



A breastfeeding initiative by the  
**OHIO HOSPITAL ASSOCIATION** and  
the **OHIO DEPARTMENT OF HEALTH**

# OHIO FIRST STEPS

Monthly Educational Calls  
February

2/10/2017

# FIRST STEPS TEAM

## Facilitator

**Jennifer Foster,  
BSN, RN, IBCLC**



## Ohio First Steps - Staff



**Ryan Everett,  
MPH**



**Bre Haviland, MS,  
RD, LD, CLC**



# HOUSEKEEPING

- This call is being recorded
  - Slides sent out as attachment to save-the-date this morning
  - Slides and recording will be posted to website
- All lines are muted throughout the call
  - Please use the Q&A or chat box for questions
    - These will be open for the duration of the call
  - You can ‘raise your hand’ as well

# OBJECTIVES

## First Steps – Educational Calls

- Establish a forum for coaching & networking to assist with meeting “The 10 Steps”



# THE NEED FOR EQUITY IN OHIO

2015	White	Black	Difference
Infant Mortality Rate	5.5	15.1	<b>2.7x</b>
Neonatal Mortality Rate	3.6	10.4	<b>2.8x</b>
Postneonatal Mortality Rate	1.9	4.7	<b>2.5x</b>



# OHIO BREASTFEEDING DISPARITIES

Ohio Vital Stats – 2015

## Ohio infants – any bf

Overall:	72.6%
White, non-Hisp:	74.6%
Hispanic:	73.6%
Black, non-Hisp:	61.1%

## Ohio infant – exclusive bf

Overall:	52.7%
White, non-Hisp:	56.5%
Hispanic:	48.6%
Black, non-Hisp:	37.1%

### Data definitions:

Any breastfeeding: infants born in Ohio were breastfed or received breastmilk at hospital discharge

Exclusive breastfeeding: infants born in Ohio that were exclusively breastfed at hospital discharge

\*Data courtesy of Ohio Department of Health – Vital Statistics



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# REMINDER!! MATERNITY CARE BEST PRACTICE AWARD 2016

“Bag Free” Hospitals

Due February 15, 2017

<https://www.surveymonkey.com/r/BagFree2016>



# UPCOMING EVENTS IN OHIO

Kimarie Bugg will be a part of both events 😊

## 2017 Breastfest Conference – OLCA 25<sup>th</sup> Annual Meeting

March 12-18 – Dublin, Ohio

[www.ohio-olca.org](http://www.ohio-olca.org)

## 2<sup>nd</sup> Annual Conference to Eliminate Disparities in Breastfeeding and Infant Mortality

May 3<sup>rd</sup> - Cincinnati, Ohio

[www.cincinnatichildrens.org/breastfeeding-conference](http://www.cincinnatichildrens.org/breastfeeding-conference)

Save the Date!!





OHA collaborates with member hospitals  
and health systems to ensure a healthy Ohio

# QUESTIONS?

Ryan Everett, MPH  
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HelpingOhioHospitals



@OhioHospitals



[www.youtube.com/user/OHA1915](http://www.youtube.com/user/OHA1915)



# ROSE

Reaching Our Sisters Everywhere

Improving Access for Lactation and Perinatal Services  
and Overcoming Barriers to Support Breastfeeding in  
Communities of Color

Kimarie Bugg MSN, FNP-BC, MPH, IBCLC

# The CHAMPS Initiative: Integrating Communities for Reducing Breastfeeding Disparities



**Kimarie Bugg, Roger Edwards, Laura Burnham, Kirsten Krane, Andrea Serano, Apexa Patel, Jonathan Punnose, Lori Feldman-Winter, Anne Merewood**  
 CHAMPS operates out of the Division of General Pediatrics, Boston Medical Center, Boston, MA



## BACKGROUND AND GOALS

Continuity of care for mothers before and after delivery is vital to successful breastfeeding. Communities and Hospitals Advancing Maternity Practices (CHAMPS), launched in 2014 and integrates breastfeeding support between communities and hospitals

CHAMPS Goals:

