

INFANT BREASTFEEDING

Public Health Issue

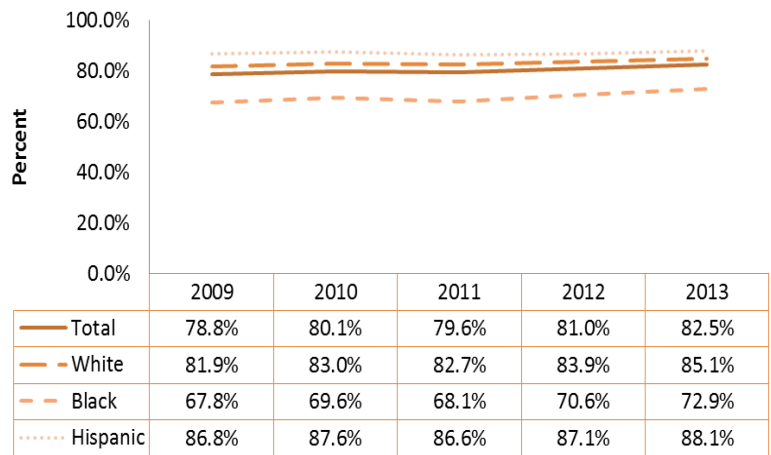
Breastfeeding is recognized as an essential part of ensuring better health outcomes for infants. The health benefits of breastfeeding for the infant include enhanced cognitive development and reduced risk of obesity, diabetes, asthma, and sudden infant death syndrome (SIDS). Additionally, breastfeeding increases immunity against infectious diseases such as respiratory infections, diarrhea, bacterial meningitis, bacteremia, and otitis media [1-3]. The benefits of breastfeeding increase when infants are exclusively breastfed for at least six months [4]. Breastfeeding also provides benefits for mothers. These benefits include uterine involution (uterus returns to normal size after delivery), increased postpartum weight loss, and decreased risk of breast and ovarian cancer [3, 5].

The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding without supplementation as the ideal nutrition for the first six months and continued breastfeeding for at least the first year of life [6]. Despite the AAP recommendations and reported health benefits of breastfeeding, national and state breastfeeding rates are not at optimal levels. Proponents of breastfeeding are challenged to develop national, state, and local strategies to improve breastfeeding practices.

Magnitude and Trend

In Florida, breastfeeding initiation increased from 78.8% in 2009 to 82.5% in 2013 [7]. During this time, racial/ethnic disparities existed as initiation rates were substantially higher among non-Hispanic (NH) white and Hispanic mothers than among NH black mothers (Figure 1). According to the Florida Pregnancy Risk Assessment Monitoring System, breastfeeding at least three months among recent mothers slightly increased from 44.4% in 2010 to 46.7% in 2011 [8].

Figure 1. Breastfeeding Initiation by Race/Ethnicity, Florida 2009-2013



Source: Florida Department of Health, CHARTS

In 2010, the percentage of mothers initiating breastfeeding in Florida was 80.1%, which was slightly higher than the U.S. rate of 76.5%. During the same period, the percentage of breastfeeding at 6 months was higher for the U.S. at 49.0% compared to 40.9% in Florida [7, 9].

National and State Goals

The Healthy People 2020 Objective MICH-21.1 is to increase the percentage of ever breastfed to 81.9% and breastfeeding at 6 months of age to 60.6% [9].

Current State Programs and Initiatives

The Florida Healthy Start program offers breastfeeding education and support services to all participants. Florida Healthy Start services provided to pregnant women encourage breastfeeding in the early postpartum period and provide anticipatory guidance and support in order to prevent breastfeeding problems and to address barriers to breastfeeding. Breastfeeding education and services provided to postpartum women promote the continuation and exclusivity of breastfeeding and to enable women to overcome any perceived or actual breastfeeding problems [10].

In 2010, the Florida Women, Infants, and Children (WIC) program expanded its piloted breastfeeding peer counseling program statewide. This program provides prenatal and postpartum education and support for breastfeeding through trained WIC staff, lactation consultants, and/or breastfeeding peer counselors. The goal of peer counseling is to encourage and support pregnant and breastfeeding women. Peer counseling includes emotional support, encouragement, education, and problem solving. During the prenatal period, peer counselors contact pregnant women to help them make informed infant feeding decisions and prepare them for the breastfeeding experience. After delivery, peer counselors provide nonmedical assistance and referrals as needed [11].

Public Health Strategies and Practices

The goal of the Healthy Start program is to reduce infant mortality, reduce the number of low birth weight babies, and improve health and developmental outcomes. Breastfeeding education and support are key components of the Healthy Start program. These services are provided with consideration to the cultural, language, education/literacy, and accessibility needs of the participant [10].

Early participation in WIC continues to show positive relationships with early development and birth outcomes. Furthermore, WIC participation is associated with increased breastfeeding practices [11]. The current federal WIC regulations state that each state agency shall designate a breastfeeding promotion coordinator, to coordinate breastfeeding promotion efforts identified in the state plan in accordance with the requirement of 246.4(a)(9). The state plan must include the state agency's nutrition education goals and action plans, including a description of the methods that will be used to promote breastfeeding [12].

DOH Capacity

The Healthy Start program provides services to pregnant and postpartum women, infants, and children up to age three. Offering Florida's Risk Screening tools to all pregnant women and infants is required by Florida Statute and serves to "funnel" those most at risk into the care coordination system for additional intervention. In 2012, 173,853 women and 194,706 infants were screened for Healthy Start. Currently, there are 31 Healthy Start coalitions and two county health departments that provide Healthy Start services covering all 67 counties. The Healthy Start coalitions conduct assessments of community resources and needs, identify gaps and

barriers to effective service delivery, and develop service delivery plans to address the identified problem areas and issues [10].

The Florida WIC program, also administered through the Florida Department of Health, provides essential nutritional services to approximately 490,000 women, infants and children every month and is available in all 67 counties. The results of this program have saved both public and private health care dollars. For every dollar spent on the prenatal WIC program, the associated savings in Medicaid costs during the 60 days after birth ranged from \$1.77 to \$3.13 [11].

WIC state agencies use grants to administer a breastfeeding peer counseling program that relies on research-based components of the national Loving Support Peer Counseling model. The funds enable WIC state agencies to build upon and expand their breastfeeding peer counseling implementation plans. In 2014, the United States Department of Agriculture allocated \$3,355,839 to the Florida WIC Program to support breastfeeding peer counseling programs [13].

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