



# Community Partnerships for Healthy Mothers and Children

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# CDC's National Implementation & Dissemination for Chronic Disease Prevention Grant

- CDC targeting chronic disease
  - More than 50% of American adults have 1
  - 7 of 10 deaths each year
  - 86% of healthcare costs, \$2.7 trillion/year
- PSE – modifying the environment to make healthy choices practical and available to all community members
  - “By changing laws and shaping physical landscapes, a big impact can be made with little time and resources.”

# Community Partnerships for Healthy Mothers and Children

30 agencies receive \$180,000

- Coalition: **New London County Healthy Families Partnership**
- Needs Assessment
  - Poor Access to Healthy Foods
  - Delayed Prenatal Care/Perinatal Mental Health
  - Lack of Breastfeeding Support

# Access to Healthy Foods

- Community Gardens
- Food Insecurity Screening Tool
- WIC 101 presentation

# Prenatal Care/Perinatal Mental Health

- One Key Question
  - Would you like to become pregnant in the next year?

# Breastfeeding Support

- Nurturing Station
- CLC training
- Breastfeeding 101 presentation
- Breastfeeding Friendly Worksites

## Nurturing Station debuts at farmers market to normalize breastfeeding



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# Breastfeeding: A Public Health Issue

# Overall Breastfeeding Goal

Exclusive breastfeeding, during the first 6 months of life, as the NORM for infant feeding in New London County, CT



In order to do this we need:

Increased access to lactation support services

# Just a few Definitions

- Ever breastfed:
- **Exclusively breastfed:** No other foods/liquids other than breastmilk. This includes water
- **IBCLC:** International Board Certified Lactation Consultant
- **CLC:** Certified Lactation Counselor

# Endorsements

- **American Academy of Pediatrics Exclusive** breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced
  - Continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant
  - ***Infant nutrition should be considered a public health issue***
- **Also recommended by CDC, ACOG, ADA, AAFP, APHA, WHO...**

# Benefits of Breastfeeding for Baby (Just a few)

## Lower risk for :

- Ear/respiratory infections
- Atopic dermatitis
- Gastroenteritis/necrotizing enterocolitis
- Sudden Infant Death Syndrome (SIDS)
- Asthma
- **Obesity and Type 2 diabetes:** longer duration=less risk of overweight

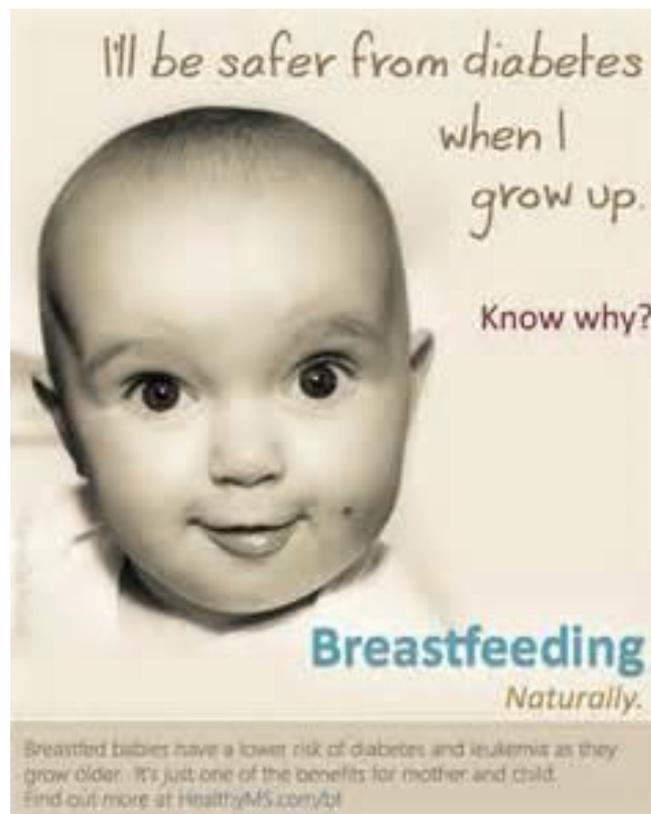
“ Breastfeeding provides benefits for mom and baby that are the beginning of a lifetime of good health. ”

# Still Wondering why Breast is Best?

**Table 1. Excess Health Risks Associated with Not Breastfeeding**

Outcome	Excess Risk* (%)
<b>Among full-term infants</b>	
Acute ear infection (otitis media) <sup>2</sup>	100
Eczema (atopic dermatitis) <sup>11</sup>	47
Diarrhea and vomiting (gastrointestinal infection) <sup>3</sup>	178
Hospitalization for lower respiratory tract diseases in the first year <sup>4</sup>	257
Asthma, with family history <sup>2</sup>	67
Asthma, no family history <sup>2</sup>	35
⇒ Childhood obesity <sup>7</sup>	32
⇒ Type 2 diabetes mellitus <sup>6</sup>	64
Acute lymphocytic leukemia <sup>2</sup>	23
Acute myelogenous leukemia <sup>5</sup>	18
Sudden infant death syndrome <sup>2</sup>	56
<b>Among preterm infants</b>	
Necrotizing enterocolitis <sup>2</sup>	138
<b>Among mothers</b>	
Breast cancer <sup>8</sup>	4
Ovarian cancer <sup>2</sup>	27

\* The excess risk is approximated by using the odds ratios reported in the referenced studies. Further details are provided in Appendix 2.



