Breastfeeding

Health Impact

Breastfeeding is the preferred method of providing infant nutrition and promoting infant health. Infants who are not breastfed have increased risk for Sudden Infant Death Syndrome (SIDS), necrotizing enterocolitis (NEC), ear infections, and GI infections. They may have higher risk for developing obesity.

Mothers who do not breastfeed are more likely to develop type 2 diabetes, osteoporosis, breast and ovarian cancers, and may take longer to return to their pre-pregnancy weight.

Breastfeeding benefits for mother and infant are greatest when exclusive breastfeeding (only breastmilk) is sustained for the recommended 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer.

Cost Impact

Suboptimal breastfeeding in the U.S. leads to unnecessary infant deaths and medical costs associated with preventable diseases. If 90% of infants were breastfed exclusively for the recommended six months, the US would save $13 billion per year and prevent an excess 911 deaths.

Breastfeeding and Work

Promoting breastfeeding among employees is beneficial for companies. Workplace breastfeeding programs improve retention of experienced employees. Breastfed infants are sick less often than formula-fed infants, so their parents take less time off, and health care costs are reduced.

Lactating employees are protected under the law. Under the Fair Labor Standards Act, employers must provide "reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child’s birth," and provide a place other than a bathroom for employees to express breast milk.

How is Ohio Doing?

- Breastfeeding rates have increased over the past five years, with 75% of Ohio women reporting ever breastfeeding in 2010 (Ohio PRAMS)
- Breastfeeding rates remain below Healthy People 2020 goals of 81% initiating breastfeeding and 60% exclusively breastfeeding for six months
- Ohio has the lowest rate of breastfeeding initiation in comparison with other states in its region (Fig. 1)
- Women who are less educated, Black, or receiving Medicaid services have lower rates of breastfeeding in Ohio (Fig. 2)
- Even when women initiate breastfeeding, few continue exclusively breastfeeding for longer than eight weeks (Fig. 2)

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Sustaining Breastfeeding

Without support at home, work or school, in the community, and from medical providers, achieving breastfeeding recommendations is difficult. Even among women who initiate breastfeeding in Ohio, nearly 30% stop before their infant is 1 month old. Only about one-third of infants who were ever breastfed still receive breastmilk when they are 6 months old. (Fig. 3)

Reasons cited by Ohio women for stopping breastfeeding include:

- they do not have enough milk;
- their milk does not satisfy their baby;
- difficulty latching;
- returning to work or school; and
- breastfeeding is too hard, difficult, or painful.

Only 10% of women who had stopped breastfeeding between about three and six months said that one of the reasons was that they felt it was the right time to stop (Ohio PRAMS, 2009-10).

Ohio Department of Health
Five
Ohio WIC promotes and supports breastfeeding through
Mother’s Milk Bank of Ohio provides safe donor breastmilk
Develop and disseminate a list of
Help make your workplace supportive for breastfeeding
Six Ohio hospitals are certified “Baby Friendly” because of
100%
Ensure
Work on establishing links between maternity care hospitals
The
Help hospitals to implement the “10 Steps
Birth
50%
Integrate education and support for breastfeeding into public
Healthy Ohio Breastfeeding Friendly

Ohio What is Being Done to Promote, Support, and Protect Breastfeeding in Ohio?

Current Programs and Activities
- Ohio Department of Health (ODH) Policy on Infant Feeding establishes a consistent infant feeding message across department programs and activities.
- Healthy Ohio Breastfeeding Friendly Workplace Award recognizes employers for promoting and supporting breastfeeding.
- Six Ohio hospitals are certified “Baby Friendly” because of policies and practices that support breastfeeding.
- Five Ohio hospitals are participants in a national learning collaborative, Best Fed Beginnings, to become Baby Friendly.
- Mother’s Milk Bank of Ohio provides safe donor breastmilk.
- The ODH Bureau for Children with Medical Handicaps program provides donor breastmilk to eligible children.
- Ohio Perinatal Quality Collaborative’s Human Milk Subgroup aims to increase the number of 22 to 29 week preterm infants receiving human milk in the first 72 hours of life.
- Ohio WIC promotes and supports breastfeeding through peer counselors, breast pump provision, and other strategies.

Action Steps in Your Community
- Integrate education and support for breastfeeding into public health programs that support new families.
- Help make your workplace supportive for breastfeeding employees and clients.
- Encourage employers to develop breastfeeding support programs and apply for the Healthy Ohio Breastfeeding Friendly Workplace Award.
- Ensure that child care providers accommodate the needs of breastfeeding mothers and infants.
- Work on establishing links between maternity care hospitals and community breastfeeding support networks; for example, WIC’s “Building Bridges for Breastfeeding Duration” program.
- Develop and disseminate a list of local breastfeeding support resources.
- Ensure that client outreach materials comply with the ODH Infant Feeding Policy.
- Help hospitals to implement the “10 Steps to Successful Breastfeeding.”

References:

Resources:
ODH Infant Feeding Policy: http://1.usa.gov/158IjDg
ODH Breastfeeding Friendly Workplace Award: http://bit.ly/10SEcJk
Ohio Perinatal Quality Collaborative Project: http://bit.ly/12hYCK4
Surgeon General’s Call to Action to Support Breastfeeding: http://1.usa.gov/13ZrvT
Business Case for Breastfeeding: http://1.usa.gov/16ow0WL
Baby Friendly Hospital Initiative: http://bit.ly/2LNreN

Data Notes: Figure 2 Mothers on Medicaid include those who reported Medicaid for health care coverage during any of the following three time periods: the month before pregnancy, for prenatal care visits, or for delivery. Bars represent 95% Confidence Intervals. Figure 3 Estimates obtained with survival analysis using the Kaplan-Meier method.

Data Contact: Missy.Vonderbrink@odh.ohio.gov
Program Contact: Dyane.GoganTurner@odh.ohio.gov

Ohio Department of Health
www.odh.ohio.gov

Figure 3: Percent of breastfeeding mothers still breastfeeding by month after birth, Ohio, 2009-2010

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Percent still breastfeeding, among women who initiated breastfeeding

Source: Ohio Pregnancy Risk Assessment Monitoring System (PRAMS), 2009-2010

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