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Evaluation of Existing Components of the Ten Steps of the Baby Friendly Hospital
Initiative in Unaccredited Hospitals in the City of Atlanta

By

Kaci Galyon

B.A., Anthropology
University of Tennessee Knoxville

A Thesis Submitted to the Graduate Faculty
of Georgia State University in Partial Fulfillment
of the
Requirements for the Degree

MASTER OF PUBLIC HEALTH

ATLANTA, GEORGIA
30303

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APPROVAL PAGE

Evaluation of Existing Components of the Ten Steps of the Baby Friendly Hospital Initiative in Unaccredited Hospitals in the Atlanta Metro Area

By
Kaci Galyon

Approved:

Committee Chair

Committee Member

Committee Member

Date

ABSTRACT

Background: Breastfeeding is a tremendously important public health topic. Breastfeeding is associated with a myriad of health benefits on nearly all levels within the social ecological model (infants, mothers, families, workplaces, communities and societies). Scientific evidence supports that breastfeeding is associated with decreased obesity and other very costly health conditions that occur across the lifespan. The World Health Organization published 10 guidelines that comprise the Baby Friendly Hospital Initiative [BFHI] standards—which identify birthing facility-level elements that are associated with enhanced breastfeeding adoption rates.

Methods: The purpose of this study was to determine the extent to which birthing facilities in Atlanta incorporate BFHI elements. Lactation policies among hospitals in the City of Atlanta with maternity wards were solicited, reviewed, and rated by two independent reviewers. Additional observations about environmental supports for breastfeeding were also noted.

Results: Four out of 5 eligible hospitals provided their lactation policies for review (80%). Eight of out 10 BFHI elements were present in the 4 hospital policies. One element not present was distribution of reinforcing/educational materials to new mothers—although it was evident in an appendix. Another element that was not clearly stated in one policy was which states that breastfeeding initiation should occur within the first half hour after birth. Observations by reviewers included that $\frac{3}{4}$ (75%) of study sample were in the midst of drafting new policies. Another note was that $\frac{3}{4}$ (75%) of study sample was supported by a Centers for Disease Control and Prevention (CDC)/National Initiative for Children’s Healthcare Quality (NICHQ) effort—Best Fed Beginnings.

Conclusions: This study is important as it addresses an unexplored question. Establishing such a baseline reveals that while nearly all the BFHI elements are present within the participating City of Atlanta hospitals, the administrative barriers that pursuit of BFHI accreditation poses should be considered. Given the fact that no hospital in Georgia has BFHI accreditation underscores an important new direction for public health researchers’ attention.

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The author of this thesis is:

Student's Name: Kaci Galyon

Street Address: 945 Laurel Mill Dr.

City, State, and Zip Code: Roswell, GA, 30076

The Chair of the committee for this thesis is: Sheryl Strasser PhD, MPH, MSW, CHES,
CPHQ

Department: Institute of Public Health

College: Health and Human Sciences

Georgia State University
P.O. Box 3995
Atlanta, Georgia 30302-3995

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Chapter I INTRODUCTION

1.1 Background

Breastfeeding is broadly recognized and promoted as the optimal source of nutrition for a child's development, providing needed immunological compounds from mother to infant as well as potentially longer term protection against obesity. Benefits from breastfeeding also extend to the mother in the short term by shrinking the uterus postpartum and in the long term by lowering the risks of cervical cancer and certain types of breast cancer (Dermer, 2001). Various state and federal agencies have been touting these well documented benefits in the hopes of increasing breastfeeding rates in the U.S. where the choice to formula feed over breastfeeding is said to cause an additional \$2.2 billion in healthcare costs annually (Centers for Disease Control and Prevention [CDC], 2011).

