Step 10

Goal: To assure that mothers are prepared for discharge, are linked to ongoing breastfeeding support and are informed about available resources for the establishment and maintenance of breastfeeding.

Background

In the weeks or months after a baby's birth, there is often a sharp decline in exclusive breastfeeding. In Texas, among children born in 2007, only 43 percent were breastfed at six months of age, and only 22 percent were breastfed for a full year. Exclusive breastfeeding rates are even lower, with only 28 percent of infants exclusively breastfeeding at three months postpartum, and only 11 percent of infants exclusively breastfeeding at six months.[1] The main reason given by Texas mothers for introducing supplements or for stopping breastfeeding is a belief that they are not producing enough milk. Because most mothers are physiologically equipped to produce sufficient amounts of milk to meet the demands of their infants,[2] it is likely that a lack of appropriate ongoing support is a more common underlying factor. Other leading reasons for supplementation or cessation of breastfeeding include difficulty or discomfort with feeding and return to work or school.

Continued breastfeeding support may be provided in a variety of ways. Many mothers will not seek help from formal healthcare services for difficulties with breastfeeding but will turn to their communities for support. For many, a woman's family and loved ones give her the support she needs, although sometimes the assistance she is given does not optimally support breastfeeding. For women who don't have a strong extended family network, the support from healthcare workers, from friends who are also mothers and from the child's father become more important. Mother-to-mother support groups, peer counselors and other forms of informal support have also been instrumental in many communities for breastfeeding promotion.

DIGIROLAMO AND COLLEAGUES FOUND THAT AMONG MOTHERS WHO INTENDED PRENATALLY TO BREASTFEED FOR AT LEAST TWO MONTHS AND WHO INITIATED BREASTFEEDING, THOSE WHO DID NOT RECEIVE INFORMATION ABOUT BREASTFEEDING SUPPORT GROUPS OR SERVICES PRIOR TO DISCHARGE HAD INCREASED ODDS OF DISCONTINUING BREASTFEEDING PRIOR TO SIX WEEKS POSTPARTUM.

Why Step 10?

It's difficult to ensure that mothers will continue to breastfeed exclusively after they leave the birthing facility. Mothers are commonly discharged one or two days after delivery, before the establishment of breastfeeding. During this small window of time, it is important to consider what mothers will do after discharge. Fostering support networks for breastfeeding and linking families to those networks at hospital discharge facilitates successful transition from the hospital to the community.

Protection and promotion of breastfeeding in the birthing facility are critical for achieving recommended infant-feeding outcomes. Steps 1 through 9 help ensure that families get off to a solid start with breastfeeding. But commitment to fostering community networks is equally critical to ensure that every mother who plans to breastfeed will have ready access to the support she needs to achieve her personal breastfeeding goals and to breastfeed her baby for as long as she is able or wishes.[5-6] Step 10 is instrumental for helping breastfeeding families make a smooth transition from the hospital into the community and for sustained breastfeeding.

Step 10 helps families gain the support to confidently navigate common challenges that may arise in the normal course of parenthood, such as adjusting to a new family structure and life with a newborn, handling well-meant but inaccurate or misplaced advice from family or friends, establishing and maintaining a copious milk supply, cluster feeding and growth spurts, maternal or infant illness, fussiness, teething, spitting up, breastfeeding in public, combining breastfeeding and work, introducing a bottle, introducing complementary foods and so on. Step 10 also increases the likelihood that issues requiring more intensive help will be detected and promptly addressed in order to avoid poor outcomes.

Carrying out Step 10 benefits your facility by enhancing:

1. **Safety:** Counseling, demonstration and education can often easily correct inadequate milk exchange (baby not getting enough breastmilk) due to poor latch or positioning or insufficient breastfeeding opportunities. Difficulties resulting from an underlying physiological problem of either mom or baby may require more intensive intervention. Regardless of the reasons for problems when they occur, consequences of ineffective breastfeeding can be significant if left uncorrected and include hyperbilirubinemia, hypernatremic dehydration and failure to thrive.[7] The impact of these outcomes of poor infant feeding can be averted or reduced with early postpartum follow-up.[8-14]

   Mastitis, an infection of the breast related to ineffective emptying of the breast, can almost always be prevented with skilled help and appropriate follow-up support. Early detection and treatment of mastitis can prevent a more serious infection, such as breast abscess.[15]

   Failed lactation and early weaning, which may be averted by appropriate, accessible postpartum support, are significant safety concerns. For example, a recent cost analysis of sub-optimal breastfeeding in the United States conservatively estimated that $13 billion and more than 900 lives could be saved per year if exclusive six-month breastfeeding rates increased to 90 percent from current status.[16] Reassurance, reinforcement, access to accurate information and ongoing support can go a long way to increase exclusive breastfeeding rates.

