Testimony Before the Committee on Health
Council of the District of Columbia
Hearing on: B22-0808 “Baby Friendly Hospital Initiative Act”

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Thank you for the opportunity to provide testimony in support of the “Baby Friendly Hospital Initiative Act.”

I am Jeff Hild, the Policy Director at the Redstone Global Center for Prevention and Wellness at the Milken Institute School of Public Health at the George Washington University. Part of the Redstone Center’s mission is to help make the District the healthiest capital in the world. This legislation is a small step toward that goal, and I’d like to thank Chairperson Gray for introducing it and holding this hearing.

Breastfeeding improves health outcomes for both infants and mothers. Babies who are breastfed have a lower risk of asthma, various types of infections, sudden infant death syndrome, asthma, and many other ailments. In addition, various studies have found that breastfeeding is associated with reduced risk of obesity and diabetes in children. Mothers who breastfeed have a reduced risk for cardiovascular disease, breast and ovarian cancer, and diabetes. The American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months of life followed by continued breastfeeding with complementary solid foods until at least 12 months. It’s clear that increasing the rate and duration of breastfeeding would have positive health impacts for children and mothers in the District.

Although the District generally reflects the national averages for breastfeeding rates overall, rates vary greatly by demographics. Only 66% of African-American mothers in the District initiate breastfeeding compared to over 95% of white women, and this gap persists at each interval (6 months- 25% vs. 75%; 12 months- 48% vs. 16%). This racial disparity is not unique to the District, but the gap here is twice as large as it is nationwide. As members of this committee know, the District also suffers from overall health disparities. African Americans are much more likely to develop obesity and diabetes or suffer from heart disease or cancer. While there are many causes for these unacceptable racial and geographic health disparities in the District, increasing rates of breastfeeding is one piece of the solution.

The decision to breastfeed is a deeply personal choice impacted by cultural, social, and environmental factors. It is also important to note that infants who are formula-fed can be
perfectly healthy. No mother should be pressured to breastfeed or stigmatized for not doing so. However, the data are clear that many mothers who initiate breastfeeding stop earlier than they would like. One representative study found that 60% of mothers who stopped breastfeeding reported that they did so earlier than they wanted and women who were less educated, unmarried, or receiving WIC were less likely to breastfeed as long as they desired. Other studies have found that a mother’s knowledge and attitude about breastfeeding and the level of support she receives before and after delivery are primary factors in determining whether a mother will initiate and continue breastfeeding. Duration rates for breastfeeding significantly increase when women receive “baby friendly” maternity care practices, including lactation consultation and care from staff who have been trained to support breastfeeding.

The Baby-Friendly Hospital Initiative (BFHI) was launched in 1991 by the World Health Organization (WHO) and includes “Ten-Steps to Successful Breastfeeding” that hospitals can adopt to support mothers and babies. In the United States the number of “Baby-Friendly” facilities has steadily increased in the last 20 years and now about 25% of all births are in such facilities. Breastfeeding rates have also continued to climb as more facilities adopt some or all of the BFHI policies and practices. Rates in the District also continue to trend in the right direction, with particularly significant increases in the percent of infants being breastfed and exclusively breastfed at 6 months of age. While we are making progress, we can do more to both increase overall rates and close the disparities. That’s why I applaud the legislation under consideration today.

Currently, two District hospitals—Medstar Georgetown and Medstar Washington Hospital Center—are certified as “Baby-Friendly.” While other hospitals in the District have adopted some baby friendly policies and practices, moving toward full adoption across the District will ensure that all new mothers, regardless of race or what Ward they live in have the supports they need to breastfeed, should they decide that’s the best choice for them and their infant.

Many other jurisdictions are beginning to require hospitals to adopt “baby friendly” policies. If this legislation passes, the District would join California as public health leaders in having all hospitals adopt the evidenced-based 10 Steps to Successful Breastfeeding. This is the right thing to do for the health of our youngest residents. I urge the Council to move forward with the Baby Friendly Hospital Initiative Act.

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See e.g. The Health of the African American Community in the District of Columbia: Disparities and Recommendations. Georgetown University School of Nursing and Health Studies. 2016


