



# Childhood Weight Control and Breastfeeding

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# Relationship to Childhood Weight Control

- **Childhood Weight Control (GPRA)**
  - Assesses the percentage of children ages 2-5 with a BMI in the 95<sup>th</sup> percentile or higher
  - Has a long-term goal of reducing the percentage of children ages 2-5 who are at or above the 95th percentile for BMI
  - The Agency recognizes that promotion of breastfeeding is one of the best strategies for meeting this long-term goal
    - Research in the last 10 years has indicated that early feeding choice may have a significant impact on obesity and overweight rates through childhood



# Breastfeeding Rates

- **Breastfeeding Rates**
  - Proposed by IHS to OMB to replace Childhood Weight Control as a GPRA measure. OMB did not approve this change.
  - Will be included as a developmental measure and may become a GPRA measure in the future
  - Will be used in support of the Childhood Weight Control measure to show that the Agency is “doing something” to reduce rates of overweight among the patient population ages 2-5
    - 24% of children ages 2-5 were at or above the 95<sup>th</sup> percentile for BMI in FY 2006



# Breastfeeding Rates Measures

- Breastfeeding Rates (cont'd)
  - Is included on the 2007 CRS National GPRA Report (as a non-GPRA measure)
    - Sites can assess their performance
  - Includes the following measures
    - 1 measure: # Active Clinical patients 45-394 days old who were screened at least once
    - 4 measures: # Active Clinical patients 45-394 days old who were screened at: 2 months, 6 months, 9 months, 1 year
    - 4 measures: # Active Clinical patients 45-394 days old who were exclusively or mostly breastfed at: 2 months, 6 months, 9 months, 1 year

# Breastfeeding Rates Measures

- Age Bucket Determinations
  - 2 month rates: infants 45-89 days old
  - 6 month rates: infants 165-209 days old
  - 9 month rates: infants 255-299 days old
  - 1 year rates: infants 350-394 days old



# Tips for Collecting Breastfeeding Data

- Find a consistent place in patient care flow to ask about feeding choice. It may help to use a place like newborn and Well Child clinic visits, where the feeding choice questions are already being asked.
  - PHN home visits are an excellent place to collect this information
- However, any staff member can use the terms, ask the question and indicate how the baby is being fed.



# Understanding the Breastfeeding Terminology

- **Breastfeeding Terminology**
  - Exclusive Breastfeeding: Formula supplementing less than 3 times per week (<3x per week)
  - Mostly Breastfeeding: Formula supplementing 3 or more times per week ( $\geq 3x$  per week) but otherwise mostly breastfeeding
  - $\frac{1}{2}$  Breastfeeding,  $\frac{1}{2}$  Formula Feeding: Half the time breastfeeding, half the time formula feeding
  - Mostly Formula: The baby is mostly formula fed, but breastfeeds at least once a week
  - Formula Only: Baby receives only formula



# Tools for Capturing Breastfeeding Data

- The grid at right is designed to be used on PCC and PCC+.
- It was successfully field tested at Phoenix Indian Medical Center (PIMC) for pediatric clinic visits.

<u>Feeding Choice (today) X</u>			
Breastfeeding only			
Mostly Breastfeeding			
1/2 Breastfeeding 1/2 Formula feeding			
Mostly Formula feeding			
Formula feeding only			
<u>One-time data fields</u>			
Mom's name Or chart#			
birth order		birth wt.	
started formula		___wks/mth	
stopped breastfeeding		___wks/mth	
started solids		___wks/mth	

# Breastfeeding Data Entry

- Breastfeeding Data Entry
  - Data for CRS is entered with the IF (Infant Feeding Choice) mnemonic. Requires data entry patch 8 (apcd0200.08k), released October 19, 2005.
  - Currently, PCC and PCC+ are the only methods of entry for the IF mnemonic
  - It is anticipated that by spring of 2007, EHR Version 1.1 will include Infant Feeding Choice in the outpatient pediatric section
    - In the meantime, if possible, EHR sites should enter this data in PCC, outside of EHR

# CRS Breastfeeding Logic

In the CRS logic, the one-time data fields such as Breastfeeding Stopped, Formula Started are not counted in the CRS measures. Only feeding choice data is counted.



# CRS Logic

- The documented feeding choice from the file V Infant Feeding Choice that is closest to the exact age being assessed will be used.
  - For example, patient documented as  $\frac{1}{2}$  breastfed and  $\frac{1}{2}$  formula fed at 45 days old but changed to mostly breastfed at 60 days old. The mostly breastfed value will be used because it is closest to the exact age of 2 months.



# CRS Logic

- 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 and was exclusively breastfeeding but was not screened at 2 months, then the patient will only be counted in the 6 months numerator.



# Key GPRA Changes for v.7.0 (cont'd)

- Breastfeeding Overall Message
  - Encourage practitioners to document feeding choice at each pediatric visit
  - Encourage breastfeeding beginning at the first prenatal visit



# Key GPRA Changes for v.7.0 (cont'd)

- For more information on breastfeeding
  - Visit the Maternal & Child Health web site for more information  
<http://www.ihs.gov/MedicalPrograms/MCH/M/bf.cfm>
  - Contact Dr. Judy Thierry, IHS Maternal and Child Health Coordinator ([judy.thierry@ihs.gov](mailto:judy.thierry@ihs.gov)) or Sue Murphy, Breastfeeding Promotion Specialist ([suzan.murphy@ihs.gov](mailto:suzan.murphy@ihs.gov))