While breastfeeding rates have been on the rise in recent decades, maintenance/continuation remains well below the World Health Organization/United Nations International Children's Emergency Fund's (WHO/UNICEF) recommendation of exclusive breastfeeding up to at least 6 months and in complement with introduction of solid foods until the age of 2 and potentially beyond. According to the CDC's Breastfeeding Report Card, breastfeeding rates have increased by about 2% in specific time intervals--initiation, at 6 months, and at 12 months (2012). Examination of environmental supports, such as hospital resources that

can foster breastfeeding initiation immediately following birth, is an important window of opportunity for public health professionals. The professional designation for hospitals that offer comprehensive, systemic breastfeeding support is *Baby-Friendly Hospitals*. In order to be recognized as such, hospitals must adopt 10 elements and apply for Baby Friendly Hospital Initiative (BFHI) status. The CDC describes the BFHI as “[...recognizing] hospitals with best practices in supporting breastfeeding. To be designated as Baby-Friendly, a hospital must implement the WHO/UNICEF Ten Steps to Successful Breastfeeding and comply with the International Code of Marketing of Breast- milk Substitutes, which requires hospitals to pay fair market value for infant formula and not promote items detrimental to breastfeeding, including discharge bags that contain formula (CDC, 2011).” According to the CDC Breastfeeding Report Card, the percentage of babies born in hospitals that are included in the BFHI network has risen from 2% in 2008 to about 6% in 2011 (CDC, 2012). While breastfeeding initiation was up to 76.9% in 2009, below the Healthy People (HP) 2020 goal of 81.9%, there are significant declines in breastfeeding rates at 6 and 12 month marks (CDC, 2012).

The role that hospitals play in a mothers’ attempt to successfully breastfeed is difficult to overemphasize. Hospitals are the first window of opportunity to initiate, support, and reinforce breastfeeding in those pivotal first hours and following days which may ultimately lead to the success or failure of the mother/infant dyads’ attempt to breastfeed long term. Studies have shown that babies born in BFHI hospitals are more likely to be breastfed and for a longer amount of time than babies born in non BFHI facilities (CDC, 2012). The low percentage of births in BFHI affiliated hospitals is a primary reason that the CDC is funding National Initiative for Children’s Healthcare Quality’s “Best Fed Beginnings” program. The program will also aid in reaching the HP 2020 goal of increasing the number of infants born in a BFHI accredited

hospital. If breastfeeding rates are higher in Baby Friendly hospitals then it follows that more accredited hospitals will lead to greater increases in breastfeeding.

1.2 Purpose of the Study

The purpose of this study is to examine the degree to which specific hospital policy elements align with the BFHI ten steps.

1.3 Research Questions

- Do hospitals, with maternity wards, located in the City of Atlanta, have written breastfeeding policies?
- How closely do those policies align with the individual ten steps outlined by the BFHI?
- Overall, are the policies of hospitals in the City of Atlanta supportive of breastfeeding?

Chapter II REVIEW OF THE LITERATURE

Breastfeeding as a Public Health Priority

2.1 Benefits of Breastfeeding

While it was once the only option for infant feeding, in past decades misplaced medical and cultural advice has displaced breast milk as the predominant source of nutrition for infants. Though it is now common understanding that breastfeeding is best for mother and child, according to the CDC less than 50% of women who initiated breastfeeding after birth are doing so exclusively after 6 months (CDC, 2012). The standard guidelines (those used by UNICEF and WHO) suggest a minimum of six months of exclusive breastfeeding with additional foods up to the age of two for optimal health benefits. Table 2.1 presents medical conditions that are more prevalent among infants that are not exclusively breastfed. The data is supported by information described in the 2011 *Surgeon General's Call to Action to Support Breastfeeding*, calculates the excess risk associated with not breastfeeding for both the infant (at multiple stages) and the mother (Department of Health and Human Services [DHHS], 2011).

Table 2.1 Medical Conditions Associated with Bottle-Fed Infants

| Outcome | Excess Risk%* |
|--|---------------|
| Among Full Term Infants | |
| Acute ear infection (otitis media) | 100 |
| Eczema (atopic dermatitis) | 47 |
| Diarrhea and vomiting (gastrointestinal infection) | 178 |
| Hospitalization for lower respiratory tract diseases in the first year | 257 |
| Asthma, with family history | 67 |
| Asthma, with no family history | 35 |
| Childhood obesity | 32 |
| Type 2 diabetes mellitus | 64 |
| Acute lymphocytic leukemia | 23 |
| Acute myelogenous leukemia | 18 |
| Sudden infant death syndrome | 56 |
| Among Preterm Infants | |
| Necrotizing enterocolitis | 138 |
| Among Mothers | |
| Breast cancer | 4 |
| Ovarian cancer | 27 |

* The excess risk is approximated by using the odds ratios reported in the referenced studies. Adapted from the Surgeon General's Call to Action (2011).

