Time to Prepare for The New Joint Commission Perinatal Care Core Measure on Breast Milk Feeding

September 19, 2013
11:30 AM to 12:30 PM (Central)

American Academy of Pediatrics

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WEBINAR FACULTY

- **Lori Feldman-Winter, MD, MPH, FAAP** – Dr Feldman-Winter is Professor of Pediatrics in the Department of Pediatrics at Cooper Medical School of Rowan University and the Division Head of Adolescent Medicine at The Children's Regional Hospital at Cooper University Hospital in Camden, NJ. She is Board certified in Pediatrics and Adolescent Medicine. Dr Feldman-Winter is recognized nationally and internationally for her work related to breastfeeding education programs and nutrition policy. She is the Physician Champion of the NJ Baby Friendly Hospital Initiative a project of AAPNJ PCORE and Shaping NJ, Chair of the Policy Committee for the AAP Section on Breastfeeding. Currently she serves as National Faculty Chair of the NICHQ Best Fed Beginnings Project.

- **Ann L. Kellams, MD, IBCLC, FAAP, FABM** – Dr Kellams is an Associate Professor in the Department of Pediatrics at the University of Virginia School of Medicine and serves as Director of Well Newborn and Breastfeeding Medicine Services. She is the Vice Chair of the Chapter Breastfeeding Coordinators Steering Committee for the AAP Section on Breastfeeding and is a fellow of the Academy of Breastfeeding Medicine. Dr. Kellams teaches in the ABM's "What Every Physician Needs to Know About Breastfeeding" annual course and serve's as UVA's physician-lead for the NICHQ Best Fed Beginnings Project. She has funding from the Virginia Department of Health to study breastfeeding prenatal education and is a scientific advisor for a collaborative project with VDH, UVA, and the Virginia AAP Chapter, the online BFconsortium.org that provides CME and Part 2 and Part 4 MOC credits. She also is working on the SMART study funded by NICHD looking at patient and nursing safe sleep and breastfeeding education.

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Lori Feldman-Winter, MD, Planning Group	No	None	Do not intend to discuss
Richard Schanler, MD, Planning Group	Yes	Medela Advisory Board Member	Do not intend to discuss
Joan Meek, MD, Planning Group	No	None	Do not intend to discuss
Todd Wolynn, MD, Planning Group	Yes	Speaker's Bureau and Merck/Sanofi consultant. Stocks/bonds relationship with Kids Plus Pediatrics, National Breastfeeding Center, Connexion Software, and Atlantic Health Partners.	Do not intend to discuss
Melissa Vickers, MEd, Planning Group	No	None	Do not intend to discuss
Ann Kellams, MD, Faculty	No	None	Do not intend to discuss
Ngozi Onyema-Melton, MPH, Staff	No	None	Do not intend to discuss
D. Michael Foulds, MD, AAP Reviewer	No	None	Do not intend to discuss
Zoey Goore, MD, AAP Reviewer	Yes	Spouse has relationship with Evenflo.	Do not intend to discuss
Ivor Hill, MD, AAP Reviewer	No	None	Do not intend to discuss
Patricia Treadwell, MD, AAP Reviewer	Yes	Spouse has stocks/bonds relationship with Eli Lilly & Co.	Do not intend to discuss
Robert Wiebe, MD, AAP Reviewer	No	None	Do not intend to discuss
Rickey Williams, MD, AAP Reviewer	No	None	Do not intend to discuss
Beverly Wood, MD, AAP Reviewer	No	None	Do not intend to discuss

Overall Learning Objectives

- Following the Webinar the learner will:
  - Be familiar with the NEW Joint Commission Perinatal Core Measure mandate on exclusive breast milk feeding.
  - Describe how AAP Ten Steps to Support Parents' Choice to Breastfeed Their Baby can be implemented in the hospital and pediatric office.
  - Support accredited hospitals in tracking exclusive breast milk feeding to reduce or eliminate unnecessary supplementation of the breastfed newborn.
  - Help hospitals improve maternity care and increase the number of "Baby-Friendly"-designated hospitals in the United States.

