

Vital Signs: Hospital Practices to Support Breastfeeding — United States, 2007 and 2009

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Abstract

Background: Childhood obesity is a national epidemic in the United States. Increasing the proportion of mothers who breastfeed is one important public health strategy for preventing childhood obesity. The World Health Organization and United Nations Children's Fund (UNICEF) Baby-Friendly Hospital Initiative specifies Ten Steps to Successful Breastfeeding that delineate evidence-based hospital practices to improve breastfeeding initiation, duration, and exclusivity.

Methods: In 2007 and 2009, CDC conducted a national survey of U.S. obstetric hospitals and birth centers. CDC analyzed these data to describe the prevalence of facilities using maternity care practices consistent with the Ten Steps to Successful Breastfeeding.

Results: In 2009, staff members at most hospitals provide prenatal breastfeeding education (93%) and teach mothers breastfeeding techniques (89%) and feeding cues (82%). However, few hospitals have model breastfeeding policies (14%), limit breastfeeding supplement use (22%), or support mothers postdischarge (27%). From 2007 to 2009, the percentage of hospitals with recommended practices covering at least nine of 10 indicators increased only slightly, from 2.4% to 3.5%. Recommended maternity care practices vary by region and facility size.

Conclusion: Most U.S. hospitals have policies and practices that do not conform to international recommendations for best practices in maternity care and interfere with mothers' abilities to breastfeed.

Implications for Public Health Practice: Hospitals providing maternity care should adopt evidence-based practices to support breastfeeding. Public health agencies can set quality standards for maternity care and help hospitals achieve Baby-Friendly designation. Because nearly all births in the United States occur in hospitals, improvements in hospital policies and practices could increase rates of exclusive and continued breastfeeding nationwide, contributing to improved child health, including lower rates of obesity.

Introduction

Obesity is a national epidemic in the United States, and children are not exempt. Currently, 21% of children aged 2–5 years are at least overweight, and half of those children are obese (1). Obese children and adolescents are more likely to have elevated cholesterol and blood pressure levels, breathing and joint problems, and to become obese adults (2). Substantial epidemiologic evidence now establishes breastfeeding as an important public health strategy for preventing childhood obesity (3). In a meta-analysis, children who were breastfed had reduced odds for obesity at various ages compared with those who were formula fed (4). In a separate meta-analysis, children breastfed for 9 months had a more than 30% reduced odds of becoming overweight compared with children never breastfed,

and the two studies that examined exclusive breastfeeding showed a stronger effect (5). Breastfeeding affords infants and mothers additional benefits. When mothers formula feed or discontinue breastfeeding early, the risk for infectious illnesses in their children is increased, as is the mother's risk for developing breast and ovarian cancer (6).

The American Academy of Pediatrics recommends exclusive breastfeeding (breast milk with no solids or other liquids except vitamin/mineral supplements or medications) for about the first 6 months of infancy, and then continued breastfeeding, along with the introduction of iron-rich foods, for at least the first year of an infant's life (7). Although approximately 80% of women in the United States indicate before delivery that they intend to breastfeed (8), and 75% initiate breastfeeding, at

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