Honoring World Breastfeeding Week National Breastfeeding Month

WABA I WORLD BREASTFEEDING WEEK 2022
Preventative Health Program

• Next training: Adolescent Vaping Training August 25th at 12pm
• New resources available!
• https://ohioaap.org/education-cme-moc-ii/preventive-health-program/

Program supported by the Ohio Department of Health
Webinar of the Month

PREVENTIVE HEALTH PROGRAM

EMERGENT TOPICS IN CHILD HEALTH!
The Ohio Chapter, American Academy of Pediatrics/Ohio AAP is accredited by the Ohio State Medical Association to provide continuing medical education for physicians. This course is designated for 1.0 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity. Call 855-626-2778 to request a login for CME credit.

WEBINAR OF THE MONTH!

- Immunizations to Teens & Families
  February 9th @ 1:00 pm
- Developmental Screening
  March 30th @ 9:00 pm
- Trauma Informed Care & ACEs
  May 4th @ 8:00 pm
- Adolescent Behavioral Health: Anxiety & Depression During an Ever-Changing Time for Teens (Spring Meeting)
  May 6th @ 8:00 pm
- Child & Adolescent Well Care & Bright Futures
  June 9th @ 8:00 pm

Register: ohioaap.org/education-ame moc-11/preventive-health-program

Please contact Alice Miller at amiller@ohioaap.org for questions.

Oral Health
July 25th @ 12:00 pm
Healthy Night Routine for Infants
August 1st @ 8:00 pm
Breastfeeding Panel
August 8th @ 8:00 pm
5 Screening Tools Used in Pediatric Practice
September 1st @ 12:00 pm
Implicit Bias
September 15th @ 6:00 pm
Connecting with Families on Child Health Topics Through Technology
September 20th @ 12:00 pm
Quality Improvement Project

• Kicks off in December 2022
• 9-month QI project
• Free resources!
• Action period calls with content experts
• Choose which screening tools (2) you will measure!
  – Developmental screening
  – Social determinants/injury prevention
  – Immunization rates
  – Teen depression
  – Maternal depression
  – Oral health
Post-Survey Evaluation

• Post-survey will be sent out this week
• Please complete and include constructive feedback
• Complete 90 day action plan
  – Take what you have learned and implement it into your practice.
  – There will be a follow up survey in 90 days.
  – Please complete surveys for trainings that you attend
• The speakers have no disclosures.
US Breastfeeding Committee

Strengthening Our Traditions from Birth and Beyond

Asian American Native Hawaiian and Pacific Islander Week

National Breastfeeding Month 2022

#stepupforbreastfeeding  #educateandsupport  #WarmChain
Breastfeeding and human milk are the normative standards for infant feeding and nutrition. The short- and long-term medical and neurodevelopmental advantages of breastfeeding make breastfeeding, or the provision of human milk, a public health imperative. The American Academy of Pediatrics (AAP) recommends exclusive

abstract

\(^a\)Department of Clinical Sciences, Florida State University College of Medicine, Orlando, Florida; \(^b\)Department of Pediatrics, Icahn School of Medicine at Mount Sinai, New York City, New York; and \(^c\)New York City Health + Hospitals/Einhurst, Elmhurst, New York
Breastfeeding Initiation Rates and Maps by County


During 2018–2019, breastfeeding initiation rates by county varied widely within states and ranged from 22% to more than 90% across the nation. These tables and maps present 2018–2019 National Vital Statistics System data from 3,079 counties or county equivalents in 48 states, the District of Columbia, and Puerto Rico. Tables also present rates for Guam and the Commonwealth of the Northern Mariana Islands.

These rates can be used to celebrate strengths and to identify locations that might benefit from focused interventions. Community-level strategies to support breastfeeding can focus on populations facing barriers that lead to low rates of breastfeeding.

https://www.cdc.gov/breastfeeding/data/county/breastfeeding-initiation-rates.html
Breastfeeding Disparities in the US

Breastfeeding Initiation Rates by County or County Equivalent in Ohio


Breastfeeding Initiation Rates
- ≥ 88.9%
- 83.8 – 88.8%
- 78.2 – 83.7%
- 69.6 – 78.1%
- ≤ 69.5%
- Data Not Shown

73%

CDC Breastfeeding Data & Statistics
https://www.cdc.gov/breastfeeding/data/county/breastfeeding-initiation-rates.html

ODH Know our Programs Health Improvement
https://odh.ohio.gov/know-our-programs/health-equity/health-improvement-zones
The landscape of breastfeeding has changed over the past several decades as more women initiate breastfeeding in the postpartum period and more hospitals are designated as Baby-Friendly Hospitals by following the evidence-based Ten Steps to Successful Breastfeeding. The number of births in such facilities has increased more than sixfold over the past decade. With the increase in breastfeeding, not all women and infants have access to care in a model of care that promotes successful breastfeeding. The purpose of this clinical report is to review the issues and barriers that prevent all women from being able to breastfeed successfully and to offer guidance to the clinician in providing care to formula-fed infants as well as breastfeeding infants. The recommendations in this report are based on the American Academy of Pediatrics (AAP) policy statement: "Breastfeeding Practices in this Country: A Time for Accountability."
Breastfeeding Friendly Office Practices

1. Introduce the subject of breastfeeding as early as possible, ideally with prenatal visits and early postpartum visits.
2. Support breastfeeding and skin-to-skin in your hospital.
5. Provide support and education to local clinic centers on the importance of handling, storing, and feeding of expressed human milk.

