



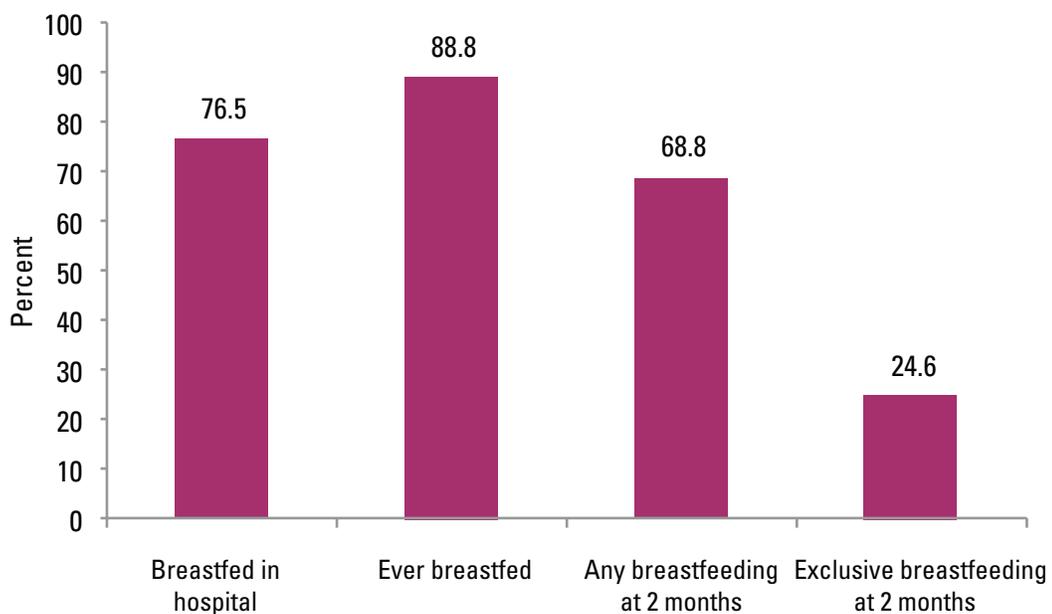
Making Breastfeeding the Norm: A Report on Breastfeeding Rates and Supportive Practices in New York City Birth Hospitals

Introduction



Recognizing the significant infant, maternal, and societal benefits of breastfeeding, a key public health goal for New York City (NYC) is to make breastfeeding the norm. The American Academy of Pediatrics recommends that mothers exclusively breastfeed through six months, with continued breastfeeding with other age-appropriate foods until at least one year.¹ While the vast majority of NYC mothers initiate breastfeeding, rates for prolonged and exclusive breastfeeding decrease dramatically over the first two months (Figure 1).

Figure 1: Breastfeeding Initiation, Duration and Exclusivity, All New Mothers, NYC, 2010



Source: NYC PRAMS

Early exposure to a comprehensive breastfeeding promotion program in the birth hospital assures a good start and increases the likelihood of continued breastfeeding success.² The NYC Department of Health and Mental Hygiene (DOHMH) works closely with hospitals, as well as faith-based and community-based organizations, to support mothers and families throughout their breastfeeding decisions and experiences. Hospital collaborations have focused on removing barriers and enhancing supports for exclusive and prolonged breastfeeding in the perinatal period, largely through implementation of evidence-based best practices consistent with the Baby-Friendly Hospital Initiative (Box 1). **Harlem Hospital Center and NYU**

Langone Medical Center/Tisch Hospital have already received the world-recognized “Baby-Friendly Hospital” designation. At least 16 other hospitals have made significant strides towards attaining this designation, and more are likely.

Most recently, the DOHMH launched Latch On NYC, a citywide initiative to support mothers who choose to breastfeed by eliminating hospital practices that interfere with that choice, such as promotion of infant formula.³ By discouraging both supplemental feeding and the distribution of gift packs containing formula, Latch On NYC addresses the top two reasons New York City mothers give for discontinuing breastfeeding early: insufficient milk supply and feeling that the baby is not getting enough milk.⁴ Complementing this initiative is a public awareness campaign on the benefits of breastfeeding.

This report, prepared by the Bureau of Maternal, Infant and Reproductive Health, provides data on very early feeding practices in NYC birth hospitals, and shares illustrative snapshots of how hospitals are working to improve their breastfeeding programs.

Box 1: What Is the Baby Friendly Hospital Initiative (BFHI)?

The BFHI is a global program sponsored by the World Health Organization (WHO) and UNICEF to promote evidence-based standards to optimize infant feeding in birth hospitals. In many countries, including the U.S., hospitals that are certified as Baby-Friendly have proven effective in increasing breastfeeding initiation, duration and exclusivity rates.

www.babyfriendlyusa.org

1. pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552

2. DiGirolamo AM, Grummer-Strawn LM, Fein SB. Effect of maternity-care practices on breastfeeding. *Pediatrics* 2008 Oct;122 Suppl 2:S43-9.

