

BREASTFEEDING



2015–2020 RHODE ISLAND STRATEGIC PLAN

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Dear Colleagues,

We are pleased to present you with the 2015-2020 Rhode Island Breastfeeding Strategic Plan, developed in collaboration with the Rhode Island Department of Health and a diverse group of community partners, and healthcare professionals.

According to the World Health Organization's Global Strategy on Infant and Young Child Feeding, breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants, though its benefits extend beyond those commonly associated with infant and young child health. Successful breastfeeding has positive implications on maternal health, the environment, the work force, and society as a whole.

No single agency, organization, or sector alone can help mothers identify and reach their personal breastfeeding goals. We intend to collaborate with our community partners to maximize breastfeeding support and education available to Rhode Island families. We are committed to refining and implementing this plan to achieve optimum health outcomes for all mothers, infants, and young children in Rhode Island.

We welcome your input to this statewide effort. To receive more information or get involved, please contact the Rhode Island Breastfeeding Coordinator, Ashley Biller, at Ashley.Biller@health.ri.gov

Sincerely,

A handwritten signature in black ink, appearing to read "Nicole Alexander-Scott". The signature is fluid and cursive, with a large initial "N" and "A".

Nicole Alexander-Scott, MD, MPH
Director Designee of Health, Rhode Island Department of Health

A handwritten signature in black ink, appearing to read "Ana Novais". The signature is cursive and somewhat stylized.

Ana Novais
Executive Director of Health, Rhode Island Department of Health

BACKGROUND

In past years, awareness campaigns about the short- and long-term health benefits of breastfeeding, for both the mother and the infant, have helped educate the public, and rejuvenate the medical and public health fields' interests in supporting breast milk feeding as the ideal. While we have seen a steady increase in breastfeeding rates within the United States in past years, much work remains. Annual reports show that few mothers meet the recommendations for breastfeeding exclusivity and duration, and fewer still meet their personal breastfeeding goals.

Professional organizations universally and actively encourage the supports necessary to successfully establish and maintain breastfeeding.¹ As we continue to build and strengthen these supports, it is equally important to focus on the benefits of breastfeeding that extend beyond the health of the mother and infant dyad. Exclusive, long-term breastfeeding positively impacts the family, workplace, healthcare system, and environment when compared with artificial infant formula feeding. To create a sustainable system of breastfeeding support to best serve our mothers, infants, and society, we must refocus and coordinate our efforts to encompass a variety of interventions with a proven positive impact on breastfeeding rates.²

The Rhode Island Department of Health (HEALTH) recognizes support and promotion of breastfeeding as key to a healthy future for our state. HEALTH and its partners used the U.S. Surgeon General's Call to Action to Support Breastfeeding to develop this strategic plan to protect, promote, and support breastfeeding statewide. The state's breastfeeding objectives are based on Healthy People 2020, a 10-year national health agenda set by the United States Department of Health and Human Services. The plan also includes additional, state-specific breastfeeding objectives.

Global recommendations on breastfeeding

Published research and systemic reviews consistently reinforce breastfeeding and human milk as the standards for infant feeding and nutrition.³ As stated in The World Health Organization's Global Strategy on Infant and Young Child Feeding:

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers.

As a worldwide public health recommendation, infants should be **exclusively breastfed (human milk only, along with needed medications and vitamins) for the first six months of life** to achieve optimal growth, development, and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.²



How our nation benefits when mothers breastfeed⁴

Breastfeeding saves lives: A 2010 study found that if 90% of US families could comply with the universal medical recommendation to breastfeed exclusively for six months, the United States was projected to save nearly 1,000 preventable deaths annually, nearly all of which would be in infants.⁵

Breastfeeding saves money: A 2013 study estimated the maternal health burden from current breastfeeding rates and found that suboptimal breastfeeding incurs a total cost to society of \$17.4 billion from premature death, \$733.7 million in direct costs, and \$126.1 million in indirect morbidity costs.⁶

Breastfeeding contributes to a more productive workforce: Research shows that breastfeeding leads to lower employee absenteeism, employee turnover, and company healthcare costs, and in situations with mother/baby-friendly worksites, there is increased employee morale and productivity.³

Breastfeeding is better for the environment: Breast milk is naturally-renewable, does not waste resources or create pollution, and requires no packaging, shipping, or disposal.⁷ Plastic waste can be reduced, as feeding supplies (bottles, nipples, etc.) are not required for successful breastfeeding (though feeding supplies may be needed to sustain breast milk feeding for some families).

The State of Breastfeeding in Rhode Island

HEALTH's vision is for:

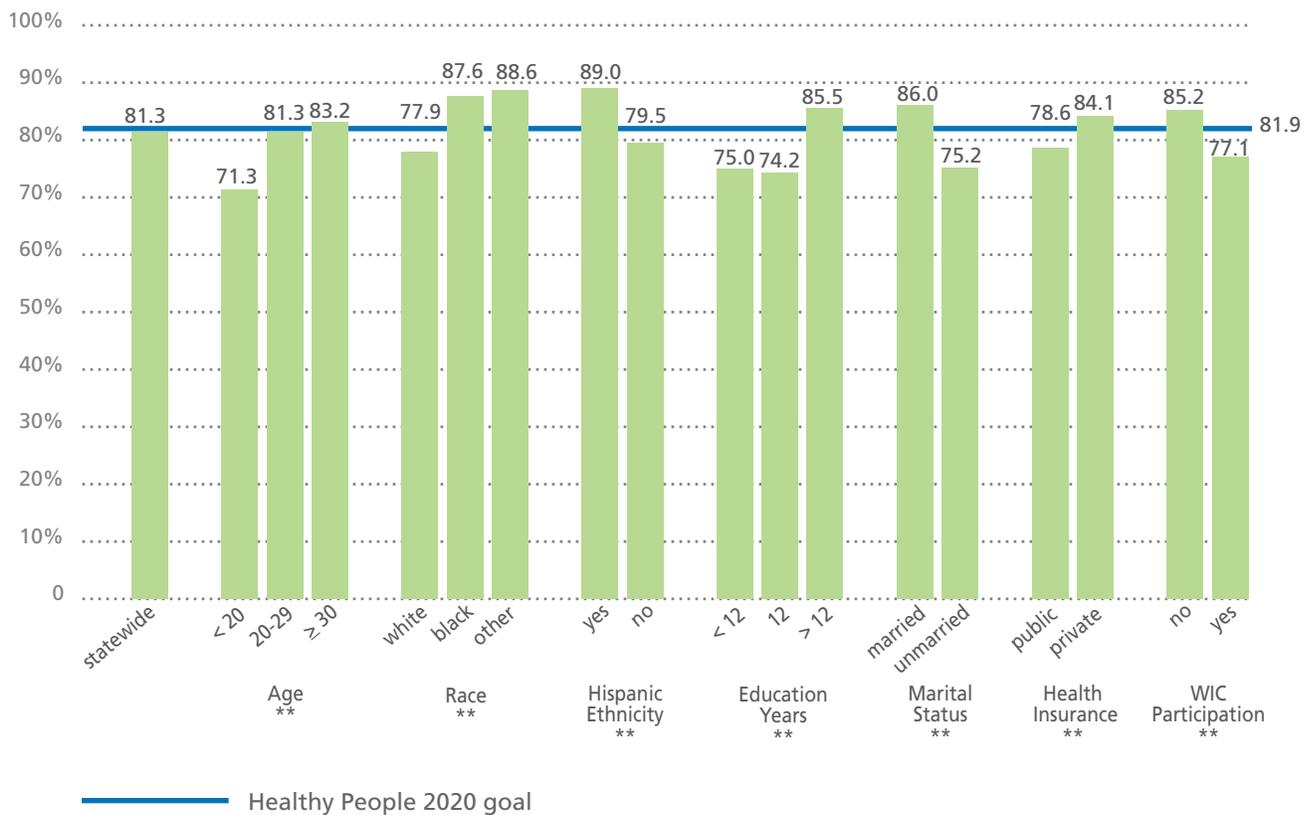
*Rhode Island women to benefit from environmental supports that permit them to **intend, initiate, and maintain** breastfeeding, in order to achieve optimum health outcomes for both mother and child.*

