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Increasing Exclusive Breastfeeding: Baby-Friendly Initiatives

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A Thesis Presented in the Ouachita Baptist University Honors Program

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Introduction

The recommended diet for newborn babies during their first six months of life, whether they are premature or full-term, is exclusive breastfeeding due to the fact that it has the ideal nutritional composition (Couto et al., 2020). Exclusive breastfeeding provides nutrients that allow for optimal physical and psychosocial growth and development and protection from gastrointestinal infections, respiratory infections, obesity, allergies, high blood pressure, high cholesterol, diabetes, and endocrine disorders (Couto et al., 2020). For the mom, exclusive breastfeeding reduces the risk of developing breast and ovarian cancer (Couto et al., 2020). Because exclusive breastfeeding prevents such a large number of health crises, nearly 595,379 childhood deaths and 98,243 adult women deaths can be prevented each year by exclusive breastfeeding (Walters et al., 2019). Furthermore, cost analyses have shown that $341.3 billion in economic losses due to associated morbidity and mortality could be prevented each year by exclusive breastfeeding (Walters et al., 2019).

Despite overwhelming evidence for the benefits of exclusive breastfeeding, negative outcomes of not exclusive breastfeeding, and global hospital initiatives to promote exclusive breastfeeding, exclusive breastfeeding rates are below the national goal. The Healthy People 2030 national goal for exclusive breastfeeding is for 42.4% of infants to exclusively breastfeed for the first six months of life and 54.1% of infants to have any amount of breast milk during their first year of life (Raju, 2023). Currently, 24.9% of infants exclusively breastfeed for their first six months of life and 35.9% of infants in the United States receive any amount of breastmilk during the first year of life (Raju, 2023).

As a result of the overwhelming benefits of exclusive breastfeeding, the World Health Organization and the United Children’s Fund created the Baby-Friendly Hospital Initiative

(BFHI) in 1991 to establish supportive environments and educational services that lead to better initial breastfeeding experiences; it was updated in 2018 (Couto et al., 2020). The specific goals of the BFHI include increasing the rates of breastfeeding initiation, exclusivity, and a longer duration of breastfeeding by promoting ideal breastfeeding practices (Pérez-Escamilla, 2020). To further increase the rates of exclusive breastfeeding, the Ministry of Health in Kenya created the Baby Friendly Community Initiative (BFCI) in 2016 as an extension to the tenth step of the BFHI (Ministry of Health, 2016). However, this initiative has not been implemented fully in the United States. The specific goals of BFCI related to breastfeeding include protecting, promoting, and supporting breastfeeding and nutrition through Community Mother Support Groups (Ministry of Health, 2016). This thesis further explores a single idea: How can exclusive breastfeeding rates be increased to meet target goals established by the U.S. Government? More specifically, can the Baby Friendly Community Initiative be implemented in Arkadelphia, AR to increase rates of exclusive breastfeeding?

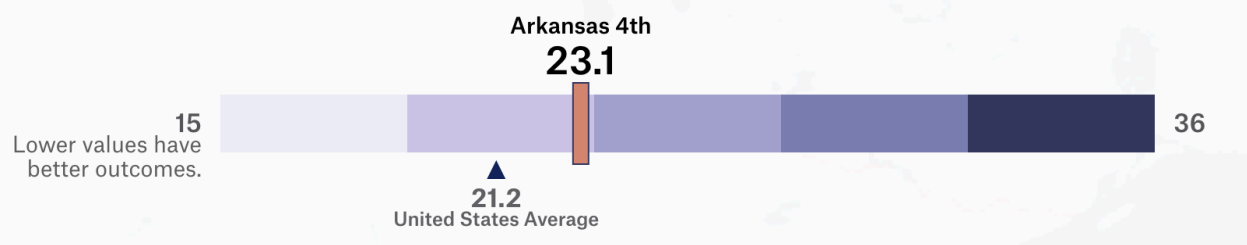
Epidemiology

In the first twenty-eight days of life, the risk of death is 33% higher in newborns who did not initiate breastfeeding until two to twenty-three hours after birth, and the risk of death is more than 50% higher in babies who waited one or more days to initiate breastfeeding in comparison to newborns who initiated breastfeeding within their first hour after birth (World Health Organization, 2018). A longer duration of breastfeeding has been shown to reduce the occurrence of obesity by 13% and type 2 diabetes by 35% (World Health Organization, 2018). It is estimated that 20,000 deaths of mothers from breast cancer could be prevented by increasing the rate of breastfeeding (World Health Organization, 2018). Looking at global statistics, only 40% of infants under the age of 6 months exclusively breastfeed (Dennis et al., 2018). In the United States, the rate of breastfeeding initiation is 81%, however, the rate of exclusive breastfeeding at twelve weeks postpartum is only 44% (Dennis et al., 2018). This major drop can be due to difficulties such as sore nipples, mental illness, and perceived insufficient milk supply (Dennis et al., 2018). Improving breastfeeding practices has the potential to save 820,000 lives each year (World Health Organization, 2018).

Arkadelphia, Arkansas is part of the Arkansas 4th Congressional District. In 2020, Arkansas 4th Congressional District had an estimated 23.1 breast cancer deaths per 100,000 females; the national average is 21.2 breast cancer deaths per 100,000 females (NYU Langone Health, 2023). Exclusive breastfeeding has been shown to reduce the rate of breast cancer in mothers (Couto et al., 2020). A visualization of this is in Figure 1.

Figure 1

Illustration of deaths related to breast cancer in Arkansas 4th

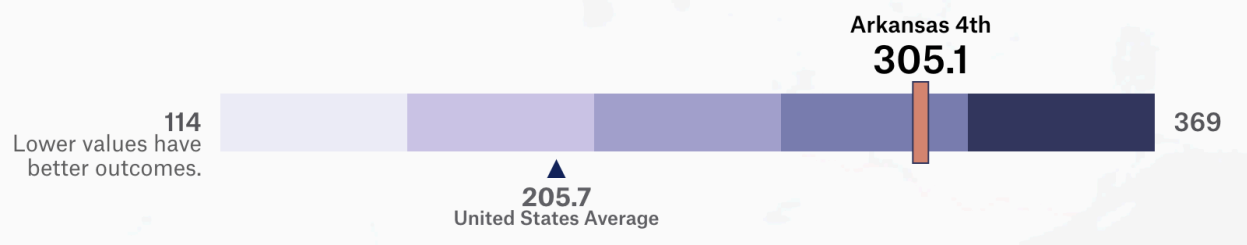


Note: This illustration is from NYU Langone Health's Congressional District Health Dashboard (2023).

