

Infant Formula Marketing in Public Hospitals: An Outdated and Unethical Practice

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This report was written by Kristen Strader, Campaign Coordinator for Public Citizen's Commercial Alert Campaign, with contributions from Katherine Kehres, intern at Public Citizen.

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Public Citizen's Commercial Alert works to keep the commercial culture within its proper sphere, and to prevent it from exploiting children and subverting the higher values of family, community, environmental integrity and democracy.



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Executive Summary

Public hospitals are generally operated by county and municipal governments in order to provide health care services to underserved communities that may have limited access to care elsewhere. A large proportion of public hospital patients are low-income, uninsured, or covered by Medicaid, according to surveys of metropolitan public safety net hospitals. Public hospitals often serve as training institutions, so they generally employ best practices in health care.¹

In 2013, Commercial Alert published the report, “Top Hospitals’ Formula for Success.” In that report, we determined that the elimination of company-sponsored infant formula discharge bags has become standard among the nation’s top ranked hospitals.

This follow-on report examines the trends in infant formula promotion and breastfeeding information available to new mothers in public hospitals. Since those who use public hospitals are most often low-income with few or no other options for care, public hospitals play a vital role in introducing first food and, hopefully, providing breastfeeding support void of corporate influence.

The results of our analysis of the largest public hospitals in the United States are consistent with our previous research on top-ranked hospitals in the United States. The vast majority of public hospitals are also following best practices in public health by supporting breastfeeding and ending the distribution of company-sponsored formula discharge bags and other promotional materials.

We found that overall, public hospitals are overwhelmingly following the trend in eliminating the distribution of infant formula company-sponsored discharge bags and promotional materials. Of the 62 hospitals from which we received responses, 95 percent (59 out of 62) are completely free of all forms of infant-formula marketing. One hospital does not distribute formula sample bags, but does distribute promotional coupons and the two hospitals that do distribute formula sample bags have plans to stop. We requested responses from 65 hospitals. Three hospitals were non-responsive and are not included in our final analysis.

Recommendations

Given the documented impact that breastfeeding support and formula sample distribution has on breastfeeding rates among low-income patients, we recommend that public hospitals that have not ended the practice do so immediately. Due to resource limitations, we were unable to determine the status of every public hospital in the country.

Formula companies should follow the World Health Organization’s International Code of Marketing of Breast-milk Substitutes and stop marketing formula in all health care facilities.

Introduction

“There is a multi-billion dollar battle going on over every infant’s first meal.”

– Kimberly Seals Allers²

People love receiving “free” products, whether a sample of a new energy bar at a grocery store or an aesthetically appealing box of formula samples with polka dots and a blue ribbon on the packaging. Free samples are especially appealing when one is struggling financially. But although presented as “free,” infant formula samples are far from it.

For years, formula companies such as Abbott (producer of Similac), Mead-Johnson (Enfamil), and Nestle (Gerber Good Start), have used nurses and doctors in hospitals to advertise their products unofficially. When hospital staff distributes company-sponsored discharge bags to new families, they tacitly communicate that they expect breastfeeding to fail, that using formula is a healthy choice and that they endorse a particular brand of formula. This unethical practice contradicts hospitals’ core mission of advancing health.

There is little doubt that formula giveaways and in-hospital marketing affects breastfeeding practices. The *American Journal of Public Health* published a study which provided evidence that women who received commercial hospital discharge packs were less likely to breastfeed exclusively for up to 10 weeks than those who did not receive the pack.³

To protect new mothers, consumer and public health organizations have initiated campaigns targeted at hospitals to remove infant formula marketing in the form of free samples and company-sponsored literature.

