Appendix D: Presenters' Slides

Proceedings Interstate Ten Steps Collaborative

May 16 and 17, 2013 Chapel Hill, North Carolina

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Baby Friendly USA ... The gold standard of care

The Role Helper Groups

info@babyfriendlyusa.org www.babyfriendlyusa.org

Baby Friendly USA The gold standard of care

Who are the Helper Groups?

- State and Local Health Departments
- State and Local Breastfeeding Coalitions
- Academic Institutions
- Quality Improvement Organizations
- Non-profit MCH Organizations

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Who are the Helper Groups?

They are individuals/organizations who are interested in assisting hospitals with adopting evidence based practices that support breastfeeding.



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What is the Role the Helper Groups?

- Generate interest in the BFHI among key hospital personnel
- Encourage and support the hospital through the change process
- Facilitate discussions that allow hospitals consider their options for practice change

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What is the Role the Helper Groups?

- Connect hospitals who have solved a particular problem with those who are still wrestling with that issue
- Provide training (all or part of Step 2)
- Assist with Continuity of Care issues (Steps 3 and 10)

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What is the Role the Helper Groups?

- Provide training on Quality Improvement techniques
- Offer collaborative learning sessions
- · Help with fund raising to defray costs

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What Should Helper Groups Avoid?

- Doing the work for the hospital
 - Writing the infant feeding policy, training plan, etc.
- Creating extra work for the hospital
 - Be sensitive when writing grant proposals not to agree to cumbersome additional requirements
- · Goals outside of the BFHI

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Examples of Goals Outside of BFHI?

- Reduce C/S rates
- Co-sleeping promotion
- Additional Requirements for Physician education
- Mother baby couplet care
- Graphic designs for flyers
- New Code compliant gift bags for moms

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What Should Helper Groups Avoid?

- Promising to have a hospital Baby-Friendly designated within an unrealistic timeframe
 - Effective, sustainable practice change should be the focus, not an unrealistic date
 - BFUSA many need to spread assessment requests over a period of time

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Tips for Helpers

- Become familiar with the most current version of the Guidelines and Evaluation Criteria.
- Use the Guidelines and Evaluation Criteria as the basis for practice change and problem solving
- Know the difference between a Guideline and a Criteria

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BFUSA Guidelines And Evaluation Criteria On-line



Guideline - the standard of care to strive to achieve for all patients

Criteria for Evaluation – the minimum standard that must be achieved in order to become designated as Baby-Friendly

Always strive to achieve 100%.

Baby Friendly USA William The gold standard of care

Tips for Helpers

- Familiarize yourself with the 4-D Pathway
- Familiarize yourself with the Baby-Friendly website

www.babyfriendlyusa.org



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Tips for Helpers

 Familiarize yourself with what Baby-Friendly is and what it is NOT

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We want to hear from you!

- What kind of information/support do you need to better help you fulfill your role?
- How would you like to receive that information?
- From what organization(s) would you like to receive that from? (CDC, State/Local Health departments, BFUSA, other)

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US BFHI DATA

- 159 Designated Facilities
- 637 working towards designation
 - 233 facilities in the Discovery Phase
 - 194 facilities in the Development Phase
 - 174 facilities in the Dissemination Phase
 - 36 facilities in the Designation Phase

~3250 total birthing facilities in US

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FOR MORE INFORMATION:

www.babyfriendlyusa.org

info@babyfriendlyusa.org

508-888-8092 (9-5 Eastern, M-F)

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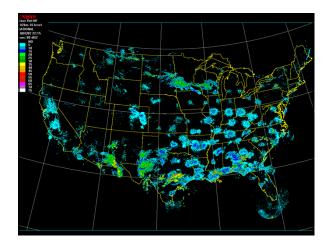
Improving maternity care: **National approaches**

Using mPINC data to drive and guide improvement

Once upon a time...







3310 maternity care **facilities**

3310 maternity care facilities

2743 facilities complete survey

3310 maternity care facilities2743 facilities complete survey56 survey items

For All Healthy Full-term Breastfed Infants:

A24. Approximately how many healthy full-term breastfed infants are given pacifiers by maternity care staff? Please do not include the use of pacifiers for medical procedures (e.g., circumcision) in your response.

Few Some Many Most Not Sure %—9%) (10%—19%) (50%—89%) (90%+)



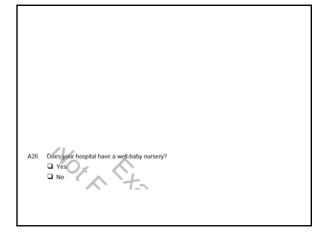
A25. Does your hospital receive free infant formula?

☐ Yes

□ No

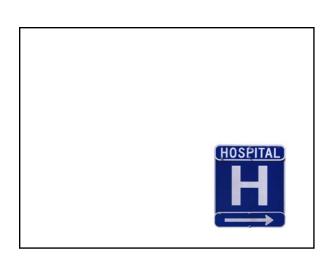
□ Not sun











3310 Maternity care facilities2743 facilities complete survey56 survey items

34 items go into **subscores**

3310 Maternity care facilities
2743 facilities complete survey
56 survey items
34 items go into subscores
7 subscores in composite

Maternity care facilities

2743 facilities complete survey

survey items

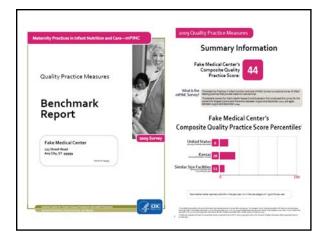
items go into subscores

subscores in composite

1 composite score



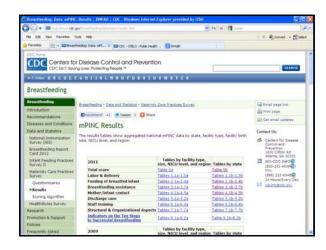








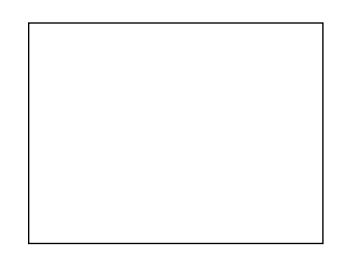






3310 Maternity care facilities
2743 facilities complete survey
56 survey items
34 items scored
7 subscores in composite
1 composite score created
3 surveys...so far









Best Fed Beginnings -Engaging Hospital Leadership

Jennifer Ustianov, BSN, RN, IBCLC National Initiative for Children's Healthcare Quality (NICHQ)

d Beginnings is a project of the National Initiative for Children's Healthcare Quality (NICHQ), with sup the Centers for Disease Control and Prevention (CDC) and in close partnership with Baby-Friendly US. Best Fed Beginnings Supported by CDC Cooperative Agreement USS P0003825.

Disclosure Statement

Speaker: Jennifer Ustianov has declared she has nothing to disclose





Objective

- Describe how improvement science is being used as a strategy to improve maternity care practices in support of exclusive breastfeeding
- List ways to engage leadership in the support of improved breastfeeding outcomes



BEGINNINGS
Best Fed Beginnings Supported by CDC Cooperative Agreement USB DP003829



About NICHQ

- Independent not-for-profit organization
- Mission: To better children's health and health care through quality improvement
- NICHQ's major areas of focus are:
 - >Healthy Start-Perinatal Health
 - >Healthy Living-Obesity Prevention and Rx
 - ▶Better Care-Chronic Illness in Childhood
- Cross Cutting Themes
 - Promoting Equity
 - Engaging Parents and Youth
 - Bridging Health and Health Care
 - System Redesign



Best Fed
BEGINNINGS
Best Fed Beginnings Supported by CDC Cooperative Agreement USB DP003829



What is Best Fed Beginnings

- CDC Supported Cooperative Agreement
- Three years
- Mandate:
 - > Use of improvement science (Breakthrough Series
 - > Focus on hospitals achieving Baby Friendly USA designation
 - > Target hospitals serving populations least likely to breastfeed:
 - o African American
 - Southern US







Best Fed Beginnings Aim

The overarching aim of Best Fed Beginnings is to promote exclusive breastfeeding nationwide by creating environments in which a mother's choices concerning breastfeeding can best be supported by:

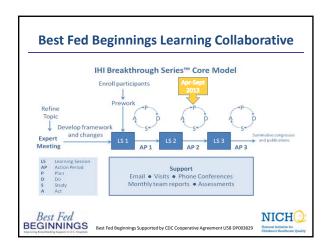
- 1. Enabling hospitals to improve breastfeeding practices and earn Baby-Friendly Designation, and
- 2. Raising awareness and interest in breastfeeding and maternity care practices



BEGINNINGS Best Fed Beginnings Supported by CDC Cooperative Agr







Best Fed Beginnings Learning Collaborative Aim

The aim of the Best Fed Beginnings Learning Collaborative is to enable participating hospitals to be designated as Baby-Friendly by September 30, 2014, or to have a Baby-Friendly USA designation site visit scheduled

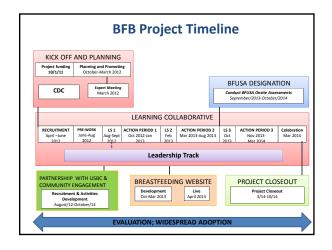


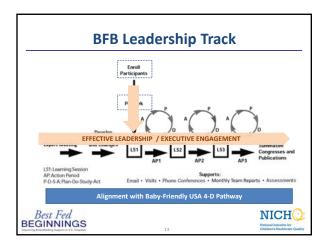
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What are we trying to accomplish?	AIM
How will we know that a change is an improvement?	Measures
What change can we make that will result in improvement?	Ideas
Act Plan Study Do From: Associates in Process Improvement	
BEGINNINGS BEGINNINGS BEST Fed Beginnings Supported by CDC Cooperative Agreement USB DP003829	NICHO: National Initiative for Children's Healthcare Quality