3. www.nyc.gov/html/doh/pregnancy/html/after/breast-feeding-latchon.shtml

4. NYC Pregnancy Risk Assessment Monitoring System, 2010

Data sources

Data were obtained from three sources:

NYC birth certificates (2009 and 2010)

DOHMH's Bureau of Vital Statistics requires hospitals to report data on infant feeding methods during the hospital stay on the birth certificate (Box 2). This report includes the data on healthy newborns (those not in the Neonatal Intensive Care Unit or transferred to another hospital). Prior to October 2010, birth certificate data were based on what the infant was fed just prior to discharge. In October 2010, the guidance was changed to reflect what the infant was fed during the entire hospital stay or during the first five days in the hospital.

Box 2: NYC Birth Certificate Question

How is infant being fed?
(Check ONE):

- Breast milk only
- Formula only
- Both
- Neither (i.e., infant may be on IV fluids)

NYC Pregnancy Risk Assessment Monitoring System (PRAMS) survey (2006 – 2010)

This population-based survey of women who gave birth in NYC includes questions on infant feeding method in the hospital and duration of breastfeeding. There are also questions on select maternal-infant care practices in the birth hospital that are beneficial or potential barriers to breastfeeding (Box 3). These practices are based on the Baby Friendly Hospital Initiative's "Ten Steps to Successful Breastfeeding," which are evidence-based standards to support breastfeeding and promote exclusivity and improved duration. The PRAMS survey tool is administered via mail, or phone if necessary, in the first few months after a mother has delivered, and thus provides information on early breastfeeding. PRAMS data are reportable when response rates are at least 65%. For more information on PRAMS, visit nyc.gov and search for PRAMS.

Box 3: NYC PRAMS Questions

This question asks about things that may have happened at the hospital where your new baby was born. For each item, circle **Y** (Yes) if it happened or circle **N** (No) if it did not happen.

Hospital staff gave me information about breastfeeding	N	Y
My baby stayed in the same room with me at the hospital	N	Y
I breastfed my baby in the hospital	N	Y
I breastfed my baby in the first hour after my baby was born	N	Y
Hospital staff helped me learn how to breastfeed	N	Y
My baby was fed only breast milk at the hospital	N	Y
Hospital staff told me to breastfeed whenever my baby wanted	N	Y
The hospital gave me a gift pack with formula	N	Y
The hospital gave me a telephone number to call for help with breastfeeding	N	Y
My baby used a pacifier in the hospital	N	Y

Maternity Practices in Infant Nutrition and Care (mPINC) survey (2009)

This census survey, initiated in 2007 by the Centers for Disease Control and Prevention (CDC), reports on breastfeeding-related maternity care practices and policies in all facilities with registered maternity beds in the U.S. and Territories. It is mailed to key informants in all eligible facilities every two years. The 2009 response rate for NYC birth hospitals was 74% (31 hospitals); the U.S. response rate was 82%. For more information on mPINC, see www.cdc.gov/mpinc

How to use this report

This first report on breastfeeding rates and supportive practices in NYC birth hospitals will serve as a baseline “snapshot.” Subsequent reports will continue to present data on breastfeeding rates and hospital practices and will document trends over time. Additional data sources will be incorporated when available, to enrich our understanding of breastfeeding in NYC.

These data should be interpreted in the context of local and national goals to improve the nation’s health through improving support, promotion, and protection of exclusive and prolonged breastfeeding. In January 2011, the U.S. Surgeon General called on health care institutions and providers to ensure that maternity care practices fully support breastfeeding—as part of a comprehensive national Call to Action.⁵ Additionally, the U.S. Department of Health and Human Services Healthy People 2020 goals now include measures of maternity care support for breastfeeding (Box 4), and the Joint Commission includes exclusive breastfeeding rates in their Perinatal Care Core Measure set.⁶ The New York State (NYS) Department of Health routinely monitors hospital breastfeeding policy content, and NYS has enacted the Breastfeeding Mothers’ Bill of Rights.⁷ Birth hospitals (and birthing centers) are, thus, increasingly challenged to create and maintain robust programs—and NYC birth hospitals are responding to that challenge.

Box 4: Healthy People 2020 Breastfeeding Goals

MICH-23 Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life from 24.2% in 2006 to 14.2%.

MICH-24 Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies from 2.9% in 2007 to 8.1%.

