

From the National Perinatal Information Center: Raising the Bar: Elevating Breastmilk Utilization Rates for ALL Babies

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The National Perinatal Information Center (NPIC) is driven by data, collaboration and research to strengthen, connect and empower our shared purpose of improving patient care.

For over 30 years, NPIC has worked with hospitals, public and private entities, patient safety organizations, insurers and researchers to collect and interpret the data that drives better outcomes for mothers and newborns.



“Each August, hospitals, organizations, and communities rally to recognize National and World Breastfeeding Awareness Month. Despite these annual calls to action, breastfeeding and breastmilk utilization rates in the NICU continue to reveal significant racial and ethnic disparities, particularly among very low birthweight infants (VLBW, < 1500 grams).”

Each August, hospitals, organizations, and communities rally to recognize National and World Breastfeeding Awareness Month. Despite these annual calls to action, breastfeeding and breastmilk utilization rates in the NICU continue to reveal significant racial and ethnic disparities, particularly among very low birthweight infants (VLBW, < 1500 grams). In the US, Black women deliver VLBW babies 2.6 times more often than white women (1) while less likely to initiate mother’s own milk (MOM) during hospital-

ization and at discharge. The American Academy of Pediatrics (2012) recommends MOM exclusively for the first six months of life, particularly for VLBW infants. (2)

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Racial and Ethnic Disparities Among Breastmilk Initiation and Utilization

In 2017, the Centers for Disease Control and Prevention published data that described the use of Mother’s Own Milk (MOM) was lower in hospitals located in areas with higher percentages of Black residents(3). Over the next four years, multiple publications from various locations throughout the US would describe the same phenomena:

1. Parker and colleagues (2019) described a Massachusetts study that found MOM initiation was similar across racial groups, but infants in the non-Hispanic Black and Hispanic mothers stopped receiving MOM earlier in the hospitalization than non-Hispanic white mothers. (4)
2. Ellis and colleagues (2020) described a convenience sample of 1,160 babies in which Black babies were less likely to be discharged to home on MOM ($p < 0.001$) than any other racial or ethnic group(5)
3. Patel and colleagues (2019) found similar findings in a separate setting. 98% of VLBW babies initiated MOM provision; however, significantly fewer ($p < 0.001$) VLBW Black babies were providing MOM at discharge. Black women had a lower pumping frequency ($p < 0.001$) than other racial or ethnic groups. (1)
4. Brignoni-Pérez and colleagues (2020) conducted a study on the use of Kangaroo Care (KC) and its impact on breastfeeding in the NICU and found less utilization (total, frequency, duration) in low socioeconomic status patients ($p < 0.001$) as well those speaking language(s) other than English ($p < 0.001$). (6)
5. Hendricks-Muñoz and colleagues (2013) detailed a study re-

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garding attitudes of KC between mothers and nurses. Non-white mothers (61%) were not made aware of KC versus 39% of white mothers ($p < 0.001$). Within this same study, non-white and foreign-born nurses were 2.8 and 3.1 times more likely to encourage KC. (7)

These findings detail pervasive and systemic issues related to assuring access to equitable care and equitable opportunities for initiation and sustainable breastmilk feedings among minority and ethnic populations. Units and organizations must provide time and resources for honest, thoughtful, and crucial conversations about current practices, including care and outcome disparities. Enlisting parent and community advisors on the needs of mothers, infants, and communities being served is essential, if not already a standard within core policy and procedure development. Utilizing Race and Ethnicity Dashboards to understand key metrics driving quality improvement strategies is but one layer of a dynamic and iterative process.

Race and Ethnicity Dashboards

One strategy detailed by Howell & Zeitlin (2018) is the use of race and ethnicity dashboards for perinatal care that can provide an instructive and illustrative frame to outcomes by race and ethnicity. The National Perinatal Information Center (NPIC) has utilized this

approach for both maternal and neonatal outcomes. Rochin and colleagues (2021) described the development and utilization of a race and ethnicity dashboard and how it can be incorporated into a quality improvement schema(8). The ability to identify, monitor, and mitigate disparate outcomes cannot be overstated and must be implemented in a culturally sensitive and thoughtful approach. Understanding the importance of equity of care and outcomes must be established and accepted at every level of an organization to be fully effective and sustainable.

These types of data and visualization can be a valuable adjunct to the work required to assure equitable and respectful care for all patients and newborns. Understandably, *normalization of deviance* can invade equitable care just as it can invade processes and procedures such as normalizing postpartum hemorrhage rates, cesarean section rates, newborn readmission rates, and other outcome measures that can drift. Careful review and acknowledgment of such variations in outcome can be crucially important to care standardization and process improvement.

