

Strengthen the Evidence for MCH Programs: Environmental Scan of Strategies

National Performance Measure (NPM) #4: Breastfeeding

A) Percent of infants who are ever breastfed

B) Percent of infants breastfed exclusively through 6 months

Introduction

This environmental scan identifies collections of strategies to advance performance for NPM #4, Breastfeeding. The information provided in this document focuses on strategies to achieve the NPM, not on the content of care or specified health outcomes. Please note that the quality of the evidence in this compilation has not been evaluated, and that data sources describing a single strategy, rather than a collection of strategies, have been excluded.

This compilation includes the following sections:

- **Reviews and Compilations:** Identifies existing compilations for strategies that intend to improve performance for each measure
- **Frameworks and Landmark Initiatives:** Frameworks includes conceptual models underlying strategy implementation; Landmark Initiatives include seminal programs/policies related to the NPM
- **Data Sources:** Indicates sources, search criteria, links to search strategy and selected organizational websites
- **Inclusion and Exclusion Criteria:** Denotes types of studies, setting, populations of interest and exclusion criteria

Technical assistance for State Title V MCH programs related to using evidence to inform State Action Plans, selection of strategies, and development of evidence-based or evidence-informed Strategy Measures may be requested at <http://www.semch.org/technical-assistance.html>

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Reviews and Compilations

Review/Compilation	Summary	Web Link
Beake et al. (2012). A Systematic Review of Structured Compared with Non-Structured Breastfeeding Programs to Support Initiation and Duration of Exclusive and Any Breastfeeding in Acute and Primary Health Care Settings. <i>Maternal & Child Nutrition</i> . [Target ¹ : A,C,E,G]	<ul style="list-style-type: none"> • Reviewed 26 articles (1 RCT, 2 CTs, 15 cohort, 5 systematic reviews, 1 cross-sectional, 2 descriptive) • Findings <ul style="list-style-type: none"> ○ Most studies found an improvement in initiation of breastfeeding following introduction of a structured breastfeeding program compared with no program ○ Overall, the impact of introducing a structured program on the duration of any breastfeeding and duration of exclusive breastfeeding was also evident, although not all studies reported a statistically significant difference in these outcomes 	http://dx.doi.org/10.1111/j.1740-8709.2011.00381.x
Chapman et al. (2010). Review: Breastfeeding Peer Counseling: From Efficacy Through Scale-Up. <i>Journal of Human Lactation</i> . [Target: A,B,C,D,G]	<ul style="list-style-type: none"> • Review included 5 sections (initiation, duration, exclusive breastfeeding, health outcomes, scale-up) • Findings <ul style="list-style-type: none"> ○ Initiation (7 studies) <ul style="list-style-type: none"> ▪ 3 of the 4 high-intensity interventions improved breastfeeding initiation rates ▪ 3 low-intensity interventions were not successful ▪ Important to include both antenatal and perinatal peer counseling within interventions designed to increase breastfeeding initiation rates, with the majority of contacts being in person ○ Duration (13 studies) <ul style="list-style-type: none"> ▪ 5 of 9 high-intensity PC interventions significantly improved breastfeeding rates, but only 1 of 5 low-intensity interventions achieved this ▪ Importance of ongoing, in-person PC support to improve breastfeeding duration 	http://dx.doi.org/10.1177/0890334410369481

	<ul style="list-style-type: none"> ○ Exclusive breastfeeding (12 studies) <ul style="list-style-type: none"> ▪ Majority of studies found a positive impact of peer counselors on EBF practices ○ Scale-up (8 studies) <ul style="list-style-type: none"> ▪ US: breastfeeding PC has been scaled up by the government through the WIC program ▪ Breastfeeding incidence increased significantly more among mothers attending WIC clinics offering breastfeeding PC 	
<p>Chapman & Pérez-Escamilla. (2012). Breastfeeding Among Minority Women: Moving from Risk Factors to Interventions. <i>Advances in Nutrition</i>. [Target: A,B,D,G]</p>	<ul style="list-style-type: none"> ● Reviewed 22 articles, 18 interventions (peer counseling, professional support, peer counseling + professional support, breastfeeding-specific clinic appointments, group prenatal education, enhanced breastfeeding programs) ● Findings <ul style="list-style-type: none"> ○ Peer counseling interventions (alone or in combination with a health professional), breastfeeding-specific clinic appointments, group prenatal education, and hospital/Special Supplemental Nutrition Program for Women, Infants, and Children enhancements were all found to greatly improve breastfeeding initiation, duration, or exclusivity ○ Postpartum professional support delivered by nurses was found to be the least effective intervention type 	http://dx.doi.org/10.3945/an.111.001016
<p>Chung et al. (2008). Interventions in Primary Care to Promote Breastfeeding: An Evidence Review for the US Preventive Services Task Force. <i>Annals of Internal Medicine</i>. [Target: A,B,D,G]</p>	<ul style="list-style-type: none"> ● Reviewed 38 RCTs (36 in developed countries) ● Findings <ul style="list-style-type: none"> ○ Breastfeeding interventions can be more effective than usual care in increasing short- and long-term breastfeeding rates ○ Interventions with formal breastfeeding education or individual-level professional support were not found to be effective in increasing the rates of breastfeeding initiation or duration ○ Combined pre- and postnatal interventions and inclusion of layperson support in a multicomponent intervention may be beneficial 	http://dx.doi.org/10.7326/0003-4819-149-8-200810210-00009