In order to achieve this vision, HEALTH and its community partners must improve the current environment and the level of support provided at each stage of the breastfeeding lifecycle, from preconception to one year postpartum and beyond. All mothers, regardless of socioeconomic factors, should have access to skilled support to help them initiate and sustain appropriate feeding practices, prevent difficulties, and overcome barriers when they occur.

The lowest rates of breastfeeding in Rhode Island are found among women who have one or more social risk factors, including but not limited to mothers who are younger than age 20, unmarried, and who have 12 years of education or less (Figure 1).⁸ Studies show that the accumulation of social risk factors among children is strongly associated with poorer health.⁹ This means that the infants in Rhode Island at the highest risk of not being breastfed, are statistically more likely to experience poor health due to the presence of one or more social risk factors. The health benefits associated with breastfeeding could help to eliminate some of these health disparities in our highest risk infants. (For a list of the health benefits associated with breastfeeding, see Appendix C.)

A mother’s young age, unmarried status, and low education level at the time of her child’s birth predict many developmental vulnerabilities for the infant. Most children born with these social risk factors continue to face great challenges throughout childhood. Of the infants born in Rhode Island in 2013, approximately six out of ten were identified with one or more risk factors associated with poor developmental outcomes (Figure 2).¹⁰

FIGURE 1: EVER BREASTFED: DEMOGRAPHICS, RHODE ISLAND, 2009-2011



** Statistically significant

Source: Rhode Island Department of Health, Pregnancy Risk Assessment Monitoring System, 2014

FIGURE 2: BIRTHS BY RISK FACTOR, RHODE ISLAND, 2013

CITY/TOWN	BIRTHS	% TO MOTHERS WITHOUT A HSD/GED	% TO SINGLE MOTHERS	% TO MOTHERS YOUNGER THAN 20	% TO MOTHERS WITH ALL 3 RISK FACTORS
CENTRAL FALLS	311	34%	71%	15%	8%
PAWTUCKET	915	16%	60%	6%	2%
PROVIDENCE	2,471	20%	63%	10%	5%
WOONSOCKET	579	18%	69%	13%	6%
FOUR CORE CITIES	4,276	20%	64%	10%	5%
REMAINDER OF STATE	6,156	5%	35%	4%	1%
RHODE ISLAND	10,432	11%	47%	6%	3%

Source: Rhode Island Department of Health, KIDSNET Database, 2013
HSD= High School Diploma

Rhode Island’s Breastfeeding Laws

Rhode Island is one of 45 states with legislation that provides mothers with the explicit right to breastfeed in public places, one of 28 states to exempt breastfeeding from public indecency laws, and one of 24 states with legislation relating to breastfeeding in the workplace.¹¹ In 2014, Rhode Island became the first state in the union to pass legislation to create licensure for International Board Certified Lactation Consultants (IBCLCs), which fulfills the recommendation set forth in the Patient Protection and Affordable Care Act, that states all pregnant and postpartum women should have access to comprehensive lactation support and counseling from trained providers.

R.I. Gen. Laws § 11-45-2 (1998) specifies that indecent exposure-disorderly conduct laws do not apply to breastfeeding in public.

R.I. Gen. Laws § 23-13.2-1 (2003) specifies that an employer may provide reasonable unpaid break time each day to an employee who needs to breastfeed or express breast milk for her infant child. It states that an employer shall make a reasonable effort to provide a private, secure and sanitary room or other location in close proximity to the work area, other than a toilet stall, where an employee can express her milk or breastfeed her child. The law requires the department of health to issue periodic reports on breastfeeding rates, and complaints received and benefits reported by both working breastfeeding mothers and employers, and provides definitions.

R.I. Gen. Laws § 23-13.5-1 and § 23-13.5-2 (2008) allow a woman to feed her child by bottle or breast in any place open to the public and would allow her a private cause of action for denial of this right.

R.I. Gen. Laws § 23-13.6-1, § 23-13.6-2, § 23-13.6-3, § 23-13.6-4, § 23-13.6-5, and § 23-13.6-6 (2014) authorize the director of HEALTH to formulate, promulgate, amend, and repeal the licensing and regulation of lactation consultants, giving due consideration to criteria established by the International Board of Lactation Consultant Examiners (IBLCE), while establishing a minimum standard of care for providing lactation care and services.

At this time, there exists a need for additional legislation and regulations to be enacted or strengthened to better serve the needs of Rhode Island's breastfeeding mothers. The language of the 2003 R.I. General Laws § 23-13.2-1 pertaining to working mothers, is preempted by national law, which pertains only to nonexempt employees covered by the Fair Labor Standards Act (FLSA), and not to salaried employees. Unlike other states, Rhode Island does not have legislation that addresses jury duty exemption or postponement for lactating mothers, protection for breastfeeding mothers detained within correctional facilities, or guidance for breastfeeding and/or breast milk feeding for infants under the care of the Rhode Island Department of Children, Youth, and Families (DCYF). Rhode Island regulations do not specifically delineate a requirement for onsite breastfeeding and lactation accommodations within child care facilities, or staffing recommendations for full-time equivalent (FTE) IBCLCs within birthing hospitals.