In 2020, Arkansas 4th Congressional District had an estimated 305.1 cardiovascular disease deaths per 100,000 population; the national average is 205.7 per 100,000 population (NYU Langone Health, 2023). Exclusive breastfeeding has been shown to reduce cardiovascular diseases and cardiovascular disease risk factors such as high blood pressure, obesity, and high cholesterol (Couto et al., 2020). A visualization of this is in Figure 2.

Figure 2

Illustration of deaths related to cardiovascular disease in Arkansas 4th



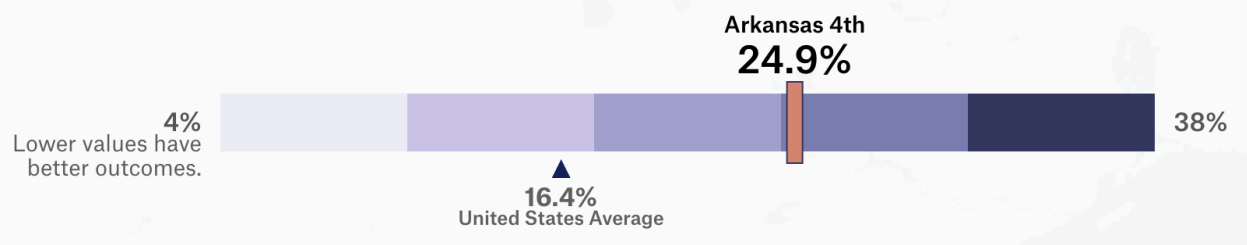
Note: This illustration is from NYU Langone Health's Congressional District Health Dashboard (2023).

In 2020, Arkansas 4th Congressional District had an estimated 24.9% of children living in poverty; the national average is 16.4% (NYU Langone Health, 2023). Exclusive breastfeeding has shown to save money in a multitude of ways (Walters et al., 2018). For mothers who live in

poverty and need to work or go back to work sooner after having their baby, Baby-Friendly initiatives support making the workplace a pump-friendly place. As part of the PUMP Act, most employees who are breastfeeding have the right to break time and a private space to express breast milk for their nursing child for up to one year after the child's birth; the federal Break Time for Nursing Mothers law requires employers who are covered by the Fair Labor Standards Act to "provide basic accommodations for breastfeeding mothers at work" (U.S. Department of Health & Human Services, 2022). Furthermore, insurance plans must cover the cost of a breast pump and provide breastfeeding support, counseling, and equipment (U.S. Department of Health & Human Services, 2023). A visualization of the children living in poverty in Arkansas 4th Congressional District is in Figure 3.

Figure 3

Illustration of children living in poverty in Arkansas 4th

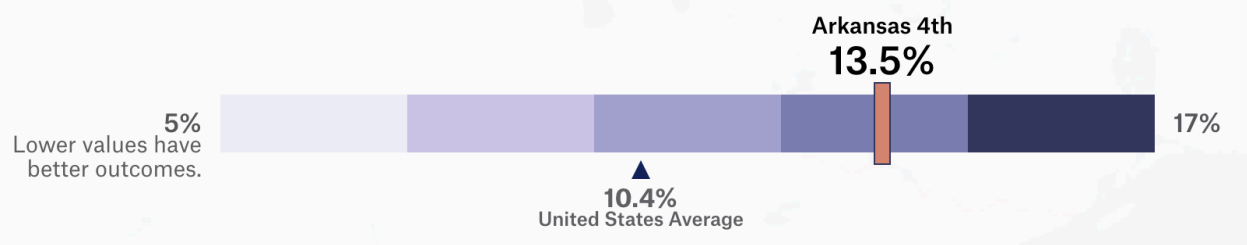


In 2019, Arkansas 4th Congressional District had an estimated 13.5% of adults who reported having diabetes; the national average is 10.4% (NYU Langone Health, 2023). Exclusive breastfeeding has been shown to reduce rates of diabetes (Couto et al., 2020). A visualization of this is in Figure 4.

Note: This illustration is from NYU Langone Health's Congressional District Health Dashboard (2023).

Figure 4

Illustration of diabetes in Arkansas 4th

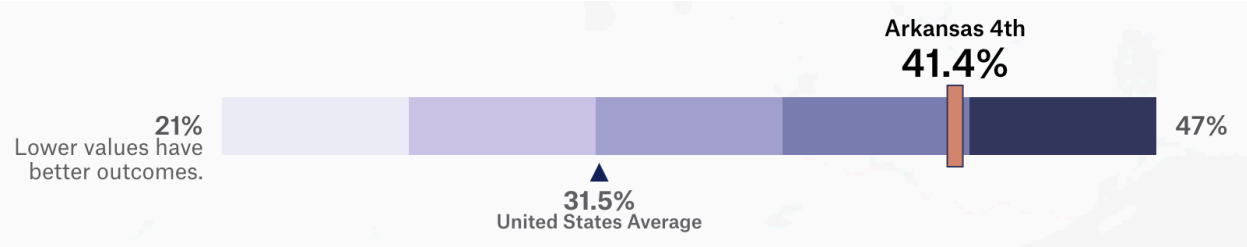


Note: This illustration is from NYU Langone Health's Congressional District Health Dashboard (2023).

In 2019, Arkansas 4th Congressional District had an estimated 41.4% of adults living with high blood pressure; the national average was 31.5% (NYU Langone Health, 2023). Exclusive breastfeeding has been shown to reduce rates of high blood pressure (Couto et al., 2020). A visualization of this is in Figure 5.