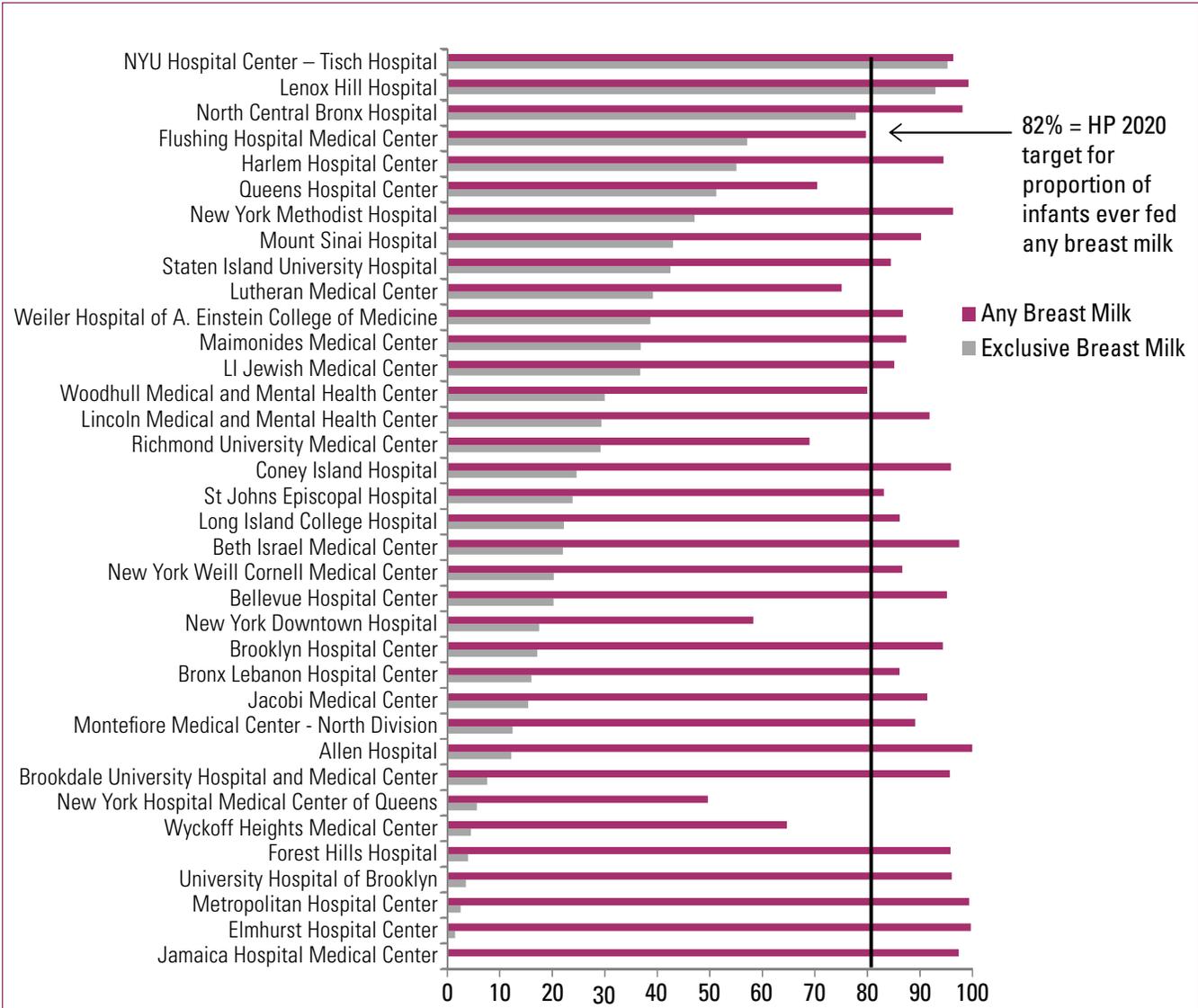
⁵. www.surgeongeneral.gov/topics/breastfeeding

⁶. www.jointcommission.org/perinatal_care

⁷. www.health.ny.gov/publications/2028.pdf

Birth certificate data

Figure 2: Percent of Healthy Infants Fed Exclusively Breast Milk and Any Breast Milk in the Hospital, NYC, 2009 and 2010



Source: NYC Department of Health and Mental Hygiene. Bureau of Vital Statistics.

Excludes infants in NICU, transferred, and those with infant feeding recorded as missing or neither; hospitals with > 5% missing (n=4) or < 100 births (n=3); and 2 hospitals that closed.

Infant feeding question was introduced in 2008 at which time guidance indicated that feeding should be classified based on feeding prior to discharge. Guidance was changed in 2010 to cover period from birth to discharge or 5th day in hospital. Limited data quality efforts were made prior to 2010; therefore, interpret data with caution.

“Any breast milk” implies infant was fed some breast milk. “Exclusive breast milk” implies infant was fed no other liquid except vitamins/medicines, if medically indicated.

