The Important Role of the WIC Program in Protecting, Promoting and Supporting Breastfeeding

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Baby-Friendly USA, Inc.
September 8, 2016
The speaker discloses employment with Baby-Friendly USA, Inc.

There are no other conflicts of interest.

This presentation is not supported by any funds from companies that violate the International Code of Marketing of Breastmilk Substitutes.
Objectives

Participants will be able to describe:

• The importance of breastfeeding.
• Three (3) practices that support breastfeeding.
• The role of the WIC Program in protecting, promoting and supporting breastfeeding.
• The role fathers can plan in protecting and supporting breastfeeding.
Importance of Breastfeeding

Breastfeeding is not only the optimal way to feed babies... **it is the normal way to feed babies.**

Human milk is perfectly designed to meet the needs of human infants.

Breastfeeding provides:

- Nutritional
- Immunological
- Emotional nurturance
No commercially prepared formula is the same as breastmilk with regards to:

- Nutrients
- Enzymes
- Growth factors
- Hormones
- Immunologic & anti-inflammatory properties
INFANTS who are breastfed are at a reduced risk for:

- Ear infections
- Upper respiratory infections
- Bronchiolitis
- Necrotizing Enterocolitis (NEC)
- Diabetes
- SIDS
WOMEN who have breastfed are at a reduced risk for:

- Breast cancer
- Ovarian cancer
- Anemia
- Osteoporosis

Risk reduction is dose responsive
American Academy of Pediatrics - 2012

Breastfeeding and human milk are the **normative standards** for infant feeding and nutrition.

Given the documented short- and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be **considered a public health issue** and not only a lifestyle choice.
Breastfeeding is a Public Health Issue

Healthy People 2020 goals

Increase the proportion of infants being breastfed
Ever to 81.9% [2006: 74.0%]
At 6 months to 60.5% [2006: 43.5%]
At 1 year to 34.1% [2006: 22.7%]
Exclusively through 3 months to 44.3% [2006: 33.6%]
Exclusively through 6 months to 23.7% [2006: 14.1%]
Healthy People 2020 goals

Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and babies to 8.1% [2007 baseline: 2.9%]

We are currently at 18.23%
Breastfeeding is a Public Health Issue

“One of the most highly effective preventive measures a mother can take to protect the health of her infant and herself is to breastfeed.”

“I have issued this Call to Action because the time has come to set forth the important roles and responsibilities of clinicians, employers, communities, researchers, and government leaders and to urge us all to take on a commitment to enable mothers to meet their personal goals for breastfeeding.”

Regina Benjamin, MD
US Surgeon General
Breastfeeding is a Public Health Issue

Actions for Health Care:

**ACTION 7.** Ensure that maternity care practices throughout the United States are fully supportive of breastfeeding.

Accelerate implementation of the Baby-Friendly Hospital Initiative.
Breastfeeding is natural, but does not always occur naturally in our health care institutions.
Skin to Skin immediately following birth.
Supply and demand – frequent nursing stimulates breast – triggers milk production.
Supply and demand.
Reduces Demand – Reduces Supply.
The Important Role of the WIC Program in Protecting, Promoting and Support Breastfeeding
Enrolling women early in their pregnancies ensures that they have access to:

- Nutrition education
- Breastfeeding education
- Breastfeeding support
- Healthy WIC foods
### WIC Enrollment By Trimester

<table>
<thead>
<tr>
<th>% Pregnant Women Enrolled</th>
<th>Trimester of Enrollment in WIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>54.5%</td>
<td>1(^{st}) Trimester</td>
</tr>
<tr>
<td>36.0%</td>
<td>2(^{nd}) Trimester</td>
</tr>
<tr>
<td>9.2%</td>
<td>3(^{rd}) Trimester</td>
</tr>
<tr>
<td>0.3%</td>
<td>Unreported</td>
</tr>
</tbody>
</table>

Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born in 2012


SOURCE: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6333a2.htm
# WIC Population by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>WIC Participants</th>
<th>US Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native Only</td>
<td>11.1</td>
<td>0.8</td>
</tr>
<tr>
<td>Asian Only</td>
<td>3.3</td>
<td>4.9</td>
</tr>
<tr>
<td>Black or African American Only</td>
<td>20.3</td>
<td>12.6</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander Only</td>
<td>0.8</td>
<td>0.2</td>
</tr>
<tr>
<td>White Only</td>
<td>58.7</td>
<td>74.0</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>-</td>
<td>4.7</td>
</tr>
<tr>
<td>Two or More</td>
<td>5.4</td>
<td>2.8</td>
</tr>
<tr>
<td>Race Not Reported</td>
<td>0.2</td>
<td>-</td>
</tr>
</tbody>
</table>

The WIC Program enrolls more than 50% of all babies born in US.

The WIC Program has a tremendous opportunity to address racial disparities in breastfeeding.

WIC can make a major public health impact by helping the women to exclusively breastfeed their babies, for as long as possible.
Every State Agency is required to spend 1.6% of NSA funds on breastfeeding education and support.

Every State Agency is required to have a designated Breastfeeding Coordinator.

