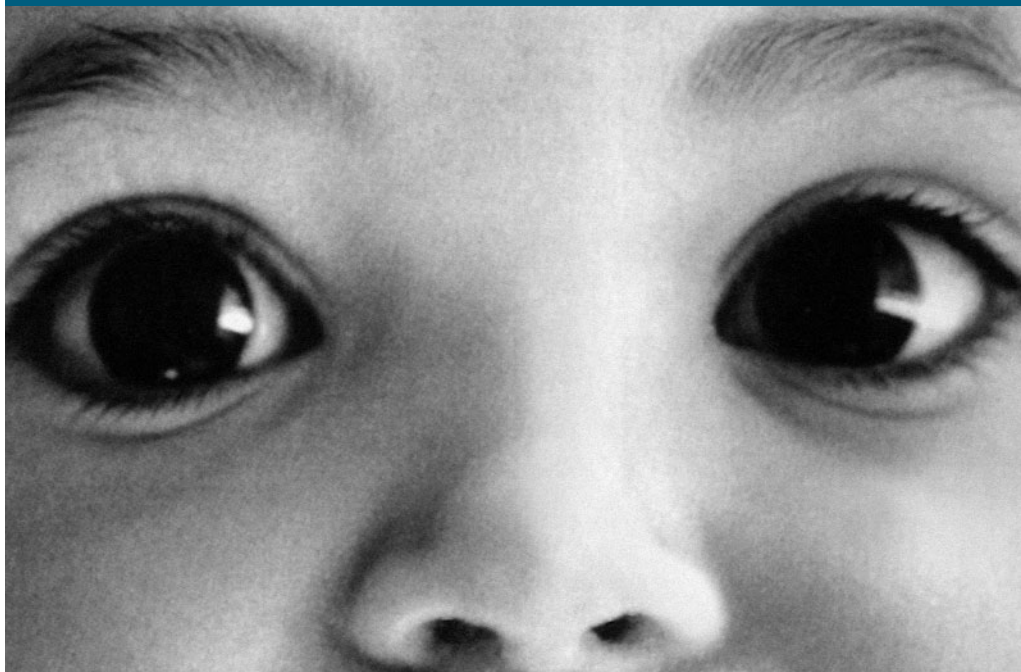


# Born to be Breastfed

*A Call to Action to Promote  
Breastfeeding in Indiana*



*The State of Indiana Breastfeeding  
Task Force develops strategies,  
recommendations, and  
implementation guidelines to  
promote, support and protect  
breastfeeding and the provision of  
breast milk throughout the state.*

INDIANA  
PERINATAL  
NETWORK  
[www.indianaperinatal.org](http://www.indianaperinatal.org)

*Funded by Title V through the Indiana  
State Department of Health Maternal  
and Child Health Services*



Indiana State  
Department of Health



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## executive summary



The American Academy of Pediatrics firmly adheres to the position that breastfeeding ensures the best possible health as well as the best developmental and psychosocial outcomes for the infant.

—American Academy of Pediatrics (AAP),  
2005 Policy Statement

## BABIES WERE BORN TO BE BREASTFED

The State of Indiana Breastfeeding Task Force supports the goals of the United States Breastfeeding Committee (USBC), *Breastfeeding in the United States, A National Agenda* (2001), sponsored by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA):

### GOAL I

Assure access to comprehensive, current, and culturally appropriate lactation care and services for all women, children and families.

### GOAL II

Ensure that breastfeeding is recognized as the normal and preferred method of feeding infants and young children.

### GOAL III

Ensure that all federal, state, and local laws relating to child welfare and family law recognize and support the importance and practice of breastfeeding.

### GOAL IV

Increase protection, promotion and support for breastfeeding mothers in the work force.

## RECOMMENDATIONS FOR INDIANA

In addition to these goals, *Born to be Breastfed: Strategies to Promote Breastfeeding in Indiana*, is based on information the Task Force gleaned from Indiana's communities on the strengths, weaknesses, opportunities and threats to breastfeeding. This plan incorporates recommendations from BestStart Social Marketing's *Using Loving Support to Build a Breastfeeding Community* as presented to key leaders in Indiana:

- **Launch a comprehensive, coordinated statewide program to increase public awareness of the importance of breastfeeding.**
- **Conduct outreach with local physicians, WIC staff and other health providers in the community.**
- **Develop a cohesive plan to support working mothers in the community.**
- **Strengthen coalitions by providing standardized training materials.**
- **Establish a recognition program for WIC staff, hospital personnel, and health care providers statewide to positively reinforce behavioral change.**





## **BENEFITS OF BREASTFEEDING**

In its 2005 policy statement, the American Academy of Pediatrics (AAP) identifies numerous benefits of breastfeeding for infants, mothers and the community as a whole, including those mentioned below.

### **Benefits for the Mother**

- **Decreased postpartum bleeding**
- **Increased child spacing**
- **Earlier return to pre-pregnancy weight**
- **Decreased risk of breast cancer**
- **Decreased risk of ovarian cancer**
- **Possible decreased risk of osteoporosis after menopause**

### **Benefits for the Baby and Child**

- **Decreased incidence and/or severity of childhood illnesses such as ear infections, respiratory tract infections, diarrhea and urinary tract infections**
- **Some studies suggest decreased rates of obesity, cancer, lymphoma, Sudden Infant Death Syndrome (SIDS), diabetes and asthma**
- **Slightly enhanced cognitive development**

### **Benefits For Indiana**

Financial benefits from reduced spending on:

- **Medical care (physician and hospital visits)**
- **Health care claims for employers and insurance companies**
- **Government health programs (i.e. Medicaid)**
- **Formula costs**
- **Workplace absenteeism**
- **Disposal of formula containers**

### **Benefits for Indiana's Employers**

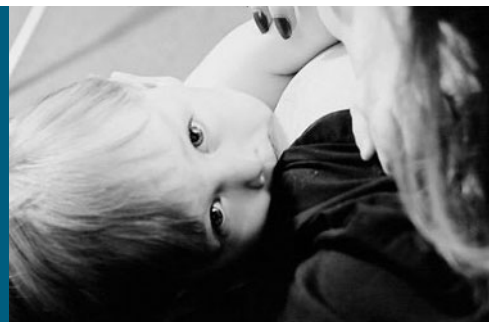
Companies that promote and support breastfeeding for their employees increase efficiency and save money as a result of decreased personnel turnover and absenteeism, improved productivity, and increased loyalty. ▶

**Increase to at least 75 percent the proportion of mothers breastfeeding their babies in the early postpartum period; increase to at least 50 percent the proportion who continue breastfeeding until their babies are five to six months old; and increase to 25 percent the proportion who continue breastfeeding until their babies are one year old.**

*—Surgeon General's Healthy People 2010 Goal*



## introduction



### VISION

Indiana's families will enjoy the benefits of optimal maternal and child health and development because breastfeeding is culturally accepted.

