

Promoting Breastfeeding: State Health Departments and Breastfeeding Coalition Partnerships in the ASTHO Breastfeeding Learning Community

For most infants and mothers, breastfeeding provides an array of benefits and protective factors.^{1,2,3} Maternal and child health experts recommend breastfeeding immediately following birth for at least one year, and exclusive breastfeeding through six months of age.⁴ While 81 percent of mothers initiate breastfeeding following birth, only one-third of babies are still breastfed at 12 months.⁵

Women across the socioeconomic spectrum cite common barriers to breastfeeding, including individual challenges, lack of encouragement from family or peers, unsupportive social norms, and policies and practices that do not optimally support breastfeeding efforts.^{6,7} As a result, mothers cease breastfeeding earlier than recommended. Additional background information on breastfeeding, U.S. breastfeeding rates by population, barriers to breastfeeding, and strategies to address these barriers can be found in [Promoting Breastfeeding: ASTHO Learning Community, Year One Project Summary](#).

State Capacity for Breastfeeding Promotion and Support

Across the United States, national and state-level entities are creating more optimal breastfeeding environments by supporting breastfeeding-friendly hospital policies and practices, providing training on breastfeeding best practices for healthcare professionals, and ensuring worksite compliance with breastfeeding access and accommodation laws. Within state governments, breastfeeding support and promotion activities are frequently directed by the health department or by the agency managing the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). States' efforts include:

- Funding peer counselors to provide breastfeeding support to WIC clients.
- Engaging in breastfeeding outreach and communication campaigns.
- Facilitating regional breastfeeding coalitions.
- Overseeing efforts to engage hospitals in updating policies and trainings to achieve Baby-Friendly Hospital designations or state-specific hospital recognition programs.
- Supporting worksites in adapting their policies and practices to support breastfeeding employees.

Non-governmental entities, such as state breastfeeding coalitions and task forces, play an important role in coordinating or driving state breastfeeding efforts. Coalitions vary in size, composition, funding structure, and governance, but typically work closely with state government entities and statewide partners to provide a unifying voice for breastfeeding. Coalitions create statewide goals, coordinate training for healthcare professionals and peer and professional lactation consultants, provide direct lactation counseling, and build regional or community capacity to support breastfeeding. Coalitions assemble breastfeeding advocates and provide a forum for groups to share information and discuss complementary efforts.

Some coalitions function as all-volunteer organizations with little to no funding, while others sub-contract with government entities (e.g., WIC) to deliver training or counseling support. Other coalitions are non-profit organizations, raising funds for activities and initiatives through donations, memberships, or grants. Typically, a coalition will appoint a board of directors to provide comprehensive oversight of activities, policies, and finances, as necessary.

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Recognizing the synergy between state health departments and breastfeeding coalitions, ASTHO, with funding from the Centers for Disease Control and Prevention (CDC), is using a Learning Community Model to help eighteen states and the District of Columbia improve breastfeeding rates. States participating in the ASTHO Learning Community focus on one (or more) of three key strategies:

1. Increasing hospital policies and practices that support breastfeeding.
2. Improving access to professional and peer breastfeeding support.
3. Creating breastfeeding-friendly worksites.

States' approaches are detailed in ASTHO's three strategy-specific issue briefs: [Maternity Care Facilities](#), [Peer and Professional Support](#), and [Workplace Support](#).

During the first two years of the project, fourteen states received \$15,000 for state health departments and partners (including breastfeeding coalitions) to pilot or enhance system-level strategies. Five states received \$30,000 in "enhanced" funding to work more closely with their state coalitions. This issue brief describes strategies and approaches utilized by these five states: Alabama, Delaware, Louisiana, Oklahoma, and the District of Columbia.¹ Unless otherwise noted, this issue brief describes the states' activities and accomplishments from Oct. 2014 through May 2016.

Coordinated State Efforts: State Health Departments and Breastfeeding Coalitions

States receiving enhanced funding created sustainable, statewide support for breastfeeding by strengthening partnerships between state health departments, breastfeeding coalitions, and key stakeholders. These efforts are detailed below:

Alabama: Creating Statewide Consistency Across Healthcare Settings

To improve rates of breastfeeding in the state, the Alabama Department of Public Health (ADPH), the state's WIC program, and the [Alabama Breastfeeding Committee](#) collaborated to improve professional competency in healthcare settings. The Alabama Breastfeeding Committee is a volunteer organization comprised of healthcare professionals, educators, state health department representatives, and individuals that serve on regional subcommittees. The committee's vision is that human milk will become the norm in infant feeding resulting in a healthier Alabama.