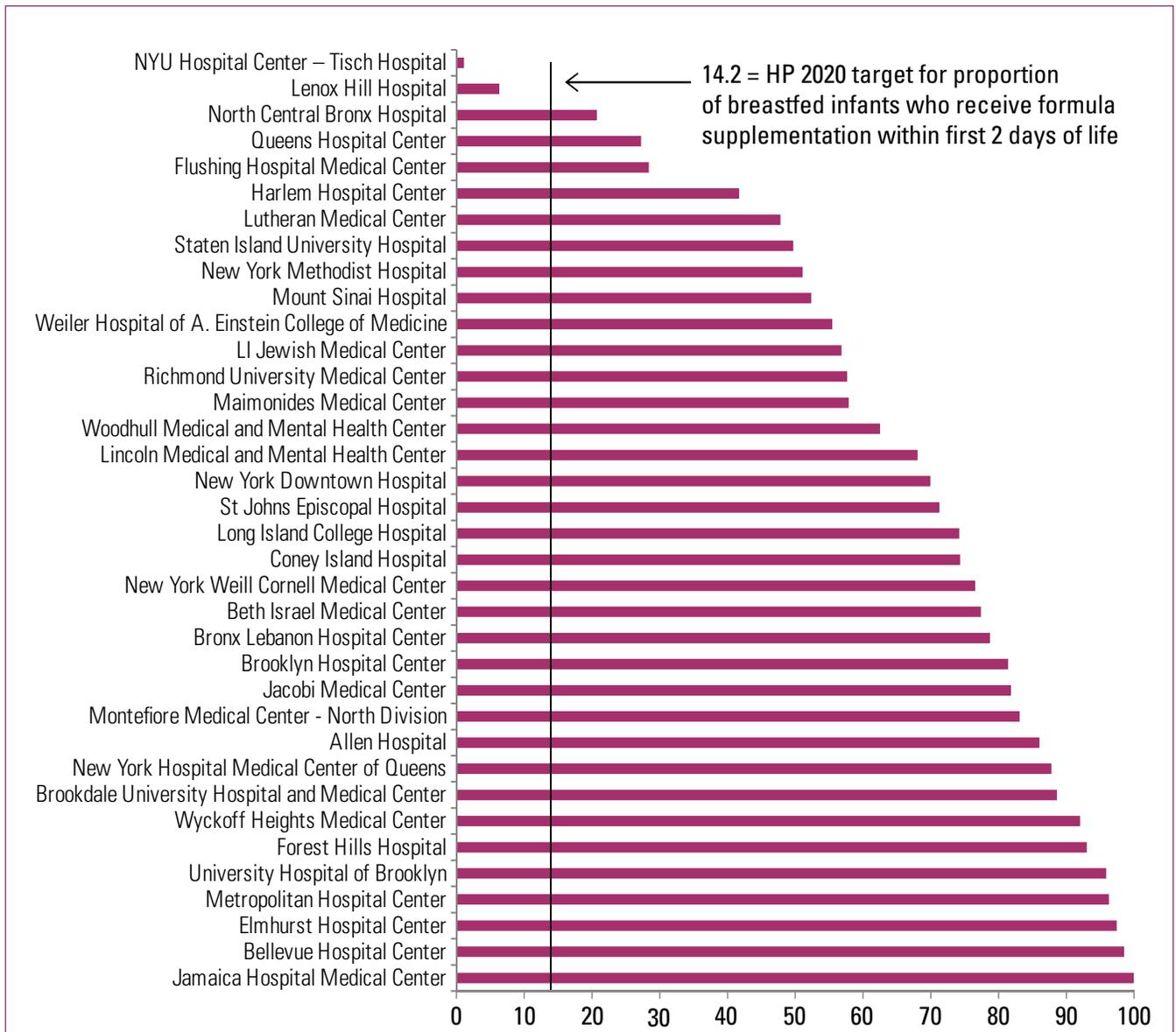
Table 1: Percent of Healthy Infants Fed Exclusively Breast Milk and Any Breast Milk in the Hospital, NYC, 2009 and 2010

	Exclusive Breast Milk	Any Breast Milk
NYU Hospital Center - Tisch Hospital	95.3	96.3
Lenox Hill Hospital	92.9	99.2
North Central Bronx Hospital	77.8	98.1
Flushing Hospital Medical Center	57.1	79.7
Harlem Hospital Center	55.1	94.5
Queens Hospital Center	51.2	70.4
New York Methodist Hospital	47.1	96.3
Mount Sinai Hospital	43.0	90.2
Staten Island University Hospital	42.5	84.5
Lutheran Medical Center	39.2	75.1
Weiler Hospital of A. Einstein College of Medicine	38.7	86.8
Maimonides Medical Center	36.8	87.4
LI Jewish Medical Center	36.8	85.1
Woodhull Medical and Mental Health Center	30.0	80.0
Lincoln Medical and Mental Health Center	29.4	91.8
Richmond University Medical Center	29.2	69.0
Coney Island Hospital	24.6	95.9
St Johns Episcopal Hospital	23.9	83.1
Long Island College Hospital	22.2	86.2
Beth Israel Medical Center	22.0	97.5
New York Weill Cornell Medical Center	20.3	86.6
Bellevue Hospital Center	20.2	95.1
New York Downtown Hospital	17.5	58.3
Brooklyn Hospital Center	17.1	94.4
Bronx Lebanon Hospital Center	16.0	86.1
Jacobi Medical Center	15.4	91.4
Montefiore Medical Center - North Division	12.5	89.1
Allen Hospital	12.2	100.0
Brookdale University Hospital and Medical Center	7.6	95.7
New York Hospital Medical Center of Queens	5.7	49.6
Wyckoff Heights Medical Center	4.5	64.7
Forest Hills Hospital	4.0	95.8
University Hospital of Brooklyn	3.6	96.1
Metropolitan Hospital Center	2.6	99.4
Elmhurst Hospital Center	1.5	99.7
Jamaica Hospital Medical Center	0.0	97.4

Source: NYC Department of Health and Mental Hygiene. Bureau of Vital Statistics.