Steps to Creating

Collaborate with Obstetric Community & IBCLCs to Develop a Breastfeeding Support Network.

- Train staff to follow triage protocols to address breastfeeding concerns and problems.
- Educate nurse practitioners about provisions of the Patient Protection and Affordable Care Act (Public Law 111-148) (2010)
- Designate Office Champions & Provide Staff Training and Consultation with Local International Board Certified Lactation Consultants.
- Educate nursing mothers about provisions of the Patient Protection and Affordable Care Act (Public Law 111-148) (2010).
- Educate nursing mothers about provisions of the Patient Protection and Affordable Care Act (Public Law 111-148) (2010).
- Encourage breastfeeding in the waiting area, exam or lactation rooms.
- Establish a breastfeeding office policy and provide a lactation room for staff and breastfeeding mothers.
- Provide culturally-sensitive educational resources for parents including the following topics:
  - Breastfeeding Duration
  - Feeding Cues
  - Adequate Intake
  - Latch and Holding Techniques
  - Local Peer Support Groups
- Display noncommercial posters and pamphlets encouraging breastfeeding that show diversity and include fathers.

Preventive Health Care Visits for Prenatal and Postnatal Care

At the first newborn visit (third to fifth day of life) assess infant's weight and identify mothers who need additional support. Either the provider, or another support staff member with additional breastfeeding skills and expertise, should observe a feeding during the visit to identify breastfeeding problems.

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PEDIATRICS


Source: National Institutes of Health (NIH) Data Network, LactMed, HealthyChildren.org


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# Recommendation #1

A Written Policy

**TABLE 3 Summary of Breastfeeding Supportive Office Practices**

<table>
<thead>
<tr>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have a written breastfeeding-friendly office policy</td>
</tr>
<tr>
<td>2. Train staff in breastfeeding support skills</td>
</tr>
<tr>
<td>3. Discuss breastfeeding during prenatal visits and at each well-child visit</td>
</tr>
<tr>
<td>4. Encourage exclusive breastfeeding for ~6 months</td>
</tr>
<tr>
<td>5. Provide appropriate anticipatory guidance that supports the continuation of breastfeeding as long as desired</td>
</tr>
<tr>
<td>6. Incorporate breastfeeding observation into routine care</td>
</tr>
<tr>
<td>7. Educate mothers on breast-milk expression and return to work</td>
</tr>
<tr>
<td>8. Provide noncommercial breastfeeding educational resources for parents</td>
</tr>
<tr>
<td>9. Encourage breastfeeding in the waiting room, but provide private space on request</td>
</tr>
<tr>
<td>10. Eliminate the distribution of free formula</td>
</tr>
<tr>
<td>11. Train staff to follow telephone triage protocols to address breastfeeding concerns</td>
</tr>
<tr>
<td>12. Collaborate with the local hospital or birthing center and obstetric community regarding breastfeeding-friendly care</td>
</tr>
<tr>
<td>13. Link with breastfeeding community resources</td>
</tr>
<tr>
<td>14. Monitor breastfeeding rates in your practice</td>
</tr>
</tbody>
</table>
PROTOCOLS

ABM Publishes Protocols to Facilitate Best Practices in Breastfeeding Medicine

These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not constitute an exclusive course of treatment or serve as standards of medical care. Variations in treatment may be appropriate according to the needs of an individual patient.

Translated protocols that appear here have undergone a rigorous two-way translation process and are intended for complete accuracy. Please be aware that translations that appear elsewhere, such as on other websites, are not “official” ABM translations and ABM cannot assure their accuracy.

ABM’s free Clinical Protocols are now also conveniently located within the new ABM iCenter. Visit the Education Center to access all existing and future published protocols, webinar and conference session recordings, and additional digital education materials.

