



Introduction to the Healthy Start Breastfeeding Group & Learning Series

May 21, 2020

NICHQ
National Institute for
Children's Health Quality

Agenda



Housekeeping	Tess Pritchard, NICHQ
Introduction to the Healthy Start Breastfeeding Cohort & Learning Series	Kenn Harris , NICHQ
The Importance of Breastfeeding	Kimarie Bugg, ROSE
Q&A	All
Closing	Kenn Harris, NICHQ



Meeting Logistics

Please note the following:



- This session is being recorded, and will be archived for future viewing.



- All participants are muted upon entry. We ask that you remain muted to limit background noise.

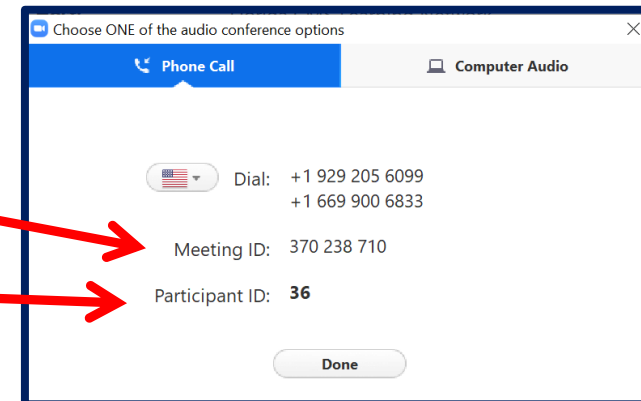
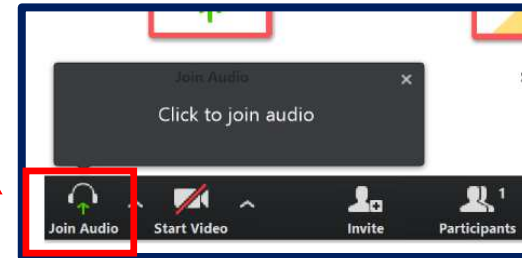


- Members are encouraged to participate in the discussion by typing your comment/asking questions using the chat box.

Connecting to the Audio Conference



- Join Zoom Meeting by **clicking Zoom Meeting link** & launching the Zoom application
- An audio conference box will appear
 - If you do not see the box click the **'Join Audio' button**
- From the audio conference box: Select to **"Phone Call"** or **"Computer Audio"**
- If using the phone:
 - dial the number next to **"Dial"**
 - You will be prompted to enter the **"Meeting ID"**
 - Then you will be prompted to enter the **"Participant ID"**



Ways to Participate: Chat



A screenshot of a Zoom meeting window. The window title is "Zoom Participant ID: 49 Meeting ID: 617-788-369". The main area shows meeting details: "Meeting Topic: Healthy Start Webinar", "Host: HS TA & Support Center", "Invitation URL: https://zoom.us/j/617788369", and "Participant ID: 49". At the bottom, there is a toolbar with icons for "Join Audio", "Start Video", "Invite", "Participants", "Share", "Chat", "Record", and "Leave Meeting". The "Chat" icon is highlighted with a red box. A red arrow points from this box to a "Zoom Group Chat" sidebar on the right. The sidebar has a "Zoom Group Chat" header and a "Type message here..." input field. A red box around the input field contains the text "Chat here to everyone!". Another red box contains the text "After you click the 'Chat' button, a sidebar will appear where you can chat to all participants", with a red arrow pointing to the sidebar. A third red box contains the text "At the bottom of the Zoom window, you will see a 'Chat' button", with a red arrow pointing to the "Chat" icon in the toolbar. The "Share" button in the toolbar is also highlighted with a red box and has a "Share" label below it.

Introduction to the Healthy Start Breastfeeding Cohort & Learning Series

Kenn Harris
Healthy Start TA & Support Center



Purpose

- The purpose of the Healthy Start Breastfeeding Cohort is to convene Healthy Start grantees – who are prepared to and interested in improving and building out their breastfeeding support and education activities – and support them in meeting the Healthy Start breastfeeding benchmarks.