The New Joint Commission Perinatal Care Core Measure: Exclusive Breast Milk Feeding

Lori Feldman-Winter, MD, MPH, FAAP

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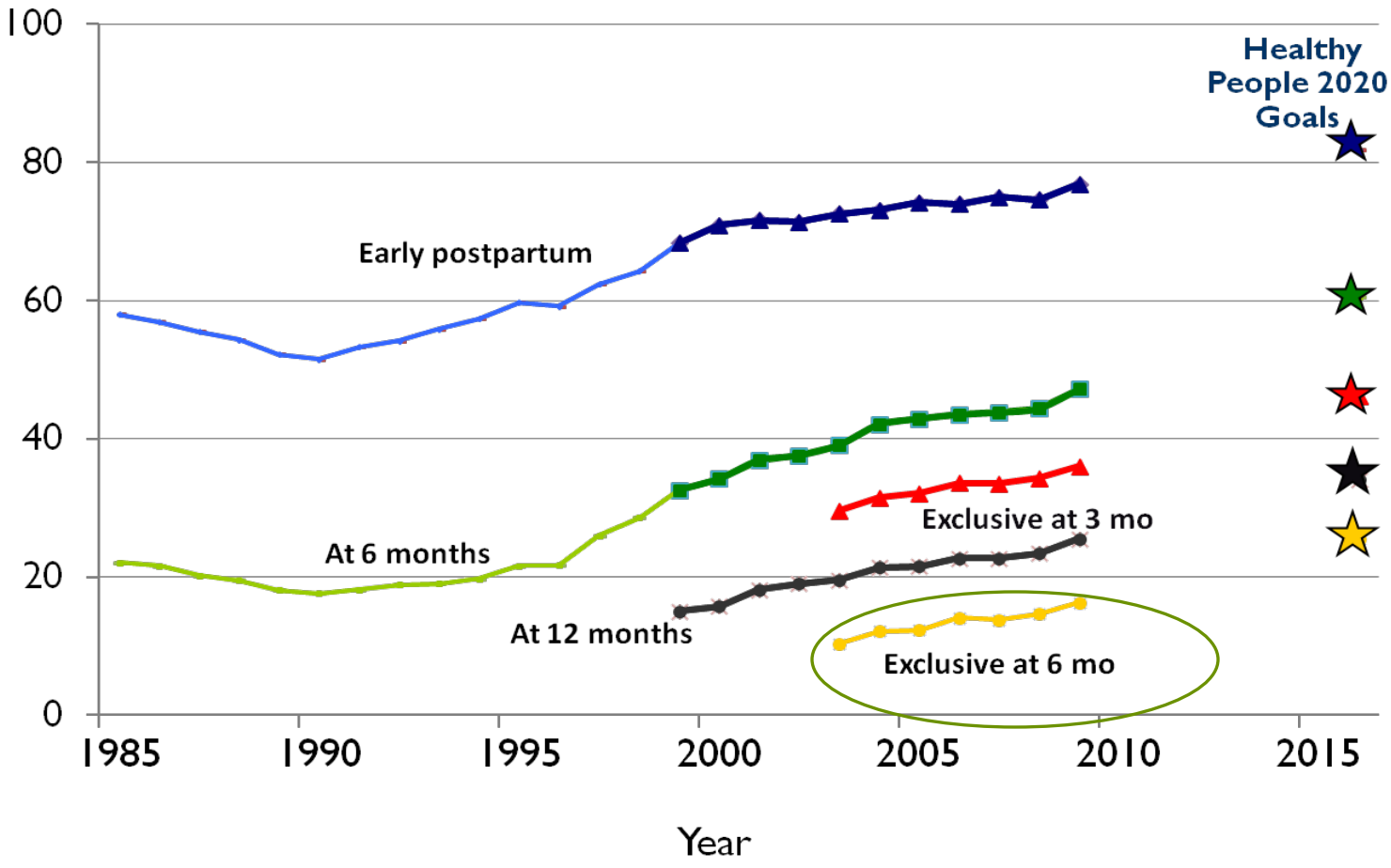
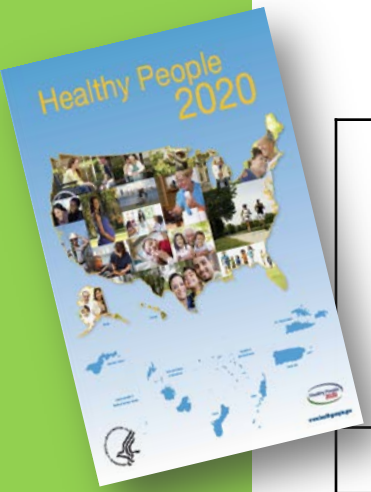
Objectives

1. Describe the NEW Mandate for The Joint Commission Perinatal Care Core Measure effective January 1, 2014.
2. Define how the core measure is used to determine breastfeeding support.
3. Understand how the new core measure can be used to improve exclusive breast milk feeding.
4. Explain what pediatricians can do to improve hospital Core Measure scores

