

Please note: This document has not been updated for some time- plans are currently underway to do so.

Healthy North Dakota Breastfeeding Committee

Strategic Plan 07/19/04

The Health Concern: Increasing the number of breastfed infants should be the first step a community takes to help stem rising cost of medical care. Breastfeeding reduces medical costs by preventing many common infections during the first year of life, reducing the incidence of chronic diseases and preventing deaths. The American Academy of Pediatrics lists the following benefits of breastfeeding: “human milk feeding decreases the incidence and /or severity of diarrhea, lower respiratory infection, otitis media, bacteremia, bacterial meningitis, botulism, urinary tract infection, and necrotizing enterocolitis. There are a number of studies that show a possible protective effect of human milk feeding against sudden death syndrome, insulin-dependent diabetes mellitus, Crohn’s disease, ulcerative colitis, lymphoma, allergic diseases and other chronic digestive diseases. (American Academy of Pediatrics, Work Group on Breastfeeding, “Breastfeeding and the Use of Human Milk”, Pediatrics, Vol.100 No. 6, December 1997.) (www.aap.org/policy/res9729.html).

A recent study has shown that even in developed countries extended breastfeeding leads to fewer infant deaths. The authors conclude, "If all children were breastfed, then . . . 720 post-neonatal deaths might be prevented or delayed each year at little cost or risk. The benefit would be concentrated among young, less educated mothers." Chen A, Rogan WJ. 2004. Breastfeeding and the risk of post-neonatal death in the United States. Pediatrics Electronic Pages 113(5):e435-e439.

Breastfed infants gain weight at a slower rate than bottle-fed infants and are leaner at one year of age. Children who are ever breast-fed are 15%–25% less likely to become overweight, and those who are breast-fed for 6 months or more are 20%–40% less likely. For more information visit this website: (http://www.cdc.gov/nccdphp/pe_factsheets/pe_pa.htm)

Status: Over the past several years, the North Dakota breastfeeding initiation rate has remained stagnant at about 60 percent. In 2004, the North Dakota sole breastfeeding rate (infants fed only breastmilk) was 59 percent at 24-48 hours of age (as reported annually by hospital staff on newborn screening forms). This is the same as in 2002. If infants who were fed both breastmilk and formula are included, the rate reaches 66 percent. In 2004, 56 percent of mothers in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) breastfeed their infants (data reported annually through CDC Pediatric Nutrition Surveillance System – PedNSS).

In 2002, the Pregnancy Risk Assessment Monitoring (PRAMS) survey information, collected from a one-time written survey of mothers of infants that were 2-6 months old, indicated that the breastfeeding rate ranged between 69 percent and 74 percent. Difference in data can be due to discrepancies of reporting, who was reporting and age of infant at time of reporting. Infants that were breastfed for one day or less would not be included in the lower rates from the hospital newborn screening data. Infants that were breastfed only once or twice would be included in the higher numbers from the PRAMS survey.

Only about 40 percent of infants are still being breastfed at twelve weeks of age, according to the PRAMS survey. We do not have current information on state-wide rates breastfeeding rates at six months and one year. However, in 2004, only about 21 percent of the participants in the North Dakota WIC Program were still breastfeeding at 6 months of age and only 14 percent at one year of age.

Please note: This document has not been updated for some time- plans are currently underway to do so.

Healthy ND Breastfeeding Committee Mission, Vision and Goals

The mission, vision and goals of the North Dakota Breastfeeding Committee were adapted from the United States Breastfeeding Committee (2001) report: *Breastfeeding in the United States: A national agenda*. As with the national report, the Healthy North Dakota objectives are organized into three categories: Health Care Policies and Practices, Community Social Support and Workforce Programs and Policies.

MISSION: Building a Healthy North Dakota by working collaboratively to protect, promote, and support breastfeeding.