Figure 5

Illustration of high blood pressure in Arkansas 4th

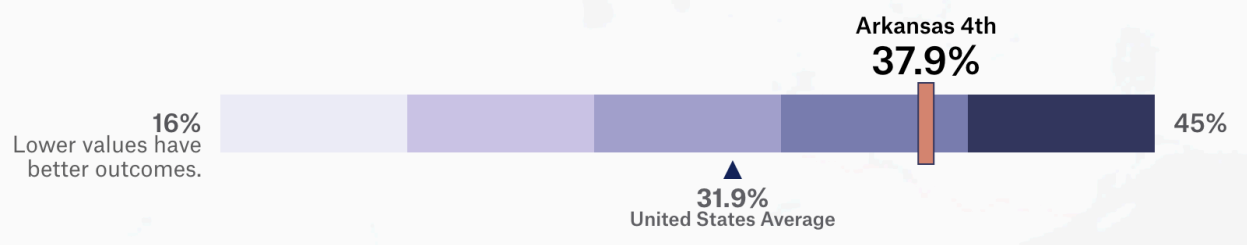


Note: This illustration is from NYU Langone Health's Congressional District Health Dashboard (2023).

In 2019, Arkansas 4th Congressional District had an estimated 37.9% of adults living with obesity; the national average is 31.9% (NYU Langone Health, 2023). Exclusive breastfeeding has been shown to reduce rates of obesity (Couto et al., 2020). A visualization of this is in Figure 6.

Figure 6

Illustration of obesity in Arkansas 4th

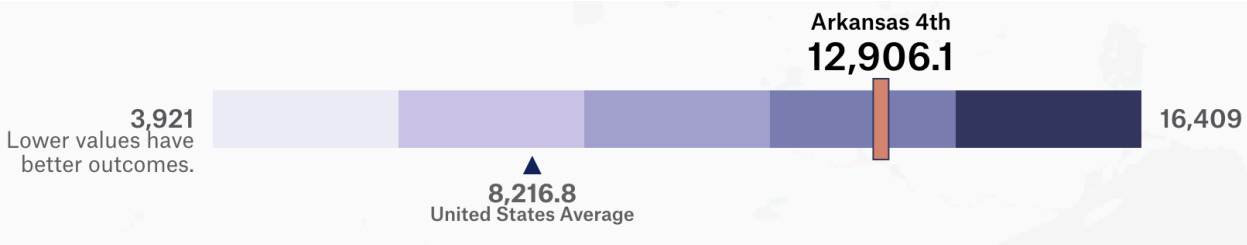


Note: This illustration is from NYU Langone Health's Congressional District Health Dashboard (2023).

In 2020, Arkansas 4th Congressional District lost an estimated 12,906.1 years of life per 100,000; the national average is 8,216.8 (NYU Langone Health, 2023). Exclusive breastfeeding reduces infant deaths and leading causes of death (Couto et al., 2019). A visualization of this is in Figure 7.

Figure 7

Illustration of premature deaths in Arkansas 4th



Note: This illustration is from NYU Langone Health's Congressional District Health Dashboard (2023).

The 4th Congressional District of Arkansas, which includes Arkadelphia, Arkansas, clearly struggles with high rates of breast cancer deaths, cardiovascular disease deaths, children living in poverty, diabetes, high blood pressure, obesity, and premature death. Exclusive

breastfeeding will not eliminate these things, but research shows that it does reduce all of these things (Couto et al., 2019).

Analysis: Arkansas and National Statistics

The exclusive breastfeeding rate through six months in Arkansas is 24.4% (CDC, 2022). Again, the Healthy People 2030 national goal for exclusive breastfeeding is for 42.4% of infants to exclusively breastfeed for the first six months of life (ODPHP, 2020). In order to meet this goal, Arkansas must increase the rate of exclusive breastfeeding at six months by 18% by 2030. Suggested strategies to increase this rate to meet the goal are the following: "peer support, education, longer maternity leaves, and breastfeeding support in the hospital, workplace, and community may help more women breastfeed exclusively" (ODPHP, 2020). The total score in 2020 for breastfeeding support indicators in Arkansas was 75; the national score is 81 (CDC, 2022). The percentage of babies born at a Baby-Friendly facility was 31.9% in Arkansas and Arkansas has not enacted legislation for paid family and medical leave (CDC, 2022). As far as the licensing breastfeeding support score, Arkansas scored a 70, which means that the state licensing regulations for early care and education centers partially align with the breastfeeding support standard (CDC, 2022). The CDC's call to action based on this report was the following:

1. Celebrate families that breastfeed and provide breast milk to their babies. Many infants are still receiving some breast milk at 6 months.
2. Review state ECE licensing regulations to assess if they fully support breastfeeding by including the following stipulations: (1) support breastfeeding by parent during child care hours, (2) recommend feeding of breast milk by staff or parent, (3) require comfortable arrangements for mothers to breastfeed/express milk on-site.
3. Collaborate with hospitals to identify opportunities for improvement in maternity care practices.

4. Help communities develop and implement breastfeeding programs that meet the needs of populations disproportionally impacted by structural barriers that can lead to lower rates of breastfeeding (2022).

As seen in the data report from CDC's monitoring of trends and data, 74.9% of infants in Arkansas initiate breastfeeding. However, only 24.4% of infants in Arkansas are exclusively breastfed through six months. Furthermore, 62.6% of babies in Arkansas are exclusively breastfeeding at 0 months, however, this drops to 45.3% at 3 months, and. 24.9% at 6 months. Arkansas must find a way to keep the number of initially breastfeed and exclusively breastfed babies from dropping. A visualization of these data markers are in Figure 8-11.

Figure 8

Table of infants exclusively breastfed through 6 months from

Arkansas - 2019

Percent of infants who were exclusively breastfed through 6 months †‡§

View by: Total

	Total
Value	24.4
95% CI	19.2 - 30.5
Sample Size	440

Footnotes

† Exclusive breastfeeding is defined as ONLY breast milk - No solids, no water, and no other liquids.

‡ Breastfeeding rates through 2008 births are based on the National Immunization Survey's landline sampling frame.Starting with 2009 births, rates are based on the National Immunization Survey's dual-frame sample that includes respondents surveyed on landline or cellular telephones.If you would like more information about the sampling methodology and the impact of adding a sample of cellular telephone respondents to the National Immunization Survey, you can visit https://www.cdc.gov/breastfeeding/data/nis_data/survey_methods.htm.

§ Only breastfeeding rates based on a dual-frame sample that includes respondents surveyed on landline or cellular telephones are included in trend graphics.If you would like more information about the sampling methodology and the impact of adding a sample of cellular telephone respondents to the National Immunization Survey, you can visit https://www.cdc.gov/breastfeeding/data/nis_data/survey_methods.htm

Data Source: National Immunization Survey

Note. This table is from the CDC's DNPAO Data, Trends, and Maps: Explore by Location (2022).

