

# Innovations in State Breastfeeding Efforts

## ASTHO's Breastfeeding Learning Community: Year Four

In 2014, ASTHO, with funding from CDC's Division of Nutrition, Physical Activity, Overweight, and Obesity, initiated a unique project to help states improve their breastfeeding rates. Using a learning community model, ASTHO funded 18 states and the District of Columbia (D.C.) to reduce breastfeeding barriers by:

- (1) Increasing breastfeeding initiation and duration practices in birthing facilities.
- (2) Improving access to professional and peer support for breastfeeding.
- (3) Ensuring workplace compliance with the federal lactation accommodation law.

In the first three years (2014-2017) of ASTHO's Breastfeeding Learning Community states utilized funding to pilot or enhance system-level breastfeeding promotion strategies. The learning community aimed to build capacity and broaden or institutionalize effective approaches. All participating states in 2014-2017 received a minimum of \$15,000 to fund their initiatives, and some state health departments received enhanced funding to strengthen their collaboration with their state breastfeeding coalitions. Project outcomes and summaries of lessons learned from the first three years of the learning community can be found at ASTHO's [Breastfeeding Learning Community web page](#).

In 2017-2018, year four of the learning collaborative, seven of the original states were selected to receive innovation grants of up to \$25,000 to enhance, improve, and expand on their previous strategies. This funding was designed to increase breastfeeding promotion and support at the state level by reaching an otherwise under-resourced community or population in an innovative way. Summaries of the states' innovation projects are included below.

### Breastfeeding Innovation State Projects

#### Notable Project Outcomes

- Ohio revised internal Department of Health breastfeeding policies and partnered to advance staff training recognition.
- Alaska supported the development of three new worksite policies, and South Dakota expanded its breastfeeding business initiative to another part of the state.
- Ohio and Louisiana helped a combined 28 birthing facilities to develop breastfeeding-friendly policies.
- Delaware surveyed and collected information on statewide community breastfeeding support efforts and created a resource guide for mothers.
- Alaska, Delaware, DC, Illinois, Louisiana, and South Dakota developed new supportive breastfeeding partnerships, including father's groups and tailored outreach for unique geographic areas and specific populations.

## Alaska

[The Women's, Children's and Family Health](#) (WCFH) section of Alaska Department of Health and Social Services' Division of Public Health used its funding to focus on ensuring workplace compliance and developing workplace policy consistent with federal lactation accommodation laws. In 2017, WCFH provided technical assistance and helped develop new workplace policies at 10 worksites in eight different communities. In 2018, WCFH continued to provide technical assistance and develop policies in three additional worksites. WCFH also enhanced and expanded on previous efforts by increasing its sponsorship amount from \$1,000 to \$2,500. This increase allowed businesses to undertake electrical and plumb modifications to accommodate new lactation spaces. WCFH also increased lactation support resources by funding certification training and travel to the Alaska Breastfeeding Conference. To reach under-resourced communities, Alaska used social media to target rural communities, advertise the workplace lactation space sponsorship opportunity, encourage individuals to apply to become an International Breastfeeding Certified Lactation Counselor, or to attend the spring Alaska Breastfeeding Conference.

## Delaware

[The Delaware Division of Public Health](#) (DPH), in partnership with the [Breastfeeding Coalition of Delaware](#) (BCD) used its funding to develop an initiative on workplace breastfeeding support and expand its peer and professional breastfeeding support program. DPH and BCD built upon the existing peer and professional support work by creating a database of lactation support providers that includes information about providers' certifications, locations, race and ethnicity, and languages spoken. The database enabled DPH and BCD to better understand the landscape of breastfeeding support in Delaware.

The Delaware team noticed a lack of diversity among peer and professional breastfeeding supporters living or working in Delaware. To increase the diversity of lactation supporters across the state, DPH and BCD established a baseline on the diversity of providers, designed a scholarship program for lactation specialist certification, and increased educational resources on lactation in underrepresented communities. The team has awarded two scholarships for lactation certification.

DPH and BCD have adapted existing workplace support resources from state and national sources to disseminate in Delaware. The team is also collaborating with a large employer to initiate a formal workplace breastfeeding support policy. Further, DPH and BCD are raising the visibility of breastfeeding accommodations and support in the state through a lactation station for various outdoor events across the state. It will be used at Dover Days, a state event advertised through BCD's Facebook page.

