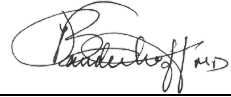




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| SUBJECT: Infant Feeding | PAGE 1 OF 6 |
| | NUMBER: 17-BMCFH-02 v.2 |
| RELATED RULE/CODE: ORC 121.07 | SUPERSEDES: 17-BMCFH-02 v.1 |
| RELATED PHAB STANDARDS: Domain 8.2.2 | EFFECTIVE DATE: 9/1/2024 |
| RELATED FORMS: N/A | APPROVED:  |

I. AUTHORITY

This directive is issued in compliance with Ohio Revised Code 121.07, which delegates to the Director of the Department of Health the authority to manage and direct the operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this directive is to establish a consistent infant feeding message across all Ohio Department of Health (ODH) programs, subgrantee agencies, and contractors that work in maternal and infant health programs. ODH is committed to promoting optimal health and safety for all Ohio infants and to reducing infant mortality. Improving breastfeeding initiation and duration rates can help to reduce infant morbidity and mortality and improve maternal and child health outcomes.

The most common barriers to breastfeeding experienced by mothers include: Lack of accurate and timely information about the benefits of breastfeeding and the risks of not breastfeeding, lack of access to social support and support from healthcare providers, lack of availability or awareness of breastfeeding support programs, childcare or work constraints, and discomfort breastfeeding in front of others. Addressing these barriers at the community and policy level can help individuals achieve their breastfeeding goals and can improve population health by increasing the number of infants and children that breastfeed for the recommended length of time.

III. APPLICABILITY

This directive applies to ODH staff, subgrantees, and contractors working in maternal and infant health programs.

IV. DEFINITIONS

Exclusive breastfeeding: An infant's consumption of human milk by direct breastfeeding or alternative method with no supplementation of any type (including infant formula, cow's milk, juice, sugar water, baby food and anything else, even water) except for vitamins, minerals, and medications.

V. POLICY

It is the policy of ODH, in alignment with the American Academy of Pediatrics, to recommend exclusive breastfeeding for the first six months after an infant is born, followed by continued breastfeeding as complementary foods are introduced, with the continuation of breastfeeding for two years or longer as mutually desired by mother and child.

VI. PROCEDURE**A. ODH Staff and Subgrantees**

1. ODH programs and subgrantees working in maternal and infant health programs shall adopt the ODH Infant Feeding Directive or a similar written infant feeding policy that is communicated to all staff.
2. ODH shall maintain a working group to plan and support breastfeeding initiatives.
3. ODH subgrantees working in maternal and infant health shall maintain an up-to-date list of local breastfeeding educational and supportive resources.
4. ODH programs and subgrantees working in maternal and infant health shall include breastfeeding supportive messages in all applicable activities and publications.
5. ODH programs and subgrantees shall not advertise or promote the use of infant formula.
6. Absent the express approval of the ODH Director of Health during formula shortages, ODH programs and subgrantees shall not accept or provide free gifts or services, including samples, marketing materials, or equipment from infant formula manufacturers or distributors.
7. ODH programs and subgrantees shall not co-sponsor events involving infant formula manufacturers.
8. ODH programs and subgrantees shall avoid materials with images of infants being bottle fed, including photos of bottles and artificial nipples, unless the materials are designed specifically to address bottle feeding or other special infant feeding circumstances (e.g., safe bottle feeding, paced feeding, children with special health care needs who may need adapted bottles or nipples for appropriate and safe feeding, G tube feeding).
9. ODH recommends that infant feeding messages be delivered in culturally appropriate methods to reach diverse populations. Messages must be linguistically suitable for various literacy levels.

B. Other Breastfeeding Considerations

1. Location
 - a. For the first six months after birth, it is recommended that infants sleep in the parents' room, close to the parents' bed, but on a firm, flat, non-inclined sleep surface. A firm crib mattress with a tight-fitting sheet in a safety-approved crib is the recommended surface. (See Infant Safe Sleep:

17-BMCFH-01)

- b. It is advised that no pillows, sheets, blankets, pets, or other soft or loose items that could obstruct infant breathing or cause overheating be in the infant's sleeping area.
- c. Sleeping on couches and armchairs places infants at extremely high risk of Sudden Infant Death Syndrome (SIDS) and suffocation.