Figure 9

Table of infants ever breastfed

Arkansas - 2019

Percent of infants who were ever breastfed †‡§

View by: Total

	Total
Value	74.9
95% CI	69.1 - 79.9
Sample Size	446

Footnotes

† Ever breastfeeding is defined by the question "was [child] ever breastfed or fed breast milk?"

‡ Breastfeeding rates through 2008 births are based on the National Immunization Survey's landline sampling frame.Starting with 2009 births, rates are based on the National Immunization Survey's dual-frame sample that includes respondents surveyed on landline or cellular telephones.If you would like more information about the sampling methodology and the impact of adding a sample of cellular telephone respondents to the National Immunization Survey, you can visit https://www.cdc.gov/breastfeeding/data/nis_data/survey_methods.htm.

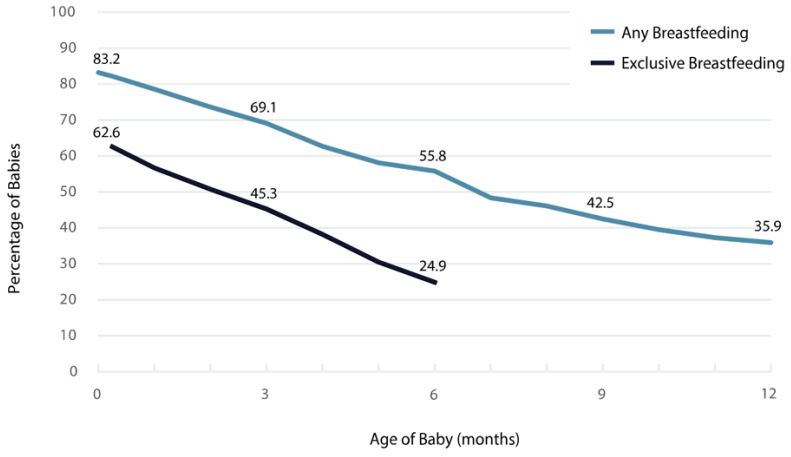
§ Only breastfeeding rates based on a dual-frame sample that includes respondents surveyed on landline or cellular telephones are included in trend graphics.If you would like more information about the sampling methodology and the impact of adding a sample of cellular telephone respondents to the National Immunization Survey, you can visit https://www.cdc.gov/breastfeeding/data/nis_data/survey_methods.htm

Data Source: National Immunization Survey

Note. This table is from the CDC's DNPAO Data, Trends, and Maps: Explore by Location (2022).

Figure 10

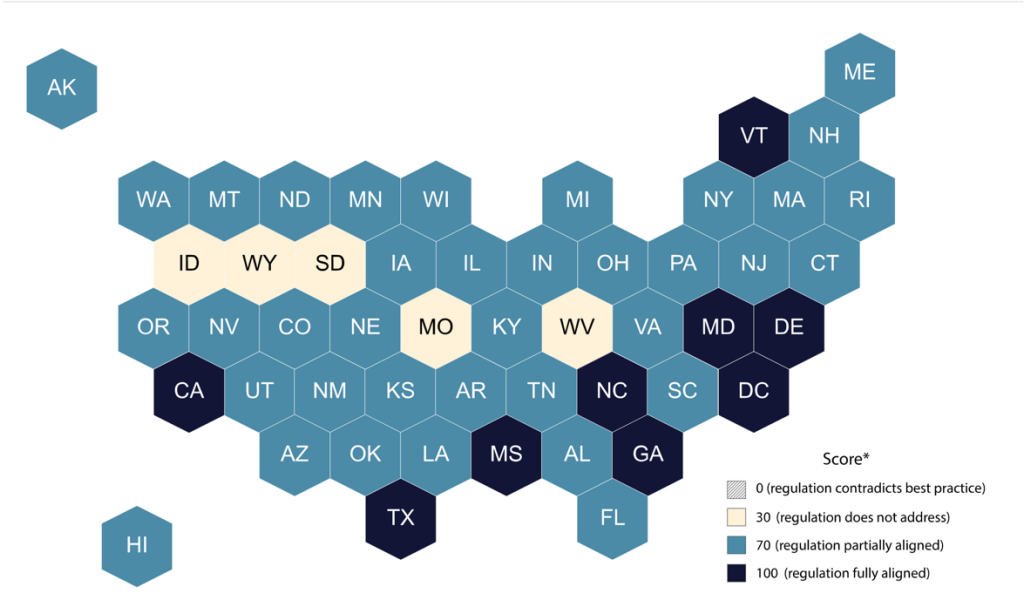
Graph of the percentage of infants born in 2019 who receive any and exclusive breastfeeding throughout the first year of life



Note. This table is from the CDC's 2022 Breastfeeding Report Card.

Figure 11

This figure shows Breastfeeding Support Scores in the United States in 2021 for Early Care and Education Licensing Centers



Note. This table is from the CDC's 2022 Breastfeeding Report Card.

Baby-Friendly Hospital Initiative

A hospital can become a designated Baby-Friendly hospital if they successfully implement the *Ten Steps to Successful Breastfeeding* and comply with the World Health Organization's *International Code of Marketing for Breast Milk Substitutes* (Mukuria-Ashe, 2022).

The Baby-Friendly Hospital Initiative consists of ten steps. Implementation of all ten steps is recommended and proven through evidence-based practice. The first step, which consists of three parts, and the second step are critical management procedures; the last eight steps are key clinical practices. The ten steps are as follows:

1. A. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions,

1. B. have a written infant feeding policy that is routinely communicated to staff and parents, and

1. C. establish ongoing monitoring and data-management systems.

2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

3. Discuss the importance and management of breastfeeding with pregnant women and their families.

4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.

5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.

6. Do not provide breastfed newborns any food or fluids other than breast-milk, unless medically indicated.

7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.

8. Support mothers to recognize and respond to their infants' cues for feeding.

9. Counsel mothers on the use and risks of feeding bottles, artificial nipples (teats) and pacifiers.

10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care" (Baby-Friendly USA, 2021).

Even with a detailed outline of Ten Steps, many hospitals struggle to implement a policy that increases exclusive breastfeeding rates upon discharge from the hospital, at six months of life, and at one year of life. Some ways to increase exclusive breastfeeding rates upon discharge from the hospital include "reducing the excessive rates of cesarean section, improving support in maternity ward facilities, fostering on-demand breastfeeding, enhancing support for working mothers, and reducing the workload of public health midwives" (Agampodi et al., 2021).

