

9 Steps to Breastfeeding Friendly: Guidelines for Community Health Centers and Outpatient Care Settings



Agenda

- **Facilitator/Introduction:** Suzanne Haydu, MPH, RD
- **9 Steps to Breastfeeding Friendly Guidelines:**
Linda Cowling, MPH, RD
- **5 Key Elements for the Implementation of the 9 Steps:** Jessica Jolley BA, IBCLC & Sarah Furlano, BS, IBCLC, RLC
- **A Journey to Sustainable Newborn/Lactation Clinics in an FQHC Setting:** Francine Jolton, MD FAAP
- **Q & A**

At the end of the session you will:

- Be able to locate the 9 Steps To Breastfeeding Friendly online.
- Be able to identify at least one challenge to implementation of the 9 Steps To Breastfeeding Friendly and a way to address it.
- Be able to locate Community partners and resources to move Community Health Centers and Outpatient Care Settings towards the 9 Steps To Breastfeeding Friendly.

9 Steps to Breastfeeding Friendly Guidelines

Linda L. Cowling, MPH, RD
California Department of Public Health
August 31, 2016



Learning Objectives

- * **Describe the development of the Breastfeeding-Friendly Guidelines.**
- * **Discuss the purpose of the Breastfeeding-Friendly Guidelines.**
- * **Describe the important role of health care providers in implementing the Guidelines.**



How Did We Get Here?

- * 2012, CDC released a Funding Opportunity Announcement aimed at increasing breastfeeding duration rates.
- * Grant recipients were required to:
 - * Select specific organizations
 - * Collaborate
 - * Enhance

Breastfeeding Momentum



Why Clinics and Outpatient Care Settings?

- * Lack of support identified as major barrier₁
- * Support and encouragement from provider the most important intervention₂

*
*

1. Taveras EM, Li R, Grummer-Strawn LM, et al. Opinions and practices of clinicians associated with continuation of exclusive breast-feeding. *Pediatrics* 2004; 113(4):E283–90.
2. Lieu TA, Wikler C, Braveman P, et al. Predictors of breast-feeding success after early newborn discharge. *Pediatric Research* 1996; 39:108A (abstract).

Why Clinics and Outpatient Care Settings? (cont)

- * On going support increase proportion of women who continue breastfeeding for up to 6 months₃
- * Clinicians report feeling they had insufficient knowledge, low levels of confidence and clinical competence₄

* 3. Guise JM, Palda V, Westhoff C, et al. The effectiveness of primary care-based interventions to promote breastfeeding: systematic evidence review and meta-analysis for the U.S. Preventive Services Task Force. *Annals of Family Medicine* 2003; 1(2):70–8.

* 4. Renfrew MJ, McFadden A, Dykes F, Wallace LM, Abbott S, Burt S, et al. Addressing the learning deficit in breastfeeding: strategies for change. *Matern Child Nutr.* 2006;2:239–244. [PubMed]

15 Community Clinics

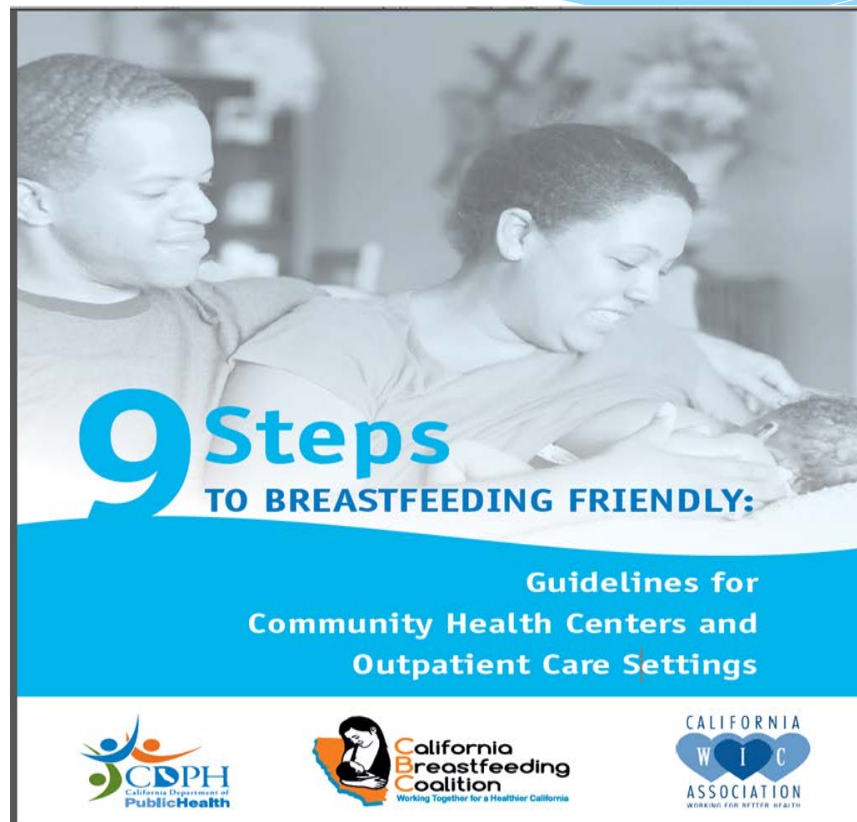


Purpose of the Guidelines

Guidelines were developed to support community health centers and outpatient care settings to:


- * Successfully implement practices and policies that protect, promote and support breastfeeding,
- * Provide a framework for creating and sustaining a community-based, universally assessable, quality care and support system for breastfeeding mothers and their families.

