

HOW DO WE MAKE BREASTFEEDING WORK IN WEST VIRGINIA??

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Perinatal Partnership
Lactation Consultant
(Hospital/Community/Home Visits)

DISCLOSURE

- ✓ I'm all about breastfeeding!
- ✓ I am NOT a Nazi about breastfeeding!
 - ✓ I'm about women getting the information and support they need!
- ✓ Breastfeeding doesn't make anyone rich (monetarily!)

TODAY

- Look at our numbers
- What can we do about them?
 - Promotion
 - Support
 - Information
 - Hands on lactation help
 - Physician promotion
 - What you can do from the WIC Clinic

STATE OF OUR (PERINATAL) STATE



TOTAL BIRTHS

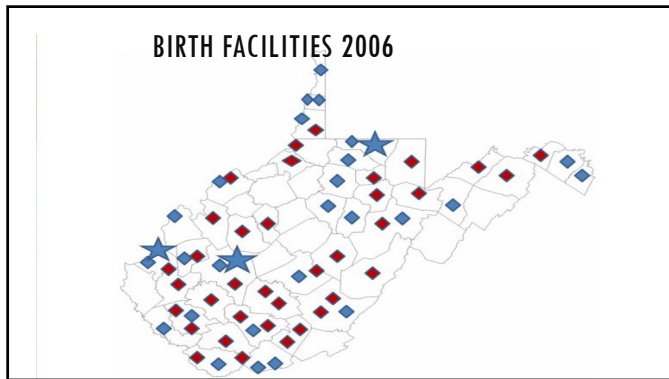
Year	Number of WV Births	Number of births to WV Residents	Number of Births to Out-of-State Residents
2006 (Initial Year)	21,137	18,592	2,545
2011	20,929	18,418	2,511
2012	21,154	18,494	2,660
2013	21,127	18,410	2,717
2014	20,354	17,889	2,665
2015	20,425	17,461	2,964
2016	19,889	16,906	2,983
2017	18,797	16,073	2,724

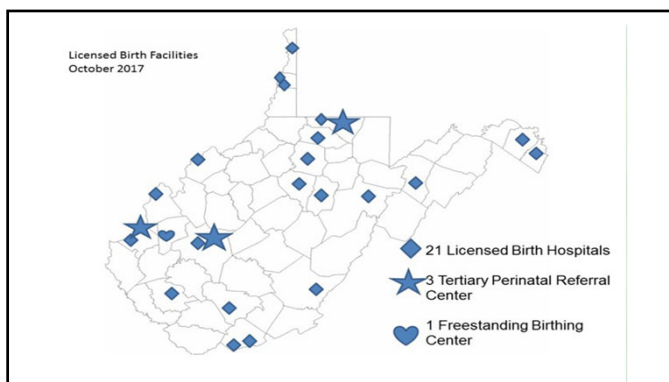
WV Resident Birth Outcome Rankings, 2015*

Birth Outcome	WV	US Rank	WV Rank
Cesarean Delivery	34.9%	32.0%	7 th
Preterm Births	11.3%	9.6%	4 th
Low Birth Weight	9.6%	8.1%	5 th
Very Low Birth Weight	1.4%	1.4%	20 th
Teen Birth Rate (Age 15-19)	32.0 per 1,000	22.3 per 1,000	8 th

Data Source: WV – West Virginia Health Statistics Center, Vital Statistics System
US – CDC Wonder

preliminary data





NEW "OWNERSHIP"



West Virginia
Perinatal
PARTNERSHIP
Working together for healthier mothers and babies



WV OFFICE OF
**Maternal, Child
& Family Health**
West Virginia Department of Health and Human Resources



wic **WOMEN, INFANTS,
& CHILDREN**



WVBA
West Virginia **Breastfeeding Alliance**
for healthier moms & babies

WVBA

West Virginia Breastfeeding Alliance

for healthier moms & babies

Our Mission:

To improve the health of West Virginians by working collaboratively to protect, promote, and educate our community about breastfeeding.

Our Vision:

We envision breastfeeding as the normal and preferred method of feeding babies and children.

Our Goals:

Improve the health and well-being, primarily, of our state's infant and maternal population by increasing the initiation and duration rates of breastfeeding, resulting in residual and lasting health benefits.


Promote and protect a public environment that is supportive and accepting of breastfeeding.

Promote communication and collaboration among individuals, professionals and organizations working to support and educate the community about breastfeeding.

WVBA Steering Committee


- ◆ **Director: Mally McMillan**, RN, BSN, IBCLC, LCC, CPST
WV Perinatal Partnership & Greenbrier Valley Medical Center
- ◆ **Christine Compton**, MPH, CLS, Government Relations Director, American Heart Association Great Rivers Affiliate
- ◆ **Charlita Aisha**, RN, IBCLC, Stonewall Jackson Memorial
- ◆ **Anne Banfield**, MD, FACOG --OB/GYN Davis Medical Center, Elkins
- ◆ **Denise Ferris**, RDH, LD, DrPH, Director, Office of Nutrition Services (WV WIC), WVDPHR
- ◆ **Tammy Foley**, RN, BSN, IBCLC, Lactation Consultant WVU Children's Hospital
- ◆ **Denise Smith** Director Perinatal Programs, Office of Maternal Child and Family Health, WVDPHR
- ◆ **Emma Walters**, MS, RDH, LD Nutrition Services Coordinator, Office of Nutrition Services (WV WIC)
- ◆ **Jan Wilkes**, LD, IBCLC WV WIC

WHY IS IT IMPORTANT TO PROMOTE BREASTFEEDING?




BREASTFEEDING CAN IMPROVE HEALTH AND DEVELOPMENT FOR CHILDREN AND MOTHERS

Improved rates of breastfeeding lead to...




Improved health and development for children




Improved health for women


And improved...




Cognitive development




Learning and educational attainment



Productivity



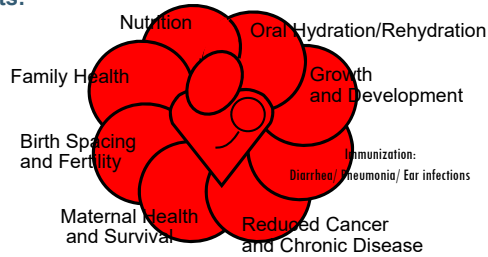
Wages



Economy (GDP)

Source: Unicef

Breastfeeding- the Heartbeat of Maternal/Infant Health, supports:



With permission of the Carolina Global Breastfeeding Institute (CGBI) at UNC Chapel Hill, based on the logo of the Breastfeeding Division, IRH, at Georgetown U & Dr. Miriam Labbok

THE HEALTH BENEFITS OF BREASTFEEDING ARE SUBSTANTIAL:

- Substantially higher rates of mortality among infants never breastfed compared to those exclusively breastfed in the first six months of life and receiving continued breastfeeding beyond.
- Otitis media occurs nearly twice as frequently among those not exclusively breastfed in the first six months
- Many of the benefits of breastfeeding are experienced well beyond the period that breastfeeding is stopped.
- Children who were breastfed have lower risk of obesity, higher intelligence quotients, reduced malocclusion and less asthma.