   Beyond detecting feeding problems that may occur in the early postpartum period, ongoing support can detect and remediate other issues that may negatively impact breastfeeding and infant health outcomes, including maternal depression, poor social support and unsafe handling or administration of infant formula if weaning or replacement feeding has begun. Labiner and colleagues reported in a large survey about infant feeding practices in the United States that more than half of mothers engaged in unsafe practices when handling infant formula.

2. **Effectiveness:** Fostering and linking patients to postpartum-support systems in the community is evidence-based care. Numerous studies demonstrate that postpartum support for breastfeeding can have a significant impact on breastfeeding duration and exclusivity.

3. **Patient Centeredness:** Assess each patient's infant-feeding needs and available support system prior to discharge, involving key family members in the assessment when possible. Doing this, along with facilitating access to quality, culturally relevant professional and peer support upon discharge, maximizes the likelihood that families will have their individual needs met, including achievement of their personal infant-feeding goals.

4. **Timeliness:** Timeliness is not just a matter of convenience with postpartum breastfeeding support. Access to timely support can avert a range of problems, from unnecessary discomfort related to poor latch or engorgement to urgent medical conditions requiring immediate re-hospitalization. Timely support can also mean the difference between the establishment of an abundant milk supply and failed lactation. When facilities are actively engaged in developing postpartum breastfeeding support groups and services, they are better able

to promote linkages between their patients and these services, increasing timeliness.

5. **Efficiency:** Continuity of care, as well as effectiveness, is enhanced when support begins in the prenatal period and is continued through the postnatal period. Continuity is also enhanced by establishing communication and systems of referral and counter-referral among the different support programs available in a community. When patients know how to access care in a timely manner, problems are less severe and fewer resources (e.g., time, medications, human resources) are needed to resolve them.

ALL WOMEN SHOULD HAVE ACCESS TO EFFECTIVE SUPPORT.

A Mother's Needs May Be Greater If She:

- Cares for multiple children.
- Has a demanding schedule.
- Is a first-time mother.
- Experiences problems feeding her baby.
- Requires day care.
- Is isolated from others.
- Receives inconsistent information from many people.
- Has health problems or has a baby who is ill.

6. **Equity:** Increasing access to relevant postpartum support is an important strategy for closing socioeconomic gaps in breastfeeding rates. Peer support, including mother-to-mother support groups and peer counseling, can be individually tailored to address the diverse needs of populations in a culturally competent way. For example, peer counseling programs have been effective in a variety of settings to close gaps in breastfeeding duration and exclusivity in populations with breastfeeding disparities.[18-24]

Evidence for Efficacy

Numerous studies have found that support after discharge can be effective in sustaining duration and exclusivity of breastfeeding.[25-28]

- The Centers for Disease Control and Prevention (CDC) recognize peer and professional support as evidence-based interventions that are important strategies for improved breastfeeding outcomes.[29]
- The CDC includes active follow-up after discharge as a key hospital practice supportive of breastfeeding in their National Survey of Maternity Practices in Infant Nutrition and Care (mPINC).[30]
- Based on a systemic evidence review and meta-analysis, the US Preventive Services Taskforce recommends combining multiple strategies for the promotion of breastfeeding, including formal education for mothers and families, direct breastfeeding support, breastfeeding training for healthcare professionals and peer support.[31]
- Interventions that begin prenatally and continue into the postnatal period after hospital discharge were found to be most successful at increasing breastfeeding duration.[31]
- Face-to-face support appears to be more effective than phone support.[32]

Implementation Strategy

Postpartum support is needed to:

- Maintain exclusive and continued breastfeeding.
- Teach alternate methods of feeding when breastfeeding is not possible.
- Introduce appropriate complementary feeding after the child is six months old.

Different types of support are more feasible and effective in some communities than others. This step may be interpreted to include all forms of ongoing support that may be available or that can be developed to address the community-specific needs of breastfeeding families.

Few things impact health behaviors and outcomes more than the environments in which people live, work and play. Continued day-to-day support for the breastfeeding mother within her home and community is ***key*** to successful breastfeeding.

Skilled support might be needed to continue feeding an ill child. This support can be provided by the pediatric department of the hospital, the mother's primary care facility and by a variety of other trained healthcare workers in the community.

Supporting feeding at every opportunity should be a goal of all healthcare workers who come into contact with a new mother. This needs to be continuous from pregnancy through early childhood and should not be directed solely toward the mother but toward family members as well. Throughout the process, staff should show respect for the mother's and family's beliefs and ideas.

Preparation: Getting ready to prepare mothers for discharge

Action steps for implementing Step 10 include:

1. Foster their development and success.

- Actively work to develop, foster and/or coordinate with community services that provide support for infant feeding. Include:
  - ❑ Trained healthcare professionals.
  - ❑ Professionals offering home visits.
  - ❑ Community healthcare services.
  - ❑ Follow-up telephone calls.
  - ❑ Outpatient breastfeeding clinics.

