THE BREASTFEEDING LANDSCAPE IN 2016

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DISCLOSURE

- **I DO NOT** have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.
Nearly half of America’s babies live in or near poverty.

This is a clear warning sign for America’s global competitiveness; almost half of our future workforce is in jeopardy of falling behind from the start.

Gaps in development appear before children turn 2.

By age 2, children in the lowest socio-economic group are behind their peers in measures of cognitive, language and social-emotional development. A six-month gap in language skills undermines other learning.

Strong nurturing relationships help build healthy brains.

These relationships buffer children from harmful stress and strengthen brain development in key areas that affect academic success.

Research shows poverty diminishes brain growth.

Early stress and lack of positive early experiences means poverty gets under the skin, undermining development in key brain regions for school readiness and academic success.

A. SELF-REGULATION & LEARNING
B. MEMORY & LANGUAGE
C. EMOTIONAL CONTROL

VOCABULARY SIZE (number of words)

- 18 MONTHS: 107, 174
- 24 MONTHS: 288, 442

Economic disadvantage vs. Economic advantage

SOURCE: FEINSEL, MARCHMAN, & WIBLIES, 2013
## State Baby Facts

**A Look at Infants, Toddlers, and Their Families in 2015**

### Oklahoma

### The Basics about Infants and Toddlers in Oklahoma

<table>
<thead>
<tr>
<th>Total Population under age 3</th>
<th>Percentage of children under age 18 who are infants and toddlers</th>
<th>Live in families with parents who are unemployed</th>
<th>Live with an unmarried parent</th>
<th>Mothers in the labor force with infants</th>
</tr>
</thead>
<tbody>
<tr>
<td>157,634</td>
<td>17%</td>
<td>10%</td>
<td>35%</td>
<td>54%</td>
</tr>
<tr>
<td>11,886,860</td>
<td>16%</td>
<td>11%</td>
<td>34%</td>
<td>62%</td>
</tr>
</tbody>
</table>

STATE BABY FACTS
A Look at Infants, Toddlers, and Their Families in 2015

Oklahoma

KIDS COUNT RANKING:
39
STATE RANKING FOR CHILDREN 0-18 WELL-BEING

BABIES AT RISK:
Infants and toddlers by family income level

In Oklahoma, a significant percentage of infants and toddlers live in low-income families, leaving them particularly vulnerable. Research shows that poverty at an early age can be especially harmful, affecting later achievement and employment.

Oklahoma

29% <100% FPL
26% 100%-200% FPL
45% Above low income

National

25% <100% FPL
52% Above low income
23% 100%-200% FPL

SOURCE: National Center for Children in Poverty
Oklahoma

HOW DOES OKLAHOMA’S GOOD HEALTH COMPARE WITH U.S.?

- Children under age 6 without health insurance:
  - State: 9%
  - National: 6%

- Babies born preterm:
  - State: 13%
  - National: 11%

- Babies with low birthweight:
  - State: 8%
  - National: 8%

- Babies born to mothers receiving early prenatal care:
  - State: 77%
  - National: 71%

- 2 year-olds fully immunized:
  - State: 67%
  - National: 73%
OKLAHOMA HEALTH

OKLAHOMA RANKS:

- **41st** for Infant Mortality [7.1]
- **43rd** for Diabetes [12%]
- **45th** in Obesity [33%]
- **45th** in Preterm Births [12.8%]
- **48th** in Teen Birth Rates [42.9]
- **40th** in Smoking [21.1%]
- **45th** in Overall Health Ranking
  - America’s Health Rankings, 2015

Oklahoma’s smoking rate dropped from 23.7% to 21.1%
Health Rankings 2015:

Hawaii = #1

Louisiana = #50

Overall
Oklahoma
Rank: 45
CDC BREASTFEEDING RATES, BORN IN 2012

ANY BREASTFEEDING

EXCLUSIVE BREASTFEEDING
## OKLAHOMA BREASTFEEDING RATES

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Oklahoma</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ever Breastfed</strong></td>
<td>80%</td>
<td>75.9%</td>
<td>35th</td>
</tr>
<tr>
<td><strong>Any Bfdg – 6 mths</strong></td>
<td>51%</td>
<td>44.0%</td>
<td>38th</td>
</tr>
<tr>
<td><strong>Any Bfdg – 12 mths</strong></td>
<td>29.2%</td>
<td>24.9%</td>
<td>31st</td>
</tr>
<tr>
<td><strong>EBF – 3 mths</strong></td>
<td>43.3%</td>
<td>44.8%</td>
<td>22nd</td>
</tr>
<tr>
<td><strong>EBF – 6 mths</strong></td>
<td>21.9%</td>
<td>18.9%</td>
<td>30th (tie)</td>
</tr>
</tbody>
</table>
## OKLAHOMA COMPARED TO FIRST AND LAST

