Breastfeeding

NURSING OR FEEDING A BABY WITH HUMAN MILK

Why It's Important

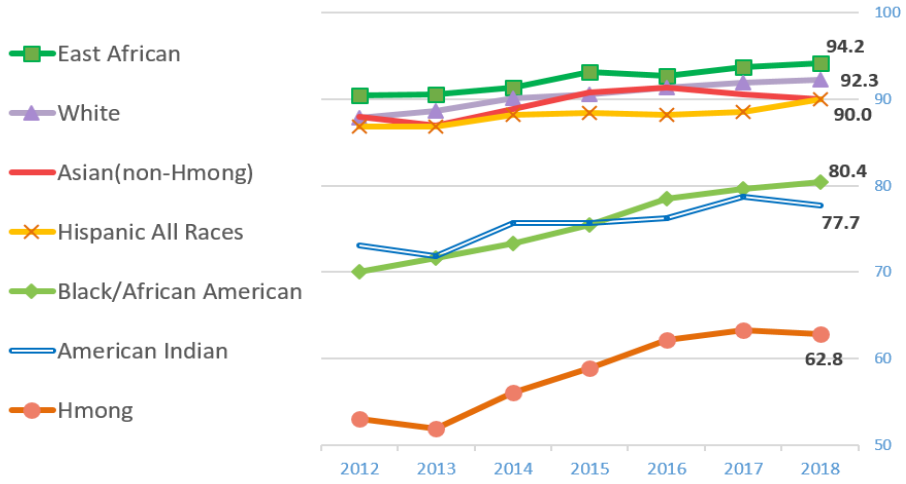
Barriers to breastfeeding prevent some women from initiating breastfeeding and lead to early cessation for others. Infants and mothers that do not breastfeed or provide breastmilk are at higher risk for poor health outcomes. Breastmilk provides antibodies and other anti-infective properties, so formula-fed infants do not a have as strong an immunity as those that are breastfed. Formula-fed infants are at an increased risk for ear and respiratory infections, sudden infant death syndrome (SIDS), asthma, obesity, and type 2 diabetes. Breastfeeding is also important for maternal health and well-being. Mothers who do not breastfeed are at a higher risk for breast and ovarian cancer, heart disease, and type 2 diabetes.[1] Exclusively breastfeeding women reported lower rates of depression than mixed- and formula-feeding mothers.[2] If 90 percent of mothers who gave birth in Minnesota breastfed exclusively for the first six months and continued to breastfeed for at least one year, an estimated 7,680 ear infections, 35,973 gastrointestinal infections, and 38 percent of child deaths could have been prevented in 2016. Among mothers, 56 cases of breast cancer, 407 cases of hypertension, 141 cases of diabetes, and 31 deaths could have been prevented. This amounts to a lifetime cost savings of $208 million.[3]

> *"[Women, children, and families in Minnesota need] breastfeeding support from family, friends, ALL health care providers and employers early in life are key." – Needs Assessment Discovery Survey Respondent*

Focus on Health Equity

Minnesota data shows that the rate of breastfeeding initiation has been slightly increasing overall since 2012, but there are significant differences in breastfeeding initiation by race/ethnicity.

Figure 1. Trends in Breastfeeding Initiation among Infants Born in Minnesota, 2012-2018

