

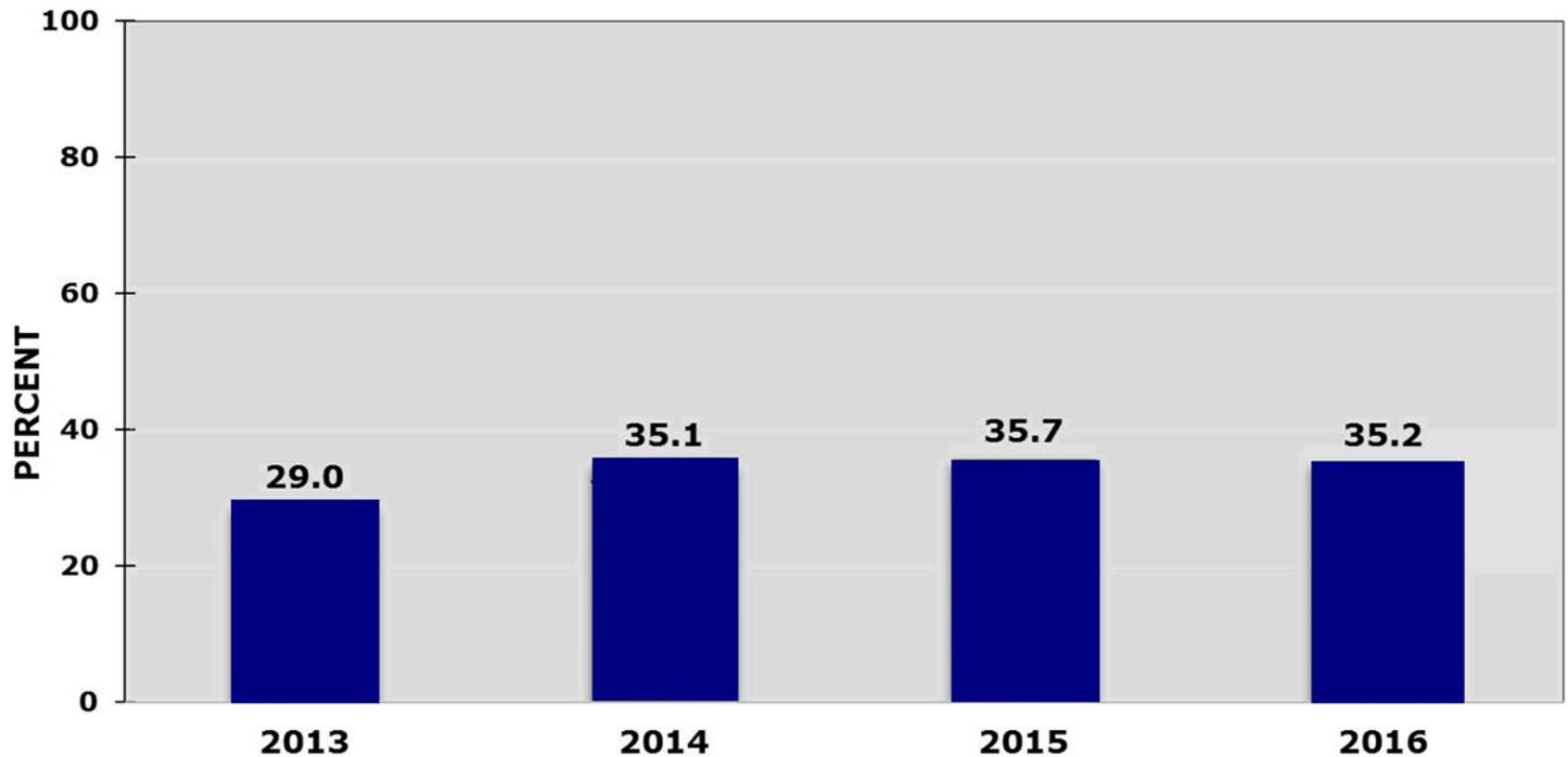
BREASTFEEDING RATES MEASURE INFORMATION FOR PROVIDERS

Indian Health
Service
National GPRA
Team

INDIAN HEALTH SERVICE BREASTFEEDING RATES GPRA MEASURE

- Developed in FY 2007 to encourage breastfeeding among infants and improve rates of breastfeeding initiation, duration, and exclusivity
- Goal: to provide measurable data on breastfeeding rates to help health programs support nursing mothers and their families
- Developed originally as a measure for federal programs
- A GPRA measure for all federal, tribal, and urban programs since FY 2013

BREASTFEEDING RATES AT IHS (FEDERAL/TRIBAL CLINICS)



BREASTFEEDING HEALTH BENEFITS

- Benefits of breastfeeding include a significantly reduced risk of acute otitis media, diarrhea gastroenteritis, severe lower respiratory tract infections, asthma, hypertension, CVD, and certain types of cancer.
- Breastfeeding is also associated with reduced rates of sudden infant death syndrome (SIDS).
- Evidence also suggests breastfeeding may also be beneficial for dental health.

Sources: American Academy of Pediatrics. Policy Statement: Breastfeeding and Use of Human Milk. *Pediatrics*. Feb 2005; 115(2); 496-506. Lindsay and Vann Jr, "Breastfeeding: An Overview of oral and general health benefits" *The Journal of the American Dental Association* Feb 2013 Vol. 144, Issue 2, p 143-151; Binns, Lee, and Low. The Long-Term Public Health Benefits of Breastfeeding; *Asia Pacific Journal of Public Health* Vol. 20, Issue 1 p 7-14 January 2016.

BREASTFEEDING AND OBESITY

- Breastfeeding has been associated with lower rates of obesity among children.
- Large-scale studies have consistently shown that the longer an infant is breastfed, the less likely they are to be overweight later in life.

