10 Steps to Empower Mothers & Nurture Babies

A Breastfeeding Project in Vermont
Recruitment Package

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Executive Summary
Breastfeeding helps protect against childhood obesity and other illnesses, and lowers medical costs. (CDC Vital Signs 2011) Despite high breastfeeding rates in Vermont, most hospitals do not fully support breastfeeding. Babies who are fed formula and stop breastfeeding early have higher risks of obesity, diabetes, respiratory and ear infections, and sudden infant death syndrome, and tend to require more doctor visits, hospitalizations and prescriptions. (CDC Vital Signs 2011) Hospital policies and practices impact breastfeeding exclusivity and duration and are key to improving health outcomes for mothers and babies.

Changes in Hospital Practice Can Improve Breastfeeding Rates
Maternity practices in hospitals and birth centers can influence breastfeeding behaviors during a period critical to successful establishment of lactation. Current literature, including a Cochrane review, found that institutional changes in maternity care practices, which created more support of breastfeeding, increased initiation and duration of breastfeeding.

“Hospitals play a vital role in supporting a mother to be able to breastfeed,” said CDC Director Thomas R. Frieden, M.D., M.P.H. “Those first few hours and days that a mom and her baby spend learning to breastfeed are critical. Hospitals need to better support breastfeeding, as this is one of the most important things a mother can do for her newborn. Breastfeeding helps babies grow up healthy and reduces health care costs.”

Mothers in the United States were 13 more times likely to stop breastfeeding before six weeks if they delivered in a hospital where none of the ‘10 Steps for Successful Breastfeeding’ were followed as compared to mothers who delivered at hospitals where at least 6 of the 10 steps were followed. (DiGirolamo et al., 2008) Furthermore, following the steps decreased the disparities in initiation and duration rates of breastfeeding seen across different income, ethnic and racial groups (Meredith et al., 2005). Institute of Medicine – Early Childhood Obesity Prevention Policies

The online report, published at www.cdc.gov/vitalsigns, examined data from the Centers for Disease Control and Prevention’s (CDC) national survey of Maternity Practices in Infant Nutrition and Care (mPINC). The 2009 results of this survey found that only 14 percent of hospitals have a written, model breastfeeding policy. The report also found that in nearly 80 percent of hospitals, healthy breastfeeding infants are given formula when it is not medically necessary, a practice that makes it much harder for mothers and babies to learn how to breastfeed and continue breastfeeding at home. Vermont was ranked 1st in 2007, slipping to 6th in 2009. We believe that through collaborative efforts Vermont can be a national leader once again!
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Problem Statement, Mission, and Methods

The Problem

More than 85% of Vermont mothers begin breastfeeding in the hospital – by 6 months, only 25% are still exclusively breastfeeding. (CDC Breastfeeding Report Card 2011) Even mothers who want to breastfeed have a hard time without hospital support; about 1 mother in 3 stops early without it. (CDC Vital Signs 2011) Institutional support within hospitals is critical to help mothers learn to breastfeed.³ When hospitals support mothers to feed their babies only breast milk, it helps mothers to continue feeding only breast milk at home. (CDC Vital Signs 2011) The more of the ‘Ten Steps to Successful Breastfeeding’ implemented by a hospital, the longer mothers will breastfeed. (CDC Vital Signs 2011)

Breastfeeding provides optimal nutrition for infants and is associated with decreased risk for infant morbidity and mortality as well as maternal morbidity. Breastfeeding for 9 months reduces a baby’s odds of becoming overweight by more than 30%. (CDC vital Signs 2011) In the US thousands of infants suffer the ill effects of an infant-formula feeding culture. Babies who are not breastfed, or who are fed other foods too early may have an increased risk of obesity, an increased risk of diarrhea and other gastrointestinal problems, respiratory and ear infections and allergic skin disorders (MCHB). These conditions translate into millions of dollars of costs to our health care systems through increased hospitalization and pediatric clinic visits.