9 Steps to Breastfeeding Friendly Guidelines



9 Step Guidelines and Toolkit

<http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/BreastfeedingFriendlyClinicsProgram.aspx>



The screenshot shows a web browser displaying the "Breastfeeding Friendly Clinics Program" page. The browser's address bar shows the URL: <http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/BreastfeedingFriendlyClinicsProgram.aspx>. The page has a blue header with the title "Breastfeeding Friendly Clinics Program". Below the header, there is a large banner image of a baby being breastfed, with the text "Breastfeeding Hospitals & Health Centers" overlaid. The main content area is titled "Breastfeeding Friendly Health Centers" and includes a paragraph about the program's goal to increase breastfeeding duration rates in California's high-risk communities. It also mentions the California Department of Public Health Nutrition Education and Obesity Prevention Branch (NEOPB) and its partners. A section titled "9 Steps To Breastfeeding Friendly: Guidelines for Community Health Centers and Outpatient Care Settings" is visible, followed by a list of bullet points: "• Successfully implement practices and policies that protect, promote and support breastfeeding." and "• Provide a framework for creating and sustaining a community-based, universally assessable, quality care and support system for breastfeeding mothers and their families." The page also includes a sidebar with various links such as "Most Popular Links", "Quick Links", and "Related Links". The footer contains navigation links like "Back to Top", "Help", "Contact Us", "Site Map", and "Comments", along with the copyright notice "Copyright © 2016 State of California".

en Español
→ Su salud en su idioma

Most Popular Links
→ Birth, Death, & Marriage Certificates
→ Licensing and Certification
→ WIC

Quick Links
→ About Us
→ CHHS Open Data Portal
→ Decisions Pending & Opportunities for Public Participation
→ Diseases & Conditions
→ Job Opportunities
→ Language Access Complaint Process
→ Local Health Services
→ Newsroom
→ Public Availability of Documents

Related Links
→ California Health and Human Services Agency
→ Department of Health Care Services (includes Medi-Cal)
→ State Agencies Directory

Home > Health Information > Healthy Living > Children & Families > Breastfeeding Friendly Clinics Program

Breastfeeding Hospitals & Health Centers

Breastfeeding Friendly Health Centers

To increase breastfeeding duration rates in California's high risk communities by enhancing the capacity of community safety-net clinics to provide quality breastfeeding services.

[Breastfeeding Home Page](#) | [Hospitals & Health Centers](#)

The California Department of Public Health Nutrition Education and Obesity Prevention Branch (NEOPB) and partners, with supplemental funding to the obesity grant from the Centers for Disease Control and Prevention, was funded to implement a breastfeeding friendly healthcare provider certification program to increase breastfeeding duration rates in California communities of color. Health Centers implemented systems to provide and bill for professional breastfeeding support services and pumps as required by the ACA. Fifteen community clinics serving families in high-risk ethnic groups and communities that have chronically low breastfeeding duration rates were selected and funded in 2013 to participate in a statewide collaborative to develop model policies that will be used to designate a community clinic as "Breastfeeding-Friendly Certified," in similar fashion to the designation of a hospital as Baby-Friendly and pilot test these model policies.

9 Steps To Breastfeeding Friendly: Guidelines for Community Health Centers and Outpatient Care Settings

(Guidelines) <http://www.cdph.ca.gov/programs/NEOPB/Pages/PrevFirstBreastFeeding.aspx>. Guidelines developed in collaboration with input from community health centers, the California Department of Public Health, the California WIC Association (CWA) and the California Breastfeeding Coalition (CBC) to support community health centers and outpatient care settings to:

- Successfully implement practices and policies that protect, promote and support breastfeeding.
- Provide a framework for creating and sustaining a community-based, universally assessable, quality care and support system for breastfeeding mothers and their families.

As a companion piece, CWA and CBC released an online toolkit. <http://calwic.org/focus-areas/wic-public-health-a-health-care-reform#StepsGuidelines>. The Toolkit provides advice from the field and links to resources to help with the 9 Steps implementation.

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Survey

- * The California Primary Care Association is partnering with CDPH to assess clinical lactation services and quality management for all of California's Community Health Centers.

https://www.surveymonkey.com/r/9_Steps_Assessment

Thank You

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5 Key Elements for the Implementation of the 9 Steps

Sarah Furlano,BS, IBCLC and Jessica Jolley, BA, IBCLC
CDPH Webinar
August 31, 2016

Learning Objectives

- Walk away with concrete steps to begin your implementation
- Ways to minimize implementation timeline
- Glimpse of the all encompassing nature of this initiative

Salud Para La Gente

- Santa Cruz/ Monterey Counties
- 14 Clinics
- FQHC
- Patient Centered Medical Home



June/ July 2016

- # Total Patients: 11,024
- # OB Patients: 3,975
- # Newborns: 167

5 Key Elements

- Create Lactation Department
- Breastfeeding Task Forces
- Employee Workplace Accommodations
- Billing
- Electronic Medical Records