1. Hypoglycemia (English revised 2021)
Pediatric inpatients
PICU’s

Immediate post-partum complications

Adult medical conditions
Adult surgical conditions
Adult ICU
Unconscious mothers
Inpatient adult psychiatry
Recommendation #2

"Train staff in the skills necessary to support breastfeeding"

– Physicians/NPs
– Nursing staff
– PCAs/MAs
– Front Desk staff

• Different levels of Lactation support and education
  – IBCLC (International Board Certified Lactation Consultant)
  – ALC (Advanced Lactation Consultant)
  – CLC (Certified Lactation Counselor)
  – Peer counselor
  – Supportive role

https://centerforbreastfeeding.org/lactation-counselor-training-course/clc-certification/
https://iblce.org/
Breastfeeding Resource Nurses

- Survey of 425 nurses who received specialized education through Breastfeeding Resource Nurse course
  - Empowering through evidence
    - Integrated the provision of evidence-based breastfeeding support and care into their daily routines
  - Advocacy
    - Became breastfeeding advocates
  - Going the extra mile
    - Understood the science, more buy-in and
  - Personal connections to breastfeeding
    - Supported family, friends, and members of their communities in their breastfeeding experiences

Breastfeeding Duration Is Associated With WIC Site-Level Breastfeeding Support Practices


<table>
<thead>
<tr>
<th>Table 3. Association Between WIC Site Characteristics and Breastfeeding at Age 2, 6, and 12 Mo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model 1: at 2 Mo</td>
</tr>
<tr>
<td>Site Characteristic</td>
</tr>
<tr>
<td>Any Breastfeeding (yes vs no)</td>
</tr>
<tr>
<td>Site has a BFPC program</td>
</tr>
<tr>
<td>Site has an IBCLC</td>
</tr>
<tr>
<td>Issuance of 1 can of formula for breastfed infants during first 30 d not permitted</td>
</tr>
<tr>
<td>BFPC or lactation consultant visit breastfeeding mothers in home</td>
</tr>
<tr>
<td>Any staff member can provide breast pump education</td>
</tr>
</tbody>
</table>

| Model 4: at 2 Mo                                                                                     | Model 5: at 6 Mo                                                                                     | Model 6: at 12 Mo                                                                                    |
| Site Characteristic                                                                                     | OR (95% CI)                                                                                         | OR (95% CI)                                                                                          |
| Fully breastfeeding (yes vs no)                                                                          | P                                                                                                   | P                                                                                                   |
| Site has a BFPC program                                                                                | 0.94 (0.86–1.02)                                                                                    | 0.77 (0.71–0.83)                                                                                    | 0.76 (0.69–0.84)                                                                                    |
| Site has an IBCLC                                                                                       | 1.37 (1.25–1.50)                                                                                    | 1.68 (1.54–1.83)                                                                                    | 2.18 (1.97–2.42)                                                                                    |
| Issuance of 1 can of formula for breastfed infants during first 30 d not permitted                     | 1.12 (1.04–1.21)                                                                                    | 1.03 (0.96–1.11)                                                                                    | 1.07 (0.96–1.18)                                                                                    |
| BFPC or lactation consultant visit breastfeeding mothers in home                                       | 1.52 (1.41–1.65)                                                                                    | 2.13 (1.98–2.30)                                                                                    | 2.00 (1.83–2.20)                                                                                    |
| Any staff member can provide breast pump education                                                     | 1.35 (1.26–1.45)                                                                                    | 1.37 (1.27–1.47)                                                                                    | 1.24 (1.13–1.36)                                                                                    |
Recommendation #3

"Knowledge regarding rare but true contraindications to breastfeed and resources for decision support"

- Medical school
- Pediatric boards

https://www.pediatricsboardreview.com/american-board-of-pediatrics/
• 1995 national survey in Peds, OB/GYN, and Fam Med
  – breastfeeding education lecture or conference settings
  – only 55% indicated any direct patient experience.
  – only 53% of pediatric residents correctly answered questions about management of a breastfed jaundiced infant
  – only 23% correctly answered questions regarding breastfeeding if the mother has a breast abscess

• 2000 survey
  – 43% of Peds program directors believed the level of breastfeeding education in their resident programs were inadequate or in need of improvement
• 2011 survey
  – Median of 9 hours over 3 years
    • 4 hours of lecture (1.3 hours/year)
    • 3 hours of patient care (1 hour/year)
  – 34.6% of programs cited "Lack of attending physicians with sufficient knowledge to teach breastfeeding" as a barrier
Recommendation #3

"Knowledge regarding rare but true contraindications to breastfeed and resources for decision support"

• Contraindications:
  – Chemotherapy
  – HIV
  – Substance use
  – Galactosemia

• Contraindications are becoming relative, increase in shared-decision making

• How to decide and advise families??

Shared-Decision Making

- Increased emphasis on parental autonomy
- Importance of INFORMED decision-making
  - Risks vs benefits
    - Theoretical vs proven risks
- Provides parents with opportunity to be parents
  - Substance use
- Minimize risks
  - i.e. HIV, informal milk sharing, etc.

https://www.nationalelfservice.net/populations-and-settings/poverty/14-shared-decision-making-reduce-health-inequalities/
Education is key

• Must know the information to have productive conversations with families
  – IABLE (Institute for Breastfeeding and Lactation Education)
    • Committed to providing cheap, reliable lactation education
    • Discounts for residents
  – GOLD Lactation
    • Various topics/webinars, annual conferences
  – Healthy Children's CLC
    • 40-hour course, online and in-person options
  – ABM protocols
    • Free, online
  – AAP
    • Physician Education and Training on Breastfeeding Action Plan

http://worldbreastfeedingweek.org/2017/
Recommendation #4

"Introduce the subject of breastfeeding early using open-ended questions"

