RIGHT FROM THE START:
How Texas Hospitals Can Reduce Obesity Through Breastfeeding Policies

A Brief on Hospital Policies and Texas Breastfeeding Rates
Produced by the Texas Department of State Health Services

Breast milk has served as nature's perfect form of infant nutrition for thousands of years. Today's research can now quantify its benefits to protect against obesity and a host of other health problems. In fact, the Centers for Disease Control estimates that breastfeeding reduces the risk of childhood overweight by 15-30 percent.[1]

However, the challenges of modern life can present mothers with many barriers to breastfeeding. Texas hospitals have a huge opportunity—and a responsibility—to develop and implement policies that help moms overcome these barriers, right from the start. Honing in on the first hours of life can make all the difference.

Breastfeeding can keep obesity at bay

In 2008, 28.9% of adults in Texas were obese.[2] This number is projected to rise to 43% by 2040, which means almost 15 million Texans will be suffering from obesity.[3]

The health implications of this crisis are debilitating. Many obese children now suffer from ailments once seen only in adults, such as weight-related diabetes and joint problems, high blood pressure and high cholesterol. These children risk a lifetime of poor health – obese children are more likely to become obese adults.[4]

Studies show that the longer a child breastfeeds, the less likely he or she is to be overweight. That's one of the many reasons that all leading health authorities recommend mothers breastfeed exclusively for the first six months of a child's life and continue to breastfeed for at least the first year of life and beyond.

The important health outcomes associated with breastfeeding, including reduced obesity, has led the Joint Commission to add a new measure to its Perinatal Care Core Measure Set, asking hospitals to report the rate of exclusive breast milk feeding.[5]

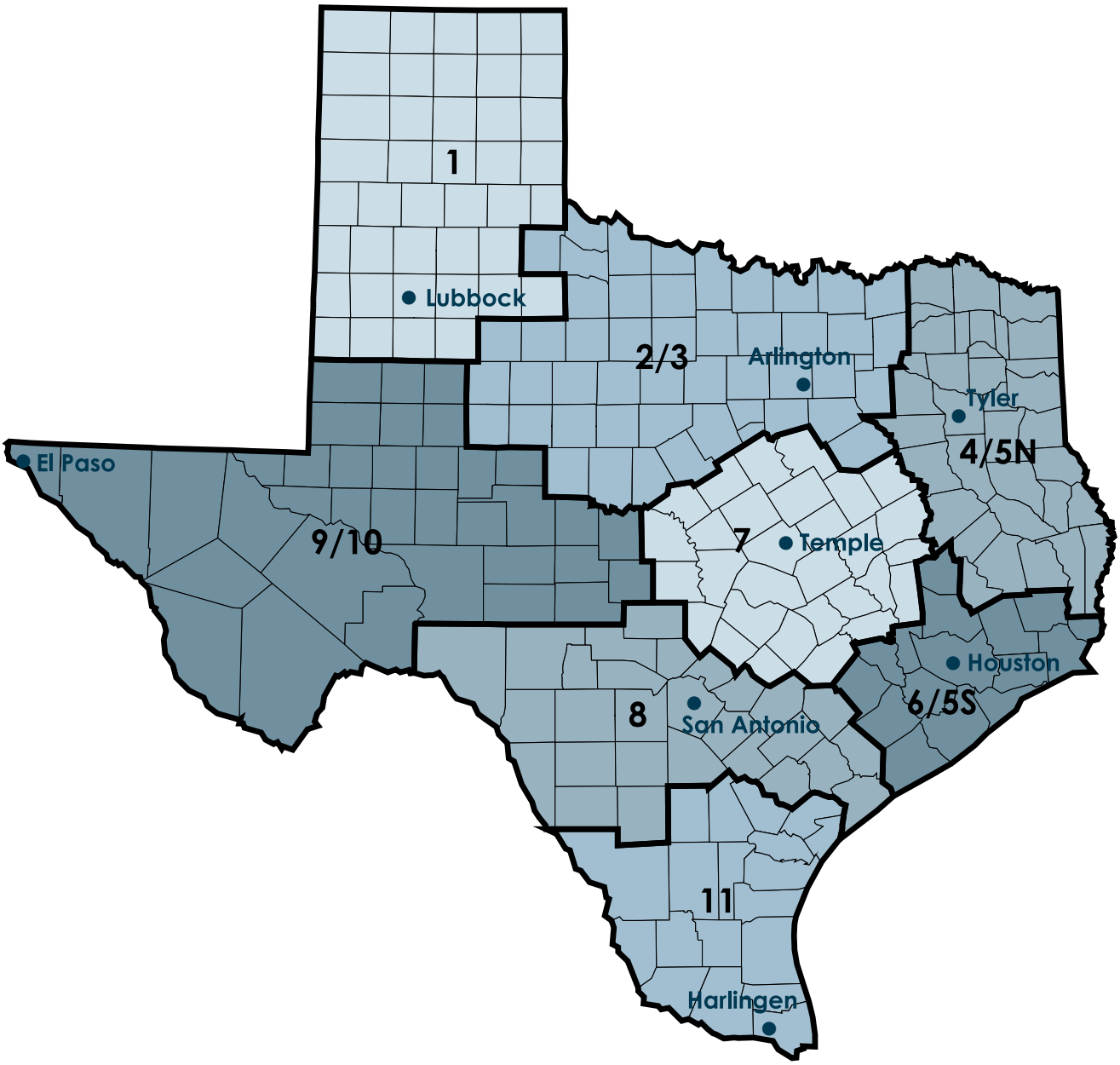
EXCLUSIVE BREASTFEEDING:
Babies receive no food or fluids other than breast milk.

