

## Chapter 5: Healthy Start Services Breastfeeding Education and Support

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### Introduction

Breastfeeding is the normative method of infant and young child feeding and should be woven into the foundation of society and family life. Breastfeeding, a relatively basic, simple, and cost-effective measure, can have a significant impact on establishing the foundation for a lifetime of optimal health and can result in reduced health care spending.

Babies who are not exclusively breastfed for the first six months of life are at increased risk to develop a wide range of infectious diseases including recurrent ear infections, severe diarrhea, and hospitalization for respiratory illness. They are also at higher risk to develop type 1 diabetes, certain childhood cancers, and obesity. Infants who are not breastfed have a 21% higher postneonatal infant mortality rate in the United States.

Mothers who do not breastfeed are at increased risk for breast and ovarian cancer, type 2 diabetes, retention of pregnancy weight, and possibly increased risk of hip fractures and osteoporosis in the postmenopausal period.

Exclusive breastfeeding is defined as an infant's consumption of human milk with no supplementation of any type (no water, no juice, no non-human milk, and no foods) except for vitamins, minerals, and medications. The American Academy of Pediatrics (AAP) policy statement "Breastfeeding and the Use of Human Milk" February 2005, cites substantial new research on the importance of breastfeeding indicating that breastfeeding provides health, nutritional, immunologic, developmental, psychological, social, economic, and environmental advantages unmatched by other feeding options. Human milk is recommended as the preferred feeding for all infants, including premature and sick newborns, with rare exceptions, for *at least* the first year of life, and longer as mutually desired by mother and child.

The Healthy People 2010 goals are to increase to 75 percent the proportion of mothers who breastfeed their babies in the early postpartum period, to increase to 50 percent the proportion of mothers who breastfeed their babies through six months of age, and to increase to 25 percent the proportion of mothers who breastfeed their babies through the end of one year.

### Definition of Service

Breastfeeding education and support services are:

- Those services provided to pregnant women to encourage breastfeeding in the early postpartum period;
- Those services that provide anticipatory guidance and support in order to prevent breastfeeding problems and to address barriers to breastfeeding; and

- Those services provided to postpartum women to encourage the continuation and exclusivity of breastfeeding and to enable them to overcome any perceived or actual breastfeeding problems.

## **Standards and Criteria**

**Standard 5.1 Healthy Start breastfeeding education and support services will be offered to all participants who are determined through the care coordination process to need them.**

**Criteria:**

**5.1.a** Level of service is based upon local resources, local Healthy Start coalition funding decisions, and consideration of Healthy Start as the payer of last resort.

**5.1.b** Breastfeeding education and support services are provided with consideration to the cultural, language, educational/literacy, and accessibility needs of the participant.

**5.1.c** With the participant's approval, the infant's father, significant others, and other household members are encouraged to participate in the education process.

**5.1.d** Breastfeeding education and support includes at least one face-to-face contact, an assessment of current infant feeding status, counseling consistent with the breastfeeding plan of care and documentation based on goals, and referrals to local breastfeeding support groups or other support sources.

**5.1.e** Prenatal breastfeeding education includes anticipatory education on barriers to breastfeeding and on breastfeeding in the early postpartum period, exclusivity, and continuation.

**5.1.f** A breastfeeding plan of care is written to include specific breastfeeding outcome goals that involve the woman in her own care.

**5.1.g** All educational materials and breastfeeding promotion and support activities comply with the World Health Organization Code of Marketing of Breastmilk Substitutes.

**Standard 5.2 The provider of breastfeeding education and support services will provide follow-up to the Healthy Start care coordinator.**

**Criterion:**

Written follow-up documenting receipt of referral and plan for initiation of services is provided to the Healthy Start care coordinator within 30 days.

**Standard 5.3 Providers of breastfeeding education and support services will offer and initiate services in a timely manner.**

**Criteria:**

**5.3.a** For prenatal participants, services are initiated within 30 days after receipt of referral or identified need unless the need for more immediate initiation of services is evident.

**5.3.b** For postpartum participants, services are initiated within three days after receipt of referral or identified need unless the need for more immediate initiation of services is evident.