Baby-Friendly Community Initiative

The BFCI can be seen as an extension of Step 10 of the BFHI; it allows for the provision of continued breastfeeding support within the community once the mother-infant pair has been discharged from the hospital (Kavle et al., 2018). The community support in BFCI is based on the foundation of mother-to-mother support groups that improve the rates of exclusive breastfeeding (Kavle et al., 2018).

The Baby-Friendly Community Initiative consists of nine steps and eleven interventions. The nine steps are as follows:

1. Orient the policy and decision-makers to the benefits of exclusive breastfeeding in order to gain their support of making changes at the community level.
2. Orient local community health management to the benefits of exclusive breastfeeding in order to gain their support of implementing the BFCI package.
3. Train individuals to train other individuals on the BFCI package; this will include community health workers and nutritionists.
4. Train community health workers and healthcare workers about the necessary knowledge, skills, and competencies for BFCI.
5. Orient local health committees and leaders to BFCI.
6. Map where the main target audience is located.
7. Establish Community Mother Support Groups. There should be a lead mother and nine to eleven members.
8. Train individuals for the Community Mother Support Groups.
9. Establish Mother-to-Mother Support Groups (Ministry of Health, 2016).

The eleven interventions are as follows:

1. BFCI training

2. Targeted home visits

3. Community meetings

4. Educational meetings for mothers

5. Monthly Mother-to-Mother Support Group meetings

6. Monthly Community Health Volunteer meetings

7. Bi-monthly Community Mother Support Group meetings

8. Mentorship

9. Establish a Mother and Baby Friendly Resource Center

10. Evaluation of BCFI activities

11. Periodic self and external BFCI assessments (Ministry of Health, 2016).

Research Questions

Throughout this study, several questions relating to exclusive breastfeeding will be addressed. The questions are as follows:

1. What are the existing resources for mothers in Arkadelphia, AR?
2. How has the BFCI been implemented elsewhere?
3. Is there a way the BFCI could be implemented in Arkadelphia? What are the barriers?

Available Breastfeeding Resources in Arkadelphia

Available resources in Arkadelphia, Arkansas for mothers and exclusive breastfeeding are the Clark County Health Unit, Walmart, Baptist Health Medical Center - Arkadelphia, Arkansas Drug Information Center, and National and Statewide breastfeeding helplines.

The Clark County Health Unit offers breastfeeding education and support Monday through Friday (Arkansas Department of Health, 2023). It is free with WIC participation (Arkansas Department of Health, 2023). The contact number is 870-246-4471 (Arkansas Department of Health, 2023).

The Arkadelphia Walmart Supercenter offers sleep training, lactation consulting services, car seat installation, and more (Walmart, 2023). The baby and nursery specialists at Walmart can be reached at 310-895-9983 to book an appointment (Walmart, 2023).

Baptist Health Medical Center – Arkadelphia offers breastfeeding support through an International Board of Lactation Consultant (IBLCE). A lactation consultant can provide the following support:

- Prenatal counseling about the factors that may affect breastfeeding and lactation
- Basic position and latch of the infant
- Information about practices that promote successful breastfeeding and lactation
- Preventing and managing common concerns such as poor latch, inadequate milk transfer or supply, nipple or breast pain, and calming a fussy baby
- Milk expression and storage for parents who must be separated from their babies
- Strategies for breastfeeding and lactation after returning to work

- Breastfeeding and lactation in challenging situations, such as feeding twins or triplets, a premature or sick infant, or infants in special medical situations (International Lactation Consultant Association, 2023).

As IBCLCs are allied healthcare professionals, there is often a fee for their service (International Lactation Consultant Association, 2023). However, this may be covered by insurance (International Lactation Consultant Association, 2023).

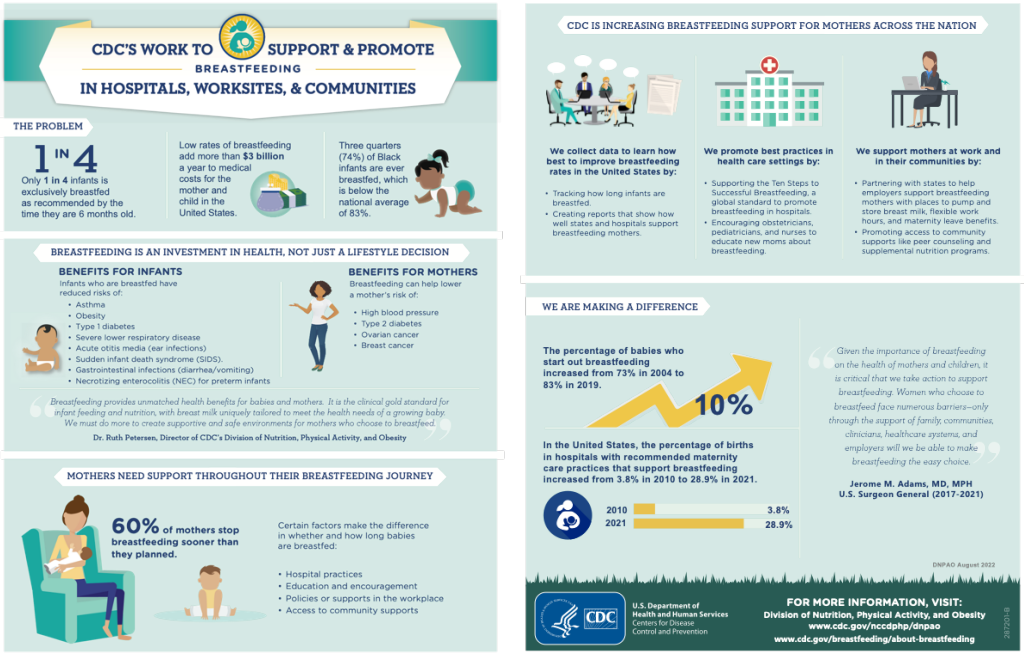
The Arkansas Drug Information Center is run by the UAMS Department of Pharmacy (Arkansas Department of Health, 2023). It provides free information about medications, breastmilk, and answers questions regarding medication concerns (Arkansas Department of Health, 2023). It is available 24/7 at 1-800-222-1222 for parents and 1-800-376-4766 for healthcare professionals.

