

Breastfeeding of Nebraska Infants – A Public Health Priority

The American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the U.S. Department of Health and Human Services recognize breastfeeding as the optimal nutrition source for infants. Given the documented short- and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be considered a priority public health issue in Nebraska. The link between breastfeeding and early brain development is a growing science that reinforces the crucial importance of the first 1,000 days of health across the lifespan. Breastfeeding improves cognitive outcomes of preterm and term infants, even when adjusted for family socioeconomic status and educational attainment. If breastfeeding rates increase, lower obesity and chronic disease rates could be realized, and infant health and development could be improved for thousands of Nebraska infants every year.

According to the CDC’s 2014 Breastfeeding Report Card, 82.4 % of Nebraska moms report ever breastfeeding their infants. However, this report shows that less than one half (46.5%) of Nebraska infants are breastfeeding at six months and only one fifth (20.2%) are exclusively breastfeeding at six months. Breastfeeding initiation, duration, and exclusivity rates vary across racial, ethnic, and socioeconomic groups, and disparities exist.

Breastfeeding significantly protects the health of an infant. Breastfed infants have a lower risk of necrotizing enterocolitis, type 1 and type 2 diabetes, leukemia, ear infections, respiratory tract infections, gastroenteritis, atopic dermatitis and obesity. Breastfeeding is protective against SIDS/SUIDS and this effect is stronger when breastfeeding is exclusive. In addition, mothers who breastfeed experience lower rates of breast and ovarian cancer and type 2 diabetes.

In Nebraska, approximately 26,000 babies are born every year. Improving breastfeeding rates has a two for one impact. Breastfeeding strategies affect the health of both an infant and a mother. With a current rate of 20% exclusive breastfeeding at 6 months, approximately 42,000 moms and infants (combined) in Nebraska are at risk every year for diseases related to low/no breastfeeding. If breastfeeding duration and exclusivity increase, a significant number of improvements could be realized for both mom and baby related to lowered rates of obesity and chronic diseases, as well as improved infant health, brain development, and attachment.

Criterion 1: The Problem is Severe or Increasingly Worse than the Benchmark

The Healthy People 2020 Goal is to “Increase the proportion of infants who are breastfed.” The goal targets the early postpartum period, at 6 months and at one year.

Nebraska’s rate for duration at 6 and 12 months and exclusive at 6 months are all below the Healthy People 2020 goals, as shown in Table 1. Nebraska breastfeeding rates are markedly lower with less than half meeting 6 months duration, only 1 in 4 reaching 12 months duration and just 1 in 5 meeting 6 months exclusive breastfeeding. There has also not been a significant change over time in breastfeeding rates at either 6 or 12 months.

Significant advances have been made in the scientific knowledge of the benefits of breastfeeding, particularly in the areas of neurodevelopment. Almost all health organizations

have policies recommending exclusive breastfeeding for 6 months. In spite of these recommendations, the incidence of breastfeeding among black infants was persistently lower than among Whites and Hispanics.

Healthy People 2020 Targets and National Data

Table 1: CDC 2014 Breastfeeding Report Card & Healthy People 2020 Breastfeeding Goals

Breastfeeding Rates	Nebraska	Nation	HP 2020 Goal
6 months Duration	46.1%	49.4%	60.6%
6 months Exclusively	20.2%	18.8%	25.5
12 months Duration	25.8%	26.7	34.1%

Strategies set forth by CDC, Surgeon General’s Call to Action, and the Joint Commission’s Perinatal

Core Measures, to improve duration and exclusively rates can be linked to hospital maternity care practices. According to the latest Maternity Practices in Infant Nutrition and Care (mPINC), Nebraska birthing facilities ranked 48 out of 53 states and territories with lower scores on maternity care practices, policies and staff education.

Breastfeeding is enhanced by The Sacred Hour, skin to skin contact in the first hour after birth. Hormones known to influence attachment behaviors are increased. Mothers who breastfeed and hold their babies skin to skin exhibit increased attachment behaviors. Focusing on this relationship formed by mother and child through breastfeeding may prevent the achievement gap in children living in poverty from ever starting.

In addition to hospitals, businesses play a key role in either supporting nursing employees or creating barriers for mothers when they return to work. Nebraska ranks fifth in the United States for the percent of working mothers at 77.4%. (2010 Census) And according to a recent survey of businesses in Nebraska, only 39% provided a private, secure room to express milk and less than half (48%) allowed time in addition to normal breaks for pumping.