**Standard 5.4 Providers of breastfeeding education and support services will respond to any additional identified needs.**

*Criteria:*

**5.4.a** Additional identified needs are addressed directly by the provider or by notifying the participant's Healthy Start care coordinator.

**5.4.b** Breastfeeding education and support providers communicate with the care coordinator who develops the family support plan and collaborates as a part of the interdisciplinary team as indicated by individual need.

**Standard 5.5 Providers of Healthy Start funded breastfeeding education and support services will accurately code service information in a timely manner for Health Management System (HMS) data entry.**

*Criterion:*

Coding complies with the requirements of the Department of Health publication DHP 50-20.

**Standard 5.6 Providers of breastfeeding education and support services will document services in the participant's existing clinical record or, in the absence of a clinical record, in a format determined by the local coalition and provider.**

*Criteria:*

**5.6.a** Documentation of services is recorded in the record of the individual receiving services. In the event that services are provided to another person on behalf of a Healthy Start program participant, the services are only referenced in the Healthy Start program participant's record. The actual detailed documentation occurs in the record of the individual receiving the service. For example, if the mother of a Healthy Start child participant is being provided with breastfeeding education, the actual documentation occurs in the mother's record, since she is receiving the service; however, the service is also referenced in the child's record.

**5.6.b** Documentation occurs in other components of the record such as the problem list or family support plan as appropriate.

**Standard 5.7 Breastfeeding education and support service providers will develop and implement an internal quality management (QM) and program improvement (PI) process.**

*Criterion:*

The QM/PI process is developed in concert with the local Healthy Start coalition and includes an assessment of strengths and areas needing improvement and a plan for assuring maintenance of quality and program improvement.

**Standard 5.8 Breastfeeding education and support services will be provided by qualified and trained providers.**

*Criteria:*

**5.8.a** Qualifications are met as outlined in this chapter and as specified in rule 64F-3.006(7), F.A.C.

**5.8.b** Competency and up-to-date knowledge related to breastfeeding education and support services is maintained.

**Guidelines**

Breastfeeding education and support must be tailored to the unique needs, interests, experiences, language, educational level, environmental limitation, cultural patterns, capabilities, and lifestyle of the participant.

Prenatal breastfeeding education and support activities incorporate the following parameters:

- Begin prenatal breastfeeding education and anticipatory guidance at initial participant contact and continue with every subsequent encounter.
- Encourage informed decision-making related to feeding method. There are many health risks associated with not exclusively breastfeeding for an infant's first six months. Infants and children who are not exclusively breastfed for at least the first six months are at increased risk for becoming overweight or obese; to suffer from recurrent ear infections and severe diarrhea; to develop certain childhood cancers and type 1 diabetes; to be hospitalized for respiratory illness; and for infant mortality. Mothers who do not breastfeed are at an increased risk for breast and ovarian cancer; for retention of pregnancy weight; and for possible postmenopausal hip fractures and osteoporosis.
- Advise all pregnant women to know their HIV status and that HIV positive women or women at high risk for contracting HIV should not breastfeed (i.e., women who are intravenous drug users, women whose male partners are intravenous drug users, and women whose male partners are HIV positive).
- Advise women with Human T-cell leukemia virus type 1 (HTLV-1) not to breastfeed because of the risk of transmission to the child.
- Advise women that no drug of abuse should be ingested by nursing mothers, including, but not limited to, amphetamines, cocaine, heroin, marijuana, and phencyclidine.
- Encourage exclusive breastfeeding for the first six months of life, with continued breastfeeding through at least the first year of life with appropriate complementary foods.
- Assess infant feeding plans.
- Encourage infants' fathers, significant others, and other household members to participate in the educational process if the mother desires their participation.

- Provide prenatal, anticipatory education on barriers to breastfeeding and on breastfeeding in the early postpartum period, exclusivity, and continuation. This may be provided in small group sessions using breastfeeding classes, breastfeeding support group meetings, facilitated learning techniques, or one-on-one interactions. Learning may be enhanced through use of brochures, models, videos, and actual demonstrations with mothers and infants.
- Provide and facilitate or make referrals to local breastfeeding support groups and other breastfeeding educational/support sources.
- Provide education about the risks related to tobacco, alcohol, and other substance abuse when breastfeeding. Advise women to tell their health care provider they are breastfeeding before they are prescribed medications.