Lactation Department

- Staffing

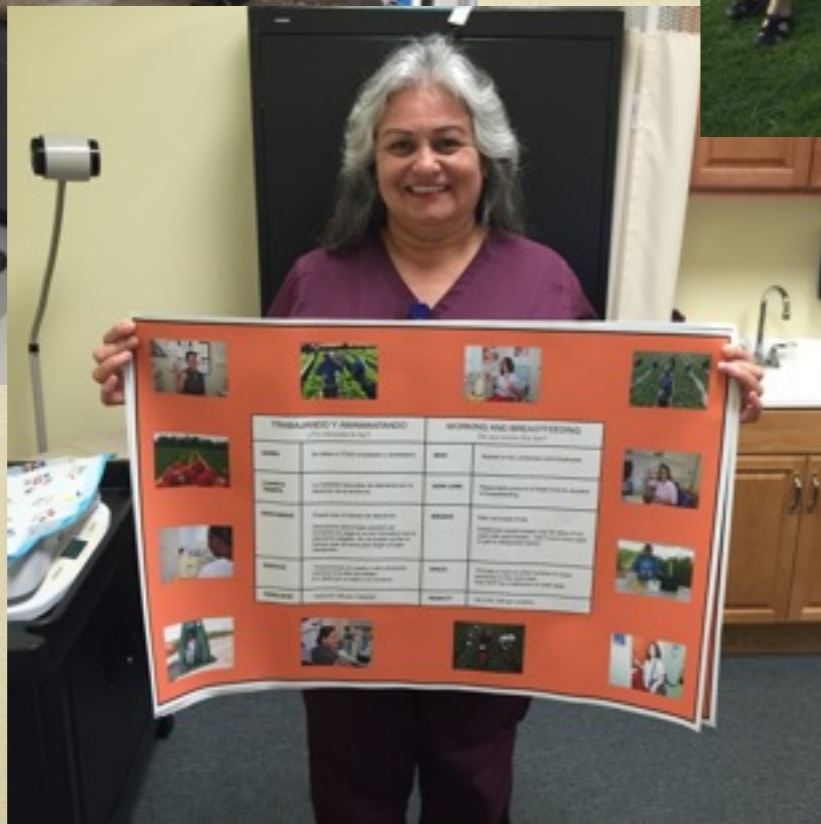
- * Manager

- * Clinical Staff: IBCLC, CLC, MA

- Space and Supplies

- Department Location

Lactation Department



Task Forces

- **Internal**

- Representatives
- Process
- Action Items

- **Community**

- Partners
- Facilitator
- Location



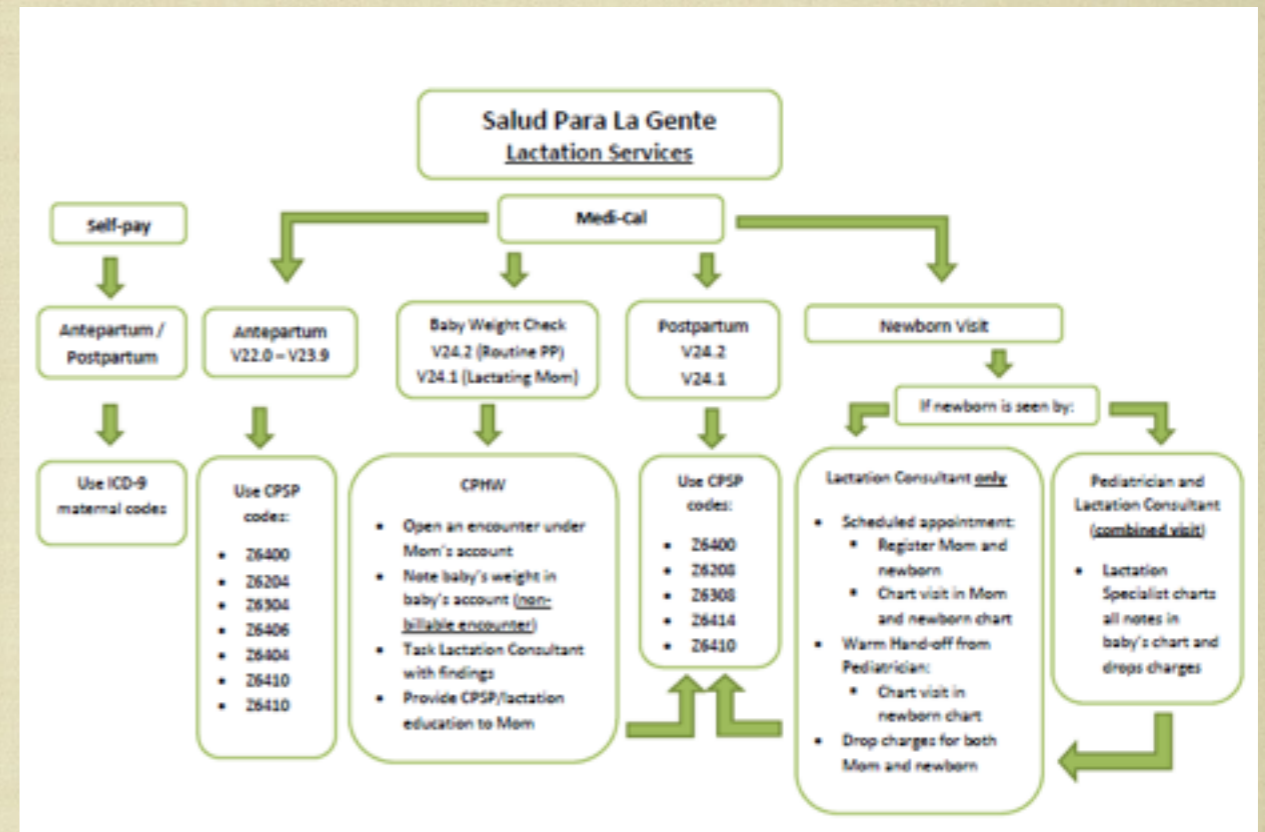
Workplace Accommodations

- Existing Policy
- Work Flow
- Complimentary Services



Billing

- Insurance Carrier
- Flow Charts
- Lactation Specific
- Salud Para La Gente's Model



Electronic Medical Records

- Data Tracking
- Develop Forms
- Interdepartmental Communication
- Learning Curve

The screenshot shows a web-based electronic medical record form titled "#SPLG LACTATION INTAKE". At the top right, there are checkboxes for "Auto Neg" (checked) and "Uncheck All". Below the title is a "Preview" button and a series of tabs: "Subjective", "Mom", "Baby", "Feeding Assessment", "Devices Dispensed", "Handouts", "Findings/ POC", "Draft", "Search", and "Outline". The "Feeding Assessment" tab is currently selected. The form is divided into several sections:

- Lactation Intake:** Contains two checkboxes: "☐ Y The Chief Complaint is:" and "☐ Y Nursing Goals Breastfeeding".
- Infant Weight History:** Contains three checkboxes: "☐ Y birth weight ☐ Y ☐ Y - Mother's Report Last 24 hrs:** Contains several checkboxes: "☐ Y Behavior at breast", "☐ Y Who ends the feeding?", "☐ Y ☐ N Uses a pacifier", "☐ Y Baby's behavior between feedings", "☐ Y ☐ N infant is bottle-feeding", "☐ Y ☐ N Other Supplemental Feeding", "☐ Y Breast Pump Manual", and "☐ Y Breast Pump Electronic".
- Output Lab:** A vertical list of checkboxes on the right side, including "☐ Y Urin", "☐ Y Bow", "☐ Y mer", "☐ Y nev", "☐ Y nev", "☐ Y red", and "☐ Y".

At the bottom left, there is a section for "Pregnancy Summary" with a sub-section for "Gravida".

In Closing.....

- Time Line

- Tool Kit

calwic.org

- Handout



9 Steps to Breastfeeding Friendly Clinics: Guidelines for Community Health Centers and Outpatient Care Settings

Produced by the California Department of Public Health, in partnership with California Breastfeeding Coalition and CWA, this document outlines steps, guidelines, and desired outcomes defining community health centers that fully support breastfeeding mothers and infants.