The global medical community widely recognizes that exclusive breastfeeding for the first six months of life is physically and psychologically healthiest for both mother and baby in the short and long-term.⁴ This notion is supported by data from a myriad of sources and studies from a diverse community of health and research professionals. Each mother’s breastmilk uniquely meets their infant’s needs and can naturally aid in recovery from illnesses. Studies show that infants who have been breastfed experience lower rates of childhood obesity, asthma, ear infections, type 2 diabetes, and many other health problems than those who have not been breastfed.⁵ Economically, choosing to breastfeed saves the average family between \$1,200 and \$1,500 per year in infant formula,⁶ sick days from work, and medical bills for sick infants and children as they age.⁷ Breastfeeding creates an emotional connection for mothers and babies and can lower the risk of certain types of breast cancer for mothers.⁸

Healthy People 2020, a Centers for Disease Control and Prevention (CDC) initiative created to determine the most urgent health problems facing Americans and how to address them, identifies increased rates of breastfeeding as a national priority.⁹

The larger goals of Healthy People 2020 are to:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.¹⁰

Breastfeeding is proven to have a multitude of positive effects on mothers and their babies, however, many mothers who are capable of breastfeeding do not receive the support necessary for success. A disproportionate number of low-income and minority mothers are formula-feeding their newborns, or supplementing breastfeeding with formula, in part because of misleading marketing and inaccurate information about its effects.

The World Health Organization's (WHO) Code of Marketing of Breast-Milk Substitutes states that manufacturers of infant formula should not provide samples of products to pregnant women and mothers.¹¹ The code was established in 1981 and prohibits the marketing of formula in hospitals, yet many hospitals in the United States continue to distribute company-sponsored discharge bags filled with samples, coupons and promotional literature.

The birthing hospital that a family chooses provides the first introduction to infant food and support for mother and baby. Since those who use public hospitals are most often low-income and lack breastfeeding support once they leave the hospital, public hospitals have a unique responsibility to provide comprehensive breastfeeding support and commercial-free care.

Breastfeeding Rate Disparities

A lack of economic and social resources creates a barrier to breastfeeding support for mothers in low-income areas. First food deserts are geographic areas where mothers do not have sufficient access to breastfeeding support, including educational resources, employer support, and supportive cultural attitudes about nursing in public.¹² As a result of these persistent barriers, breastfeeding rates among low-income mothers are lower than those of higher-income mothers who have easier access to breastfeeding resources needed for success.

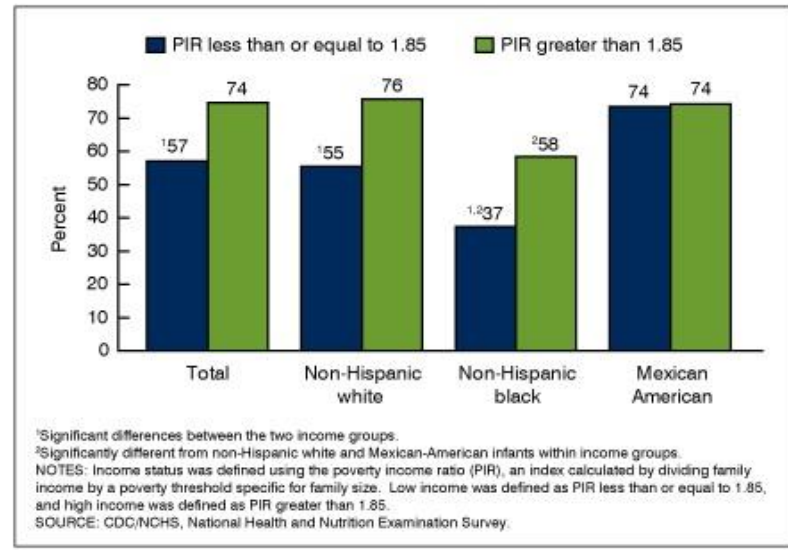
CDC data shows that a large disparity exists between white and African-American breastfeeding rates. In 2000, 47.4% of African-American mothers initiated breastfeeding compared to 71.8% of white mothers and 77.6% of Hispanic mothers. Likely due to an increase in hospital breastfeeding support and a cultural shift towards normalizing breastfeeding, rates of breastfeeding initiation overall increased by the year 2008 among all races, but the disparity continues to prevail. In 2008, 58.9% of black women and 75.2% of white women initiated breastfeeding.