<p>Dyson et al. (2005). Interventions for Promoting the Initiation of Breastfeeding. <i>Cochrane Database of Systematic Reviews</i>. [Target: A,B,D,G]</p>	<ul style="list-style-type: none"> • Reviewed 11 trials • Findings <ul style="list-style-type: none"> ○ 5 studies on low incomes in the US with typically low breastfeeding rates showed breastfeeding education had a significant effect on increasing initiation rates compared to standard care ○ One-to-one, needs-based, informal repeat education sessions and generic, formal antenatal education sessions are effective in terms of an increase in breastfeeding rates among women on low incomes regardless of ethnicity and feeding intention ○ Needs-based, informal peer support in the antenatal and postnatal periods was also shown to be effective in one study conducted among Latina women who were considering breastfeeding in the US ○ Health education and peer support interventions can result in some improvements in the number of women beginning to breastfeed ○ Larger increases are likely to result from needs-based, informal repeat education sessions than more generic, formal antenatal sessions 	<p>http://dx.doi.org/10.1002/14651858.CD001688.pub2</p>
<p>Dyson et al. (2009). Policy and Public Health Recommendations to Promote the Initiation and Duration of Breastfeeding in Developed Country Settings. <i>Public Health Nutrition</i>. [Target: A,F,G,H]</p>	<ul style="list-style-type: none"> • Recommendations for public health policy • Recommendations for mainstream clinical practice • Recommendations for local interventions: education and/or support programs, complementary telephone peer support, education and support from one professional, education and support through the first year, media programs 	<p>http://dx.doi.org/10.1017/S136898000999067X</p>
<p>Fairbank et al. (2000). A Systematic Review to Evaluate the Effectiveness of</p>	<ul style="list-style-type: none"> • Reviewed 59 studies (14 RCTs, 16 non-RCTs, 29 before-after studies) • Interventions: health education, health sector initiatives (HIS)- general, HIS- Baby Friendly Hospital Initiative, HIS- training of 	<p>http://dx.doi.org/10.3310/hta4250</p>

<p>Interventions to Promote the Initiation of Breastfeeding. [Target: A,D,G]</p>	<p>health professionals, HIS- WIC, HIS- social support from health professionals, peer support, media campaigns, multifaceted interventions</p> <ul style="list-style-type: none"> • Findings <ul style="list-style-type: none"> ○ Informal, small group health education, delivered during the antenatal period, appears to be effective at increasing initiation rates among women from different income groups and from some minority ethnic groups ○ One-to-one health education can be effective at increasing initiation rates among women on low incomes ○ Peer support programs, delivered in the ante- and postnatal periods, have been shown to be effective at increasing both initiation and duration rates of breastfeeding among women on low incomes ○ Packages of interventions have also been shown to be effective at increasing the initiation and most of the time the duration of breastfeeding- effective packages include a peer support program and/or a media campaign combined with structural changes to the health sector and/or health education activities 	
<p>Feldman-Winter. (2013). Evidence-Based Interventions to Support Breastfeeding. <i>Pediatric Clinics of North America</i>. [Target: A,B,C,D,F,G,H]</p>	<ul style="list-style-type: none"> • Summarizes evidence of breastfeeding interventions in preconception, prenatal, intrapartum, and postpartum stages (see framework section) 	http://dx.doi.org/10.1016/j.pcl.2012.09.007
<p>Guise et al. (2013). The Effectiveness of Primary Care-Based Interventions to Promote Breastfeeding:</p>	<ul style="list-style-type: none"> • Reviewed 35 articles (22 RCTs, 8 non-RCTs, 5 systematic reviews) • Findings <ul style="list-style-type: none"> ○ Education and support interventions to promote breastfeeding appear to improve breastfeeding initiation and maintenance up to 6 months 	http://dx.doi.org/10.1370/afm.56

