



PRAMS

Perspectives

A Pregnancy Risk Assessment Monitoring System Report – January 2017 Breastfeeding Friendly Practices in Utah Hospitals

Background

Health professionals widely agree that breast milk provides the ideal nutrition for infants. Infants that are breastfed exclusively for the first six months of life have a lower risk of developing asthma, allergies, ear infections, respiratory illnesses, and diarrhea.¹ Additionally, women who breastfed have a lower risk of developing breast and ovarian cancer, decreased risk of Type 2 diabetes, decreased postpartum blood loss, and more rapid contraction of the uterus.^{1,2}

The *Stepping Up for Utah Babies* program was developed in 2015 by the Utah Department of Health to recognize Utah hospitals that have taken steps to promote, protect, empower, and encourage breastfeeding in their facilities. The *Stepping Up for Utah Babies* program guides hospitals to successfully implement the “Ten Steps to Successful Breastfeeding,” which are evidence-based maternity care practices that show the best support of breastfeeding, as well as improved care experiences and outcomes for non-breastfeeding families.³

The *Stepping Up for Utah Babies* program allows hospitals to work on two steps at a time, with a goal of completing all ten steps to make facility wide improvements to encourage better breastfeeding outcomes. Participating hospitals may choose to complete two, four, six, eight, or all ten steps; however, participating hospitals must create or update a breastfeeding support policy that address the steps they plan on implementing. Currently, a workgroup with representatives from the Maternal and Infant

“TEN STEPS TO SUCCESSFUL BREASTFEEDING”

1. Have a written breastfeeding policy that is routinely communicated to all healthcare 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 one 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

Health, Women Infant and Children (WIC), Mother to Baby, and Environment, Policy and Improved Clinical Care (EPICC) programs at the Utah Department of Health are facilitating the implementation of the *Stepping Up for Utah Babies* program in 18 delivering hospitals throughout Utah. Outreach to the remaining 26 of 44 total delivering hospitals is ongoing. In addition, the University of Utah Hospital implemented all 10 steps in 2008 in accordance with the National Baby Friendly Hospital Initiative.

This report examines the extent to which Utah hospitals incorporated the “Ten Steps to Successful Breastfeeding” into their maternity care practices during 2012 - 2014 (before the *Stepping Up for Utah Babies* program was initiated in 2015) and how the steps affected breastfeeding duration.

What is PRAMS?

Data in this report were provided by the Utah Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is an ongoing, population-based risk factor surveillance system designed to identify and monitor selected maternal experiences that occur before and during pregnancy and experiences of the child’s early infancy. Each month, a sample of approximately 200 women, two to four months postpartum, is selected. The sample is stratified based upon race and birth weight so that inferences and comparisons about these groups can be made. The results are weighted for sample design and non-response.

Women were asked questions about prenatal care, breastfeeding, smoking and alcohol use, physical abuse and early infant care. PRAMS is intended to help answer questions that birth certificate data alone cannot answer. Data will be used to provide important information that can guide policy and other efforts to improve care and outcomes for pregnant women and infants in Utah.

The PRAMS data reported here represents all live births to Utah residents during 2012-2014. A total of 7,088 mothers were selected to participate in the project and 4,365 mothers responded for a response rate of 62%. Survey results are weighted for non-response so that analyses can be generalized to the entire population of Utah women delivering live births.

They had ever breast fed and who gave birth in a hospital were asked follow-up questions about things that may have happened at the hospital where their babies were born; for each item, respondents were instructed to check “No” if it did not happen or “Yes” if it did happen.