In addition to the above parameters, postpartum breastfeeding education and support activities include the following:

- Assessment of current infant feeding status.
- Provision of postpartum breastfeeding counseling consistent with the breastfeeding plan of care and monitoring of status based on goals (i.e., *"will exclusively breastfeed for at least six months and continue breastfeeding until at least one year postpartum"*).
- At least one face-to-face contact with the participant. This should be attempted in the early postpartum period, i.e., within two to seven days, by the certified lactation consultant/breastfeeding educator, in order to assess infant positioning and attachment at the breast, adequacy of milk transfer, and lactogenesis.
- Support by the certified lactation consultant/breastfeeding educator of the participant's breastfeeding relationship through initiation of frequent follow-up sessions by telephone. Particularly critical postpartum time intervals will be targeted; i.e., two to four days postpartum, eight to ten days postpartum, three weeks postpartum, five to six weeks postpartum, and four weeks after last contact, until the participant ceases to breastfeed or until the infant is one year of age, or as often as the certified lactation consultant/breastfeeding educator and/or participant deem necessary.
- Referral to appropriate prenatal, postpartum, and infant care services.
- Provision of all educational materials and Healthy Start breastfeeding promotion and support activities that comply with the World Health Organization Code of Marketing of Breastmilk Substitutes (See Appendix C).

### **Provider Qualifications**

Breastfeeding support and education must be provided by International Board-Certified Lactation Consultants (IBCLC) or qualified health care professionals/paraprofessionals who have completed a comprehensive breastfeeding educator course and who meet the competencies listed in this document.

**The breastfeeding educator course must meet the following criteria:**

Course or program is comprehensive, covers the competencies listed in this document and is *at least* 18 hours in length (the minimum recommended by the World Health Organization and UNICEF for health care professionals.) If at all possible, breastfeeding educators should complete a comprehensive lactation course of 40 hours or more in length.

- The director/instructor is currently certified by the International Board of Lactation Consultant Examiners (IBLCE). If the director is not IBLCE certified, she or he **MUST** be a licensed, registered, or certified health care professional with referenced experience or training in lactation management.
- Course completers must receive Continuing Education Units (CEUs) from a regional health profession agency and/or Continuing Education Recognition Points (CERPs).
- Program complies with the World Health Organization International Code of Marketing of Breastmilk Substitutes.
- Course or program has a written curriculum or topical outline available.  
*(Examples of courses that may meet this criteria: UCLA Extension Lactation Training Program; Breastfeeding Support Consultants (BSC) Center for Lactation Education: Breastfeeding Counselor Exclusive Home Study Course; The Center for Breastfeeding's Lactation Counselor Certificate Training Program (C.L.C.); The Curriculum to Support the Ten Steps to Successful Breastfeeding: An 18-Hour Interdisciplinary Breastfeeding Management Course for the United States; UNICEF Breastfeeding Management and Promotion in a Baby-Friendly Hospital 18-hour course for maternity staff; Lactation Education Resource's Basic Lactation Management.*

The International Board Certified Lactation Consultant or breastfeeding educator must provide documentation of certification or a certificate of completion of a comprehensive lactation course to the direct service provider of the Healthy Start breastfeeding services.

Breastfeeding educators are health care providers or paraprofessionals who help mothers initiate or maintain lactation and assist in providing direct services. In addition, breastfeeding educators:

- Assist families with breastfeeding as part of their clinical duties.
- Provide input for patient education programs, materials, and policies.
- Teach breastfeeding classes.
- Provide assessment, planning, intervention, and evaluation for normal breastfeeding circumstances (e.g. nipple assessment, infant positioning at the breast, feeding cues, latch-on, prevention of nipple soreness and engorgement, manual milk expression and pumping, maintaining/ building the milk supply, etc.)

and for commonly recurring or short-term problems or complications (nipple soreness, plugged ducts, engorgement, etc.). Depending upon the breastfeeding educator's credentials, these services may be provided under the supervision of a care coordinator, health care provider, or other health-related professional, as specified in Chapter 64F-3, F.A.C.

- Provide telephone screening for participants and assess the complexity of participant problems and appropriately refer to a health care provider or certified lactation consultant.