The national breastfeeding helpline is run by the United States Department of Health and Human Services, and it is a helpline for breastfeeding question (Arkansas Department of Health, 2023). The national helpline is available in English and Spanish, it is available Monday through Friday from 9am to 6pm, and it is free (Arkansas Department of Health, 2023). The contact number is the following: 1-800-994-9662 (Arkansas Department of Health, 2023). The statewide breastfeeding helpline is answered by the Arkansas Women, Infants, and Children (WIC) Program staff and the Baptist Health Medical Center staff (Arkansas Department of Health, 2023). It provides breastfeeding assistance for mothers and infants, coordinates WIC breastfeeding support with the county health units and WIC program participants, and offers technical assistance to healthcare professionals (Arkansas Department of Health, 2023). It is available 24/7 free of cost and can be reached at 1-800-445-6175 (Arkansas Department of Health, 2023).

Because of the overwhelming health benefits of exclusive breastfeeding, the CDC has done much work to support and promote exclusive breastfeeding (2021).

Figure 12

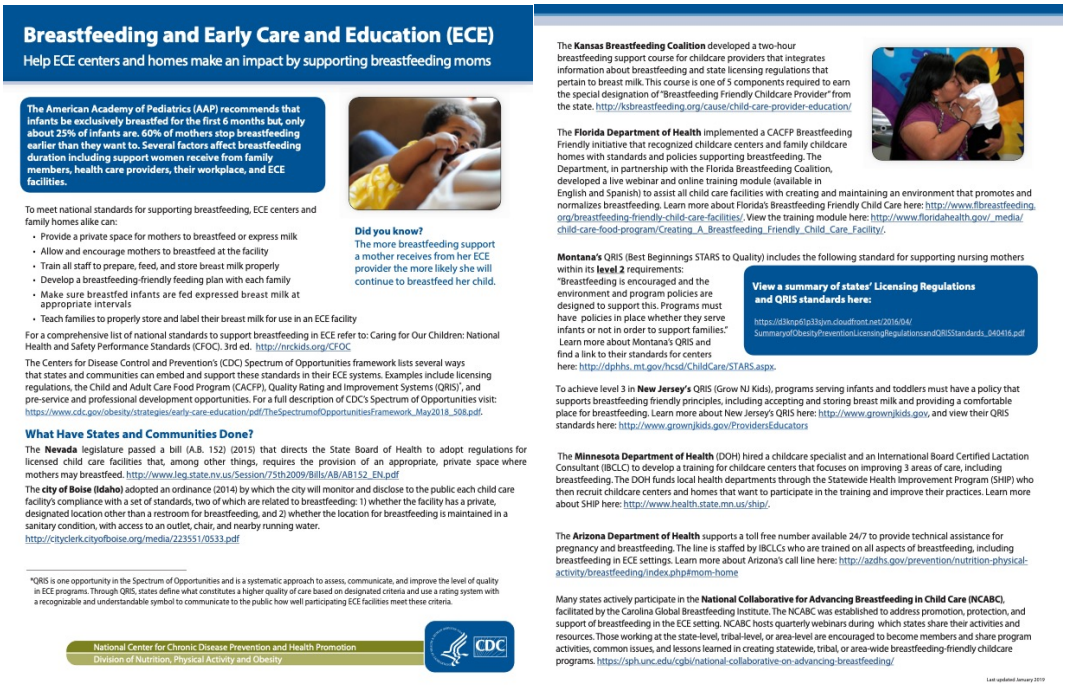
CDC poster about supporting and promoting breastfeeding in hospitals, worksites, and communities



Note: This poster is from the CDC's Breastfeeding website

Figure 13

CDC poster regarding breastfeeding and early care and education in the community to increase rates of exclusive breastfeeding



Note: This poster is from the CDC's Breastfeeding website

Implementation in Rural Kenya

The BFCI was developed with rural communities in mind to provide support in breastfeeding and ideal infant feeding in communities (Maingi et al., 2018). The foundation of the BFCI are Mother-to-Mother support groups (Kavle et al., 2019). It has been implemented in rural parts Kenya (Maingi et al., 2018). Kenya's eight-point plan for the BFCI was the following:

1. Have a written policy summary statement that is routinely communicated to all health providers, community health volunteers, and the community members
2. Train all healthcare providers and community health volunteers, to equip them with the knowledge and skills necessary to implement the Maternal Infant and Young Child Nutrition (MICYN) policy
3. Promote optimal maternal nutrition among women and their families
4. Inform all pregnancy women and lactating women and their families about the benefits of breastfeeding and risks of artificial feeding
5. Support mothers to initiate breastfeeding within 1 hr of birth and establish and maintain exclusive breastfeeding for the first 6 months. Address any breastfeeding problems
6. Encourage sustained breastfeeding beyond 6 months to 2 years or more, alongside the timely introduction of appropriate, adequate, and safe complementary foods while providing holistic care (physical, psychological, spiritual, and social) and stimulation of the child
7. Provide a welcoming and supportive environment for breastfeeding families

8. Promote collaboration between healthcare staff, CMSG, M2MSG, and the local community. Content has been developed for each step to guide the community health volunteers (CHVs) in counseling (Kavle et al., 2018).

The CHVs are community members who are put in charge of facilitating the formation of the mother-to-mother support groups (M2MSG) and conducting the monthly home visits that include counseling, care, child stimulation, the mobilization of the community, and facility referrals for health concerns (Kavle et al., 2018).

Community health agents (CHA) are certified health workers in nursing or public health who act as facilitators at the community level and support the CHVs (Kavle et al., 2018). The CHAs are mentors for the CHAs, supervise the community mother support groups (CMSG), and act as a mediator between the healthcare facilities and the community mother support groups (Kavle et al., 2018).

In Kenya, Migori County had exclusive breastfeeding rates that increased from 75.2% to 92.3% (Kavle et al., 2018). Interesting to note, there has been a reduction the exclusive breastfeeding rate in Kenya has increased by 46%, and under-five child mortality rates have decreased from 105.2 per 1,000 live births to 53.5% per 1,000 live births (Kavle et al., 2018). It was found that routine contact with mothers, engagement with mothers and the community with support groups, and connecting the community with healthcare facility services were critical to success with BFCI (Kavle et al., 2018). In addition to improving exclusive breastfeeding rates, the BFCI was found to also improve maternal nutrition and complementary feeding practices (Kavle et al., 2018). Overall, researchers had the following to say about the effects of implementing BFCI: “BFCI provides a platform to integrate nutrition-sensitive interventions,

such as early childhood development, agriculture initiatives, and water, sanitation, and hygiene" (Kavle et al., 2018).