Methodology

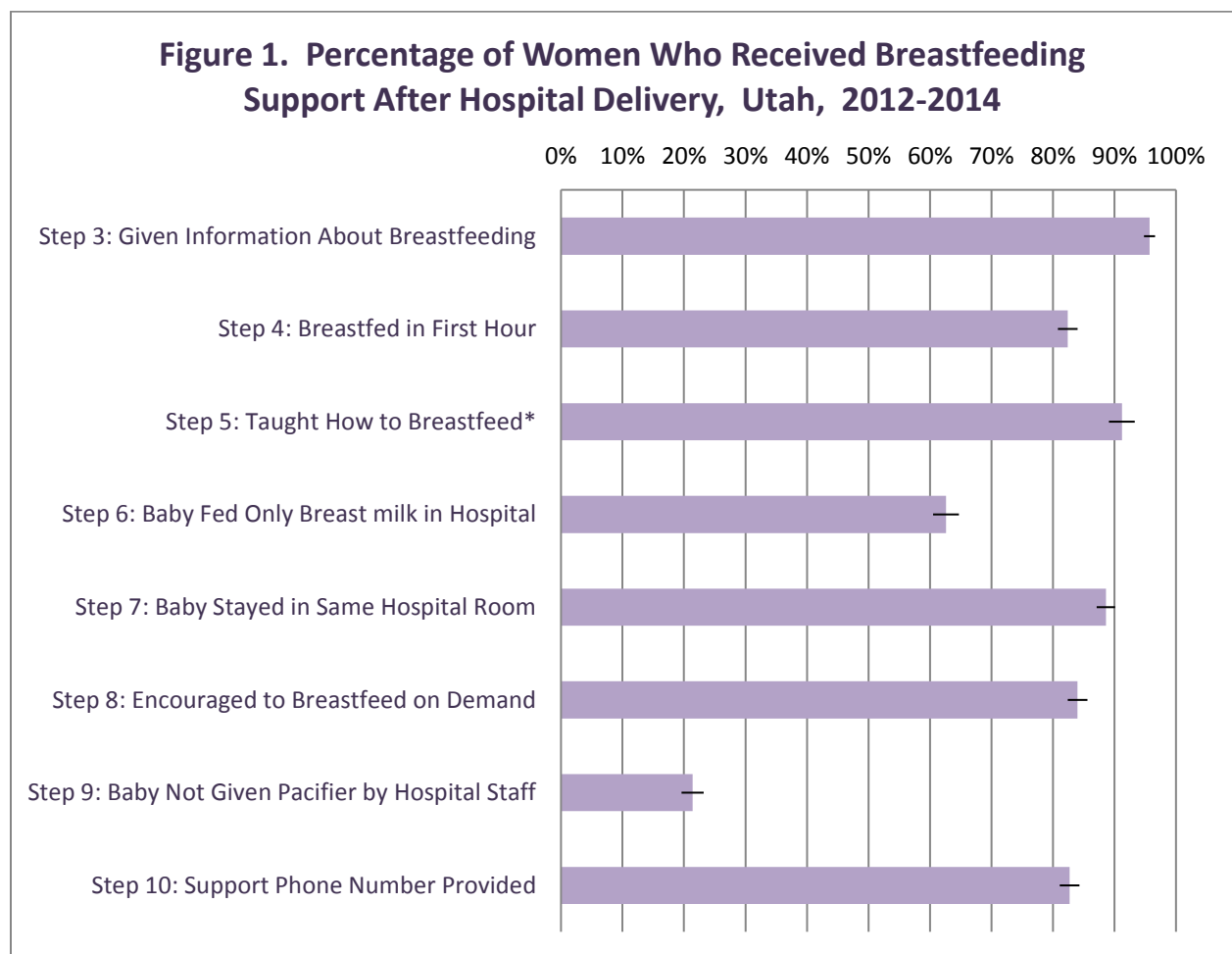
This report uses Utah PRAMS data from 2012-2014 to examine breastfeeding support at Utah hospitals. The data excludes babies born with a gestational age of less than 37 weeks, weighing less than 2,500 grams or who were born outside of a hospital. Using SAS version 9.3, data were analyzed using Chi-square tests to detect differences between groups. This analysis represents 131,299 women who gave birth in the state of Utah during 2012-2014.

Because the PRAMS survey is completed between two and four months postpartum, there may be some recall bias from mothers when answering the questions. Results of the Utah PRAMS survey showed 94.4% of all participants said they had ever breastfed or pumped breast milk to feed their babies even for a short period of time. Of those, 97.0% initiated breastfeeding while in the hospital and 70.4% said they were still breastfeeding at the time they completed the survey.

The survey incorporates a series of questions that correspond with steps 3-10 of the “Ten Steps to Successful Breastfeeding” and two additional questions about receiving formula gift packs and breast pumps. Women who said

