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TIPQC Breastfeeding Collaborative: Lessons Learned

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TIPQC Breastfeeding Collaborative: Lessons Learned

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Karen E. Schetzina, MD, MPH, FAAP
Tennessee Hospital Association
May 4, 2018

THA
TENNESSEE HOSPITAL ASSOCIATION

TENNESSEE DEPARTMENT OF HEALTH

TIPQC

TIPQC

Tennessee Initiative for Perinatal Quality Care

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Mission

TIPQC seeks to improve health outcomes for mothers and infants in Tennessee by engaging key stakeholders in a perinatal quality collaborative that will identify opportunities to optimize birth outcomes and implement data-driven provider- and community-based performance improvement initiatives.

Goals

- Establish a statewide perinatal database
- Foster state-wide quality improvement initiatives to reduce mortality and morbidity associated with premature birth and low birth weight
- Promote system changes by provider organizations to increase use of evidence based clinical practices for obstetric and NICU patients

Useful Links

- Alliance for Pediatric Quality
- Institute for Healthcare Improvement
- The March of Dimes
- Vermont Oxford Network
- Institute for Family-Centered Care

Other State Collaboratives

- Ohio
- California Perinatal
- California Maternal
- North Carolina
- Wisconsin
- New England

This project is funded under an agreement with the State of Tennessee

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2215 B Garland Avenue
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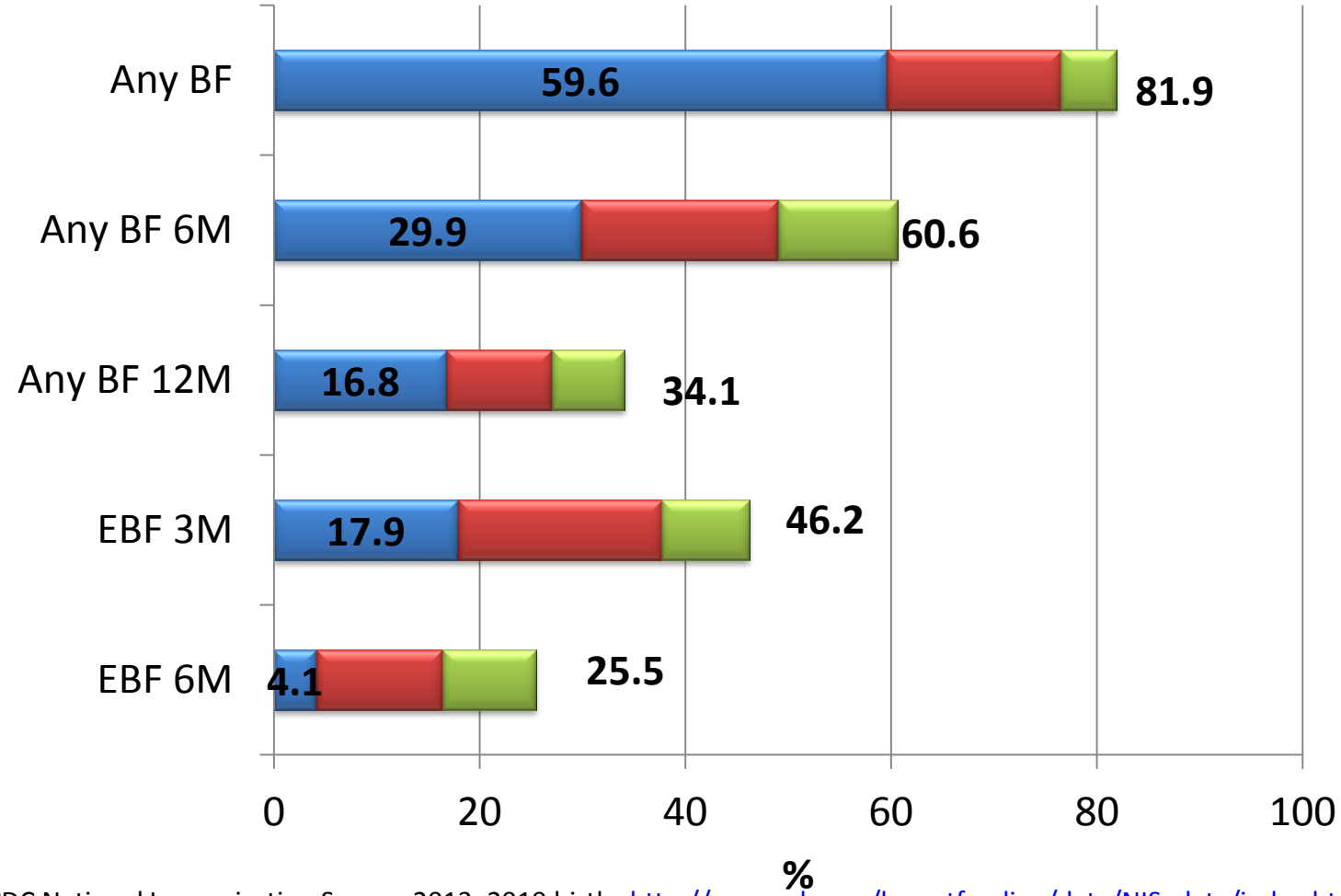
Nashville, TN 37232-0656

TN Breastfeeding Rates Substantially Below Targets



CDC National Immunization Survey, 2013, 2010 births http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm

