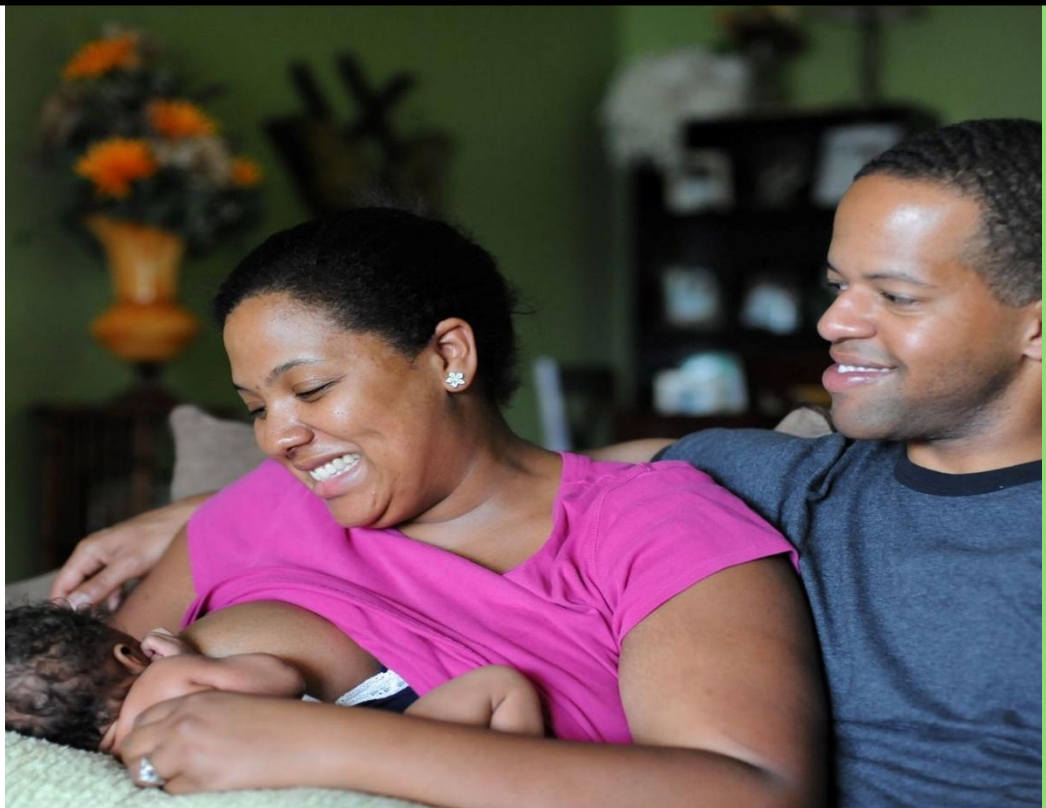


2024

Breastfeeding as a Tool to Address Black Infant Mortality



**Approved by the Governing Council
July 31, 2024**

Breastfeeding Subcommittee
Infant Wellbeing Task Force

INDIANA PERINATAL QUALITY IMPROVEMENT COLLABORATIVE

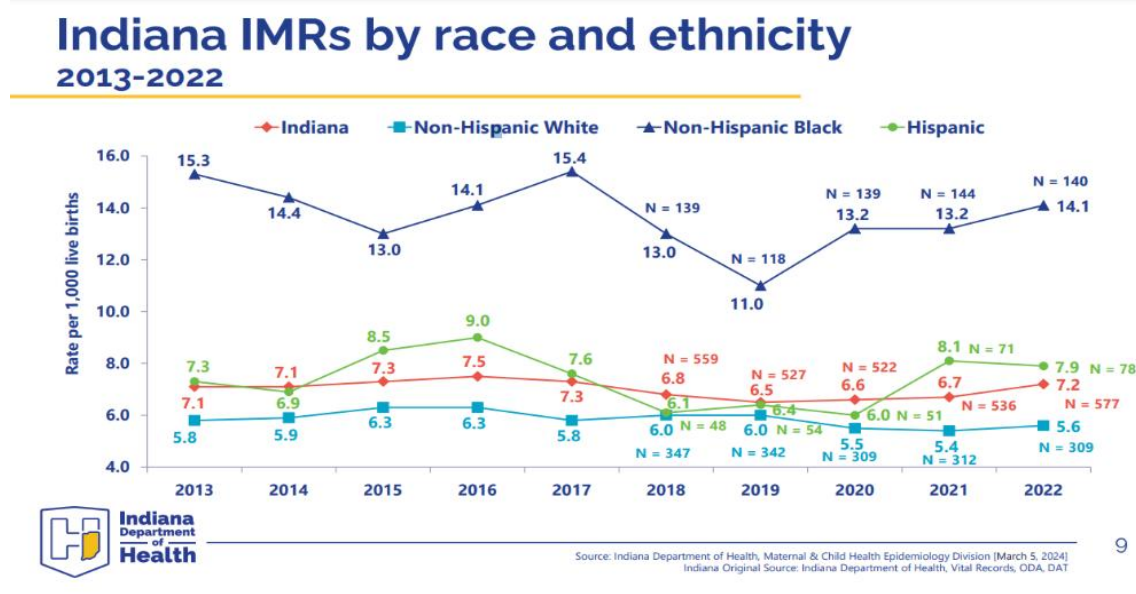
Breastfeeding as a Tool to Address Black Infant Mortality

Issue

The issue of racial disparities in infant mortality rates has long persisted as a critical concern within the United States healthcare system. Specifically, the significantly higher mortality rates among Black babies compared to other racial groups stand as a stark indicator of deep-rooted inequities within healthcare provisions.

Non-Hispanic Black infants disproportionately impacted, have mortality rates significantly higher than those of Non-Hispanic White infants.¹ Figure 1 documents the disparity among Non-Hispanic Black infants in Indiana between 2013 and 2022. The mortality rate for Non-Hispanic Black infants is more than twice that of white infants.

