NACCHO
National Association of County & City Health Officials

[ISSUE BRIEF]

August 2018

Integrating Breastfeeding Services into Home Visiting Programs

Background

In 2014, NACCHO, in partnership with the Centers for Disease Control and Prevention's Division of Nutrition, Physical Activity, and Obesity (DNPAO), implemented the Reducing Disparities in Breastfeeding through Peer and Professional Support project to increase breastfeeding rates among African American and underserved populations. The effort supported implementation of community-level peer and professional breastfeeding support programs at 72 local health departments (LHDs), community-based organizations (CBOs), and local hospitals in 32 states and territories. Grantees provided direct community-level breastfeeding support.

This issue brief describes how LHDs and CBOs can ensure that families have access to skilled breastfeeding support by integrating services into existing maternal and child public health programs in communities. This brief also shares examples of grantees conducting home visiting.|

Introduction

According to Healthy People 2020, increasing breastfeeding rates throughout the United States has been one of the priorities to improve the health of the nation. Table 1 provides an overview of the Healthy People 2020 objectives on breastfeeding.

"By training Healthy Start staff and other professionals and members of the community, we were able to expand access to lactation education and support." – Marci Rosa

There have been steady upward trends in the percentage of breastfed infants. The latest National Immunization Survey data from infants born in 2014 shows that most of the Healthy People 2020 breastfeeding goals have been met (CDC, 2017).

Unfortunately, this achievement is not equitably shared across all subsets of the population. Non-Hispanic black (black) infants born in 2014 have not met any of the national breastfeeding goals, while non-Hispanic white (white) infants met or exceeded all of them (CDC, 2017). On average, there is a 17-percentage-point gap in breastfeeding initiation between black and white infants born between 2009 and 2014 (CDC, 2017). Furthermore, a recent study revealed a widening black-white gap in breastfeeding rates at 6 and 12 months. The percentage difference in rates for exclusive breastfeeding through six months between black and white infants increased from 7.8 percentage points for children born during 2003-2006 to 8.5 percentage points for children born from 2010–2013 (Anstey et al., 2017). During the same period, the 12-month breastfeeding duration rates difference gap increased from 9.7 to 13.7 percentage points (Anstey et al., 2017).

Table 1 | Healthy People 2020 Breastfeeding Objectives

Objective	Baseline % (2006 Births)	2020 Target %
Increase the proportion of infants who are breastfed:		
Ever	74.0	81.9
At six 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

Source: Health people 2020, www.healthypeople.gov

Addressing Breastfeeding Disparities Through Integration of Services into Home Visiting

Breastfeeding can play an important role in addressing and reducing health disparities, however, racial and socioeconomic inequalities persist (Bartick, 2016). Broad endeavors taking place at the community level can be constructive in dismantling and addressing structural barriers that impede a woman's initial and ongoing decision to breastfeed. Given this, LHDs and CBOs are uniquely positioned to lead efforts in coordinating community level lactation promotion and support services. To tackle breastfeeding inequities requires that LHDs and CBOs commit to understanding and addressing structural barriers to breastfeeding.

Home visitors are uniquely positioned to support breastfeeding families; since they are likely to see families frequently during critical windows for breastfeeding support. Researchers found out that new mothers' problems with breastfeeding peak between 3 and 7 days postpartum. It is essential that mothers receive the most support and guidance upon discharge from the hospital, within 2-4 days postpartum through the first 2-6 weeks of their infant's life (Wagner et al., 2013).

Integrating lactation support services into existing maternal and child health services is one way to overcome these barriers. According to HRSA (2017b), families engaged in home visiting programs, which are conducted by trained professionals, such as nurses, early childhood educators, can improve child-parent relationships, prevent child maltreatment, improve maternal and child health, and child development, among many other benefits. Leveraging the skills of home visitors and their established connection with families by equipping them to provide breastfeeding support can be an effective strategy to enable access to lactation services and create sustainable community breastfeeding support.

Breastfeeding and the Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

MIECHV is a voluntary Federal program providing home visiting services to low income, high-risk families to include pregnant mothers and families with children up to five years of age (HRSA, 2017b). Home visiting offers families a wide-range of services that are aimed to increase the health and wellness of children, to include physical, social and emotional, and cognitive development (HRSA, 2017b).

While breastfeeding guidance is provided as part of many MIECHV programs, there are not many evidenced-based home visiting models that have proven effective in increasing breastfeeding initiation, duration and exclusivity. The overall focus of evidence-based home visiting models are not innately designed to provide comprehensive breastfeeding promotion and support.