VISION: In order to achieve optimal health, enhance child development, promote knowledgeable and effective parenting, support women in breastfeeding, and make optimal use of resources, we envision breastfeeding as the norm for infant and child feeding throughout North Dakota.

GOAL: The Healthy North Dakota Breastfeeding goal is a 75 percent initiation rate, a 50 percent continuation rate to 6 months, and a 25 percent rate at 1 year by the year 2010.

Health Care Policies and Practices

The EVIDENCE: Training health professional alone does not work, but is essential to eradicate harmful practices and teach needed skills. The UNICEF/WHO Baby Friendly Hospital Initiative has been shown to increase both initiation and duration of breastfeeding (see Appendix A for the 10 Steps to a Baby Friendly Hospital). The hospital based practices that have been shown to work include: Rooming in; continuous care and support during childbirth; early, close contact between mother and infant; accurate advice and care in regard to preventing problems (done with a positive, informed view); unrestricted contact between mother and infant and allowing unrestricted feedings; accurate advice and care for treatment of problems if they develop; and avoidance of harmful practices. Harmful practices include: separation of mother and infants (mothers can stay with babies in NICU, during phototherapy, medical examinations, etc.), supplementation with water or formula, early use of pacifiers, and discharge packs with formula. (Reference: CDC DNPA Presentation 11/14/02 "Interventions to promote and sustain breastfeeding – the evidence base" by Professor Mary Renfrew, Mother and Infant Research Unit, University of Leeds, UK).

Health Care Goal: Assure access to comprehensive, current, and culturally appropriate lactation care and services for all women, children and families.

Objective #1: Increase the number of evidence-based practices and policies in the North Dakota health care system.

Health Care Activity #1a: By December 2004 have distributed information on evidence-based breastfeeding practices which address the key deficiency areas in North Dakota as determined by the 2003 survey of North Dakota hospitals.

Responsible Party:

Health Care Activity #1b: By August 1, 2004, submit a request to Arvy Smith that the Health Department add promoting a Baby Friendly Hospital pilot project with a strong social marketing campaign as a new or optional project for funding in the 2005-2007 biennium.

Responsible Party:

Please note: This document has not been updated for some time- plans are currently underway to do so.

Health Care Activity #1c: Work with the Healthy North Dakota Third Party Payer Work Group to have breastfeeding included in both wellness management and disease management incentive programs or pilot projects.

Responsible Party: ____ will solicit a member of the Breastfeeding Committee to serve as a link to the Third Party Payer Group or establish a committee to develop components of a program (coverage of lactation services and breast pumps, promotion of breastfeeding for obesity prevention, etc.).

Health Care Objective #2: Increase the number of health professionals trained in evidence-based breastfeeding promotion and support policies and procedures.

Health Care Activity #2a: November 8-12, 2004, the Breastfeeding Lactation Counselor training will be offered for the fourth time in North Dakota.

Responsible Party:

Health Care Activity #2b: In 2006, the 7th Biennial North Dakota Breastfeeding Conference will be held in Fargo. *Date set 10/06/06, Ramada Inn Suites*

Responsible Party: Fargo breastfeeding coalition or committee.

Health Care Activity #2c: Disseminate results of the USDA motivational interviewing research project in the North Dakota WIC Program related to increased duration of breastfeeding. *October 2006 WIC All Staff presentation.*

Responsible Party: State WIC staff

Community: Social Support

The EVIDENCE: Small group, informal health education sessions increase initiation rates among women from all income groups, and from women in different ethnic groups. Payment of participants (in money or in-kind) increased participation in group sessions. Involvement of women's chosen significant other in health education activities will also help. Peer support is especially useful for women on low incomes and is usually delivered by a trained counselor (local resident mother who has breastfed and received training. Peer counseling can also occur in mother-to-mother support groups led by a trained counselor in women's homes or community centers. Peer support, in combination with a multifaceted intervention that includes health education, media programs, and/or changes to the health care sector, including training of health professional and changes in government and hospital policies have been shown to increase both initiation and duration rates. The following strategies don't work: Giving out literature/leaflets alone or just training health professionals. National media campaigns increase levels among women on high incomes, with no effect on those with lower incomes. (Reference: CDC DNPA Presentation 11/14/02 "Interventions to promote and sustain breastfeeding – the evidence base" by Professor Mary Renfrew, Mother and Infant Research Unit, University of Leeds, UK).

