Obesity: Moving Upstream

Early Childhood Obesity Project
Primary Prevention & Equity

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What we hope to cover

• ECOP
• The Equity issue
• The case for Primary Prevention
• The role of the health sector
• Focus Group findings
• Baby-Friendly Hospital Initiative and hospital practices

In your opinion, how much influence did your prenatal provider have on your decision of how to feed your baby?

- None
- Little
- Some
- A lot

Implications for trends at WCHOB

- Mothers who decided how to feed their newborn before they knew they were pregnant were more likely to choose to breastfeed.
- 56% of the participant population planned to breastfeed to some extent. This is notably lower than the US population.
- Only 21% of patients thought their prenatal provider held a positive opinion of breastfeeding, although only 6% of patients thought their prenatal provider had “a lot” of influence over their decision of how to feed their baby.
- 65% of patients identified breast milk as the healthiest food for a baby.
- Only 28% of patients identified breastfeeding as being the healthier alternative for mothers.
Equity

- Obesity rates are highest among non-Hispanic black girls and Hispanic boys
- Racial and ethnic differences may be explained by differences in risk factors during prenatal period and early life
- Between 1980 and 2001, the prevalence of overweight infants <6 months almost doubled, from 3.4% to 5.9%

Food Insecurity Linked to Developmental Risk

- Poverty + Food insecurity = Double Jeopardy
- Food insecurity in kindergarten predicts lower 3rd grade performance
- Black and Latino food insecure children at increased risk compared to white peers
- Development may be affected even if not underweight

Food Insecurity’s Child Health Impact

- Even mild-moderate under nutrition → long-term effects
- Young children especially vulnerable
- ↑ Risk of fair/poor health & hospitalization
- Nutrient deficiencies
- Learning & development deficits
- Emotional & behavioral problems

The White House Task Force

- Low birth weight and very high birth weight are both associated with obesity
- Children who are breastfed are at reduced risk of obesity
- Disparity issue: CDC study recently showed a difference of greater than 20 percentage points in 13 states of prevalence of non-Hispanic black infants and those in other groups

The Surgeon General’s Call to Action to Support Breastfeeding

- Everyone Can Help Make Breastfeeding Easier, Surgeon General Says in “Call to Action”
- Benjamin cites health benefits, offers steps for families, clinicians, and employers

- Three out of four mothers (75%) in the U.S. start out breastfeeding, according to the Centers for Disease Control and Prevention’s 2010 Breastfeeding Report Card.
- At the end of six months, breastfeeding rates fall to 43%, and only 13% of babies are exclusively breastfed.
- Among African-American babies, the rates are significantly lower, 58% start out breastfeeding, and 28% breastfeed at six months, with 8% exclusively breastfed at six months.
- The Healthy People 2020 objectives for breastfeeding are: 82% ever breastfed, 61% at 6 months, and 34% at 1 year.
The Surgeon General’s Call to Action to Support Breastfeeding 2011

- “All too often, mothers who wish to breastfeed encounter daunting challenges in moving through the health care system”
- “...despite overall improvements in breastfeeding rates, unacceptable disparities in breastfeeding have persisted by race/ethnicity, socioeconomic characteristics, and geography”.

Social Norms

- The Call to Action goes on to say that “...many studies have found income to be positively associated with breastfeeding. For example, a study that included children participating in ...Women, Infants, and Children (WIC), which uses income to determine eligibility, found they were less likely to be breastfed than children in middle- and upper-income families”.

The Surgeon General Report

- “...possible contributors to the disparities in breastfeeding include the media...hospital policy and practices, the recommendation of WIC counselors, marketing of infant formula, policies on work and parental leave, legislation, social and cultural norms, and advice from family and friends”.

- “Women receive conflicting advice from clinicians about how to solve problems with breastfeeding”
- “Obstetrician-gynecologists, pediatricians, and other providers of maternal and child care have a unique opportunity to promote and support breastfeeding”

- “A women’s ability to initiate and sustain breastfeeding is influenced by a host of factors, including the community where she lives”
Obesity Statistics for Erie County

- % of WIC mothers breastfeeding at 6 months (2005-2008)
  
  - Erie County 11.7
  
  - State Rate 40.1

Our Community

- Buffalo is identified as the lowest in New York State with 48.7% initiating, and well below the 75% goal under Healthy People 2010.

Our Community

- And the percentage of high risk mothers breastfeeding at 6 months is significantly lower in all eight counties of Western New York compared to the New York State rate. Rates range from a low of 11.5% in Allegany County to a high of 17.5% in Orleans County vs. a state rate of 40.1%

Equity

- Surgeons General over at least the past 25 years have focused on breastfeeding as primary health promotion policy: C. Everett Koop, David Satcher
  
  - How does the message get sold?

Social Norms

Evidence

- AAP policy and promotion
- The equity issue: children
- Root cause of disease
- Recognizing what our community is telling us: the results of focus groups, reflected in the literature
Evidence

MMWR August 5, 2011

• “Substantial epidemiologic evidence now establishes breastfeeding as an important public health strategy for preventing childhood obesity”

• Children breastfed for 9 months had a more than 30% reduced odds of becoming overweight compared with children never breastfed

Evidence

• According to the Institute of Health, preventing obesity in infants and young children holds promise for enabling significant gains toward both reversing the epidemic of childhood obesity and reducing obesity in adulthood.