9 Steps to Breastfeeding Friendly Clinics: An Online Toolkit for Implementation

Looking for resources and advice from the field to help your health center implement the 9 Steps? Click on a Step in the toolkit below, developed jointly by CWA and the California Breastfeeding Coalition. Contact **Margaret Aumann** if you have tools or advice to add!

Step 1:
Policy and
Protocol

Step 2:
Staff Education
and Evaluation

Step 3:
Patient
Education

Step 4:
Clinical
Services

Step 5:
Clinic
Environment

Step 6:
Community
Resources

Step 7:
Workplace
Lactation

Step 8:
Financial
Sustainability

Step 9:
Quality
Improvement
and Impact
Evaluation

Contact Info:

- **Sarah Furlano, BS, IBCLC**

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- **Jessica Jolley, BA, IBCLC**

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A JOURNEY TO SUSTAINABLE NEWBORN/LACTATION CLINICS IN AN FQHC SETTING

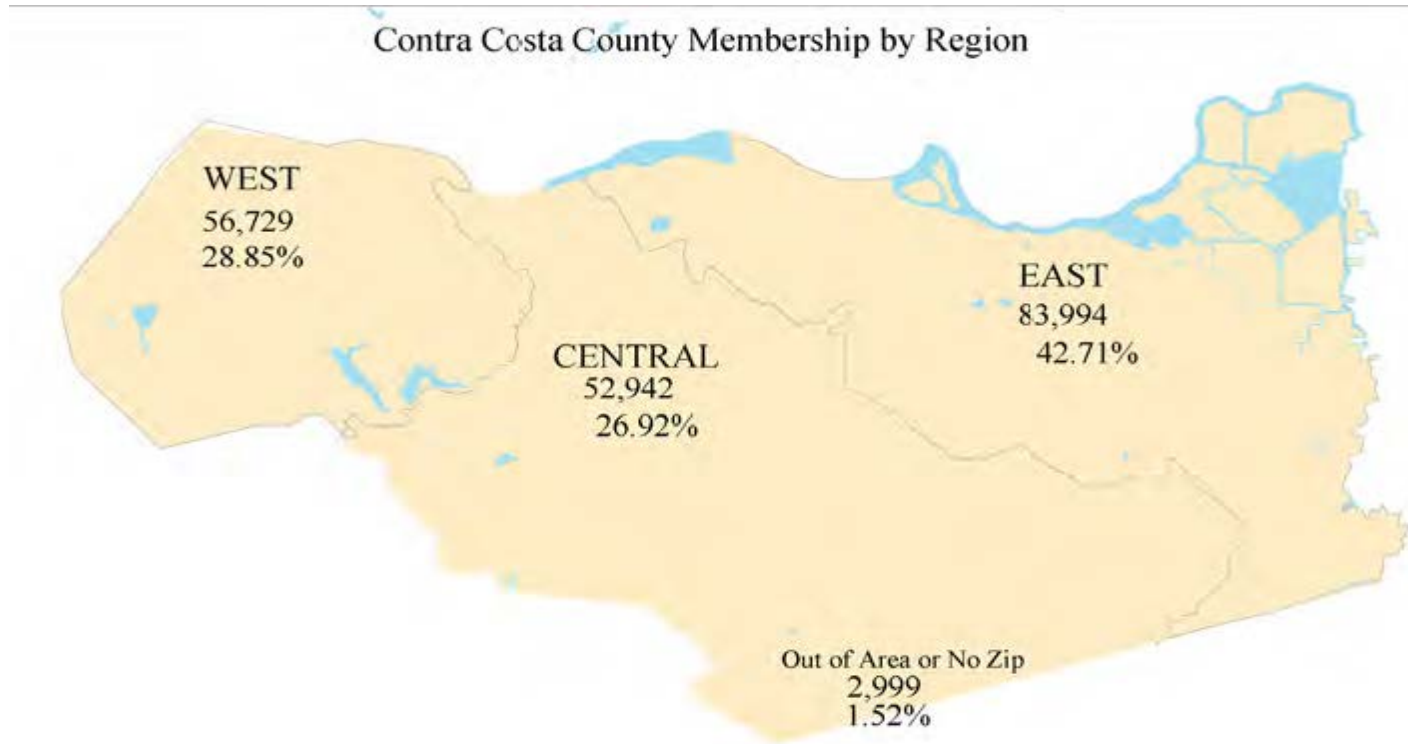
FRANCINE JOLTON, MD, FAAP, CLE
CHAIR, DEPARTMENT OF PEDIATRICS
CONTRA COSTA REGIONAL MEDICAL CENTER AND
HEALTH CENTERS.

WHO ARE WE?



- Safety Net Hospital for Contra Costa County.
- Deliver about 2200 babies per year
- Stand alone Family Practice Training Program

