

News and Views from Baby-Friendly USA

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Disclosure

- This speaker discloses employment with Baby-Friendly USA, Inc.
- There are no other conflicts of interest.

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Learning Objectives

Participants will be able to:

1. To understand and apply the recommendations of the National Academy of Science, Engineering and Medicine (NASEM) Breastfeeding in the United States report that all US maternity care facilities to implement the Ten Steps to Successful Breastfeeding.
2. Evaluate the impact of the normalization of combination feeding on breastfeeding exclusivity in NY and the US.
3. Interpret contemporary successes and challenges to the Baby Friendly Hospital Initiative in NY and the US.

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State of Breastfeeding

- ~3.5 million women give birth in the U.S.
- ~85% begin breastfeeding in the hospital
- ~23% of breastfed infants receive formula during birth hospitalization
- 60%** of women do not meet their own breastfeeding goals or national recommendations

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National Formula Supplementation in Hospital

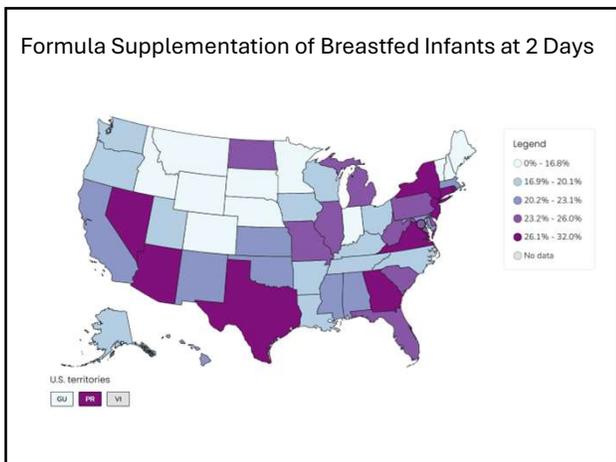
- CDC Early Childhood Nutrition Report 2025

State	Ever Breastfed, 2022 (%) ^a	Breastfed at 12 Months, 2022 (%) ^a	Exclusive Breastfeeding Through 6 Months, 2022 (%) ^a	Breastfed Infants Fed Formula Before 2 Days, 2022 (%) ^a
National	85.7	40.8	27.9	22.9

- CDC Breastfeeding Report Card – Formula @ 2 days
 - 2022 19.2%
 - 2020 19.2%
 - 2018 17.2%

https://www.cdc.gov/nutrition/medialibrary/pdfs/2025/CDC-Early-Childhood-Nutrition-Report-National-2025-508.pdf
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NYS Data

State	Ever Breastfed, 2022 (%) ^a	Breastfed at 12 Months, 2022 (%) ^a	Exclusive Breastfeeding Through 6 Months, 2022 (%) ^a	Breastfed Infants Fed Formula Before 2 Days, 2022 (%) ^a
National	85.7	40.8	27.9	22.9
New York	88.4	44.3	26.4	30.3

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New York - 2024 Report

mPINC Results

KEY POINTS

- New York Total Score: 84
- National Total Score: 92



Implementing best practices and policies in maternal care help to improve breastfeeding outcomes. Use the New York mPINC data to bring together partners, identify gaps, celebrate achievements, and prioritize next steps.

Responding Hospitals
In 2024, 90 of 115 eligible hospitals in New York participated (78%).

Feeding Practices

National Subscore: 80 New York Subscore: 78

Measure	New York Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula	20%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia	96%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences	69%

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National Academy of Science, Engineering and Medicine (NASEM)



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Breastfeeding in the United States
National Academy of Sciences, Engineering and Medicine (NASEM)



Two of the recommendations:

- Centers for Medicare & Medicaid Services (CMS) and others should ensure every U.S. maternity care facility implements the UNICEF/World Health Organization's Baby-Friendly Hospital Initiative's Ten Steps to Successful Breastfeeding as the standard of care.
- CMS should develop and implement a Healthcare Effectiveness Data and Information Set (HEDIS) performance measure of breastfeeding.

To Improve Breastfeeding Rates in U.S., Report Recommends Creating National Strategy, Enacting Paid Federal Family and Medical Leave | National Academies

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Exclusive Breastfeeding



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Exclusive Breastfeeding

- Importance
 - Health Outcomes
 - Equity/Disparities
 - Recent changes CMS and TJC, discontinued use of PC-05 (Exclusive Breastfeeding)
 - BFUSA requires tracking of exclusivity
- Exclusive breastfeeding is under threat
 - Normalization of combo feeding
- No exclusivity without initiation in the hospital

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Drivers of Formula Supplementation

- Lack of prenatal breastfeeding education and anticipatory guidance (Kehinde et al, 2023)
- Aggressive/unethical commercial milk formula marketing (Froley et al, 2025; Jones et al, 2022)
- Hospital staff turnover and chronic understaffing (Friese et al, 2024)
- Reduced reporting of exclusive breastfeeding metrics (PC-05)
- Lack of post discharge support and absence workplace support (Whipps and Honoroff, 2019)
 - NYS has Paid Family Leave

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Impact of Formula Marketing

- Normalization of COMBO feeding
 - **Formula Advertisement**

Combo feeding — offering both breast milk and formula — is a confident, loving way to feed your baby. Whether you're navigating a dip in milk supply, easing back into work or simply craving more flexibility, combination feeding gives you the space to meet your baby's needs and honor your own.