Goals



- Receive TA and support that will enable grantees to meet the Healthy Start breastfeeding benchmarks:^{*}
 - vii: Increase proportion of Healthy Start child participants whose parent/caregiver reports they were ever breastfed or pumped breast milk to feed their baby to 82%
 - viii: Increase proportion of Healthy Start child participants whose parent/caregiver reports they were breastfed or fed breast milk at 6 months to 61%
- Participate in capacity building activities that will align with Healthy Start Approach #4:
 - Assuring impact and effectiveness through workforce development...
- Engage with and learn from one another and subject matter experts
- Collaborate on breastfeeding education materials for the greater Healthy Start community

^{*} As of November 2019, **41.5%** of grantees met benchmark vii and **22.6%** of grantees met benchmark viii



Learning Objectives for the Breastfeeding Cohort



- Assess a pregnant woman's intention to breastfeed and identify factors that affect breastfeeding success
- Encourage, promote and support pregnant women's decision to breastfeed
- Provide appropriate anticipatory guidance on breastfeeding during pregnancy and postpartum
- Provide breastfeeding education and support at critical points in the early postpartum period
- Assess breastfeeding at critical points in the early postpartum period and provides appropriate support and/or referrals as needed
- Understand the relationship between substance use and breastfeeding, including the impact of substances use on breastfeeding infants
- Encourage, promote and support father engagement with and support of breastfeeding women

Learning Series Schedule



June 2020	Webinar
July 2020	CoLab Engagement
August 2020	Webinar
September 2020	CoLab Engagement
October 2020	Webinar
November 2020	CoLab Engagement
December 2020	Webinar
January 2021	Evaluation

Webinar Topics

- Myths & Misconceptions Around Breastfeeding
- Father Engagement & Breastfeeding
- Substance Use & Breastfeeding
- Motivational Interviewing Around Breastfeeding



CoLab Engagement

NICHQ Collaboratory

Healthy Start Performance CoLab

- Ask questions & share resources
- Cocreate breastfeeding educational materials
- Engage in quality improvement projects around breastfeeding



Participant Expectations

- Time Commitment:
 - 3 hours/month from June 2020-January 2021
- Participants must attend all 4 webinars
- Participants must commit to bringing learnings back to their organization