Alabama's goal for the project was threefold: (1) create consistent messaging about the benefits of breastfeeding for all women delivering in Alabama hospitals; (2) guarantee quality care and breastfeeding support in maternity care facilities by standardizing hospital policies and practices; and (3) increase access to resources available to assist with lactation. The team worked with obstetricians, nurse practitioners, insurance providers, WIC, the American Academy of Pediatrics, the Alabama Hospital Association, and individual hospitals to help achieve these goals.

As a result, two hospitals have achieved a [Baby-Friendly Hospital](#) designation, promoting the [Ten Steps to Successful Breastfeeding](#) (more information on Baby-Friendly designations can be found in the [ASTHO Learning Community Project Year One Summary](#)).

¹ Information in this brief was obtained from materials submitted by the state and through site visits and stakeholder interviews conducted with the District of Columbia, Louisiana, and Oklahoma.

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Roughly half of the maternity care hospitals in Alabama—27 of 48 hospitals—are working toward more stringent breastfeeding policies, and CDC awarded [EMPower grants](#) to six hospitals to help them achieve Baby-Friendly designations. More than 2,000 hospital employees received at least 30 minutes of training on breastfeeding best practices.

With support from ADPH, the Alabama team offered healthcare providers financial incentives to attend breastfeeding training to become certified lactation consultants (CLCs) or to earn International Board Certified Lactation Consultant certification. Over the course of the project, Alabama has increased the number of CLCs providing services in the state, and the team is working with partners to share breastfeeding best practices through provider training sessions and state conferences.

In Alabama:

- Through Baby-Friendly USA, Inc. **two** hospitals achieved Baby-Friendly designations.
- ADPH trained more than **2000** hospital employees on breastfeeding best practices.

District of Columbia: Creating a Baby-Friendly DC

The District of Columbia Department of Health (DC DOH), the WIC administration office, and the [DC Breastfeeding Coalition](#) comprised the team participating in the Learning Community. Established in 2004, the DC Breastfeeding Coalition is a 501(c)(3) membership organization governed by a [board of directors](#). The coalition establishes goals for the community, including ensuring worksite breastfeeding accommodation, improving hospital policies and practices, and increasing access to peer and professional support for prenatal and postpartum women.

The District of Columbia's project concentrated on improving access to peer and professional breastfeeding support and on increasing the number of hospitals working toward a Baby-Friendly designation. The team worked with Washington Hospital Center and MedStar Washington Hospital—two hospitals with lower rates of breastfeeding initiation—to connect postpartum patients with a peer counselor. The peer counselor provided bedside support to parents, referring them to post-discharge appointments with WIC or with pediatric providers within the Children's National Health System, and facilitated [lactation support classes](#) at a local community center that serves low-income African-American women. Over the project period, the peer counselor provided services to 52 unique clients, conducted 96 follow-up visits, and scheduled 20 WIC appointments and 33 pediatric post-discharge consultations.

As part of the ASTHO project, the team worked with hospitals pursuing Baby-Friendly designations. One hospital has achieved this designation and two additional facilities are far along in the designation process. To further support Baby-Friendly designation, the team conducted six trainings with healthcare professionals on breastfeeding best practices. More than 80 percent of staff received this training. The team also encouraged 18 community and healthcare staff members to take a preparation course to become a certified lactation consultant.

Delaware: Sharing Goals and Resources to Build Breastfeeding Support

Delaware's Division of Public Health and the [Breastfeeding Coalition of Delaware](#) collaborated to increase women's access to peer and professional support throughout the state. The Breastfeeding Coalition of Delaware is a non-profit, membership organization governed by a [board of directors](#). As part of its [guiding principles](#), the coalition advocates for and collaborates with breastfeeding women. The

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coalition was represented on the broader project advisory committee, convened by the Delaware Division of Public Health, which guided the initiative.

The project advisory committee also worked with other partners including WIC, the Medical Society of Delaware, the Delaware chapter of the American Academy of Pediatrics, the Delaware section of the American Congress of Obstetricians and Gynecologists, the Delaware Academy of Family Physicians, the Delaware Coalition for Healthy Eating and Active Living, and the Delaware Healthy Mothers and Infants Consortium. Through this broad partnership, the team aligned efforts to maximize positive outcomes and limit duplicative efforts in the state.

