Maternity Care Practices Initiative

The Washington State Department of Health, and the Breastfeeding Coalition of Washington (BCW), a program of WithinReach, are partnering with hospital birthing facilities to implement evidence-based maternity care practices to increase breastfeeding rates. Many hospitals prioritize supporting breastfeeding success among mothers because a) it reduces health risks for mother and baby; b) it reduces health care costs; and c) the majority of mothers do not breastfeed for the recommended six or more months. An expected outcome of the Maternity Care Practices Initiative is that birthing facilities will utilize this opportunity to evaluate and improve maternity care policies and practices.

Components of the Maternity Care Practices Initiative:
- BCW works with hospital to review their mPINC survey results.
- Maternity Care Manager or other staff person conducts small chart audit.
- BCW works with hospital administrators and staff to tailor a 1.5-2 hour training at the hospital, open to physicians, hospital administration, maternity staff, and others. Some topics include:
  - results of the chart audit;
  - promising strategies promoted by Centers for Disease Control and Prevention;
  - strategies to incorporate breastfeeding into Quality Improvement Standards;
  - new guidelines from the Joint Commission regarding supporting exclusive breastfeeding;
  - suggestions for implementing the Joint Commission Perinatal Care Core Measure on Exclusive Breastmilk Feeding;
  - Hospital establishes an internal task force to identify, prioritize, and address opportunities to enhance breastfeeding support.
  - BCW provides hospital with a $500 stipend to continue the work.
  - BCW continues to provide technical assistance as needed.
  - The BCW offers training for physicians and staff from the highly regarded Increasing Breastfeeding Success: Why it Matters and What the Research Show (www.breastfeedingwa.org/collaborative).
- Hospital participates in project evaluation.

Examples of practices that could be identified and improved include:
- After the chart audit, managers realize that records are not accurately completed by staff, hindering knowledge of a practice. As a result, hospital changes record to make certain all fields are completed.
- mPINC survey reveals the need for staff training. As a result, hospital holds a series of educational seminars to provide participants with the latest evidenced-based lactation research.
- mPINC survey reveals little breastfeeding support is provided to mothers post-partum. Hospital teams with local breastfeeding coalition to provide breastfeeding referral list to all mothers upon discharge.

By partnering with Department of Health and the Breastfeeding Coalition of Washington hospitals will be helping improve the health of their communities and will become a model for other hospitals throughout Washington. Numerous studies have shown that the maternity care experience influences breastfeeding initiation and infant feeding behavior. In the U.S., nearly all infants are born in a hospital, and even though their stay is typically very short, events during this time have a lasting impact. When hospitals ensure mother-newborn skin-to-skin contact, keeping mother and newborn together, and not giving supplemental feedings to breastfed newborns unless medically indicated, successful lactation is more likely to be established and continued. (1-6) In addition, the Centers for Disease Control and Prevention (CDC) has identified several practices that support breastfeeding success. (7)
Breastfeeding reduces health risks.

Infants who are not breastfed face significant increased risk of SIDS, necrotizing enterocolitis, childhood leukemia, obesity, infectious diseases such as otitis media, lower respiratory tract infections, and chronic diseases such as type 1 and 2 diabetes. Mothers who do not breastfeed face increased risk of breast and ovarian cancer and type 2 diabetes. (8) A 2009 study of nearly 140,000 women found that women who breastfed for at least one year were 10-15% less likely to have high blood pressure, diabetes, high cholesterol and cardiovascular disease compared to mothers who never breastfed. (9)

The U.S. loses billions when breastfeeding fails.

Medicaid, insurance companies, hospitals and parents lose at least $475 per non-breastfed infant for extra health care costs during the first year of life, to treat just three common diseases. (10) The U.S. loses at least $12 billion/year in the U.S. for premature deaths and other costs of diseases and conditions caused when infants are not breastfed. (11)

Doctors recommend 1-2 years of breastfeeding.

All medical authorities recommend that babies get no other food or drink other than human milk for their first 6 months and continue to breastfeed for at least the first 1-2 years of life. (12, 13, 14, 15) Authorities include the AAP, ACOG, AAFP, WHO, CDC, DHHS, and USDA. However, only 12% of U.S. mothers are exclusively breastfeeding at 6 months, and only 21% are still breastfeeding at 1 year. (16)

Opportunities for Quality Improvement.

In 2007, the CDC conducted the first national Maternity Practices in Infant Nutrition and Care (mPINC) Survey to characterize maternity care practices related to breastfeeding. The findings indicate that many hospitals’ maternity care practices are not evidence-based and are known to interfere with breastfeeding. The results highlight the need for U.S. hospitals and birth centers to implement changes in maternity care practices that support breastfeeding.

The Joint Commission on Accreditation of Health Care Organization has core measures that serve as the national, standardized performance measurement system providing assessments of care delivered in given focus areas. On March 31, 2010, the Joint Commission’s Pregnancy and Related Conditions core measure set was replaced. The new perinatal core measure set comprises exclusive breastmilk feeding among others. Compliance with this new core measure may require facilities to modify their paper charts and/or electronic medical records.

References


Adapted from the United States Breastfeeding Committee’s, Improving Breastfeeding Support Will Save Billions, June, 2009.