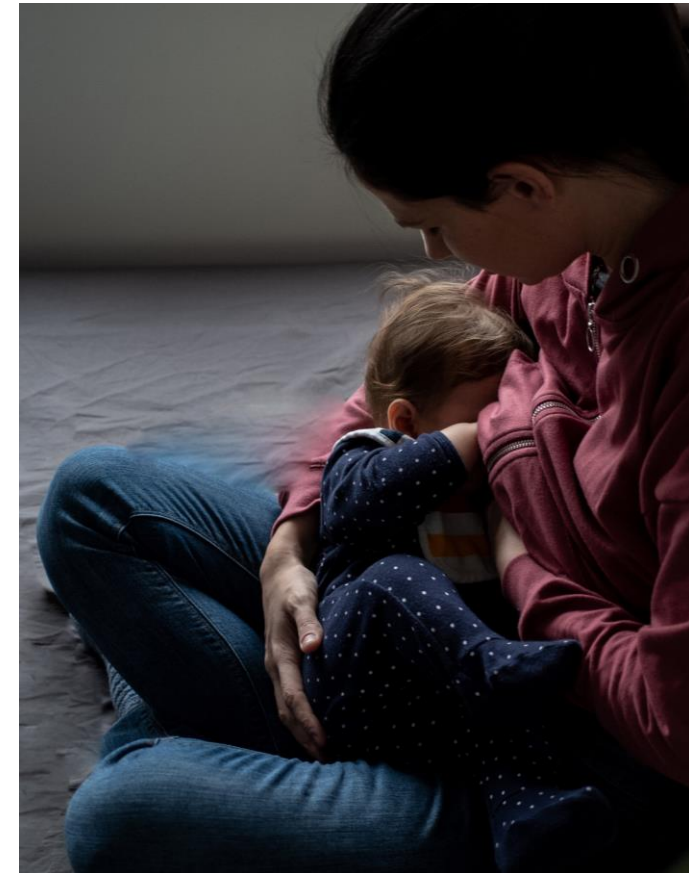
Application

- Applications will be available immediately following this webinar and open until COB Friday, May 29
- The inaugural cohort of 25 participants will be selected and notified by Friday, June 5
- To complete the Healthy Start Breastfeeding Cohort application, visit: www.surveygizmo.com/s3/5598467/Healthy-Start-Breastfeeding-Cohort-Application



Selection Criteria

- Diversity of participants (e.g., urban/rural/tribal, border, new vs. established grantees)
- Diversity of breastfeeding experience & expertise
- Personal & professional interest in joining the cohort
- Program need (i.e., success in meeting benchmarks)



Introductions

Kenn Harris
Healthy Start TA & Support Center



ROSE

Reaching Our Sisters Everywhere

Importance of Breastfeeding

Kimarie Bugg DNP, MPH, IBCLC, CLC

84% of U.S. Women Do Breastfeed



Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born in 2016 (Percentage +/- half 95% Confidence Interval)^{1,2}

	Any Breastfeeding				Exclusive Breastfeeding		
		Ever Breastfed	Breastfed at 6 Months	Breastfed at 12 Months		Exclusive Breastfeeding through 3 Months	Exclusive Breastfeeding through 6 Months
Socio-demographic Factors	n	% ± half 95% CI	% ± half 95% CI	% ± half 95% CI	n	% ± half 95% CI	% ± half 95% CI
U.S. National	17604	83.8±1.2	57.3±1.6	36.2±1.5	17059	47.5±1.6	25.4±1.3
Gender							
Male	9089	83.7±1.7	57.2±2.2	35.4±2.1	8819	47.6±2.2	25.3±1.8
Female	8515	83.9±1.6	57.3±2.2	37.0±2.2	8240	47.5±2.2	25.4±1.8
Race/Ethnicity							
Hispanic	4030	82.9±3.0	51.6±3.9	32.1±3.6	3954	42.0±3.9	20.4±2.9
Non-Hispanic White	9667	86.6±1.2	61.5±1.8	39.6±1.8	9310	52.9±1.9	29.1±1.7
Non-Hispanic Black	1587	74.0±3.6	48.6±3.8	27.1±3.4	1555	39.1±3.7	20.7±3.2
Non-Hispanic Asian	685	88.2±3.4	72.1±5.7	51.6±7.2	655	48.1±7.6	31.8±7.9
2 or more races	1304	84.2±3.4	58.0±5.3	38.5±5.6	1260	46.6±5.5	24.1±4.2