Excludes infants in NICU, transferred to another hospital, with missing feeding information and infants fed neither breast milk nor formula.

Figure 3: Percent of Healthy Breastfed Infants Also Fed Formula in the Hospital, NYC, 2009 and 2010



Source: NYC Department of Health and Mental Hygiene. Bureau of Vital Statistics.

Excludes infants in NICU, transferred or with missing feeding information; hospitals with > 5% missing (n=4) or < 100 births (n=3); and 2 hospitals that closed.

Limited to infants who were breastfed. Infant feeding question was introduced in 2008 at which time guidance indicated that feeding should be classified based on feeding prior to discharge. Guidance changed in 2010 to cover period from birth to discharge or 5th day in hospital. Limited data quality efforts were made prior to 2010; therefore, interpret data with caution.

Table 2: Select Characteristics of Live Birth Deliveries¹ at Six NYC Hospitals with >50% Reported Exclusive Breastfeeding in the Hospital, NYC, 2009 – 2010

Hospital Name (Perinatal Designation ²)	% Exclusive Breast Milk in Hospital ³	% Any Breast Milk in Hospital ³	% C-Section	% Medicaid	% < 12 yrs education	% First Live Birth	% Foreign Born	% Infants in NICU ⁴	% Anesthesia During Delivery
Lenox Hill Hospital (Level III)	92.8	99.1	39.3	9.9	3.4	52.0	39.9	5.9	86.5
NYU Hospital Center – Tisch Hospital (RPC)	95.2	96.2	28.2	1.4	3.5	52.1	31.6	5.8	94.5
Flushing Hospital Medical Center (Level III)	57.0	79.6	41.1	72.1	27.9	40.4	85.0	15.3	79.3
Harlem Hospital Center (Level III)	54.9	94.3	29.3	91.6	40.1	34.8	45.1	22.6	70.9
North Central Bronx Hospital (Level III)	77.3	97.5	23.2	88.5	43.5	43.7	61.0	6.3	51.2
Queens Hospital Center (Level III)	51.1	70.2	29.4	88.0	28.6	40.7	74.4	12.6	63.9

Source: NYC Department of Health and Mental Hygiene. Bureau of Vital Statistics.

¹ Limited to non-NICU and non-transferred infants.

² New York State’s system of regionalized perinatal services includes four levels of perinatal care provided by the hospitals within a region (called affiliate hospitals) and led by a Regional Perinatal Center (RPC), which provides the most sophisticated care and provides education, advice and support to their affiliate hospitals. Levels include Level 1, Level II, Level III, and RPC.

³ Limited to non-NICU and non-transferred infants with non-missing feeding information.

⁴ Limited to non-transferred infants.

Highlights: Birth certificate data

- Six NYC hospitals with diverse patient populations report that more than 50% of babies are exclusively breastfed. (Table 1, Table 2)
- 29 of 36 hospitals (80.6%) report that they meet or exceed the Healthy People 2020 goal of 82% of infants being fed at least some breast milk. (Figure 2)
- Only two hospitals (5.6%) report meeting the Healthy People 2020 goal of no more than 14.2% of breastfed infants receiving formula supplementation. (Figure 3)

PRAMS data

Table 3: Prevalence of Breastfeeding-Supportive Practices in the Hospital as Reported by Breastfeeding Mothers, NYC, 2010

Breastfeeding-Supportive Practice	%	95% CI
Breastfeeding Assistance		
Hospital gave mother information about breastfeeding	93.5	91.6, 95.0
Hospital helped mother learn how to breastfeed	77.4	74.3, 80.3
Hospital told mother to breastfeed on demand	78.2	75.2, 81.0
Breastfeeding in the Hospital		
Mother breastfed in the hospital	86.6	84.0, 88.8
Infant fed only breast milk in the hospital	27.5	24.4, 30.8
Hospital Care		
Infant fed within 1 hour of birth	51.1	47.5, 54.7
Infant roomed-in with mother	68.2	64.9, 71.4
Infant did not use pacifier in hospital	70.0	66.6, 73.1
Discharge Planning		
Mother did not receive formula gift pack	30.4	27.1, 33.9
Mother received phone number for help	72.5	69.2, 75.7
Mother received pump to use	35.3	32.0, 38.8

Source: NYC PRAMS.
Limited to breastfeeding mothers of infants born in hospital and living with them at time of survey.

