

# Utah Health Status Update: *Breastfeeding Friendly Hospitals*

April 2016

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.<sup>1</sup>

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.<sup>1,2</sup>

The *Stepping Up for Utah Babies* program was developed 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* program guides hospitals to successfully implement *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.

The *Stepping Up* program allows hospitals to work on two steps at a time, with a goal of completing all ten steps to make facility wide

improvements in breastfeeding outcomes. Participating hospitals may choose to complete two, four, six, eight, or all ten steps; however, hospitals must create or update a breastfeeding support policy that addresses the steps they plan on implementing.

Currently, a workgroup with representatives from Maternal and Infant Health; Women Infants and Children (WIC); Healthy Living through Environment, Policy and Improved Clinical Care (EPICC); and the Mother to Baby programs at the Utah Department of Health is overseeing the implementation of the *Stepping Up* program in six hospitals. These hospitals include St. Marks, LDS, Logan Regional, Intermountain Medical Center, Park City Medical Center, and Heber Valley Medical Center. In addition, the University of Utah Hospital implemented all 10 steps in accordance with the National Baby Friendly Hospital Initiative in 2008.

Utah's Pregnancy Risk Assessment Monitoring System (PRAMS) 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. PRAMS data collected during 2012 and 2013 from women whose babies were born after 37 weeks gestation and weighed at least 2500 grams were analyzed for this report. Results showed 94.4% of women said they had ever breastfed, even for a short period of time. Of those, 96.7% initiated breastfeeding while in the hospital and 71.3% said they were still breastfeeding at the time they completed the survey (2–6 months after giving birth). Women who said they had ever breastfed 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.

## KEY FINDINGS

- The *Stepping Up for Utah Babies* program guides hospitals to successfully implement *Ten Steps to Successful Breastfeeding*.
- According to PRAMS results, 96.7% of women who reported ever breastfeeding initiated breastfeeding while in the hospital and 71.3% said they were still breastfeeding at the time they completed the survey (2–6 months after giving birth).
- Rates of women still breastfeeding were 24% higher among women whose babies were fed only breast milk while in the hospital.
- There is sufficient evidence to continue promoting the *Stepping Up for Utah Babies* program within Utah hospitals.

## TEN STEPS TO SUCCESSFUL BREASTFEEDING

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all healthcare 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 from the hospital or clinic.

Figure 1 summarizes the responses of each survey question along with the corresponding steps from the *Stepping Up* program. Nearly all women (95.4%) said hospital staff gave them information about breastfeeding and the majority said their babies stayed in the same room (87.4%). It is concerning however, that only 62% of women said their babies were fed only breast milk in the hospital. While these data do not specify whether the remaining 38% 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 two days of life to 14.2%.

Figure 2 shows the percentage of women who were still breastfeeding at the time they completed the survey by their responses to the hospital breastfeeding practices questions. Rates of women still breastfeeding were significantly higher for steps 4, 6, 9, and 10 of the *Ten Steps to Successful Breastfeeding*. Step 6 seemed to have the greatest impact, as the breastfeeding rate among women who said their babies were fed only breast milk in the hospital was 24% higher than the rate of those whose babies were not fed only breast milk in the hospital.

The lower breastfeeding rates among women whose babies were given a pacifier by hospital staff aligns with step 9 of the program which discourages hospital staff from giving pacifiers or artificial nipples to breastfeeding infants. Rates were also lower among the 71.5% of women who were given a gift pack containing formula although not significantly.

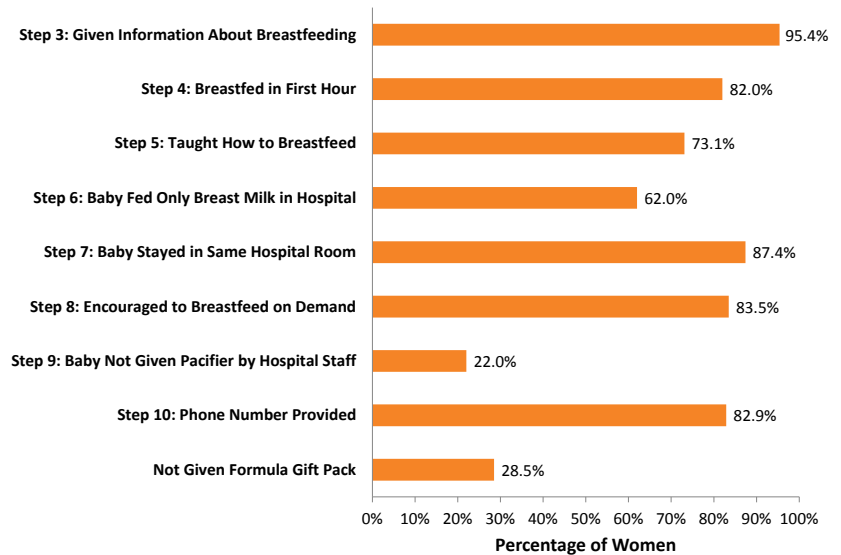
Hospital policies and practices impact whether a woman chooses to start breastfeeding and how long she continues to breastfeed. There is sufficient evidence to continue promoting the *Stepping Up for Utah Babies* program within Utah hospitals. For more information, contact the Maternal and Infant Health Program at 801-273-2871.