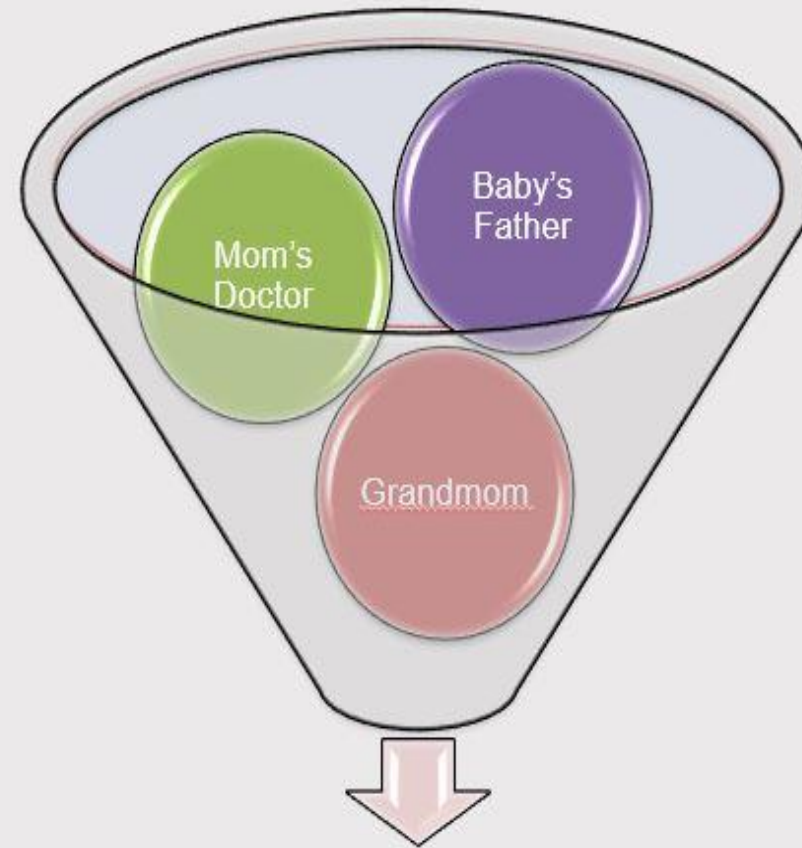
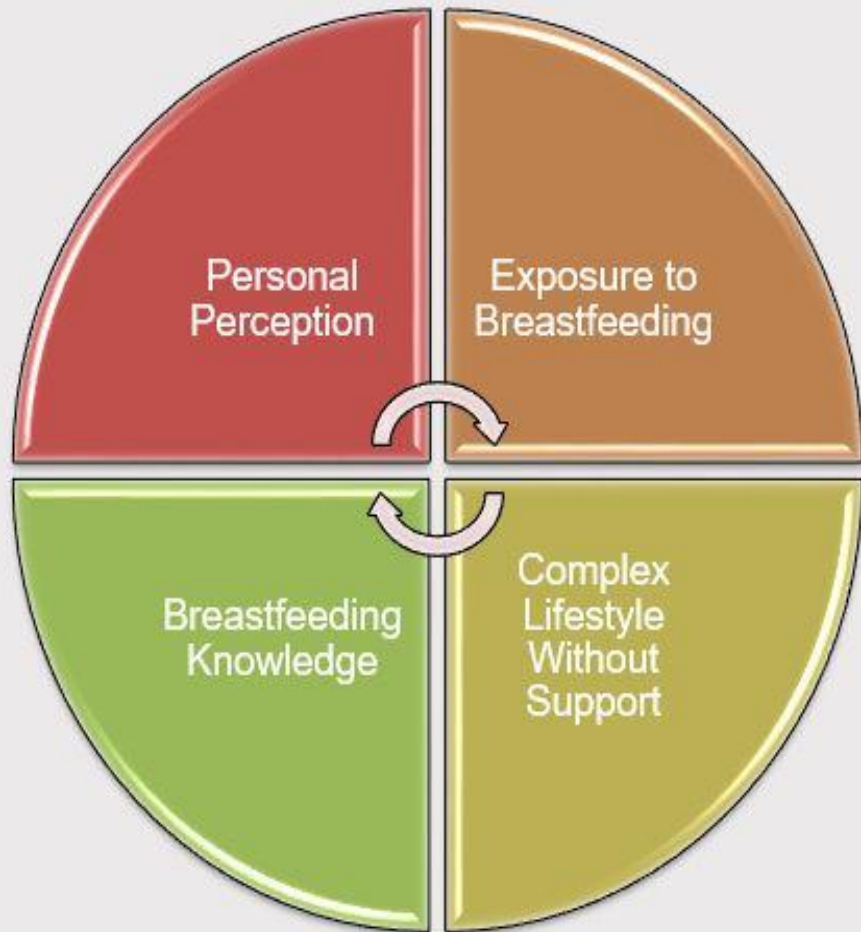


Com-mu-ni-ty

A feeling of fellowship with others, as a result of sharing common attitudes, interests, and goals



Making the Infant Feeding Choice



Mom's perception

Importance of Breastfeeding



- *Peers*
- *Partners*
- *Policy*
- *Programs*



Milk Affects Every Organ System

Digestive System

Bile salt-dependent lipase

Immune

IgA, Lactoferrin

Liver

Lactose

Nervous System

Omega-3 LCFA

Kidney

Low sodium, solutes

Endocrine

Thyroxin, prolactin

Circulatory (blood)

Erythropoietin

Sensory (eye)

DHA, AA, distance



Breastfeeding
reduces the risk of
cancer for both
mother and baby.