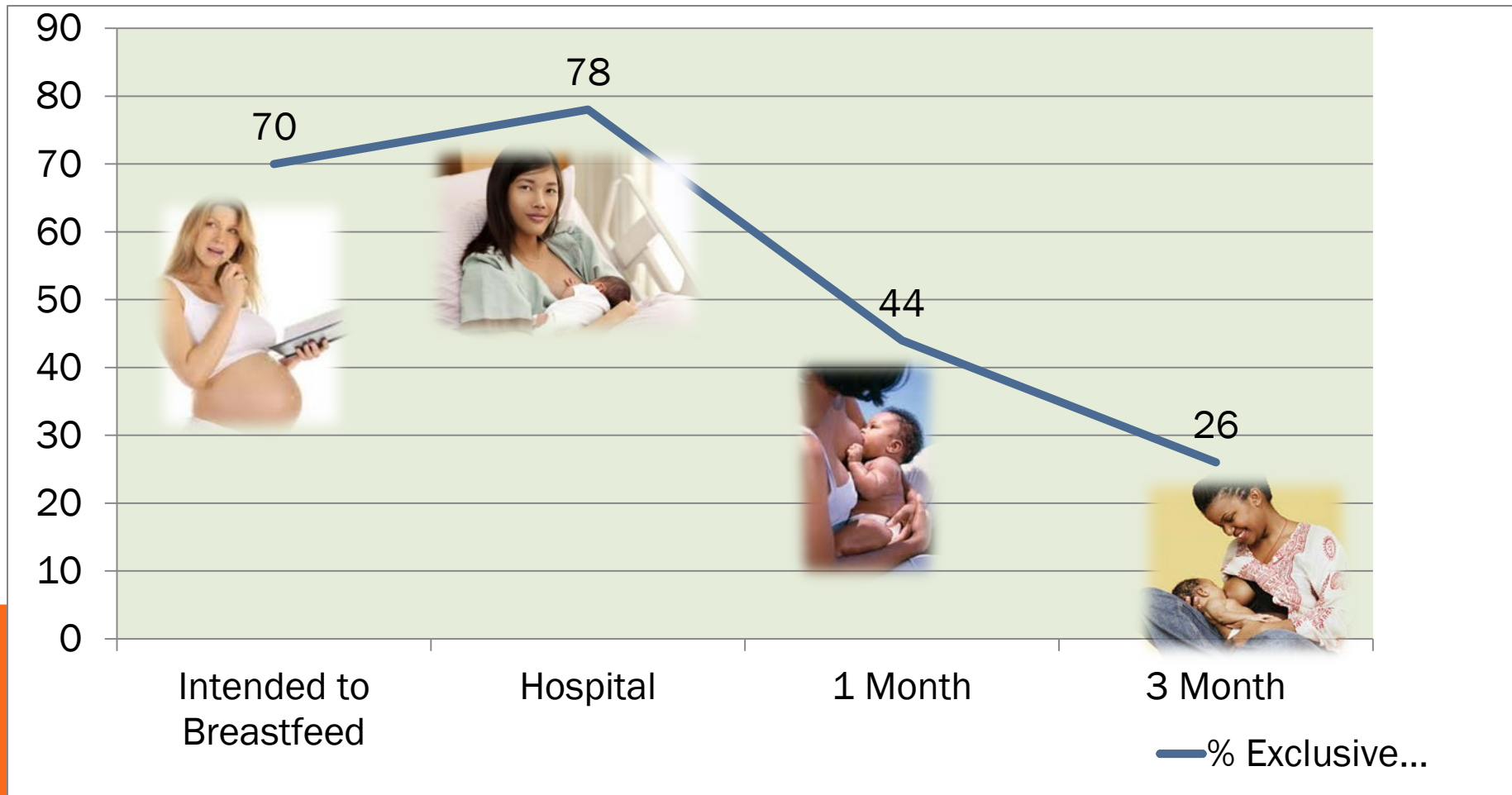
PATIENTS WE SERVE



- One of the first Medi-Cal Managed Care Health Plans – CCHP
- Currently 200,000 members (up from 70,000 2 years ago)
- Clinics in 8 communities throughout the county
- Also deliver patients from our Community Provider Network

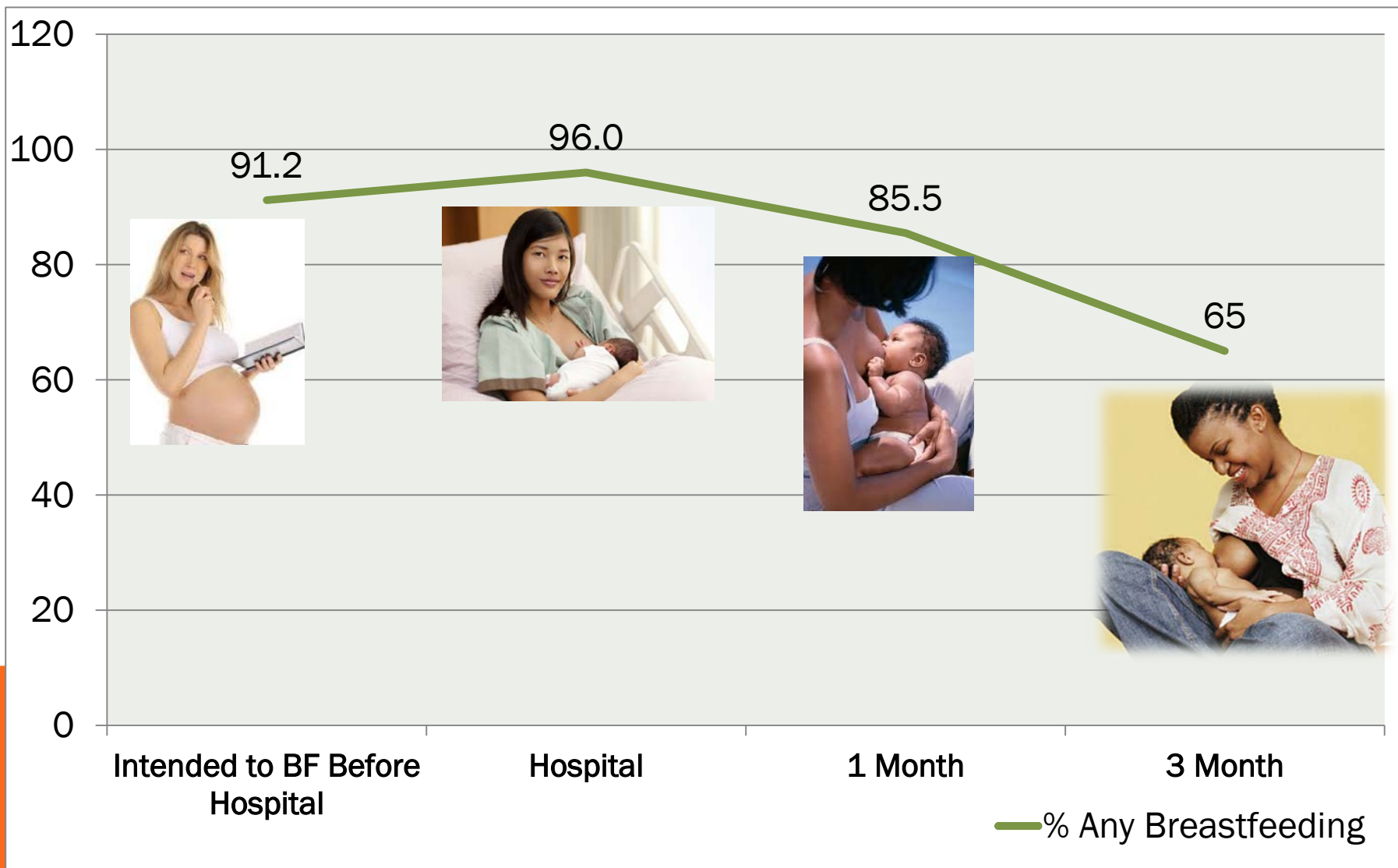
CONTRA COSTA COUNTY

WHAT HAPPENS TO “EXCLUSIVE” BREASTFEEDING?