#### UDOH ANNOUNCEMENT:

The Office of Health Disparities conducted a survey via social media among South Salt Lake and Glendale residents segmented by race and ethnicity using questions from the Behavioral Risk Factor Surveillance System (BRFSS). For more information, visit <http://www.health.utah.gov/disparities/data/ohd/SocialMediaMarketingReport.pdf>.

## Breastfeeding Support

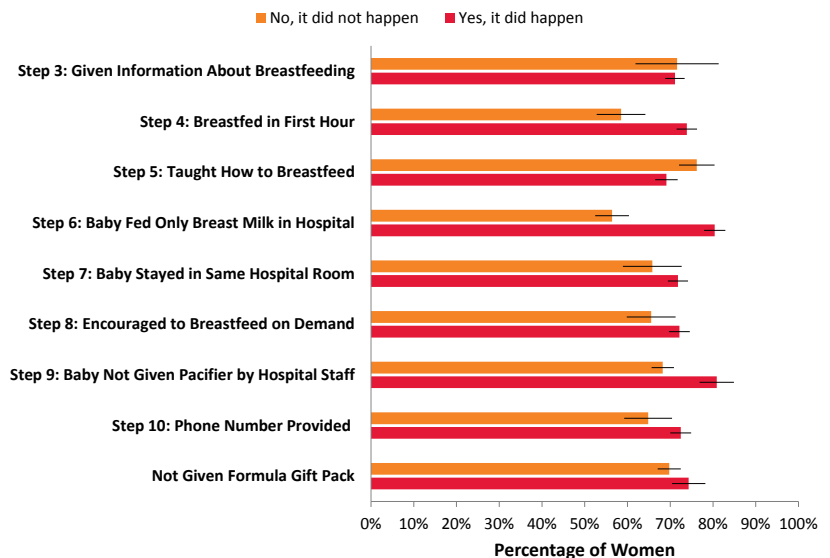
Figure 1. Percentage of women who experienced breastfeeding support after hospital delivery, Utah, 2012–2013



Source: Utah Pregnancy Risk Assessment Monitoring System (PRAMS)

## Continued Breastfeeding

Figure 2. Percentage of women still breastfeeding 2–6 months after giving birth by hospital breastfeeding friendly practices, Utah, 2012–2013



Source: Utah Pregnancy Risk Assessment Monitoring System (PRAMS)

## References

- Eidelman, Ai, Schanler, RJ, Johnston, M, et al. Breastfeeding and the use of human milk. *Pediatrics*. 2012; 129(3); e827–e841.
- Grummer-Strawn, LM, Shealy, KR, Perrine, CG, et al. Maternity care practices that support breastfeeding: CDC efforts to encourage quality improvement. *Journal of Women's Health*. 2013; 22 (2); 107–12.

For additional information about this topic, contact Nicole Stone, Utah Department of Health, (801) 273-2873, email: [nstone@utah.gov](mailto:nstone@utah.gov) or the Office of Public Health Assessment, Utah Department of Health, (801) 538-9191, email: [chdata@utah.gov](mailto:chdata@utah.gov).

## Breaking News, April 2016

### Pacific Islander Birth Outcomes Intervention Program

A group of 25 local Pacific Islander community members have begun learning about the alarming birth outcome disparities experienced in their communities through a new program called *It Takes A Village: Giving Our Babies the Best Chance*. Created by the Office of Health Disparities' (OHD) Native Hawaiian/Pacific Islander (NHPI) Birth Outcomes Advisory Committee, the program aims to reduce birth outcome disparities, including a higher infant mortality rate, lower prenatal care rate, and higher maternal obesity rate among Utah's NHPI communities. The program is an extended and improved version of a previous pilot program, MAHINA, also developed and implemented by OHD. OHD trained local community members to deliver the program's curriculum. Six 90-minute weekly sessions will be taught in local communities to increase awareness, knowledge, and skills regarding birth outcomes; preconception health; prenatal care; postpartum health; and mental and emotional wellness among NHPIs. Participants also view videos from a film recently developed by OHD featuring local NHPI clinicians, experts, and community members who share personal experiences and knowledge related to leveraging cultural strengths to improve birth outcomes. All program activities will conclude by May 2016 and an impact evaluation will be conducted within six months of program completion. Plans are also underway to educate four additional groups of concerned NHPI communities in the next few months. For more information, visit <http://www.health.utah.gov/disparities/data/ohd/MAHINAPilotReportJune2015.pdf>.