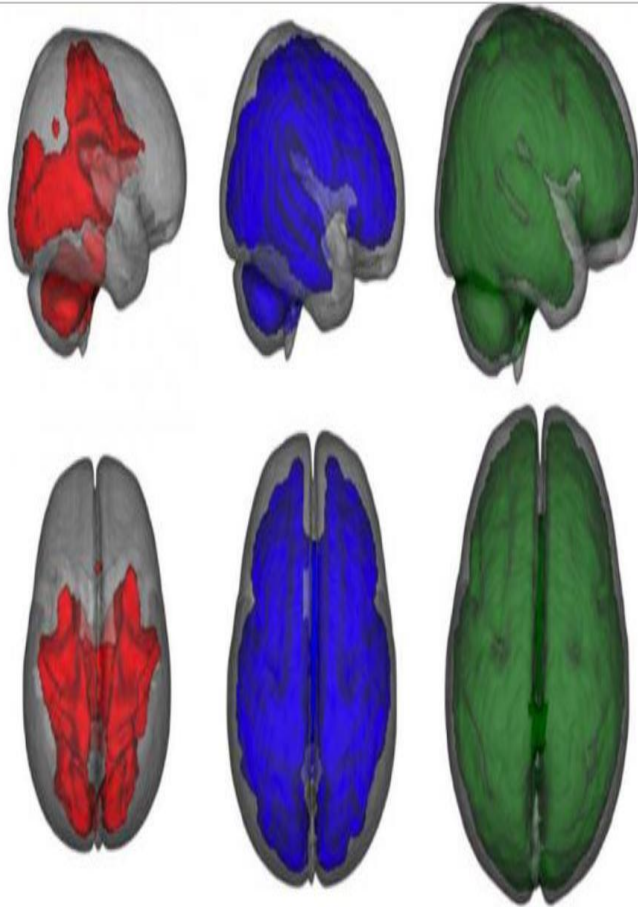


Breastfeeding
reduces women's
risk of osteoporosis.

Bartick, M. C., Schwarz, E. B., Green, B. D., Jegier, B. J., Reinhold, A. G., Colaizy, T. T., & Stuebe, A. M. (2016). Suboptimal breastfeeding in the United States: Maternal and pediatric health outcomes and costs. *Maternal & Child Nutrition*, 13(1). doi: 10.1111/mcn.1236

Outcome	Excess Risk (%)
Hospitalization for lower <u>resp tract</u> infection 1 st year	257
Necrotizing <u>Enterocolitis</u> (preterm infant)	138
Asthma, with family history	67
Type 2 Diabetes <u>Mellitis</u>	64
SIDS	56
Eczema	47
Childhood Obesity	32
Maternal Ovarian Cancer	27
Acute Lymphocytic Leukemia	23
Maternal Breast Cancer	4

Deoni, S. C., Dean III, D. C., Piryatinsky, I., O'muircheartaigh, J., Waskiewicz, N., Lehman, K., ... & Dirks, H. (2013). Breastfeeding and early white matter development: a cross-sectional study. *Neuroimage*, 82, 77-86.