The evidence to support breastfeeding is extensive, as it enhances the health outcomes of both mother and infant. These benefits are largely due to the natural immunities carried by breast milk that may protect against certain diseases of the immune system and allergies even for children born to HIV positive women (Mwiru, 2011). This added protection is of further importance in countries with high rates of respiratory and diarrheal disease morbidities where it has been shown to provide significant protection especially among the very vulnerable group born to women infected with HIV (Mwiru, 2011). Diarrheal disease is a global issue causing the deaths of 1.5 million children per year, predominantly under the age of 2 (WHO, 2009).

The benefits of breastfeeding are pivotal in addressing diseases observed predominantly in certain regions of the world and among those with relatively low income levels

and they have a high level of impact of morbidity/mortality rates in those large populations affected. One study states that “breastfeeding, especially exclusive breastfeeding (EBF), is one of the most effective preventive health measures available to reduce child morbidity and mortality” (Abrahams, 2009). In a cohort study of over 15,000 infants in the contemporary United Kingdom when “compared with infants who were not breastfed, those who were exclusively breastfed had a large and statistically significant reduction in risk for hospitalization for diarrhea” (Quigley, 2007). The same study also found that “27% of LRTI [lower respiratory tract infection] hospitalizations could have been prevented each month by exclusive breastfeeding and 25% by partial breastfeeding” (Quigley, 2007). While diarrheal disease is not as life threatening an issue in some countries, as in others, it is still an example of the magnitude of health issues that can be readily addressed by changing the initiation and duration of breastfeeding among women all over the world.

While there is no successful argument that suggests breastfeeding is the optimal choice for health and well-being of both mother and infant, it is not only the mother/infant dyad that benefit from a mother's choice to breastfeed. Employers benefit because their employees’ do not have to stay home as often to care for infants suffering from many common ailments found in formula fed infants, insurance companies do not have as many claims for those infants’ illnesses, and society at large is not subsidizing formula feeding through federal tax dollars (DHHS, 2011). These same savings are also passed on to the families involved as they are able to go to work rather than stay home with a sick child, save the money on medical bills from preventable illness, and not spend their own money on formula. A study cited in the Surgeon General’s Call to Action suggested that \$13 billion dollars in direct and indirect medical costs would be saved each year if 90% of families in the U.S. were to follow the guidelines and

breastfeed exclusively for the first 6 months (DHHS, 2011). Especially for low income families, breastfeeding presents a significant personal cost savings to formula which is estimated to be a minimum of \$1200 for the first year of life for a single infant (DHHS, 2011).

2.2 Global/Federal Recognition of Importance (WHO/UNICEF/Surgeon General)

On a global scale, the WHO and UNICEF have partnered together to promote the Baby Friendly Hospital Initiative (BFHI) which recognizes the very pivotal moment in time for women to begin breastfeeding and to receive adequate help and encouragement early on. The WHO and UNICEF recommend that breastfeeding is initiated within an hour after birth. Both the WHO and UNICEF work to promote breastfeeding internationally using similar principles to those found in their BFHI but with a focus on challenges once the hospital/birthing center is no longer the environment. The WHO and UNICEF are also dedicated to ending the distribution of free-of-cost or heavily discounted formulas, which negatively impact initiation and continuation of breastfeeding, around the world. In 1981, the WHO and UNICEF jointly presented a new publication called the *International Code of Marketing of Breast-milk Substitutes* that defines the ways in which it is inappropriate to advertise substitutes to breast-milk that will lead to further attrition from the pool of women choosing to exclusively breastfeed. In the April 2011 update of the list of countries and their level of implementation of the code the US is listed under “No Action” along with only 5 other countries (UNICEF Nutrition Section 2011).

Research Development Leading to BFHI

If there is a lack of initiation of breastfeeding and more so of breastfeeding duration then “it is a common experience in many countries that changes in medical policy have made a difference in enhancing the breastfeeding rate” (Manganaro 2008) In a study conducted in Messina, Italy, researchers surveyed mothers to establish the impact of the hospital breastfeeding

policies and the breastfeeding outcomes among patients the authors concluded that “independent of maternal sociodemographic conditions, hospital policies and practices may be causally linked to the rates not only of initiation but of duration of breastfeeding” (Manganaro 2008). This means that hospitals have an impact on the decision to initiate breastfeeding and their confidence in continuing to do so after leaving the support of the institution. This has been demonstrated by research into the topic and has led to initiatives such as the BFHI. Another factor which the researchers found influential was the training of staff in breastfeeding support (Manganaro 2008). In a study of the staff in 6 Australian maternity hospitals in both rural and metropolitan communities the researchers explore the importance of obtaining what is often called “buy-in” of the hospital support staff as well as the broader community are also emphasized (Walsh 2010).

