



Clinical Perspectives In Lactation

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Ban the Bags

“Ban the bags” is a project of the Massachusetts Breastfeeding Coalition and is gaining momentum. Why should supporters of breastfeeding help ban the bags?



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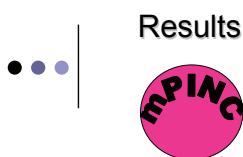
The distribution of free products from formula companies by hospitals is a violation of the 1981 WHO International Code on Marketing of Breastmilk Substitutes. The US has agreed to this code and to an amendment of this code in 1994. The code is referred to in the HHS Blueprint for Action on Breastfeeding and the federal government’s HIPAA legislation also defines the practice of distributing discharge bags with formula as marketing. Recently hospitals in California have become concerned about the liability of dispensing free formula. If formula distributed through a discharge bag is recalled, the hospital must be able to notify the recipient.

Studies show that commercial discharge packs have an adverse effect on lactation. Mothers who receive free formula samples at discharge stop breastfeeding earlier. Even exclusively breastfeeding mothers who receive a corporate sponsored discharge bag without formula are more likely to start using formula. Formula in discharge bags undermines a mother’s successful breastfeeding playing into a mom’s biggest concern, “Do I have enough breastmilk?”

Discharge bags are an effective marketing tool for formula companies. The bag costs about \$7, but the cost of formula for one year is about \$1520. Getting parents to purchase your company’s formula adds up to big profits. The Massachusetts Breastfeeding Coalition reports that formula companies offer incentives to OB nurses for distribution of the bags. For example in one hospital, staff received a slip of paper for each bag distributed to place in a container. At the end of the month, one slip was drawn for a free trip paid for by the formula company. The more bags a staff member distributed, the more chances to win.

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Three hospitals in Kansas are listed on the “ban the bags” website as not distributing formula discharge bags to breastfeeding mothers. Facilities that do not distribute formula bags can register on this site. Seventy percent of facilities nationwide report providing discharge bags containing infant formula to breastfeeding mothers. One step toward improving hospital support of breastfeeding would be to “Ban the Bags.” The Massachusetts Breastfeeding Coalition says, “We wouldn’t send a cardiac patient home with Big Mac coupons and we shouldn’t send infants home with formula.”



The “mPINC”, The National Survey of Maternity Care Practices in Infant Nutrition and Care



The following was a press release from the Centers for Disease Control on June 12, 2008

CDC will be releasing the results of the first national survey on breastfeeding-related maternity care practices in birth centers and hospitals throughout the U.S. The project is called the National Survey of Maternity Care Practices in Infant Nutrition and Care or “mPINC.” This will be published in Morbidity and Mortality Weekly Report (MMWR) dated June 13, 2008, but released to the press on June 12, 2008 and embargoed until Noon on that date.

Research shows that maternity care practices, which can include care provided to mothers before, during and in the first few days after childbirth, can have a substantial positive or negative influence on breastfeeding. No national data were available regarding the kinds of maternity care practices mothers were experiencing when they were in birth facilities (birth centers and hospitals) so in 2007, CDC conducted the first mPINC survey. Surveys were mailed to every birth center and hospital with registered maternity beds throughout the United States. Responses were received from 2,690 birth facilities, for a response rate of 82 percent. *Continued on pg 3*

Kansas mPINC Results

The mPINC survey divided questions for analysis purposes into seven categories that affect breastfeeding results. They are: 1) labor and delivery; 2) breastfeeding assistance; 3) mother-newborn contact; 4) newborn feeding practices; 5) breastfeeding support after discharge, 6) nurse/birth attendant breastfeeding training and education; and 7) structural and organizational factors related to breastfeeding. Scores were assigned to facility responses on a 0—100 point scale. One hundred represented a practice most favorable toward breastfeeding. Ninety percent of Kansas facilities responded with the following results.

