

Breastfeeding in Minnesota's WIC Program

FACT SHEET 2018

From birth, breastfeeding protects infant health. Evidence of the impact on future health for both mother and baby is growing.¹ Increasing breastfeeding initiation, duration and exclusivity are national goals. Achieving these goals will reduce health care costs and save money for families, employers, and society. Breastfeeding promotion and support is integral to WIC's work to improve maternal and infant health and to reduce health disparities.

The WIC program serves a population at higher risk for not breastfeeding. Creating an environment where women are supported and cared for with evidence-based practices helps ensure more mothers and children get off to the best start.²



WIC Breastfeeding Promotion and Support

WIC is a trusted source of breastfeeding information. [A recent study](#) found that next to husbands and partners, WIC is the most common source women look to for breastfeeding support. Minnesota WIC continually works to enhance breastfeeding promotion and support services, and to reduce social and environmental barriers by:

- Answering questions and providing individualized breastfeeding counseling to pregnant and new mothers.
- Promoting and supporting exclusive breastfeeding during pregnancy and throughout breastfeeding.
- Providing enhanced food packages to women who exclusively or mostly breastfeed.
- Facilitating [lactation-related training opportunities](#) for local WIC, hospital and public health staff.
- Offering trained peer breastfeeding counselors hired from the communities they serve.
- Partnering with the [Minnesota Breastfeeding Coalition](#) to encourage hospital implementation of evidence-based maternity practices.
- Supporting the [Minnesota Department of Health's Recognition Program](#) for Breastfeeding-Friendly hospitals, worksites, health departments and child care.

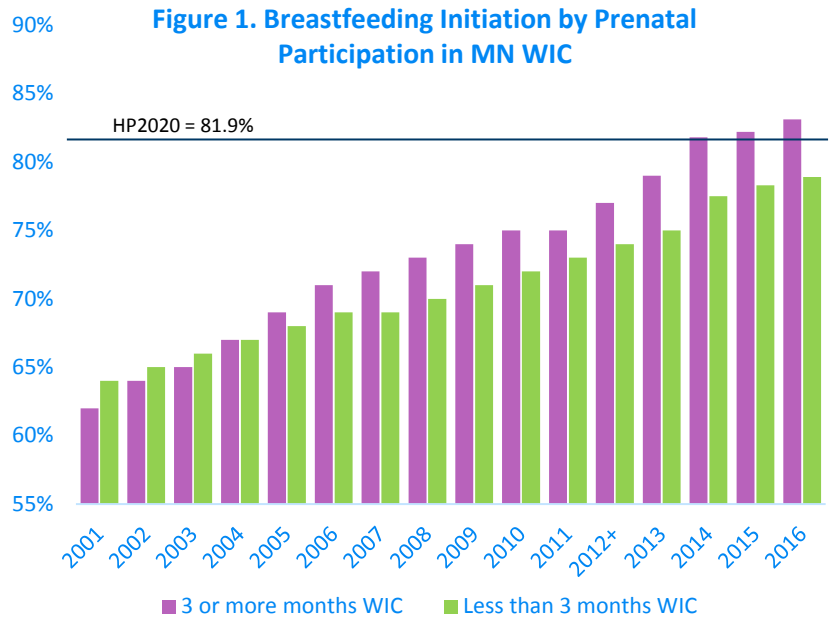
Breastfeeding reduces health care costs

If 90% of the women who gave birth in Minnesota in 2016 breastfed optimally*, an estimated 7,680 ear infections, 35,973 gastrointestinal infections and 38% of child deaths could have been prevented. Among mothers, optimal breastfeeding could have prevented 56 cases of breast cancer, 407 cases of hypertension, 141 cases of diabetes and 31 deaths. This amounts to a lifetime cost savings of \$208 million.³

* Optimal breastfeeding is defined as exclusively for the first six months, and continuing at for least one year.

Minnesota WIC Breastfeeding Initiation

- Mothers who participated in WIC for three or more months during pregnancy (57% in 2016) were more likely to initiate breastfeeding.
- MN WIC breastfeeding initiation in 2016 (82.2%) exceeded the Healthy People (HP) 2020 objective of 81.9%.⁴
- Breastfeeding initiation rates have increased steadily across time. WIC initiation rates increased 32% from 2001 (62%) to 2016 (82%). From 1990 to 2016, rates doubled from 40% in 1990.²