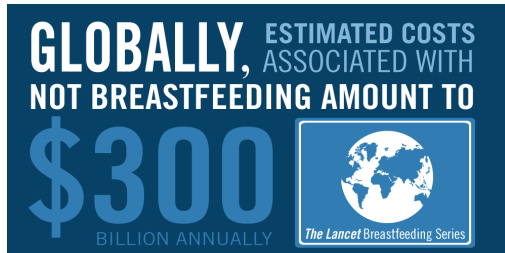
Grummer-Strawn, L. M. and Rollins, N. (2015), Summarizing the health effects of breastfeeding. Acta Paediatr, 104: 1–2. doi:10.1111/apa.13136

THE HEALTH BENEFITS OF BREASTFEEDING ARE SUBSTANTIAL:

- Breastfeeding mothers have lower rates of:
 - breast cancer
 - ovarian cancer
 - type 2 diabetes
 - postpartum depression
- These multiple benefits of breastfeeding demonstrate the contribution and relevance of breastfeeding as a global public health issue, for low- and high-income populations alike.



Grummer-Strawn, L. M. and Rollins, N. (2015), Summarizing the health effects of breastfeeding. Acta Paediatr, 104: 1–2. doi:10.1111/apa.13136



Victora, Cesar G et al: Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet* 2016; 387:475-490.



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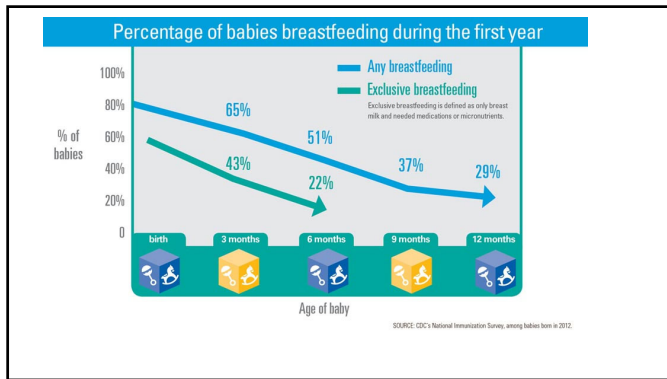
AAP POLICY STATEMENT

Human milk is the normative standard for infant feeding and nutrition

Breastfeeding should be considered a public health issue and not a lifestyle choice

Hospital routines to encourage and support the initiation and sustaining of exclusive breastfeeding should be based on the American Academy of Pediatrics-endorsed WHO/UNICEF "Ten Steps to Successful Breastfeeding"

AAP Pediatrics 2012;129:e827-41.



THE NUMBERS

CATEGORIES OF STATS

INTENTION TO BREASTFEED mom told them at the hospital she was going to

EVER BREASTFED baby was put to the breast at least once

Breastfeeding at 6 months can be combination of nursing, pumped milk and formula

Breastfeeding at 12 months combination of above plus solids

Exclusive breastfeeding through 3 months -nothing else but breastmilk -can be pumped

Exclusive breastfeeding through 6 months - nothing but breastmilk- can be pumped

Other: Breastfed infants receiving formula before 2 days of age

- Before 3 months
- Before 6 months

OUR NUMBERS

State/Territory	Ever breastfed	Breastfeeding at 6 months	Breastfeeding at 12 months	Exclusive breastfeeding through 3 months	Exclusive breastfeeding through 6 months	Breastfed infants receiving formula before 2 days of age	Live births occurring at Baby-Friendly facilities, 2018
US National ¹	83.2	57.6	35.9	46.9	24.9	17.2	26.1
West Virginia	68.6	40.1	24.3	36.3	20.2	14.9	8.1

Source: 2018 CDC Breastfeeding Report Card --rates represent babies born in 2013, National Immunization Survey 2016-2017

Healthy People 2020 Objectives		Target	Current Rates*	WV CURRENT RATES
MICH**21.1	Increase the proportion of infants who are breastfed: Ever	81.9%	83.2%	✓ 68.6%
MICH-21.2	Increase the proportion of infants who are breastfed: At 6 months	60.6%	57.6%	✓ 40.1%
MICH-21.3	Increase the proportion of infants who are breastfed: At 1 year	34.1%	35.9%	✓ 24.3%
MICH-21.4	Increase the proportion of infants who are breastfed: Exclusively through 3 months	46.2%	46.9%	✓ 36.3%
MICH-21.5	Increase the proportion of infants who are breastfed: Exclusively through 6 months	25.5%	24.9%	✓ 20.2%
MICH-22	Increase the proportion of employers that have workplace lactation support programs.	38.0%	49.0%	✓ ??
MICH-23	Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life.	14.2%	17.2%	14.9%
MICH-24	Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies.	8.1%	26.1%	✓ 8.1%

HEALTH DISPARITIES

Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health.

Study: Life expectancy differs for Miami babies 1 mile apart



MIAMI (AP) — A new study shows babies born just one mile apart in Miami face up to a 15-year difference in life expectancy.


The study by Virginia Commonwealth University Health and the Robert Wood Johnson Foundation notes a complex web of factors impacts the disparities that exist between the impoverished Overtown neighborhood and downtown Miami.

©Associated Press, 2016

WIC PARTICIPANT BREASTFEEDING NUMBERS

2016 WIC Breastfeeding Data by State

Participation Data					Statistical Data			
Fully Breastfed	Partially Breastfed	Total Breastfed	Fully Formula-Fed	Total Infants	Fully Breastfed	Partially Breastfed	Total Breastfed	Fully Formula-Fed
1,137	623	1,760	8,780	10,540	10.8%	5.9%	16.7%	83.3



MOTHER'S INTENTION TO BREASTFEED

80% of women intend to breastfeed.

77% start breastfeeding.

16% exclusive breastfeeding at 6 mos.