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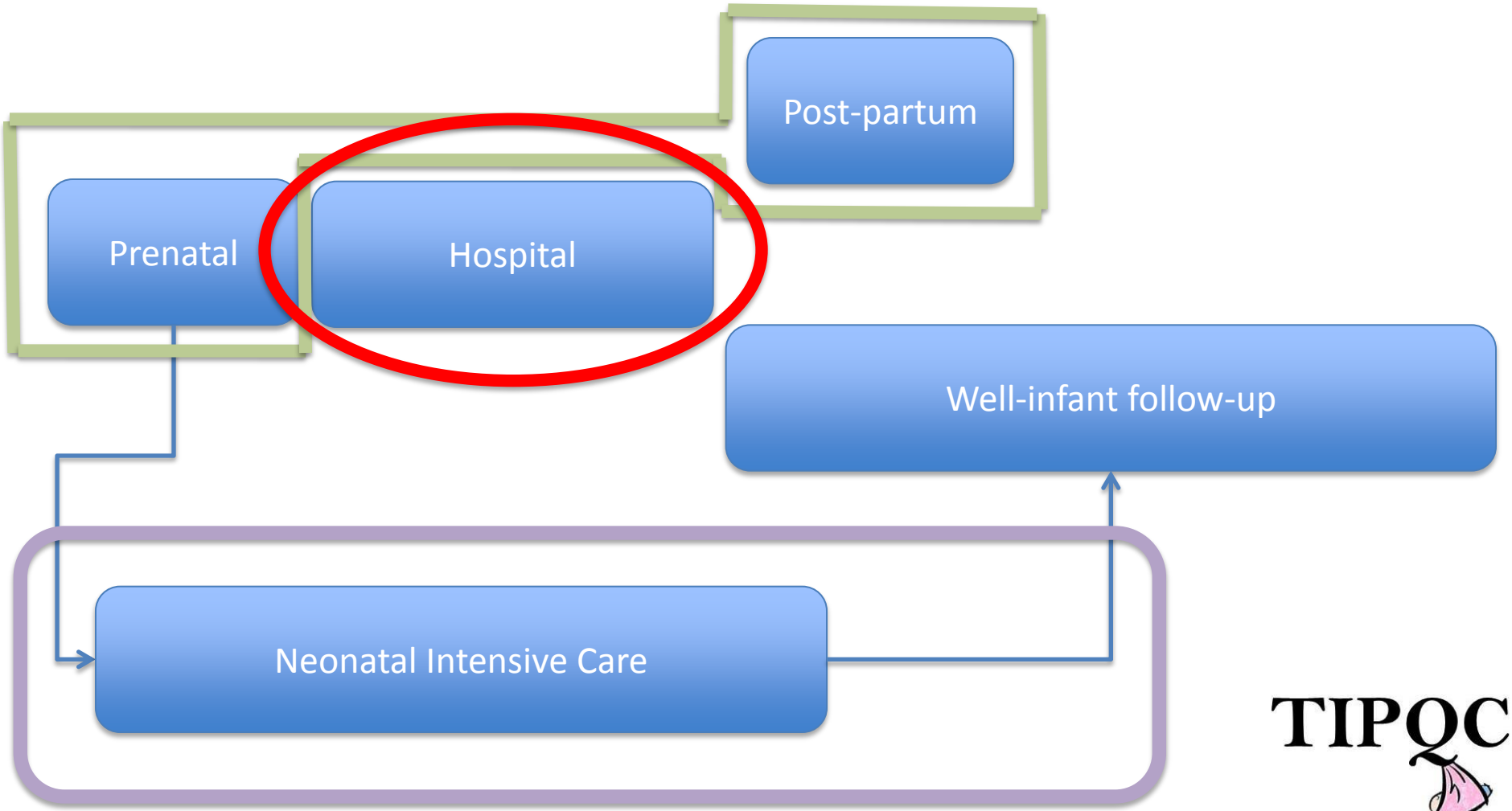
Human milk

How could something so simple get so complicated?



TIPQC

Maternity Care Practices in Infant Nutrition and Care

Maternity Practices in Infant Nutrition and Care in Tennessee —2011 mPINC Survey

This report provides data from the 2011 mPINC survey for Tennessee. It describes specific opportunities to improve mother-baby care at hospitals and birth centers in Tennessee in order to more successfully meet national quality of care standards for perinatal care.

More information is at www.cdc.gov/mpinc

Breastfeeding is a National Priority

Breastfeeding is associated with decreased risk for infant morbidity and mortality as well as maternal morbidity,[1] and provides optimal infant nutrition. *Healthy People 2020*[2] establishes breastfeeding initiation, continuation, and exclusivity as national priorities.

Changes in Maternity Care Practices Improve Breastfeeding Rates

Maternity practices in hospitals and birth centers can influence breastfeeding behaviors during a period critical to successful establishment of lactation.[3] Abundant literature, including a Cochrane review, document that institutional changes in maternity care practices to make them more supportive of breastfeeding increase initiation and continuation of breastfeeding.[4]

Breastfeeding Support in Tennessee Facilities

Strengths

Availability of Prenatal Breastfeeding Instruction
Most facilities (97%) in Tennessee include breastfeeding education as a routine element of their prenatal classes.

Prenatal education about breastfeeding is important because it provides mothers with a better understanding of the benefits and requirements of breastfeeding, resulting in improved breastfeeding rates.

Documentation of Mothers' Feeding Decisions
Staff at 98% of facilities in Tennessee consistently ask about and record mothers' infant feeding decisions.

Standard documentation of infant feeding decisions is important to adequately support maternal choice.

Needed Improvements

Appropriate Use of Breastfeeding Supplements
Only 15% of facilities in Tennessee adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water.

The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) Guidelines for Perinatal Care recommend against routine supplementation because supplementation with formula and/or water makes infants more likely to receive formula at home and stop breastfeeding prematurely.

Inclusion of Model Breastfeeding Policy Elements
Only 22% of facilities in Tennessee have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM).

The ABM model breastfeeding policy elements are the result of extensive research on best practices to improve breastfeeding outcomes. Facility policies determine the nature of care that is available to patients. Facilities with comprehensive policies consistently have the highest rates of exclusive breastfeeding, regardless of patient population characteristics such as ethnicity, income, and payer status.

Provision of Hospital Discharge Planning Support
Only 10% of facilities in Tennessee provide hospital discharge care including a phone call to the patient's home, opportunity for follow-up visit, and referral to community breastfeeding support.

The American Academy of Pediatrics (AAP) clinical practice guidelines recommend examination of the newborn by a qualified health care professional within 48 hours of hospital discharge in order to assess breastfeeding. Ensuring post discharge ambulatory support improves breastfeeding outcomes.

Initiation of Mother and Infant Skin-to-Skin Care
Only 42% of facilities in Tennessee initiate skin-to-skin care for at least 30 minutes upon delivery of the newborn.