In 2007 and 2009 the CDC conducted a survey of US hospitals that provide obstetric care and newborn care. The data was analyzed to describe the prevalence of facilities using maternity care practices consistent with the World Health Organization (WHO) and The United Nations Children’s Fund (UNICEF) Baby-Friendly Hospital Initiative specified by the ‘Ten Steps to Successful Breastfeeding’.

The Mission: Breastfeeding is a National Priority

Protection, promotion, and support of breastfeeding are critical public health needs. Healthy People 2020 has set goals for increasing breastfeeding initiation, exclusivity and duration and decreasing disparities in these rates across all populations in the United States. Increasing breastfeeding and reducing disparities is also a major focus of the US Department of Health and Human Services, highlighted in the 2011 Surgeon General’s Call to Action to Support Breastfeeding⁴; the CDC’s National Center for Chronic Disease Prevention and Health Promotion and the Division of Nutrition, Physical Activity, and Obesity; the Institute of Medicine’s Early Childhood Obesity Prevention Policies; and USDA’s Supplemental Nutrition Program for Women, Infants and Children.

The Joint Commission (TJC) has set exclusive breastfeeding as one of the five core perinatal measures and defines exclusive breastfeeding as “a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines”. TJC is looking specifically at the
number of exclusively breast milk fed term infants as a proportion of all term infants. The exceptions are those infants meeting certain criteria in which breastfeeding is contraindicated, and excluding all infants who have spent time in the Neonatal Intensive Care Unit (NICU). The measure is not examining medically acceptable reasons to supplement a breastfed infant. In other words, The Joint Commission will be measuring how many non-NICU babies, without a contraindication to breastfeeding, were exclusively breast milk fed.

Changing hospital practices to better support mothers and babies can improve breastfeeding rates. Implementing proven hospital practices, such as the ‘10 Steps for Successful Breastfeeding’, the core of the Baby-Friendly Hospital Initiative, is endorsed by the American Academy of Pediatrics. These action steps for hospitals include:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Assist with initiation of skin-to-skin and breastfeeding within 1 hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn 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 breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Vermont’s Assets and Area of Focus

In 2009, ten out of twelve eligible Vermont hospitals responded the CDC’s Maternity Practices in Infant Nutrition and Care (mPINC) survey. Each reporting hospital received its facility specific mPINC benchmarking report in March 2011. Vermont’s composite quality practice score was 76 out of 100 and ranked 6th out of 52 states. The areas of strength noted were the provision of breastfeeding advice and counseling and the documentation of mothers’ infant feeding decisions. Priority areas for changes to improve maternity care practices were cited in the aggregate Vermont report. In order for hospitals and birthing centers in Vermont to be more successful in meeting national quality of care standards for perinatal care, the report recommended focusing on improvement in the following areas:

- use of combined mother/baby postpartum care
- adequate assessment of staff competency
- inclusion of model breastfeeding policy elements, and
- appropriate use of breastfeeding supplements.
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The Method: Vermont Statewide Breastfeeding Initiative

The Vermont Department of Health’s Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has partnered with the Vermont Chapter of the American Academy of Pediatrics, the Vermont Academy of Family Physicians, and the Vermont Child Health Improvement Program (VCHIP) to facilitate a statewide quality improvement initiative focused on increasing evidence based maternity care practices as standards of care in Vermont hospitals. VCHIP will recruit hospitals and birth centers from across the state to participate in the initial nine month project to improve individual hospitals’ mPINC scores. Baseline data will be obtained from several sources:

- 2009 data, where available
- Vermont Regional Perinatal Health Project (VRPHP) Annual Perinatal Statistics Reports Vermont Regional Perinatal Health Project (VRPHP)
- Vermont Birth Certificate data
- Self assessment tools
- Individual hospital quality data

Goals

There are four collaborative goals set for all participating hospitals. In addition to these, the project faculty team will work with each participating hospital’s perinatal QI team to create individual goals focused on “high impact” areas which will improve rates of exclusive breastfeeding and provide a foundation for sustained breastfeeding, once the mother and her newborn are discharged. Improving mPINC scores, aligning with The Joint Commission goals and establishing evidence-based breastfeeding practice, will have a significant impact in health outcomes, in your community, and in Vermont. Additionally, participating hospitals will have the opportunity to evaluate their breastfeeding practices as compared to community and national standards of care.