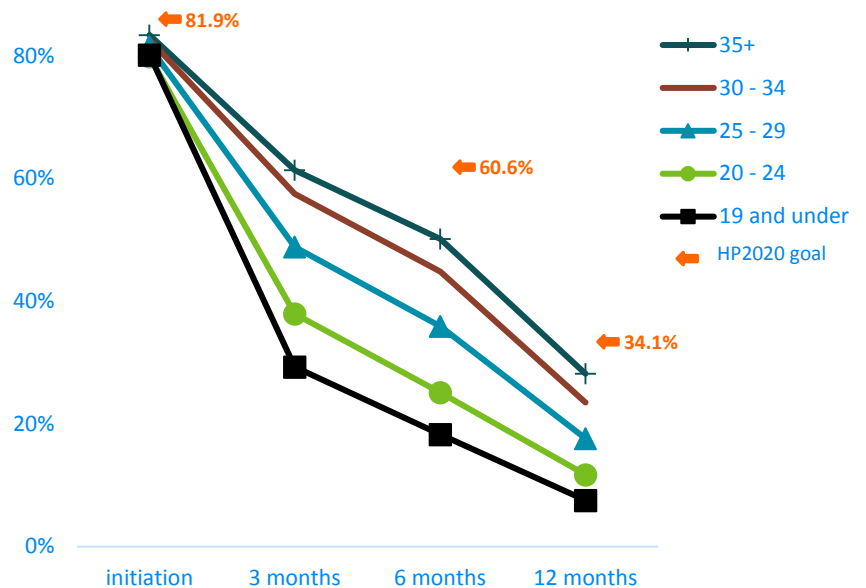
+Starting in 2012, data reflect infants born during the calendar year. Prior to 2012, data were from infants <24 months served during the month of June.

Minnesota WIC Breastfeeding Duration

Since 2012 modest progress has been made in increasing breastfeeding duration. Mothers breastfeeding at 2 weeks of infant age improved from 69% in 2012 to 73% in 2016. The percentage of mothers breastfeeding at 3 months increased from 45% to 48%. In 2016, 36% of mothers were breastfeeding at 6 months, up from 33% in 2012, but still far below the HP 2020 goal of 60.6%.

Although initiation rates were similar for women of all ages, younger women were less likely to continue breastfeeding beyond the first few weeks. Older women are more likely to have completed more education, to be married and to have previous breastfeeding experience. Each of these factors is associated with longer duration of breastfeeding.

Figure 2. Breastfeeding initiation and continuation by mother's age for MN WIC Infants, 2016



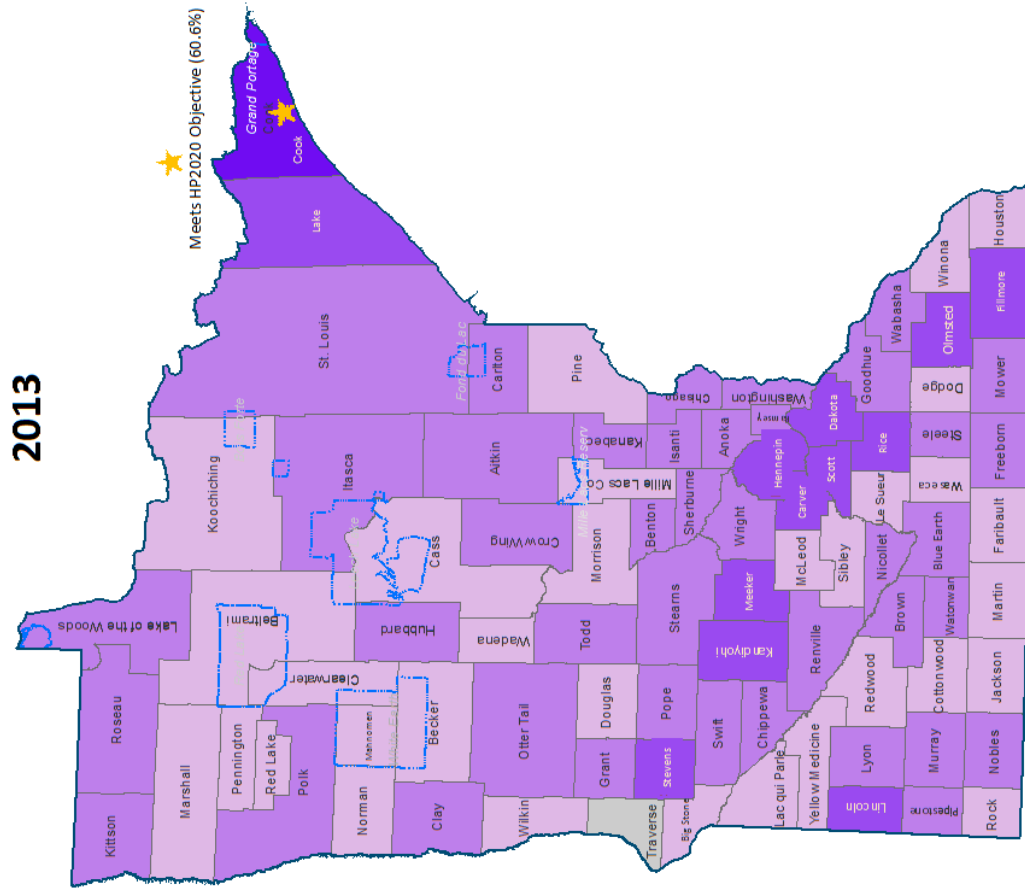
Early Breastfeeding Support

Breastfeeding support for a mother during her infant's first month of life can promote longer breastfeeding duration. Minnesota WIC provides breastfeeding education and support which is respectful of cultures and individuals.