CONTRA COSTA COUNTY

WHAT HAPPENS TO “ANY” BREASTFEEDING?



Maternal and Infant Health Assessment (MIHA) Survey, 2012

* Any = Breast milk and formula

HOW ARE JOURNEY BEGAN

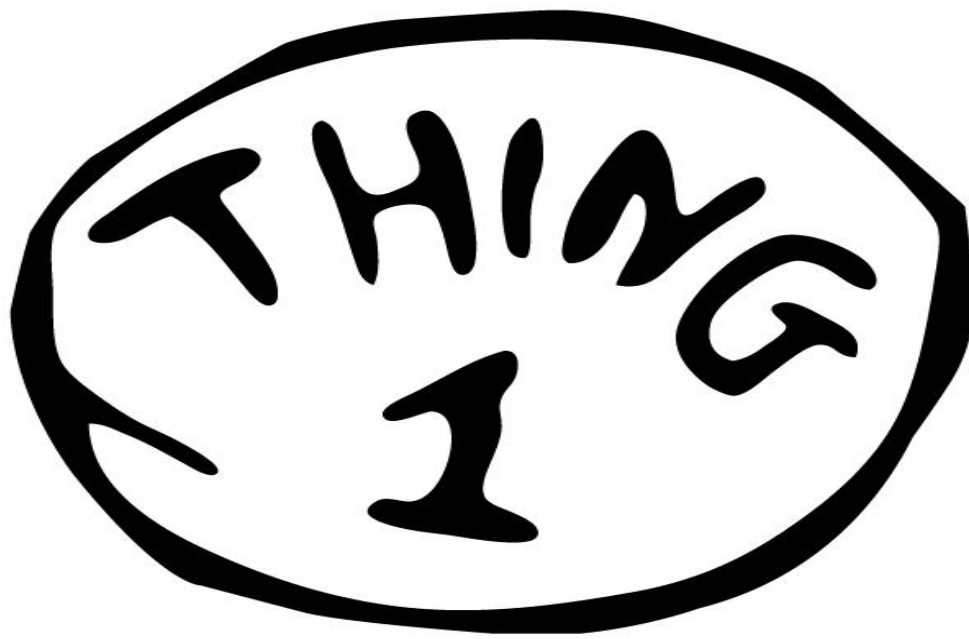
Hospital Breastfeeding Taskforce, 2009

Did not have support to become Baby Friendly
but began improvement work with this goal in
mind

Saw some improvement of our breastfeeding
rates from Newborn Screening

Realized two important things

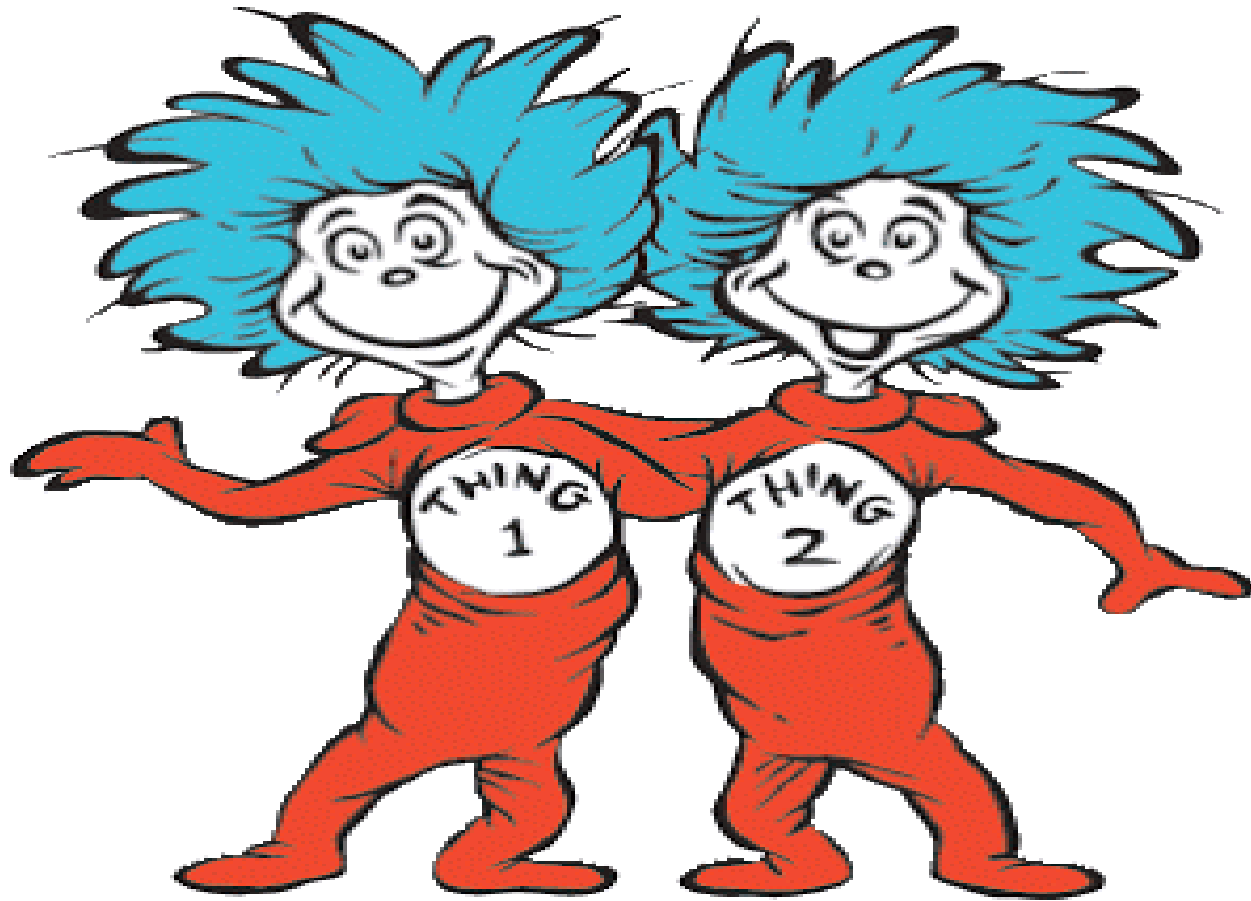




Need Mothers and families
that are prepared for the “in hospital
breastfeeding experience” which depends
on adequate teaching in the Prenatal
Setting



