Native
Breastfeeding
Council





Bringing back the tradition of breastfeeding

Presented by: Sherry Caldwell & Jean Farmer

#### The Problem

- 3.8% exclusively breastfeeding at 6 months
- American Indians @-WIC/SCIHP 2007-2008
- 11.9% National average American Indians
- CDC 2008

#### Why is breastfeeding so important?











#### National Health Statistics Report

#### Health Characteristics of the American Indian or Alaska Native Adult Population: United States, 2004–2008

by Patricia M. Barnes, M.A.; Patricia F. Adams; and Eve Powell-Griner, Ph.D Division of Health Interview Statistics

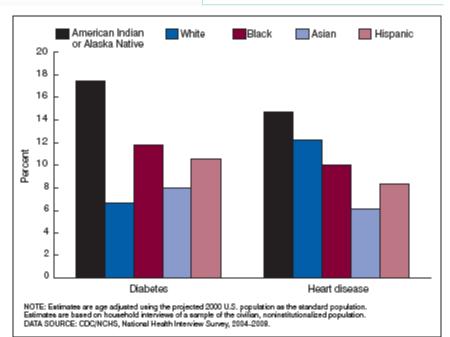


Figure 4. Percentage of adults aged 18 years and over who have ever been diagnosed with diabetes, and percentage of adults aged 18 years and over who have ever been diagnosed with heart disease, by race and ethnicity: United States, 2004–2008

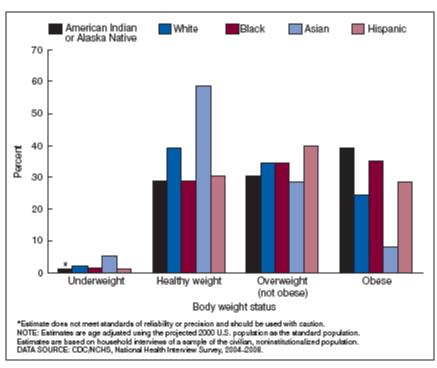


Figure 3. Percent distribution of body weight status for adults aged 18 years and over, by race and ethnicity: United States, 2004–2008

#### **Breastfeeding As Prevention**

#### **Infant Outcomes**

- Childhood overweight and obesity \$\frac{1}{24}\%\$
- Type 1 and Type 2 Diabetes \$\int\_30 \& 40\%\$
- Diarrhea 🔱 64%
- Necrotizing Enterocolitis 177%
- Lymphoma, Leukemia, & Hodgkins Disease 15-20%



#### Breastfeeding As Prevention

#### **Mother Outcomes**

- Mothers who breastfeed for at least 3 months may lose more weight than mothers who do not breastfeed.
- Breastfeeding reduces the risk of breast and ovarian cancer.
- Breastfeeding may reduce the risk of osteoporosis.
- Breastfeeding has a protective effect on maternal mental health because it attenuates stress and modulates the inflammatory response.



#### Disaster Preparedness

In disaster situation may not be able to access formula or clean water



## Creation of the Native Breastfeeding Council



- Community members
- Elders
- Medical Department
- Nutrition Department/WIC
- Healthy Traditions/Diabetes Prevention
- Dental Department
- County Public Health (Perinatal Services Coordinator)

#### Community Assessment

- Societal influences
- Community influences
- Family /tribal influences
- Individual experience

#### Societal Influences

#### Barriers to Breastfeeding

- Hospital Practices- early formula/separation of mother/infant
- Formula advertising
- Media-Sexualization of breasts
- Lack of lactation education and support
- Trust in technology over body (want to measure)
- Lack of education of health care workers
- Early return to work post-partum

#### Societal Influences

Supporting Breastfeeding

- 10 steps to Baby Friendly Hospitals
- World Health Organization/ UNICEF
- Indian Health Services (IHS)
- United States Breastfeeding Committee-Tribal rep.
- WIC program-level of breastfeeding resources available varies/ request American Indian peer counselors