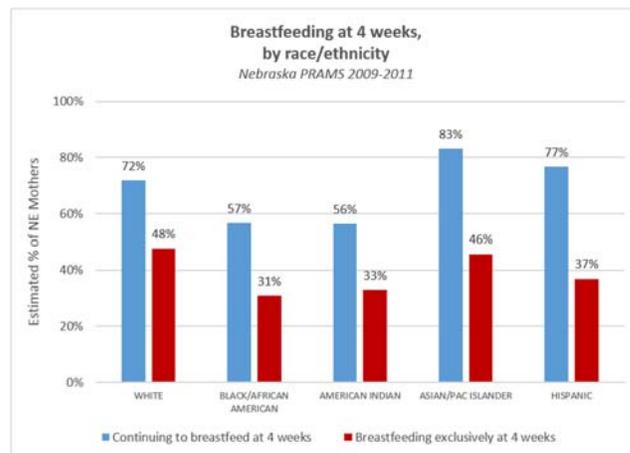
Criterion 2: Disparities Exist Related to Health Outcomes

Unfortunately, not all infants in Nebraska receive the benefits provided by longer breastfeeding and exclusive breastfeeding. Nebraska’s breastfeeding rates remain low among infants whose mothers are young, African American, below the federal poverty level threshold, unmarried, or less than college educated. Rates for Native Americans also fall below national and Nebraska averages. Several factors influence a woman’s breastfeeding intentions. The persistent gap among black and White mothers may indicate that black women often encounter unsupportive cultural norms, perceptions that formula is better, lack of partner support and unsupportive work environments.

Exclusive breastfeeding rates by race and ethnicity at 4 weeks are significantly lower for Black, Native

American, Asian/Pacific Island and Hispanic mothers, compared to White mothers (Figure 2).

Figure 2.

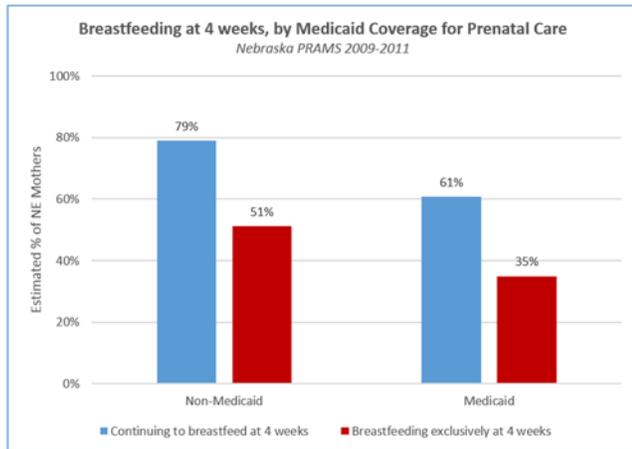


Low income mothers (those on Medicaid) are significantly less likely to continue breastfeeding at 4 weeks and have significantly lower rates of exclusive breastfeeding at 4 weeks (Figure 3).

“What’s at stake? Breastfeeding and infant mortality – rates of black infant mortality are nearly double that of White babies. Risk of infant morbidity – rates of NICU admissions - are highest among non-Hispanic black babies. Parental disempowerment and diminished roles – lack of role models, poor family and social support. Increased maternal morbidity - Breast-feeding also been linked with lower rates for some cancers and heart disease, which disproportionately affects black women. In communities that don’t thrive – does breastfeeding level the playing field in low socioeconomic communities?

Sherry Payne, Founder of Uzazi Village, Kansas City

Figure 3:



Disparities in Accessing Professional Breastfeeding Support

Low income mothers in Nebraska experience a disparity in accessing professional breastfeeding support services. Nebraska Medicaid and the managed care plans do not provide coverage for breastfeeding counseling. Rural mothers also face a disparity due to the number and reach of International Board Certified Lactation Consultants (IBCLCs), the certification recognized for reimbursement by insurance plans. Currently there are 115 IBCLCs in Nebraska, up from 104 in 2013. However, the majority of these IBCLCs practice in eastern Nebraska, leaving a significant gap of coverage in rural and western Nebraska.

Criterion 3: Strategies Exist to Address the Problem

First in 2005, and again in 2013, the Centers for Disease Control and Prevention released *The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies*. This Guide provides concrete guidance for public health professionals and others via nine specific evidence-based strategies to increase breastfeeding rates. Each strategy provides evidence of effectiveness, program examples, key action steps and resources.

The evidence-based strategies recommended by the CDC include:

- Maternity care practices
- Professional education

- Access to professional support
- Peer support programs
- Workplace support
- Support in early care and education
- Access to breastfeeding education and information
- Social marketing
- Addressing the marketing of infant formula

The Surgeon General’s Call to Action to Support Breastfeeding was delivered in 2011. It identifies 20 actions to reduce barriers to breastfeeding within: Mothers and Their Families; Communities; Health Care; Employment; Research and Surveillance; and Public Health Infrastructure. Other recommendations to increase breastfeeding initiation, duration and exclusivity are included in Healthy People 2020, mPINC change opportunities and the CDC Breastfeeding Report Card.