Breastfeeding Duration at 6 months in Minnesota WIC

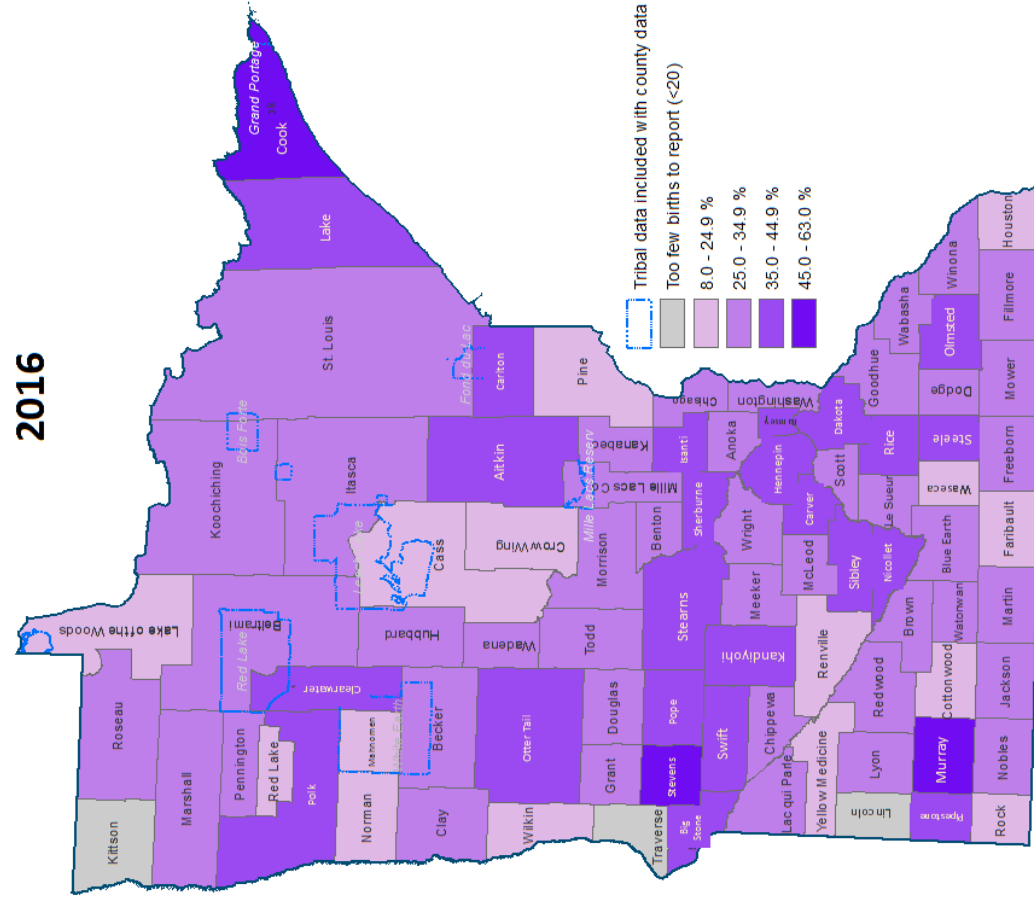
Overall, the state's duration rate improved from 2013 to 2016; however, variability exists between counties.

MN-WIC State Percentage: 34.4% at 6 months



Source: MN-WIC Information System, Births in Calendar Year 2013
Healthy People 2020 objective is 60.6% at 6 months

