

# Breastfeeding Coalition

## Mission Statement

The Healthy Kent 2020 Breastfeeding Coalition exists to improve the health and well being of infants and families through education, outreach and advocacy to promote and support breastfeeding and the use of human milk.

## Minutes of Meeting: January 30, 2017

### Attendees:

**Annie Jones** (Metro Health Hospital), **Katie McNabney** (Spectrum Health Hospital), **Barb Hawkins Palmer** (Healthy Kent), **Jamie Platt** (Healthy Kent/GVSU Student), **Kayleigh Kibler** (GVSU student), **Kelsey Stridder** (Cherry Health), **Melanie McCastle** (Cherry Health), **Eunice Benavidez** (Family Futures), **Kelli Damstra** (GVSU), **Christine Stancle** (MHM BF Project), **Jenny Callaghan** (SH-HCD)

### Information and Sharing

- I. Introductions: completed
- II. Minutes of last meeting:
- III. Informal Milk Sharing
  - a. Discussed that HKBC should have a position statement on this.
  - b. Decided position statement will be, ***“Healthy Kent Breastfeeding Coalition does not recommend the practice of informal milk sharing nor the use of breastmilk through informal milk sharing due to the potential risks that accompany the sharing of bodily fluids.”***
- IV. Nominations for leadership positions

**\*\*Positions for 2017\*\***

  - a. Chair Elect – **Kelsey Stricklen**
  - b. Chair – **vacant**
  - c. Chair Events – **Jamie Platt**
- V. MIBFN Regional Meeting
  - a. Martelle Esposito took some wonderful notes from the meeting. See pages 3-7 of these meeting minutes.
- VI. Breakfast Break for Breastfeeding
  - a. No speaker confirmed yet; **Barb Hawkins Palmer** will re-contact Paula Schreck regarding her availability and topics she would be willing to present.
  - b. Looking at June 8
- VII. Member Sharing
  - a. **Moms Helping Moms Breastfeed Project**
    1. Has procured more funding
    2. Looking for mentees again

- a. African-American
  - b. In your last trimester of pregnancy and considering breastfeeding *or*
  - c. Breastfeeding your newborn
  - d. Would like breastfeeding support from other African-American moms
3. Breastfeeding incentives offered!
  4. See flyer on page 8 of these minutes
- b. **Grand Rapids Childbirth Education Organization Annual Meeting**
1. City wide meeting hosted by Spectrum Health Healthier Communities
  2. Topics: “Changing role of the midwife in a hospital system today” and “Centering for pregnancy”
  3. Friday, April 21 from 8:30-11:30am
  4. Free + 1 nursing CEU + continental breakfast
  5. For questions or to register contact Jenny Callaghan @ [Jennifer.Callaghan@spectrumhealth.org](mailto:Jennifer.Callaghan@spectrumhealth.org)
- c. **MIBFN Breastfeeding-Friendly Workplace Awards**
1. Encourage local work places to be applying for this
  2. Put on agenda for a future meeting
  3. For more info: <http://mibreastfeeding.org/workplace-awards>
- d. **Infant Safe Sleep Conference**
1. Sept 14 in Ann Arbor

VIII) Adjourned at 1:00 pm

**Next Meeting: February 27, 2017 11:30am-1pm.  
Kent County Health Department, Lower Level**

**Minutes recorded by: Annie Jones, HKBC secretary**

**Michigan Breastfeeding Network Regional Meeting Notes**  
**by Martelle Esposito**

**Workplace Presentation**

- Law has 2 components: time and space
  - Reasonable break time—woman gets to choose what is reasonable, and reasonable may be different for each woman; breaks do not have to be paid
  - Private, non-bathroom space → this is kind of vague, and they are looking to coalitions to do education
    - Have door hangers to give to companies/HR at companies
- Law is an opt-out law, meaning that it covers all business unless they obtain an exemption. Smaller businesses are allowed to obtain an exemption.
- Applies to “non-exempt” employees only
- Mibreastfeeding.org/workplace for fact sheets and other materials
- What can coalitions do?
  - Order the door hangers for free at MIBRN to distribute to employers, patients, and clients
  - Watch 17 minute webinar about how to support your clients/patients in their workplace prenatally and post-partum
    - Covers the law, talking points, and what to do if employers are non-compliant
  - Use and print fact sheets and other toolkits on the MIBFN website
  - Nominate companies where you work or others to become a breastfeeding friendly business
    - 3 levels: gold, silver, bronze
    - Have awarded 12 so far
    - Creating a race to the top, catalyzing a positive movement of compliance and going above and beyond

