



Breastfeeding Exclusive

Official Journal of the
Carolina Global Breastfeeding Institute (CGBI)

Volume 4, Issue 4



Wishing All a Happy Holiday Season and a New Year Filled with Peace and Joy!

In This Issue:

• Mary Rose Tully Training Initiative	1
• Mini-History of the Ten Steps and Update Based on CGBI Research	1
• Letter from the Director	2
• BFHI in Colombia	3
• Carolina BEBES Update	4

Mini-History of the Ten Steps and Update Based on CGBI Research

The Baby-friendly Hospital Initiative is 21 years old. Developed to support the implementation of the Ten Steps for Successful Breastfeeding, the Initiative has been shown to be associated with breastfeeding increases in hospital studies seeking Baby-friendly status. Today, ~28% of hospitals worldwide have ever been designated – only about 8.5% in developed countries, and about 5% of hospitals in the US are in designation status.

The CGBI Breastfeeding-Friendly Health Care Project was designed to assess the impact of a program to increase implementation of at least 8 of the steps in multiple hospitals that serve low-wealth populations and that do not necessarily intend to seek Baby-friendly status. Six participating hospitals were systematically assigned to intervention (I Yr 1) and initial control/later intervention (I Yr 2) groupings. Data were collected at baseline, after the first group intervention, and after intervention with both groups.

Continued on Page 4

The Mary Rose Tully Training Initiative

By Brook Colgan, MPH, IBCLC

The Carolina Global Breastfeeding Institute is pleased to announce that all of our most recent graduates from the Mary Rose Tully Training Initiative (MRT-TI) passed their exams and received IBCLC credentials this fall. The MRT-TI continues its 100% IBLCE-exam pass rate and now has 27 successful graduates of the program.

The MRT-TI is a Pathway 2 program, which was established in 2009 by the Carolina Global Breastfeeding Institute in collaboration with the UNC Women's and Children's Hospital and the UNC Gillings School of Global Public Health. This IBLCE Pathway 2 program is unique in that it: (1) was developed as a regular course of study within an academic Health Sciences Center, (2) was formed originally as a collaboration between the school of public health and the hospital, and (3) is open to graduate students as part of their on-site academic training. Multi-level commitment has been essential to the success of the MRT-TI, particularly on the part of the clinical faculty.

Continued on Page 2

Letter from the Director



Dear Friends and Colleagues:

As we enter the holiday season and the impending New Year, it is an excellent time to reflect on breastfeeding policy, progress, and politics. It has been a good year for global policy on breastfeeding: the newly revised WHO HIV and Breastfeeding guidance underlining the importance of breastfeeding for health and survival, and the role of exclusive breastfeeding in reducing HIV transmission; all or part of the International Code of Marketing of Breast-milk Substitutes has been legislated in an increasing number of countries; the updated BFHI materials are being used in more countries; and so on. In the USA, peer counselors, hospital and child care practices, and lactation in the workplace are increasingly supported by changes in policy at the state level with some federal funding. The challenge is finding the resources for implementation with access for all.

Have the new policies contributed to progress? While there has been some progress (e.g., exclusive breastfeeding rates are up worldwide), the impact of some of the newer policies

remains to be seen. We know that the existence of policy support is invaluable in addressing the third "p": politics, but the news is mixed. In the US, the First Lady tells me that breastfeeding should be seen as part of the nation's efforts to reduce obesity, yet funding for social services at state and federal budget levels is under attack. The Affordable Care Act actively supports the availability of pumps, but will do a minimal amount to allow mothers to remain with their infants. Conversely, in Canada, guaranteed paid maternity leave has just been increased.

The coming year offers many exciting moments. The 8th Breastfeeding and Feminism Conference, co-hosted with CWHW of UNC-Greensboro, should be on your calendar for March 21/22, 2013: "It Takes a Village." For more information and registration, please visit: <https://oce.sph.unc.edu/bffem/>. CGBI will continue its work with State-level and localized support for the Ten Steps for Successful Breastfeeding in Maternity Care and BFUSA, and for the Child Care Breastfeeding-Friendly Ten Steps in NC, with interstate meetings planned for May. Our new work on prenatal education and milk banking, along with ongoing research on breastfeeding and related program issues, also will be keeping us busy. And, we stand ready to support any and all efforts in North Carolina, the US, and beyond! Be in touch!

Wishing you all a peace-filled holiday season, and a glorious and productive New Year.

Sincerely,

Miriam

The Carolina Global Breastfeeding Institute: Nurturing Our Future

Baby Friendly Hospital Initiative in Colombia Part I

By Jairo Osorno Reyes, M.D.