Upon delivery, the newborn should be placed skin-to-skin with the mother and allowed uninterrupted time to initiate and establish breastfeeding in order to improve infant health outcomes and reduce the risk of impairment of the neonatal immune system from unnecessary non-breast milk feeds.

Every two years, CDC administers the national Maternity Practices in Infant Nutrition and Care (mPINC) survey to all hospitals and birth centers in the U.S. that provide maternity care.

Data from this survey can be used to establish evidence-based, breastfeeding-supportive maternity practices as standards of care in hospitals and birth centers across the US. Improved care will help meet *Healthy People 2020* breastfeeding objectives and will help improve maternal and child health nationwide.

National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity, and Obesity

Tennessee Summary —2011 mPINC Survey

Survey Method At each facility, the person who is the most knowledgeable about the facility's maternity practices related to healthy newborn feeding and care completes the CDC mPINC survey.

Response Rate [illegible]% of the [illegible] eligible facilities in Tennessee responded to the 2011 mPINC Survey. Each participating facility received its facility-specific mPINC benchmarking report in October 2012.

Tennessee's Composite Quality Practice Score 62 (out of 100)

Tennessee's Composite Rank† 46 (out of 53)

mPINC Dimension of Care	TN Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of TN Facilities with Ideal Response	TN Item Rank†
Labor and Delivery Care	61	Initial skin-to-skin contact is ≥30 min w/in 1 hour (vaginal births)	42	44
		Initial skin-to-skin contact is ≥30 min w/in 2 hours (cesarean births)	28	45
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	50	34
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	34	48
		Routine procedures are performed skin-to-skin	22	35
Feeding of Breastfed Infants	77	Initial feeding is breast milk (vaginal births)	70	36
		Initial feeding is breast milk (cesarean births)	59	40
		Supplemental feedings to breastfeeding infants are rare	15	44
		Water and glucose water are not used	86	19
Breastfeeding Assistance	79	Infant feeding decision is documented in the patient chart	98	---
		Staff provide breastfeeding advice & instructions to patients	80	44
		Staff teach breastfeeding cues to patients	80	36
		Staff teach patients not to limit suckling time	36	43
		Staff directly observe & assess breastfeeding	75	47
		Staff use a standard feeding assessment tool	67	28
		Staff rarely provide pacifiers to breastfeeding infants	25	42
Contact Between Mother and Infant	67	Mother-infant pairs are not separated for postpartum transition	47	37
		Mother-infant pairs room-in at night	71	40
		Mother-infant pairs are not separated during the hospital stay	24	39
		Infant procedures, assessment, and care are in the patient room	2	25
		Non-rooming-in infants are brought to mothers at night for feeding	82	32
Facility Discharge Care	30	Staff provide appropriate discharge planning (referrals & other multi-modal support)	10	50
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	27	41
Staff Training	53	New staff receive appropriate breastfeeding education	9	30
		Current staff receive appropriate breastfeeding education	9	43
		Staff received breastfeeding education in the past year	49	26
		Assessment of staff competency in breastfeeding management & support is at least annual	58	21
Structural & Organizational Aspects of Care Delivery	69	Breastfeeding policy includes all 10 model policy elements	22	16
		Breastfeeding policy is effectively communicated	82	14
		Facility documents infant feeding rates in patient population	63	40
		Facility provides breastfeeding support to employees	75	19
		Facility does not receive infant formula free of charge	12	27
		Breastfeeding is included in prenatal patient education	97	---
		Facility has a designated staff member responsible for coordination of lactation care	68	33

* Quality Practice scores range from 0 to 100 for each question, dimenstion of care, facility, and state. The highest, best possible score for each is 100. Each facility and state's "Composite Quality Practice Score" is made up of subscores for practices in each of 7 dimensions of care.
† Ranks range from 1 to 52, with 1 being the highest rank. In case of a tie, both are given the same rank.
- State ranks are not shown for survey questions with 90% or more facilities reporting ideal responses.

Improvement is Needed in Maternity Care Practices and Policies in Tennessee.

Many opportunities exist to protect, promote, and support breastfeeding mothers and infants in Tennessee.

Potential opportunities:

- Examine Tennessee regulations for maternity facilities and evaluate their evidence base.
- Sponsor a Tennessee-wide summit of key decision-making staff at maternity facilities to highlight the importance of evidence-based practices for breastfeeding.
- Encourage and support hospital staff across Tennessee to be trained in providing care that supports mothers to breastfeed.
- Establish links among maternity facilities and community breastfeeding support networks in Tennessee.
- Implement evidence-based practices in medical care settings across Tennessee that support mothers' efforts to breastfeed.
- Integrate maternity care into related hospital-wide Quality Improvement efforts across Tennessee.
- Promote utilization of the Joint Commission's Perinatal Care Core Measure Set including exclusive breast milk feeding at hospital discharge in Tennessee hospital data collection systems.

Questions about the mPINC survey?

Information about the mPINC survey, benchmark reports, scoring methods, and complete references are available at: www.cdc.gov/mpinc

For more information:
Division of Nutrition, Physical Activity, and Obesity
Centers for Disease Control and Prevention
Atlanta, GA USA

February 2013

References
[1] Ip S, Chung M, Raman G, et al. Breastfeeding and maternal and infant health outcomes in developed countries. Rockville, MD: US Dept of Health and Human Services, Agency for Healthcare Research and Quality; 2007.
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[3] DiGirolamo AM, Grummer-Strawn LM, Fein S. Effect of maternity care practices on breastfeeding. Pediatrics 2008;122, Supp 2:S43-9.
[4] Fairbank L, O'Meara S, Renfrew MJ, Woolridge M, Snowden AJ, Lister-Sharp D. A systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding. Health Technology Assessment 2000;4:1-171.

http://www.cdc.gov/breastfeeding/data/mpinc/results.htm

Surgeon General's Call To Action
Dr. Regina Benjamin

Action 7.

