

# Breastfeeding in the Reproductive Health Continuum

3:40 - 3:55 PM

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# Breastfeeding support is part of the continuum of care to reduce Maternal as well as Infant Mortality.

## Pre-conception MCH

Parental readiness

- Lifelong, K-12
- At least one year

## Antenatal

- 9 Mo.
- BF exam and counseling
- Prenatal prophylactic education

## Perinatal

- Reduce unnecessary interventions
- Delay cord clamping
- S2S
- Continued BF support

## Immediate Postp'm

- 0-5d.
- 0-42 d.
- Breastfeeding skilled support
- Preservation of maternal calm

## Healthy Birth-Spacing

- BF-Friendly Family Planning
- 2-2.5 years

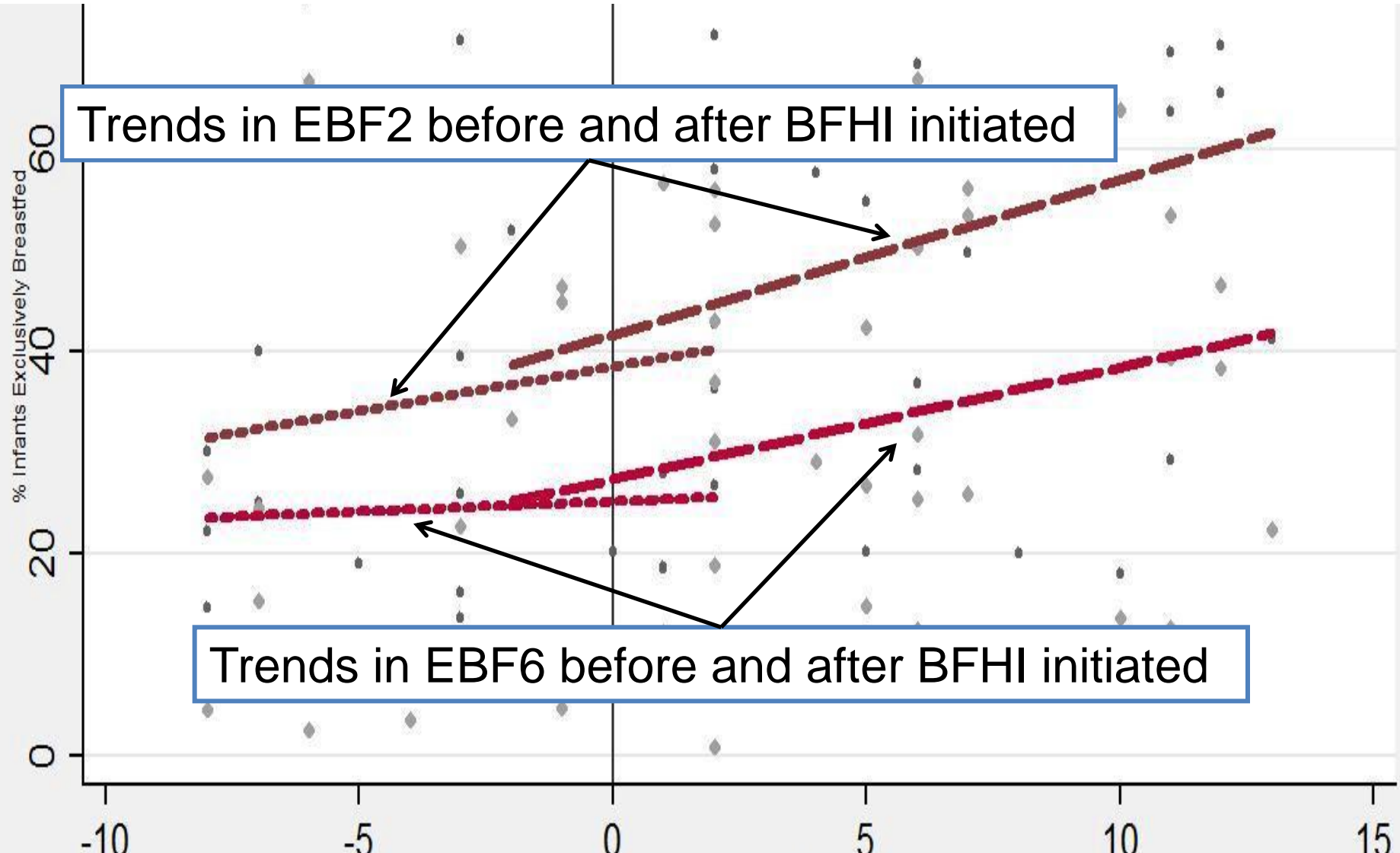
## Inter-conception Care

- >6 more months for full maternal recovery
- healthy 2-3 years minimum interpregnancy interval

**If we cannot redo the entire system,  
where can we build bridges?**



# Multi-country study of the impact of implementation of BFHI on rate of increase in exclusive breastfeeding: BFHI WORKS



# Expanding the **Original Ten Steps/Baby-friendly (BF)** **Hospital Initiative** beyond the maternity setting



Expansion of  
quality of care  
from Clinical Care  
into all levels of  
the Social  
Ecological  
Framework: From  
Individual at  
home to  
Governmental  
Policy and  
Support

