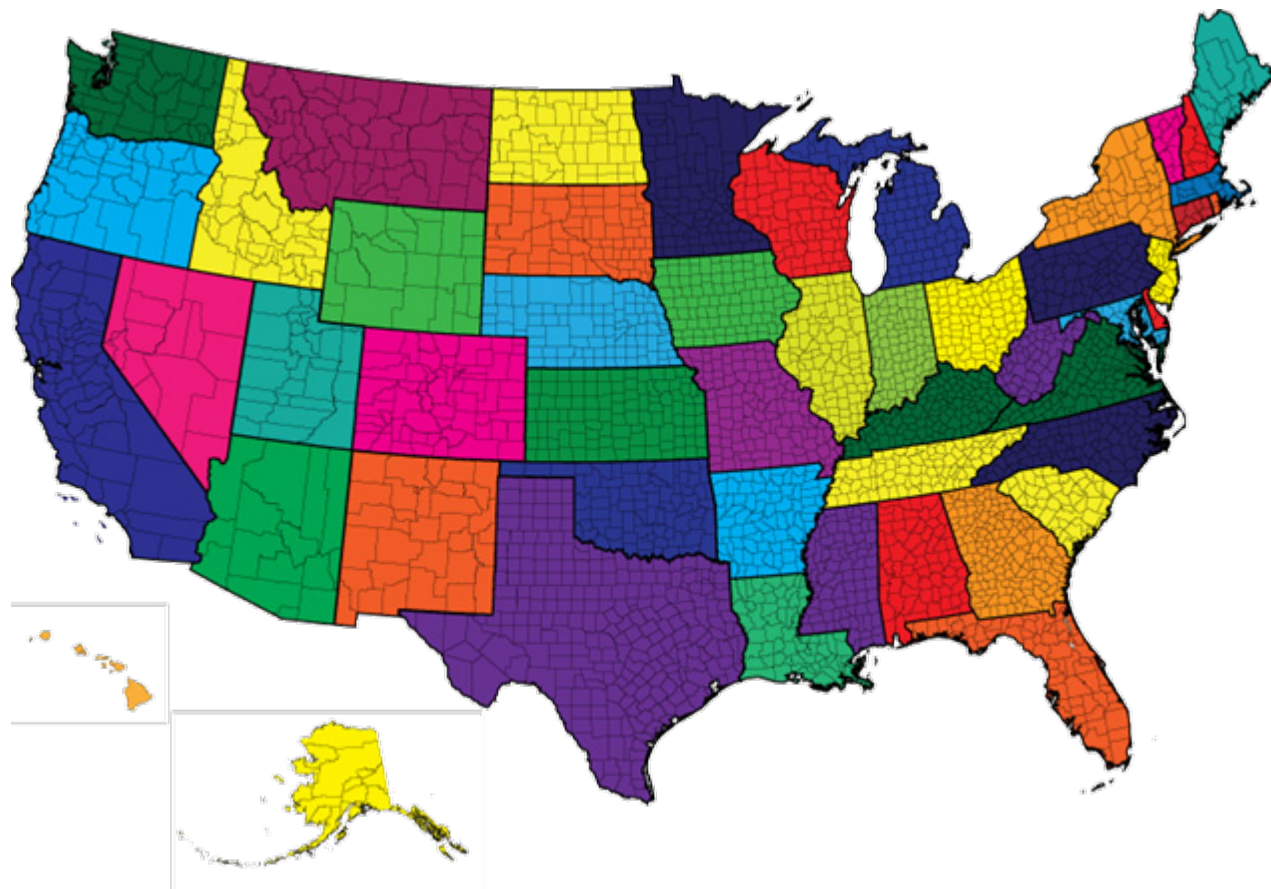
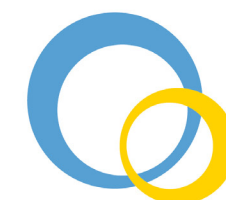


The Interstate Collaborative:

Supporting Widespread Implementation of
the Ten Steps to Successful Breastfeeding



2012:
Follow-up
Reports
for 2011-2012
Participants



CAROLINA GLOBAL
BREASTFEEDING INSTITUTE
Interstate TEN STEPS Collaborative

The Interstate Collaborative



The Interstate Ten Steps' Collaborative is comprised of US states, territories and Metropolitan Statistical Areas (MSA) working together to promote the implementation of the Ten Steps to Successful Breastfeeding. It is intended to serve as a mechanism for communication, learning and advancing progress toward the implementation of the Ten Steps in our respective areas, and throughout the United States. The Collaborative identifies best-practices for all and serves as a web of support for professionals working toward improving maternity care in the United States. Membership in the Collaborative is open to all.

A full summary report of the first meeting of the Interstate Collaborative in October of 2011 is available [here](#) and serves as the background of this document. We continue herein by first detailing some of our accomplishments since the first meeting in October 2011. In order to better characterize the nature of our membership, group definitions have been created. Detailed below, members have been asked to self-classify as to their current status. Specific work that came out of our October meeting is then described, including our operational processes and proposed tasksforces.

This report goes on to detail the current programs of each of the current members of the Collaborative. States, territories and MSAs that attended the first gathering of the Collaborative were asked in early 2012 to complete a follow-up report to the best of their ability; identifying key points of program implementation as well as monitoring strategies. Funding sources, time-frames and FTEs are identified for each program, and should give salient information to other members as they assess their own programs and plan for improvements. Dissemination of the 2012 Follow-up reports from 2011-2012 participating members will reach all current participants, including new 2012-2013 members.

We owe our thanks to the support of the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Disease Control and Prevention (CDC) for our first year of work together. Now, thanks to the generous support of the W.K. Kellogg Foundation, the Interstate Collaborative will grow and continue through at least 2015. We look forward to the continued collaboration over the coming years and to a nation providing breastfeeding-friendly maternity care.

Sincerely,

The CGBI Team: Emily Taylor, Miriam Labbok, Kathy Parry, Brook Colgan



Interstate Collaborative Membership Definitions

Designation AND Support Program:

This program offers a designation program wherein individual maternity facilities working to implement the Ten Steps to Successful Breastfeeding may apply to be designated as "breastfeeding-friendly" in any number of ways (e.g., step-by-step, five stars, ten-steps package). In addition, the program offers technical assistance for individual or groups of maternity facilities to support implementation of the Ten Steps. A support program may include consulting on quality improvement methods, engaging leadership, training all staff, and more. Technical Assistance on application completion, though important, does not qualify as a support program.

Designation-Only Program:

This program offers a designation program wherein individual maternity facilities working to implement the Ten Steps to Successful Breastfeeding may apply to be designated as "breastfeeding-friendly" in any number of ways.

Active Support-Only Program:

This program offers technical assistance for individual or groups of maternity facilities to support implementation of the Ten Steps. A support program may include consulting on quality improvement methods, engaging leadership, training all staff, and more. Technical assistance on application completion, though important, does not qualify as a support program.

Multi-Group Consideration:

Multiple groups are actively considering how to co-facilitate a Ten Steps Designation and/or Support Program. This may include the Division of Public Health, WIC, State Breastfeeding Coalition, Hospital Association, Professional Organizations, Perinatal Quality Collaboratives, etc.

Multi-Group Consideration:

Multiple groups are actively considering how to co-facilitate a Ten Steps Designation and/or Support Program. This may include the Division of Public Health, WIC, State Breastfeeding Coalition, Hospital Association, Professional Organizations, Perinatal Quality Collaboratives, etc.

Single-Entity Consideration:

One State-level organization is actively considering how to facilitate and/or collaborate on a Ten Steps Designation and/or Support Program.

No State-Level Program/Active Consideration:

At present, an individual or organization may express interest in receiving updates from the Interstate Collaborative even though they are not actively considering how to co-facilitate a Ten Steps Designation and/or Support Program.

Continuing on from the October 2011 Meeting:

Operating Processes and Taskforces

At the first meeting of the Interstate Collaborative in October of 2011, our discussions and collaborations allowed us to identify core operating processes. In addition, topics of need for the focus of our work were discussed, from which we are proposing Taskforces. Based on the Collaborative’s responses, the Taskforces and corresponding activities have been ranked according to desired focus. As with all of our work, the Core Operating Processes and the Taskforces are iterative works in progress and may be revised as the Collaborative desires.

Core Operating Processes

- Create and use an internal electronic forum for networking, sharing best practices and models of implementation, developing ideas for collaboration, etc.
- Offer ongoing webinar-based Learning Sessions for members of the Collaborative.
- Form a Speakers’/Consultant’s Bureau: gather human resources for use at summits, conferences and trainings.
- Endeavor to meet in-person, at least bi-annually.
- Monitor and evaluate state-level efforts.
- Monitor and evaluate Interstate Collaborative efforts.
- Disseminate the Collaborative’s research agenda to funders and institutions conducting breastfeeding research.