Collaborative Goals:

1. 100% of participating hospitals will have administrative support for participation
2. 90% of RN staff from participating hospitals will complete a 16 hour breastfeeding training
3. 100% of participating hospitals will have an updated or draft breastfeeding policy for all mother/baby units
4. 100% of participating hospitals will demonstrate appropriate use of infant feeding supplementation

Individual hospital goals, based on current practice and identified gaps in care, will be set by the perinatal QI team with support from project faculty.

Participating hospitals will be asked to:
10 Steps to Empower Mothers & Nurture Babies

1. Complete a pre-project assessment survey to set goals for improving maternity care practices for all mother baby pairs, with a focus on exclusive breastfeeding
2. Provide the resources necessary to complete this quality improvement project
3. Support the perinatal quality improvement team as they work to accomplish set goals and collaborate with other hospital and community members in this statewide effort
4. Engage administrative support through a signed letter
5. Support staff members who provide maternity care services to participate in the training component of this initiative.

Benefits for Participating Hospitals

- Measurement alignment with the Joint Commission’s *Perinatal Care Core Measure on Exclusive Breast Milk Feeding*
- Support for aligning with the World Health Organization’s *10 Steps to Successful Breastfeeding*
- Access to project faculty and experts in breastfeeding and support for quality improvement work
- Opportunity to build on current quality improvement knowledge and capacity that can be applied beyond the scope of this project
- Resources such as model breastfeeding polices, assessment and quality improvement tools, and training courses
- Breastfeeding Training Workshop: a 2-day, 16 hour training course, free to all your staff
- Breastfeeding Train-the Trainer Course to build internal capacity for ongoing training of new staff
- Financial incentive to help offset the cost of staff attending the Breastfeeding Training Workshop based on the percent of staff that attend the training
- Community based marketing tools
- Improved mPINC scores and perinatal quality health measures
- Higher patient satisfaction scores
- Improved staff satisfaction and staff retention
10 Steps to Empower Mothers & Nurture Babies

Project Information

Your hospital is invited to participate in the Vermont Breastfeeding Initiative, **10 Steps to Empower Mothers & Nurture Babies**. This quality improvement project will be conducted in collaboration with Vermont Agency of Human Services, Department of Health WIC Program, the Vermont Chapter of the American Academy of Pediatrics, the Vermont Academy of Family Physicians, and the Vermont Child Health Improvement Program (VCHIP) at the University of Vermont.

The 10 Steps to Empower Mothers & Nurture Babies project will focus on improving your hospital’s **maternity practices in Infant Nutrition and Care** (mPINC) scores thereby improving Vermont’s statewide scores. The goal of this project is to support hospitals in the implementation of evidence-based maternity care practices, which support exclusive breastfeeding, as standards of care in Vermont hospital birthing centers.

As a participant in this initiative, your hospital will support members of its staff to actively engage in testing and implementing improvements in care which will include measuring the success of change, sharing accomplishments and improvement strategies and participating in training and learning activities. Members of your perinatal care staff (Birthplace/Maternity/Newborn Nursery), including but not limited to physicians, nurses, and quality personnel, will be involved in project activities, which include the following:

- identifying membership for a multidisciplinary perinatal improvement team
- attending project related collaborative calls for the purpose of learning clinical content and discussing improvement strategies, tools and resources
- collecting data
- evaluating current breastfeeding practices and associated processes of care; establishing or revising breastfeeding policies, procedures and protocols; completing surveys, questionnaires and inventories
- enabling all nursing staff to attend the 16 hour breastfeeding educational training session, and selecting 2-6 staff attend an additional 8 hour train-the-trainer session
- collaborating and sharing process and outcomes with teams from other participating hospitals involved in this quality improvement project.