Sources: Yan, J, Liu L, Zhu Y, Huang G, Wang P. The association between breastfeeding and childhood obesity; a meta-analysis. *BMC Public Health* 2014 14: 1267. Gillman MW, Rifas-Shiman SL, Berkey CS, Frazier AL, Rockett HRH, Camargo CA Jr, Field AE, Colditz GA. Breast-feeding and overweight in adolescence. *Epidemiology January* 2006; 12(1): 112-14. Gilman MW, Rifas-Shiman SL, Camargo CA, Berkey CS, Frazier AL, Rockett HRH, Field AE, Colditz FA. Risk of overweight among adolescents who were breastfed as infants. *JAMA* 2001;285:2461-67. Grummer-Strawn LM, Mei Z. Does breastfeeding protect against pediatric overweight? Analysis of longitudinal data from the Centers for Disease Control and Prevention Pediatric Nutrition Surveillance System. *Pediatrics*. 2004 Feb; 113(2):e81-6.

BREASTFEEDING AND DIABETES

- Breastfeeding in infancy is associated with a reduced risk of type 2 diabetes, lower insulin concentrations in later life, and lower blood glucose and serum insulin in infants.
- Breastfeeding also lowers a child's risk of obesity, type 1 and type 2 diabetes regardless of the mother's diabetic status.
- NIH research among American Indian communities showed a 50% risk reduction in diabetes from breastfeeding 2 months or longer.

Sources: Owen C, Martin R, Whincup P, Smith GD, Cook DG. Does breastfeeding influence risk of type 2 diabetes in later life? A quantitative analysis of published evidence. *American Journal of Clinical Nutrition*. November 2006, V. 84 N. 5, 1043-1054. Taylor, JS, Nothnagle M, Magee S. Breastfeeding and Diabetes" in *Diabetes in Women.: Pathophysiology and Therapy*. Humana Press, 2010, p. 415-433. Pettitt DJ, Forman MR, Hanson RL, Knowler WC, Bennett PH. Breastfeeding and the Incidence of non-insulin-dependent diabetes mellitus in Pima Indians. *The Lancet*. 1997; 350:166-168.