**Competencies for breastfeeding educators must include:**

- Knowledge of principles of normal breastfeeding;
- Knowledge of barriers to breastfeeding and ability to address them, i.e., “BEST START” research;
- The ability to provide assessment, planning, intervention, and evaluation for normal breastfeeding (e.g. nipple assessment, infant positioning at the breast, feeding cues, latch-on, prevention of nipple soreness and engorgement, manual milk expression and pumping, maintaining/ building the milk supply, etc.);
- The ability to provide assessment, planning, interventions, and evaluation for commonly recurring or short-term problems or complications (nipple soreness, plugged ducts, engorgement, etc.);
- The knowledge and ability to give mothers breastfeeding help and advice based on current breastfeeding research;
- The ability to document assessments, teaching, learning, and counseling opportunities, and outcomes, and keep accurate records;
- The knowledge and ability to differentiate between a normal expected course of breastfeeding experience and the development/symptoms that may indicate a potential or imminent problem requiring referral (this applies to all levels);
- The ability to identify resources available for breastfeeding women and their families;
- The knowledge and ability to assess the complexity of participant problems and appropriately refer for more complex situations such as, but not limited to:
  - Premature/sick/hospitalized infant,
  - Slow weight gain or failure to thrive infant,
  - Maternal mastitis,
  - Maternal/infant candidiasis,
  - Unusual maternal or infant health problems,
  - Chronic sore nipples that do not resolve in 48 hours,
  - Discrepancies between feeding frequency and urinary/stool output.

## ***Healthy Start Standards & Guidelines 2007***

**Lactation consultants** are certified by the International Board of Lactation Consultant Examiners (IBLCE). The competencies of a lactation consultant include those listed for breastfeeding educators above, plus the following knowledge, skills, and abilities:

- Develop participant education programs including educational materials and class curriculum;
- Develop and present professional education and staff development programs;
- Teach breastfeeding classes;
- Provide assessment, planning, intervention, and evaluation for complex or unusual breastfeeding situations (premature babies, multiples, slow gaining infants, congenital anomalies, suck training, etc.);
- Provide assessment, planning, intervention, and evaluation for persistent problems that do not respond to the usual management measures (sore nipples or engorgement, etc.);
- Assess complexity of participant problems and appropriately refer to a physician;
- Provide telephone consultation;
- Serve as a resource for breastfeeding information for participants, staff, and the community.

Breastfeeding education and support must be provided in accordance with the constraints of the professional's practice act, established protocols and the individual's breastfeeding counseling education, training, and experience. Paraprofessionals must provide services under the supervision of a care coordinator.

### **Documentation**

Breastfeeding education services must be documented in the record and be recorded on the following forms as appropriate or comparable forms for the non-CHD provider:

- Authorization for release of information signed by the participant for any information that is to be shared among payers, providers or others.
- Problem List
- Progress Notes/SOAP format
- Family Support Plan for Single Agency Care Coordination (DH 3151)

Documentation for each client encounter should include at a minimum: 1) a client assessment, 2) education provided to the client including written materials given and any referrals, 4) client response, 5) follow-up plan, and 6) next contact date.

## **HMS Coding**

Each Healthy Start component should be coded in accordance with approved protocols and procedures. The following codes should be used when coding Healthy Start activities:

### **1. Special Group Coding**

The SPECIAL GROUP field (#19 on the demographic section of the Healthy Start encounter form) is used to track the provision of services to substance abusing pregnant women or to substance exposed infants/children. The information will be aggregated to provide a count of this special needs population that is being reached by each Healthy Start program.

Special Group Rules: Code a “2” in the special group field every time a service is provided to a participant who is:

- EITHER a woman who has abused schedule I or II drugs during pregnancy, as documented by:
  - Her own admission,
  - A positive drug screen,
  - A staff member witnessing the use,
  - A report from a reliable source such as a family member or professional.
  
- OR an infant prenatally exposed to schedule I or II drugs, as documented by the above criteria.

(A list of schedule I and II drugs can be found in §893.03, F.S.)

The special group field must be completed when services are provided to a participant meeting the above criteria.

