

MotherBaby Network

The Breastfeeding Coalition of Oregon under the direction of Amelia Psmythe recently hosted its sold-out 5th annual two-day statewide conference - Stepping Toward A Baby-Friendlier Oregon. Supporters who made the conference possible include Oregon WIC, Oregon Public Health Institute, Hygeia, Limerick, and Medical International.

Anyone wanting to know what Oregon's many infant-feeding stakeholder groups are up to should make a habit of attending. While there is still so much to be done to protect and promote breastfeeding, the following synopses of conference presentations will give you a quick bird's eye view of the excellent and diverse work already underway.

Oregon is blessed with an extraordinarily talented cadre of savvy, skilled and committed advocates for quality care. Throughout the state, these advocates promote and protect women's health, well being and basic human rights spanning the entire arc of their reproductive lives whether at home, in the community, in the health care system, in the economy or as "subjects" of scientific research and inquiry. The BCO annual conference is a good opportunity to check in and rally for the difficult but critical work ahead to achieve breastfeeding's full-spectrum benefits for the entire population.

Framing the discussion...Presentations and discussion were conceived of and organized to align with the Surgeon General's Call to Action to Support Breastfeeding (SGCTA). The SGCTA is a federal tool to direct policy, fund activities and align stakeholders around important objectives outlined in Healthy People 2020. Federal, state and local grants and staffing resources are made available and prioritized based on alignment with SGCTA objectives.

The SGCTA to Support Breastfeeding is a ground-breaking document because it is a clear departure from previous policy and political frameworks that define breastfeeding as an individual responsibility or lifestyle choice beyond the concern, responsibility and reach of government focus. Finally, breastfeeding behaviors and outcomes have been re-defined as the product of cultural norms and structures at all levels of society. Accordingly, public health workers, researchers, employers, health care systems, communities and families are "called to action" to better and more effectively support mothers and babies to breastfeed.

Presentation Synopses. Following is a list of presentations and brief a synopsis of each. They give a wide-angle view of how individuals and institutions are aligning Oregon with the SGCTA.

SGCTA Actions for Mothers and Their Families:

- Give mothers the support they need to breastfeed their babies.
- Develop programs to educate fathers and grandmothers about breastfeeding.

The Role of Consumer Advocacy in Increasing E-B Infant Feeding Practices

Katharine Gallagher, MPP. Consumer advocate, blogger and independent childbirth educator.

- Provides a personal comparison of evidence-based with non-evidenced based maternity care.
- Makes the case for unmet consumer demand for evidence-based breastfeeding services.
- Explores the potential for spurring positive change and reform of the maternity care system when women are viewed as consumers rather than as patients.

Let's Talk! Breastfeeding Education Series Tear Sheet Project

Rachel Martinez, BA, IBCLC, RLC. New Member Training Coordinator at Nursing Mothers Counsel of Oregon, and Legacy Emmanuel Hospital lactation consultant.

- A “quick and easy” evidence-based tool for providers to consistently educate and discuss breastfeeding with women through prenatal period.
- Eight easily-understood tear sheets (5th to 9th grade reading level)
- Topics include “why breastfeed?,” preparation, milk supply, social support, returning to work, contraception, how and where to access community-specific lactation support postpartum.
- Next step is to identify high-quality publishing and distribution.

The Oregon Black Women's Birth Survey

Shafia Monroe, Midwife. Founder of the International Center for Traditional Childbearing

“Many Black women are in the public health care system, they don't have access to or support to take birthing classes or maintain breastfeeding, they often give birth alone with no support besides hospital staff, and some expressed fear during their time in the hospital based on their treatment.”

Shafia Monroe, President, ICTC

- Survey investigates the relationship between birth experiences and birth outcomes for black women in Portland.
- Key findings:
 - 2/3 of Black women did not attend birth education classes.
 - Only 25% of Black women were still breastfeeding their babies at six months, compared to over 60% for the Oregon population over all.
 - Nearly 1/3 of women were concerned about their treatment during the birth of their baby.
 - The majority of women surveyed have government-paid health insurance coverage.
 - Over half of the women surveyed were single and thus without the this type of support.