	Required	l Measures		
Structure Assessments	Monthly Outcome Measures	Monthly Process Measures		
		Initial Measures	Progression Measures Closer to Designation Visit (after initial measures ≥ 80%)	
Baby Friendly USA Self Assessment	Exclusive Breastfeeding Rate	Prenatal Information on Benefits and Management of Breastfeeding	Mothers Attest to Receiving Prenatal Information on Benefits and Management of Breastfeeding	
CDC mPINC Survey	Breastfeeding Babies Supplemented w/ Formula	Assistance and Support with Breastfeeding	Mothers Attest to Assistance and Support with Breastfeedir	
Baby Friendly Designation	Overall Breastfeeding Rate	Baby Skin-to-Skin (Vaginal Birth)	Mothers Attest to Baby Skin-to Skin	
	Progress Towards Accomplishing Ten Steps	Baby Skin-to-Skin (Cesarean birth)	Mothers Attest to Baby Skin-to Skin	
		Rooming In	Mothers Attest to Rooming is with Infant	
		Feeding on Cue	Mothers Attest to Informatio on Feeding on Cue	
		Discharge Support	Mothers Attest to Receiving Discharge Support Information	





Best Fed Beginnings Leadership Track

Sustainable transformational change: engage/involve administrative/clinical leadership

- Mid and senior level leaders
- > Curriculum (framework, tools and support) to better enable project teams to succeed

Who are the Senior Administrative Leaders (SALs)?

- > Decision makers with influence
- > Enforce breastfeeding policies and procedures
- > Allocation of organizational resources
- Required on each team

The RFR leadership track addresses:

Support to overcome system and cultural barriers to achieve Baby-Friendly designation (resources and buy-in)



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Leadership Track Activities

- Attend Learning Sessions and Action Period Activities
- Regular Webinars:
 - Community interface; Communications and health care professional interface; Budget for change; Engaging senior management
- Ensure quarterly progress updates submitted using the BFB 10 steps self-assessment tool
 - > A self-assessment tool designed to give each facility an assessment of their progress towards the Ten Steps to Successful Breastfeeding
 - > Created by NICHQ, drawing from other similar assessment tools and The Baby-Friendly Hospital Initiative Guidelines and Evaluation Criteria for Facilities seeking Baby-Friendly Designation





Early Results

- · Impressive early results in first seven months:
 - > 24% -> 44% skin to skin care after vaginal delivery
 - \triangleright 21% \rightarrow 40% rooming in
 - > 52% -> 72% feeding on cue
 - > 52% → 79% providing discharge support



BEGINNINGS
BEST Fed Beginnings Supported by CDC Cooperative Agreement USB DP003829



BFB Early Lessons Learned

- Support of senior leadership is critical
- QI methods accelerate pace of improvement
 - > 66% → 82% overall breastfeeding rate in just 7 months
- Reporting helps
 - > 82% of teams across three regions are reporting complete data monthly; learning to use data for improvement
- Collaborative learning is a good thing!
 - > 92% of teams across three regions participate in monthly Action Period calls







Engaging Mothers

- Mother representative on all hospital teams
- Attended Learning Session 2
- Mothers are engaging across hospital teams
 - ➤ "Best Fed Mom's" Facebook Page
 - > Other opportunities such as monthly conference calls







BFB Selection Process

Competitive (team, experience, current situation, workplan) application with preference for hospitals:

- Located in geographic areas with lower breastfeeding rates including: Mid-Atlantic, Mountain Plains, Southeast and Midwest
- Large number of annual births
- Serve populations at highest risk for not breastfeeding, including high volume of births that are Non-Hispanic, Black/African American, and/or Medicaid/CHIP insured





Building National and State Coalitions to Improve Continuity of Care

Interstate Ten Steps Collaborative Meeting May 16, 2013

Amelia Psmythe, Deputy Director



About USBC



- ☐ The United States Breastfeeding Committee:
 - Multi-sectoral, nonprofit coalition
 - Nearly 50 national organizations and federal agencies, plus 8 state coalition regions
 - Working to "Advance breastfeeding on our nation's agenda through collaboration, leadership and advocacy"

Link to SGCTA



The USBC and affiliated state coalitions are recognized as leaders in implementation of the 20 actions outlined in *The Surgeon General's Call to Action to Support Breastfeeding.*



Major USBC Initiatives...



...on Continuity of Care & Collaboration

- NICHQ Partnership
 - Supports Best Fed Beginnings initiative
- W.K. Kellogg Foundation Grant
 - USBC is a First Food "Fieldbuilder"

NICHQ Partnership



- Convene an Advisory Committee on Community Support for Breastfeeding
- II. Facilitate the Building of Community Connections to Support Participating Hospitals, in Partnership with State Coalitions
- III. Draft Implementation and Best Practices Guide for Electronic Health Record (EHR) Vendors

Advisory Committee on Community Support



Purpose:

- Leverage members' influence, to strengthen connections between community groups/resources and participating hospitals.
- b. Review and disseminate learning from participating hospitals as they connect with community groups/resources to implement Steps 3 and 10.
- Provide guidance on the development of systems to advance continuity of lactation support between hospitals, outpatient health care settings, and community settings.

Hospital-Community Connections (Steps 3 & 10)



Purpose:

Develop systems to advance continuity of lactation support between hospitals, outpatient health care settings, and community settings to support implementation of Steps 3 and 10, for hospitals in the Best Fed Beginnings Collaborative.

Reinforce state/community coalition efforts to:

- work with hospitals to provide and/or foster development of programs that make education about breastfeeding, including individual and group counseling, available to pregnant women;
- establish partnerships for integrated and continuous follow-up care after discharge from the hospital.

Coalition Funding Opportunity



Two streams of funding to state coalitions...

- Capacity Building Funding (subset of the 29 state coalitions that need support)
- 2. Implementation Funding (all 29 state coalitions, according to the number of communities to be served)



USBC Support Activities



- Customized technical assistance to state coalitions
- □ Training & networking opportunities:
 - Support continued expansion of CGBI's Interstate Collaborative
 - Coordinate with Advisory Committee on Community Support Quarterly webinars/discussions to share best practices and lessons learned
 - Compile/publish 2-3 case studies
- Support NICHQ webinar on community connections (for both BFB hospitals and state coalitions)

EHR Implementation & Best Practices Guide



- Goal of the document: Guide the consistent capture of meaningful data on infant feeding practices for EHR vendors and care providers
- This work includes:
 - Engage with consultant and convene expert panel of infant feeding and data collection experts
 - Present and advocate for adoption of recommendations by major vendors
 - Design and implement a communication plan

WKKF Grant



- Build USBC capacity
- □ Part 1: State Breastfeeding Coalition Building and Support
- □ Part 2: Access and Continuity of Skilled Support

Build USBC Capacity



- □ **New Staff:** Deputy Director, Coalitions Relations Manager, Manager of Special Projects
- Consulting/Training: Collective Impact, BoardSource
- □ **Travel:** to represent USBC at meetings, policy discussions, trainings, execute project work
- Website Development: building new website w/ integrated online community collaboration platform
- Racial Equity Focus: speakers/workshop at membership meeting, forming task force

State Coalition Building and Support

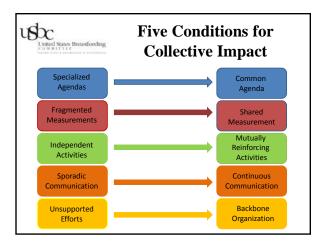


- Coalition needs assessment examining existing structural models, current activities, and "markers of effective coalitions"
 - Online survey of state and territorial coalitions, leader and member versions
 - Key informant phone interviews
- Racial equity focus wrapped into coalition capacity building efforts to encourage recognition, self-education, group examination

Access and Continuity of Skilled Support



- Engage with Collective Impact consultant, Tamarack Institute; train team of staff/volunteers on CI model
- Conduct Environmental Scan/Stakeholder
 Analysis to assess national landscape in 4 areas:
- Strengthen programs that provide mother-to-mother support and peer counseling.
 - Ensure access to services provided by IBCLCs.
- Use community-based organizations to promote/support breastfeeding, especially in communities of color.
- Develop systems to guarantee continuity of skilled support between hospitals and community health care settings.
- Analyze response data to prepare Summary Report and format details to share with state coalitions



Next Steps

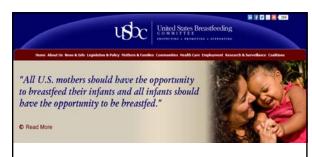


- Results of Coalition Needs Assessment will inform customized technical assistance plan
- Results of Environmental Scan/Stakeholder
 Analysis to inform invitation list to August 2013
 national stakeholder meeting
- Collective Impact model to be used for stakeholder meeting to define "Theory of Change" or common agenda
- □ Alignment and collaboration ongoing with NICHQ Best Fed Beginnings and CDC...