• Common reasons parents choose to formula feed:
  – Perceived pain/discomfort
  – Lifestyle modifications
  – Not knowing anyone who had ever breastfed

• Women who received care provider encouragement initiated lactation 4 times more frequently than those who did not receive encouragement

• Conversations did not result in feelings of guilt, parents want to make informed decisions

Recommendation #5

“Encourage breastfeeding mothers to use only human milk, begin prenatally”

• Supplement only when medically necessary (i.e. hypoglycemia, dehydration, separation)

• Use expressed human milk when available if supplementation is needed

• ONE bottle of formula can change the gut microbiome

• Unnecessary supplementation will undermine breastfeeding efforts
  – Less time at breast results in poorly established supply
  – Confirms parental misperceptions regarding insufficient supply
Recommendation #6

“Work with committees within the local hospital to implement breastfeeding-friendly care”

• Baby-Friendly designation
• First Steps
• WHO Code (International Code of Marketing of Breastmilk Substitutes)
  – no formula bags/marketing products
Recommendation #7

“Schedule first newborn visit DOL 3-5, about 24-48 hours from hospital discharge”

• Check weight and jaundice
• Assess breastfeeding concerns
  – Milk coming in?
  – Pain?
  – Risk factors for lactation referral?
• Assess parent’s mental health
• Manage expectations

https://www.aap.org/breastfeeding
Recommendation #8: Educate Mothers about the Patient Protection and Affordable Care Act

**Break Time for Nursing Mothers**

- A reasonable breaktime for employee to express breastmilk each time the mother needs to express milk
- A place, other than a bathroom, shielded from view, to be used for milk expression
- Covers access to breastfeeding support services
- Ability to obtain breastpumps through insurance


Workplace Support in Federal Law

What is the "Break Time for Nursing Mothers" law?

Effective March 23, 2010, this federal law requires employers to provide break time and a place for most hourly wage-earning and some salaried employees (nonexempt workers) to express breast milk at work. The law states that employers must provide a "reasonable" amount of time and that they must provide a private space other than a bathroom. They are required to provide this until the employee's baby turns one year old.

This provision was passed as Section 4207 of the Patient Protection and Affordable Care Act (ACA), which amended Section 7 of the Fair Labor Standards Act of 1938 (29 U.S.C. 207) by adding at the end the following:
Support the PUMP Act for Nursing Mothers
Providing Urgent Maternal Protections

• 1 in 4 women are not covered by the current Break Time for Nursing Mothers
• The PUMP Act will require the accommodations for all lactating workers
• We need YOU to contact your Senators to support the PUMP Act

Action Center (votervoice.net)
Recommendation #9: Provide Mothers with Anticipatory Guidance on Going Back to Work

• Provide information about expression and storage of human milk


Supporting Nursing Moms at Work: Employer Solutions

Find resources to support your business and your nursing employees at work.
Specific Workplace Solutions

New CDC Guidance on Going Back to Work Breastfeeding and Returning to Your Workplace | Nutrition | CDC
Sample Letter from Healthcare Provider to Employer

Dear Employer:

I am writing on behalf of [Mother’s name] and [Baby’s name].

This mother will soon be returning to work at your facility following her childbirth leave. As the mother’s and baby’s healthcare provider, I have strongly advised her to continue providing breastmilk to her baby after she returns to work.

The American Academy of Pediatrics recommends that mothers give their babies nothing but breastmilk for the first 6 months of life and to continue giving breastmilk for at least 1 year or longer. The evidence overwhelmingly shows that the powerful boost to an infant’s immune system through breastfeeding helps to lower the baby’s risk of many common childhood infections and diseases. This is especially important for working mothers whose infantcare is childcare centers, where babies are at greater risk for illness. Research also shows that the longer a woman breastfeeds, the more she reduces her own risk of diseases such as breast and ovarian cancer, heart disease, and diabetes.

When you support your employee’s decision to continue breastfeeding, you ensure a more loyal and productive employee. Happy is the knowledge she can contribute to her child’s health even when she is at work. Studies show breastfeeding women who receive basic accommodations at work are less likely to be absent from work because both she and her baby are healthier. Support also results in lower employee turnover and lower healthcare costs.

There are several key ways you can support her:

- Let her know you are proud of her for making the decision to breastfeed.
- Give her a safe, clean area where she can express milk in privacy per the legal requirements under the FLSA.
- Encourage supervisors to work with her so she can use her usual breaks and lunch period to express milk.

If you have any questions, please contact our office. We can put you in touch with local resources for more information or supporting breastfeeding employees.