## Community Health Indicators Spotlight, April 2016

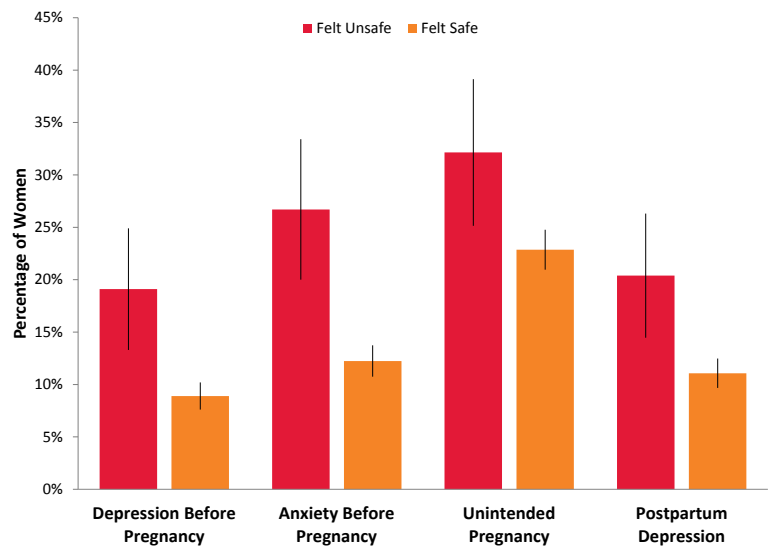
### Neighborhood Safety During Pregnancy

Women who feel unsafe in their neighborhoods are at an increased risk for anxiety and depression which can be precursors to unintended pregnancy and poor maternal health outcomes.<sup>1</sup> To assess the relationship between maternal health and perceptions of neighborhood safety, the Pregnancy Risk Assessment Monitoring System (PRAMS) asks women the following question: *During the 12 months before your new baby was born, how often did you feel unsafe in the neighborhood where you lived?* Utah Data from 2012–2013 showed 7.9% of respondents (7,797 women) said they felt unsafe in their neighborhoods sometimes, often, or always. The percentage of those who felt unsafe was significantly higher among those who lived in urban settings and who were unmarried.

As shown in the accompanying figure, Utah women who felt unsafe were significantly more likely to report depression and anxiety before pregnancy, unintended pregnancy, and postpartum depression symptoms than those who felt safe.

According to one study from another state, the experience of not feeling safe in one's neighborhood is significantly related to unintended pregnancy even when measures of individual-level violence and demographic factors are accounted for.<sup>1</sup> The authors' explanation is that being afraid to get out and walk in the neighborhood may contribute to infrequent medical encounters and a lack of access to family planning resources. Also, depression related to feeling unsafe may contribute to apathy and a lack of motivation to learn about or use family planning methods. These findings emphasize the ongoing need for healthcare-related interventions such as routine discussions about preconception health, as well as non-healthcare related measures to improve the safety of neighborhoods such as crime prevention programs.

**Neighborhood Safety and Maternal Health, Utah PRAMS, 2012–2013**



1. *J Urban Health*. 2010 Jul; 87(4):677-87. doi: 10.1007/s11524-010-9461-5. Neighborhood and individual-level violence and unintended pregnancy.

# Monthly Health Indicators Report

(Data Through February 2016)