Figure 1: Indiana Infant Mortality by Race and Ethnicity



Breastfeeding is associated with a range of health benefits for infants, including reduced risk of infections, respiratory illnesses, and sudden infant death syndrome (SIDS). “Any breastfeeding of Non-Hispanic Black infants is associated with a 17% reduction in infant mortality (7–364 days), 29% reduction in neonatal mortality (7–27 days), and 13%

¹ <https://www.cdc.gov/breastfeeding/data/reportcard.htm>

reduction in post neonatal mortality (28–364 days).”² Unfortunately, racial and ethnic disparities in breastfeeding initiation and continuation rates remain pervasive.

By dismantling institutional barriers, particularly those related to breastfeeding, a more comprehensive approach to reducing the mortality rate of Black babies can be envisioned.³

Goal: To help eliminate racial and ethnic disparities in infant mortality by providing equal and adequate breastfeeding access and support to marginalized communities.

Recommendations: In order to ensure that recommended services are available to all postpartum women and their newborns, we recommend the following:

- **That Hoosier Healthwise pay for lactation support for one year (or as indicated for medically complex infants) in order to increase the number of infants that are breastfed through their first birthday. This support should include breastfeeding women who want to continue to breastfeed, but their infant is still hospitalized, and they do not have access to infant and/or breastfeeding support.**
- **Recognize individuals with certification through the International Board of Lactation Consultant Examiners as qualified providers for reimbursement.**
- **Continue to provide access to high-quality breast pumps through the infant’s first birthday.**

Background

Breastfeeding and human milk are the normative standards for infant feeding and nutrition. The short- and long-term medical and neurodevelopmental advantages of breastfeeding make breastfeeding, or the provision of human milk, a public health imperative. Human milk is a live, dynamic substance that contains thousands of bioactive molecules, protects against infection and inflammation, and contributes to immunity maturation, organ development, and healthy microbial colonization (Ballard & Marrow, 2013; U.S. Department of Health and Human Services, 2011).⁴

The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for approximately 6 months after birth. Furthermore, the AAP supports continued

² Li, R., Ware, J., Chen, A., Nelson, J. M., Kmet, J. M., Parks, S. E., ... & Perrine, C. G. (2022). Breastfeeding and post-perinatal infant deaths in the United States, a national prospective cohort analysis. *The Lancet Regional Health–Americas*, 5.

³ Glass, K. (2023). Institutional barriers are resulting in low breastfeeding rates among women of color.

⁴ Ballard, O., & Morrow, A. L. (2013). Human milk composition: nutrients and bioactive factors. *Pediatric Clinics*, 60(1), 49-74

breastfeeding, along with appropriate complementary foods introduced at about 6 months, as long as mutually desired by mother and child for 2 years or beyond.⁵

The benefits of breastfeeding for infants provides optimal health outcomes. Human milk provides a baby with ideal nutrition and supports growth and development. Breastfeeding can reduce the risk for:

- Asthma
- Obesity
- Type 1 diabetes
- Severe lower respiratory disease
- Acute otitis media (ear infections)
- Sudden infant death syndrome (SIDS)
- Gastrointestinal infections (diarrhea/vomiting)
- Necrotizing enterocolitis (NEC) for preterm infants⁶

For the lactating parent, breastfeeding is also protective against cardiovascular disease, breast cancer, ovarian cancer, type 2 diabetes, and improves birth spacing for the lactating parent. The longer the duration of breastfeeding, the greater the reduction in risk of disease.⁷

Current Data/Status

Despite the recommendations and benefits of breastfeeding, in Indiana only 85.9% initiate and only 21.5% are exclusively breastfeeding at 6 months⁸. Sixty percent of parents do not meet their desired breastfeeding duration goal.⁹ Early cessation of breastfeeding may be due to concerns about milk supply, infant nutrition and weight, use of medications while breastfeeding, unsupportive work policies and lack of parental leave, and lack of family support.^{10,11,12} Disparities in breastfeeding also exist. Non-Hispanic Black infants and infants living in rural areas are less likely to ever breastfeed than Non-Hispanic White

⁵ <https://publications.aap.org/pediatrics/article/150/1/e2022057988/188347/Policy-Statement-Breastfeeding-and-the-Use-of?autologincheck=redirected>

⁶ Ibid.

⁷ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)01024-7/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)01024-7/abstract)

⁸ <https://www.cdc.gov/breastfeeding/data/reportcard.htm>

⁹ Odom EC, Li R, Scanlon KS, Perrine CG, Grummer-Strawn L. [Reasons for earlier than desired cessation of breastfeeding](#). *Pediatrics*. 2013;131(3):e726–732.

¹⁰ Li, R., Fein, S. B., Chen, J., & Grummer-Strawn, L. M. (2008). Why mothers stop breastfeeding: mothers' self-reported reasons for stopping during the first year. *Pediatrics*, 122(Supplement_2), S69-S76.

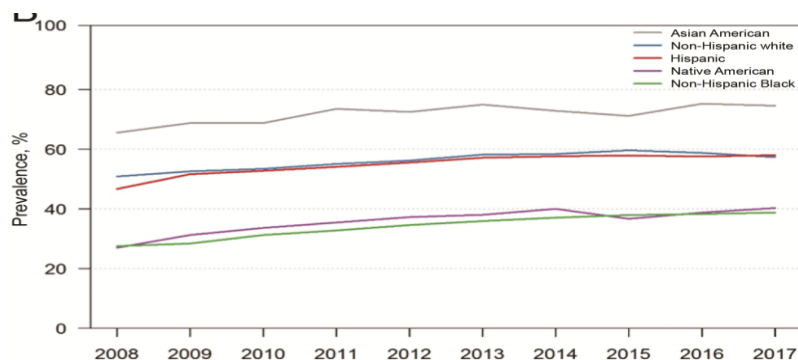
¹¹ Odom EC, Li R, Scanlon KS, Perrine CG, Grummer-Strawn L. [Reasons for earlier than desired cessation of breastfeeding](#). *Pediatrics*. 2013;131(3):e726–732.

