Breastfeeding is a National Priority

Breastfeeding is associated with decreased risk for infant morbidity and mortality as well as maternal morbidity, and provides optimal infant nutrition. Healthy People 2020 establishes breastfeeding initiation, continuation, and exclusivity as national priorities.

Changes in Maternity Care Practices Improve Breastfeeding Rates

Maternity practices in hospitals and birth centers can influence breastfeeding behaviors during a period critical to successful establishment of lactation. Abundant literature, including a Cochrane review, document that institutional changes in maternity care practices to make them more supportive of breastfeeding increase initiation and continuation of breastfeeding.

Breastfeeding Support in Texas Facilities

Strengths

- **Provision of Breastfeeding Advice and Counseling**: Staff at 88% of facilities in Texas provide breastfeeding advice and instructions to patients who are breastfeeding, or intend to breastfeed. The American Academy of Pediatrics (AAP) recommends pediatricians provide patients with complete, current information on the benefits and methods of breastfeeding to ensure that the feeding decision is a fully informed one. Patient education is important in order to establish breastfeeding.

- **Documentation of Mothers' Feeding Decisions**: Staff at 96% of facilities in Texas consistently ask about and record mothers' infant feeding decisions. Standard documentation of infant feeding decisions is important to adequately support maternal choice.

Needed Improvements

- **Appropriate Use of Breastfeeding Supplements**: Only 19% of facilities in Texas adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water. The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) Guidelines for Perinatal Care recommend against routine supplementation because supplementation with formula and/or water makes infants more likely to receive formula at home and stop breastfeeding prematurely.

- **Inclusion of Model Breastfeeding Policy Elements**: Only 15% of facilities in Texas have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM). The ABM model breastfeeding policy elements are the result of extensive research on best practices to improve breastfeeding outcomes. Facility policies determine the nature of care that is available to patients. Facilities with comprehensive policies consistently have the highest rates of exclusive breastfeeding, regardless of patient population characteristics such as ethnicity, income, and payer status.

- **Provision of Hospital Discharge Planning Support**: Only 23% of facilities in Texas provide hospital discharge care including a phone call to the patient's home, opportunity for follow-up visit, and referral to community breastfeeding support. The American Academy of Pediatrics (AAP) clinical practice guidelines recommend examination of the newborn by a qualified health care professional within 48 hours of hospital discharge in order to assess breastfeeding. Ensuring post discharge ambulatory support improves breastfeeding outcomes.

- **Initiation of Mother and Infant Skin-to-Skin Care**: Only 51% of facilities in Texas initiate skin-to-skin care for at least 30 minutes upon delivery of the newborn. Upon delivery, the newborn should be placed skin-to-skin with the mother and allowed uninterrupted time to initiate and establish breastfeeding in order to improve infant health outcomes and reduce the risk of impairment of the neonatal immune system from unnecessary non-breast milk feeds.

Every two years, CDC administers the national Maternity Practices in Infant Nutrition and Care (mPINC) survey to all hospitals and birth centers in the U.S. that provide maternity care. Data from this survey can be used to establish evidence-based, breastfeeding-supportive maternity practices as standards of care in hospitals and birth centers across the US. Improved care will help meet Healthy People 2020 breastfeeding objectives and will help improve maternal and child health nationwide.
Improvement is Needed in Maternity Care Practices and Policies in Texas.

Many opportunities exist to protect, promote, and support breastfeeding mothers and infants in Texas.

Potential opportunities:

- Examine Texas regulations for maternity facilities and evaluate their evidence base.
- Sponsor a Texas-wide summit of key decision-making staff at maternity facilities to highlight the importance of evidence-based practices for breastfeeding.
- Encourage and support hospital staff across Texas to be trained in providing care that supports mothers to breastfeed.
- Establish links among maternity facilities and community breastfeeding support networks in Texas.
- Implement evidence-based practices in medical care settings across Texas that support mothers’ efforts to breastfeed.
- Integrate maternity care into related hospital-wide Quality Improvement efforts across Texas.
- Promote utilization of the Joint Commission’s Perinatal Care Core Measure Set including exclusive breast milk feeding at hospital discharge in Texas hospital data collection systems.

Questions about the mPINC survey?

Information about the mPINC survey, benchmark reports, scoring methods, and complete references are available at: www.cdc.gov/mpinc

For more information:
Division of Nutrition, Physical Activity, and Obesity Centers for Disease Control and Prevention
Atlanta, GA USA