<p>Systematic Evidence Review and Meta-Analysis for the US Preventive Services Task Force. <i>Annals of Family Medicine</i>. [Target: A,D,G]</p>	<ul style="list-style-type: none"> ○ Educational sessions that review the benefits of breastfeeding, principles of lactation, myths, common problems, solutions, and skills training appear to have the greatest single effect ○ Insufficient data to determine the effectiveness of peer counselor programs ○ Provision of written materials and discharge packets not found to be effective in prompting breastfeeding; discharge packets found to have a detrimental effect 	
<p>Hannula et al. (2008). A Systematic Review of Professional Support Interventions for Breastfeeding. <i>Journal of Clinical Nursing</i>. [Target: A,B,D,G]</p>	<ul style="list-style-type: none"> ● Analyzed 36 articles ● Findings <ul style="list-style-type: none"> ○ Interventions expanding from pregnancy to the intrapartum period and throughout the postnatal period were more effective than interventions concentrating on a shorter period ○ Intervention packages using various methods of education and support from well-trained professionals are more effective than interventions concentrating on a single method ○ During pregnancy, the effective interventions were interactive, involving mothers in conversation ○ Baby Friendly Hospital Initiative (BFHI) as well as practical hands off-teaching, when combined with support and encouragement, were effective approaches ○ Postnatally effective: home visits, telephone support and breastfeeding centers combined with peer support 	<p>http://dx.doi.org/10.1111/j.1365-2702.2007.02239.x</p>
<p>Haroon et al. (2013). Breastfeeding Promotion Interventions and Breastfeeding Practices: A Systematic Review. <i>BMC Public Health</i>. [Target: B,C,D,G]</p>	<ul style="list-style-type: none"> ● Included 110 studies ● Findings <ul style="list-style-type: none"> ○ Breastfeeding education and/or support increased EBF rates and decreased no breastfeeding rates at birth, <1 month, and 1-5 months ○ Combined individual and group counseling appeared to be superior to individual or group counseling alone 	<p>http://dx.doi.org/10.1186/1471-2458-13-S3-S20</p>

<p>Ibanez et al. (2012). Systematic Review and Meta-Analysis of Randomized Controlled Trials Evaluating Primary Care-Based Interventions to Promote Breastfeeding in Low-Income Women. <i>Family Practice</i>. [Target: A,B,D,G]</p>	<ul style="list-style-type: none"> • Analyzed 10 studies • Findings <ul style="list-style-type: none"> ○ Educational programs are effective for starting breastfeeding ○ Successful programs usually involved multiple short follow-up appointments (<20-30 mins) ○ Educational programs delivered in the context of ongoing personal contact with a health professional are effective in promoting the initiation and duration of breastfeeding in low-income women 	<p>http://dx.doi.org/10.1093/fampra/cmr085</p>
<p>Kaunonen et al. (2012). A Systematic Review of Peer Support Interventions for Breastfeeding. <i>Journal of Clinical Nursing</i>. [Target: A,B,C,D,G]</p>	<ul style="list-style-type: none"> • Reviewed 34 articles and 4 reviews • Findings <ul style="list-style-type: none"> ○ The combination of professional support and peer support by trained and experienced peer supporters was effective in ensuring the continuation of breastfeeding ○ Only continuous breastfeeding support produces effective results ○ Diverse types of interventions are needed during different phases of motherhood ○ The role of peer support is most important during the postnatal period; if professional support is not available for mothers, peer support could provide an alternative worth considering 	<p>http://dx.doi.org/10.1111/j.1365-2702.2012.04071.x</p>
<p>Lumbiganon et al. (2012). Antenatal Breastfeeding Education for Increasing Breastfeeding Duration. <i>Cochrane Database of Systematic Reviews</i>.</p>	<ul style="list-style-type: none"> • Included 19 studies in the review and 16 studies contributed to the analyses • Findings <ul style="list-style-type: none"> ○ 5 studies compared a single method of BF education with routine care <ul style="list-style-type: none"> ▪ Peer counseling significantly increased BF initiation ○ 3 studies compared one form of BF education vs. another 	<p>http://dx.doi.org/10.1002/14651858.CD006425.pub3</p>