## District of Columbia

The [District of Columbia Department of Health](#) (DC Health) and the [DC Breastfeeding Coalition](#) (DCBFC) sought new ways to engage and effectively reach technologically-adept families and those with limited English proficiency currently not being effectively reached. DC Health and DCBFC used two primary strategies to accomplish this goal: (1) translate the [DC Breastfeeding Resource Guide](#) (DCBFRG) into [Spanish](#) and [Amharic](#) and (2) convert the DCBFRG into a static software application for both [Apple](#) and [Android](#) users. The app was designed to put the DCBFRG into the "palm of the hand" of District residents and connect women to community resources, such as areas to pump or express human breast milk or breastfeed infants. The community resource locations also include birthing facilities that are designated as [Baby-Friendly](#) and businesses or worksites that are breastfeeding-friendly. Two D.C. hospitals have

obtained Baby-Friendly designation, and the remaining four are working toward designation. DC Health and DCBFC created “Delivering in the District of Columbia? What to Expect,” a poster that informs families on labor and delivery practices in D.C. DC Health and DCBFC also created the brochure “[Top Ten Reasons to Breastfeed Your Baby](#)” to educate families on the health benefits of breastfeeding.

Moving forward, DC Health and DCBFC plan to (1) assess and promote consistent city-wide breastfeeding policies and protocols within birthing facilities and Children’s National Health System pediatric health centers and (2) establish in-patient postpartum breastfeeding support and referrals to community-based support groups on discharge, which aligns with Step 10 of the Baby-Friendly designation criteria.

## Illinois

The [Illinois Department of Public Health](#) (IDPH) sought to increase awareness of the risks associated with opioid use during pregnancy by providing educational information to pregnant women and new mothers. To this end, IDPH developed and disseminated two sets of Neonatal Abstinence Syndrome (NAS) and breastfeeding educational materials statewide. The first set of educational materials provides information on prescription opioids and health risks to pregnant women. The second set of materials provides education to mothers with opioid use disorder regarding the importance of breastfeeding, providing skin-to-skin contact, and rooming in with their infant. Prior to this work, Illinois did not have any educational materials on NAS and breastfeeding to provide to families.

The [Illinois Perinatal Quality Collaborative](#) (ILPQC), a key partner, developed [Mothers and Newborns affected by Opioids](#) (MNO), an initiative focused on opioid use. Through this program, ILPQC collaborates with the IDPH NAS Advisory Committee to reduce the adverse outcomes of opioid use for mothers and infants affected by NAS by implementing best practices for identifying and treating opioid use.

Dr. Nirav Shah, the commissioner of IDPH at the time, introduced the final products at the ILPQC meeting, after which IDPH disseminated the [NAS information](#) statewide to perinatal network administrators. IDPH’s materials were also disseminated through its [Office of Women’s Health](#) newsletter to statewide stakeholders. The state team will continue to disseminate this information and analyze utilization to inform future initiatives.

## Louisiana

The [Louisiana Department of Health](#) (LDH) used its funding to continue its initiative on birthing hospitals and build state and regional coalition capacity. In birthing hospitals, LDH expanded data monitoring and reporting requirements to assist hospitals continue to improve breastfeeding-supportive maternity practices. The new requirements supported hospitals to implement the [Coffective System of Tools](#). These tools aim to establish consistent statewide breastfeeding messaging and include hospital staff training, provider training, and patient education materials. LDH created resources to assist hospitals with data collection and provided technical assistance on data utilization to prioritize quality improvement (QI) efforts. Using this newly acquired hospital data, LDH was able to compile relevant information, share lessons learned, and address barriers to data monitoring across hospitals. At the state level, LDH provided QI technical assistance to nurse consultant coaches to better support inpatient care and increase data monitoring. LDH hopes to integrate these efforts into the Louisiana Bureau of Family Health’s hospital QI activities.

The learning community team reports that this data has helped hospitals work toward adopting and implementing Baby-Friendly policies. The team also notes that the new requirements help track progress on the implementation of the Ten Steps to Successful Breastfeeding, participation in [The Gift](#) (the state version of the Baby-Friendly designation program, and regional collaborative meetings aimed at improving QI activities. As of June 2019, 16 hospitals have achieved Baby-Friendly designation, covering approximately 53 percent of the births in the state. In addition, 37 hospitals have achieved state-level [Gift](#) designation, accounting for approximately 92 percent of the births in the state. Forty-nine of 52 facilities are engaged with The Gift, either as designated or working toward designation.