Evidenced-Based Maternal, Infant, and Early Childhood Home Visiting Models	Breastfeeding Evidence of Effectiveness
Maternal Early Childhood Sustained Home Visiting Program	Increased odds of any breastfeeding *(weeks not specified)*
Nurse-Family Partnership	Increased odds of attempting to breastfeed
Healthy Beginnings	Increased odds of any breastfeeding at 3, 6 and 12 months

Funded through MIECHV, the Mother and Infant Home Visiting Program Evaluation (MIHOPE) is mandated to conduct large-scale evaluations on the outcomes of MIECHV programs with goals of learning if families benefit the program, determining its effectiveness of home visiting, and investigating how home visiting is implemented under MIECHV (ACF, 2014).

Breastfeeding and Local Health Departments

LHDs play a vital role in implementing community-level services, such as direct breastfeeding services. According to the 2016 NACCHO Profile of LHDs, 60% of LHDs provide maternal and child health home visiting services.

Of the 72 grantees, 45% provided in-home support through home visits, and 28 (more than 40%) organizations increased organizational capacity by providing basic and advanced breastfeeding training to home visiting peer and professional staff, which included Certified Lactation Counselor certification. Increasing access to skilled lactation support providers through home visits is one strategy LHDS and CBOs can employ to improve breastfeeding rates in underserved communities.

Federal programs, such as MIECHV, have strong mandates regarding community collaboration. These programs charge their local grantees not only with engaging families, but also with collaborating with community-based partners to integrate services. From a breastfeeding perspective, this is a great opportunity for LHDs and organizations that provide breastfeeding services to think about how they can partner with

these federal programs. Several NACCHO Breastfeeding project grantees leveraged federal funds with their NACCHO funds to advance breastfeeding goals within their communities and included breastfeeding support into their home visiting services, or collaborated with existing home visiting programs in their communities.

Stories from the Field

Family Support Hawaii (FSH) utilized the strengths of their community-based Early Identification Program, funded by MIECHV, which includes Early Head Start home visiting programs to provide breastfeeding support to rural families at greatest risk for poor outcomes. Leveraging their funds, FSH increased the capacity of home visiting staff by training them to provide breastfeeding support. In addition, they also developed a two-way bilingual text messaging platform to enhance lactation support. FSH also capitalized on the existing strengths of their hospital-based breastfeeding peer counseling program (NEST) to extend support beyond the hospital setting and offer ongoing support to mothers at greatest risk for breastfeeding cessation or supplementation. FSH staff was able to receive clinical guidance from nurses, physicians, social workers and hospital IBCLCs for consultation and care coordination, gained access to materials and tools to support lactation, and conducted joint visits.

Public Health Solutions (PHS) developed and implemented systemic changes to increase breastfeeding service capacity within the Jamaica-Southeast Queens community. PHS provided services through three home visiting programs, which included Nurse-Family Partnership, Healthy Families, and Queens Comprehensive Perinatal Council. All three programs were within the Jamaica Southeast Queens Healthy Start Program, which is federally funded through HRSA and administered by Maternal & Child Health Bureau. PHS created structured partnerships, which included memorandums of understanding, with other CBOs, including WIC, Jamaica Hospital Medical Center, Queens Library. By training over 50 partners as Certified Lactations Counselors, they increased the community capacity to support breastfeeding in Jamaica-Southeast Queens. PHS also developed a tracking system for data collection among partners and created a streamlined location to view all the partner organizations breastfeeding support results by month.

Healthy Start Grantees

Two grantees were Healthy Start grantees, which also have strong mandates regarding community collaboration. Healthy Start is a federal initiative that provides services in communities with infant mortality rates that are 1.5 times the national average. Addressing the social determinants of health, the program seeks to reduce socioeconomic factors as well, such as poverty and access to care (HRSA, 2016). NACCHO grantees leveraged HRSA-Healthy Start funds with their NACCHO grant to integrate and expand services. **Northeast Florida Healthy Start** hired an IBCLC and extended the work of a peer breastfeeding counselor to conduct home visits and host additional peer support groups. They also implemented a lactation program into four high schools, which included a lactation room equipped with a pump at each school, and group and individual support.

Healthy Start Coalition of Sarasota, also in Florida, expanded services in order to increase the quality and availability of breastfeeding support offered in their community. Healthy Start Coalition of Sarasota worked in partnership with a hospital and multiple CBOs to offer training and support. While many of these partnerships existed prior to the NACCHO grant, the funding helped to strengthen the sustainability of the relationships and continued implementation of project activities. Training was provided to nurses and family support workers to become certified breastfeeding counselors, which increased the number of breastfeeding support groups offered in underserved areas. Also, 25 women were trained by Reaching Our Sisters Everywhere (ROSE) to become community transformers and provide lactation support at drop-in Breastfeeding Clubs. The ROSE community transformers are African-American mothers who have previously had a positive breastfeeding experienced who are trained to provide peer-to-peer breastfeeding support in their local communities.