- Establish strong liaisons and communication, including a system of referral and counter-referral, with community-support resources to enhance continuity of care.
- Coordinate with mother-support groups to have them talk with mothers before they are discharged. This can be done individually with each mother or in a group setting such as in a lactation clinic.
- Train hospital staff to organize and facilitate mother-support groups. Once established, identify and encourage group leaders.
- Host and promote continuing education opportunities, including DSHS breastfeeding trainings, to healthcare professionals in your community to increase their knowledge and skill in supporting breastfeeding.

2. Identify and maintain an active directory of recommended resources.

- Maintain a comprehensive list of available community resources for breastfeeding support. Include:
  - ❑ Peer counselor programs (e.g., Texas WIC Peer Counselor Program; hospital-based peer counselor program).
  - ❑ Breastfeeding support groups or parenting support groups with a breastfeeding component.
  - ❑ One-on-one support resources, such as lactation consultants.
- Make the list of breastfeeding support resources readily available to mothers, families and the community.
- Ensure that resources and contact information are kept up-to-date (e.g., assign a committee staff member to be responsible for quarterly or annual review of resources.)

3. Refer mothers and their families to support resources.

- Refer all breastfeeding mothers to appropriate support resources for help with breastfeeding after hospital discharge. Ideally, a healthcare professional will go through this information with a mother in a one-on-one meeting. Giving written materials without verbal instruction has been shown to be ineffective. Include:
  - ❑ Contact phone numbers, e-mail addresses and websites as available.
  - ❑ Local and national voluntary breastfeeding support groups and counselors offering after-hours help.
  - ❑ Community-based breastfeeding support resources, such as health clinics and nonprofit groups. These can often be located through WIC groups and the La Leche League.

PRIOR TO DISCHARGE, ALL BREASTFEEDING INFANTS ARE SCHEDULED FOR TIMELY FOLLOW-UP VISITS WITH THEIR HEALTHCARE PROVIDER PER THE RECOMMENDATIONS OF THE AMERICAN ACADEMY OF PEDIATRICS (AAP) AND THE ACADEMY OF BREASTFEEDING MEDICINE (ABM)

"All breastfeeding newborn infants should be seen by a pediatrician or other knowledgeable and experienced healthcare professional at three to five days of age as recommended by the AAP."[33]

- Develop individualized care plans for mothers and babies with identified risk factors for feeding difficulties that include follow-up via support resources.
- Provide referrals early in postpartum instead of just before hospital discharge. The mother needs time to think things over and ask questions prior to discharge.
- Teach families to recognize the signs of successful breastfeeding and learn how to access support for infant feeding after discharge.
- Be sure to provide support references to families with babies in a neonatal unit. Explain that support can be available to them even if their baby is not yet at home.

4. Follow up with families after discharge to ensure continuity of care.

- Follow up in a timely and structured manner (e.g., schedule the first visit within a week).
- Cooperate with related support and healthcare professionals to enable effective handover of care: Developing a "handoff tool" with key information about maternal and infant health status that can be sent with the patients to their care providers after discharge is one way to increase continuity of care.

Implementation: Best practices for success

Before the mother leaves the maternity facility, she should:

- Feel confident that she knows how to feed her baby.
- Understand the importance of exclusive breastfeeding for approximately six months and continued breastfeeding after the introduction of complementary foods.
- If she is feeding her infant formula at discharge, she should know how to obtain infant formula and prepare the formula in a safe manner.
- Know the signs that feeding is going well. (See Step 5)
- Be informed about how to access ongoing support.

Before the mother is discharged:

- Talk with her about what family support she has at home.
- If possible, talk with her family members about how they can help and provide her with support.
- Have the family schedule a follow-up appointment with their baby's healthcare provider. Breastfeeding should be observed at the follow-up visit.
- Give her the name and number of someone she can call after discharge for breastfeeding help, support and/or referral. Be sure she knows how to contact a healthcare professional who can help with breastfeeding if needed.

- Tell her about any mother-to-mother support groups or peer support available in her area.
- Review the key points of how to breastfeed and the practices that support breastfeeding, and review the signs that breastfeeding is going well.
- Providing written materials that reinforce the verbal instruction may be useful for families to refer to at a later time.
- If possible, contact the mother after she is home to follow up about how feeding is going.

If a mother starts using replacement feedings (replacing any or all breastfeeding with infant formula-feeding), it is important that she receive appropriate guidance on how to safely prepare and use the infant formula and be provided with support and assistance if she chooses to change her feeding options at any time.

Connecting mothers to ongoing breastfeeding support

When support systems, including referral and counter-referral, are established, peer counselors, mother-to-mother support groups and even families and friends can be key to the early identification of concerns and to linkage with the healthcare system. Early and regular postpartum follow-up with adequately trained, qualified healthcare professionals assures that problems with breastfeeding are identified and actively managed in a timely manner. Follow-up also assures that effective infant-feeding behaviors are encouraged, reinforced and supported.