60% of mothers do not breastfeed as long as they intend

- problems with latch
- problems with milk flow
- Perceived insufficient milk supply
- poor weight gain
- pain



Source: Infant Feeding Practices Study II and National Immunisation Survey, 2012

BREASTFEEDING SUPPORT INDICATORS

Hospital mPINC score

% of births occurring in Baby Friendly designated hospitals

% of breastfed infants receiving formula before 2 days of age

Number/availability of Lactation Support Providers

Pump availability (adequate, efficient pumps)

Childcare Regulation supporting onsite breastfeeding

Workplace Breastfeeding Support & Protections



Source: CDC Breastfeeding

However...hospitals are making progress on the Ten Steps

Percentage of hospitals using the Ten Steps to Successful Breastfeeding



Source: CDC's Maternity Practices in Infant Feeding and Care Survey

89 hospitals in 29 states

With CDC support, the Best Fed Beginnings program helped 89 hospitals in 29 states work towards Baby-Friendly status.

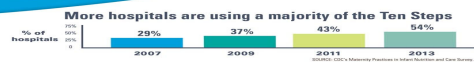
As of August 2015, 62 of these hospitals were designated. The other 27 hospitals received the final phase of designation.

13 hospitals in Indian Country

Since the Indian Health Service (IHS) launched its Baby-Friendly hospital effort in 2011, all 13 Federal IHS hospitals have achieved Baby-Friendly status.

Source: CDC's Maternity Practices in Infant Feeding and Care Survey

Percentage of US babies born in Baby-Friendly hospitals increased from 1% in 2005 to 14% in 2015.



Source: CDC's Maternity Practices in Infant Feeding and Care Survey

BABY FRIENDLY HOSPITAL INITIATIVE

World Health Organization/United Nations Children's Fund launched in 1991

Based on the Ten Steps to Successful Breastfeeding

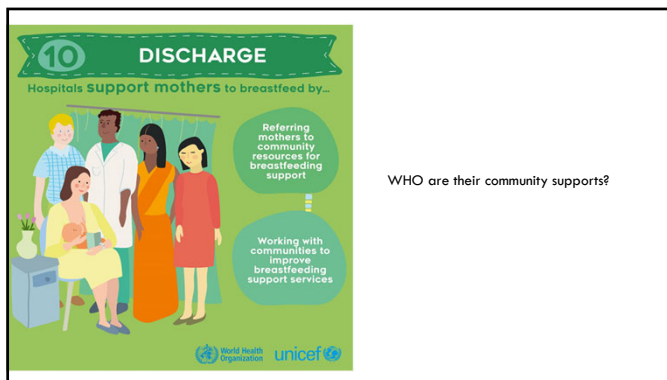
Evidence-based guidance shown to increase initiation, continuation, and exclusivity of breastfeeding

Dose dependent effect—more steps in place, less likely mother will stop breastfeeding*



*DiGirolamo AM, Grummer-Strawn LM, Fein SB. Effect of maternity-care practices on breastfeeding. *Pediatrics* 2008;122(Suppl 2):S43–9.



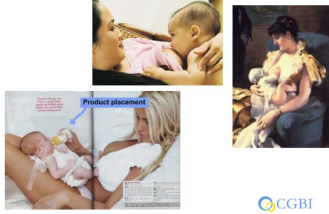


WHO are their community supports?



THE FLIP SIDE -- COMMERCIAL INFLUENCE

Which image is modern and youthful and sexy?



CGBI



WOMEN'S INTERPRETATIONS OF INFANT FORMULA ADVERTISING



- Confusion about superiority of human milk
- Formula seen as a treatment or solution
- Expectation of failure with breastfeeding
- Greater influence when from healthcare sites

FORMULA ADVERTISING

- At best, these materials are very concerning, and at worst, they actively mislead for profit
- Women are questioning the integrity of their own body to optimally nourish their baby after viewing the advertisements.
- Women are being misled into believing that supplementing with formula will solve common infant problems when in reality we know that the opposite is true.
- Women are getting the message they will need to look externally for guidance or help when what they need are empowering messages of support.
- This finding is concerning because we know that the healthcare industry is precisely where women turn to for sound and expert advice on infant feeding – are they getting it?
- *WIC staff have a unique and special role to play in offering an unbiased discussion of infant feeding – one that is not market driven*

BAN THE BAG



- The campaign grew out of efforts in Massachusetts to stop aggressive formula company marketing tactics in hospitals.
- Massachusetts Public Health Council passed regulations that stopped hospitals from distributing formula company gift bags to new mothers.
- WV did this through work of the WV Breastfeeding Alliance
- We are the 7th BAG FREE state in the country!

OPPORTUNITIES TO PROMOTE BREASTFEEDING

**63% of women make the choice to
breastfeed before pregnancy**

26% during pregnancy

11% after delivery

Hobble L. Factors influencing initiation of breastfeeding among urban women. *Am J Perinatol*. 2003;20(8):477-483.

BABY FRIENDLY PHYSICIAN OFFICES

- Encourage women/staff to breastfeed in the office.
- Display pictures of breastfeeding infants.
- Avoid distributing infant formula or coupons.



OPTIMIZING SUPPORT FOR BREASTFEEDING AS PART OF OBSTETRIC PRACTICE

The American College of Obstetricians and Gynecologists recommends exclusive breastfeeding for the first 6 months of life, with continued breastfeeding as complementary foods are introduced through the infant's first year of life, or longer as mutually desired by the woman and her infant.

ACOG Committee Opinion 658, February 2017

OPTIMIZING SUPPORT FOR BREASTFEEDING AS PART OF OBSTETRIC PRACTICE








Because lactation is an integral part of reproductive physiology, all obstetrician–gynecologists and other obstetric care providers should develop and maintain knowledge and skills in anticipatory guidance, physical assessment and support for normal breastfeeding physiology, and management of common complications of lactation.

The offices of obstetrician–gynecologists and other obstetric care providers should be a resource for breastfeeding women through the infant's first year of life, and for those who continue beyond the first year.

ACOG Committee Opinion 658, February 2017



<http://www.acog.org/About-ACOG/ACOG-Departments/Tools-for-Health-Care-Providers/Breastfeeding-Toolkit>, revised 2018

-  **Committee Opinion 658, "Optimizing Support for Breastfeeding as Part of Obstetric Practice"**
This Committee Opinion explains how obstetrician–gynecologists and other obstetric providers can support breastfeeding women and includes educational and policy recommendations.
-  **Physician Conversation Guide on Support for Breastfeeding**
This guide will help to initiate discussions about breastfeeding with your patients early in pregnancy or prenatal care.
-  **Breastfeeding Coding**
Quickly access a convenient list of ICD–10 codes for common breastfeeding conditions.
-  **Breastfeeding: Frequently Asked Questions**
This patient FAQ explains the benefits of breastfeeding for women and babies, as well as common questions about breastfeeding and where women can get additional breastfeeding help.
-  **Breastfeeding Infographic**
Share this infographic on social media to educate your patients. A poster is available to order for your office.
-  **Patient Education Pamphlet: Breastfeeding Your Baby (Members Only)**
ACOG members can preview a Patient Education Pamphlet that addresses common breastfeeding issues and offers helpful advice. It is also available in Spanish for all audiences.
-  **Breastfeeding Resources**
See a comprehensive list of ACOG's breastfeeding resources for health care providers and patients.