Rank	Taskforce	Activities
1.	Healthcare administrators’ and providers’ knowledge, attitudes and practices	1. Develop statewide plans for implementing widespread, low-cost training for healthcare providers
		2. Develop a toolkit for providers including training manuals, model scripts for nurses, and research reference guides on various topics / breastfeeding problems
		3. Provide appropriate resources and TA to hospital personnel and administrators, and healthcare systems
2.	Healthcare Systems	1. Formalize TA programming / strategies for hospitals implementing the Ten Step
		2. Formalize sharing of best practices in Ten Steps implementation
		3. Support formation of Maternity Care Collaboratives on State or Regional Levels
		4. Support licensure and reimbursement of IBCLCs
3.	Government and Agencies	1. Legislate adoption of BF measures established by hospital accreditation organizations
		2. Promote and support M&E requirements in federal and state-funded activities
		3. Draft legislation for funded full-time breastfeeding coordinators
4.	Inadequately supported maternity patients	1. Develop a marketing toolkit that educates and increases community awareness of evidence-based maternity care practices
		2. Create educational modules for families re: what to ask for in maternity stay
5.	Operations and Administration of the Interstate Collaborative	1. Coordinate inter-state mentoring program
		2. Maintain current roster of states, and engage new states
		3. Monitor and Evaluate Collaborative Work
6.	Mitigating the Effect of Infant Formula Manufacturers	1. Support the effort of state-level “Ban the Bag”s programs
		2. Support State Chapters’ of Medical Organizations to adopt the resolutions for prohibiting infant formula marketing directly to patients
		3. Explore bulk infant formula purchasing agreements

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Alabama



Name of Program: Alabama Breastfeeding Committee

Program Contact Person/Title: Shelly Birchfield, Chair of Baby Friendly Hospital Subcommittee

Contact Information: sbirchfield@rmccares.org

Funding Organization: Unfunded

Full Time Equivalents (FTEs): n/a

Funding Time Frame and Amount: n/a

Number of Births/year in state/city: 62,476

Responsible Organization: Alabama Breastfeeding Committee

Major Stakeholders: Health Action Partnership of Jefferson County

Organization Endorsers: Alabama Lactation Consultant Association, State Perinatal Program, Alabama Chapter of the AAP, UAB

Number of Maternity Facilities in State: 29

Number of Facilities Participating in Program: 3

Number of Baby-Friendly Facilities in State: 1

Website: <http://www.adph.org/albfcomm/Default.asp?id=771>

Program components	
Site Visits:	
Training:	X
Task Force:	
Webinars:	
Hospital Collaboration (Mentorship):	
Hospital Collaboration (Summit):	
Toolkits:	
Newsletter:	
Recognition:	

Program Narrative:

Main activities

Alabama Breastfeeding Committee (ABC) strives to provide training opportunities for Health Care Providers (HCP) throughout the state of Alabama. In 2010, ABC co-sponsored three conferences with our regional partners. In 2011, a statewide conference was held with Dr. Jae Kim as keynote speaker. Dr. Kim also provided grand rounds for University of Alabama Medical Center (UAB).

Our committee structure includes a Baby Friendly Subcommittee as well as a Baby Friendly Workplace Recognition Subcommittee.

Representatives from ABC participated on a CPPW grant taskforce establishing nutritional standards for childcare centers in the state.

Approaches to increase sustainability of Ten Steps’ Implementation: hospital- and program-level

The ABC Speaker’s Bureau provides education to state HCPs regarding the importance and implementation of the BFHI. The largest obstacle to sustaining this activity is funding. We are attempting to address this through partnering with other agencies with similar interest to write grants for needed funding. ABC is currently networking with agencies that have been awarded grants that relate to breastfeeding to offer our assistance in the effective funneling of grant funds.

ABC representatives have met with state and federal legislative offices to encourage the passage of legislation that support and protect breastfeeding mothers.

ABC representatives provided training for BCBS of Central Alabama regarding the cost effectiveness of promoting and supporting breastfeeding for their clientele.

ABC has developed a web page to provide information regarding issues that relate to the BFHI. Funding is a major obstacle in developing the web page into a stand-alone site that would be more accessible and timely.

Monitoring

Monitoring is done through yearly face-to-face meetings to capture subcommittee activities and reports.

Additional highlights and innovations

Our program is at a disadvantage because of lack of funding. The focus of our upcoming face-to-face meeting is to restructure, adopt by-laws, and apply for 501c3 status.

Arizona



Name of Program: Arizona Baby Steps to Breastfeeding Success

Program Contact Person/Title: Anne Whitmire, Breastfeeding Program Manager

Contact Information: anne.whitmire@azdhs.gov; 602. 364.1621

Funding Organization: CDC

Full Time Equivalent (FTEs): 2

Funding Time Frame and Amount: Grant ends April 2012

Number of Births/year in state/city: 92,616

Responsible Organization: Arizona Department of Health Services

Major Stakeholders: Mothers of Arizona; Arizona Hospitals; Arizona Physicians; Healthplans; WIC; Community Programs; Tribal Partners

Organization Endorsers: Arizona Perinatal Trust (APT); AzAAP; AzACOG

Number of Maternity Facilities in State: 42

Number of Facilities Participating in Program: 26

Number of Baby-Friendly Facilities in State: 0

Website: <http://azdhs.gov/phs/bnp/gobreastmilk/BFAzBabySteps.htm>

Program components	
Site Visits:	
Training:	X
Task Force:	X
Webinars:	
Hospital Collaboration (Mentorship):	X
Hospital Collaboration (Summit):	
Toolkits:	X
Newsletter:	
Recognition:	

Program Narrative:

Main activities:

Program begins as a survey and invitation for more information to all Women/Infant Directors at hospitals that participate in the Arizona Prenatal Trust. If interested, directors meet with State Breastfeeding Coordinator to review /establish policies and procedures that incorporate evidence based Maternity Care practices. Once policies are revised, all staff from Labor and Delivery, Couplet Care, and if applicable, the nursery are required to attend a four (4) hour facilitated discussion/training that focuses on evidence-based maternity care practices. During the session, staff are encouraged to identify changes that could be made immediately, barriers to implementation and required system changes. Directors are given feedback and offered technical assistance for future promotion, implementation, and policy revisions.

Approaches to increase sustainability of Ten Steps’ Implementation: hospital- and program-level:

Originally, staff were trained in large group setting with individualized curriculum based on needs identified by Hospital Director. In order to maintain the integrity of the evidence and respect the individual needs of the hospital, an online course is being developed that can be used by hospitals to train new staff and continue reinforcing program messages with trained staff. A Hospital Summit is being discussed as a way for hospitals to share successes.

Monitoring:

Participation in the program was voluntary. The Arizona Perinatal Trust will include the maternity care practices in their review and encourage hospitals to use the online course and Arizona Department of Health as a resource for technical assistance.

Additional highlights and innovations:

Arizona State University is currently conducting a formal evaluation of the program and its short- and long-term impact of on maternity care practices in Arizona.

Since beginning this program, multiple hospitals have begun the process of becoming Baby-Friendly.

California



Name of Program: Birth and Beyond California Hospital Breastfeeding Quality Improvement and Staff Training

Program Contact Person/Title: Suzanne Haydu, Nutrition and Physical Activity Coordinator

Contact Information: Suzanne.Haydu@cdph.ca.gov; 916.650.0382

Funding Organization: MCHB/Title V

Full Time Equivalents (FTEs): 10

Funding Time Frame and Amount: 1 million dollars / July 2007-June 2009;

Number of Births/year in state/city: 550,000

Responsible Organization: California Department of Public Health; Maternal, Child and Adolescent Health Div.

Major Stakeholders: California Department of Public Health including Regional Perinatal Programs of California (RPPC), Hospitals, Breastfeeding Advisory Committee, California Breastfeeding Coalition, California Breastfeeding Roundtable, California Hospital Association, Children and Families First of Los Angeles and Orange County (First 5)

Organization Endorsers: Collaborated with Perinatal Network Services. Regions 5,6 and 8 of the Regional Perinatal Programs of California, Children’s and Families First of LA and Orange Counties (First 5)

Number of Maternity Facilities in State: 277

Number of Facilities Participating in Program: 23

Number of Baby-Friendly Facilities in State: 46

Website: <http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/BirthandBeyondCaliforniaDescription.aspx>

Program Narrative:

Main activities: The Maternal, Child and Adolescent Health (MCAH) Division of the California Department of Public Health offers a cooperative approach to hospitals to promote breastfeeding policies. MCAH provides web-based resources and technical assistance for hospitals implementing breastfeeding policies. These resources include hospital training curriculums, evaluation tools to initiate and manage breastfeeding quality improvement teams and Regional Networks. Model hospital policies and a related “Toolkit” are also available. Under the leadership of the California Breastfeeding Coalition (CBC), an annual California Hospital Breastfeeding Summit is convened to provide resources to motivate and assist hospital staff to collaborate and adopt these policies. In 2011, the state of California added Health and Safety Code 123366, requiring hospitals which have perinatal units to have an infant feeding policy that promotes breastfeeding in place by January 1, 2014. In addition, state nurse evaluators will be trained by MCAH to evaluate that hospitals have infant feeding policies as mandated. Utilizing the Maternity Practices in Infant Nutrition and Care (mPINC) Survey results, the Centers for Disease Control and Prevention report the percent of hospitals implementing evidence-based maternity care policies that lead to improved breastfeeding rates. These data will be used to provide trends and technical assistance.

Approaches to increase sustainability of Ten Steps’ Implementation: hospital- and program-level: The two biggest obstacles are maintaining Baby Friendly Hospital Status and addressing hospital staff and CEO attrition. We began addressing this at this year’s Hospital Breastfeeding Summit and are now focusing part of next year’s Summit on this issue. For staff and CEO attrition, the Birth and Beyond California webpage has the Train-the Trainer and the Decision-Maker workshops posted. The CBC is investigating how to utilize local coalitions to offer assistance with training and creating policy to adhere to the safety code.

Monitoring: In 2009, mPINC data showed 22% of California hospitals have policies that include all 10 recommended elements for infant nutrition. In 2009, less than 60% of surveyed hospitals had policies requiring staff education and assessment, prenatal patient classes or limiting pacifier use. Improvement was seen in 9 out of 10 recommended elements from 2007 to 2009. In the future, MPINC will be used to track progress and motivate hospitals to improve the quality of breastfeeding support services. MCAH will continue to monitor MPINC data by perinatal regions of the state. In addition, MCAH will analyze Newborn Screening data for breastfeeding initiation rates and the California Maternal and Infant Health Assessment (MIHA) for data on hospital practices. The CBC will continue to monitor Baby-Friendly hospitals and posting the hospitals on their web site and sending birth-like announcements to all CBC newsletter recipients.

Additional highlights and innovations: An Eight Hour Administrator Training Designed for Hospitals with the Lowest 25% Exclusive Breastfeeding Rates has recently been posted to the web to accommodate the California Health & Safety Codes § 1257.9 and § 123360 (2007). The CBC is investigating ways to assist hospitals to adhere to Health and Safety Code 123366 (see above).