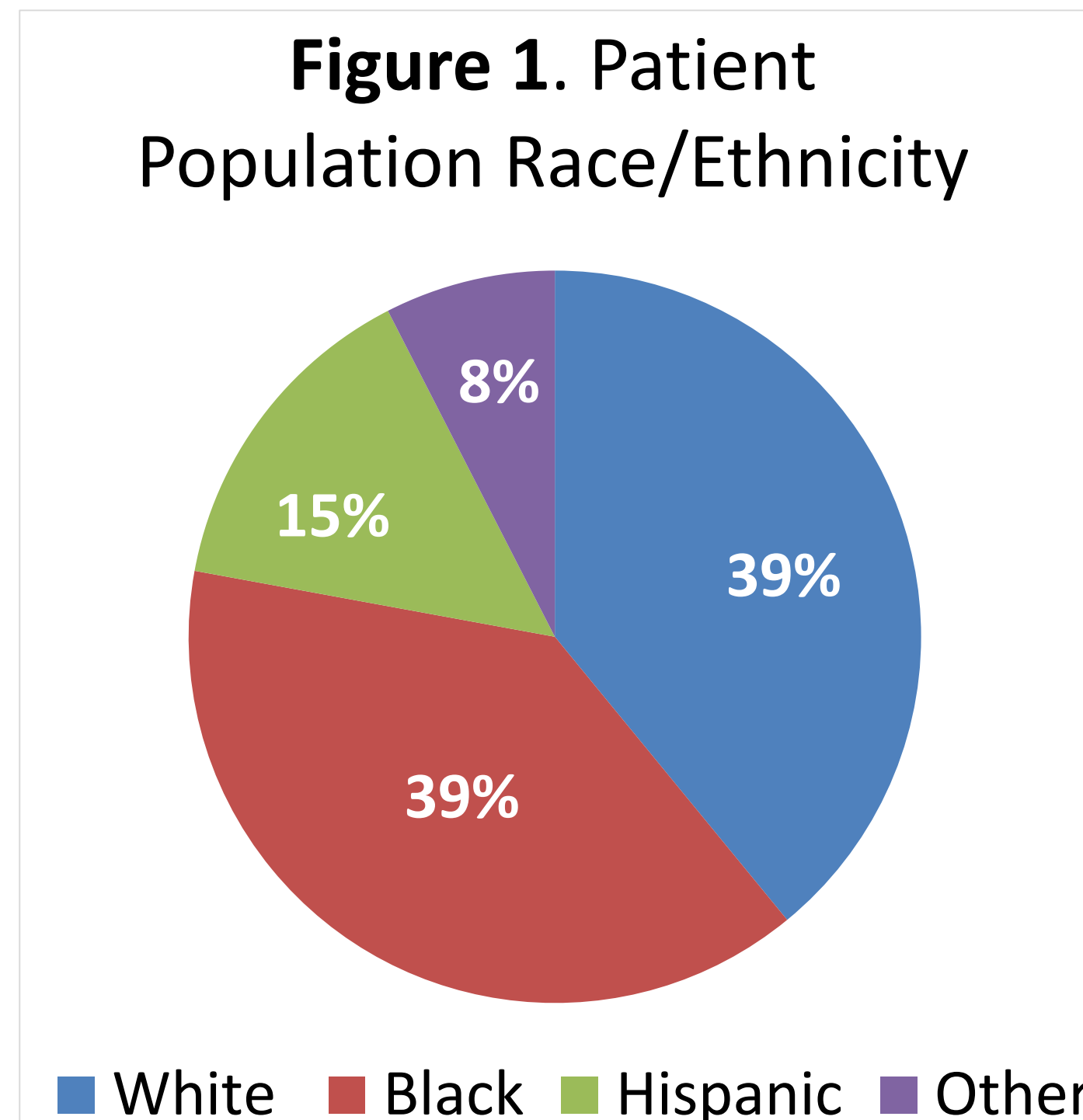
1. Reduce racial inequities in maternity care and breastfeeding practices.
2. Provide change management expertise and training to create and integrate community resources for maternity services in vulnerable communities with low breastfeeding rates and high health disparities.
3. Train women from the community, who have had success with breastfeeding, to act as "Community Transformers".

## METHODS

- We conducted baseline community assessments with CHAMPS hospitals to assess community partnerships, linkages with prenatal and pediatric providers and WIC. Data were based on self report.
- We implemented a mother-to-mother training program (Community Transformers) to increase the availability of appropriate support resources in CHAMPS communities.
- CHAMPS supported the creation of breastfeeding clubs hosted by Community Transformers and several Baby Cafés.

