers, professional associations, departments of health (state, county and city), employers, child care centers, community and faith-based coalitions, policy makers

Recommendations for Action

- Review and utilize information from available local, state and national sources (Certificates of Live Birth; PRAMS; mPINC; Healthy People 2020; CDC and others):
 - Identify the breastfeeding data that is and is not available within a given organization or geographic area.
 - Understand the picture data paints locally, regionally and statewide.
 - Determine the additional data needed to complete the picture and determine how to collect it.
 - Analyze data for trends and identify potential links to activities and interventions taking place.
 - Analyze data for patterns of needs and potential areas/groups in which to target activities to increase rates.
 - Learn from areas/organizations that present high breastfeeding rates.
- Disseminate data from various sources to professionals, advocacy groups and traditional and non-traditional partners:
 - Share data in meetings and during other learning opportunities.
 - Post results from data sources in newsletters and on websites and publish articles for the public and professional associations.
 - Educate others about the links between breastfeeding and other health conditions, economics of the community, and success of infants and their families.
- Utilize data to identify breastfeeding successes and barriers to breastfeeding within organizations and across geographic areas:
 - Convene a workgroup to review the data, identify successful practices and offer suggestions for improvement.

- Understand any cultural or other factors that impact breastfeeding.
 - Celebrate successful activities.
- Utilize data within policy and program development:
 - Use current data as a baseline for future program planning.
 - Determine how updating current or developing new policies can positively (or negatively) impact breastfeeding.
 - Participate in organizational and departmental meetings and share breastfeeding data at every opportunity.

Strategy 2: Address Disparities

As indicated previously in this report, disparities exist in breastfeeding across many segments of Pennsylvania. Black women are least likely to breastfeed of all the racial/ethnic groups; younger mothers are less likely to breastfeed when compared to older mothers; and many of Pennsylvania's more rural counties have lower rates than the more urban and surrounding counties. Historically, WIC has had lower initiation and duration rates than non-WIC populations.

Partners must strive to understand the populations with which they interact and incorporate the diverse cultural beliefs and practices of those populations in their efforts to support breastfeeding. It is through the identification of cultural and other barriers to breastfeeding that partners can begin to eliminate disparities within breastfeeding.

Partners: Healthcare providers, departments of health, faith- and community-based agencies and organizations, schools, professional associations, policy makers

Recommendations for Action:

- Target specific outreach and educational activities to reach women who have the lowest breastfeeding rates, such as black women:
 - Use messages that previous research has shown have a positive impact on breastfeeding.
 - Involve the target population in developing effective messaging and activities.
 - Utilize culturally-sensitive breastfeeding educational materials for each major racial and ethnic group.
 - Collaborate with existing programs for minority populations in supporting students who continue to breastfeed after returning to school and employees who return to work.
- Continue to improve the quality of breastfeeding supportive services for disparate populations and areas:
 - Recruit minority women, teens and others to become breastfeeding peer counselors.
 - Encourage healthcare professionals serving disparate areas to obtain advance breastfeeding education or become lactation consultants.
 - Explore opportunities to develop or expand home and community-based breastfeeding interventions, including providing funding for or reimbursement of such activities.
 - Offer materials and educational classes in other languages and via other methods (i.e., expand the use of technology).
- Ensure that program and policy makers consider the interests of and effective strategies for reaching disparate populations.
- Educate healthcare and other providers about working with disparate populations.

Strategy 3: Promote Public Awareness and Education

The decision to breastfeed does not occur in isolation. Many factors, such as friends, family, teachers, health providers, community and cultural norms, influence women to start, continue or stop breastfeeding. Age, affluence, education and marital status also play roles.

Wherever a woman finds herself with her baby, there should be support for her desire to breastfeed. The bus driver, the store owner and the park guard all need to know how to support breastfeeding. There needs to be public awareness of ways to support breastfeeding families.

Partners can set an example in promoting public awareness and education about breastfeeding. Through promotion efforts, partners can increase support for breastfeeding in their communities.