Recommended by: The American Academy of Pediatrics; American College of Obstetricians and Gynecologists; American Academy of Family Physicians; American College of Nurse Midwives; Association of Women's Health, Obstetric, and Neonatal Nurses; American Public Health Association; Academy of Breastfeeding Medicine; World Health Organization; U.S. Department of Health and Human Services; Texas Department of State Health Services; Texas Association of Local WIC Directors, and many others.

Texas breastfeeding rates have room for improvement

As part of its Healthy People 2010 initiative, the U.S. Department of Health and Human Services has set targets for at least 75 percent of infants to initiate breastfeeding in the postpartum period, and for 40 percent of infants to be exclusively breastfed at three months of age.[6] In Texas, more than 78 percent of families make the important decision to initiate breastfeeding. **But only 41.4 percent of Texas babies are being exclusively breastfed on the second day of life—before they leave the hospital.[7]**

Exclusive breastfeeding rates vary widely across the state. The highest rates tend to be in the Panhandle, Central and North Central Texas, while the lowest rates tend to be in the Rio Grande Valley, Gulf Coast, and South Texas Plains. (Figure 1)



PREVALENCE OF IN-HOSPITAL BREASTFEEDING AT 2 DAYS BY DSHS HEALTH SERVICE REGION

Health Service Region	Any breastfeeding at time of screening (%)	Exclusive breastfeeding at time of screening (%)
HSR 1	**69.1**	**52.6**
HSR 2/3	**77.9**	**50.2**
HSR 4/5N	**66.3**	**38.6**
HSR 6/5S	**76.6**	**36.7**
HSR 7	**80.7**	**56.2**
HSR 8	**65.5**	**40.5**
HSR 9/10	**75.3**	**41.3**
PHR 11	**70.4**	**15.1**
Texas	**74.8**	**41.4**

Figure 1: Distribution of In-Hospital Breastfeeding Rates by DSHS Health Service Region, 2008 Births[7]

Hospital policies drive breastfeeding rates

The way a hospital handles a newborn's first minutes, hours and days of life has an enormous impact on breastfeeding outcomes. A multi-center, randomized control study found that babies born in hospitals with policies that promote exclusive breastfeeding were significantly more likely to be exclusively breastfed at six months.[8]

Other studies have consistently shown that evidence-based maternity practices, including "Baby-Friendly" hospital practices, improve mothers' chances of achieving their breastfeeding goals (Figure 2).