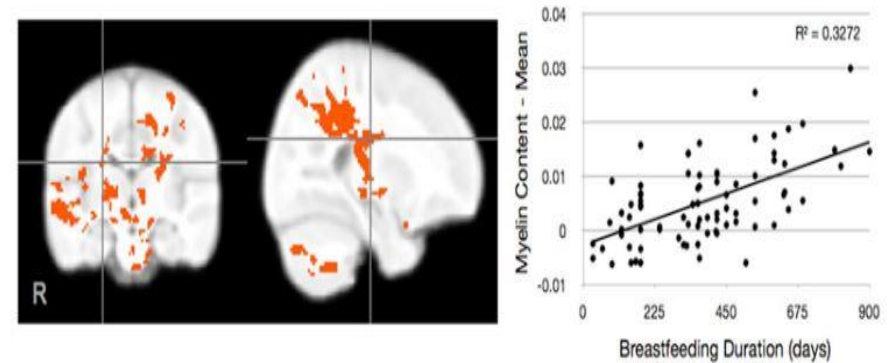


863-3766

study using brain images from “quiet” MRI machines adds to the growing body of evidence that breastfeeding improves brain development in infants. Breastfeeding alone produced better brain development than a combination of breastfeeding and formula, which produced better development than formula alone.

PROVIDENCE, R.I. [Brown University] — A new

Deoni and his team looked at 133 babies ranging in ages from 10 months to four years.



Changes “almost right off the bat”

Mean myelin content — the fatty material that insulates nerve fibers and speeds electrical signals — rises with breastfeeding. The changes to developing brains happen early, almost from the start. *Credit: Baby Imaging Lab/Brown University*

All of the babies had normal gestation times, and all came from families with similar socioeconomic statuses. The researchers split the babies into three groups: those whose mothers reported they exclusively breastfed for at least three months, those fed a combination of breastmilk and formula, and those fed formula alone. The researchers compared the older kids to the younger kids to establish growth trajectories in white matter for each group.

Sudden infant death and social justice: A syndemics approach

Melissa Bartick¹  | Cecília Tomori² 

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²Department of Anthropology, Parent-Infant Sleep Lab, Durham University, Durham, UK

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Email: melissabartick@gmail.com