You need a robust system of follow-up and support in the **Outpatient** setting after discharge to insure ongoing breastfeeding success



So we invited Thing 1 and Thing 2 to the table and our Breastfeeding team grew into two teams: inpatient and outpatient

NEXT BIG THING



Part of the COPP grant in 2013 - 14

Had no employeeed IBCLCs (on contract),
no county job description in HR

Able to hire first RN/IBCLC

Tested many models of care

Found that the model that combined both
a newborn visit and lactation visit for
mom met the patients needs the best

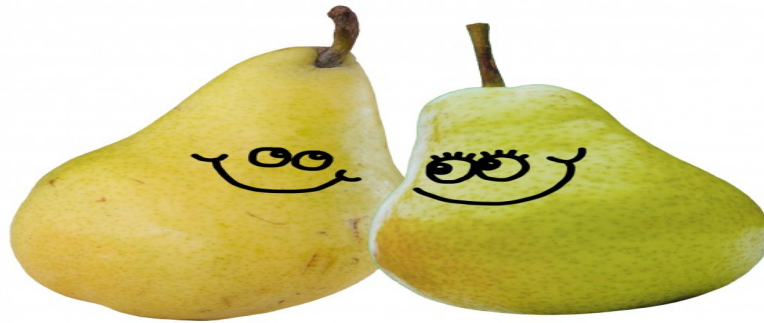
\$HOW ME THE MONEY



Money doesn't grow
trees, so how do we make
this sustainable?

Where are the billing
opportunities?

DESIGNED A PAIRED CLINIC MODEL



Newborn is scheduled with a MD or NP for first newborn check

Mother is scheduled under Healthy Start with an IBCLC at the same time

Each provider bills for their patient

Medical Issues for mother are not addressed

Only need the clinic space as if one provider (use shared space)



Billing Means Money

Money Means Growth and Sustainability

Potential for Newborn Clinic with Lactation Revenue

- Assume six newborn follow-up clinics per week dispersed throughout the county with an average of 10 patients per clinic.
- Assume 7 mothers per clinic need lactation support
- Register mother's at time of clinic and bill lactation services under Health Start
- FQHC reimbursement, approximately \$390 per visit
- Staff needed : Primary Care provider, lactation consultant, nurse, registration

10 babies/clinic	6 clinics/week	300 clinics/year	Total Revenue
\$3900	\$23,400	\$1,170,000	\$1,170,000
7/mothers/clinic	6 clinics/week	300 clinics/year	\$819,000
\$2,730	\$16,380	\$819,000	\$1,989,000

OUR CURRENT SYSTEM

Six Newborn/Lactation clinics dispersed throughout the county per week, including one on Saturday

After much work with EPIC have separate rosters for mom and baby with all appropriate people having access to schedule correctly

Have a lactation cart with supplies at all sites

Have a bilimeter at all sites

Local Community hospitals also have access



Standard Work

Task	Description	Person Responsible
Appointment Made at Hospital Discharge	<ol style="list-style-type: none"> 1. Baby gets appt. made by post-partum staff into Newborn Clinic, can be in Peds or family medicine 2. Mother gets appointment in Health Start/Lac Consult 3. AVS printed showing appointments 	<ol style="list-style-type: none"> 1. Access problems to make appts (Cita Richeson) 2. Same as above 3. AVS with location discrepancy for mom's appt, listed as in HS but actually in clinic
Appointment Made from Clinic or Advice Nurse or Other	<ol style="list-style-type: none"> 1. Same as above, both mom and baby need appointments 	<ol style="list-style-type: none"> 1. Staff does not have adequate access or training
Clinic Staffing	<ol style="list-style-type: none"> 1. Clinic needs consistent and adequately trained staff 2. Need to clarify the roles 3. Define nursing duties related to both mom and newborn 	<ol style="list-style-type: none"> 1. CSMs and Clinic staff
Clinic Space	<ol style="list-style-type: none"> 1. Minimum needed for seeing mom/baby dyad is two rooms in close proximity and two computers also in close proximity (one could be mobile), communication is key for efficient clinic workflow 	
Intake/Rooming of Newborn	<ol style="list-style-type: none"> 1. If baby born at outside hospital need to obtain birth records. Need to be available when provider sees patient 2. All babies need to be weighed and measured 3. All babies need routine vital signs 4. All babies need a transcutaneous bili 	<ol style="list-style-type: none"> 1. Registration/other support staff
Intake/Rooming of Mother	<ol style="list-style-type: none"> 1. All moms need to be registered at same time as baby 2. On occasion mom will have a double appointment with provider and LC to also address a medical issue, then she needs routine vital signs and weight 	<ol style="list-style-type: none"> 1. Registration, what happens when mom does not have an appointment, who should initiate this ? 2. Who does this?
Medical Care and Documentation for Newborn	<ol style="list-style-type: none"> 1. All done by medical provider using appropriate smart set 	
Lactation Consult and Documentation for Mother	<ol style="list-style-type: none"> 1. All done by the LC 	
Discharge of Newborn including any needed f/u appts	<ol style="list-style-type: none"> 1. Often need additional follow-up appointment with a provider or back to newborn clinic, this is critical 	<ol style="list-style-type: none"> 1. Clinic nursing 2. same

Standard Work Continued

Discharge of Newborn including any needed f/u appts	<ol style="list-style-type: none">1. Often need additional follow-up appointment with a provider or back to newborn clinic, this is critical2. Printing of AVS	<ol style="list-style-type: none">1. Clinic nursing2. same
Discharge of Mother including any needed f/u appts or supplies	<ol style="list-style-type: none">1. If baby being seen again in a newborn clinic, mother also needs a lactation appointment at same time2. AVS3. If a breastpump is needed, provider will order and LC will follow through with paperwork	?????? LC will complete
Maintenance of Supplies in Clinic	<ol style="list-style-type: none">1. All clinics have supply cart with list of contents2. LCs would document supplies used3. System to get things replaced that is consistent and clear	LCs in conjunction with supplier manager for clinic

