

Reducing Health Care Disparities by Providing Incentives for Evidence-Based Practices around Breastfeeding

Background:

- The Surgeon General and the CDC recognize significant disparities in breastfeeding rates with lower income populations and African-American women breastfeeding at lower rates.
- Breastfeeding rates after hospital discharge fall well short of Healthy People 2010 Goals.^{1, 2}
- Fewer than 3%³ of US hospitals are certified as Baby-Friendly, meaning they comply with a package of ten evidence-based practices outlined by WHO/UNICEF to promote breastfeeding (The Baby-Friendly Hospital Initiative).⁴
- Hospitals which adhere to the Baby-Friendly ten steps have been shown to have greater duration of breastfeeding and higher rates of exclusive breastfeeding.⁵⁻⁹ The CDC has shown that most hospitals fall well short of optimal breastfeeding practices.¹⁰
- All major medical authorities recommend babies get no other food or drink than human milk for the first 6 months of life, with continued breastfeeding for at least the first 1-2 years of life.¹¹⁻¹⁶
- California has publicly reported "any" and "exclusive" breastfeeding rates for all hospitals, emphasizing the gap between the two rates, which has encouraged many hospitals to adopt evidence-based practices for newborn and breastfeeding care.
- The National Quality Forum is proposing measuring exclusive breastfeeding in the hospital as one of 15 quality metrics for perinatal care.
- Withholding 0.5% of a DRG for failure to meet specific breastfeeding objectives resulted in significant increases in breastfeeding in Northern Italy¹⁷ (no such program has ever been implemented in the US).

Public Health and Financial Impact:

- Increasing breastfeeding rates in the US will save money¹⁸ and lives.¹⁹
- Evidence-based best hospital practices have resulted in marked increases in exclusive breastfeeding in the hospital, even in Medicaid populations.
- Hospital rates of exclusive breastfeeding correspond with a hospital's implementation of evidence-based best practices and thus likely predict longer breastfeeding duration.
- Exclusive breastfeeding for 3 months reduces health care costs for infants in the first year of life by up to \$475, compared to non-breastfed infants.²⁰
- Early cessation of breastfeeding increases the risk of many costly or chronic diseases in offspring: obesity, diabetes (types 1 and 2), SIDS, and leukemia.²¹
- Early cessation of breastfeeding increases the risk of maternal breast cancer, ovarian cancer, and type 2 diabetes.²¹

Performance Incentive Proposal:

- Urge all states to publicly report their hospitals' rates of breastfeeding initiation and the rates of supplementation for breastfed babies, and use this metric as a leading pediatric/maternal quality indicator. Any/exclusive breastfeeding can be measured at one point in time at 24 to 96 hours of life, such as during routine genetic screening.
- Provide a monetary bonus for hospitals who maintain a supplementation rate of less than 15%, or who decrease their supplementation rates by at least 15 percentage points per year.
- Consider providing a monetary bonus for hospitals that have achieved designation as a Baby-Friendly Hospital™ after the objective evaluation of Baby-Friendly USA.
- Consider providing a monetary bonus for office providers who are compliant with the International Code of Marketing of Breast-milk Substitutes²² and publicly report them.

Proposed by: The Massachusetts Breastfeeding Coalition, *in collaboration with:*
the United States Breastfeeding Committee;
the Maternal and Child Health Section of the American Public Health Association;
the National Alliance for Breastfeeding Advocacy;
Baby Friendly USA;
Merced County Breastfeeding Coalition (CA); and
Bright Future Lactation Resource Centre (Dayton, OH.)

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