**Anytime, Anywhere Campaign Presentation**

- This is the main, overarching project of the MIBFN
- SB674 in MI is the Breastfeeding Anti-Discrimination Law that protects a woman’s right to breastfeed wherever they are; it was signed into law in 2014
- What can coalitions do?
  - Order window clings for free
  - Take photos of clings in your community and post on social media—they have regular drawings with prizes
  - Put on your cars; put on businesses that reinforce the message
  - Sign Anytime, Anywhere pledge as individuals and as organizations
  - Michigan and Louisiana developed and Anytime, Anywhere advocacy toolkit for additional advocacy

**CONTACT FOR WORKPLACE AND ANYTIME, ANYWHERE CAMPAIGN:**

[Shannon@mibreastfeeding.org](mailto:Shannon@mibreastfeeding.org)

**WIC Initiative** (Kirsten Douglas at MIBFN)

- Using MI WIC Operational Adjustment funds for:
  - Engaging hospitals and WIC
  - Gathered baseline data (birthing hospitals) to better understand referral strategies for WIC
  - Coffective App
  - Community referral training
  - Community leadership survey

- There is a WIC toolkit at “WIC Statewide” section on the MIBFN website, and they are currently building a more robust toolkit
- There is a lack of knowledge and inadequate referrals from hospitals to WIC → WIC income qualifications were underestimated by 37%

#### Collective Impact Initiative (Kirsten Douglas at MIBFN)

- Lead exposure issue statement and recommendations
- MIBFN submitted a collective impact grant (5 conditions of collective impact: common agenda, shared measures, aligning activities, continuous communication, and backbone organization to manage—MIBFN for Flint Initiative)
- Flint Projects
  - Flint Sprint with Deloitte → 90-day sprint about BF staff education, classes, and support groups; almost complete
  - Foundation’s Gap Analysis → will have results at the next BF quarterly meeting
  - MIBFN 310 Connect (based on existing collective impact project in Detroit)
    - Goals
      - Increase use of community resources
      - Increase offering of evidence-based care
      - Increase maternal preparedness
    - Providing funding for 2 IBCLCs in Flint
    - Providing clinical education for nurses/OBs (online training and grand rounds)
    - Coffective tools –“We’re prepared checklist” specifically for Flint
- Coffective resource platform
  - Available in Michigan and Louisiana right now—online and mobile app
  - Place to gather community champions and resources

#### Michigan DHSS State Breastfeeding Coordinator—Marjie

- Coordinating BF in departments at MDHSS
- Asks: are the health department programs all saying the same thing about breastfeeding? –she makes sure that messages are consistent
- Creating links to coalitions
- Creates breastfeeding state plan
- Other duties
- Using PRAMS data on why people stop breastfeeding to inform upcoming activities
- Regaining birthweight study—see image
- Breastfeeding Webinars
  - Co-funding the Indiana Perinatal Network
  - Offered 3<sup>rd</sup> Tuesday from 1-2 p.m. starting in January 2017
  - Continuing education credits provided
  - Alternates topics between clinical and community focuses
  - January 17<sup>th</sup> topic will be mPINC
- Birthing hospital breastfeeding promotion grants: 8 grants for \$10,000 each
  - Kalamazoo
  - North Ottawa Community Health System
  - Promedica Monroe

- 2 in Flint
- U of M
- Sinai Grace, Detroit
- Oakwood Beaumont, Dearborn
- Will be working with these 8 hospitals to share QI projects, surveys, evaluations, and paths taking to becoming baby-friendly
- Other Activities
  - Substance abuse
  - Child care and breastfeeding
  - Safe sleep and breastfeeding
- Breastfeeding and safe sleep
  - Breastfeeding can reduce the risk of sudden unexplained infant deaths
  - Babies don't really have their own immune systems until 6 months, so BF antibodies are critical (tailored to babies exposures by mother's breastmilk)
  - Breastmilk protects against RSV airway infections
  - Formula increases leaky gut syndrome and sets the stage for chronic disease
  - Allergens in formula hinder breathing
  - Breastmilk has more progesterone, which leads to better breathing
  - Breastfeeding leads to less reflux
  - Breastfeeding leads to better development of mouth and airway
  - Breastfed infants are more easily aroused from sleep—> open airways and increased breathing; babies sleeping through the night are at risk
  - 3 meta-analyses of breastfeeding and sudden infant death syndrome show
    - Better odds of not SIDs with breastfeeding
    - Breastfeeding has a protective effect
  - Both breastfeeding and safe sleep require support resources and prenatal and post-natal education; need for helping parents to develop plans for specific strategies for common issues that arise
  - Co-developed a presentation for health care professionals and aligned with AAP and hoping to move more to risk reductions -> talk to parents without shaming them, and giving them really practical advice
  - In Michigan, a baby dies every 2-3 days
  - AAP now distinguishes between bed-sharing and co-sleeping (crib to bed) and recommend that the baby be in the room with parents for the first 12 months
  - National Association of Safe Sleep (NAPSS?) is developing a curriculum that will be ready in 1.5 years
  - Contact [cyrulM@Michigan.gov](mailto:cyrulM@Michigan.gov) to sign up for a list serv for more information