Program components	
Site Visits:	X
Training:	x
Task Force:	X
Webinars:	X
Hospital Collaboration (Mentorship):	X
Hospital Collaboration (Summit):	x
Toolkits:	X
Newsletter:	
Recognition:	x

Chicago



Name of Program: : Healthy Places Chicago and Suburban Cook County Communities Putting Prevention to Work, Breastfeeding Initiatives

Program Contact Person/Title: Catherine Willows, RN, BA, IBCLC, Manager of Breastfeeding Projects, Illinois Chapter of the American Academy of Pediatrics

Contact Information: cwillows@illinoisAAP.com 312-733-1026, ext. 217

Funding Organization: Communities Putting Prevention to Work (CPPW), Obesity Prevention Initiatives: The US Department of Health and Human Services and the Center for Disease Control and Prevention

Full Time Equivalents (FTEs): 1

Funding Time Frame and Amount: Suburban Cook County 2010 – 2012 (\$16 million for entire obesity initiative of which breastfeeding received \$195,285), Chicago 2011-2012 (\$6 million for entire obesity prevention initiative of which breastfeeding received \$127,200)

Number of Births/year in state/city: Chicago- 44,449, Suburban Cook County – 31,295, Total– 75,744 (2009)

Responsible Organization: Chicago –Consortium to Lower Obesity in Chicago Children (CLOCC), Suburban Cook County – Cook County Department of Public Health and the Public Health Institute of Metropolitan Chicago with acting partners: Healthy Places Chicago, Illinois Chapter of the American Academy of Pediatrics (ICAAP) and HealthConnect One

Major Stakeholders: Managers and Directors of hospital obstetric and neonatal units, hospital administrators, physicians, lactation consultants, APN’s and nurse practitioners, nurse-midwives, Hospital Breastfeeding Council of Metro Chicago, WIC

Organization Endorsers: Chicago Department of Public Health, Public Health Institute of Metropolitan Chicago, Cook County Department of Public Health, Illinois Chapter of the American Academy of Pediatrics, Illinois Academy of Family Physicians, Illinois Section of ACOG, Consortium to Lower Obesity in Chicago Children, HealthConnect One, Perinatal Advisory Committee of Illinois, Illinois WIC program

Number of Maternity Facilities in State: 121

Number of Facilities Participating in Program: 36

Number of Baby-Friendly Facilities in State: 2

Website: www.healthyplaceschicago.org; www.illinoisAAP.com/breastfeeding; www.cookcountypublichealth.org/healthy-initiatives/CPPW; www.healthconnectone.org

Program components	
Site Visits:	x
Training:	x
Task Force:	x
Webinars:	x
Hospital Collaboration (Mentorship):	x
Hospital Collaboration (Summit):	x
Toolkits:	x
Newsletter:	
Recognition:	

Program Narrative:

Main activities: Individualized technical support, education and guidance were provided on an on-going basis to hospitals throughout the duration of the project. Focus was on the implementation of Ten Steps with encouragement to enter the 4-D pathway. Funding was made available to all city hospitals willing to make that commitment (including fees). Free Certified Lactation Counselor courses were offered to city and county hospitals on 3 occasions with over 200 nurses trained and a Train the Trainer course was also offered. Nurses were trained at numerous hospitals in suburban cook county introducing breastfeeding basics and information on skin to skin techniques. ICAAP provided presentations to over 300 physicians/providers. ICAAP also offered 3 physician seminars satisfying the 3 hours of basic breastfeeding education requirement. ICAAP included an hour long engagement/implementation process in addition to the coursework as part of the training. Another major cornerstone to this program was the creation of the Hospital Breastfeeding Council of Metro Chicago (HBC). This forum of lactation leaders, nursing managers/directors and physicians met monthly to address the challenges of implementing steps, pursuing designation, and instituting practice and systems change. The forum provided a venue for both city and county hospitals to share best practices and learn from each other’s successes. Outside speakers were also brought in to address specific topics. The forum provided the area hospitals an opportunity to receive group technical support and education as toolkits and templates were created and shared, as well as networking with among members.

Approaches to increase sustainability of Ten Steps’ Implementation: hospital- and program-level:

One of our greatest obstacles to sustainability was the premature conclusion of the CPPW funding. Although the project ended before hospitals could complete the designation process, many area hospitals implemented steps and upgraded/established breastfeeding policies. The suburban Cook County project received a no-cost extension which aided 3 area hospitals in getting a solid start in their designation process and a 4th hospital past the assessment phase. In the city 14 hospitals entered the 4-D pathway and Healthy Places just received a no-cost extension to assist them further in their path. In addition, CLOCC has committed to supporting the HBC so that it can continue through 2013 as hospitals continue with their progress. In addition, the passing of House Bill 4968 by Illinois Governor Quinn in June 2012, supported sustainability as all hospitals in Illinois must now have an infant feeding policy which supports breastfeeding and is communicated to all staff effective January 3013. In addition, the state perinatal network chose breastfeeding as its quality improvement project for 2013 requiring all maternity centers across the state to implement 5 of the 10 steps as a minimum requirement. Finally, ICAAP spear-headed and led authorship on the Illinois Physicians’ Statement on Breastfeeding, which was created in collaboration with the Illinois Academy of Family Physicians and the Illinois section of ACOG to establish guidelines for physician practice in Illinois.

Monitoring: The hospital leads for both the city and suburban Cook County regularly attended the multi-disciplinary breastfeeding committee meetings at each hospital, which provided an on-going evaluation of the progress made on a monthly basis. The hospital leads for the city project met twice per month to discuss each hospital’s progress and to strategize on how to best support them. Meetings were held with the suburban Cook County team on a monthly basis for the same purpose. The Baby-Friendly assessment tools, originally administered to obtain baseline information regarding hospital practices, were re-administered at the conclusion of both the city and county projects. Through these tools we were able to identify steps added for each hospital and progress in practice as a result of the project. This provided more specific information in addition to the number of hospitals which entered the 4-D pathway as a result of this work.

Colorado



Name of Program: Colorado Can Do 5! Initiative

Program Contact Person/Title: Jennifer Dellaport, Breastfeeding Specialist

Contact Information: jennifer.dellaport@state.co.us; 303.692.2462

Funding Organization: State government, USDA/WIC, MCHB/Title V, Tobacco Settlement money

Full Time Equivalents (FTEs): .88

Funding Time Frame and Amount: 2008-2010 / \$60,000

Number of Births/year in state/city: 68,605

Responsible Organization: Colorado Department of Public Health and Environment (CDPHE)

Major Stakeholders: Mother-Baby Unit Managers, Hospital Administrators, Physicians, Lactation Consultants, Doulas, Midwives, Childbirth Educators, WIC Programs, Local Health Agencies, Colorado Breastfeeding Coalition, Colorado Perinatal Care Council, LiveWell, Colorado Hospital Association

Organization Endorsers: The Colorado Dept of Public Health and Environment, Colorado WIC Program, Colorado Chapter of the AAP, the Colorado Perinatal Care Council and the Colorado Breastfeeding Coalition

Number of Maternity Facilities in State: 53

Number of Facilities Participating in Program: 50

Number of Baby-Friendly Facilities in State: 2

Website: www.breastfeedcolorado.com

Program components	
Site Visits:	X
Training:	X
Task Force:	X
Webinars:	
Hospital Collaboration (Mentorship):	X
Hospital Collaboration (Summit):	
Toolkits:	X
Newsletter:	
Recognition:	X

Program Narrative:

Main activities: Research - Using Colorado Pregnancy Risk Assessment and Monitoring System survey data, researchers found statistically significant differences in breastfeeding duration among mothers experiencing five supportive practices. The five practices for breastfeeding infants include: breastfeeding within the first

hour; rooming-in; fed only breast milk and receiving no supplementation; no pacifier use; and mothers given a telephone number to call for breastfeeding help after discharge. This research was published in September, 2007. (Murray E, Ricketts S, Dellaport J. *Hospital Practices that Increase Breastfeeding Duration: Results from a Population-Based Study*. Birth: Issues in Perinatal Care 2007;34(3):202-211). Outreach - CDPHE solicited volunteer health professionals and contracted with a physician to present the importance of and strategies for implementing these five practices at every Colorado hospital. Throughout 2008-2010, 93 percent of hospitals hosted the training, reaching at least 800 health care professionals. Implementing the five supportive hospital practices was enthusiastically perceived as highly "doable" by hospital staff, resulting in the moniker, the "Can Do 5!" (CCD5). Hospitals readily embraced the CCD5 as baby steps toward the Ten Steps to Successful Breastfeeding. The few hospitals that did not host an on-site training received a notebook of educational resources. Resources – Three key resources were prepared for hospitals. All hospitals received a resource kit including training materials, a model policy, research literature, informational DVDs, and more. To educate and empower parents about what to request at the hospital, and to inform health care providers about the initiative, CDPHE produced a *Colorado Can Do 5!* crib card. Many WIC agencies, hospitals, primary care clinics, public health nurses and others distribute the card as an instructional handout. Finally, a listserv was established to share research, news and training opportunities relevant to hospital lactation support services. Recognition – In 2011, hospitals were invited to apply for a Colorado Can Do 5! B.E.S.T. (Breastfeeding Excellence Starts Today) Award. Hospitals submitted policies they believed to be inclusive of the CCD5. An award ceremony recognized 13 hospitals with policies for all five supportive practices as CCD5 hospitals.

Approaches to increase sustainability of Ten Steps’ Implementation: hospital- and program-level:

CDPHE is focusing on hospital implementation of policy as a means to address the on-going challenges of administrative and clinical staff turnover and clinical staffs’ wide variation in practice. CDPHE recognizes that, when hospitals have clear policies, mothers are more likely to receive evidence-based lactation support. CDPHE offers technical assistance to hospitals requesting help with writing policy and recognizes hospitals with policies inclusive of the CCD5. CDPHE is convening a hospital summit for hospital decision-making staff in September 2012 to discuss Colorado health outcome data, to identify the gaps in providing evidence based clinical care, to use the summit as a platform for hospital networking and to identify how CDPHE can support hospitals toward the ten steps to successful breastfeeding

Monitoring: Two systems are in used to track progress with the CCD5. CDPHE uses annual PRAMS data to track yearly changes in mothers’ report of hospital experiences of the CCD5. PRAMS data show statistically significant improvements between 2007 (pre intervention) and 2010 (during intervention) of mothers’ report of experiencing all five practices. PRAMs data also show that more mothers are also experiencing other supportive practices, such as breastfeeding on demand, receiving help and information about breastfeeding and not receiving formula discharge bags. In 2011, CDPHE set out to understand the level of implementation of breastfeeding policies in Colorado’s hospitals. Hospitals completed an electronic survey containing questions addressing the CCD5 practices, as well as the other components of the Ten Steps to Successful Breastfeeding. The survey sought to elicit which steps, if any, hospitals described in policies and, if policies exist, how they were communicated to staff. The survey also gathered qualitative data through open-ended questions about the barriers to specific steps and information to inform CDPHE of potential assistance that could be offered to hospitals. The survey identified that over one-third of hospitals have policies for the CCD5 practices.