US breastfeeding rates, 1985-2009

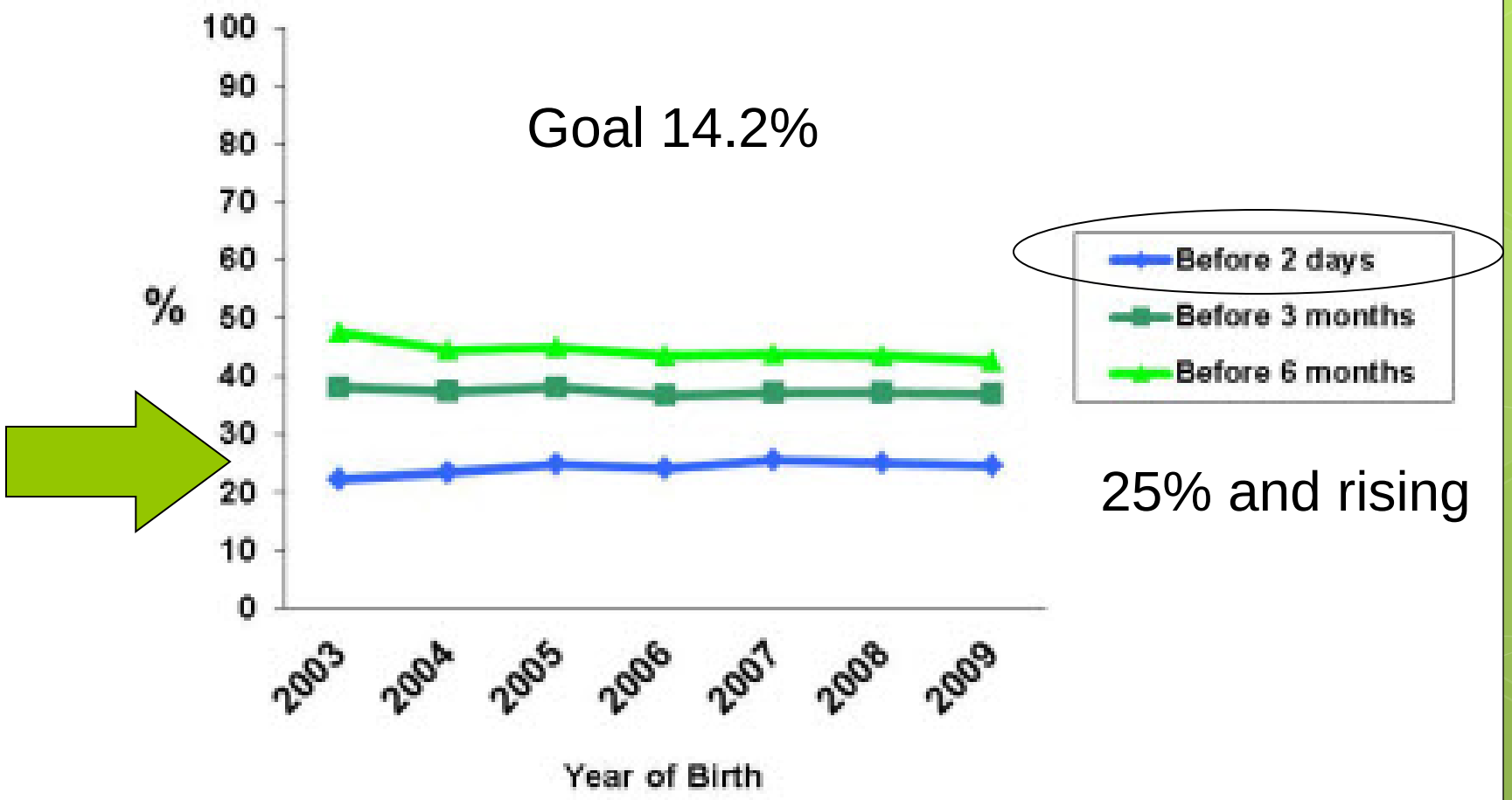




National Policy

Healthy People 2020 Objectives	Baseline (year measured) %	2020 Target %
Increase the proportion of infants who are breastfed:	(2006 births)	
Ever	74.0	81.9
At 6 months	43.5	60.6
At 1 year	22.7	34.1
Exclusively through 3 months	33.6	46.2
Exclusively through 6 months	14.1	25.5
Increase the proportion of employers that have worksite lactation support programs	25.0 (2009)	38.0
Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life	**24.2 (2006 births)**	**14.2**
Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies	**2.9 (2009)**	**8.1**

Percent of U.S. breastfed children supplemented with infant formula



http://cdc.gov/breastfeeding/data/NIS_data/index.htm

A New Core Measure

The PC Core Measure Set comprises 5 main measures:

PC-01: Elective delivery
PC-02: Cesarean section
PC-03: Antenatal steroids
PC-04: Health care associated bloodstream infections in newborns
PC-05: Exclusive breast milk feeding

What are Core Measures?