¹² <https://www.cdc.gov/breastfeeding/data/facts.html> CDC Breastfeeding Data & Statistics Facts

infants or infants living in urban areas.^{13, 14} Maternal education of high school or less is also associated with decreased breastfeeding. Individuals with Medicaid are 25% more likely to not initiate breastfeeding.¹⁵

A cohort study of 346,248 preterm infants who were cared for at 802 US hospitals between 2008 to 2017 showed significant racial disparities for breastfeeding at discharge from the NICU. The lowest breastfeeding rate was noted among the Non-Hispanic Black population as shown in Figure 2.¹⁶

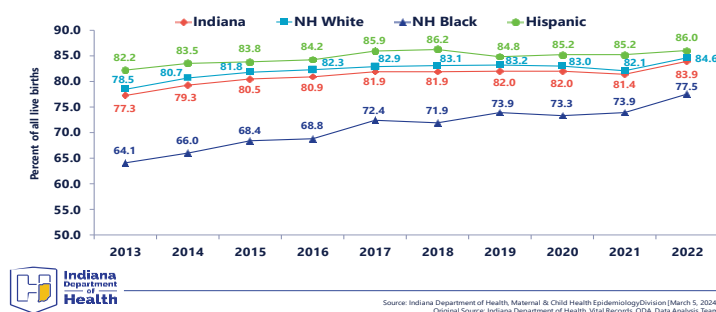
Figure 2: Breastfeeding Rates by Race and Ethnicity



Indiana's data regarding breastfeeding by race (Figure 3) reflects the same disparity that is reflected in its infant mortality data. The percentage of Non-Hispanic Black infants breastfed at discharge is 77.5% compared to Non-Hispanic White infants at 84.6% and Hispanic infants at 86.0%.

Figure 3: Indiana Breastfeeding Rates by Race and Ethnicity

Percentage of infants breastfed at hospital discharge Indiana by race and ethnicity, 2013-2022



¹³ <https://www.cdc.gov/breastfeeding/data/facts.html> CDC Breastfeeding Data & Statistics Facts

¹⁴ <https://publications.aap.org/pediatrics/article/150/1/e2022057988/188347/Policy-Statement-Breastfeeding-and-the-Use-of-autologincheck=redirected>

¹⁵ <https://www.cdc.gov/breastfeeding/data/facts.html>

Parker et al. Section on Breastfeeding. Promoting human milk and breastfeeding for the very low birth weight infant. Pediatrics 2021, 148(5): e2021054272

Cost/Benefit

Breastfeeding is one of the best investments in health: every \$1 invested in breastfeeding generates \$35 in economic returns. Employers and other providers of health services will accrue annual savings in healthcare expenditures if breastfeeding rates increase, thanks to fewer prescriptions and reduced absenteeism rates. Healthcare costs for newborns could be as much as three times lower, with fewer hospitalizations and insurance claims. The United States alone could save \$13 billion per year if 90% of families were meeting the recommendation to exclusively breastfeed up to six months of age.¹⁷

The reduced healthcare costs for breastfed infants translate into lower medical insurance claims for businesses. Babies who are not breastfed visit the physician more often, spend more days in the hospital, and require more prescriptions than breastfed infants. One study found that for every 1,000 babies not breastfed, there were 2,033 extra physician visits, 212 extra hospitalization days, and 609 extra prescriptions for three illnesses alone – ear, respiratory, and gastrointestinal infection.¹⁸

The insurance company CIGNA conducted a 2-year study of 343 employees who participated in their lactation support program and found that the program resulted in an annual savings of \$240,000 in healthcare expenses, 62 percent fewer prescriptions, and \$60,000 savings in reduced absenteeism rates.¹⁹

Parents of breastfed infants typically spend more time at work rather than taking leave to care for sick children. One-day absences to care for sick children occur more than twice as often for mothers of formula-feeding infants.²⁰

For women, breastfeeding is estimated to have the potential to prevent 98,243 deaths from breast and ovarian cancers as well as type 2 diabetes each year. This level of avoidable morbidity and mortality translates into global health system treatment costs of \$1.1 billion annually. The economic losses of a premature child and women's mortality are estimated to equal \$53.7 billion in future lost earnings each year. The largest component of economic losses, however, is cognitive losses, which are estimated to equal \$285.4 billion annually. Aggregating these costs, the total global economic losses are estimated to be \$341.3 billion.²¹

¹⁷ Nurturing the health and wealth of nations | Global Breastfeeding Collective. Published July 3, 2017. Accessed January 16, 2024. <https://www.globalbreastfeedingcollective.org/reports/nurturing-health-and-wealth-nations> UNICEF/WHO

¹⁸ Ball T & Wright A. (1999). Healthcare costs of formula-feeding in the first year of life. *Pediatrics*, 103 (4), 871-876.

¹⁹ Dickson V, Hawkes C, Slusser W, Lange L, & Cohen R. (2000). The positive impact of a corporate lactation program on breastfeeding initiation and duration rates: help for the working mother. Unpublished manuscript. Presented at the Annual Seminar for Physicians, co-sponsored by the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, and La Leche League International, on July 21, 2000.

²⁰ Cohen R, Mrtek MB & Mrtek RG. (1995). Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women in two corporations. *American Journal of Health Promotion*, 10 (2), 148-153.

²¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6735804/>

State Examples

Research into the status of Medicaid reimbursement for postpartum lactation support resulted in the identification of several states who are currently reimbursing for postpartum lactation support. Each state has developed their own criteria for reimbursement.