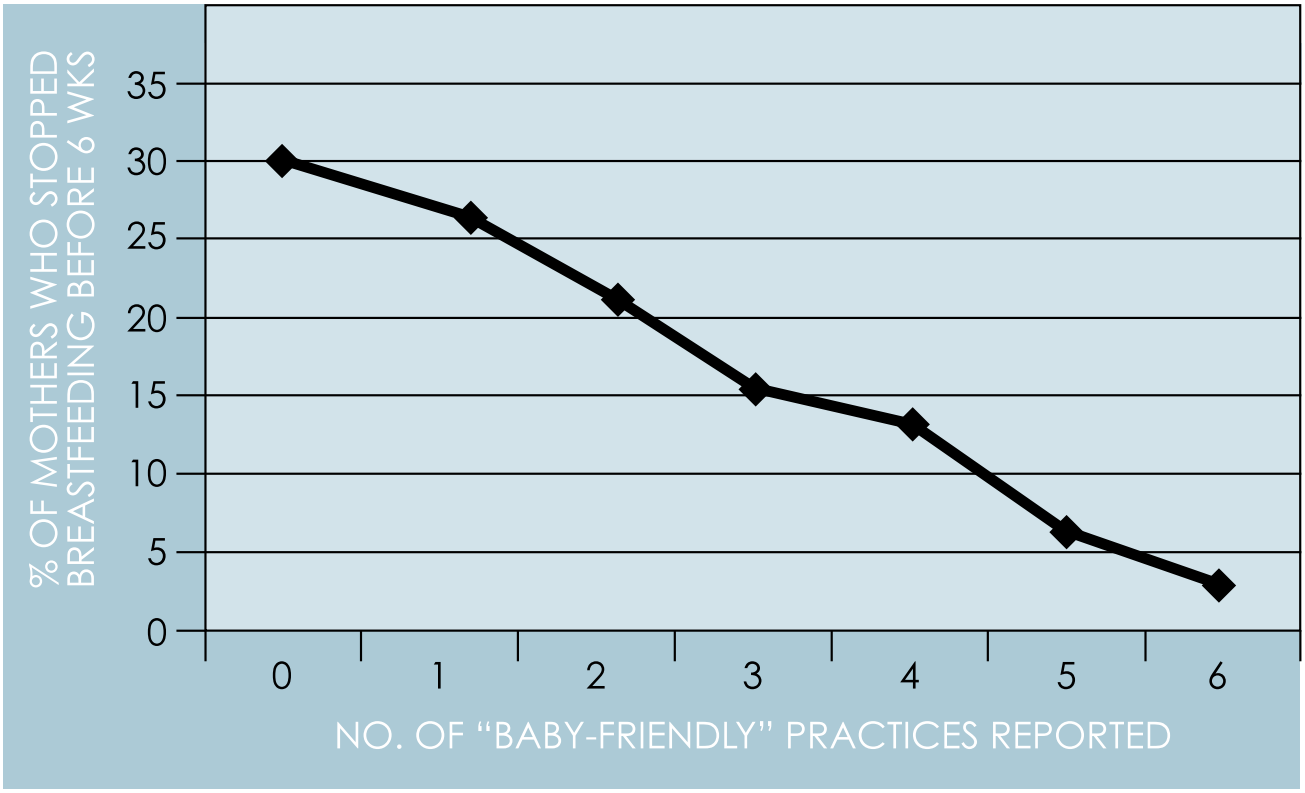


Figure 2: Among women who initiated breastfeeding and intended to breastfeed for > 2 months, percentage who stopped breastfeeding before 6 weeks according to the number of Baby-Friendly Hospital Initiative practices they experienced.[9]

Practices Measured:

- Helping mothers initiate breastfeeding within 1 hour of birth
- Giving newborn infants no food or drink other than breast milk unless medically indicated
- Practicing "rooming-in" by allowing mothers and infants to remain together 24 hours/day
- Encouraging breastfeeding on demand
- Giving no artificial nipples or pacifiers to breastfeeding infants
- Fostering the establishment of breastfeeding support groups and referring mothers to them upon discharge from the hospital or clinic

In 2007, to characterize maternity practices related to breastfeeding, the Centers for Disease Control and Prevention conducted the first national Maternity Practices in Infant Nutrition and Care (mPINC) Survey. Scores were categorized into one of seven maternity care practice dimensions: structural and organizational factors related to breastfeeding; staff breastfeeding training and education; breastfeeding support upon discharge; postpartum feeding of breastfed infants; postpartum contact between mother and infant; postpartum breastfeeding assistance; and labor and delivery.

