

# Breastfeeding in Wisconsin

## How Hospital Actions Can Affect Breastfeeding

### Why Breastfeeding Matters

Breastfeeding is the recommended nutrition for infants due to the short- and long-term benefits for both babies and mothers. The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for six months, followed by continued breastfeeding as complementary foods are introduced into the infant's diet, and continued for one year or longer.<sup>1</sup> Some of the benefits of breastfeeding for infants include a reduced risk for gastrointestinal infections, respiratory tract infections, sudden infant death syndrome (SIDS), asthma, obesity, diabetes, and celiac disease.<sup>2</sup> Some of the benefits of breastfeeding for mothers include reduced risk of type 2 diabetes, breast cancer, and ovarian cancer.

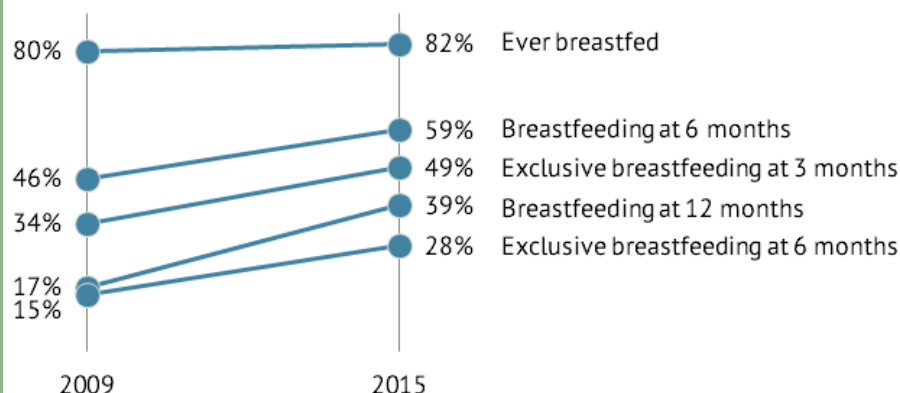


### Breastfeeding in Wisconsin

Similar to national breastfeeding rates, Wisconsin breastfeeding rates have been increasing over time. From 2009 to 2015, the percentage of Wisconsin infants that were ever breastfed increased from 80% to 82%; infants breastfed at 6 months increased from 46% to 59%; and infants that were **exclusively** breastfed at 6 months increased from 15% to 28% (Figure 1).<sup>3,4</sup>

While breastfeeding rates are increasing overall, we see disparities in these rates by age, race and ethnicity, education, and income.<sup>5</sup> Wisconsin birth certificate data from 2014-2016 show breastfeeding at hospital discharge was as high as 81% for women ages 30-34, but as low as 36% for women under 15. These data also show that white mothers were about twice as likely to breastfeed at discharge compared to black mothers (82% versus 42%), and mothers with an advanced degree were about 1.5 times more likely to breastfeed at discharge than mothers with less than a high school degree (Figure 2). Regardless of race and ethnicity, mothers enrolled in Medicaid were less likely to breastfeed at discharge than those who were not enrolled in Medicaid (Figure 3).

**Figure 1. Breastfeeding Rates from 2009 to 2015**

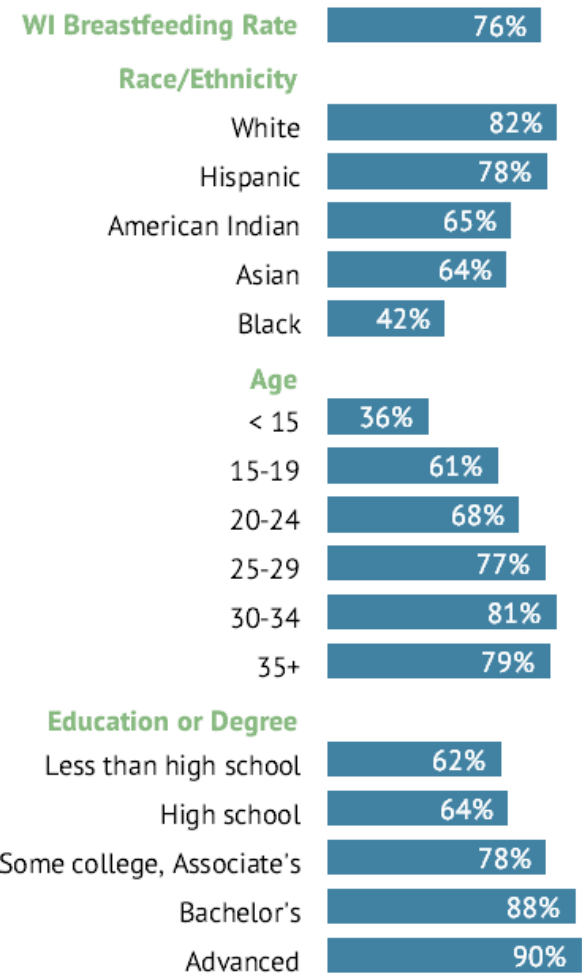


### Hospital Actions that can Affect Breastfeeding

While we know there are significant differences in breastfeeding rates among age, race and ethnicity, education, and income, we also know that most mothers intend to breastfeed.<sup>6</sup> Unfortunately, policies or practices in hospitals where women give birth may undermine their intentions to breastfeed by creating