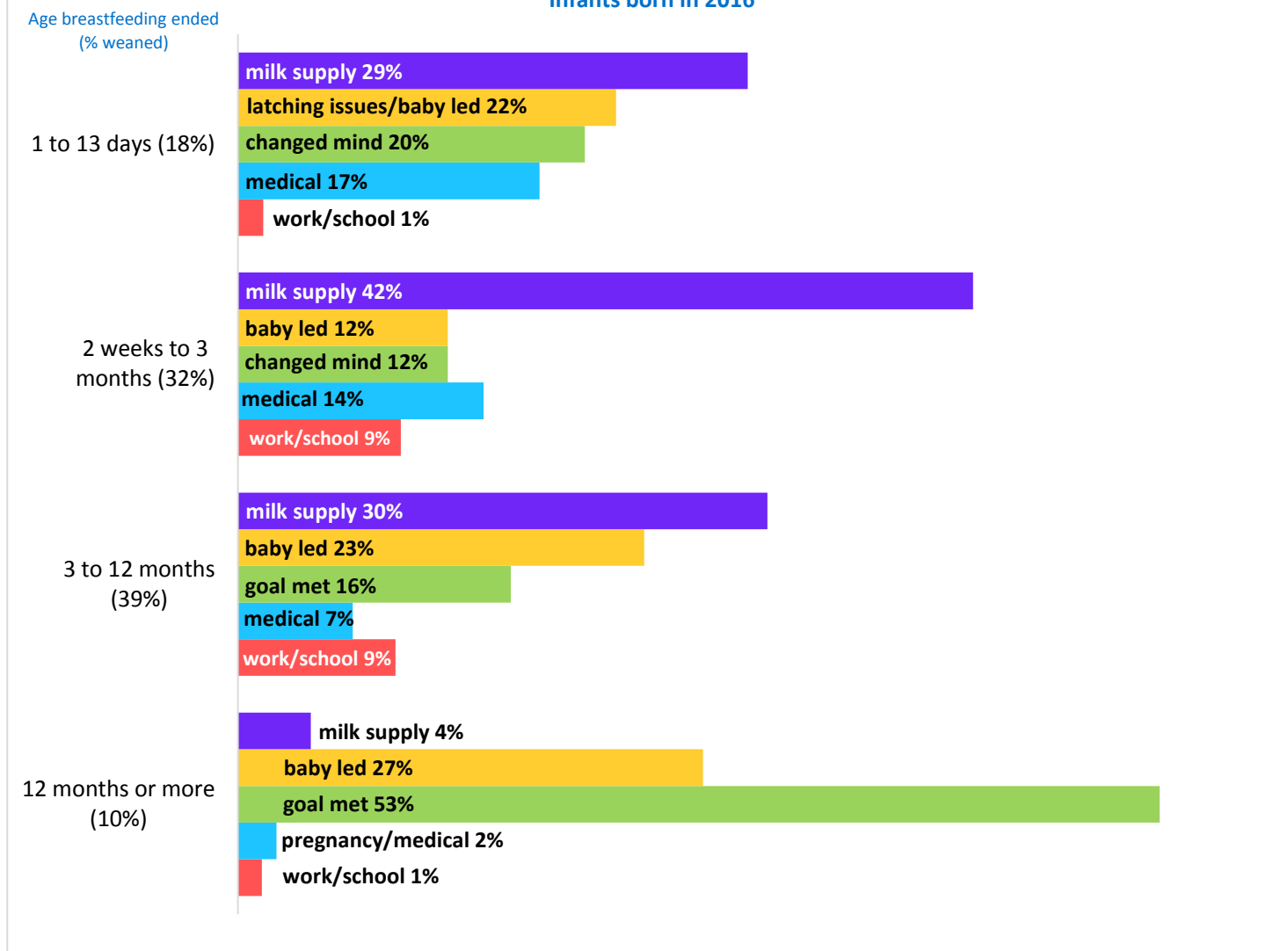
MN-WIC State Percentage: 36.1% at 6 months



Source: MN-WIC Information System, Births in Calendar Year 2016
Healthy People 2020 Objective for BF Duration at 6 mo: 60.6%

Breastfeeding Duration: Reasons for Weaning

Figure 3. MN WIC mothers' reported reason for weaning
Infants born in 2016



In the early weeks and months, most mothers do not reach their personal breastfeeding goals.