## RESULTS

- CHAMPS enrolled 33 hospitals in Mississippi, New Orleans, Tennessee, and Texas; representing 50,000 births per year.
- In CHAMPS hospitals, on average, 70% of families are WIC eligible and 64% receive Medicaid.
- The patient populations in CHAMPS hospitals is racially and ethnically diverse.
- Baseline community assessments were completed with 31/33 hospitals.
  - 48% reported strong relationships with local breastfeeding support groups.
  - The most commonly reported challenge was lack of staff education/support.
- 67 Community Transformers trained.
- CHAMPS supported the 1st Baby Cafés in MS and LA.



## RESULTS: Community Transformer Trainings, Breastfeeding Clubs and Baby Cafés

### Community Transformer Trainings

State	CTs Trained, Year 1	CTs Trained, Year 2
Louisiana	5	8
Mississippi	25	17
Tennessee	1	11
<b>Total</b>	<b>31</b>	<b>36</b>



### Community Transformers Outreach

State	Breastfeeding Clubs	Community Contacts*
Louisiana	4	5
Mississippi	31	161
Tennessee	8	240
<b>Total</b>	<b>43</b>	<b>406</b>



\*Community contacts refer to the number of individuals attending Breastfeeding Clubs (e.g. mothers, fathers, children). Individuals may have attended multiple clubs.

Trainings in Jackson, MS (top) and New Orleans, LA (bottom)

### Community Transformer Training Topics

- Becoming a Community Transformer
- Importance of Breastfeeding
- Making Breastfeeding Benefits Outweigh the Barriers
- Supporting Breastfeeding Moms
- 10 Steps to Successful Breastfeeding
- Breastfeeding Peer Counseling
- Common Breastfeeding Problems
- Social Media and Online Resources
- Leading Breastfeeding Clubs



Mississippi Delta Hills Baby Café Opening



New Orleans Baby Café Opening

## RESULTS: Baseline Community Assessments

### Community Links At Enrollment

	New Orleans N=8	Mississippi N=18	Tennessee N=2	Texas N=5	All Regions N=33
<b>Hospital/Community Characteristics</b>					
Completed community assessment	8	16	2	5	31
Community partners per hospital, average (range)	1.4 (1-3)	1.4 (1-3)	1 (0-2)	2.2 (1-3)	1.5 (0-3)
Hospitals reporting strong relationship with breastfeeding support groups (%)	4 (50%)	6 (38%)	1 (50%)	4 (80%)	15 (48%)
Able to identify local WIC representative (%)	7 (88%)	16 (100%)	2 (100%)	4 (80%)	29 (94%)
Local breastfeeding support groups per hospital, average (range)	1.9 (0-4)	1.1 (0-3)	2 (1-3)	2.2 (1-3)	1.6 (0-4)
<b>Reported challenges, (n) %</b>					
Lack of support groups	2 (25%)	4 (25%)	0 (0%)	0 (0%)	6 (19%)
Lack of prenatal breastfeeding education	4 (50%)	13 (81%)	1 (50%)	2 (40%)	20 (65%)
Staff education/engagement	6 (75%)	9 (56%)	2 (100%)	4 (80%)	21 (68%)
Culture in the community	3 (38%)	8 (50%)	1 (50%)	4 (80%)	16 (52%)

## CONCLUSIONS/NEXT STEPS

CHAMPS will continue Community Transformer Trainings and support the formation of Breastfeeding Clubs and Baby Cafés within CHAMPS communities. We will reassess hospitals after they complete 3 years in CHAMPS to determine whether community involvement has improved

# Breastfeeding Inequities

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

## Communities

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

# What is Cultural Competence?

Cultural competence emphasizes the idea of **effectively operating** in different cultural contexts, and altering practices to reach different cultural groups