SGCTA Actions for Communities:

- Strengthen programs that provide mother-to-mother support and peer counseling.
- Use community-based organizations to promote and support breastfeeding.
- Create a national campaign to promote breastfeeding.
- Ensure that the marketing of infant formula is conducted in a way that minimizes its negative impacts on exclusive breastfeeding.

Supporting Families the Whole Way: Continuity Care Model

Debbie Alba, RN, IBCLC. Nurse and Lactation Consultant at Good Samaritan Regional Medical Center, currently serving as Western Region Steering Committee Chair.

Angie Chisholm, CNM. Certified Nurse Midwife at Samaritan OB/GYN in Corvallis, with a long interest in lactation and evidence-based care.

- Samaritan provides lactation care before and after birth.
 - Strengths: prenatal group classes, 2nd trimester visit with maternity care coordinator, 36-week one-on-one visit with lactation consultant, inpatient rounds

- on all breastfeeding mothers, outpatient clinics and lactation phone line.
- Weakness: Samaritan is ending an 18-yr home visit program that provides breastfeeding mothers with a nurse / lactation consultant visit 1-2 days after discharge. (Had mothers and families been asked, it is hard to believe they would have supported this penny-wise, pound-foolish decision!)
- Samaritan lactation services team is multidisciplinary (lactation consultants, nurses, providers – OBs, midwives, pediatricians – and management).
 - Monthly meetings for service coordination, case review and quality improvement.
 - Emphasis on communication among providers and community support systems.
- Applying Baby Friendly designation of evidence-based care.

Oregon WIC Peer Counseling: A Public Health Approach

Kelly Sibley, MPH, RD, IBCLC. Nutrition Consultant and Breastfeeding Coordinator with the Oregon State WIC Program. Coordinates WIC BF peer counselors.

- Origins of WIC peer counseling program
- Culturally-relevant peer support and guidance are part of breastfeeding success.
- Initiation and duration rates improve when peer counselors are included in the model of care.
- Oregon WIC is one of six states to receive \$2.5 million breastfeeding performance bonus.

Engaging Community Partners in Breastfeeding Support

Helen Bellanca, MD, MPH. Family physician who has worked with health policy and advocacy for four years, leading insurance collaborative and child care survey.

Oregon Health Insurers Partnering for Prevention

- Health insurers typically do not invest in prevention because the length of time for return on investment is too short given the high turnover of enrollees. Were insurer's biggest clients (PEBB, OEBB) to demand change, prevention of any type would be more successful.
- To ameliorate these disincentives, OHIPP, a project of the Oregon Public Health Institute (OPHI) sought to convene a majority of health plans from Oregon to engage in preventive intervention for childhood obesity.
- Breastfeeding was selected as preventive intervention. Six Oregon Health Plans contributed \$131,000 toward one-time capital expenses associated with establishing the Northwest Mothers Milk Bank.
- Breastfeeding projects that were considered but not selected by insurers:
 - Higher reimbursement for births at Baby Friendly facilities
 - Payment for pumps and lactation
 - Clinician trainings on breastfeeding

Right From the Start (Childcare) Survey

- OPHI Multnomah Co. survey to examine childcare providers' role in childhood obesity prevention.
- Nearly all childcare settings surveyed are willing and able to accept breast milk but lack handling guidelines.
- Policy to require licensed child care providers to have guidelines would encourage them to be trained and to alert families of their enhanced capacity.

SGCTA Actions for Health Care:

- Ensure that maternity care practices around the United States are fully supportive of breastfeeding.
- Develop systems to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community.
- Provide education and training in breastfeeding for all health professionals who care for women and children.
- Include basic support for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners, and pediatricians.
- Ensure access to services provided by International Board Certified Lactation Consultants.
- Identify and address obstacles to greater availability of safe banked donor milk for fragile infants.