## Ohio

The [Ohio Department of Health](#) (ODH), in partnership with the [Ohio Hospital Association](#) (OHA), used its learning collaborative funding to build on its efforts to promote the state’s hospital recognition program, [First Steps for Healthy Babies](#). The ODH-OHA partnership focused on training all healthcare staff in the skills necessary to implement state breastfeeding policy (Step 2 of the First Steps for Healthy Babies designation program, based on Step 2 of Baby-Friendly designation). The training offered a free, self-paced online module to apply toward the program’s 15 required training hours. In addition, the team hosted regional, in-person train-the-trainer instruction to support the required five-hour clinical skills lab training. ODH and OHA also collaborated with the Ohio Nurses Association to provide toolkits for the in-person trainings and to offer continuing nursing education units (CNEs) to maternity staff upon their completion of the trainings. Over 650 participants completed the self-paced online training, almost 300 participants are in progress, and 12 states—in addition to Ohio—have also used this training. Over 200 attendees from more than 80 hospitals attended the in-person train-the-trainer session.

This work led to an increased interest in establishing Next Steps a spin-off hospital quality improvement project that includes a data collaborative with monthly webinars, best practice and data sharing, coaching, and confidential benchmarking reports. Due to hospital interest in the free, self-paced online modules with CNEs, the First Steps team is considering creating additional modules. Finally, ODH will address workplace compliance with the federal lactation accommodation law and implementation of an Ohio breastfeeding-friendly award.

## South Dakota

The [South Dakota Department of Health](#) (SDDOH) expanded its Breastfeeding-Friendly Business Initiative to 10 unique communities in the Black Hills region on the west side of the state. The initiative, which first launched in 2016, encourages business to take an [online pledge](#) and display a “Breastfeeding Welcome Here” window cling to show their support to breastfeeding customers and employees. Through this project, SDDOH conducted outreach using a tailored media and marketing campaign including radio public service announcements, social media posts, and postcards specific to the Black Hills region. SDDOH engaged and trained student volunteers and breastfeeding advocates to conduct door-to-door canvassing to recruit businesses to sign the pledge. ASTHO’s state innovation funding also allowed the state to develop and promote the [Employer Breastfeeding Accommodation Form](#), which employees can use to share their specific breastfeeding needs when returning to employment after birth or adopting a child.

SDDOH also collaborated with community partners and promoted its business initiative at local events, such as the 2018 and 2019 South Dakota Society for Human Resource Management Annual Conference. Community partnership and relationship building over a 12-month period also resulted in one of the

largest healthcare facilities in South Dakota taking the pledge systemwide: [Regional Health](#), with 48 locations in the Black Hills areas, pledged its support to be a breastfeeding-friendly business, ensuring all locations received a Breastfeeding-Friendly Business Kit and display the “Breastfeeding Welcome Here” window cling at each facility entrance. Over 640 businesses in South Dakota have taken the Breastfeeding-Friendly Business pledge since launch in 2016.

## Breastfeeding Innovation States’ Lessons Learned

### Policy

These seven innovation states built upon previous efforts and applied lessons learned to innovate and expand breastfeeding policies in hospitals, communities, and worksites. Based on their collective policy-development work, the following recommendations are for other states wishing to do similar work:

- *Capitalize on available opportunities.* Integrating into current initiatives and priorities, such as a state’s Perinatal Quality Collaborative (PQC), or other ongoing hospital quality improvement initiatives is a beneficial approach. Illinois leveraged its ILPQC to highlight breastfeeding, with the state commissioner of health leading the effort to disseminate outreach materials.
- *Change may take time.* States may want to develop a longer timeline for progress than originally considered, as change might be much slower than expected. From large hospital bureaucracies—where policies move slowly through the process—to small businesses unfamiliar with policy development, state breastfeeding leaders may need to celebrate smaller, more incremental successes. Ohio and South Dakota used small successes in hospitals and worksites to slowly build toward more widespread adoption of breastfeeding policies.
- *Assess previous policy efforts to implement effective strategies.* Build situational awareness by learning about successful interventions and previous failed attempts. South Dakota highlighted the importance of understanding current and past efforts to maximize outreach to businesses across the state and provide policy guidance for creating breastfeeding-friendly worksites.
- *Continually assess and evaluate policy barriers.* Initiatives in Ohio, Louisiana, and Illinois demonstrate the importance of reassessing state and local breastfeeding policy. Implementing and utilizing assessment evaluation tools and strategies to assess and re-assess barriers—in real time—is crucial to understanding the policy’s effectiveness and what remains to be accomplished.