- TJC developed Core Measures to serve as national standardized performance measurement system, providing assessments of care delivered by a health system in a focused area
- Core Measures are developed as a step-wise process with input from multiple stakeholders (including, CMS, IHI, NQF)
- Based on the evidence graded according to the USPSTF levels of evidence

Why do Core Measures Matter?

- Health care delivery is shifting to value-based care and core measures will be tied to reimbursement
- IOM calling for health care delivery to become STEEEP-safe, timely, effective, efficient, equitable, and patient-centered
- QI is the methodology used for Core Measures implementation

Why would you want to improve your hospital's Core Measures Scores?

- Positive
  - Doing the right thing
  - Good patient care
  - Monetary incentives for high scores (if offered by hospital)
- Negative
  - Public embarrassment for poor scores
  - Monetary losses for low scores (if employed by hospital as a consequence of low scores)

How can scores improve?

- Education: to make sure everybody understands what the measures are, what the evidence is behind the measures, what happens when they are not met, and what the consequences are for non-compliance
- Reminders: how to improve the score
- Checklists: The Ten Steps
- "Checkers" – people who are responsible for dotting the I's and crossing the T's
- IT – for documentation in the electronic record

The New Mandate

- Beginning January 1, 2014
- Maternity hospitals delivering at least 1,100 infants annually
- Must report on PC-05
- Hospital readiness
  - EHR's as a component of meaningful use
  - USBC expert panel developing guidelines
  - HITECH Act
  - CMS

PC-05 and PC-05a

- TJC defines exclusive breast milk feeding as newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, mineral, or medicines.
- Breast milk feeding includes expressed mother's milk as well as donor human milk, both of which may be fed to the infant by means other than suckling at the breast.

CMS Proposes New Quality Measures and Measure Topics for Future Years

- adding 5 new measures to be collected via EHRs
  - Severe Sepsis and Septic Shock Management
  - PC-02 Cesarean Section NQF #0471
  - **PC-05 Exclusive Breast Milk Feeding NQF #0480 (MAP supported)**
  - Healthy Term Newborn NQF #0716
  - Hearing Screening Prior to Hospital Discharge NQF #1354 (MAP supported)

Mothers do not breastfeed as long as they intend

- 80% of women intend to breastfeed.
- 77% start breastfeeding.
- 16% exclusive breastfeeding at 6 mos.
- **60% of mothers do not breastfeed as long as they intend**
  - problems with latch
  - problems with milk flow
  - poor weight gain
  - Pain

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

Polling Question #1

- Is your hospital working on reporting the PC-05 core measure by the January 2014 deadline?

  A. yes, and I am involved
  B. yes, but my hospital has not involved pediatricians or other medical staff members
  C. I don't know
  D. no, they have decided not to comply
  E. no, my hospital is not accredited by TJC and/or delivers less than 1100 infants per year.

What is the role of the pediatrician?

- Present data on dashboard and at departmental meetings
- Develop action plans to decrease supplementation
- Help write or revise hospital policies
- Educate on the risks of supplementation
- Provide or refer for breastfeeding management
- Use QI strategies

Achieving Exclusive Breastfeeding —The Pediatrician's Role

Ann L. Kellams, MD, IBCLC, FAAP, FABM

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Objectives

1. List the Ten Steps to Exclusive Breastfeeding,
2. Describe strategies to prevent the need for formula supplementation,
3. Discuss ways to overcome common barriers mothers face in achieving their breastfeeding goals.

Achieving Exclusive Breastfeeding—The Pediatrician's Role

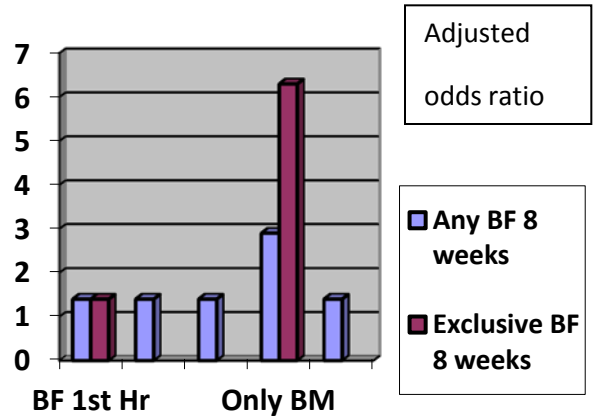
- Why exclusivity matters?
- If/when supplementation is medically-indicated
- How to prevent the need for supplementation
- How to preserve breastfeeding if supplementation is used

What happens if you use formula even once?

