

Breastfeeding Initiation and Duration

About the Title V Block Grant

The federal Title V Maternal and Child Health (MCH) Block Grant helps states ensure the health of all mother and children. As part of Minnesota's Title V Block Grant activity requirements, the MDH conducts a statewide needs assessment every five years. The needs assessment provides guidance to Title V activities for the next five years by identifying priority issues. This fact sheet describes one of Minnesota's priority issues.

Seriousness of the Issue

In 2006 there were 73,515 births in Minnesota.¹ According to the CDC, Minnesota has met or exceeded four of the five breastfeeding initiation and duration objectives for Healthy People (HP) 2010.²

HP 2010 Objectives	MN Statistics - 2006
75% mothers will initiate breastfeeding	80% - Exceeds HP2010
50% mothers breastfeed @ 6 months of age	51% - Met HP2010
25% mothers breastfeed @ 12 months of age	25% - Met HP 2010
40% mothers exclusively breastfeed @ 3 months	40 % - Met HP 2010
17% mothers exclusively breastfeed @ 6 months	15% - Not met

Even though Minnesota seems to be doing well in meeting the HP 2010 goals for breastfeeding initiation and duration, there are disparities among specific populations that need to be addressed. Breastfeeding exclusively and for a year or more is important for *all* infants.

Research demonstrates benefits of breastfeeding for mothers and infants:

- Reduced incidence of acute illnesses in infants – diarrhea, ear infection, pneumonia.³
- Breastfeeding is associated with less risk of overweight in children.⁴⁵
- Breastfed infants have a lower risk of type 2 diabetes in later life.⁶
- Mothers with prolonged breastfeeding have decreased rates of breast cancer.⁷

- Increased duration of breastfeeding is associated with a decreased risk of type 2 diabetes for mothers.⁸

Research shows positive effects from breastfeeding on decreased risk of obesity and type 2 diabetes for infants and decreased risk of type 2 diabetes for mothers with prolonged breastfeeding. These two health problems are currently on the increase and account for a large proportion of health care dollars. Type 2 diabetes and complications account for \$1 out of every \$10 of health care expenses.⁹ Obesity and type 2 diabetes are also the focus of many current health care initiatives.

Minnesota's Women, Infants and Children Nutrition Program (WIC) strongly encourages participating women to breastfeed their infants and provides opportunities to address barriers to breastfeeding. WIC serves women representing demographic groups that often have lower rates of breastfeeding. Minnesota WIC participants have an in-hospital rate of initiating breastfeeding of 72.5 percent.¹⁰

Most recent data from the 2007 Minnesota Pregnancy Risk Assessment Monitoring System (PRAMS) show 84.6 percent of mothers reported initiating breastfeeding. Initiation varies by maternal race:

Maternal Race	% Initiating Breastfeeding
White	85.1 %
Black	79.6 %
American Indian	67.6%

Hispanic mother report the highest level of initiation, at 93.2%. There are also disparities in age, education and income with fewer younger mothers and mothers with high school education or less reporting breastfeeding initiation than older and more educated mothers; Medicaid recipients were less likely to breastfeed than non-Medicaid recipients.¹¹

About three out of four mothers (73.3percent) who gave birth in Minnesota in 2007 reported they were still breastfeeding at 4 weeks postpartum. At 8 weeks, 64.3 percent reported still breastfeeding.



Maternal and Child Health Section
P.O. Box 64882
St. Paul, MN 55164-0882
(651) 201-3760
www.health.state.mn.us

Breastfeeding Initiation and Duration – page 2

Reasons for Stopping Breastfeeding	%
Thought not producing enough milk	41.2 %
Breast milk alone did not satisfy baby	36.9 %
Went back to work	27.3 %
Had difficulty nursing	26.6 %
Sore, cracked or bleeding nipples	19.9%

The reasons for stopping were fairly consistent across those groups with shorter duration, especially younger mothers, African American, and American Indian mothers who gave birth in 2007; therefore, improving mothers' understanding of quantity of milk babies need, proper breastfeeding techniques, and additional breastfeeding support might enable more mothers to continue to breastfeed longer.¹²

Evidence-Based Strategies

The CDC provides The CDC Guide to Breastfeeding Interventions. This resource provides six evidence-based interventions and four interventions with limited supporting evidence. The six evidence-based interventions are:

- Maternity Care Practices
- Support for Breastfeeding in the Workplace
- Peer Support
- Educating Mothers
- Professional Support
- Media and Social Marketing¹³

In 2008, the Minnesota Breastfeeding Coalition hosted a state-wide meeting. Workgroups were formed to develop action plans based on these 6 interventions. Many of the interventions implemented in Minnesota fit into the CDC intervention categories.

