Colorado

Breastfeeding Update



A Newsletter for Health Care Professionals

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Joint Commission: Perinatal Care Measure Set to be Mandatory

In December The Joint Commission announced that its national, standardized perinatal care core measure set, which includes exclusive breast milk feeding, will become mandatory for hospitals delivering 1,100 or more births a year. In Colorado about 23 hospitals meet this criterion. The Joint Commission expects to modify this threshold over time to include more hospitals and strongly encourages hospitals to adopt this measure set before the required effective date of January 1, 2014.

The perinatal care core measure set became available for selection by hospitals in 2010. The set includes measures for **exclusive breast milk feeding**, elective delivery, cesarean section, antenatal steroids, and health care-associated blood stream infections in newborns. This article addresses only the exclusive breast milk feeding measure.

The Joint Commission's definition of exclusive breast milk feeding is a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines. Exclusive breast milk feedings include infant suckling at mother's breast, infant receiving mother's expressed milk (with or without added human milk fortifier), and infant fed donor human milk.

The Joint Commission measure assesses the number of exclusively breast milk-fed term infants as a proportion of all healthy, term infants. The Commission identifies exceptions (see text box) for infants meeting certain criteria for which breastfeeding is contraindicated, and includes infants who spend time in the Neonatal Intensive Care Unit (NICU).

Hospitals are encouraged to define "supplement" for purposes of documentation. The term "supplement" may mean mother's pumped milk, donor human milk, etc., or may refer to formula. The 2013 release notes from the Specifications Manual describe the required documentation of reasons for not exclusively feeding breast milk during the entire hospitalization. The reasons must be explicitly documented, such as, "mother is currently abusing alcohol – newborn will be formula fed."

Acceptable Maternal Medical Conditions for Which Breast Milk Feeding Should be Avoided:

- HIV infection
- Human t-lymphotrophic virus type I or II
- Substance abuse and/or alcohol abuse
- Active, untreated tuberculosis
- Taking certain medications, i.e., prescribed cancer chemotherapy, radioactive isotopes, antimetabolites, antiretroviral medications and other medications where the risk of morbidity outweighs the benefits of breast milk feeding
- Undergoing radiation therapy
- Active, untreated varicella
- Active herpes simplex virus with breast lesions
- Admission to Intensive Care Unit (ICU) post-partum
- Adoption or foster home placement of newborn
- Previous breast surgery, i.e., bilateral mastectomy, bilateral breast reduction or augmentation where mother is unable to produce milk.

The Joint Commission chose to make the perinatal care measure set mandatory because of the high volume of births in the United States and because it affects a significant portion of accredited hospitals. While many Colorado hospitals have already adopted this measure set, when it is fully implemented in hospitals with over 1,100 deliveries annually, the result will potentially impact hospitals delivering 80 percent of Colorado's infants.

For more information visit The Joint Commission's website

https://manual.jointcommission.org/releases/TJC2013A/MIF0170.html.

The United States Breastfeeding Committee website includes helpful resources including a list of hospital resources available at no cost, as well as the Committee's toolkit, *Implementing The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding*. http://www.usbreastfeeding.org/Portals/0/Publications/Implementing-TJC-Measure-EBMF-2010-USBC.pdf

Update on Forming the Colorado Lactation Consultant Association

by Sara Dale-Bley, IBCLC, CLCA President

If you've attended a COBFC meeting in the past year, you've likely heard me discussing the formation of a Colorado Chapter of the USLCA. Well, all of that discussion is finally starting to bear fruit. I have drawn from IBCLC friends and colleagues to form an inaugural Board of Directors. We are pleased to announce we have submitted an application to the USLCA to be recognized as an official chapter.

The Colorado Lactation Consultant Association (CLCA) will serve Colorado's population of lactation professionals. Membership is open to anyone who supports the mission and purposes of the CLCA, and is not limited to IBCLCs. By bringing together professionals who support breastfeeding families, we will be better able to standardize care, centralize information, and empower professionals with up-to-date information and community.

In early 2013 the Board will be making plans for general membership meetings. We hope you will become a member of CLCA and attend the meetings to join in discussions to shape the future of the lactation consultant profession in Colorado. By lending your voice to the formation of this professional organization you will be helping to create a CLCA that effectively represents lactation professionals throughout the entire state.



For more about the CLCA, including membership information, please visit our website at http://www.ColoradoLCA.org and look for us on Facebook at Colorado Lactation Consultant Association | Facebook.