#### Literature review

Families, elders, social group, peer counselors affect initiation & duration

Woman's perception of inadequate milk is major reason for stopping breastfeeding

Breastfeeding friendly work environment is associated with longer breastfeeding

Primary care interventions affect duration of breastfeeding

Baby Friendly Hospital Initiative has improved initiation & duration

## Community Influences Sonoma County Resources

- Sonoma County Department of Public Health
- La Leche League
- Local Hospitals and Birthing Center
- WIC
- Sonoma County Breastfeeding Coalition
- Sonoma County Indian Health Project

## Sonoma County Indian Health Project, Inc.







#### What We Learned

- No formal lactation policy
- Inconsistent breastfeeding education of mothers prenatally
- Inconsistent post partum support for breastfeeding
- Minimal education of staff
- No consistent way to track breastfeeding information

#### Conversations with the Community

- Infant feeding choice
- Knowledge of resources
- Benefits of formula/breastfeeding
- Barriers to formula/breastfeeding
- Traditions/Stories
- Community assessment tool available on our website

#### Pregnant Women (n=12)



- Everyone intended to breastfeed
- Understood benefits of breastfeeding
- Felt supported by family

#### Post-partum Women (n=11)



- 3 of 11 reported exclusively breastfeeding
- Perception of inadequate milk
- Feelings were not as strong among family members after the baby was born
- They all received free formula

#### Women of Childbearing Age (n=25)



- Breastfeeding was harder than they thought it would be
- Modesty was an issue
- Formula was convenient

#### The Elders (n=20)



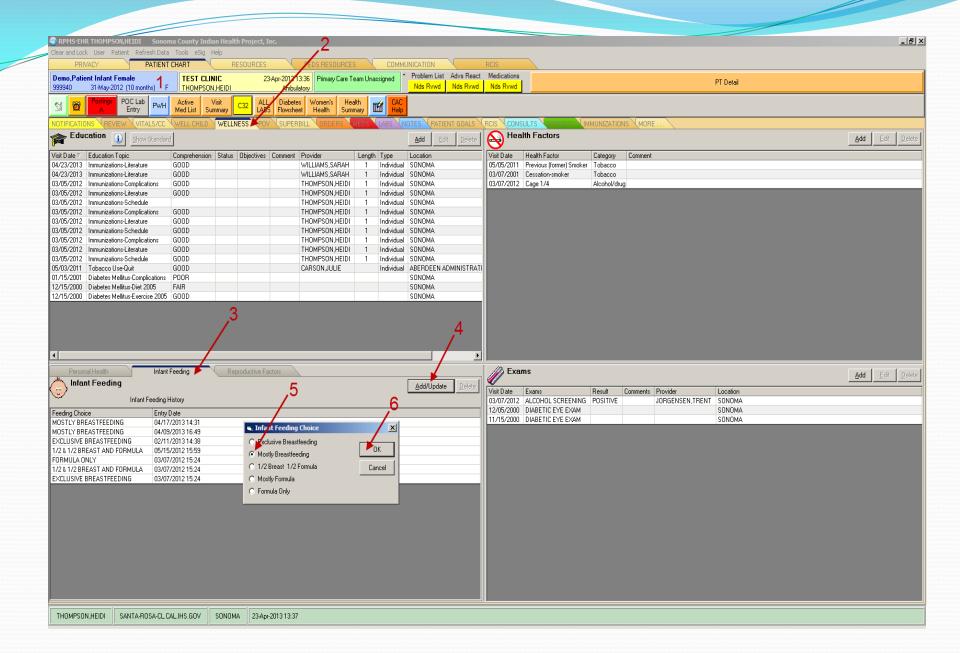
- Thought to be an important way to keep babies healthy and bonding
- Think women quit because they need to work
- Breast milk is considered sacred

#### The Plan

- Implement infant feeding measurement tool
- Develop a lactation policy and create a lactation room for employees
- Educate SCIHP staff regarding how to provide educations and support to families
- Increase awareness in our Native community about benefits of breastfeeding and provide support
- Reach out to other tribal communities

### Establish Outcome Measure IHS Infant Feeding Tool





#### RPMS infant feeding tool

- Infant feeding questions asked at every visit up to age 12 months
- "Are you feeding breast milk or formula or both?"
- In-services which include role-playing