# Core Culture

**Race**

**Ethnicity**

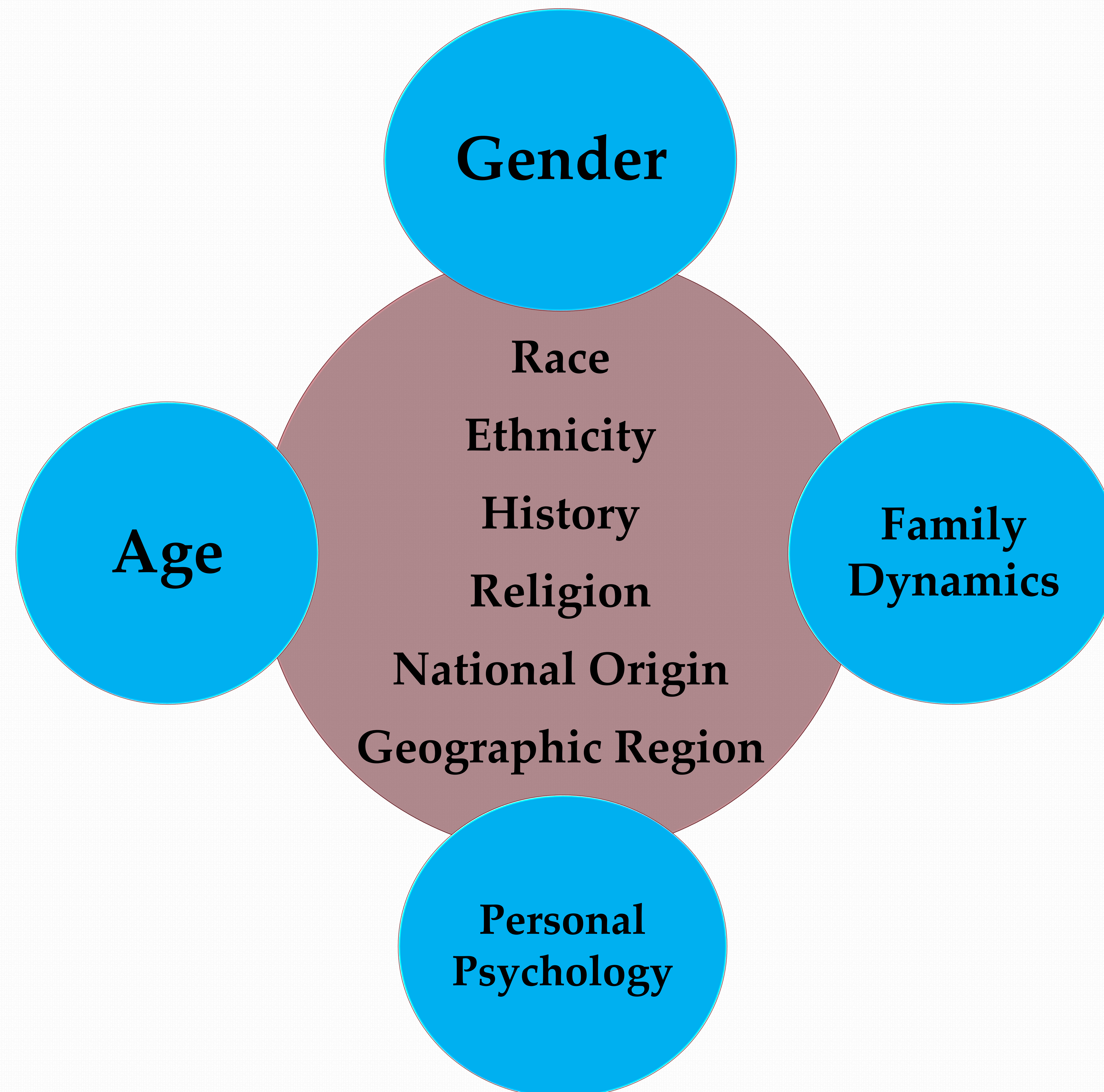
**History**

**Religion**

**National Origin**

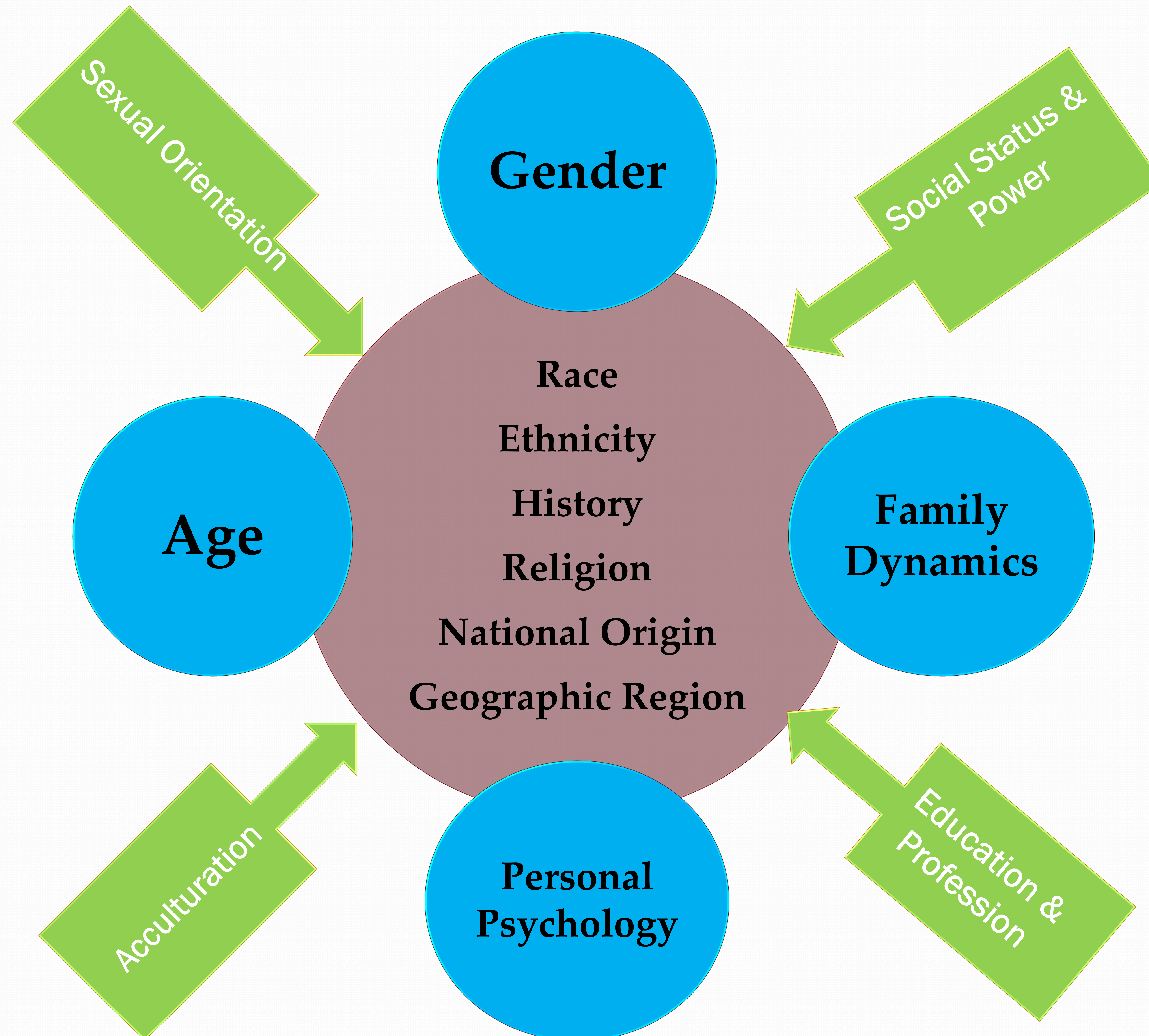