Additionally, the state lacks strong enforcement of existing laws, as well as a specific contact person within the Department of Labor and Training or the Attorney General's Office to report violations or file a complaint.



STRATEGIC PLAN DEVELOPMENT & FRAMEWORK

Prior to the launch of this strategic planning process, HEALTH formed a steering committee, which included representation from internal programs with an interest in the creation and implementation of a statewide strategic plan for breastfeeding. The committee members met and completed a Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis to better understand the current level of breastfeeding support within the state; they then used the SWOT analysis to draft an overarching goal and supporting objectives.

To apply and further the work completed by the steering committee, HEALTH brought together a larger planning group, referred to as the HEALTH Breastfeeding Strategy Team for the purpose of this plan. Through a collaborative planning process, this diverse group of community stakeholders and healthcare professionals developed this strategic plan to improve the measureable rates of breastfeeding intention, initiation, and duration in Rhode Island.

The team convened during four preliminary meetings and ten working sessions to review and refine the state's goal and objectives, identify key messages and barriers, and brainstorm strategies and tactics, and potential partners.

Potential areas for immediate improvement, identified by the HEALTH Breastfeeding Strategy Team

- Strengthening coordination and communication amongst outside agencies and organizations to eliminate overlap and inconsistency in messaging and education, which in the past has complicated efforts by HEALTH and its partners to deliver a strong and focused breastfeeding action plan
- Improving access to consistently measure data relevant to state-specific breastfeeding goals and objectives
- Building evidence-based knowledge, skills, and attitudes in regard to breastfeeding amongst health professionals in many disciplines
- Increasing community awareness of the importance of breastfeeding, and strategies for the mother to successfully reach her breastfeeding goals
- Identifying financial resources for mothers, community agencies, and organizations to support breastfeeding initiatives

Key initiatives of the HEALTH Breastfeeding Strategy Team

- Met with key stakeholders to define messages for primary and secondary audiences, and outline potential barriers at each stage of the breastfeeding lifecycle, from preconception to one year postpartum. (Note: the "Key Messages" will be released as a supplemental document to the Strategic Plan; check the Rhode Island Department of Health website for updates: www.health.ri.gov/)

- Examined and prioritized strategies and tactics to accomplish HEALTH’s goals and objectives, and identified potential partner involvement. (Note: the lists of potential partners are not inclusive; if you or your organization would like to participate in moving this Strategic Plan forward, please contact the State Breastfeeding Coordinator, Ashley Biller, at Ashley.Biller@health.ri.gov)
- Conducted a preliminary collateral assessment, and catalogued more than 50 pieces of education materials commonly distributed to prenatal and postpartum women, from different healthcare providers around the state.
- Conducted interviews with maternal healthcare providers to learn more about the current level of breastfeeding education and support being offered to patients.
- Reviewed current data sources and reports, and discussed recommendations for strengthening the state’s data collection and evaluation capabilities.



GOAL & OBJECTIVES

GOAL

Support breastfeeding intention, initiation, and duration in the prenatal and postpartum stages of childbirth.

OBJECTIVES

1: BY 2020, INCREASE THE PROPORTION OF INFANTS WHO ARE EVER BREASTFED TO 82%.

2: BY 2020, INCREASE THE PROPORTION OF INFANTS WHO ARE BREASTFED AT 6 MONTHS TO 61%.

3: BY 2020, INCREASE THE PROPORTION OF INFANTS WHO ARE BREASTFED AT 1 YEAR TO 34%.

4: BY 2020, INCREASE THE PROPORTION OF INFANTS EXCLUSIVELY BREASTFED AT 3 MONTHS TO 46%.

5: BY 2020, INCREASE THE PROPORTION OF INFANTS EXCLUSIVELY BREASTFED AT 6 MONTHS TO 26%.

6: BY 2020, REDUCE THE PROPORTION OF BREASTFED NEWBORNS WHO RECEIVE FORMULA SUPPLEMENTATION WITHIN THE FIRST 2 DAYS OF LIFE TO 14%.

7: BY 2016, INCREASE THE PROPORTION OF LIVE BIRTHS THAT OCCUR IN RHODE ISLAND FACILITIES THAT PROVIDE RECOMMENDED CARE FOR LACTATING MOTHERS AND THEIR BABIES TO 98%.

8: BY 2016, 80% OF RHODE ISLAND BIRTHING HOSPITALS WILL BE IMPLEMENTING RECOMMENDED MATERNITY CARE PRACTICES THAT ADHERE TO THE BABY-FRIENDLY™ DESIGNATION CRITERIA.

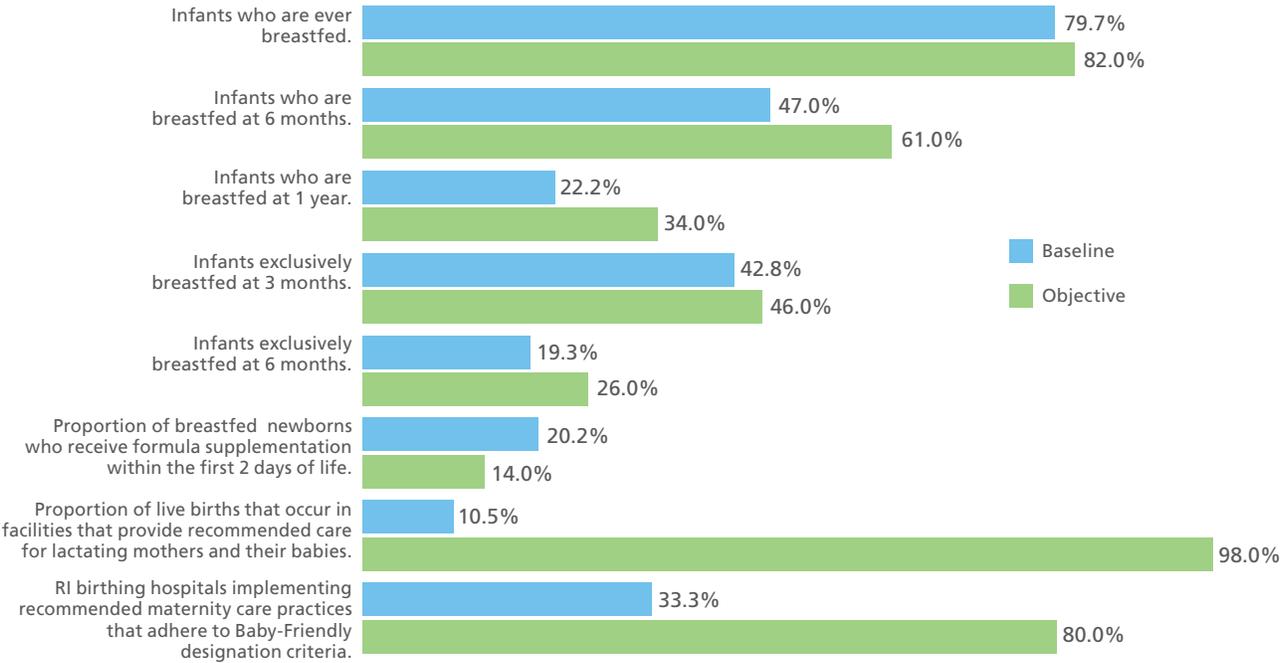
9: BY 2020, AT LEAST 38% OF EMPLOYERS IN RHODE ISLAND WILL HAVE WORKSITE LACTATION SUPPORT PROGRAMS.