Implementation Plan

Arkadelphia, Arkansas and surrounding areas are very rural, and implementing a Baby Friendly Community Initiative could be very beneficial in increasing exclusive breastfeeding rates as well as increasing other benefits that are important in child development. An implementation plan should follow steps for establishment discussed in the BFCI implementation guide.

Step 1: Orient the national policy and decision makers (Ministry of Health, 2016). Getting the national policy and decision makers on board gains government commitment to promote and sustain the Baby Friendly Community Initiative (Ministry of Health, 2016). In Kenya, the Maternal, Infant, and Young Child Nutrition policy makers oversaw the planning, implementation, and follow-up of the BFCI activates. In the United States, the Women, Infant, and Children (WIC) program focuses on providing food and support to mothers and their children. Support from the WIC program, which is a government program, would need to be gained in implementing the BFCI in Arkadelphia, Arkansas. The. WIC program could also oversee the planning, implementation, and follow-up of BFCI activities.

Step 2: Orient the county and sub-county health management facilities together with stakeholders (Ministry of Health, 2016). Baptist Health Medical Center – Arkadelphia, the local Women's Health clinic, the local pediatric clinics, the Walmart baby and nursery services specialists, the Clark County Health Unit, the Pregnancy Resource Center for Southwest Arkansas, and local church leadership should receive a one-day orientation on the BFCI so that they can support the implementation of the interventions in the community (Ministry of Health, 2016).

Step 3: train the "trainer of trainers" on BFCI (Ministry of Health, 2016). A trainer of trainers (TOT) should receive prior training on Mother, Infants, and Young Child Nutrition information for healthcare workers (Ministry of Health, 2016). In Arkansas, an ideal trainer of trainers would be a WIC nurse or a nurse at the Clark County Health Unit. The TOT training is conducted over five days and should include community health extension workers, nutritionists, the IBCLE at BHMC-Arkadelphia, the WIC nurses at the Clark County Health Unit, workers at the Pregnancy Resource Center for Southwest Arkansas, and nurses at the local Women's Health and pediatric clinics.

Step 4: train the community health extension workers and health care workers on BFCI (Ministry of Health, 2016). There will be an additional five-day training event for community health extension works and healthcare workers on the BFCI implementation package (Ministry of Health, 2016). This training will be for the same groups as in Step 3. This training will focus on the necessary skills, knowledge, and competencies (Ministry of Health, 2016). Additionally, the community health extension workers will develop a plan for establishing the community mother support groups (Ministry of Health, 2016).

Step 5: orient the community health committee, primary healthcare facilities, and other leaders in the community on BFCI (Ministry of Health, 2016). There will be an additional one-day orientation for the community health committee, primary health care facility committee, and local political authorities (Ministry of Health, 2016). The focus of this orientation is mobilization of resources (Ministry of Health, 2016).

Step 6: map households and train community health volunteers on mapping (Ministry of Health, 2016). The purpose of the mapping of households is to identify a target audience; this exercise will be repeated every six months (Ministry of Health, 2016).

Step 7: establish community mother support groups (Ministry of Health, 2016). The community mother support groups are comprised of community members; the purpose of this group is to execute the community baby friendly meetings and mobilize all community members in BFCI activities (Ministry of Health, 2016). This group will be responsible for the following things: supporting the community health volunteers and nutritionists in monitoring and documenting, conducting annual planning and review meetings, and advocating for the allocation of funds (Ministry of Health, 2016).

Step 8: train community health volunteers and community mother support group leaders on BFCI (Ministry of Health, 2016). There will be a five day training that focuses on the eight point plan, creating mother-to-mother support groups, and how to conduct the home visits (Ministry of Health, 2016).

Step 9: establish mother-to-mother support groups (Ministry of Health, 2016). The mother-to-mother support groups are comprised of women in the community; they discuss problems with breastfeeding and ways to overcome these problems, support each other in exclusively breastfeeding for at least six months, address maternal nutrition, and talk about complementary feedings (Ministry of Health, 2016). There should be a lead mother at the head of the group, and the group should be between nine to fifteen people (Ministry of Health, 2016). The mother-to-mother support groups should have regular meetings, active participation, monthly reporting, and scheduled activities (Ministry of Health, 2016). Creating a mother-to-mother support group at the Pregnancy Resource Center for Southwest would be an ideal starting place as it is already an established part of the community that is committee to helping mothers during and after pregnancy.

Government buy-in may be a barrier in implementing this plan, however, the government is already committed to increasing exclusive breastfeeding rates, as seen in the Healthy People 2023 goal for breastfeeding. The most challenging barrier in implementing this plan will be gathering volunteers and workers to fill the spots. By using things that are already established as the foundation, such as WIC and the Pregnancy Resource Center, it will be easier to find people to fill the necessary spots implementing this program.

Conclusion

Research shows that 60% of mothers stop their breastfeeding journey sooner than they initially planned (CDC, 22021). Additionally, exclusive breastfeeding rates are lower than the target goal despite the overwhelming health and financial benefits. Clearly, more initiative needs to be taken in order to make changes to support mothers in their goals and reach exclusive breastfeeding goal rates. The Baby Friendly Hospital Initiative is a way to increase exlcusive breastfeeding rate, however, it does not do as good of a job in reaching the community. An initiative that is not being taken advantage of in order to support mothers and reach exclusive breastfeeding goals is the Baby Friendly Community Initiative.

The Baby Friendly Community Initiative is

> A Community-based initiative to protect, promote, and support breastfeeding, optimal complementary feeding and maternal nutrition and is conducted through formation and training of "Community Mother Support Groups (CMSG)", formation of mother to mother support groups, conducting home visits and close links to primary health care facilities. It also includes feeding of sick children, hygiene, early childhood stimulation, referral to and from Maternal and Child Health (MCH) clinic and elimination of mother to child transmission (Ministry of Health, 2016).