Results

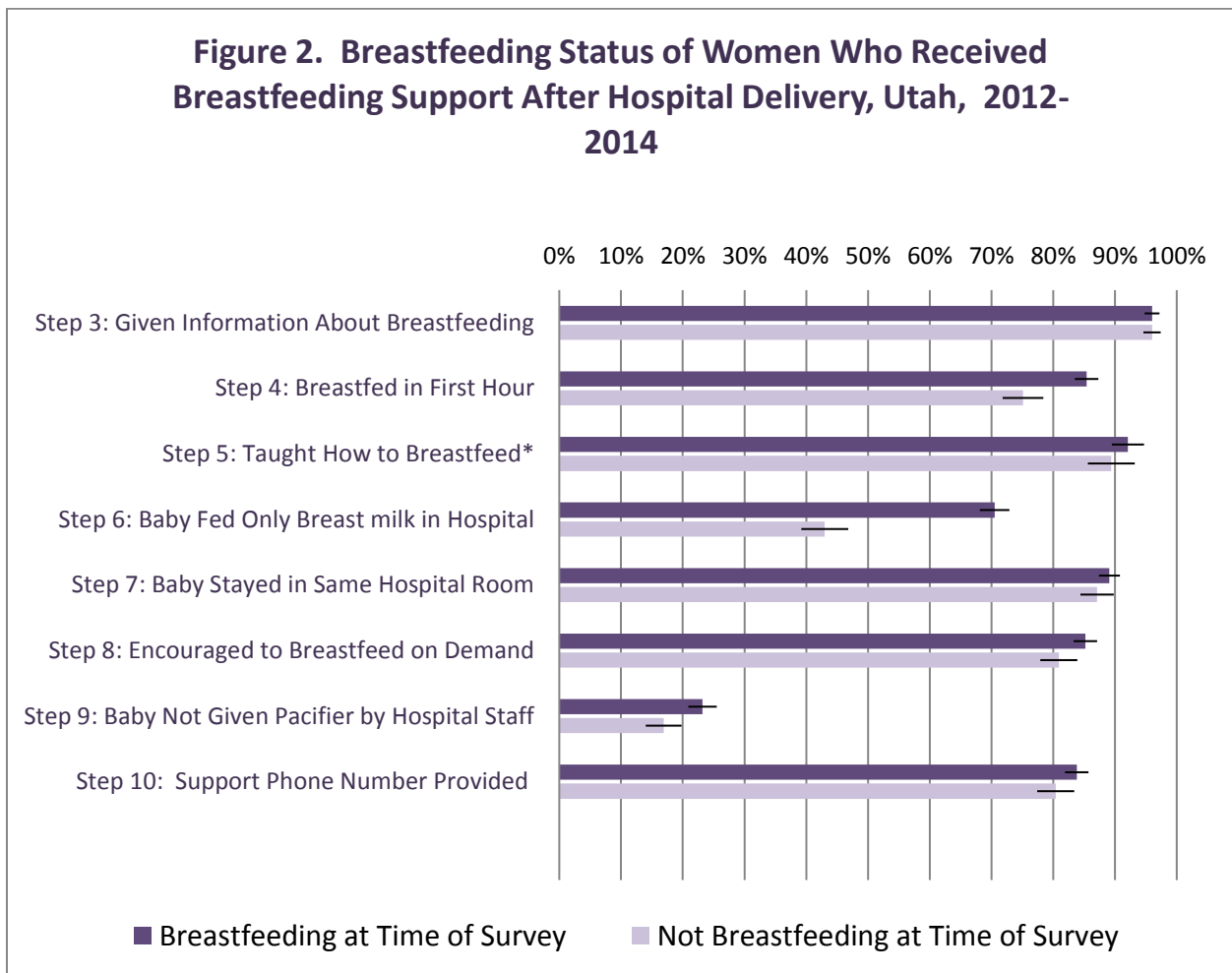
Figure 1 summarizes the responses of each survey question along with the corresponding steps from the *Stepping Up for Utah Babies* program. Nearly all women (95.7%) said hospital staff gave them information about breastfeeding and the majority said their babies stayed in the same room with them (88.6%). Also, 91.4% of first-time mothers said they were taught how to breastfeed while in the hospital. It is concerning however, that only 62.0% of women said their babies were fed only breast milk in the hospital. While these data do not specify whether the remaining 38.0% received formula, it is worth noting the Healthy People 2020 objective is to reduce the proportion of newborns who receive formula supplementation within the first 2 days of life to 14.2%.



*This step was measured for first-time mothers only.