10: BY 2016, ALL BREASTFEEDING MESSAGES WILL BE COORDINATED AND STANDARDIZED FOR ALL HEALTH PROGRAMS THAT WORK WITH PRENATAL AND POSTPARTUM WOMEN.

11: BY 2017, HEALTH WILL DEVELOP A CORE SET OF STANDARDS FOR BREASTFEEDING COMPETENCY AMONG ALL HEALTHCARE PROFESSIONALS AND SUPPORT STAFF THAT SEE PRENATAL AND POSTPARTUM WOMEN.

12: BEGINNING IN 2015, 20% OF HEALTHCARE CONSULTANTS WORKING WITHIN RHODE ISLAND CHILD CARE FACILITIES WILL RECEIVE ANNUAL LACTATION-SPECIFIC EDUCATION.

FIGURE 3: 2011 BASELINE DATA VS. HEALTH'S BREASTFEEDING OBJECTIVES, RHODE ISLAND



Source: 2014 Breastfeeding Report card; RI Level 1 Data; KIDSNET

STRATEGIES, TACTICS, AND POTENTIAL PARTNERS

OVERVIEW

Objectives: Adapted from Healthy People 2020’s Maternal, Infant, and Child Health Objectives for breastfeeding, in combination with state-specific objectives drafted by the HEALTH steering committee, and refined by the HEALTH Breastfeeding Strategy Team; these measurable targets will be used to monitor the state’s accomplishment of the overall goal of supporting breastfeeding intention, initiation, and duration.

Strategies and Tactics: Suggested solutions to accomplishing the Objectives, utilizing a similar framework to the Surgeon General’s Call to Action to Support Breastfeeding. HEALTH does not intend to complete these strategies and tactics alone. Support from our professional and community partners is vital in creating a comprehensive and meaningful culture around breastfeeding support. The recommended strategies and tactics are meant to influence all mothers and infants, especially those where the baby was born preterm, and infants born with special needs or who are discharged from special needs nurseries, where the benefits of a predominately human-milk based diet can have major short- and long-term health effects. (For a list of the health benefits associated with breastfeeding for high-need infants, see Appendix C.)

Potential Partners: A non-inclusive list of professional groups, organizations, and community partners, that were identified by the HEALTH Breastfeeding Strategy Team to aid in accomplishing the strategies and tactics put forth in this plan. For the purpose of this plan, “Healthcare Providers” refers to all members of the healthcare community who may have an influence over a mother’s decision to breastfeed, or in her ability to successfully meet her breastfeeding goals. (Note: If you or your organization would like to participate in moving this Strategic Plan forward, and are not represented, please contact the State Breastfeeding Coordinator, Ashley Biller, at Ashley.Biller@health.ri.gov to become involved.)



OBJECTIVES 1-5:

The following objectives aim to increase breastfeeding initiation and duration. The objectives are aligned with the Healthy People 2020 goals, which are evidence-based, ten-year national objectives for improving the health of all Americans, published by the United States Department of Health and Human Services.

Strategies and tactics, and potential partners for completing these objectives are listed below.

OBJECTIVE 1:

BY 2020, INCREASE THE PROPORTION OF INFANTS WHO ARE EVER BREASTFED TO 82% (CURRENTLY 79.7%).

Data source: CDC Breastfeeding Report Card

OBJECTIVE 2:

BY 2020, INCREASE THE PROPORTION OF INFANTS WHO ARE BREASTFED AT 6 MONTHS TO 61% (CURRENTLY 47.0%).

Data source: CDC Breastfeeding Report Card

OBJECTIVE 3:

BY 2020, INCREASE THE PROPORTION OF INFANTS WHO ARE BREASTFED AT 1 YEAR TO 34% (CURRENTLY 22.2%).

Data source: CDC Breastfeeding Report Card

OBJECTIVE 4:

BY 2020, INCREASE THE PROPORTION OF INFANTS EXCLUSIVELY BREASTFED AT 3 MONTHS TO 46% (CURRENTLY 42.8%).

Data source: CDC Breastfeeding Report Card

OBJECTIVE 5:

BY 2020, INCREASE THE PROPORTION OF INFANTS EXCLUSIVELY BREASTFED AT 6 MONTHS TO 26% (CURRENTLY 19.3%).

Data source: CDC Breastfeeding Report Card

Strategies and Tactics:

- 1. Ensure that all healthcare professionals (obstetricians/gynecologists, pediatricians, family physicians, primary care physicians, midwives, doulas, nurse practitioners, and social service workers) understand the benefits of breastfeeding and provide basic support, consistent messages, and a high standard of care for the mother and partner throughout the breastfeeding lifecycle, from prenatal to one year postpartum and beyond:**
 - Work with local colleges, universities, and medical schools to implement and improve existing breastfeeding content in undergraduate and graduate education and training for all healthcare professionals.
 - Expand learning opportunities in lactation support to all healthcare professionals by establishing an annual, statewide training, which includes practical application and a follow-up component to ensure competency and consistency across all providers within Rhode Island's healthcare system.
 - Increase statewide opportunities to provide lactation-specific continuing professional education credits for all healthcare professionals.