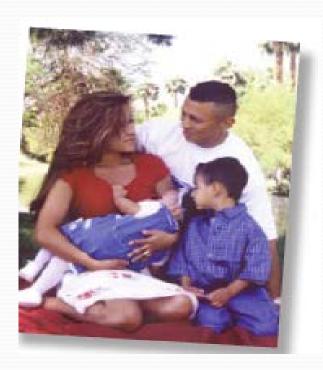
#### **Bringing Back Tradition**



Thank you Vince Martinez for lovingly creating logo

#### Vision Statement

"Our vision is the return to the tradition of breastfeeding for the emotional, spiritual and physical health of families and future generations"



#### Mission Statement

Our mission is to support, educate and promote breastfeeding as the norm for families nurturing infants and young children. To provide leadership and engage tribal communities in embracing the tradition of breastfeeding

#### First Five Grant

- Breastfeeding Tent Supplies
- Education to become Lactation Specialists
- Electronic Scale
- Employee Lactation Room Supplies
- Back Packs with NBC logo for breastfeeding moms

#### **Breastfeeding Tent**



## Poster presentation at the United States Breastfeeding Committee Meeting on our planning process



#### 2<sup>nd</sup> Annual Summit on Breastfeeding

BREASTFEEDING MEDICINE Volume 5, Number 5, 2010 © Mary Ann Liebert, Inc. DOI: 10.1089/bfm.2010.0039

#### American Indians and Alaska Natives: Breastfeeding Disparities and Resources

Lauren Spieler

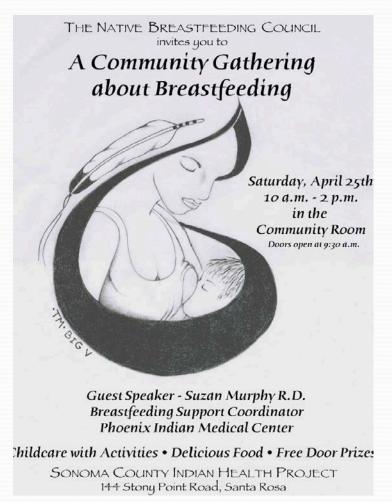
THE INDIAN HEALTH SERVICE (IHS), part of the U.S. Department of Health and Human Services, is charged with representing members of 564 federally recognized tribes, made up of nearly 2 million people. The IHS mission is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. Given the higher health status enjoyed by most Americans, the lingering health disparities of American Indians and Alaska Natives are troubling. In trying to account for the disparities, healthcare experts, policymakers, and tribal leaders are looking at many factors that impact upon the health of Indian people, including the adequacy of funding for the Indian healthcare delivery system, the effect of historical trauma, and the impact of economic adversity and social conditions on health.

Breastfeeding rates are consistently lower for American Indian and Alaska Native populations. According to the Centers for Disease Control and Prevention, in 2006 69.9 ± 7.0% ever breastfed, with 38.5 ± 7.5% breastfeeding at 6

The council provides leadership and engages tribal communities in embracing the tradition of breastfeeding. promotes a return to the tradition of breas emotional, spiritual, and physical health future generations. In 2008, Jean Farmer (pe nication) undertook an extensive survey of and interviewed across generations to o successful breastfeeding as well as the barri to initiate and continue breastfeeding. T sessment helped the NBC tailor intervention munity's needs. It was clear from that providers and patients needed more quality breastfeeding information. Women who w breastfeeding had a seamless continuum of during their pregnancy, and into the breastfeeding period. It was clear from the an appointment to see your doctor a few d was not an adequate model as many supplementing with formula in that peri