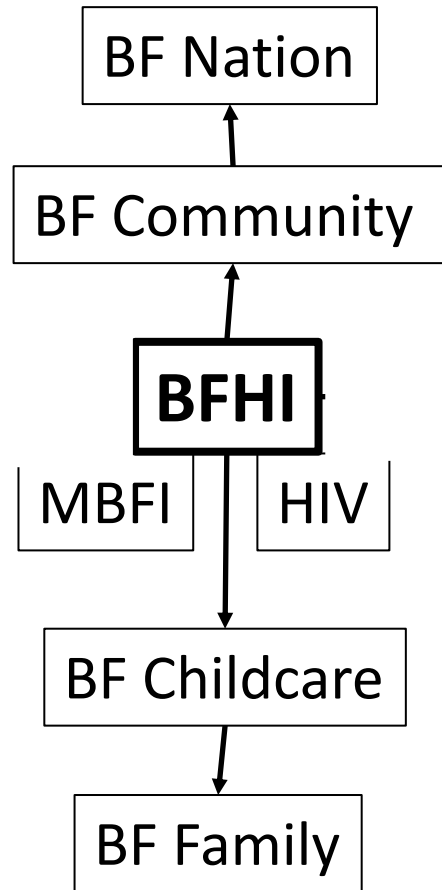


**BFHI**

# Expanding the **Original Ten Steps/Baby-friendly (BF) Hospital Initiative** beyond the maternity setting

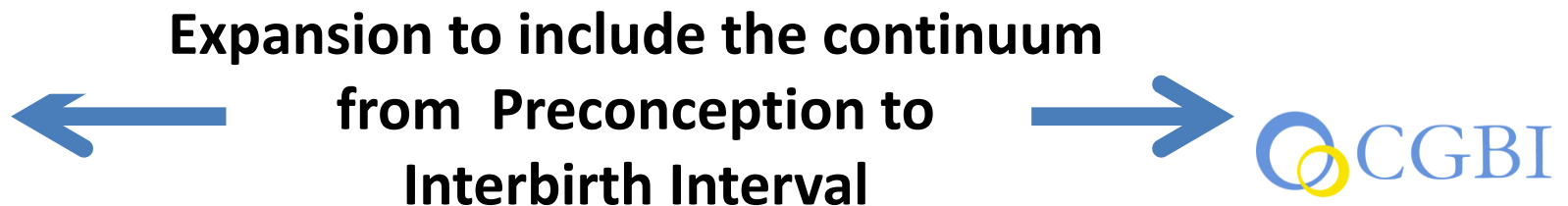


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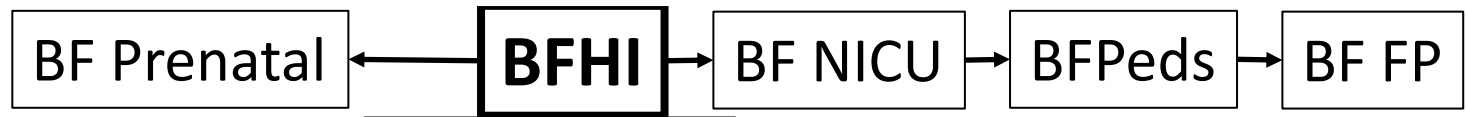