- Once supplementation begins, the gut flora resembles that of formula-fed infants; more anaerobic, more odor (Mackie et al 1999)
- Possibility of Milk Allergy with as little as 40ml exposure (Host et al 1991)
- **Shortened duration of breastfeeding, Less likely to return to exclusive breastfeeding**

Why Exclusivity Matters

- The most significant predictor of duration was the receipt of supplemental feedings while in the hospital (P < .0001), Howard, C. R. et al. Pediatrics 2003;111:511-518
- Shorter duration of breastfeeding if used formula in the first month (2.79, CI 2.05-3.80), Vogel, et al. Acta Pediatr 88: 1320-6, 1999.
- Six times more likely to be exclusively breastfeeding at 8 weeks if not supplemented with formula in the hospital (OR 6.3 Exclusive BF) "Breastfeeding and New Jersey Maternity Hospitals: A Comparative Report, using data from the New Jersey Pregnancy Risk Assessment Monitoring System (NJ-PRAMS)"



- Only not receiving supplemental feedings remained significant for reaching Feeding goals (Adj OR= 2.3, 95% CI 1.8, 3.1), Perrine, et al. Pediatrics, 2012; Jul, 130:1, 54-60

WHO/UNICEF Baby Friendly Ten Steps

1. Written breastfeeding policy—communicated, maintained
2. Train all staff with necessary skills
3. Inform all women about benefits and management
4. First feeding within 30-60 minutes after birth
5. Show moms how to breastfeed and maintain supply if separated
6. No food or drink other than breastmilk unless medically-indicated
7. Practice rooming-in: moms and babies together 24 hours per day
8. Encourage breastfeeding on demand (or on "cue")
9. Give no artificial teats or pacifiers to breastfeeding babies (AAP: except for painful procedures)
10. Foster the establishment of support groups for after the hospital and refer mom to them

World Health Organization

unicef

Statements regarding formula supplementation

"Supplements (water, glucose water, formula, and other fluids) should not be given to breastfeeding newborn infants unless ordered by a physician when a medical indication exists." **AAP 2012**

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"Before any supplementary feedings are begun, it is important that a formal evaluation of each mother–baby dyad, including a direct observation of breastfeeding, is completed." **ABM 2009**

Does changing what we do in the hospital really work—evidence for BFHI

Kramer. JAMA, 2001;285:413-420

Intervention group more likely to be exclusively bf at 3 and 6 mos and still bf-ing at 12 mos (Belarus)

Braun. AJPH, 2003;93(8):1277-1279

Cohort study showed a larger effect in underserved populations (Brazil)

Merten. Pediatrics, 2005;116(5):e702-708

Higher duration rates (Switzerland)

Hofvander. Acta Pediatrica. 2005;94(8):1012-1016

6 mos breastfeeding rate increased from 50-73% (Sweden)

Broadfoot. Arch Ds in Childhood Fetal and Neonatal Edition. 2005;90(2):F114-F116

28% more likely to be exclusively bf-ing at 7 days of life ($p<0.001$) (Scotland)

Phillipp et al. Pediatrics,2001;108:677

Increased initiation and exclusivity

Polling Question #2

- How common is it that babies in your practice have a medical indication for supplementation? (First two days)

  A. Rarely
  B. Uncommon
  C. Common
  D. Very Common
  E. Almost all the time

Infant Medical Indications for Supplementation ABM 2009

1. Hypoglycemia
   Unresponsive to appropriate frequent breastfeeding

2. Significant dehydration
   Clinical and laboratory evidence of significant dehydration (e.g., 10% weight loss, high sodium, poor feeding, lethargy, etc.) that is not improved after skilled assessment and proper management of breastfeeding

3. Delayed lactogenesis II with weight loss of 8–10% (day 5 [120 hours] or later)

4. Delayed bowel movements or continued meconium stools on day 5 (120 hours)

Infant Medical Indications for Supplementation ABM 2009

5. Poor milk transfer
   Insufficient intake despite an adequate milk supply

6. Hyperbilirubinemia
   "Neonatal" jaundice associated with starvation where breastmilk intake is poor despite appropriate intervention

   Breastmilk jaundice when levels reach 20–25 mg/dL (mol/L) in an otherwise thriving infant

7. Macronutrient supplementation if indicated

Maternal Medical Indications for Supplementation ABM 2009

1. Delayed lactogenesis II
   (day 3–5 or later AND inadequate intake by the infant)
   a. Retained placenta (lactogenesis probably will occur after placental fragments are removed)
   b. Sheehan's syndrome (postpartum hemorrhage followed by absence of lactogenesis)
   c. Primary glandular insufficiency, occurs in less than 5% of women (primary lactation failure), as evidenced by poor breast growth during pregnancy and minimal indications of lactogenesis