Disparities in rates also prove to be dependent on socio-economic status. The CDC reported that in 2006, higher-income women were breastfeeding at a rate of 74% while only 57% of low-income women were breastfeeding.¹³ In figure 3, PIR represents poverty income ratio. It is clear that among all races, those with high PIR breastfeed at significantly higher rates than those with low PIR.

New York City Department of Health and Mental Hygiene (NY DOHMH) reports that among mothers who gave

birth between 2009-2011 in New York City, 31% of those with a college education exclusively breastfed at eight weeks after the baby was born compared to 23% of mothers with less than a high school education, further supporting the notion that economic opportunity impacts a mother's chance of breastfeeding.¹⁴

Figure 3. Percentage of infants who were ever breastfed by poverty income ratio (PIR) and race-ethnicity: United States, 1999-2006



Formula Marketing in Low-income Communities

There is reason to believe that targeted marketing of infant formula toward low-income and minority mothers has played an important role in widening the gap in breastfeeding rates between the poor and the wealthy, and between women of different races. Although there has been an upward trend in breastfeeding overall in the last twenty years, rates among African-American women remain lower than those of white and Hispanic women.

Low-income women face unique challenges which formula marketers are able to exploit. As Kimberly Seals Allers, journalist and advocate for breastfeeding support in African American communities, explains, "When formula is advertised with perks, it creates the appearance that mothers who breastfeed are missing out on free items that their families need too. Free diapers, free wipes, free pizza for your dinner and maybe even a new TV. Under new WIC regulations, breastfeeding mothers, get more food items than formula feeding mothers, but when you drive down the street and store after store offer necessities as freebies for making your infant formula purchases at their store, the message is clear: Formula feeding pays off."¹⁵

"Women think they are simply choosing to breastfeed or formula-feed but there's little conversation about how cultural and economic forces shape the choices that we have. We often end up just responding to the marketing messages we receive or the cultural myths that travel through families and communities," says Seals Allers, who also directs the First Food

Friendly Communities Initiative, a national accreditation program for breastfeeding supportive communities.¹⁶

WIC and Cost

The Special Supplemental Program for Women, Infants, and Children (WIC) has been cited as promoting the use of formula¹⁷ and thus impacting the lower rates of breastfeeding among low-income populations. As the largest purchaser of formula in the country, WIC has a significant impact on the infant formula market and the long-term brand loyalty of WIC recipients once they are no longer receiving assistance.

WIC provides supplemental foods and infant formula to mothers in need of assistance at no cost. Formula companies contract with the program to provide large rebates at a low cost to taxpayers.¹⁸ Each state awards a contract to the company that offers the lowest bid and in exchange receives exclusive rights as the only formula provider for WIC in that state.¹⁹

Formula companies experience spillover effects from holding a contract with WIC. Shelves in grocery stores are stocked with more of the brand supplied by WIC, which encourages non-WIC recipients to purchase that brand since it is predominately on display. In some cases, the non-WIC brands may be in low supply and difficult to find on a regular basis.²⁰ Additionally, brand loyalty and a fear of switching formulas encourage parents to continue purchasing the WIC brand once they are no longer receiving the vouchers.

Breastfeeding rates among WIC recipients across the United States are lower than non-WIC recipients. In 2007, 67.5% of women receiving WIC reported having ever breastfed compared to the national average of 75%. Of the same sample, 33.7% of WIC recipients reported continuing breastfeeding into the sixth month compared to the national average of 43%.²¹

Further, New York Department of Health and Mental Hygiene data reveals that low-income mothers in New York City who receive WIC are less likely to breastfeed for at least six months than mothers who do not receive the supplemental assistance. In 2011, 38 out of 100 NYC WIC recipient mothers were exclusively breastfeeding for at least six months compared to 58 out of 100 mothers in NYC who did not receive WIC.²²