BREASTFEEDING RATES MEASURE LOGIC

- **Denominator:**

Active Clinical Patients who are 30 through 394 days old who were screened for infant feeding choice at the age of two months (38-89 days)

- **Numerator:**

Patients who, at the age of two months (38-89 days)*, were either exclusively or mostly breastfed

***Note:** The age range for this measure was previously 45-89 days but changed to 38-89 days as of CRS version 17.1

MEASURE ELIGIBILITY

- The Breastfeeding Rates measure is very specific...A patient must be:
 - Screened for infant feeding choice during the 2 month age range (38-89 days old)
- AND**
- Mostly or exclusively breastfed at age 2 months (38-89 days old)
 - Patients who are not screened for feeding choice are not in the measure denominator

DOCUMENTING INFANT FEEDING CHOICE

- Infant Feeding Choice (IFC) Collection tool allows providers to document feeding choice in PCC and EHR
- Easy-to-use tool
 - Seven categories to choose from
 - Just “check off” the correct category

INFANT FEEDING CHOICE CATEGORIES (EHR)

- **Exclusive Breastfeed:** Baby is breastfed/fed expressed breast milk only, no formula or supplementary fluids
- **½ Breast ½ Formula:** Baby is breastfed/fed expressed milk half the time and half the time is fed formula
- **Formula Only:** Baby receives only formula
- **Mostly Breastfeed:** Baby is breastfed/fed expressed breast milk, with some supplementary fluids
- **Mostly Breastfeed, Some Formula:** Baby is breastfed/fed expressed breast milk with some formula feeding (but less than half time formula feeding)
- **Mostly Formula, Some Breastfeed:** The Baby is mostly formula fed, but breastfeeds or is fed expressed breast milk at least once a week
- **Mostly Formula:** Baby is mostly formula fed, but also gets supplementary fluids

INFANT FEEDING CHOICE CATEGORIES (PCC)

- Sites using PCC will see the same choices as HER sites but in different order with slightly different wording:
 - Exclusive Breastfeeding
 - Mostly Breastfeeding
 - ½ Breastfeeding ½ Formula
 - Mostly Formula
 - Formula Only
 - Mostly Breastfeeding, Some Formula
 - Mostly Formula, Some Breast Milk

WHICH CATEGORIES COUNT FOR GPRA?

- **For sites using EHR:**
 - Exclusively Breastfeed
 - Mostly Breastfeed
 - Mostly Breastfeed, Some Formula (as of CRS v. 17.1)

