

Tools and Techniques to Best Provide ACA-Covered Preventive Services: Breastfeeding



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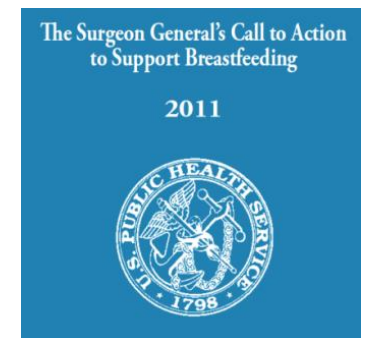
Breastfeeding: A Cornerstone of Quality Maternal-Infant Care

‘...the time has come to set forth the important roles and responsibilities of clinicians, employers, communities, researchers, and government leaders and to urge us all to take on a commitment to enable mothers to meet their personal goals for breastfeeding.’

Surgeon General’s Call to Action to Support Breastfeeding,
January 20, 2011

*Regina M. Benjamin, M.D., M.B.A.
Vice Admiral, U.S. Public Health Service
Surgeon General*

- Lawrence & Lawrence (2010)
- Surgeon General’s Call to Action to Support Breastfeeding (2011)



US Preventive Service Task Force on Breastfeeding - Clinical Summary:

Population	Pregnant Women	New Mothers	Mother's Partner, Family Members, Friends	Infants and Young Children
Recommendation	Promote and support breastfeeding			
Benefits of Breastfeeding	Mothers Less likelihood of breast and ovarian cancer	Infants Fewer ear infections, lower-respiratory-tract infections, and gastrointestinal infections	Young Children Less likelihood of asthma, type 2 diabetes, and obesity	
Interventions to Promote Breastfeeding	<p>Interventions to promote and support breastfeeding have been found to increase the rates of initiation, duration, and exclusivity of breastfeeding. Consider multiple strategies, including:</p> <ul style="list-style-type: none"> • Formal breastfeeding education for mothers and families • Direct support of mothers during breastfeeding • Training of health care staff about breastfeeding and techniques for breastfeeding support • Peer support <p>Interventions that include both prenatal and postnatal components may be most effective at increasing breastfeeding duration.</p> <p>Interventions to promote breastfeeding should empower individuals to make informed choices supported by the best available evidence</p>			
Implementation	System-level interventions with senior leadership support may be more likely to be sustained over time			

U.S. Preventive Services Task Force. *Primary Care Interventions to Promote Breastfeeding: Clinical Summary*. AHRQ Publication No. 09-05126-EF-3, October 2008. <http://www.uspreventiveservicestaskforce.org/uspstf08/breastfeeding/brfeedsum.htm>

Breastfeeding and the ACA

- As part of women's preventive services, new plans are required to cover breastfeeding support, supplies, and counseling
 - Education: Pre and postnatal lactation counseling and comprehensive breastfeeding support for pregnant and nursing women without copayment or coinsurance (for services delivered by a in-network provider)
 - Supplies: Coverage of breast pump rental or purchase at low or no cost
- For more information: <https://www.healthcare.gov/what-are-my-breastfeeding-benefits/>
- Understanding your benefits: <http://www.nwlc.org/resource/new-benefits-breastfeeding-moms-facts-and-tools-understand-your-coverage-under-health-care->

Why it matters for providers?

Breastfeeding is a public health issue

Even in developed countries, infants who are not breastfed face higher risks of infectious and chronic diseases, and mothers who do not breastfeed face higher risks of cancer and metabolic disease.

Your care directly affects a woman's breastfeeding success

Both observational and randomized trials demonstrate that routine health care practices can enable mothers to meet their infant feeding goals – or derail breastfeeding and increase health risks for mother and child.

Risks of Not Breastfeeding

Formula-feeding vs. breast-feeding: risk of adverse outcomes.

	INFANT		MOTHER	
	Illness	OR	Illness	OR
PRETERM INFANT NEC 2.4 OR	Diarrhea	2.8	Premenopausal breast cancer	1.4
	Otitis media	2.0	Ovarian cancer	1.3
	Pneumonia	3.6	Type 2 Diabetes	1.2
	SIDS	1.6	Myocardial Infarction	1.3
	Asthma	1.4	Hypertension	1.2
	Leukemia	1.2		

Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries. AHRQ Evidence Report Number 153. April 2007.

Risks of Not Breastfeeding

Formula-feeding vs. breast-feeding: risk of adverse outcomes.

INFANT—risk of SIDS

Illness	OR
Never breastfeeding vs. any breastfeeding	1.82
Never breastfeeding vs. ≥ 2 months breastfeeding	2.63
Never breastfeeding vs. exclusively breastfeeding any duration	3.70

Hauck FR, Thompson JMD, Tanabe KO, et al. Breastfeeding and reduced risk of Sudden Infant Death Syndrome: a meta-analysis. *Pediatrics*. 2011;128(1):103–10.

