Interstate “Ten Steps” Collaborative: Gestation and growth!!

Sponsored by the Agency for Healthcare Research and Quality (AHRQ), with additional support from the Maternal and Child Health Bureau and the Division of Nutrition, Physical Activity and Obesity of the Centers for Disease Control and Prevention, all of the U.S. Department of Health and Human Services (HHS)

Hosts: The CGBI Breastfeeding-Friendly Health Care

Thea Calhoun-Smith; Kathy Parry; Emily Taylor; Miriam Labbok, Director, CGBI; Brook Colgan; Nathan Nickel
Outline/Objectives

- Ten Steps for Breastfeeding Success in Maternity
- Implementation in the US and Beyond: Baby-friendly Hospital Initiative
- State activities to support implementation
- Interstate Collaborative
- Highlight progress to date and next steps

Why support the Ten Steps?
A hospital practicing “The Ten Steps” can say:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff:
   “All staff know our breastfeeding policies.”
2. Train all health care staff in skills necessary to implement this policy.
   “All staff are trained to provide quality breastfeeding support.”
3. Inform all pregnant women about the benefits and management of breastfeeding
   “We inform and educate all pregnant women about breastfeeding.”
4. Help mothers initiate breastfeeding within one hour of birth
   “We help mothers start skin-to-skin as soon as possible and support the normal physiology.”
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
   “We support mothers as they learn how to breastfeed, and teach them how to express milk for comfort and to maintain lactation.”
Why support the Ten Steps?
A hospital practicing “The Ten Steps” can say:

6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
   “We won’t give newborn infants food or drink other than mother’s milk, unless specifically medically indicated; we will respect a family’s informed decisions.”

7. Practice “rooming-in” – allow mothers and infants to remain together 24 ours a day.
   “We support mothers and babies to room-in together 24-hours a day.”

8. Encourage breastfeeding on demand.
   “We encourage feeding according to babies’ feeding hunger and fullness/satiety cues.”

9. Give no pacifiers or artificial nipples to breastfeeding infants.
   “We avoid giving pacifiers or bottle nipples to breastfed infants.”

10. Foster the establishment of breastfeeding support groups and refer others to them on discharge from the hospital or clinic
    “We will help new mothers to get support after leaving the hospital.”

Why practice the Ten Steps?
Effect of Ten Steps and related support on breastfeeding at 3 and 6 months

- Control Group n = 8181
- Experimental Group n = 8865

- Exclusive BF 3 months
  - Control Group: 6.4%
  - Experimental Group: 43.3%

- Exclusive BF 6 months
  - Control Group: 0.6%
  - Experimental Group: 7.9%

Adapted from: Kramer et al. (2001)
Why work towards all Ten Steps?
Number of hospital practices in place predicts achievement of EBF Intention

<table>
<thead>
<tr>
<th>Number of Hospital Policies Reported by Mothers</th>
<th>% Fulfilling EBF Plans</th>
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<tbody>
<tr>
<td>3-4</td>
<td>14</td>
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<tr>
<td>5-6</td>
<td>45</td>
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<td>7-8</td>
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<td>9-10</td>
<td>86</td>
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<td>9-10</td>
<td>93</td>
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History of Implementation: UNICEF and Baby-Friendly

• 1989: The Ten Steps for Successful Breastfeeding published
• 1990: US declares intent to implement Ten Steps in US hospitals by 1995 (Innocenti Declaration)
• 1991: UNICEF launched BFHI at Georgetown U to support implementation
• 1992: BFHI introduced and “launched” in the US, later BFUSA
• Today:
  – 152+ countries worldwide have Baby-friendly Hospitals
  – ~28% of hospitals worldwide have ever been designated – only about 8.5% in developed countries...
  – <90 hospitals (<3%) of hospitals in the US were in designation status in 2010, but today >134 hospitals (4%) of hospitals in the US are designated
Number of US Baby-Friendly Hospitals, by Year

State-Level Activities
History of Implementation: State-Level Activities

- Much variation in approach
  - Summit-based
  - Technical Assistance
  - Incentive-based
- Combination of one or more of the above

Purpose of the Interstate Meeting supported by AHRQ with CDC and MCH/B: Short-Term Collaboration

1) **Achieve** greater understanding of current practices in implementation of the Ten Steps to Successful Breastfeeding on a state-by-state basis through collaboration among active states,

2) **Develop** a highly specific research agenda for further study of opportunities and challenges to systematized implementation of evidence-based breastfeeding support in America’s hospitals, and