Additional highlights and innovations: Moving toward the Ten Steps incrementally appears to be a concept that hospitals are willing to work toward and is producing positive results. Colorado PRAMS data show improvements in the CCD5 practices between 2007 (prior to intervention) and 2010 (during intervention).

Connecticut



Name of Program: Connecticut Breastfeeding Initiative

Program Contact Person/Title:

Marilyn Lonczak RD, MEd, CLC, CT WIC/DPH Breastfeeding Coordinator Marilyn.Lonczak@ct.gov; 860-~~2~~509-8261

Jennifer Matranga RN, CCE, IBCLC, CBI Consultant, jmatranga@breastfeedingct.org; 203.895.7630

Funding Organization: Centers for Disease Control and Prevention (CDC)

Full Time Equivalents (FTEs): 1.5

Funding Time Frame and Amount: \$141,800 / 2 years

Number of Births/year in state/city: 39,481 in Connecticut in 2009

Responsible Organization: Connecticut Department of Public Health (CT-DPH)

Major Stakeholders: Connecticut Breastfeeding Coalition(CBC): DPH contractor

Organization Endorsers: Connecticut Breastfeeding Coalition, Connecticut Hospital Association (CHA)

Number of Maternity Facilities in State: 29

Number of Facilities Participating in Program: 10

Number of Baby-Friendly Facilities in State: 4 (One maternity facility became designated during the project.)

Website: www.breastfeedingct.org

Program components	
Site Visits:	X
Training:	X
Task Force:	X
Webinars:	
Hospital Collaboration (Mentorship):	X
Hospital Collaboration (Summit):	
Toolkits:	X
Newsletter:	
Recognition:	

Program Narrative: The Connecticut Breastfeeding Initiative (CBI) was funded by the Centers for Disease Control and Prevention (CDC) through the American Recovery and Reinvestment Act (ARRA) of 2009. According to CDC’s 2011 Breastfeeding Report Card, 4.53% of births in the United States occurred at a designated Baby-Friendly maternity facility. In CT, 15.5% of births occurred at Baby-Friendly hospitals. The Connecticut Department of Public Health (DPH) was awarded \$141,800 for the project, and contracted with the Connecticut Breastfeeding Coalition (CBC), a long-standing DPH partner with Baby-Friendly expertise to develop and implement the CBI. Actual costs exceed this amount with in-kind and financial contributions from both DPH and CBC. The Connecticut Hospital Association wrote a letter of support and informed maternity hospitals about the project with a newsletter article. The CBC held a dinner symposium for hospitals to introduce and describe CBI, publicize the project and de-bunk myths.

Main Activities: The CBI Consultant prepared a hospital toolkit with additions throughout project; other project activities included:

- Delivered 15-hours of training to maternity staff and assisted with five additional competency hours and 3 advanced practice hours (for MD’s) (achieves Baby-Friendly Step #2)* CBI hospitals shared available training slots with staff from other CBI hospitals to increase training opportunities. CBC also secured continuing education credits for CBI project trainees. Consultant trained 550+ maternity staff.
- Offered each maternity hospital 40-hours of individualized consultation with Baby-Friendly expert (Total of 400 hours of consultation hours available for CBI hospitals)
- Disseminated patient and staff education materials (\$750 per hospital)
- Provided financial support for Baby-Friendly USA maternity hospital fees** (\$2,000 per CBI hospital)
- Offered monthly conference calls for key hospital contacts to collaborate and provide peer support.

* Three hospitals elected to train their own maternity staff (i.e., train-the-trainer model)

**CBI hospitals were required to pay the \$2,000 fee to enter Development; then DPH, with the grant funds, paid for each CBI hospital to enter Dissemination. This strategy was employed to garner commitment from hospital administration

Monitoring and Project Evaluation: DPH monitored project through monthly progress reports from contractor. An independent evaluator collected qualitative and quantitative data from the CBI hospitals to identify promising practices for replication. Results will be disseminated March 2012.

- Approaches to increase sustainability of Ten Steps’ Implementation: hospital- and program-level:**
- Strengthened CBC’s organizational capacity and enhanced existing relationships with maternity hospitals
 - Improved breastfeeding knowledge and bedside practices for trained maternity staff and increased confidence in Baby-Friendly Hospital Initiative (BFHI) and the Ten Steps
 - Fostered in-person collaboration with bimonthly networking to build hospital-to-hospital peer support
 - CBI consultant completed mock surveys for each hospital to determine current progress on the Ten Steps
 - Developed sustainability plans for ongoing training of new and veteran maternity staff as part of a sustainability workshop provided to the ten CBI hospitals.

Additional highlights and innovations:

- Modified a siloed hospital-based program into a statewide public health model
- Impacted breastfeeding statewide—43% of births occur at the ten maternity hospitals
- Focused on underserved, low-income maternity populations (39% of births are public pay at the 10 CBI hospitals); Leveraged other federal funding sources such as the WIC Peer Counseling Program
- Moved all 10 CBI hospitals to Dissemination with three (3) in or ready to enter Designation Phase
- One (1) hospital of the ten had been in COI and was designated the fourth Baby-Friendly Hospital in CT
- Conducted a lessons learned teleconference to discuss project status, next steps and sustainability

Illinois



Name of Program: Illinois State Breastfeeding Task Force

Program Contact Person/Title: Brenda Matthews, State Breastfeeding Coordinator (Victoria Nichols-Johnson, MD, MS, FACOG, FABM; Janet Tolley, RNC-OB, BAN, IBCLC)

Contact Information: brenda.matthews@illinois.gov; 312.793.8811

Funding Organization: State government, USDA/WIC

Full Time Equivalent (FTEs): 2

Funding Time Frame and Amount: \$15,000 / July 1, 2012 through June 30, 2013

Number of Births/year in State: 176,830

Responsible Organization: Illinois Breastfeeding Task Force

Major Stakeholders: Patients, physicians, hospital administrators, nurses, public

Organization Endorsers: 10 regional breastfeeding task forces, 102 WIC agencies

Number of Maternity Facilities in State: 102

Number of Facilities Participating in Program: 102

Number of Baby-Friendly Facilities in State: 2 (plus 2 more facilities in the pipeline for approval)

Website: www.illinoisbreastfeeding.org

Program components	
Site Visits:	X
Training:	X
Task Force:	X
Webinars:	X
Hospital Collaboration (Mentorship):	X
Hospital Collaboration (Summit):	X
Toolkits:	X
Newsletter:	X
Recognition:	X

Program Narrative:

Main activities

Main activities are to promote, support, and protect breastfeeding through education and advocacy. We make mothers and the general public aware of breastfeeding issues, laws, and rights. Another important aspect of the Task Force activities is the collaboration between key stakeholders in the breastfeeding arena. We are striving to make breastfeeding the cultural norm. Currently, we are working under a new grant – *We Choose Health* – which has several grantees working with their hospitals to become Baby Friendly.

The IDPH Statewide Quality Council is adopting the Evidence Based Breastfeeding Friendly Hospital Initiative for all delivering hospitals in Illinois to adopt breastfeeding friendly practices. Our Task Force/Coalition is not directly involved in these, but we expect to be a resource and partner with the hospitals as they work toward these goals.

Approaches to increase sustainability of the Ten Steps’ Implementation: hospital- and program-level

Hospitals are reluctant to give up gift bags and physicians often do not realize their important role in promoting breastfeeding. A Combined Physician Statement supporting breastfeeding was developed and released by the Illinois Section of the American Congress of Obstetricians and Gynecologists, the Illinois Chapter of the American Academy of Pediatrics, and the Illinois Academy of Family Physicians.

Additional Work is being done in northern Illinois through the CDC Obesity Prevention Grants. The Illinois Breastfeeding Blueprint has been developed with the help of many breastfeeding advocacy groups to guide promotion efforts.

Monitoring

As we move toward Baby-Friendly practices, the impact will be evaluated by breastfeeding rates, and the number of hospitals that meet our criteria. As a part of the Illinois Blueprint, regular evaluation of breastfeeding activities and accomplishments is planned.

Additional highlights and innovations

Illinois breastfeeding history includes many stellar and committed physicians, nurses, lactation consultants, community groups and advocates. We are particularly proud of the following highlights:

1. La Leche League International started in Illinois in 1956.
2. We have had active breastfeeding task forces since 1987.
3. Two of the Founders of the Academy of Breastfeeding Medicine are from Illinois.
4. The State of Illinois has strong laws to protect breastfeeding.

Louisiana



Name of Program: The Gift (Guided Infant Feeding Techniques)

Program Contact Person/Title: Marci Brewer Asling, Statewide Coordinator

Contact Information: marcibrewer@gmail.com; 410-925-9834

Funding Organization: USDA/WIC and MCHB/Title V

Full Time Equivalents (FTEs): 1

Funding Time Frame and Amount: \$82,000 / Yearly

Number of Births/year in State: 65,109 in 2010

Responsible Organization: Louisiana Department of Health and Hospitals - Office of Public Health - Maternal and Child Health Program

Major Stakeholders: Louisiana Department of Health and Hospitals - Birth Outcomes Initiative, LA Women, Infants and Children program, Louisiana Obesity Council, AAP, Louisiana Breastfeeding Coalition/local breastfeeding coalitions, Louisiana MCH Coalition, Louisiana Lactation Consultant Association

Organization Endorsers: Louisiana Chapter of the AAP, Louisiana Chapter of the ACOG, Louisiana Perinatal Commission/MCH Foundation

Number of Maternity Facilities in State: 61

Number of Facilities Participating in Program: 38 (24 have met The Gift designation)

Number of Baby-Friendly Facilities in State: 0

Website: www.thegiftla.org

Program components	
Site Visits:	
Training:	X
Task Force:	
Webinars:	
Hospital Collaboration (Mentorship):	X
Hospital Collaboration (Summit):	
Toolkits:	
Newsletter:	X
Recognition:	X

Program Narrative:

Main activities

- Conducting outreach to maternity facilities (administrators and staff) through on-site visits/meetings, tele-communication, mailings, exhibiting at relevant health care provider conferences/meetings, and utilizing existing networks.
- Providing technical assistance to maternity facilities working towards ten step implementation by connecting them to appropriate resources and other maternity facilities and by facilitating information sharing through an e-newsletter and email listserv.
- Conducting in-person training with maternity facility staff that includes continuing education credit.
- Collecting data specific to breastfeeding rates and Ten Steps’ implementation.
- Recognizing maternity facilities that meet the certification criteria by awarding “Gift Certification.”
- Providing certified facilities with materials to promote breastfeeding and their certification.

