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?

by Patricia M. Barnes, M.A.; Patricia F. Adams; and Eve Powell-Griker, 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

NOTE: Estimates are age adjusted using the projected 2000 U.S. population as the standard population. Estimates are based on household interviews of a sample of the civilian, noninstitutionalized population.

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

*Estimate does not meet standards of reliability or precision and should be used with caution.
NOTE: Estimates are age adjusted using the projected 2000 U.S. population as the standard population. Estimates are based on household interviews of a sample of the civilian, noninstitutionalized population.
Breastfeeding As Prevention

Infant Outcomes

- Childhood overweight and obesity ↓ 24%
- Type 1 and Type 2 Diabetes ↓ 30 & 40%
- Diarrhea ↓ 64%
- Respiratory Tract Infection ↓ 63-77%
- Necrotizing Enterocolitis ↓ 77%
- Otitis Media ↓ 23-50%
- 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
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 2005 69.9 ± 7.0% were breastfed, with 38.5 ± 7.5% breastfeeding at 6 months. The council provides leadership and engages tribal communities in embracing the tradition of breastfeeding. NBC promotes a return to the tradition of breastfeeding as emotional, spiritual, and physical health for future generations. In 2005, Jean Farmer (deceased) undertook an extensive survey of mothers and interviewed across generations to conduct research on successful breastfeeding as well as the barriers to initiate and continue breastfeeding. The assessment helped the NBC tailor interventions to the community’s needs. It was clear from that assessment providers and patients needed more quality breastfeeding information. Women who were breastfeeding had a seamless continuum of breastfeeding during their pregnancy, and into the breastfeeding period. It was clear from that assessment patients needed an appointment to see your doctor a few days prior to discharge and read brochures on breastfeeding.
Community Gathering

The Native Breastfeeding Council invites you to
A Community Gathering about Breastfeeding

Saturday, April 25th
10 a.m. - 2 p.m.
in the
Community Room
Doors open at 9:30 a.m.

Guest Speaker - Suzan Murphy R.D.
Breastfeeding Support Coordinator
Phoenix Indian Medical Center

Childcare with Activities • Delicious Food • Free Door Prize:
Sonoma County Indian Health Project
14 Stony Point Road, Santa Rosa
Family Fun Night

Breastfeeding: Near and dear to our hearts
Native Breastfeeding Council
Sonoma County Indian Health Project
Puppet show for families
Coloring Pages for Children
Partnered with
Comprehensive Perinatal Services
Program & WIC Peer Counselors

Native Beginnings...

Welcome to Prenatal Care

Sonoma County Indian Health Project, Inc.
144 Stony Point Road
Santa Rosa, CA 95401
Call today 521-4500

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

HOW CAN A PEER COUNSELOR HELP YOU?
Your WIC peer counselor can help you:
• Tips for how to breastfeed comfortably and discreetly even in public
• Ways you can stay close to your baby through breastfeeding after you return to work or school
• Ideas 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

WHAT DOES A PEER COUNSELOR DO?
• Listens to you
• Contacts you during your pregnancy to answer any questions or concerns you might have before and after your baby is born
• Shares you how to get help from healthcare professionals if needed, including the WIC Nutrition Consultant

WHO ARE YOUR WIC PEER COUNSELORS?
Peer counselors are Latina 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.

WHAT IS WIC?
Women, Infants & Children (WIC) is a federal program that helps low-income pregnant women, women who are breastfeeding infants and toddlers, and children up to age 5 with a low income and who are at nutrition risk.

CALIFORNIA WIC
Women, Infants & Children
Families grow healthy with WIC

Comprehensive Perinatal Services Program & WIC Peer Counselors

Partnered with

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CALIFORNIA WIC
Women, Infants & Children
Families grow healthy with WIC
Celebrating World Breastfeeding Week

World Breastfeeding Week
August 1 - 6, 2010

Photo & Art Contest for Native Breastfeeding Council Poster
This event is a potluck!
Please bring your favorite dish!

Peer Counselor Graduation
Friday Aug. 6th
6pm-Community Room

Show your support
Wear your NBC T-shirt!
We have shirts for sale
Visit our medical dept.

All the rivers of the earth are milk
that comes from the breast of the Great Mother
Our breasts give the waters of life
to feed the children.
ChuQuish Manmay
Native Breastfeeding Council Hosts

2nd Annual

Family Wellness Fair

Saturday
August 4th 2012
8 am - 1 pm

Music!
Local Artists!
6K Walk/Run!

Fundraiser
100% of proceeds benefit the
Native Breastfeeding Council
Sonoma 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)

Celebrating World Breastfeeding
Week!

Promoting Breastfeeding & Healthy Lifestyles
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 California State Capitol North Steps (1100 L Street) in Sacramento on August 1, 2012, 12 – 1 PM. Representatives from the California Breastfeeding Coalition, California Department 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 RATES

Number of Active Clinical Patients with Any Screening
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
• Jean Farmer RN, PHN, MSN
www.nativebreastfeedingcouncil.org