

MCHCOM.COM Webcast

Babies Were Born to be Breastfed: Strategies for Local Benefit from the New National Campaign

KAREN HENCH: The presenters for today's webcast, I will moderate the session. Dr. Suzanne Haynes, senior science advisor from the office of women's health, HHS is with me here, and will give you an overview of the national campaign. And in Missouri, pleased that Susan McLoughlin, executive director of the maternal and child health coalition of greater Kansas City is with us, as well as Charlene Burnett, the coordinator of the community demonstration project for the breast feeding campaign in Kansas City, will share with you some of their activities on integrating the breast feeding campaign and activities in general in their Healthy Start program. The objective of this webcast is to identify the goals of the national breast feeding campaign for you, and then to identify strategy for you to integrate these, the campaign into your programs and to improve the breast feeding rates in your community. I first just wanted to share with you some of the MCHB breast feeding activities. Since they serve all the nation's women, child, adolescents, families, breast feeding is an area we are invested in for a long time. A member of the U.S. breast feeding committee, which is governmental and non-governmental organizations with the interest in improving breast feeding initiation and duration rates in this country. We have also focussed our efforts in MCHB in hospital support, work site support and provider support. Within hospital support, we are partners with the office of women's health and the CDC, and the breast feeding friendly hospital

project to really identify the barriers that hospitals face to implementing the ten steps to successful breast feeding.

Under work site support and activity that we have currently ongoing in a partnership with the best start social marketing program in Florida, is to develop a resource kit for employers to make the business case for breast feeding. This is a resource kit which will help employers understand the benefits for themselves and their employees to supporting women who want to maintain lactation once they return to work, and also provide resources for lactation consultant and outreach specialists in breast feeding to reach employers to help them improve their work site environment to support women who continue breast feeding after they return to work. And finally under provider support, support of the academy of breast feeding medicine to support protocols to support the new mothers in breast feeding. We have worked very closely over the last seven years with the American academy of pediatricians who are breast feeding promotion in physician's offices, practices, to really promote practitioner behavior changed strategies to improve supporting their clients to our meeting information on breast feeding. Within MCHB, if you have questions of any of these activities, please contact either Denise or myself, and we'll be happy to help you. It is my pleasure to turn the webcast over to Dr. Suzanne Haynes to share with us the national breast feeding campaign.

SUZANNE HAYNES: Thank you, Karen. I'm happy to be here. This whole campaign started in the year 2000 when the department published the first policy on breast feeding ever for the nation. Called HHS -- and in it we documented the very low rates of breast

feeding, particularly among African American women in the United States. Particularly lower the rates of breast feeding at six months where for all women around 30%, for African American women it's about half that, and for exclusive breast feeding, it's smaller than that, usually around 10%. What we noted is the exclusive breast feeding rates actually had been stagnant in this country for 20 years, in fact they have done slightly down. Whereas initiation of breast feeding has gone up, in fact initiation rates in the country are around 70%.

So when we began looking at the rates and following the recommendations of the blueprint to launch a public health marketing campaign to increase breast feeding rates in this country, we decided to focus on the breast feeding rates at six months, particularly exclusive breast feeding at six months. Now the background for the campaign is that we were invited by the advertising council of New York City, one of the most prestigious public service advertising organizations in the country. We were selected by them to launch a national breast feeding awareness campaign. They are famous, you may have heard of some campaigns such as smokey the bear, friends don't let friends drive drunk, as well as the seat belt campaign. So we were privileged to have been selected by them for the creative development of this campaign.

In preparation for the campaign, we actually conducted 36 focus groups around the country. 12 in New Orleans, 12 in Chicago, 12 in San Francisco. Half were African American and half were the general market for that city. We talked to first-time moms, expectant moms, fathers and grandmothers. And from this we learned several things.

First, most all the groups knew in general that breast feeding was beneficial for their children. In general. However, none of the groups really knew what the recommendations were for breast feeding duration. And those recommendations have been published by the American academy of pediatrics, by ACOG, many nursing organizations, and that is we recommend that women should breast feed exclusively for six months. They did not know that the opposite of the benefit was a risk.

They knew about the benefits of breast feeding but didn't make that public health transition that it's risky not to breast feed. They knew it was beneficial, but no one had ever described to the women or explained to them that the opposite of a benefit is the risk. And so one of the things that we came up with in the creative development and it actually proved it out by talking to the women was that when you put up a slogan that related to the risk of not breast feeding, there was a revelation in the group. They said we didn't know that it was risky not to breast feed. Even though they knew generally it was healthier for the babies to breast feed. So one of the key theories and key components of the campaign was to share the information about the risk of not breast feeding for women. The other things that we noticed in the focus groups was that there was a confidence issue and self-esteem issue, both in the women who didn't breast feed. And in those who had breast fed, you could actually see a remarkable difference in confidence in the moms who had. So we really felt like that was the second thing we needed to focus on in the campaign, and that was to give support to with 'em to breast feed, give them confidence that basically they could do it, you could do it. So if you don't forget anything, if you, after the broadcast, were the two C's, confidence and consequences.

What are the consequences of not breast feeding and can we give confidence to women so they can breast feed and breast feed exclusively for six months. So, what were the risks and how did we come up with the risk that you wanted to talk about in the campaign? We did a literature review. We had originally identified ten diseases that were in the literature that we thought we might want to share with women. After applying some criteria, and our criteria were fairly rigid. We wanted only recent publications, 1990 on. At least 100 babies in the analysis. They needed to be well-designed, and they needed the control for a number of variables that might confound the analysis. So with that, we ended up with four major diseases and we are going to share with you and the ads you'll see in a minute. They are ear infections, diarrhea and gastrointestinal diseases, respiratory illnesses, and may be a risk of obesity. These are the four elements you'll hear in the campaign. We also looked at other things. You may have heard about this in some of the discussion of the campaign, looked at the leukemia data and the diabetes data. And unfortunately as science changes, there were two negative articles on diabetes right before we were ready to go out with the campaign last October, published in diabetes literature, and so we felt we weren't ready, and there's a clinical trial going on right now called the trigger trial. Results will be out in a couple years and NIDDK is funding that, moms that breast fed for six months with babies given formula for the development of childhood diabetes.