Communication, cooperation and collaboration among healthcare workers based in different birthing facilities, ambulatory care settings and community health services can greatly increase access to support through shared resources, as well as continuity of care, as women and infants move between different care settings. Participation in state and local breastfeeding coalitions can strengthen communication across settings.

"Prior to discharge, appointments should be made for (a) an office or home visit, within three to five days of age, by a physician, midwife, or a physician-supervised breastfeeding-trained licensed healthcare provider and (b) the mother's six-week follow-up visit to the obstetrician or family physician who participated in the delivery of the baby. Infants discharged before 48 hours of age should be seen by 96 hours of age."[34]

All mothers should have access to feeding-support services that include healthcare professionals, lactation consultants and peer groups.

Women who have stopped breastfeeding prematurely (e.g., because they were unable to meet their personal breastfeeding goals) should be counseled to discuss what barriers they encountered and their feelings about their breastfeeding experience so that subsequent infant-feeding experiences aren't negatively impacted.

Mothers of ill or preterm infants should receive consistent and intensive support geared toward their needs to ensure that lactation is maintained and that they are supported with breastfeeding and/or expression of breastmilk to meet their infants' nutritional needs. Ideally, support should include care coordination to assist with access to appropriate equipment (e.g., a hospital-grade double electric breast pump), travel, accommodation and logistical support, as needed. In addition, donor breastmilk should be promoted as the preferred method of infant feeding if the mother's own breastmilk is not available.

All mothers should receive appropriate information about what, when and how to introduce complementary foods to meet their children's evolving nutritional needs, as well as information about how to continue breastfeeding for at least one or two years and beyond, along with adequate complementary feeding.

Community Resources

It can be difficult for hospitals to establish community groups. Healthcare workers in the community might be a better option and should be encouraged by the hospital. This support should include hospital-sponsored training and continued collaboration to help build an effective and educated group. Upon discharge, mothers should be referred to these community groups, and in turn, the hospital should accept referrals concerning mothers who have needs the community group cannot meet.

Facilities should be knowledgeable about the types and qualities of available support and help mothers access the support they need. In communities where support does not exist, facilities should develop appropriate support services.

The first step in assuring access to community support is ensuring that families have a good understanding of normal infant feeding, as well as to recognize warning signs for when mothers may need assistance.

Appropriate anticipatory guidance prior to discharge helps families know when they should access follow-up support without delay. Refer to *Step 5, Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants* for details on what to discuss with families prior to discharge.

Support by Trained Healthcare Professionals Outside of the Facility

When mothers' needs extend beyond the scope of normal breastfeeding support, support from International Board Certified Lactation Consultants (IBCLCs) or other healthcare professionals with special training in breastfeeding management should be accessible. It is important for healthcare services to connect with communities to help women access the appropriate level of support for their needs and to provide continuity of referral and counter-referral for breastfeeding services and support.

Involvement of the healthcare sector is necessary for the sustainability of community-based breastfeeding support.[37] In addition to providing timely follow-up and periodic care of infants and mothers, healthcare providers can do much to support breastfeeding in the community, by:

- Encouraging development of systems of referral and counter-referral and communicating with IBCLCS and other trained healthcare professionals about establishing care plans.
- Providing feedback to La Leche League leaders, peer counselors and WIC staff when they refer infants with feeding difficulties.
- Forming and facilitating breastfeeding support group meetings to educate about and support breastfeeding and healthful infant-feeding practices.
- Encouraging the integration of healthful infant-feeding practices into other community groups that impact women.
- Participating in and supporting the work of state and local breastfeeding coalitions.
- Educating peers and the community in the promotion and support of breastfeeding through the media, grand rounds, professional conferences, community meetings and other venues.
- "Walk the talk": Incorporating consistent protection, promotion and support of breastfeeding and optimal infant and young child-feeding practices into daily work and in communications with families, care providers and peers.
- Creating breastfeeding-friendly offices and healthcare centers (Refer to the American Academy of Pediatrics' Ten Steps to Support Parents' Choice to Breastfeed Their Baby

EFFORTS THAT CARRY FROM PRENATAL THROUGH POSTNATAL

Support services should also be promoted to women during pregnancy. Pregnant women who know that support will be available postpartum may be more confident in the decision to breastfeed. Support that begins during pregnancy (as part of Step 3) and extends into the postpartum period appears to be the most effective at increasing breastfeeding duration.[35-36]

and the Academy of Breastfeeding Medicine's Protocol 14: Breastfeeding-Friendly Physician's Office. Additional resources are available in the Resources section.)

Any time a healthcare professional is in contact with a mother and young child is an opportunity to support the mother in feeding and caring for her baby. Healthcare professionals who do not feel confident in their abilities to provide support can refer to community resources where they exist. Healthcare providers can also increase and update their knowledge and skills in breastfeeding support through a variety of training opportunities.