**Geographic  
Region**

# Culture Expressed Through Individuals





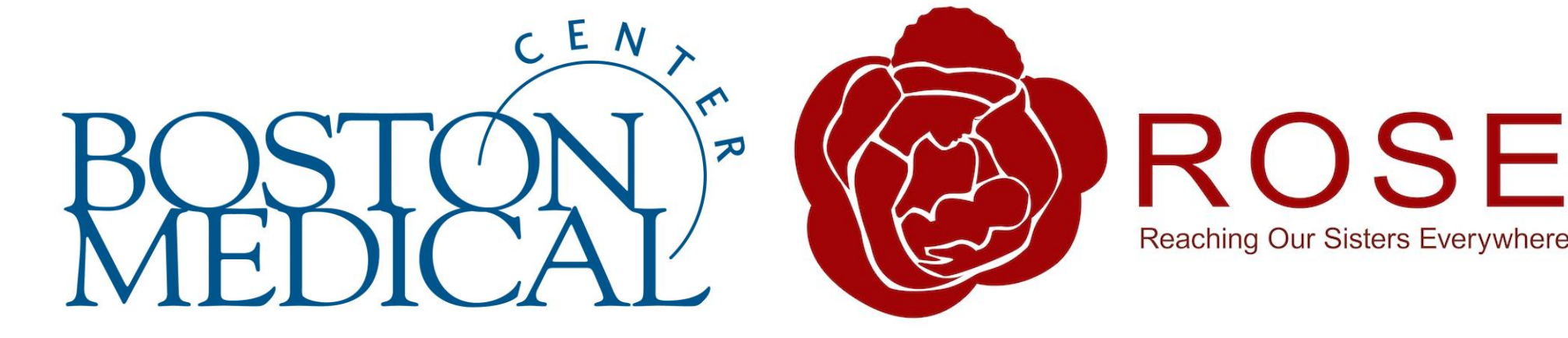
# Culture Expressed Through Individuals Over Time