Table 4: Prevalence of Breastfeeding-Supportive Practices in the Hospital as Reported by Breastfeeding Mothers, by Hospital, 2006-2010

Hospital Name	Breastfeeding Assistance			Feeding in Hospital Only Breast Milk	Hospital Care			Discharge Planning		# of Practices Reported by > 80% of Mothers
	Given Info	Given Help	Informed to Breastfeed On Demand		Breastfed Within Hour	Roomed-In	No Pacifier	No Gift Pack	Phone #	
BRONX										
Bronx Lebanon Hospital Center	95.3	71.0	69.2	20.1	41.5	73.0	67.5	16.7	49.6	1
Jacobi Medical Center	93.6	80.2	79.1	18.5	42.7	79.0	58.2	34.7	92.6	3
Lincoln Medical and Mental Health Center	94.9	89.9	80.9	27.4	48.1	83.5	76.6	49.7	75.0	4
Montefiore Medical Center – North Division	93.0	67.1	72.5	13.3	36.0	68.7	77.2	22.3	84.6	2
North Central Bronx Hospital	99.4	85.7	92.4	31.1	48.9	85.7	77.1	31.9	92.1	5
St Barnabas Hospital	94.4	66.1	77.1	25.2	66.1	74.7	39.6	7.7	60.3	1
Weiler Hospital of A. Einstein College of Medicine	89.3	73.4	75.6	22.7	41.7	85.1	64.0	20.7	66.8	2
MANHATTAN										
Allen Hospital	91.4	73.7	86.2	22.5	52.9	90.3	43.3	15.8	80.7	4
Bellevue Hospital Center	91.9	83.0	85.2	27.7	71.5	84.8	79.7	54.1	77.1	4
Beth Israel Medical Center	93.1	79.2	69.1	21.1	47.2	64.2	76.1	18.6	82.2	2
Columbia Presbyterian Medical Center	92.3	69.8	74.1	26.1	54.4	63.3	54.9	14.9	74.6	1
Harlem Hospital Center	93.5	83.5	83.9	36.4	56.6	75.3	77.1	61.5	73.4	3
Lenox Hill Hospital	91.5	79.5	75.0	32.6	46.6	56.5	55.9	9.4	53.8	1
Metropolitan Hospital Center	97.2	80.4	75.3	18.9	54.7	71.5	63.3	45.3	68.0	2
Mount Sinai Hospital	94.6	81.8	77.4	28.3	61.8	66.5	84.6	37.5	75.8	3
New York Downtown Hospital	77.8	69.0	50.3	17.7	37.8	71.2	89.9	7.1	56.9	1
New York Weill Cornell Medical Center	99.8	85.2	72.2	36.7	57.5	74.1	71.0	17.7	82.7	3
NYU Hospital Center – Tisch Hospital	94.7	78.2	79.2	51.8	70.7	67.7	83.8	37.5	91.3	3
St Lukes – Roosevelt Hospital Center	87.9	80.7	76.8	43.9	68.7	81.8	79.9	10.8	61.7	3
BROOKLYN										
Brookdale University Hospital and Medical Center	82.1	56.8	66.6	15.2	35.6	42.7	71.5	9.1	50.0	1
Brooklyn Hospital Center	88.2	68.8	74.3	12.6	31.0	58.9	87.2	3.4	77.0	2
Coney Island Hospital	96.8	73.8	77.4	35.0	54.4	83.8	74.2	29.0	91.6	3
Kings County Hospital	94.9	72.1	76.8	24.5	42.0	59.9	82.3	61.1	66.7	2
Long Island College Hospital	89.9	78.6	69.2	23.0	42.4	76.3	79.8	3.8	69.8	1
Lutheran Medical Center	95.6	77.5	77.8	16.2	40.4	40.9	81.7	6.2	77.0	2
Maimonides Medical Center	93.3	69.6	78.3	19.9	37.6	44.3	80.7	4.7	84.5	3
New York Methodist Hospital	98.7	87.8	87.9	24.1	42.0	57.0	81.0	5.1	86.2	5
University Hospital of Brooklyn	88.5	72.0	66.4	13.7	23.2	50.5	68.2	7.7	72.2	1
Woodhull Medical and Mental Health Center	92.4	71.6	78.8	26.0	40.0	68.4	56.7	20.9	63.2	1
Wyckoff Heights Medical Center	77.9	52.5	71.2	13.5	28.2	65.0	60.1	9.9	73.2	0
QUEENS										
Elmhurst Hospital Center	91.7	72.7	77.2	24.2	32.3	59.7	69.7	53.6	62.0	1
Flushing Hospital Medical Center	86.8	58.0	71.0	13.0	27.5	54.8	72.4	7.9	52.9	1
Forest Hills Hospital	69.7	51.8	66.7	12.8	22.4	47.5	82.1	2.4	41.2	1
Jamaica Hospital Medical Center	85.5	64.7	66.5	6.9	33.6	41.5	83.9	9.2	58.5	2
LI Jewish Medical Center	95.2	83.2	81.1	22.9	31.4	54.5	55.5	12.0	86.5	4
New York Hospital Medical Center of Queens	84.4	68.3	68.3	16.6	31.8	66.5	50.1	4.2	68.1	1
Queens Hospital Center	84.1	69.5	83.8	22.8	27.5	81.9	74.4	49.8	63.2	3
St Johns Episcopal Hospital	99.5	90.8	75.7	14.0	18.3	57.1	27.0	1.1	86.6	3
STATEN ISLAND										
Richmond University Medical Center	83.5	61.9	82.4	29.7	27.6	34.5	30.4	1.6	70.3	2
Staten Island University Hospital	88.5	64.3	75.2	26.1	54.3	41.4	33.6	1.4	78.1	1
# (%) Hospitals Where > 80% of Women Reported Experience	37 (93)	12 (30)	9 (23)	0 (0)	0 (0)	8 (20)	10 (25)	0 (0)	12 (30)	

Source: NYC PRAMS.