*This two-part series 1) summarizes the current BFHI in Colombia, and
2) offers suggestions for the future of the Initiative.*

The Baby-friendly Hospital Initiative (BFHI) has been a driving force in the recovery of breastfeeding throughout the world. Its success can be explained by several factors, among them:

Consensus: It is based on years of teamwork among many international institutions and experts.

Comparability and simplicity: The 10 original steps were easy to remember and criteria for evaluation were standardized for all.

Continuous creativity and originality: BFHI responded to deeply-felt needs, and became a new paradigm that challenged medical establishment and practices.

BFHI has undergone changes in Colombia. There are several reasons for these changes:

New medical and social realities: Changing demographics, medical practices, diminished social and family support, and maternity setting changes provide challenges. Cesarean deliveries are increasing and ~12% of babies are born preterm, many too sick to be placed immediately to the breast, creating problems for breastfeeding; many mothers have breast implants or other plastic surgery; and there is little continuity of care.

Changes made to the original Initiative: BFHI itself has undergone change, with increased orientation toward international humanitarian rights and non-maternity programs. "Mother and Child Friendly Institution" status now may be granted to facilities that are not birthing centers, while complex centers that may have led breastfeeding promotion for many years are unable to obtain recognition.

A 2010 report from the Ministry of Social Protection noted that only 330 of more than 51,430 institutions had been certified. Nonetheless, these modifications are associated with maintenance of good breastfeeding rates, especially in certain isolated regions of the country. In the next issue, I will offer suggestions for the future of BFHI in Colombia.

MRT-TI *Continued from page 1*

The MRT-TI is one academic year in length and includes 120 hours of didactic training, for which students earn a total of six academic credits from the Gillings School of Global Public Health.

Students also complete 300 hours of supervised clinical training at medical training centers, for which students receive continuing education units. The course is entirely residential, supportive of the course philosophy of active and reflective learning. Students journal their experiences and, during each didactic session, two students share formal case study presentations.

Now in its fourth year, we have ten wonderful students that we expect great things from at the end of the year. *If you would like to learn more about the MRT-TI, please contact Brook Colgan at brook@email.unc.edu.*

Mini-History of the Ten Steps and Update Based on CGBI Research

Continued from page 4

Initial results are published in the AJPH December, 2012, and include:

- 8 out of the 10 steps had intervention-associated improvement
- Both any breastfeeding and exclusive breastfeeding showed intervention-attributable increases
- The steps most closely associated with any breastfeeding rates were: (1) Policy, (2) Training, (6) No Supplements, and (9) Restricting artificial nipple use
- The steps most closely associated with exclusive breastfeeding were: (1) Policy, (2) Training, (4) Skin-to-Skin, and (9) Restricting artificial nipple use
- Steps 8, Cue recognition, and 10, Breastfeeding promotion, did not appear to be associated with in-hospital success but are vital for continued breastfeeding

Conclusions: This study demonstrates the impact of hospital-specific interventions in a situation previously unstudied, i.e., hospitals with low wealth patients and without intent to seek BFUSA status. Improvements in breastfeeding outcomes are possible with a goal of increasing the number of steps in place.



Birth & Breastfeeding: Evidence-Based Education and Support

By BEBES Leadership Team

BEBES has had a full and energizing fall semester. The "Carolina BEBES" Facebook group has been very successful in stimulating informal conversations and information. We started the semester with a screening of *The Business of Being Born*. Several new members with clinical backgrounds enriched the discussion.

BEBES coordinated an outing to a screening of *Birth Story: Ina May Gaskin & the Farm Midwives*, sponsored by the Triangle Birth Network. After the screening, midwives from the Triangle area took questions from the audience. It was an exciting opportunity to learn more about practicing midwifery in the U.S.

In November, BEBES hosted a talk by our adviser, Dr. Miriam Labbok. Her talk, "Global & Domestic Breastfeeding and Fertility: Individual and Population-level Issues", fulfilled a requirement for the Global Health Certificate.

We are planning some campus awareness campaigns for next semester, and we always are interested in collaborating with other community and campus organizations. Please email Talene Ghazarian at tghazari@live.unc.edu with suggestions for speakers, events or advocacy campaigns, or if you are interested in becoming involved.

For the most current updates, please join the "Carolina BEBES" Facebook group!"



Members of BEBES, Taylor Snyder, Jessye Brick, and Talene Ghazarian attended the annual North Carolina Public Health Association conference in New Bern, North Carolina

**We welcome your feedback: Please send your comments and suggestions to
klanderson@unc.edu or cgb@unc.edu Thank you!**