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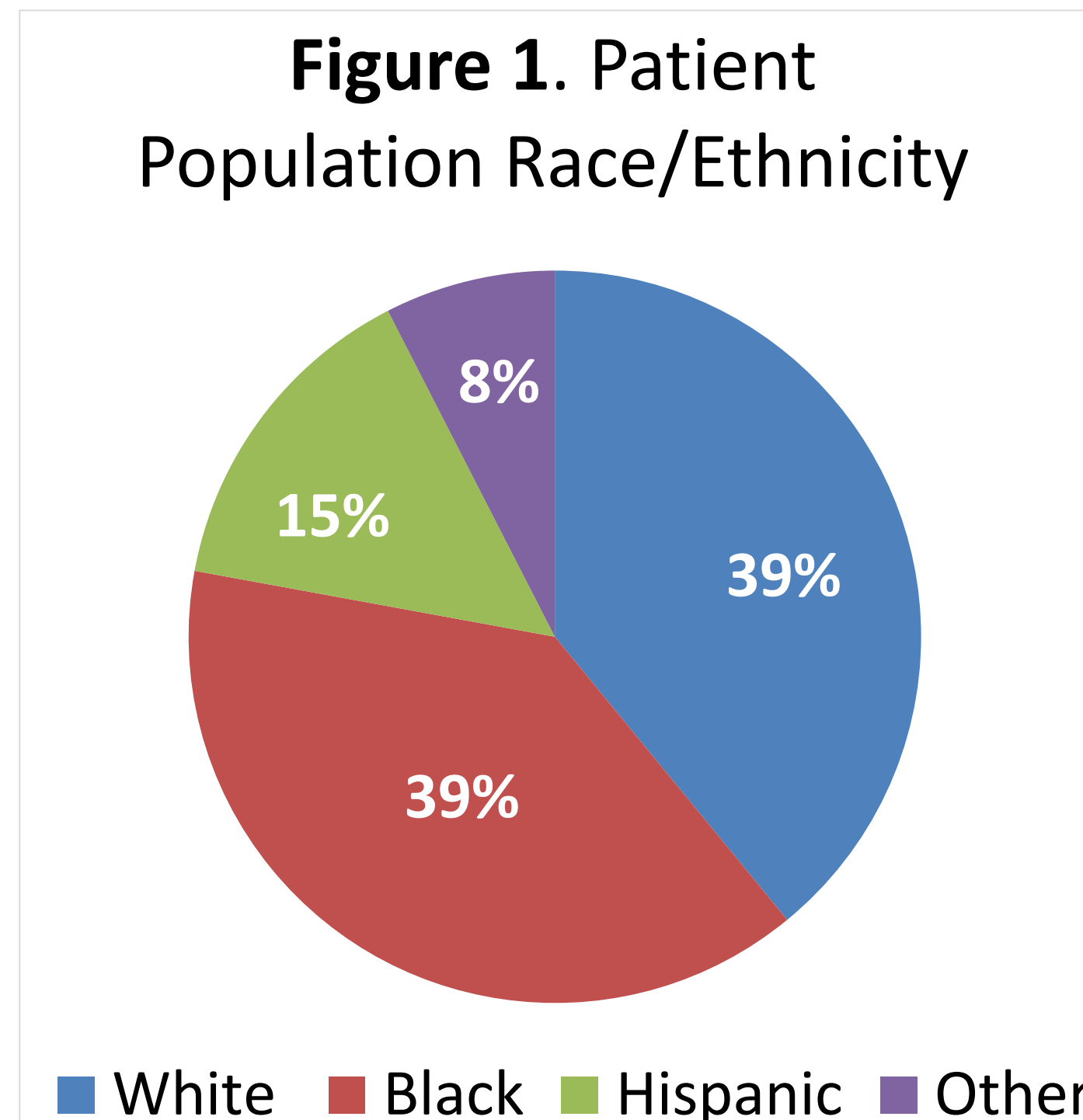
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# Reference