Ensure that maternity care practices throughout the United States are fully supportive of breastfeeding

BEST PRACTICES ALREADY EXIST TO DO THIS!

http://www.surgeongeneral.gov/topics/breastfeeding/calltoactiontosupportbreastfeeding.pdf

The Joint Commission

HELPING HEALTH CARE ORGANIZATIONS HELP PATIENTS

- Perinatal Core Measure 5

  Exclusive Breastmilk Feeding: Percentage of infants fed only breastmilk since birth at the time of discharge*

  - **Among the new measures available for selection as of April 2010.**
  - **Became mandatory for all hospitals with 1,100 or more births per year on January 1, 2014**

* Of non-excluded categories

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TIPQC Breastfeeding Promotion Delivery Project (Wave 1), 2012

- State AIM: **improve the health of infants and mothers** in Tennessee by
- **systematically promoting and supporting breastfeeding and**
- focusing on ***high reliability (>90%) implementation*** of processes that promote and support breastfeeding in the delivery setting.
- **Immediate aim:** Thus, we seek to increase the fraction of infants who are exclusively fed breastmilk at hospital discharge by 10% by March 2014.
- **Long term aim:** To eliminate barriers in birthing facilities to achieving the Healthy People 2020 goal.

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Outcome Measures

- **Measure: How will we know that a change is an improvement?**
- **Main Outcome Measure:** exclusive breastfeeding at discharge per TJC guidelines Perinatal Care Core Measure 05
- Fraction of exclusively breastfed newborns divided by number of discharged newborns (of non-excluded categories)

The Joint Commission
HELPING HEALTH CARE ORGANIZATIONS HELP PATIENTS

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Process Measures

- **What change can we make that will result in improvement?**

- **Process Measures** – Based on the Ten Steps to Successful Breastfeeding
- Toolkit of Evidence-Based practices

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Ten Steps to Successful Breastfeeding: the *Baby Friendly Hospital* Initiative

1. Have a written breastfeeding policy
2. Provide staff training in policy implementation
3. Provide breastfeeding education for pregnant women
4. Help initiate breastfeeding within 1 hour of birth
5. Show mothers how to initiate and maintain breastfeeding (even if separated from infant)
6. Give no substitutes unless medically indicated*
7. Practice rooming in 24/7
8. Encourage breastfeeding on-demand
9. Give no artificial nipples/pacifiers to breastfed infants
10. Support and utilize support groups

unicef

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**Hospitals should accept no free or heavily discounted formulas and/or feeding supplies*

Statewide Face-to-Face Kickoff
Wave 1, July 2012

- Completed QI 101; Teams devised local aims and goals, explored effective team formation, devised an elevator speech, planned their first PDSA cycle
- Received instructions for data collection and monthly leadership reports; Walked through each of the Ten Steps in the TIPQC Toolkit

Collaborative Process

- Online Forum

- Face-to-face annual state-wide meetings include nationally recognized experts

- Two regional workshops per year

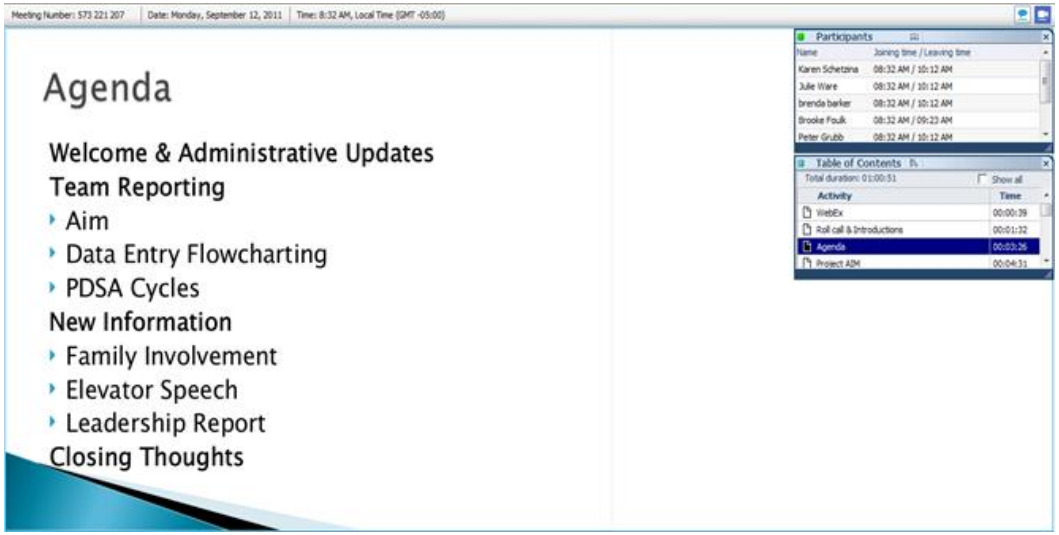
- Monthly webinars with Leadership Reports and aggregate state data sharing

REDCap™
Research Electronic Data Capture

Teams

Wave 1 Teams

- **St. Thomas Mid-town**
- **Baptist Women's Hospital**
- **Centennial**
- **Erlanger**
- **Regional One Health**
- **Maury Regional**
- **Methodist Hospital, Germantown**
- **Methodist Hospital, South**
- **Mountain States--Niswonger**
- **Northcrest**
- **Sumner**
- **UT**
- **Vanderbilt**



MOC 4 Credit

TIPQC

Each Hospital Presented their Leadership Report in Monthly Huddles

TIPQC
BFPromotion:Delivery
Project
Center
Date

Charter

Aim:

Graphs of Measures

Lessons Learned/Anecdotes

Senior Role/Recommendations / Next Steps

Why is this important?:

Changes – Proposed (P), Tested (T), Implemented (I)

Team Members

TIPQC

Wave 1 Learning Collaborative

- Huddle participation (6-13 hospitals, mean 9, median 10)
  - **Most common changes discussed**: Breastfeeding policy, staff training, patient education, skin-to-skin, and rooming in
  - **Most common challenges discussed**: Gaining buy-in from administrators, physicians, nurses, and patients
  - **Teams shared**: Patient education materials, staff training, policies, celebrations and incentives
  - **State leaders shared**: State and national events, conferences, and initiatives

↓ Full text

A Statewide Quality Improvement Collaborative to Increase Breastfeeding Rates in Tennessee.

