

## Information for Action # 2011-9

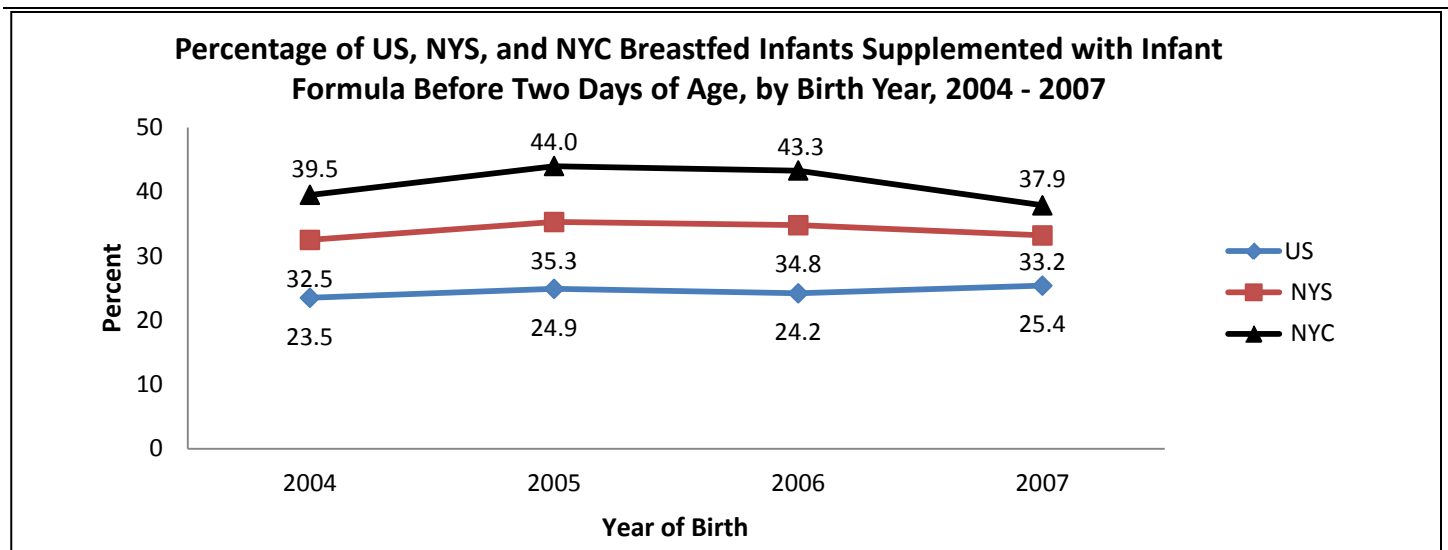
Hospitals can improve maternity care policies and practices to promote and support exclusive breastfeeding.

### Quick facts:

- The percentages of breastfed infants who were supplemented with infant formula before two days of age in 2007, in NYS and NYC, was 33.2% and 37.9%, respectively (see Figure).
- The percentage of breastfed infants who were supplemented with infant formula before two days of age in both NYS and in NYC was significantly higher than in the US, each year, from 2004 to 2007 (see Figure).

### Public health importance:

- Exclusive breastfeeding (feeding only breast milk, no formula or water) reduces the risk of respiratory diseases and gastroenteritis during infancy and the risk of chronic diseases, such as obesity, later in life.<sup>1,2</sup>
- A formula-fed infant costs the health care system \$331 -\$475 (1995 dollars) more, during the first year of life, than an exclusively breastfed infant.<sup>3</sup>
- Mothers who exclusively breastfeed in the hospital are more likely to be exclusively breastfeeding at one month compared to breastfeeding mothers who do not exclusively breastfeed within the hospital.<sup>4</sup>



Data Source: Centers for Disease Control and Prevention National Immunization Survey, Department of Health and Human Services. Data for 2007 are provisional. Interviews with caregivers of children born in 2007 will continue through November 2010; final estimates for children born in 2007 will be available in August 2011.

### PUBLIC HEALTH OPPORTUNITY

Hospitals can use evidence-based strategies to improve support to mothers to foster exclusive breastfeeding within the hospital and post discharge. These strategies include hospital maternity care policies and practices that ensure staff training; enable mother-infant skin-to-skin contact after birth, early breastfeeding initiation and feeding-on-demand; limit the number of infants who are supplemented with formula; restrict pacifier use; and provide post-discharge follow-up.

### Contact:

For more information about the data included and their specific implications for action, please send an email to [DCDIPIFA@health.state.ny.us](mailto:DCDIPIFA@health.state.ny.us) with the IFA # 9 in the subject line.

### References:

1. Gartner LM, Morton J, Lawrence RA et al. Breastfeeding and the use of human milk: a policy statement from the American Academy of Pediatrics Section on Breastfeeding. *Pediatrics* 2005 February; 115(2): 496-506.
2. Ip S, Chung M, Raman G et al. Breastfeeding and maternal and infant outcomes in developed countries. Evidence Report Technology Assessment No. 153. Rockville, MD: Agency for Healthcare Research and Quality; 2007 Apr. Report No.: AHRQ Publication No. 07-E007.
3. Ball TM, Wright AL. Health care costs of formula-feeding in the first year of life. *Pediatrics* 1999 April; 103(4 Pt 2): 870-6.
4. Petrova A, Hegyi T, Mehta R. Maternal race ethnicity and one-month exclusive breastfeeding in association with in-hospital feeding modality. *Breastfeed Med* 2007; June 2(2):92-8.