The Delaware team worked with the state's hospitals and community partners, many of whom are members of the Breastfeeding Coalition of Delaware, to increase the number of healthcare professionals who actively support breastfeeding. The Delaware team offered continuing education credits to obstetricians, pediatricians, and family practice physicians and providers to participate in an evidence-based training program, Educating Physicians in the Community Breastfeeding Education, Support & Training (EPIC-BEST). Practitioners were recruited on a volunteer basis and asked to commit to making changes based on what they learned. The state enlisted and trained thirteen lactation consultants and eight clinicians (including a certified nurse midwife, obstetrician/gynecologist, and pediatrician) to lead the trainings. About half of the trainers were also members of the breastfeeding coalition. To date, the Delaware team has trained 48 primary care practices using EPIC-BEST, reaching a total of 534 healthcare professionals and office staff, including nurses, physicians, advanced practice nurses, physician assistants, medical assistants/certified nursing assistants, and clerical staff.

Louisiana: Building Local Capacity and Promoting Hospitals' Baby-Friendly Progress

The Louisiana Department of Health (LDH) partnered with the state-level [Louisiana Breastfeeding Coalition](#) (LBC) to support breastfeeding at the community level and align hospital policies and practices to improve breastfeeding rates. Founded in 2008, the coalition has over 50 dues-paying members, both individuals and organizations, and is overseen by a twelve-member steering committee. Coalition members include board certified lactation consultants, physicians, peer counselors, and other public health professionals. The coalition currently operates under the auspices of the [Southeast Louisiana Area Health Education Center](#). As part of the ASTHO project, Louisiana took a multipronged approach to addressing breastfeeding barriers in the state, including hosting collaborative network meetings, adopting an online breastfeeding resource platform, and facilitating mentor-mentee relationships between hospitals.

The health department and the LBC worked closely with local breastfeeding coalitions to engage and coordinate with community partners and programs, facilitate connections between communities and hospitals, and promote consistent messaging efforts and evidence-based maternity care practices. The Louisiana team convened five community collaborative networking meetings, with 84 attendees representing 62 community organizations or programs.

In Louisiana:

- The team helped establish **six** mentor-mentee relationships between Baby-Friendly hospitals and hospitals working to obtain the designation.
- LDH facilitated site visits, follow-up calls, and additional communications between hospitals.

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LDH began using and promoting a suite of communications tools, including an online resource platform, to enhance communications efforts related to breastfeeding and to help communities educate moms on the types of services and evidence-based protocols they would experience in the hospital. LDH worked with partners to ensure these tools were used in hospitals statewide, in home visiting programs, and in WIC clinics.

LDH and LBC built upon [The Gift](#), an ongoing initiative in Louisiana designed to increase breastfeeding rates and hospital success by improving the quality of maternity services and enhancing patient-centered care. LDH facilitated six mentor-mentee relationships between Baby-Friendly hospitals and hospitals working to obtain the Baby-Friendly designation. To support mentor-mentee relationships, LDH facilitated site visits, follow-up calls, and additional communications between the hospitals.

LDH hosted eight regional collaborative meetings, bringing together hospital leadership and engaging other stakeholders to build support for baby-friendly policies. Over 250 hospital representatives attended the collaborative meetings, representing 44 of the region's 50 hospitals. To encourage participation at the meeting, the health department provided hospitals with travel stipends. In addition, LDH coordinated a statewide collaborative meeting, bringing together 89 hospital stakeholders and a multitude of community breastfeeding stakeholders. This meeting facilitated engagement among hospitals to share and explore activities to increase breastfeeding rates and maternity practices. The community partners gained insight into current hospital efforts, reinforcing the importance of consistent breastfeeding messaging during interactions with prenatal mothers.

Oklahoma: Streamlining Goals and Measures to Create Culturally- and Linguistically-relevant Breastfeeding Support

The [Coalition for Oklahoma Breastfeeding Advocates](#) (COBA) and the Oklahoma State Department of Health built their work on a long-standing relationship between the two organizations. The coalition finalized a new [strategic plan](#) in 2015, refining the organization's mission, framing its values, and identifying priorities, including supporting the Baby-Friendly Hospital Initiative and breastfeeding worksite support, increasing COBA's visibility, capacity, and infrastructure, and reducing disparities in Oklahoma's breastfeeding rates. COBA has a strong relationship with the state health department, WIC, and the Oklahoma Breastfeeding Resource Center. These partnerships enabled COBA to set realistic goals, build support, raise awareness, and develop sustainability plans. The coalition leveraged funding from the ASTHO project, in combination with other funding, to grow its organizational capacity by appointing a board of directors, improving financial accounting and bookkeeping procedures, and expanding communications.