Sincerely,

[Healthcare Provider]
Ohio Workplace Award

- “Ohio Department of Health, in collaboration with Ohio Breastfeeding Alliance, created the Ohio Breastfeeding Friendly Workplace Award to recognize businesses that offer lactation support to their employees.
- Any Ohio business is eligible to apply, and applications must be completed through the online REDcap survey.
- Breastfeeding resources are available to businesses on the ODH website, including the Ohio Workplace PLUS Toolkit, which is a free, online toolkit created to assist businesses with implementing or enhancing their lactation accommodations.

- ODH Breastfeeding webpage: https://odh.ohio.gov/know-our-programs/Breastfeeding/Worksites
- Application link: https://redcap.link/ck4gnljr
Recommendation #10: Get Ready for the Breastfeeding Baby!

• Have front office staff advise family that you or your staff will want to observe a breastfeeding

• Encourage the family to let the staff know when your infant is ready to feed while waiting for the appointment

• Provide a comfortable place for breastfeeding families in your office
Recommendation #11: Provide Appropriate Educational Resources

- Benefits to mother and baby
- AAP Recommendations for breastfeeding
- Feeding Cues
- How to tell whether the infant is getting enough milk
- Latch and positioning techniques
- Peer and local support
- Link to appropriate resources on practice website

https://www.acog.org/womens-health/infographics/breastfeeding-benefits
Breastfeeding Reduces Infant Mortality

“Born to Die”
Community gravesite in Memphis, TN
Commercial Appeal, March 2005
Karen Pulfer Focht, photojournalist

A recent CDC study of over 3 million US infants found that breastfeeding initiation reduced the risk of post-perinatal infant death by 26%.

Learn About Materials from Ohio First Steps

<table>
<thead>
<tr>
<th>EARLY CUES</th>
<th>MID CUES</th>
<th>LATE CUES</th>
<th>CALMING A CRYING BABY</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;I'm ready to feed.&quot;</td>
<td>&quot;Don't delay, feed me, please!&quot;</td>
<td>&quot;Calm me, then feed me.&quot;</td>
<td>- Cuddling</td>
</tr>
<tr>
<td>• Stirring</td>
<td>• Stretching</td>
<td>• Crying</td>
<td>- Skin-to-skin contact on chest</td>
</tr>
<tr>
<td>• Mouth opening</td>
<td>• Increasing motion</td>
<td>• Agitated motions</td>
<td>- Talking</td>
</tr>
<tr>
<td>• Turning head</td>
<td>• Hand to mouth</td>
<td>• Color turning red</td>
<td>- Stroking</td>
</tr>
<tr>
<td>• Seeking/rooting</td>
<td></td>
<td></td>
<td>- Singing/humming</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Gently rocking</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Putting your warm cheek next to baby's head</td>
</tr>
</tbody>
</table>

Positioning

Ear, shoulder, hip in a straight line, tummy to tummy

Favorite Resources for Families

www.firstdroplets.com
The Best Latch

https://globalhealthmedia.org/portfolio-items/attaching-your-baby-at-the-breast
Examples: How to Know Breastfeeding is Going Well
Recommendation #12: Allow and Encourage Breastfeeding in the Waiting Room

• Display Posters
• Include Partners and Diversity
• Do not disrupt or discourage breastfeeding in the waiting room or exam room
• Provide a private area for moms who desire privacy – rocking chair, pillows, music

https://www.surveymonkey.com/r/Bf_posters
It’s the Law!

• Ohio Rev Code Ann. 3781.55 (2005): A mother is entitled to breastfeed her baby in any location of a place of public accommodation wherein the mother is otherwise permitted. (SB 41)
• Every state has a similar law protecting breastfeeding.

Breastfeeding State Laws

Recommendation #13: Eliminate the practice of Distribution of Free Formula

- In accordance with the Code of Marketing of Breastmilk Substitutes
- Do not accept gifts from Formula Companies (supplies, pens, coffee mugs)
New WHO/UNICEF study

The Bottom Line
Health professionals have personal access to pregnant women and parents of young children, and a trusted role in providing evidence-based, independent, impartial advice. Systematic marketing by formula milk companies seeks to influence health professionals’ understanding of breastfeeding, to convince them of the need for formula, and to use them as channels for marketing.

1 This question was not used in the survey in Vietnam.
Recommendation # 14
Staff Training

• “Train staff to follow telephone triage protocols to address breastfeeding concerns and problems.”
• This is an evidence-based approach and great resources are available to you!
Recommendation #14 – What can your office do to offer the best telephone advice?


• The Ohio Breastfeeding Hotline is free, available 24/7 and answered live by lactation specialists – great for families!

*Purchase in the AAP Shop
Recommendation #15

• “Acquire or maintain a list of community resources and be knowledgeable about referral procedures.”
  
  – Inviting one or more breastfeeding mothers from your practice to begin a support group in your office is a great “homegrown” first step!
  