In a Cochrane study of breast feeding support interventions, the only BFHI had to be excluded because even the standard of care group had a 96% initiation rate which was likely due to overall approach to breastfeeding in the hospital (Renfrew, 2005). Another systematic review conducted by the US Preventive Task force found that the BFHI was effective in achieving specified health outcomes among infants in Belarus but was unwilling to extrapolate evidence to suggest the results were replicable elsewhere (Chung, 2008). A third study found that, “Implementation of the international BFHI was associated with a statistically significant annual increase in rates of EBF [exclusive breast feeding] among infants 0 to 2 months of age and among infants 0 to 6 months of age in the 14 countries studied” (Abrahams, 2009).

2.3 Federal Policy and Organizations that Support Breastfeeding

On January 20, 2011 the Surgeon General of the US released a Call to Action statement which included a substantive list of actions to be taken by various sectors including: health care providers, employers, communities, and families. It is a substantial document that

enumerates the necessity of breastfeeding, the rates as they currently stand, factors that may prevent breastfeeding initiation or continuation, the importance of addressing this issue as one of public health and there are 20 action steps to be taken by everyone from family members to those responsible for health infrastructure in the US (DHHS, 2011). The report highlights the necessity of addressing this issue as a society at large that has shifted the cultural norm away from what is best for mothers and infants. It also emphasizes the all-important issue of breastfeeding disparities especially among specific ethnic groups (predominantly Non-Hispanic Black or African American and Hispanic) and the lower income brackets often dependent on governmentally subsidized programs for nutrition support and healthcare.

The recently enacted Affordable Care Act contains several provisions for preventive care for women including breastfeeding promotion which requires insurance providers to cover the cost of a lactation consultant for new mothers receive necessary support. Specifically, it covers "Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment" and the regularity specified is "in conjunction with each birth" (Department of Health and Human Services [DHHS], 2011b). US federal law pertaining to breastfeeding is not progressive and few states have chosen to go beyond it to offer women further protections. Despite the US signing of the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding in 1990 (DHHS, 2011a); there has been limited substantive action code referred to therein regarding the marketing and promotion of substitutes for breast milk.

On the organizational level, the Women Infants and Children, a federal grant initiative that is state administered is comparable in the support of breastfeeding to WHO and UNICEF. The DHHS also serves as a wealth of proprietary information on breastfeeding

available on its women's health focused website <http://www.womenshealth.gov/breastfeeding/>. On the main page of the site they separate useful resources into categories including, but not limited: going back to work, pumping and milk storage, common breastfeeding challenges, and learning to breastfeed. There are forums where women can share encouragement for one another and their own breastfeeding experiences, links to news stories related to breastfeeding, and a page that explains the laws protecting the rights of breastfeeding mothers. They offer a downloadable publication called *Your Guide to Breastfeeding* that is available in English, Spanish, and Chinese as well as versions in English for both African American and American Indian/Alaskan Native women that are also available in print. The whole page can also be converted to Spanish by the click of a hyperlink. DHHS also appear to be embracing social media with links to a Facebook® page, Twitter® feed, and a YouTube® channel to allow women to engage further. A link to the National Breastfeeding Helpline has a prominent position on the main screen of the Women's Health page before even entering the breastfeeding page. It is clear from the regularity with which they update the site and the wide array of information they make available that the DHHS has placed a high priority of breastfeeding as a women's health issue.

The Centers for Disease Control and Prevention (CDC) is a federal agency that operates in a different capacity than the WIC program. It is responsible for a number of publications including the Breastfeeding Report Card, MMWR, as well as a CDC Guide to Breastfeeding Interventions. The above listed publications are tailored toward researchers and providers however, the CDC is also responsible for the maintenance of a more user friendly informational website for the public's benefit. The CDC is a known and respected resource for dissemination of information though they have not conducted any breastfeeding campaigns their

resources are often used as the backbone for such efforts and their website provides extensive links for those seeking further information and support from both a personal and professional perspective.