Wrap Up

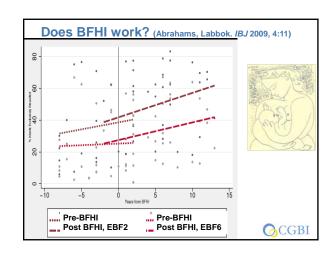


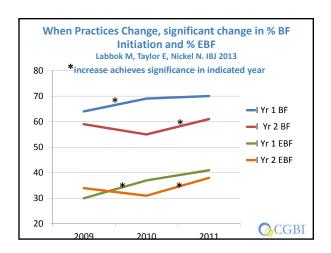
- □ The more we learn about Collective Impact...
- the more applicable it is to all of USBC's work
- □ The more we learn the landscape of breastfeeding support...
 - the more we see connections between community, state, and national efforts
- ☐ The more USBC builds capacity...
 - the better poised we are to convene and coordinate stakeholders at every level toward collective action

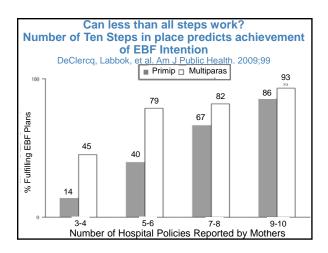


For more information, please see: www.usbreastfeeding.org

Can we select and prioritize among the TEN STEPS? Miriam Labbok, MD, MPH, IBCLC, FACPM, FABM, FILCA CGBI Professor and Director Department of Maternal and Child Health Carolina Global BREASTFEEDING INSTITUTE Department of Maternal and Child Health







Which steps were most closely associated with In-hospital BF rate?

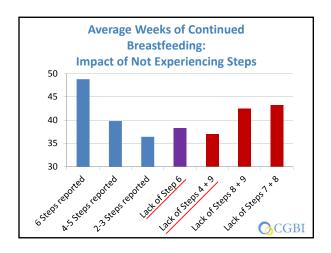
Taylor E, Nickel N, Labbok M. AJPH Dec 2012

- ANY BF:
 - 1: Policy,
 - 2: Training,
 - 6: No Supplements,
 - 9: Restricting artificial nipple use
 - followed by 3: Prenatal, 4: Skin-to-skin, and 7: Rooming-in.
- EBF:
 - 1:Policy,
 - 2:Training,
 - 4: Skin-to-Skin
 - 9: Restricting artificial nipple use,
 - followed by 3: Prenatal, 6: No Supplements, and ${\bf 7}:$ Rooming-in.
- Step 8: Cue recognition and Step 10 did not appear to be associated with in-hospital success, <u>but vital for continued breastfeeding</u>.

Lack of which steps reduces duration? IFPS II steps (Nickel et al, JHL 2012)

- Included only steps
 - 4: early initiation and skin-to-skin;
 - 6: no supplements;
 - 7: rooming in;
 - 8: cue recognition;
 - 9: restricting nipples; and
 - 10: ongoing support/referral.
- · Outcome: duration any breastfeeding.
- Causal Inference Analysis: Propensity scores modeled the probability of exposure to lacking 1 or more of the Ten Steps. Controlled for confounding.
- Survival analyses estimated the relationship between the lack of a Step and breastfeeding duration.





Association Between BFHI Status and Any BF:

Adjusted for maternal age, education, remoteness, SES, diabetes, HBP, depression, prolonged labor, analgesia/anesthesia, public/private Brodribb W et al. Baby-Friendly Hospital Accreditation, In-Hospital Care Practices, and Breastfeeding. PEDIATRICS 131(4), April 2013

	Non-BFHI	BFHI
% Breastfeeding at 1 mo	88.1	84.6
Adjusted OR (95% CI)	1	0.72 (0.58-0.90)**

Infant Friendly Practices	BF at 1 m	BF at 4 m
0	1	1
4	2.20 (1.78-2.71)***	2.93 (2.40-3.60)***

Practices (4: skin-skin, 4: early initiation, 6:supplementation, 7:rooming-in)

If 4 practices: OR=3.04 (2.01-4.60) at 1 mo, OR=4.53 (3.08-6.67) at 4 mo. (dose response)

Conclusions:

Might there be the possibility to re-weight the steps or revise for jump-starting action?

YES:

- The Ten Steps themselves are basic quality of care
- They consistently result in improved in hospital and subsequent optimal breastfeeding
- Selected Steps shown in multiple studies to be more closely associated with best outcomes:
 - 6: No supplementation/no "free lunch"
 - 4:S2S, early initiation; 7: rooming-in
 - 8: on demand/cue recognition; 9: no nipples or pacies



The findings suggest:

- May be possible, where there is hesitancy to jump in, to prioritize implementation of <u>at least</u> the selected steps.
- For sustainable change, teach these as the norm in <u>all teaching hospitals</u>.
- Continue all efforts to see all Ten Steps in place as basic quality of care in all maternity settings.



Acknowledgements: CGBI Ten Step Team and Donors



L to R: Calhoun, Parry, Taylor, Labbok, Colgan, Nickel Absent: Abrahams Donors:

- Kate B. Reynolds Charitable Trust
- Duke Endowment
- Task Forces at each hospital
- CGBI Endowment



Thank you





Colorado Can Do 5! Building Momentum Toward Baby-Friendly 10 Steps



Interstate Ten Steps' Collaborative May 16, 2013

> Jennifer Dellaport, MPH, RD Breastfeeding Specialist Prevention Services Division

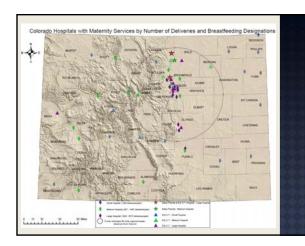


COLORADO CAN DO 5! BABY-FRIENDLY HOSPITALS

What you can expect to hear...

- Evolution of the CCD5! initiative
- Initiative components 3 Phases (Outreach, Survey and Recognize, Inform and Network)
- Newest project Hospital Collaborative





EVOLUTION OF THE CAN DO 5!" RESEARCH

- 2002 Added new maternity care practices questions to the CO Pregnancy Risk Assessment Monitoring System(PRAMS)
- 2005 Analyzed 2 years of data (2002-2003) for a relationship between each practice and breastfeeding continuation.
- All Colorado births
- Studied healthy infants (excluded "at risk" infants, i.e., low birth weight or premature infants, infants admitted to NICUs, multiples)

PRAMS SURVEY YES/NO QUESTIONS

- Hospital staff gave me information about breastfeeding
- My baby stayed in the same room with me at the hospital
- I breastfed my baby in the first hour after my baby was born
- Hospital staff helped me learn how to breastfeed
- My baby was fed only breast milk at the hospital
- Hospital staff told me to breastfeed whenever my baby wanted
- The hospital gave me a gift pack with formula
- The hospital gave me a telephone number to call for help with breastfeeding
- My baby used a pacifier in the hospital

FIVE PRACTICES THAT SIGNIFICANTLY EXTENDED DURATION

In the hospital . . .

- Baby breastfed in the first hour (step 4)
- Baby roomed-in with mother (step 7)
- Baby was fed only breast milk(step 6)
- Baby did not use a pacifier (step 9)
- Staff gave mother a telephone number to call for help with breastfeeding. (step 10)



PHASE 1: GET THE WORD OUT 2007 PUBLISHED FINDINGS Getting It Right After Delivery: The livery Interest that Support Broadfording Birth: Issues in Perinatal Care "Hospital Practices that Increase Breastfeeding Duration: Results from a Population-Based Study" Vol. 34(3): 202-211, September 2007 Authors: Erin Murray, MSPH, RD Jennifer Dellaport, MPH, RD Sue Ricketts, MA, PhD

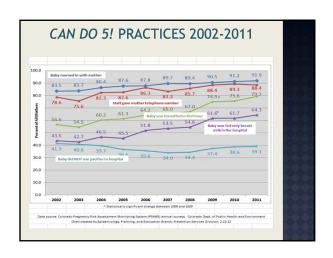
PHASE 1: OUTREACH TO HOSPITALS AND COMMUNITIES To hospitals (on-site training) To local public health programs (training and information) To pregnant women (prenatal education with crib card)

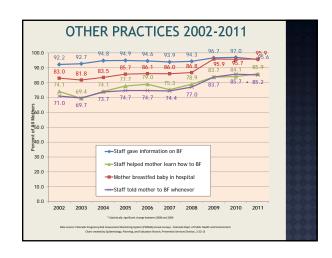


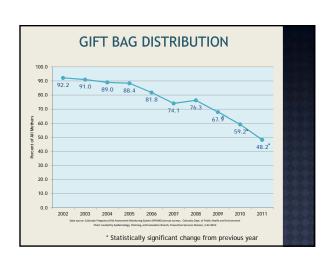


OUTCOMES OF HOSPITAL OUTREACH ● 48 hospitals (out of 52) hosted either a volunteer or Dr. Neifert for a training

- Approximately 1000 Colorado health care professionals were reached (including health care professionals and community partners)
- Learning along the way (Can Do 5! slogan)
- Improvement in mothers' survey responses

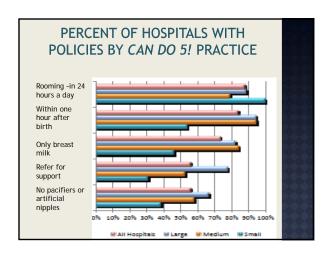






PHASE II: POLICY SURVEY AND RECOGNITION

- 2011 Administered a survey to all 52 hospitals with maternity care services to identify
- 1) Which of the Baby-Friendly Ten Step practices were included in hospital policies
- 2) How policies were communicated to staff
- 3) The barriers hospitals encounter with implementing each practice (step)
- 4) Potential assistance CDPHE could provide and
- Invited hospitals to apply for a CCD5! B.E.S.T. (Breastfeeding Excellence Starts Today)



CHALLENGES TO IMPLEMENTING PRACTICES

- Parent domain: parents want formula, want pacifiers, want to give a bottle, want rest, want the block party in their room after delivery, etc
- Provider domain: doctors/nurses say formula is fine, recommend pacifiers, offer mom rest, doctors worry baby isn't eating so give supplements, staff encourage scheduled feedings, obstetricians don't promote breastfeeding, etc
- Management domain: time/staffing issue, training issue, or management issues

CHALLENGES TO IMPLEMENTING PRACTICES

- WIC participation
- ...Formula is free to them and they often come from families that have bottle fed for generations, they have no desire to breastfeed or if they try they do not desire to put forth the effort to continue
- Rural hospital
- ...hospital is very small so our nurses work ER, SCU, med-surgery, OB, and nursery all at the same time. We do not have the resources of a lactation consultant and there are no support classes for at least 2-3 hours away from our community.