- Establish and incorporate minimum requirements for all maternal or child healthcare providers to receive breastfeeding education as part of the licensing and certification process.
- Expand utilization of the Educating Physicians In their Communities (EPIC) curriculum for all healthcare practices within the state.
- Create a quarterly e-newsletter, provided to all healthcare professionals and key contributors who work with women of childbearing age; include updated research around breastfeeding from reliable sources and breastfeeding rates throughout Rhode Island.

Potential Partners:

- Rhode Island chapters and sections of medical and healthcare provider professional associations
- Local colleges, universities, and medical schools
- Community-based organizations and coalitions
- Hospital administration and staff
- Healthcare providers and medical support staff
- HEALTH administrators and agency staff

2. Create a targeted public relations and marketing campaign to promote benefits, reduce barriers, and dispel myths about breastfeeding:

- Target a statewide audience, with a focus on young women, their partners, and their families, via comprehensive outreach that includes a combination of traditional media (print, TV, radio), social media, and public events.
 - Align a statewide, public campaign with World Breastfeeding Week and National Breastfeeding Month every August.
- Develop culturally appropriate campaigns and programs, targeted to specific primary and secondary audiences, including fathers and grandmothers.

- Focus campaigns on breastfeeding education for the mother's primary support network.
- Offer classes on breastfeeding that are convenient for family members to attend.
- Integrate educational materials into high school and college health curriculums.
- Work with healthcare providers to enforce the World Health Organization's (WHO) Code of Marketing Breast-milk Substitutes, and cease the practice of providing marketed products, samples, and coupons from formula companies.

Potential Partners:

- Rhode Island chapters and sections of medical and healthcare provider professional associations
- Hospital administration and staff
- Healthcare providers
- Community-based organizations and coalitions
- Rhode Island Department of Education
- HEALTH administrators and agency staff
- Statewide social service agencies
- News outlets

3. Develop systems to ensure continuity of skilled support for lactation care between birthing hospitals and healthcare settings in the community:

- Expand and create partnerships to provide continued home or clinic follow-up lactation care, post-hospital discharge.
 - Support efforts to increase the number of International Board Certified Lactation Consultants (IBCLCs) and Certified Lactation Counselors (CLCs) working within healthcare settings.
- Establish, implement and maintain policies and programs to ensure that families have services in place before discharge from the hospital.
- Develop regional lactation support centers.
 - Expand the Baby Café™ Rhode Island pilot program to provide free, drop-in breastfeeding support for all mothers throughout the state (www.babycafeusa.org).
 - Establish Rhode Island-based support through ZipMilk™ (www.zipmilk.org) or a similar electronic database.
 - Work with local pharmacy chains to integrate lactation care into the walk-in clinic/ pharmaceutical setting.

Potential Partners:

- Hospital administration and staff
- Healthcare providers
- Community-based organizations and coalitions
- HEALTH administrators and agency staff
- Statewide social service agencies
- Rhode Island pharmacies

4. Increase access to services provided by International Board Certified Lactation Consultants (IBCLCs):

- Support lactation as an essential medical service for breastfeeding mothers and infants.
 - Finalize licensure for IBCLCs within the state to provide reimbursement for services rendered, independent of their having other professional certifications or licensure.
 - Recognize lactation consulting as a medical necessity.
 - Make lactation consultants available to all lactating women.
- Adopt the United States Lactation Consultant Association's staffing recommendations for inpatient settings by developing full-time equivalent (FTE) staffing requirements for IBCLCs at all birthing hospitals.
- Work to increase the number of racial and ethnic minority IBCLCs to better mirror the population.
- Develop regionally based networks of IBCLC contacts to ensure healthcare professionals are aware of services and resources available when patients have questions or need breastfeeding support.
- Create a performance review system to hold lactation consultants more accountable for reaching breastfeeding goals.

Potential Partners:

- Rhode Island chapters and sections of medical and healthcare provider professional associations
- Hospital administration and staff
- Healthcare providers
- Community-based organizations and coalitions
- HEALTH administrators and staff

5. Partner with community-based organizations and coalitions and social service programs to promote and support breastfeeding:

- Develop new, or expand existing support and funding for nonprofit organizations that promote breastfeeding.
- Develop new, or expand existing, support systems for organizations that offer breastfeeding support.
- Integrate accurate and consistent education and support for breastfeeding in all social service agencies that serve families.
- Develop a system to provide around-the-clock access to peer counselors, skilled lactation professionals, and/or other resources that provide breastfeeding assistance to all mothers.
- Create and maintain a sustainable infrastructure to connect existing programs that offer mother-to-mother support and peer counseling in hospitals and community healthcare settings.

Potential Partners:

- Hospital administration and staff
- Community-based organizations and coalitions
- HEALTH administrators and staff
- Statewide social service programs
- Community Health Centers

OBJECTIVES 6-8:

The following objectives focus on the work completed within the hospital system around lactation support for all mothers who deliver in Rhode Island. The objectives highlight the changes associated with the Baby-Friendly™ Hospital Initiative, led by the World Health Organization (WHO) and United Nations International Children’s Emergency Fund (UNICEF), to implement best practices that protect, promote, and support breastfeeding.

Strategies and tactics, and potential partners for completing these objectives are listed below.

OBJECTIVE 6: BY 2020, REDUCE THE PROPORTION OF BREASTFED NEWBORNS WHO RECEIVE FORMULA SUPPLEMENTATION WITHIN THE FIRST 2 DAYS OF LIFE TO 14% (CURRENTLY 20.2%).

Data Source: CDC Breastfeeding Report Card

OBJECTIVE 7: BY 2016, INCREASE THE PROPORTION OF LIVE BIRTHS THAT OCCUR IN RHODE ISLAND FACILITIES THAT PROVIDE RECOMMENDED CARE FOR LACTATING MOTHERS AND THEIR BABIES TO 98% (CURRENTLY 10.5%).

Data Source: KIDSNET; Maternity Practices in Infant Nutrition and Care (mPINC)

OBJECTIVE 8: BY 2016, 80% OF RHODE ISLAND BIRTHING HOSPITALS WILL BE IMPLEMENTING RECOMMENDED MATERNITY CARE PRACTICES THAT ADHERE TO THE BABY-FRIENDLY™ DESIGNATION CRITERIA (CURRENTLY 33.3%).

Data Source: Baby-Friendly™ USA, Inc; Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, & Hospitals (BHDDH)

Strategies and Tactics:

1. Update hospital licensure regulations to include standardized lactation care and services in all patient care policies; create compliance guidelines to audit and evaluate each birthing hospital at the time of relicensing.