****NEW******WIC REFERRAL FROM THE PRENATAL PROVIDER**

WIC Nutrition Services

Name: _____ Date: _____

Your provider encourages you to consider visiting WIC for these services to help your family grow and be healthy.

☐ Assistance with family nutrition ☐ Turn over to find a convenient location near you.

☐ Infant/child's healthy growth

☐ Nutritious foods

☐ Solutions for picky eaters

☐ Prenatal Nutrition

☐ Breastfeeding Support

☐ Other: _____

Learn more about WIC at <http://www.tchd.org/>

Signature _____

Office _____

This referral is an initial opportunity.

TriCounty
Health Department

**AAP POLICY STATEMENT
ROLE OF THE PEDIATRICIAN**

Promote breastfeeding as the norm for infant feeding

Become knowledgeable in the principles and management of lactation and breastfeeding

Develop skills necessary for assessing the adequacy of breastfeeding

Support training and education for medical students, residents and postgraduate physicians in breastfeeding and lactation

AAP Pediatrics 2012;129:e827-41.

FOLLOW-UP VISIT

Follow-up visit at 3-5 days of age, within 48 to 72 hours of discharge from hospital

Expect no more than 7% weight loss total and no weight loss after day 5 of life

Observe feeding

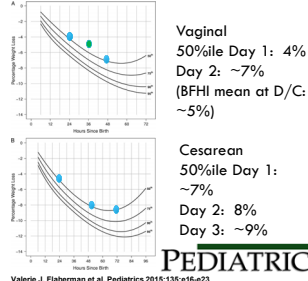
Discuss return to work



MANAGEMENT OF POOR WEIGHT GAIN

Evaluate mother's breasts/nipples
Evaluate and correct latch
Increase duration of feedings
Increase frequency of feedings
Additional milk expression and feeding, if indicated

Estimated percentile curves of percent weight loss of babies exclusively breastfed by time after birth



©2015 by American Academy of Pediatrics

BABY FRIENDLY WIC OFFICES HELP PHYSICIAN PRACTICES BE BABY FRIENDLY



giveaways!

- Just as pharmaceutical reps have done in the past – take outreach materials to offices:
- (Lunch boxes, coffee mugs, lanyards, badge holders, pens, notepads, wall clocks ("Time to breastfeed"), clipboards, wall calendars.)
- Make sure all have bf message and Loving Support information.

LUNCH AND LEARN TOPICS – TAKE THE INFO TO THEM
FOOD ALWAYS HELPS, GOODIES DO TOO!

Breastfeeding Facts Revealed--formula does not "stack up" to breastmilk

Staying on Track - Do you know the stations for help? (train theme)

3 step counseling- what to say to Moms

Are you Making the Grade? Achieving Breastfeeding Friendly

Just One Bottle

Breastfeeding 101

Common Problems...Simple Solutions

How to Teach Breastfeeding Messages

Baby-Led Latch

Breastfeeding Myths and Misconceptions

Understanding Baby Cues

[illegible]

ENCOURAGE THEM TO MAKE A COMMITMENT TO BE BABY FRIENDLY

[illegible]

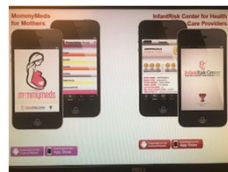
Certificates / Awards

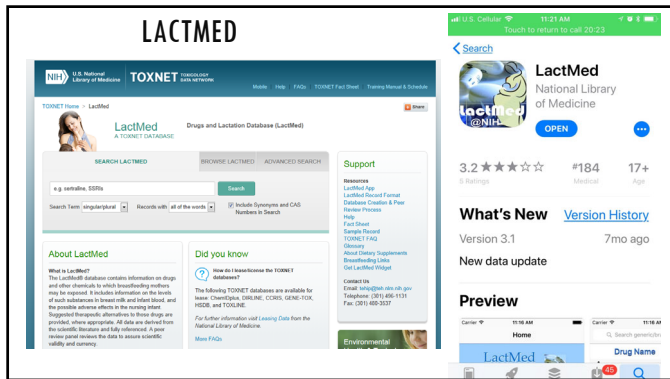
Public recognition

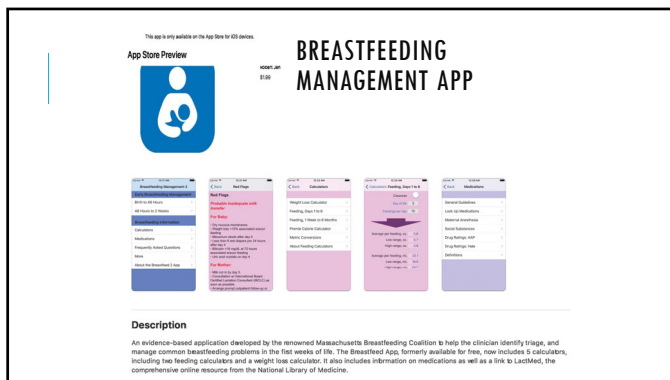
If budget allows – more food!

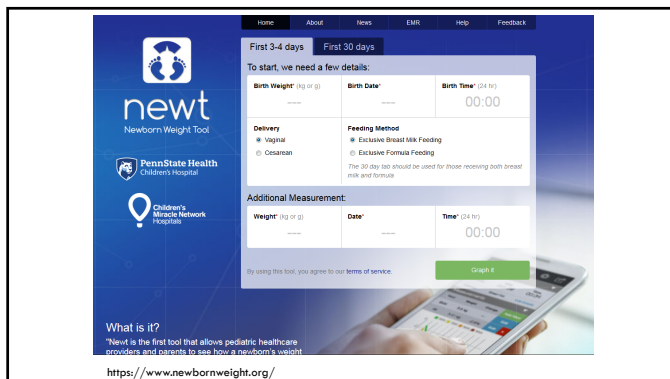
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GREAT RESOURCES TO HAVE AT THE WIC OFFICE AND TO SHARE









ACADEMY OF BREASTFEEDING MEDICINE CLINICAL PROTOCOLS



bfmed.org

HOW DO YOU TALK TO WOMEN ABOUT BREASTFEEDING?