[Target: B,C,D,G]	<ul style="list-style-type: none"> ▪ No intervention was significantly more effective than another intervention in increasing initiation or duration of BF ○ 7 studies compared multiple methods vs. a single method of BF education <ul style="list-style-type: none"> ▪ Combined BF education interventions were not significantly better than a single intervention in initiating or increasing BF duration ○ 1 study compared different combination of interventions <ul style="list-style-type: none"> ▪ There was a marginally significant increase in exclusive BF at 6 months in women receiving a booklet plus video plus lactation consultation compared with the booklet plus video only ○ 2 studies compared multiple methods of BF education vs. routine care <ul style="list-style-type: none"> ▪ The combination of BF booklet plus video plus lactation consultation was significantly better than routine care for exclusive BF at 3 months 	
<p>Marinelli et al. (2013). Breastfeeding Support for Mothers in Workplace Employment or Educational Settings: Summary Statement. <i>Breastfeeding Medicine</i>. [Target: F,H]</p>	<ul style="list-style-type: none"> • Types of workplace accommodations for full-time and part-time professionals and laborers: flexibility, infant on-site or in close proximity to workplace • Employer resources: physical space, supportive workplace culture • Legal and public policy considerations with respect to workplace breastfeeding policies • Recommendations <ul style="list-style-type: none"> ○ Adequate maternity leave is critical to establishing milk supply and improving breastfeeding outcomes for employed or student mothers → paid maternity leave policies ○ Flexible employment, job sharing, and working from home should be encouraged and supported ○ Presence of formalized lactation programs and support and physical facilities in schools or places of employment should be commonplace 	<p>http://dx.doi.org/10.1089/bfm.2013.9999</p>

<p>Moran et al. (2015). Incentives to Promote Breastfeeding: A Systematic Review. <i>Pediatrics</i>. [Target: A,B,C,G]</p>	<ul style="list-style-type: none"> • Reviewed 16 reports • Incentives: providing access to breast pumps, gifts, vouchers, money, food packages, help with household tasks • Findings <ul style="list-style-type: none"> ○ Due to the heterogeneity of the interventions and poor study quality, there is insufficient evidence to formulate conclusions regarding the effectiveness of providing incentives to improve breastfeeding outcomes 	<p>http://dx.doi.org/10.1542/peds.2014-2221</p>
<p>Oliveira et al. (2001). Extending Breastfeeding Duration Through Primary Care: A Systematic Review of Prenatal and Postnatal Interventions. <i>Journal of Human Lactation</i>. [Target: A,B,C,D,G]</p>	<ul style="list-style-type: none"> • Reviewed 33 experimental and 31 quasi-experimental studies • Findings <ul style="list-style-type: none"> ○ Summary measures of association derived with meta-analysis techniques were not considered meaningful ○ Interventions that were most effective in extending the duration of breastfeeding generally combined information, guidance, and support and were long term and intensive ○ During prenatal care, group education was the only effective strategy reported ○ Home visits used to identify mothers' concerns with breastfeeding, assist with problem solving, and involve family members in breastfeeding support were effective during the postnatal period or both periods ○ Individual education sessions were also effective in these periods, as was the combination of 2 or 3 of these strategies in interventions involving both periods ○ Strategies that had no effect were characterized by no face-to-face interaction, practices contradicting messages, or small-scale interventions 	<p>http://dx.doi.org/10.1177/089033440101700407</p>
<p>Pate. (2009). A Systematic Review of the Effectiveness of Breastfeeding Intervention Delivery Methods. <i>Journal of Obstetric,</i></p>	<ul style="list-style-type: none"> • Reviewed 21 articles (15 RCTs, 6 non-RTs) • Findings <ul style="list-style-type: none"> ○ Breastfeeding promotion programs delivered via the Internet may be an appealing alternative to time-consuming and expensive provider-based breastfeeding education and support 	<p>http://dx.doi.org/10.1111/j.1552-6909.2009.01068.x</p>