Criterion 4: Capacity and Support are Available to Address the Problem

There is strong national governmental support for addressing the need to increase the initiation, duration and exclusivity of breastfeeding. Most of the active Federal support lies within the US Department of Health and Human Services (USDHHS), including the CDC, Office of Women’s Health, Health Resource and Services Administration (HRSA), and the United States Department of Agriculture (USDA) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program.

Other National Organizations and Initiatives promoting breastfeeding

- American Academy of Family Physicians
- American Academy of Pediatrics (AAP)
- American College of Nurse Midwives
- American College of Obstetricians and Gynecologists
- American Dietetic Association
- Association of Women’s Health, Obstetric and Neonatal Nurses
- National Association of Pediatric Nurse Practitioners

In Nebraska, a number of state and local organizations are committed to working on increasing breastfeeding acceptance and initiation and duration rates. Programs within the Nebraska Department of Health and Human Services that promote and support breastfeeding include the Nutrition and Activity for Health Program, Nebraska WIC Program, Nebraska PRAMS, Preventive Health and Health Services Block Grant, Maternal Child Health Services Title V Block Grant, Maternal, Child and Adolescent Health Program, and the Office of Women’s and Men’s Health – Women’s Health Initiatives.

Nebraska Organizations:

- Nebraska Breastfeeding Coalition
- Nebraska Medical Association
- Nebraska Chapter of the AAP
- La Leche League of Nebraska
- MilkWorks
- Live Well Omaha Kids

Federal & State Laws

The Affordable Care Act (ACA) in 2010, Section 4207, amended the Fair Labor Standards Act (FLSA) of 1938 to require an employer to provide reasonable break time for an employee to express breast

milk for her nursing child for one year after the child's birth

“The data that we have found indicate, however, that feeding children with breast milk for at least the first few months of life is the best investment in their physical health and normal intellectual development. The use of artificial mixtures should be reserved only for cases where breastfeeding

each time such employee has need to express milk. The employer must also provide a place, other than a bathroom, for the employee to express breast milk. The Patient Protection and Affordable Care Act also requires private health insurance plans to provide breastfeeding support, counseling, and equipment to pregnant and nursing women. This provision includes providing breast pumps and individual and group support.

There are two Nebraska Laws that protect breastfeeding. Neb. Rev. Stat. §25-1601-4 (2003) states that a nursing mother is excused from jury

duty until she is no longer breastfeeding with a written statement from her physician requesting exemption.. 2011 Neb. Laws, L.B. 197 specifies that a mother may breastfeed her child in any public or private location where the mother is otherwise authorized to be.

Lack of State Coordination and Impact

With strong Federal and State capacity, there is a large gap in coordination and focused efforts on breastfeeding in Nebraska. For example, within DHHS, there is not a full-time employee solely working on breastfeeding initiatives. Rather, a few program staff across a few programs piece together strategies and efforts without a solid funding base to make a significant impact. The partnerships and strategies exist; a greater focus on coordination and collaboration is needed. While large scale efforts, such as maternity care practice training and recognition programs for birthing facilities meeting some of the 10 Steps of Baby-Friendly Hospital Initiative, do not exist and are needed to reach rural Nebraska.

Criterion 5: Severity of Consequences Criterion

What is the potential impact of improved duration and exclusive breastfeeding rates? Continued and exclusive breastfeeding helps children survive by reducing morbidity and mortality and allows them to thrive by supporting healthy brain development and improving cognitive performance. These benefits could impact 20,000 infants in Nebraska each year (the 80% not reaching 6 months exclusive breastfeeding rates).

If breastfeeding duration and exclusivity increase, these 20,000 Nebraska infants could have improvements in lowered obesity and chronic disease rates and improved health and development. Breastfeeding improves cognitive outcomes of preterm and term infants, even when adjusted for family socioeconomic status and educational attainment.

In a study designed to look at projected costs, if 80-90% of US families could meet the recommendation to exclusively breastfeed for 6 months, researchers found the United States

would save \$13 billion per year and prevent an excess of 911 deaths, nearly all of which would be infants (\$10.5 billion and 741 deaths at 80% compliance).

According to UNICEF, referencing a 2013 Lancet publication, optimal breastfeeding, exclusive breastfeeding through 6 months and continued breastfeeding through 12 months, has the greatest potential impact on the survival of the infant over other preventative interventions.

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