Community Goal: Ensure that breastfeeding is recognized and supported as the normal and preferred method of feeding infants and young children.

Community Objective #1: Increase the number of appropriate breastfeeding support services within the family, the community and the health care system in North Dakota.

Community Activity #1a: By October 2004, the ND WIC Program will have outlined a plan for implementation of the USDA peer counseling project in at least one WIC site. *WIC Peer*

Please note: This document has not been updated for some time- plans are currently underway to do so.

Counseling was implemented at the Rolette County (Turtle Mountain WIC) and Southwestern District Health Unit WIC agencies.

Responsible Party: State WIC staff.

Community Activity #1b: At the 2006 statewide breastfeeding conference provide a session coalition building.

Responsible Party: State WIC staff and Fargo breastfeeding conference committee

Community Activity #1c: By June 2005 at least 10 local communities will have developed community breastfeeding resource lists for distribution to pregnant and breastfeeding mothers.

Responsible Party: WIC Breastfeeding Committee

Community Objective #2: Increase the number agencies and organizations that are disseminating positive messages regarding breastfeeding.

Community Activity #2a: By December 2005 conduct activities with at least two groups that have potential as “non-traditional” channels for promoting and supporting breastfeeding (i.e. The Women’s Health Conferences, Cancer Society, Women’s Way, League of Women Voters, Voices for North Dakotas Children, Tobacco Program etc.).

Responsible Party:

Workforce Activity #2b: By October 2005 provide training for one or more of these groups: Early Head Start staff, Child and Adult Care Food Program sponsors, childcare providers (Region 9 Head Start and North Dakota Association for the Education of Young Children Institute – Oct. 2004 in Bismarck) on how to accommodate mothers that breastfeed and how to support infants and children who are breastfed.

Responsible Party: Linda Rorman (HS) and State WIC Staff

Community Activity # 2c: Annually each workgroup member will send at least one letter to a publications/media/organizations congratulating or criticizing their portrayal of breastfeeding and/or elimination of bottles as the representative symbol of infancy.

Responsible Party: All Healthy North Dakota Committee Members

Workforce: Programs and Policies

The Evidence: Studies indicate that breastfeeding women miss less time from work because of baby-related illnesses and have shorter absences when they do miss work. Corporate lactation programs help promote a commitment to employee well-being and save companies thousands of dollars per year in the process. A recent study of one company revealed that a corporate lactation program for employees who breastfed produced a savings of \$240 thousand annually due to a decrease in health care expenses for mothers and their children. Worksite policies that facilitate breastfeeding or breastmilk expression in the workplace include providing private rooms for pumping or breast, milk storage arrangements, adequate breaks during the day, flexible work schedules, paid maternity leaves and onsite child care facilities. (Reference: Comparison of Maternal Absenteeism and Infant Illness rates Among Breast-feeding and Formula-feeding Women in Two Corporations” by Rona Cohen, Marsha B. Mrtek, and Robert G. Mrtek. Am. J. Health Promotion, Nov/Dec 1995, Vol. 10, no.2 pp 148-153. Business, babies and the bottom line: corporate innovations and best practices in maternal and child health. Jacobson M, Kolarek MH, Newton B. Washington, DC: Washington Business Group on Health 1996. See also: <http://www.lalecheleague.org/corporate.html>).

Please note: This document has not been updated for some time- plans are currently underway to do so.

Workforce Goal: Increase protection, promotion and support for breastfeeding mothers in the work force.

