

April 24, 2012

National Quality Forum Steering Committee and Staff
1030 15th St, NW
Suite 800
Washington, D.C. 20005

Re: Perinatal and Reproductive Healthcare: Endorsement Maintenance 2011

Dear National Quality Forum Steering Committee and Staff,

The International Formula Council (IFC) is an association of manufacturers and marketers of formulated nutrition products, e.g., infant formulas and adult nutritionals, whose members are based predominantly in North America.* We appreciate the opportunity to comment further on the National Quality Forum's (NQF) Perinatal and Reproductive Healthcare: Endorsement Maintenance 2011. IFC initially submitted comments online on January 18, 2012 regarding this issue. Subsequently, the NQF Steering Committee, members, the Consensus Standards Approval Committee (CSAC), and the NQF Board all voted to endorse the measure.

As noted in our previous comments, the IFC agrees with the American Academy of Pediatrics and other health care professional organizations that breastfeeding is the ideal infant feeding method and that it offers specific infant and maternal health benefits. The IFC also believes that parents should be trusted to make the best feeding choices for their babies according to their life circumstances and the needs of their families, and should be supported in that decision. We believe that families' right to choose and be supported in their infant feeding decisions is not being upheld or protected.

As we previously noted, a mother's choice not to breastfeed is not recognized as reason for exclusion from the The Joint Commission's (TJC) Perinatal Measure of Exclusive Breastfeeding and the NQF's endorsement of the measure. We continue to be concerned that by excluding this option, the measure may be interpreted to mean that a mother's choice is not a valid reason for not exclusively feeding breast milk, and that such measures may be used to discourage hospitals and health care professionals from recognizing, supporting, or respecting mothers who chose not to exclusively breastfeed their infants.

This approach conflicts with the recommendations of health authorities. The World Health Organization's (WHO) *Global Strategy for Infant and Young Child Feeding*¹ states moms should be supported in their feeding decision. Additionally, in the recent *Call to Action to Support Breastfeeding*, both the Surgeon General and the Health and Human Services Secretary advocate no mother should be made to feel guilty if she cannot or chooses not to breastfeed.² We note that at the January 2010 California Breastfeeding Summit, a representative from The Joint Commission gave a presentation that stated (on slide 91), "The Joint Commission recognizes and supports the right of a woman to refuse breast milk feeding" and "A mother's

* IFC members are: Abbott Nutrition; Mead Johnson Nutrition; Nestlé Infant Nutrition; PBM Products, LLC, A Perrigo Company; and Pfizer Nutrition.

choice to breastfeed is a decision to be respected.” However, without a *specific* exclusion that supports a mother’s infant feeding choice, there is no validation of such a statement, and rather the accreditation measure seems a direct violation of a mother’s personal infant feeding decision. We strongly agree with NQF that this measure may be an “encroachment on patient autonomy” as “overzealous insistence on breastfeeding may alienate mothers.”

We believe it is important to note that NQF received 10 comments suggesting that this measure “inappropriately mandates that women breastfeed.” Of particular relevance, several NQF steering committee members expressed concerns similar to ours during the February 1, 2012 conference call; their opinions follow:

“...it’s a little bit disingenuous to say...that this is all about just removing processes. ...there might be the coercion of mothers.... there’s going to be competition between the hospitals... there’s going to be payment decisions...pressure on the hospitals beyond simply... saying... we just want you to... do a better job at not handing out formula.... if you truly just wanted to improve the processes I guess we could just measure those processes.”

“...there happens to be no evidence to demonstrate that over a broad range of population types such as the United States that the hospitals can have a dramatic effect on permanent breastfeeding.”

“...this is a PC measure having very little to do with science and really promoting the coercion of mothers which does happen because... hospitals want to have a high score. They are being judged.”

Previously, IFC strongly urged the NQF to add “mothers who chose not to exclusively breastfeed” to the list of exclusions. This was reiterated by a NQF Steering Committee member who said, “perhaps we could say that... if when they [mothers] enter the hospital if they identify it’s [their infant feeding choice] formula feeding they shouldn’t be a part of this cohort.” We are disappointed to learn that this suggestion apparently was ignored.

Additionally, we recommend language acknowledging that mothers should be recognized, supported, and respected in their personal infant feeding decisions be added to the “4. Feasibility” section of the measurement description.

We would also support a complementary measurement strategy as suggested by another NQF Steering Committee member who said, “a complementary measurement strategy would assure we’re not overly coercive... once this is implemented.” The member suggested “a consumer assessment health plan survey” asking “...did you get the support you need? Was your choice respected?” Unfortunately, this suggestion also was not implemented.

We would welcome a discussion of the exclusive breast milk feeding measure. We agree that more can be done to support and encourage breastfeeding in hospitals; however we believe that accreditation measures should not be intentionally structured to supersede a mother’s own infant feeding choice. Thank you again for the additional opportunity to comment. Please contact me if you have questions.

Sincerely,



Mardi K. Mountford, MPH
Executive Vice President

References

1. World Health Organization; Global Strategy for Infant and Young Child Feeding. Available at: http://apps.who.int/gb/archive/pdf_files/WHA54/ea547.pdf
2. *The Surgeon General's Call to Action to Support Breastfeeding*; January 2011. Available at:
<http://www.surgeongeneral.gov/topics/breastfeeding/calltoactiontosupportbreastfeeding.pdf>
3. Healthy People 2020; Maternal, Infant, and Child Health Objectives. Available at <http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=26>.