Breastfeeding-Related Maternity Care Practices

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Why is breastfeeding important?

- Benefits to infants
  - Decreased incidence of illness and infection
- Benefits to mothers
  - Decreased incidence of breast and ovarian cancers
  - Decreased cardiovascular disease
- Benefits to communities
- American Academy of Pediatrics (AAP):
  - Exclusive breastfeeding for 6 months
  - Continued breastfeeding for at least 1 year with complementary food introduction
Exclusive breastfeeding is defined as only breast milk and needed medications or vitamins

CDC's National Immunization Survey, among children born in 2014
60% of U.S. mothers said they did not breastfeed as long as they intended

The Surgeon General’s Call to Action to Support Breastfeeding

- Barriers:
  - Breastfeeding education
  - Maternity care practices that support breastfeeding
  - Peer and professional support
  - Adequate space, equipment, and time to breastfeed or express milk in workplaces and childcare settings
- Mothers need support to overcome barriers
CDC’s Strategies to Support Breastfeeding

- Hospital support for breastfeeding
- Support for employed women
- Community support for breastfeeding
Maternity Care Practices
Hospital Support of Breastfeeding

- Experiences during maternity stay influence infant feeding
- Barriers:
  - Low priority
  - Insufficient knowledge and clinical competence
  - Fragmented care
  - Inappropriate routines
Baby Friendly
Implementing the UNICEF/WHO Baby Friendly Hospital Initiative in the United States
Ten Steps to Successful Breastfeeding (Ten Steps)

- Have a **written breastfeeding policy** that is routinely communicated to all health care staff
- **Train all health care staff** in the **skills** necessary to implement this policy
- Inform all pregnant women about the **benefits and management** of breastfeeding
- Help mothers initiate **breastfeeding within one hour** of birth
- Show mothers **how to breastfeed** and **how to maintain lactation**, even if they are separated from their infants
- Give infants **no food or drink other than breast-milk**, unless medically indicated
- Practice **rooming-in**, allowing mothers and infants to remain together 24 hours a day
- Encourage **breastfeeding on demand**
- Give **no pacifiers or artificial nipples** to breastfeeding infants
- Foster the establishment of breastfeeding **support groups and refer mothers** to them on discharge from the hospital or birth center
Cessation of breastfeeding before 6 weeks and evidence-based hospital practices

Ten Steps measured:
- Early initiation
- No supplementation
- Rooming-in
- On-demand feedings
- No pacifiers
- Information provided

International Code of Marketing of Breast Milk Substitutes (The Code)

Article 1. Aim of the Code
To contribute to the provision of safe and adequate nutrition for infants, by protection and promotion of breastfeeding, and ensuring proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

Article 2. Scope of the Code
Applies to the marketing and practices related to:
- Breast milk substitutes, including infant formula
- Other milk products, foods and beverages when marketed to be suitable for use as a partial or total replacement of breast milk
- Feeding bottles and nipples
- Use of marketing materials
Baby-Friendly Hospital Initiative (BFHI)

- **Ten Steps** endorsed and promoted by:
  - American Academy of Pediatrics
  - American College of Obstetricians and Gynecologists
  - American Academy of Family Physicians
  - American College of Nurse-Midwives
  - American Academy of Nurses
  - Association of Women’s Health, Obstetrics, and Neonatal Nurses
  - Academy of Breastfeeding Medicine
  - Academy of Nutrition and Dietetics
  - National WIC Association
  - U.S. Breastfeeding Committee
  - U.S. Preventive Services Task Force
  - U.S. Surgeon General
  - Centers for Disease Control and Prevention

- **California**
  - Law that all hospitals must implement the **Ten Steps** by 2025

- **Blue Cross & Blue Shield of Mississippi**
  - Mississippi State Department of Health, Communities and Hospitals Advancing Maternity Practices (CHAMPS)
  - Will require all delivering network hospitals to gain Baby-Friendly designation
CDC-Funded Hospital Quality Improvement Initiatives

- **Best Fed BEGINNINGS**
  - 2011-2014
  - Goals:
    - Increase number of designated hospitals
    - Improve maternity practices that support breastfeeding
  - 76/89 (85%) designated
    - 230,000 births annually
  - First hospitals in Georgia, Kansas, and Mississippi
  - Exclusive breastfeeding: 39% → 61%

- **EMPower Breastfeeding**
  - 2015-2017
  - Goals:
    - Increase number of designated hospitals
    - Identify best practices for achieving designation
  - 11/93 designated; 64 in final phase (D4)
  - First hospitals designated in Arkansas and West Virginia
Percent of U.S. births occurring in Baby-Friendly facilities

- 2017: 21.7%
- Healthy People 2020 (target: 8.1%)
Maternity Practices in Infant Nutrition and Care (mPINC) Survey
mPINC Survey

- Launched in 2007
  - Administered every 2 years
- Census of all hospitals and birth centers
- Breastfeeding-related maternity care practices and policies
- Key informant
- Response rate >80%
mPINC Survey

- Labor and Delivery Care
- Postpartum Care
  - Feeding of breastfed infants
  - Breastfeeding assistance
  - Contact between mother and infant
- Facility Discharge Care
- Staff Training and Education
- Structural and Organizational Aspects of Care
Individualized Benchmark Report
State Reports
mPINNC Web Data Tables

Table 5.2b: Distribution of infant formula discharge packs by state

CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINNC) — 2013

http://www.cdc.gov/breastfeeding/data/mpinc/results-tables.htm
## Average Total mPINC Scores, 2007-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Score</th>
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<tbody>
<tr>
<td>2007</td>
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<tr>
<td>2009</td>
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<td>2011</td>
<td>70</td>
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<tr>
<td>2013</td>
<td>75</td>
</tr>
<tr>
<td>2015</td>
<td>79</td>
</tr>
</tbody>
</table>
Total mPINC Score, by state, 2015

National average: 79
Range: 60-96
Percent of facilities implementing more than half of the *Ten Steps*, mPINC survey, 2007-2015

Vital Signs 2015; 2015 data added
Step 1: Model Hospital Policy
Step 2: Staff Training

15% point increase from 2007
Step 3: Prenatal Education

1.3% point decrease from 2007
Step 4: Early Initiation

26% point increase from 2007
Step 5: Teach Breastfeeding Techniques

6% point increase from 2007
Step 6: Limit Supplementation

7% point increase from 2007
Step 7: Rooming-In

24% point increase from 2007
Step 8: Teaching Feeding Cues

12% point increase from 2007
Step 9: Limit pacifiers and artificial nipples

27% point increase from 2007
Step 10: Discharge Support

7% point increase from 2007
Percent of facilities giving discharge packs with formula to breastfeeding mothers, mPINC, 2007-2015

Next Steps
mPINC 2.0

- Hospitals only
- Exclusively electronic data collection
- Completely revised questionnaire
- New scoring → no continuation of trends
Physician Education & Training

- American Academy of Pediatrics
  - 8 professional organizations
  - U.S. Breastfeeding Committee
  - Altarum

- Landscape Analysis
  - Literature review
  - Key informant interviews
  - Member survey

- Action Plan
CDC’s Division of Nutrition, Physical Activity, and Obesity

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.