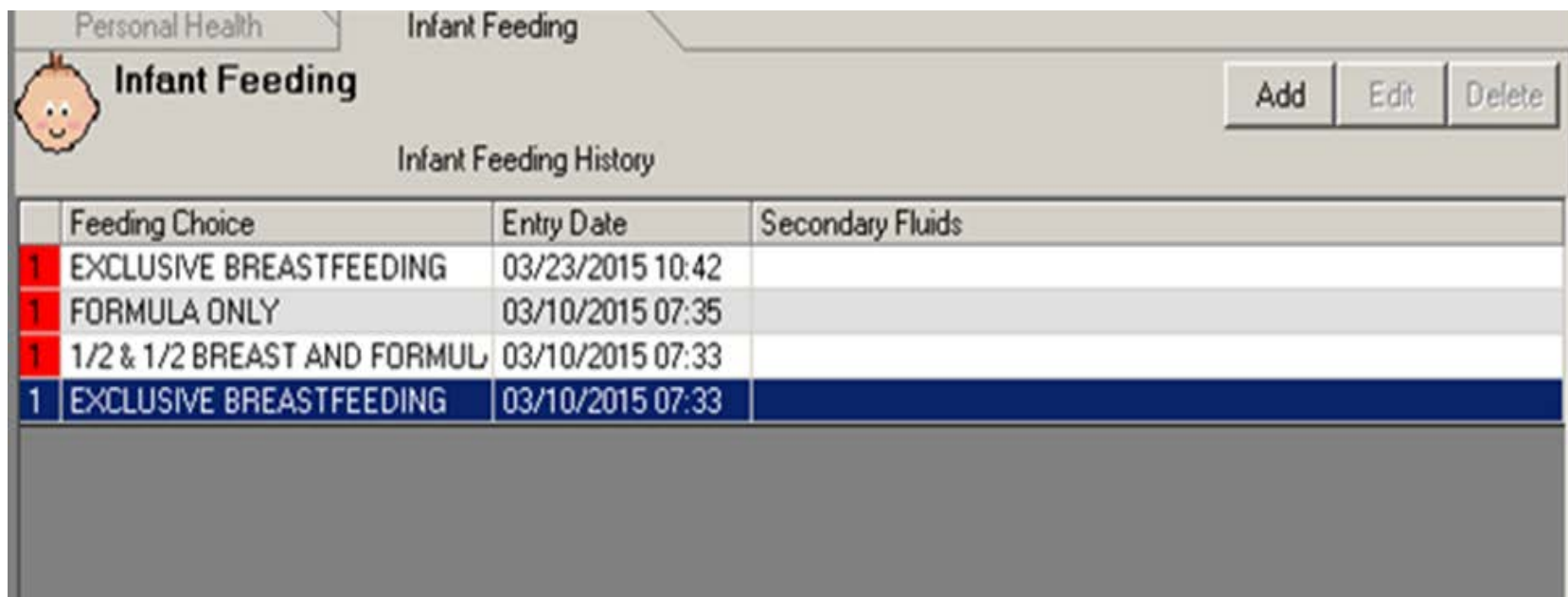
- **For sites using PCC:**
 - Exclusively Breastfeeding
 - Mostly Breastfeeding
 - Mostly Breastfeeding, Some Formula (as of CRS v. 17.1)

WHO SHOULD COLLECT FEEDING INFORMATION AND HOW OFTEN?


- Any provider can collect feeding information
- Find a consistent place in the patient care flow to ask about feeding choice
- At minimum, all providers in Well Child and Pediatric clinics should collect information for patients age 30-394 days old at all visit occurring during that age range
- Public Health Nurses (PHNs) can also collect this information
- Very important for all infants are screened for feeding choice information, as only those screened are eligible to be counted in the measure

EHR DATA ENTRY

- After you have selected the patient and the visit, go to the Infant Feeding component. For some EHR sites, this may be on the Wellness or Triage tab. On the Infant Feeding component, click **Add**



Personal Health Infant Feeding

 **Infant Feeding** Add Edit Delete

Infant Feeding History

	Feeding Choice	Entry Date	Secondary Fluids
1	EXCLUSIVE BREASTFEEDING	03/23/2015 10:42	
1	FORMULA ONLY	03/10/2015 07:35	
1	1/2 & 1/2 BREAST AND FORMUL	03/10/2015 07:33	
1	EXCLUSIVE BREASTFEEDING	03/10/2015 07:33	

EHR DATA ENTRY (CONT.)

- At the Add Infant Feeding Record window, click the appropriate radio button to select the type of infant feeding, and then click **Save** to save the value

The screenshot shows the 'Infant Feeding' window with three tabs: 'Personal Health', 'Infant feeding', and 'Reproductive'. The 'Infant feeding' tab is active. Below the tabs is a header 'Infant Feeding' with an 'Add' button and an 'Edit' button. Underneath is the 'Infant Feeding History' table:

Feeding Choice	Entry Date	Secondary Fluids
MOSTLY FORMULA	06/16/2014 12:18	MILK, FRUIT JUICE, CARBONATED DRINK, SF
EXCLUSIVE BREASTFEEDING	12/12/2013 10:39	