The Women, Infants, and Children (WIC) program has increased efforts to encourage breastfeeding among participants. For example, a mother who chooses not to breastfeed or to discontinue is no longer eligible for the food package once their baby is 6 months of age whereas a mother who is exclusively breastfeeding is given an enhanced package (in response to the increased demands on a woman's body while breastfeeding) and remains eligible until their child's first birthday. They also provide peer support and counseling for breastfeeding mothers and potentially access to useful items such as breast pumps which could be cost prohibitive to women of small financial means but may allow them to continue supplying breast milk to their children after returning to the workplace.

While the WIC program is a supporter of breastfeeding their coverage of formula purchases for women in US may have a significant negative impact on women's feeding choices. According to a recent Cochrane review of breastfeeding interventions, "The availability of subsidized infant formula milk through welfare food programs, such as the United Kingdom based Healthy Start Scheme and the US-based WIC Supplemental Feeding Program, may be an economic factor which contributes unintentionally to women in low-income groups deciding to formula feed" (Renfrew 2005). Despite their focus on providing breastfeeding support WIC program breastfeeding rates have historically remained lower than rates for women that are outside of the program and it is suggested that the same factors impacting breastfeeding rates outside of the program (educational background and ability to remain at home) are at play within the program (Ryan 2006). Though the provision of infant formula vouchers is likely to play a

significant role in WIC breastfeeding rates the demographic being served by WIC facilities (non Hispanic black or African American and low income) generally fall into the lower tiers of breastfeeding rates to begin with making it more difficult to achieve their goals of increasing breastfeeding rates.

2.4 State Based Breastfeeding Programs

States establish individual breastfeeding program systems that respond to the WIC mandates, yet address unique population needs. The state of New York has embarked on an ambitious mass media campaign to encourage breastfeeding as best for mother and child. Rather than create new infrastructure New York Department of Health's campaign refers those seeking resources back to the established WIC program and also provides educational information and useful links on their own website.

Baby Friendly hospitals in US

Currently, the BFHI is a facility/healthcare system elective program. According to the Baby Friendly USA (the official accrediting body for the USA branch of the BFHI) website there are 150 designated facilities in the US within 34 states. There are currently no designated facilities in the state of Georgia. The stated goal for Healthy People 2020 is to have 8.1% of facilities in US practicing the standards of care outlined in the BFHI (not necessarily accredited) which was only 2.9% at baseline in 2009. The results for breastfeeding goals for HP 2020 have consistently fallen short of targets.

While the BFHI has not been fully embraced in the US due to resources needed to pursue the accreditation, support has grown. Evidence of support is the CDC's the results since its inception are in its favor A vast majority of women in the US give birth in hospitals and the optimal time to initiate breastfeeding is shortly after birth meaning that many women who do

breastfeed do so while still in the hospital setting. There are 10 steps that the BFHI holds as the primary determinants of a hospital/birthing centers successful support of a mother's breastfeeding efforts these are presented in Table 2.2.

Table 2.2 BFHI 10 Steps

Every facility providing maternity services and care for newborn infants should:

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 - that is, 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.

Adapted from (Baby Friendly) Retrieved from: <http://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative/the-ten-steps>

According to a recent study utilizing data from the 2005 survey Listening to Mothers II mothers found two actions taken by hospital staff to be particularly impactful to their ability to their ability to continue breastfeeding which refer specifically to steps 6 (49% reported this taking place) and 9 (45% reported this) (Declercq, 2009). Of those women who were intending to exclusively breastfeed 74% of them were given free formula or special offers. Encouragement from hospital staff had a strong impact on exclusive breastfeeding after 1 week with 69% who received support continuing beyond a week and only 33% who did not receive support doing so (Declercq 2009). However, in cases where there was supplementation only 49% of women reported achieving their goal whereas 81% who were no supplemented did so (Declercq 2009). Finally when using multivariate analysis to measure the achievement of exclusive breastfeeding

relative to specific hospital practices 4 were shown to be statistically significant to a mother's ability to achieve her goal of exclusive breastfeeding: help to initiate breastfeeding, no supplementation of either water or formula, sharing community support information for mothers to utilize, and not introducing pacifiers (Declercq 2009). Above all, in cases where women were given adequate support they were 6 times more likely to attain their goal of exclusive breastfeeding and those who did not receive supplementation were 4.4 times more likely to succeed than those who did (Declercq, 2009).