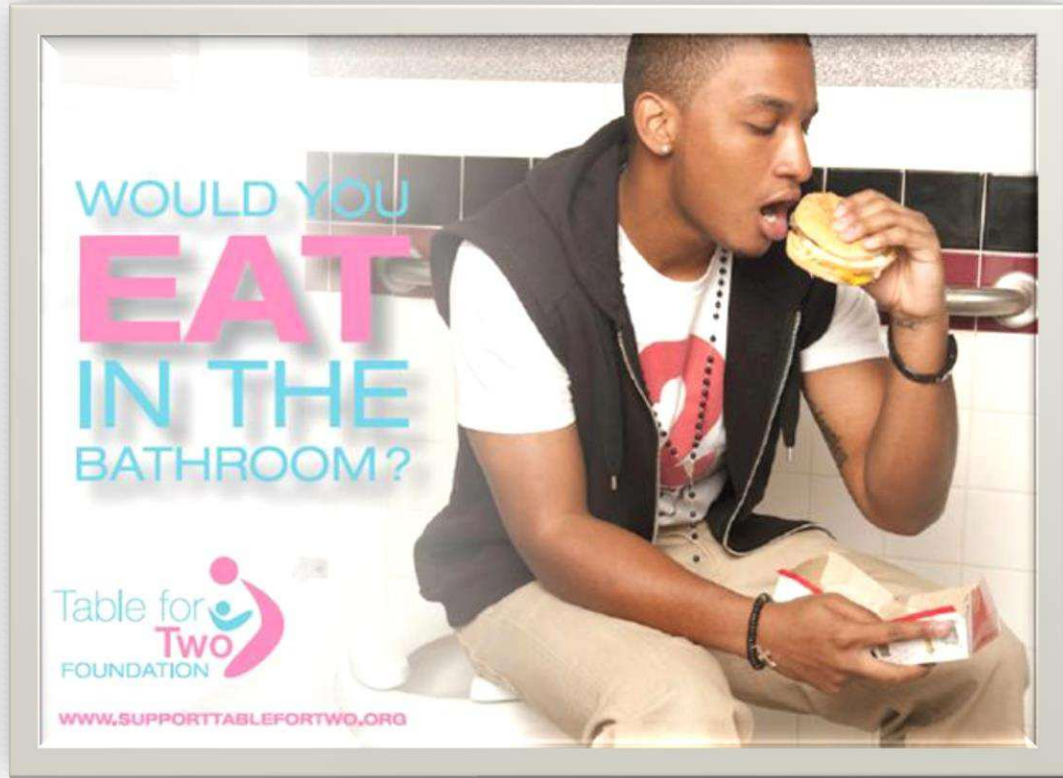
Abstract

Sudden unexpected infant death (SUID) and sudden infant death syndrome (SIDS) prevention has focused on modifying individual behavioural risk factors, especially bedsharing. Yet these deaths are most common among poor and marginalized people in wealthy countries, including U.S. Blacks, American Indians/Alaskan Natives, New Zealand Māori, Australian Aborigines, indigenous Canadians, and low-income British people. The United States now has the world's highest prevalence of SUID/SIDS, where even Whites' SIDS prevalence now approaches that of the Māori. Using public databases and the literature, we examine SUID/SIDS prevalence and the following risk factors in selected world populations: maternal smoking, preterm birth, alcohol use, poor prenatal care, sleep position, bedsharing, and formula feeding. Our findings suggest that risk factors cluster in high-prevalence populations, many are linked to poverty and discrimination and have independent effects on perinatal outcomes.

Impact of Supplementation



Challenges



Skills





Jake and Jeffrey McLaurin
Scott and Byron Williams
Aloes and Zachery Moore



Grandmothers need resources



Baby Friendly Hospital Initiative



Atlanta Airport





COMMUNITY TRANSFORMER TRAINING

Multi-Purpose Room
Central State University
840 Germantown Street
Dayton, OH 45402

JULY
26TH - 27TH
9:00^{AM} - 3:30^{PM}

Apply today to become a **ROSE Community Transformer Breastfeeding Peer Counselor!** This training is open to mothers that have breastfed for at least **6 months in the last 5 years**, and interested in helping other mothers through their breastfeeding journey. **Questions? Contact Tenesha Sellers at TSellers@BreastfeedingROSE.org and visit our website www.breastfeedingrose.org**

ATTENDANCE BOTH DAYS IS MANDATORY!



Achieving Health Equity Through Breastfeeding Forum

April 12, 2018
9:00 AM - 3:00 PM

Featured Speakers
Dr. Camara Phyllis Jones,
MD, MPH, PhD

Zsakeba Henderson, MD

Kimarie Bugg,
MSN, MPH, IBCLC

Registration: \$35
CERP's & CNE Available

Venue & Lodging
Courtyard by Marriott
Gulfport Beachfront
1600 East Beach
Boulevard
Gulfport, MS 39501