- Continue promotion of the Baby-Friendly™ Hospital Initiative designation for all birthing hospitals within the state.
- Use Baby-Friendly™ criteria to develop a model State Hospital Policy around breastfeeding initiation and support, to outline basic breastfeeding principles and practices that apply to the general population of nursing mothers and newborns, and establish best policy guidance for special considerations (e.g. cesarean section, multiple births, prematurity, special needs, etc.).
- Develop standardized templates to record and report breastfeeding data, to be utilized by all birthing hospitals.
- Work with non Baby-Friendly™ designated birthing hospitals to implement the Ten Steps to Successful Breastfeeding (see Appendix D); model changes after systems previously developed and implemented within Baby-Friendly™ designated hospitals within the state.
- Invite healthcare providers to tour hospitals to better educate non-hospital staff on the policy and procedural changes for the Baby Friendly™ Hospital designation.

Potential Partners:

- Hospital administration and staff
- Healthcare providers
- Rhode Island Department of Healthcare, Developmental Disabilities & Hospitals (BHDDH)
- HEALTH administrators and staff
- Community Health Centers
- Hospital Association of Rhode Island
- Baby-Friendly™ USA, Inc.

2. Develop, or recommend, breastfeeding information mobile applications for healthcare providers and community members:

- For healthcare providers: develop or recommend an application that offers evidenced-based protocols and recommendations for lactation management, assessment, drug interactions, and treatment of common maternal and infant conditions. (See the Texas mobile app for iPhone, “The Healthcare Provider’s Guide to Breastfeeding” as an example.)
- For mother and partners, and other support people (grandparents, community members, etc.): develop or recommend an application that offers evidence-based recommendations for prenatal education, lactation initiation and management, and access to local resources. (See the Coffective mobile app as an example.)

Potential Partners:

- Rhode Island chapters and sections of medical and healthcare provider professional associations
- Hospital administration and staff
- Healthcare providers
- Community-based organizations and coalitions
- HEALTH administrators and staff
- Statewide social service programs
- Hospital Association of Rhode Island



OBJECTIVES 9-12:

The following objectives have been identified as ways to increase breastfeeding duration rates for all women throughout Rhode Island, regardless of economic standing.

Strategies and tactics, and potential partners for completing these objectives are listed below.

OBJECTIVE 9:

BY 2020, AT LEAST 38% OF EMPLOYERS IN RHODE ISLAND WILL HAVE WORKSITE LACTATION SUPPORT PROGRAMS (CURRENTLY UNDETERMINED).

Data Source: The CDC Worksite Health ScoreCard: Lactation Support

Strategies and Tactics:

1. Support initiatives to increase workplace lactation accommodations.

- Expand use of the “Business Case for Breastfeeding: Steps for Creating a Breastfeeding Friendly Worksite” program, developed by the US Department of Health and Human Services, Health Resources and Services Administration to aid employers in establishing and maintaining comprehensive, high-quality lactation support programs for their employees.
- Secure funding to continue the Rhode Island “Breastfeeding Friendly Workplace Awards” which in the past has been given in partnership by HEALTH and the Rhode Island Breastfeeding Coalition to employers who implement recommended strategies to offer lactation support to all employees.
 - Upon securing funding, increase promotion of the “Breastfeeding Friendly Workplace Award” to encourage more worksites to develop programs and/or apply as award recipients to be recognized for their efforts in supporting their breastfeeding employees.
- Develop and promote innovative programs that allow mothers to directly breastfeed their babies after they return to work (e.g. businesses that establish, subsidize, and support child care centers at or near the business site).
- Support work to strengthen both the state and national laws supporting nursing working mothers, to expand benefits to all women upon returning to work, as the current federal law covers only nonexempt employees covered by the Fair Labor Standards Act (FLSA).

Potential Partners:

- Rhode Island Office of the Attorney General
- Rhode Island Chambers of Commerce
- Rhode Island Department of Labor and Training
- Society for Human Resource Management
- Community-based organizations and coalitions
- HEALTH administrators and staff
- Rhode Island Business Group on Health

2. Promote the use of “Supporting Nursing Moms at Work: Employer Solutions,” a national initiative of the U.S. Department of Health and Human Services, Office of Women’s Health. This tool addresses obstacles that breastfeeding women face when returning to work in non-office settings.

Potential Partners:

- Society for Human Resource Management
- Rhode Island Department of Labor and Training
- Community-based organizations and coalitions
- HEALTH administrators and staff
- Rhode Island Business Group on Health

3. Finalize the state's work to increase lactation support for all state staff, an interagency initiative to develop a statewide policy and guidelines for the creation of lactation accommodations within all state agencies:

- Upon completion of the interagency initiative, utilize it's policy and framework as a gold standard for employers around the state to mirror.
- Develop, or recommend, materials to educate employers about the health and economic benefits of providing more comprehensive, high-quality support for breastfeeding employees.

Potential Partners:

- Society for Human Resource Management
- All state agencies
- HEALTH administrators and staff
- Interagency Food and Nutrition Policy Advisory Council

OBJECTIVE 10:

BY 2016, ALL BREASTFEEDING MESSAGES WILL BE COORDINATED AND STANDARDIZED FOR ALL HEALTH PROGRAMS THAT WORK WITH PRENATAL AND POSTPARTUM WOMEN (CURRENTLY UNDETERMINED).

Data Source: HEALTH Collateral Assessment

Strategies and Tactics:

1. Review information about breastfeeding currently being produced or distributed by HEALTH (i.e. pamphlets, booklets, website material).

- Create prototypes, and conduct research to test updated messages and materials.
- Utilizing research findings, produce new materials that are relevant and impactful, using different mediums and targeted versions as appropriate.
- Refine HEALTH website content and links to partner sites to standardize educational information and connect Rhode Islanders to appropriate resources.

Potential Partners:

- Healthcare providers
- HEALTH administrators and staff (including the Perinatal and Early Childhood Health (PECH) team, Disability and Health Program, and Center for Public Health Communication)
- Community-based organizations and coalitions
- Statewide social service agencies

2. Develop, or recommend, a text messaging and/or email campaign to provide participants with periodical breastfeeding information and resources that are relevant to their stage within the breastfeeding lifecycle, beginning at conception through one year postpartum.

Potential Partners:

- Hospital administration and staff
- Healthcare providers
- Community-based organizations and coalitions
- HEALTH administrators and staff, including the Center for Public Health Communication
- Statewide social service agencies
- Rhode Island Parent Information Network

OBJECTIVE 11:

BY 2017, HEALTH WILL DEVELOP A CORE SET OF STANDARDS FOR BREASTFEEDING COMPETENCY AMONG ALL HEALTHCARE PROFESSIONALS AND SUPPORT STAFF THAT SEE PRENATAL AND POSTPARTUM WOMEN (CURRENTLY UNDETERMINED).