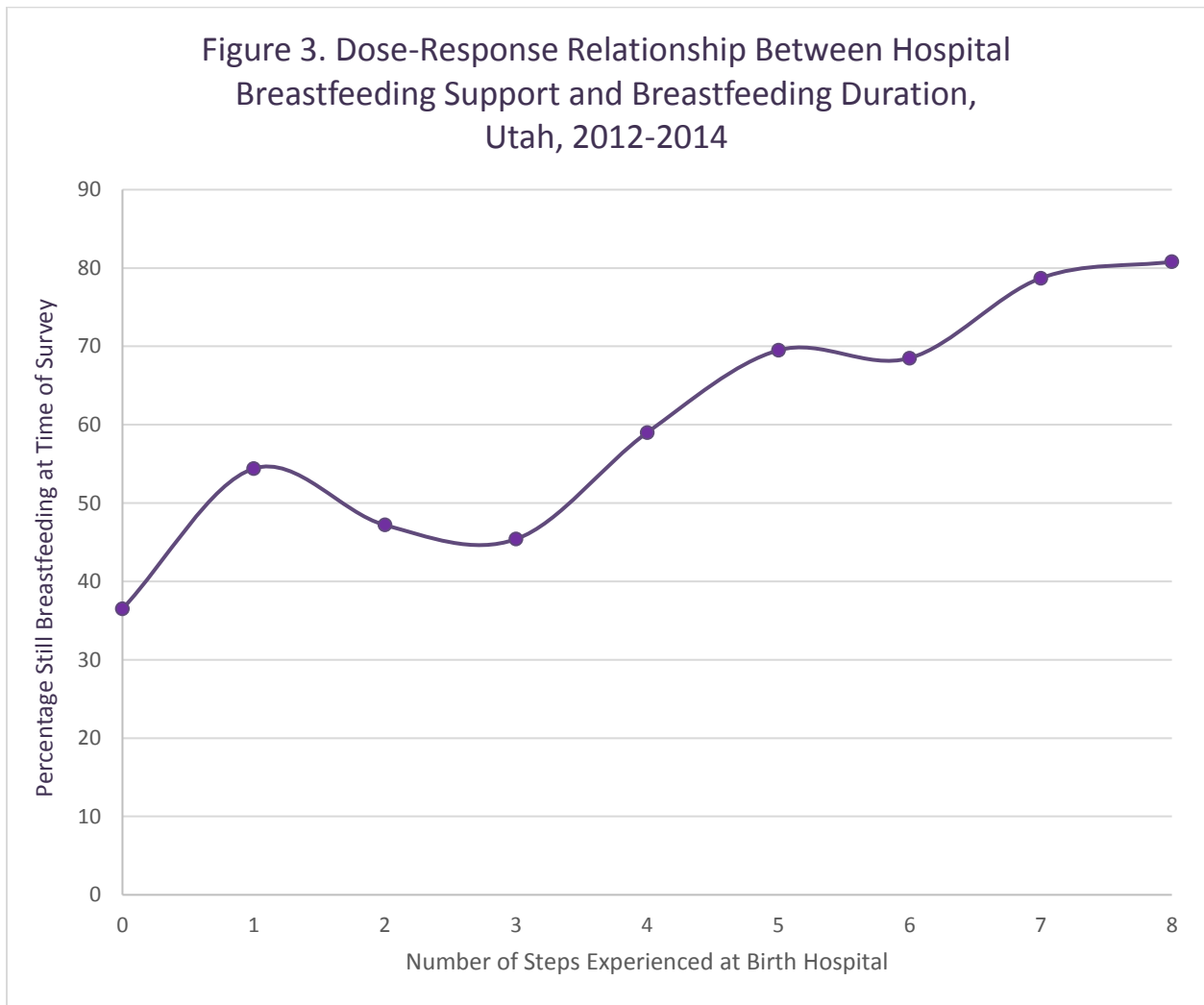
Figure 2 compares the rates of women still breastfeeding at the time of completing the survey to those not breastfeeding, for each of the hospital breastfeeding practices. Rates of women still breastfeeding were significantly higher for steps four, six, and nine of the “Ten Steps to Successful Breastfeeding” with the greatest difference seen among women whose babies were fed only breast milk in the hospital (70.5% breastfeeding versus 43.0% not breastfeeding).

The lower breastfeeding rates among women whose babies were given a pacifier by hospital staff aligns with step nine of the program which discourages hospital staff from giving pacifiers or artificial nipples to breastfeeding infants. The percentage of women whose babies were given a pacifier was significantly lower at the University of Utah (47.2%) compared to other hospitals (81.2%).



*This step was measured for first-time mothers only.

Evidence shows that mothers who reported having experienced at least six steps, (breast fed in the first hour, baby fed only breast milk in hospital, baby stayed in same hospital room, encouraged to breastfeed on demand, baby not given pacifier by hospital staff, and phone number provided for help with breastfeeding problems) were 13 times less likely to stop breastfeeding before six weeks postpartum.⁴ **Figure 3** illustrates this positive impact by showing that the percentage of mothers breastfeeding at the time of the survey increased when three or more steps were reported to have been received.



Conclusion

Hospital policies and practices significantly impact whether a woman chooses to start breastfeeding and how long she continues to breastfeed. There is sufficient evidence to continue promoting the *Stepping Up for Utah Babies* program within hospitals. PRAMS data will continually be monitored over time to detect changes in breastfeeding practices and support provided by hospitals participating in the *Stepping Up for Utah Babies* program. For more information on the *Stepping Up for Utah Babies* program, contact the Maternal and Infant Health Program at 801-273-2871.

References

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Authors:

Nicole Stone, MPH, PRAMS Data Manager

Nickee Palacios, MPH, Health Promotion Coordinator

Laurie Baksh, MPH, Manager, Maternal and Infant Health Program