HV CoIIN Breastfeeding Charter

A. WHAT ARE WE TRYING TO ACCOMPLISH?

Call to Action: Breastfeeding is one of the most highly effective preventive measures a mother can take to protect the well-being of her infant- and herself. Data collected within Phase I of the HV CoIIN show rates of exclusive breastfeeding at three months increasing from 3% within the first month of reporting to an overall mean of 19% over the course of 15 months. Research reports that if 90% of families breastfeed exclusively for six months, nearly 1,000 deaths among infants would be prevented each year.[1] Across the U.S., approximately 75% of mothers start out breastfeeding, yet only 13% of babies are exclusively breastfed at the end of six months. Phase I HV CoIIN data reports for six months exclusively breastfed infants indicated a rate of 19%- somewhat higher than the national rate, yet overall progress is variable with a current median of 9%. Additionally, rates are significantly lower for African-American infants.[2] Great strides have been made in training home visitors in lactation and infant feeding practices yet there is more to be done to improve intention, initiation, and duration of breastfeeding among enrolled families.

Mission: Together, in Year 4 Scale-Up, we will dramatically increase the percentage of mothers that exclusively breastfeeding their infants until they are three and six months of age over the period of the HV CoIIN (5 months) by improving policy and practices that ensure 1) reliable and effective policies and practices for breastfeeding, 2) competent and skilled workforce to support breastfeeding, 3) strong community linkages to breastfeeding support systems, 4) active family involvement in infant feeding practices, and 5) comprehensive data-tracking system for breastfeeding

This is important to home visiting because:

- Breastfeeding plays a critical role in an infant's health and well-being during a most critical and vulnerable developmental stage.
- Infants receiving breast milk are shown to have a health advantage with reduced risk of common childhood diseases such as diarrhea and pneumonia,[2] as well as longer-term health benefits including lower mean blood pressure and cholesterol, and reduced prevalence of obesity and type-2 diabetes.[3] For mothers, breastfeeding has been found to reduce the risk of breast and ovarian cancer, type 2 diabetes, and postpartum depression.[4]
- In addition to physical health benefits, breastfeeding has been shown to have a positive impact on early relationships- impacting the mental health of mother and child. The release of hormones- oxytocin and prolactin- during skin-to-skin contact can produce a calm regulatory state for both the mother and infant, supporting mothering behaviors that stimulate behaviors conducive to secure, early attachment.[5]

Home visiting programs have a unique opportunity to reach families and to incorporate evidence-based and practice-informed strategies- what we know works, and what we do on the ground, to improve rates of breastfeeding.

SMART AIM: 30% of infants will be fed breast milk exclusively to three months of age and 10% of infants will be fed breast milk exclusively to six months of age.

- "Exclusive breastfeeding" means that the infant receives only breast milk (either expressed or directly at the breast). No other liquids or solids are given (including baby formula, juice, cow's milk, sugar water, baby food, and anything else that a child might be given – even water – with the exception of drops/syrups of vitamins, minerals, or medicines).

PROCESS AIMS:

- 100% of home visitors are trained in basic competencies in lactation and breastfeeding within three months of date of hire.
- 80% of mothers with the intention to breastfeeding, initiate breastfeeding.
- 80% of mothers with need for breastfeeding support receive professional or peer breastfeeding support.
- 90% of women have an infant feeding plan and goals written prior to delivery.
- 80% of team members use CQI data in practice each month.

B. How will we know a change is an improvement?

To identify progress towards these shared aims, we will report a common group of measures monthly. Data will be graphed on run charts and shared with all HV CoIIN participants across the Collaborative to promote shared learning. The following measures were selected to reflect the processes necessary to achieve the SMART aim. They are listed in the order in which these processes occur in many sites, and are labeled with the Primary Driver they reflect.

Breastfeeding Measures

Measure #1 (Primary Driver 2): % of Home Visitors that have been trained in breastfeeding within 3 months of date of hire.
Measure #2 (Primary Driver 5): % of team members using CQI Data in Practice.
Measure #3 (Primary Driver 1): % women enrolled prenatally (this measure is optional).
Measure #4 (Primary Driver 1): % women who report intention to breastfeed at enrollment.
Measure #5 (Primary Driver 1): % women who report intention to breastfeed at 36 weeks of gestation.
Measure #6 (Primary Driver 4): % women with an infant feeding plan written prior to delivery.
Measure #7 (Primary Driver 1): % women who initiate breastfeeding.
Measure #8 (Primary Driver 1): Among women who intend to breastfeed, % who initiate breastfeeding.
Measure #9 (Primary Driver 3): % of women with a need for BF support identified this month using the Breastfeeding Self-Efficacy Scale (BSES) who receive additional support.
Measure #10 (Primary Driver 3): % women who want breastfeeding support (or who believe breastfeeding support would be beneficial) identified this month who received peer or professional BF support (this measure is optional).
Measure #11 (Primary Driver 1): Among those who initiate breastfeeding, average N weeks of exclusive breastfeeding.
SMART AIM Measure #12: % of children who were fed breast milk exclusively to 3 months of age.
Measure #13: % of children who were fed some breast milk to 3 months of age.