OPEN ENDED QUESTIONS

- ❖ What have you heard about breastfeeding?
- ❖ What have you heard about how long to breastfeed?
- ❖ How does your family or partner feel about breastfeeding?
- ❖ What are your plans for returning to work or school?
- ❖ How did feeding go with your older child(ren)?

❖ Resource: www.bestforbabes.org "Help I don't Want to Breastfeed"

<http://www.acog.org/About-ACOG/ACOG-Departments/Toolkits-for-Health-Care-Providers/Breastfeeding-Toolkit>, August 2016

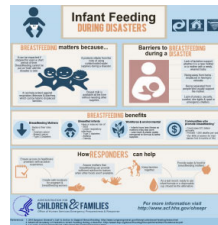
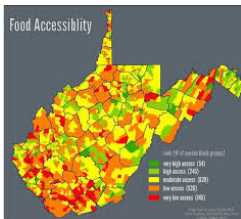
FACTORS INFLUENCING FEEDING DECISION

- ❖ Feeding Intention is decided early in pregnancy, often before pregnancy
- ❖ Maternal knowledge about infant health benefits, as well as comfort with breastfeeding in social settings, was directly related to intention to exclusively breastfeed.
- ❖ Prenatal interventions that address these issues may increase exclusive breastfeeding intention and duration.
- ❖ A mother's knowledge of exclusive breastfeeding recommendations impacts her breastfeeding practices. Healthcare providers and public health professionals should educate mothers about breastfeeding

CULTURAL FACTORS & BARRIERS

Lack of support, Lack of knowledge, Myths & Misinformation

- 1st in their families to even try
- No one has had enough milk
- No time for education
- Lack of support in the hospital
- Not sure who to call when they get home
- Worry about returning to work or ability to get a job --harder to leave a breast baby?
- Substance abuse



BARRIERS: WV MOMS WORK

WV Households with a Breadwinner Mother 49%

Source-- 2018 Status of Women in the States- <https://statusofwomentdata.org/explore-the-data/state-data/west-virginia/#employment-earnings>

Workplace Breastfeeding

- ACA pump and services coverage
- Breaktime for Nursing Mothers Law
- Businesses need to be shown how to do this



GET THE FACTS

(AND SHARE WITH YOUR PARTICIPANTS!)



U.S. Department of Labor
Wage and Hour Division

Fact Sheet #73: Break Time for Nursing Mothers under the FLSA


This fact sheet provides general information on the break time requirement for nursing mothers in the Patient Protection and Affordable Care Act ("PPACA"), which took effect when the PPACA was signed into law on March 23, 2010 (P.L. 111-148). This law amended Section 7 of the Fair Labor Standards Act (FLSA).

General Requirements

Employers are required to provide "reasonable break time for an employee to express breast milk, for her nursing child for 1 year after the child's birth each time such employee has need to express the milk." Employers are also required to provide "a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk."

FACTS TO HELP MOMS



Benefits for Breastfeeding Moms: Understanding Health Coverage of Breastfeeding Support and Supplies

QUICK FACTS

The Affordable Care Act (ACA) makes breastfeeding more accessible and affordable for millions of American women. The health care law requires that all new health plans cover breastfeeding support and supplies. These plans that cover breastfeeding support and supplies without cost sharing for the duration of breastfeeding, which means plans may not apply any copayment, coinsurance, or deductible to these benefits. Other insurance companies must cover breastfeeding support and supplies. Plans that require women to pay out-of-pocket for these services, such as those that require a co-payment, are not ACA-compliant.

The ACA also requires all new health plans to cover "reasonable prenatal and postnatal medical support (and counseling)" for women who are breastfeeding. Women may be asked to pay for these services to ensure that women do not face financial barriers.

DID MY INSURANCE COVER BREASTFEEDING SUPPORT AND SUPPLIES?

The Department of Health and Human Services (HHS) has created a tool to help you find out if your health plan covers breastfeeding support and supplies. For more information, see the tool at <https://www.hhs.gov/healthcare/breastfeeding-support-supplies/>.

PRIVATE INSURANCE Most women who have health insurance through an employer are entitled to plans that must provide coverage for breastfeeding support and supplies. The details for the specifics of the insurance are covered in "Your Insurance" plan and they do not have to comply. All plans purchased on the Health Insurance Marketplace must cover breastfeeding support and supplies.

Medicaid Coverage for breastfeeding support and supplies will vary by state and by type of Medicaid coverage.

Medicare/Medicaid coverage: Medicaid usually requires a doctor's order for breastfeeding support and supplies.

DOES MY PLAN COVER BREASTFEEDING?


If you have private insurance, either through a plan you bought on your own or through your employer, call your insurance company to determine if your plan is grandfathered and grandfathered. You can also look for certain health benefits, such as those that cover breastfeeding support and supplies.

If you have Medicaid, check with your Medicaid plan in the state Medicaid office to see if your state covers breastfeeding support and supplies. You can also look for certain health benefits, such as those that cover breastfeeding support and supplies.


HOW DO I SHARE INFORMATION WITH MY INSURANCE?

If you are having problems sharing information with your insurer, please visit <https://www.hhs.gov/healthcare/breastfeeding-support-supplies/>.

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SUPPORT 24/7



MYTH
Breastfeeding should be easy.


FACT
It can be hard at times, especially in the early days.

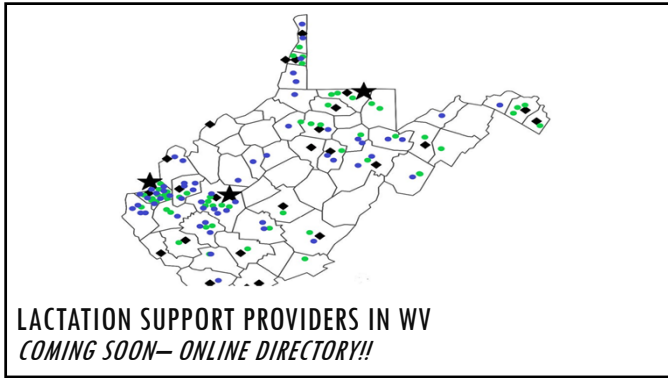


AFTER HOURS BREASTFEEDING HELPLINE
1-866-586-3423
8:00 am - 10:00 pm, daily

TEAM WITH A REAL BREASTFEEDING EXPERT

COMING SOON?