<p><i>Gynecologic, & Neonatal Nursing.</i> [Target: A,B,D,G]</p>		
<p>Renfrew et al. (2010). Breastfeeding Promotion for Infants in Neonatal Units: A Systematic Review. <i>Child: Care, Health and Development.</i> [Target: A,B,D,G]</p>	<ul style="list-style-type: none"> • Identified 48 studies, reported 21 studies • Findings <ul style="list-style-type: none"> ○ Effective interventions: kangaroo skin-to-skin contact, simultaneous milk expression, peer support in hospital and community, multidisciplinary staff training, UNICEF Baby Friendly accreditation of the associated maternal hospital 	<p>http://dx.doi.org/10.1111/j.1365-2214.2009.01018.x</p>
<p>Sipsma et al. (2015). Breastfeeding among Adolescent Mothers: A Systematic Review of Interventions from High-Income Countries. <i>Journal of Human Lactation.</i> [Target: A,C,D,F]</p>	<ul style="list-style-type: none"> • Reviewed 6 interventions • Findings <ul style="list-style-type: none"> ○ Only 1 intervention, a combination of education and counseling provided by a lactation consultant-peer counselor team, significantly improved both breastfeeding initiation and duration 	<p>http://dx.doi.org/10.1177/0890334414561264</p>
<p>Skouteris et al. (2014). Interventions Designed to Promote Exclusive Breastfeeding in High-Income Countries: A Literature Review. <i>Breastfeeding Medicine.</i> [Target: A,B,D,G]</p>	<ul style="list-style-type: none"> • Reviewed 17 articles • Findings <ul style="list-style-type: none"> ○ A significant increase in the duration of exclusive breastfeeding was found in 8 of the 17 studies, with most interventions using supportive or educational approaches ○ Interventions in pregnancy focused on educating mothers on the benefits of exclusive breastfeeding ○ 15 interventions took place, at least in part, in the postnatal period and provided educational and emotional support to mothers ○ Of the 8 successful interventions, 5 took part in the postnatal period in the mothers' own homes ○ The most successful interventions were conducted in the postnatal period and over a long period of time; however, the findings were inconsistent 	<p>http://dx.doi.org/10.1089/bfm.2013.0081</p>

<p>Spiby et al. (2009). A Systematic Review of Education and Evidence-Based Practice Interventions with Health Professionals and Breastfeeding Counselors on Duration of Breastfeeding. <i>Midwifery</i>. [Target: A,B,C,G]</p>	<ul style="list-style-type: none"> • Reviewed 9 papers • All were before-after studies that included the education of health professionals; no studies were identified that related to breastfeeding counselors • In 6 of the studies, the participants were working with mothers and babies in hospitals • In 3 studies, the participants were working in community settings • Most interventions aimed to increase knowledge and change professional practice in support of breast feeding • Findings <ul style="list-style-type: none"> ○ Evidence from these studies was insufficient to draw conclusions about overall benefit or harm associated with the interventions 	<p>http://dx.doi.org/10.1016/j.midw.2007.01.006</p>
<p>US Preventive Services Task Force. (2008). Primary Care Interventions to Promote Breastfeeding: US Preventive Services Task Force Recommendation Statement. <i>Annals of Internal Medicine</i>. [Target: A,B,C,G]</p>	<ul style="list-style-type: none"> • USPSTF recommendations on interventions during pregnancy and after birth to promote and support breastfeeding (based on systematic review) <ul style="list-style-type: none"> ○ Interventions found to increase the rates of initiation, duration, and exclusivity of breastfeeding: formal breastfeeding education for mothers and families, direct support of mothers during breastfeeding, training of primary care staff about breastfeeding and techniques for breastfeeding support, peer support ○ Interventions that include both prenatal and postnatal components may be most effective at increasing breastfeeding duration 	<p>http://dx.doi.org/10.7326/0003-4819-149-8-200810210-00008</p>
<p>Ward et al. (2011). A Critical Review of the Impact of Continuing Breastfeeding Education Provided to Nurses and Midwives. <i>Journal of Human Lactation</i>. [Target: A,B,C,D,G]</p>	<ul style="list-style-type: none"> • Reviewed 15 studies • Findings <ul style="list-style-type: none"> ○ Studies that found an increase in breastfeeding rate and duration all included training the majority of nursing and midwifery staff and other professionals but it cannot be determined whether the training alone improves outcomes ○ Review found a decrease in non-medically indicated supplementation following educational interventions ○ Continuing breastfeeding education improves the 	<p>http://dx.doi.org/10.1177/0890334411411052</p>

	<p>knowledge, clinical skills and practices, and counseling skills of nurses and midwives, and it improves the Baby-Friendly Hospital Initiative compliance of institutions</p> <ul style="list-style-type: none"> ○ Education of any duration is beneficial; however, findings support the recommendation of the World Health Organization that at least 18 hours' education for all health professionals who advise pregnant women and mothers should be undertaken 	
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<p>AMCHP Innovation Station [Target: A,B,C,D]</p>	<ul style="list-style-type: none"> ● Baby Steps to Breastfeeding Success (Emerging Practice) <ul style="list-style-type: none"> ○ Medical facilities in Arizona followed these steps whenever medically possible <ul style="list-style-type: none"> ▪ Initiate breastfeeding within the first hour after birth ▪ Avoid giving infants fluids or solids other than breast milk unless medically necessary ▪ Promote 24-hour rooming-in, encouraging the family to recognize and respond to infant's cues ▪ Avoid using pacifiers or artificial nipples with infants during hospital stay ▪ Give others a telephone number to call for help with breastfeeding 	<p>http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/ISDocs/Baby-Steps-to-Breastfeeding.pdf</p>
	<ul style="list-style-type: none"> ● Birth and Beyond California (Promising Practice) <ul style="list-style-type: none"> ○ Project promotion and requirements <ul style="list-style-type: none"> ▪ Decision-maker workshop: develop feasible strategies to improve exclusive breastfeeding initiation rates ○ Quality Improvement <ul style="list-style-type: none"> ▪ Develop Effective Hospital Maternity Multi-disciplinary Quality Improvement (QI) Teams ▪ Policy and procedure review and revision: hospital breastfeeding policy evaluation, ongoing breastfeeding staff education ▪ Technical assistance and tools for data collection and analysis 	<p>http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/ISDocs/Birth-and-Beyond-CA.pdf</p>