CLCA goals:

- IBCLC licensure exploration/implementation Licensure is a significant goal of the CLCA because it would directly impact the way lactation consultants are able to practice, as well as insurance coverage for lactation services.
- Expanding insurance reimbursement for lactation services – The Affordable Care Act's lactation provisions have greatly expanded insurance coverage for lactation consultation services. Working with insurance companies to ensure that services provided by lactation consultants are covered, in accordance with the law, is an urgent matter to be dealt with in the immediate future and over the next few years.
- Outreach to educate the public and other professionals on what lactation consultants offer as part of the health care team. Quality lactation services as part of standard care for prenatal and postpartum families significantly increases breastfeeding initiation and duration rates. Therefore, educating these populations is a major organizational goal.
- Mentorship pairing program Through pairing less experienced lactation consultants with those with more experience in the field, the learning curve for building successful and ethically sound practices will be less steep, benefitting both practitioners and clients.
- <u>Client feedback mechanism</u> By offering a centralized, protected method for client feedback, practitioners will be able to adapt their practices to better meet client needs.
- <u>Cultural sensitivity and non-English linguistic</u>
 <u>education</u> By increasing opportunities for
 lactation consultants to learn more about, and
 become more sensitive to, diverse cultures,
 lactation consultants will be able to connect
 with a wider range of clientele.
- Continuing education Sponsor educational offerings for Colorado lactation professionals, either annually or biennially.



ILCA Webinars Free For a Limited Time

Through the end of June you can participate in ILCA's live webinars at no cost if you don't need continuing education credit. ILCA's webinars provide you the opportunity to gain valuable education from lactation experts. Presentations are scheduled in English, Spanish and French.

http://www.ilca.org/i4a/pages/index.cfm?pageid=3916

to review upcoming offerings and register for webinars. Space is limited so



Quarterly Kudos!

register early.

Thumbs up to Marianne Neifert, MD, MTS and Maya Bunik, MD, MSPH for their recent review article, "Overcoming Clinical Barriers to Exclusive Breastfeeding" published in the Pediatric Clinics of North America, Volume 60.

Issue 1, Pages 115 – 145, February 2013. The entire issue includes 15 articles devoted to breastfeeding. To read more, go to http://www.pediatric.theclinics.com

Kudos to the group of health care professionals and La Leche League members who met recently to form a breastfeeding task force for Mesa County! We wish you a successful journey strengthening your community's ability to support breastfeeding!

Kudos to Tammy Lantz, RD, IBCLC, Chair of the Colorado Breastfeeding Coalition for coordinating a two-day strategic planning meeting in late January to set the course for the coalition's projects in the coming years.

Use of Electronic Communication by Physician Breastfeeding Experts for Support of the Breastfeeding Mother: A Summary

by Heidi Williams, MPH, RD

ost people turn to a health professional when looking for health information, including information about breastfeeding.

According to a recent article published in Breastfeeding Medicine, "physician encouragement of breastfeeding has been shown to increase breastfeeding rates. However, only about two-thirds of pediatricians received any education in breastfeeding management during medical school or residency, and some may not have a supportive attitude or commitment towards breastfeeding."



This lack of knowledge and support has led to increased frustration and dissatisfaction among women seeking information from their own health care provider and has driven them to access the Internet for health information. The purpose of this survey was to examine how many physician breastfeeding experts are being sought out to give information over the Internet and to learn what the physician's attitudes are regarding these types of requests for information.

Members of the Academy of Breastfeeding Medicine and the American Academy of Pediatrics – Section on Breastfeeding were invited by email to take an online survey. The survey response rate was 34% with 270 physicians completing the survey. The survey questions focused on breastfeeding training completed and the frequency, effectiveness and attitude towards their email communication with mothers. Eightyseven percent of the respondents were in general pediatrics, 78% were female and 17% were IBCLCs.

The survey found that 42% of physicians had received emails from women who they had seen previously as patients and 25% had received emails from women with whom they had no established physician-patient relationship. Physicians cited many concerns regarding email communication with women. "Respondents cited lack of time, inadequate ability of patients to understand what discussions are appropriate over email, lack of interest, and privacy, legal and ethical issues as reasons for their non-participation in email communications with patients." Despite these concerns, however, 62% of physicians reported responding to emails and did so without billing the patient.

Many physicians recognize the need for them to act a resource for women through the Internet even though they may not agree with the role. According to the survey results, "66% of respondents thought that it was inappropriate for patients to seek medical advice by email from physicians with whom they did not have an existing physician-patient relationship. Thirty- three percent felt it was inappropriate for a physician to provide medical advice by email."

Despite study limitations, the results do contribute to a growing body of evidence that shows mothers are increasingly turning to the Internet for breastfeeding information and support. As this trend continues, there will be a need for more physician breastfeeding experts and resources to keep up with the demand and ensure women are able to meet their breastfeeding goals.