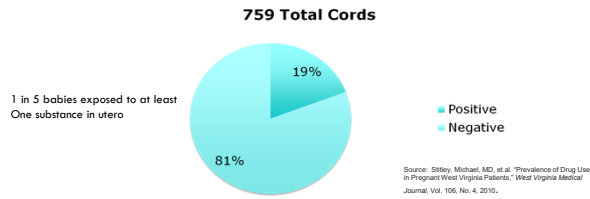
**MORE BARRIERS TO BREASTFEEDING —
 SUBSTANCE ABUSE**

WHAT DO WE KNOW ABOUT THE PROBLEM IN WV.....

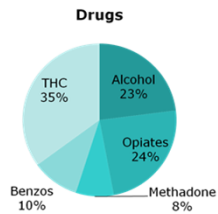
2006
 -50% of perinatal providers indicated that drug and alcohol use was a **MAJOR** factor in poor birth outcomes

2012
 -Drug and alcohol use identified as the **BIGGEST** factor impacting birth outcomes

WV UMBILICAL CORD STUDY, 2009

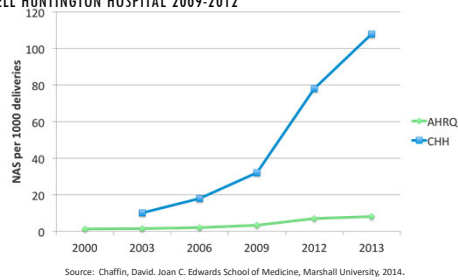


RESULTS OF UMBILICAL CORD TISSUE STUDY, 2009



WV VS NATIONAL RATES OF NAS

CABELL HUNTINGTON HOSPITAL 2009-2012



IT FEELS LIKE 90% OF OUR BABIES ARE DRUG EXPOSED!

(a little perspective please?)

SUBSTANCE EXPOSED OR NAS???

Substance Exposed

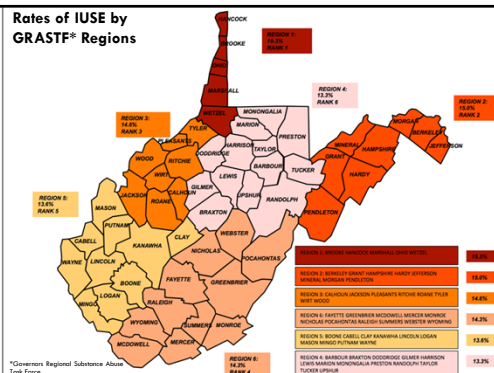
Known maternal use of neuroactive substances at any time during the pregnancy.

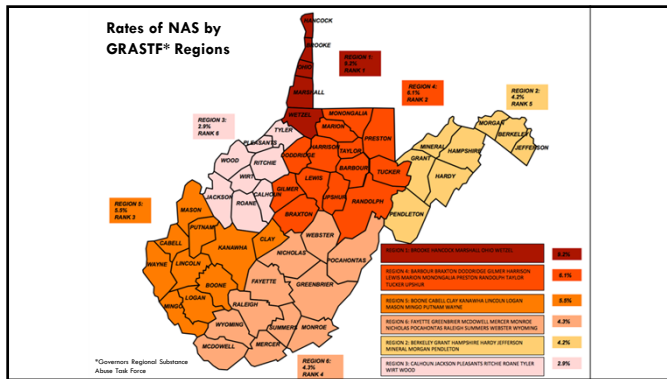
NAS

NAS is neonatal withdrawal from many substances, not just opiates. It is EXPOSURE with CLINICAL SYMPTOMS, and is NOT limited to those cases that require pharmacological treatment.

All NAS diagnoses should include diagnosis of exposure as well

Rates of IUUE by
GRASTF® Regions





ASSUMPTION VS REALITY



NEW REALITY IN CARING FOR MOMS AND BABIES

- Women are screened for drugs during prenatal care and/or on admission to the hospital
- Treatment options in the state are few
- So much stigma on the pregnant addict and therefore fear of getting care
- Positive screens /symptoms of withdrawal are reportable to CPS
- Babies with known substance exposure are observed for 5 days for withdrawal
- Infants are handled differently, low stimulation, therapeutic handling
- If symptoms are severe enough, medication is started
- Moms can stay with their babies in only a few hospitals
 - Not enough space
 - A few have ruined this privilege for the rest

AD·DICT

noun 1. a person who is **addicted** to an activity, habit, or substance: a drug addict.

verb (used with object) 2. to cause to become physiologically or psychologically dependent on an addictive substance, as alcohol or a narcotic.

3. to habituate or abandon (oneself) to something compulsively or obsessively: a writer addicted to the use of high-flown language; children addicted to video games.

Are babies "addicts"? -- NO

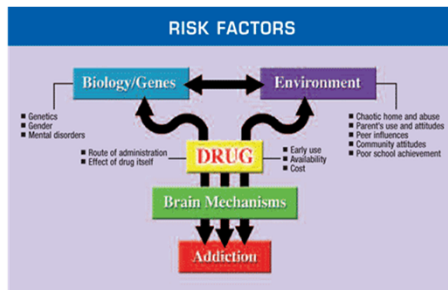
WE ARE ALL ADDICTS.... IT IS OUR ADDICTIONS THAT DIFFER.



UNDERSTANDING ADDICTION



RISK FACTORS



TREATMENT

- ❖ Medical Assisted Treatment (MAT) is the standard of care for women with Opioid Use Disorder
 - ❖ Subutex or Suboxone
 - ❖ Sometimes methadone
 - ❖ Safer choices than heroin
- ❖ Many can be treated outpatient
- ❖ Some need inpatient stabilization (or detox)
- ❖ Best approach is integrated care between behavioral health and OB provider -- [Drug Free Mother Baby Project](#)

EFFECTS OF DRUG WITHDRAWAL ON THE NEONATE

Symptoms of Withdrawal

Hyperirritability

GI Dysfunction

- Excessive sucking
- Poor feeding
- Regurgitation
- Diarrhea

Tremors

High Pitched Cry

Seizures

Nasal Congestion

Hyperthermia

Tachypnea

EFFECTS OF DRUG WITHDRAWAL ON THE NEONATE

Drugs

Cocaine



Benzodiazepines



SSRIs (antidepressants)



Symptoms of Withdrawal

Risks around delivery, increased risk of infection, poor feeders

Few infants have withdrawal symptoms purely from benzos but most are used in combination with other drugs

Jitteriness
Respiratory distress
Sleep disturbance

EFFECTS OF DRUG WITHDRAWAL ON THE NEONATE

Alcohol



Symptoms of Withdrawal

Hyperactivity
CNS dysfunction
Jitteriness
Hyperreflexia
Hypertonia
Poor Suck
Tremors
Seizures
Poor sleep patterns
Hyperphagia
Diaphoresis
Fetal Alcohol Spectrum Disorder

