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PRAMS Brief

Oklahoma Pregnancy Risk Assessment Monitoring System

OKLAHOMA FAST FACTS

AMONG FIRST-TIME MOTHERS:

91.6%

Received help from hospital staff in learning to breastfeed

87.5%

Had their baby stay in the same hospital room

83.1%

Received support from hospital staff for breastfeeding on demand

82.2%

Were given a phone number for breastfeeding help

72.8%

Breastfed in the 1st hour after birth

60.8%

Fed only breast milk to their baby in the hospital

53.3%

Were not given a gift pack with formula



BABY-FRIENDLY® HOSPITAL PRACTICES AND BREASTFEEDING DURATION AMONG FIRST-TIME OKLAHOMA MOTHERS: 2016-2018

The American Academy of Pediatrics recommends breastfeeding (BF) as the sole source of nutrition for babies for about 6 months and then continued breastfeeding while introducing complementary foods until the child is at least 12 months old.¹ Maternity practices in hospitals and birth centers can influence breastfeeding behaviors during a period critical to successful establishment of lactation. Oklahoma hospitals have enacted several practices as part of the Baby-Friendly® Hospital Initiative in order to address potential barriers.

The Baby-Friendly® Hospital Initiative began in 1991 and assists hospitals in giving mothers the information, confidence, and skills necessary to successfully initiate and continue breastfeeding their babies.² This report looks at Baby-Friendly® hospital practices and their impact on breastfeeding duration among first time mothers. For this report, all birthing hospitals in Oklahoma are included; not just those designated Baby-Friendly®.

Oklahoma PRAMS data from 2016-2018 were used for the analysis. Data weighting procedures and detailed methodology for PRAMS are described elsewhere.³

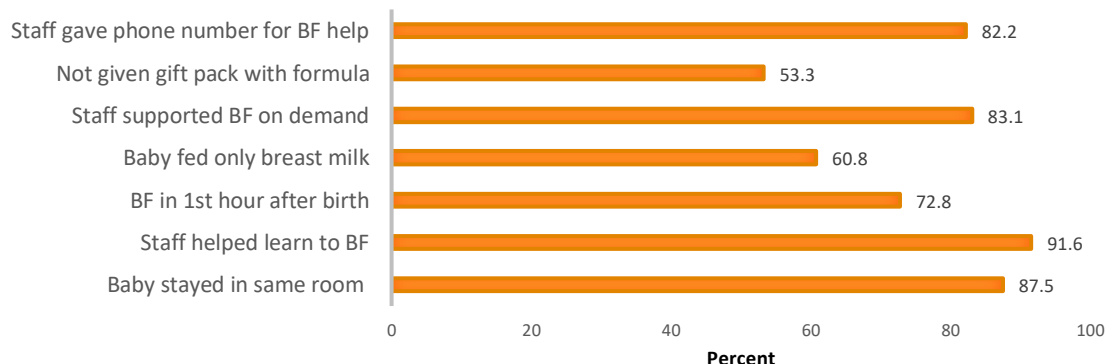
Of the 8,545 mothers surveyed, 4,854 responded yielding a weighted response rate of 58.7%. Only first-time mothers were considered for this report. Baby-Friendly® hospital practices were assessed using seven questions: part of the ten evidence-based practices of Baby-Friendly®. PRAMS mothers would be unable to answer the other three questions (e.g. staff training). Therefore, these were not included in this analysis.

Breastfeeding duration was assessed at 8 weeks or more after birth. Bivariate associations were examined using the Cochran-Mantel chi-squared test and a multivariate logistic regression analysis was utilized to examine association between Baby-Friendly® practices and breastfeeding duration.

Between 2016 and 2018, PRAMS data showed that 90% of first-time mothers initiated breastfeeding and 58% breastfed to 8 weeks or more. Figure 1 presents data on the individual Baby-Friendly® practices.