#### **Community Gathering**



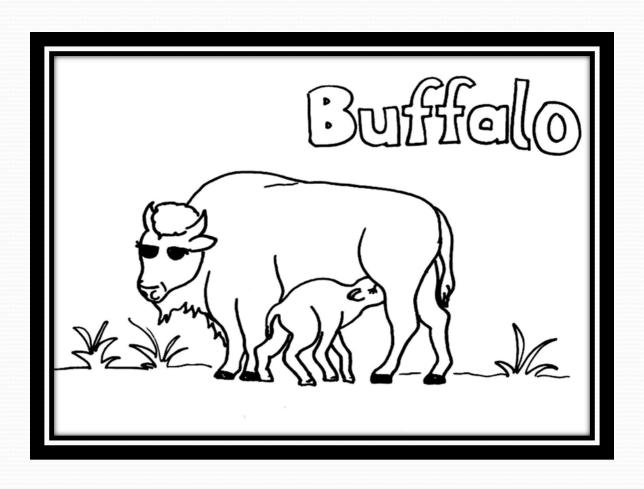
#### Family Fun Night



#### Puppet show for families



#### Coloring Pages for Children



# Partnered with Comprehensive Perinatal Services Program & WIC Peer Counselors





Peer counselors are Native American WIC mothers just like you. We have breastfed our own children and have been trained by WIC to give you information about feeding your



baby. We are here to give you support and to help you meet your own goals for breastfeeding.

HOW CAN A PEER COUNSELOR HELP YOU?

Your WIC peer counselor can give you:

- Tips for how to breastfeed comfortably and discretely, even in public
- Ways you can stay close to your baby through breastfeeding after you return to work or school ldeas for getting support from your family, friends and employer
- Ways to get a good start with breastfeeding
   Secrets for making plenty of breast milk for your baby
- Help with breastfeeding concerns



Angel Flores
WIC Breastfeeding

HOW PEER COUNSELING WORKS:

WIC provides information through:

- Classes
   Phone calls
- Texting
   Office visits



- WHAT DOES A PEER COUNSELOR DO
- Contacts you during your pregnancy to answer your infant feeding questions an
- helps you prepare for having a baby
   Answers any questions or concerns you might have before and after your baby is
- Shows you how to get help from healthcare professionals if needed, including the WIC Excitation Consultar



STOP BY TODAY TO MAKE AN APPOINTMENT OR FOR MORE INFORMATION
WIC Office
Sonoma County Indian Health Project, Inc.

Sonoma County Indian Health Project, Inc 144 Stony Point Road Santa Rosa, CA 95401 Office Phone: (707) 521-4575





Delivery & Emergency Hospital

Sutter Medical Center 3325 Chanate Road Santa Rosa Ca 95404 General number: 576-4000

Labor & Delivery: 576-4640

WIC & Breastfeeding Help

S.C.I.H.P. 144 Stony Point Road Monday—Friday 8:30-5:00 Walk-Ins Tues 1-4:00 521-4575

Lab

144 Stony Point Road Monday—Friday 8:30-5:00 Closed 12:30-1:30 521-4536

Childbirth Classes
Women's Health Resource Center
576-4800



Native Beginnings ...

Welcome to Prenatal Care



Sonoma County Indian Health Project, Inc.

144 Stony Point Road Santa Rosa, CA 95401 Call today 521-4500

### Celebrating World Breastfeeding Week





**Native Breastfeeding Council Hosts** 

Family Wellness Fair

Saturday August 4th 2012 8 am - 1 pm

Musicl

Local Artists!

**Fundraiser** 

100% of proceeds benefit the

#### **Native Breastfeeding Council**

noma County Indian Health Project (SCIHP) 144 Stony Point Road—Santa Rosa, CA **EVENT DAY REGISTRATION 8 AM** WALK BEGINS 9 AM

PRE-REGISTRATION FORM AVAIL. ONLINE @ WWW.NATIVEBREASTFEEDINGCOUNCIL.ORG OR PICK UP AT

SONOMA COUNTY INDIAN HEALTH PROJECT DROP OFF REGISTRATION AT SCIHP MEDICAL DEPT. ATTN: MEG or SHERRY (FLAT COURSE, STROLLER & FAMILY FRIENDLY)









# Gathering of the Nations

Albuquerque, NM



# www.nativebreastfeedingcouncil.org



### Lactation Room at SCIHP





# 2012 State Recognition



July 9, 2012

Sonoma County Indian Health Project, Inc Sherry Caldwell, Chair, Native Breastfeeding Council 144 Stony Point Road Santa Rosa. CA 95401

Dear Ms. Caldwell,

The Sonoma County Breastfeeding Coalition recently nominated the Sonoma County Indian Health Project, Inc. for the Mother-Baby Friendly Workplace State Recognition Award. We are pleased to inform you that the Sonoma County Indian Health Project, Inc. is one of six recipients of this award presented by the California Breastfeeding Coalition.