barriers, such as placing newborns in infant warmers upon delivery instead of skin-to-skin, providing infant formula or water to breastfed infants without medical indication, or removing newborns from the mother’s room at night.<sup>7</sup> In order to help reduce some of these disparities and continue to improve Wisconsin’s overall rates of breastfeeding, there are evidence-based strategies that can be used in hospitals to support mothers who want to breastfeed.

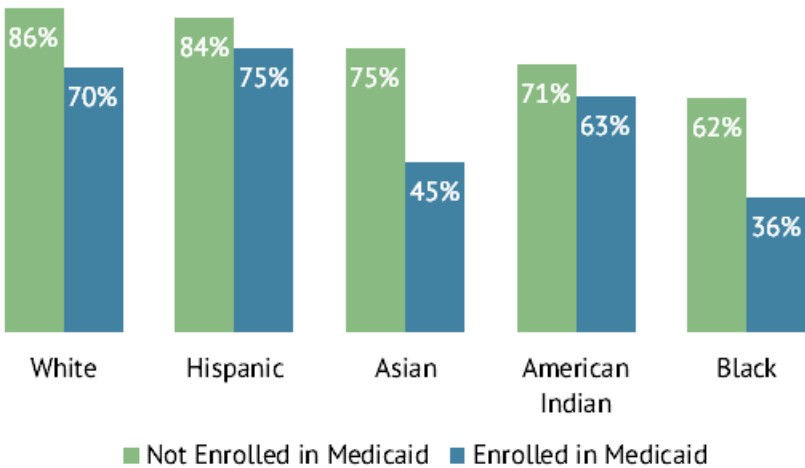
**Figure 2. Breastfeeding Rates at Hospital Discharge by Race, Age, and Education.**



The World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) developed the *Ten Steps to Successful Breastfeeding*, which consists of evidence-based practices that hospitals can implement. The *Ten Steps* have been shown to increase breastfeeding initiation and duration.<sup>8</sup>

In addition, WHO and UNICEF launched the Baby-Friendly Hospital Initiative in 1991, which assists hospitals in giving mothers the information, confidence, and skills necessary to breastfeed or safely feed with formula, and gives special recognition to hospitals that have implemented the *Ten Steps*. In Wisconsin, there are currently 11 hospitals that have the Baby-Friendly designation and they are responsible for about 17% of all Wisconsin births. Nationally, about 24% of births occur in Baby-Friendly designated facilities.<sup>9</sup>

**Figure 3. Breastfeeding Rates at Hospital Discharge by Race and Medicaid Enrollment**



**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 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 breastmilk, 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 center.

