

Maternal Care Practices and Breastfeeding in North Carolina: Becoming Baby-Friendly

Susan R. Mims, Joni H. Lisenbee

Baby Friendly hospitals promote and support breastfeeding to increase the number of infants who receive the health and social benefits and optimal nutrition that breast milk provides. Hospitals that implement best practices for breastfeeding can receive the “baby friendly” designation. A transdisciplinary approach is increasing the number of North Carolina mothers who initiate breastfeeding.

The American Academy of Pediatrics unequivocally states that “human milk is the preferred feeding for all infants, with rare exceptions” and recommends exclusive breastfeeding during the first 6 months of life and continued breastfeeding for at least the first year of life [1]. Despite knowledge that breast milk is the best source of nutrition for infants, in the United States nearly one-quarter of infants never receive any breast milk [2]. Breastfeeding fell out of fashion with the advent of formula in the early 20th century. Modern scientific evidence demonstrates the health benefits of breastfeeding, and health providers, public health professionals, and members of the general public have increasingly focused on spreading that message supporting a resurgence in breastfeeding.

Breast milk offers a long list of proven benefits for infants and their mothers. Breast milk protects a newborn against many infectious diseases by bolstering the immune system and passing important immunological components from the mother to the baby [1]. In addition to decreasing an infant’s chances of having an acute disease in childhood, breast milk also enhances developmental growth and protects against chronic diseases later in life, such as obesity, diabetes, heart disease, and cancer [1]. Nursing mothers also experience benefits from breastfeeding, including a more rapid return to prepregnancy weight, osteoporosis prevention, a decreased risk of depression, and protection against breast, uterine, and ovarian cancer [1]. In addition to these health benefits, breastfeeding also has environmental and societal benefits and offers cost savings to families and employers.

A mother’s decision to breastfeed is influenced by many factors, including her knowledge base, social norms, lactation problems, family and social support, and employment. In North Carolina, obstacles to breastfeeding are more pro-

nounced among women who are poor or have less education, resulting in lower breastfeeding rates in these populations [3]. There are also substantial variations in breastfeeding rates among racial and ethnic populations, with non-Hispanic black women being least likely to breastfeed their infants [3, 4].

The Centers for Disease Control and Prevention (CDC) Healthy People 2020 goals for breastfeeding include achieving exclusive breastfeeding for the first 6 months of life for 25.5% of infants [5]. North Carolina is currently well below this target: Only 15.3% of mothers in the state breastfeed exclusively for the first 6 months [6]. The goal for continuing breastfeeding until the infant is a year old is 34.1% [5], but in North Carolina, only 20.8% of infants are still breastfeeding at 1 year [6]. Although breastfeeding rates are currently below the CDC goals, those rates are increasing (Figure 1). From 2008 to 2009, breastfeeding initiation rates in the United States increased from 74.6% to 76.9% [7], the largest annual increase in a decade. North Carolina’s breastfeeding initiation rate of 68.2% falls below the national average [6].

To meet Healthy People 2020 goals, the North Carolina Division of Public Health revised a document in 2011 that it had released in 2006 titled Promoting, Protecting, and Supporting Breastfeeding: A North Carolina Blueprint for Action [8]. The 2011 update offers a status report, discussing many statewide activities to promote breastfeeding. The North Carolina Breastfeeding Coalition [9], the Carolina Global Breastfeeding Institute [10], and the Perinatal Quality Collaborative of North Carolina are leaders in this effort [11].