CDC Guide to Breastfeeding Interventions

- Evidence Based Recommendations
 - Maternity Hospitals implement Baby-Friendly Initiatives
 - Breastfeeding Peer Counselors
 - Educating Mothers
 - Support in the work place
 - Professional Support



Evidenced Based Breastfeeding Support

Ten Steps To Successful Breastfeeding, by UNICEF/WHO for the United States:

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 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 newborn infants no food or drink other than breastmilk, 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

Disparities in Breastfeeding

CDC 2014 Breastfeeding Report Card

- 3 out of 4 mothers (79.2%) in the US start breastfeeding
- At 6 months breastfeeding rates fall to 49.4% and only 18.8% of babies exclusively breastfeed
- Lowest rates of ever breastfeeding among African American mothers (66.4%), low-income mothers (71.4%), unmarried mothers (68.3%), and young mothers <20 years (58.6%).



Only one-fifth of black mothers breastfeed after 6 months.

Credit: CDC.



Breastfeeding Peer Counselors

- Counseling and support by a community peer has shown to be an effective method to improve breastfeeding rates for underserved populations, including young mothers.
 - RCT (n=289) with 15 to 18 years old, predominately African American, single mothers improved breastfeeding duration (Wambach et al 2011)
 - RCT (n=78) improved duration of exclusive breastfeeding, median 35 days vs. 10 days (Di Meglio et al 2010)

Prenatal Providers Important Role

1. Educate patients that there is evidence of significant health benefits for both mom and baby.
 - ACOG and the AAP recommend 6 months of exclusive breastfeeding, with continuation for 1 year or longer as mutually desired by mother and infant.
 - Women with family / personal history of Breast Cancer, Ovarian Cancer, Diabetes, Obesity, HTN, CAD additional benefit.
2. Encourage prenatal breastfeeding classes.
3. Review all drugs for breastfeeding safety using LactMed
4. Ensure that L&D nursing staff are providing 30 minutes of skin to skin for every term healthy newborn (first hour for vaginal delivery, first 2 hours for cesarean delivery).

Prenatal Providers Important Role

5. Ensure that L&D nursing staff are assisting breastfeeding moms with latching on in the first hour after delivery.
6. For all moms separated from infants (premature newborns) promote production of breast milk through pumping starting in the first 6 hours after delivery.
7. Promote rooming in, nursing on demand and exclusive breastfeeding post delivery in the hospital as a key to increasing milk production and therefore duration of breastfeeding.
8. Provide all breastfeeding moms with BF support information as part of discharge counseling and confirm office staff/providers can triage concerns.

During Antenatal Care

- Ask women “What have you heard about breast-feeding? Tailor counseling to specific concerns.
- Communicate and endorse consensus guidelines for breast-feeding: recommend 6 months of exclusive breast-feeding with continuation through 1 year and beyond, as long as mutually desired.
- Refer women to antenatal breast-feeding education classes
- Review the safety of maternal medications for lactation (not the same as for pregnancy)- LactMed.
- Do not distribute brochures or gifts by makers of infant formula.

Preterm Deliveries

- Counsel mothers that, for preterm infants, “Mother’s milk is medicine.”
- When preterm delivery is anticipated, ask “Would you be willing to express milk for your baby while he or she is in the NICU?”
- Advise mothers to initiate milk expression as soon as possible after birth, ideally within 6 hours.
- Counsel mothers they may only produce a few drops of colostrum in the first 2-3 days, important for baby.
- Include a physician order to initiate pumping in the postpartum order set to insure pump at bedside.
- Request a lactation consult.

Delivery at term

- Include breast-feeding counseling as part of anticipatory guidance during labor. Ask, “What have you heard about breast-feeding?” target education.
- Review recommendation for early breastfeeding (first hour), including skin-to-skin care at birth for all term stable babies, rooming in and feeding on demand.
- Place infants skin to skin after birth.
- Postpartum ask, “How is breastfeeding going?” Provide support, include LC’s and nurses.
- Do not distribute brochures or gifts from formula.
- At discharge provide a lactation support phone number and encourage patients to call.

Summary

- Breastfeeding improves short and long-term health outcomes for mom and baby.
- Breastfeeding is a national public health priority.
- Providers counseling providing support for breastfeeding, including benefits and how long to breastfeed is key.
- Make a commitment to ensure that breastfeeding support is a consistently available for every mom and baby: prenatal, labor and delivery, NICU, and postpartum.
- You can make a significant health difference for your patients, for both moms and babies, by promoting and supporting breastfeeding.



Thank You

- Illinois Chapter of the American Academy of Pediatrics (ICAAP), Communities Putting Prevention to Work Initiative
- Illinois Breastfeeding Blueprint Working Group
- Alison Stuebe, University of North Carolina



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