- **Michigan:** Medicaid will reimburse for evidence-based lactation support services provided to post-partum women in the outpatient setting up to and through 60 days post-delivery. A maximum of two visits per pregnancy will be reimbursed for either a single or multiple gestation pregnancy. One visit is reimbursable per date of service. Comprehensive lactation counseling services must include the following:
 - A face-to-face encounter with the beneficiary lasting a minimum of 30 minutes.
 - Comprehensive maternal, infant and feeding assessment related to lactation.
 - Provision of evidence-based interventions that, at a minimum, include:
 - Instruction in positioning techniques and proper latching to the breast
 - Counseling in nutritive suckling and swallowing, milk production and release, frequency of feedings and feeding cues, expression of milk and use of pump if indicated, assessment of infant nourishment, and reasons to contact a health care professional
 - The provision of community support resource referrals, such as the Women, Infants and Children (WIC) program, as indicated.
 - Evaluation of outcomes from interventions
- **Ohio:** Ohio's Medicaid reimburses for lactation consultant services rendered in an office, outpatient setting or patient's home. Providers allowed to render services include physicians, physician assistants and advanced practice registered nurses. Registered nurses who hold their certification as an IBCLC can render services under a supervising practitioner. Lactation consultant services are available for Ohio Medicaid members within a 12-month post-partum period.
 - Billing Provider Type: Provider of Professional Services
 - Claim Type: Professional
 - Procedure Code: 99211, 99212, 99213, 99214, 99215
 - Modifier: TH modifier as appropriate and TD modifier to indicate that a IBCLC certified registered nurse rendered the service
 - Billing Provider Type: Providers of Outpatient Hospital Services
 - Claim Type: Institutional
 - Procedure Code: S9443
 - Modifier: No modifier required

- **Oklahoma:** Oklahoma’s Medicaid includes coverage for pregnant and/or up to 12 months postpartum for members with coverage of six sessions per pregnancy, referrals can be submitted via self-referral or by provider; services must be provided in an office, home or outpatient clinic setting. Providers that can render services include licensed nurses or licensed registered dietitians and who are International Board-Certified Lactation Consultants, Registered Lactation Consultants (IBCLC, RLC).

Procedure Code:

S9443—Initial Assessment/Lactation Consultant Services (individual)

S9445—Lactation Consultant Services (individual)

- **Vermont:** Lactation services are covered in home and provided by an IBCLC, who is licensed, working within the scope of his or her practice, and is enrolled in Vermont Medicaid.
- **North Carolina:** Six 15-minute clinic-based units a day with a lifetime maximum of 36 units if the infant has a chronic, episodic, or acute condition. These services include an individualized assessment and counseling when the breastfeeding infant:
 - Has latch-on difficulties.
 - Is premature.
 - Is a multiple birth.
 - Requires breastmilk and the mother-infant dyad needs assistance in the continuation of breastfeeding.
 - Is a special-needs infant (such as Down Syndrome, cleft lip or palate or other congenital deformity affecting feeding;)
 - Jaundice.
 - Dehydration and difficulty with weight gain; or
 - Inadequate weight gain or inappropriate weight loss.

Medical lactation services provided in hospital outpatient clinics, federally qualified health centers, rural health clinics, private agencies, physician or medical diagnostic clinics, health departments and physician offices must be performed by:

1. physicians, certified nurse midwives (CNMs), nurse practitioners (NPs), physician assistants (PA’s); or
 2. International Board-Certified Lactation Consultant (IBCLC) consultants who are either employed or contracted by the physician or physician group, or have a referral for an IBCLC consult in another medical practice.
- **Tennessee:** The state of Tennessee began providing Medicaid (TennCare) coverage for lactation services in 2023. TennCare allows IBCLCs to provide services as well as CLCs to provide services billed incident to an IBCLC. Services can be billed to TennCare for mom or baby, but not both patients for the same visit.
TennCare requests that each MCO support the following coding structures for professional claims related to lactation services:

- *An enhanced rate for supportive lactation services will be supported by codes 98960, 98961, and 98962 each with a U8 modifier to indicate lactation services.*
- *Each unit of 98960, 98961, or 98962 will indicate services provided within a 30-minute visit and multiple units may be billed simultaneously to indicate visits of varying lengths.*
- *The codes 98960, 98961, and 98962 will be separately reimbursed.*
- *The standard NCCI limit of 3 units per day will remain.*
- *There will be an annual limit per member of 15 units. This limit applies to codes 98960, 98961, and 98962 in aggregate, rather than a limit for each code individually.*
 - *Able to request more units as needed from health plan*

Projected Fiscal Impact

Because there is no data regarding the percentage of women who breastfeed their infant up to six months or until the infants first birthday, a methodology was developed to estimate the potential fiscal impact on OMPP. Using the number of births in 2022 (79,649) and assuming that 45% of those births are to Medicaid women, there would be an approximate number of 35,842 that would meet the criteria for this proposal. Black infants will disproportionately benefit from this policy since Black babies make up a greater share of the Medicaid population. If we assume 10% of those women would breastfeed with this extended support, the number that could be supported would be 3,584. If 12 (60 minute) units of lactation support are allowed at \$75 per unit over the twelve-month period, the total cost would be \$3,225,600. Indiana has a Federal Medical Assistance Percentage (FMAP) of 64.9% so that funding through CMS would be \$2,093,414 with the state match of \$1,132,186. Black infants will disproportionately benefit from this policy since Black babies make up a greater share of the Medicaid population.

Summary

Despite the proven benefits of breastfeeding, Indiana's data shows disparities in initiation and duration, particularly among Black and rural communities. One way to address racial and ethnic disparities in infant mortality is by ensuring equitable access to breastfeeding support for marginalized communities. Recommendations to achieve this goal include providing Hoosier Healthwise coverage for lactation support up to one year after delivery, recognizing certified lactation consultants for insurance reimbursement, and ensuring breastfeeding individuals have access to quality breast pumps through the infant's first birthday. Investing in breastfeeding yields substantial economic returns, including reduced healthcare costs, fewer sick days for parents, and potential prevention of significant diseases, highlighting the importance of implementing supportive policies and services.