### GOAL

By 2010, Indiana's breastfeeding rate will meet or exceed the Surgeon General's *Healthy People 2010* goals that:

- **75 percent of babies are breastfed when discharged from the hospital;**
- **50 percent of babies continue to be breastfed at six months; and**
- **25 percent of babies continue to be breastfed at one year.**

Indiana aims to continue increasing these breastfeeding rates into the next decade and beyond.

### MISSION

The State of Indiana Breastfeeding Task Force was charged with developing strategies, recommendations and implementation guidelines to promote, support and protect breastfeeding and the provision of breast milk throughout the state.

### BABIES WERE BORN TO BE BREASTFED

Breastfeeding provides babies with the healthiest and best start in life. The State of Indiana Breastfeeding Task Force supports the American Academy of Pediatrics' position that exclusive breastfeeding constitutes ideal nutrition to support optimal growth and development for approximately the first six months after birth (for most full-term healthy babies). Gradual introduction of iron-enriched solid foods in the second half of the first year should complement breast milk. Breastfeeding should continue for at least 12 months, and thereafter for as long as mutually desired.

Although many women are aware of some of the benefits of breastfeeding, only 63 percent of Indiana's mothers choose to initiate breastfeeding. A plan of action is necessary to encourage and support breastfeeding as the norm. *Born to be Breastfed: Strategies to Promote Breastfeeding in Indiana* recognizes four goals to increase breastfeeding rates.

In September, 2003, BestStart Social Marketing consultants presented *Using Loving Support to Build a Breastfeeding Community* to key leaders in Indiana. *Loving Support*, part of the National WIC Breastfeeding Promotion Project, is a breastfeeding promotion campaign sponsored by the United States Department of Agriculture, Food and Nutrition Service. The recommendations from this meeting and a WIC Regional SWOT Analysis were incorporated into the Task Force's recommendations and can also be found on the Indiana Perinatal Network's (IPN) website: [www.indianaperinatal.org](http://www.indianaperinatal.org). *Born to be Breastfed: A Call to Action to Promote Breastfeeding in Indiana* is based on information solicited by the Task Force from community members throughout Indiana to identify the strengths, weaknesses, opportunities and threats to breastfeeding.





I chose to breastfeed because I know it's healthiest for my baby. I know breast milk has all the nutrients my baby needs and that formula doesn't even come close. I want to give my baby the best. I pump at work to make sure she's breastfed even when I'm not with her.

—Sherry Matemachani, Quality Assurance Coordinator, Indianapolis Healthy Start

## HISTORICAL PERSPECTIVE OF BREASTFEEDING PROMOTION IN INDIANA

The following time line traces the evolution of breastfeeding promotion and the development of the Indiana Breastfeeding Committee. During this time frame, numerous other important activities (not listed) also transpired within counties.

- Indiana State Department of Health's (ISDH) Maternal and Child Health (MCH) department and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) collaborate on a Special Projects of Regional and National Significance (SPRANS) grant (from HRSA) to promote breastfeeding in Indiana. An advisory group launches a public awareness campaign, *Breastfeeding for All the Right Reasons*. [1986-1989]
- When SPRANS grant ends, MCH continues breastfeeding promotion by distributing *Breastfeeding for All the Right Reasons* posters and brochures. The materials are so popular that they are sold at cost to other states. [1990-1995]
- Breastfeeding Peer Counselor Trainer Program starts. [1990]
- First statewide *Breastfeeding Resource Directory* is published (*now updated every two to three years*). [1991]
- Former Governors Evan Bayh [1993] and Frank O'Bannon [2001] issue Breastfeeding Proclamations.
- Indiana Healthy Mothers/Healthy Babies (IHMH) breastfeeding subcommittee forms, and with WIC and MCH, sends packets to employers to promote breastfeeding support in the workplace. [1994]
- The Indiana Perinatal Network (IPN) adopts IHMH. [1998]
- IPN's Breastfeeding Committee surveys employers statewide to recognize "Breastfeeding Friendly" work places. [2001] ▶



- IPN's *Breastfeeding Consensus Statement* is published. [2002]
- Methodist Hospital becomes Indiana's first and the nation's largest Baby-Friendly hospital (*WHO/UNICEF designation for birthing sites that offer optimal lactation support*). [2002]
- Advocacy for legislation that now recognizes the right to breastfeed in public. [2003]
- Indiana WIC establishes nine regional lactation centers, each staffed with at least one IBCLC. [2003]
- WIC BestStart Social Marketing Conference: *Using Loving Support to Build a Breastfeeding Community* is conducted; Indiana Breastfeeding Task Force forms to develop the *Call to Action for Indiana*. [2003]
- More Indiana hospitals work to achieve Baby-Friendly designation. [2003]
- SWOT (Strength, Weaknesses, Opportunities, Threats) Analysis is conducted utilizing state WIC regions. [2004]
- Indiana WIC hosts *Sharing the Vision Conference* to recognize statewide community leaders for their efforts to support breastfeeding. [2004]
- Indianapolis Minority Health Coalition sponsors *Grandmother's Teas* to provide education to improve breastfeeding among minority populations. [2004-2005]
- WIC regional center staff provides *Bridging the Gap* hospital-based trainings to ensure seamless services between local WIC programs and hospitals. [2004-2005]
- The nation's ninth donor human milk bank opens: Indiana Mothers' Milk Bank. [2005]
- Community Hospital, Anderson, becomes Indiana's second Baby-Friendly Hospital. [2005]

## WHERE DO WE GO FROM HERE?

*Born to be Breastfed: A Call to Action to Promote Breastfeeding in Indiana* is a work in progress.

Through creation of community coalitions, the next steps will entail:

- **Addressing the recommendations set forth in this document**
- **Convening and facilitating subcommittees to develop strategic plans and evaluation criteria for each of the four goals**
- **Seeking and securing funding sources to support the coordination of activities**

Numerous business, health and governmental organizations recognize the critical importance of breastfeeding.