Lessons Learned on the Way to Baby-Friendly: Providence Newberg

Joanne Ransom, RN, IBCLC. Labor & delivery nurse and lactation consultant at Providence Newberg, former Vice-Chair of Northwest Mothers Milk Bank, new OEBIN co-lead.

- Lessons and strategies were shared from Providence Newberg's first unsuccessful attempt to become Baby Friendly. Designation was earned the second time.
- Unfortunately, Baby Friendly USA was slow to provide decisions and feedback. This is likely due to the marked increase in hospital demand for the designation.
- All of Providence Health and Services' facilities will become Baby Friendly. (Providence received the Spirit of Service Award for this decision and from the Northwest Mothers Milk Bank).

Redesignation with Baby-Friendly: Strategies for Success

Michelle Stevenson, RN. Perinatal Nurse and former La Leche League Leader, led two CA hospitals to Baby-Friendly designation, and now manages the Women and Newborn Care and Nursery at Kaiser Sunnyside Hospital.

- Preparation for re-designation revealed significant institutional and provider drift away from evidence-based infant feeding practice in the areas of documentation, appropriate supplementation and pacifier use.
- Corrective action took place in the forms of policy revision, extensive re-education, multi-disciplinary meetings, data re-assessment.
- Paperwork for re-designation has been submitted to Baby Friendly USA which has been slow to respond. This is very frustrating for Kaiser Sunnyside staff given the extensive efforts to qualify and high hopes for a positive outcome.

Eliminating Elective Deliveries Prior to 39 Weeks Gestation: OR Challenge

Joanne Rogovoy, Executive Director of the Oregon March of Dimes, and leader of the workgroup that banned early c-sections on Portland area hospitals.

- Women frequently believe pre-40-week babies are full-term. Many obstetricians practice non-medical inductions.
- March of Dimes seeks to educate women and change practice with its campaign: "Elimination

of Non-Medically Indicated (Elective) Deliveries Before 39 Weeks.”

- The decision by 17 Portland-metro hospitals to eliminate non-medically indicated deliveries before 39 weeks received coverage in *The Atlantic Monthly* Why Hospitals in Portland Are Banning Early Births. Currently 34 of 53 Oregon hospitals will align with this standard.
- Campaign materials will say “40 weeks” instead of “39 weeks.”
- More information available at prematurityprevention.org and marchofdimes.org.

Donor human milk & Northwest Mothers Milk Bank

June Winfield, Board Chair / Director

- Oregon needs a human milk bank. Contact www.NWmmb.org to help.
- 1 in 10 OR and WA babies are premature. Pasteurized donor human milk (PDHM) evidence-backed “best medicine” for fragile infants as well as term and near-term babies when their mother’s milk is not available.
- OR has an impressive donor base and 11 donor drop off sites. In a one-year period, 40,000 ounces of OR donor milk shipped to CA and CO milk banks. Less than this amount comes back to OR.
- 70% of fund-raising goal met. \$140,000 left to raise.
 - Providence Health & Services has given in-kind donations of real estate, utilities and furniture.
 - OHIPP insurers recently funded \$131,000 one-time capital expenses.

SGCTA Actions for Employment:

- Work toward establishing paid maternity leave for all employed mothers.
- Ensure that employers establish and maintain comprehensive, high-quality lactation support programs for their employees.
- Expand the use of programs in the workplace that allow lactating mothers to have direct access to their babies.
- Ensure that all child care providers accommodate the needs of breastfeeding mothers and infants.

Breaks for Nursing Mothers are Federally “Reasonable”

Amelia Psmythe, Director of the Breastfeeding Coalition of Oregon and West Region Coalition Representative to the United States Breastfeeding Committee.

- Legislation levels the field to protect the rights of all mothers in the workplace, not just those with “clout.”
- Federal protection for breastfeeding employees, introduced by Sen. Merkeley, under the Health Care Reform passed **unanimously** from a bi-partisan committee. Oregonians already enjoy protections under 2007 state legislation.
- Where federal legislation is stronger, it expands upon state law or introduces new protections not included in state law.