- Bartick, M. (2013). Mothers' costs of suboptimal breastfeeding: Implications of the maternal disease cost analysis. *Breastfeeding Medicine*, 8(5), 448.
- Benjamin, R. M. (2011). Public health in action: Give mothers support for breastfeeding. *Public Health Reports* (Washington, D.C., 126(5), 622-623.
- Brown, A., & Davies, R. (2014). Fathers' experiences of supporting breastfeeding: challenges for breastfeeding promotion and education. *Maternal & Child Nutrition*, 10(4), 510-526.  
[doi.org/10.1111/mcn.12129](https://doi.org/10.1111/mcn.12129)

# University of Cincinnati Medical Center



# Increasing Breastfeeding Initiation Rates in the African-American Population



Susan Williamson, RN, BSN, IBCLC

2.10.17

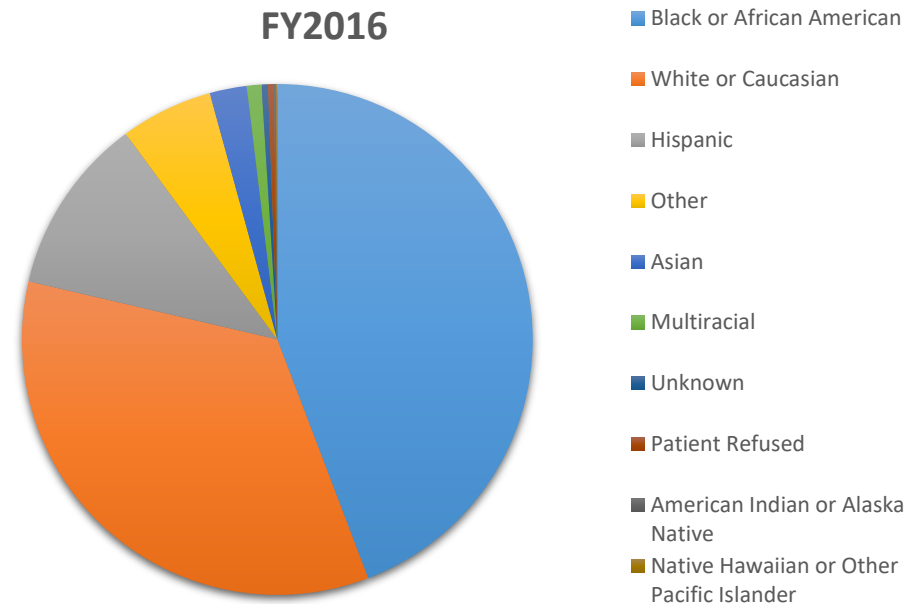
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# Population Served

University of Cincinnati Medical Center	
WHS Patient Population by Race, FY2014-FY2016	
Race	Total
Black or African American	44.21%
White or Caucasian	34.44%
Hispanic	11.23%
Other	5.86%
Asian	2.35%
Multiracial	0.93%
Unknown	0.40%
Patient Refused	0.37%
American Indian or Alaska Native	0.12%
Native Hawaiian or Other Pacific Islander	0.08%
<b>Grand Total</b>	<b>100.00%</b>

WHS Patient Population by Race, FY2014-FY2016



# Reaching Women in the Community

- Hospital-based prenatal clinic
    - All OB patients receive breastfeeding education during prenatal visits
  - Centering Pregnancy:
    - Initiated 2010.
    - Approx. 100 women/year
    - 5 groups running currently
-

# Reaching Women in the Community

- Case Management:
    - Initiated 2012. In 9 Health Centers
    - Approx. 40% of deliveries/year
  - Community clinics
    - Providers in 14 clinics
    - Case managers in 9 clinics.
    - Discuss attitudes, benefits, basics
    - STS
    - Classes offered at UCMC
-



# Prenatal Education

## **First Prenatal Visit**

- UCMC commitment to breastfeeding
  - Benefits of breastfeeding
  - Encourage breastfeeding class in 2<sup>nd</sup> or 3<sup>rd</sup> trimester
  - Scripting for nurses
  - Address barriers and document in EHR
-

# Prenatal Education 14-26 weeks

- Importance of exclusive BF and risks of supplementation in first 6 months.
  - AAP recommendations
  - Baby-led feedings
  - Supply-demand of milk production
  - Signs of baby's adequate intake
  - Latch and Positioning
-