2. Skin-to-Skin Care

- a. Skin-to-skin care is recommended for all mothers and newborns, immediately following birth (as soon as the mother is medically stable, awake, and able to respond to her newborn) and should continue for at least one hour.
- b. Regardless of milk source or feeding methods, babies should be held while being fed and held often when not being fed. Parents and caregivers should practice paced feeding when bottle feeding, including switching sides on which the infant is fed.

C. Special Circumstances

ODH recognizes that there are a limited number of medical conditions in which breastfeeding is contraindicated. When formula feeding is necessary, mothers should receive written and verbal instructions about safe preparation, handling, storage, and feeding of infant formula.

ODH also recognizes that the majority of infant feeding messages are directed at healthy newborns. For infants with special health care needs, the messaging may need to be adapted to meet the needs of these infants and mothers. It is important for mothers of infants with special healthcare needs to consult their healthcare professionals for feeding guidance and recommendations.

D. Supporting Background

Breastfed infants experience immunological and nutritional benefits that infants who are not breastfed do not receive. Benefits of breastfeeding include improved developmental and psychosocial outcomes, increased mother/infant bonding, reduced healthcare costs, and less environmental waste. Improving breastfeeding initiation and duration rates among all demographic groups can help to reduce infant morbidity and mortality. Data analysis indicates breastfed children had a 20% lower risk of dying between 28 days and one year than children who were not breastfed. Infants who are not breastfed are at increased risk for Sudden Infant Death Syndrome (SIDS), necrotizing enterocolitis, ear infections, GI infections, celiac disease, inflammatory bowel disease, obesity, diabetes, and childhood leukemia.

Numerous professional and public health organizations support breastfeeding and the use of human milk as the preferred method of providing infant nutrition and promoting infant health, including the American Academy of Pediatrics; American College of Obstetricians and Gynecologists; American Academy of Family Physicians; American College of Nurse-Midwives; Academy of Nutrition and Dietetics; U.S. Department of Health and Human Services; National Center for Chronic Disease Prevention and Health Promotion; United States Breastfeeding Committee; International Lactation Consultant Association; Academy of Breastfeeding Medicine; World Health Organization; National Association of Neonatal Nurse Practitioners; Association of Women's Health, Obstetric and Neonatal Nurses; and the National Association of Pediatric Nurse Practitioners.

According to ODH's 2020 Vital Statistics data, 75.4% of infants born in Ohio received any breast milk at hospital discharge while only 51.8% were exclusively breastfed at that time. Ohio's breastfeeding rates have steadily increased, but racial disparities remain. For infants born in Ohio, 76.6% of White, non-Hispanic mothers, and 68.8% of Black, non-Hispanic mothers provided breast milk to some extent at hospital discharge. Rates for any breastfeeding among Hispanic mothers was 85.6%. Disparities exist in Ohio's exclusive breastfeeding rates with 56.7% of White, non-Hispanic mothers, 45.9% of Hispanic mothers, and 36.8% of Black, non-Hispanic mothers exclusively breastfeeding at hospital discharge.

Looking at duration of breastfeeding, Ohio's rates remain below Healthy People 2030 goals of 42.4% exclusively breastfeeding at six months and 54.1% breastfeeding at 12 months. According to the CDC Breastfeeding Report Card, 50.4% of Ohio's infants were breastfed at six months with only 23.7% exclusively breastfed, and just 32.2% were breastfed at 12 months.

The Surgeon General's Call to Action to Support Breastfeeding called for a society-wide approach to support mothers and babies who are breastfeeding. Previous recommendations from the Surgeon General include improving professional education in human lactation and breastfeeding; developing public education and promotional efforts; strengthening the support for breastfeeding in the healthcare system; developing a broad range of support services in the community; initiating a national breastfeeding promotion effort directed to women who work; and expanding research on human lactation and breastfeeding. Increasing breastfeeding in Ohio requires involvement of parents, caregivers, and their families, communities, employers, businesses, healthcare, and public health programs. Ohio also specifically recognizes, respects, and values the unique and fundamental role that fathers/partners have in supporting breastfeeding for their family, for their children, and for their child's mother.

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Table of Effective Changes

| Version | Effective Date | Superseded/Modified | Significant Changes |
|-----------------|----------------|---------------------|--|
| 17-BMCFH-02 v.1 | 4/1/2023 | First Issuance | Updated to reflect new American Academy of Pediatrics breastfeeding recommendations. |
| 17-BMCFH-02 v.2 | 9/1/2024 | 17-BMCFH-02 v.1 | Updated to new template |