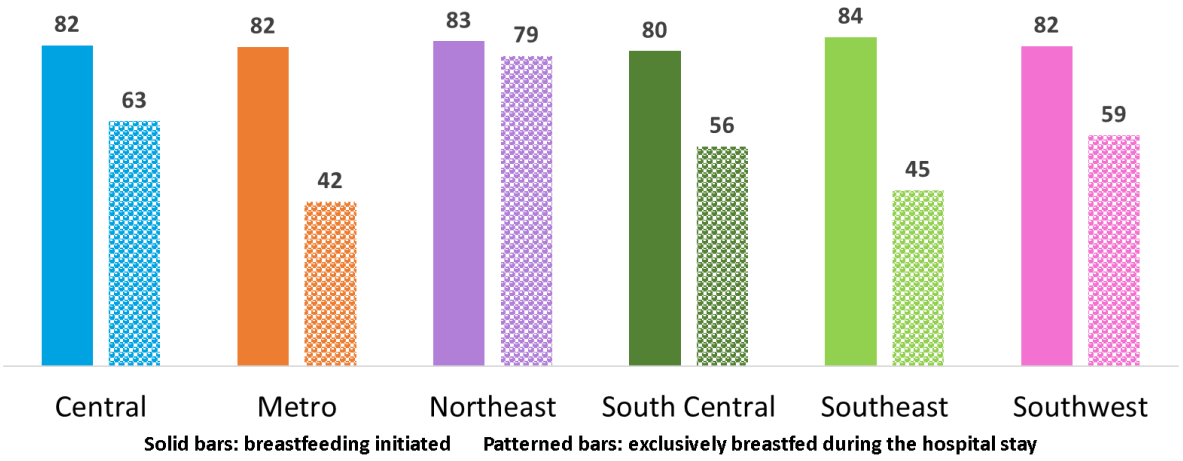


Source: Minnesota Vital Records

Hmong, American Indian and Black (African American) infants are less likely to initiate breastfeeding than East African, Hispanic, Asian (non-Hmong) and White infants. East African mothers have highest and Hmong mothers the lowest breastfeeding initiation rates of all cultural groups in Minnesota. Among WIC participants, formula supplementation, with Hmong and East Asian infants most likely to receive formula.

Minnesota breastfeeding rates are highest among higher educated, older, and urban mothers. They are lowest among mothers who experience more barriers to reaching their breastfeeding goals, such as low-income mothers and mothers under age 20. Differences in breastfeeding rates are seen among infants enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC serves low income women and children, and about 42 percent of infants born in Minnesota. In 2018, 81.4 percent of infants enrolled in WIC initiated breastfeeding compared to Minnesota's overall breastfeeding initiation rate of 89.9 percent. Infants of mothers who participated in WIC prenatally for at least three months were more likely to initiate breastfeeding and breastfeed longer. Between 2012 and 2016, infants enrolled in WIC were more likely to breastfeed if they lived in the Metro or Southeast regions of Minnesota.

Figure 2. Breastfeeding and Exclusivity by Region, WIC Infant born in 2017



Source: Minnesota WIC

Exclusive breastfeeding (no formula given during the hospital stay) also varies widely based on where in the state a mother gives birth. Infants born in the Northeast region, where most hospitals have achieved Baby-Friendly designation, were most likely to be exclusively breastfed.

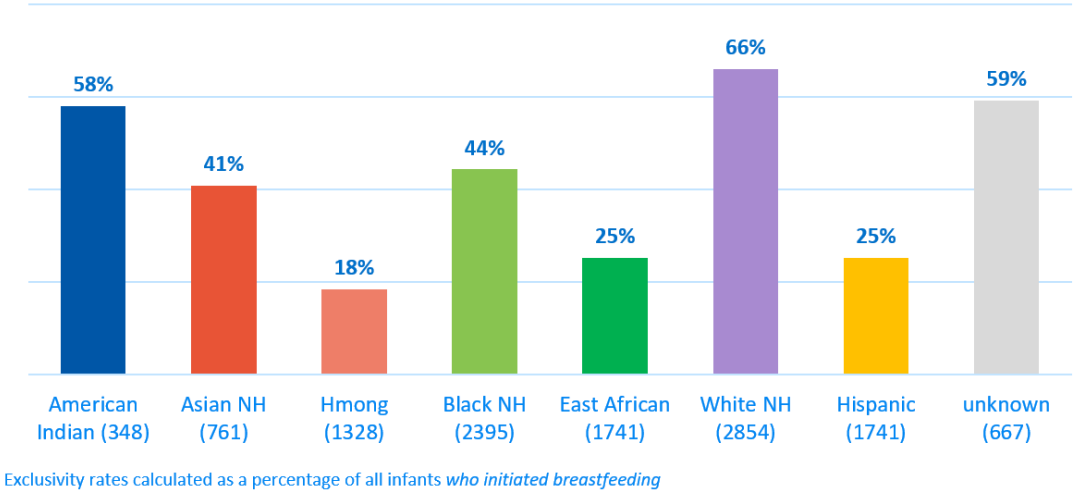
Additional Considerations

Minnesota breastfeeding rates for infants who ever breastfed and infants that breastfed exclusively through six months exceeded the Healthy People 2020 (HP 2020) target. The National Immunization Survey found that Minnesota's breastfeeding initiation rate was 89.2 percent in 2015, compared to the HP 2020 target of 81.9 percent. Minnesota's exclusive breastfeeding rate through six months was 30.2 percent in 2017, slightly lower than 31.4 percent in 2016, but still exceeding the HP 2020 target of 25.5 percent.

While the State has achieved some targets, the recommended feeding for *all infants* is exclusive breastmilk feeding for a year or more, with the additional of complementary foods at about 6 months. While we have reached some target objectives, there are a large number of Minnesota mothers and infants that face potential health consequences from no breastfeeding or short duration/non-exclusive breastfeeding. Additional work is needed to decrease barriers faced by moms and families and to create a system of support that makes breastfeeding the norm.

In 2016, 20.1 percent of all Minnesota live births occurred at Baby-Friendly designated facilities compared to the United States' average of 18.3 percent. There were 15 Baby-Friendly hospitals in Minnesota in 2018. 3 more facilities, located in the Northeast, were designated in 2019 as of May.