An 'Infant Feeding Choice' dialog box is open, showing a list of radio buttons for selection:

- Exclusively Breastfeed
- 1/2 Breast 1/2 Formula
- Formula only
- Mostly Breastfeed
- Mostly Breastfeed, some Formula
- Mostly Formula, some Breastfeed
- Mostly Formula

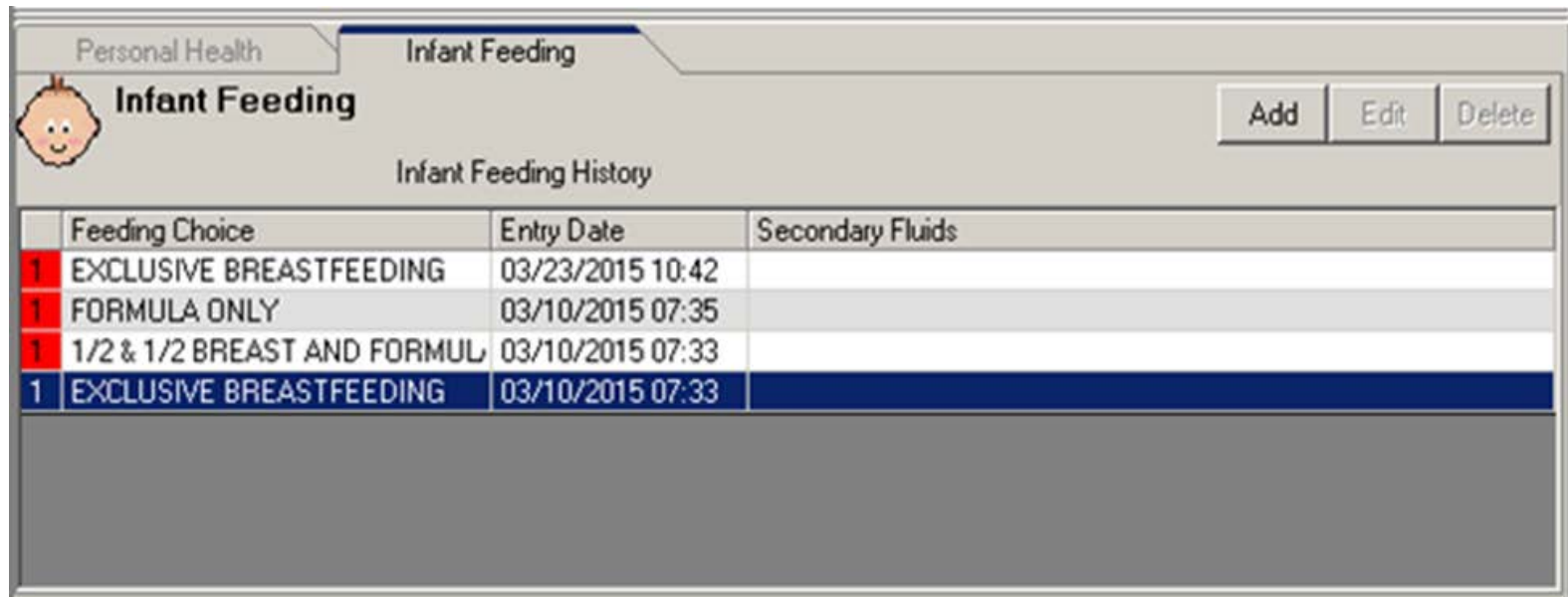
To the right of the radio buttons is a 'Secondary Fluids' section with checkboxes and input fields:

- Milk
- Fruit juice
- Carbonated drink
- Sports drink
- Glucose
- Water

At the bottom right of the dialog box are 'Save' and 'Cancel' buttons.

EHR DATA ENTRY (MORE)

- The patient's value for Infant Feeding Choice for this visit is now displayed in the Infant Feeding component.