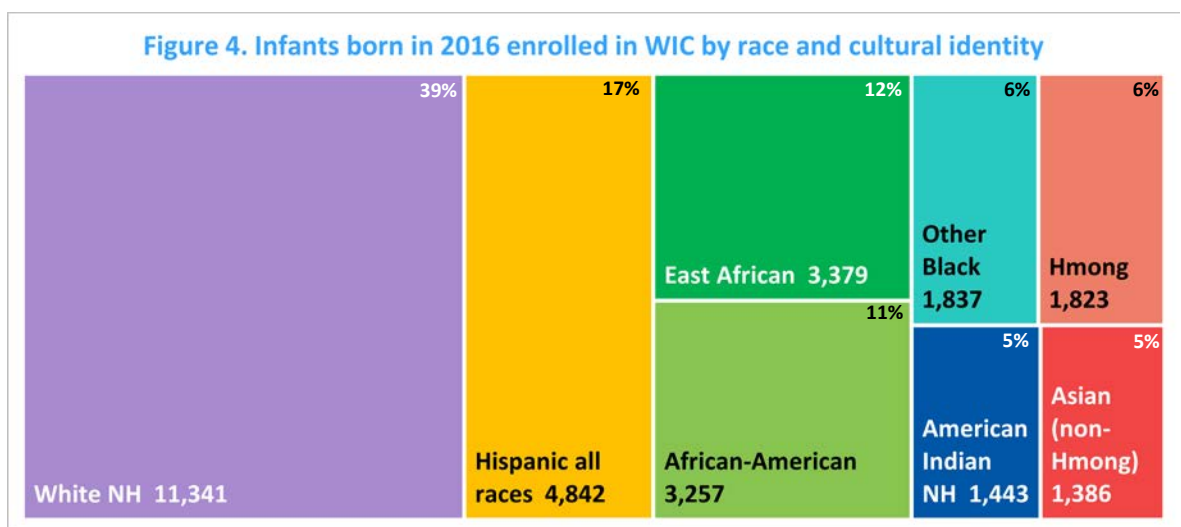
- Milk supply is the most common reason given for early weaning across the entire first year. Concerns about supply often lead to unnecessary formula supplementation, resulting in reduced milk supply and earlier-than-desired weaning.
- Difficulties latching are common in the first two weeks and rare after three months. Many first-time mothers need help with position and latch in the early weeks.
- ‘Baby-led’ weaning may reflect a misreading of infant cues, or baby may have lost interest in breastfeeding due to bottle-feeding.
- Women who change their mind about breastfeeding in the early days often do so because they lack support and do not have access to trained help when they encounter breastfeeding difficulties.
- Women also face medical and work-related barriers which force them to wean before they had planned.
- From six to twelve months, pregnancy is a common reason given for weaning, although in most cases women can continue to breastfeed during pregnancy without problems.

Breastfeeding Disparities in Minnesota’s WIC Program

The newest generation of Minnesotans is more diverse than previous generations. Infants served by the WIC program come from many cultural backgrounds.

Minnesota WIC participants from various cultures face disparate risks for nutrition-related health concerns such as prematurity, early weaning, anemia, and obesity. WIC strives to identify high-risk populations and to design culturally appropriate services tailored to their specific needs.

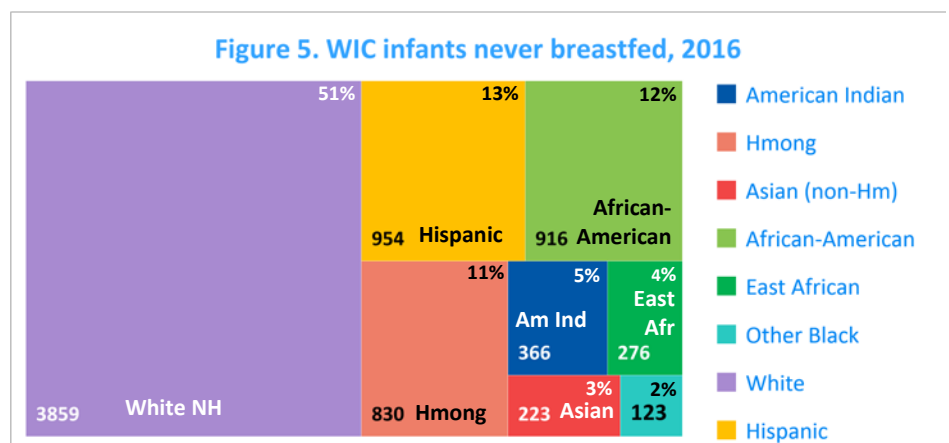
Less than half (39%) of infants served in the WIC program are white.



Four out of five infants who participate in the Minnesota WIC program initiate breastfeeding. Still, many infants start life on formula.

In 2016, there were 7,547 infants who participated in WIC who were never breastfed.