HOSPITAL REQUESTS OF CDPHE

Please provide . . .

- Staff education and training materials, and opportunities
- Parent educational pamphlets and posters
- Media exposure to promote breastfeeding and the importance of specific maternity practices
- Hospital leadership education about BFHI 10 Steps
- Sample policies
- Recognition
- Financial support

COLORADO CAN DO 5! B.E.S.T. AWARDS 2011

- August 6, 2011 during World Breastfeeding Week
- 13 hospitals awarded (18 applied)
- Received a plaque
- Recognized at a Colorado Perinatal Care Council meeting - at least one representative from each hospital being awarded attended
- Media attention



PHASE III: INFORM AND NETWORK HOSPITAL SUMMIT

- Colorado Hospital Breastfeeding Summit: Using Evidence-based maternity and infant care practices September 18, 2012 - all-day
- Invitation-only for up to 3 hospital decision-makers:
 CEO, CNO, mid-level manager (mom/baby unit), CQI person, physician champion
- Offer educational and networking opportunities
- Recognition and award presentations (Baby-Friendly, Colorado Can Do 5! 2012 recipients)
- No cost for registration or lodging (depended on distance to travel)
- Diverse planning committee
- Co-support from CO Breastfeeding Coalition, Kaiser, HealthOne (HCA), Denver Mothers' Milk Bank and others

COMPONENTS OF SUMMIT

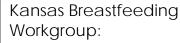
- Drafted agenda with objectives for each session - Solicited feedback from 5 CNOs
- Revised agenda
- Balance of plenary and breakout sessions
- All plenary sessions framed messages with an overlay of "what's in it for your hospital"
- Breakout sessions: 9 out of 12 were panels
- Action planning session
- Recognized 20 additional hospitals with the Colorado Can Do 5! B.E.S.T. award

NEWEST PROJECT: BABY-FRIENDLY HOSPITAL PRIORITY

- Formed an advisory committee with diverse membership
- A 5-year project to support up to 15 hospitals on their journey to Baby-Friendly designation
- Hosted two webinars for staff and then leaders
- Sent invitation to hospitals to apply within one month
- Applied for CDC funds through







- Doctors
- Advanced Practice Registered Nurses
- Dieticians
- Nurses
- Lactation consultants
- La Leche League Leaders
- Health Care Administrators

Disclosure: No one involved in this program has any relevant financial



Hospitals enrolled in High 5 for Mom & Baby

hospital	deliveries/vr
Lawrence Medical Center	1077
Chanute	329
Newton	502
Hays	703
Goodland	57
Cheyenne County	23
Citizens Medical Ctr, Colby	116
Abilene	59
Emporia	413
Geary county	338
Stormont Vail Topeka	2077
St. Francis Topeka	1069
Holton	36
Mercy Hospital, Independence	221
St. Catherine's Hospital, Garden City	808
Salina	1196
University of Kansas Hospital	1643

Mom Baby Hospital Care that Supports Breastfeeding

The 5 Best Practices

Assure immediate and sustained skin-to-skin contact between mother and baby after birth.

Give newborn infants no food or drink other than breast milk, unless medically indicated.

Practice "rooming in"

Give no pacifiers or artificial nipples to breastfeeding infants.

Provide mothers options for breastfeeding support upon discharge.







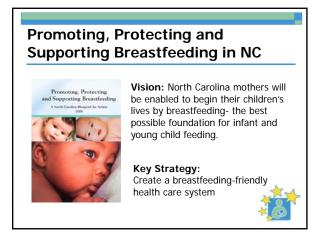
Program contents

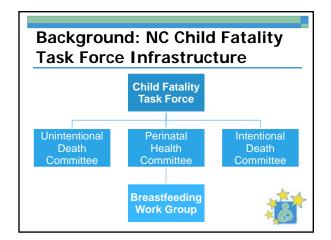
- · Education for staff and community
- Resources
- Support and connection to other hospitals
- Scholarship money for IBCLC
- Recognition and marketing

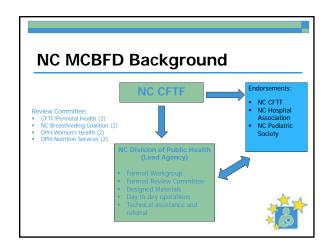
High5Kansas.org











How is the NC MCBFD different than other programs?

- ★ Voluntary
- ★ There are no fees attached
- Recognition is awarded incrementally to help support a continuum of improvement
- It is a local program, promoting healthy competition to provide better care to NC citizens
- ★ There are no site visits required



Levels of Attainment

- ★ For each two steps implemented the facility will be designated one star
- ★ A maximum of 5 stars will be designated to a facility





How does my facility receive the designation?

- ★ Must complete the NC MCBFD Application
- ★ Application requires the facility to review each of the Ten Steps
- ★ Most areas of the application require supporting documentation
- * Applications are reviewed on a quarterly basis

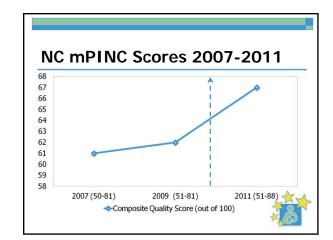


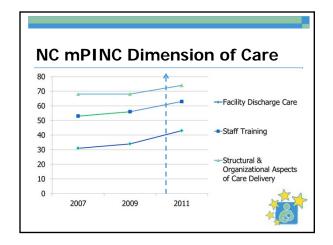
What happens after the designation is made?

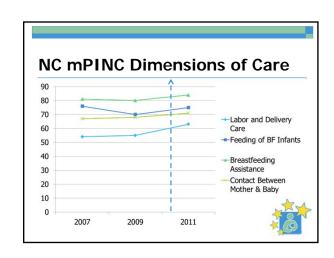
The facility receives the following:

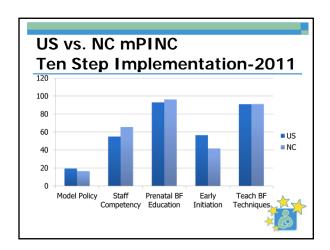
- ★ A letter with the designation level signed by the State Health Director
- * A certificate of designation
- ★ A CD with logos for the facility level of designation (with instructions for use of the logos)
- ★ A sample press release
- ★ Public recognition on the nutritionnc.com website

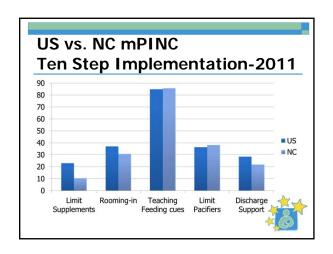


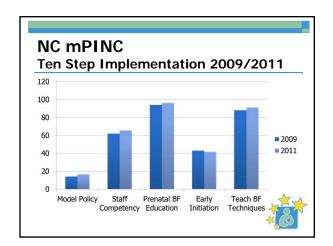


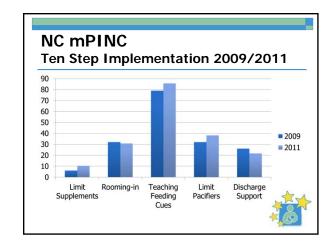


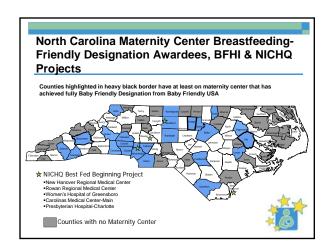


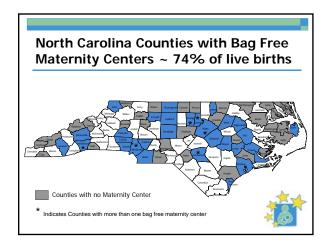












NC MCBFD Progress

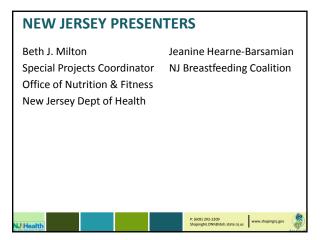
- ★ 30 current designees
- ★ 162 webinar participants since August 2010
- ★ Frequent technical assistance to facilities
 - ★ Post review call
- ★ Formal requests for duplication of model: Washington, Georgia, Nevada
- ★ Technical assistance to other states
- ★ Model adapted for Breastfeeding-Friendly Child Care Designation (coming in 2013)

Questions?