And the case of leukemia, there was a feeling and recently confirmed that the studies weren't well-designed or type-designed. And we are in the process of publishing an

evidence-based review now of the leukemia papers, and basically the bottom line is we need more well-designed research in that area. There is certainly the suspicion there is an association but the studies are not strong with the exception of two out of the ten. We have been through a lot of changes and ups and downs in terms of the creative, usually the case in an advertising campaign like this. And I would like to go straight to it and have you play the two television ads that we have and then I'll make a few comments after them.

>> Recent studies show babies who are breast fed will have less diarrhea, ear infections. Babies were born to be breast fed.

>> Recent studies show babies who are breast fed are less likely to develop ear infections, respiratory infections and diarrhea. Babies were born to be breast fed.

>> Someone asked the question, do I have slides, are no, I'm -- I don't. Can you hold on just a minute with the radio? I'll make a few comments about the TV, and that is you see three major points in the television. The first thing you hear, you wouldn't take risks while you were pregnant, why start after? It sets the stage for a risk-taking behavior which is totally ridiculous and funny. But to get the point out that you wouldn't take risks like that while you were pregnant, smoke or drink, log roll, why start after? And then we move into the risk statement about the four diseases, or in this case three diseases that I mentioned to you, and then emphasize that babies should be exclusively breast fed for six months, and end with the slogan babies were born to be breast fed. Then we have a 1-800

number there, where women or men can call about their wives, ask questions about breast feeding. We have actually trained our ten information specialists at our hotline as peer counselors. La Leche League. And also a website with lots of breast feeding information. When we can't answer questions, send the patients to La Leche League, or organizations in 18 cities across the country where they can find a lactation consultant or peer counselor to meet with them. The idea is give them support to breast feed. And just go ahead and play the country now. Two radio ads. Just let me tell you there is 26,000 media outlets that have received these ads.

Combination of television, radio stations, cable stations, as well as newspapers and women's and baby magazines across the country. For the radio, let's play those now. (music) Mama could plow a field with one hand and chop a log as well as a man (music) When it come to increasing disease resistance -- (music) Mama's nursing a healthy family. Nothing she wouldn't do to help the kids get through (music) Less ear infections and respiratory illnesses (music) when I think of mama brings a tear to my eye, she gave from her heart, or somewhere's nearby. Call the numbers or talk to your health care provider. This public service message brought to you by the U.S. Department of Health and human services, and the ad council of this station. Y'all breast feed, you hear?

>> There is a woman on a mechanical bull.

>> Time for a little one on one, talking about my baby, baby. Not you, baby, our baby, baby. A recent scientific study about lactation.

>> Magical lady, get down to fitness, turn the lights down real low, for a slide show on childhood disease resistance.

>> Wonderful woman, if you do breast feed, a little baby will be at less risk for respiratory illnesses. Just talking about breast feeding. Educate your sweet self. Talk to your health care provider. Babies were born to be breast fed exclusively six months.

>> I think there are some technical difficulty. I'm not sure you are hearing it. Can we show the print ads, please?

>> Okay. What you see on the screen now is a, both a print ad and a billboard ad, and a bus stop ad. Clearly, one of our most popular ads. It's the slogan of the campaign, babies were born to be breast fed. And it's clear and simple and it has our 1-800 number and the website at the bottom. Black and white, it's going to show up really well on highways. And again, this has been sent to all the major producers of billboards in the country. When they have an empty billboard, they, a couple of them actually have agreements with the ad council to put the ads up there. And we know already that some of the companies like Lamar and others have already ordered the billboards for display. Go to the next one, please? Yes, this is a magazine ad. It's a picture of scoops of ice cream, and it's the ad, I don't know if you can read it on your screen, so I'll actually read it to you. At the bottom it says breast feed for six months you may help reduce your child's risk for childhood obesity. Recent studies show babies may be less likely to develop childhood obesity when exclusively breast fed for six months. And call the 1-800 number or go to the website to learn more or talk to your health care provider. The next one, please. Breast

feed for six months. Recent studies show you can lower your child's risk for respiratory illnesses and even hospitalization for illnesses like pneumonia, and the actual studies were pneumonia, bronchitis and asthma, by breast feeding exclusively for six months. Again, call the number, go to the website or talk to your health care provider.

The next one, please. These are two otisoscopes, and the ad says breast feed for six months helps reduce your child's risk for ear infection. Recent studies show you can lower the risk of ear infection by breast feeding exclusively for six months. Call the number, go to the website or talk to your health care provider. And there's also a version of that print ad in Spanish. So, at this point I think it's important to let you know where we are with the campaign. As I said, we released it on June 4th. The ads have been played all over the country, from Michigan to Connecticut, to Atlanta, Mississippi. It takes four to six weeks for the ads to get into production. That's for television and radio. We are working with our 18 community demonstration projects which you can find on our website, who are also going to have localized ads in their cities. And we have our demonstration projects in cities everywhere from Atlanta, Kansas, you'll hear from them in a minute, Los Angeles, San Francisco, Philadelphia, Boston, I don't want to miss anybody, they're all over the country. And they actually are sort of our arm and legs for the campaign, the grassroots effort, to actually provide services to women who are in those communities if they are having trouble breast feeding. The other thing I should say that we have trained over 300 lactation specialists, peer counselors, advocates, and physicians, to actually again help us did -- disseminate the campaign. What we ask people to do in the training, we are going to hold another training on August 30th from 1:00 to 4:00, and if you are

interested in actually talking with the media and getting them to play the ads, or to print them in newspapers, or to play the radio tunes, then please, please email Gina at GCIA, if you want to be part of our team. And it's really a huge force that we have out there. We are having very exciting results. The media is receiving this very positively, and I'm happy to say that there's going to be, we are going to be on the "today show" during the first week in August, which is world breast feeding week. So I'm happy to answer? I questions now or at the end, whatever your pleasure is, are Karen.