Limited to breastfed infants born in hospital and living with mother at time of survey.

Use caution when comparing exclusive breastfeeding data in Tables 1 and 4. Table 1 is limited to healthy infants, while Table 4 includes all breastfed infants, including those admitted to NICU or transferred to other hospitals. Comparisons between PRAMS and birth certificate data may be further limited by differences in definitions and reporting practices.

Highlights: PRAMS data

- Mothers' experiences related to breastfeeding-supportive practices in the hospital vary widely from hospital to hospital.
- More than nine in 10 mothers surveyed (93.5%) reported receiving breastfeeding information in the hospital and nearly 7 in 10 (68.2%) reported that their infants roomed-in. (Table 3)
- Only 3 in 10 (30.4%) reported *not* receiving an infant formula gift pack at discharge. (Table 3)
- Across hospitals, disseminating breastfeeding information was the most prevalent breastfeeding-supportive practice; in 37 hospitals (93%), at least 80% of women reported receiving information. Applying this standard (i.e., a practice reported by at least 80% of women) to other practices, not providing pacifiers (25% of hospitals), rooming-in (20%), informing to breastfeed on demand (23%), providing a phone number for breastfeeding help at discharge (30%), and direct assistance in breastfeeding (30%) were moderately prevalent practices. (Table 4)
- Of the nine breastfeeding-supportive practices examined, 16 hospitals have implemented three or more practices and one hospital has implemented none at the 80% standard. (Table 4)

mPINC data

Table 5: NYC Hospitals' Composite Quality Practice Scores on Breastfeeding Dimensions of Care, 2009 (N = 31 hospitals)

mPINC Dimension of Care	Quality Practice Subscore*	Ideal Response to mPINC Survey Question	Percent of Facilities with Ideal Response
Labor and Delivery Care	52	Initial skin-to-skin contact is between 30 min and 1 hour (vaginal births)	48
		Initial skin-to-skin contact is between 30 min and 2 hours (cesarean births)	16
		Initial breastfeeding opportunity is within 1 hour (vaginal births)	32
		Initial breastfeeding opportunity is within 2 hours (cesarean births)	16
		Routine procedures are performed skin-to-skin	6
Feeding of Breastfed Infants	68	Initial feeding is breast milk (vaginal births)	52
		Initial feeding is breast milk (cesarean births)	19
		Supplemental feedings to breastfeeding infants are rare	6
		Water and glucose water are not used	87
Breastfeeding Assistance	80	Infant feeding decision is documented in the patient chart	97
		Staff provide breastfeeding advice and instructions to patients	87
		Staff teach breastfeeding cues to patients	84
		Staff teach patients not to limit suckling time	48
		Staff directly observe and assess breastfeeding	68
		Staff use a standard feeding assessment tool	26
		Staff rarely provide pacifiers to breastfeeding infants	81
Contact Between Mother and Infant	55	Mother-infant pairs are not separated for postpartum transition	13
		Mother-infant pairs room-in at night	61
		Mother-infant pairs are not separated during the hospital stay	26
		Infant procedures, assessment, and care are in the patient room	0
		Non-rooming-in infants are brought to mothers at night for feeding	42
Facility Discharge Care	61	Staff provide appropriate discharge planning (referrals and other multi-modal support)	35
		Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	58
Staff Training	69	New staff receive appropriate breastfeeding education	35
		Current staff receive appropriate breastfeeding education	42
		Staff received breastfeeding education in the past year	52
		Assessment of staff competency in breastfeeding management and support is at least annual	58
Structural and Organizational Aspects of Care Delivery	77	Breastfeeding policy includes all 10 model policy elements	48
		Breastfeeding policy is effectively communicated	77
		Facility documents infant feeding rates in patient population	87
		Facility provides breastfeeding support to employees	48
		Facility does not receive infant formula free of charge	16
		Breastfeeding is included in prenatal patient education	97
		Facility has a designated staff member responsible for coordination of lactation care	87

Source: Centers for Disease Control and Prevention, mPINC

* Quality Practice scores range from 0 to 100 for each question, dimension of care, facility, and state. The highest, best possible score for each is 100. Each facility and state's "Composite Quality Practice Score" is made up of subscores for practices in each of 7 dimensions of care.