  – Learn about your local WIC, La Leche League and Baby Cafés support groups – post these resources
  
  – Your best resource for resources is OBA (Ohio Breastfeeding Alliance): https://ohiobreastfeedingalliance.org/breastfeeding-help/

• To edit existing information, or add new information, fill out the form at this link. (Changes may take several days to appear in database.):
  
  https://docs.google.com/forms/d/e/1FAIpQLScjetaK_k50Ajd8k1BtkS8d7 bqCxsH0YaZAVa7_3BdWyMBvw/viewform?entry.383822155=OH
Ohio Online Breastfeeding Resources

Ohio Statewide Breastfeeding Hotline

Free. Answered by lactation professionals 24/7-365

888-588-3423

Appalachian Breastfeeding Network
Know Your Local Resources – Southwest Ohio Breastfeeding Coalition

Hospital Breastfeeding Support Resources

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Ward/Location number</th>
<th>Breastfeeding support group</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Christ Hospital</td>
<td>513-581-6597</td>
<td>Yes</td>
</tr>
<tr>
<td>- Mt. Auburn</td>
<td>513-581-7974</td>
<td>Yes</td>
</tr>
<tr>
<td>- Liberty</td>
<td>513-581-6597</td>
<td>Yes</td>
</tr>
<tr>
<td>Cincinnati Children’s</td>
<td>513-955-2490</td>
<td>No</td>
</tr>
<tr>
<td>- Breastfeeding Medicine Clinic</td>
<td>513-955-2490</td>
<td>No</td>
</tr>
<tr>
<td>- Primary Care Clinics</td>
<td>513-955-7772</td>
<td>No</td>
</tr>
<tr>
<td>Ft. Hamilton/Emory Health Hamilton</td>
<td>855-455-4651</td>
<td>Yes</td>
</tr>
<tr>
<td>Mercy Health - Anderson</td>
<td>513-786-7003</td>
<td>Yes</td>
</tr>
<tr>
<td>- Fairfield</td>
<td>513-786-7003</td>
<td>Yes</td>
</tr>
<tr>
<td>- West</td>
<td>513-786-7003</td>
<td>Yes</td>
</tr>
<tr>
<td>St. Elizabeths</td>
<td>513-786-7003</td>
<td>Yes</td>
</tr>
<tr>
<td>Tel-Hosp - Bethesda North and Good Samaritan</td>
<td>513-786-7003</td>
<td>Yes</td>
</tr>
<tr>
<td>UC Health - Shriners</td>
<td>513-786-7003</td>
<td>Yes</td>
</tr>
<tr>
<td>- West Chester</td>
<td>513-786-7003</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Private IBCLCs

Three or more International Board Certified lactation consultants (IBCLC) are certified in Cincinnati. You may wish to ask your pediatrician for referrals based on your specific needs. You may also search these pages (form not complete):
- www.breastfeeding.org
- https://www.find-a-lactation.com

Breastfeeding Laws

Affordable Care Act: Local lactation support equipment is covered under the Affordable Care Act. Check your insurance for billing questions.

Ohio Revised Code 3711.5131: Another is entitled to breastfeed her baby in any location of a place of public accommodation when the mother is otherwise permitted. (A.B.E.) Every state has similar laws regarding breastfeeding.

Federal Fair Labor Standards Act: Requires employers to provide reasonable break time for breastfeeding and or pumping for nursing child for one year after the child’s birth each time such employee has the need to express the milk. Employees are encouraged to provide a place, other than a bathroom, that is shielded from view and free from interruptions and the public, which may be used by employers to encourage breastfeeding.

Online Resources

- Breastfeeding Information
  - Cincinnati Children’s: https://www.cincinnatichildren.org/ibclcs
  - A’s Only Maternal/Infant Shield: https://www.ashield.org
  - W.E.: great information and videos
  - www.breastfeeding.org

Breastfeeding Apps

- Breastfeeding Apps
  - BabyBlink by University of Kentucky: https://www.babyblink.org

Need a Pump? Call your medical insurance provider or search “insurance breast pump” for additional options.

Disclaimer: Although information may be available, please review medical information. The Southwest Ohio Breastfeeding Coalition (SWOBC) is not a substitute for medical resources. Contact your physician or a medical professional for advice on breast feeding. SWOBC is not liable for errors or omissions in this website. No warranties or guarantees are given. (May 2020)
We are the Cincinnati and Southwest Ohio community’s one-stop for breastfeeding/chestfeeding and breast milk feeding resources and advocacy. Join us in promoting, supporting, and protecting breastfeeding and human milk feeding!

www.swohio-bc.org
Recommendation #15 (resources)

– It’s easy for you and families to check if maternal meds are OK with breastfeeding:
  • Put in the medication/drug and info is there
  • There’s almost ALWAYS an alternative that is OK for breastfeeding
Recommendation #16

• “...Frenulum clipping of the tongue/upper lip has become a popular practice, which may improve infant latch and the effectiveness of breastfeeding and milk transfer. Work closely with local lactation consultants or breastfeeding specialists to determine if frenotomy is appropriate...”
Recommendation #16 – What can your office do?