KAREN HENCH: I think now we will go to Kansas City, and hear from Susan and Charlene as to how they have integrated these ads or will integrate these ads into their local program. This may answer some of the questions that have been coming in. We have been receiving a number of questions and we will have time to address them at the end. But do please keep your questions coming. So at this point I would like to turn it over to Susan and Charlene.

SUSAN MCLOUGHLIN: Thank you, Karen. We were so excited when we learned about the campaign in the fall of 2002, because it fits so nicely with the maternal child health coalition vision of healthy mothers and healthy children, and particularly with our breast feeding outcome objectives for the healthy people 2010. As a Healthy Start project we saw how nicely we could integrate the community demonstrations project with our Healthy Start clients. We were very fortunate because we already had an existing group of established mothers that we could work with. Kansas City Healthy Start began in 1997, so we are currently in our eighth year. We served 300 families a year, and the four

models of our program are the consortium, education and training, outreach and care coordination.

We serve 300 families a year, as I just indicated. The maternal child health coalition of greater Kansas City serves as the consortium for the program. It has a 20-year history of collaboration and currently 400 members and, that are affiliated with 200 organizations. Outreach and care coordination teams of -- are the four Healthy Start sites. Truman Medical Center, children's Murphy hospital, Cabot works with the Spanish-speaking families, Kansas City Medical Center, and project eagle, an early head start program. Each has three members, outreach worker, family advocate and family support worker. In addition to facilitating and serving as a catalyst in the Kansas City area for the ad council's public awareness campaign Dr. Haynes described, our project is designed to primarily promote breast feeding along Healthy Start participants.

We are in the Kansas City metropolitan area and participants are in Kansas and Missouri, and identified as families at risk. 79% African American, 15% Latino, 5% Caucasian, 1% other. The purpose of our Healthy Start demonstration project, first one is to help increase breast feeding rates for initiation from 70% to 75%. And to increase total breast feeding for six months exclusive breast feeding for six months from 33% to 50% by the year 2010. Our second purpose is to educate health professionals regarding the benefits of breast feeding, and encourage them to promote breast feeding to their clients. The goal is promotion of breast feeding among women of color. The focus is illness prevention through breast feeding promotion. Charlene will describe what we do in Kansas City

Healthy Start specifically. She is one of the founding members of maternal child health coalition through the La Leche League, and focusing our efforts.

CHARLENE BURNETT: Thank you. Well, all pregnant Healthy Start participants are given breast feeding information as part of the prenatal program. What we have added in as an initial breast feeding assessment in the groups, we want to enhance the Healthy Start curriculum and find out what the mothers already know about breast feeding and what they need from us to help them. At the start of this project in January, 2003, there were no breast feeding mothers in our Healthy Start sites. They had all been educated to the benefits of breast feeding jousting -- just as in the focus groups, but they were unsuccessful in actually accomplishing a breast feeding relationship with the baby. Several had intended to breast feed, attempted to breast feed but were unsuccessful. The major barriers we noted were lack of support among the hospital staff, and the inability from the very beginning. They had the desire but they had given up and turned to formula.

So through our efforts so far, the breast feeding rates among our Healthy Start participants have risen 20%. The numbers continued to grow. Breast feeding is entered as a component in the statistics in the Healthy Start program. We are including along with the educational efforts in-home visits and one on one education. Community health promotion projects, Healthy Start staff and client training. Also participate incentives to those breast feeding. The mothers get a baby sling with the logo babies were born to breast feed, and a hand breast feeding pump. They are also receiving ongoing education

surrounding issues, so they will be available to help and encourage mothers. This all occurs in the group setting, and the training programs are all offered by maternal child health coalition. Healthy Start groups are perfect for providing peer to peer support in their own Geographic neighborhood.

It's well-known that those who have breast feed are the strongest influences. Woman to woman support is an integral part of breast feeding experience. We use consumers with previous experience and train them as peer counselors. This provides a vital mother to mother support system on a grassroots basis. We bolster their confidence and like to create a sense of personal empowerment. You can do it, you can do anything. And we incorporate breast feeding as being a positive experience in all that we do. We have been emphasizing the positive consequences that breast feeding your baby for six months gives your baby a lifetime of benefits. And we know the recommendations are that all babies will be breast fed for six months, and starting foods and then continuing on that breast feeding relationship for at least a year. We started to stress some of the negative consequences, the risks for not breast feeding.

With the risk centered campaign, the focus is on incorporating this as part of a healthy lifestyle. These consequences are obesity, allergy, malocclusion, ear infection, gastrointestinal disorders, and some childhood cancers. Breast feeding mothers receive a home visit from the advocate. Postpartum mothers receive an in-home visit from the clinical nurse family advocate, and at that time she is able to assess their breast feeding along with any other parenting or physical concerns, and also includes the family, the

grandmother, the significant other, all in the mother's support network, answering questions dispelling any old wives' tales that may be there. And the mothers are referred on to the lactation consultant if needed. And also connect them with the appropriate support services in the community. The lactation consultant is available to support, but also don't want to duplicate services in the metropolitan area.