Nursing Mothers Counsel Workplace Lactation Support Program

Marion Rice, Ed.D. 25 year educator, currently leads the Nursing Mothers Counsel of Oregon Worksite Lactation Support Program.

- [Nursing Mothers Counsel](#) provides breastfeeding support for mothers wherever they need it,

at home, at work, out in public.

- NMC's Back-to-Work Coaching helps women identify and effectively communicate their needs to employers.
- Currently, building on extensive experience successfully working with employers, NMC is working on a contract with DHHS-Office of Women's Health contract to build employer-capacity to embrace the Business Case for Breastfeeding for Hourly Workers.
 - Also developing and piloting portable lactation stations in non-office settings.

What Do Women Really Want? A 21st Century Mother's Movement

Andrea Paluso, MSW, MPH. Co-founder of Family Forward Oregon, The Mother PAC, and recent graduate of the Emerge Oregon legislative mentoring program.

- Family Forward Oregon advocates, educates and organizes on behalf of working families.
- It works toward creating an equitable and economically strong society capable of supporting individuals' in balancing long-term economic security with caring for family members including children, the aging and the ill.
- Public policies that need to be expanded and/or better implemented include family leave, breastfeeding and pumping and anti-discrimination for pregnancy as well as for family responsibilities.

SGCTA Actions for Research and Surveillance:

- Increase funding of high-quality research on breastfeeding.
- Strengthen existing capacity and develop future capacity for conducting research on breastfeeding.
- Develop a national monitoring system to improve the tracking of breastfeeding rates as well as the policies and environmental factors that affect breastfeeding.

Breastfeeding Outcomes in Women with a Prior History of Cesarean Section

Cathy Emeis, PhD, CNM. A nurse-midwife and researcher at OHSU, Cathy's current research examines the impact of birth interventions and c-section on breastfeeding.

- Following the NIH Consensus Development Conference on Vaginal Birth After Cesarean, Emeis was curious about existing evidence to support or refute assertions that women do or do not encounter greater breastfeeding difficulties post cesarean.
- Finding none, Emeis designed an exploratory, descriptive pilot study to assess breastfeeding outcomes in women with a history of a prior cesarean delivery.
- For more information, contact Emeis at emeisc@ohsu.edu.

SGCTA Action for Public Health Infrastructure:

- Improve national leadership on the promotion and support of breastfeeding.

Collaboration for Collective Impact

Amelia Psmythe and Robin Stanton, MA, RD, LD

- Explore collaboration as an intervention.
- Develop sense of collaboration as the foundation for a learning community.

- Increase shared understanding of how national initiatives can be amplified through state/local action.

Breastfeeding Coalition of Oregon: Northwest Edge of the Wave of Change

Amelia Psmythe, Director of the Breastfeeding Coalition of Oregon and West Region Coalition Representative to the United States Breastfeeding Committee

- BCO program areas include maternity care, workplace, policy and systems change, western coalition region for the United States Breastfeeding Committee and national connections. The BCO website provides resources across program areas and includes extensive literature supporting evidence-based care.
- BCO objectives for the coming year include local coalition development. Areas of need include team building, adapting to coalition life cycles, success with limited to no funding, diversity of membership and local-state connections.
- BCO played an important role in passing HB 3311: Doulas for Every Birth.

US Breastfeeding Committee Annual Report

Robin Stanton, MA, RD, LD. USBC Past-Chair and Nutrition Consultant with OR Department of Human Services, Public Health Division

- Formed in 1998 as a non-profit independent coalition, the USBC is comprised of 40 nationally influential professional, educational and governmental organizations representing more than one million professionals.
- Strategic goals for 2009-2013: make breastfeeding services an essential health care component; reduce marketing that undermines breastfeeding; ensure optimal workplace protections; and ensure sustainability of USBC funding and structure.
- USBC National Coalition Conference 2012 coming up Aug 4-6 in Arlington, VA.