All breastfeeding infants should be seen by a pediatrician or other trained, licensed healthcare professional within the first three to five days of life to assess breastfeeding. This check should include:

- Observation of breastfeeding.
- Identification of risk factors.
- Assessment for latch, milk exchange and frequency of feedings.
- Assessment of infant health status related to feeding, including weight, hydration, jaundice and output.
- An opportunity for families to ask questions and express concerns.

Breastfeeding should be promoted at each subsequent ambulatory visit (e.g., two to three days postpartum and so on). Family planning, along with breastfeeding, should also be addressed at the mother's six-week postpartum visit.[40-42]

Lactation Consultants

Women with breastfeeding difficulties should also have timely access to expert breastfeeding help and support with IBCLC or another healthcare professional with equivalent training and experience. Lactation clinics, staffed by an IBCLC, can be established by hospitals or within ambulatory care settings so that trained staff are easily accessible. Group clinics may also be held so that mothers can share experiences and mutual support.

Mother-to-Mother Support Groups and Trained Peer Counselors

Support from a social network of other women is appealing in many communities because it is similar to familiar patterns of seeking help or advice from family and friends. In addition, it may be easier for some women to seek support in a peer environment in which they can both give *and* receive help.

All breastfed infants should receive post-discharge follow-up with their pediatrician or other trained healthcare provider within forty-eight hours after discharge.[38]

"The AAP Section on Breastfeeding, American College of Obstetricians and Gynecologists, American Academy of Family Physicians, Academy of Breastfeeding Medicine, World Health Organization, United Nations Children's Fund and many other health organizations recommend exclusive breastfeeding for the first six months of life."[43]

TIPS FOR MOM

The Centers for Disease Control and Prevention has used the number of La Leche League's per one thousand live births as an indicator for mother-to-mother support in their 2008 and 2009 United States Breastfeeding Report Cards. La Leche Leagues stated mission is "to help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education, and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother."[49] La Leche League leaders are trained and accredited volunteer mothers who provide breastfeeding education and support to pregnant and parenting women in group meetings and also by phone and online. To find a local La Leche League group, visit www.llliusa.org.

Mother-to-mother support may occur at formal group meetings (e.g., at a La Leche League meeting), at informal drop-in centers (such as at a Baby Café) or in a one-on-one visit (e.g., in clinics, classes, hospitals, homes or by phone) with a peer counselor.

Facilities should build alliances with community organizations to help develop and integrate breastfeeding support services. Support services provided by trained peer counselors and mother-to-mother support groups should be developed and made readily and widely available, especially in communities with low breastfeeding rates.

Peer support—informational, emotional and skills-oriented—provided by specially trained women in the community who have personal breastfeeding experience is a proven way to help mothers increase and sustain exclusive breastfeeding.[44] Peer-support programs can be a culturally relevant, individualized and cost-effective method of providing support and have been demonstrated to improve breastfeeding outcomes by themselves or as the primary component of a multi-faceted program.[45-48]

Mother-to-mother support groups

Evidence suggests that local mother-to-mother support with women of similar backgrounds and shared experiences is more effective when employing a proactive approach. Such groups should recruit from within to further expansion. La Leche League international is perhaps the best-known mother-to-mother support organization in the United States, however, there may also be other mother-to-mother support groups in your community.

Mother-to-mother breastfeeding support groups may also be formed at the community level or through the efforts of staff at birthing facilities and facilitated by trained health-care professionals or others with training in breastfeeding support. Breastfeeding may also be incorporated into other types of mother-to-mother support opportunities, such as facilitated parenting groups or hospital or community-based postpartum support groups or meetings.

Trained Peer Counselors

Texas WIC Peer Counselors are WIC mothers who have successfully breastfed their infants and who have completed a training course that enables them to go beyond their own experiences, and help and advise mothers in normal breastfeeding situations, based on current research and consensus of knowledge from breastfeeding experts. They are paid WIC staff whose primary goals are to serve as breastfeeding role models, educators and supporters of breastfeeding for WIC recipients. Their peer status gives them credibility for building trust and rapport with clients, as they share similar experiences and social norms and can therefore provide relevant, meaningful and explicit information. The Texas WIC Peer Counselor Program is available through WIC local agencies across the state and is an important resource for facilities, assuring continuity of support from the hospital to the community for WIC-eligible patients.

Though not all families are eligible for WIC services, DSHS WIC Peer Counselor training resources are available to all facilities. Hospitals may send staff to complete the DSHS Peer Counselor "Train-the-Trainer" training so that hospitals can establish and supervise their own peer counselor programs. See the Resources section at the end of this Step to find more information on these trainings.

Support of Family and Friends

Women with a large, stable network of family and friends often have good support. However, some friends and family members may be well meaning but have inaccurate information or little personal experience with breastfeeding, especially with exclusive breastfeeding.