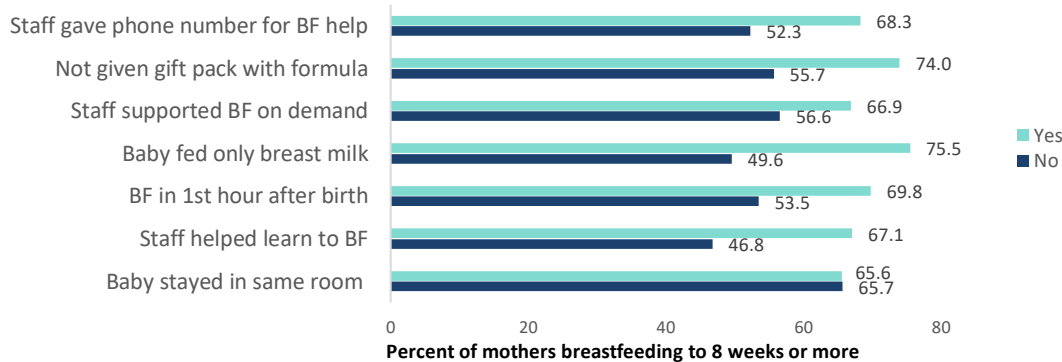
Over 80% of mothers reported their infant staying in the same room, support to feed on demand, staff helping with breastfeeding, and being given a phone number for breastfeeding help. Additionally, 53% reported not receiving a gift pack with formula, 61% reported feeding only breast milk, and 73% reported feeding breast milk within the first hour.

Figure 1. Baby-Friendly® Hospital Practices Among First Time Oklahoma Mothers: PRAMS 2016-2018



Examining the relationship between Baby-Friendly® practices and breastfeeding duration among first-time mothers, it is evident that most hospital practices encourage a longer breastfeeding duration (Figure 2). Over 75% of the mothers who fed only breast milk breastfed to 8 weeks or more compared to 50% among mothers who supplemented breast milk. Likewise, mothers who were given breastfeeding help by hospital staff had significantly longer breastfeeding duration than mothers who were not helped (67% vs 47%).

Figure 2. Baby-Friendly® Hospital Practices and Breastfeeding Duration among First Time Oklahoma Mothers: PRAMS 2016-2018



A similar trend is observed among most of the other Baby-Friendly® practices: breastfeeding on demand, breastfeeding within the first hour, being provided a phone number for breastfeeding help, and not providing gift packs with formula. The practice of the infant rooming with the mother in the hospital did not show a significant impact on breastfeeding duration (65.6% vs. 65.7%).

Using a multivariate logistic regression analysis, Table 1 indicates that mothers who fed only breast milk, breastfed within the first hour, and did not receive a formula gift pack were more likely to breastfeed to 8 weeks or more. On the other hand, mothers who roomed with the infant were less likely to breastfeed to 8 weeks or more, possibly reflecting a need for more parent education on newborn behavior and relation to breastfeeding.

Table 1. Adjusted Association Between Hospital Baby-Friendly® Practices and Breastfeeding Duration: PRAMS 2016 - 2018

Baby-Friendly® practices	Adjusted risk ratio (ARR)	95% C.I.
Baby stayed in same room	0.85	0.74 - 0.98
Staff helped learn to BF	1.18	0.92 - 1.52
BF in 1 st hour after birth	1.17	1.01 - 1.35
Baby fed only breast milk	1.33	1.16 - 1.54
Staff supported BF on demand	1.03	0.88 - 1.22
Not given gift pack with formula	1.18	1.05 - 1.32
Staff gave phone number for BF help	1.21	1.00 - 1.45

In the U.S., the 2020 Centers for Disease Control and Prevention’s (CDC) Breastfeeding Report Card affirms that, “comprehensive hospital practices and policies that support breastfeeding have been shown to reduce medically unnecessary formula supplementation, reduce disparities in breastfeeding, and help give infants the best start in life.”⁴

Oklahoma has strong partnerships statewide that provide breastfeeding promotion, programs, support, and education. Partner efforts from 2015-2019 included bringing the total number of designated Baby-Friendly® hospitals to ten, resulting in almost 32% of Oklahoma babies being born in Baby-Friendly® hospitals (which is higher than the national average of nearly 29%).

This analysis shows that Baby-Friendly® Hospital Practices do improve breastfeeding duration. Breastfeeding has potential life-long implications for improving outcomes for children and mothers. It can reduce cumulative health risk exposures over time and influence critical or sensitive childhood periods that affect adult health outcomes.⁵ Since it has ramifications across the life course, mothers, families, communities, employers, public health organizations, and health care entities such as hospitals should all have a role in supporting breastfeeding.

Breastfeeding is very good for your baby.

-PRAMS mom

PRAMS is a population-based surveillance system about maternal behaviors and experiences before, during, and after pregnancy. Approximately 250 mothers are selected to participate in Oklahoma each month. Mothers are sent up to three mail questionnaires in English or Spanish seeking their participation, with follow-up phone interviews for non-respondents.

Information included in the birth registry is used to develop analysis weights that adjust for probability of selection and non-response. Prevalence rates were calculated using SAS callable SUDAAN. PRAMS 2016-2018 had a response rate of 58.7%.

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