**professional and  
organizational statements of  
support**

**Breastfeeding mothers and their babies save CIGNA \$240,000 a year in health care costs. By supporting breastfeeding employees, the company also saves an additional \$60,000 a year via reduced absenteeism.**



*To strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding, and to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond, emphasizing channels of social dissemination of these concepts in order to lead communities to adhere to these practices.*

—WORLD HEALTH ORGANIZATION/UNICEF

*Epidemiological research shows that breast milk and breastfeeding of infants provide advantages with regard to general health, growth, and development, while significantly decreasing risk for a large number of acute and chronic diseases. Exclusive breastfeeding is ideal nutrition and sufficient to support optimal growth and development for approximately the first six months after birth... It is recommended that breastfeeding continue for at least 12 months, and thereafter for as long as mutually desired.*

—BREASTFEEDING AND THE USE OF HUMAN MILK (RE9729) (1997, 2005)  
AMERICAN ACADEMY OF PEDIATRICS POLICY STATEMENT

*The American Academy of Family Physicians acknowledges that breast milk is the optimal form of nutrition for infants. While absolute contraindications are rare, there are barriers in modern society which inhibit initiation and continuation of breastfeeding. It is essential for family physicians to become aware of these hindrances and provide patients, communities and hospitals with current direction and support to further promote this important form of infant nutrition.*

—BREASTFEEDING AND INFANT NUTRITION (1994)  
AMERICAN ACADEMY OF FAMILY PRACTICE

*Exclusive breastfeeding for 6 months and breastfeeding with complementary foods for at least 12 months is the ideal feeding pattern for infants. Increases in initiation and duration are needed to realize the health, nutritional, immunological, psychological, economical, and environmental benefits of breastfeeding.*

—AMERICAN DIETETIC ASSOCIATION

*Evidence continues to mount regarding the value of breastfeeding for both women and their infants. Breast milk provides developmental, nutritional, and immunological benefits to the infant that cannot be duplicated by formula feeding. Breastfeeding also provides significant benefits to women.*

—AMERICAN COLLEGE OF OBSTETRICS AND GYNECOLOGY ►





*Promoting breastfeeding as the norm for infant feeding continues to be a major priority in the WIC program and for the National WIC Association. All WIC staff has a role in promoting and providing support for the successful initiation and continuation of breastfeeding in the first year of life and beyond.*

—NATIONAL WIC ASSOCIATION

*The Association of Women's Health, Obstetrics and Neonatal Nurses (AWHONN) supports breastfeeding as the optimal method of infant feeding. AWHONN believes that pregnant women should be encouraged to breastfeed and receive instruction and support from the entire health care team to successfully initiate and sustain breastfeeding. Discussions concerning breastfeeding should begin during the prenatal period and continue through the first year of life.*

—ASSOCIATION OF WOMEN'S HEALTH OBSTETRICS AND NEONATAL NURSES

*The health care system has an important role to play in the promotion and support of breastfeeding. All health care providers who interact with women or infants should be knowledgeable about the basics of lactation and how their specialty impacts breastfeeding practices*

—CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

*The American College of Nurse-Midwives promotes breastfeeding as the optimal method of infant feeding. Exclusive breastfeeding for the first six months provides complete nutrition for growth and development, and ideally breastfeeding should continue throughout the first year of life.*

—ACADEMY OF CERTIFIED  
NURSE MIDWIVES



a message for indiana

Mitchell E. Daniels, Jr.  
Governor

Judith A. Monroe, M.D.  
State Health Commissioner



# Indiana State Department of Health

*An Equal Opportunity Employer*

August 2005

We are pleased to present to you *Born to be Breastfed: A Call to Action to Promote Breastfeeding in Indiana*. Breastfeeding has been shown to be the best source of nutrition for infants, and has life-long benefits for children, mothers and families. Recognizing Indiana's need to promote and support breastfeeding, the goals, objectives and recommendations contained in this "call to action" are evidence-based and directed at improving the lives of Indiana citizens.

What we offer now are the first essential and feasible steps to the development and implementation of a comprehensive strategic plan for Indiana. We eagerly look forward to the continued evolution of the plan over time.

*Born to be Breastfed: A Call to Action to Promote Breastfeeding in Indiana* was developed through the collaborative efforts of the Indiana State Department of Health, the state Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Maternal and Children's Special Health Care Services, Indiana Perinatal Network, Best Start and a diverse group of community and private partners. These partners include the Indiana Chapter of the American Academy of Pediatrics, the Office of Women's Health at the Indiana State Department of Health, La Leche League, as well as a wide variety of health care providers, community leaders and breastfeeding advocates.

For the health of our state, we must now move forward toward implementation of the recommendations and guidelines, and continue to work together in the months and years ahead. This comprehensive community-based approach to promoting and supporting breastfeeding will go a long way to help ensure that all children in Indiana get a healthy start on life.

Sincerely,

Handwritten signature of Judith A. Monroe in black ink.

Judith A. Monroe, MD  
State Health Commissioner

Handwritten signature of Julia Brillhart in black ink.

Julia Brillhart, RN, MSN  
Executive Director  
Indiana Perinatal Network

Handwritten signature of Susan Para in black ink.

Susan Para  
Area Coordinator of Leaders  
La Leche League of Indiana

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The Indiana State Department of Health serves to promote, protect and provide for the public health of people in Indiana

## economic benefits of breastfeeding



Breastfeeding improves health and saves money for families and society. It is a simple and cost-effective measure that can have a significant impact on establishing a foundation for a lifetime of optimal health and can result in reduced health care spending (United States Breastfeeding Committee, *Economic Benefits of Breastfeeding 2002*).

The cost of formula for baby's first year	\$1,200 to \$1,500 per infant \$2 billion total annual cost nationally
Health care costs for RSV (respiratory syncytial virus) among never-breastfed infants	\$225 million of additional costs
Costs to an HMO for the excess use of health care services attributable to formula-feeding for lower-respiratory illness, Otitis Media, and gastrointestinal illness	\$331 to \$475 per infant
For every 1,000 infants not breastfed, hospitalization costs for lower-respiratory infections	\$26,585 to \$30,750
The occurrence rate of necrotizing enterocolitis (NEC) among formula-fed babies is 10.1 percent versus a 1.2 percent rate in breastfed babies	\$200,000 per case

United States Breastfeeding Committee, *Economic Benefits of Breastfeeding 2002*

These expenses can translate into huge savings for public programs and families in Indiana.

For the nation's employers, the absence of breastfeeding results in increased health claims, decreased productivity and more days missed from work to care for sick children. For families, the purchase of infant formula can amount to \$1,200 to \$1,500 for the baby's first year.

Breastfeeding and the provision of breast milk (exclusively for the first six months, and in conjunction with the appropriate foods thereafter) promise improved personal and community health, as well as economic advantages.





## FOR BABIES & CHILDREN

Breast milk enhances health and reduces the risk of disease throughout the breastfed child's lifetime. Colostrum, the first milk, provides infants with antibodies comparable to a first immunization. As babies grow, the properties of breast milk change to meet their ongoing health and nutritional needs.