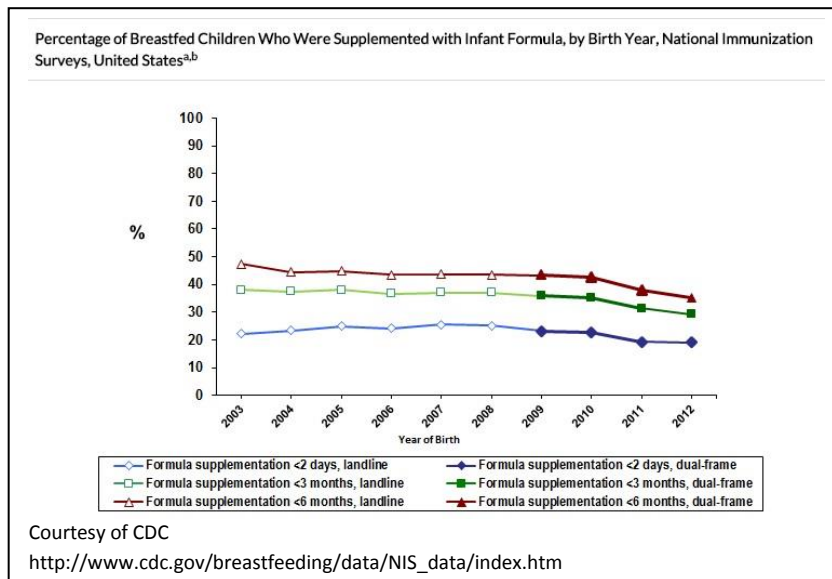
WIC has recently taken steps to improve breastfeeding rates and reduce the use of formula among WIC recipients, offering larger food packages for breastfeeding mothers and peer counselling among other supportive services.²³ In 2007, WIC began offering three different food packages. Fully breastfeeding families receive the largest package with the most variety, partial breastfeeding families who supplement with formula receive a smaller and less varied food package with some formula, and fully formula-feeding families receive the smallest food package with formula. Offering larger food packages to families who breastfeed is meant to incentivize families to choose breastfeeding over formula feeding.²⁴ A 2012 study revealed that the WIC policy change in package offerings had no significant impact on rates of exclusive breastfeeding.²⁵

Given that being on WIC is associated with lower breastfeeding rates, it is especially important that public hospitals be part of the solution and provide early breastfeeding support without influence from formula companies.

Efforts to Improve Breastfeeding Rates by Enforcing the WHO Code

Regardless of the formula companies' marketing tactics, breastfeeding rates are improving and rates of formula feeding are decreasing overall.²⁶ According to the CDC, the percentage of U.S. infants who had ever been breastfed reached 77% in 2013²⁷ compared to 72.6% in 2003.²⁸ Although there has been an upward trend in rates of breastfeeding overall in the last twenty years, rates among African-American women lag far behind those of white and Hispanic women.

According to the CDC, the disparity between African-American and white breastfeeding rates has decreased from 24 percent in 2000 to 16 percent in 2008.²⁹ The closing gap is a positive



step forward, but a large gap continues to exist. Economic and systemic barriers manifest into a lack of available resources, such as the elimination of breastfeeding programs in low-budget hospitals, a lack of reimbursement for outpatient breastfeeding support, inability to afford unpaid maternity leave, lack of clean and private lactation accommodations, and cultural challenges.³⁰

Efforts to improve breastfeeding rates overall and particularly among low-income communities have ranged from cultural shifts to hospital policy changes, spurred in part by government and grassroots campaigns like the Baby-Friendly Hospital Initiative (BFHI),³¹ Ban the Bags³² and Public Citizen's Infant Formula Marketing Campaign.³³

Among all hospitals both private and public, rates of distributing company-sponsored discharge packs have decreased sharply over the last decade. CDC's Maternity Practices in Infant Nutrition and Care survey (mPINC) determined that rates of distribution are consistently decreasing. The percentage of hospitals in the United States distributing discharge packs declined from 72.6% in 2007 to 65.8% in 2009 and from 54.5% in 2011 to 31.4% in 2013.³⁴

Many public hospitals have begun or completed the Baby-Friendly hospital certification process, an initiative created in partnership by the WHO and United Nations Children Fund (UNICEF). Step 6 of the certification process requires hospitals to "give infants no food or drink

other than breast-milk, unless medically indicated,” a provision which prohibits the distribution of company-sponsored discharge bags and formula samples.