Partners: Birthing hospitals and centers, clinics, physician offices, employers, community groups, WIC, schools, state, county and city departments of health, breastfeeding coalitions, professional associations and policy makers

Recommendations for Action:

- Develop criteria for selecting and creating parent handouts on breastfeeding for prenatal, intrapartum and postpartum periods:
 - Distribute criteria to health care providers, clinics, hospitals and home visiting programs involved in breastfeeding.
 - Develop models of breastfeeding education and support services for pregnant adolescents as a part of parenting education programs at local schools.
 - Offer prenatal and postpartum breastfeeding education classes in a variety of settings.
 - Provide prenatal and postpartum breastfeeding education and support to families who do not choose to attend classes.
 - Provide post-discharge assistance, such as regularly scheduled appointments, to assess how breastfeeding is progressing at hospital out-patient services or pediatric offices.
 - Encourage childbirth educators to incorporate breastfeeding awareness in class curriculum.
- Encourage educational programs to include breastfeeding education in the curriculum to create an awareness, to reduce health disparities, to reduce health risks, to provide the normal biological continuum and to learn ways to support breastfeeding in the community:
 - high school teachers of health, child development and biology;
 - colleges and universities; and
 - nursing schools and medical schools.
- Collaborate with health prevention programs to establish the association of infant feeding methods in prevention of childhood obesity, breast cancer, sudden infant death syndrome (SIDS), and in preparation for emergencies.
- Community awareness initiatives:
 - Incorporate breastfeeding into the Pennsylvania State Health Improvement Plan (SHIP) and community and county based health plans.
 - Develop media campaigns about breastfeeding.

- Ensure breastfeeding is part of the planning activities throughout agencies in the county and city health departments.
- Increase community awareness of and utilization of existing breastfeeding resources.
- Disseminate information about innovative, low-cost strategies to increase breastfeeding.

Examples of evidenced-based strategies for increasing breastfeeding initiation, duration and exclusivity

By keeping abreast of the current literature, those involved in improving breastfeeding initiation duration and exclusivity rates can share innovative strategies with those working directly with parents and families. The many strategies noted below can be utilized in different settings.

- Prenatal education of fathers to overcome breastfeeding problems increases the rates of full breastfeeding at six months (Pisacane 2005).
- Involving grandmothers and their teen-aged daughters in education to support exclusive breastfeeding for the first six months increases the age at which babies received foods other than breast milk (De Oliveira 2011).
- Delaying the first bath after birth for at least 12 hours increases breastfeeding exclusivity in the hospital (Preer, 2013).
- Use of a cloth baby carrier/sling increases breastfeeding duration (Pisacane 2012).
- Delaying the hearing exam until after 48 hours for C-birth babies and for at least the first 24 hours for vaginal-birth babies reduces maternal anxiety and interruptions of early breastfeeding (Smolkin 2012).
- Child care provider support of breastfeeding increases duration at six months (Batan 2012).
- Exposing the preterm baby to the odor of breast milk before feedings increases milk intake and reduces hospitalization days in preterm infants (Raimbault 2007; Yildiz 2011).
- Use of “do not disturb” door hangers to reduce interruptions during postpartum breastfeeding sessions helps breastfeeding get off to a better start (Albert 2011).
- Positive conversations about breastfeeding with a healthcare provider increases the odds of predominantly breastfeeding beyond eight weeks (McNeil 2013).
- Placing full-term, healthy babies skin-to-skin with their mothers immediately at birth improves breastfeeding initiation, duration and exclusivity (Thukral 2012).
- Delaying cord clamping for over 60 seconds lowers iron deficiency anemia so supplemental iron-rich foods would not need to be added to a baby’s diet early, thus allowing babies to continue with exclusive breastfeeding longer (Emhamed 2004; American College of Obstetricians and Gynecologists 2012).
- Use of up-to-date recommendations for human milk storage decreases waste of human milk, so babies have access to mom’s milk longer and are thus more likely to be exclusively breastfed for a longer period (Slutzah 2010).
- Use of first week feeding records “suggest that the breastfeeding log may be a valuable tool in self-regulating breastfeeding and promoting a longer duration of full breastfeeding” (Pollard 2011).

Strategy 4: Improve Healthcare Support

The hospital environment strongly influences how a mother cares for and feeds her child. Factors within this environment include:

- Professional breastfeeding support;
- In-hospital breastfeeding support;
- At-risk infant breastfeeding support; and
- Out-patient breastfeeding support.

Mothers encouraged to breastfeed by physicians or nurses are four times more likely to initiate breastfeeding than mothers who do not receive encouragement (Lawrence 2011). However, medical schools rarely prepare physicians to provide adequate breastfeeding support (Wambach 2005). Breastfeeding is even more beneficial for the at-risk infant born preterm or late preterm (American Academy of Pediatrics 2012). Initiation rates in Pennsylvania, however, decrease as gestational age and birth weight decrease (Norwood 2012).