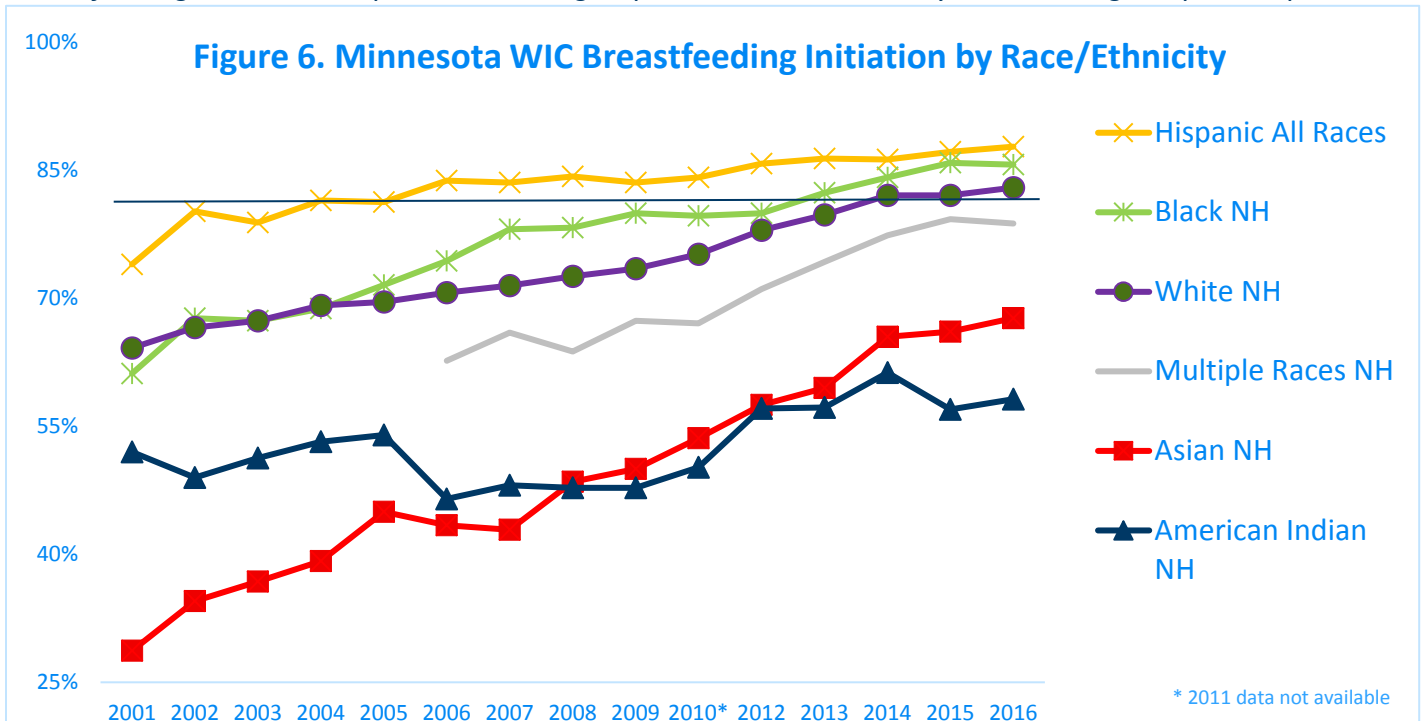
Although breastfeeding initiation rates are fairly high for white infants, they still comprise the largest group never breastfed.



Breastfeeding is important for the physical and emotional health of both mother and infant. When communities cannot successfully sustain breastfeeding, families, employers, and society shoulder the burden of increased health care costs for mother and child, higher absenteeism from work or school, poorer school achievement, and reduced adult earning potential.¹

Disparities in Breastfeeding Initiation

Breastfeeding rates have improved in most groups over the last several years, but large disparities persist.



Traditional racial categories are inadequate to describe breastfeeding rates in Minnesota’s diverse communities. Within the Black and Asian categories there are wide disparities between cultural groups.

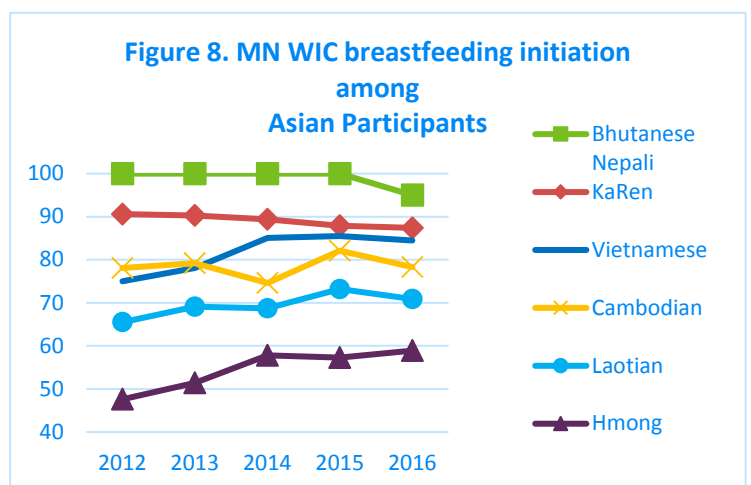
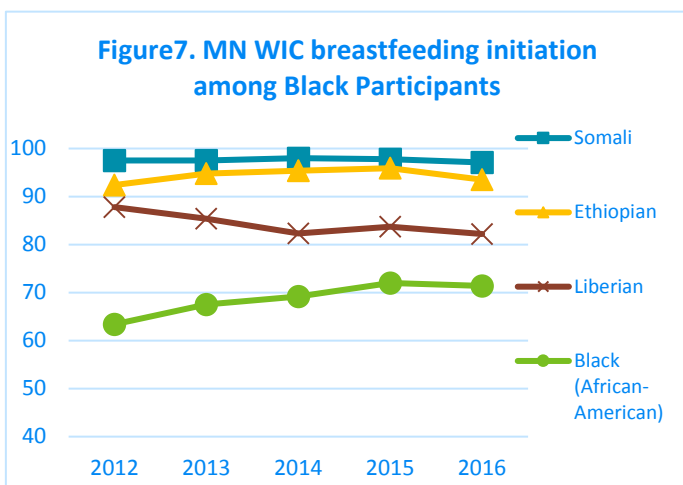
Among Black infants, Somalis are mostly likely to start out on their mother’s milk (97%). Minnesota’s Kenyan and Oromo communities also have high initiation rates (96% and 93%, respectively).