Monthly Report of Notifiable Diseases, February 2016	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis ( <i>Campylobacter</i> )	23	23	54	49	1.1
Shiga toxin-producing <i>Escherichia coli</i> ( <i>E. coli</i> )	0	2	2	4	0.5
Hepatitis A (infectious hepatitis)	1	0	2	0	5.0
Hepatitis B, acute infections (serum hepatitis)	0	2	0	3	0.0
Influenza*	Weekly updates at <a href="http://health.utah.gov/epi/diseases/influenza">http://health.utah.gov/epi/diseases/influenza</a>				
Meningococcal Disease	1	1	1	1	1.0
Pertussis (Whooping Cough)	6	72	18	151	0.1
Salmonellosis ( <i>Salmonella</i> )	20	17	49	35	1.4
Shigellosis ( <i>Shigella</i> )	4	2	8	6	1.3
Varicella (Chickenpox)	22	30	54	60	0.9
Quarterly Report of Notifiable Diseases, 4th Qtr 2015	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV/AIDS†	24	26	89	106	0.8
Chlamydia	2,194	1,878	8,630	7,431	1.2
Gonorrhea	464	200	1,564	692	2.3
Syphilis	13	10	56	49	1.2
Tuberculosis	9	7	37	31	1.2
Medicaid Expenditures (in Millions) for the Month of February 2016	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 14.2	\$ 13.9	\$ 116.3	\$ 116.7	\$ (0.4)
Inpatient Hospital	\$ 11.5	\$ 13.1	\$ 73.5	\$ 75.6	\$ (2.1)
Outpatient Hospital	\$ 4.4	\$ 4.6	\$ 28.1	\$ 30.0	\$ (1.8)
Long Term Care	\$ 17.4	\$ 17.9	\$ 127.2	\$ 127.8	\$ (0.5)
Pharmacy	\$ 5.1	\$ 5.8	\$ 69.4	\$ 70.6	\$ (1.3)
Physician/Osteo Services	\$ 4.1	\$ 5.1	\$ 27.4	\$ 32.6	\$ (5.2)
TOTAL MEDICAID	\$ 217.5	\$ 216.2	\$ 1,600.5	\$ 1,607.1	\$ (6.5)

Program Enrollment for the Month of February 2016	Current Month	Previous Month	% Change‡ From Previous Month	1 Year Ago	% Change‡ From 1 Year Ago
Medicaid	293,967	291,698	+0.8%	281,802	+4.3%
PCN (Primary Care Network)	18,748	18,504	+1.3%	18,208	+3.0%
CHIP (Children's Health Ins. Plan)	17,347	17,000	+2.0%	15,629	+11.0%
Health Care System Measures	Annual Visits			Annual Charges	
	Number of Events	Rate per 100 Population	% Change‡ From Previous Year	Total Charges in Millions	% Change‡ From Previous Year
Overall Hospitalizations (2014)	281,302	8.9%	-0.8%	\$ 7,281.6	+11.8%
Non-maternity Hospitalizations (2014)	177,881	5.5%	-1.1%	\$ 6,200.8	+11.6%
Emergency Department Encounters (2014)	710,266	22.9%	+2.6%	\$ 1,760.5	+13.2%
Outpatient Surgery (2013)	404,303	13.1%	+7.3%	\$ 2,167.9	+11.5%
Annual Community Health Measures	Current Data Year	Number Affected	Percent/Rate	% Change‡ From Previous Year	State Rank§ (1 is best)
Obesity (Adults 18+)	2014	524,000	25.7%	+6.5%	8 (2014)
Cigarette Smoking (Adults 18+)	2014	197,800	9.7%	-6.1%	1 (2014)
Influenza Immunization (Adults 65+)	2014	171,300	58.0%	+1.0%	36 (2014)
Health Insurance Coverage (Uninsured)	2014	303,100	10.3%	-11.2%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2014	234	8.0 / 100,000	+20.2%	17 (2014)
Poisoning Deaths	2014	641	21.8 / 100,000	+0.4%	45 (2014)
Suicide Deaths	2014	555	18.9 / 100,000	-4.0%	41 (2014)
Diabetes Prevalence (Adults 18+)	2014	144,800	7.1%	-0.1%	8 (2014)
Poor Mental Health (Adults 18+)	2014	324,200	15.9%	-3.0%	19 (2014)
Coronary Heart Disease Deaths	2014	1,574	53.5 / 100,000	+2.5%	3 (2014)
All Cancer Deaths	2014	3,033	103.1 / 100,000	+1.0%	1 (2014)
Stroke Deaths	2014	854	29.0 / 100,000	+1.4%	31 (2014)
Births to Adolescents (Ages 15-17)	2014	537	7.9 / 1,000	-8.8%	12 (2014)
Early Prenatal Care	2014	39,005	76.2%	-0.2%	n/a
Infant Mortality	2014	251	4.9 / 1,000	-4.7%	13 (2013)
Childhood Immunization (4:3:1:3:3:1)	2014	36,700	74.6%	n/a#	24 (2014)

\* Influenza-like illness activity is high in Utah. As of February 27, 2016, 439 influenza-associated hospitalizations have been reported to the UDOH since the start of the influenza season on October 4, 2015. More information can be found at <http://health.utah.gov/epi/diseases/influenza/surveillance/index.html>.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

‡ Relative percent change. Percent change could be due to random variation.

§ State rank based on age-adjusted rates where applicable.

# In 2014, NIS analysis for the complete 4:3:1:3:3:1 series was updated to provide a more accurate assessment of Haemophilus influenzae type B vaccination. Due to this change, the 2014 results for 4:3:1:3:3:1 coverage are not comparable to prior years.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile Virus will start in June for the 2016 season.