For formula-fed babies, a growing body of scientific evidence suggests an increased incidence of:

- **Illnesses, especially ear infections, respiratory tract infections and diarrhea**<sup>12, 17, 21, 22, 29, 36, 79, 90, 97, 109, 112</sup>
- **Urinary tract infections**<sup>43, 67, 91</sup>
- **Sudden Infant Death Syndrome (SIDS)**<sup>20, 59, 68</sup>
- **Insulin- and non-insulin-dependent diabetes mellitus**<sup>53, 75, 84, 96, 113</sup>
- **Lymphoma, leukemia and Hodgkin's disease**<sup>26, 54, 60, 93</sup>
- **Asthma**<sup>19, 38, 55, 79</sup>
- **Infant mortality**<sup>20, 58</sup>
- **Being overweight or obese**<sup>6, 13, 30, 39, 47, 62, 108</sup>
- **Infection and necrotizing enterocolitis (NEC) among preterm infants**<sup>9, 14, 29, 52, 89, 111, 112</sup>

### BREASTFEEDING BENEFITS BABIES & CHILDREN

- **Decreased incidence and/or severity of childhood illnesses such as ear infections, respiratory tract infections, diarrhea and urinary tract infections**
- **Some studies suggest decreased rates of obesity, cancer, lymphoma, Sudden Infant Death Syndrome (SIDS), diabetes and asthma**
- **Slightly enhanced cognitive development ►**

## FOR MOTHERS

The health benefits of breastfeeding are not limited to the child. Mothers who *do not breastfeed* are at an increased risk of:

- **Slower healing after childbirth**<sup>29, 48, 61</sup>
- **Postpartum blood loss and anemia after childbirth**<sup>29, 48, 61</sup>
- **Breast and ovarian cancer**<sup>23, 28, 34, 43, 45</sup>
- **Decreased child spacing**<sup>34, 45</sup>
- **Osteoporosis**

## BREASTFEEDING BENEFITS MOTHERS

- **Decreased postpartum bleeding**
- **Increased child spacing**
- **Earlier return to pre-pregnancy weight**
- **Decreased risks of breast and ovarian cancer**
- **Possible decreased risk of osteoporosis after menopause**



**Safeco makes reasonable efforts to provide appropriate facilities for nursing mothers [who] require time away from work to express breast milk. Facilities in each office differ; however, accommodations are provided in each location with consideration to employee privacy.**

*—Safeco Insurance Company's  
"Health Rooms Policy"*

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## **FOR INDIANA RESIDENTS & EMPLOYERS**

Breastfeeding benefits the community as a whole and Indiana's employers.

### **BREASTFEEDING BENEFITS INDIANA...**

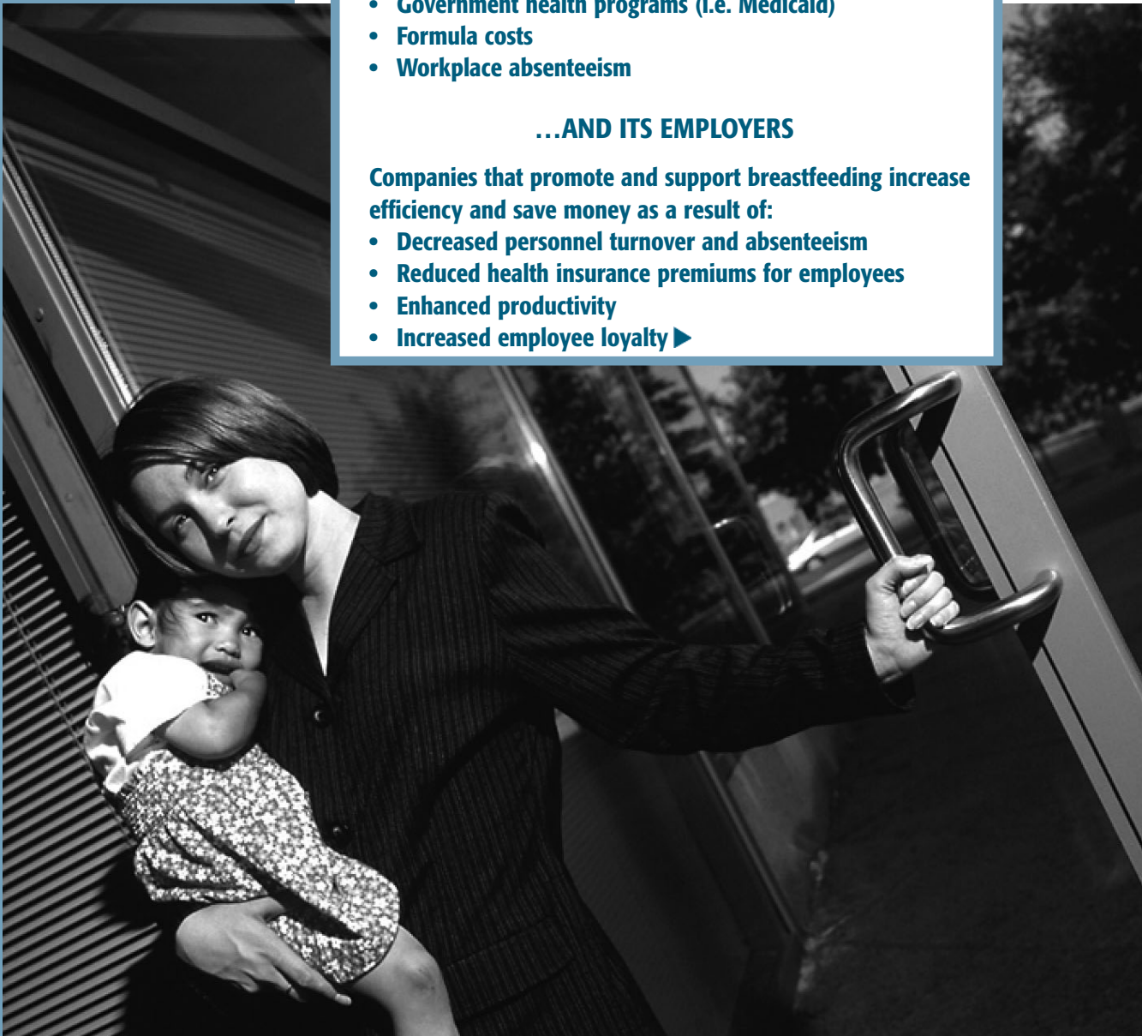
**Financial benefits from reduced spending on:**

- **Medical care (physician and hospital visits)**
- **Health care claims for employers and insurance companies**
- **Government health programs (i.e. Medicaid)**
- **Formula costs**
- **Workplace absenteeism**

### **...AND ITS EMPLOYERS**

**Companies that promote and support breastfeeding increase efficiency and save money as a result of:**

- **Decreased personnel turnover and absenteeism**
- **Reduced health insurance premiums for employees**
- **Enhanced productivity**
- **Increased employee loyalty ►**



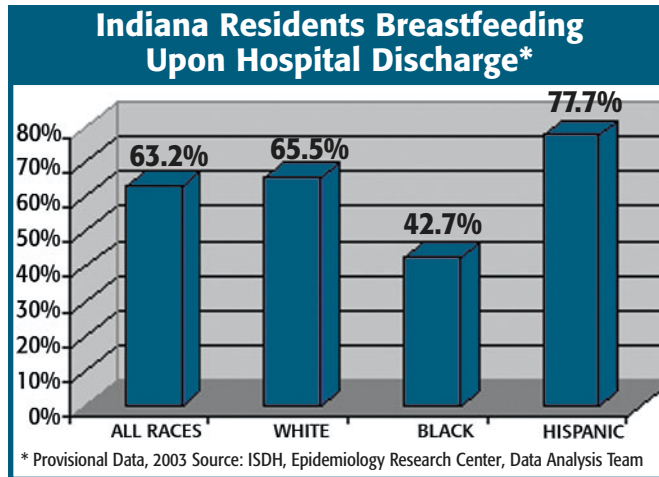
## indiana breastfeeding data and trends

### WHY AREN'T MORE INDIANA MOTHERS BREASTFEEDING?

While most women know breastfeeding is best, they face barriers to initiating or continuing to breastfeed.<sup>2, 29, 64, 74, 87</sup> Often, breastfeeding is not perceived as normal, desirable, and achievable.