## Maternity Practices in Infant Nutrition and Care (mPINC)

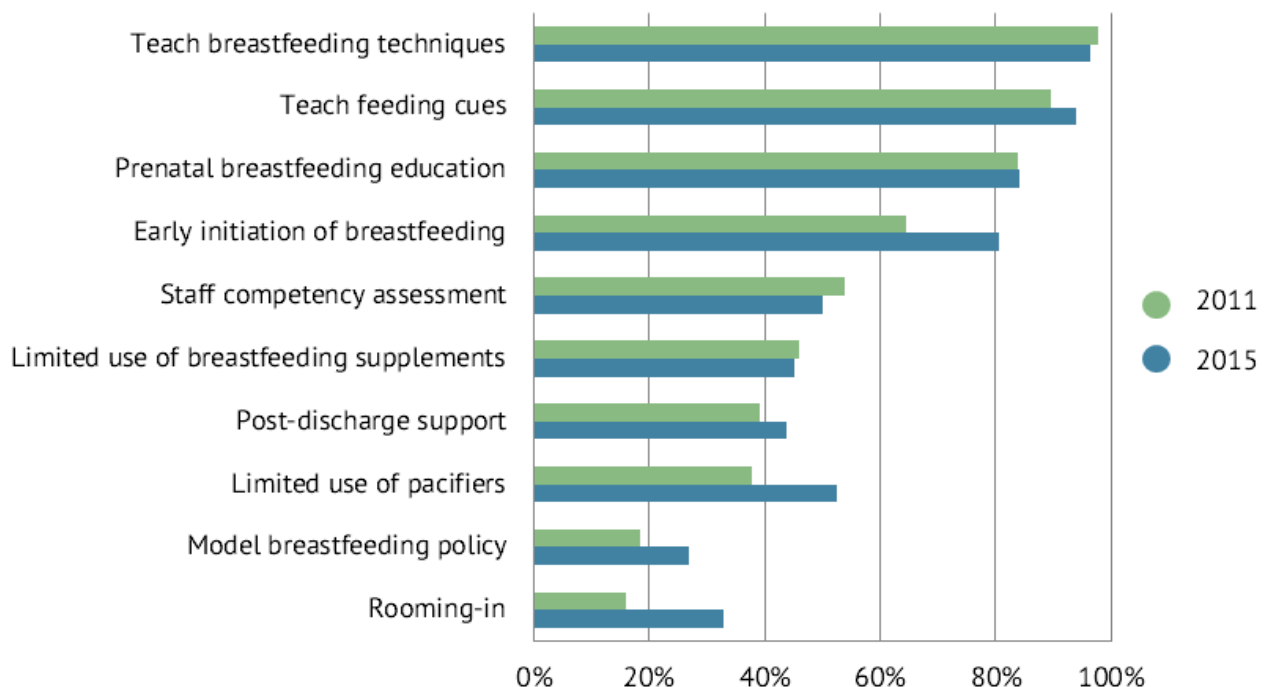
The Centers for Disease Control and Prevention (CDC) assess maternity care practices of most hospitals and birth centers in the U.S. every two years with the mPINC survey.<sup>10</sup> The mPINC survey measures infant feeding care practices, policies, and staffing expectations in place at hospitals and birth centers that provide maternity services. Every maternity hospital and birth center is asked to participate and in 2015, about 85% of those facilities answered the survey. With this survey, we can review how many facilities are using the *Ten Steps to Successful Breastfeeding*. Overall, Wisconsin hospitals and birth centers are increasing their mPINC scores over time by improving maternity care practices. From 2011 to 2015, the percentage of facilities that were implementing six or more of the *Ten Steps to Successful*



*Breastfeeding* increased from 44% to 62%.<sup>11</sup> In the most recent mPINC survey, Wisconsin's top strengths were teaching mothers breastfeeding techniques and feeding cues; prenatal breastfeeding education; and early initiation of breastfeeding (Figure 4).

While Wisconsin hospitals are moving in the right direction overall, there is still room for improvement.<sup>11</sup> In larger hospitals (more than 1,000 births per year), 26%-31% of healthy, full-term, breastfed infants are supplemented with something other than breastmilk compared to 9%-14% in smaller hospitals (less than 1,000 births). Only 44% of hospitals have policies or practices consistent with the *Ten Steps to Successful Breastfeeding* for discharge support; 11% of hospitals with 1,000-1,999 births per year have discharge policies and none of the hospitals with more than 2,000 births per year have discharge policies. Only 33% of hospitals have rooming-in policies and only 27% have a model breastfeeding policy; smaller hospitals (less than 500 births) are even less likely to have one. We also found that hospitals with a higher percentage of Medicaid births are more likely to have a lower mPINC score, which means those hospitals will have fewer policies or practices in place that support breastfeeding.

**Figure 4. Percent of Hospitals and Birth Centers Implementing the *Ten Steps to Successful Breastfeeding***



## Partnerships in Wisconsin Working on Improving Maternity Care Practices

The Wisconsin Division of Public Health, along with several key partners, provides resources to hospitals and community stakeholders working to improve breastfeeding rates and support breastfeeding families. The Wisconsin Coffective Initiative, led by the Chronic Disease Prevention Program and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), aims to better prepare mothers prenatally to receive evidence-based care in the hospital using consistent messaging. The initiative also supports hospitals in implementing those evidence-based practices and in increasing awareness of community breastfeeding support services, particularly WIC. This initiative aligns with the Wisconsin Perinatal Quality Collaborative's Human Milk Feeding Initiative, supported in part by the Maternal and Child Health Program. In addition, the Maternal and Child Health Program focuses on breastfeeding as a national performance measure and is working with local health departments and tribal agencies to increase breastfeeding rates. All of these efforts provide resources, technical assistance, and networking opportunities to hospitals and community partners in a coordinated way. While a main goal is to improve breastfeeding rates, this work will also positively impact maternity care in Wisconsin, in general.

### Conclusion

While we have seen improvements in breastfeeding rates and maternity care practices over time, Wisconsin continues to have substantial disparities among age, race and ethnicity, education, and income. Hospitals can use this information to make informed decisions on where to focus greater time and resources so all women who want to breastfeed get the support they need. The Wisconsin Division of Public Health will continue to work with partners on improving maternity care practices and will use data to help us target our strategies to work towards closing those gaps.



For more information about the Wisconsin Coffective Initiative or ways you can get involved in improving maternity care practices, please contact:

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