



Hospital Practices That Support Breastfeeding Among Maternity Patients in Ohio: 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 mortality, 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.

Current high rates of breastfeeding initiation indicate that mothers in the United States want to breastfeed, but low breastfeeding rates among older infants (6–12 months) indicate that mothers do not continue to do so.⁷ 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.⁸

The early postpartum period is critical for establishing breastfeeding and providing mothers with the support they need to continue. 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 hospital maternity practices related to breastfeeding. Evidence indicates that institutional improvements to make maternity practices more supportive of breastfeeding help increase breastfeeding rates,⁹ particularly among underserved populations.¹⁰

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”):¹¹

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 centerⁱ

According to Baby-Friendly USA, as of May 18, 2018, there were 518 Baby-Friendly hospitals and birthing centers, including at least 1 in each of the 50 states and the District of Columbia.¹² (These figures represent the facilities voluntarily complying with the Baby-Friendly Hospitals Initiative and do not necessarily reflect the number of hospitals implementing breastfeeding-supportive 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.”¹³

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 April 1, 2018, 18 states had enacted laws or regulations that 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.¹⁴

ⁱ The 10 Steps listed here do not reflect revisions made by WHO in April 2018. All research cited in this fact sheet is based on the version of the 10 Steps listed here. The steps remain substantively the same despite these revisions. For more on the updated 10 Steps, see www.who.int/nutrition/bfhi/ten-steps/en/.

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

Baby-Friendly Hospitals in Ohio

Ohio does not meet the Healthy People 2020 objectives of 81.9% of new mothers ever breastfeeding and 60.6% breastfeeding at 6 months.¹⁵ As of 2013, 77.7% of mothers in Ohio had ever breastfed and 43.8% were breastfeeding at 6 months.¹⁶ As of May 2018, 9 hospitals in Ohio had been formally designated as Baby-Friendly by Baby-Friendly USA.¹⁷

State Law Related to Hospital Practices That Support Breastfeeding

This section examines Ohio's laws and regulations that recommend or require hospitals to implement 1 or more practices that support breastfeeding—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 Ohio law, hospitals with obstetrical services (Levels I–III) must comply with certain breastfeeding-supportive requirements. Specifically, hospitals with obstetrical services must “[p]rovide education for mothers regarding . . . newborn care and nutrition, and newborn feeding.”^{18, 19, 20}

With respect to staff availability and training, hospitals with obstetrical services must have a certified lactation consultant either on staff or available for consultation.^{21, 22, 23} In addition, hospitals with Level III obstetrical services must provide additional certified lactation consultants based on patients' needs.²³

Ohio law does not currently include provisions addressing other aspects of the 10 Steps to Successful Breastfeeding—such as an explicit prohibition on hospitals' giving pacifiers or artificial nipples to breastfeeding infants or a requirement that hospitals help mothers initiate breastfeeding within 1 hour of birth.

Conclusion

Research suggests that improving maternity care at hospitals through practices that support breastfeeding can improve breastfeeding rates and thus health outcomes for mothers and infants. Hospital practices that support breastfeeding among maternity patients have also been shown to reduce inequitable disparities in breastfeeding rates, including disparities 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 practices that support breastfeeding may consider requiring hospitals to implement additional breastfeeding-supportive practices or all 10 Steps to Successful Breastfeeding.

Resources

Ohio Public Health Data Warehouse's Maternal and Child Health Block Grant Reports (includes general maternal and child health information)

publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MCHBlockGrant

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

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

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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- ⁴ Breastfeeding Report Cards. Centers for Disease Control and Prevention website. www.cdc.gov/breastfeeding/pdf/2016breastfeedingreportcard.pdf. Updated June 5, 2017. Accessed May 17, 2018.
- ⁵ See, eg, Jones K, Power M, Queenan J, Schulkin J. Racial and Ethnic Disparities in Breastfeeding. *Breastfeed Med*. 2015;10(4):186–196. doi:10.1089/bfm.2014.0152.
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- ⁹ See, eg, Howe-Heyman A, Lutenbacher M. The Baby-Friendly Hospital Initiative as an intervention to improve breastfeeding rates: A review of the literature. *J Midwifery Women's Health*. 2016;61(1):77-102. doi:10.1111/jmwh.12376.
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- ¹⁸ Ohio Admin. Code 3701:7-09(H)(8).
- ¹⁹ Ohio Admin. Code 3701:7-10(H)(8).
- ²⁰ Ohio Admin. Code 3701:7-11(H)(8).
- ²¹ Ohio Admin. Code 3701:7-09(L)(5).
- ²² Ohio Admin. Code 3701:7-10(K)(11).
- ²³ Ohio Admin. Code 3701:7-11(K)(11).