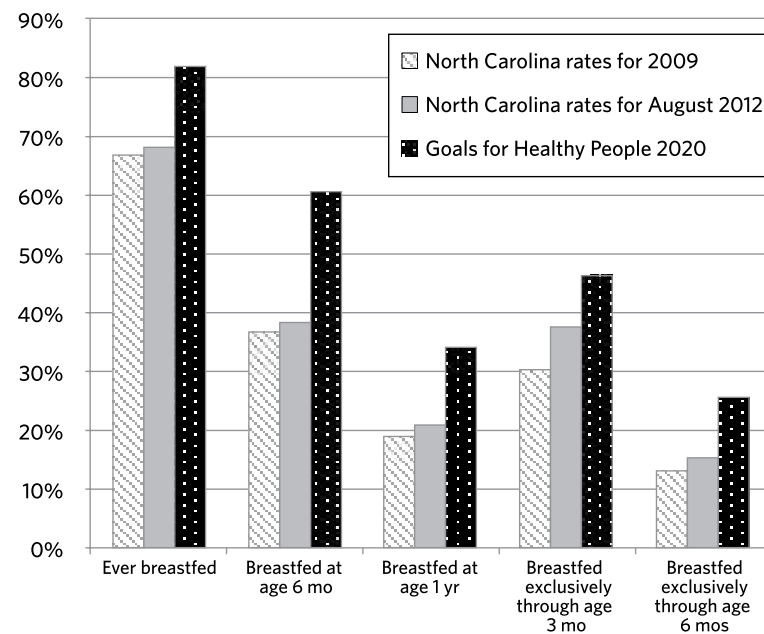
Recognizing that hospital maternity practices can either interfere with or support the practice of breastfeeding, in 1991 the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) developed the Baby-Friendly Hospital Initiative (BFHI) to guide institu-

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FIGURE 1.
North Carolina Progress Toward the Goals of Healthy People 2020



Sources of data: US Department of Health and Human Services [5] and Centers for Disease Control and Prevention [6, 18].

tions in promoting breastfeeding. The Baby-Friendly USA Web site states that “The Baby-Friendly Hospital Initiative is a global program...to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding” [12]. To facilitate the goal of optimal support for breastfeeding, the BFHI offers 10 steps to successful breastfeeding, which are outlined in Table 1 [13]. To achieve the “baby friendly” designation, a hospital or birthing center must demonstrate implementation of these steps during an onsite review.

The Healthy People 2020 goal is for 8.1% of live births to occur in baby-friendly hospitals [5]. North Carolina has achieved this goal; the rate in the state is 9.91% [14]. However, it is important that we continue to strive for increased support in hospitals for breastfeeding mothers.

North Carolina health care facilities that have achieved the “baby friendly” designation are Mission Hospital in Asheville (in April 2010), Women’s Birth and Wellness Center in Chapel Hill (in June 2010), Vidant Medical Center in Greenville (December 2011), and North Carolina Women’s Hospital in Chapel Hill (March 2012). Several other facilities across the state are in the process of achieving the designation.

Mission Hospital’s journey to “baby friendly” status began in August 2008, when a group of staff members met to determine the best way to improve breastfeeding care. During this pivotal meeting, a common theme of inconsistent messaging emerged. The team reviewed the literature for evidence-based practices before developing a breastfeeding policy. This research resulted in the hospital signing

a letter of intent in January 2009 to become a baby-friendly hospital through implementation of the 10 steps to successful breastfeeding.

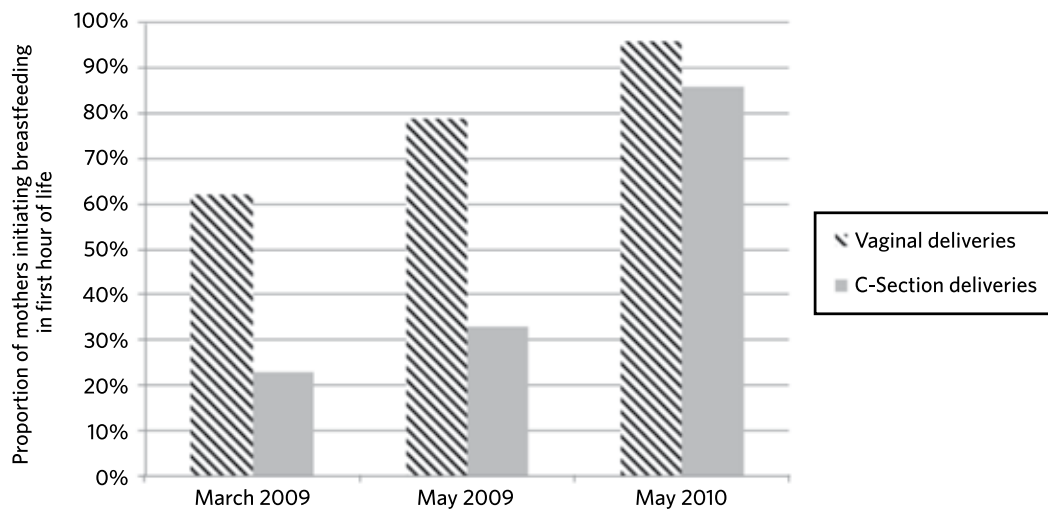
With strong support from hospital administrators, Mission Hospital set an ambitious timeline, initiating a 13-month plan of education and competency verification. One of the first interventions was to stop distributing formula bags to families. According to the North Carolina Breastfeeding Coalition, “Multiple studies show that when

TABLE 1.
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 half 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 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 (also called 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.