	<ul style="list-style-type: none"> ○ BBC Regional QI Network <ul style="list-style-type: none"> ▪ Monthly meetings/teleconferences ○ Training <ul style="list-style-type: none"> ▪ Learner workshop: observing and supporting early maternal-infant bonding through skin-to-skin contact ▪ Train-the-trainer 	
	<ul style="list-style-type: none"> ● BreastfeedingTraining.ORG (Emerging Practice) <ul style="list-style-type: none"> ○ Web-based training course on breastfeeding for health care workers 	http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/ISDocs/Breastfeeding-Training-ORG.pdf
	<ul style="list-style-type: none"> ● The Tampa Bay Doula Program (Emerging Practice) <ul style="list-style-type: none"> ○ Community-based education classes including instruction focusing on extension of breastfeeding duration 	http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/ISDocs/Tampa-Bay-Doula.pdf
<p>AMCHP Issue Brief: State Opportunities and Strategies for Breastfeeding Promotion through the Affordable Care Act [Target: A,B,D,H]</p>	<ul style="list-style-type: none"> ● State MCH programs promote breastfeeding by developing educational materials for new mothers and providing information about breastfeeding resources to all residents in their states through websites and toll-free telephone information lines ● State MCH programs work with policymakers, employers, hospitals and other partners to adopt breastfeeding friendly policies in hospitals and the workplace ● New tools and resources provided by the ACA for promoting and enhancing breastfeeding <ul style="list-style-type: none"> ○ Women’s preventive services regulation: lactation support in Medicaid and new health insurance plans <ul style="list-style-type: none"> ▪ Required to provide coverage for breastfeeding support, supplies, and counseling with no cost sharing ▪ More detailed information about related initiatives in NY, CA, and NC ○ Worksite accommodations for nursing mothers (employers with 50 or more employees) <ul style="list-style-type: none"> ▪ Requires employee to express breast milk for her nursing child for 1 year after birth (<i>Section 7 of</i> 	http://www.amchp.org/Policy-Advocacy/health-reform/Documents/AMCHP%20Dec%202013%20Breastfeeding%20Issue%20Brief%20FINAL.pdf

	<p><i>the Fair Labor Standards Act)</i></p> <ul style="list-style-type: none"> ▪ Employers required to provide a shielded/secluded place other than a bathroom for nursing mothers to express breast milk ▪ More detailed information about related initiatives in NE and OR <ul style="list-style-type: none"> ○ Maternal infant and early childhood home visiting program <ul style="list-style-type: none"> ▪ Provide information to mothers about breastfeeding, answer their questions, and provide linkages to community programs ▪ More detailed information about related initiatives in CA <ul style="list-style-type: none"> • Compilation of strategies (ACA) <ul style="list-style-type: none"> ○ Partner with colleagues in chronic disease and Medicaid to develop and implement model benchmark policies for public and private insurance coverage of lactation counseling, support and supplies ○ Partner with state labor departments and provide resources to employers to help guide implementation of worksite accommodations and reasonable break time for nursing mothers ○ Partner with state breastfeeding coalitions to implement a breastfeeding friendly workplace accommodation recognition program ○ Create and use breastfeeding benchmark indicators, data and information regarding breastfeeding women participating in the MIECHV program • Ensure MIECHV and other home visitors receive training about breastfeeding resources and information available to participants 	
<p>Association of State and Territorial Health Officials (ASTHO) [Target: A,B,C,D,H]</p>	<ul style="list-style-type: none"> • State breastfeeding initiatives map: clickable map that shows descriptions of state health agency breastfeeding initiatives in 17 states 	<p>http://www.astho.org/Maternal-and-Child-Health/Breastfeeding/State-Initiatives-Map/</p>
<p>CDC: Breastfeeding</p>	<ul style="list-style-type: none"> • Resources, materials, and information about breastfeeding 	<p>http://www.cdc.gov/breastfeeding/</p>