Data collected for this project may include information about individual patients, practitioner or staff. All shared data will exclude Protected Health Information as defined by HIPAA. Your hospital will be using baseline data from your most current mPINC scores and the most recent data received from other sources such as ObNET, VRPHP Annual Perinatal Statistic Reports and/or Vermont Birth Certificate data. The Vermont Department of Health, VTAAP, and VCHIP staff may present the project’s process and outcomes at local and national meetings and in other professional venues and media (e.g. abstracts, poster presentations, manuscripts, etc...). Participation in this project is voluntary. Your hospital may withdraw from this project at any time without penalty. If you have other questions, please contact:

Jennifer Ustianov, VCHIP  
*jennifer.ustianov@uvm.edu*  
Karen Flynn VDH, WIC  
*Karen.Flynn@state vt.us.*
10 Steps to Empower Mothers & Nurture Babies

Expectations of Participating Hospitals

Electing to participate in the 10 Steps to Empower Mothers & Nurture Babies quality improvement project means your hospital will provide resources and support to members of its staff to actively engage in the measurement, feedback and improvement activities of the project. Your hospital understands that members of your perinatal care staff (Birthing Center/Maternity/Newborn Nursery), including but not limited to physicians and nurses will be involved in project activities. Project activities will include the following:

- Identifying a senior leader to serve as sponsor for the team working on the project;
- Engaging a multi-disciplinary Perinatal Quality Improvement Team whose membership will include, but will not be limited to, an obstetric, pediatric and family physician champion, a nurse manager, an obstetric and pediatric staff nurse, a liaison to the hospital quality assurance department, a parent, and individuals representing educational and community support resources such as VDH district WIC and MCH coordinators and IBCLCs;
- Participating in an on-site goal planning meeting with the project faculty and experts, your Perinatal Quality Team and administrative representation;
- Assisting in baseline and/or ongoing data collection by VCHIP and/or by members of your hospital’s improvement team;
- Performing pre-work activities;
- Identifying at least 90% staff who will participate in the Breastfeeding Training - a 16 hour Learner Workshop (two eight-hour days); and 2-4 trained staff who will attend a 8 hour Train-the-Trainer course with the expectation of providing ongoing training in your hospital;
- Performing tests of changes that lead to widespread implementation of improvements in breastfeeding practices within your hospital or birthing center;
- Creating well-defined, measurable improvement goals; sharing your aim and measures with perinatal staff, management and administration to obtain engagement and support for testing change and sustained improvements;
- Collaborating and sharing data, lessons learned, tools and challenges with other participating teams through monthly reports, conference calls and during statewide learning sessions;
- Maintaining Internet access and email (highly recommended); and
- Establishing links of project goals to strategic initiatives in the hospital.

Participation in this project is voluntary. Your hospital may withdraw from the project at any time without penalty.
Breastfeeding Training Workshops

Birth and Beyond Breastfeeding Training
The 16 hour learner workshop curriculum will be adapted from the California Perinatal Services Network’s Birth and Beyond curriculum which was developed in collaboration with The Regional Perinatal Programs of California and Breastfeeding Taskforce of Greater Los Angeles. This training is intended to provide maternity care staff with the knowledge and skills to promote, protect and support a mother’s decision to breastfeed. In addition to the Learner Workshop, a Train-the-Trainer workshop for select staff will be provided to help support the ongoing training needs at your facility. To help offset the cost of this training, an incentive is available based on the percent of staff attending the training workshops.

Training Summary

Learner Workshop
The 16-hour Learner Workshop evolved from the California’s Perinatal Services Network’s Birth and Beyond California (BBC), the Breastfeeding Taskforce of Greater Los Angeles’ Gentle Transitions and the Baby-Friendly USA Ten Steps Curriculum. The course is divided into two eight-hour days, separated by a two week interval.

Early emphasis on skin-to-skin practices in the first hours after birth for all mothers and babies, not just breastfeeding coupets, is an important part of the initial BBC training. Nurses intuitively recognized the first hours after birth as an important bonding time. The Learner Workshop provides an opportunity for learning best practices for supporting early maternal-infant bonding through skin-to-skin contact. The two-week hiatus between the two Learner Workshops allows staff to explore and observe skin-to-skin interaction between the newborn and his or her parents at their own facility.