Georgia

The two laws that refer specifically to breastfeeding are as follows: Ga. Code 31-1-9 (1999) states that the breastfeeding of a baby is an important and basic act of nurture which should be encouraged in the interests of maternal and child health and allows a mother to breastfeed her baby in any location where the mother and baby are otherwise authorized to be. (1999 SB 29, Act 304; 2002 SB 221) and Ga. Code 34-1-6 (1999) allows employers to provide daily unpaid break time for a mother to express breast milk for her infant child. Employers are also required to make a reasonable effort to provide a private location, other than a toilet stall, in close proximity to the workplace for this activity. The employer is not required to provide break time if to do so would unduly disrupt the workplace operations.

According to the American Hospital Directory there are over 100 non federal, short term, and acute care hospitals in the state of Georgia and according to Baby Friendly USA none of these are baby friendly. While the Northside Healthcare System specializes in women's health issues, including maternity care, none of them has obtained the BFHI certification. However, the hospital does staff lactation specialists, as well as offering courses for parents for a nominal fee and even recently offering an introductory breastfeeding course online free-of-charge. There is

not a stated breastfeeding policy that staff members adhere to available on the website if it does exist (<http://www.northside.com/maternity>).

As the review of literature demonstrates, breastfeeding is extremely important to the health of infants, mothers, families, workplaces, and communities. Public health researchers have yet to examine breastfeeding policies within hospitals that serve as a gateway for breastfeeding adoption. The methods of this study are presented in Chapter 3.

Chapter III Methods and Procedures

3.1 Source of Data

In order to assess the adherence to standards laid out in the BFHI within Georgia hospitals, the student principal investigator (SPI) systematically obtained and assessed the individual breastfeeding policies in place at select institutions within the City of Atlanta. The eligibility criteria for hospital policy solicitation were: 1. being located within the City of Atlanta proper limits and 2. having a maternity ward. The SPI contacted the main hospital telephone number as publicly listed and inquired about the department that oversees lactation services. Once connected with the particular department/professional, the SPI formally requested a copy of current lactation-related policies via electronic mail.

3.2 Instrumentation

The SPI developed a rating criteria grid that identified each of the 10 BFHI elements and another column that indicates YES/NO to recognize inclusion. An additional field for SPI observations was also added.

3.3 Analytic Procedures

The method for rating utilized 2 individuals for concordance. Each rater reviewed the specific hospital policy and completed a rating grid respectively. The 2 sets of ratings for each

policy were compared to ensure that observations were consistent. Summary statistics were run to describe the extent participating Atlanta hospitals adopted BFHI elements.

Chapter IV RESULTS

After cross referencing multiple listings of hospitals in the phone directory, 5 hospitals met the study inclusion criteria of being located in the City of Atlanta and providing maternity services. All 5 of these hospitals fall within the boundaries of Fulton County. The eligible facilities were determined to be: Atlanta Medical Center, Emory University Hospital Midtown, Grady Memorial Hospital, Northside Hospital Atlanta, and Piedmont Atlanta Hospital. All five were initially contacted on the same date and the SPI followed various requirements of each facility in order to obtain the necessary permission to receive the pertinent policies requested for completion of this study. Four out of the 5 eligible facilities (80%) shared their policies with the SPI and of those, none can appear in the thesis in part or in whole. The non-participant, Piedmont Atlanta Hospital, was not able to provide their policy due to it being currently updated. Another facility within the Piedmont system, Piedmont Henry Hospital, did share its lactation policies; however, due to the geographical inclusion criteria of this study, this policy was not reviewed.

Policies were obtained from 4 eligible institutions: Atlanta Medical Center, Grady Memorial Hospital, Emory University Hospital Midtown, and Northside Hospital. The combined ratings from both reviewers are presented in Table 4.1. The SPI discovered that Atlanta Medical Center, Grady Memorial Hospital and Emory University Hospital Midtown were all currently

participating in a project being organized by National Initiative for Children’s Healthcare Quality (NICHQ) called Best Fed Beginnings. The project was awarded funding from the CDC to aid chosen hospitals in the accreditation process primarily through technical assistance/support during the phase of policy rewriting but also through minimal grant assistance to assist in the coverage incurred costs such as additional training for staff during the implementation of an approved policy. Based on this transition the policies provided by those three hospitals are the drafts they submitted for approval by Baby Friendly USA and are not the policies under which they currently function if they have stated breastfeeding policies.