Baby-Friendly Hospital Initiative

The Baby-Friendly Health Initiative is an effective way for hospitals, clinics and health providers to increase breastfeeding rates (Philipp 2001). Its “Ten Steps to Successful Breastfeeding” facilitates best practices and ensures that women have full support to breastfeed in an environment free from commercial influences.

–www.babyfriendlyusa.org

The 10 Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all healthcare staff in skills necessary to implement this policy.
3. Inform all pregnant mothers about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast milk unless medically indicated.
7. Practice “rooming-in.” Allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them upon discharge from the hospital or clinic.

Partners can educate themselves and others about evidence-based research and practices to promote, support and protect breastfeeding in their communities and through their professional associations. Furthermore, use of evidence-based practices should be integral in the development of programs, services and policies.

Partners: Professional associations (the four Pa. Chapters of United States Lactation Consultant Association), Pennsylvania chapter of the American Academy of Pediatrics, Pennsylvania Section of the American Congress of Obstetricians and Gynecologists, Pennsylvania Academy of Family Physicians, Pennsylvania Dietetic Association, Pennsylvania Public Health Association, the Pennsylvania chapter of the American College of Nurse-Midwives, the Three Rivers chapter of the Association of Pediatric Nurse Associates and Practitioners, etc., WIC, insurance companies, schools of nursing, medical schools, healthcare professionals, hospitals, the Hospital and Health System Association of Pennsylvania

Recommendations for Action:

- Improve healthcare provider support for breastfeeding:
 - Ensure up-dated information on lactation support services is available.
 - Support adequate reimbursement for professional breastfeeding services.
 - Collaborate with health-related professional schools to encourage the integration of lactation management into the curriculum to ensure that health professionals are technically and culturally competent in providing breastfeeding support.
 - Collaborate with medical and insurance organizations to expand health provider education on the breastfeeding needs of the late preterm, preterm, low birth weight, very low birth weight, intrauterine growth restricted newborns and small for gestational age infants.
 - Assist insurance companies in providing appropriate supports within applicable laws.
 - Collaborate with medical organizations and lactation advocacy groups to provide continuing education materials for health providers in lactation management, counseling and problem identification.
- Encourage hospitals to update their policies, practices and procedures to follow evidence-based support for breastfeeding (The Ten Steps):
 - Develop a statewide model hospital breastfeeding support policy that facilitates best practices; recognize hospitals, health providers, and clinics that follow this model.
 - Collaborate with professional associations and breastfeeding coalitions to encourage hospitals to employ breastfeeding professionals with dedicated hours and resources.
 - Understand the true cost and savings of various infant feeding methods in the hospital setting.
- Develop hospital collaboratives across the state:
 - Share local successful strategies that support breastfeeding and increase the use of human milk and donor human milk in hospitals.
 - Encourage hospitals to share policies, procedures and protocols with each other.
 - Design a hospital recognition program to encourage adoption of the Ten Steps to support breastfeeding and recognize each step accomplished.

Strategy 5: Educate Workplaces

Breastfeeding support in the workplace is an essential component of the goal to increase breastfeeding duration rates in Pennsylvania. While the return to work outside the home has little effect on breastfeeding initiation, it has a significant impact on duration (Lawrence and Lawrence, 2011). Women who work outside the home must be motivated to plan carefully, juggle personal demands and address job site issues, such as where to pump and store milk. A breastfeeding-friendly workplace can assist women to continue to breastfeed once back on the job.

Breastfeeding-friendly workplace programs are relatively easy to implement and have an estimated cost savings of \$3 to every \$1 invested due to healthcare claim savings and less employee absenteeism (United States Breastfeeding Committee, 2002).

On March 23, 2010, the President signed the Patient Protection and Affordable Care Act, amending Section 7 of the Fair Labor Standards Act and requiring employers to provide “reasonable break time for an employee to express breast milk for her nursing child for one year after the child’s birth each time such employee has need to express the milk.” Additionally, employers are also required to provide “a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.” “The Department of Labor Fact Sheet #73, Break Time for Nursing Mothers,” provides information on the break time requirement and indicates exemptions to coverage under this law (<http://www.dol.gov/whd/regs/compliance/whdfs73.htm>).