Train-the-Trainer Workshops
Sustainability to meet ongoing training needs is accomplished through the Train-the-Trainer workshops to develop a training team for each hospital. Hospital administrators select staff from those who attended the Learner Workshop to receive an additional 8 hour training to gain experience in teaching the curricula by attending a Train-the-Trainer Workshop. The training emphasizes adult learning theory and the rationale for utilizing different modalities when providing adult staff education. Each hospital team will have the opportunity to teach a section of the Learner Workshop and receive feedback on their presentation.

Key Project Faculty and Workshop Training Team
Audrey Naylor, MD, DrPH, FAAP, FABM, Laura Murphy, MD, Anya Koutras, MD, IBCLC, Rebecca Goodwin, MD, IBCLC, Dawn Kersula, MA, RN, IBCLC, FACCE, Tricia Cassi, BSS, IBCLC, Jennifer Ustianov, BSN, RN, Kirsten Berggren, PhD, FNP, IBCLC, and Elizabeth Hunt, MD, IBCLC.
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Informational Conference Calls
If you have questions or need assistance in completing this application, please attend one of the two following informational calls.

March 5, 2012  7:30-8:30 pm
March 9, 2012  12:00-1:00 pm

Call in Number
1-800-910-4857 Passcode 358956

If you have questions and are unable to attend either of these calls, please contact:
Jennifer Ustianov
VCHIP Perinatal Project Director
(802) 656-8351
Jennifer.ustianov@uvm.edu

Recruitment Package Checklist

Complete, email or fax the following by March 16, 2012

☐ Intent to Participate (Page 12-13)
☐ Administrative Consent
☐ Review your hospitals mPINC scores with your project QI team
☐ Attend informational Call: March 5th or March 9th
Intent to Participate (Page 1 of 2)

The form, when completed, will serve as your hospital’s intent and consent to participate in the 10 Steps to Empower Mothers & Nurture Babies Quality Improvement Project. Please note that you can withdraw from the project at any time with no recourse. This form has two parts: Perinatal Quality Improvement Team Member’s information and the Senior Leader signature.

- Please complete and submit this section to Jennifer Ustianov, VCHIP, FAX 802-656-8368, no later than March 16, 2012. We will need this information before your application can be reviewed.
- Sites will be notified of your enrollment into this project on or before March 20, 2012.

### Perinatal Quality Improvement Team Information

**Team Member 1 – *Key Contact:***

Name: 
Title: 
Direct Phone: Fax number: 
Email: 

*Go to Person for correspondence from VCHIP/VDH/AAP planning team

**Team Member 2 – Senior Leader/Administrator**

Name: 
Title: 
Direct Phone: 
Email: 

**Team Member 3 – Pediatric Champion**

Name: 
Title: 
Direct Phone: 
Email: 

**Team Member 4 – Obstetric Champion**

Name: 
Title: 
Direct Phone: 
Email: 
## Intent to Participate (Page 2 of 2)

<table>
<thead>
<tr>
<th>Perinatal Quality Improvement Team Information... con’t</th>
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<tbody>
<tr>
<td><strong>Team Member 5 – Family Medicine Champion</strong></td>
</tr>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Title:</td>
</tr>
<tr>
<td>Direct Phone:</td>
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<tr>
<td>Email:</td>
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</tbody>
</table>

**Team Member 6 – **Nurse Manager** **If not key contact** |
| Name: | |
| Title: | |
| Direct Phone: | |
| Email: | |

**Team Member 7 – VDH District MCH Coordinator** |
| Name: | |
| Title: | |
| Direct Phone: | |
| Email | |

**Team Member 8 –** |
| Name: | |
| Title: | |
| Direct Phone: | |
| Email: | |

**Team Member 9 –** |
| Name: | |
| Title: | |
| Direct Phone: | |
| Email: | |
10 Steps to Empower Mothers & Nurture Babies

Administrative Consent
To Participate

ELECTING TO PARTICIPATE

Electing to participate in the Vermont 10 Steps to Empower Mothers & Nurture Babies quality improvement project means our hospital ____________________________ will provide the resources and support to members of its staff to actively engage in the training, quality measurement, collaboration, feedback and improvement activities supporting quality care and evidence based breastfeeding policy and practice changes. The recommended change activities which will be used throughout this project are evidence based and have been well defined by the CDC and the Joint Commission as having a direct impact on improved outcomes for newborns and mothers for whom your staff provide care.