You're not alone, either! Over 70% of families supplement with formula at some point during their feeding journey — a reassuring reminder that combo feeding is more common than you might think. And it's not about doing less; it's about doing what works for you.

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Baby-Friendly Hospital Initiative (BFHI)



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Breastfeeding Metrics

- Being born in a Baby-Friendly designated hospital results in:
 - Associated with protection against self-reported insufficient milk (Segura-Perez et al, 2022)
 - Significantly higher exclusive breastfeeding (EBF) rates independent of demographic variables of race/ethnicity, income, and education (Patterson et al, 2018; Patterson et al, 2021)
- Exposure to Baby-Friendly Hospital practices significantly increased exclusive breastfeeding at hospital discharge and 3 months in WIC participants (Ducharme-Smith et al, 2022)

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Exclusive Breastfeeding

- Study exclusive breastfeeding (EBF) (PC-05) in the hospital (Patterson et al, 2021)
 - Baby-Friendly designation associated with significantly higher EBF across all ADI categories
 - Area Deprivation Index (ADI): low, medium, high
 - 6.9-11.2% (p<0.01)
- BF designated hospitals - smaller disparity in exclusive breastfeeding between neighborhoods with low vs. high relative poverty status. (Bookhart et al, 2024)
- Why important?
 - Infants exposed to in hospital formula feeding were **2.5 times** (HR=2.5, 95%CI 1.9,3.4) more likely to wean early compared with infants who were exclusively breastfed in the hospital (McCoy and Heggie, 2020)

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Elimination of Breastfeeding Disparities

- BFHI key clinical practices were a **significant predictor** of breastfeeding at ≥ 10 weeks.
- Over 75% of mothers receiving 100% of key clinical practices breastfed for at least 10 weeks across all racial and ethnic groups.
- Among mothers receiving **ideal breastfeeding care**, disparities eliminated; no statistically significant differences in breastfeeding ≥ 10 weeks
 - for Black non-Hispanic (adjusted absolute racial difference [aARD] -4.5, 95% CI [-9.5, 0.4]),
 - Hispanic English-speaking (aARD -2.6, 95% CI [-6.6, 1.4]),
 - or Hispanic Spanish-speaking (aARD 1.7, 95% CI [-5.2, 8.6]) mothers
 - compared to White non-Hispanic mothers (Tucker et al, 2025)

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Implementation of BFHI

- BFHI designed to provide:
 - Equitable care, that is individualized, and patient centered
- *“Baby-Friendly is mother-friendly when the mother and nurse collaborate to find a balance between meeting the mother’s needs while keeping in mind the best interest of the baby.”*

(McRae and Miraglia, 2023)

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Accountability

Reported adherence to the Ten Steps to Successful Breastfeeding is Significantly Higher Among Baby-Friendly Hospitals

(Thomsen et al., 2024)

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462 Designated Facilities

>800,000 babies born in Baby-Friendly facilities

~22.5% of US births

50 working towards designation

~2600 total birthing facilities in US

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NYS Hospitals

- 45 currently designated
- 8 implementing, 4-D pathway

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BFUSA Assessment



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Hospital Assessment 2025

- Prior to assessment hospitals are assigned a Clinical Review Specialist to review documents, provide support/technical assistance and prepare hospitals for on site assessment.
- **16%** of facilities with clean assessments
 - None of 74 items failed
- Average # items failed 3 of 74

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2025 Report Findings

- 22-32% of facilities fail
 - Step 4 (skin-to-skin) documentation
 - Step 7 (rooming-in) documentation
 - Step 5 Patient hand expression
- 14-18% of facilities fail
 - Step 3 - Prenatal education
 - Step 1A - Code, images/logos
 - Step 6 - Formula supplementation; documentation, counseling

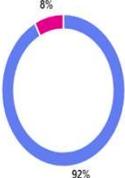
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Experience on Assessment – Survey Results

• Very satisfied	24
• Somewhat satisfied	2
• Neither satisfied nor dissatisfied	0
• Somewhat dissatisfied	0
• Very dissatisfied	0



92% 8%

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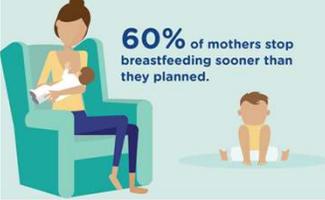
Conclusion



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Why Do Mothers Stop Breastfeeding Early?

MOTHERS NEED SUPPORT THROUGHOUT THEIR BREASTFEEDING JOURNEY



60% of mothers stop breastfeeding sooner than they planned.

Certain factors make the difference in whether and how long babies are breastfed:

- Hospital practices
- Education and encouragement
- Policies or supports in the workplace
- Access to community supports

<https://www.cdc.gov/breastfeeding/pdf/breastfeeding-cdcs-work-508.pdf>

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Conclusion

- Need to ensure the *system* supports mothers to meet their breastfeeding goals
 - Prenatally, birth hospitalization, post-partum; continuity of care
- Breastfeeding, especially exclusive breastfeeding, needs to be vigilantly monitored and promoted
 - Anticipatory guidance prenatally is lacking
- Access to evidence based maternity care supporting breastfeeding is declining
 - Declining Baby-Friendly Hospitals due to maternity care facility closures (60 in last three years) and withdrawals

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