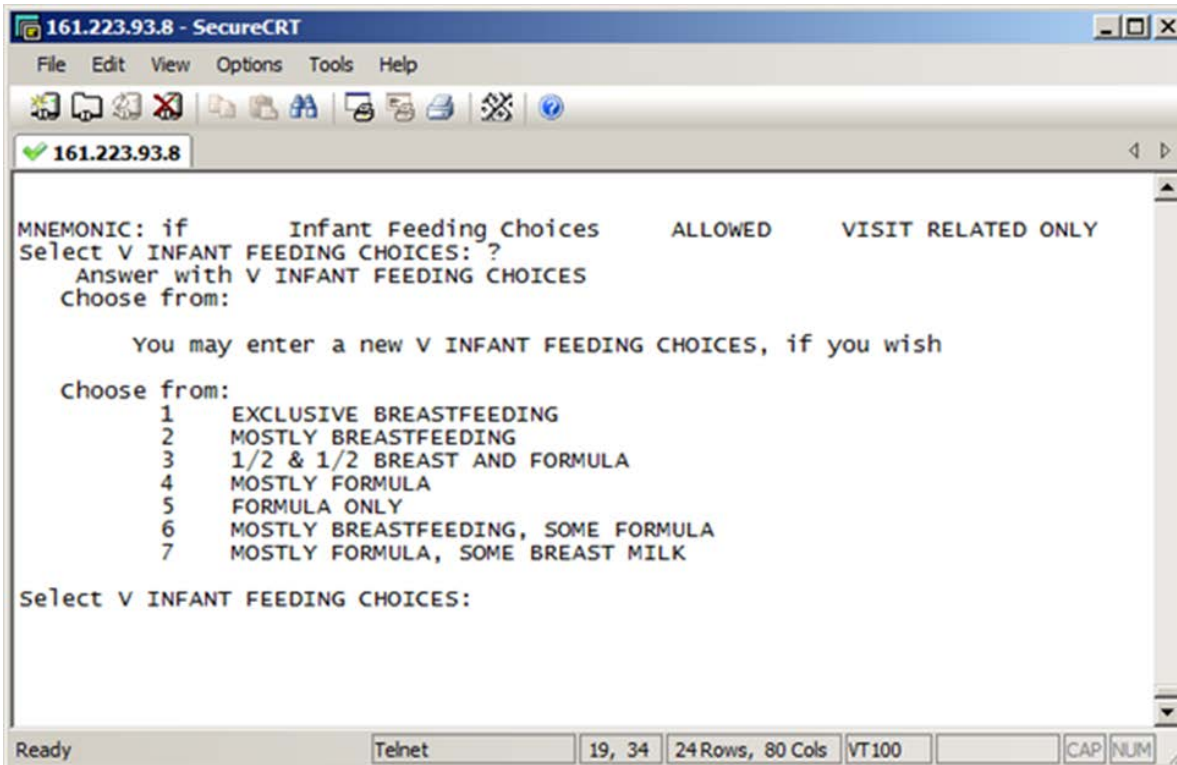


The screenshot shows the 'Infant Feeding' component in an EHR system. It features a tabbed interface with 'Personal Health' and 'Infant Feeding'. The 'Infant Feeding' tab is active, displaying a title 'Infant Feeding' with a baby icon, and buttons for 'Add', 'Edit', and 'Delete'. Below the title is the section 'Infant Feeding History' containing a table with the following data:

	Feeding Choice	Entry Date	Secondary Fluids
1	EXCLUSIVE BREASTFEEDING	03/23/2015 10:42	
1	FORMULA ONLY	03/10/2015 07:35	
1	1/2 & 1/2 BREAST AND FORMUL	03/10/2015 07:33	
1	EXCLUSIVE BREASTFEEDING	03/10/2015 07:33	