It is important to include family members in interactions in which breastfeeding information and promotion are provided. The baby's father is a vital support for the breastfeeding woman and can be a second set of eyes, ears and hands in the hospital to learn the infant-feeding information and skills that will help the family with feeding when 24-hour staff care is no longer available. Dads can also support breastfeeding and bond with the baby by doing such things as bringing the baby to the mother for feedings; helping ensure that the mother is comfortable, hydrated and fed; holding the newborn skin-to-skin; bathing; dressing and playing with the baby; and offering encouragement, support and practical help with breastfeeding, positioning and latch. Whether this is their first baby or they are expanding their family, couples should be encouraged to discuss emotional and practical adjustments to the new changes in their family.

Facilities can also educate families about strategies for handling perceived barriers to breastfeeding in the community and about laws and programs that protect a woman's right to breastfeed in public and to maintain

lactation in the workplace. (See the Resources section for more information about laws and programs in Texas.)

Workplace Support

Breastfeeding continues to be important after the mother returns to work or to other time-intensive responsibilities, such as school. The information below is specific to working women, but much of the information also applies to mothers who are students.

Returning to work remains one of the primary reasons that women introduce formula or other supplements, completely stop breastfeeding or never initiate breastfeeding. Support is needed for mothers to continue providing their babies with as much breastmilk as possible when they return to work.

Before the mother returns to work, it is important to discuss the possibility of her taking the child to work with her, leaving the child at a nearby care facility or working fewer hours in order to maximize time spent with the child.

If breastfeeding is not an option during the workday, it is recommended that the mother:

- Breastfeed exclusively and frequently during maternity leave.
- Breastfeed whenever she and her child are together, specifically at any time she is not at work.
- Breastfeed up until the time she returns to work, not stopping prematurely to start bottle-feedings until it is necessary.
- Express milk about every three hours while at work, if possible, to ensure proper and steady milk production. A one-day supply should be kept refrigerated and ready for feeding by the baby's care provider.
- Have information that she can pass on to anyone who helps care for her baby, which will create a continuous and consistent feeding pattern for the baby.
- Have contact and support from other mothers who are working and breastfeeding.

Use the included handout titled [title pending] when discussing the return to work with breastfeeding mothers.

Benefits of breastfeeding for the working mother

For mothers who work away from home, breastfeeding can be beneficial because:

- It can be quality time that increases closeness between her and her child.
- She can rest while feeding.
- The convenience of night feeds—rather than preparing bottles—will allow her to get more sleep.
- She will miss less work to care for a sick child, since the child's immune system will be stronger.

Employers also benefit from the support of breastfeeding:

- Mothers will miss less work to care for a sick child and have better peace of mind because of it.
- Companies who are supportive of mothers and promote good health practices are regarded highly by prospective and current employees and the community. This will help draw and retain the best employees.
- Long-term support can also yield a healthy workforce as the next generation comes of age.

Sustaining continued breastfeeding for one to two years or longer

It is widely recognized that the physiologic norm for infant feeding is exclusive breastfeeding for about the first six months of life with continued breastfeeding, in combination with complementary food, for at least one to two years of life and beyond.[50-67] The American Academy of Family Practitioners notes that children weaned before two years of age are at increased risk of illness.[68] There is no specific age at which breastfeeding is no longer beneficial.

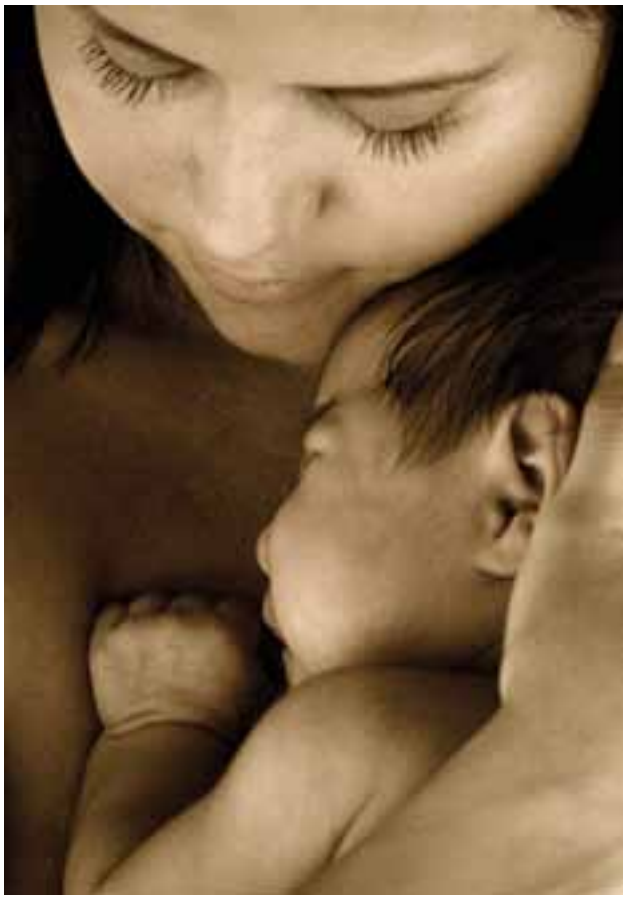
Though the majority of women in Texas initiate breastfeeding, fewer than half of Texas babies are still receiving breastmilk at six months, and fewer still are exclusively breastfed at six months, despite recommendations. It is clear that support is needed for women to successfully sustain breastfeeding through the first year of life and beyond.