Approaches to increase sustainability of the Ten Steps’ Implementation: hospital- and program-level

At both the hospital and program levels, our biggest obstacles to sustainability include the persistent marketing of breast milk substitutes, an absence of consumer demand for breastfeeding and best practices and a difficult fiscal climate (the scarcity of resources). We plan to address these issues by reinforcing best practices through continuous education and training to hospital leaders as well as maternity care staff, identifying additional resources to boost community-based breastfeeding promotion, and considering policies to curb formula marketing and improve Ten Steps’ implementation. We also plan to engage other healthcare leaders and key state level programs/organizations to facilitate broad based support and interest in improving breastfeeding rates.

Monitoring

Biannual reports are provided to the LA Office of Public Health-MCH Program to ensure that program design is being followed. Certified facilities participate in a follow-up survey approximately one year after earning certification and are asked to report on breastfeeding measures and answer questions related to program implementation. In addition, certified facilities must reapply for certification every two years. Discussions are underway to plan for increased hospital and program level monitoring in the future.

Additional highlights and innovations

The Gift program works closely with local and statewide organizations to improve breastfeeding support throughout Louisiana. Made possible through various grants, a project to improve support for breastfeeding in child care centers and a project entitled “Faces and Voices of the Community: Inspiring Moms to Breastfeed Through Social Support” are underway. In addition, The Gift will be collaborating with the LA Birth Outcomes Initiative and other stakeholders on a grant to impact obesity by improving hospital and community support for breastfeeding.

Massachusetts



Name of Program: Massachusetts Baby-Friendly Collaborative

Program Contact Person/Title: Melissa Bartick, Chair, Massachusetts Breastfeeding Coalition

Contact Information: melissabartick@gmail.com

Funding Organization: Unfunded

Full Time Equivalents (FTEs): n/a

Funding Time Frame and Amount: n/a

Number of Births/year in state/city: 78,000

Responsible Organization: Massachusetts Breastfeeding Coalition

Major Stakeholders: Massachusetts maternity hospitals

Organization Endorsers: Massachusetts Department of Public Health

Number of Maternity Facilities in State: 49

Number of Facilities Participating in Program: 22

Number of Baby-Friendly Facilities in State: 3 hospitals, 1 birthing center

Website: n/a

Program components	
Site Visits:	
Training:	
Task Force:	X
Webinars:	
Hospital Collaboration (Mentorship):	X
Hospital Collaboration (Summit):	X
Toolkits:	
Newsletter:	
Recognition:	X

Program Narrative:

Main activities

The hospital collaborative meets every 6 weeks to discuss challenges and provide help and guidance to each other regarding specific barriers to specific steps. A chart is kept of the 10 Steps and which hospitals have achieved each one. Minutes are circulated after each meeting, guests are invited with pertinent information, and resources are shared at meetings and by email.

There is a Mother-Baby Summit every year (which is related but not directly part of the Collaborative). This year, 2012, our DPH put on 4 trainings on achieving Baby-Friendly status and 37 hospitals had representatives in attendance. The trainings were very highly regarded and received great reviews.

Approaches to increase sustainability of the 'Ten Steps' Implementation: hospital- and program-level

We need to keep up the energy of the Collaborative and as such, we are moving to a new approach. We will have monthly meetings on specified topics, and likely will expect those who attend to bring back tangible results of what they have done. This new approach will likely start in January 2013.

We have had a growing interest from lots of hospitals, yet there are also many hospitals who don't consistently attend. We have fewer managers and more lactation people come. Sometimes it seems like we go over similar things each time. People still get a lot out of it, but we need to change direction.

The new direction will build on the DPH trainings and make that model more sustainable.

Monitoring

Progress on the 10 Steps is monitored at each meeting, or every 6 weeks. A chart is kept of the 10 Steps and the hospitals are checked off when the step is met. This allows a graphic representation of the ongoing progress of the collaborative in helping hospitals meet each step.

Additional highlights and innovations

Our recognition is informal. When a new facility achieves Baby Friendly designation, we gather in celebration with a cake. In addition to celebrating each other's successes, we share/borrow each other's materials and methods, and people are able to take back to their supervisors what other hospitals are doing. We use the hospitals to help educate one another and their supervisors and administrators, while also drawing strength and social support from one another. No longer do people each feel they are fighting alone for the Ten Steps.

Miami



Name of Program: Baby Steps to Baby Friendly Miami

Program Contact Person/Title: Heidi Agostinho, Director, Foundation For Breastfeeding

Contact Information: hagostinho@ffabc.org

Funding Organization: CDC

Full Time Equivalents (FTEs): 2

Funding Time Frame and Amount: 2 years / \$166,000

Number of Births/year in State: 32,716

Responsible Organization: Foundation for Breastfeeding

Major Stakeholders: All hospitals and birthing centers in Miami-Dade County, Department of Health, CDC, Miami-Dade County WIC and Nutrition Projects, Healthy Start Coalition of Miami Dade, South Florida Hospital and Health Care Association

Organization Endorsers: Miami-Dade County DOH, South Florida Hospital and Health Care Association, Healthy Start Coalition of Miami-Dade County

Number of Maternity Facilities in City: 14

Number of Facilities Participating in Program: 11

Number of Baby-Friendly Facilities in City: 0

Website: www.ffabc.org

Program components	
Site Visits:	X
Training:	X
Task Force:	X
Webinars:	
Hospital Collaboration (Mentorship):	X
Hospital Collaboration (Summit):	X
Toolkits:	X
Newsletter:	
Recognition:	X

Program Narrative:

Main activities

This project included encouraging administrative buy-in, building hospital teams through an in-house 2-hour training that provided CME/CEU credit, providing TA for teams, data collection and support, prenatal and postpartum education plans, and technical assistance with training plan, data plan, and policy development. We held a physician summit for 65 local physicians, and we provided a 40-hour Train the Trainer course. We met with hospital staff at least monthly and sometimes 2-3 times per month, depending on need and hospital size.

Approaches to increase sustainability of the Ten Steps’ Implementation: hospital- and program-level

We felt if we could get the hospitals through the development phase and into dissemination they would have all the tools necessary to continue to designation and sustain their efforts. We succeeded in bringing five hospitals to dissemination and six hospitals into development. We need to continue to support hospitals and continue to search out new funding sources. We have helped Florida State start a recognition program in order to encourage hospitals to continue through the process. We have designed a yearly recognition through Healthy Start of Miami-Dade County to encourage momentum.

Monitoring

There is not a design for follow-up per se, but we do continue to contact and provide support. We will also be using the recognition project to continue to watch progress.

Additional highlights and innovations

We have begun work in Broward County, the county north of Miami-Dade. We have found that the work in Miami-Dade spread to Broward and we are starting with hospitals that are much more aware of the Ten-Steps to Successful Breastfeeding. With these hospitals, breastfeeding initiation and exclusivity rates at start is much higher than those rates in hospitals in Miami-Dade County at start. During the two-year project we had many contacts from Broward County hospitals and were unable to give the same level of support but the idea was strongly developing among the competing county. This is significant in that the work travels beyond the confines of the area being targeted.

New York City



Name of Program: NYC Health & Hospitals Breast Feeding Initiative for the Ten Steps Program

Program Contact Person/Title: Lauren Johnston, Senior AVP

Contact Information: Lauren.johnston@nychhc.org; 212.442.4065

Funding Organization: USDA/WIC; NYC DOHMH

Full Time Equivalents (FTEs): 2

Funding Time Frame and Amount: Seven of our eleven facilities were awarded the Community Transformation Grant (CTG) – only pays fee for Baby Friendly designation application and provides technical support

Number of Births/year in state: 242,914 / in city: 120,003

Responsible Organization: HHC’s eleven hospitals

Major Stakeholders: Patients (mothers); community; OB/Peds providers, nurses, nutritionists, peer counselors, patient relations staff; executive directors, nursing and medical directors, and HHC Central office staff; Governing body members; Women's Health clinic; Family Planning; WIC programs; Perinatal Centers, and Perinatal Borough Forums

Organization Endorsers: NYC Dept. of Health and Mental Health (DOHMH)

Number of Maternity Facilities in City: 11

Number of Facilities Participating in Program: 10

Number of Baby-Friendly Facilities in City: 1

Website: n/a

Program Narrative:

Main activities

The NYC Health and Hospitals Corporation (NYC HHC) continues to work towards achieving Baby-Friendly designation. Seven of the ten hospitals are already on the 4D pathway of which two are at the dissemination phase. All the hospitals have in place a Breast Feeding committee that is multi-disciplinary. The NYC DOH CPPW grant ended in March 2012 so there is no onsite technical support by the DOH. However, through another grant – the Community Transformation Grant (CTG) facilities receive support from the NYC DOH by teleconferences. The CEO of each facility reports quarterly to the HHC Quality Assurance Committee of the Board of Directors on breast feeding activities at the facility and their exclusive breastfeeding rate. The breastfeeding rate can sometimes fluctuate downward dramatically and both the CEO and Chief Nurse are expected to explain reason for the decrease in breastfeeding whenever this occurs.