WIC ensures breastfeeding training and counseling skills are provided to local agency staff to enable them to support pregnant and breastfeeding women.
Many WIC clinics are “Breastfeeding Friendly” – displaying positive breastfeeding images, and - not displaying or offering products that undermine breastfeeding.

Many WIC Clinics promote breastfeeding anywhere but have a designated area for breastfeeding mothers to feed their babies if the mother requests privacy or a quiet space.
NWA 6 Steps TO Achieve Breastfeeding Goals

Six Steps to Achieve Breastfeeding Goals for WIC Clinics

NWA recognizes the ongoing commitment of WIC staff to improve and sustain breastfeeding rates. The Six Steps to Achieve Breastfeeding Goals for WIC Clinics is an integral part of the NWA Breastfeeding Strategic Plan to assist agencies to achieve these goals.

Goals:
- To offer practical suggestions to increase exclusive breastfeeding initiation and duration among WIC participants.
- To promote and create internal and external environments that support exclusive breastfeeding.

STEP 1: PROVIDE EXCLUSIVE BREASTFEEDING AS THE norm FOR ALL MOTHERS AND BABIES.
- Recognize and encourage the use of human milk as the perfect food for all infants.
- Support mothers in setting and reaching their exclusive breastfeeding goals.
- Devise staff training programs to deliver consistent educational messages for mothers.
- Encourage breastfeeding at all nutrition contacts, beginning with prenatal enrollment.
- Promote the food package incentives for women who breastfeed exclusively.
- Collaborate with community partners to promote exclusive breastfeeding as the norm.

STEP 2: PROVIDE AN APPROPRIATE BREASTFEEDING-FRIENDLY ENVIRONMENT.
- Train staff in how to assemble, clean, and issue breastfeeding equipment appropriately.
- Provide breastfeeding equipment, as available, following appropriate assessment by trained and qualified staff.
- Encourage mothers to breastfeed anywhere in the clinic. Provide a private area only upon the mother’s request.
- Encourage breastfeeding support groups at WIC clinic sites.
- Provide consistent breastfeeding education, educational materials, and handouts both monthly and during the postpartum period.
- Ensure that management fully promotes, encourages, and supports staff in their personal efforts to breastfeed.

STEP 3: ENSURE ACCESS TO COMPETENTLY TRAINED AND ACCREDITED STAFF AT EACH WIC CLINIC SITE.
- Train competent professional membership to train staff through assessment and appropriate support of the mother’s breastfeeding plans and educational needs throughout the prenatal and postpartum periods.
- Encourage and support breastfeeding education and training for staff to promote advanced opportunities in breastfeeding.

STEP 4: DEVELOP PROCEDURES TO ACCOMMODATE BREASTFEEDING IN ALL ENVIRONMENTS.
- A low-adequate time for assessment, evaluation, and existence to reach breastfeeding problems.
- Address all breastfeeding concerns in a timely manner.

STEP 5: MENTOR AND TRAIN ALL STAFF TO BECOME COMPETENT BREASTFEEDING PROVIDERS AND FUTURE COUNSELORS.
- Provide lactation management education including ongoing continuing education.
- Allow adequate clinic time for breastfeeding counseling.
- Train all staff in the necessary skills to assess breastfeeding needs.

STEP 6: SUPPORT EXCLUSIVE BREASTFEEDING THROUGH USE ASSESSMENT, EVALUATION, AND ASSISTANCE.
- Provide staff with access to at least one professional who has received International Board Certified Lactation Consultant (IBCLC) credentials, for referral and membership.
- Maximize utilization of trained Breastfeeding Peer Counselors.
- Ensure that breastfeeding policies and procedures are available to all pregnant and breastfeeding women.

As the nation’s premier public health nutrition program, WIC provides the competitive edge that will give our nation’s future leaders a fair start in life.

February 2011

Please direct all questions to NWA at 202.232.5492.

https://www.nwica.org/topics/breastfeeding accessed 9/6/16
WIC has a highly successful Breastfeeding Peer Counselor Program.

Peer Counselors are like other WIC mothers.

WIC Moms can relate to them.

Peer Counselors provide support, answer questions, help with referrals, etc.
WIC also provides breast pumps to mothers who need one. (Specific rules are determined by each State Agency)

Breast pumps are paid for by WIC food dollars.
WIC programs are required to work collaboratively with health care providers and hospitals.

By doing so, WIC is part of the Health Care Team that provides support to mothers.
Some WIC Local Agencies send Peer Counselors to the hospitals to help mothers with breastfeeding right after they deliver their babies.

WIC Programs also conduct outreach with health care providers to let them know what breastfeeding services can be offered to their patients.
Of course WIC also has the healthy food packages for all participants.

Breastfeeding Mothers get an enhanced food package that includes fish, additional fruits and vegetables, and additional milk, eggs and whole grains.
Figure ES.4
Breastfeeding Initiation Rates by State for WIC Infant Participants Aged 6–13 Months, April 2014

Notes
None of the State agencies that reported data on breastfeeding initiation for 2014 reported rates of less than 20%. See table VI.1 for additional detail.

Baby-Friendly USA®

The gold standard of care

The Baby-Friendly Hospital Initiative
What is the BFHI?