Among Asian infants, the Hmong are least likely to initiate breastfeeding (59%).

KaRen and Bhutanese-Nepali infants have the highest initiation rates (87 and 95%, respectively), although their rates are declining.

African-Americans are least likely to ever breastfeed, with 71% initiating breastfeeding in 2016.



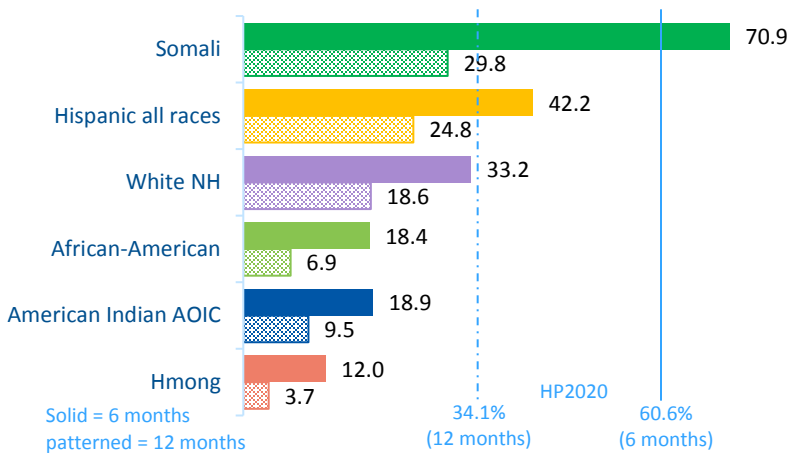
Disparities in Breastfeeding Duration

Racial Disparities

Breastfeeding duration varies sharply by race and cultural identity (Figure 9). Since 2012, breastfeeding initiation rates have increased in all categories but less progress is being made in [breastfeeding at six and twelve months](#) of age in some communities. For example, while breastfeeding at six months increased by three percentage points overall from 2012 to 2016, it remained the same among Black women and *decreased* three percentage points among Hispanic women.



Figure 9. Breastfeeding continuation at 6 and 12 months for infants served by WIC, 2015



Somali mothers have the highest duration rates with more than 2/3 breastfeeding at six months and almost 1/3 breastfeeding at one year. This exceeds the HP 2020 objective for six months (60.6%) but not the objective for twelve months (34.1%). Hmong mothers have the lowest rates; one in eight Hmong mothers is breastfeeding at six months and only one in twenty-seven Hmong mothers is breastfeeding at 12 months.

Regional Disparities

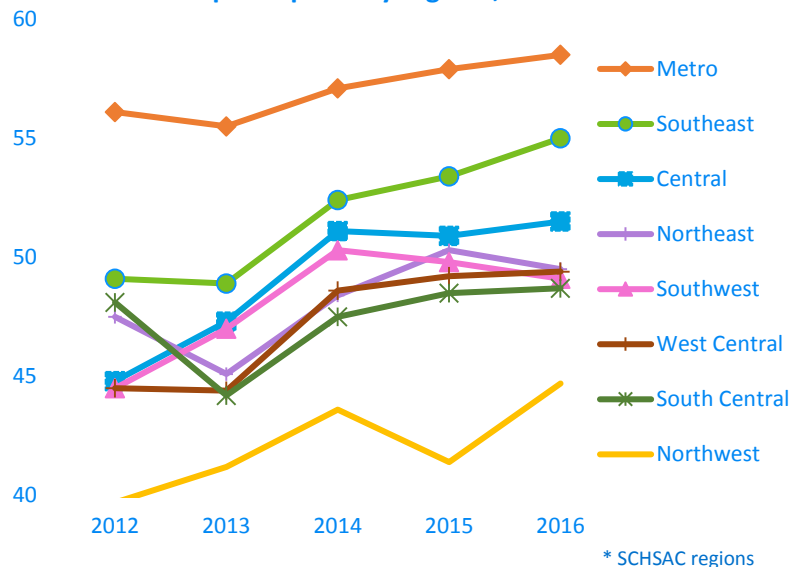
Breastfeeding rates in Minnesota have increased over the last several years, but some [regions](#) of Minnesota are doing better than others.

Breastfeeding is more prevalent in the Metro and Southeast regions of the state. Initiation rates are highest in the Southeast (83% in 2016), but by two months of age breastfeeding continuation is highest in the Metro region.