Data Source: To be developed along with core standards

Strategies and Tactics:

1. **Implement the adoption of the Core Competencies in Breastfeeding Care and Services for All Health Professionals from the United States Breastfeeding Committee (USBC), developed to provide health professionals with a guideline and framework to integrate evidence-based breastfeeding knowledge, skills, and attitudes into their standard healthcare delivery practices.**

- Align secondary audiences and influencers to understand and promote USBC core competencies in breastfeeding care and services.

Potential Partners:

- Rhode Island chapters and sections of medical and healthcare provider professional associations
- Hospital administration and staff
- Healthcare providers
- Community-based organizations and coalitions
- HEALTH administrators and staff
- Statewide social service agencies
- Community Health Centers

2. **Utilize *The Ten Steps to Successful Breastfeeding Baby-Friendly™* hospital framework to define standards for clinical practice, outside of the hospital setting, that will ensure continuity of care around breastfeeding for pregnant women and mother-baby pairs throughout the breastfeeding lifecycle:**

- Align secondary audiences and influencers to understand and promote *The Ten Steps to Successful Breastfeeding* (see Appendix D).

Potential Partners:

- Rhode Island chapters and sections of medical and healthcare provider professional associations
- Hospital administration and staff
- Healthcare providers
- Community-based organizations and coalitions
- HEALTH administrators and staff
- Statewide social service agencies
- Community Health Centers

OBJECTIVE 12: BEGINNING IN 2015, 20% OF HEALTHCARE CONSULTANTS WORKING WITHIN RHODE ISLAND CHILD CARE FACILITIES WILL RECEIVE ANNUAL LACTATION-SPECIFIC EDUCATION (CURRENTLY UNDETERMINED).

Data Source: Child Care Health Consultants Quarterly Meeting Attendance

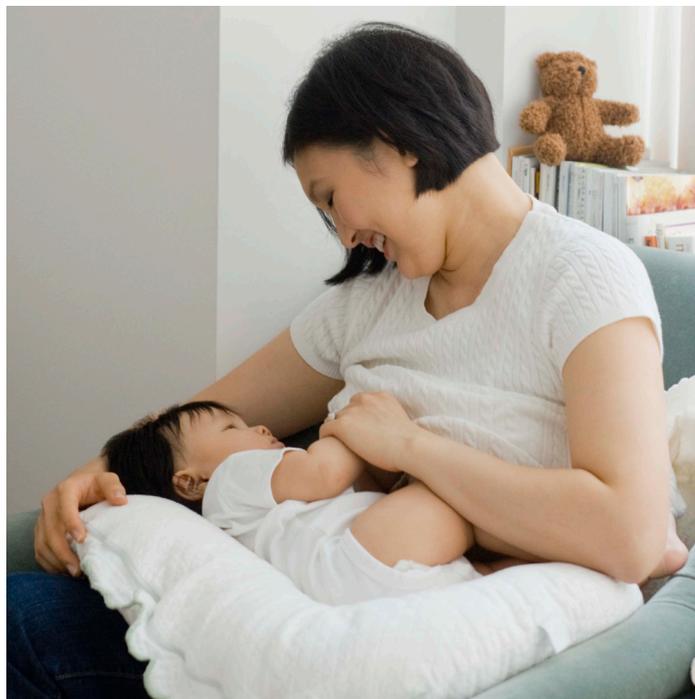
Strategies and Tactics:

1. Ensure that all child care providers accommodate the needs of breastfeeding mothers and infants.

- Evaluate and update the Child Care Health Consultants (CCHC) Breastfeeding Training to be presented by the State Breastfeeding Coordinator once annually at CCHC meetings.
- Provide support in developing breast milk handling and onsite breastfeeding policies, and lactation accommodations within all child care facilities throughout the state.
- Refine HEALTH website content and links to partner sites to standardize educational information and connect Rhode Island child care providers to appropriate resources.
- Promote the adoption of the breastfeeding standards in *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care*.

Potential Partners:

- Rhode Island Child Care Health Consultants
- Rhode Island Department of Children, Youth, and Families
- Community-based Organizations and Coalitions
- HEALTH administrators and staff
- Child care professional associations



DATA

The strategic planning process included a review of current data sources and reports, and a discussion of recommendations for strengthening the state's data collection and evaluation capabilities. A few key needs identified by the HEALTH Breastfeeding Strategy Team were:

- More clearly defined categories for data collection with easier access to current, statewide breastfeeding data
- The establishment of transparent, accountable public reporting of breastfeeding information throughout Rhode Island

As HEALTH works to accomplish the objectives set forth in this strategic plan, we will establish a review committee consisting of HEALTH staff, healthcare providers, and community partners from across the state. This committee will provide the opportunity for quarterly data review, to allow for the identification of areas throughout Rhode Island that need intervention, and opportunities to further discuss strengthening the state's data collection capabilities.



CONCLUSION

The audience for this plan encompasses individuals with an interest in the health and future of Rhode Islanders, including breastfeeding supporters, leaders, administrators, advocates, policy makers, healthcare providers, and public health professionals. This plan is to be used as a guide to acknowledge and correct deficiencies, and enhance the supports that currently exist in Rhode Island for breastfeeding education and support. By working together, we will be able to maximize the breastfeeding support and education available to all Rhode Island families. The 2015-2020 Rhode Island Breastfeeding Strategic Plan will ultimately help to achieve optimum health outcomes for all mothers, infants, and young children in Rhode Island.



DATA RESOURCES

Baby-Friendly USA, Inc. – The Baby Friendly Hospital Initiative (BFHI) is a global initiative launched by the World Health Organization (WHO) and the United Nations International Children’s Emergency Fund (UNICEF) in 1991 to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding. It recognizes and awards birthing facilities who successfully implement the *Ten Steps to Successful Breastfeeding* and uphold the WHO International Code of Marketing of Breast-milk Substitutes.

KIDSNET – The Rhode Island Department of Health’s confidential, computerized child health information system, which serves families, pediatric providers, and public health programs in facilitating the collection and appropriate sharing of health data for the provision of timely and appropriate preventive health services and follow up.

Maternity Practices in Infant Nutrition and Care (mPINC) – a national survey of maternity care practices and policies that is conducted by the Centers for Disease Control and Prevention (CDC) every two years. The survey is administered to all hospitals and birthing centers with registered maternity beds in the United States and Territories.