In 2002, the California legislature recognized the importance of worksite lactation accommodation by requiring employers to accommodate breastfeeding employees upon their return to work. Research on the benefits to employers for supporting mothers continuing to breastfeed upon their return to work indicates a positive return on their investment with reduced absenteeism, reduced health care costs, reduced turnover, and improved productivity, loyalty and morale.

This award recognizes companies that support their breastfeeding employees by providing written policies that support breastfeeding in the workplace, employee training on those policies, a private place to pump, and reasonable break time to pump milk. Some companies even provide their breastfeeding mothers with pumps, flex time, telecommuting options, and on-site or nearby child care.

The Sonoma County Indian Health Project, Inc. is invited to receive the Mother-Baby Friendly Workplace State Recognition Award at a ceremony at the Californis State Capitol North Steps (1100 L Street) in Sacramento on August 1, 2012, 12 – 1 PM. Representatives from the California Breastfeeding Coalition, California Departmen of Public Health, and California Division of Labor Standards Enforcement and a state legislator will be in attendance to recognize the importance of breastfeeding.

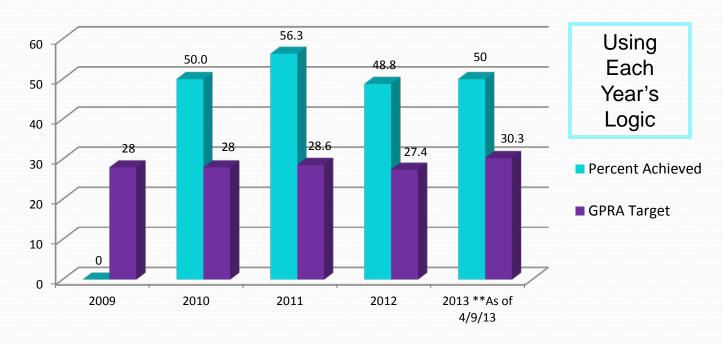


# Obesity Prevention Grant from CDC/CDPH

To develop national guidelines for Breastfeeding Friendly Clinics and billing avenues for lactations services



# Sonoma GPRA Breastfeeding Rates

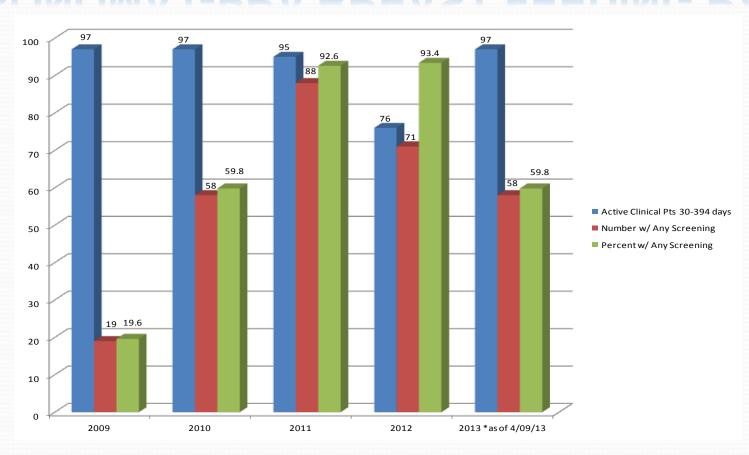


Percentage of infants @ 2 month of age who are Exclusively or Mostly Breastfed.

(GPRA)



### SONOMA GPRA BREAST FEEDING BATES





### **WIC/Nutrition Department**

2007- 9% exclusively breastfeeding at 6 months (all clients)

• 2012-34% exclusively breastfeeding at 6 month (all clients)

# Take away points

- Identify a champion
- Listen to your community
- Empower emerging leadership
- Educate staff
- Develop a lactation policy
- Create a Breastfeeding friendly workplace
- Collaborate with community resources
- Change takes time...one step at a time





Sherry Caldwell MA, LS





www.nativebreastfeedingcouncil.org