Figure 3. Breastfed infants exclusively breastfed during the hospital stay by race/ethnicity, Infants born in 2016



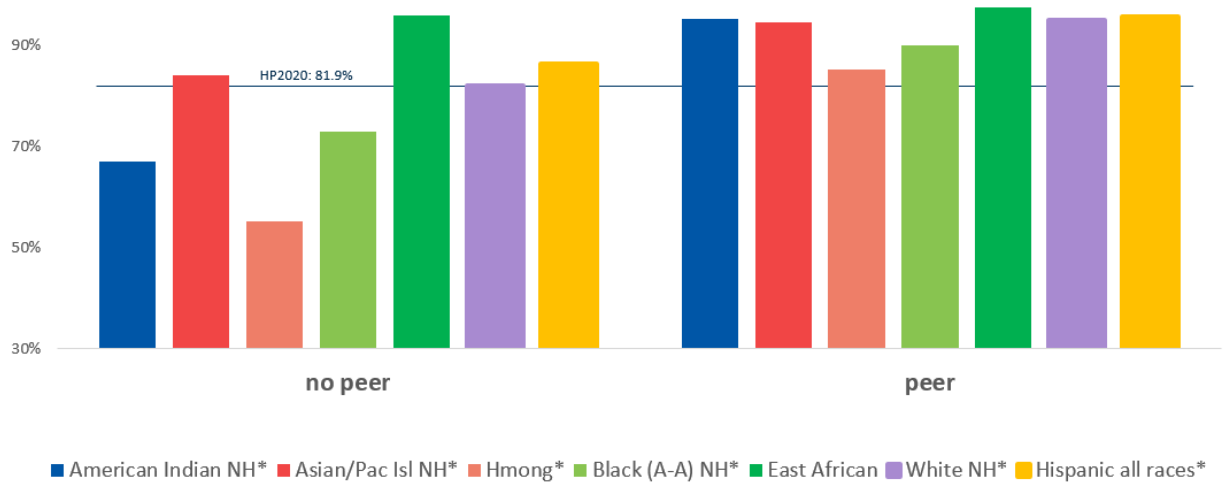
Source: Minnesota WIC

Infants in the Minnesota WIC program were 2.3 times as likely to be fully breastfeeding at 3 months if they did not receive any formula in the hospital compared to infants that received formula in the hospital. Likewise, exclusively breastfed infants received formula packages from WIC on average 4 months later than infants who were given formula at the hospital.

As breastfeeding initiation rates have improved in recent years, breastfeeding duration remains an elusive goal. This is especially true for women in the WIC program, who often don't receive adequate support postpartum to reach their personal breastfeeding goals. Although 81.3 percent of WIC mothers initiated breastfeeding in 2017, 10 percent of those had weaned by 2 weeks, and by three months 40 percent of those who initiated were no longer breastfeeding.

To increase breastfeeding rates, WIC trains staff about breastfeeding and is increasing the number of International Board Certified Lactation Consultants (IBCLCs) in WIC clinics. The WIC Peer Counselor program is available in 29 Minnesota counties, 1 city and 1 tribe. Women participating in the WIC Peer Counselor program had breastfeeding initiation rates near or exceeding Minnesota's 2018 goal of 93.7 percent, reducing racial and ethnic disparities. In 2012, over 75 percent of WIC recipients that were offered peer counseling accepted it.[4]

Figure 4. MN WIC Peer Counselor Program's Breastfeeding Initiation by Race/Ethnicity, Infants born in 2016



Source: Minnesota WIC Information System and Minnesota Vital Statistics

In 2012, 40 percent of working mothers nationwide had access to both privacy and adequate break time at work to express breast milk.[4] Mothers enrolled in WIC had less access to privacy and break time at work than women with higher incomes. Mothers with access to both privacy and break time were 2.3 times more likely to breastfeed exclusively for 6 months.[5]

Important Note on Equity and Intersectionality

The Minnesota Department of Health's Title V Needs Assessment Team acknowledges that structural (social, economic, political and environmental) inequities can result in poor health outcomes across generations. They have a greater influence on health outcomes than individual choices or a person's ability to access health care, and not all communities are impacted in the same way.

All people living in Minnesota benefit when we reduce health disparities.

We also acknowledge that the topic addressed in this data story does not exist in isolation– which is important to remember as we do needs assessments and as we start thinking about how we approach solutions. In addition to the needs themselves being intersectional, there are also intersecting processes and systems through which power and inequity are produced, reproduced, and actively resisted.

Citations

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3. Kendall-Tackett, K., Cong, Z., & Hale, T. W. (2011). The effect of feeding method on sleep duration, maternal well-being, and postpartum depression. Clinical Lactation, 2(2), 22-26.
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