Ware JL, et al. Breastfeed Med. 2018.

Authors

Ware JL[1], Schetzina KE[2], Morad A[3], Barker B[4,5], Scott TA[4,5], Grubb PH[4,5,6,7].

Author information

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4 4 Division of Neonatology, Department of Pediatrics, Vanderbilt University School of Medicine, Nashville, Tennessee.
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6 6 Division of Neonatology, Department of Pediatrics, University of Utah, Salt Lake City, Utah.
7 7 Primary Children's Hospital, Intermountain Healthcare, Salt Lake City, Utah.

Citation

Breastfeed Med. 2018 Apr 2. doi: 10.1089/bfm.2017.0164. [Epub ahead of print]

Similar articles

The New Hampshire Ten Steps to Successful Breastfeeding Collaborative: A Statewide QI Initiative.
Whalen BL, et al. Hosp Pediatr. 2015.

Development of the breastfeeding quality improvement in hospitals learning collaborative in New York state.
Fitzpatrick E, et al. Breastfeed Med. 2013.

Breastfeeding Practices and Barriers to Implementing the Ten Steps to Successful Breastfeeding in Mississippi Hospitals.
Alakaam A, et al. J Hum Lact. 2018.

Ten steps to successful breastfeeding: a summary of the rationale and scientific evidence.
Review article
Saadeh R, et al. Birth. 1996.

Breastfeeding promotion for infants in neonatal units: a systematic review and economic analysis.
Renfrew MJ, et al. Health Technol Assess. 2009.

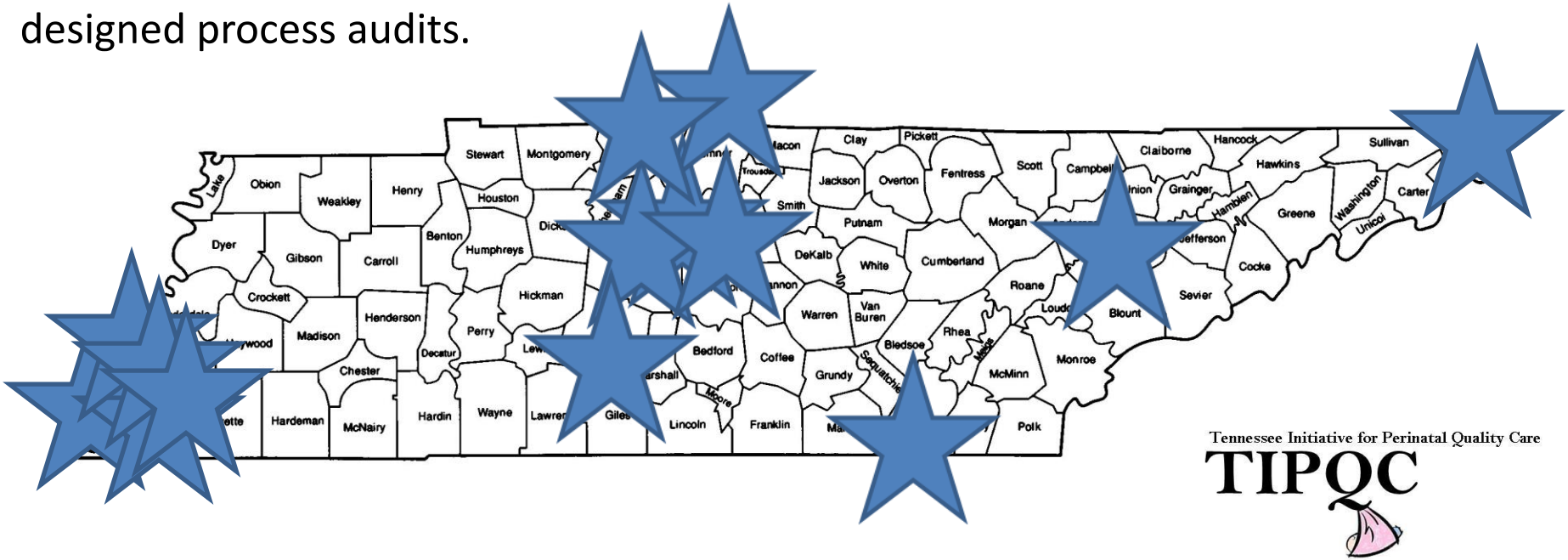
TIPQC Project Wave 1 Outcomes

- 13 hospitals accounting for ~47% of TN live births provided data on 31,183mother-infant dyads

- TJC PC-05 Exclusive Breastfeeding demonstrated “special cause” improvement from 37.1% at baseline to 41.2%, an 11.1% relative increase

- Five hospitals reported implementation of 5 or more of the Ten Steps.

- Two hospitals reported 90%+ reliability on 5+ of the Ten Steps using locally designed process audits.



