Research Protocol for Laws That Support Breastfeeding Among Hospital Maternity Patients

Prepared by ChangeLab Solutions Staff

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Laws That Support Breastfeeding Among Hospital Maternity Patients

I. Project data valid as of: April 2018

II. Protocol finalized: June 2018

III. Scope: This project involved surveying all state laws and regulations regarding recommendations or requirements for hospitals to support breastfeeding among maternity patients. The breastfeeding-supportive practices were derived from the 10 Steps to Successful Breastfeeding, as outlined by the Baby-Friendly Hospital Initiative. The project also covers state laws recommending or requiring certain hospital discharge practices related to breastfeeding. State resolutions indicating support for hospital practices that support breastfeeding among maternity patients are noted through caution notes. This dataset is limited to relevant laws and regulations effective as of April 1, 2018. ChangeLab Solutions conducted research and built this dataset in consultation with the Policy Surveillance Program of the Center for Public Health Law Research at Temple University.

IV. Primary Data Collection

a. Project dates: August 1, 2016 – April 1, 2018

b. Dates covered in the dataset: August 3, 1992 – April 1, 2018. This dataset is cross-sectional, including the most recent versions of each relevant law up to April 1, 2018. The effective date listed for each state reflects the effective date of the law or regulation’s most recent version. If a state’s legal text includes more than one law or regulation, the date reflects the effective date of the most recently updated law or regulation.

c. Data collection methods: The team building this dataset consisted of two legal researchers (“researchers”) and one supervisor (“supervisor”) from ChangeLab Solutions. Colleagues from the Policy Surveillance Program provided input to assist with defining the scope of the laws and regulations included in this dataset.

d. Databases used: The research team conducted searches using Westlaw and the Open States database. Westlaw searches were limited to text of state legislation and regulations.
i. The research team retrieved the full-text versions of the laws and regulations from each respective state legislative website.

e. **Search terms:** "baby friendly"; baby-friendly; babyfriendly; breastf!; “breast fe!”; breast-fe!; “infant fe!”; infant-fe!; infantf!; lact!; “rooming in”; rooming-in; pacifier; "artificial nipple!"; “formula fe!”; formula-fe!; “formula suppl!”; formula-suppl!; “bottle fe!”; bottle-fe!; “bottle fe!”

i. Search strings were connected with "or." Researchers used "TE()" to limit results to the actual statutory/regulatory text. The search string used in Westlaw was: TE("baby friendly" baby-friendly babyfriendly breastf! "breast fe!” breast-fe! "infant fe!” infant-fe! infantf! lact! "rooming in" rooming-in pacifier "artificial nipple!" "formula fe!” formula-fe! "formula suppl!” formula-suppl! "bottle fe!” bottle-fe! "bottle fe!”).

ii. The search string in the Open States database was limited to: "baby friendly," "baby-friendly," and "babyfriendly."

iii. Researchers collected both the text of the law and effective dates for the most recent version of relevant statutes and regulations.

iv. Once the research team identified all relevant statutes and regulations for a jurisdiction, they created a master sheet summarizing the relevant statute or regulation. These master sheets included the most recent statutory history for each statute and regulation, as well as the effective date for that version of the law.

v. All states were 100% redundantly researched to confirm that the research team collected all relevant laws.

V. **Coding**

a. **Development of coding scheme:** The researchers developed questions based on initial research. Content experts reviewed and provided feedback on these questions. Once the research team finalized the coding questions, they entered the questions into MonQcle, a software coding platform, for coding.

b. **Coding methods:**

i. The states coded in this dataset have laws pertaining to hospital requirements that support breastfeeding among maternity patients (derived from the 10 Steps to Successful Breastfeeding, as outlined by the Baby-Friendly Hospital Initiative).

ii. All answers reflect only requirements in effect at the time the research was conducted, even if codified law includes requirements that will go into effect.
on a future date. However, citations may reflect enacted laws that are not currently in effect. When such citations are included, a caution note indicates that that some of the cited provisions are not currently in effect.

iii. All answers reflect only requirements specific to hospitals.

iv. Answers do not reflect requirements applying to freestanding birth centers, outpatient clinics, or state health departments.

v. Answers do not reflect requirements applying to Medicaid or private insurance reimbursement of services related to breastfeeding-supportive practices.

