



Maternal Care Practices in Hospitals as an Important Strategy for Improving Breastfeeding Rates

Breastfeeding-Friendly Maternal Care Practices in Hospitals in Massachusetts: Background, Benefits, and Laws and Regulations

Breastfeeding in Hospitals in the United States

Breastfeeding produces health benefits for both child and mother, including optimal nutrition for the infant,¹ decreased risk of infant morbidity and death due to Sudden Infant Death Syndrome (SIDS), and decreased risk of maternal morbidity.² Nationally, breastfeeding rates have been rising, with 4 in 5 (81.1%) mothers who gave birth in 2013 initiating breastfeeding and more than half (51.8%) of mothers who gave birth in 2013 still breastfeeding at 6 months.³ Despite this progress, many states fall short of the Healthy People 2020 breastfeeding duration and exclusivity targets. These targets include increasing the proportion of infants who are ever breastfed to 81.9% and increasing the proportion of infants who are breastfed at 6 months to 60.6%.⁴ There are also inequitable disparities in breastfeeding rates, notably along racial⁵ and socioeconomic⁶ lines.

Although many mothers are initiating breastfeeding, breastfeeding rates drop for older infants (at 6 and 12 months).³ According to the Centers for Disease Control and Prevention (CDC), this drop-off in breastfeeding rates suggests that mothers may not be receiving the necessary support to fulfill their breastfeeding intentions.³

The early postpartum period is critical for establishing breastfeeding and providing mothers with the support they need to continue.³ An important environment for early breastfeeding support is the hospital, where the majority of mothers give birth. For that reason, public health and policy advocates have focused on improving hospitals' maternal care practices related to breastfeeding. Evidence indicates that institutional improvements to make maternal care practices more "breastfeeding-friendly"¹ help increase breastfeeding rates,⁷ particularly among underserved populations.^{8, 9}

The Baby-Friendly Hospital Initiative (BFHI), a joint global initiative of the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), establishes evidence-based policies, standards, and best practices for infant breastfeeding in hospitals. Baby-Friendly USA, a nonprofit organization, oversees the implementation and supervision of BFHI in the United States. Based on guidance developed by WHO, Baby-Friendly USA outlines 10 steps that hospitals must

follow to receive a Baby-Friendly designation (the "10 Steps to Successful Breastfeeding"):¹⁰

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within 1 hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in—allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

According to Baby-Friendly USA, as of August 31, 2017, there were more than 450 Baby-Friendly hospitals and birthing centers, including at least 1 in each of the 50 states and the District of Columbia.¹¹ (These figures represent the facilities voluntarily complying with the Baby-Friendly Hospital Initiative and do not necessarily reflect the number of hospitals implementing breastfeeding-friendly maternal care practices required by law.) The CDC considers the number of live births that occur in Baby-Friendly-certified hospitals to be a "breastfeeding support indicator."³

In many states, statutes and regulations require hospitals to adopt some or all of the practices described in the 10 Steps to Successful Breastfeeding ("10 Steps"). As of October 1, 2016, 18 states had enacted laws or regulations that are "breastfeeding-friendly"—that is, they encourage and support breastfeeding initiation and continuation through hospital maternity policies and practices. In 15 of those states, hospitals must follow 1 or more of the practices specifically outlined by the 10 Steps.¹²

¹ The term "breastfeeding-friendly" here refers to practices related to the 10 Steps to Successful Breastfeeding. The terms "Baby-Friendly Hospital Initiative" and "Baby-Friendly" refer to the program launched by the World Health Organization and implemented in the United States by Baby-Friendly USA.

Public health professionals and policymakers can use these statutes and regulations to understand the patterns, trends, and gaps in breastfeeding-friendly hospital practices in their state or nationwide and to identify opportunities for improvement.

Breastfeeding-Friendly Hospitals in Massachusetts

Massachusetts meets the Healthy People 2020 objectives of 81.9% of new mothers ever breastfeeding and 60.6% breastfeeding at 6 months.¹³ As of 2013, 87.4% of mothers in Massachusetts had ever breastfed and 67.9% were breastfeeding at 6 months.¹⁴ As of September 2017, 10 hospitals in Massachusetts had been formally designated as Baby-Friendly by Baby-Friendly USA.¹⁵

Breastfeeding-Friendly Practices Governed by State Law and/or Regulation

This section examines Massachusetts laws and regulations that recommend or require hospitals to implement 1 or more breastfeeding-friendly practices—that is, 1 or more of the 10 Steps to Successful Breastfeeding.