Case Studies

The following case studies reflect the successful efforts of public hospitals and one government agency to raise breastfeeding rates and enforce the WHO Code by eliminating the distribution of company-sponsored infant formula samples from healthcare facilities.

Jackson Memorial Hospital

The Women’s Hospital at Jackson Memorial, a public hospital and a renowned teaching facility in Miami, Florida, is part of Jackson Health System, an integrated health care delivery system that includes six hospitals throughout Miami-Dade County. On average, about 6,500 babies annually are born at Jackson Health System facilities – the Women’s Hospital at Jackson Memorial, Jackson North Medical Center and Jackson South Community Hospital. As a public hospital system, Jackson receives support from the community and maintains a special commitment to providing equal resources to all mothers at all times.

Jackson Health System began its journey towards Baby-Friendly designation in the spring of 2014. The first step was educating staff on the benefits of breastfeeding and Baby-Friendly standards as part of the “dissemination phase.” Additionally, Jackson Health System replaced all company-sponsored discharge bags with breastfeeding education discharge bags that are offered to all new mothers. In an effort to promote exclusive breastfeeding and support their Baby-Friendly goal, Jackson decided to remove logos and coupons related to formula.

While Jackson Health System had consistently maintained fairly high breastfeeding initiation rate (women breastfeed in the hospital), exclusive breastfeeding rates have risen since they implemented these efforts. Support for Baby-Friendly and breastfeeding has been strong as Jackson Health System continues in the Journey to Designation.

New York City Department of Health and Mental Hygiene: Latch on NYC

In May of 2012, New York City launched a campaign to encourage supportive breastfeeding and the elimination of infant formula marketing in both private and public hospitals. Hospitals were asked to voluntarily commit to adopting practices that support breastfeeding. Heavily endorsed by health care organizations, such as the New York State Department of Health, Academy of Pediatrics, and Academy of Family Physicians, Latch on NYC was successful in getting hospitals to sign on.³⁵

The commitment requires that hospitals:

- Enforce the New York State hospital regulation to not supplement breastfeeding infants with formula feeding unless medically indicated and documented on the infant’s medical chart

- Restrict access to infant formula by hospital staff, tracking infant formula distribution and sharing data on formula distribution with the health department
- Discontinue the distribution of promotional or free infant formula
- Prohibit the display and distribution of infant formula promotional materials in any hospital location³⁶

During the campaign announcement at Harlem Hospital, Commissioner Thomas A. Farley explained that the distribution of infant formula marketing is harmful to new mothers and babies. “When babies receive supplementary formula in the hospital or mothers receive promotional baby formula on hospital discharge it can impede the establishment of an adequate milk supply and can undermine women’s confidence in breastfeeding,” he said. “With this initiative the New York City health community is joining together to support mothers who choose to breastfeed.”³⁷

As a result of New York City’s aggressive efforts to improve breastfeeding support in hospitals, 91.1% of New York hospitals do not distribute discharge packs containing infant formula marketing materials according to 2013 CDC data.³⁸

University of Alabama Birmingham Hospital³⁹

In order to improve rates of breastfeeding and better support new mothers, the University of Alabama Birmingham Hospital (UAB) made the decision to adopt the Ten Steps to Successful Breastfeeding and seek Baby-Friendly status. In 2012, UAB completely eliminated infant formula samples and discharge bags. The transition was not met with resistance from patients. Rather than distributing bags, UAB will be distributing a safe to sleep t-shirt for babies to promote their “back to sleep” campaign.

As a result of banning formula bags and adopting the Baby-Friendly steps, rates of exclusive breastfeeding went from 28% in 2011 to 76% in 2015. Sylvia Edwards, lactation consultant at UAB, said she does not believe that eliminating infant formula samples from public hospitals should be any more challenging than elimination from private hospitals. Since public hospitals are often one of the only resources for breastfeeding support and education among low-income patients, it is imperative that they do not send messages of formula endorsement. Edwards believes that it takes a cultural shift and a commitment at the administrative level to help mothers be successful with breastfeeding. “New mothers already struggle with confidence,” she said. “When hospitals don’t comply with the WHO Code, they are undermining a mother’s ability to breastfeed successfully.”