SEVERITY OF THE DRUGS WE OFTEN "ACCEPT"

CAFFEINE



SEVERITY OF THE DRUGS WE OFTEN “ACCEPT”

Drug

Nicotine



Symptoms of Withdrawal

Low birth weight

Increased startle reflex

Tremors

3 X the amount of Morphine is needed to treat NAS if the mother is a smoker

SEVERITY OF THE DRUGS WE OFTEN “ACCEPT”

Marijuana



mothers who smoke marijuana may actually be tripling their risk for a stillbirth

Symptoms of Withdrawal

Low birth weight

Intracranial bleeding

Jitteriness

LOW BLOOD SUGAR

Hypocalcemia

sepsis

Poor feeding

Tachypnea

Irritability

BREASTFEEDING AND SUBSTANCE USE

MOTHERS WITH SELF-REPORT OF MARIJUANA USE OR URINE DRUG SCREEN POSITIVE FOR THC:

- Advise mother to abstain from marijuana use while breastfeeding and caring for her infant due to risk for impaired ability to safely care for him/her, hazards of passive smoke exposure to infant, and risks of marijuana exposure through breastmilk, including the following:
 - Marijuana contains many chemicals with the primary psychoactive constituent of marijuana being delta 9-tetrahydrocannabinol (•••THC).
 - THC accumulates in breastmilk due to its long half-life (25-57 hours) and its affinity to fat in the mother's milk. THC can be present in human milk up to 8x that of levels in the mother's blood.
 - THC is absorbed and metabolized by the infant, and is then rapidly distributed to the infant's brain.
 - THC can be stored in an infant's fat tissue for weeks to months.
 - Marijuana has been shown to be contaminated with dangerous adulterants.
 - Infants can become extra sleepy and may experience long-term neurobehavioral/developmental impact.

BREASTFEEDING AND SUBSTANCE USE

Interventions known to decrease resource utilization include rooming-in, low stimuli environments; gentle handling, swaddling, holding, on demand feeding, breastfeeding (for mothers maintained on methadone or buprenorphine) and standardized weaning protocols" Pediatrics; May 18, 2016; DOI: 10.1542/peds.2015-2929

"The creation of consistent guidelines for breastfeeding in this population can lead to improved provider harmony, positive partnerships with mothers in recovery from opioid use disorders, and improved NAS outcomes." Revision of Breastfeeding Guidelines in the Setting of Maternal Opioid Use Disorder: One Institution's Experience. Journal of Human Lactation 2016, Vol. 32(2) 382-387

BENEFITS OF BREASTMILK FOR THE NEWBORN THAT MAY BE OF SPECIFIC SIGNIFICANCE TO THE NAS INFANT

Reduction in SIDS

Significant reduction in infections in childhood

Improved maternal –child bonding

Decreased risk of neglect

Modified NAS symptoms/decreased length of hospital stay

WHAT NATIONAL METRICS ARE THERE TO SUPPORT BF IN THE NAS POPULATION?

Academy of Breastfeeding Medicine

American Academy of Pediatrics

Vermont Oxford Network

LactMed

MotherRisk

Thomas Hale (Medications & Mother's Milk)

ACADEMY OF BREASTFEEDING MEDICINE
CLINICAL PROTOCOL #21: GUIDELINES FOR BREASTFEEDING AND THE DRUG-DEPENDENT
WOMAN-- REVISED 2015

Buprenorphine is a partial opioid agonist used for treatment of opioid dependency during pregnancy in some countries and increasingly in the United States. Multiple small case series have examined maternal buprenorphine concentrations in human milk. **All concur that the amounts of buprenorphine in human milk are small and are unlikely to have short-term negative effects on the developing infant.** Women engaged in substance abuse treatment who have provided their consent to discuss progress in treatment and plans for postpartum treatment with substance abuse treatment counselor

Women whose counselors endorse that she has been able to achieve and **maintain sobriety** prenatally; counselor approves of client's plan for breastfeeding

Women who plan to **continue in substance abuse treatment in the postpartum period**

Women who have been **abstinent from illicit drug use or licit drug abuse for 90 days prior to delivery** and have demonstrated the ability to maintain sobriety in an outpatient setting

Women who have a **negative maternal urine toxicology testing at delivery** except for prescribed medications

Women who received **consistent prenatal care**

BREASTFEEDING AND THE USE OF HUMAN MILK AAP
POLICY STATEMENT 2012

"Maternal substance abuse is not a categorical contraindication to breastfeeding. Adequately nourished narcotic-dependent mothers can be encouraged to breastfeed if they are enrolled in a supervised treatment program and have negative screening for HIV and illicit drugs."

• PEDIATRICS Vol. 129 2012 pp. e827 -e841

FROM THE AMERICAN ACADEMY OF PEDIATRICS CLINICAL REPORT THE TRANSFER OF DRUGS AND
THERAPEUTICS INTO HUMAN BREAST MILK: AN UPDATE ON SELECTED TOPICS

Continued breastfeeding by women undergoing such treatment presumes that the patient remains abstinent, is HIV negative, and is enrolled in and closely monitored by an appropriate drug treatment program with significant social support

Transferred amounts of methadone or buprenorphine are insufficient to prevent symptoms of neonatal abstinence syndrome.

PEDIATRICS Vol. 132 2013 pp. e796 -e809

VERMONT OXFORD NETWORK

Data suggest that breastfeeding an infant who has NAS, when medically appropriate, can decrease the need for NAS treatment

However, *breastfeeding rates among infants with NAS are reportedly low.*

Even after participation in the collaborative, >25% of participating institutions lacked a protocol to address breastfeeding for substance-exposed infants.

U.S. NATIONAL LIBRARY OF MEDICINE TOXNET DATA NETWORK: **LACTMED 2018**

BUPRENORPHINE (Subutex)

- Because of the low levels of buprenorphine in breastmilk, its poor oral bioavailability in infants, and the low drug concentrations found in the serum and urine of breastfed infants, its use is acceptable in nursing mothers. Women who received buprenorphine maintenance during pregnancy and are stable should be encouraged to breastfeed their infants postpartum.
- Despite breastfeeding and relatively high infant serum drug levels, mild buprenorphine withdrawal occurred in the neonate of a mother taking buprenorphine 4 mg daily (route not specified) during pregnancy and postpartum for heroin dependency. This indicates that an insufficient dosage appeared in milk to prevent neonatal abstinence.
- Buprenorphine can increase serum prolactin.
- Numerous infants have been reported to breastfeed during maternal narcotic abstinence therapy with buprenorphine with no adverse effects, one for 6 months. The amounts of buprenorphine in milk may not be sufficient to prevent neonatal withdrawal, and treatment of infant may be required.
- A case series of opiate-dependent mothers who delivered in a Baby Friendly Hospital found that mothers taking buprenorphine or methadone for opiate dependency were unlikely to breastfeed their infants. **Only 45% of the 20 mothers on buprenorphine maintenance initiated breastfeeding. Of all women in the study, 60% discontinued breastfeeding before discharge from the hospital**

MOTHERRISK WEBSITE (DR GIDEON KOREN)

The limited data on buprenorphine exposure during pregnancy show no increased risk of adverse outcomes in the newborn.