While there is no explicit reference to Baby-Friendly USA or the Baby-Friendly Hospital Initiative in Massachusetts law, hospitals with maternal and newborn services must provide “infant feeding instruction and support during hospitalization.”¹⁶ Specifically, maternal and newborn services must develop written policies that include support for breastfeeding “initiation and maintenance for mothers who choose breastfeeding.”¹⁷ These written policies must support encouragement of breastfeeding as soon after birth as the baby is interested, assistance in initiating and maintaining milk supply when the mother and baby are separated, nursing periods based on the infant’s needs, supplemental bottle feeding only for medical reasons or at the mother’s request, and formula samples or supplies distributed to breastfeeding mothers only with a physician order or upon specific request of the mother.¹⁸

With respect to staff availability and training, in all hospitals with maternal and newborn services, licensed nursing staff providing care to newborns and mothers must have training or skill in initiation and support of lactation.¹⁹ In addition, hospitals must deliver “culturally and linguistically appropriate lactation care and services” and must provide ongoing consultations with board-certified lactation consultants (or consultants with equivalent training and experience) to mothers and infants needing advanced lactation support.²⁰ Neonatal intensive care units must have a lactation consultant who has been trained in caring for infants with special needs available 7 days a week.²¹ Hospitals must also include “written, evidence-based breastfeeding policies and procedures” in staff training and reviews.²² Likewise, hospitals must offer educational programs on breastfeeding support to staff who provide newborn and

maternal services. The programs must include information on the nutritional and physiological aspects of human lactation, proper positions, practices to avoid and address complications, nutritional needs of the mother, safe milk expression and storage techniques, community support services, and cultural breastfeeding values.²³

Hospitals must also have written discharge policies and practices that support breastfeeding. They must provide information about post-discharge resources, including lactation consultants and the availability of breast pumps for breastfeeding mothers.¹⁶ Such information must be made available in the appropriate language and at the appropriate literacy level, as determined by the hospital’s language needs assessment.²⁴ Hospitals providing maternal and newborn services also must have a policy on discharge planning that includes referral to lactation consultants as needed.²⁵

Conclusion

Research suggests that improving maternal care practices at hospitals through breastfeeding-friendly practices can improve breastfeeding rates and thus health outcomes for mothers and infants. Breastfeeding-friendly hospital practices have also been shown to reduce inequitable disparities in breastfeeding rates, including among mothers of different races and socioeconomic statuses. State laws and regulations that require these practices ensure that more women give birth in hospitals that support breastfeeding. States that already require some breastfeeding-friendly practices may consider requiring hospitals to comply with additional breastfeeding-friendly practices or all 10 Steps to Successful Breastfeeding.

Resources

Massachusetts Department of Public Health Breastfeeding Initiative

www.mass.gov/eohhs/gov/departments/dph/programs/family-health/breastfeeding-initiative.html

CDC’s Nutrition, Physical Activity, and Obesity: Data, Trends and Maps (can be filtered to review state-specific breastfeeding data) www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html

CDC’s Breastfeeding Report Cards (includes national and state-level data) www.cdc.gov/breastfeeding/data/reportcard.htm

CDC’s Maternity Practices in Infant Nutrition and Care (mPINC) Survey (measures breastfeeding-related maternity care practices at all intrapartum care facilities in the United States, including variation by states) www.cdc.gov/BREASTFEEDING/data/mpinc/index.htm

Baby-Friendly USA www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative

World Health Organization

www.who.int/nutrition/topics/bfhi/en/

Healthy People 2020

www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives

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- ¹⁶ 105 Code Mass. Regs. 130.615(B)(3).
- ¹⁷ 105 Code Mass. Regs. 130.616(D)(11).
- ¹⁸ 105 Code Mass. Regs. 130.616(D)(11)(b)-(e).
- ¹⁹ 105 Code Mass. Regs. 130.616(F)(2)(j).
- ²⁰ 105 Code Mass. Regs. 130.616(G).
- ²¹ 105 Code Mass. Regs. 130.650(E)(i).
- ²² 105 Code Mass. Regs. 130.616(G)(2).
- ²³ 105 Code Mass. Regs. 130.616(G)(3).
- ²⁴ 105 Code Mass. Regs. 130.615(B).
- ²⁵ 105 Code Mass. Regs. 130.615(I).

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