- An accreditation program for maternity facilities that have created an optimal environment for appropriate infant feeding and mother-baby bonding.

- An international program co-administered by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) in conjunction with national BFHI authorities.
The Ten Steps to Successful Breastfeeding have been demonstrated to increase both initiation and duration of breastfeeding


Ten Steps to Successful Breastfeeding

**STEP 1:** Have a written breastfeeding policy that is routinely communicated to all health care staff.

**STEP 2:** Train all health care staff in the skills necessary to implement this policy.

**STEP 3:** Inform all pregnant women about the benefits and management of breastfeeding.

**STEP 4:** Help mothers initiate breastfeeding within one hour of birth.

**STEP 5:** Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.
• **STEP 6:** Give infants no food or drink other than breastmilk unless medically indicated.

• **STEP 7:** Practice rooming-in – allow mothers and infants to remain together twenty-four hours a day.

• **STEP 8:** Encourage breastfeeding on demand.

• **STEP 9:** Give no pacifiers or artificial nipples to breastfeeding infants.

• **STEP 10:** Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.
Guideline - the standard of care to strive to achieve for all patients

Criteria for Evaluation – the minimum standard that must be achieved in order to become designated as Baby-Friendly

Always strive to achieve 100%.
Well-constructed, comprehensive policies effectively guide staff to deliver evidence-based care.

Well-trained staff provides current, evidence-based care.

Monitoring of practice is required to assure adherence to policy.
Breastfeeding has been recognized by scientific authorities as the optimal method of infant feeding and should be promoted as the norm within all maternal and child health care facilities.

The most sound and effective procedural approaches to supporting breastfeeding and human lactation in the birthing environment that have been documented in the scientific literature to date should be followed by the health facility.
The health care delivery environment should be neither restrictive nor punitive and should facilitate informed health care decisions on the part of the mother and her family.

The health care delivery environment should be sensitive to cultural and social diversity.

The mother and her family should be protected within the health care setting from false or misleading product promotion and/or advertising which interferes with or undermines informed choices regarding infant health care practices.
When a mother has chosen not to breastfeed, when supplementation of breastfeeding is medically indicated, or when supplementation is chosen by the breastfeeding mother (after appropriate counseling and education), it is crucial that safe and appropriate methods of formula mixing, handling, storage, and feeding are taught to the parents.

Recognition as a Baby-Friendly institution should have both national and international credibility and prestige, so that it is marketable to the community, increases demand, and thereby improves motivation among facilities to participate in the Initiative.
Participation of any facility in the U.S. BFHI is entirely voluntary and is available to any institution providing birthing services. Each participating facility assumes full responsibility for assuring that its implementation of the BFHI is consistent with all of its safety protocols.
The 4-D Pathway to Baby-Friendly Designation

**Discovery**
- Register with Baby-Friendly USA
- Obtain CEO Support Letter
- Complete Self Appraisal Tool

**Development**
- BFHI Work Plan
- Bridge to Development Phase-Registry of Intent Award

**Designation**
- Staff Training Plan
- Prenatal/Postpartum Teaching Plans
- Implement QI Plan
- Readiness Interview
- On-Site Assessment

**Dissemination**
- Collect Data
- Train Staff
- Data Collection Plan

Start

Baby-Friendly Designation
369 Designated Facilities

18.23% of US Births
727,000 US Births

723 working towards designation

274 facilities in the Discovery Phase
102 facilities in the Development Phase
180 facilities in the Dissemination Phase
167 facilities in the Designation Phase

~3250 total birthing facilities in US
Actions for Mothers and Their Families:

1. Give mothers the support they need to breastfeed their babies.
2. Develop programs to educate fathers and grandmothers.
Actions for Communities:

3. Strengthen programs that provide mother-to-mother support and peer counseling.

4. Use community-based organizations to promote and support breastfeeding.

5. Create a national campaign to promote breastfeeding.

6. Ensure that the marketing of infant formula is conducted in a way that minimizes its negative impacts on exclusive breastfeeding.
Actions for Health Care:

8. Develop systems to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community.

9. Provide education and training in breastfeeding for all health professionals who care for women and children.
Join select hospital breastfeeding committees.
Join/organize continuity of care committees.
Step 2 – Invite hospital personnel to join WIC breastfeeding training programs.
Step 3 – Provide prenatal education.
Step 10 – Provide post partum support.
Provide anticipatory guidance around breastfeeding expectations.

Provide anticipatory guidance around the maternity care practices that support breastfeeding.
Engage dads as partners in advocating for the care practices that support breastfeeding.

Dads are partners in safe delivery of those practices.
Expectant fathers can be influential advocates for breastfeeding, playing a critical role in encouraging a woman to breastfeed her newborn infant.

Sleepiness is a normal, hormonally-driven, physiological response to breastfeeding for both the mother and infant.

Families need to be informed of this to prevent an unsafe sleep situation.

Inform the mother that she may get sleepy during a breastfeed. Encourage her to ask for support from a significant other (DAD) to place the baby on his/her back in the bassinette/crib at the end of a breastfeed.
Thanks for all you do