Maternal Medical Indications for Supplementation ABM 2009

2. Breast pathology or prior breast surgery resulting in poor milk production

3. Intolerable pain during feedings unrelieved by interventions

What to supplement with? In order of preference ABM, 2009

- Mother's own expressed breastmilk
- Pasteurized donor breastmilk
- Protein hydrolysate formula
- Standard infant formula

Prevention of need for supplementation

1. Education-
   Target those at risk, Tailor message

2. Skin to Skin
   Let nature take its course

3. Motivational Interviewing
   Help people move further along the continuum

4. Culture Change
   Make it the norm

5. Evaluation of Feeding
   Make sure it is going well

6. Following Weight Patterns
   Keep it Safe

Identifying those at risk

Risk Factors	Statistical Significance	Authors
Delayed onset lactogenesis II (>3 days post partum) Also: Enrollment in WIC Late PNC Scheduled feedings Late first feeding Not rooming-in OB providers preference Tobacco use	OR 1.62, CI 1.18-2.22	Brownell, U.S., 2012
Lack of prenatal care	HR 2.67, 95%CI 1.85-3.83	Demetrio, Brazil, 2012
Intent <12 months LBW <2500g Pacifier Also for any duration: Maternal age <20 <5 prenatal visits or >9 Alcohol or tobacco >6 hours before first feed Use of pacifier	p<0.05	Chaves, Brazil, 2007
Frequent crying	OR 1.687, CI 1.125-2.530	Karacam, Turkey, 2008

Risk Factors	Statistical Significance	Authors
Negative maternal attitudes toward breastfeeding Lack of adequate family support Lack of good mother-infant bonding Nipple problems	P<0.001 P<0.05 P<0.001 P<0.001	Cernadas, Argentina, 2003
Lack of confidence Belief baby prefers formula	2.38, CI 1.82-6.18 1.68, CI 1.04-2.71	Ertem, Turkey, 2001
Weaker bond between parents: married>co-habitating>single-involved>single not involved	OR 2.13 for solo, CI 1.7-2.6	Kiernan , U.S., 2006
Ethnic minority Medicaid Age<30 Single No partner Late PNC	p<0.05	Brand, U.S., 2011
Unplanned pregnancies Older age Less time in U.S.	2.15 for planned CI 1.0-4.64 OR 0.96, CI 0.92-0.9	Haughton, U.S., 2010

Post partum risk factors: Latch, problems with milk flow, poor weight gain, pain
IFPS II and Nat'l Immunization Survey 2012

Main Messages

- Know your nipples, breasts
- Supply and demand, frequent feedings, hand expression, breast massage
- Skin-skin—the sooner the longer the better
- Trust your body—it knows what to do
- The baby is born knowing what to do—instincts, reflexes
- Room-in, watch and respond to feeding cues
- Listen to your body—pain signals
- Drops of concentrated breastmilk, teaspoon, then the ounces in a couple days
- Normal infant behavior—sleepy, then “second night”
- If baby wants to suckle→ BREAST, not pacifiers and bottles
- Ask for help before, during, after hospital—we will help make sure it is safe while you get things going

Prenatal Education Works

Dr. Lin-Lin Su, et. al., BMJ 2007; online

- 544 women, randomized to:
  1. Standard hospital care
  2. One session antenatal breastfeeding education, (a 16 minute educational video and printed materials)
  3. Two sessions postnatal lactation support (lactation at home visit, given printed materials and postnatal follow-up appt.)
- Similar demographics, Followed out to 6 months of age

TIME	Group 1 Std. care	Group 2 antenatal	Group 3 postnatal	p value
6 weeks	17%	29%	31%	2--.036 3--.019
3 months	13%	24%	24%	2--.030 3--.040
6 months	9%	19%	19%	2--.036 3--.042

Prevention—Skin to Skin

Innate Behaviors and Reflexes Mammals

Oxytocin, Decreased blood loss
Prolactin surge

Importance of Skin-to-Skin until first feeding:

BFing at hospital D/C

2 studies, 149 participants
OR 6.35 [2.15-18.71]

BFing 1 mos-4mos post birth

10 studies, 552 participants
OR 1.82 [1.08-3.07]

Cochrane Database 2009

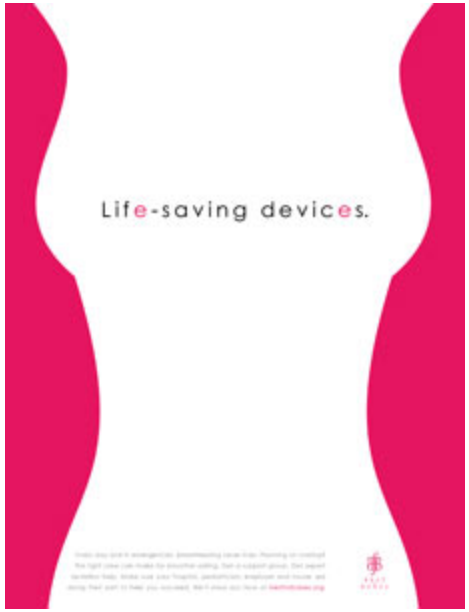
Prevention—Motivational Interviewing

- “What do you like about formula-feeding?”
- “What don’t you like about formula-feeding?”
- “My only concern would be…”
- “We do have new information…”
- “So, you think___, but not ___, so I wonder about…”
- “So, as a plan, then…”