We give instruction on the use and the appropriate need for hand pumps. Sometimes there are mothers we found who didn't understand what initial engorgement was. And knowing what is next is significant. Baby slings are distributed to the breast feeding mothers in the Healthy Start site. We know baby wearing promotes bonding, and besides using it as a tool, it's nice to have breast feeding in public and breast feeding in public is listed as one of the barriers of not being, of not wanting to breast feed. Kansas City Healthy Start breast feeding community demonstration project is partnering with other community of efforts and organizations through all of what we have done we have been able to identify other organizations and groups, and we have brought them all to the breast feeding table. La Leche League, local office of women's health and various health clinics and doctor's offices and hospital groups around the city have all begun to meet together to promote breast feeding in our community. As a breast feeding task force, we have taken on projects, one of which is going to be a Debbie Bowcar educator breast feeding program. This is offered to nurses in the main delivering hospitals.

The care coordination team members, family advocates and outreach workers will be attending the training. We will have a Breastfest, a local community aware -- awareness

of breast feeding. It's going to happen on the first week of August. Crib cards were also developed to be given to mothers to take with them to the hospital. Three by five cards, they say no pacifier, no bottles, please, I'm learning to breastfeed. And we have disputed these throughout clinics, and mothers are given them in their packets to take to the hospital with them. La Leche League leaders have spoken to groups, and offered additional support through the local hotline, and we have been coordinating with the ad council to promote a media campaign, including enhancements of all the contacts in the city for television, radio and other media outlets. Publicity committee and maternal child health coalition gets some of the activity early on to set the stage for the program. July 2003 quarterly meeting was focused on breast feeding and it's important to bring development to children's learning capabilities. An outside speaker was brought in and continuing education credits were given. At this meeting was attended by consumers, guests and members of maternal child health coalition. We wanted to raise the awareness of breast feeding among the rest of our group as being more than just a feeding issue.

That it had an I -- impact on children's learning and well-being as adults. The -- we have been working with the international association of business communicators. They have been assisting maternal child health coalition to integrate the breast feeding public awareness through two annual events. One will be child health month, being held in October, and the other will be through a Mother's Day event in May next year, of course. We also want to recognize, enhance and appreciate work being done in regard to the employer issues. We'll be presenting awards at the Breastfest to individuals and to

employers who support and nature breastfeeding in our area. We know so many of our Healthy Start mothers work in appliess where they don't have access to a pump room or facility to store milk, so we want to raise the awareness and importance of this for these mothers. One of the components of the breast feeding classes for consumers is how to incorporate breast feeding into your work world. And of course we encourage fathers, partners and other family members to be actively involved throughout the entire breast feeding experience.

We have been doing presentations to high school groups, teen clinics, and to include the importance of the family and the partner to the success of breast feeding. Part of our long-term plan of the breast feeding task force is reach out also to daycare workers with education about the importance of handling breast milk and how important it is for breast fed babies to continue getting their mother's milk. We also plan to meet and, meet with and educate the local and state organizations to raise awareness in the African American community of the impact of the breast fed baby on the health of the in -- infant and mother. We know we can reach the po -- the potential family members. The local hotline is in use, and the people that answer the phone have received a training packet. AAP educational CD has been presented to hospital medical schools and done numerous nursing staff in-services with it. Breast feeding helps the maternal child health coalition obtain our vision that every mother and baby in greater Kansas City will be healthy. Breastfeeding, nature's way, babies were born to breastfeed.

>> Happy to take any questions, however you want to do it, Karen.

KAREN HENCH: Try that again. Thank you, Charlene and Susan. I was busy responding to some of the questions on the email. This has been a very lively audience. They have lots of questions for us and we'll be happy to address some of those questions right now. One of the questions was how can we obtain a copy of the slides from the webcast? You will be able to download the slides from the MCHCOM.com website. If you are having trouble after the webcast send in an email and our technical help from UIC will help you with that. Another question was how do work sites obtain the resource kits that I mentioned at the beginning of the presentation that we are developing for employers. We anticipate that this kit should be available the beginning of 2005. We have gone through an extensive process of getting input into developing the kit and we will be pilot testing it later this summer, and be providing some information at the American public health association meeting in November, and then hopefully have the kit to order the beginning of 2005. If you are interested in it, please send me an email at KHENCH at HRSA.gov.

Also on the last side I use so you should be able to access it on the webcast. Also some questions about can sites access this website for other purposes after the presentation is finished today, that's an excellent question. Yes, the webcast and it will be archived and available approximately a week from now, so next Wednesday. You would be able to access it at MCHCOM.com at any hour of the day or night and view the entire broadcast for your purposes, as well as access previously archived MCH programs on other topics as well. A question has come in about the radio and TV and print ads, will they be translated in other languages. And again, how do we access that information on the

training on using the media material? The only media material right now that's in another language is the Spanish ad. We are looking into doing a voice-over or a sub titling of the ads during the next year into Spanish, but that's the only language that is actually under consideration right now. We do have, however, and will, they are just coming off the press right now, a series of easy guides to breast feeding, and that are designed for several nationalities.

We have one for African American women, we have actually have one for Spanish-speaking women. For all women, American Indian, Native American women and Chinese women. So these will be available from our 1-800 telephone service or you can go to our website, www.4woman.gov, and be able to order these easy guides for free for your clinic population. We'll have them in about two weeks, or less, in time for world breast feeding week. I'm sorry, I was thinking about August when I gave you the date of the new training because the world best feeding week. It's July is the new training. Someone said would you repeat -- GCIAGNE at OSOPHS.BSH.gov. Those of us in the government who have worked with ad agencies recently have found out that that seems to be the industry standard right now. If you want to see it bigger, we have made posters of the ads. They are 18 by 24 inches. And you can order them free from us, again from Gina, to put up in your clinics, hospitals, and other offices for women.

So all of the print ads that you saw today are available for free from our office, and we'll be getting those right in time for world breast feeding week again. Some of you have already ordered them from us.

KAREN HENCH: A question came in for Kansas City. The slings that you mentioned, who makes those slings, and how are they given out?