<table>
<thead>
<tr>
<th></th>
<th>2012 (CDC)</th>
<th>U.S.</th>
<th>Oklahoma</th>
<th>OK Ranking</th>
<th>#1</th>
<th>#50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Breastfed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>80%</td>
<td>76%</td>
<td>35th</td>
<td>Washington (94%)</td>
<td>Mississippi (58%)</td>
</tr>
<tr>
<td>Any Bfdg – 6 mths</td>
<td></td>
<td>51%</td>
<td>44%</td>
<td>38th</td>
<td>California (66%)</td>
<td>Mississippi (27%)</td>
</tr>
<tr>
<td>Any Bfdg – 12 mths</td>
<td></td>
<td>29%</td>
<td>25%</td>
<td>31st</td>
<td>Hawaii (44%)</td>
<td>Alabama (9.5%)</td>
</tr>
<tr>
<td>EBF – 3 mths</td>
<td></td>
<td>43%</td>
<td>45%</td>
<td>22nd</td>
<td>California (56%)</td>
<td>Mississippi (23%)</td>
</tr>
<tr>
<td>EBF – 6 mths</td>
<td></td>
<td>22%</td>
<td>19%</td>
<td>30th (tie)</td>
<td>California (33%)</td>
<td>Mississippi (10%)</td>
</tr>
</tbody>
</table>
Babies Born in 2012
CDC 2015 Breastfeeding Data

<table>
<thead>
<tr>
<th>Category</th>
<th>US (%)</th>
<th>OK (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Breastfed</td>
<td>80</td>
<td>75.9</td>
</tr>
<tr>
<td>Any BFDG at 6 MTHS</td>
<td>51</td>
<td>44</td>
</tr>
<tr>
<td>BFDG at 12 Months</td>
<td>29.2</td>
<td>24.9</td>
</tr>
<tr>
<td>EBF at 3 MTHS</td>
<td>43.4</td>
<td>44.8</td>
</tr>
<tr>
<td>EBF at 6 MTHS</td>
<td>21.9</td>
<td>18.9</td>
</tr>
</tbody>
</table>

US vs. OK breastfeeding rates for babies born in 2012.
CDC 2015
ANY BREASTFEEDING BY RACE/ETHNICITY

Ever Bfd  Bfd at 6 mths  Bfd at 12 mths

Hispanic  Non-Hispanic White  Non-Hispanic Black  Non-Hispanic Asian  Non-Hispanic AI/AN  2 or more races
CDC 2015 EXCLUSIVE BREASTFEEDING BY RACE/ETHNICITY

EBF at 3 mths  EBF at 6 mths

Hispanic  Non-Hispanic White  Non-Hispanic Black  Non-Hispanic Asian  Non-Hispanic AI/AN  2 or more races
REASONS FOR EARLIER THAN DESIRED CESSATION OF BREASTFEEDING
ODOM ET AL, 2013 PEDIATRICS

• 60% OF MOTHERS WHO STOPPED BREASTFEEDING DID SO EARLIER THAN DESIRED:
  • DIFFICULTIES WITH LACTATION
  • INFANT NUTRITION AND WEIGHT
  • ILLNESS OR NEED TO TAKE MEDICINE
  • EFFORT OF PUMPING MILK
MPINC 2013
MATERNITY PRACTICES IN INFANT NUTRITION/CARE SURVEY

• US HOSPITALS SCORE: 75
  • OKLAHOMA SCORE: 71
  • OK RANK: 36TH

• STAFF BREASTFEEDING EDUCATION: 62
  • OKLAHOMA SCORE: 56

100 point total
OKLAHOMA HOSPITALS
OKLAHOMA HOSPITALS

- Protection of Patients from Formula Marketing
- New staff get appropriate bfdg education
- Current staff get appropriate bfdg education