Guidelines for breastfeeding six months and longer

- Complementary feeding (when the baby is given other foods in addition to sufficient breastmilk) can begin six months after birth.
- While the period from six to twelve months after birth is a time to discover foods, tastes and textures, breastmilk should still make up the primary part of the baby's diet.
- The breast should be offered along with suitable food from family meals.
- Offering the breast before complementary food options will help maintain the milk supply.
- Children naturally stop breastfeeding when they are ready. This is part of their natural development and should not be forced upon them; allow a gradual decrease. This will ensure a smooth transition and help avoid unnecessary distress in the child and discomfort for the mother caused by sore breasts. During this transition, ensure that the child receives plenty of other foods.
- The frequency that young children breastfeed varies; some might only breastfeed when upset.
- Mothers of young children can feel competing pressures from work and family and benefit from support groups to cope with those pressures.

Benefits of breastfeeding the older baby and child

- Breastfeeding continues to provide closeness and warmth, bonding, protection from illness and optimal nutrition.
- Breastfeeding an older baby/young child can be valuable when the child becomes ill. Often the child will be able to breastfeed when disinterested in other foods. This ensures the child will get enough to eat.
- Breastfeeding can soothe an upset child.
- Breastfeeding an older baby presents some challenges because the more alert the child is, the more easily distracted he or she is. A peaceful breastfeeding location will minimize disruption.



Overcoming Barriers: Strategies for Success

1. Staff members are unfamiliar with good breastfeeding support sources to which they can refer mothers.

- Form an ad hoc group with leaders from the hospital, community groups and clinics to strategize how to meet the needs of mothers in the community. Create a resource list to be readily available to staff and mothers.
- Encourage the use of the hospital facilities for local mother-support groups. Arrange for community breastfeeding-support groups to host training clinics for hospital staff to inform them about community-offered services and resources.

2. There is a misconception that healthcare professionals aren't supposed to involve themselves in mother-support groups.

- In the absence of community-support group leadership, involve healthcare staff members. Be sure they are trained in facilitating, rather than dominating the groups. They should also identify and encourage lay leaders. Once this happens, healthcare staff should decrease their leadership roles and assume the role of advisor.

3. Community-based support-group leaders and their members may provide incorrect information.

- Ensure that mothers receive thorough and accurate prenatal and postnatal information from hospital staff. In order to avoid conflicting information from mother-support groups, supply them with adequate training and educational materials.

- Explore whether knowledgeable volunteer groups or individuals can alleviate the workload of health-care staff members by assisting.

4. The local culture is not receptive to mother-to-mother support.

- Explore culturally appropriate support mechanisms for breastfeeding mothers.
- Work with traditional and religious organizations to educate mothers on breastfeeding and provide general support.
- Identify family members most likely to give advice to the mother and provide them with information about breastfeeding.

5. Follow-up measures like home visits and phone contact are too costly, unnecessary and unsuccessful.

Identify the most feasible follow-up methods. For example:

- Assess and support breastfeeding as much as possible during postnatal visits.
- Refer mothers to community resources that can offer support that the hospital cannot provide
- Reserve home visits for mothers most at-risk of breastfeeding failure.

Evaluating Success

Use the information in this section and the additional tools provided in the Resources section as checkpoints to verify that you are successfully implementing Step 10. Assign one or two staff members who have the best perspective on day-to-day operations to complete these checkpoints.

1. Process changes

When evaluating your facility's success in implementing Step 10 of the Texas Star Achiever program, consider the following:

- ❑ Has the resource list been developed and updated?
- ❑ How many meetings have been held with local support resources?
- ❑ What postpartum support resources have been developed?
- ❑ Are facility staff documenting discussions of postpartum support?

Facility management should use the included Postnatal Feeding Referrals Checklist and the Step 10 Action Plan to assess progress on this Step.

2. Impact on patient experience

Your facility should track data about the use and success of postnatal-feeding resources and support groups. Data to consider are:

- ❑ Percent of women reporting that they have been given information on how to get help from the facility or how to contact support groups, peer counselors or other community healthcare services.

- ❑ Number of women accessing different support services who report they were referred by your facility.
- ❑ Number of women exclusively breastfeeding at two weeks, three months and six months postpartum.
- ❑ Number and acuity of readmissions for hyperbilirubinemia, hypernatremic dehydration and failure to thrive.

