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 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, 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) 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 are separated immediately after birth. This interferes with the establishment of breastfeeding. In addition, there is a reduced availability of lactation support in some birthing facilities. Families are being discharged early and, after discharge, have fewer options for breastfeeding help. These challenges may explain declines in breastfeeding initiation in recent months.

The first confirmed case of COVID-19 in Minnesota occurred on March 6, 2020. Schools were closed March 15, bars and restaurants March 16.
In-hospital formula feeding

The percentage of infants receiving formula during their hospital stay has declined during the crisis, despite an increase in the number of fully formula-fed infants. This may be due to earlier discharge (within 24 hours of birth), since most supplementation occurs on the second day of life, 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. More families are managing this second day at home, without the usual community sources of support, such as breastfeeding support groups and outpatient lactation care. Families may not have a way to weigh their infant, which increases anxiety about weight gain and milk supply. These factors contribute to early weaning.

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

White infants are the largest cultural group participating in Minnesota WIC. In 2020, monthly breastfeeding initiation rates are trending downward among White, Black (African American), Hispanic, East African and especially Asian participants. There is a dramatic rise in Hmong initiation, possibly due to recent activities by the Hmong Breastfeeding Coalition, including a series of culturally-specific breastfeeding educational videos rolled out in January 2020.
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 slightly, postpartum referrals doubled in April and May. Early discharge combined with a lack of postpartum services, or a reluctance to seek out in-person postpartum lactation care, may explain this sudden increase in demand for 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.

![Bar chart showing referrals to breastfeeding peer counselors in Hennepin County, 2020](image)

Resources

- Minnesota WIC program (https://www.health.state.mn.us/people/wic/index.html)