Factors that impact a woman's decision to breastfeed include:

- **Insufficient role models**—Unlike in the past, women seldom learn about breastfeeding from their mothers, relatives or peers.
- **Inaccurate, outdated information**—Questions and concerns are often met with opinions and information that is not research based.
- **Hospital policies that impede breastfeeding**—Shortened stays, discharge packs that contain formula, separating the baby from the mother, and inadequate follow-up and support contribute to decreasing the duration of breastfeeding.
- **Workplace barriers**—Mothers often lack a private space at work and/or time to pump/express breast milk or to nurse their babies.
- **Inadequate support**—Many times women are discouraged by their partners, significant friends and family members. Health care providers may not possess adequate training or skills to support breastfeeding mothers.
- **Unvoiced or unaddressed concerns**—Women may fear a disruption in their lifestyle or worry about their physical appearance.



### THE STATUS OF BREASTFEEDING IN INDIANA

Despite overwhelming evidence in favor of breastfeeding, the breastfeeding rate in Indiana at the time of hospital discharge is 63.2 percent (2003, provisional, Indiana State Department of Health)—significantly less than the Surgeon General's *Healthy People 2010* goal of 75 percent (see table at right). Young mothers and minority mothers are even less likely to breastfeed—these disparities must be addressed to achieve an increase in breastfeeding among all socio-economic, age and racial groups.

Although at least 60 percent of Indiana mothers initiate breastfeeding, less than 15 percent sustain breastfeeding until the child is 12 months old (*Healthy People 2010* sets a goal of 25 percent). This suggests that mothers know breast milk is best, but do not receive enough support to continue breastfeeding.

## Indiana Counties Breastfeeding Upon Hospital Discharge\*

COUNTY OF RESIDENCE	TOTAL	% BREASTFEEDING
Adams	641	82.8
Allen	5,211	74.0
Bartholomew	1,004	72.1
Benton	118	64.4
Blackford	163	62.6
Boone	699	77.4
Brown	157	73.2
Carroll	237	67.5
Cass	548	60.9
Clark	1,314	49.5
Clay	358	58.1
Clinton	510	66.5
Crawford	135	42.2
Daviess	502	65.1
Dearborn	630	30.3
Decatur	387	59.2
DeKalb	566	67.3
Delaware	1,339	63.2
Dubois	501	69.7
Elkhart	3,192	72.8
Fayette	332	38.6
Floyd	827	49.2
Fountain	217	42.4
Franklin	265	32.8
Fulton	263	57.8
Gibson	430	50.9
Grant	799	57.3
Greene	420	55.7
Hamilton	3,637	81.9
Hancock	844	68.7
Harrison	439	51.5
Hendricks	1,505	76.3
Henry	557	57.1
Howard	1,217	65.2
Huntington	461	73.5
Jackson	590	58.3
Jasper	429	63.2
Jay	332	61.7
Jefferson	365	52.9
Jennings	359	49.3
Johnson	1,704	68.4
Knox	474	43.2
Kosciusko	1,060	70.4
LaGrange	720	84.4
Lake	6,927	48.0
LaPorte	1,310	58.5
Lawrence	548	61.9
Madison	1,597	57.9
Marion	14,698	62.4
Marshall	701	73.8
Martin	119	52.9
Miami	451	56.8
Monroe	1,229	81.0
Montgomery	466	67.6
Morgan	873	61.1
Newton	156	54.5
Noble	678	69.8
Ohio	62	37.1
Orange	239	55.6
Owen	232	68.1
Parke	205	53.7
Perry	235	40.0
Pike	136	47.8
Porter	1,872	68.3
Posey	242	51.2
Pulaski	164	53.0
Putnam	404	57.2
Randolph	321	57.0
Ripley	395	49.4
Rush	218	56.9
St. Joseph	3,707	68.8
Scott	294	40.1
Shelby	538	61.3
Spencer	232	44.8
Starke	280	55.4
Steuben	419	58.2
Sullivan	266	54.1
Switzerland	126	51.6
Tippecanoe	2,012	73.6
Tipton	200	68.0
Union	74	20.3
Vanderburgh	2,356	53.9
Vermillion	199	53.8
Vigo	1,298	56.2
Wabash	373	61.9
Warren	94	54.3
Warrick	641	61.5
Washington	349	50.7
Wayne	857	57.6
Wells	381	79.0
White	325	65.5
Whitley	426	79.3
<b>INDIANA</b>	<b>86,383</b>	<b>63.2</b>

County meets or exceeds national breastfeeding goal (75%).

\* Provisional Data, 2003 Source: ISDH, Epidemiology Research Center, Data Analysis Team

## regaining breastfeeding as the norm: recommendations for indiana



Successful breastfeeding promotion requires consistent and comprehensive efforts. Protection of breastfeeding as the cultural norm entails collaboration between health care systems, communities, employers, agencies, families and health departments. Women of all ages, races, and ethnicities should receive appropriate information.<sup>2, 3, 37, 70, 87</sup>

The strategic plan developed by the United States Breastfeeding Committee (USBC) in 2001 (*Protecting, Promoting and Supporting Breastfeeding in the United States*), identified four goals for breastfeeding. This committee was composed of representatives from health professional associations, relevant government departments and non-governmental organizations. The mission of the committee is to protect, promote and support breastfeeding in the United States with the nation's health recognized as one of the country's most vital resources.