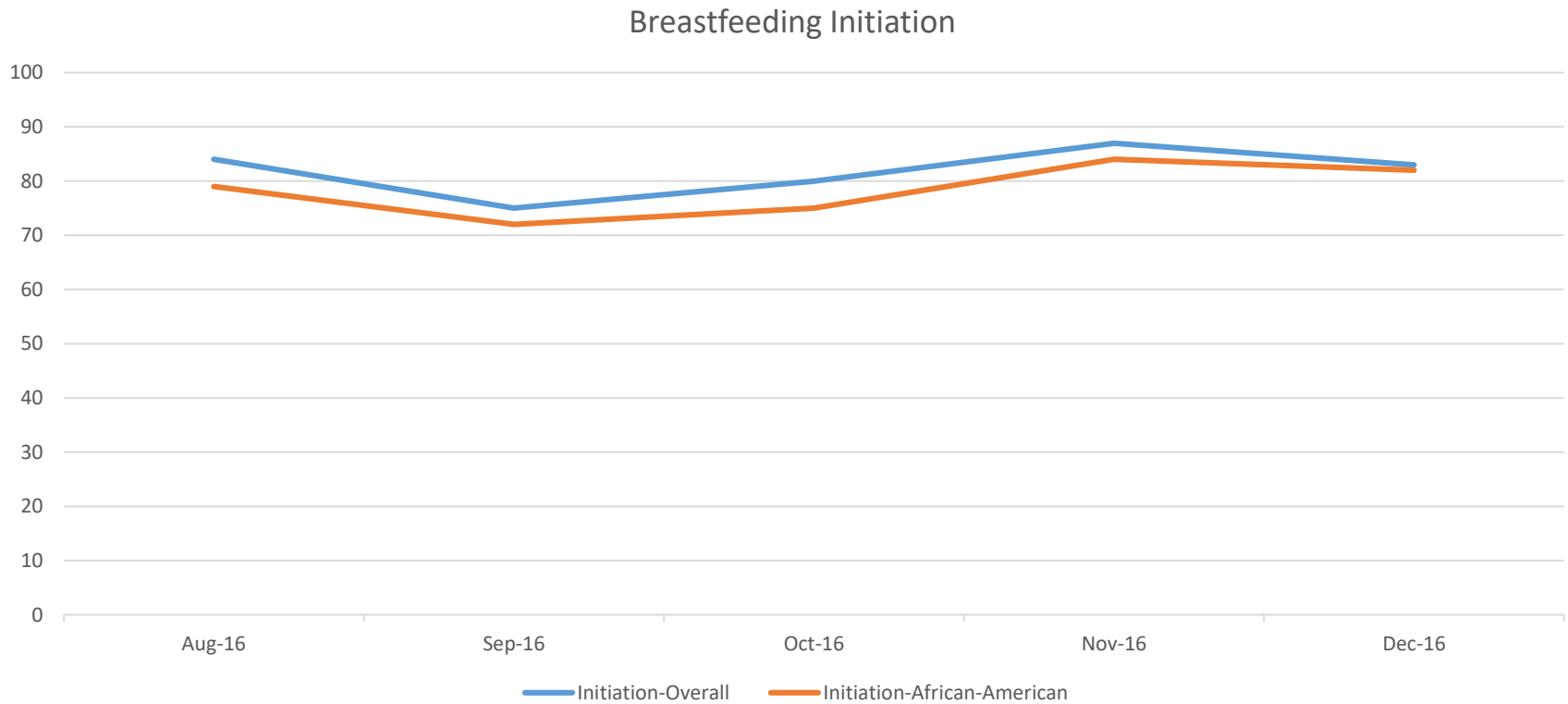
# Prenatal Education

## 28-32 weeks

- Non-Pharmacological pain relief during labor
- Skin to skin and early breastfeeding
- Baby-led feeding
- Rooming-in
- In-patient and out-patient lactation services



# Breastfeeding Initiation



# Raising Awareness of Breastfeeding

- Baby Friendly designation Dec. 2014
- EHR prompts of BF benefits/risks of formula in L&D
- STS, BF in first hour and Rooming-in
- Women of color as BF Champions
  - ACNO for Women's Health Services
  - Educator
  - Manager of Community Women's Health
  - Lactation Consultant