CHARLENE BURNETT: They are commercially made by my wrap. That's the brand. And we had someone local who had a home business and did the embroidery on it.

KAREN HENCH: There were several questions about the development of the ads that came in, and the decisions that were made to address the content or the approach of the ad, and I'll try and consolidate this into one question if I can, but there were several, about the focus on the benefits rather than the consequences and sifting through which studies to focus on, and which not to focus on, and then also the impact on formula companies and their reaction to the campaign. You have to remind me of this.

SUZANNE HAYNES: As I said, the ads went through a significant amount of development. We have been doing this for two years now. We met mostly with the breast feeding community, representatives from the breast feeding community on several occasions. In fact, the first set of creative ads that we had based on the reaction from the breast feeding community were actually thrown away, put on the shelf. This is actually the second creative development we have been through. There's a question about whether the formula companies met with us as well. They did come and meet with higher level officials in the department when the ads were about to be aired, to be shared, and they did raise some concerns as you suggest about some like the leukemia and the diabetes data.

That's when we actually went to our scientists at NIH and said is there enough data to actually, you know, put these two diseases on the list, they wouldn't back it up. They didn't feel there was enough science there, but they were the first to say when the data becomes substantial that we will, the department will put a press release out on either of those, definitely the trigger trial, and then as we get more leukemia data, the first to put a press release out about it if it seems like it's substantial. So, you know, we don't close the door to anyone who comes and talks to us.

A lot of breast feeding advocates felt like we should have let the formula companies say anything at all, and that's not the policy of the government. We also, the government, through USDA is the biggest purchaser of formula in the country. So I can say this, though, that I'm very excited that the campaign is out there and on because I believe there were many people who didn't want it to happen at all. And this is a major step for the United States. It's the first time we have had a major television and radio campaign in this country. The last campaign was in 1910 or 11 and it was the poster campaign. And so I think the country needs it and I think the ads are strong enough, they still are saying risk, the first sentence is you wouldn't take risks while you're pregnant. Why start after. It's a very strong risk. You don't get the idea that it's about risk, then I don't think you watched the TV ads. Because they sure are portraying risk.

There was a question about African American women in the ads, and the mechanical bull ad is an African American woman riding the mechanical bull, if you didn't see that. And the soul ad is really, the soul, I'm not sure if you heard the radio ads or not, but it's

definitely for, for soul radio stations, R and B and so on. We had an African American woman who runs a black station in Philadelphia who says she loved it and she started playing it as soon as she got it. So we do have it, you know, for focus on African Americans.

KAREN HENCH: Would it be appropriate as they are playing ads in their site and as they are getting information on reaction or future ads or work in this area to email you and Gina with those comments?

SUZANNE HAYNES: Sure. As I said, this is just the beginning of the campaign. If we get new science that, that suggests that we should add other diseases onto the ads, that we could actually change the ads and include those. But it has to be science-based and we have to have the top scientists in the country, or the heads of the institution of, the national institute of health back the science. For example, there was a very impressive article published a month ago on infant mortality and breast feeding. Suggesting that you could reduce infant mortality rates in the country by about 20% with breast feeding and the longer women breast feed the lower the rates of infant mortality. This is the first study I have seen in the U.S. of this result, but it's very powerful, especially in Healthy Start clinics where the whole goal is to reduce infant mortality. I think that you all should look at that study and I think it's one of the strongest pieces of evidence we have had come out. But that came out after we had produced the ads.

So this is just the beginning. We have another year and more opportunities to additional ads. But we do leave it to the creative people. I'm an epidemiologist. I'm not a marketing person. We leave it to the multi-million dollar advertising companies to come up with the creative. As you notice, we don't have the typical ads of babies. Babies and, and cribs and other types of things in these ads. And that's because one, we believe we need a new, a change in the way we have been marketing breast feeding. The example I give, if you marketed crest toothpaste the same way for the last 20 years, what do you think would happen to the sales of crest toothpaste? It would go down. You need to change your approach to advertising about every five years. And we have kept with the same approach for about 20 years. We are saying the same things that, that you all have been saying for 20 years about the benefits, but we are just turning it around and, and talking about risks instead, which catches people's attention. I can tell you in the focus groups that the women said if I had known about the risk of not breast feeding, I would have tried harder. I would have tried harder to breast feed or I would have breast fed longer. So the message is powerful. It's a new message. And it's attractive to the community.

KAREN HENCH: I guess I would just add something to the benefit of changing the look, and then potentially reaching a new part of the market or re-peaking interest. As I said, we are developing the resource kit for employers on making the business case for breast feeding in the workplace. And we have another partnership with healthy mothers, healthy babies, who was also designing a tool kit for employers. The information in that will be different from the approach that we'll be taking with the work that we are doing with best start, and then as you know, some of you may know there is another work site kit. I think

each of these has a place in different markets and those that are really interested in improving breast feeding initiation, lactation, should use these tools to their advantage to really promote and support women in their breast feeding activities. We have had many questions about the slings that Kansas City is using. And how can sites purchase those slings, and then an unrelated question about do you have lactation consultants on-site, or how do you reach and provide lactation consultant support to your site, two separate questions. I'll send to Kansas City.

>> Okay. Well, I'll start the second one first. We have several lactation consultants that are members of the maternal child health coalition, and they are available. Like I said in my presentation, we also like to make sure the mothers know what is available to them where they have delivered and what's available within their clinic. Several of the larger hospital have lactation clinics within them, and you know, we want mothers to be able to know they can access that also. And it's part of our peer coordination. As for the slings, we went out and bought a large number of them, found some, I mean, we paid a bulk rate for the my wrap, thinking it was the easiest to use and could be used by any size-shaped mother, and I almost wish we had -- we have the contact information. Cheri has put us in contact with this person, and she'll, I think she would be okay if we shared that.