A FEW OTHER FACTS

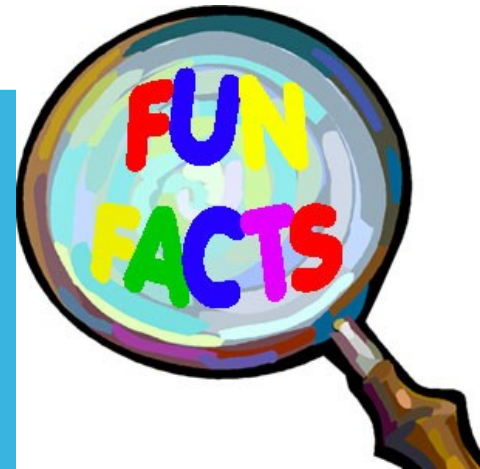
The IBCLCs are contracted through an agency

The same IBCLCs work at the hospital and in the clinics

Some of the IBCLCs also work for WIC or the other local hospitals, making the system more seamless

Have a system for ordering pumps for both insured mothers and those on restricted Medi-Cal with equipment arriving timely

Unused Newborn slots, convert to short notice for other pediatric patients, so no missed opportunities



NEXT STEPS

Part of PRIME, will become a Baby Friendly Hospital over the next 4 years, Letter of Intent submitted

Using the PRIME umbrella to optimize the prenatal education patients are receiving, with an emphasis on making it culturally relevant

Using the PRIME umbrella to improve transitions of care between us and our community provider network

Outcome data report being built

Add a 7th clinic



BARRIERS/CHALLENGES

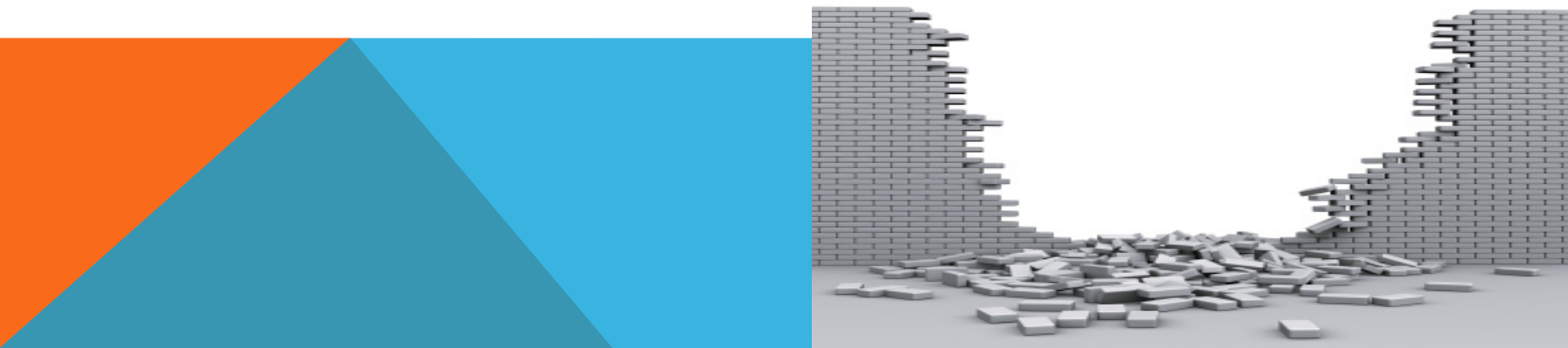
Numerous problems creating the schedules in EPIC with the correct visit types in which the correct staff have access

Working across the system with something new is challenging

Creating charting templates in EPIC

Space in the clinic for two providers

Creating billing departments



COMMUNICATION

Sharing the Information Effectively

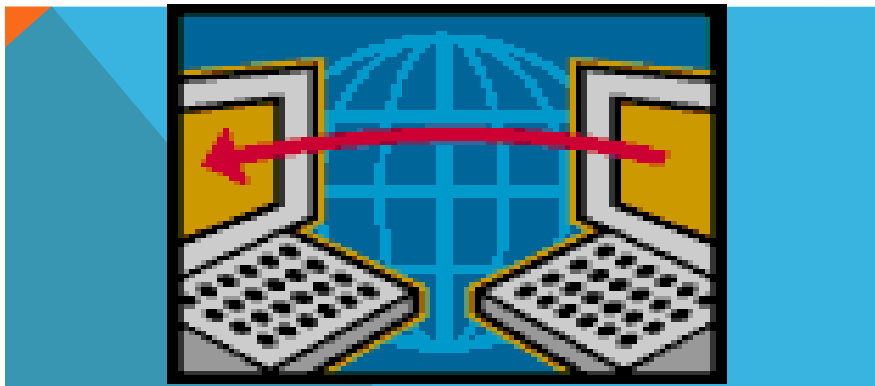
Many new workflows to learn, many new tasks for many people

Mistakes will happen

How to streamline information to those who need to know

When things need to be fixed, who has the power?

What format of communication for which things



COMPLETING THE PUZZLE

Step 1 - policy
need to adapt to
clinic setting

Step 2 –
Staff Ed
Coming with
PRIME

Step 3-Pt Ed
Coming with
PRIME

Step 4 –
Services
DONE

Step 5-
Clinic environment
In Process

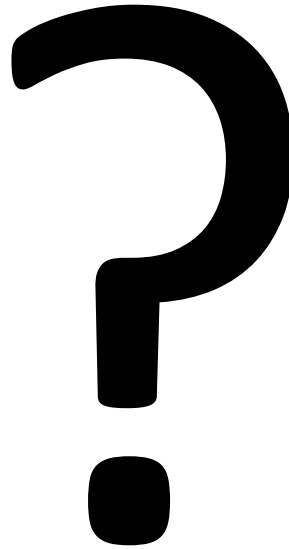
Step 6-
Community Resources
DONE

Step 7
Workplace
In Process

Step 8
Financial
DONE

Step 9 – QA
In Process

Questions



Don't Forget!

*Please participate in the state-wide survey
to inform strategic planning and resource
development:*

[https://www.surveymonkey.com/r/9 Steps Assessment](https://www.surveymonkey.com/r/9_Steps_Assessment)

Thank you!