October 8, 2024

Ms. Cora Steinmetz, JD
Indiana Medicaid Director

Dear Cora,

By this letter, the Indiana Minority Health Coalition (IMHC) is pleased to join the Indiana Perinatal Quality Improvement Collaborative (IPQIC) in urging the adoption of IPQIC's important proposal that Hoosier Healthwise pay for lactation support for one year and otherwise improve the state's Medicaid breastfeeding framework for supporting moms and infants through the child's first birthday.

This proposal compliments the state's recent expansion of post-partum Medicaid coverage from three (3) months to one (1) year. Indeed, the proposed breastfeeding coverage expansion would incentivize greater utilization of this critically important healthy behavior among Medicaid covered moms. Since Black moms are more reliant on Medicaid than their white counterparts, this service expansion will give the state another tool to address black infant mortality.

Cora, as you know, Black infants in Indiana continue to die at twice the rate of white babies before their first birthday. You also know, and as the IPQIC proposal indicates, black breastfeeding rates lag all other racial and ethnic groups. So, this proposal has the potential to reduce the breastfeeding rate gap and thus contribute to black infant mortality reduction in our state.

The return on investment of this modest Medicaid increased cost is substantial. It is justified as a matter of common sense. But the primary reason OMPP should approve IPQIC's proposal is that it is the right thing to do right now for Indiana's moms and babies.

Cora, I will add this to the list of items to discuss with you on our next monthly touch-base call. Meanwhile, I urge you to approve IPQIC's proposal.

Sincerely,

Carl Ellison
President & CEO



Commission on Improving the Status of Children in Indiana

5/14/2024

Executive Committee Members

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District 5

Kathryn Box
Office of the Governor

Senator Stacey Donato
District 18

Hon. Dana Kenworthy
Indiana Court of Appeals

Director Eric Miller
Indiana Dept. of Child Services

Representative Vanessa Summers
District 99

Commission Members

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Indiana Public Defender Council

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Secretary Dan Rusyniak, M.D.
Family & Social Services Administration

Julia Stumler
Youth Representative

Lindsay Weaver, M.D.
Indiana State Health Commissioner

Commission Executive Director

Mark Fairchild, MSW

RE: Indiana Perinatal Quality Improvement Collaborative Proposal
for Breastfeeding as a Tool to Reduce Black Infant Mortality

To whom it may concern:

I am writing on behalf of the [Commission on Improving the Status of Children in Indiana](#) (CISC) to offer our support for the recommendation of the Indiana Perinatal Quality Improvement Collaborative (IPQIC) that Hoosier Healthwise reimburse for lactation support for one year, or as indicated for medically complex infants, to increase the number of infants that are breastfed through their first birthday. We support that this should include women who want to continue to breastfeed when their infant is still hospitalized, but do not have access to infant and/or breastfeeding support. We also support the request that those certified through the International Board of Lactation Consultant Examiners be recognized as qualified providers for reimbursement.

This action would specifically aid in efforts to reduce racial disparities in infant mortality, which has been a priority of Indiana's Medicaid programs for many years. As noted by the IPQIC in their proposal, breastfeeding is research-supported as an essential tool to address disparities in black infant mortality. While breastfeeding of black infants is associated with a reduction in infant mortality, neonatal mortality and post neonatal mortality, racial and ethnic disparities in breastfeeding rates persist. Measures such as those suggested in IPQIC's proposal would remove potential breastfeeding barriers for all Hoosier postpartum women and their newborns.

On behalf of the Commission on Improving the Status of Children, we thank you for giving this proposal your consideration.

Sincerely,

Mark Fairchild, MSW
Executive Director

Commission on Improving the Status of Children
mark.fairchild@courts.in.gov
317.232.1945

President – Evan Kreutzer, MD, FAAP
Vice President/Treasurer – Melissa Klitzman, MD, FAAP
Secretary – Shobana Pandian, MD, FAAP
Past President – Jaime Stelzer, MD, FAAP
Executive Director – Christopher Weintraut, JD
INAAP is Incorporated in Indiana



Maureen Greer
Executive Director
Indiana Perinatal Quality Improvement Collaborative (IPQIC)
6545 North Olney St
Indianapolis, IN 46220

October 8, 2024

To Whom It May Concern:

On behalf of the Indiana Chapter of the American Academy of Pediatrics (INAAP), I am writing to express our enthusiastic support for the Indiana Perinatal Quality Improvement Collaborative's (IPQIC) proposal to eliminate racial and ethnic disparities in infant mortality. This initiative is critical to addressing breastfeeding access and support inequities, particularly for marginalized communities.

INAAP acknowledges racial and ethnic disparities in breastfeeding rates, as highlighted in the American Academy of Pediatrics 2022 policy statement. Non-Hispanic Black infants have disproportionately lower breastfeeding initiation rates than their non-Hispanic White counterparts. These disparities are not only an issue of inequity but also contribute significantly to poor health outcomes later in life. Breastfeeding is well-documented as a protective factor against various childhood and adult conditions, including bronchiolitis, asthma, hypertension, and diabetes. Consequently, addressing breastfeeding disparities is essential to improving long-term health outcomes for non-Hispanic Black populations and other marginalized groups.

Moreover, disparities extend beyond race, affecting low-income mothers, younger women, and those with a high school education or less. To mitigate these inequities, marginalized mothers must receive comprehensive breastfeeding support that meets their unique needs.