Adapted from Sim, et.al. (2009) Australian Family Physician, Part 1 and 2

Prevention—Culture Change

www.BestforBabes.org



A non-profit dedicated to changing the perception of breastfeeding and helping moms

"beat the booby traps"!

Credo: ALL moms deserve to make a truly informed feeding decision… and deserve not to be undermined by cultural and institutional barriers in achieving their personal breastfeeding goals.

Prevention—Evaluation of feeding

AAP 2012:

“Formal evaluation of breastfeeding, including:

- Observation of position AND comfort
- Evidence of Milk transfer—weight, output, swallows, skin turgor, mucous membranes

…should be undertaken by trained caregivers at least twice daily and fully documented in the record during each day in the hospital after birth.”

LATCH Scoring

LATCH Breastfeeding Assessment

Jenson D, Wallace S, Kelsay P (1994). LATCH: A breastfeeding charting system and documentation tool. JOGNN,23(1):29.

	0	1	2
L Latch	Too sleepy or reluctant No sustained latch or suck achieved	Repeated attempts for sustained latch or suck Hold nipple in mouth Stimulate to suck	Grasps breast Tongue down Lips flanged Rhythmical sucking
A Audible Swallowing	None	A few with stimulation	Spontaneous and intermittent (< 24 hours old) Spontaneous and frequent (> 24 hours old
T Type of Nipple	Inverted	Flat	Everted (After stimulation
C Comfort (Breast/nipple)	Engorged Cracked, bleeding, large blisters or bruises Severe discomfort	Filling Reddened/small blisters or bruises	Soft Non-tender
H Hold (Positioning)	Full assist (Staff holds infant at breast)	Minimal assist (i.e., elevate head of head, place pillows for support) Teach one side, mother does other Staff holds and then mother takes over	No assist from staff Mother able to position and hold infant

Prevention—Following weight

Mean weight loss 4.9% (range 0%-9.9%), varied by feeding type:

Exclusive Bfing 5.5%

Mainly formula 2.7%

Exclusive formula 1.2%

20% lost >7%, 0% lost >10%

Grossman, et.al., J Acad Nutr Diet. 2012: Mar; 112(3):410-3.

A prospective cohort design in a US BFHI Hospital

Some Practical Guidelines:

- Notice if >3% weight loss a day in first 3 days
- >7% down in 48hrs is “excessive”
- >10% down ever is “excessive”
- At least 1 void for every day old, until day 4-5
- At least one stool per day
- Not continuing to lose after 7 days
- Back to birth weight by 2 weeks
- **IMPORTANT!!!** Distinguish weight loss from dehydration

Breastfeeding Your Baby

GUIDELINES FOR NURSING MOTHERS

Your Baby's Age	1 WEEK							2 WEEKS	3 WEEKS
	1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS		
How Often Should You Breastfeed? Per day, on average over 24 hours	At least 8 feeds per day (every 1 to 3 hours). Your baby is sucking strongly, slowly, steadily and swallowing often.								
Your Baby's Tummy Size	Size of a cherry		Size of a walnut		Size of an apricot		Size of an egg		
Wet Diapers: How Many, How Wet Per day, on average over 24 hours	At least 1 WET	At least 2 WET	At least 3 WET	At least 4 WET	At least 6 HEAVY WET WITH PALE YELLOW OR CLEAR URINE				
Soiled Diapers: Number and Colour of Stools Per day, on average over 24 hours	At least 1 to 2 BLACK OR DARK GREEN		At least 3 BROWN, GREEN, OR YELLOW		At least 3 large, soft and seedy YELLOW				
Your Baby's Weight	Babies lose an average of 7% of their birth weight in the first 3 days after birth. For example, a 3.2 kilogram or 7-pound baby will lose about 230 grams or ½ a pound.			From Day 4 onward your baby should gain 20 to 35g per day (⅔ to 1¼ oz) and regain his or her birth weight by 10 to14 days.					
Growth Spurts *	Babies often experience a sudden burst in growth—a growth 'spurt'—at certain times within their first few weeks. During these growth spurts your baby may want to nurse more than usual.								
Other Signs	Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding and your baby comes off the breast looking relaxed and content.								