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**BFHI**



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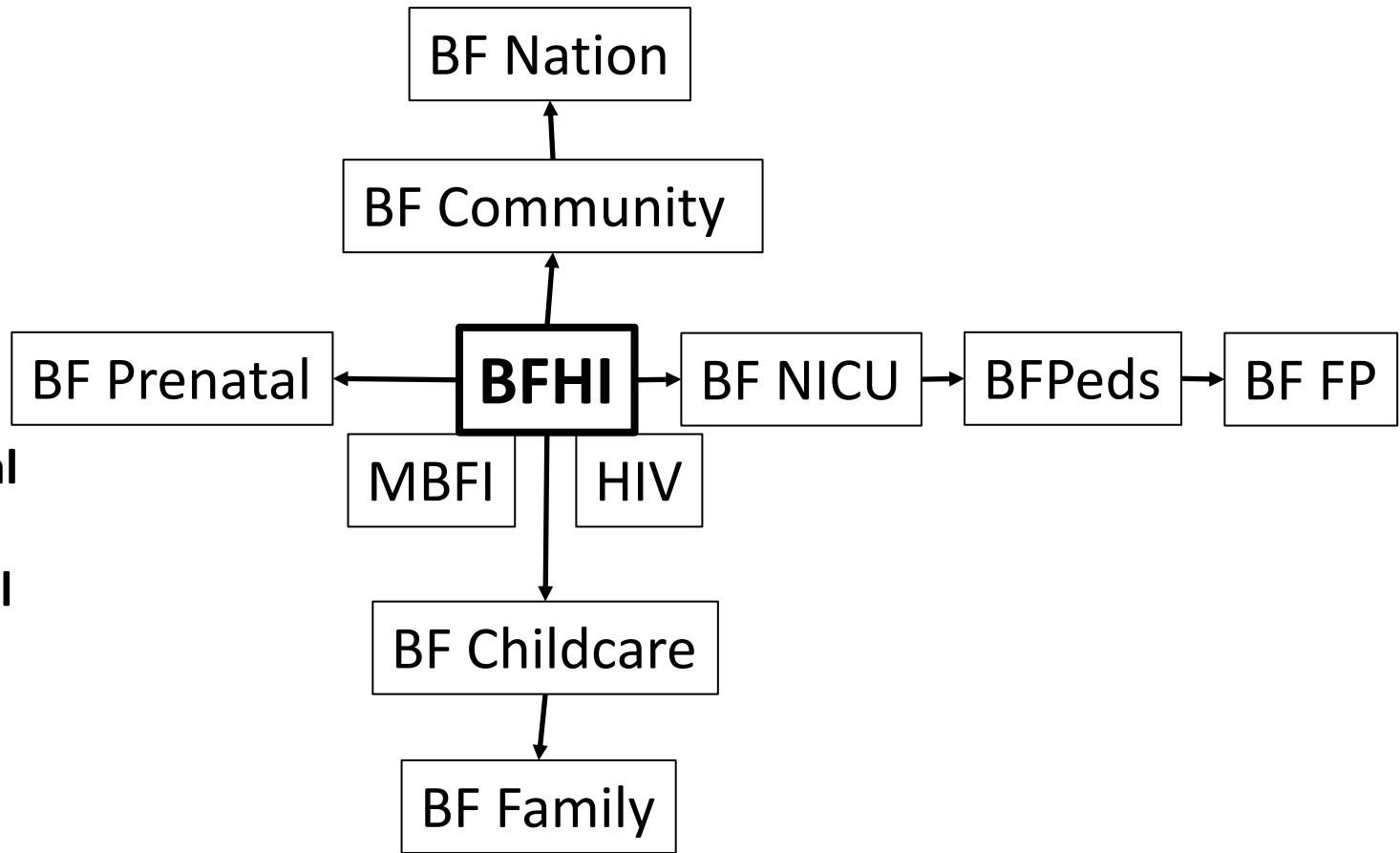
Expansion to include the continuum from Preconception to Interbirth Interval



# Expanding the Evidence-based **Ten Steps/Baby-friendly (BF) Hospital Initiative** beyond the maternity



Expansion of quality of care from Clinical Care into all levels of the Social Ecological Framework: From Individual at home to Governmental Policy and Support



Expansion to include the continuum from Preconception to Interbirth Interval

	Equity	Medical Home	Linkages	Communication
<b>Current Gaps</b> <ul style="list-style-type: none"> <li>• Continuum</li> <li>• Quality of Care</li> </ul>	X	X	X	X
<b>Overlap/Alignment</b> <ul style="list-style-type: none"> <li>• Federal/State initiatives</li> <li>• Private Partnerships</li> </ul>				
<b>PMCH</b> <ul style="list-style-type: none"> <li>• Maternal-child medical home linkages</li> <li>• Holistic patient-centeredness : beyond strict clinical</li> </ul>	WIC  Home visitors			
<b>Specific concrete recommendations (HHS purview)</b>				



# 12 Specific, Effective and “Do-able” Actions

1. Continue the work of the HHS Working Group for Worksite Lactation Support. (OWH, HRSA)
2. Continue the National Breastfeeding Helpline as part of the National Women’s Health Information Center. (OWH)
3. Support curriculum updates, as per USBC competencies, in all health professional training as a requirement for any federal subsidies. (HHS)
4. Sponsor research on how best to support breastfeeding success, especially among most vulnerable populations. (NICHD)
5. Work with the DoL to offer paid maternity leave of at least 18 weeks as part of disability insurance.
6. Expand funding and regulation enforcement for federal and state level breastfeeding initiatives in communities such as bf support in child care settings, faith based orgs, and in K-12. (ACF)
7. Sponsor a report on the current state-led initiatives (HRSA , CDC)

8. Support the development of additional Donor Human Milk Banks and methods to make human milk more available to achieve the Joint Commission goal (CDC, HRSA-MCHB)
9. Complement the WIC BF support with social marketing campaigns using PSAs and social media (OWH, USDA)
10. Include breastfeeding and support in all obesity, diabetes, SIDS, and breast cancer prevention projects (CDC, AHRQ, JRSA-MCHV, NICHD)
11. Issue additional guidance on ACA and CMS provisions related to breastfeeding support to included skilled – not currently licensed - providers (DOL, OWH)
12. Strengthen breastfeeding skills of all practitioners in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, designed to “strengthen Title V, improve coordination of services for at-risk communities, and identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.” (HRSA, ACF. etc)