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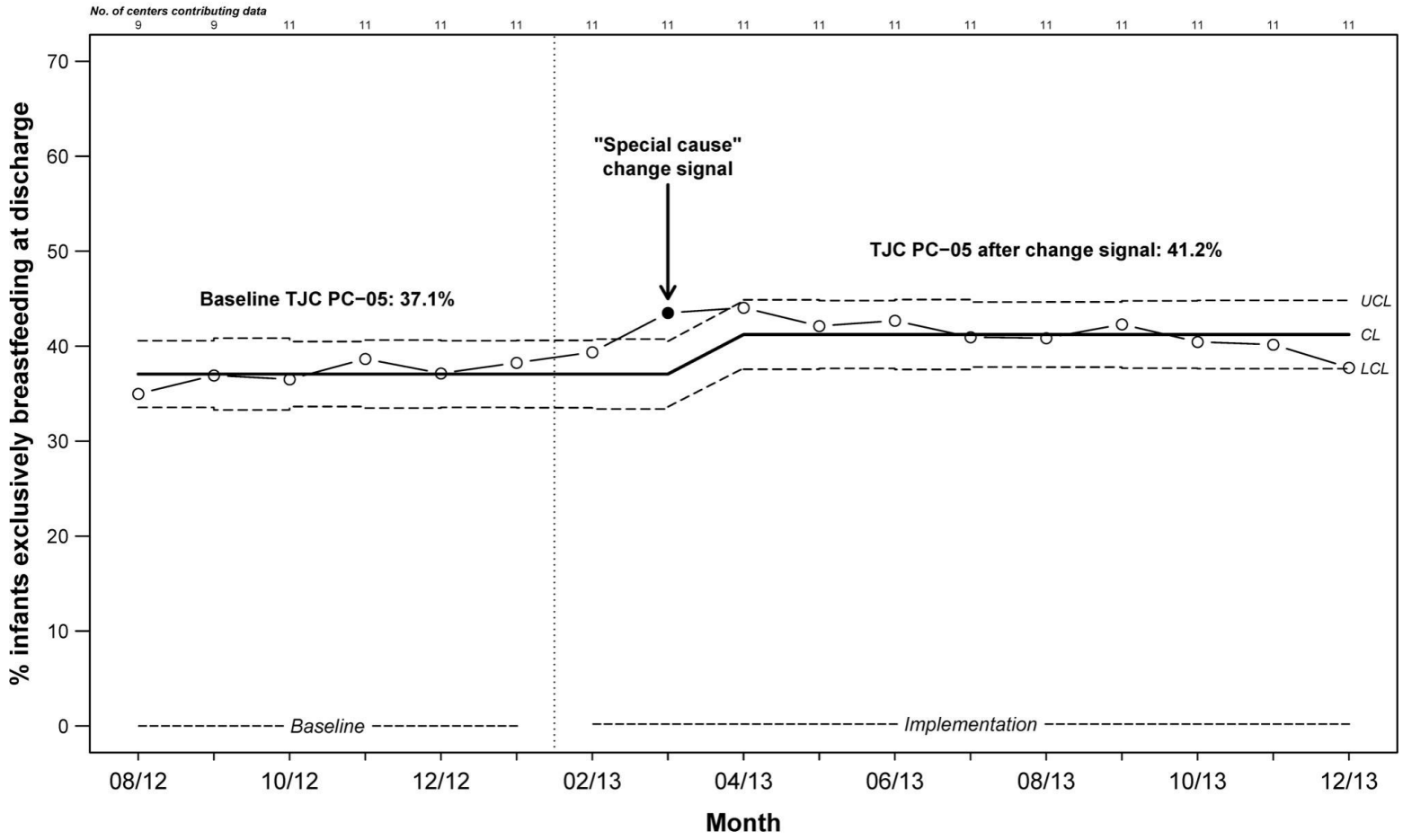
Wave 1 Aggregate State Data

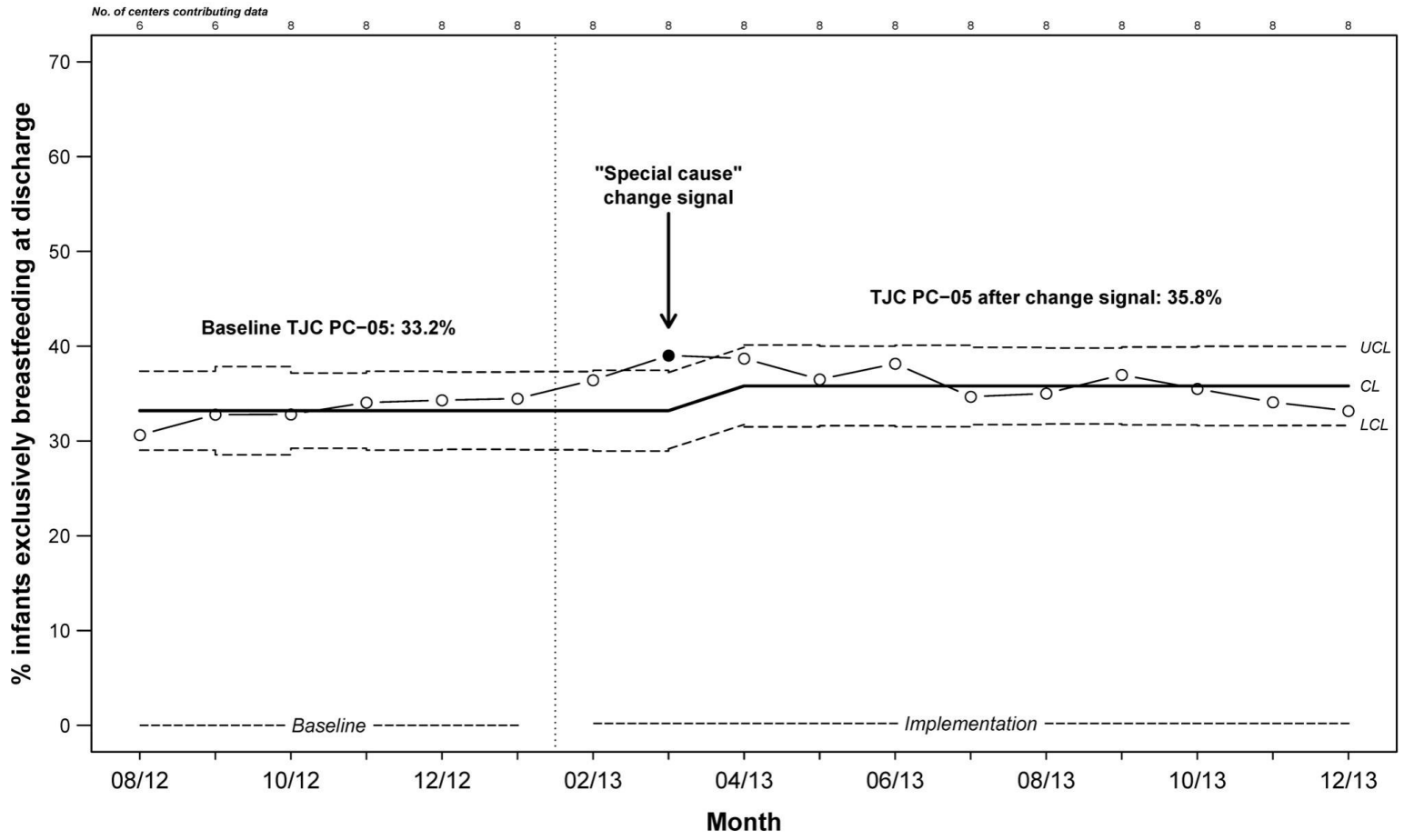


Breastfeed Med. 2018 Apr 2. doi: 10.1089/bfm.2017.0164. [Epub ahead of print]

What Did Hospitals Do?