Thank you and Acknowledgments • National Partners-CDC, AHRQ, NICHQ,

- Foundations-Kellogg Foundation
- Baby- Friendly USA
- AAPNJ PCORE
- NJ Hospital Association
- NJ WIC
- NJ Breastfeeding Coalition
- ShapingNJ
- NJ BFHI Coalition Hospitals and Key Contacts

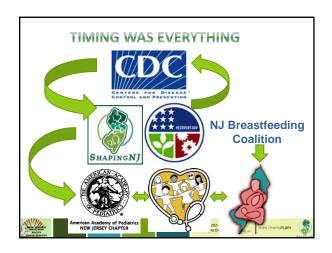


OVERVIEW • The Office of Nutrition and Fitness ShapingNJ • Healthcare Workgroup • The New Jersey Baby Friendly Hospital Initiative • Developing New Jersey Experts • New Jersey Sustainability Plan - Hospital Support to continue and expand NJBFHI - Community Breastfeeding Support Pilot Project - NJ Breastfeeding Coalition-New Jersey Proposed Amendments to Hospital Regulations (Jeanine)

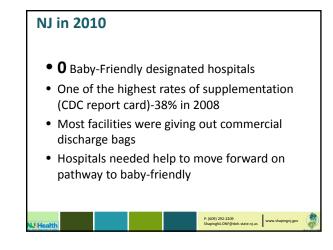


SHAPINGNJ • Public-Private Partnership • Over 200 member organizations and growing • Organized to write and Implement NJ Obesity Prevention Plan • Implementing strategies in last year of 5 year project that ends June 30, 2013 Promoting healthy, active communities Coordinated by NJ DOH



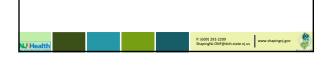






Goals of the NJ Project

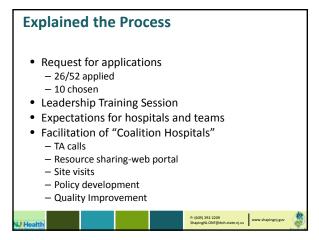
- Use a Quality Improvement Approach
- At least 2 NJ hospitals will become designated as a Baby-Friendly hospital
- Remaining 8 hospitals will implement at least 2 new steps from the Ten Steps to Successful Breastfeeding
- Educate Community Practices (OB, FM, Ped.)



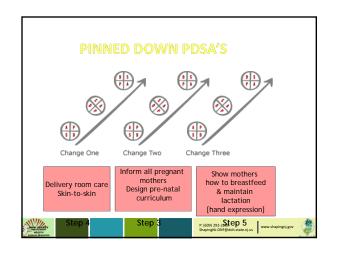


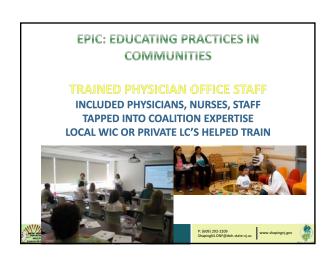














Evaluation

- Qualitative reports, lessons learned, stories shared on TA calls and Learning Sessions
- Pre vs. post Modified BF USA Self-Assessment tool
- Hospital specific PDSA data runs
- Point on the 4-D pathway
- Pre vs. post Exclusive breastfeeding using NJ Electronic Birth Certificate data on breastfeeding



Outcomes

- EBF Rates increased over 11% in 18 months
- All 10 hospitals had adopted a global infant feeding policy
- All 10 gave up the practice of giving out formula company discharge packs
- Most are paying for formula
- Thousands of physicians, nurses, staff, and office based personnel trained in breastfeeding and nutrition support



CONCLUSIONS

- Statewide coalition expedites BFHI designation and progress through 4-D
- Building bridges between hospitals and practices improves buy-in
- Obesity prevention begins with exclusive breastfeeding
 - Collaboration is key



Sustaining NJ Baby Friendly

HOSPITAL SUPPORT

New Jersey Hospital Association

- Perinatal Collaborative Support
- 4 Webinars
- June 17th Didactic Learning Summit-
 - New Jersey Baby Friendly Hospitals Presentations
- Applied for Funding including BFHI in enhanced grant with Chronic Disease Integration
- BFHI is part of the Chronic Disease Plan



Sustaining NJ Baby Friendly

COMMUNITY SUPPORT

Central Jersey Family Health Consortium

- Pilot Project in two communities
- Staff Training in two FQHC on Breastfeeding
- Coordinate Breastfeeding policies at FQHCs
- Mother to Mother Support Groups in two Family Success Centers in same community









New Jersey Breastfeeding Coalition



Mission Statement

The New Jersey Breastfeeding Coalition is a collaboration of health professionals and community representatives whose mission is to identify and reduce medical, social and economic barriers to breastfeeding in New Jersey through education and outreach.



Public Law

- PUBLIC BREASTFEEDING IN NEW JERSEY
- Every mother has the basic human right to breastfeed her baby. It is not illegal to breastfeed your baby in public in New Jersey or in any state in the United States. New Jersey law specifically protects the right to breastfeed in public, permitting every mother to breastfeed in any place within a place of public accommodation where she is otherwise entitled to be. The law is as follows:
- N.J.S.A. 26:4B-4

 Notwithstanding any provision of law to the contrary, a mother shall be entitled to breast feed her baby in any location of a place of public accommodation, resort or amusement wherein the mother is otherwise permitted.



Business Card English side 1

Breastfeeding:

It's your right in New Jersey!
New Jersey law* gives every mother
the right to breastfeed her child
in any place that's open to the public:
restaurants, malls, parks, libraries, etc.
Report violations to the local health department.
Violators may be subject to fines. *N.J.S.A. 26:48-4, -5.

New Jersey Breastfeeding Coalition breastfeedingnj.org



Business Card Spanish side 2

Amamantar: ¡Es su derecho en New Jersey!

La ley de New Jersey* le da a cada madre el derecho de amamantar a su bebé en cualquier lugar abierto al público: restaurantes, centros comerciales, parques, etc. Reporte incdentes al departamento de salud local. Los infractores están sujetos a multas. N.J.S.A. 26:4B-4, -5.

New Jersey Breastfeeding Coalition breastfeedingnj.org



Ad Hoc Committee: Hospital Regulations

- Formed in 2009
- Members included NJBFC members, MD's, LC's, RN's, hospital management
- Developed comprehensive recommendations
- Submitted to Department of Health during revision period
- Hospital regulations finished 60 public comment in April 2013 and the expectation is that they will be adopted by the fall 2013



Partner in Shaping NJ

- ShapingNJ is the state partnership for nutrition, physical activity and obesity prevention.
- 8 Coalition members participated from the beginning
- Active participants in the Breastfeeding, Healthcare and Workplace Workgroups
- Healthcare Workgroup instrumental in supporting hospitals BFI



ZIPMILK

- Early participant
- Needed complete information on available breastfeeding support and place to share with public
- Supports the 10th step
- Signed new contract with MA this month
- Projected start with updated data—June 2013



USBC Grant

- May 2013 funding
- Implementation Funding working on the 10th step
- Liaisons to Best Fed Beginning Hospitals (2)
- Number of objectives to fulfill
- Work on capacity building activities



Up Next

- Website redesign: want to have update news and information available for mothers and professionals
- Workplace award: still barriers in the workplace.. So we are restarting the award and the committee will take applications this fall



Funding & Infrastructure

WK Kellogg Foundation Funding

• 1 FTE dedicated to Baby-Friendly

Staff Training

- USBC Conference
- NICHQ
- Michigan Summit

Expert Consultation/Mentorship

- Miriam Labbok
- · Anne Merewood
- Bobbi Phillipp



Strategies: Summit

Program

- Speakers
- Invitees Focus on Administration
- Agenda
 - No discussion of breastfeeding benefits
 - Lots of networking opportunities
 - Systems change training PDSAs
 - Electronic resources

Recruitment

- Save-the-date Postcards
- Annual Conference
- Phone Banking
- Influence Mapping

Evaluation

- Photography
- Note-takers
- Self-report surveys





You Tube

Strategies: Targeted Persuasion & Site Visits

Provider Conferences

- Pediatricians
- Family Medical Doctors

County Health Councils Coalition Building

- USBC
- Interstate Collaborative
- NICHQ
- Kellogg Funded Initiatives
 - MotherBaby Summits
 - Place Matters
 - IHS Baby-Friendly Effort
- Local Community Based Organizations

Site Visits

- Lecture Tour
- Provider Presentations
- Administration Presentations

Strategies: Building on National Momentum & Media Campaigns

National Momentum

- The Joint Commission
- Affordable Care Act
- Kellogg First Food Movement
- CA & IL Legislation
- National Media Coverage

Media Campaign

- Print Albuquerque Journal, Sage Magazine, 8/13
- TV KOAT 7

http://www.koat.com/news/new-mexico/albuquerque/Breast-Feeding-Health-Insurance/-/9153728/15914012/-/w8y922z/-/Index.html

- Social Media
 - Facebook

https://www.facebook.com/NMBFING?ref=hl

• Twitter

https://twitter.com/NMBfingTskFrce

Pinterest

http://pinterest.com/breastfeednm/



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Welcome

April 19, 2013

Dear NM Hospital Representatives & Community Supporters,

On behalf of the New Mexico Breastfeeding Task Force, we are delighted to welcome you to the 2013 NM Maternity Care and Infant Feeding Summit.

This is the first such gathering of medical professionals and administrators in New Mexico, and yet since many of you have been working for years to ensure the health and well being of New Mexico's mothers and babies, this is more like a long overdue convergence of the best and brightest minds, rather than a fresh start.

We hope you will take the time to acknowledge and honor the progress we have already made across the state in supporting new mothers' feeding choices and implementing evidence-based maternity care and infant feeding practices. We also know that there is much work still to be done.