The US Department of Health and Human Services has been another ally in the development of breastfeeding friendly workplaces with the publication of “The Business Case for Breastfeeding Toolkit.” Designed to educate employers about the value of supporting breastfeeding employees in the workplace, the Toolkit provides information to help employers provide breastfeeding support in their workplaces, education materials for employees and success stories to entice lactation and health professionals to work with and educate employers in their communities. The toolkit and accompanying information can be located at <http://www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/#about>.

Partners should utilize and inform others about “The Business Case for Breastfeeding Toolkit” to assist businesses and support breastfeeding. Additionally, partners can assist both employers and employees in understanding the implications of the Break Time for Nursing Mothers law as applicable.

Partners: Employers and employees, human resource directors, business and professional associations and groups (e.g. chambers of commerce), industry leaders, local government representatives, healthcare and lactation professionals, policy makers

Recommendations for Action

- Educate employers and industry leaders about the benefits of creating breastfeeding friendly worksites for both employers and employees:
 - Utilize “The Business Case for Breastfeeding” and the “Nursing Break Fact Sheet” in educational opportunities.
 - Target employers with large numbers of women of reproductive age.
 - Target businesses with corporate headquarters in Pennsylvania.
 - Engage Human Resource professionals in partnerships, and encourage including “Business Case for Breastfeeding” information in human relations conferences.
 - Select a breastfeeding supportive “champion” among community employers who can assist in reaching other employers.
 - Invite business leaders to participate in local breastfeeding coalition activities.
 - Encourage the adoption of human resource policies that promote breastfeeding friendly practices, such as flexible break times.
 - Share ideas for simple, creative and low to no cost changes that support breastfeeding at the work place.
 - Assist in the establishment of private spaces for lactation at worksites
- Collaborate with local, regional and state coalitions and associations to recognize breastfeeding-friendly employers:
 - Recognize them in front of employer’s peers.
 - Present awards for small, medium and large employers.
 - Publicize the recognition.
- Encourage working parents to advocate for breastfeeding-friendly work places.