Goals identified by USBC:

### GOAL I

- **Assure access to comprehensive, current, and culturally appropriate lactation care and services for all women, children and families**

### GOAL II

- **Ensure that breastfeeding is recognized as the normal and preferred method of feeding infants and young children**

### GOAL III

- **Ensure that all federal, state, and local laws relating to child welfare and family law recognize and support the importance and practice of breastfeeding**

### GOAL IV

- **Increase protection, promotion and support for breastfeeding mothers in the work force**

## RECOMMENDATIONS FOR INDIANA

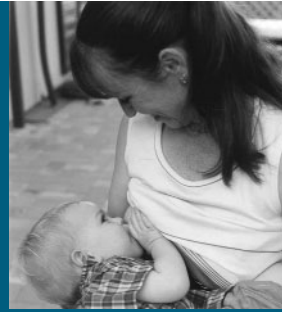
BestStart Social Marketing developed program intervention recommendations in five key component areas:

- **Mobilizing staff**
- **Client and family education**
- **Public awareness**
- **Health provider outreach**
- **Community partnership building**

*loving support*  
makes breastfeeding work

**beststart**  
SOCIAL MARKETING  
A NOT-FOR-PROFIT SERVICE CORPORATION

The Indiana Breastfeeding Task Force has incorporated recommendations from a variety of sources including *Loving Support* from BestStart Social Marketing, the Indiana Perinatal Network's (IPN) *Breastfeeding Promotion Consensus Statement*, the American Academy of Pediatrics' *Breastfeeding Policy Statement* (2005), and the United States Breastfeeding Committee (USBC). ▶



## GOAL I

### ASSURE ACCESS TO COMPREHENSIVE, CURRENT, AND CULTURALLY APPROPRIATE LACTATION CARE AND SERVICES FOR ALL WOMEN, CHILDREN AND FAMILIES.

#### Maternal Support

Throughout history, women learned how to breastfeed from other women—such as their mothers, grandmothers, or midwives. This process was disrupted by a societal shift toward the acceptance of formula feeding as the norm. When infant formula became widely available in the early 1940s, breastfeeding rates drastically declined. Bottle-feeding was in vogue and viewed as more glamorous. Many women lacked confidence in their abilities to breastfeed their babies.<sup>29, 37, 64, 100, 10, 18, 95, 98</sup>

Resources to provide education and support, such as International Board Certified Lactation Consultants (IBCLCs) and the La Leche League, are vital in helping mothers successfully breastfeed. An IBCLC is a health care professional with extensive education and experience who works with breastfeeding women and their babies. The La Leche League is an international, non-profit, non-sectarian organization dedicated to providing education, information, support and encouragement to women who want to breastfeed.

#### Recommendations:

- **Improve utilization by expanding Indiana WIC's peer-counselor program and outpatient services to include community-based organizations**
- **Encourage development of lactation programs and services in every community**
- **Promote utilization of IBCLCs as a breastfeeding resource for mothers**
- **Provide a list of lactation support programs and services to every mother discharged from an Indiana hospital**
- **Promote use of the above resource list in childbirth classes throughout Indiana**
- **Encourage the formation of culturally sensitive breastfeeding support groups within communities**
- **Continuously update and disseminate the *Indiana Breastfeeding Resource Handbook* on IPN's website ([www.indianaperinatal.org](http://www.indianaperinatal.org))**

#### Health Care Systems

The health care system plays a vital role in influencing a woman's decision to breastfeed.<sup>2, 15, 31, 41, 10</sup>

Some potential barriers include:

- Health care professionals may not provide education and information on normal lactation,<sup>3, 15, 99, 103</sup> or they may provide conflicting information

Health care delivery systems must lead the transition to breastfeeding as the cultural norm. They can provide the education and support that helps breastfeeding women succeed and boosts their confidence.



- The mother might be discharged from the hospital early<sup>15</sup>
- The mother may receive a “take home” hospital pack containing formula and coupons<sup>31</sup>
- Often, there is no insurance coverage for lactation support and management, such as breast pumps and breastfeeding aids<sup>87, 101</sup>

Health care delivery systems must lead the transition to breastfeeding as the cultural norm. They can provide the education and support that helps breastfeeding women succeed and boost their confidence.<sup>10</sup> Health care systems can lead the way by changing policies and practices and then training staff to support breastfeeding<sup>73, 88</sup> as the optimal method. They can provide mothers with access to appropriate breastfeeding education and professional lactation services. This education should be based on current research and be provided in a culturally acceptable and appropriate manner.

### Recommendations

- **All health care institutions and health plans provide maternal and child health services that facilitate breastfeeding for all mothers and infants**
- **Every delivering hospital in Indiana is encouraged to determine the feasibility of participation in the World Health Organization/UNICEF Baby-Friendly Hospital Initiative**
- **Decrease women’s exposure to formula marketing in physician’s offices, clinics, hospitals and birth centers**
- **Encourage breastfeeding promotion as a component of preventive medicine**
- **Encourage health insurance companies to cover payment of lactation management services, aids and breast pumps**
- **Facilitate access to the services of IBCLCs and outpatient clinics among community partners and mothers**
- **Develop a breastfeeding standards model for use at all Indiana hospitals**
- **Physician’s practices should become Baby-Friendly, per American Academy of Family Physicians (AAFP) guidelines**
- **Expand programs at WIC and MCH clinics to provide lactation management services for postpartum mothers**
- **Integrate positive breastfeeding messages into all aspects of care**

### Professional Education

The provision of inconsistent and conflicting information by all types of health care professionals is a barrier to breastfeeding. Conflicting information results in cessation of breastfeeding in the early postpartum ►





period. Affordable, accessible and appropriate training for all providers who care for mothers and babies will increase the initiation rate and duration of breastfeeding.<sup>15, 49, 73, 83, 104</sup> Educational opportunities should be available to health care professionals, policy makers, childcare providers, educators and employers.

### **Recommendations**

- **Integrate breastfeeding training into the curriculum of health-related professional schools throughout the state to ensure that health professionals are technically and culturally competent in delivering breastfeeding services**
- **Utilize evidence-based information to educate health care professionals, WIC staff, daycare providers, and others to enable them to provide competent breastfeeding information**
- **Urge continuing education requirements for health care providers**
- **Incorporate research-based curricula and standardized competencies**
- **Develop breastfeeding competencies for hospital staff**
- **Create coordination of educational opportunities in the state**
- **Provide educational opportunities for employers**



Many faith-based organizations support and promote breastfeeding.

## GOAL II

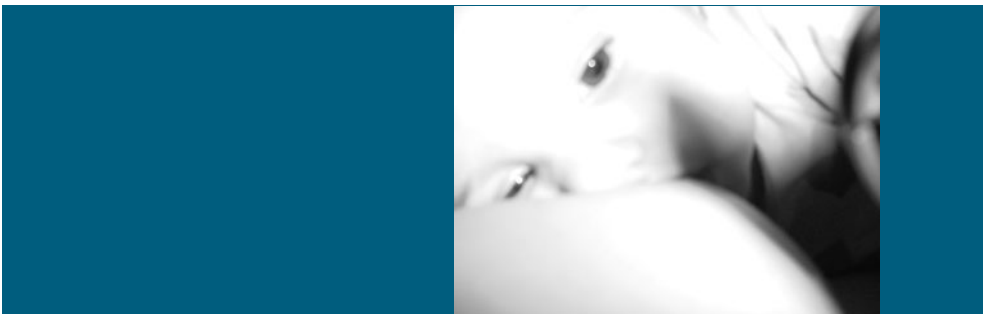
**ENSURE THAT BREASTFEEDING IS RECOGNIZED AS THE NORMAL AND PREFERRED METHOD OF FEEDING INFANTS AND YOUNG CHILDREN.**

### **Public Education, Media & Faith-Based Community Awareness**

The public should be encouraged to regard breastfeeding as the cultural norm. In Indiana, women do not see breastfeeding as the norm because positive breastfeeding images and messages are rare.<sup>2,37</sup> Mothers are concerned about personal embarrassment and lack of support or knowledge from family members and the medical community.<sup>64,71</sup> Women need positive role models.