Pregnancy Risk Assessment Monitoring System (PRAMS) – a surveillance project of the CDC and state health departments; collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.

Rhode Island KIDS COUNT – Rhode Island KIDS COUNT is a statewide children’s policy organization dedicated to improving the health, education, economic well-being and safety of Rhode Island’s children. Rhode Island KIDS COUNT collects and disseminates data on the well being of Rhode Island’s children and advocates for and facilitates the development of responsive policies and programs.

The Centers for Disease Control and Prevention Breastfeeding Report Card – provides state-by-state data so that health professionals, employers, business owners, community members, and family members can work together to protect, promote, and support breastfeeding. The Report Card indicators measure types of support in key community settings as well as the most current data on the breastfeeding goals outlined in Healthy People 2020.

The Surgeon General’s Call to Action to Support Breastfeeding – a published report identifying specific steps people can take to participate in a society-wide approach to support mothers and babies who are breastfeeding. This report aims to increase the public health impact of everyone’s efforts, reduce inequities in the quality of healthcare that mothers and babies receive, and improve the support that families receive in employment and community settings.

APPENDIX A: REFERENCES

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APPENDIX B: ABBREVIATIONS

BFHI:	Baby-Friendly Hospital Initiative
BHDDH:	The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
CCHC:	Child Care Health Consultants
CDC:	The Centers for Disease Control and Prevention
CLC:	Certified Lactation Counselor
DCYF:	Rhode Island Department of Children, Youth, and Families
EPIC:	Educate Physicians in their Communities
FLSA:	Fair Labor Standards Act
FTE:	Full-time Equivalent
HEALTH:	Rhode Island Department of Health
IBCLC:	International Board Certified Lactation Consultant
MPINC:	Maternity Practices in Infant Nutrition and Care
NEC:	Necrotizing Enterocolitis
PECH:	Rhode Island Department of Health's Perinatal and Early Childhood Health Team
PRAMS:	Pregnancy Risk Assessment Monitoring System
RSV:	Respiratory Syncytial Virus
SIDS:	Sudden Infant Death Syndrome
SWOT:	Strengths, Weaknesses, Opportunities, and Threats
UNICEF:	United Nations International Children's Emergency Fund
USBC:	United States Breastfeeding Committee
WHO:	World Health Organization
WIC:	Special Supplemental Nutrition Program for Women, Infants, and Children

APPENDIX C: BENEFITS OF BREASTFEEDING

Health Benefits for Mothers:

Breastfeeding has been shown to have the following short- and long-term health benefits for mothers³:

- More rapid involution of the uterus after delivery
- Increased child spacing, secondary to lactational amenorrhea
- Decrease in:
 - Amount of postpartum blood loss
 - Development of postpartum depression
 - Child abuse and neglect (perpetuated by the mother)
 - Type 2 Diabetes Mellitus
 - Hypertension
 - Hyperlipidemia
 - Cardiovascular Disease
 - Breast (primarily premenopausal) Cancer
 - Ovarian Cancer
 - Rheumatoid Arthritis

Health Benefits for Infants:

Breastfeeding provides optimal nutrition for infant growth and development and decreases overall infant mortality and morbidity.² Breastfeeding lowers the risk of the following adverse health conditions, when compared with feeding commercial infant formula³:

- Acute Lymphocytic Leukemia
- Acute Myeloid Leukemia
- Adolescent and Adult Obesity
- Allergic Disease: Asthma, Atopic Dermatitis, and Eczema
- Celiac Disease
- Gastrointestinal Tract Infections (nonspecific)
- Inflammatory Bowel Disease (childhood)
- Lower Respiratory Tract Infections
- Otitis Media (Ear Infections)
- Necrotizing Enterocolitis (NEC)
- Respiratory Syncytial Virus (RSV) Bronchiolitis
- Sudden Infant Death Syndrome (SIDS)
- Type 1 Diabetes Mellitus
- Type 2 Diabetes Mellitus

Health Benefits for High-need Infants:

Providing a predominately human-milk diet for preterm infants has several significant beneficial short- and long-term effects¹²:

- Fewer hospital readmissions for illness in the year after Neonatal Intensive Care Unit (NICU) discharge
- Decreased rates of:
 - Sepsis
 - NEC
 - Infant mortality
 - Long-term growth failure
 - Neurodevelopmental disabilities
 - Retinopathy of prematurity
 - Metabolic syndrome
 - Blood pressures, and low-density lipoprotein concentrations
- Increase in:
 - Intelligence test results, white matter and total brain volume
 - Mental, motor, and behavior ratings
 - Leptin and insulin metabolism rates

Babies born with special needs, such as Down syndrome, cleft lip and/or palate, cardiac problems, cystic fibrosis, or neurological impairments, need the benefits of human milk even more than other babies¹⁰:

- The perfect nutrition and immunological benefits of breast milk keeps babies as healthy as possible, so they are better able to gain weight, and be strong for any surgeries or treatment needed.
- Breast milk is easily digestible and better for the health of babies with heart problems or cystic fibrosis, who may have trouble gaining weight.
- Breast milk is less irritating to the body's tissue and mucous membranes of a baby with a cleft lip and/or palate, than commercial infant formulas.
- Breast milk will help protect the baby with Down Syndrome from the respiratory infections and bowel problems he or she may be prone to.
- The muscles used during breastfeeding facilitate normal development of the baby's mouth and face, as well as tongue coordination, which promotes normal speech and language development later in life.
- The special bond and breastfeeding hormones may help keep moms calmer and more in touch with their babies.

APPENDIX D: THE TEN STEPS TO SUCCESSFUL BREASTFEEDING

- 1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.**
- 2. Train all healthcare staff in the skills necessary to implement this policy.**
- 3. Inform all pregnant women about the benefits and management of breastfeeding.**
- 4. Help mothers initiate breastfeeding within one hour of birth.**
- 5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.**
- 6. Give infants no food or drink other than breast milk, unless medically indicated.**
- 7. Practice rooming in—allow mothers and infants to remain together 24 hours a day.**
- 8. Encourage breastfeeding on demand.**
- 9. Give no pacifiers or artificial nipples to breastfeeding infants.**
- 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.**

Note: The *Ten Steps to Successful Breastfeeding* were developed by a team of global experts and consists of evidence-based practices that have been shown to increase breastfeeding initiation and duration. Baby-Friendly™ hospitals and birthing facilities must adhere to the Ten Steps to receive, and retain, a Baby-Friendly™ designation.¹³



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