To support the goal of reducing racial and ethnic disparities in infant mortality, INAAP fully endorses the following recommendations:

- **Extend Lactation Support Coverage:** We urge Hoosier Healthwise to provide coverage for lactation support services for up to one year postpartum or longer if medically necessary for infants with complex needs. This coverage should also include breastfeeding mothers whose infants remain hospitalized, ensuring continued breastfeeding support even when mothers are separated from their babies.
- **Recognize Certified Lactation Consultants:** We support the request that lactation consultants certified by the International Board of Lactation Consultant Examiners (IBCLC) be recognized as qualified providers eligible for reimbursement. This recognition will ensure that mothers can access the highest-quality breastfeeding support.
- **Ensure Access to Breast Pumps:** We recommend implementing infrastructure to guarantee access to high-quality breast pumps through the infant's first year. This will empower more mothers to continue breastfeeding, even when faced with logistical or financial barriers.

President – Evan Kreutzer, MD, FAAP
Vice President/Treasurer – Melissa Klitzman, MD, FAAP
Secretary – Shobana Pandian, MD, FAAP
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Executive Director – Christopher Weintraut, JD
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By implementing these measures, Indiana can take a significant step toward addressing the racial and ethnic disparities in infant mortality. Breastfeeding is a powerful tool in promoting infant health and survival; equitable access to breastfeeding support is a critical component of this effort.

INAAP is committed to advocating for policies that protect and support the health of all children and families in Indiana. We strongly urge the Office of Medicaid Policy and Planning to prioritize this proposal and work towards a future where all infants, regardless of race or socioeconomic status, have equal opportunity to thrive.

Sincerely,

Christopher Weintraut
Executive Director, Indiana Chapter of the
American Academy of Pediatrics



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

10/9/2024

To Whom it May Concern,

We are writing on behalf of the Indiana Section of the American College of Obstetricians and Gynecologists (ACOG) in support of the Indiana Perinatal Quality Improvement Collaborative (IPQIC) proposal "Breastfeeding as a Tool to Address Black Infant Mortality". ACOG is acutely aware of the challenges underserved populations face in terms of maternal and infant care and is interested in creative solutions to address disparities. As detailed in the proposal, breastfeeding has recognized benefits for both mothers and infants. Populations most affected by maternal and infant morbidity and mortality have lower rates of breastfeeding initiation and continuation, so efforts to improve outcomes for birthing dyads should include support for early and continued breastfeeding. IPQIC's proposal that Hoosier Healthwise provides lactation support for the first year of life, both through equipment and reimbursement for trained lactation support counselors, would improve the health of Hoosier families most in need of support and benefit the State through reduced healthcare costs. As such, the Indiana Section of ACOG enthusiastically supports this proposal.

Thank you for your dedication to reducing maternal and infant morbidity and mortality.

Elizabeth Ferries-Rowe, MD

Outgoing Chair, Indiana Section of the American College of Obstetricians and Gynecologists

Julie Tillman, MD

Incoming Chair, Indiana Section of the American College of Obstetricians and Gynecologists



Maureen Greer
Executive Director
Indiana Perinatal Quality Improvement Collaborative (IPQIC)
6545 North Olney St
Indianapolis, IN 46220

Tuesday, October 8, 2024

Dear Maureen,

On behalf of the Indiana Academy of Family Physicians (IAFP), I am pleased to provide a letter of support for the Indiana Perinatal Quality Improvement Collaborative (IPQIC) proposal to the Office of Medicaid Policy and Planning (OMPP) in an effort to help eliminate racial and ethnic disparities in infant mortality.

The American Academy of Family Physicians (AAFP) recommends that all babies, with rare exceptions, be breastfed and/or receive expressed human milk exclusively for the first six months of life, and that breastfeeding should continue with the addition of complementary foods throughout the second half of the first year.

The IAFP supports the request that Hoosier Healthwise pay for lactation support for one year (or as indicated for medically complex infants) in order to increase the number of infants that are breastfed through their first birthday. This support should include breastfeeding women who want to continue to breastfeed, but their infant is still hospitalized, and do not have access to infant and/or breastfeeding support. We also support the request that individuals with certification through the International Board of Lactation Consultant Examiners be recognized as qualified providers for reimbursement.

Please reach out if you have any questions or need clarification on our current policies.

Sincerely,

A handwritten signature in black ink that reads "David N. Dahl DO". The signature is written in a cursive, flowing style.

David N. Dahl, DO
President



To whom it may concern,

I am writing on behalf of the Indiana Section of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) in support of equitable access to breastfeeding support for marginalized communities. Providing healthcare coverage for lactation support and ensuring access to quality breast pumps will provide essential health benefits to impact the lives and health of our mothers and babies throughout Indiana. Indiana AWHONN stands firm with the Indiana Perinatal Quality Improvement Collaborative (IPQIC) with the breastfeeding support proposal.

We recognize that providing equitable breastfeeding access to our most vulnerable patients can significantly impact Indiana maternal and newborn morbidity and mortality, both of which are metrics we strive to improve. We acknowledge that breastfeeding is associated with health benefits, including reduced rates of infection, sudden infant death syndrome, and reductions in mortality.

We are pleased to support IPQIC's efforts to support breastfeeding in Indiana.

Sincerely,

Holly Jones, MSN, AGCNS-BC, RNC-OB, NPD-BC
Perinatal Clinical Nurse Specialist
Indiana AWHONN Section Chair



Indiana
**Black
Breastfeeding
Coalition**

SEPTEMBER 27, 2024

Maureen Greer
Executive Director
Indiana Perinatal Quality Improvement Collaborative (IPQIC)
6545 North Olney Street
Indianapolis, IN 46220

Dear Members of the Indiana Perinatal Quality Improvement Collaborative,

The Indiana Black Breastfeeding Coalition (IBBC) is pleased to offer our support for the efforts to address racial and ethnic disparities in infant mortality by ensuring equitable access to breastfeeding support for marginalized communities. As an organization dedicated to advocating for breastfeeding education, support, and empowerment within Indiana's Black and minority communities, we recognize the critical role that breastfeeding plays in improving the health outcomes of both infants and mothers.

