Nurture Columbus: Who, What, Why?

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## Objectives

<table>
<thead>
<tr>
<th>Recognize</th>
<th>Identify</th>
<th>Understand</th>
<th>Describe</th>
<th>Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasons why a baby breastfeeds, as well as maternal and infant advantages</td>
<td>Associated healthcare cost savings and current breastfeeding recommendations</td>
<td>How current Ohio breastfeeding rates are correlated with infant mortality; and how societal barriers and risk factors lead to difficulty in breastfeeding</td>
<td>Who is who in breastfeeding care and how home-based lactation care can improve population health</td>
<td>Solutions for improving access to care and bridging socioeconomic and racial disparities</td>
</tr>
</tbody>
</table>

Nurture Columbus Lactation and Physical Therapy Services®
Why does a baby breastfeed?

1. Nourishment uniquely made for them
2. Emotional attachment and comfort
3. Strength/development
Advantages of Breastfeeding for Baby...

- Decreased risk:
  - Illness
  - Infection
  - Hospitalization
  - Cancers
- Oral and motor development
- Cognitive and emotional benefits
Advantages of Breastfeeding for Mother...

- Decreased risk:
  - Cancer
  - Diabetes
  - Heart disease
- Mental Health
  - Lower occurrence of PPD/PPA
  - Better sleep
“An ounce of prevention is worth a pound of cure”
Healthcare Cost Savings

If 90% of families exclusively breastfed for 6 months

900 infant deaths could be prevented

$13 billion in savings

Reduced ear infections, gastrointestinal infections, WIC funding for formula, etc
Recommendations

World Health Organization

- Exclusive breastfeeding for first 6 months
- Breastmilk as primary source of nutrition for first year
- Breastfeeding at least 2 years and then until mutually desired

American Academy of Pediatrics

- Exclusive breastfeeding for first 6 months
- Breastfeeding combined with introduction of complementary foods until at least 12 months
- Continuation of breastfeeding as long as mutually desired
Breastfeeding Rates and Infant Mortality

States with higher breastfeeding rates have lower infant mortality rates.

Ohio ranks 41st in infant mortality with breastfeeding rates below national average.

Increasing breastfeeding rates can reduce infant mortality.

Eat Local Breastfeed #COBC614

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Societal Barriers

60% of women
Not achieving goals
Access to support

Toxic Stress, Racism
Culture
Public Stigma

Healthcare System
Provider Education
Nutrition System

Economic
Paid Leave
Childcare

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Risk Factors for Difficulty

- Maternal Medical
  - Previous difficulty
  - Birthing interventions
  - Birthing complications
  - Infertility
  - ↓ breast growth (puberty, pregnancy)
  - Medical history (GDM, PCOS, thyroid)
  - Breast surgery

- Infant Medical
  - <37 weeks
  - Low birth weight
  - Medical complications
  - NICU
  - Multiples
  - Weight loss
  - Absent, delayed reflexes

- Infant Environment
  - Separation
  - Donor milk or formula
  - Anatomy: jaw, tongue tie
  - Decreased output
  - Decreased milk transfer

- Maternal Environment
  - Social/cultural
    - First baby
    - Anatomy: flat, inverted nipples
    - Unable to hand express colostrum/milk
    - Breastfeeding aides: Pump/nipple shield/SNS
Who’s Who in Breastfeeding Support and Lactation Care?

1. **PEER**
   La Leche League (LLL); Women, Infant and Children (WIC) Peer Counselor

2. **CERTIFIED**
   Certified Lactation Counselor (CLC), Certified Lactation Educator (CLE)

3. **PROFESSIONAL**
   International Board Certified Lactation Consultant (IBCLC)
IBCLC Home Visit

- History
- Establish expectations and goals
- Baby assessment
- Mother assessment
- Observation of a feeding
- Pre and post feed weight
- Care plan development
- Referral to other specialists as needed
- Pediatrician and OB/GYN progress report
Case Study - Baby E

1. 1st Baby, born at 40 weeks, 2 days, via planned c-section due to breech presentation
2. Risk factors: breech, c-section, medicated birth, painful latch, pumping, nipple shield, transportation
3. Referred by doula at 4 days of age as “last try before switching to formula”
4. 3 home visits over 1 week to assist with positioning and breastmilk transfer measurement to safely transition to exclusive breastfeeding without shield or pumping
5. Update: growing well, exclusively breastfeeding at 2 months
Solutions

- Human Milk for Human Babies - Continuity of Care
- Insurance accountability consistent with ACA provision
- Healthcare provider education - AAP, ACOG initiatives
- Collaboration: ODH, OHA, AAP, OLCA...
Bridging the gap

What we are doing:
- Physician Reports and joining clients for visits
- Follow-up Resources
- Offering discounted consultations
- Advocacy work for paid leave and Medicaid coverage

Where we want to go:
- Hospital discharge lactation measurement to triage for needed in-home lactation support
- Insurance coverage for all
- Standard of care
What you can do!

Recognize

Reasons why a baby breastfeeds, as well as maternal and infant advantages

Identify

Associated healthcare cost savings and current breastfeeding recommendations

Understand

How current Ohio breastfeeding rates are correlated with infant mortality; and how societal barriers and risk factors lead to difficulty in breastfeeding

Describe

Who is who in breastfeeding care and how home-based lactation care can improve population health

Know

Solutions for improving access to care and bridging socioeconomic and racial disparities

Research shows family, peer, community, and healthcare provider support is key to helping families plan to breastfeed and overcome challenges.
Resources

OhioHealth Mothers’ Milk Bank

United States Lactation Consultant Association

Black Mamas Matter Alliance

International Lactation Consultant Association

Ohio Breastfeeding Alliance

American Academy of Pediatrics, Ohio Chapter

Centering® Healthcare Institute

La Leche League of Ohio
“Breastfeeding is the most precious gift a mother can give her infant. If there is illness or infection, it may be a life-saving gift. If there is poverty, it may be the only gift.”

Dr. Ruth Lawrence
Pediatrician and Founder of the Academy of Breastfeeding Medicine
Home-Based Lactation Care

System Integration for Better Population Health and Cost Effectiveness

April 18, 2019
Healthcare Collaborative of Greater Columbus
5. Australian Association for Infant Mental Health Inc. Position Paper 2: Responding to Babies’ Cues September 2006
7. cosleeping.nd.edu Professor James McKenna, Anthropologist, University of Notre Dame