Reprinted with permission from the World Health Organization [13].

FIGURE 2.
Breastfeeding Initiation Rates Within the First Hour of Life at Mission Hospital in Asheville, North Carolina.



Note. C-section, cesarian section. Data are from unpublished data (from March 2009 through May 2010), Mission Hospital, Asheville, North Carolina.

breastfeeding mothers are given commercial companies' marketing bags, they are more likely to start using formula—even if the formula samples have been removed from the bags" [15].

The next focus was the education of staff members and verification of their competency. This took the better part of 13 months to accomplish. We purchased an online education module that allowed staff members to complete this work at their own pace, followed by competency verification. This was the most important aspect of achieving our designation.

Strong commitment from hospital administrators and nursing staff was critical, as was finding physicians willing to champion the cause. Our team included obstetricians, pediatricians, and family physicians.

Part of the process of achieving "baby friendly" designation is documenting physician education regarding breastfeeding. We used an approved online resource for physician education. To reach a wide audience, we also scheduled continuing medical education conferences. Assuring that nurses, lactation consultants, and physicians received the latest education on breastfeeding made it possible for all caregivers to communicate a consistent message of support for mothers.

Some women will not be able to breastfeed, but this is rare. Some women will choose not to breastfeed, and that choice should be respected. It is important to discuss the benefits of breastfeeding early in pregnancy; this requires working closely with obstetrical providers. More women are choosing to breastfeed their babies since Mission Hospital began providing broad education to staff, coordinating the timing and content of our lactation education, and assuring that women have the support they need (Figure 2).

Sharing data was key to improving our hospital's perfor-

mance on breastfeeding quality measures. Staff appreciated the chance to see the progress made and to identify remaining challenges. Results are routinely posted in the unit and shared at staff meetings. The data shared include breastfeeding initiation; exclusive breastfeeding on discharge; and, for the mothers of babies who are transferred to the neonatal intensive care unit, initiation of breast pumping.

The challenges of changing the culture in a hospital setting can be overwhelming. Having a clear vision of the goal is crucial. Staff involvement is critical. The leadership at Mission Hospital made it clear that we were headed for the "baby friendly" designation, but the process was guided by staff. To succeed in bringing about change, frontline staff must be involved. Tracking and sharing results of the work keeps staff engaged in the change process.

Building strong community relationships with stakeholders outside the hospital is as important as the work done in the hospital. Surgeon General Regina M. Benjamin highlighted this in her report *The Surgeon General's Call to Action to Support Breastfeeding* (January 2011) [16]. The report outlines 20 action steps that families, communities, health care workers, employers, researchers, and public health professionals can take to promote breastfeeding.

The Patient Protection and Affordable Care Act includes provisions that support women and their families in reaching their breastfeeding goals [17]. It requires health plans to cover preventive services with no cost sharing, and specifies that these services must include breastfeeding support, supplies, and counseling. The act also requires employers to provide a reasonable amount of break time in a private place that is not a bathroom for breastfeeding mothers to express breast milk during the workday for 1 year after the birth of a child.

The trends in breastfeeding rates are encouraging. As

more hospitals attain the “baby friendly” designation, breastfeeding rates can reach the Healthy People 2020 goals. Providing education and support to mothers at the time of birth is important, but insufficient. North Carolina must continue efforts to spread the public health message of the benefits of breastfeeding and assure a supportive environment in the workplace and in the community. With a continued strong statewide effort, and with commitment on the part of the health care system to making changes in maternity practices, North Carolina will continue to see more infants nourished by their mother’s milk and enjoying the myriad health and social benefits it offers. **NCMJ**

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