To remove a “2” once it has been entered in the “Special Group” box, check the “Update Demographic Information” box on the Healthy Start encounter form and include a note to the data entry operator to remove the “2” from the participant file. This pertains to the substance abusing pregnant women once the substance use is stopped or the woman is no longer pregnant. The “2” is not removed from an infant prenatally exposed to schedule I or II drugs since that exposure will not “go away”.

\*Note: All providers currently utilizing HMS will document the existence of substance abusing pregnant women or substance exposed infants in the extended demographic field of HMS. For prenatal participants, the Special Group indicator should be removed from the extended demographic field at the end of the pregnancy.

Although family income and size (#20 and #21) are required fields for data entry, Healthy Start does not require this information for participation. The code 9999 may be inserted for family income and 01 for family size.

For providers using the HMS, this substance abusing pregnant women or substance exposed infants information must be entered into the system under the “Extended Demographics” tab.

## **2. Program Component**

Each service delivered to a Healthy Start participant is coded into the HMS with a program component code. The program component coded indicates the funding source. As a provider of Healthy Start services, a prerequisite to coding is determining the funding source for the services provided. Providers receive funding either directly from the Healthy Start coalition or from an allocation by the Healthy Start coalition to the county health department. Different encounter forms correspond to the different program components depending on who receives funding, as noted below.

### **HEALTHY START ENCOUNTER FORM (not for use by Department of Health entities)**

This encounter form is used with program components 22, 26, and 30 when the funding flows directly from the Healthy Start coalition to a non-county health department provider.

- ◆ Program component code 22 is the Healthy Start interconception program component code used for all Healthy Start care coordination and Healthy Start services provided to a woman between pregnancies (interconception) who is beyond the 8 week post-delivery period included in the prenatal program component or has entered Healthy Start after a pregnancy loss (described in detail below).

The Healthy Start Interconception woman is a non-pregnant woman who has risk factors that may lead to a poor subsequent pregnancy outcome, but has no infant to code services to due to pregnancy loss, miscarriage, fetal death, infant death, or an infant who was adopted or removed from the home. Women are eligible for Healthy Start services during the interconception period up to three years post delivery.

- Program component code 26 is the Healthy Start prenatal program component code used with all non-clinical Healthy Start care coordination and Healthy Start services provided to or on the behalf of prenatal participants and their families.
- Program component code 30 is the Healthy Start child program component code used with all non-clinical Healthy Start care coordination and Healthy Start services provided to or on the behalf of infant/child participants and their families.

**Note:** Healthy Start care coordination services may be provided in the clinical setting using one of the appropriate Healthy Start care coordination program codes 22, 26, or 30 with location code 98.

### **COUNTY HEALTH DEPARTMENT AND COUNTY HEALTH DEPARTMENT CONTRACT PROVIDER HEALTHY START ENCOUNTER FORM**

This encounter form is used with program components 27, 31, and 32 when the funding source is a coalition allocation to the county health department.

- Program component code 27 is the Healthy Start prenatal program component code used with all non-clinical Healthy Start care coordination and services provided to or on behalf of prenatal participants and their families.

- Program component code 31 is the Healthy Start infant/child program component code used with all non-clinical Healthy Start care coordination and services provided to or on the behalf of infant/child participants and their families.
- ♦ Program component code 32 is the Healthy Start interconception program component code used for all Healthy Start care coordination and Healthy Start services provided to a woman between pregnancies (interconception) who is beyond the 8 week post-delivery period included in the prenatal program component or has entered Healthy Start after a pregnancy loss (described in detail below).

The Healthy Start Interconception woman is a non-pregnant woman who has risk factors that may lead to a poor subsequent pregnancy outcome, but has no infant to code services to due to pregnancy loss, miscarriage, fetal death, infant death or an infant who was adopted or removed from the home. Women are eligible for Healthy Start services during the interconception period up to three years post delivery.

**Note: Healthy Start care coordination services may be provided in the clinical setting using one of the appropriate Healthy Start care coordination program codes 27, 31, or 32 with location code 39.**

### **3. Service Codes**

Healthy Start requires specific coding for each component of service delivery. Use the Healthy Start participant's individual client identification number (SSN, etc.) when coding Healthy Start services. **No group coding is allowed.** This is necessary to provide for tracking, analysis, and program evaluation of client specific data.