# Benefits for Mom

## **Nursing after birth:**

Helps stop post-birth bleeding

Speeds return of uterine tone

**Also:** Exclusive breastfeeding can temporarily suppress ovulation

## **Decreased risk for:**

Breast Cancer

Ovarian Cancer

Type 2 Diabetes



# What about bonding?

## Psychosocial Effects:

1. Bonding
2. Lower Post Partum Depression rates

## Secrets of Baby Behavior – reading baby's cues



# Financial Benefits

- If 90% of U.S. families breastfed exclusively for six months, the U.S. could save **\$13 billion annually\*** from reduced medical and other costs.
- For both employers and employees, better infant health means:
  1. **fewer health insurance claims**
  2. **less employee time off** to care for sick children
  3. **higher productivity**

\*

A 2010 study in the journal *Pediatrics*

# Where Do We Stand?

	Ever	6 months	6 months EXCLUSIVE
U.S. Average	75%	43%	13%
African-American	58%	28%	8%
HP 2020 Objectives	82%	61%	26%

CDC Breastfeeding Report Card

# 2014 CDC Breastfeeding Report Card

## Breastfeeding Rates<sup>1</sup>

State	Ever Breastfed	Breastfeeding at 6 months	Breastfeeding at 12 months	Exclusive breastfeeding at 3 months	Exclusive breastfeeding at 6 months
U.S. National	79.2	40.4	26.7	40.7	18.8
Alabama	67.3	32.1	11.8	26.6	13.2
Alaska	87.3	64.3	42.5	51.6	27.6
Arizona	81.6	47.8	23.9	37.5	18.0
Arkansas	67.1	32.3	13.5	29.1	10.3
California	92.8	63.1	38.4	56.1	25.4
Colorado	81.0	55.2	29.2	50.3	25.8
Connecticut	83.3	51.4	27.5	36.9	19.2
Delaware	65.7	34.4	16.8	31.7	13.2

## Breastfeeding Support Indicators

State	Average mPINC Score	Percent of live births occurring at Baby-Friendly Facilities	Percent of breastfed infants receiving formula before 2 days of age	Number of La Leche League Leaders per 1,000 live births	Number of CLCs <sup>a</sup> per 1,000 live births	Number of IBCLCs <sup>a</sup> per 1,000 live births	State's child care regulation supports onsite breastfeeding
U.S. National	75	7.79	19.4	0.90	3.84	3.48	7
Alabama	67	2.50	27.0	0.62	1.40	2.38	No
Alaska	82	21.70	11.9	1.23	4.90	6.83	No
Arizona	75	1.65	26.6	1.01	1.11	3.33	Yes
Arkansas	62	0	16.5	0.44	0.70	2.11	No
California	83	26.97	12.7	0.66	1.18	4.06	Yes
Colorado	79	8.60	10.6	1.38	8.00	4.19	No
Connecticut	82	28.56	25.6	2.30	9.20	5.24	No
Delaware	86	8.41	18.2	0.36	0.55	4.36	Yes

# Barriers to Breastfeeding

- Knowledge
  - Specific benefits
  - Risks of not breastfeeding
- Social Norms
  - Formula advertising
- Lack of family/social support
- Lactation Problems
- Employment – low income families particularly vulnerable

# Where We can Improve

- **Professional lactation support** can help mothers both initiate and continue breastfeeding.
- **Access to qualified care** is one of the best ways to make this happen
- Baseline feeding intentions underscore the importance of **prenatal counseling**
  - ✓ increase knowledge about the benefits of breastfeeding (and risks of not doing so)
  - ✓ identify and overcome perceived barriers to breastfeeding

# **BF is a key strategy to improving health for women, infants and children**

Knowledge-Confidence-Support

OB providers (start BF conversation) = **Knowledge**

OB + Hospital + Family (birth plan) = **Confidence**

IBCLC + CLC + ACA = **Support**

# Conclusion

Well documented evidence supports the benefit of breastfeeding for acute/chronic disease prevention, including decreased long-term risk of asthma, obesity, Type 2 diabetes

- **Breastfeeding is a preventive strategy**
  - ✓ evidence based
  - ✓ large potential benefits for public health

We need support!