Workforce Objective #1: Increase the percentage of work site environments that have policies and practices (including modifications or adaptations) supportive of breastfeeding employees.

Workforce Objective #1a: By September 2004 have developed and presented a worksite wellness module for worksite wellness consult training institute sponsored by the Healthy North Dakota Worksite Wellness Committee and UND Workforce Development.

Responsible Party: Bev Benda Moe, Joan Camburn and Betty Otterson will develop the module and decide who makes the presentation. _____ will represent the committee on the planning committee.

Workforce Objective #1b: Work with staff at ND Worksite Safety and Insurance (WSI) to include a breastfeeding promotion and support component in any wellness incentive programs that are developed in 2004-2005

Responsible Party: _____ and State WIC staff

Workforce Objective #2: Raise awareness in the public and private sectors about the need to establish the rights of breastfeeding women in the workplace.

Workforce Activity #2a: Identify North Dakota worksites that have family-friendly policies and include in Breastfeeding Community Resource List for worksite wellness consultants.

Responsible Party: Healthy North Dakota Committee Members, WIC Breastfeeding Committee and Public Health Nutritionists.

Workforce Activity #2b: By July 2005, promote breastfeeding friendly worksite policies through two different venues (conferences, newsletters, such as WSI, BC/BS, PERS, newspaper articles, etc.)

Responsible Party: All Healthy North Dakota Committee members will be on the alert for ways to support working mothers that are breastfeeding.

Please note: This document has not been updated for some time- plans are currently underway to do so.

Strategic Plan #1: Objectives were outlined at the February 13, 2003, Committee meeting, with the final draft completed in May 2003.

Strategic Plan #2: Objectives from Plan #1 were revised and updated April 29, 2004 by conference call. Policy and legislative issues were prioritized. A summary of activities is available from any committee member.

Strategic Plan #3: The Committee met in Bismarck July 19, 2004 and revised objectives to a Plan for FY '04-05.

Appendix A

Baby Friendly Hospital Initiative

The Ten Steps to Successful Breastfeeding are

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 an hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice "rooming in" by allowing mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats, pacifiers, dummies, or soothers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birthing center.

Baby-Friendly USA - <http://www.babyfriendlyusa.org/>

Baby-Friendly USA administers the Baby-Friendly Hospital Initiative in the United States. The Baby-Friendly Hospital Initiative (BFHI) is an international program of The World Health Organization (WHO) and The United Nations Children's Fund (UNICEF). Based on the WHO/UNICEF [Ten Steps to Successful Breastfeeding](#), the Initiative recognizes hospitals and birth centers that have taken steps to provide an optimal environment for the promotion, protection and support of breastfeeding. Health authorities recognize breastfeeding as the foundation of good health for infants. Additionally, breastfeeding offers benefits for women's health, as well as for society in the form of reduced health care costs.

Since the inception of the Baby-Friendly Hospital Initiative in 1991, more than 18,000 hospitals and birth centers in more than 125 countries have been assessed and received the prestigious "Baby-Friendly" award. In the United States, the Baby-Friendly Hospital Initiative is implemented by the non-profit organization, Baby-Friendly USA. Currently less than 50 US [hospitals and birth centers](#) have received the "Baby-Friendly" designation..

In the US, hospitals and birth centers may take a first step toward receiving Baby-Friendly designation through the Certificate of Intent program. For an application packet, email to info@babyfriendlyusa.org. It is strongly recommended that the facility assemble a multidisciplinary team to complete the self-appraisal tool and identify the facility's unique strengths and challenges vis-à-vis full implementation of the *Ten Steps*.

After receiving the Certificate of Intent, facilities continue to work toward full implementation of the Ten Steps to Successful Breastfeeding. After a series of check-ins and phone interviews, when a facility indicates being close to being ready for a final assessment, a in depth phone interview is held. The final step is a site assessment at the facility. After the assessment, a review board decides whether or not to award the Baby-Friendly Hospital Award.