www.BreastfeedingROSE.org/GulfportHealthEquity

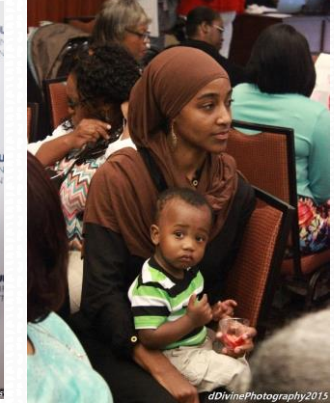
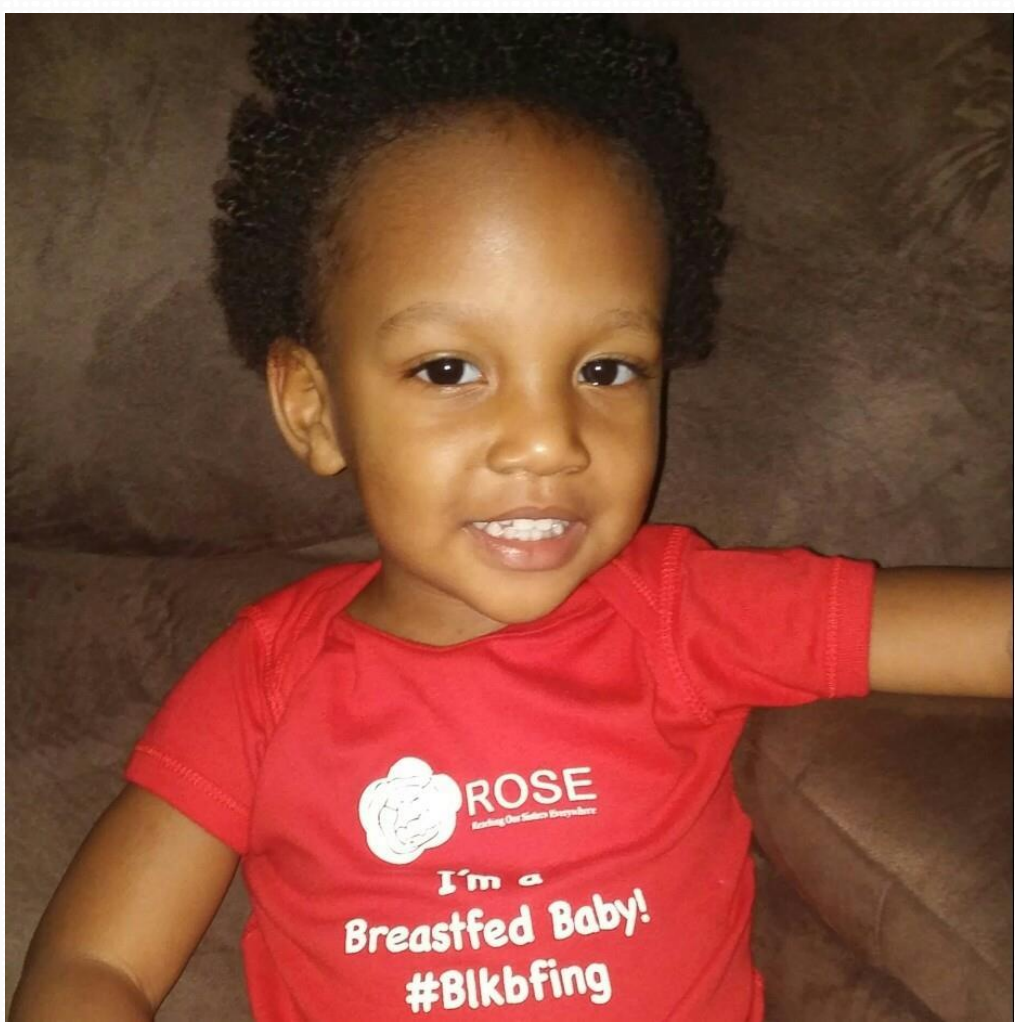






References

- Bartick, M. C., Schwarz, E. B., Green, B. D., Jegier, B. J., Reinhold, A. G., Colaizy, T. T., ... & Stuebe, A. M. (2017). Suboptimal breastfeeding in the United States: Maternal and pediatric health outcomes and costs. *Maternal & child nutrition*, 13(1), e12366.
- Bartick, M., & Tomori, C. (2018). Sudden infant death and social justice: A syndemics approach. *Maternal & child nutrition*, e12652.
- Deoni, S. C., Dean III, D. C., Piryatinsky, I., O'muircheartaigh, J., Waskiewicz, N., Lehman, K., ... & Dirks, H. (2013). Breastfeeding and early white matter development: a cross-sectional study. *Neuroimage*, 82, 77-86.
- Reis-Reilly, H., Fuller-Sankofa, N., & Tibbs, C. (2018). Breastfeeding in the community: Addressing disparities through policy, systems, and environmental changes interventions. *Journal of Human Lactation*, 34(2), 262-271.





Q&A

Closing

Kenn Harris
Healthy Start TA & Support Center



Please take 5 minutes to
complete this survey:



<https://bit.ly/HSbfcohortwebinarsurvey>

Questions?
Email the TA &
Support Center at
healthystart@nichq.org