In coming together today we have an opportunity to:

- · Share successes, best practices and innovative implementation strategies
- Strengthen and expand the network of partners working to increase optimal maternity care practices in New Mexico
- Address racial/income inequities and improve the lives of the most vulnerable New Mexican mothers and children
- Improve data collection including mPINC survey participation rates, accuracy and scores
- Design plans to improve compliance with the Baby-Friendly™10 Steps and increase the number of Baby-Friendly Designated Hospitals in New Mexico
- · Remove formula company discharge bags from all NM hospitals

We look forward to spending the day together as we set a course for greater collective impact and continue to improve maternity care and infant feeding practices within the hospital setting so that all New Mexican mothers and children can thrive.

Best wishes,

Katrina Fuller Board President Lissa Knudsen

Baby-Friendly Hospital Project Director

Ussaut Hundsen

Agenda

Breakout Session Descriptions

Thursday April 18, 2013

8:00p-9:00p	Bordeaux, Bon Bons, and Breastfeeding Support: A Meet & Greet	Sheraton Club Lou	inge
	Friday April 19, 2013		
6:30a-8:00a	Rolling Registration & Continental Breakfast	Sheraton Baldwin	Ball Room
8:00a-8:05a	Introductions & Housekeeping Lissa Knudsen, MPH & Monica Esparza, WIC Peer Counselor		
8:05a-8:15a	Welcome Remarks Introduction by New Mexico State Senator District 28 Howie Morales, PhD New Mexico Congresswoman Michelle Lujan Grisham, JD		
8:15a-9:45a	Step by Step to Baby-Friendly: Overcoming Myths, Mountains and Minutia Anne Merewood, PhD, MPH, IBCLC	e	
9:45a-10:00a	Break		
10:00a-11:00a	Quality Improvement: Successes, Challenges and Lessons Pat Heinrich, RN, MSN		
11:00a-11:30a	History of Infant Formula Feeding: How We Got to Where We Are Anne Merewood, PhD, MPH, IBCLC		
11:30a-11:45a	Break/Lunch Buffet		
11:45a-12:45a	Sharing Local Success & Challenges (Lunch Panel) Panelists: UNM Hospital, Albuquerque - Emilie Sebesta, MD, JD & Michelle Presbyterian Hospital, Albuquerque - Kathy Cline, RN, IBCLC & C Northern Navajo Medical Center, Shiprock - Antoinette Kleiner, I MountainView Regional Medical Center, Las Cruces - Willa Dixon Gila Regional Medical Center, Silver City - Mary Gruszka, RN, IBC Dar a Luz Birth & Health Center - Abigail Eaves, CNM, MSN Moderator: New Mexico Breastfeeding Task Force - Lissa Knudsen, MPH	arol L'Esperance, R RN, MSN, IBCLC I, CNO & Kimberly S	
12:45p-12:55p	Break/Transition to Breakout Sessions		
12:55p-1:45p	Breakout Sessions Unnatural Causes: Disparities in the Maternity Care Setting, Nandi Andrea Hi Baby-Friendly: For the RN - Kimberly Smetzer, RN, IBCLC Baby-Friendly: For the Provider - Emilie Sebesta, MD, JD Baby-Friendly: For the Administrator - Willa Dixon, CNO & Mary Taylor, MSN Baby-Friendly: For the IBCLC - Mary Gruszka, RN, IBCLC & Carol L'Esperance, The 10 Steps in Native American and/or Rural Hospitals - Anne Merewood, P	I, RNC, CNS IBCLC	ABQ Board Baldwin ABQ Grill Roxy Club Lounge Uptown Board
1:45p-1:55p	Break/Transition back from Breakout Sessions		
1:55p-2:45p	Connect the Dots, Connect the Staff Pat Heinrich, RN, MSN	Sheraton Baldwin	Ball Room
2:45p-3:00p	Resources & Tools Lissa Knudsen, MPH, & Monica Esparza, WIC Peer Counselor		
3:00p-4:00p	Post-Summit Curbside Technical Assistance (Optional)	Sheraton Baldwin	Ball Room

This continuing nursing education activity was approved by New Mexico Nurses Association Accredited Approver Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

12:55pm - 1:45pm

"Unnatural Causes" When the Bough Breaks': Is Inequality Making Us Sick? - Nandi Andrea Hill, LM CPM, PBC

Why do women of color at every socioeconomic level have higher rates of pre-term birth and infant mortality than white women who haven't finished high school or women of color who immigrated here from other countries? Join this discussion to learn more about the racial disparities that exist across birthing experiences, how this affects breastfeeding success, and what you can do to help change those outcomes.

Provider Breakout - Emilie Sebesta, MD

Engage in interactive exercises with providers from around the state to understand how Baby-Friendly strategies are being applied in real maternity care settings. Discuss best practices including prenatal education by trimester, skin-to-skin, rooming in, tongue-tie, hypoglycemia, and more.

Nurse Breakout - Kimberly Smetzer, RN, IBCLC

Learn how RNs from around the state are adopting Baby-Friendly practices. Share strategies to accelerate the rate of improvement in your organization. Understand how to differentiate the use of data for improvement from its use for accountability and comparison, and discuss best practices including delaying the bath, addressing night shift dilemmas, when and how to use pacifiers, tracking supplementation, the myths about maternal sleep, and more.

Native American & Rural Hospitals Breakout - Anne Merewood, PhD, MPH, IBCLC

Identify pros and cons associated with making smaller hospitals Baby-Friendly. Demonstrate techniques for problem solving at smaller hospitals with regard to meeting the Ten Steps, and translate lessons learned into activities at your hospital.

Lactation Consultant (IBCLC) Breakout - Mary Gruska, RN, IBCLC, & Carol L'Esperance, IBCLC

Discuss the IBCLC role in the Baby-Friendly Hospital and share strategies to accelerate the rate of improvement in your organization.

Administrator Breakout - Willa Dixon, CNO & Mary Taylor MSN, RNC, CNS

Engage in interactive exercises with colleagues from around the state to understand how quality improvement tools are being applied in real maternity care settings. Discuss best practices in public relations, patient satisfaction, data collection, model hospital policies, formula company contracts, minimize training costs, etc.

Presenter Bios



Kathy Cline, RN, IBCLC is a Registered Nurse with a comprehensive background in lactation, perinatal services, community health and gerontology. She has helped to build community collaboratives, written and administered grants, and established hospital and community based programs. She facilitated the Baby Friendly Journey at a hospital in California, opened a

Mother/Baby Assessment Center in addition to a Mildly Ill Day Care at an alternative high school for teen moms. Kathy has provided consultative services and education to WIC staff in Southern California and currently teaches both Quality and Healthcare Policy classes to BSN and MSN students through the California State University system. Kathy graduated from the University of San Francisco with her Bachelors in Nursing and California State University, Dominguez Hills with a Master of Nursing Degree. She completed the UCLA Lactation program as a Certified Lactation Consultant and has been active in the Lactation field for more than 20 years. Kathy is the proud mother of 5 children and grandmother of 7. She enjoys travel, reading and many of the needle arts in her spare time.



Willa Dixon, MSHS, BSN, RN holds the position of Project Chief Nursing Officer (CNO) in Division IV hospitals for Community Health Systems (CHS) head quartered in Franklin, Tennessee. Division IV is made up of twenty-three hospitals in ten states. She spends a significant portion of her time in the New Mexico hospitals and is also the Interim CNO for MountainView Regional Medical Center, Las

Cruces, NM. Willa is a former Speaker for the CNO Summit where she often addressed topics on patient safety. Willa has been in nursing for more than thirty years. She completed her Masters' Degree at Post University in Connecticut and her Undergraduate Degree at Barton College in North Carolina.



Abigail Eaves, CNM, MSN, is ED and founder of Dar a Luz Birth & Health Center. She was born and raised in Albuquerque and attended the Albuquerque Academy. She went to UNM and received both of her nursing degrees — a Bachelor's in 2000 and Master's with a concentration in nurse-midwifery in 2002. Abigail knew from a very young age that being part of natural childbirth was her calling and

she realized that she was to be a midwife by the time she was 16 years old. She is passionate about all women receiving care that strengthens them as individuals and gives them the power to make informed health decisions about their own care, as well as their family's care. She attended deliveries at Lovelace Women's Hospital from January 2004 through July 2009. She fiercely believes that women need as many options as possible to birth their babies, and the birth center option has been missing too long and is greatly needed in our community. In March 2011, after years of fund-raising, she led a small but dedicated group to open Dar a Luz Birth & Health Center in Albuquerque's North Valley. We have caught nearly 130 babies as of early April 2013, and have expanded our services, clinic hours and staff continually as Dar a Luz Birth & Health Center grows and thrives. =



Monica Esparza, BPC has been a BPC for the past four years helping countless of moms bridge the gap between a mother's hospital discharge to her first doctor's appointment, as well as continuing to provide support and advice to a mother throughout their breastfeeding experience and helping them overcome barriers and continue breastfeeding until both mom and baby choose. She has received

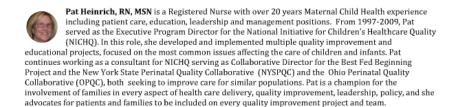
training as a Lactation Educator (LE) and is currently working on becoming a Certified Lactation Educator (CLE). She is also involved with the New Mexico Breastfeeding Task Force. She is an active board member serving as Representative for region three as well as chair of the Greater Albuquerque Area chapter. She lives with her husband and their four-year-old daughter.