SMART AIM Measure #14: % of children who were fed breast milk exclusively to 6 months of age.
Measure #15: % of infants who were fed some breast milk to 6 months of age.

C. WHAT CHANGES CAN WE MAKE THAT WILL LEAD TO IMPROVEMENT

The HV CoIIN breastfeeding collaborative provides working technical documents that establish a common vision and mission, shared aims, theory, measures, and change ideas to guide its operation, in conjunction with participating partners. HV CoIIN staff, faculty, and frontline home visiting teams applied the latest evidence-based research and practice to develop a breastfeeding Key Driver Diagram (KDD). The KDD displays our aims and our shared theory of how that aim will be achieved, including the primary drivers (i.e., what needs to be in place to accomplish the aim,), secondary drivers (i.e., actions necessary to achieve primary drivers), and the change ideas (i.e., how those primary drivers might be put in place). Teams from participating local implementing agencies (LIAs) select which of these change ideas might work in their particular contexts, and design Plan-Do-Study-Act (PDSA) cycles to test those changes and drive improvement. The change package provides examples from seasoned LIA teams that tested specific change ideas and sample PDSA plans.

D. COLLABORATIVE EXPECTATIONS

Education Development Center, the Collaborative Chair and the HV CoIIN Planning Group will:

- Provide information on subject matter, application of that subject matter, and methods for process improvement during monthly calls.
- Offer coaching to state quality improvement teams to facilitate improvements in home visiting.
- Provide communication strategies to keep HV CoIIN participants connected to the Planning Group and colleagues during the Collaborative.
- Provide monthly report to state leaders, model developers, and LIAs.
- Provide regular coaching and teaching on quality improvement topics.

Participating grantees are expected to:

- Identify state quality improvement lead(s) to be part of the HV CoIIN project to provide support to local teams.
- Participate in every other month HV CoIIN management/quality improvement meetings.
- Develop a spread plan for the HV CoIIN work (e.g. aligned with MIECHV CQI plan and state strategic priorities).
- Meet regularly (e.g. monthly) with local quality improvement teams to review progress and provide coaching as needed (e.g. PDSA quality review, data progress and quality, etc.).
- Actively advise the HV CoIIN planning group through participation in a grantee advisory committee which will meet on a quarterly basis.

Participating LIA s are expected to:

- Connect the goals of the Breakthrough Series work to a strategic initiative in the organization.
- Provide a senior leader to serve as sponsor for the team working on the Breakthrough Series.
- Set goals and work to achieve our AIMs.
- Perform tests of changes using PDSA rapid cycle methods.

- Make well-defined measurements related to the teams' aims at least monthly and plot the results over time for the duration of the Collaborative.
- Share information with the Collaborative including details and measurements of changes made.
- Participate in grantee-led quality improvement activities to review data, engage in learning, and problem-solve barriers.
- Work hard, implement change, and have fun.

E. OUR TEAM

Sponsor (State/Tribal Lead/Not-for-Profit Lead):

Agency Lead(s):

Day-to-Day Supervisor(s):

Home Visitor(s):

Family Member(s):

Others:

REFERENCES:

[1] The Surgeon General's Call to Action to Support Breastfeeding Fact Sheet: http://www.surgeongeneral.gov/library/calls/breastfeeding/factsheet.html

[2,3,4,5] Why Breastfeeding is Important, Office on Women's Health, US Department of Health and Human Services. Available from: http://www.womenshealth.gov/breastfeeding/why-breastfeeding-is-important/

EDC., Inc. This resource was made possible by grant number UF4MC26525 from the Maternal and Child Health Bureau, U.S. Department of Health & Human Services. The content are solely the responsibility of the authors and do not represent the official views or policies of the funding agency nor does publication in any way constitute an endorsement by the funding agency. Developed by Mackrain, M., Fitzgerald, E., Arbour, M., and HV CoIIN local teams and state leaders.