Category	Mean Score
Labor and Delivery	57
Breastfeeding Assistance	74
Mother-Newborn Contact	75
Newborn Feeding Practices	78
Breastfeeding Support After Discharge	35
Nurse/Breastfeeding Attendant Breastfeeding Training and Education	38
Structural and Organizational Factors Related to Breastfeeding	54

“mPINC” continued

The survey includes questions about maternity practices related to labor and delivery; breastfeeding assistance after birth; mother-newborn contact; newborn feeding practices (i.e., whether healthy breastfeeding newborns are given breast milk only or things other than breast milk, such as infant formula, water, or glucose water while in the birth facility; breastfeeding support after discharge; staff breastfeeding training and education; and structural and organizational factors related to breastfeeding care.

Preliminary analyses of the data have been completed and plans for sharing the data have been developed. On Tuesday, June 10, CDC had a teleconference with state breastfeeding coalitions to share some of the findings.

The MMWR article reports the prevalence of different maternity practices for the US overall, by state, and by facility size (number of annual births). The primary finding from the analyses is that there are substantial prevalences of maternity care practices that are not evidence-based and that are known to interfere with breastfeeding. In short, many U.S. birth centers and hospitals are not providing optimal maternity care that is fully supportive of breastfeeding. State mean total scores ranged from 48 (Arkansas) to 81 (New Hampshire and Vermont), which indicates that no state achieved the highest possible overall score of 100.

In July, CDC will be sending out facility-specific benchmark reports to every hospital and birth center that responded to the survey. The benchmark report will provide the results for the facility, along with comparisons to other facilities in the U.S., other facilities in the state, and to facilities of a similar size (annual number of births) nationally. The names of other facilities won't be included; just the scores they received as a group. The reports should be useful to birth facilities because it will indicate how well they are doing in supporting breastfeeding through the maternity care they provide, and it will give them insight into specific practices they may be able to change to improve the support they provide to breastfeeding mothers and babies in their care. Later in the fall, CDC will send aggregate state results to state health departments to facilitate collaboration between state health departments and birth facilities to improve maternity practices related to breastfeeding.

“In short, many US birth centers and hospitals are not providing optimal maternity care that is fully supportive of breastfeeding. “

If you have questions, please contact Deborah L. Dee, PhD, MPH, LT, U. S. Public Health Service, Epidemic Intelligence Service (EIS) Officer, Nutrition Branch, NCCDPHP, DNPAO, Centers for Disease Control and Prevention, 4770 Buford Hwy NE, MS K-25, Atlanta, GA 30341-3724, 770-488-5556 (voice) / 770-488-5369 (FAX), DDee@cdc.gov

Quotes

“A pair of substantial mammary glands have the advantage over the two hemispheres of the most learned professor’s brain in the art of compounding a nutritive fluid for infants.” -Chief Justice Oliver Wendell Holmes (1809-1894)

“When we trust the makers of baby formula more than we do our own ability to nourish our babies, we lose a chance to claim an aspect of our power as women. Thinking that baby formula is as good as breast milk is believing that thirty years of technology is superior to three million years of nature’s evolution. Countless women have regained trust in their bodies through nursing their children, even if they weren’t sure at first that they could do it. It is an act of female power, and I think of it as feminism in its purest form.” ---Christine Northrup M.D.

“Breastmilk: 100% nutrition in a handy little package.”



Does Your Community Need a Breastfeeding Coalition?

There are a number of reasons why developing a coalition might be a good idea. It can concentrate the community's focus on a particular problem, create alliances among those who might not normally work together, and keep the community's approach to issues consistent. More specific reasons for forming a breastfeeding coalition include:

1. To assess breastfeeding rates in your community and identify groups with low breastfeeding rates.
2. To empower elements of the community, or the community as a whole, to implement breastfeeding support activities.
3. To inform elements of the community about currently available resources and facilitate client referral.
4. To assess and tabulate community resources in critical areas.
5. To bring about more effective and efficient delivery of programs and eliminate any unnecessary duplication of effort.
6. To pool resources.
7. To increase communication among groups and break down stereotypes.

This information is from The Community Action Kit for Protecting, Promoting, and Supporting Breastfeeding from the Texas WIC Program. Read more at <http://www.dshs.state.tx.us/wichd/bf/bf1.shtm>

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