# ***Patient Protection and Affordable Care Act of 2010 (ACA)***

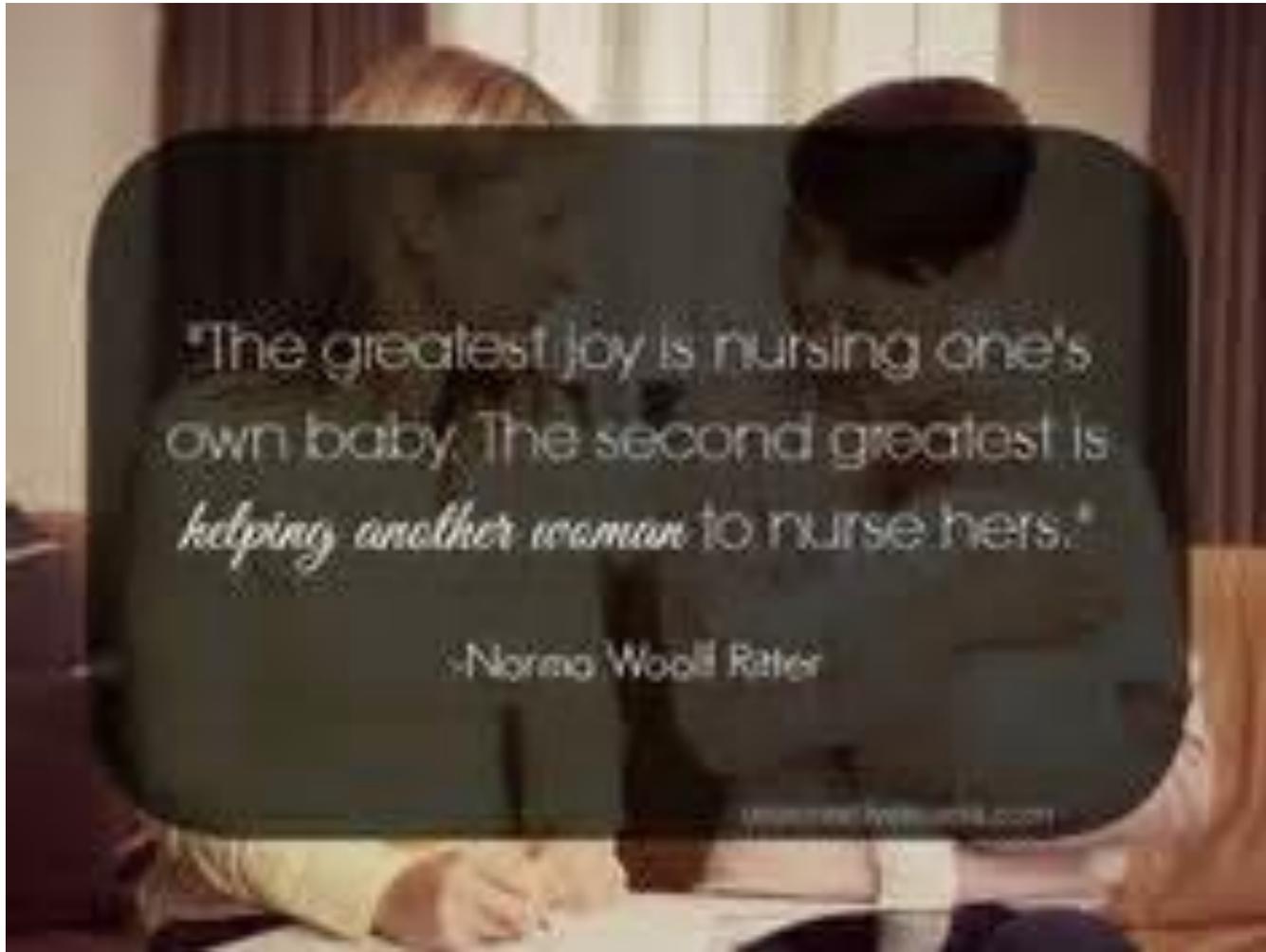
- ***Based on scientific evidence of interventions that support optimal health, reduce health care costs and promote well-being across the life span.***
- **The ACA requires health insurance support for breastfeeding pump rental and breastfeeding educational services** within Section 2713, under the Women's Preventive Health Services provision.
- ***Coverage for breastfeeding education:*** Include **pre- and postnatal counseling** by a trained provider in conjunction with each child. Women may access **comprehensive lactation support and counseling** from trained providers. The benefits are available at no cost share to consumers.
- ***Breastfeeding supplies benefits:*** The ACA requires non-grandfathered health insurance plans to cover the cost of breast pump rental and purchase at low or no cost to consumers.

# Call to Action

- IBCLCs are the most qualified to be engaging in the care of the mother/infant dyad regarding breastfeeding
- ACA great for BF support-failed to define who was a trained lactation care provider (i.e. eligible for reimbursement) IBCLCs that are not APRNs, MDs, PAs are not seen as billable licensed providers for lactation care in many states – especially through Medicaid
  - Currently: patient must see physician in order to bill for lactation visit
  - Timing issue
- CDC strategy to support BF includes collaboration w/ Medicaid to increase access to lactation services
- RI DPH first (7/3/2014) to license IBCLC as provider/specialist
  - 37 states working towards this

**We must meet the needs of the women and infants of CT!**

# Thank You



"The greatest joy is nursing one's own baby. The second greatest is *helping another woman* to nurse hers."

-Norma Woolf Ratter

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