There are limited data on naloxone exposure during pregnancy; however, oral use is not expected to be associated with an increased risk of adverse pregnancy outcomes. Physicians treating pregnant women or women who become pregnant while they are stable taking buprenorphine-naloxone treatment are advised to continue this treatment but to consider transition to buprenorphine monotherapy.

<http://www.motherrisk.org>

MOTHERISK
IMPROVING THE OUTCOME
PROTECTING THE CHILDREN

MEDICATIONS AND MOTHER'S MILK 2017 THOMAS W HALE, PHD & HILARY E ROWE PHARM D

Buprenorphine: L2 'no evidence that the use of this drug will have an adverse effect in the breastfed infant'

Buprenorphine + Naloxone: L3 There are no controlled studies in breastfeeding women; however, the risk of untoward effects to a breastfed infant is possible, or controlled studies show only minimal non-threatening adverse effects. Drugs should be given only if the potential benefit justifies the potential risk to the infant. (New medications that have absolutely no published data are automatically categorized in this category, regardless of how safe they may be.)

Based on studies it may be concluded that although experience with the use of buprenorphine in breastfeeding women is limited, there is no evidence that the use of this drug will have major adverse effects in the breastfed infants.

Relative infant dose = how much of the "maternal dose" the infant is receiving. Anything less than 10% of the maternal dose is probably safe. The relative infant dose of buprenorphine is 0.09-1.9%.

WHAT CAN WIC DO?

- Anticipate need for a pump --help mom explore her insurance/medical card options
- Help with responsive, paced feeding and encouraging therapeutic handling
- Refer to other community resources (Right from the Start, Birth to 3, Help4WV)
- Encourage safe sleep messages
- Be a nonjudgmental source of support
 - Understand that she may be feeling ashamed, guilty even if she comes off as not caring
- Support foster parents in the same ways, realizing feeding difficulties and abnormally fussy baby

FEEDING PROBLEMS

Babies who have been exposed to drugs in utero may have difficulty coordinating "suck-swallow-breathe"

- Feed before baby becomes too frantic
- Limit stimulation during feedings and/or swaddle
- Conversely, if the baby tends to fall asleep while feeding, unwrap/undress to wake him.
- Never prop bottles



OVERFEEDING CAN LEAD TO A CYCLE OF EAT-GAS-SPIT UP

- ❖ Most substance exposed babies need a lot of sucking to calm themselves and wanting to suck a lot is not always a sign of hunger.
- ❖ Be careful that the baby's need to suck is not mistaken for hunger.
- ❖ Sucking between eating can be encouraged by having the baby suck on her hand, fingers, or a pacifier

FEEDING PROBLEMS CONTINUED

Spitting up becomes a concern when it:

Increases in amount

Diaper output decreases/baby is not gaining weight

Is seen with other symptoms such as increased discomfort, diarrhea that is red or green in color, breathing problems (respiratory distress), and mucus production, or

Becomes vomiting that is "projectile" or forceful (for example, it "shoots across the room")

***Paced bottle feeding" and use of pacifier may help curb overfeeding

PRESERVING BREASTFEEDING IF MOM AND BABY ARE SEPARATED

KEY POINTS

- Get mom pumping right away, 6-8 times in 24 hours after feedings
- Talk about procuring a pump on day 1 for when she is discharged
- Encourage mom to spend as much time as possible with infant
- Use mom's milk first when feeding in her absence
- Be careful not to overfeed
- Encourage her to pump while she's there with baby visiting

COMMUNICATING WITH ADDICTS

Attitude is EVERYTHING!!!

Dealing with a person's addiction requires a different attitude that does not come naturally to many people.

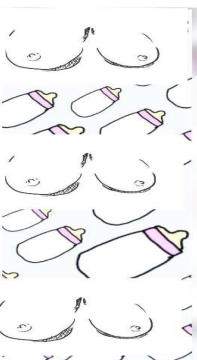
Communicating with an addict requires patience, good planning and honesty.

As professionals we CANNOT be judgmental of their choices or behaviors.

Our job is to help her be the best mom possible for her baby - don't be the reason she decides to use again

A POSITIVE ATTITUDE WILL LEAD TO POSITIVE OUTCOMES

- Convey an attitude of acceptance
 - Trust is a basis of a therapeutic relationship
- Remain nonjudgmental
 - Confrontation can lead to increased agitation which can lead to anger and mistrust
- Provide reinforcement for positive actions and encourage patient to accept this input.
 - Failure and lack of self-esteem have been problems for this patient, who needs to learn to accept self as an individual with positive attributes.
- Reverse the roles
 - Be the person that you would want dealing with you or your family member!!



"Fed Is Best"

"Fed is best" you say, but see, I'll have to disagree.
I'm calling BS on that crap, so listen up and see.
'Cos first things first let's clarify, that all babies need fed.
Fed is the absolute minimum or else they end up dead.

So is breast best? Well, no again I'm sorry to confuse,
But humans feeding humans isn't extra, best or news.
Now that that's clear remember, all mums are free to choose,
But when the facts are bought and sold for profit we all lose.

Breastfeeding is unique and there's really nothing like it.
Formula has its place of course, I'm not here to deny it.
Information is the key to this, open, honest, black and white.
So let's get real, fund real support, stop saying it's alright,

'Cos fed is NOT best! Never was and now that we know better,
It's not mothers but our governments who should be under pressure.
If nothing else, remember this, INFORMED is always best.
The choice is yours, when you're informed of risks and all the rest.

Informed is best, breast's the norm and fed is fundamental,
How you feel is personal but facts are not judgemental.

By Gráinne Evans @The Breast of Rhymes

FALL CLC TRAINING!!



Healthy Children Project
Center for Breastfeeding



- **September 10-14**
- **Here at Canaan Valley**
- **\$225 – normally \$745!**
- **Go to**
www.wvbreastfeeding.org
for more details!!

THANK YOU!!

JOIN WVBA TODAY!! Go to www.wvbreastfeeding.org

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