Breastfeeding initiation and duration rates are lowest in the Northwest region.

At **two** months, breastfeeding rates in all regions are already lower than the HP 2020 goal for breastfeeding at **six** months (60.6%).

Figure 10. Breastfeeding at two months among MN WIC participants by region*, 2012 - 2016

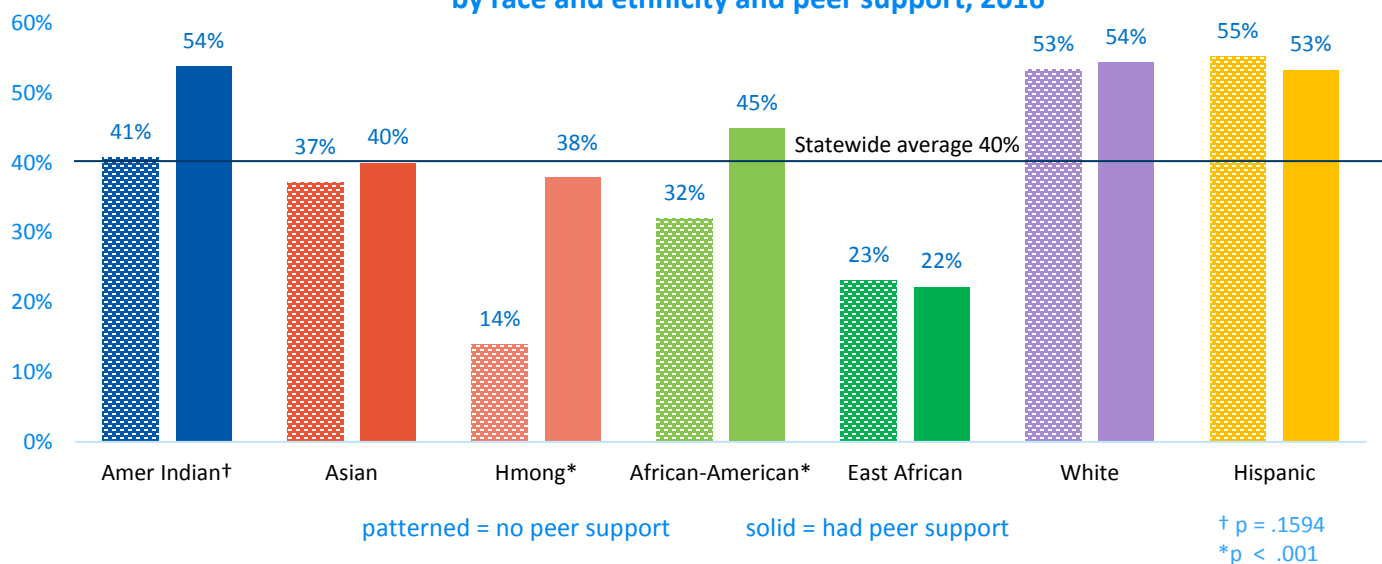


Disparities in Breastfeeding Exclusivity

Exclusive breastfeeding during the postpartum hospital stay is recommended for optimal health for mother and infant. Minnesota WIC is working to promote and support exclusive breastfeeding and to expand collection of data on infant feeding in the first days of life.

- There are wide disparities in exclusivity by race and cultural identity.
- American Indian, Hmong and African-Americans mothers in the Peer Breastfeeding Support program are more likely to exclusively breastfeed during the hospital stay than WIC participants without a peer.
- No group currently comes near the Healthy People 2020 objective of 85.8% of breastfed infants exclusively breastfed in the first two days of life.

Figure 11. WIC exclusive breastfeeding during the hospital stay by race and ethnicity and peer support, 2016



Minnesota’s WIC Peer Breastfeeding Support Program is available in 29 Minnesota counties.

Peer counselors are recruited from the communities they serve and often speak the same language. They connect mother-to-mother with their clients and are a trusted source of information and support.

Peer counseling increases breastfeeding initiation and duration and helps reduce racial and cultural disparities in breastfeeding⁵.



Breastfeeding in Minnesota’s WIC Program Fact Sheet 2018

<http://www.health.state.mn.us/people/wic/index.htm>

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2. Minnesota Department of Health. Minnesota WIC Information System.

3. United States Breastfeeding Committee. Cost of Suboptimal Breastfeeding Calculator www.usbreastfeeding.org/p/cm/ld/fid=439

4. Healthy People 2020 - Improving the Health of Americans. U.S. DHSS www.healthypeople.gov/2020/default.aspx Accessed April 2018

5. McCoy, M. B., Geppert, J., Dech, L., & Richardson, M. (2018). Associations Between Peer Counseling and Breastfeeding Initiation and Duration: An Analysis of Minnesota Participants in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). *Maternal and child health journal*, 22(1), 71-81.

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