Access the abstract at http://www.ncbi.nlm.nih.gov/pubmed/22612624

Update:

CDPHE Obesity Integration Baby-Friendly Hospital Project Plan Includes Two Webinars

he fall issue of this newsletter provided background on the Colorado Department of Public Health and Environment (CDPHE) Baby-Friendly Hospital project to reduce the prevalence of obesity in Colorado by supporting

an increase in the number of Baby-Friendly hospitals. Members of The Baby-Friendly Hospitals Advisory Committee comprised of 18 individuals representing 15 different organizations are providing the inspiration and helping to define this project.

The committee has prepared a 4-5 year plan that includes facilitating 15 hospitals to achieve the Baby-Friendly designation by means of a CDPHE hospital collaborative. The plan includes informational webinars described below which will commence in March.

Announcements and updates on the progress of the hospital collaborative will be described in future issues of the newsletter.

If you are interested in being on the email list for information about the webinars and work within a hospital system, please email Jennifer.Dellaport@state.co.us with your name, title, hospital facility, and preferred email address by March 1, 2013.



Upcoming Webinars

March 21, 2013 8:00 - 9:00 a.m. – Target audience: hospital leaders in lactation, management and operations. Hospitals will receive an email in the coming weeks inviting staff to participate in a one hour webinar to learn about the business case for hospitals to become Baby-Friendly. The information covered in the webinar will equip staff with the rationale for pursing the Baby-Friendly designation to present to hospital administrators.

April 30, 2013 8:00 - 8:30 a.m. – Target audience: hospital administrators. Hospital administrators will receive an email inviting them to participate in a 30 minute webinar on the business case for achieving the Baby-Friendly designation, the CDPHE hospital collaborative and its application process.

Upcoming Events

- *Colorado Breastfeeding Coalition*. Upcoming 2013 meetings: March 19, May 21, July 16. 9:00 am-12:00 pm. Location TBD. Visit www.cobfc.org or call 303-869-1888 for more information.
- Lactation Journal Club. 2013 meetings will be held February 13, March 13, April 10, May 8, August 14, September 11, October 9, and November 13 2:30-5:00 p.m. at Presbyterian St Luke's Medical Center, 1719 E. 19th Ave., Denver. Registration fee: \$30. Find the latest agenda, information, and registration information at www.teachsourceinc.com. Put the 2013 meeting dates on your calendar: Feb. 13, March 13, April 10, May 8, August 14, September 11, October 9, November 13.
- Maternal & Infant Assessment for Breastfeeding and Human Lactation. April 10-12, 2013 – Fort Collins. Information at www.healthychildren.cc
- *CLE Course Offerings throughout the year.* Visit http://www.cappa.net/get-certified.php?lactation-educator
- 10th Biennial Breastfeeding: Baby's Natural Choice Conference. August 14, 2013 – La Vista, Nebraska. Information at Olson Center.



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The Colorado
Breastfeeding Coalition is a volunteer
organization whose mission is to ensure
optimal health and development of all
Colorado families by fostering a society-wide
approach to breastfeeding.

Breastfeeding Resources

Information and Support

- Breastfeeding Management Clinic 720-777-2740
- Colorado Breastfeeding Coalition www.cobfc.org or 303-869-1888
- Colorado Breastfeeding Essentials www.breastfeedcolorado.com
- Family Healthline 800-688-7777
- International Lactation Consultant Association www.ilca.org
- La Leche League International www.llli.org or 303-779-6722
- Mothers' Milk Bank 303-869-1888 or 877-458-5503
- National Breastfeeding Helpline <u>www.womenshealth.gov</u> or 800-994-9662
- WIC Program <u>www.coloradowic.com</u> or 303-692-2400

Breastfeeding Products

- Ameda 800-323-8750
- Medela, Inc. 800-TELL-YOU (800-835-5968)

Medications and Human Milk Resources

- Drugs and Medication Database http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT
- Infant Risk Center www.infantrisk.org or by phone 806-352-2519, Monday-Friday 8am-5pm central time)
- Thomas Hale's Breastfeeding and Medication Forum (for health care professionals) http://neonatal.ama.ttuhsc.edu/lact/
- University of Rochester, Lactation Study Line 585-275-0088 (inquiries from health professionals only)

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WIC—The Special Supplemental Nutrition Program for Women, Infants, and Children provides nutrition education; breastfeeding promotion, education, and support; supplemental foods; and encourages regular health care. If you have patients who may qualify to receive WIC services, we appreciate your referral. Please check your directory or the WIC website www.coloradowic.com for the WIC Program in your community or call 303-692-2400 or 1-800-688-7777.