Posters were placed in hospitals and subway stations to raise awareness of the benefits of breastfeeding.

Photo Courtesy of Latch on NYC

Although only two hospitals in Alabama have officially been designated Baby-Friendly, 26 are on the journey to get there. A mentorship program connects representatives from the hospitals that have completed the journey with those who are seeking certification to exchange advice and support for making the transition.

Methodology

To determine the extent to which public hospitals permit or prohibit infant formula marketing, we surveyed the largest public hospitals in the country.

This study primarily relies on data gathered through a survey conducted by Public Citizen in October of 2015. Part of the research was based on publicly available information from the Ban the Bags campaign website and the North Carolina Breastfeeding Coalition's Golden Bow Awards page.

Ban the Bags, an initiative originally started in July of 2006, maintains a public list of hospitals through the nation that have chosen to eliminate the distribution of company-sponsored infant formula discharge bags.⁴⁰ As of October 2015, 914 hospitals and birth centers have banned the bags. The status of 10 of the hospitals included in this study were informed by the Ban the Bags list.

North Carolina Breastfeeding Coalition administers Golden Bow Awards to hospitals that meet the following criteria:

1. No commercial infant formula gift bags are distributed. Note that removing formula from commercial bags before distribution does not suffice.
2. All gifts to maternity patients are free of infant formula advertising of all varieties (coupons, samples, infant feeding information published by a formula company, etc).
3. A 24-hour supply of infant formula is given at discharge ONLY if it is left over formula from the baby's cart and/or is medically indicated by the infant's health care provider.⁴¹

North Carolina Breastfeeding Coalition's public database of hospitals that have received the Golden Bow Award informed the status of four hospitals in our study.

Hospitals were chosen based on size. Most of those selected were generated from Beckers Hospital Review's list, "50 Largest Public Hospitals in America."⁴² According to Beckers, "figures are based on CMS cost report data analyzed by American Hospital Directory. Data are for short term acute-care hospitals, critical access hospitals and children's hospitals. For the purposes of this list, AHD data were stratified to include the following "type of control" categories: governmental hospital district; governmental city; governmental city-county; governmental county; governmental federal; governmental other; and governmental state."⁴³ Two of the hospitals on this list do not have maternal or newborn services, leaving us with an initial sample size of 48 hospitals.

In order to account for states not represented in the initial 48 largest public hospital list and to provide a higher level of confidence in our results, we surveyed 17 additional hospitals. These hospitals are the largest public hospitals with maternal services in the states that were not originally included in Becker's list. This list was obtained from the American Hospital Association's Free Hospital Look-Up service.⁴⁴

Of the 65 hospitals that Public Citizen surveyed, three were non responsive and are not included in our analysis, leaving us with a total of 62 hospitals.

The survey was administered via phone and email with hospital representatives from departments of lactation services, labor and delivery, postpartum, gynecology and obstetrics, and/or mother education departments. At least five attempts were made to collect a response from each hospital. The survey respondents included RN lactation consultants, nurse managers, patient care managers and other personnel with direct knowledge of the hospitals' maternity unit policies and practices.

Results

An overwhelming majority (59 of 62) of the public hospitals that we surveyed do not distribute company-sponsored infant formula bags or formula marketing of any kind. Two hospitals distribute bags and other promotional materials. Representatives from both of the hospitals that distribute bags said that they have plans to end the distribution of bags and are in process of going Baby-Friendly. One hospital that we surveyed does not distribute formula sample bags, but does distribute coupons.

Some hospital representatives who we spoke with over the phone proudly declared that they were either certified Baby-Friendly or working their way towards being Baby-Friendly. The general attitude from representatives was a sense of pride associated with banning company-sponsored infant formula discharge bags.

Conclusion

Public hospitals have a unique responsibility to encourage breastfeeding and provide objective care free of corporate influence. Low-income women often lack breastfeeding support resources once they leave the hospital and return home due to cultural barriers and a lack of resources. Public hospitals can act as a source of education and breastfeeding support when first food deserts are an obstacle for many low-income women.

