Evidence-Based Maternity Care Practices

A crucial step in achieving better health, higher quality health care, and lower costs for Oregon families.

Optimizing preventive services is key to achieving the triple aim of health care reform. We know that prevention of illness is part of the definition of quality care, it clearly improves health, and it is far cheaper than treatment.

One of the most cost-effective ways to prevent illness is by improving breastfeeding rates. Oregon’s health reform initiatives should include evidence-based maternity care practices to improve long-term breastfeeding.

Why is breastfeeding part of the triple aim?

Breastfeeding clearly improves the health of the mother and the infant. Supporting breastfeeding in the hospital is linked to higher quality care, and breastfeeding saves money in reduced health care costs.

A Pediatric cost analysis published in August of 2010 showed that increasing the proportion of mothers breastfeeding their infants at 6 months to 90% would save $3.35 billion in health care costs nationwide. In Oregon that translates to $37.9 million in health care savings. Increasing the number to just 80% would save $2.76 billion nationwide, and $31.2 million in Oregon.

How does breastfeeding improve health and save money?

Breastfeeding has been shown to:

- reduce the risk of infants developing type 2 diabetes by 39%
- reduce the risk of mothers developing type 2 diabetes in the future by 37%
- reduce the incidence of ear infections by 50%, at a savings of $156 in direct costs per episode.
- Reduce the incidence of gastroenteritis (stomach flu) by 64%, at a savings of $66 in direct costs per episode for outpatient care, and $2395 per episode for hospital care.
- reduce asthma by 27%, for a savings of $453 per year and $6602 per case.

There are dozens of other conditions breastfeeding is known to prevent or reduce the incidence of, making it one of the simplest and most cost-effective preventive efforts in a community.

Although the decision of whether or not to breastfeed is ultimately the mother’s to make, we know that most women do not meet their own breastfeeding goals. Although 91% of Oregon women initiate breastfeeding, showing a high level of interest, only 21% are exclusively breastfeeding at 6 months postpartum, indicating a lack of support and resources. We need to make it easier for women who want to breastfeed to continue doing so.

The care that women receive in the hospital immediately after their babies are born is crucial to the long-term success of breastfeeding. There are 10 recommended evidence-based practices hospitals can follow to improve the likelihood that women will breastfeed. We know that there is a
“dose-dependent” response to these 10 practices – the more of them that are in place in the hospital setting, the more likely women are to breastfeed longer than 6 weeks.

**The 10 Steps of Evidence Based Maternity Care in Hospitals:**

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in - that is, allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

When a hospital clearly demonstrates they are in compliance with all 10 steps, they are eligible for “Baby Friendly Designation” by Baby Friendly USA [http://www.babyfriendlyusa.org/](http://www.babyfriendlyusa.org/). Currently, there are about 150 Baby Friendly hospitals in the US, with 5 here in Oregon. Both the Providence and Legacy systems have indicated they plan to go Baby Friendly system-wide, and Kaiser Sunnyside is one of the current designees.

**Call to Action**

State Payers of Health Care (OHP/Medicaid, PEBB, OEBB) should set a pay differential for hospitals, with higher reimbursements for deliveries going to those hospitals designated Baby Friendly and lower reimbursements for those that are not. Current reimbursement rates could be used for the higher tier, and a discount applied for the lower tier. This would take effect in 3 years, allowing time for hospitals to complete the process of becoming Baby Friendly.

Alternatively, State payers of health care could only agree to contract with hospitals designated Baby Friendly, beginning in 3 years.

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