• **Recognize this is a controversial topic**

• Trust an IBCLC or experienced lactation provider’s assessment
  – Much of latch pain is NOT tongue tie, so excellent lactation support as well as shared decision making are key

• **Avoid referral to ENTs, dentists and chiropractors who advertise frenotomy or treatment of tongue tie as curative for breastfeeding issues**
  – Often repeated visits and treatments are recommended
  – Breastfeeding is usually not helped by frenotomy alone and lactation support is needed

• If you would like to inform yourself:
  – The Academy of Breastfeeding Medicine has a useful Clinical Statement
  – Go to [https://www.bfmed.org/statements](https://www.bfmed.org/statements) and it’s right there
Recommendation #17

• Collaborate with the obstetric community to develop optimal breastfeeding support programs, because it is clearly documented that a mother’s decision to breastfeed starts in the prenatal period and, in many cases, before pregnancy.
Recommendation #17
What can you do?

• Inform yourself so you can help an OB colleague:
  • ACOG has good information for obstetricians: [https://www.acog.org/topics/breastfeeding](https://www.acog.org/topics/breastfeeding)
  • And so does the Ohio First Steps for Healthy Babies program!
      • Go to “Program Materials and Educational Opportunities”
      • Then scroll way down to “Resources” and select “Program Materials”
      • OB offices can find flip charts and other in-office materials they can order to support breastfeeding education
Recommendation #18

- Provide support and education to local childcare centers on the importance of breastfeeding and the handling, storage, and feeding of expressed human milk.
Recommendation #18 – What can your office do?

- Encourage all nearby childcare centers to become recognized as breastfeeding supportive by the Ohio Department of Health Child Care Program.

- Encourage parents to ask the childcare center their children attend to become recognized.
Recommendation #18 – Steps to Childcare Recognition

• **ODH Child Care Program – steps to recognition:**
  – Child care staff can register for the online training here: [https://registry.occrra.org/cart/view_training/10118120](https://registry.occrra.org/cart/view_training/10118120)
  – The training itself is found at [https://www.train.org/odh/home](https://www.train.org/odh/home) and search “Supporting Breastfeeding in the ECE Setting”
  – More information on the award program can be found at [https://odh.ohio.gov/know-our-programs/Breastfeeding/Child-Care](https://odh.ohio.gov/know-our-programs/Breastfeeding/Child-Care)
  – Here are the direct links to the award application (also found on the ODH website):
    • Child Care Centers: [https://odhredcap.odh.ohio.gov/surveys/?s=9PTC3MRK3H](https://odhredcap.odh.ohio.gov/surveys/?s=9PTC3MRK3H)
    • Family Providers: [https://odhredcap.odh.ohio.gov/surveys/?s=DCJEH4AHXF](https://odhredcap.odh.ohio.gov/surveys/?s=DCJEH4AHXF)

• A model policy is posted too.
Recommendation #19

- **Monitor breastfeeding initiation and duration rates in the pediatric practice.** Be able to access state and national trends as tracked by the CDC through the National Immunization Survey and hospital practices through the Maternity Practices in Infant Nutrition and Care biannual survey data.
Recommendation #19 – What can your office do?

• Circling back to the start of our talk
  – Know where to find US information: [https://www.cdc.gov/breastfeeding/data/nis_data/results.html](https://www.cdc.gov/breastfeeding/data/nis_data/results.html) (CDC)
  – Know where to find Ohio information: [https://odh.ohio.gov/know-our-programs/breastfeeding/data](https://odh.ohio.gov/know-our-programs/breastfeeding/data) (ODH)

• Consider collecting and following breastfeeding rates in your office.
  – Does your EMR support a way to “sweep” this information?
  – Collect initiation, 2 and 6 month (and 12 month!) any and exclusive BF rates
  – Meet with your staff monthly or quarterly to review

• You can create your own Quality Improvement initiative (and consider applying for MOC part 4 credit!)

[https://www.abp.org/content/your-own-qí-project](https://www.abp.org/content/your-own-qí-project)
Summary

• Will you be able to make a difference with office-based changes?
• There’s evidence to say “yes”!

  • In this QI project, pre/post breastfeeding rates were compared after implementation of these elements: an evidence-based breastfeeding policy, staff education sessions, private lactation rooms, breastfeeding photographs/posters were displayed throughout the offices & Lactation support services were publicized via signs and social media postings.
  • Breastfeeding rates were SIGNIFICANTLY higher at initiation and one month and improved at the 2- and 4-months visits.

  – Feel free to email or call any of us if you would like help, support or ideas!
Lydia Furman, MD, FAAP
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Janet Wasylyshen-Velasco, MD, MPH, IBCLC, FAAP
Wasylyshen-VelascoJ@childrensdayton.org
Thank You - Ohio Section on Breastfeeding Members!