Mary Gruszka, BSN, IBCLC has been caring for mothers and infants for most of her 25 year nursing career, working both in and out of the hospital setting. She became interested in lactation in 1994, seeing it as a simple, non-technological way of improving the health of families. Mary has been inspired and motivated by participation in the New Mexico Breastfeeding Task Force, and she is now a member of the NMBTF Board. A lactation consultant since 2007, Mary has the honor and challenge of

coordinating the journey of Gila Regional Medical Center in Silver City, NM towards Baby-Friendly designation. When not focusing on the Baby-Friendly journey, Mary continues to journey through life with her husband Tom and six children, ages 13 to 24.

6





Nandi Andrea Hill, LM CPM, PBC moved to Albuquerque, New Mexico twelve years ago to learn the Art of Midwifery in a thriving home birth community. Born into a family, of home birth supporters and breastfeeding advocates, Nandi became passionate about birth justice from an early age, and attended her first birth as an adult in 1998. She has been a professional Birth Companion

since 2005 and has since trained over 40 birth companions. Nandi received her New Mexico License to practice Midwifery, in June 2012, and a Certified Professional Midwife license, in February, 2012. Nandi has three children, all born at home, and is committed to persevering traditional midwifery as a viable option in maternal

Antoinette Kleiner, RN, IBCLC is the Nurse Educator/Lactation Consultant for the Indian Health Service (IHS), Shiprock Service Unit facilities. She has worked with and for mothers and babies for 23 years has been a nurse since 1998. Antoinette earned a Bachelor's of Science in Nursing from the University of Phoenix in 2008 and a Master's of Science in Nursing with a Health Education focus from Benedictine University in 2011. She received her credential as an International Board Certified Lactation Consultant in 2011 as well and began specializing in Lactation Support and Education at that time. Antoinette and her husband moved their three children to New Mexico ten years ago and she has worked with the IHS at Northern Navajo Medical Center, Johns Hopkins Center for American Indian Health and San Juan Health Partners-Pediatrics. Her role as the Lactation Consultant is to provide breastfeeding support and education to patients, families and staff and help our facility achieve designation as a Baby-Friendly® hospital. Antoinette's personal and professional mission is to empower mothers, and the healthcare staff that serve them, with the best practice and education so that they may choose health and wellness for themselves and their children.



Lissa Knudsen, MPH has a background in public health policy and media advocacy. In 2007 she worked with the New Mexico Breastfeeding Task Force, state legislators and a coalition of public health organizations and community advocates to support "Breastpump Use in the Workplace," a precursor law to the protections now afforded all women in the US by the Affordable Care Act. She

served as the Graduate and Professional Student Body President at the University of New Mexico in 2009 and 2010, and teaches undergraduate classes in public speaking and service learning at Central New Mexico College. In 2012 Lissa was commission assistant to New Mexico Congresswoman Michelle Lujan Grisham and a senate attendant in the New Mexico State Legislature. She has a masters degree in public health and is currently a health communication doctoral student at the University of New Mexico. She contracts with the New Mexico Breastfeeding Task Force as their Baby-Friendly Hospital Project Director and Lissa lives with her eight-yearold daughter, her Boston Terrier Louis, and their five backyard chickens in a bungalow style home in historic downtown Albuquerque.



Carol L'Esperance, RN, IBCLC has been a Lactation Consultant/Care Manager at Presbyterian Hospital in Albuquerque, New Mexico from 1999 to present. She was one of founding members of The New Mexico Breastfeeding Task Force and has served as their treasurer for 25 years. She taught at University of New Mexico in College of Nursing from 1978-1983, served as the Director of

Continuing Education for Nurses at University of New Mexico from 1991-1996, and has published research articles and a chapter in a nursing textbook on Breastfeeding. Carol is married to William L'Esperance, has three children (all breastfed) and 5 grandchildren (all breastfed at least one year).

Technical Assistant Bios



Whitney Alfaro RN, MSN (Dar la Luz Birth & Health Center: Milk Depot) is a military wife and mom of a 5 month old. She has an undergraduate degree in Speech Pathology and an MSN in Nursing Administration from the University of Texas at Austin. She has worked in rehabilitation and hospice environments as a staff nurse, wound care nurse, and nurse manager. After having a baby in

Albuquerque and struggling with glandular insufficiency Whitney began to explore the need for an Albuquerque mother's milk depot. She is now acting as a volunteer coordinator for the Dar a Luz Milk Depot, a depot for the Denver Mother's Milk Bank.

Stephanie Andrews, RN, IBCLC (New Mexico Breastfeeding Task Force) works as an IBCLC on the Mother/Baby unit at UNM Hospitals. She is an involved member of the New Mexico Breastfeeding Task Force and has been a NMBFTF conference planner for 8 years. Stephanie is also currently initiating a WIC Breastfeeding Peer Counselor Program at UNM.

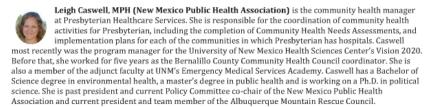


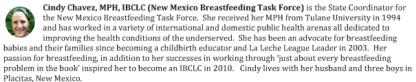
Lizabeth Berkeley, MPH, IBCLC, RLC (Baby Café) is on the faculty of Gayle Greve Hunt School of Nursing at Texas Tech HSC, El Paso, TX. She has been the director of the El Paso Baby Cafe for 4 1/2 years; the second licensed Baby Cafe in the United States. She received her MPH from Columbia University in 1986 and has been a board certified Lactation Consultant for 12 years.



Maria Brock, LISW (Native American Professional Parent Resources) is from Laguna and Santa Clara Pueblos and is also of German/Czech descent. She is currently the Director of the Tribal Home Visiting Program, Maria was raised in Albuquerque, New Mexico, and received a bachelor's degree from the University of New Mexico. She then completed a Master of Social Welfare in Mental Health

Direct Practice at the University of California, Berkeley. She was a practicing child and family therapist for over 10 years, specializing in working with Native American families who were involved in the child welfare system and adult substance abuse recovery, with an emphasis on Early Childhood Mental Health. Her work has been centered around resiliency, holistic wellness and trauma recovery. She is honored and humbled to provide leadership for the Tribal Home Visiting Program, which supports numerous expectant families, new parents, babies, toddlers and their extended families. She wishes to express Dawaee ("thank you") to each of her staff and most importantly, to the families who allow us to come into their homes and be a part of their lives. Healthy Families Build Strong Communities!







Eirian Coronado, MA (Pregnancy Risk Assessment Monitoring System/PRAMS) is a Maternal Child Health Epidemiologist at the NM Department of Health. She has been the Principal Investigator on the NM Pregnancy Risk Assessment Monitoring System (PRAMS) since 2008, and she is the interagency lead on the NM Action Learning Collaborative: Optimizing Health Reform to Improve Birth Outcomes, as well as the project manager for the CDC PRAMS/W.K. Kellogg Foundation Collaboration

for 2012-2014. Ms. Coronado lives in Medanales, NM with her husband, three kids and many extended family members. She is passionate about using data and community research to improve the health, well-being and economic opportunities for women and infants in New Mexico.



Kathy Douglas, RNC, BSN, IBCLC (New Mexico Breastfeeding Task Force) after graduating from California State University, Fresno with Bachelor of Science degrees in Nursing and Child Development, Kathy has served as an RN in the field of maternal-child nursing in medical centers in California, Illinois and New Mexico. She is certified in Inpatient Obstetric Nursing and has been an

International Board Certified Lactation Consultant since 1996. She was involved in the creation of the Breastfeeding Resource Center at Memorial Medical Center in Las Cruces and worked there for three years. For the past ten years she has been employed by Women's Medical Associates in Las Cruces where she continues to provide support to breastfeeding families. Kathy is an active member of the International Lactation Consultant Association and is involved in the New Mexico Breastfeeding Task Force as the local chapter chairperson and a member of the Baby-Friendly committee. In 2010 she served as a delegate to the United States Breastfeeding Committee. She and her husband Gordon are the proud parents of 4 amazing daughters and 2 terrific sons-inlaw. They also have a sweet grand-cat named.....Cat.



Jim Fisk, MD (New Mexico Pediatric Society/New Mexico Breastfeeding Task Force) is a pediatrician that has done extensive international work primarily in Haiti. He received his medical degree from Northwestern University and completed his internship at Cook County and residency and fellowship at Children's Memorial Hospital in Chicago. Jim has been a Breastfeeding Task Force member for many years and serves as the New Mexico Pediatric Society Breastfeeding Committee co-chair with Dr. Emilie Sebesta, Jim lives both in Albuquerque and in a cottage he and his wife have renovated in Las Vegas, NM. They have two grown children and one grandchild of whom they are very proud.



Katrina Fuller (New Mexcio Breastfeeding Task Force), CCCE, CCTE, CLE, CAPD, CLD, CPD, BPC is the owner of Natural Nesters, providing pregnancy, childbirth, postpartum, and breastfeeding education, support, and integral therapy services in Hobbs, New Mexico. She also serves as the New Mexico Region 4 Lead WIC Breastfeeding Peer Counselor, New Mexico Childbirth and Postpartum

Professional Association Lactation Educator Faculty Member, and New Mexico Breastfeeding Task Force Board Chair. She received a B.S. in Elementary Education, a M.S. Ed. in Curriculum and Instruction, and is currently completing her Ed.D in Teacher Leadership and certifications as a CPFE and IBCLC. She strives to utilize her background in education to provide classes, assistance, and counseling for families, facilitate trainings and courses for professionals, and contribute to the body of current, evidence-based research. Despite lack of support, she exclusively breastfed her three children until self-weaning occurred between 2-5 years of age. Having experience as a single teenage mother, married stay-at-home wife, and work-at-home tandem-nurser, she is living proof that most moms can achieve a positive pregnancy, childbirth, postpartum, and breastfeeding experience.