Current Resources and Capacity

Minnesota currently has the following resources available to support breastfeeding:

- Minnesota is awarding grants to 39 community health boards for the SHIP (State Health Improvement Plan) initiative. Several possible interventions address breastfeeding as a strategy to prevent obesity and promote nutrition and may be adopted by community health boards to implement in their communities, school, worksites, or health care settings/
- Twenty-five local breastfeeding coalitions provide support and education to breastfeeding and pregnant mothers.
- The statewide Minnesota Breastfeeding Coalition (MBC) works to support local coalitions and breastfeeding. Currently MBC is active in the following activities:

- Planning 2nd annual statewide meeting to bring together medical providers, local breastfeeding coalition members, local WIC and public health staff, mothers and other supporters of breastfeeding to address breastfeeding support and issues.
- Implementing a \$10,000 grant for the Business Case for Breastfeeding to promote support of breastfeeding women in the work place.

The MDH Obesity Program is currently contracting with Wilder Research (Wilder Foundation) to conduct an assessment of breastfeeding supports and challenges for women being served by the health care system and when returning to work after giving birth. The MDH Obesity Program staff is collaborating with the Minnesota WIC program and the Minnesota Breastfeeding Coalition on this project.

Legislation was enacted in 1998 that obligated employers to provide workplace accommodations to pump breast milk in private accommodations other than a toilet stall and requires employers to provide adequate unpaid leave for pumping. Another MN statute excludes breastfeeding from the indecent exposure penalty.

Minnesota WIC continues multiple strategies to promote, protect and support breastfeeding. Prior to the new WIC food packages, effective August 1, 2009, local WIC programs developed nutrition education goals, and MN WIC provided training and materials that promote and support full breastfeeding. WIC peer breastfeeding support is available in 10 Minnesota Counties. MN WIC also works in collaboration with others to support breastfeeding, as a part of the MBC, obesity grant, SHIP intervention workgroup, Metro Breastfeeding Meeting, and other collaborations.

Babies and mothers experience many health benefits from breastfeeding initiation, duration and exclusivity. Minnesota rates overall have improved, but there is still room for improvement, especially in populations that experience disparities.

¹ MDH. Minnesota Center for Health Statistics. (2006). *Overview of 2007 Annual Summary*. Retrieved August 26, 2009, from <http://www.health.state.mn.us/divs/chs/annsum/07annsum/index.htm>.

² CDC (2009). *Breastfeeding Report Card – United States, 2009*. Retrieved August 26, 2009 from

http://www.cdc.gov/BREASTFEEDING/DATA/report_card.htm.

³ Wolf, J. H. (2003). Low breastfeeding rates and public health in the united states [Electronic version]. *American Journal of Public Health, 93*, 2000-2010.

⁴ CDC (2007). *Does breastfeeding reduce the risk of pediatric overweight*. Retrieved August 14, 2009 from <http://www.cdc.gov/breastfeeding/report>.

⁵ Koletzko, B., von Kries, R., Monstasterolo, R. C., Subías, J. E., Scaglioni, S., Giovannini, M., et al. (2009). Can infant feeding choices modulate later obesity risk? [Electronic version]. *American Journal of Clinical Nutrition, 89*, 1502S-1508S.

⁶ Owen, C. G., Martin, R. M., Whincup, P. H., Smith, G. D., & Cook, D. G. (2006). Does breastfeeding influence risk of type 2 diabetes in later life? A quantitative analysis of published evidence [Electronic version]. *American Journal of Clinical Nutrition, 84*, 1043-1054.

⁷ Wolf, J. H. (2003). Low breastfeeding rates and public health in the united states [Electronic version]. *American Journal of Public Health, 93*, 2000-2010.

⁸ Stuebe, A. M., Rich-Edwards, J. W., Willwtt, W.C., Manson, J. E., Michels, K. B. (2005). Duration of lactation and incidence of type 2 diabetes (Electronic version). *JAMA, 29*, 2601-2610.

⁹IBID

¹⁰ MDH. Minnesota WIC, (2006). *SS Suppl BF Report*.

¹¹ MDH, Minnesota Pregnancy Risk Assessment Monitoring System (2009). *2007 Data Tables*.

¹²IBID

¹³ Shealy, K. R., Li, R., Benton-Davis, S., & Grummer-Strawn, L. M. *The CDC guide to breastfeeding interventions*. Atlanta: U. S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005.