Think about your own breastmilk feeding and MOM rates. What would your breastmilk feeding rates look like if placed on this type of dashboard? At initiation? At discharge? During hospitalization, how does the mother's milk supply continue through the NICU journey? Are there disparities that exist, and do you measure? Do

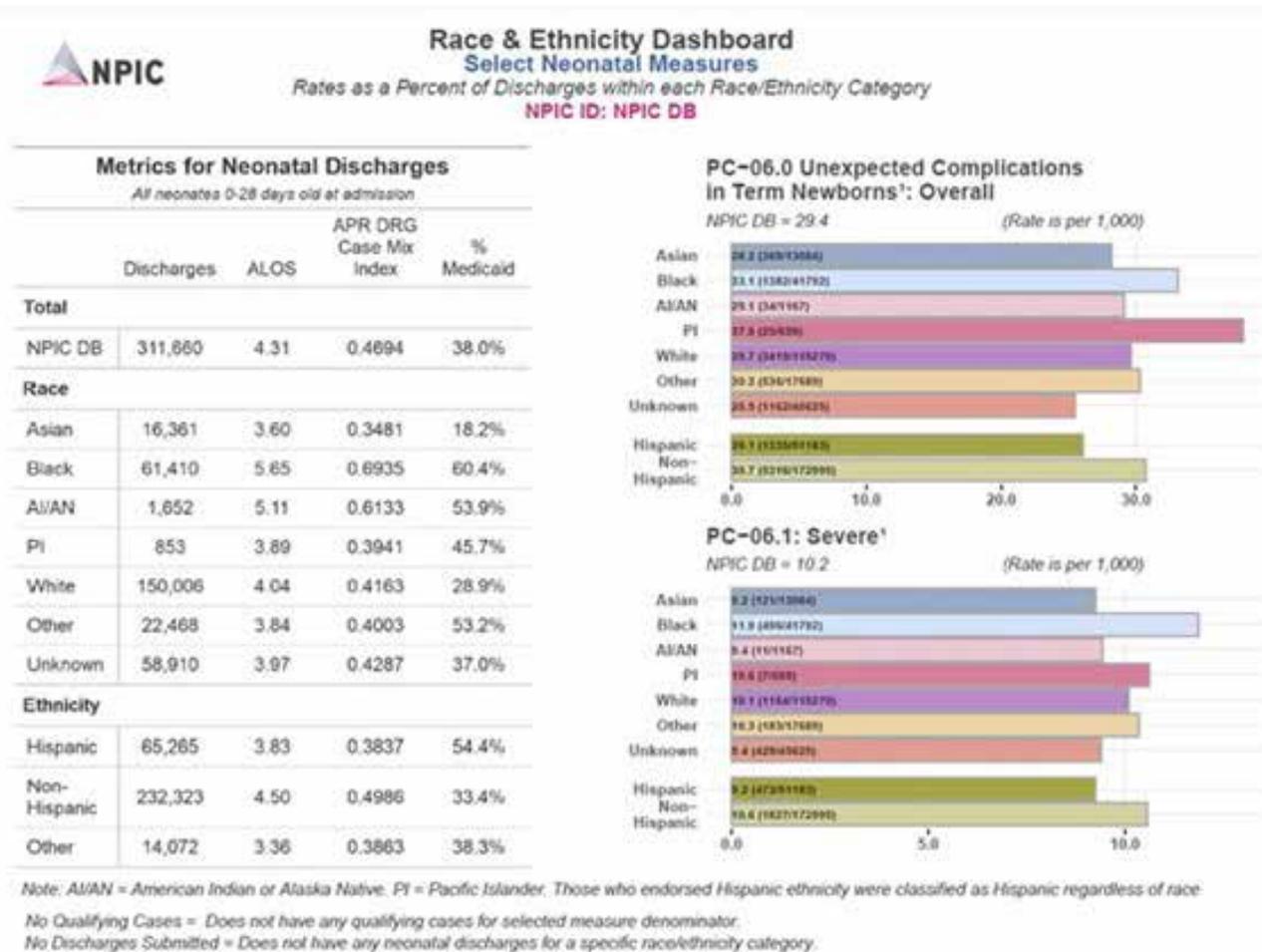


Figure 1. NPIC Race and Ethnicity Dashboard, Select Neonatal Measures, Perinatal Center Database 01/01/2020 – 12/31/2020 (n = 311,650)

you measure KC initiation and utilization rates and variations by race and ethnicity? Utilizing your own electronic medical record and incorporating key facets of care to improve is but one way of measuring and valuing the need to highlight and mitigate racial and ethnic disparities of initiating and sustaining breastmilk feeding during the entirety of NICU care.

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