Table 4.1 Results from Review of Policies (100% of ratings between the reviewers were consistent)

| | Atlanta Medical Center | Emory University Hospital Midtown | Grady Memorial Hospital | Northside Hospital Atlanta |
|----------|------------------------|-----------------------------------|-------------------------|----------------------------|
| Step 1: | ● | ● | ● | * |
| Step 2: | ● | ● | ● | ○ |
| Step 3: | ● | ● | ● | ● |
| Step 4: | * | * | * | ○ |
| Step 5: | ● | ● | ● | ● |
| Step 6: | ● | ● | ● | ● |
| Step 7: | ● | ● | ● | ● |
| Step 8: | ● | ● | ● | ● |
| Step 9: | * | * | ● | * |
| Step 10: | * | * | * | ○ |

- Signifies that the hospital policy does align with the specific step of the BFHI
- Signifies that the hospital policy does NOT align with the specific step of the BFHI
- X inconsistent reviewer rating
- * partially met

Overall, Northside showed the most inconsistencies while Grady showed the least. Since Northside Hospital was the only facility whose policy was not built upon the 10 steps this was

not unexpected. The steps with the highest concentration of non-alignment with the 10 steps overall were 4 (timeframe of breastfeeding initiation) and 10 (support group referral). Step 4 states that breastfeeding initiation should take place within the first half hour however Northside gave no timeframe specification and the remaining 3 hospitals stated that it should be facilitating along with skin-to-skin within the first hour. Regarding step 10: Northside did not mention referral to any type of support group and though the other three hospitals referred to existing local and national groups upon discharge there was no mention of aiding in the creation of such groups. Northside received a zero score on step 2 because their policy makes no mention of staff training on the policy and they received a partial on step 1 due to the fact that while they have a written policy there is no indication of who is is communicated to. The 10 steps do not indicate an allowance for medical indication in pacifier use as is done with breast milk substitutes. All hospitals, with the exception of Grady, allowed for pacifier use with specified medical indications (pain management and suck training) which led to their partial score. Grady was the only hospital to rule out pacifier use unless specifically requested by the parent and against advisement.

Chapter V DISCUSSION AND CONCLUSION

5.1 Discussion of Research Questions

Research has shown that babies born in BFHI accredited hospitals are more likely to be breastfed and are breastfed for longer than those born in non-BFHI hospitals. Findings from this study demonstrate that City of Atlanta hospitals have incorporated nearly all the BHFH elements into their policies, yet the correlation with breastfeeding adoption among mothers birthing in these facilities falls outside of the scope of this study.

Although, Northside Hospital Atlanta has chosen not to pursue the BFHI accreditation, for undisclosed reasons, the facility has made concerted efforts to promote the importance of breastfeeding to the community they operate in. This commitment is demonstrated in numerous facets of their daily operation including offering a readily accessible free online “Intro to Breastfeeding” course and a hotline for any new mother (not limited to Northside patients) to call with questions about breastfeeding, both of these services are available to non-patients and free of charge.

The steps that Emory University Hospital Midtown, Atlanta Medical Center, and Grady Memorial Hospital have taken by pursuing accreditation are noteworthy. From their draft policies, it is clear that each of the facilities recognize the role that their facilities play in the initiation and continuation of breastfeeding among the mothers/infant dyads that come through

their facilities' and they intend to take action to improve their level of support. While these three hospitals and the additional four taking part in the project, within the state of Georgia but outside the City of Atlanta, are on the path to becoming Baby Friendly there are many more hospitals that need to begin the process.

5.2 Limitations

This study utilized document review as the primary data source. Of the policies that were reviewed in this study, 75% were draft policies and not those which are being implemented within the facility. Another limitation is access to actual breastfeeding data that would be useful for the SPI to understand how these policies translate into behavior.

5.3 Future Directions

This study is important as it addresses an unexplored question. Establishing such a baseline reveals that while nearly all the BFHI elements are present within the participating City of Atlanta hospitals, the administrative barriers that pursuit of BFHI accreditation poses should be considered. Given the fact that no hospital in Georgia has BFHI accreditation underscores an important new direction for public health researchers to give attention to. Further, focusing on how WIC, and the NICHQ in partnership with CDC in the Best Fed Beginning project can work together in promoting BFHI accreditation offers a promising prospect to enhance breastfeeding rates throughout the U.S. and specifically in Georgia over the next several years.