>> Yes, that's fine.

>> Meier wrap, they can be purchased from the <Meier wrap website. I don't have that address. You could key in meier wrap and probably get the website easily. We got our

Meier wraps at a discount because we used a local distributor, mama llama. And she can be reached and you would be able to purchase both meier wraps at a discount from Mama Llama.

>> Repeat the number.

>> 816-686-8285.

KAREN HENCH: There was a question on how to obtain the video print and radio ads. They're available on the 4woman.gov website.

SUZANNE HAYNES: We referred to the ad council website, and the videos are there, the radio is there, and the print ads are there for you to download. If you go through the media training, you actually get a kit that you would be able to take to your TV and radio stations. It has a VHS, so you could actually show the disc to your TV station in their office. It has a radio disc, CD rom, and a nice copy of the print ads. But let me repeat. Every television station in the country, every cable TV station, every radio station and every newspaper and magazine in a major media market, that's a market of 100,000 people or more, have gotten these ads already. If you are talking to them about playing them, they got a pink, the TV stations got a pink kit, pink with polka dots. I don't know if you can focus in on that or not. It's the pink box. And it has a beta cam tape in it because TV stations use beta, they don't use VHS. The radio stations got basically a small yellow box that has a disc inside it. And the magazines got a yellow folder. Magazine and

newspapers got a yellow folder. So again, pink box for TV's, are yellow folder for the radio, and a green folder for magazines and newspapers.

Someone asked, can I call the billboard company myself and request they put up the ads. Yes, you can encourage them to do it. The way it works, they have to order the ads themselves. So they have to call 800-933-7727. 800-933-7727. That's on the ad council website as well. Because they have to order it according to the size of their billboards. But you can encourage them to do that. A couple other questions here. What about the literacy of the word lactation. I think the lactation is in the country ad. We did another six focus groups with the rough drafts of all these ads. We did three in Chicago, three in Raleigh, North Carolina. Former formula feeders and women who had not decided whether to breast feed or bottle feed. We took the toughest groups, the groups trying to reach who are undecided. And they were very favorably, gave favorable reaction to the log rolling ad that you saw, as well as the mechanical bull. There was another ad they saw that they did not like at all, airing, women in a roller derby, and it was too violent, they actually rejected it and we are not showing it. And in addition, they loved the, you know, lactation actually rhymes with something in there, but they did understand lactation, believe it or not. And so I think, I think we are okay with, you know, the literacy understanding.

KAREN HENCH: There was a question that came in, why do women choose to breast feed? Certainly it's not all rosy. There are adjustments that they need to make in the beginning. It could be painful, it has other effects. Maybe you can speak for a minute to

some of the resources that can be downloaded from the website to help with education of family members and consumers that might address some of these issues.

>> My answer to it is that 80% of women now are choosing to breast feed. You ask women going into any hospital in the United States today, their intention, and their intention is to breast feed. There is a huge proportion of them, about half of them, you know, don't get the support that they need. And there's a drop-off in two days in the hospital. So we are having serious problems in the hospital in terms of support for women. There was a study recently in California that was presented that actually showed the drop-off from day one before they enter to two days later when they left the hospital, in terms of lack of support. And so the intention to breast feed does not actually equal those who end up breast feeding six months later. And there are all kinds of obstacles we know about. But of course, help in the hospital is very important. And in addition, help the first two weeks is important. That's where women, there's another 20% that drop off in the first two weeks.

Because of lack of support with latch, pain, swelling, those kinds of things that folks like, the folks in Kansas City can help with, the lactation consul -- consultants are there to help women in the first two weeks. And then there's going back to work. Another huge drop-off in two to three months. No one has worked with them on figuring out how to pump milk while they go to work, how they store it, how to talk to the employer, to find a place during a break. Women normally get breaks anyway, how to do that. We are losing people at three different junctures. One in the hospital, and when they go back to work. The fact

you have high initiation rates tells you that the education is there that women know they need to breast feed. They want to breast feed. And the support is not out there to help them do it. That's why we want them to call la La Leche League, the 1-800 number to problem solve the key critical issues in the decision making.

>> I think that's an important point. And those who have breast fed understand that while a woman is in the hospital, many times her milk has not come in and it's after she is discharged it comes in, and a lot of the questions arise how to incorporate breast feeding into all the other activities that she needs to address during the day. So it is very important that she is receiving the message of where she can get lactation support through her provider, and through other contacts.

>> One lactation consultant visit can help the mom who is having a latch problem, which is causing pain, causing swelling, you know, to solve that. Just to show the mom how to hold the baby. It's so important. And nurses may not be doing it in the hospital, or they may be feeding the baby other, you know, other different types of supplements. So I think it's really important. That's why the message, message for the campaign exclusive breast feeding for six months is radical. We are nowhere near it. We have a huge mountain to climb to get to that. But that's the goal. And we know if we could get moms to exclusively breast feed for six months, that they will continue on for a year or more if they are comfortable with it. And so that's one of the things that is so different about this campaign that's never been done before is to push that. Because initiation rates are high. We don't

need to work on that. We have to work on getting the women to continue breast feeding and give them the support that they can have.

KAREN HENCH: I wanted to give Kansas City an opportunity to add to this discussion.

>> Well, that's one of the things that we are working on. Mothers doing better leaving the hospital. That initial first 24 hours home is so critical to that breast feeding relationship, and that's why the family nurse visit is important and that's why having a phone number when she goes home, that she can call, she can call either lactation consultants, call La Leche League, call someone and ask questions. So that's the steps that we are making.

>> There was a question that came in from someone stating the child care provider said that due to OSHA regulations they could not mix breast milk with rice cereal or it needs to be in a concealed container before they can use it. What advice have you been giving to clients around the area or are there resources you can refer them onto?