Most recently all the ten NYC HHC hospitals have voluntarily agreed to participate in the Latch on NYC breastfeeding initiative. This initiative is a commitment by the CEO that their hospital will support the mother’s choice to breastfeed, enforce the NYS regulation to not supplement breastfeeding infants with formula unless medically indicated and prohibit the promotion of infant formula in any hospital location. We anticipate that this initiative will further support and strengthen HHC hospitals efforts to achieve the Surgeon General’s 2020 breastfeeding goals.

Approaches to increase sustainability of the Ten Steps’ Implementation

The obstacles for sustainability are different at all facilities. At one hospital Step 6 is a major problem because of the mothers demand to supplement feed with formula and Step 7 Rooming–in 24 hours a day is another major challenge because many times mothers request that the baby be placed in the nursery at night so that she can get some sleep. We are finding that night time is when the use of formula and pacifiers tends to occur. We understand that some nurses may feel pressured from the mother to give her formula so we play out scenarios with the nurses and give them suggestions as to how to respond. At another facility Steps 4 and 5 are more of a challenge, particularly the sub steps. We continue to reinforce with all staff adherence to the breast feeding protocol and provide on-going education as needed. We also part of the education to mothers prenatally, we let them know what to expect after delivery and reinforce that the effort made with exclusive breastfeeding in the early hours after birth will pay dividend in the days, weeks and months to follow.

Monitoring

The CTG grant allows the NYC DOH to monitor compliance through conference calls and questionnaires that the facilities complete on a regular basis. At the Corporate office, compliance to the Baby-Friendly initiative is monitored through quarterly meetings and review of statistical reports.

Program components	
Site Visits:	
Training:	X
Task Force:	X
Webinars:	
Hospital Collaboration (Mentorship):	
Hospital Collaboration (Summit):	
Toolkits:	X
Newsletter:	
Recognition:	

New York



Name of Program: NYS Breastfeeding Quality Improvement in Hospitals

Program Contact Person/Title: Barbara Dennison, Director, Policy and Research Translation, NYSDOH

Contact Information: bad10@health.state.ny.us ; (518) 474-0512

Funding Organization: New York State Department of Health (NYSDOH) and Center for Disease Control and Prevention

Full Time Equivalents (FTEs): 2.6 (does not include WIC)

Funding Time Frame and Amount: \$1 million to NYS DOH (over 2-years); \$2 million (over subsequent 5 years)

Number of Births/year in State: 252,360

Responsible Organization: NYSDOH

Major Stakeholders: Hospital Association of NY State (HANYS), Greater NY Hospital Association (GNYHA)

Organization Endorsers: NY Statewide Breastfeeding Coalition NY Statewide Breastfeeding Coalition, American Academy of Pediatrics, American Congress of Obstetrics and Gynecology, American Cancer Society.

Number of Maternity Facilities in State: 132 (92 hospitals outside of NYC)

Number of Facilities Participating in Program: 12

Number of Baby-Friendly Facilities in State: 4; 2 outside NYC

Website: <http://www.nyhealth.gov/community/pregnancy/breastfeeding/>

Program components	
Site Visits:	
Training:	X
Task Force:	X
Webinars:	X
Hospital Collaboration (Mentorship):	
Hospital Collaboration (Summit):	
Toolkits:	X
Newsletter:	
Recognition:	

Program Narrative:

Main activities

In an effort to reduce high rates of formula supplementation of breastfed babies and increase exclusive breastfeeding during the birth hospitalization by improving maternity care practices in hospitals, the New York State Department of Health (NYSDOH), the National Initiative for Children’s Healthcare Quality (NICHQ) and 12 NY hospitals partnered in a Breastfeeding Quality Improvement in Hospitals (BQIH) Learning Collaborative. Ten hospitals were selected because they had low measures of exclusive breastfeeding, while 2 hospitals with high measures of exclusive breastfeeding were selected as Model Hospitals. The NYS BQIH Learning Collaborative is based on the IHI: Breakthrough Series Methodology and the WHO/UNICEF Ten Steps to Successful Breastfeeding. Content and quality improvement experts engage hospital teams in small tests of change to implement and spread best practices. This evidence-based methodology ensures that improved maternity care practices are embedded and sustained within the hospital system. Throughout the Learning Collaborative, opportunities for hospitals to share successes, identify challenges and discuss strategies to overcome the challenges enhance the learning process and support collaboration among hospitals across the state.

Approaches to increase sustainability of the Ten Steps’ Implementation: hospital- and program-level

The design of the IHI Breakthrough Series Methodology lends itself to a self–sustaining model of quality improvement. Through ongoing rapid cycle tests of change, hospitals begin to implement and embed successful changes into their everyday practice. To increase transparency, public reporting of hospital-level breastfeeding metrics is required by law.

Monitoring

The first 18-month learning collaborative officially concluded in December 2011. Hospitals continue to report data on a monthly basis and remain engaged in the learning network the collaborative environment created. Annually NYS publically posts aggregate hospital-level breastfeeding metrics to the NYSDOH public webpage; hospitals are required by state law to provide this maternity information to pregnant women when they pre-book or are admitted to the hospital. A bi-annual survey of all hospitals in NYS providing maternity care is conducted which allows for ongoing monitoring of maternity care practices.

Additional highlights and innovations

The aim of the NYS BQIH was to increase breastfeeding, especially exclusive breastfeeding, among mothers/infants in selected hospitals by improving hospital breastfeeding policies and practices to be consistent with NYS hospital regulations and laws and recommended best practices such that between birth and hospital discharge there would be an increase in percentage of infants fed any breast milk, increase in percentage of infants exclusively fed breast milk, and a decrease in the percentage of breastfed infants supplemented with formula. Using the IHI Breakthrough Series Methodology, among low-performing hospitals, during the course of the 18-month BQIH Learning Collaborative, there was a 6% increase in “Any Breastfeeding” and a 13% increase in “Exclusive Breastfeeding” during the birth hospitalization.

In addition, this is the first IHI Breakthrough Series Learning Collaborative designed and implemented by a state health department and has been used as the foundation for a national project where hospitals are required to obtain Baby Friendly [™] designation.

North Carolina



Name of Program: North Carolina Maternity Center Breastfeeding-Friendly Designation

Program Contact Person/Title: Catherine Sullivan, State Breastfeeding Coordinator

Contact Information: catherine.sullivan@dhhs.nc.gov; 252.321.7184

Funding Organization: USDA/WIC

Full Time Equivalents (FTEs): 1

Funding Time Frame and Amount: No specific budget or time frame for this program

Number of Births/year in state/city: 127,823

Responsible Organization: North Carolina Division of Public Health, NC DHHS

Major Stakeholders: North Carolina families, North Carolina Hospital Association, North Carolina Child Fatality Task Force, North Carolina Pediatric Society, North Carolina Breastfeeding Coalition, Maternity Centers, Community advocacy groups, Public Health Departments, Providers of maternity care

Organization Endorsers: North Carolina Hospital Association, North Carolina Child Fatality Task Force, North Carolina Pediatric Society

Number of Maternity Facilities in State: 88

Number of Facilities Participating in Program: 17 designees (as of August 2012) and 148 webinar participants (as of September 2012)

Number of Baby-Friendly Facilities in State: 4

Website: <http://www.nutritionnc.com>

Program components	
Site Visits:	
Training:	X
Task Force:	X
Webinars:	X
Hospital Collaboration (Mentorship):	
Hospital Collaboration (Summit):	
Toolkits:	
Newsletter:	
Recognition:	X

Program Narrative:

Main activities

The NC Maternity Center Breastfeeding-Friendly Designation (NC MCBFD) initiative was developed to recognize those maternity centers that have taken steps to promote, protect and support breastfeeding in their organization. A five star system has been developed. A star is awarded for every two steps achieved in the Ten Steps to Successful Breastfeeding as defined by the World Health Organization (WHO) and Baby Friendly USA. The North Carolina initiative encourages maternity centers across the state to promote and support breastfeeding one step at a time. Quarterly informational webinars are offered on an ongoing basis. The North Carolina Hospital Association sends out announcements about the webinars and lists information about the program on their website. Applications are reviewed on a quarterly basis by a designated Review Committee with representatives from the Division of Public Health (4), NC Breastfeeding Coalition (2) and Child Fatality Task Force-Perinatal Health Committee (2). Technical Assistance (TA) is routinely provided to maternity centers upon request. TA may be provided by the State Breastfeeding Coordinator, Review Committee partners or the WIC Regional Lactation Training Centers. Designees receive a letter and certificate of designation from the Division of Public Health (DPH) Director. They also receive a CD with various logos for their level of designation, a style/user guide for the logos and a sample press release. Designees are recognized on the DPH/Nutrition Services Branch website and by periodic state press releases.

Approaches to increase sustainability of the Ten Steps’ Implementation: hospital- and program-level

The NC MCBFD is sustainable as long as it is supported by the leadership of NC DHHS and DPH. The Program will need to show outcomes to maintain support, especially when it comes to staff time.

Monitoring

The Review Committee meets on a quarterly basis to review applications. Discussion about the review process, application and webinar are conducted informally during these meetings. The NC MCBFD workgroup met in February 2012 to make revisions to the application based on feedback from the Review Committee and applicants. The State Breastfeeding Coordinator routinely monitors the BFHI website to see if any new guidance is disseminated. The NC MCBFD workgroup meets at least once per year to review the process and look at ways to improve the program materials.

Additional highlights and innovations

Washington State plans to adopt the NC MCBFD and Georgia is adapting it with their own state designed logo. As facilities move towards implementation we have also seen an increase in the number of facilities that have banned the bags. As of August 2012, 72% of live births in NC are in facilities free of formula discharge bags. These facilities are also recognized through the NC Breastfeeding Coalition’s Golden Bow Award.

Oregon



Name of Program: OEBIN – Oregon Hospitals Partnering for Evidence-Based Infant Nutrition

Program Contact Person/Title: Outgoing: Amelia Psmythe, Incoming: Rachel Martinez, Alternate: Marion Rice

Contact Information: Rachel@breastfeedingOR.org, Marion@breastfeedingOR.org

Funding Organization: BCO’s fiscal and administrative home is Oregon Public Health Institute (OPHI). OPHI previously funded this work through contracts with Oregon WIC and funding from an insurance collaborative.

Full Time Equivalents (FTEs): Currently 0. Will be .25 starting November 2012. Actively seeking additional funds.