Results from the survey indicate that birth facilities can do more to provide evidence-based maternity care that is fully supportive of breastfeeding. (Figure 3)

Texas scored 58 out of 100, putting it in the lowest quartile of all states.

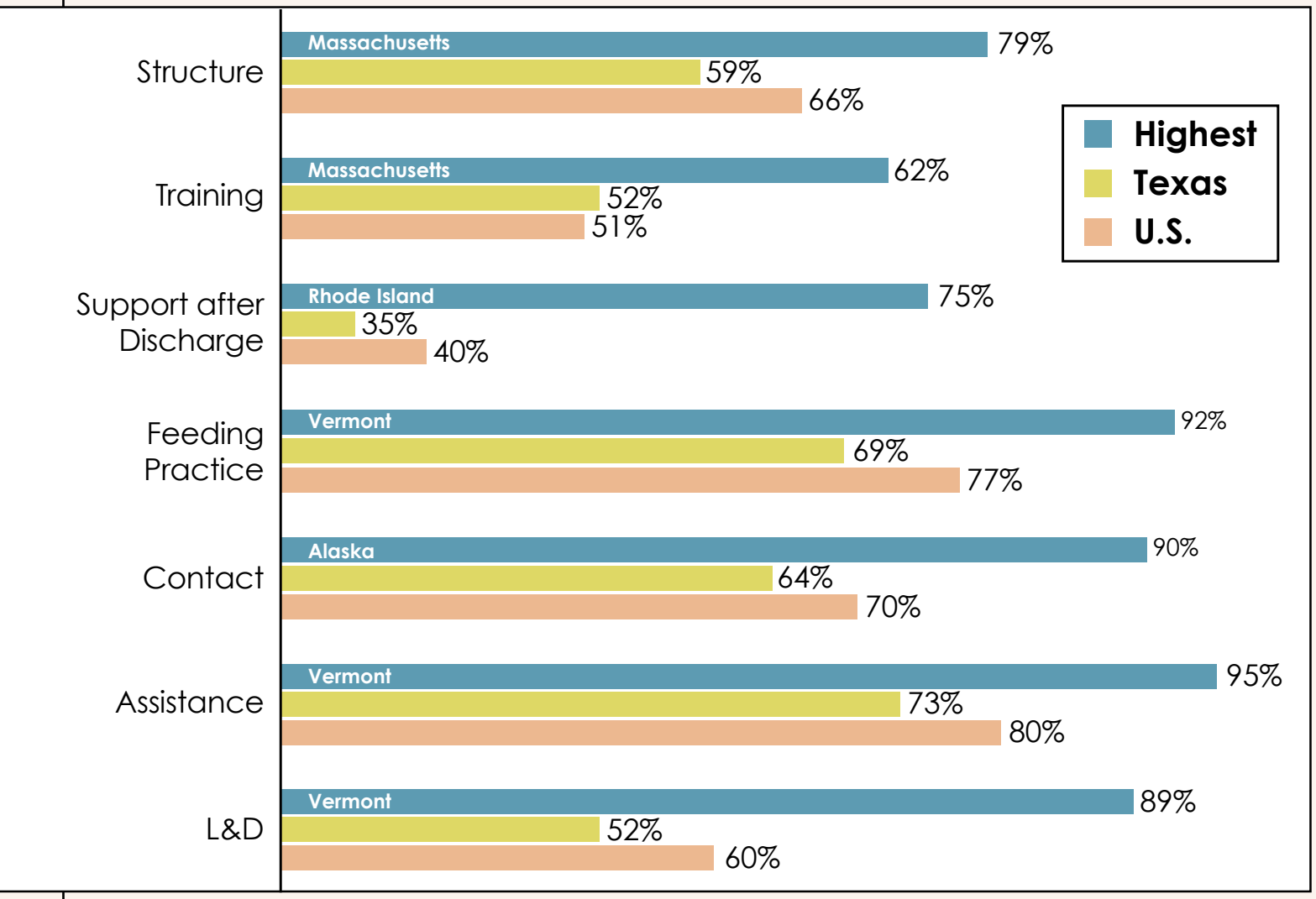


Figure 3: 2007 CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC)[10]

Here is how Texas performed, compared to the nation and the highest ranked state in the U.S. according to each of the seven subscales. Texas ranks about 12 percent lower in all measures except training. The Texas Department of State Health Services offers nationally recognized trainings for health professionals that are available to hospitals statewide.