Conclusion

Integrating home visiting program with breastfeeding support programs can be a strategy to improve access to lactation services. Identifying opportunities to collaborate with agencies who provide or could provide breastfeeding services during home visits and where MIECHV funds are being targeted are good strategies for a local health departments, breastfeeding coalitions and other community-based organizations. To identify these agencies, an example of key questions that should be assessed include:

1. What did the state needs assessment identify as a priority for home visitation?
2. What local community in your state/territory was awarded MIECHV funds?
3. What ancillary agencies are doing the home visiting work in your target community?
4. What evidence based or innovative home visiting models are being used?
5. Do those models show evidence of effectiveness related to breastfeeding?
6. Compare Title V Breastfeeding Strategies to Statewide Needs Assessment.

By using various methods such as leveraging internal funds and collaborating with existing maternal and child public health programs, LHDs and CBOs can increase not only availability, but also sustainable accessibility of breastfeeding services and increase breastfeeding rates in their community.

[ISSUE BRIEF]

August 2018

References

Administration for Children and Families. (2014). The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program: Benchmark Measures Selected by Grantees. Available at: https://www.acf.hhs.gov/sites/default/files/opre/508_compliant_pdf_benchmark_measures_selected_by_home_visiting.pdf

Administration for Children and Families. (2015). Mother and Infant Home Visiting Program Evaluation (MIHOPE) Impact Analysis Plan. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/3miechvpe_sac_sept_2015_mtg_impact_analysis_memo_appendices_final_508.pdf

American Academy of Pediatrics. (n.d.) Federal support for breastfeeding. Retrieved from https://www2.aap.org/breastfeeding/files/pdf/FederalSupportforBreastfeedingResource.pdf

American College of Obstetricians and Gynecologists. (n.d.). Women's Health Care Physicians. Retrieved April 12, 2017, from http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Support-for-Breastfeeding-as-Part-of-Obstetric-Practice

American Academy of Pediatrics. (2012). Breastfeeding and the use of human milk. Pediatrics, 129(3): 827–841

Association of Maternal & Child Health Programs. (2013). Life Course Indicator: Breastfeeding support - baby friendly hospitals. Retrieved from http://www.amchp.org/programsandtopics/data-assessment/LifeCourseIndicatorDocuments/LC-04_BFSupport_Final-2-14-2014.pdf

Bartick, M., & Reinhold, A. (2010). The burden of suboptimal breastfeeding in the United States: A pediatric cost analysis. Pediatrics, 125: 1048–105. doi: 10.1542/peds.2009–1616

Center for Law and Social Policy. (n.d.). Detailed Summary of Home Visitation Program in the Patient Protection and Affordable Care Act. Retrieved from http://www.clasp.org/resources-and-publications/publication-1/home-visiting-detailed-summary.pdf

Health Resources and Services Administration. (2016). Healthy Start. Retrieved from https://mchb.hrsa.gov/maternal-child-health-initiatives/healthy-start

Health Resources and Services Administration. (2017a). Demonstrating improvement in the Maternal, Infant, and Early Childhood Home Visiting Program: A report to congress March 2016. Retrieved from https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/reportcongress-homevisiting.pdf

Health Resources and Services Administration. (2017c). The Maternal, Infant, and Early Childhood Home Visiting Program Partnering with Parents to Help Children Succeed. Available at https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/programbrief.pdf

Ip, S., Chung, M., Raman. G., Trikalinos, T.A., & Lau, J. (2009). A summary of the Agency for Healthcare Research and Quality's evidence report on breastfeeding in developed countries. Breastfeed Medicine, 4(1), S17–S30

National Association of County and City Health Officials. (2017). National Profile of Local Health Departments 2016.

Office of the Surgeon General. (2011b). Barriers to Breastfeeding in the United States. Available at: https://www.ncbi.nlm.nih.gov/books/NBK52688/

Pitonyak, J. S., Jessop, A. B., Pontiggia, L., & Crivelli-Kovach, A. (2016). Life course factors associated with initiation and continuation of exclusive breastfeeding. Maternal and child health journal, 20(2), 240–249.

Wagner, E. A., Chantry, C. J., Dewey, K. G., & Nommsen-Rivers, L. A. (2013). Breastfeeding concerns at 3 and 7 days postpartum and feeding status at 2 months. Pediatrics, 132(4), e865–e875. doi:10.1542/peds.2013–0724

Weimer, J. (2001). The economic benefits of breastfeeding: A review and analysis (ERS Food Assistance and Nutrition Research Report No. 13). Washington, DC: U.S. Department of Agriculture, Economic Research Service.

For more info, contact the MCAH/ Breastfeeding team: breastfeeding@naccho.org

NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

Public Health
Prevent. Promote. Protect.

The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

1201 Eye Street, NW Suite 400 Washington, DC 20005

P 202-783-5550 F 202-783-1583

www.naccho.org