The goals of the BFCI are to help communities integrate interventions that promote and protect breastfeeding, support mothers in their breastfeeding goals, support pregnant women and mothers, and provide guidance on how to create a supportive baby friendly environment in communities (Ministry of Health, 2016). This is something that can be implemented in Arkansas in partnership with the existing resources in order to support mothers and reach exclusive breastfeeding goals.

Personal Statement

My older sister has Down Syndrome, and it was my mom's goal to breastfeed her. Instead of receiving support from healthcare providers, my mom mostly experienced the opposite. Many healthcare workers told her that she would never be able to breastfeed my sister, even though this was my mom's goal. Thirty-two years later, there evidence surrounding the benefits of breastfeeding are so profound that there is more support and encouragement for breastfeeding. Breastfeeding can be a very sensitive topic, and it is not possible or beneficial in certain situation to breastfeed. The beautiful thing about the BFCI is that while it does promote exclusive breastfeeding, it is really most focused on supporting mothers and supporting healthy maternal, infant, and child nutrition.

I am a registered nurse and will complete my Bachelor of Science in Nursing this coming May. I am passionate about patient education, advocating for patients, and Women and Children's Health. My goal is to work on a Labor and Delivery or Postpartum unit where I can support mothers and newborns in their feeding goals.

References

Agampodi, T. C., Dharmasoma, N. K., Koralagedara, I. S., Dissanayaka, T., Warnasekara, J., Agampodi, S. B., & Perez-Escamilla, R. (2021). Barriers for early initiation and exclusive breastfeeding up to six months in predominantly rural Sri Lanka: A need to strengthen policy implementation. *International Breastfeeding Journal*, *16*(1). https://doi.org/10.1186/s13006-021-00378-0

Baby Friendly USA. (2021). The Baby Friendly Hospital Initiative Guidelines and Evaluation Criteria.

CDC. (2021). *Breastfeeding*. Centers for Disease Control and Prevention. Retrieved April 1, 2023, from https://www.cdc.gov/breastfeeding/index.htm

CDC. (2022). *Breastfeeding report card*. Centers for Disease Control and Prevention. Retrieved April 1, 2023, from https://www.cdc.gov/breastfeeding/data/reportcard.htm

CDC. (2020). *DNPAO Data, Trends, and Maps: Explore by Location.* Retrieved April 1, 2023, from https://nccd.cdc.gov/dnpao_dtm/rdPage.aspx?rdReport=DNPAO_DTM.ExploreByLocation&rdRequestForwarding=Form.

Couto, G. R., Dias, V., & Oliveira, I. de. (2020). Benefits of exclusive breastfeeding: An integrative review. *Nursing Practice Today.* https://doi.org/10.18502/npt.v7i4.4034

Dennis, C. L., Shiri, R., Brown, H. K., Santos, H. P., Schmied, V., & Falah-Hassani, K. (2019). Breastfeeding rates in immigrant and non-immigrant women: A systematic review and meta-analysis. *Maternal & Child Nutrition, 15*(3). https://doi.org/10.1111/mcn.12809

International Lactation Consultant Association. (2023). *New Falc Directory: International Lactation Consultant Association*. International Lactation Consultant Association. Retrieved April 1, 2023, from https://portal.ilca.org/i4a/memberDirectory/index.cfm?directory_id=19&pageID=4356

Kavle, J. A., Ahoya, B., Kiige, L., Mwando, R., Olwenyi, F., Straubinger, S., & Gathi, C. M. (2019). Baby-Friendly community initiative—from National Guidelines to implementation: A multisectoral platform for improving infant and young child feeding practices and integrated health services. *Maternal & Child Nutrition*, *15*(S1). https://doi.org/10.1111/mcn.12747

Maingi, M., Kimiywe, J., & Iron-Segev, S. (2018). Effectiveness of baby friendly community initiative (BFCI) on complementary feeding in Koibatek, Kenya: A Randomized Control Study. *BMC Public Health*, *18*(1). https://doi.org/10.1186/s12889-018-5519-1

Ministry of Health (2016). Baby Friendly Community Initiative Implemental Guidelines.

Mukuria-Ashe, A., Klein, A., Block, C., Nyambo, K., Uyehara, M., Mtengowadula, G., Nyirongo, G., Mansimov, A., Okenov, S., & Alvey, J. (2022). Implementing two national responsibilities of the revised UNICEF/who baby-friendly hospital initiative: A two-country case study. *Maternal & Child Nutrition*, *19*(1). https://doi.org/10.1111/mcn.13422

NYU Langone Health. (2023). *Congressional District Health Dashboard*. Snapshot of the Arkansas 4th. Retrieved April 1, 2023, from https://www.congressionaldistricthealthdashboard.org/

ODPHP. (2020). *Increase the proportion of infants who are breastfed exclusively through age 6 months - mich-15*. Healthy People 2030. Retrieved April 1, 2023, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants/increase-proportion-infants-who-are-breastfed-exclusively-through-age-6-months-mich-15

Pérez-Escamilla, R. (2020). Breastfeeding in the 21st century: How we can make it work. *Social Science & Medicine*, *244*, 112331. https://doi.org/10.1016/j.socscimed.2019.05.036

Raju, T. N. (2022). Achieving healthy people 2030 breastfeeding targets in the United States: Challenges and opportunities. *Journal of Perinatology*, *43*(1), 74–80. https://doi.org/10.1038/s41372-022-01535-x

U.S Department of Health & Human Services. (2022). *What the law says about breastfeeding and work*. What the law says about breastfeeding and work | Office on Women's Health. Retrieved April 19, 2023, from https://www.womenshealth.gov/supporting-nursing-moms-work/what-law-says-about-breastfeeding-and-work

U.S. Department of Health & Human Services. (2023). *Breastfeeding benefits*. Breastfeeding benefits | HealthCare.gov. Retrieved April 19, 2023, from https://www.healthcare.gov/coverage/breast-feeding-benefits/

Walmart. (2023). Baby & Nursery Services at Arkadelphia Supercenter. Retrieved April 1, 2023, from https://www.walmart.com/store/318-arkadelphia-ar/baby-nursery-services

Walters, D. D., Phan, L. T., & Mathisen, R. (2019). The cost of not breastfeeding: Global results from a new tool. *Health Policy and Planning*, *34*(6), 407–417. https://doi.org/10.1093/heapol/czz050

World Health Organization. (2018). Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: implementing the revised Baby-friendly Hospital Initiative 2018. Geneva Press.