>> I would, I would point down to the La Leche League website, and they have a position paper on a letter to daycare providers about breast milk, and its storage and use. And I will be very honest that I have not heard that. I have not heard that concern from people before about mixing it with other, other things. I -- I come from speaking from the point of mothers having a very difficult time keeping up their supply and finding a place to breast feed. But daycare providers are going to be one of the steps that we have in the future to work with.

KAREN HENCH: There's a couple other questions here that were address today me. -- addressed to me. What do you advise a woman that has been told by her doctor that formula is better? My advice is to tell her that, to empower her with the articles from the American academy of ped di pediatrics, and ACOG, that recommends exclusively breast feeding for six months and has all the medical documentation in it. It would be amazing to me that in this year with all of the research that's been out, that a doctor would tell a woman that formula is better. There is no evidence that formula is better. The predominance is that breast feeding is better. Overwhelm I -- overwhelming in terms of the infectious diseases, and mortality, and I understand -- the last was out in 1997, I think it's supposed to be out this year. So tell me about it. I'll mail it to the doctor. You know, that -- or I'll have folks at AAP mail it to the doctor, there's a breast feeding section. That is just not true.

Someone asked to list a research that clears the formula of not causing leukemia. I think the answer is not known whether either way it's, it doesn't clear the formula of not causing leukemia, it doesn't say that breast feeding protects from leukemia. I think if there's a biologic mechanism it goes like this. Breast feeding kills infection, it kills viruses, it kills bacteria. One of the leading hypothesis behind leukemia is a viral infection, and it's initiating viral in fepx. We stop the infection in the baby because of breast milk because of the properties it has. So therefore it's along the causal pathway of protecting leukemia. Because the kid doesn't get infections that goes to leukemia. The same thing with diabetes, there was an article last fall that showed childhood diabetes may start with an

infection. The same thing goes then. Breast milk stops infection. It stops ear infection, respiratory infection, GI infection, it stops the infections that lead to a whole bunch of other diseases. That's why it's interesting to science, it's interesting, and I don't think formula is off the hook. If you give your baby formula you don't have that properties in it to stop infection.

There's been no advertisement that says formula stops infection, formula kills viruses, bacteria, it's not there. Breast milk kills viruses and kills bacteria, overwhelming evidence. This is a scientific issue and debate as you can understand for monitoring the literature. We had thought there was going to be a META analysis in this month's analysis of public health report of leukemia and breast feeding, but apparently it didn't make it for this month's issue. So I suspect it's still under review. And I have a META, I have commissioned an evidence-based review of the leukemia literature myself. This is active. It's not like it's dead. We are continuing to look at this and encourage research in it. Another question was ABC news special say they would not meet with breast feeding advocates only. That's not true. We have met mostly, solely with breast feeding advocates for the last two and a half years on the campaign. We have gone to UBC meetings, consulted with the breast feeding community extensively over the past two and a half years. And it was only until recently that the formula companies asked to meet with us, and that was in October of 2003.

So the campaign has been under the advisement of the breast feeding community all along, and we are, you know, we respect the knowledge and the materials and the articles

that the breast feeding community has brought us. They have been invaluable in the development of the campaign. And that's, that's, I can't thank them enough for working with us and working with us in such a constructive way over these past years. We actually worked with them, too, in the development of the blueprint action on breast feeding, another 18-month process, to come up with that policy and we all know how torturous it is to come up with the right words for a government policy. And they were just great. So we are in this together, and I think it's our campaign. I view it as our campaign, not the government's campaign, but it's a partnership with the breast feeding organizations. That's why we partnered with La Leche League and the African American breast feeding alliance and on the publication and the whole campaign. So I think we have got a product that is unique, it's going to cause a national discussion on breast feeding which we need, we need a voice, the breast feeding advocates need a voice to talk about the benefits of breast feeding and the risk of not breast feeding, and this is it, folks. It's just a terrific time, and I can't be more happy that it's out, really can't.

>> And we are hoping that this discussion really stimulates the trickle-through effect to what is going to be out there in ads and what the national campaign is stating, and then community outreach to answering the questions that are going to be primed through the media on why should women breast feed, where can we go for informational resources, and to really use the professional organizations as well as community-based organizations to be ready to address that with more local workshops, more local print ads and more local information to address what questions are going to come from individuals in the community over the next year or so.

>> There was a question that came in for Kansas City. Are you working with your WIC program, and if so, how, and how do you intend to work more closely in the future around breast feeding?

>> The local WIC offices have sent representatives to the breast feeding task force and they are very definitely a partner with us. And how we, we will continue to work with them just, you know, as we have, as all breast feeding advocates have in the past, that we are available for any in-services that they need that we have a very large group of mothers within our Healthy Start sites that are also WIC participants. So that's another way for them to access information.

>> Our WIC partners, as Charlene said, have been very active in the breast feeding task force. They bring us some great ideas. They are participating in the breast feeder educator program, getting that certification for members on their staff to become certified breast feeding educators. They are also supplying some educators to go to the La Leche League training.

>> Peer counselor.

>> Peer counselor so they can answer our hotline locally. So WIC has been very involved with the maternal child health coalition and the breast feeding task force.

>> We are also partnering with WIC in some of the community demonstration projects as well. And they have been great partners at the table. One of the things we asked our community demonstration projects to do is partner with the leaders in breast feeding in their communities. And WIC is one. They have recently gotten \$15 million nationwide to promote their peer counseling program. So we are excited. At the same time we have the campaign going, WIC is also gotten a bonus of funding to support their peer counseling training all over the country. And so it all is -- it comes to -- synergistic. We are at the top of the mountain, and a wheel is rolling down the mountain, collecting speed and other partners as it goes down. And so by the time we get to the bottom of the mountain we are going to be race car with all kinds of folks, you know, who are attached to it. I just know that this is the beginning.