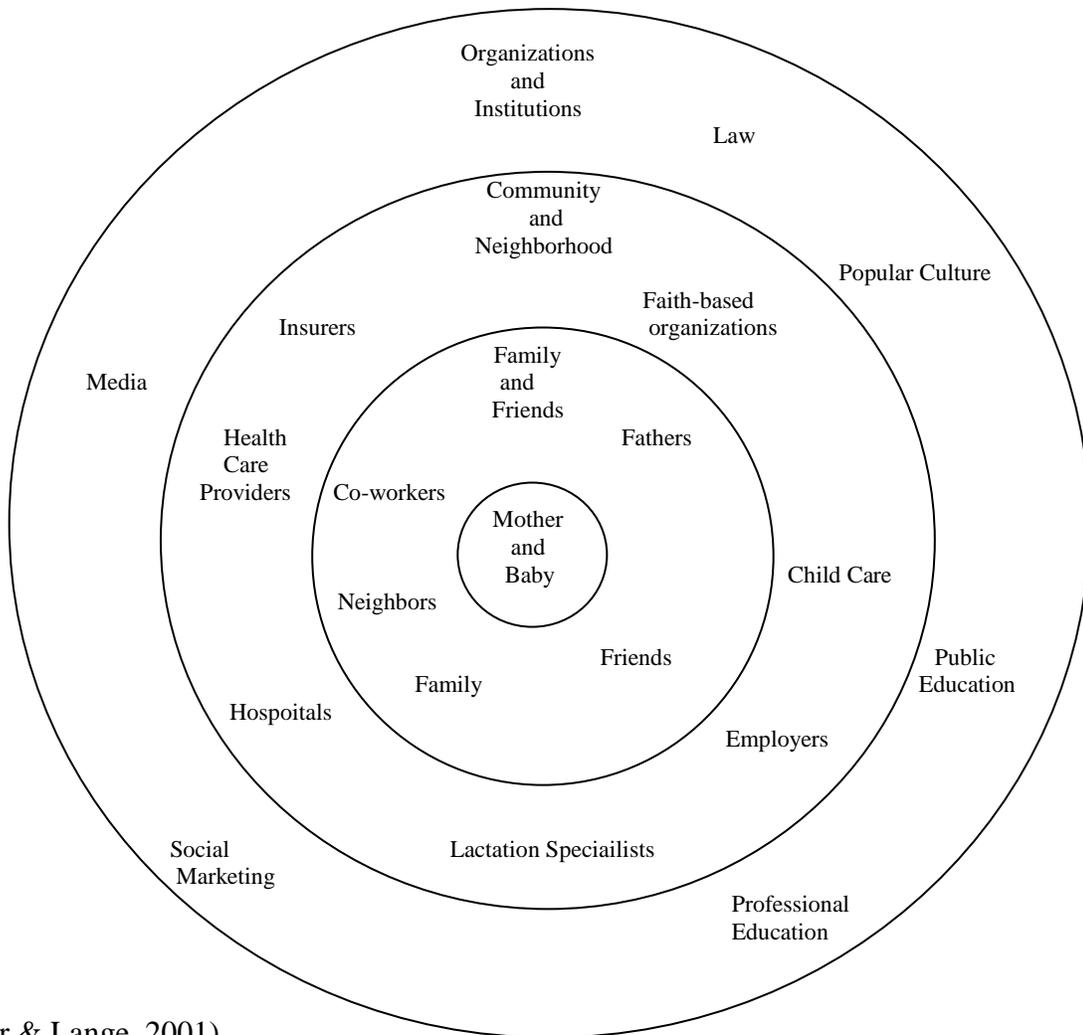


Strategy 6: Build Community Partnerships

Community partnership is essential to increasing breastfeeding initiation and duration rates. These rates often reflect the quality of children's healthcare systems and families as a whole. Shared breastfeeding goals and visions across all community sectors will produce integrated, coordinated breastfeeding support services and ultimately change the community breastfeeding culture.

The University of California, Los Angeles (UCLA) Center for Healthier Children, Families and Communities (www.healthychild.ucla.edu) developed the following figure to depict the many influences on a mother's decision to breastfeed. Each one represents an opportunity to promote and support breastfeeding.

CIRCLE OF INFLUENCE



(Slusser & Lange, 2001)

Community partners can organize local groups to bring awareness and address barriers in the community for breastfeeding families. They can set an example for others to follow.

Partners: breastfeeding coalitions, advocacy groups, schools, child care facilities, Pennsylvania Child Care Association, faith-based organizations, community breastfeeding mother groups (such as La Leche League of Pennsylvania East and La Leche League of Pennsylvania West), WIC, professional associations, and policy makers

Recommendations for Action

- Identify groups and programs already providing breastfeeding support and develop ways to recognize their efforts and encourage connections between these groups:
 - Encourage the growth and development of local (county) breastfeeding coalitions.
 - Find funding for projects of local organizations to encourage promotional efforts.
 - Identify areas in Pennsylvania with few or no breastfeeding support groups and promote their development.
 - Enhance the role of designated WIC breastfeeding support staff and encourage this staff to network with community partners.
 - Involve students and instructors in their local breastfeeding coalitions.
- Recognize early childhood centers supporting breastfeeding
 - Disseminate educational materials that empower families to jointly develop supportive breastfeeding policies with their local early childhood education centers.
 - Encourage early childhood educators to collaborate and participate with the Pennsylvania Breastfeeding Coalition and local coalitions to recognize the support provided by early childhood educators.
- Develop awareness outreach activities to faith-based organizations to encourage and incorporate breastfeeding support.
- Facilitate growth of trained breastfeeding professionals to provide lactation support in the community, hospitals, clinics and physician office-based practices for outpatient lactation services.

“Instead of expecting a woman to check out of public life when she has a child, let’s welcome and support her and her baby.”

Chris Mulford, mother’s advocate,
and founding member of the Pennsylvania Breastfeeding Coalition

Conclusion



Pennsylvania's children deserve the best possible start in life. Breastfeeding gives them this start. Despite its known advantages, however, breastfeeding remains a challenge for many mothers. Perhaps they lack family support, or they view it as an inconvenience. These challenges can only be solved through dedicated, coordinated efforts from all parts of the community. Families, health care providers, workplaces, day care centers, schools, public health professionals and policy makers can all benefit from integrated breastfeeding support programs.

It often takes only one person to make a difference. Maria, for example, was 15 years old when she learned she was pregnant. At the prenatal clinic, a nurse practitioner encouraged her to breastfeed. Maria took the nurse's advice. She went back to school shortly after her son's birth, but continued to breastfeed for over a year. Today, she recommends breastfeeding to everyone she knows.

Together one mother, baby and health provider have impacted hundreds of people in their community. Now is the time for others to do the same – to carry the torch and declare mother's milk the food of choice for the youngest of Pennsylvanians. Our future depends on our children. Providing our youngest residents with the best possible start ensures a better tomorrow for everyone.

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