Breastfeeding is essential for infant and maternal health, yet systemic barriers disproportionately affect minority families, contributing to health disparities. We agree with the recommendations to provide Hoosier Healthwise coverage for lactation support up to one year after delivery, recognize certified lactation consultants for insurance reimbursement, and ensure access to quality breast pumps through the infant's first birthday. These actions will significantly improve breastfeeding rates among underserved communities and promote better health outcomes.

Investing in breastfeeding support not only improves health but also yields substantial economic benefits, including reduced healthcare costs and fewer sick days for parents. These outcomes emphasize the importance of implementing policies that remove barriers to breastfeeding, particularly for those in marginalized communities.

We commend your commitment to improving maternal and infant health and stand in unity with you to support these vital policy changes. Together, we can make a meaningful impact on reducing infant mortality and enhancing the quality of life for families across Indiana.

Sincerely,

Paris Curtis

PARIS CURTIS

Co-Founder
Indiana Blackbreastfeeding Coalition



317-965-7577



4000 W. 106th St. Suite 125 - #147, Carmel, IN 46032



info@theibbc.org

The premier resource for Black breastfeeding families in the state of Indiana.



September 26, 2024

Maureen Greer
Executive Director
Indiana Perinatal Quality Improvement Collaborative
6545 North Olney St
Indianapolis, IN 46220

Indiana Perinatal Quality Improvement Collaborative (IPQIC):

It is with absolute pleasure that the Coalition of Advanced Practice Registered Nurses of Indiana (CAPNI) support IPQIC's policy efforts to recognize the importance of breastfeeding in maternal and infant health in the state of Indiana. CAPNI represents Indiana's roughly 10,000 Certified Nurse Midwives, Clinical Nurse Specialists, and Nurse Practitioners who provide care to vulnerable individuals and families in our communities every day. CAPNI advocates for increased access to high-quality, affordable healthcare for all Hoosiers, especially those at most risk.

IPQIC's proposal to help eliminate racial and ethnic disparities in infant mortality by providing equal and adequate breastfeeding access and support to marginalized communities is an essential step for Indiana. Our state's poor health rankings around maternal and infant health are unacceptable, especially in minority populations. It is time for Indiana to implement evidence-based practice models that promote health and wellness. Since breastfeeding has many health benefits, including reduced risk of infections, respiratory illnesses, and infant mortality, it should be supported and prioritized by our state's healthcare system. Educating and empowering mothers' to better care for their families will help Indiana thrive.

Sincerely,

Kristy Umana, MSN, FNP-C, CAPNI President
Caitlin Krouse, DNP, PMHNP-BC, FNP-BC, CAPNI Vice-President
Jodi Allen, DNP, FNP-C, CAPNI Secretary
Gena Lyell, DNP, FNP-C, CAPNI Treasurer
Darla Berry, MSN, CNM, CAPNI Legislative Co-Director
Susan Harris, MSN, NP-BC, CAPNI Legislative Co-Director



September 26, 2024

Maureen H. Greer
Executive Director, Indiana Perinatal Quality Improvement Collaborative
Executive Director, IDEA Infant & Toddler Coordinators Association
President, Emerald Consulting
6545 North Olney Street
Indianapolis, IN 46220-3723

Dear Ms. Greer,

On behalf of Cradle Indy, I am pleased to offer my support the Indiana Perinatal Quality Improvement Collaborative in its efforts to use breastfeeding as a tool to address Black infant mortality.

Cradle Indy is a coalition focused on decreasing the infant mortality rate by joining organizations, government agencies, employers, healthcare providers, community groups and passionate individuals already working to reduce infant mortality in Marion County. Cradle Indy's goal is to create a sustainable, cohesive network of resources to help Indianapolis babies reach their first birthdays, while continuing to improve education for pregnant people as well as housing, food, and other social determinants of health.

Cradle Indy supports the request that Hoosier Healthwise pay for lactation support for one year (or as indicated for medically complex infants) to increase the number of infants that are breastfed through their first birthday. This support should include breastfeeding women who want to continue to breastfeed, but their infant is still hospitalized, and they do not have access to infant and/or breastfeeding support. We also support the request that individuals with certification through the International Board of Lactation Consultant Examiners be recognized as qualified providers for reimbursement.

As an organization that has a primary focus to address infant mortality in Marion County, Cradle Indy is pleased to provide a letter of support for the Indiana Perinatal Quality Improvement Collaborative (IPQIC) proposal to help eliminate racial and ethnic disparities in infant mortality by providing equal and adequate breastfeeding access and support to marginalized communities.

Sincerely,

A handwritten signature in black ink, appearing to read "Terri Lee", is written over a horizontal line.

Terri Lee, MPH, CCHW
Director, Cradle Indy

Cradle Indy
Riley Hospital for Children
565 Riley Hospital Drive
Indianapolis, IN 46202
www.cradleindy.org

T: 317.948.2113



Maureen Greer
Executive Director
Indiana Perinatal Quality
Improvement Collaborative
6545 North Olney St
Indianapolis, IN 46220

Dear Maureen,

On behalf of the Indiana Breastfeeding Coalition, I am writing to express our full support for the Indiana Perinatal Quality Improvement Collaborative's (IPQIC) proposal to the Office of Medicaid Policy and Planning. We wholeheartedly endorse the recommendations put forth to help eliminate racial and ethnic disparities in infant mortality by expanding access to breastfeeding support for Medicaid members

As your proposal highlights, breastfeeding is critical in improving the health outcomes of all infants. We recognize the significance of the data you cited demonstrating that breastfeeding reduces the risks of infections, respiratory illnesses, and Sudden Infant Death Syndrome. The impact of breastfeeding in reducing infant mortality, especially for Non-Hispanic Black infants, is remarkable, and the Indiana Breastfeeding Coalition recognizes the importance of improving breastfeeding support as a critical strategy for reducing these disparities.