Breast Milk Is All the Food Your Baby Needs for the First Six Months

The World Health Organization (WHO), UNICEF and the Canadian Paediatric Society recommend that you feed your baby *nothing but breast milk* from birth to 6 months. At 6 months, begin adding solid foods while continuing to breastfeed your baby until age two or beyond.

If You Need Help: Breastfeeding support is available in your community. Ask your doctor, nurse, or midwife for help.
Your local public health department can also help by referring you to lactation consultants or breastfeeding clinics in your area.
To find the health department nearest you, call INFO line: 1-866-532-3161.
For peer breastfeeding support call La Leche League Canada Referral Service 1-800-665-4324.

best start
meilleur départ
by/par health nexus santé

This document has been prepared with funds provided by the Government of Ontario.

03/2009

Best Start Breastfeeding Your Baby Poster available at http://www.beststart.org/resources/breastfeeding/

Preserving Breastfeeding When Supplementation Occurs

- Skin-skin (Rooming in, Feeding cues, Increased frequency)
- Hand expression or pumping
- Lactation consult
- Having an endpoint or clear, communicated plan
- Limiting amount of supplement (3-10 ml/kg, ABM)
- Consider use of hydrolyzed formula
- Alternate feeding method, avoiding artificial nipples, trying to supplement right at the breast with SNS or syringe (Howard study, BFHI, US Dept. Health and Human Resources)

The Practical Ten Steps to Exclusive Breastfeeding

1. Form a multidisciplinary team to write “infant feeding” policy using model hospital template

2. Educate Everyone—doctors, nurses, staff, community, society, and women **prenatally *and before pregnant***

3. Recommend breastfeeding to mothers; health decision rather than lifestyle choice, but be careful to “Inform” rather than “Control”

4. Implement skin-to-skin in first hour or at least until after first feeding—the sooner, the longer, the better!

5. Emphasize supply and demand, early hours/days most crucial

Ten Steps to Exclusive Breastfeeding continued

6. Use formula only for medical indication
7. Keep mom and baby together
8. Teach feeding cues, breast massage, and hand expression
9. Teach and normalize infant behavior, set realistic expectations, teach and model calming techniques
10. Support moms before, during and *especially after* the hospital
11. Perform community outreach to educate, normalize, advocate

Breastfeeding Promotion Tools

"Better Breastfeeding" INJOY productions
www.Injoyvideos.com

Online Breastfeeding CME and part 2 and part 4 maintenance of certification
www.bfconstortium.org

Baby Friendly Hospital Initiative
www.babyfriendlyusa.org

AAP Statement, Breastfeeding and the Use of Human Milk
http://pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552

CDC Guide to Strategies to Support Breastfeeding Mothers and Babies
www.cdc.gov/breastfeeding

Breastfeeding Promotion Tools

CDC mPINC survey
www.cdc.gov/BREASTFEEDING/data/mpinc/index.htm

AAP Breastfeeding-Friendly Practice Guide
www.aap.org/breastfeeding/files/pdf/AAP%20HaveFriendlyPractice.pdf

ABM Breastfeeding Office Policy
http://www.bfmed.org/Resources/Protocols.aspx

Join AAP Section on Breastfeeding
www.aap.org/breastfeeding

Join Academy of Breastfeeding Medicine
www.bfmed.org/Membership/Default.aspx

ABM Clinical Protocol on Supplementation
www.liebertonline.com/doi/abs/10.1089/bfm.2009.9991

Breastfeeding Promotion Tools

Pediatric Residency Training Information
www.aap.org/breastfeeding/curriculum/systemsbased_practice.html

Coding and Billing Information
www.aap.org/breastfeeding/files/pdf/CODING.pdf

Lists of lactation consultant in your area
www.ibcle.org

Safe and Healthy Beginnings Toolkit
www.nfaap.org/netforum/eweb/DynamicPage.aspx?site=nf.aap.org&webcoe=aapbks_homepage

Free web-based educational curriculum
www.breastfeedingbasics.org

Breastfeeding Promotion Tools

NICHQ Best Fed Beginnings

http://www.nichq.org/our_projects/cdcbreastfeeding.html

US Surgeon General's Call to Action

http://www.surgeongeneral.gov/library/calls/breastfeeding/index.html

Wellstart online breastfeeding curriculum

http://www.wellstart.org/resources.html

International Lactation Consultants Association

http://www.ilca.org/i4a/pages/index.cfm?pageid=1

World Alliance for Breastfeeding Action

http://waba.org.my/

United States Breastfeeding Committee

http://www.usbreastfeeding.org/

Questions for the Panel

Additional Information

For additional information on the topics discussed in this webinar:

- E-mail lactation@aap.org
- Visit www.aap.org/breastfeeding

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