<table>
<thead>
<tr>
<th>Laura Ward</th>
<th>Jennifer McAllister</th>
<th>Jason Jackson</th>
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<tbody>
<tr>
<td>Erica Braswell</td>
<td>Holly Strike</td>
<td>Suet Lam</td>
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<td>Carrie Cacioppo</td>
<td>Jennifer Hilgeman</td>
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<td>Bridget Combs</td>
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<td>Shannon Thompson</td>
<td>Sarah Riddle</td>
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<td>Katelyn Harris</td>
<td>Rebecca Romanov</td>
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<td>Alana Milton</td>
<td>Efua Bennett</td>
<td>Ganga Srinivas</td>
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<tr>
<td>Nora Lee</td>
<td>Frances Comer</td>
<td>Julia Tanguay</td>
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Join the Section on Breastfeeding!

https://www.aap.org/en/community/aap-sections/breastfeeding/
Join us in Anaheim, CA!

MARK YOUR CALENDARS

2022

Anaheim

Anaheim Convention Center
October 7-11, 2022

Section on Breastfeeding Session,
October 9, 2022, 1-5pm
Breastfeeding Essentials
October 10, 2022 8:30-10:00
### Joint Program: Section on Breastfeeding Program and Section on Developmental and Behavioral Pediatrics

Establishing a Breastfeeding Supportive Environment

**Sunday, October 9th, 2022**

**1:00 PM - 5:00 PM PDT**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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| 1:00 PM-1:10 PM | Welcome & Introduction of Speakers  
Moderator: Lori Feldman-Winter, MD, MPH, FAAP                           |
| 1:10 PM-1:40 PM | Providing Gender Affirming Lactation Support to LGBTQIA+ families (30 min)  
Stephanie Wagner, nurse, IBCLC, LGBTQIA Advocate spoke at PA AAP          |
| 1:40 PM-2:10 PM | Paid family leave Establishing Breastfeeding and Positive Child Outcomes (30 min)  
Douglas Vanderbilt, MD, FAAP                                               |
| 2:10 PM-2:40 PM | Supporting Breastfeeding within Refugee Populations and Disasters (30 min)  
Natasha Shinman, MD, MPH, FAAP, FARBC                                        |
| 2:40 PM-3:10 PM | Perinatal Mood Disorders in the Breastfeeding Mother (30 min)           
Marion Eros, MD, MTS, FAAP                                                  |
| 3:10-3:55 PM   | Q&A with presenters                                                     |
| 3:55 PM-4:15 PM | Break                                                                   |
| 4:15 PM-4:20 PM | Introduction of Podium Presenters  
Moderator: Lori Feldman-Winter, MD, MPH, FAAP                              |
| 4:20 PM-4:30 PM | Abstract Podium Presentation #1                                          |
| 4:30 PM-4:40 PM | Abstract Podium Presentation #2                                          |
| 4:40 PM-5:00 PM | Q&A with abstract podium presenters                                     |
| 5:00 PM-5:00 PM | Closing Words & Adjourn                                                 |
Breastfeeding Educational Opportunities at NCE

<table>
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<tr>
<th>Date</th>
<th>Time (PST)</th>
<th>Title</th>
<th>Location</th>
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<tbody>
<tr>
<td>Saturday 8th</td>
<td>2:00-3:00 pm</td>
<td>Ankyloglossia and Other Tethered Oral Tissues: What Is the Evidence?</td>
<td>Anaheim Convention Center (ACC) 157/159</td>
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<tr>
<td>Sunday 9th</td>
<td>10:00 am - 6:00 pm</td>
<td>SOBr Posters (Authors will be by posters 12:00-1:00 pm</td>
<td>Poster Hall</td>
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<tr>
<td>Sunday 9th</td>
<td>1:00-5:00 pm</td>
<td>SOBr H-program</td>
<td>ACC 264 BC</td>
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<tr>
<td>Monday, 10th</td>
<td>8:30-10 am</td>
<td>Breastfeeding Essentials</td>
<td>ACC 205A</td>
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<tr>
<td>Monday, 10th</td>
<td>2:00-3:30 pm</td>
<td>Breastfeeding Essentials (offered twice)</td>
<td>ACC 207C</td>
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<tr>
<td>Monday, 10th</td>
<td>5:00-6:00 pm</td>
<td>2022 AAP Breastfeeding Policy: What’s New in Human Milk Feeding?</td>
<td>ACC 156/160</td>
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Join the ABM Annual Meeting

27TH ANNUAL INTERNATIONAL MEETING
Baltimore, Maryland, USA
• September 15-18, 2022 •

ABM 27TH ANNUAL INTERNATIONAL MEETING
September 15-18, 2022 | Baltimore Sheraton Inner Harbor Hotel, Maryland, USA

Register Now!

https://www.bfmed.org/27th-annual-international-meeting
And TOMORROW, August 10th

Register today:
Breastfeeding is a universal solution that levels the playing field, giving everyone a fair start in life.

In a world filled with inequality, crises and poverty, breastfeeding is the foundation of lifelong good health for babies and mothers.
Alex Miller
Ohio AAP Senior Program Manager
amiller@ohioaap.org