I understand that members of my hospital’s perinatal care staff (Birthing Center/Maternity/Newborn Nursery) include, but are not limited to, physicians, and nurses and a member of the quality department. As part of this project it is vital to also have support, resources and participation from Senior Administration throughout this 9 month initiative.

Participation in this project is voluntary. I understand my hospital may withdraw from the project at any time without penalty. All shared data will exclude Protected Health Information as defined by HIPAA.

X____________________________________________________

Name:

Title:
10 Steps to Empower Mothers & Nurture Babies

References


Additional Resources

- **Majority of U.S. Hospitals Do Not Fully Support Breastfeeding** (CDC Press Release, 8/20/2011)
- **Hospital Support for Breastfeeding—Preventing Obesity Begins In Hospitals** (CDC Vital Signs Report, 8/2011)
- **Hospital Practices to Support Breastfeeding** (CDC Morbidity and Mortality Weekly Report, 8/2/2011)
- CDC Breastfeeding Resources [http://www.cdc.gov/breastfeeding](http://www.cdc.gov/breastfeeding)
- **Birth and Beyond California** [http://cdph.ca.gov/BBCProject](http://cdph.ca.gov/BBCProject)
10 Steps to Empower Mothers & Nurture Babies

Maternity Practices in Infant Nutrition and Care in Vermont —2009 mPINC Survey

This report provides data from the 2009 mPINC survey for Vermont. It describes specific opportunities to improve mother-baby care at hospitals and birth centers in Vermont in order to more successfully meet national quality of care standards for perinatal care.

Breastfeeding is a National Priority
Breastfeeding is associated with decreased risk for infant morbidity and mortality as well as maternal morbidity, and provides optimal infant nutrition. Healthy People 2020 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. Abundant literature, including a Cochrane review, document that institutional changes in maternity care practices can make them more supportive of breastfeeding; increase initiation and continuation of breastfeeding.

Breastfeeding Support in Vermont Facilities

Strengths
- Provision of Breastfeeding Advice and Counseling
  Staff at all (100%) facilities in Vermont provide breastfeeding advice and instructions to patients who are breastfeeding, or intend to breastfeed.
- Documentation of Mothers’ Feeding Decisions
  Staff at all (100%) facilities in Vermont consistently ask about and record mothers’ infant feeding decisions.

Needed Improvements
- Appropriate Use of Breastfeeding Supplements
  Only 30% of facilities in Vermont adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water.
- Inclusion of Model Breastfeeding Policy Elements
  Only 50% of facilities in Vermont have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM).
- Adequate Assessment of Staff Competency
  Only 60% of facilities in Vermont annually assess staff competency for basic breastfeeding management and support.
- Use of Combined Mother/Baby Postpartum Care
  Only 30% of facilities in Vermont report that most healthy full-term infants remain with their mothers for at least 23 hours per day throughout the hospital stay.

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.

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.

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 populations such as ethnicity, income, and payer status.

Implementing comprehensive assessment of staff training and skills for basic breastfeeding management and support establishes the foundation for quality infant feeding care. Adequate training and skills assessment are critical to ensure that mothers and infants receive care that is consistent, evidence-based, and appropriate.

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.
# 10 Steps to Empower Mothers & Nurture Babies

## Vermont Summary — 2009 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 32 eligible facilities in Vermont responded to the 2009 mPINC Survey. Each participating facility received its facility-specific mPINC benchmarking report in March 2012.