Comparison between 2007 and 2013.
BABY FRIENDLY UPDATES

• NUMBER OF BABY FRIENDLY HOSPITALS IN US:
  330

• PERCENT OF BABIES BORN IN A BABY FRIENDLY HOSPITAL:
  16.6%
BECOMING BABY FRIENDLY IN OKLAHOMA

• NUMBER OF BABY FRIENDLY HOSPITALS IN OKLAHOMA:

  4

• PERCENT OF OKLAHOMA BABIES BORN IN A BABY FRIENDLY HOSPITAL:

  10%

1 HOSPITAL WAITING ON RESULTS
BBFOK HOSPITALS AND BFUSA 4D PATHWAY STATUS

- Pending: 9
- Discovery: 4
- Development: 4
- Dissemination: 1
- Designation: 3
- DESIGNATED!: 3

BBFOK Hospitals
CONGRATULATIONS TO ALL OF OUR 2015 SPOTLIGHT HOSPITAL WINNERS!

• CHICKASAW NATION MEDICAL CENTER
• COMANCHE COUNTY MEMORIAL HOSPITAL
• HILLCREST MEDICAL CENTER
• INTEGRIS BAPTIST MEDICAL CENTER
• INTEGRIS BASS BAPTIST HEALTH CENTER
• INTEGRIS HEALTH EDMOND
• SAINT FRANCIS HOSPITAL
• SAINT FRANCIS HOSPITAL SOUTH
• STILLWATER MEDICAL CENTER
• THE CHILDREN’S HOSPITAL AT OU MEDICAL CENTER
• OU MEDICAL CENTER EDMOND

They met the following criteria:
1. PC-01 rate ≤ 5% as posted on Hospital Compare as of August 31, 2015.
2. Participation in the Every Mother Counts initiative.
3. Current Baby-Friendly Designation OR Enrolled in the Becoming Baby-Friendly in Oklahoma (BBFOK) project.
4. Participation in Period of PURPLE® Crying program.
5. Participation in OSDH Sleep Sack Initiative.
UPDATED BREASTFEEDING PROTOCOLS

• ACADEMY OF BREASTFEEDING MEDICINE (ABM): POSITION ON BREASTFEEDING 2015

“Breastfeeding and human lactation warrant serious, increased, and significant attention in medical training, practice, and research”

“Breastfeeding is a human rights issue for both mother and child. Children have the right to the “highest attainable standard of health,” which entails the right to be breastfed, and women have the right to breastfeed as related to self-determined reproductive rights”
NEW BREASTFEEDING PROTOCOLS

AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS (ACOG): OPTIMIZING SUPPORT FOR BREASTFEEDING AS PART OF OBSTETRIC PRACTICE, 2016

“Strongly encourages women to breastfeed and supports each woman’s right to breastfeed”

“Clinical management of lactation is a core component of reproductive health care”

“The [WHO’s] Ten Steps to Successful Breastfeeding” should be integrated into maternity care to increase the likelihood that a woman achieves her personal breastfeeding goals”

“Distribution of formula marketing packs reduces breastfeeding initiation and duration and ...should not occur in inpatient or outpatient health care settings”
Supervised Clinical Lactation Training Program (IBLCE Pathway 3)

A Continuing Education (CE) offering through the Department of Nutritional Sciences, College of Allied Health, University of Oklahoma Health Sciences Center

The Oklahoma Breastfeeding Resource Center’s (OBRC) Clinical Lactation Training is a 6-month, full-time, clinical training program designed to meet the 500 hour clinical experience requirement for those seeking lactation consultant certification by the International Board of Lactation Consultant Examiners (IBLCE) Pathway 3.

