

Breastfeeding Among Minnesota WIC Participants During COVID-19

Minnesota WIC is tracking breastfeeding rates monthly for our participants* to gauge the possible effects of the COVID-19 crisis on breastfeeding. Medical professionals strongly support breastfeeding during the pandemic to provide optimal nutrition and protective immune factors found in human milk. Breastfeeding is not believed to increase the risk of infection. Changes in hospital and clinic policies and procedures in response to the virus have created new challenges to initiating and sustaining breastfeeding. Reduced access to labor and lactation support in the hospital, early discharge (within 24 hours of birth), and fewer resources post-discharge may be negatively impacting breastfeeding rates. The [Minnesota WIC Program](https://www.health.state.mn.us/people/wic/index.html) (<https://www.health.state.mn.us/people/wic/index.html>) continues to provide breastfeeding information and support to parents across Minnesota, and encourages families with infants to turn to WIC for help.

Breastfeeding initiation and duration

Due to concerns about parent-to-child transmission of COVID-19, some infants and mothers have been separated immediately after birth. This interferes with the establishment of breastfeeding. In addition, there is less or no lactation support in some birthing facilities. Some families are being discharged early and, after discharge, many communities have fewer options for breastfeeding help. These challenges may explain the decline in breastfeeding initiation and an increase in early weaning in recent months.

Monthly breastfeeding rates for MN WIC participants*, 2020



The first confirmed case of COVID-19 in Minnesota occurred on March 6, 2020. Schools were closed March 15, bars and restaurants March 16. George Floyd was killed on May 25.

In-hospital formula feeding

The percentage of infants receiving formula during their hospital stay initially declined during the crisis, despite an increase in the number of fully formula-fed infants. More recently, formula feeding has been increasing and is now more common than before COVID. Early on, many families were discharged early. Most supplementation occurs on the second day, when babies become more alert and seem to want to nurse “non-stop.” This can cause concerns about milk supply that lead to unnecessary use of formula, especially when lactation support is not available. Once families return home, they don’t have the usual sources of support, such as visits from family or friends, breastfeeding support groups, or outpatient lactation care. Families may not be able to weigh their infant, or bring their baby to WIC to be weighed, which increases anxiety about weight gain and milk supply. These factors can lead to early weaning.

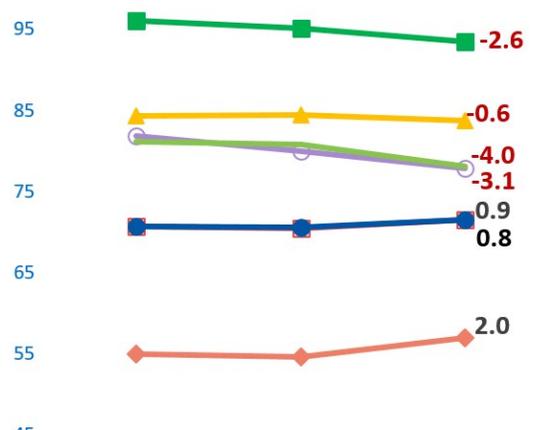
Percentage of infants given formula during the hospital stay*, 2020



Monthly breastfeeding initiation rates by race/ethnicity and cultural identity, 2020

White infants are the largest cultural group participating in Minnesota WIC. From early 2020 to July/August 2020, breastfeeding initiation dramatically decreased among White (4 percentage points), African American (3.1 percentage points) and East African (2.6 percentage points) WIC families. Rates have also decreased slightly among Hispanic mothers.

Hmong breastfeeding initiation has increased in recent months. The new Hmong Breastfeeding Coalition hosts Facebook Live events and in January 2020 rolled out a series of culturally-specific breastfeeding education videos. American Indian and non-Hmong Asian rates also increased slightly. An Indigenous Breastfeeding Coalition has been active in Minnesota for around two years.

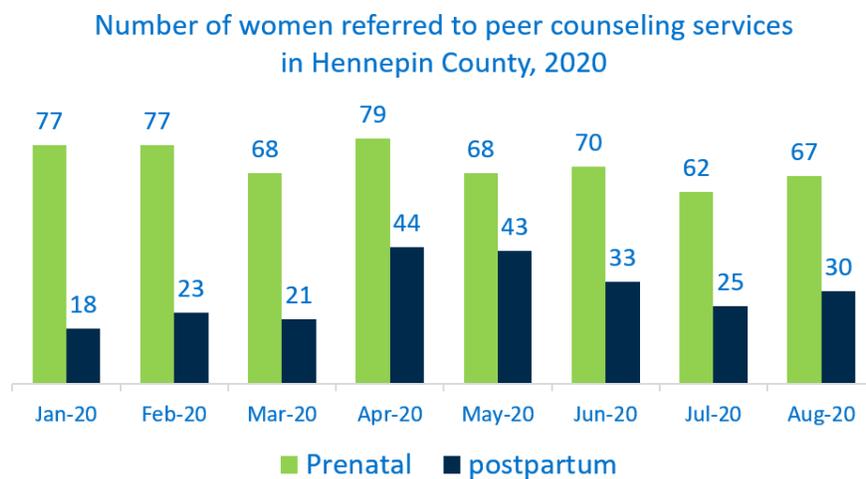


	Jan - Mar	Apr - Jun	Jul - Aug
East African	96.1	95.2	93.5
Hispanic	84.3	84.4	83.7
White	81.8	79.9	77.8
Black (African American)	81.2	80.8	78.0
non-Hmong Asian	70.7	70.5	71.5
American Indian	70.7	70.5	71.5
Hmong	54.9	54.5	56.9

Referrals to breastfeeding peer counselors

Minnesota WIC encourages families to enroll their infants early, as WIC can help with breastfeeding. Many WIC agencies also provide peer counseling services to pregnant and breastfeeding women. As other resources have become unavailable due to the pandemic, WIC continues to offer telephone counseling and support to new parents.

In Hennepin County, while referrals of pregnant women have declined, postpartum referrals, typically given to families experiencing breastfeeding difficulties, have increased significantly. Fewer prenatal referrals, less lactation support in the hospital, a lack of postpartum services, or a reluctance to seek out in-person postpartum lactation care, may explain this increase in demand for postpartum breastfeeding peer counselor services.



* Infants enrolled in the WIC program in the first 30 days after birth are included in the preliminary data. Breastfeeding rates among those enrolled within 30 days of birth are lower than among all WIC participants.

Resources

- [American Academy of Pediatrics \(2020, September 18\) https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/breastfeeding-guidance-post-hospital-discharge/](https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/breastfeeding-guidance-post-hospital-discharge/)
- [American Academy of Pediatrics \(2020, September 10\) \(https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/faqs-management-of-infants-born-to-covid-19-mothers/\)](https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/faqs-management-of-infants-born-to-covid-19-mothers/)
- [Minnesota WIC program \(https://www.health.state.mn.us/people/wic/index.html\)](https://www.health.state.mn.us/people/wic/index.html)



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