Funding Time Frame and Amount: Currently \$0.

Number of Births/year in state/city. Average 47,130 per annum statewide

Responsible Organization: Breastfeeding Coalition of Oregon

Major Stakeholders: Oregon Association of Hospitals and Health Systems, Oregon WIC, OHIPP Collaborative

Organization Endorsers: OAHHS

Number of Maternity Facilities in State: 52

Number of Facilities Participating in Program: 48

Number of Baby-Friendly Facilities in State: 5, with 11 in Development phase of 4D Pathway

Website: www.breastfeedingOR.org Healthcare section contains extensive relevant information

Program components	
Site Visits:	
Training:	X
Task Force:	
Webinars:	X
Hospital Collaboration (Mentorship):	
Hospital Collaboration (Summit):	X
Toolkits:	
Newsletter:	
Recognition:	X

Program Narrative:

Main activities

While fully funded, the OEBIN project was able to engage maternity care hospitals with personalized telephone technical assistance, limited site visits, connections to resources and referrals, a large web-based resource library, webinars, one statewide hospital summit and two regional summits.

Approaches to increase sustainability of Ten Steps’ Implementation: hospital- and program-level

OEBIN leaders and partners eagerly look forward to information from Baby-Friendly USA, the NICHQ Best-Fed Beginning project (and affiliated coalitions) and the CGBI Interstate Collaborative to help sustainability of our project, and the participating hospital’s momentum for change. OEBIN staff would greatly benefit from increased access to technical assistance from these leaders, to in turn better inform the hospitals turning to BCO for help.

Monitoring

We have kept careful, confidential records of each hospital’s stage of change, institutional culture and barriers, identified needs and opportunities for development. The next iteration of the project will likely include monitoring or evaluation components for both the program design and the progress of participating hospitals. Leadership from the Interstate Collaborative would be extremely helpful for better development in these areas.

Additional highlights and innovations

151 decision-makers, forming multidisciplinary teams from 35 hospitals across the state, attended the OEBIN summit and a follow-up statewide coalition conference a year later. OEBIN staff recruited 15 small table mentors: 5 with QI experience, 5 with BFUSA experience, 5 with large-scale systems change experience, to facilitate discussions throughout the day. Teams were strategically moved through the room to interact with different types of mentors for conversations around engaging with leadership, staff, parents, community and data. Momentum and communication has been maintained via webinars, regional summits, conference calls, emails and a large web-based resource library. OEBIN staff value institutional confidentiality as a key ingredient for success, particularly in early days of the project. Participating hospitals know they can seek help without fear of being “outed” for under-developed program components or barriers. Sensitivities to dynamics of competition and proprietary information is honored while opportunities for collaboration are sought.

OEBIN is developing “brag sheets”, customized promotional flyers for each participating hospital, outlining which of the 10 Steps are in place. The brag sheets are populated by survey data, and hospitals have the opportunity to co-brand the flyers, which will be available for download on the BCO website: www.breastfeedingOR.org, under the Moms section.

Rhode Island



Name of Program: Rhode Island Maternity Care Practices Collaborative (MCPC)

Program Contact Person/Title: Denise Fenick/Co-chair

Contact Information: Fenick@cox.net; 401.742.5665

Funding Organization: No source of funding at this time.

Full Time Equivalent (FTEs): 0

Funding Time Frame and Amount: unfunded

Number of Births/year in State: 11,800

Responsible Organization: Rhode Island Dept. of Health

Major Stakeholders: Hospital staff, community, physicians, Department of Health

Organization Endorsers: Rhode Island Breastfeeding Coalition

Number of Maternity Facilities in State: 7

Number of Facilities Participating in Program: 7

Number of Baby-Friendly Facilities in State: 3

Website: <http://www.ribreastfeeding.org>

Program Narrative:

Main activities

- Quarterly meetings of RI OB hospitals with nurse manager and lactation consultants;
- Sharing strategies to improve mPINC scores;
- Updating of mPINC Dimensions of Care chart;
- Expanded membership in MCPC to MDs and other strategic partners;
- Current project: statewide hospital staff education program, seeking funding sources then building curriculum.

Approaches to increase sustainability of the Ten Steps’ Implementation: hospital- and program-level

Biggest obstacles for sustainability

- decreased state support
- lack of funding

Due to a change in our WIC State Breastfeeding Coordinator, we are waiting to see what direction the collaborative will take. The new State Breastfeeding Coordinator now attends MCPC meetings.

Monitoring

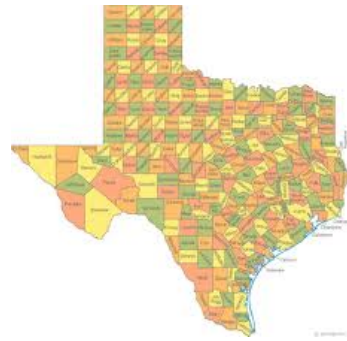
- We currently use the mPINC Dimensions of Care chart to track progress toward the Ten Steps.
- Two of our hospitals are now in the development phase of BFHI.

Additional highlights and innovations

- In November 2011, all RI maternity hospitals ceased the practice of giving formula discharge bags making RI the first Bag Free State in the nation.
- In November 2011, the coalition received the *And the Award Goes To.....* Award from MotherBabySummit.com.
- The coalition also received the 2011 Outstanding Initiative Award from the Rhode Island Birthing Network.
- *Woman & Infants*, our largest maternity hospital, is one of the 90 hospitals chosen by NICHQ (National Institute for Children’s Health Quality) for the *Best Fed Beginnings* project.

Program components	
Site Visits:	
Training:	
Task Force:	X
Webinars:	
Hospital Collaboration (Mentorship):	X
Hospital Collaboration (Summit):	
Toolkits:	
Newsletter:	
Recognition:	

Texas



Name of Program: Texas Ten Step Program

Program Contact Person/Title: Veronica Hendrix, Texas Ten Step Coordinator

Contact Information: Veronica.Hendrix@dshs.state.tx.us; 512.341.4592

Funding Organization: USDA/WIC and State government

Full Time Equivalents (FTEs): 1.0

Funding Time Frame and Amount: WIC funding: minimal (partial FTE) in FY99-FY09, with \$41,000 annually for staffing since FY10; WIC funding for campaign: \$43,000 in FY 09, \$475,000 in FY 10, \$49,700 in FY 11; Title V funding for campaign: \$233,500 in FY09; ~ \$2 million state funding over next five years for Star Achiever

Number of Births/year in State: ~400,000

Responsible Organization: Texas Department of State Health Services

Major Stakeholders: Consumers, hospitals; public health and health profession partners; breastfeeding coalitions; DSHS programs (e.g. WIC, MCH; Chronic Disease; Obesity, etc.); state policy makers; Medicaid

Organization Endorsers: Texas Hospital Association, Texas Medical Association

Number of Maternity Facilities in State: 268 (including 57 birthing centers)

Number of Facilities Participating in Program: 82

Number of Baby-Friendly Facilities in State: 7

Website: www.texastenstep.org

Program components	
Site Visits:	
Training:	X
Task Force:	X
Webinars:	
Hospital Collaboration (Mentorship):	X
Hospital Collaboration (Summit):	
Toolkits:	X
Newsletter:	
Recognition:	X

Program Narrative:

Main activities: The program supports and rewards incremental progress toward adoption of best practices. Texas Ten Step (ITS) designation is awarded for hospitals that are addressing 85% of the Ten Steps to Successful Breastfeeding. Facilities must be re-designated annually and must also be designated as Texas Mother-Friendly Worksites (MFW). The program is free and provides technical assistance with policy development and the application process as well as on-site staff training and guidance for practice improvement. Designated facilities are recognized on www.texastenstep.org, and receive TTS and MFW logos for web and local press release, window clings, certificates, posters, and retractable badge holders. Facilities also receive online access to order free WIC breastfeeding promotion and support materials.

Approaches to increase sustainability of the Ten Steps’ Implementation: hospital- and program-level:

Technical assistance and communication are provided to support facility-level sustainability. An application feedback report provides a point-by-point breakdown of the facility’s score with suggested improvements. Resources and materials are offered to support recommendations. Best practices are shared among hospitals through an TTS email group. Program feedback is regularly solicited from facilities, and surveys are used to inform training, technical assistance and marketing needs.

The program is well-integrated into DSHS’ infrastructure including into WIC, Title V, Obesity Prevention, Infant Feeding Workgroup and other agency strategic plans. The program is positioned as a midpoint along a continuum of agency efforts to increase full implementation of the Ten Steps. *Better by Breastfeeding*, a biennial campaign including a hospital-specific report with each Texas birthing facility’s in-hospital exclusive breastfeeding rate, is used to increase awareness among key facility decision-makers about their role in improving breastfeeding outcomes and drives facilities to participate in the TTS Program. Outreach, trainings, and other supports are offered through a variety of platforms to build statewide capacity for best-practice implementation and to encourage TTS participation. Designated TTS facilities are supported in continuous quality improvement, and are encouraged to pursue Baby-Friendly designation. Currently, 25 Texas facilities have registered intent with Baby-Friendly USA.

Monitoring: The program was staffed with only a partial (0.05%) FTE for its first eleven years (1999-2010), and no formal monitoring or recertification requirement was provided during this time. In 2008, evaluative research was conducted to assess the program’s efficacy and TTS facilities’ compliance with program guidelines. Findings were that designated facilities offered better breastfeeding support than non-participating facilities, but adherence to guidelines varied. In 2009, annual re-designation was implemented to facilitate compliance monitoring and progressive incremental practice improvement. In-hospital breastfeeding rates are monitored biennially. A full FTE was dedicated to the program in December 2010.

Additional highlights and innovations: The upcoming TTS Star Achiever Initiative (scheduled for launch in FY13) will assist TTS facilities to more fully integrate the Ten Steps. The program will convene select TTS facilities to form regional breakthrough transformation learning collaboratives. The objective of the initiative is to increase rates of exclusive breastfeeding at day two, 3-months, and 6-months.