Evidence

• Significant literature that values the mother-baby dyad as the focus for health interventions that last a lifetime

• “the environment in early life can determine the risk of obesity in childhood”

BMJ June 2005

• “evidence that increased intensity and exclusivity of breast-feeding is associated with decreased obesity...in childhood and adolescence

Journal of Nutrition 2009

Evidence

• Breastfed babies have been found to have fewer episodes of acute respiratory illnesses, ear infections and stomach viruses, as well as reduced incidence of SIDS and a decreased risk of asthma later in life... Breastfeeding also benefits mothers by reducing postpartum bleeding and anemia, and decreasing the risk for breast and ovarian cancers

Challenges

• A study that analyzed data from a national public opinion survey conducted in 2001 found that only 43 percent of U.S. adults believed that women should have the right to breastfeed in public places. Restaurant and shopping center managers have reported that they would either discourage breastfeeding anywhere in their facilities or would suggest that breastfeeding mothers move to an area that was more secluded. When they have breastfed in public places, many mothers have been asked to stop...or leave"
Challenges

- **Objectives**
  - By the year 2013, reduce the percentage of New York children who are overweight or obese so that:
    - By the year 2013, increase the proportion of New York mothers who breastfeed their babies at 6 months to at least 50%.*
      (Baseline: 39.5% of WIC mothers, WIC Program data, 2005)

Challenges: “Trivializing”

Evidence

- The economic and environmental benefits are described as follows: “the potential for decreased annual health care costs of $3.6 billion in the United States; decreased costs for public health programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); decreased parental employee absenteeism and associated loss of family income”

Evidence

- Low breastfeeding rates add an estimated $2.2 billion a year to medical costs related to obesity, diabetes and respiratory infections

Focus groups

- Women participating in the focus groups were mothers from low-income areas, as well as nutrition professionals. Through the posing of open-ended questions, the focus group was able to identify barriers to the initiation of and sustainability of breastfeeding.
• 3 Focus Groups: Lactation Consultants, Mothers under 30, refugees and immigrants

Lactation consultants:
“Education is the most important issue: even Health Care clinicians should be educated on the obesity prevention and maternal benefit”

Mothers under 30:
“The problem is that breastfeeding information isn’t made available to mothers in the community. I had to do my own research. What about the mothers who didn’t think to do their own research? A lot of mothers don’t know the benefits of breastfeeding”
“I used to breastfeed my baby while she was a month and a half old, but I had to go back to work. I work 16 hr. shifts”

• Refugees and Immigrants

“The doctor spoke to me about alternate feeding”
“The doctor reminded me to clean my breast before and after I breastfed”
“American mothers formula feed - I was embarrassed to feed in public”
“Not aware of support other than WIC”

The Health Care Role

• Strengthen programs that provide mother-to-mother support and peer counseling.
• Use community organizations to promote and support breastfeeding.
• Give mothers the support and encouragement they need to breastfeed.
• Take advantage of programs to educate fathers and grandmothers about breastfeeding

• Supportive fathers

Supportive fathers

What can the health care community do?

• More hospitals can incorporate the recommendations of UNICEF/WHO’s Baby-Friendly Hospital Initiative.
• Provide breastfeeding education for health clinicians who care for women and children.
• Ensure access to International Board Certified Lactation Consultants
Baby-Friendly Hospital Initiative

VISION
Baby-Friendly USA, Inc. envisions an American culture that values the enduring benefits of breastfeeding and human milk for mothers, babies, and society.

Ten Steps to Successful Breastfeeding

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

2) Train all health care staff in skills necessary to implement this policy.

3) Inform all pregnant women about the benefits and management of breastfeeding.

4) Help mothers initiate breastfeeding within one hour of birth.
5) Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.

6) Give newborn infants no food or drink other than breast milk, unless medically indicated.

7) Practice rooming-in: allow mothers and infants to remain together 24 hours a day.

8) Encourage breastfeeding on demand.

9) Give no pacifiers or artificial nipples to breastfeeding infants.

10) Foster the establishment of breastfeeding support groups and refer mothers to them on discharge.
How are we doing?

March 2011 discharges from newborn nursery:

- 63% Breastfeeding Initiation Rate
- 19% Exclusive Breastfeeding Rate

WCHOB Breastfeeding Initiative

**Goal**

Build a healthcare experience that provides frequent and consistent evidence-based breastfeeding education and support beginning with the 1st prenatal visit through post discharge.

**Prenatal Team:**
- Standardize patient education materials
- Discuss breastfeeding at each prenatal visit
- Breastfeeding Classes

**Provider Education Team:**
- Education to support staff, nurses, nurse practitioners, & physicians
- Develop breastfeeding curriculum for residents
- Identify grant opportunities to fund 20 hour lactation course for nurses

**Labor & Delivery Team:**
- Skin-to-skin
- Rooming-in
- Transition at the bedside
- Encouraging & supporting breastfeeding by Labor nurses
- Nursery nurses re-education of breastfeeding in the DR
- Increased breastfeeding supplies on L&D

**Mother-Baby Team:**
- Improve couplet ratios
- Develop breastfeeding class
- New parent-friendly bedside educational materials:
  - Breastfeeding Facts/Benefits
  - Breastfeeding FAQ’s
  - Breastfeeding Log
  - Family Centered Mother-Baby Care & Rooming-in
  - Nighttime Breastfeeding Plan
WCHOB Breastfeeding Initiative

Additional items:
- Revise current breastfeeding policy
- Breastfeeding artwork
- Breastfeeding patient door signs
- Partner with WIC

Challenges

- The Status-Quo / The "Norm"
- WCHOB Culture, Perceptions, & Personal Beliefs
- Language barriers
- Mother-Baby staffing ratios
  - Current is 1:4 – 1:5 mother-baby couplets
  - Recommendation is 1 nurse for 3 healthy mother-baby couplets

Thank you!

Questions?