OBRC Clinical Lactation Training Requirements

- Applicants must have an associates degree (This is an OBRC requirement, currently not required by IBLCE)
- Complete all OBRC education requirements.
- Submit an application, supporting documents, and $100 application fee to OBRC. (Pay online)
  - Once your application has been reviewed, you will be scheduled for an interview.
- Submit your Pathway 3 application plan to IBLCE for approval. (OBRC will review for approved applicants)
- Complete a national background check and drug screen.
- Submit documentation of required Immunizations.
- Acquire liability insurance coverage. CM&F is the leader in lactation liability coverage
- Commit to 6-months full-time clinical training.
- Pay OBRC Clinical Lactation Training fee: $2,000.00. (Pay online)
1. SUPPORT BABY FRIENDLY HOSPITAL INITIATIVE
   • BAN THE BAGS
   • ONLINE TRAINING FOR BBFOK
   • COBA BABY CAFÉS
   • MODEL POLICIES

2. INCREASE COBA VISIBILITY

3. STRENGTHEN COBA’S STRUCTURE AND CAPACITY

4. IMPROVE BREASTFEEDING SUPPORT FOR WORKING FAMILIES

5. REDUCE DISPARITIES
   • INCREASE DIVERSITY OF IMAGE REPRESENTATION IN COBA
   • INCREASE COBA MEMBERSHIP FROM ORGANIZATIONS OF COLOR
   • IMPROVE DIVERSITY OF COBA MEMBERS
COBA MODEL
HOSPITAL INFANT FEEDING POLICY

• ORIGINAL 2009 VERSION UTILIZED BY MANY OKLAHOMA HOSPITALS IN REVISING THEIR POLICIES
• 2015 VERSION REVISED TO ALIGN WITH LATEST BABY-FRIENDLY USA EXPECTATIONS
• IN PROCESS OF SEEKING NEW ENDORSEMENTS

What other model policies would be helpful??
OKLAHOMA BREASTFEEDING HOTLINE DATA

• ABOUT 2800 CALLS PER YEAR
• ABOUT 1/3 OF CALLS EVENING AND NIGHT
• ABOUT 40% “URGENT” VS 60% “NONURGENT”
• ABOUT 5% OF CALLERS ARE NOT REACHED
  • NO VOICEMAIL, WON’T ANSWER BLOCKED CALLER ID, PHONE TAG
• 65% OF CALLERS ARE FIRST TIME MOTHERS
• 22% CALL WHEN BABY <7 DAYS, 54% CALL WITHIN FIRST 6 WEEKS
• TOP REASONS FOR CALLING:
  • MILK PRODUCTION, INFANT ISSUES, MEDICATIONS
HISPANIC MOTHERS AND THE HOTLINE

ANECDOtal SURVEY OF HISPANIC BREASTFEEDING MOMS REVEALS:

• CONCERN THAT THEY’LL BE ASKED FOR SOCIAL SECURITY NUMBER
  • NOT TRUE!

• SOME WOULD ASK A RELATIVE TO CALL FOR THEM
  • WE’LL TALK TO ANYONE WHO CALLS

• SEVERAL THOUGHT THEY WOULDN’T BE UNDERSTOOD DUE TO LANGUAGE OR CULTURE
  • HOTLINE HAS 1 BILINGUAL IBCLC AND ALSO USES A TRANSLATOR SERVICE

• SOME EXPECT A LIVE PERSON TO ANSWER RIGHT AWAY AND WILL NOT LEAVE A MESSAGE
  • HOTLINE IS A CALL BACK SERVICE – MOMS WILL GET A CALL BACK RIGHT AWAY IF URGENT, DURING BUSINESS HOURS IF NONURGENT, 7 DAYS/WEEK
<table>
<thead>
<tr>
<th>QUESTION</th>
<th>AGREE</th>
<th>NEITHER AGREE NOR DISAGREE</th>
<th>DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am comfortable when mothers breastfeed their babies near me in a public place, such as a shopping center, bus station, etc.</td>
<td>58%</td>
<td>23%</td>
<td>19%</td>
</tr>
<tr>
<td>I believe women should have the right to breastfeed in public places.</td>
<td>64%</td>
<td>23%</td>
<td>13%</td>
</tr>
<tr>
<td>There should be paid maternity leave to workers.</td>
<td>70%</td>
<td>20%</td>
<td>10%</td>
</tr>
</tbody>
</table>

THE REAL WAR ON FAMILIES: WHY THE U.S. NEEDS PAID LEAVE NOW

23% of new mothers went back to work by 2 weeks

The stark disparities of paid leave: The rich get to heal. The poor get fired.

80% of college graduates took at least 6 weeks off vs only 54% of those without a degree

A 50-week extension in paid leave was associated with a 20 percent dip in infant deaths in Europe