Through our work in the community, we see firsthand the challenges faced by under-resourced communities in accessing breastfeeding resources and support. These barriers contribute to the persistent disparities in infant health and mortality that disproportionately affect Black and Brown families. Your proposal aligns with our mission to promote, support, and protect breastfeeding in Indiana, and we believe that your recommended changes will help pave the way toward healthier outcomes for all Hoosier families.

We are proud to enthusiastically stand with IPQIC in support of this initiative and look forward to working together to ensure these essential services reach the communities that need them the most.

Sincerely,

Anastasia Oguntade

Anastasia Oguntade
President, Indiana Breastfeeding Coalition



October 8, 2024

Maureen Greer
Executive Director, Indiana Perinatal Quality Improvement Collaborative (IPQIC)
6545 North Olney St
Indianapolis, IN 46220

Dear Ms. Greer,

This letter serves as support for the Office of Medicaid Policy and Planning to embrace and adopt the breastfeeding proposal that is intended and expected to eliminate racial and ethnic disparities in infant mortality by providing equal and adequate breastfeeding access and support to marginalized communities. Medicaid reimbursement for postpartum lactation support is vital to ensure access and sustainability for this essential service.

I serve as the Chief Executive Officer of the Indiana Rural Health Association (IRHA), a not-for-profit organization developed for the purpose of improving the health of Hoosiers living in rural areas. We aim to enhance the health and well-being of rural populations in Indiana through leadership, education, advocacy, collaboration, and resource development. Our organization is member-driven and composed of a diverse membership. IRHA provides and engages in meaningful forums to discuss the strengths and weaknesses of the health care systems; identifying needs and problems within the rural settings; and assessing and developing leadership resources. We are committed to impacting the health of citizens through the identification of rural health issues and through advocacy roles in both the public and private sectors.

IRHA recognizes the challenges and trends associated with infant mortality rates in Indiana. Through federal and state grants, IRHA has led and engaged in programming, targeted initiatives, and focused advocacy efforts that specifically address infant mortality. As stated in the recommendation, "Breastfeeding is associated with a range of health benefits for all infants, including reduced risk of infections, respiratory illnesses, and sudden infant death syndrome (SIDS)." In addition, research has shown that "any breastfeeding of Non-Hispanic Black infants is associated with a 17% reduction in infant mortality (70364 days), 29% reduction in neonatal mortality (7-27 days), and 13% reduction in post neonatal mortality (28-364 days)." Through IRHA programming and collaborative efforts, we have seen the significant positive impact postpartum lactation support has on infant health.

On behalf of IRHA, I am excited to support this proposal aimed at addressing breastfeeding and, subsequently, infant morbidity and mortality rates in Indiana.

Sincerely,

A handwritten signature in black ink that reads "Cara Veale".

Cara Veale, DHS, FACHE
Chief Executive Officer

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The Milk Bank

HUMAN MILK SAVES LIVES

October 4, 2023

Maureen Greer
Executive Director
Indiana Perinatal Quality Improvement Collaboration (IPQIC)
6545 North Olney St.
Indianapolis IN, 46220
Via: perinatalcollab@att.net

Dear Ms. Greer

On behalf of The Milk Bank, I am writing to express my strong support for initiatives that promote breastfeeding as a crucial tool in addressing the alarming and disproportionate rates of Black infant mortality. Black infants in Indiana and across the United States experience higher mortality rates compared to other racial and ethnic groups, and the evidence overwhelmingly demonstrates that breastfeeding is one of the most effective strategies to improve infant health and reduce these disparities.

Breastfeeding provides numerous health benefits for both mother and infant. Breast milk contains essential nutrients, antibodies, and growth factors that protect against infections, reduce the risk of sudden infant death syndrome (SIDS), and promote healthier growth and development. Studies have shown that exclusively breastfed infants have a significantly lower risk of respiratory infections, gastrointestinal illnesses, and other conditions.

Despite these benefits, Black mothers in the U.S. face unique barriers to breastfeeding, including lack of access to culturally competent lactation support, misinformation, workplace challenges, and healthcare discrimination. It is crucial to address these obstacles by implementing targeted policies that support Black mothers in initiating and sustaining breastfeeding. Many of these are specifically included in *Breastfeeding as a Tool to Address Black Infant Mortality* submitted by the Indiana Perinatal Quality Improvement Collaborative Infant Wellbeing Task Force and approved by the Governing Council in July 2024.

Key actions that can help include:

- Hoosier Healthwise pay for lactation support for one year or as indicated for medically complex infants.
- Recognize International Board of Lactation Consultant Examiners (IBCLC) as qualified providers for reimbursement.
- Continue to provide high-quality breast pumps through an infants first birthday.

Prioritizing breastfeeding as a public health strategy is one of the most effective and best investments, we can make toward improving the well-being of Black infants and all infant health. At The Milk Bank, we believe all Hoosier infants deserve their best chance to survive and thrive and are proud to be Indiana's only accredited, nonprofit donor human milk bank. In addition to providing over 500,000 ounces of pasteurized donor human milk (estimated at 1.5M feedings)

annually to combat infant mortality, we also offer comprehensive bereavement services and stand beside Hoosier families that have navigated unimaginable loss.

I urge all the Office of Medicaid Policy and Planning and all stakeholders to support initiatives that promote breastfeeding among Black mothers. Thank you for your attention to this critical matter. I look forward to collaborating in efforts to save infant lives in the Black community and for all Hoosiers.

Warm Regards,

A handwritten signature in black ink, appearing to read "Freedom Kolb".

Freedom Kolb, MBA, MEd
Chief Executive Officer, The Milk Bank