References

- Abrahams, S., & Lobbok, M. (2009). Exploring the impact of the Baby-Friendly Hospital Initiative on trends in exclusive breastfeeding. *International Breastfeeding Journal*, 4doi:10.1186/1746-4358-4-11
- Centers for Disease Control and Prevention. Breastfeeding Report Card-United States. 2012. Retrieved from: <http://www.cdc.gov/breastfeeding/data/reportcard.htm>
- Centers for Disease Control and Prevention. Vital Signs: Hospital Practices to Support Breastfeeding – United States, 2007 and 2009. *Morbidity and Mortality Weekly Report*. August 2011. Retrieved from: [http://www.nichq.org/pdf/MMWR-VSigns%20breastfeeding%20eBook%20\(2\).pdf](http://www.nichq.org/pdf/MMWR-VSigns%20breastfeeding%20eBook%20(2).pdf)
- Chung M, Ip S, Yu W, Raman G, Trikalinos T, DeVine D, Lau J. (2008). Interventions in Primary Care to Promote Breastfeeding: A Systematic Review. U.S. Preventive Services Task Force Evidence Syntheses. Report No.: 09-05126-EF-1.
- Declercq, E., Lobbok, M., Sakala, C., & O'Hara, M. (2009). Hospital practices and women's likelihood of fulfilling their intention to exclusively breastfeed. *American Journal Of Public Health*, 99(5), 929-935. doi:10.2105/AJPH.2008.135236
- Dermer, A. (2001). A Well Kept Secret: Breastfeeding's Benefits to Mothers. *New Beginnings*. 18(4) 124-127.
- Dodgson, J., Allard-Hale, C., Bramscher, A., Brown, F., & Duckett, L. (1999). Adherence to the ten steps of the Baby-Friendly Hospital Initiative in Minnesota hospitals. *Birth: Issues In Perinatal Care*, 26(4), 239-247.
- Healthy People 2020 Topics and Objectives. Retrieved from: <http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

- Manganaro, R. R., Marseglia, L. L., Mam, C. C., Paolata, A. A., Gargano, R. R., Mondello, M. M., & ... Gemelli, M. M. (2009). Effects of hospital policies and practices on initiation and duration of breastfeeding. *Child: Care, Health & Development*, 35(1), 106-111. doi:10.1111/j.1365-2214.2008.00899.x
- Mwiru, R., Spiegelman, D., Duggan, C., Peterson, K., Liu, E., Msamanga, G., & ... Fawzi, W. (2011). Relationship of exclusive breast-feeding to infections and growth of Tanzanian children born to HIV-infected women. *Public Health Nutrition*, 14(7), 1251-1258.
- Quigley, M., Kelly, Y., & Sacker, A. (2007). Breastfeeding and hospitalization for diarrheal and respiratory infection in the United Kingdom Millennium Cohort Study. *Pediatrics*, 119(4), E837-E842.
- Renfrew, M., McCormick, F., Wade, A., Quinn, B., & Dowswell, T. (2012). Support for healthy breastfeeding mothers with healthy term babies. *Cochrane Database of Systematic Reviews*, (5).
- Ryan, A., & Zhou, W. (2006). Lower breastfeeding rates persist among the Special Supplemental Nutrition Program for Women, Infants, and Children participants, 1978-2003. *Pediatrics*, 117(4), 1136-1146.
- U.S. Department of Health and Human Services. 2011. The Surgeon General's Call to Action to Support Breastfeeding. Retrieved from:
<http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf>
- U.S. Department of Health and Human Services. 2011. Women's Preventive Services: Required Health Plan Coverage Guidelines. Retrieved from:
<http://www.hrsa.gov/womensguidelines/>

Walsh, A., Pincombe, J., & Henderson, A. (2011). An Examination of Maternity Staff Attitudes Towards Implementing Baby Friendly Health Initiative (BFHI) Accreditation in Australia. *Maternal & Child Health Journal*, 15(5), 597-609. doi:10.1007/s10995-010-0628-1

World Health Organization. Fact sheet N°330. August 2009. Retrieved from:
<http://www.who.int/mediacentre/factsheets/fs330/en/index.html>