Use the included Patient Survey to assess the degree to which rooming-in is successfully implemented.

3. Assessing value to the facility

Use the Facility Impact chart included in the Resources section to track your facility's time and money spent on the measures recommended and to assess cost savings that may be attributed to the changes made.

Resources

Recommendations, rationale and resources for best practices for community support of breastfeeding. www.dshs.state.tx.us/wichd/bf/community.shtm

Laws Related to Breastfeeding Support

- Texas Health and Safety Code165 Breastfeeding: www.statutes.legis.state.tx.us/Docs/HS/htm/HS.165.htm
- Right to Breastfeed
- Mother-Friendly Worksite
- Texas Insurance Code § 1366.051: www.statutes.legis.state.tx.us/Docs/IN/htm/IN.1366.htm
  - State law: This law provides that the health insurer of a maternity patient discharged before that statutory minimum stay must be provided post-delivery services, including assistance and training in breast-feeding.
  - Federal law: Add description here.

Preventative Services:

- www.healthcare.gov/law/provisions/preventive/index.html
- www.healthcare.gov/law/about/provisions/services/lists.html

Break Time for Nursing Mothers: www.dol.gov/whd/regs/compliance/whdfs73.htm

Academy of Breastfeeding Medicine Protocols: www.bfmed.org/Resources/Protocols.aspx

- Going home/discharge
- Mastitis
- Human milk storage
- Neonatal ankyloglossia
- NICU graduate going home
- Breastfeeding the near-term infant (35 to 37 weeks gestation)
- Contraception and breastfeeding

- The Breastfeeding-Friendly Physicians' Office Part 1: Optimizing Care for Infants and Children
- Engorgement
- Jaundice

Discharge Instructions/Check list: http://massbreastfeeding.org/index.php/handouts/

Telephone Triage Tool: http://massbreastfeeding.org/pdf/TelephoneTriageMBC.pdf

BestStart Guidelines for Nursing Mothers: www.beststart.org/resources/breastfeeding/pdf/Brstfdpstr.pdf

American Academy of Pediatrics Health Professional Resource Guide: www.aap.org/breastfeeding/healthProfessionaIsResourceGuide.html

Parent Screening Form for Early Follow-up of Breastfed Infants: www.cdph.ca.gov/programs/breastfeeding/Documents/MO-ParentScreeningForm.pdf

Relevant Materials from WIC Catalog

- www.dshs.state.tx.us/wichd/WICCatalog/breastfeeding.shtm
- Mothers milk for premature babies
- Just for Dad
- Mother-friendly worksite
- Breastfeeding and family planning
- Anytime, Anyplace: Breastfeeding in Public
- The Physician's Pocket Guide to Breastfeeding
- Breastfeeding and Working Works for Me!
- Breastfeeding Support Pledge Card
- WIC Peer Counselor Program brochures and posters
- Breastfeeding beyond Six Months
- What hospitals need to know about the Texas WIC Breast Pump Program
- Ways I Can Help Mommy with the New Baby
- License to Breastfeed cards

How Do I Know – Combined Form

- "How Do I Know Breastfeeding is Going Well?" is an instructional guide that informs new moms when they should call for breastfeeding assistance. The backside of the tool provides a breastfeeding log that gives women the opportunity to track their breastfeeding progress: www.dshs.state.tx.us/wichd/WICCatalog/PDF_Links/F13-06-13104-How_do_I_know_corrected.pdf

Breastfeeding Assessment and Counseling Form

- Designed for use in the WIC clinic, the Breastfeeding Assessment and Counseling form can be used when interviewing a breastfeeding woman to determine how breastfeeding is going: www.dshs.state.tx.us/wichd/bf/PDF/BF_AssessmentCounselingForm.pdf

Breast Pumping Log

- The Breast Pumping Log is a tool designed to accompany breast pump issuance to women who are separated from their infants and trying to establish their milk supply. This tool can be used in facilitated discussion, support group meetings, individual counseling and in any circumstance deemed necessary: www.dshs.state.tx.us/wichd/bf/bfwicres.shtm

Breastmilkcounts.com

- Peer counselor "train-the-trainer" training and DSHS trainings to increase the knowledge of primary care providers: www.dshs.state.tx.us/wichd/lactate/courses.shtm
- THSteps breastfeeding training module: http://txhealthsteps.com/catalog/coursedetails.asp?crid=1781
- The DSHS Statewide Lactation Support Hotline can provide information and referrals to community resources in your area. DSHS Statewide Lactation Support Hotline 1 (800) 514-6667 (MOMS): www.dshs.state.tx.us/wichd/bf/hotline.shtm
- DSHS Texas Lactation Support Directory: www.dshs.state.tx.us/wichd/bf/direct.shtm
- Using Loving Support to Build a Breastfeeding-Friendly Community — Partnership Ideas Checklist: www.nal.usda.gov/wicworks/Learning_Center/support_bf.html

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