Table 6: Comparison of mPINC Quality Practice Subscores – New York City, New York State and U.S., 2009

mPINC Dimension of Care	mPINC Quality Practice Subscore*		
	NYC	NYS (excludes NYC)	U.S.
Labor and Delivery Care	52	62	63
Feeding of Breastfed Infants	68	81	78
Breastfeeding Assistance	80	85	81
Contact between Mother and Infant	55	63	71
Facility Discharge Care	61	42	43
Staff Training	69	59	51
Structural and Organizational Aspects	77	75	69
Composite Score	66	67	65

Source: Centers for Disease Control and Prevention, mPINC
 *Quality practice scores range from 0 to 100

Highlights: mPINC data

- The dimension of care in which NYC hospitals excelled was “Breastfeeding Assistance” (subscore of 80/100), especially the following practices: documenting the infant feeding decision in patient chart (97% of hospitals); providing breastfeeding advice and instruction to patients (87%); and teaching patients to recognize breastfeeding cues (84%). (Table 5)
- Dimensions of care in which improvements are needed include “Labor and Delivery” (subscore of 52/100), “Contact between Mother and Infant” (55/100) and “Facility Discharge Care” (61/100). (Table 5) Breastfeeding-supportive practices that need strengthening include:
 - Initial skin-to-skin contact between 30 minutes and 1 hour for vaginal births (48%) and between 30 minutes and 2 hours for cesarean births (16%).
 - Initial breastfeeding opportunity within 1 hour for vaginal births (32%) and within 2 hours for cesarean births (16%).
 - Mother-infant pairs are not separated for postpartum transition (13%).
 - Staff provide appropriate discharge planning to ensure breastfeeding success in the outpatient setting (35%).
- NYC hospitals performed better than hospitals nationwide in the following dimensions of care: facility discharge care (61/100 vs. 43/100), staff training (69 vs. 51) and structural and organizational aspects (77 vs. 69). (Table 6)
- NYC hospitals performed worse than hospitals nationwide in: labor and delivery care (52/100 vs. 63/100), feeding of breastfed infants (68 vs. 78) and contact between mother and infant (55 vs. 71). (Table 6)

What NYC hospitals are doing to promote and support breastfeeding

Most NYC hospitals that have committed to enhancing their breastfeeding promotion programs have done so by establishing multidisciplinary committees with the authority to analyze and act on breastfeeding program challenges. These committees are responsible for working towards adoption of the NYS Model Breastfeeding Policy⁸, training staff, and, in many instances, working towards the “4D Pathway” of the Baby-Friendly Hospital Initiative. Recent collaborations with the DOHMH, supported by grants from the Centers for Disease Control and Prevention and the United Hospital Fund, have helped to move many hospitals towards more integrated and robust breastfeeding programs.

Here are some of the breastfeeding-supportive strategies and programs that NYC hospitals are adopting:

Promote skin-to-skin contact in Labor and Delivery

Among the practices being adopted by hospitals are:

- Placing infants on the mother’s chest within minutes of delivery and allowing infant to remain there throughout the first hour, and even during transport to the maternity unit.
- Encouraging skin-to-skin contact after cesarean births, enlisting the help of the mother’s partner, nurses and anesthesiologist.
- Providing newborn care, including eye prophylaxis and vitamin K shots, while the newborn is on the mother’s chest.

⁸ www.health.state.ny.us/community/pregnancy/breastfeeding/docs/model_hospital_breastfeeding_policy.pdf

Protect against inappropriate formula messages and supplementation

As of September 2012, 28 hospitals have made a voluntary commitment to enhance their support of breastfeeding mothers via the “Latch On NYC” initiative. Support measures include:

- Providing early assessment and help to solve any challenges for breastfeeding mothers.
- Monitoring usage of formula via logs or with computerized tools.
- Conducting environmental rounds to assess whether patient education materials and posters are free of infant formula advertising.

For more information about this initiative, visit nyc.gov, and search for Latch On NYC.

Support rooming-in

Among the practices being adopted by hospitals are:

- Renaming nurseries “observational nursery” or “neonatal observation unit” to emphasize the change in culture; infants are meant to be there briefly – to be ‘observed’ or undergo procedures.
- Restricting visiting hours to encourage family bonding and hone breastfeeding skills.
- Performing infant examinations and tests at the mother’s bedside, using rolling carts to transport necessary equipment.
- Adding a chair-bed to mothers’ rooms so that a family member can spend the night and help with nursing support.

Improve discharge planning

Among the practices being adopted by hospitals are:

- Arranging for WIC peer counselors to visit maternity units to connect with breastfeeding mothers before discharge.
- Arranging for lactation counselors from DOHMH's Newborn Home Visiting Program to visit maternity units and provide home-based visits after discharge. Hospital-based pediatric clinics are also organizing lactation counseling sessions during the scheduled 3 – 5 day newborn visit.

Educate staff through DOHMH-sponsored activities

- Since 2008, Grand Rounds have been conducted at 18 hospitals on a variety of breastfeeding topics, reaching approximately 760 staff in Ob-Gyn, Family Medicine, Pediatrics, Nursing and allied units.
- In 2009 and 2011, breastfeeding conferences were conducted, attracting 200 CEOs, chiefs of service, and interested nursing and medical staff.
- Since 2007, 780 hospital staff and public health workers representing all birth hospitals in the city have attended 5-day Certified Lactation Counselor (CLC) courses.
- Since 2011, 42 staff from 21 hospitals were trained to teach others in the basics of Lactation Education through a 5-day train-the-trainer course.