Website: www.breastfeedingwa.org/mcpi

Program components	
Site Visits:	
Training:	X
Task Force:	X
Webinars: (planned)	
Hospital Collaboration (Mentorship):	X
Hospital Collaboration (Summit): (planned)	
Toolkits:	X
Newsletter:	
Recognition: (planned)	X

Main activities: The Maternity Care Practices Initiative is a partnership between the BCW, DOH and select birthing hospitals. The goals are to 1) increase evidence-based breastfeeding care in Washington State hospitals and 2) to connect hospital birth center staff with local WIC clinic staff, as a means to standardize breastfeeding messages and support given to new parents. The BCW works with partner hospitals to:

- Review their mPINC scores.
- Encourage hospital staff to conduct a chart audit to assess current practices.
- Arrange training for hospital administrators, maternity staff and local WIC staff that reviews the research supporting the Ten Steps to Successful Breastfeeding and the impact of prioritizing best-practice care.
- Establish a quality improvement task force if one is not already in existence.
- Arrange in-depth clinical lactation support education for nursing staff.

This task force identifies strengths and challenges of current breastfeeding practices and policies and sets quality improvement goals. Goals range from achieving Baby Friendly accreditation to updating current breastfeeding policies to working on a few of the Ten Steps. The BCW provides technical assistance, provides model hospital policies and assessment tools, and shares best-practice strategies and data collection methods.

Approaches to increase sustainability of the Ten Steps' Implementation: hospital- and program-level:

Sustainability is best ensured when a multi-disciplinary workgroup comes together, when they understand why practices need to be improved, and most importantly, when staff are involved and invested in making changes to improve practices. Four obstacles to sustainability are:

- No financial incentives or penalties exist for making changes.
- A lack of administrative support.
- The perception that breastfeeding is not a priority that requires attention.
- Sustained data collection and analysis.

Staff seeing changes overtime in breastfeeding outcomes is one of the best ways to encourage that best-practice care becomes the norm.

Monitoring: We conduct an annual evaluation with partner hospitals to learn what progress has been made to institute best-practice care, what their process is for improvement and the barriers they have encountered, and feedback on the technical assistance we provide. Each hospital goes through its own process; this is challenging when it comes to overall data collection but allows each facility to either determine their process for making change or to utilize a system for QI that their hospital has already worked with. As such, we do not directly assess if program design is being followed. We do assess what the hospital's original goal was and if they are meeting that goal.

Additional highlights and innovations: DOH and the BCW are working on a recognition program to acknowledge the changes towards best-practice care that hospitals make throughout their QI process. The BCW developed the Baby-Friendly Advisory Committee, with representatives from three out of the four Baby-Friendly accredited hospitals in the state. Hospitals working on maternity care practices QI projects can ask questions of this Committee to learn about the logistics of implementation that each accredited facility went through.

West Virginia



Name of Project: Pathways to Improve Maternity Practices in Infant Care & Nutrition

Project Contact Person/Title: Cinny Kittle, Director and Christine Compton, Manager

Contact Information: ckittle@wvha.org; 304.419.0899 / ctcompton@suddenlink.net; 304.545.1403

Funding Organization: WV Department of Health and Human Resources, Healthy Lifestyles Program, (directed from CDC Nutrition and Prevention funds); July 2011-June 2012. Office of Women’s Health; Nov. 2010-June 2011.

Full Time Equivalents (FTEs): 0

Funding Time Frame and Amount: \$25,000 / Nov. 2010 – June 2011; \$20,000 / July 2011-July 2012

Number of Births/year in State: 21,000

Responsible Organization: WV Breastfeeding Alliance

Major Stakeholders: West Virginia Breastfeeding Alliance; WV Hospital Association, (fiscal agent – Healthcare Education Foundation of WV); hospitals, political leaders, public health officials, community supporters

Organization Endorsers: WV WIC Program, WV Perinatal Partnership

Number of Maternity Facilities in State: 29

Number of Facilities Participating in Project: 9

Number of Baby-Friendly Facilities in State: 0

Website: www.wvbfa.com

Project components	
Site Visits: (for training)	x
Training: (4-hour on-site)	x
Task Force: (advisory panel)	x
Webinars:	
Hospital Collaboration (Mentorship):	
Hospital Collaboration (Summit): Symposium 2010	x
Toolkits: (being developed)	Y
Newsletter:	
Recognition: (dev. framework)	

Project Narrative:

Main activities

WVBA developed a 4-hour on-site training that can be taken to hospitals or nearby sites with the main purpose of training hospital staff in regards to improving maternity practices. Originally titled the Breastfeeding Basics Road Show, the comprehensive program was developed with the input of a carefully selected advisory panel and piloted in four sites of varying size and treatment level in the spring of 2011. Based on core content and educational intent, the course name was changed to Pathways to Improve Maternity Practices in Infant Care & Nutrition, (focusing on some components of Baby-Friendly’s 4-D Pathway and CDC’s mPinc surveys). The faculty for the 4-hour Pathways course is comprised of: WVBA’s Project Director, Cinny Kittle, WVBA’s Project Manager, Christine Compton, a pediatric nurse practioner, Susan K. Fabry and a pediatrician and WV’s AAP Chapter President, Mary Boyd. The course is approved for 4 CEU’s, 4 CERPS and 4 CME units.

Approaches to increase sustainability of the Ten Steps’ Implementation: hospital- and program-level

WVBA has plans to conduct the Pathways training in 3-4 additional sites in the spring of 2012. Plans are underway to identify maternity sites that would benefit most from the training and would be able to send staff to attend the ½ day program. In addition to providing the free training and continuing education units, WVBA has acquired a few hospital grade, Lactina pumps and several supplementary kits that will be given to the host sites for use by their patients and/or staff. At this time, WVBA does not have a formal “program” to recognize Ten Steps’ Implementation. But, hopes this Pathways project sets the groundwork for future such program.

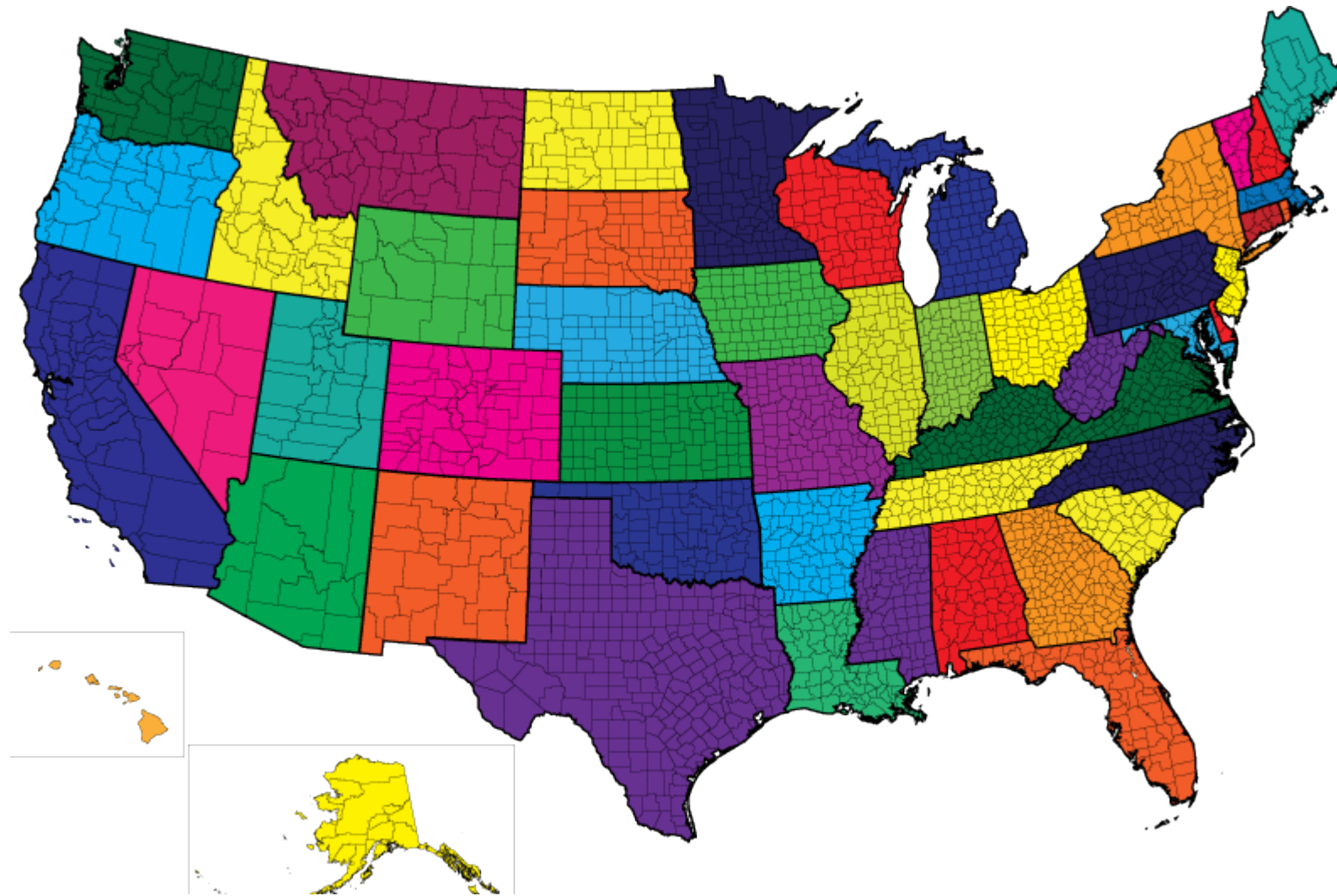
Monitoring

Plans are underway to create a toolkit of the Pathways curriculum, (on DVD with supplementary handouts and materials), for use with other hospital staff members and for sites unable to participate in the on-site program. Toolkits will be hand delivered when possible and mailed if necessary. A pre and post survey is being developed to access current hospital policies and practices at maternity care facilities throughout the state. A long-range goal is to develop a maternity practices collaborative, to plan a breastfeeding summit and to create a recognition program.

Additional highlights and innovations

WV has many obstacles to overcome along the pathway to Baby-Friendly designations, however, we believe this project has given our program a solid start by beginning with the basics of informing hospital staff of the importance of improving maternity practices in infant care and nutrition.

Thank you for your participation in The Interstate TEN STEPS Collaborative.



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