vi. Answers do not reflect professional licensure or practice requirements, independent of any requirement related to a hospital facility itself.

vii. Answers do not reflect data collection or patient recordkeeping requirements, absent an explicit requirement to provide a specific service being reflected by the data collection or recordkeeping.

viii. Answers do not reflect references to breastfeeding in long lists of possible community benefits/education activities in which hospitals can participate.

ix. Answers do not reflect facilities requirements related to the availability of a space for staff, visitors, or general hospital patients to breastfeed.

x. All answers reflect only practices explicitly required or recommended, rather than simply mentioned.

xi. For the state of New York, answers about requirements reflect both hospital requirements and rights guaranteed by the “Breastfeeding Mothers’ Bill of Rights.”

xii. For the question “What elements must the breastfeeding policy include?”

1. Answer options initially reflected all elements that appeared in any state law, including: general information; prenatal preparation; health benefits to mother; health benefits to child; management; initiation of breastfeeding; contraindications to breastfeeding; disadvantages to breastfeeding; dietary requirements for breastfeeding; diseases and medications or other substances which may have an effect on breastfeeding; sanitary procedures to follow in collecting and storing human milk; lactation support organizations within the area; and content not specified in the law.
a. In consultation with a subject matter expert, the answer choices were narrowed to: general information; benefits and/or disadvantages to breastfeeding; initiation of breastfeeding; management of breastfeeding; outside resources; and content not specified in the law.

xiii. For the question “To whom must the policy be communicated?”

1. The researchers answered based only on explicit communication requirements. A requirement to post the policy generally (e.g., in a common area) was not treated as an explicit communication requirement.

xiv. For the question “Does state law require that healthcare staff be trained in the skills necessary to implement practices that support breastfeeding among maternity patients?”

1. A requirement that a breastfeeding consultant be on staff was not coded as a training requirement for healthcare staff. Conversely, a training requirement for staff was not coded as a requirement that a breastfeeding consultant be available.

xv. For the question “Does state law require hospitals to inform maternity patients about breastfeeding?”

1. A requirement that hospitals provide general lactation support or have a breastfeeding consultant on staff was not coded as a requirement to inform patients about breastfeeding.

xvi. For the question “What information about breastfeeding must hospitals provide?”

1. A requirement to provide general information about outside resources, with no specific reference to breastfeeding, was not coded as a requirement to provide outside resources. Caution notes indicate where state laws include an option, but do not require, hospitals to provide certain types of information.

2. A requirement to support breastfeeding initiation was coded as a requirement to provide information on initiation of breastfeeding, since information is implied by a requirement to support.

xvii. For the question “Does the state law that supports breastfeeding among maternity patients explicitly require the hospital to offer this information in languages other than English?”
1. Researchers answered this question based only on requirements stated in the laws supporting breastfeeding, and did not consider any general state or federal legal requirements regarding language access that may apply to the hospital.

xviii. For the question “Must hospitals make a breastfeeding consultant available?”

1. Researchers answered yes if a breastfeeding consultant was required to be on staff.

2. Researchers answered no if there was a requirement regarding general staff training on lactation or breastfeeding-supportive practices unless there was also a requirement specifying that a breastfeeding consultant must be on staff.

3. The answers reflect only in-hospital requirements (not discharge requirements or requirements related to community resources).

xix. For the question “Does state law require hospitals to permit rooming-in?”

1. Answers do not reflect facilities regulations, staffing requirements, or what is required of hospitals if they allow rooming-in. Researchers only answered yes if there were requirements that meant rooming-in must be permitted.

VI. Quality Control

a. Quality control consisted of the supervisor exporting the data into a Microsoft Excel document to examine the data for any missing entries, citations, and caution notes. Of the states with relevant laws, 100% were redundantly coded throughout the duration of the project (20 of 20). Redundant coding was done in one batch of 12 and a second batch of 8, with the supervisor identifying divergences in each batch. The divergence rate for the first batch was 5.63%, and the rate for the second batch was 2.12%. The supervisor then met with the researchers after each batch of redundant coding was completed, to resolve divergences. All divergences were resolved by consensus.

b. Prior to publication, the supervisor downloaded all coding data into Microsoft Excel to do a final review of coding answers, citations, and caution notes. All unnecessary caution notes were deleted, and all necessary caution notes were edited for clarity and consistency.