- Examples of audits used for process data:
  - Step 4 – required recording STS in all medical records.
  - Step 7 – required notation in baby's chart their location throughout entire day
- 10 of 13 hospitals submitted process data. 7 hospitals received high reliability (>90%) on at least one step.
- Only 2 received achieved high reliability on >5 of the Ten Steps.
- One team that successfully increased for 11 consecutive months submitted no process data.
- Most teams worked on Step 4 (help in 1st hour).
- Few worked on Step 9 (pacifiers and artificial nipples)
- High reliability of Step 6 (no substitutes without medical indication) was achieved by only 1 hospital.

Special Cause Aggregate Improvement Also Noted After Hospitals Pursuing BFHI Excluded



Breastfeed Med. 2018 Apr 2. doi: 10.1089/bfm.2017.0164. [Epub ahead of print]

Lessons Learned

- Large-scale improvement methodology used in a low-resource initiative open to all hospitals in the state was effective in improving breastfeeding exclusivity at discharge among a diverse group of Tennessee hospitals:
  - Both high- and low- commitment hospitals from the Mississippi Delta to Appalachia.
  - Hospitals encouraged to work on at least five steps of their choosing without pressure to achieve a designation.
  - No external funding provided to teams.
  - Observed benefits of gaining experience working as a functioning team, in a collaborative, being encouraged by others.

Challenges and Opportunities

- Reluctance to release TJC data to teams
- Resource allocation for data collection and QI work
- Lack of time
- Lack of MD support
- Impact of staff personal experiences
- Lack of lactation expertise 24/7
- Feasibility of providing prenatal education
- Increased staffing requirements for STS
- Community culture
- Involving hospital leadership

TIPQC

Wave 2, 2014

- Five year CDC grant awarded to TN DOH. Grant was administered through THA to facilitate addition of delivery centers to a Wave 2 project.

- Following recruitment efforts in the TIPQC annual meeting, THA/TIPQC webinars, and an Informational Meeting at THA in early 2014, Wave 2 began.

THA
TENNESSEE HOSPITAL ASSOCIATION

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

TENNESSEE DEPARTMENT OF HEALTH

Teams

Wave 1 Teams

- St. Thomas Mid-town
- Baptist Women's Hospital
- Centennial
- Erlanger
- Regional One Health
- Maury Regional
- Methodist Hospital, Germantown
- Methodist Hospital, South
- Mountain States--Niswonger
- Northcrest
- Sumner
- UT
- Vanderbilt

Wave 2 Teams:

Erlanger East
- Indian Path Medical Center
- Franklin Woods Community Hospital

Fort Sanders Regional Hospital (Covnt)
- Hardin Medical Center

Horizon Medical Center
- *Jackson Madison County General Hospital
- Laughlin Memorial Hospital

LeConte Medical Center (Covnt)
Methodist Medical Ctr (Covnt)
Morristown Hamblen (Covnt)
Parkwest Medical Center (Covnt)
- St. Francis Hospital, Bartlett
- St. Francis
- St Thomas Rutherford
- Williamson Medical Center
- University Medical Center

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Tools to Help Local Improvement

- Month-to-Month Progress Graphs:
  - TJC PC-05
  - Evidence-based practice implementation *activity*
  - Evidence based practice implementation **success** rates
- Delivered via On-demand Dashboard in REDCap
  - Current with most recent data entered by your team
- Monthly webinar to compare to State Progress

Wave 2 Learning Collaborative

- State leaders discussed each of the Ten Steps in huddles 5/2014-5/2015.
- Hospitals, including those achieving BFHI, shared their experience, resources, successes, and challenges during each huddle.
- New resources, events, and professional education resources were shared.
- *Spotlight Hospitals* were invited to present, including those on the BFHI journey.
- In 9/2016 the project went into a 6-month sustainment period which concluded 2/2017.

Wave 2 Outcomes

- Eighteen Wave 2 teams concluded the active improvement phase of the project at the end of 2015 having improved aggregate TJC PC-05 rates from 40.9% to 44.8%.
- Provisional analysis of preliminary data from the 2016 sustainment phase shows stable TJC PC-05 rates for the 9 teams that submitted sustainment data.