I don't know if you read the book, I think it's called "the turning point" or "tipping point" and that's where we are with breast feeding. To make it normal, desirable, and achievable, and easy for women to do. Not hard like it is now, not a struggle. And so that's where we are with that. Somebody asked me if we were going to redo the ice cream ads to have different kinds of flavors in it. I'll take that one back to the ad agency. I think that's a cute idea. And the one thing I'll say to you that some folks think well, grandmothers might be offended with some part of it or you know, the dads love the ice cream ads, to be honest with you. And there are different parts of the population that likes different ads. The physicians and nurses seem to tend to like the stethoscope ads. So when you take the whole population as a whole, there is something for everybody. It's not for every person, but at least one of the ads is, is attractive to most people is what we found with our focus

group. And you may not like -- not like all the ads and we realize that. Some of them I'm not as keen about either. But somebody out there loves them, and it sort of depends on your artistic taste. And I think if the ad council were say it's not a question of do you like the ad or not like it, does it get your attention and give you an in-road for discussing what is important about breast feeding and who has an investment in breast feeding, not just a woman, but her partner, her family, those that are going to support her in this, and it's a way to enter into that discussion whether you like what you see or not. It's something that registered on that person's mind and they are bringing it up, and then run with the rest of the information to answer their more important questions.

>> It's a teaching moment. To get people's attention, everybody has been ignoring breast feeding for 20 years. It's been going steadily down, until maybe the last five years, it's been creeping up a couple percentage. The height was 1982, and it took a huge drop and then began creeping up. I don't think we are even at the 1982 levels yet. So the -- it's fascinating how far we have to go.

>> Beginning to run out of time. I wanted to send one other question to Missouri, actually two other questions. One is how is the Kansas City breast feeding task force funded, and then also how can the general public, if possible, obtain the crib card that you mentioned in your presentation?

>> The breast feeding task force is, it's one of our subcommittees under our infant child committee and the coalition, we are a coalition of about 200 organizations with members.

We have individual and organizational members. So our activities are funded under some of our grants, Kansas City Healthy Start program is one of our major funding sources so a portion of that goes to activities of the breast feeding task force. And then we, through our development and sustainability activities, we have small foundations that contribute. We were fortunate this past year that we received some dollars from a local church to purchase breast pumps. The coalition was so nice about the synergy that Dr. Hayes mentioned. We are interlink the activities.

The breast pumps we gave out as incentives to the Healthy Start sites were part of a small grant from one of the churches. And that we continue to do that, different grants that we have, healthy lifestyles in some of the obesity initiatives right now, preventing childhood obesity, we say that's the hot issue right now so that our foundations and funders are attracted to that piece, and we try to integrate and link our different activities and get funding through several different avenues.

>> The breast feeding task force, some of the activities have become so popular that it is beginning to generate its own funding. With the breast feeder educator program, we will probably make money on that certification process. We would like to make our crib cards available for sale and perhaps even the slings also.

KAREN HENCH: And I would like to add in here, that the breast feeding task force has been in existence for quite a while as a subcommittee of the maternal child health coalition. But thanks to the activity of the ad council campaign and as people started hearing about the ad council and the new breast feeding idea, thank you, Dr. Haynes,

thank you for being here last year, from a meager attendance at a subcommittee meeting, we are now a viable, strong group of, as I said in my presentation, many partners across the metro area. So that's an exciting piece already.

>> I will add also, the breast feeding task force will also have a booth at the Breastfest, lactation celebration, that's the breast feeding health care coming up in August. The breast feeding task force will have a booth and we'll be selling infant t-shirts with other information about the risks of not breast feeding. So we'll have those items for sale at the breastfest also. Someone asked about how to get the crib cards. They can contact maternal and child health coalition.

>> You can contact us at either our website MCHC.net, 816-283-6242. 6242, standing for MCHC. And again, the beauty of the coalition, when we talk about funding, everything is not direct dollars. With all the partners and the increasing capacity, in kind donations, I mean, sometimes it's just not even measurable. Even the time and, for the hotline that we have, that's donated time by all of those individuals WIC folks are involved with helping staff the hotline. There are so many resources that we have that are not dollars and cents, but human resource time.

KAREN HENCH: We are running out of time and we do have many other questions. Many of them concern the media campaign and I would encourage you to log into the training on July 30th that Dr. Haynes mentioned. There is one important question I think we should address, and are there women for whom breast feeding is contraindicated?

>> The major group of women where breast feeding is contraindicated in the United States are HIV positive women. And this is a long standing CDC, you know, recommendation. There may be some contraindications for women who have different forms of hepatitis as well, and in most other cases, like if a woman is on chemotherapy, physicians can work with that woman to, to store milk, for example, and dump milk during the chemotherapy but try and help her continue to lactate after the chemotherapy, before and after. So the biggest ones are HIV positives.

>> So these are important discussions for the woman to have with her provider before she is considering becoming pregnant, as well as throughout the course of her pregnancy if she does have a condition that does not lend itself to breast feeding, that they can work through other best arrangements.

>> The alternative to that is to encourage the mom to approach a milk bank, you know, to get milk that has been pasteurized and certified for administration to her baby as an alternative. And I think that's the next best source, really.

KAREN HENCH: I want to thank you all for tuning into this webcast. It's been a lot of fun for all of us. We have really enjoyed it. And we have heard many questions from y'all, so we know this is also a topic that you are all very enthusiastic. I want to remind you the webcast is available to you on MCHCOM.com, and if there are phone numbers or email plates that you haven't been able to jot down, either email us or replay the webcast to get

that information. And also please fill out your evaluation, let us know what you thought of this webcast as well as future webcasts that you would like us to put together for you.

Thank you so much.

>> Thank you.

KAREN HENCH: And thank you to our speakers.

>> Babies are born to be breast fed.