[Target: A,B,C,D,H]	<p>promotion and support through families, communities, health care, employment, research and surveillance, and public health infrastructure</p> <ul style="list-style-type: none"> • The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies: http://www.cdc.gov/breastfeeding/pdf/BF-Guide-508.PDF • Maternity care practices, professional education, access to professional support, peer support programs, support for breastfeeding in the workplace, support for breastfeeding in early care and education, access to breastfeeding education and information, social marketing, addressing the marketing of infant formula 	ndex.htm
National Institute for Children's Health Quality (NICHQ) [Target: A,B,C,H]	<ul style="list-style-type: none"> • 4 breastfeeding projects: nationwide, NY, TX, and IN 	http://breastfeeding.nichq.org/
United States Breastfeeding Committee [Target: A,B,C,G,H]	<ul style="list-style-type: none"> • Compilation of strategies within each category in "A Call to Action" in the Surgeon General's Report (Actions 1-19) 	http://www.usbreastfeeding.org/
USDA, Food and Nutrition Service (FNS) [Target: A,B,D,G]	<ul style="list-style-type: none"> • FNS funded the WIC Breastfeeding Policy Inventory (WIC BPI) to collect data on breastfeeding policies and practices, as well as the breastfeeding measures in use by SAs and LAs <ul style="list-style-type: none"> ○ WIC BPI: a census of the 90 WIC State agencies (including Indian Tribal Organizations (ITOs) and U.S. Territories) and approximately 1,800 local WIC agencies • Breastfeeding policies and practices in WIC agencies <ul style="list-style-type: none"> ○ Staff member with a certification in lactation counseling, consulting, education, or management ○ Ongoing breastfeeding promotion training for clerical and support staff ○ Maintain a breastfeeding-friendly environment Outreach on breastfeeding promotion and support activities in hospitals, clinics, or doctors' offices ○ Peer counseling programs 	http://www.fns.usda.gov/wic-breastfeeding-policy-inventory

¹ Target specifies Target Audience for the strategies mentioned in each Review/Compilation: A = Hospital Inpatient (includes physical, mental, and oral health); B = Hospital Outpatient (includes physical, mental, and oral health); C = Non-Hospital Outpatient Providers (e.g. community health centers, private medical groups, health maintenance organizations); D = Community Organizations (e.g. WIC, advocacy organizations, child care providers, home visiting services); E = Social Service Organizations (e.g. Head Start, child welfare); F = Schools and School Systems; G = Consumers/Families; H = Other

Frameworks and Landmark Initiatives

Framework/Initiative	Summary	Web Link
Feldman-Winter. (2013). Evidence-Based Interventions to Support Breastfeeding. <i>Pediatric Clinics of North America</i> .	<ul style="list-style-type: none"> • Foundational support consisted of government and legislation, public support & social norms, *patient-centered care, *culturally and linguistically sensitive support • Stages of interventions (* denotes quality evidence) <ul style="list-style-type: none"> ○ Preconception: school curriculum, adolescent counseling, normative presentations of breastfeeding, health education, websites prompting breastfeeding ○ Prenatal: *peer support, *structured clinical education on benefits and management of breastfeeding, *workshops, *support to increase self-efficacy ○ Intrapartum: *baby-friendly hospital initiative, *ten steps to successful breastfeeding, *doulas, *peer support, *elimination of industry marketing ○ Postpartum: *physician and health care professional education, training, & effective care; other professional support (lactation consultants, dieticians); *breast pumps via WIC; *peer support; *educating fathers, families, and support members; *employment and childcare; schools 	http://dx.doi.org/10.1016/j.pcl.2012.09.007
Busch et al. (2014). Clinical Practice Breastfeeding Recommendations for Primary Care: Applying a Tri-Core	<ul style="list-style-type: none"> • Mother & baby dyad in the center surrounded by self-efficacy, lactation support, lactation education 	http://dx.doi.org/10.1016/j.pedhc.2014.02.007