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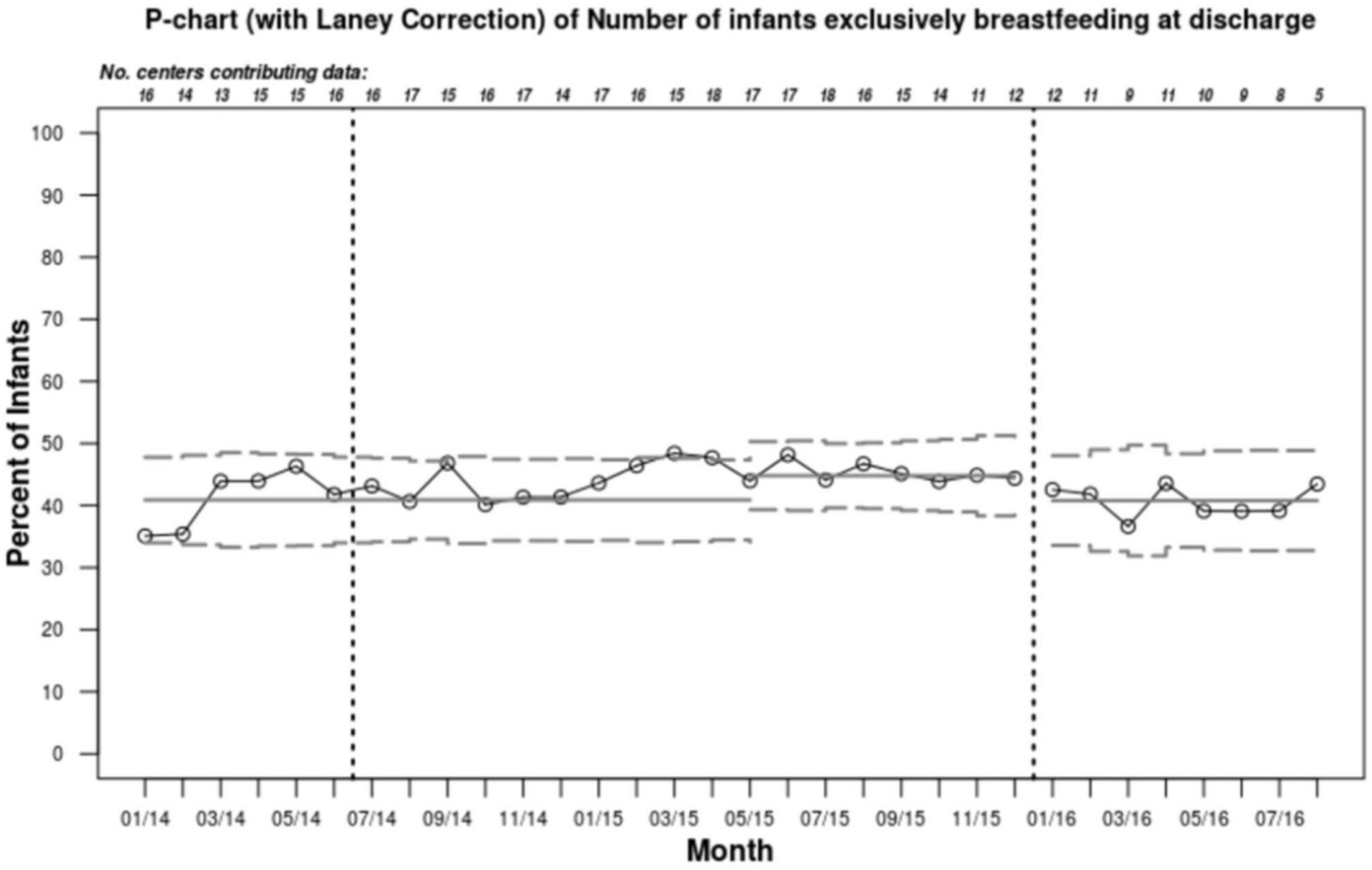
Wave 2 Data



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Wave 2 Lessons Learned

- Culture change is possible.
- Use of *Project Champions* beneficial for staff engagement.
- New employee orientation critical.
- Be creative with education.
- More consistent messages to families helps them feel supported in their decisions.
- If only one thing – do STS!
- Celebrate successes.
- Making an effort to help the mothers in our community feels good.
- Project participation reinforced need for cooperation and collaboration to improve outcomes.

TIPQC

STATE OF TENNESSEE

PROCLAMATION

BY THE GOVERNOR

WHEREAS, the first week of August is recognized as World Breastfeeding Week – a global initiative to raise awareness of the benefits of breastfeeding and its important and positive long-term effects on the growth and development of infants; and

WHEREAS, Tennessee laws permit mothers to breastfeed in any location, public or private, prohibit local governments from criminalizing or restricting breastfeeding, and specify that the act of breastfeeding shall not be considered public indecency; and

WHEREAS, national estimates suggest that if 90 percent of U.S. babies were breastfed exclusively for six months, the nation would save $13 billion per year in health care costs; and

WHEREAS, breastfeeding is recognized by Tennessee Department of Health and major medical organizations such as the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, the Academy of Nutrition and Dietetics, the National Association of WIC Directors, UNICEF and WHO as the preferred method of infant feeding; and

WHEREAS, breastfeeding promotes overall health, growth and development, and helps to prevent infections during infancy, as well as asthma, obesity, diabetes and other chronic illnesses in childhood and later adulthood; and

WHEREAS, mothers benefit from breastfeeding as it not only advances postpartum recovery and return to pre-pregnancy weight, but decreases the risk of ovarian, uterine and endometrial cancers, as well as anemia, diabetes and osteoporosis; and

WHEREAS, women with infants and children are one of the fastest growing segments of the U.S. labor force, yet women cite returning to work as one of the primary reasons for not continuing to breastfeed to six months of age; and

WHEREAS, accommodations for breastfeeding at work benefit not only women and children, but employers as well as there are cost savings in terms of health care including less illness among breastfed children, higher morale and a stronger sense of loyalty among female employees, and greater awareness of a positive, family-friendly image in the community; and

WHEREAS, the Tennessee Department of Health recognizes it is vital for families to make informed choices about the health and care of infants and supports increased efforts by hospital staff, providers, employers and all Tennesseans to encourage breastfeeding; and

WHEREAS, infant nutrition should be considered a public health issue; and

WHEREAS, World Breastfeeding Week 2013 is a time to recognize past achievements and future endeavors and to celebrate the 2013 theme, "Breastfeeding Support: Close to Mothers;"

NOW, THEREFORE, I, Bill Haslam, Governor of the State of Tennessee, do hereby proclaim the week of August 1-7, 2013, as

World Breastfeeding Week

in Tennessee and encourage all citizens to join me in this worthy observance.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the official seal of the State of Tennessee to be affixed at Nashville on this fifth day of July, 2013.

Governor

Secretary of State

State breastfeeding rates increased to 71.1% for 2013 births from 59.6% in 2010.

Exclusive breastfeeding rates at 3 months increased to 38.7% from 17.9%.

Average mPINC score increased to 72 from 62.

Project Leadership

Julie Ware,
MD, MPH,
IBCLC
Cincinnati
Children's

Dr. Michael Warren, Director, Division of Family Health and Wellness, TN DOH

Commissioner
John Dreyzehner, MD, MPH

Governor Bill Haslam

Joan Cook
Lisa Fisher
Kristy Gentry
TN DOH

Anna W. Morad, MD
Vanderbilt

Chris Clark,
THA

Brenda Barker, M Ed
TIPQC

Peter Grubb, MD
TIPQC

And you!

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