RATIONALE AND EVIDENCE BASE
Health risks and costs

- Formula feeding and early discontinuation of breastfeeding increases risk of infections, asthma, obesity, diabetes, and SIDS.

- Mothers who breastfeed have a reduced risk of breast and ovarian cancers.

- Low rates of breastfeeding add $2.2 billion a year to direct medical costs.

Breastfeeding recommendations and intentions

- **American Academy of Pediatrics**
  - Exclusive breastfeeding for about 6 mo
  - Continued breastfeeding to 1y or beyond

- **80% of women in the U.S. plan to breastfeed**
  - Majority of these intend to exclusively breastfeed

- **60% of women do not breastfeed as long as intended**
  - Insufficient milk
  - Breast milk not satisfy baby
  - Difficulty nursing (problems with latch, pain, etc.)

*Listening to Mothers II Survey; Infant Feeding Practices II Survey*
Percentage of any and exclusive breastfeeding among US infants born in 2011

- Any breastfeeding
- Exclusive breastfeeding

% of US Infants

Age in months

0 1 2 3 4 5 6 7 8 9 10 11 12

100 90 80 70 60 50 40 30 20 10 0

7 days after birth

CDC National Immunization Survey
Surgeon General’s Call to Action to Support Breastfeeding

- Seeks to make it possible for every woman who wishes to breastfeed to be able to do so
  - Call to action for families, communities, health care, employers, public health professionals, etc.

- Action 7: Ensure that maternity care practices throughout the US are fully supportive of breastfeeding
  - Accelerate implementation of the Baby-Friendly Hospital Initiative
  - Establish systems to control distribution of infant formula in hospitals
Healthy People 2020

- 10-year national objectives to improve the health of all Americans
- Maternal, Infant, and Child Health objectives related to maternity care:
  - Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life
  - Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies (Baby-Friendly facilities)
Ten Steps to Successful Breastfeeding

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

- Breastfeeding within 1 hr: 66% Yes, 77% No
- No supplemental feedings: 65% Yes, 81% No
- Rooming in: 62% Yes, 74% No
- No pacifiers: 69% Yes, 78% No
- Phone number given for breastfeeding help: 64% Yes, 75% No

Murray et al. Birth, 2007
Cessation of breastfeeding before 6 weeks by hospital experience

MATERNITY CARE PRACTICES IN THE U.S.
Baby-Friendly hospitals in the U.S.

- **First U.S. hospital designated in 1996**
- **As of February 2015:**
  - 238 hospitals designated
  - 47 states have at least one Baby-Friendly hospital
  - 11.0% of births
CDC’s Maternity Practices in Infant Nutrition and Care (mPINC) survey

- Census of hospitals with maternity beds and birth centers in U.S. and territories
  - >80% response rate
- Personalized report for participating facilities
- State-level reports
- www.cdc.gov/mpinc
Percent of US hospitals with recommended policies and practices, 2007 and 2013

- Model breastfeeding policy
- Staff competency assessment
- Prenatal breastfeeding education
- Early initiation of breastfeeding
- Teach breastfeeding techniques
- Limited use of supplements
- Rooming-in
- Teach feeding cues
- Limited use of pacifiers
- Post-discharge support

CDC mPINC survey
% of US hospitals by number of recommended practices to support breastfeeding, 2013

Number of recommended practices implemented

45.8
41.5
8.1
4.6

0-2
3-5
6-8
9-10

CDC mPINC survey
MATERNITY CARE PRACTICES IN OHIO
Baby-Friendly hospitals in Ohio

- First Ohio hospital designated in 2003
- As of February 2015:
  - 9 hospitals designated
  - 15.1% of births
Percent of hospitals with recommended policies and practices, Ohio, 2007 and 2013

- Model breastfeeding policy
- Staff competency assessment
- Prenatal breastfeeding education
- Early initiation of breastfeeding
- Teach breastfeeding techniques
- Limited use of supplements
- Rooming-in
- Teach feeding cues
- Limited use of pacifiers
- Post-discharge support

CDC mPINC survey
Percent of hospitals by number of recommended practices to support breastfeeding, Ohio 2013

Number of recommended practices implemented:

- 0-2: 47.7%
- 3-5: 42.0%
- 6-8: 4.5%
- 9-10: 5.7%

CDC mPINC survey
Percent of US hospitals with recommended policies and practices, National and Ohio, 2013

- Model breastfeeding policy
- Staff competency assessment
- Prenatal breastfeeding education
- Early initiation of breastfeeding
- Teach breastfeeding techniques
- Limited use of supplements
- Rooming-in
- Teach feeding cues
- Limited use of pacifiers
- Post-discharge support

% of Hospitals

CDC mPINC survey
mPINC Benchmark Reports are sent to:

- CEO
- Director of OB
- Director of Pediatrics
- Director of Quality Improvement
- Mother/Baby Manager
- Person identified to receive the survey

www.cdc.gov/mpinc
Thank you
mpinc@cdc.gov

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: http://www.cdc.gov

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.