In Oklahoma:

- COBA grew its organizational capacity by appointing a board of directors, improving finance and accounting systems, and expanding communications.

To address its goal of reducing disparities, COBA's primary focus was to establish and maintain [Baby Cafés](#), providing a community site for women to meet other nursing mothers, talk to facilitators, and have their questions answered by lactation consultants. The Baby Cafés were strategically located in African-American and American Indian communities, where breastfeeding rates are lower than the state average, and were facilitated by lactation consultants from those communities.

As of spring 2016, the coalition supports six Baby Cafés in Oklahoma, four in Oklahoma City and two in Lawton. One Baby Café is located onsite at the largest WIC office in Oklahoma City and another is located at a hospital close to receiving a Baby-Friendly designation. In the first year of the ASTHO Learning Community, COBA Baby Cafés served 32 individual women who attended the cafés 116 times. Research suggests that women who engage in supportive counseling and outreach from peers and professionals are more likely to continue breastfeeding and to breastfeed for longer periods of time.^{8,9}

Opportunities for State Health Departments to Collaborate with Breastfeeding Coalitions

Since fall 2014, health departments and breastfeeding coalitions from four states and the District of Columbia coordinated and advanced breastfeeding support activities. These projects demonstrate that strong, coordinated partnerships can lead to impressive results in a relatively short timeframe. Using additional funds from the ASTHO Breastfeeding Learning Community project, these states and the District of Columbia improved women's access to Baby-Friendly hospital facilities and trained healthcare professionals and peer counselors to optimally support breastfeeding efforts.

These state health departments and breastfeeding coalitions collaborated to create streamlined and integrated approaches that maximize potential outcomes and reduce duplication of efforts. These experiences offer insights for health departments and recommendations for collaborating with breastfeeding coalitions. These recommendations are outlined below:

- **Joint or complementary goals and performance measures** can help states streamline and amplify their efforts. The Delaware team set a common goal shared by the Delaware Division of Public Health and the Breastfeeding Coalition of Delaware. In Oklahoma, the Oklahoma Coalition of Breastfeeding Advocates and the state health department collaborated to ensure consistency between their organizational strategic plans.
- **Creating opportunities for recognizing and celebrating successes within the state helps build avenues for collaboration.** By creating a positive outcome and rewarding collaboration, health departments and coalitions can operationalize action steps toward mutual goals and be a model for collaboration between two entities. The Alabama Department of Health and the Alabama Breastfeeding Committee supported two hospitals in their pursuit of Baby-Friendly designations as part of this project.
- **Together, health departments and coalitions have complementary skills and resources** that contribute to successful initiatives. These public-private partnerships often require a strategic vision for identifying and maximizing each entity's assets and resources that can be brought to the initiative.

For more information about these projects, see the [ASTHO Learning Community Year One Project Summary](#) and ASTHO's issue briefs on [peer and professional support](#) (District of Columbia, Delaware, and Oklahoma) and [hospital policies and practices](#) (Louisiana).

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¹ Ip S, Chung M, Raman G, *et al.* "Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries. Evidence Report/Technology Assessment No. 153." AHRQ Publication No. 07-E007. Rockville, MD: Agency for Healthcare Research and Quality. 2007. Available at: <http://archive.ahrq.gov/downloads/pub/evidence/pdf/brfout/brfout.pdf>. Accessed 8-3-15.

² Ibid.

³ Ibid.

⁴ U.S. Department of Health and Human Services. "The Surgeon General's Call to Action to Support Breastfeeding." Available at: <http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf>. Accessed 8-3-2015.

⁵ Centers for Chronic Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity and Obesity. "Breastfeeding Report Card: United States 2016." Available at: <https://www.cdc.gov/breastfeeding/pdf/2016breastfeedingreportcard.pdf>. Accessed 1-3-17.

⁶ Ibid.

⁷ Hedberg I. "Barriers to breastfeeding in the WIC population." *Am J Matern Child Nurs.* 2013. 38:244-9.