HOSPITALS HAVE A CLEAR PATH OF ACTION

While every hospital faces its own unique barriers to increasing breastfeeding rates, the good news is that all facilities have access to the same best practices. The Ten Steps to Successful Breastfeeding, as outlined by the World Health Organization and UNICEF, offer an evidence-based guide to improving breastfeeding outcomes. The Ten Steps are endorsed by the American Academy of Pediatrics.[11]

10 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 half an hour of birth. (Note: This step is now interpreted as: "Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.")
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
6. Give newborn 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 artificial teats or pacifiers (dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Figure 4: The Ten Steps To Successful Breastfeeding[12]

Exclusive breastfeeding benefits us all

Breast milk's mix of nutrients and antibodies provides infants with the most complete nutrition possible. Breastfeeding optimizes infant health, so breastfed infants have fewer doctors' visits and serious illnesses than formula-fed infants.[13-14] In addition, studies show that children who were breastfed score higher on IQ tests.[15] Breastfeeding mothers recover from delivery more quickly and experience numerous long-term health benefits, such as reduced risk for breast and ovarian cancers, type 2 diabetes, metabolic disorder, and cardiovascular disease.[13-18] Longer breastfeeding leads to increased protection against acute and chronic disease. The greatest protection is seen with exclusive breastfeeding.[19]

By experiencing fewer hospital visits, less sick time away from work, and preserving financial resources by not spending money on expensive infant formulas, breastfeeding families boost the well-being of entire communities.[20]

BABIES	• Stronger immune system • Reduced risk of infection • Reduced risk of asthma, diabetes, obesity, leukemia • Lower risk of Sudden Infant Death Syndrome • Less time in NICU • Lower hospital readmission rates • Fewer doctor visits • Fewer prescriptions • Promotes cognitive development
MOTHERS	• Reduced risk of type 2 diabetes, breast and ovarian cancers, cardiovascular disease • Quicker recovery time after delivery • Decreased maternal blood loss • Supports birth spacing • Enhances feelings of attachment with infant • Lower incidence of postpartum depression
COMMUNITIES	• Reduced health care costs • Lower absenteeism • Higher productivity • Better school performance • Lower burden of chronic disease

Figure 5: Summary of Breastfeeding Benefits.[13-20]

Benefits of Evidence-Based Breastfeeding Policies

Hospital breastfeeding policies have a huge impact on mothers' attitudes, decisions and long-term behaviors regarding infant feeding.[9-10, 21]

Policies Influence Habits.
After giving birth, many mothers are tired and overwhelmed, both physically and emotionally. Bottle feeding a newborn may seem like a helpful way to let a new mother rest. However, she is likely to continue to rely on the feeding habits she learns in the hospital after discharge.

Policies Communicate Authority.
New mothers crave information from trusted sources. When medical personnel show and tell a mother that breast milk is the ideal form of nutrition for her infant, she becomes more confident in her decision to exclusively breastfeed.

Policies Guide Natural Cycles.
Breastfeeding early and exclusively in the hospital helps a mother establish her milk supply, which makes subsequent feedings easier. Supplementing breastfeeding with formula interferes with a mother's ability to make enough milk for her baby.

Policies Overcome Barriers.
Supporting exclusive breastfeeding in the hospital helps assure that all babies get the very best start in life. For all mothers, feeding during the first days of life can help overcome fears or biases toward breastfeeding.

"Breastfeeding is a natural 'safety net' against the worst effects of poverty… exclusive breastfeeding goes a long way toward canceling out the health difference between being born into poverty and being born into affluence... It is almost as if breastfeeding takes the infant out of poverty for those first few months in order to give the child a fairer start in life."

-James P. Grant, former Executive Director, UNICEF

Policies Improve Hospital Reputations.
Hospitals can use their exclusive breastfeeding policy as a competitive advantage to attract expecting mothers. Hospitals with such policies report greater patient and staff satisfaction.[22] They can also tout the policy in hiring, to attract top candidates.