3) **Produce and disseminate** a summary report of the outcomes, recommendations and research agenda.
Working Group Process Approach (WGPA) to build consensus and collaboration

- Gather information on specific issue(s) from selected stakeholders
- Collate, interpret, share
- Hold workshop to review, discuss and innovate
- Prepare draft report
- Disseminate for review
- Revise and disseminate to “expert” stakeholders for comment
- Finalize

October Meeting
October Meeting

The Interstate Collaborative for Widespread Implementation of the Ten Steps
October Meeting

Meeting Report

• Discussion of real and perceived barriers to implementing The Ten Steps in respective locations;

• Evidence-based solutions to real and perceived barriers to implementing The Ten Steps in healthcare systems throughout the United States;

• Discussion of effective roles of government and civil society in implementation of hospital-based breastfeeding support;

• Recommendations for state-by-state adaptation for cost-effective, user-friendly implementation of The Ten Steps in healthcare systems throughout the United States;

• Research agenda
Development and Purpose of the Interstate Collaborative: Long-Term

- Support identified: W. K. Kellogg Foundation under innovations grant, possible complementary funding
- Purpose:
  - Define/Increase understanding of the best practices for state-level implementation of the Ten Steps to Successful Breastfeeding in healthcare systems,
  - Advance adherence to evidence-based and innovative strategies to increase breastfeeding rates toward the satisfaction of Healthy People 2020 Objectives, and
  - Increase the number and quality of studies regarding the impact of the Ten Steps in the United States.

Collaborative Activities To-Date

- October Meeting, Collaborative Approach
- Drafted report, Member-Checked
- Drafted research agenda, Vetted
- Dissemination efforts underway
Research Agenda

Includes recommendations for specific program and intervention research to:

- reduce costs and increasing impact of approaches to implementing the Ten Steps;
- related issues:
  - Definitions for common understanding
  - Needed research to better understand effects of various feeding patterns

Next Actions

<table>
<thead>
<tr>
<th>Timeline</th>
<th>April 2012 – March 2014</th>
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<tbody>
<tr>
<td></td>
<td>Quarter 1</td>
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<tr>
<td>Finalize report and disseminate</td>
<td>x</td>
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<tr>
<td>Create ongoing system of support for state collaboration</td>
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<tr>
<td>State leader conference webinars to assess program progress, status of facilities, and consideration of need to recruit additional stakeholders, etc.</td>
<td>x</td>
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<tr>
<td>Create data handling, monitoring and evaluation plan for ongoing activities</td>
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## Next Actions

<table>
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<tr>
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<tbody>
<tr>
<td>Quarter</td>
<td>1</td>
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<tr>
<td>Provide materials and feedback to Leaders for discussion with facilities</td>
<td>x</td>
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<tr>
<td>Develop consultant/speakers bureau approach</td>
<td>x</td>
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<tr>
<td>Renewed State leaders’ plans/ processes</td>
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<tr>
<td>Preparation Phase for second meeting: Finalize measures and related data collection in early webinar</td>
<td>x</td>
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<tr>
<td>Convene second national meeting of states involved in supporting the Ten Steps</td>
<td>x</td>
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<tr>
<td>Finalize and disseminate report</td>
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Thank you!
Risks of Not Breastfeeding for the Child

Any formula use is associated with an increase in the risk of:

- non-specific gastroenteritis
- asthma (no family hx) -- OR: 1.25; 1.72
- obesity
- type 1 diabetes -- OR: 1.67 (1.12–2.44) and type 2 -- OR: 2.44 (1.08, 5.56)
- childhood leukemia
- sudden infant death syndrome (SIDS)
- necrotizing enterocolitis
- severe lower respiratory tract infections -- OR: 1.5; 3.6
- otitis media -- pooled OR for any formula in 1st 3 mo: 2.00 (1.40, 2.78)
- atopic dermatitis -- OR 2.27; 5.88
- Hypertension
- high cholesterol
- lower intelligence/ performance


Risks of Not Breastfeeding for Moms

AHRQ Maternal outcomes: Lack of breastfeeding (or early cessation) was associated with an increased risk of:

- type 2 diabetes
- breast cancer
- ovarian cancer
- maternal postpartum depression

Breastfeeding also found to:

- Lower BP
- Enhance immune system activity
- Increase rate of uterine involution
- Decrease blood loss
- Decrease maternal stress
- Increase efficiency in nutrient metabolism
- Modify calcium metabolism:
- Delay fertility return

- Negishi H. Arch Gynecol Obstet. 1999 Nov;263(1-2):13-6