Our survey demonstrates that public hospitals are adopting practices which better support new mothers and their infants. In the "Top Hospitals' Formula for Success: No Marketing of Infant Formula" report that Public Citizen released in October of 2013, we concluded that 82 percent of U.S. News' Honor Roll best hospitals had eliminated company-sponsored infant formula discharge bags. Public hospitals are keeping up with the trend among top hospitals in sending the message that hospitals should only market health, not generate profits for formula makers.

The trend towards infant formula marketing elimination and the adoption of the Baby-Friendly initiative in public hospitals is a step in the right direction towards supporting all mothers in breastfeeding and closing the gap of breastfeeding rates among white and African-American mothers. Efforts to encourage hospitals to eliminate formula marketing through letter writing, state-wide campaigns, petition delivery and public pressure have resulted in significantly decreased rates of formula sample bag distribution.

Hospitals that still distribute company-sponsored infant formula sample bags are behind in the medical field and are putting infants and families at risk. We recommend that all hospitals follow this trend and provide health care free of corporate influence.

APPENDIX A
Public Citizen Survey on Infant Formula and
Breastfeeding Information and Materials in Hospitals

1. Name and Address of Hospital:

2. Name, Title and Email of Contact Person Responding to Survey:

3. Does your hospital maintain an official policy on distributing infant formula company-provided discharge packs or other formula materials to new mothers?

Yes

No

4. Does the hospital distribute any of the following items to patients free of charge? (select all that apply)

- Infant formula samples
- Nipples, bottles, coupons or other formula-related materials
- Discharge packs/bags with formula names or logos of displayed
- Breast pumps
- Other informational/promotional materials related to infant formula and/or breastfeeding (specify):

5. Comments or additional information:

APPENIX B
Distribution of Formula Company-Sponsored
Discharge Bags/Materials
Survey Results

Hospital	State	Source	Practice/Policy
UAB Hospital Birmingham	AL	Public Citizen	No commercial bags/materials
Hunstville Hospital	AL	Public Citizen	No commercial bags/materials
UAMS Medical Center	AR		Non-responsive
Maricopa Integrated Health System	AZ	Public Citizen	No commercial bags/materials
DCH Regional Medical Center	CA	Ban the Bags	No commercial bags/materials
University of Southern California Medical Center	CA	Ban the Bags	No commercial bags/materials
University of California San Francisco Medical Center	CA	Public Citizen	No commercial bags/materials
University of California San Diego Medical Center	CA	Ban the Bags	No commercial bags/materials
Kaweah Delta Hospital	CA	Public Citizen	No commercial bags/materials
University of California Davis Medical Center (Sacramento)	CA	Public Citizen	No commercial bags/materials
Santa Clara Valley Medical Center (San	CA	Ban the Bags	No commercial bags/materials

Jose)			
Santa Clara Valley Medical Center (San Jose)	CA	Ban the Bags	No commercial bags/materials
Sharp Grossmont Hospital (La Mesa)	CA	Public Citizen	No commercial bags/materials
Memorial Hospital Central	CO	Ban the Bags	No commercial bags/materials
Memorial Regional Hospital (Hollywood)	FL	Public Citizen	No commercial bags/materials
Jackson Memorial Hospital	FL	Public Citizen	No commercial bags/materials
Lee Memorial Hospital	FL	Public Citizen	No commercial bags/materials
Broward General Medical Center	FL	Public Citizen	No commercial bags/materials
Sarasota Memorial Hospital	FL	Public Citizen	No commercial bags/materials
Medical Center of Daytona Beach	FL	Public Citizen	Distributes bags with samples to formula feeding mothers and bags without samples to breastfeeding mothers. Has plans to end all distribution and is in process of becoming Baby-Friendly.
Grady Memorial Hospital	GA	Public Citizen	No commercial bags/materials
Navicent Health	GA	Public Citizen	No commercial bags/materials