The Journey to Baby-Friendly: Texas Health Presbyterian Allen

"'Baby-friendly' is not about making choices, but rather about supporting them."

Texas Health Presbyterian Allen is one of 88 designated Baby-Friendly Hospitals in the U.S. Only four other Texas hospitals—Texas Health Harris Methodist Hospital Hurst-Euless-Bedford, Texas Health Harris Methodist Hospital Stephenville, Texas Health Harris Methodist Hospital Ft. Worth, and Texas Health Arlington Memorial Hospital —share this distinction.[23]

The Baby-Friendly Hospital Initiative, sponsored globally by WHO and UNICEF, incorporates the Ten Steps to Successful Breastfeeding and recognizes evidence-based practices for the care of mothers and infants.

Texas Health Presbyterian Allen supported system-wide adoption of the Ten Steps by emphasizing and investing in staff training programs, eliminating the use of formula gift bags and collaborating on a system-wide postpartum/newborn education booklet.

Interestingly, the hospital received no complaints from patients when it eliminated the formula discharge bag.

Texas Health Presbyterian Allen conducts regular audits of its progress and continues to see breastfeeding rates increase above state levels.

HOSPITAL POLICIES MAKE THE DIFFERENCE IN BREASTFEEDING: Findings from The Brownsville Matamoros Sister City Project

In 2005, a multinational group initiated a surveillance study of perinatal health outcomes in Brownsville, TX and Matamoros, Tamaulipas in Mexico. This project was named the Brownsville-Matamoros Sister City Project.[24]

The prevalence of attempted breastfeeding in Matamoros was 81.9 percent compared to 63.7 percent in Cameron County, Texas. After adjusting for other factors, the odds of attempting breastfeeding for women living in Matamoros were nearly double (OR: 1.93 (1.31-2.84) those of women living in Cameron County.

This disparity may be addressed by improved policies relating to the hospital environment for breastfeeding.

Mexico's Ministry of Health's federally regulated clinical practice guidelines support:

- Breastfeeding initiation within the first 2 hours following delivery when conditions permit.
- Breastfeeding infant on demand.
- Standards, criteria and procedures that promote and protect exclusive breastfeeding.

Federal regulations in Mexico restrict:

- The distribution of breast milk substitutes (infant formula) in the hospital.
- The distribution or promotion of breast milk substitutes by medical units.
- The distribution of incentives to health care providers from the manufacturers of breast milk substitutes.

The Texas/Mexico border has some of the poorest areas in either country. Given the poverty rates, low-cost and high-impact interventions such as breastfeeding are extremely important to reduce the burden on an already over-burdened health care system.

Make the Change

The Texas Hospital Association and the Texas Department of State Health Services together have developed the Texas Ten Step Program to provide resources and a framework to help facilities improve breastfeeding outcomes. The Texas Ten Step Program recognizes hospitals that adopt evidence-based breastfeeding policies, and encourages continued progress toward full adoption of the WHO-UNICEF Ten Steps to Successful Breastfeeding. The DSHS Texas Ten Step certification is endorsed by the Texas Medical Association, and is entirely voluntary and self-reporting. There are no external audits or site visits. Certification is awarded for 85 percent compliance with the Texas Ten Step policies.

For more information about the Texas Ten Step Program, please contact:

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Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
Texas Department of State Health Services
4616 W. Howard Lane, Bldg 8, Ste 840
Austin, TX 78728

(512) 341-4592

http://www.TexasTenStep.org

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DATA NOTES:

- Newborn Screening is mandated in the state of Texas by the Texas Health & Safety Code Chapter 33. Hospital-based submitters are requested to complete the Newborn Screening (NBS) Test Form between 24 and 48 hours after an infant's birth. When completing the form, staff must select one of the following categories to describe "feed at time of specimen collection": (1) Breast (2) Bottle (3) TPN +/- milk and (4) Breast/Bottle.
- The numerator for "Exclusive Breastfeeding" includes records marked "Breast." The numerator for "Any Breastfeeding" includes records marked as either "Breast" or "Breast/Bottle." The denominator excludes cases with unknown method of feeding (cases with missing feeding information) and cases marked as TPN +/-milk.
- Military hospitals and hospitals with fewer than 30 births have been excluded from the calculations

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