Jacque Garcia, MPH (New Mexico Public Health Association) is the Co-President of NMPHA and the current Co-Chair of the NMPHA 2013 Annual Conference. She is a Research Coordinator within the Department of Family & Community Medicine at the University of New Mexico Health Sciences Center. Garcia attended the University of New Mexico and received a Bachelor of Arts degree in

Psychology and Spanish and a master's degree in Public Health with a concentration in Community Health. She is also a member of the Community Partnerships for Health Equity (CPHE) group, the New Mexico Health Equity Working Group (NMHEWG) and Albuquerque's Global Health Partnerships (GHP).

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Networking Opportunities

Curbside Technical Assistance (Prior to, during breaks, and after the Summit)
Have questions about the Baby-Friendly™ designation process, the International Code of
Marketing of Breast-milk Substitutes, the NM WIC Peer Counselor In-Hospital Education &
Support Project, CDC mPINC reports, Baby Cafés, Public Health Research and Policy Initiatives
in New Mexico, Native American Parent Resources, Donor Milk Banks in New Mexico, and the
Joint Commission Exclusive Breastfeeding Mandatory Core Measure? Set up a 15-minute
session with agency experts to ask your questions and get advice. See the registration desk for
sign ups.

Baby Café - Lizabeth Berkeley & Amy Pilley

Dar a Luz Birth & Health Center: Mother's Milk Depot - Whitney Alfaro

Native American Professional Parent Resources - Maria Brock & Wenona Turner*

New Mexico Breastfeeding Task Force - Cindy Chavez

New Mexico Public Health Association - Leigh Caswell, Jacque Garcia & Judith Seltzer

New Mexico WIC Breastfeeding Peer Counselor Pilot Project - Monica Esparza, Katrina Fuller, Candice Padilla, Misty Schultz, Laura Spencer, Jessica Swart, & Sandra Jean Taylor

PRAMS/Department of Health - Eirian Coronado

TEWA Women United - Jessica Riggs, Jeneatte Tsosie & Jessica Gutfreund*
* Not listed in program

Get Social

We hope you join the baby-friendly conversation on Twitter and Facebook. Use #bfingnm #babyfriendlynm and @NMBFingTskFrce.

Informal Networking

Join with other Summit attendees in the Sheraton Uptown Albuquerque Club Lounge on Thursday evening from 8:00-9:00pm for the Bordeaux, Bon Bons, and Breastfeeding Support: Meet & Greet to connect with new and old friends, colleagues, and resource representatives.



Endorsements and Contributors

ENDORSEMENTS





NM BREASTFEEDING TASK FORCE BABY-FRIENDLY COMMITTEE

Stephanie Andrews Cindy Chavez Kathy Douglas

Joan Eanes Iim Fisk

Katrina Fuller

Mary Gruszka

Lissa Knudsen

Carol L'Esperance

Rebecca Mrzlak Emilie Sebesta

PROGRAM PHOTOGRAPHY Stephanie Pendergrass, spendergrass@salud.unm.edu

JOURNAL OF HUMAN LACTATION (JHL)
Access until May 15 to any JHL paper, past or present, for free!

BREASTFEEDING MOTHERS

Breastfeeding mothers are welcome at ALL NM Breastfeeding Task Force events.

By integrating breastfeeding back into all spaces we are playing our part in making breastfeeding "normal" again. Lactation rooms are available for mothers who need to pump or choose to feed in a quiet private location.

Please contact the summit coordinator (@LissaKnudsen) for location.

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10 STEPS TO HOSPITAL BREASTFEEDING SUPPORT

- 1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
- 2. Train all health care staff in skills necessary to implement this policy.
- 3. Inform all pregnant women about the benefits and management of breastfeeding.
- 4. Help mothers initiate breastfeeding within one hour of birth.
- 5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
- 6. Give newborn infants no food or drink other than breast-milk, unless medically indicated.
- 7. Practice "rooming in" (ie. allow mothers and infants to remain together 24 hours a day).
- 8. Encourage breastfeeding on demand.
- 9. Give no pacifiers or artificial nipples to breastfeeding infants.
- 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

The Ten Steps are endorsed and promoted by the major maternal and child health authorities in the United States, including:

- American Academy of Family Physicians
- American Academy of Nurses
- American Academy of Pediatrics
- American College of Nurse-Midwives
- · Academy of Breastfeeding Medicine
- Academy of Nutrition and Dietetics
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
- Centers for Disease Control and Prevention (CDC)
- National WIC Association
- U.S. Breastfeeding Committee (USBC)
- U.S. Preventive Services Task Force
- U.S. Surgeon General

New Mexico Breastfeeding Task Force c/o Lissa Knudsen 712 Roma Ave NW Albuquerque, NM 87102

505.350.9730 | www.breastfeedingnewmexico.org | Facebook:/NMBFING | Twitter: @NMBfingTskFrce

New Mexico Breastfeeding Task Force Working toward increasing initiation, exclusivity & duration of breastfeeding in New Mexico

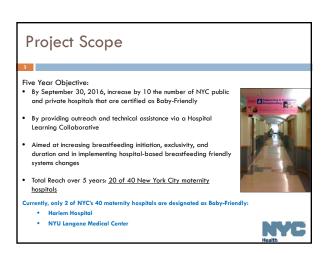




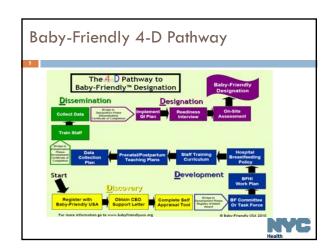
New York City Breastfeeding Hospital Collaborative Interstate Collaborative May 16-17th, 2013 Emily Magid, MPH, MSW, CLC Community Transformation Grant Breastfeeding Manager Bureau of Maternal, Infant and Reproductive Health New York City Department of Health and Mental Hygiene

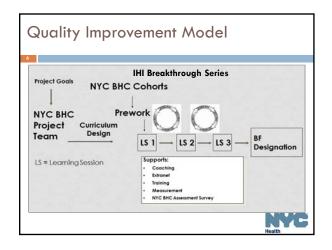
In October 2011, the New York City Department of Health and Mental Hygiene (NYC DOHMH) received a 5 year, annually-renewable Community Transformation Grant (CTG) from the Centers for Disease Control and Prevention (CDC) to implement hospital-based breastfeeding friendly system changes to increase rates of breastfeeding initiation, exclusivity and duration.











NYC BHC: Cohort 1

- - Bellevue Hospital Center (1,785 births*)
 - Coney Island Hospital (1,269 births)
 - 3. Harlem Hospital Center (1,049 births)
 - Jacobi Medical Center (2,089 births)
 - Lincoln Medical and Mental Health Center (2,297 births)
 - Metropolitan Hospital Center (1,255 births)
 - Montefiore Medical Center (6,630 births)
 - Queens Hospital Center (1,998 births)
 - Richmond University Medical Center (2,946 births)
 - 10. SUNY Downstate Medical Center (2,128 births)



Benefits of Participation Participating hospitals have access to: Training in quality improvement technique Technical content and education about and related to the BFHI Joint in-person learning sessions to support peer-to-peer learning and the dissemination of best practices

- Local and national breastfeeding experts Conference calls and webinars to provide technical support and auidance
- Support in completing self-assessments and refining implementation plans to improve hospital-based breastfeeding practice and policies
- Customized coaching to support progress toward Baby-Friendly Designation
- Being part of a diverse learning community where hospitals can share challenges, success and best practices with peers
- The Institute for Healthcare Improvement's (IHI) Extranet, a secure web-based application that allows users to collaborate on projects and share information
- Limited funding, available on a competitive basis, to cover Baby-Friendly 4-D Path-fees
- Subsidized lactation education and training for hospital staff



Requirements for Participation

By participating in the NYC BHC, participants agree to:

- □ Select a multidisciplinary team to participate in the full Collaborative
 - □ This includes a leadership designee from maternal-child care who will facilitate implementation of key structural and culture changes and representatives from all aspects of mother-child care including a lactation consultant
- □ Attend all learning events including learning sessions, webinars, conference calls and other meetings and events
- □ Share challenges, successes and best practices with peer hospitals participating in the Collaborative
- Submit monthly data on key measures and track performance results
- Submit other project deliverables (implementation plans, storyboards, training counts, etc.) in a timely manne
- Track employee lactation education training



Y1 Accomplishments Hired Joslyn Levy & Associates April 1, 2012 Released RFA via Fund for Public Health in NY 2. Release competitive RFA April 17, 2012 16 hospitals applied 10 selected 3. Select 8 – 10 hospitals June 4, 2012 Purchased IHI Extranet June 2012 4. Create data portal Collect monthly data reports 10 hospitals attended launch June 14, 2012; Summer 2012 5. Hold introductory meeting and Pre-work assignments Baseline assessment 1.5 day in-person Learning Session 6. Run Learning Session 1 September 12-13, 2012

Y2 Accomplishments (to date) Submit monthly data on 11 core measures via project 1. Collect monthly data reports September, 2012 - present • 1.5 day in-person Learning 3. Run Learning Session 2 January 16-17, 2013 Monthly coaching calls Bi-monthly webinars PDSA Cycles (small tests of 4. Action Period 2 Released to all hospitals Reviewing applications 5. Release competitive RFA April 8, 2013