WellStar Kennestone Hospital	GA	Public Citizen	No commercial bags/materials
Gwinnett Medical Center	GA	Public Citizen	No commercial bags/materials
Hilo Medical Center	HI	Public Citizen	No commercial bags/materials
University of Iowa Hospitals and Clinics	IA	Public Citizen	No commercial bags/materials
Kootenai Health	ID	Public Citizen	No commercial bags/materials
University of Illinois Hospital	IL	Public Citizen	No commercial bags/materials
Eskenazi Health	IN	Public Citizen	No commercial bags/materials
University of Kansas Hospital	KS	Public Citizen	No commercial bags/materials
University of Kentucky Albert B. Chandler Hospital	KY	Public Citizen	No commercial bags/materials
University Health Shreveport	LA	Public Citizen	No commercial bags/materials
Cambridge Health Alliance	MA	Public Citizen	No commercial bags/materials
University of Michigan Hospitals and Health Centers	MI	Ban the Bags	No commercial bags/materials
Hennepin County Medical Center	MN	Public Citizen	No commercial bags/materials
University of Missouri Hospital and	MO	Public Citizen	No commercial bags/materials

Clinics			
University of Mississippi Medical Center	MS	Ban the Bags	No commercial bags/materials
Carolinas Medical Center	NC	NC Golden Bow Award	No commercial bags/materials
University of North Carolina Hospitals	NC	NC Golden Bow Award	No commercial bags/materials
New Hanover Regional Medical Center	NC	NC Golden Bow Award	No commercial bags/materials
Cape Fear Valley Medical Center	NC	NC Golden Bow Award	No commercial bags/materials
University Hospital	NJ	Public Citizen	No commercial bags/materials
University of New Mexico Hospital	NM	Ban the Bags	No commercial bags/materials
Bellevue Hospital Center	NY	Ban the Bags	No commercial bags/materials
Upstate University Hospital	NY	Public Citizen	No commercial bags/materials
University Hospital of Brooklyn	NY	Public Citizen	No commercial bags/materials
Westchester Medical Center	NY	Public Citizen	No commercial bags/materials
Kings County Hospital Center	NY	Ban the Bags	No commercial bags/materials
Stony Brook University Medical Center	NY	Ban the Bags	No commercial bags/materials
Elmhurst	NY	Ban the Bags	No commercial

Hospital Center			bags/materials
Nassau University Medical Center	NY	Public Citizen	No commercial bags/materials
Ohio State University Wexner Medical Center	OH	Public Citizen	No commercial bags/materials
MetroHealth Medical Center	OH	Public Citizen	No commercial bags/materials
Norman Regional Health System	OK	Public Citizen	No commercial bags/materials
OHSU Hospital	OR		No Response
Greenville Memorial Hospital	SC	Baby Friendly USA	No commercial bags/materials
Jackson-Madison County General Hospital	TN	Public Citizen	Distributes bags and materials with plans to stop and become Baby-Friendly.
Erlanger Baroness	TN	https://www.babyfriendlyusa.org/find-facilities	No commercial bags/materials
Memorial Hermann Southwest Hospital	TX	Ban the Bags	No commercial bags/materials
Ben Taub General Hospital	TX	Public Citizen	No commercial bags/materials
Parkland Hospital	TX	Ban the Bags	No commercial bags/materials
John Peter Smith Hospital	TX	Public Citizen	No commercial bags/materials
University of Utah Health Care Hospital and Clinic	UT		No Response

VCU Medical Center	VA	Ban the Bags	No commercial bags/materials
Princeton Community Hospital	WV	Public Citizen	No commercial bags/materials
Cheyenne Regional Medical Center	WY	Public Citizen	No commercial bags/materials

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⁸ Office on Women's Health, U.S. Department of Health and Human Services (2014). Breastfeeding.

<http://www.womenshealth.gov/breastfeeding/breastfeeding-benefits.html>

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¹⁰ Healthy People 2020 (2015). About Healthy People. *Office of Disease Prevention and Health Promotion*.

<http://www.healthypeople.gov/2020/About-Healthy-People>

¹¹ World Health Organization (1981). International Code of Marketing of Breast-milk Substitutes.

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