### Vermont’s Composite Quality Score

- **mPINC Dimension of Care**: VT Quality Practice Subscore
- **Ideal Response to mPINC Survey Question**: Percent of VT Facilities with Ideal Response
- **VT Rank**: (out of 100)

<table>
<thead>
<tr>
<th>mPINC Dimension of Care</th>
<th>VT Rank</th>
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<tbody>
<tr>
<td>Labor &amp; Delivery Care</td>
<td>79</td>
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<tr>
<td>Feeding of Breastfed Infants</td>
<td>84</td>
</tr>
<tr>
<td>Breastfeeding Assistance</td>
<td>92</td>
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<tr>
<td>Contact Between Mother and Infant</td>
<td>76</td>
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<tr>
<td>Facility Discharge Care</td>
<td>72</td>
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<tr>
<td>Staff Training</td>
<td>49</td>
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<tr>
<td>Structural &amp; Organizational Aspects of Care Delivery</td>
<td>77</td>
</tr>
</tbody>
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### Vermont’s Composite Rank

- **(out of 52)**

### Improvement is Needed in Maternity Care Practices and Policies in Vermont.

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

### Take action on this critical need — consider the following:

1. **Examine Vermont regulations for maternity facilities and evaluate their evidence base; revise if necessary.**
2. **Sponsor a Vermont-wide summit of key decision-making staff at maternity facilities to highlight the importance of evidence-based practices for breastfeeding.**
3. **Pay for hospital staff across Vermont to participate in 28-hour training courses in breastfeeding.**
4. **Establish links among maternity facilities and community breastfeeding support networks in Vermont.**
5. **Identify and implement programs within hospital settings—choose one widespread practice and adjust it to be evidence-based and supportive of breastfeeding.**
6. **Integrate maternity care into related hospital-wide quality improvement efforts across Vermont.**
7. **Promote Vermont-wide utilization of the Joint Commission’s Perinatal Care Core Measure Set including exclusive breastfeeding at discharge in hospital data collection.**

### Questions about the mPINC survey?

Information about the mPINC survey, benchmark reports, scoring methods, and complete references are available at [www.cdc.gov/mpinc](http://www.cdc.gov/mpinc).

For more information:

- [Division of Nutrition, Physical Activity, and Obesity Centers for Disease Control and Prevention, Atlanta, GA USA](http://www.cdc.gov/mpinc)

April 2013

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**References**

**10 Steps to Empower Mothers & Nurture Babies**

**Healthy People 2020**
Healthy People 2020 objectives on breastfeeding are under the **Maternal, Infant, and Child Health (MICH)** Topic Area, under the section on "Infant Care."

The 2020 Breastfeeding targets are as follows:

<table>
<thead>
<tr>
<th>Number</th>
<th>Objective</th>
<th>Baseline (year measured) %</th>
<th>2020 Target %</th>
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<tbody>
<tr>
<td>MICH-21</td>
<td>Increase the proportion of infants who are breastfed:</td>
<td>(2006 births)</td>
<td></td>
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<tr>
<td>MICH-21.1</td>
<td>Ever</td>
<td>74.0</td>
<td>81.9</td>
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<tr>
<td>MICH-21.2</td>
<td>At 6 months</td>
<td>43.5</td>
<td>60.6</td>
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<td>MICH-21.3</td>
<td>At 1 year</td>
<td>22.7</td>
<td>34.1</td>
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<tr>
<td>MICH-21.4</td>
<td>Exclusively through 3 months</td>
<td>33.6</td>
<td>46.2</td>
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<tr>
<td>MICH-21.5</td>
<td>Exclusively through 6 months</td>
<td>14.1</td>
<td>25.5</td>
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<tr>
<td>MICH-22</td>
<td>Increase the proportion of employers that have worksite lactation support programs</td>
<td>25.0 (2009)</td>
<td>38.0</td>
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<td>MICH-23</td>
<td>Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life</td>
<td>24.2 (2006 births)</td>
<td>14.2</td>
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<tr>
<td>MICH-24</td>
<td>Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies</td>
<td>2.9 (2009)</td>
<td>8.1</td>
</tr>
</tbody>
</table>

**To view the complete list of Healthy People 2020 Maternal Infant and Child Objectives go to:**
## WHO/UNICEF Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within 1 hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn 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 breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

**SOURCE:** [www.babyfriendlyusa.org/eng/10steps.html](http://www.babyfriendlyusa.org/eng/10steps.html) from the hospital or clinic.