### **Recommendations**

- **Promote the education of families within faith-based institutions. These community-based organizations are respected and most have existing resources, structures and systems upon which to build**
- **Develop and urge integration of breastfeeding curricula into the K-12 educational system, presenting both the benefits of breastfeeding and the risks of not breastfeeding in a research-based, economically focused format**<sup>2, 64, 82, 85</sup>
- **Develop and implement a multi-media campaign that targets diverse cultures and the community as a whole with positive breastfeeding images**
- **Educate the media, health care systems and others whenever possible to show positive images of women breastfeeding and to minimize images of formula feeding**
- **Incorporate breastfeeding information/promotion into the Indiana Perinatal Network's *Baby First...Right From the Start!* consumer education campaign**
- **Develop a cohesive plan to support working mothers in the community, including outreach to key work sites and childcare centers, and assessment of support services for working mothers ►**



## **GOAL III**

**ENSURE THAT ALL FEDERAL, STATE, AND LOCAL LAWS RELATING TO CHILD WELFARE AND FAMILY LAW RECOGNIZE AND SUPPORT THE IMPORTANCE AND PRACTICE OF BREASTFEEDING.**

### **Public Policy**

Breastfeeding is the healthiest and most economical feeding method for infants.<sup>7, 8, 101</sup> Public policy can do much to positively influence Indiana residents by promoting an environment that fosters better health for children and decreases health care expenditures.

### **Recommendations**

- **Promote initiatives that provide incentives to employers who offer adequate breaks, flexible work hours, rooms for expressing milk in a private, secure and relaxing environment and access to refrigeration for safe storage of breast milk**
- **Encourage insurance and medical coverage for lactation services and supplies (i.e. lactation consultation, breast pump rental, donor milk, etc.)**
- **Recognize employers who promote and support their breastfeeding employees and their spouses**
- **Share “case-study” success stories with employers on their fellow Indiana companies that have implemented lactation programs**
- **Support legislation to provide tax incentives to employers who promote, support, and provide lactation programs**
- **Support alternative ways to provide donor breast milk to babies with medical needs. For example, The Indiana Mothers’ Milk Bank, Inc. (IMMBI) is a community-based, not-for-profit milk bank that helps to save the lives of premature and ill infants in Indiana’s NICUs (neonatal intensive care units)**



## **GOAL IV**

### **INCREASE PROTECTION, PROMOTION AND SUPPORT FOR BREASTFEEDING MOTHERS IN THE WORK FORCE.**

#### **Workplace Environment**

Women with young children constitute at least 60 percent of Indiana's work force. A supportive workplace environment is key to the continuation of breastfeeding.<sup>29</sup> Lactation programs provide positive incentives for employees.<sup>65, 69</sup> Employers and colleagues need information to promote awareness of the benefits for everyone in the workplace.<sup>71, 94</sup> As previously noted, breastfed infants are less prone to illness which often translates into reduced absenteeism among employees. Additionally, a reduction in the utilization of health care insurance dollars translates into reduced health care and group insurance costs.

Workplace support is critical for breastfeeding mothers:

- **A private space for employees to pump/express breast milk or nurse**
- **Regular break times or a more flexible work schedule to facilitate pumping/nursing**
- **Access to an electric breast pump**

Also helpful:

- **A refrigerator for storage of expressed breast milk**
- **Sink area for cleaning equipment**
- **Access to the services of a lactation consultant**

#### **Recommendations**

- **Educate employers on the cost benefits of encouraging breastfeeding in the workplace**
- **Promote supportive breastfeeding-friendly workplaces and negotiate health care plans with enhanced maternity and lactation benefits**
- **Provide information on breastfeeding support groups and resources to employees**
- **Provide space for mothers to express and store milk or to breastfeed their infants wherever possible**
- **Provide access to quality breast pumps through referrals or employer programs**
- **Educate employees on the universal benefits of breastfeeding**
- **Assure that mothers are provided with time to pump during the workday, such as during breaks and lunch**
- **Provide incentives to employees who breastfeed or their breastfeeding spouses as a part of a cost-containment program ►**

## conclusion



Breastfeeding provides wide-ranging benefits and makes important contributions to the health and well-being of all Indiana residents. Yet many women decide against breastfeeding. Promotion of breastfeeding as the normal model of infant nutrition along with support for breastfeeding mothers can increase the likelihood that infants will be breastfed for at least 12 months, and preferably longer.

The future of Indiana depends on its children. Providing the youngest residents with the best possible start today ensures a better tomorrow for everyone. It is hoped that these recommendations will redirect Indiana on the path toward the best possible health for children, their families and their community.

*Babies were born to be breastfed; we must now put this plan into action!*

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The Indiana Breastfeeding Task Force also thanks all who participated in the SWOT analyses.