Breastfeeding Conceptual Model. <i>Journal of Pediatric Health Care.</i>		
Baby-Friendly USA	<ul style="list-style-type: none"> • Ten Steps to Successful Breastfeeding: evidence-based practices that have been shown to increase breastfeeding initiation and duration (WHO/UNICEF) <ul style="list-style-type: none"> ○ Written breastfeeding policy routinely communicated to all health care staff ○ Train health care staff in skills necessary to implement the policy ○ Inform all pregnant women about the benefits and management of breastfeeding ○ Help mothers initiate breastfeeding within 1 hour of birth ○ Show mothers how to breastfeed and maintain lactation ○ Give infants no food/drink other than breast milk unless medically indicated ○ Practice rooming in- allow mothers and infants to remain together 24 hours a day ○ Encourage breastfeeding on demand ○ Give no pacifiers or artificial nipples to breastfeeding infants ○ Foster the establishment of breastfeeding support group and referrals 	http://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative/the-ten-steps
Business Care for Breastfeeding	<ul style="list-style-type: none"> • Booklet: Easy Steps to Supporting Breastfeeding Employees <ul style="list-style-type: none"> ○ Provides the human resource manager, and other members of the wellness team with an integrated approach to implementing a cost-effective lactation support program ○ Steps to support: privacy for milk expression, flexible breaks and work options, education, support ○ Getting started on a lactation support program: begin with a pilot project, gain buy-in, assess the need for a program, determine the administrative home for the program, convene a task force, identify community 	http://www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/easy-steps-to-supporting-breastfeeding-employees.pdf

	resources, implement the program	
Loving Support Makes Breastfeeding Work	<ul style="list-style-type: none"> • WIC staff: resources for staff to use to help moms meet their breastfeeding goals <ul style="list-style-type: none"> ○ Campaign materials, fathers supporting breastfeeding, grow and glow in WIC, magical bond of love, peer counseling • Community partners: resources for ways to partner with WIC to create an environment that encourages mothers to initiate and continue breastfeeding • Moms: resources about how the WIC program can help reach moms' breastfeeding goals • Family & friends: resources for how family and friends can actively participate in helping moms breastfed 	http://lovingsupport.nal.usda.gov/
U.S. Department of Health and Human Services. (2011). The Surgeon General's Call to Action to Support Breastfeeding.	<ul style="list-style-type: none"> • Report includes "A Call to Action": promotion of breastfeeding through mothers and their families, communities, health care, employment, research and surveillance, and public health infrastructure 	http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf

Data Sources

Data Source*	Search Criteria	Web Link
Cochrane Library	Search Term: breastfeeding promotion Search Limits: Cochrane Reviews/Review; Other Reviews Sort by relevance: high to low	N/A
Campbell Systematic Reviews	Search Term: breastfeeding promotion Sort by relevance	http://www.campbellcollaboration.org/lib/?go=monograph&search=breastfeeding+promotion&search_criteria=title
PubMed	Search Term: breastfeeding promotion Article Types: Meta-analysis, Review, Systematic Reviews Species: Humans Languages: English Sort by relevance	http://www.ncbi.nlm.nih.gov/pubmed/?term=breastfeeding+promotion
Google Scholar	Search Term: breastfeeding promotion Sort by relevance	https://scholar.google.com/scholar?hl=en&q=breastfeeding+promotion&btnG=&as_sdt=1%2C21&as_sdtp=
CINAHL Plus	Search Term: breastfeeding promotion Source Types: all results Sort by Relevance	N/A
AMCHP Innovation Station	State: all Region: all Practice Category: all Primary Topic: all National Performance Measures: all Year: N/A Keywords: N/A	http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/Pages/default.aspx
Georgetown Knowledge Base	MCH Knowledge Base and Library Collection → Professional Resource Guides and Briefs → Breastfeeding	http://ncemch.org/guides/breastfeeding.php
Healthy People 2020 Structured Evidence Queries	Search by Topic Area → Maternal, Infant, and Child Health → PubMed Search MICH-21	http://phpartners.org/hp2020/
United States Breastfeeding Committee	N/A	http://www.usbreastfeeding.org/

AMCHP/Women's and Infant Health Team	N/A	http://www.amchp.org/programsandtopics/womens-health/Pages/default.aspx
MCH Nutrition Training	Search Term: breastfeeding	http://nutrition.mchtraining.net/
National Healthy Start Association/Healthy Start Initiative	Search Term: breastfeeding	http://www.nationalhealthystart.org/healthy_start_initiative
Home Visiting Collaborative Improvement and Innovation Network (HVCollIN)	N/A	http://hv-coiin.edc.org/
Baby-Friendly USA	Quick Find → Ten Steps	https://www.babyfriendlyusa.org/

**The Strengthen the Evidence Team of Experts and selected HRSA discretionary grantees contributed to the identification of data sources*

Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> • Reviews of studies, websites, compilations of specific interventions/strategies aimed at promoting breastfeeding as a primary goal • Language: English • Populations of interest: breastfeeding women, infants 	<ul style="list-style-type: none"> • Articles describing single strategies that are not part of a larger review • Studies performed or primarily focused on international populations (included reviews of studies if US studies were included) • Studies without specific information regarding implementation of interventions