### Data

To expedite innovation and better document existing resources, the seven innovation states relied upon established statewide breastfeeding monitoring data systems and sought create new data systems.

States working on advancing quality improvement and data systems can consider both process and outcome-level data. This consideration might include short-term (one year) indicators, such as project reach, patient satisfaction, or health and wellness measures. Long-term (two years and beyond) indicators may include impact on population breastfeeding duration rates, avoidance of chronic diseases for both mothers and infants, and overall healthcare savings. States can improve data availability and data quality by:

- *Consolidating data requests to stakeholders.* Louisiana simplified and streamlined its data requests, and additional states recommend utilizing data collected for other purposes, when possible (i.e. to answer questions or analyze data sets in new ways).
- *Creating user-friendly methods to assess the implementation and effects of breastfeeding policies.* Delaware surveyed breastfeeding advocates and lactation leaders in the community. The survey analyzed available breastfeeding resources, gaps in geographic areas, and under-represented and under-resourced populations. Based on these results, DDHP and BCD created a scholarship program to increase the diversity of lactation support specialists and expand statewide support.
- *Establishing deliberate data collection methods.* Louisiana's quality improvement approach considers the timing and method of its data collection. Sharing data tools with other partners, such as the hospitals and community and business leaders, strengthens utilization, data sharing, and ultimately quality improvement efforts and outcomes.
- *Utilizing process and outcome data.* Throughout the learning community, states continued to emphasize the importance of collecting and analyzing process and outcome data in a consistent and timely manner. Rapid quality improvement efforts utilize the process data to improve outcomes, inform specific project aims and goals, and determine short, medium, or long-term effectiveness.

## Partnerships

Breastfeeding innovation states developed and enhanced a range of important partnerships to increase breastfeeding resources and opportunities. These teams found that leadership engagement is essential to accelerating outcomes. Community and local partners also assisted in better understanding the needs of women, their infants, and their families. As they develop or enhance partnerships to advance their efforts, state breastfeeding leaders might consider the following:

- *Garnering buy-in from state-level leadership.* Support at the state health department is invaluable. The collaborative effort ensures that breastfeeding efforts are prioritized and allows the department to be a role model in creating and enforcing strong breastfeeding policies. Illinois' former commissioner of health was instrumental in promoting breastfeeding, and Ohio leveraged its leadership within ODH to change its internal breastfeeding policies.
- *Engaging respected and knowledgeable breastfeeding hospital or business champions.* These individuals can champion and garner internal support faster than external team members. Ohio recommends that states find subject matter experts specific to the chosen breastfeeding promotion strategy. For example, if a state chooses to work with hospitals, find partners who work in hospitals to help guide the work.
- *Understanding the characteristics of each individual, community, or hospital to build a foundation for strong partnerships.* States can develop new partnerships or build on existing ones with advocates and champions already working within that community to advance breastfeeding support. Developing a regional or local approach has many added benefits. D.C. worked with a range of community partners, such as birthing facilities and pediatrician groups, to support the network of breastfeeding resources. Louisiana has used regional convenings to build connections between birthing facilities and hospitals. Though this effort, Louisiana aims to help breastfeeding leaders coordinate workflow and resources.
- *Building flexibility into program design implementation.* Flexibility helps communities and hospitals have ownership over the process and be invested in successful outcomes. By being

flexible in using nontraditional partners, South Dakota leveraged community partners, with a special emphasis on students, to advance its breastfeeding-friendly worksite initiative.

- *Establishing ongoing communication with partners and stakeholders.* State teams found that continuous communication and consistent collaboration build and maintains relationships, lead to better understanding, and helps proactively address any challenges, changes, or needed technical assistance is key to success.

## **Conclusion: Opportunities for State Health Departments to Support Breastfeeding**

Through ASTHO's support of a state [Breastfeeding Learning Community](#), seven states expanded or enhanced their breastfeeding programmatic efforts. States worked with new partners, including hospitals, worksites, and communities to create stronger and more comprehensive breastfeeding support. These programs created or deepened partnerships with leaders and community groups and collaborative work through policy development, data collection, enhancements, and analysis. State breastfeeding leaders who seek to advance their own initiatives can apply the lessons from these seven innovation states and other breastfeeding resources developed by ASTHO.