## appendix

### *Using Loving Support to Build a Breastfeeding-Friendly Community* Intervention Recommendations for Indiana

<b>Component Area</b>	<b>Target Audience Groups</b>	<b>Recommended Interventions By Workgroups</b>	<b>Additional Recommendations By Loving Support Team</b>
<b>Mobilizing Staff</b>	<ol style="list-style-type: none"> <li>1. Admin./Managers</li> <li>2. Office Staff</li> <li>3. Medical Staff</li> </ol>	<ul style="list-style-type: none"> <li>• Develop needs assessment survey for staff training needs</li> <li>• Develop breastfeeding education for each position within the staff (JAHCO)</li> <li>• Provide 3-Step Counseling training to all staff</li> <li>• Teach “Learn how to change” techniques to breastfeeding coordinators</li> <li>• Investigate and adapt MS/IA training modules for IN staff training at WIC and hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• Provide breastfeeding support for pregnant and breastfeeding staff</li> <li>• Implement a recognition program for staff</li> <li>• Implement a project “heads up” orientation for all WIC staff (professional and support staff)</li> <li>• Provide ongoing staff training through web-based sources</li> <li>• Develop local breastfeeding resource guides for each WIC regional center/area of state</li> <li>• Continue IBCLC certification program within WIC Program</li> <li>• Provide award to WIC region with highest breastfeeding rates and biggest improvement in rates</li> </ul>
<b>Client and Family Education</b>	<ol style="list-style-type: none"> <li>1. Pregnant teens</li> <li>2. Pregnant Minorities (African-American and Hispanic)</li> <li>3. Immediate Post-partum women to 6 months, then 1 year</li> <li>4. Working mothers</li> </ol>	<ul style="list-style-type: none"> <li>• Implement teen support groups in the community</li> <li>• Use MS video to educate family on support issues of teens</li> <li>• Supply schools with breastfeeding support training</li> <li>• Provide pumps to schools/alternative schools</li> <li>• Recruit more minority peer counselors</li> <li>• Plan and give baby showers with “freebies” for attendees</li> <li>• Provide additional clinic and community environmental changes that will work towards changing attitudes toward breastfeeding (posters, videos)</li> <li>• Provide pumps and pump education to working mothers</li> <li>• Empower mothers to ask for a place to pump...perhaps providing them with a video that addresses breastfeeding to take to the supervisor</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance existing peer counselor programs to include more minority and teen mothers</li> <li>• Use a literature review and needs assessment to determine barriers to breastfeeding experienced by teens and minority groups</li> <li>• Implement a follow-up system for post-partum mothers that coincides with critical weaning periods</li> <li>• Provide all mothers with breastfeeding classes and a breastfeeding resource listing</li> <li>• Implement a referral system between hospital and WIC breastfeeding resources to assure that mothers have access to follow-up in the critical first weeks</li> <li>• Partner with area hospitals to establish out-patient breastfeeding clinics</li> </ul>
<b>Public Awareness</b>	<ol style="list-style-type: none"> <li>1. Non-WIC mothers</li> <li>2. Teen mothers</li> </ol>	<ul style="list-style-type: none"> <li>• Take breastfeeding information into target communities (schools, stores, media, booths at fairs)</li> </ul>	<ul style="list-style-type: none"> <li>• Establish Loving Support brand</li> <li>• Make breastfeeding VISIBLE in targeted communities through multi-faceted channels</li> </ul>

Component Area	Target Audience Groups	Recommended Interventions By Workgroups	Additional Recommendations By Loving Support Team
	3. Minority communities	<ul style="list-style-type: none"> <li>• Provide culturally appropriate materials</li> <li>• Gold Ribbon campaign to recognize breastfeeding mothers in local community</li> <li>• Public recognition of breastfeeding friendly employers or business locations</li> <li>• Reach out to community groups for building support in the community</li> </ul>	<ul style="list-style-type: none"> <li>• Offer standardized education presentations to groups through the Chamber of Commerce or other service organizations in the community</li> <li>• Stage community activities to provide support for new mothers and increase visibility of breastfeeding in the community</li> <li>• Research where targeted mothers are located in the community so that you can put information where they are (shopping locations, clinics, schools, buses, watching cable)</li> <li>• Provide breastfeeding information articles to local area newspapers in target areas</li> </ul>
<b>Health Provider Outreach</b>	<ol style="list-style-type: none"> <li>1. Physicians</li> <li>2. MD Office staff</li> <li>3. Hospital staff</li> </ol>	<ul style="list-style-type: none"> <li>• Lunch and Learn educational opportunities</li> <li>• Provide physicians with Breastfeeding Support kits</li> <li>• Provide Hale, LLL Breastfeeding Answer Book, and other breastfeeding resources to target audience</li> <li>• Participate in professional conferences</li> <li>• Provide information and referral pathway to WIC lactation support staff</li> <li>• Recruit from this population for Breastfeeding Coalitions</li> </ul>	<ul style="list-style-type: none"> <li>• Promote Baby-Friendly Hospital Initiative in hospitals statewide</li> <li>• Solicit a knowledgeable physician to accompany outreach team to Lunch and Learn visits – at least on the first visit to each office</li> <li>• Adapt community breastfeeding resource guide to a one page/front-back laminated card for placement in exam room and staff desks</li> <li>• Recognize physicians and staff with a letter or certificate when you hear of someone who was particularly helpful</li> <li>• Provide articles or information to hospital newsletters, professional newsletters or staff meetings</li> <li>• Train home-visiting program staff on basic breastfeeding support</li> </ul>
<b>Community Partnership-Building</b>	<ol style="list-style-type: none"> <li>1. Employers</li> <li>2. Church/Ministers</li> <li>3. Educators (Schools and Childcare)</li> </ol>	<ul style="list-style-type: none"> <li>• Develop curriculum for all levels of education</li> <li>• Create a speakers bureau</li> <li>• Develop a piece for distribution to employers/businesses on evidence of breastfeeding benefits</li> <li>• Outreach to parish nurses and mission boards as well as women’s organizations within the churches</li> <li>• Research to find employers of WIC mothers</li> </ul>	<ul style="list-style-type: none"> <li>• Establish or build membership in existing breastfeeding coalitions. Recruit non-traditional partners such as work-sites, childcare centers and other programs that target the same population you want to reach</li> <li>• Develop a comprehensive worksite outreach program, initially targeting employers of WIC participants</li> <li>• Contact Indiana Childcare licensing agency to access breast milk handling policies</li> <li>• Establish a relationship with and train organizations that reach teen parents or other parenting education organizations</li> </ul>

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## **ADDITIONAL RESOURCES**

### **National**

**American Academy of Pediatrics (AAP):** [www.pediatrics.org](http://www.pediatrics.org)

**Baby-Friendly USA:** [www.babyfriendlyusa.org](http://www.babyfriendlyusa.org)

**BestStart Social Marketing:** [www.beststartinc.org](http://www.beststartinc.org)

**La Leche League International:** [www.lalecheleague.org](http://www.lalecheleague.org)

**United States Breastfeeding Committee (USBC):** [www.usbreastfeeding.org](http://www.usbreastfeeding.org)

### **Indiana**

**Indiana Perinatal Network (IPN) *Breastfeeding Promotion Consensus Statement*,**

***Indiana Breastfeeding Resource Handbook:*** ph. 317.924.0825, [ww.indianaperinatal.org](http://ww.indianaperinatal.org)

**Indiana State Department of Health (ISDH):** Family HelpLine 800.433.0746, [www.state.in.us/isdh/programs/mch/index.htm](http://www.state.in.us/isdh/programs/mch/index.htm)

**Indiana WIC (Women, Infants and Children):** [www.in.gov/isdh/programs/wic](http://www.in.gov/isdh/programs/wic)

**La Leche League Indiana:** [www.lalecheleague.org/Web/Indiana.html](http://www.lalecheleague.org/Web/Indiana.html)



ph: 317.924.0825

The Indiana Perinatal Network (IPN) is an alliance of hundreds of individuals and organizations across Indiana committed to the beliefs that:

- Every mother deserves a healthy and safe pregnancy; and
- Every baby deserves to be born healthy and into a safe and nurturing home