- CIS/HMS Code 8008 is for Breastfeeding Education and Support.
- Code whenever the service is provided.
- Code one service for every 15 minutes of time spent providing breastfeeding education and support.

Service codes are identical for services provided to pregnant/interconception women and infant/child (or their families) participants. For complete coding information, see Chapter 14, Coding.

### **4. Service Location Coding**

Service location coding (#17, Section B, Healthy Start Encounter Form) provides information on where the Healthy Start service was provided.

Providers determine the location codes for home visits or services delivered in varied sites by the location of the actual activity or attempt, and use one of the following codes on the encounter form depending on the location. A list of service codes can be found in the Personal Health Coding Pamphlet DHP 50-20. Service locations for delivering Healthy Start services are:

<b>Service location</b>	<b>Code</b>
CHD Office	31
CHD Clinic	39
Private premise	84
School	92
Other	98

### **Quality Management/Program Improvement/Performance Measures**

The QM/PI process should be designed to measure and help improve the extent to which breastfeeding education and support are provided to Healthy Start prenatal women and postpartum breastfeeding women to eliminate barriers that prevent women from initiating breastfeeding and to reduce risk factors that decrease the duration and exclusivity of breastfeeding. The following are targeted outcomes:

1. Increase in the number of Healthy Start participants who breastfeed in the early postpartum period;
2. Increase the continuation of breastfeeding among Healthy Start participants who breastfeed in the early postpartum period;
3. Increase in the number of Healthy Start participants who exclusively breastfeed in the first six months postpartum;
4. Increase in the number of Healthy Start participants who continue breastfeeding through at least one year of age;
5. Increase in the number of African-American Healthy Start participants in all the above targeted outcomes in order to move towards eliminating health disparities;
6. Increase in overall community support and encouragement of breastfeeding.

### **References**

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*Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*. A Joint WHO/UNICEF Statement. WHO, Geneva, 1989.

## **Frequently Asked Questions**

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**Q.** *What distinguishes the service of breastfeeding education and support from the services offered through care coordination?*

**A.** It is breastfeeding education and support when it is provided with an approved curriculum with approved protocols, procedures, and learning objectives; offered in a manner that addresses risk factors; and offered by trained and qualified providers. When it is general information offered in a supportive manner as health promotion, education, or anticipatory guidance, it is considered care coordination.

**Q.** *Can Healthy Start funding be used to provide breastfeeding aids, such as manual or electric breast pumps and accessory kits to Healthy Start breastfeeding mothers?*

**A.** Local Healthy Start coalitions may choose to provide breastfeeding aids to Healthy Start breastfeeding mothers as a part of Healthy Start breastfeeding services. Provision of hospital-grade electric breast pumps with appropriate accessory kits to mothers of premature/sick/high risk babies is an important means to enable these mothers to initiate, build, and maintain a breast milk supply for their babies. Provision of mid-size electric breast pumps to Healthy Start breastfeeding mothers who already have a well-established milk supply and who are returning to school or full-time employment can enable these mothers to continue breastfeeding and providing breast milk to their babies when separated, increasing the duration and exclusivity of breastfeeding. Most of the above mentioned mothers would not have the financial resources to secure such pumps without assistance and would cease breastfeeding/providing breast milk for their babies if not provided with appropriate breast pumps.

**Q.** *Can Healthy Start funding be used to provide breastfeeding promotion/support/management training for Healthy Start service providers?*

**A.** Local Healthy Start coalitions may choose to provide funding for lactation training for Healthy Start service providers.

**NOTES:**

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**Self Study Questions:** (Answers to these questions may be found in Appendix H)

1. What is the optimal amount of time that an infant should be exclusively breastfed?
2. What is the definition of “exclusively breastfed?”
3. What are the health risks associated with not exclusively breastfeeding for an infant’s first six months?
4. In Florida’s Healthy Start program, what comprises breastfeeding education and support services?
5. What are the qualifications necessary to provide breastfeeding education and support to Healthy Start participants?
6. Once a provider receives a referral for breastfeeding education and support services, how quickly should she make contact with the client?
7. What are the targeted outcomes which should be examined and addressed by the QM/PI process?