PCC DATA ENTRY

- Create a new visit or select an existing visit to append. At the “Mnemonic” prompt, type **IF** (Infant Feeding Choices) and press Enter



```
161.223.93.8 - SecureCRT
File Edit View Options Tools Help
161.223.93.8
MNEMONIC: if      Infant Feeding Choices      ALLOWED      VISIT RELATED ONLY
Select V INFANT FEEDING CHOICES: ?
Answer with V INFANT FEEDING CHOICES
Choose from:

    You may enter a new V INFANT FEEDING CHOICES, if you wish

Choose from:
1    EXCLUSIVE BREASTFEEDING
2    MOSTLY BREASTFEEDING
3    1/2 & 1/2 BREAST AND FORMULA
4    MOSTLY FORMULA
5    FORMULA ONLY
6    MOSTLY BREASTFEEDING, SOME FORMULA
7    MOSTLY FORMULA, SOME BREAST MILK

Select V INFANT FEEDING CHOICES:
Ready      Telnet      19, 34      24 Rows, 80 Cols      VT100      CAP NUM
```

PCC DATA ENTRY, CONT.

- Type the number corresponding to the type of feeding and press Enter. If you do not know the number, type “??” and press Enter to see a list of choices.
- You are returned to the “Mnemonic” prompt. Continue with data entry of other items.

CRS BREASTFEEDING MEASURES

- Percentage of patients age 30 days through 1 year of age who were ever screened for infant feeding choice
- Percentage of patients who were screened for infant feeding choice at the ages of 2 months, 6 months, 9 months, and 1 year
- Percentage of patients who were screened and exclusively or mostly breastfed at 2 months, 6 months, 9 months, and 1 year
- **Percentage of infants who were screened for infant feeding choice at the age of 2 months old (38-89 days old) that are exclusively or mostly breastfed. (GPRA Measure)**

AGE DEFINITIONS FOR CRS

- CRS defines the age ranges for this measure as:
 - 2 months: infants 38–89 days old
 - 6 months: infants 165–209 days old
 - 9 months: infants 255–299 days old
 - 1 year: infants 350–394 days old

CRS MEASURE LOGIC

- In case of multiple entries, the documented feeding choice from the Infant Feeding Choice ***closest to the exact age being assessed*** will be used
- For example, patient documented mostly breastfed at 45 days old, but ½ breastfed and ½ formula fed at 60 days old. The ½ breastfed, ½ formula fed value will be counted because it is closest to the exact age of 2 months.

CRS MEASURE LOGIC (CONT.)

- In order to be included in the age-specific screening numerators, the patient must have been screened at the specific age range
- For example, if a patient was screened at 6 months but was not screened at 2 months, then the patient will only be counted in the 6 months numerator.

BEST PRACTICES

- **Ask** about infant feeding choice at all well child visits, and other visits as appropriate.
 - Begin the conversation about feeding choice early, ideally when the mother is still pregnant
- **Document** infant feeding choice using the infant feeding collection tool. Data entered in other places (including the birth measurements section of EHR) will not be picked up by CRS for this measure
- **Monitor** your Breastfeeding Rates in CRS
 - You can use CRS reports to monitor your facility's breastfeeding rates and identify which patients need screening. Detailed instructions for how to do this are available in the Breastfeeding FAQ document located at :

BABY FRIENDLY AND BREASTFEEDING PROMOTION RESOURCES

- Indian Health Service:

<http://www.ihs.gov/babyfriendly/>

- Baby-Friendly USA:

<http://www.babyfriendlyusa.org/>

- Academy of Breastfeeding Medicine:

<http://www.bfmed.org/>

IHS GPRA MEASURE CONTACTS

- **Measure Lead:**
 - Tina Tah: tina.tah@ihs.gov
- **National GPRA Lead:**
 - Diane Leach: diane.leach@ihs.gov
- **National GPRA Support Team:**
caogpra@ihs.gov