### Milk Banking

- Importance of human milk, especially for premature babies→ protects against necrotizing enterocolitis (where the bowel gets thick and the infant dies)
- Expressing within the 1<sup>st</sup> hour after birth will have 4Xs the amount of milk than waiting 6 hours
- Bronson Hospital discussed their prenatal and postnatal processes
- Changes Bronson Hospital has made to reduce NEC cases
  - 100% human milk feedings in NICU
  - Standardized feeding protocol for all nurses and doctors
  - Nutrition room that was controlled and clean where feedings are prepped for human milk and specialty formulas→ NEC really went down when they started the nutrition room)

- Scanning system to assure that the milk is the right milk for that particular baby and not expired; scan baby's barcode and scan the milk to make sure the milk is correct for the correct baby, and the system will flag if incorrect, reducing errors
- NEC cases have declined: 7.5% in 2013 to 2.6% in 2015
- Human milk
  - Optimal nutrition
  - Protective against infection and allergies
  - Seals the “gaps” in the linking of the intestinal wall
- Bronson use of donor milk for non-NICU patients
  - Late pre-term infant
  - Hypoglycemia
  - Hyperbilirubinemia
  - Excessive weight loss
  - Insufficient milk supply in 1<sup>st</sup> 2 weeks
- What Bronson donor milk is not used for
  - Mom who plans to formula feed
  - Mom who wants to send baby to nursery, so she can sleep
- Other uses of Bronson donor milk
  - Spinal Muscle Atrophy (SMA) –children
  - Chylothorax—babies that do not tolerate animal fat
    - Skim out the fat from breastmilk with a centrifuge and add non-animal oils back in, so baby can get mother's milk
  - Hypogammaglobulinemia → can't make immunoglobulins and drink 4-8 ounces of breastmilk daily to be healthy
  - Cancer → research is showing that 4 ounces a day with chemotherapy will help with sickness side effect
  - Relining the gut after severe GI flu
- Bronson recruitment and screening for their milk bank
  - Lactating women with healthy, growing babies or healthy but lost babies
  - Donors are screened verbally and in writing
  - Serologic screening for HIV and other items
  - Get a physician confirmation
- Bronson human milk processing
  - Thaw
  - Pool together
  - Analyze for fat protein, and lactase to know the calories (12-28 calories per ounce range)
  - Pasteurize (they can do 68 to 114 bottles in 110 minutes)
  - Culture to assure no harmful contaminants
  - Freeze
  - Send to different hospitals: 20 cal milk, 24 cal milk, dairy-free milk, low-fat milk
  - \$4/ounce plus shipping (but that goes a long way because small NICU babies don't need much)
    - Covers collection, processing, and storage
    - Non-profit milk bank
    - Part of national Hmbana milk bank network
- Bronson was the first Michigan hospital to get a Mamova breastfeeding pod.

- Join the MIBFN for \$50 membership fee
- Sign up for the MIBFN newsletter

#### Miscellaneous

- Coordinate community candidate cafes/ legislative breakfasts to educate existing local lawmakers and businesses about existing breastfeeding laws and implementation issues and resources



# MOMS helping MOMS Breastfeed



## LOOKING FOR MOMS

### Who are:



- African-American
- In your last trimester of pregnancy and considering breastfeeding or
- Breastfeeding your newborn
- Would like breastfeeding support from other African-American moms

**Join the Breastfeeding Peer Mentor Program TODAY!**

**BREASTFEEDING INCENTIVES OFFERED!!**

Please contact Christine, Program Coordinator,  
at 616-552-3300  
to find out more information!

