



Healthy North Dakota Breastfeeding Committee

Strategic Plan 2008 - 2013

Increasing initiation and duration rates of breastfeeding are necessary steps in curbing the rising costs of health care.

Breastfeeding reduces health-care costs by preventing a multitude of illnesses and diseases. According to the American Academy of Pediatrics, “these advantages include health, nutritional, immunologic, developmental, psychologic, social, economic, and environmental benefits.” For more information, visit the American Academy of Pediatrics 2005 position paper “Breastfeeding and the Use of Human Milk” at <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496>.

A minimum of \$3.6 billion would be saved if breastfeeding were increased from current levels (64 percent in-hospital, 29 percent at 6 months) to those recommended by the U.S. Surgeon General (75 percent and 50 percent respectively). This figure is likely an underestimation of the total savings because it represents cost savings from the treatment of only three childhood illnesses: otitis media, gastroenteritis and necrotizing enterocolitis.

Status: Over the past 10 years, the North Dakota breastfeeding initiation rate has remained stagnant at about 60 percent. In 2007, the North Dakota sole breastfeeding rate (infants fed only breastmilk) was 59 percent at more than 24 hours of age (as reported annually by hospital staff on newborn screening forms). If infants who were fed both breastmilk and formula are included, the rate reaches 69 percent. In 2005, 57 percent of mothers in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) breastfed their infants (data reported annually through the U.S. Centers for Disease Control and Prevention’s [CDC] Pediatric Nutrition Surveillance System – PedNSS).

According to CDC’s National Immunization Survey for infants born in 2004, statewide breastfeeding rates at 6 and 12 months were at 45.1 percent and 19.5 percent respectively. In 2005, only about 23 percent of the participants in the North Dakota WIC Program were still breastfeeding at 6 months of age and only 15 percent at 1 year of age.

While progress has been made, North Dakota has a long way to go in order to meet the Healthy People 2010 goals. It is imperative that the *Healthy North Dakota* (HND) Breastfeeding Committee strive to:

1. Ensure access to comprehensive, current and culturally appropriate lactation care and services for all women, children and families.
2. Ensure that breastfeeding is recognized as the normal and preferred method of feeding infants and young children.
3. Advocate for policies that recognize and support the importance and practice of breastfeeding.
4. Increase protection, promotion and support for breastfeeding mothers in the work force.

Healthy North Dakota Breastfeeding Committee **Mission, Vision and Goals**

MISSION: Building a *Healthy North Dakota* through leadership and working collaboratively with communities to protect, promote and support breastfeeding.

VISION: We envision breastfeeding as the norm for feeding infants and young children throughout North Dakota.

GOAL: The HND Breastfeeding Committee's goal is a 75 percent initiation rate, a 50 percent continuation rate to 6 months, and a 25 percent rate at 1 year by the year 2010.

The CDC has designated six interventions with evidence of effectiveness in promoting breastfeeding. Those interventions are maternity care practices, support for breastfeeding in the workplace, peer support, education of mothers, professional support, and media and social marketing. The goals, objectives and activities listed below address these evidence-based interventions and are grouped into three categories: health-care policies and practices, community/social support, and workforce programs and policies.

Health-Care Policies and Practices

The Evidence: Experiences and practices during the first hours and days of life are influential on how likely breastfeeding is to be initiated, and they also influence feeding practices after mother and child leave the hospital. Therefore, it is essential that breastfeeding be supported during this time through established policies and practices within the medical facility. There is significant evidence that making changes in maternity care at the institutional level can increase rates of breastfeeding initiation and lengthen its duration.

Health professionals (doctors, nurses, lactation consultants, etc.) give support to mothers both during their pregnancy and after they return home. The focus of this support is counseling, encouragement and management of lactation crises. Research indicates that support by health professionals can increase breastfeeding duration and that professional support combined with education can increase both initiation and short-term duration.

Health-Care Goal: Ensure access to comprehensive, current and culturally appropriate lactation care and services for all women, children and families.

Health-Care Objective #1: Promote evidence-based breastfeeding policies and practices in the North Dakota health care system.

Health-Care Activity #1a: Disseminate information about community breastfeeding resources to health professionals.

Health-Care Activity #1b: Pursue development of a HND Breastfeeding Committee initiative based on the UNICEF/WHO Baby Friendly Hospital Initiative.

Health-Care Objective #2: Provide training opportunities and updates for health professionals in evidence-based breastfeeding promotion and support interventions.

Health-Care Activity #2a: Promote and support the statewide biennial breastfeeding conference.

Health-Care Activity #2b: Disseminate information about other state and regional breastfeeding trainings.

Health-Care Activity #2c: Share the North Dakota WIC Program's breastfeeding module using motivational interviewing techniques to increase breastfeeding initiation and duration rates through the HND Breastfeeding Committee's webpage.

Community/Social Support

The Evidence: Although many women have an understanding of the benefits associated with breastfeeding, most new mothers do not have information or knowledge about the actual act of breastfeeding their infant. Research supports educating pregnant and new mothers about breastfeeding as one of the most effective ways to increase initiation and duration in the short term.

Women tend to rely on their social networks – especially family, friends and other mothers – for advice about rearing children. Peer support programs are designed to train mothers who have breastfed in the past or who currently are breastfeeding to counsel other breastfeeding mothers. These programs have been shown to be effective, both on their own and as part of a larger program, in increasing the initiation and duration of breastfeeding.

Research suggests that media campaigns, specifically those using television commercials, can improve attitudes toward breastfeeding and increase initiation. In addition, social marketing campaigns, which use established principles in commercial marketing to encourage healthy behaviors or support behavioral change, have been shown to increase initiation and duration as well as improve perceptions of community support for breastfeeding. Social marketing campaigns are comprehensive and multifaceted and rely on many different strategies, including media campaigns, to support behavior change.

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

Community Objective #1: Identify and support breastfeeding services for families and communities in North Dakota.

Community Activity #1a: Create an awareness of the benefits of breastfeeding (through World Breastfeeding Week activities, community breastfeeding coalitions, etc.).

Community Activity #1b: Support the WIC Peer Counseling Programs at Rolette County Public Health (includes Turtle Mountain WIC Program), Southwestern District Health Unit WIC, and Valley Health and WIC agencies.

Community Activity #1c: Act as a clearinghouse for breastfeeding information such as data sources (NDDOH vital records data on infant feeding, etc.), resources and evidenced-based promotion and support strategies.

Community Activity #1d: Develop a mechanism for communication with local breastfeeding coalitions.

Community Objective #2: Increase the number of agencies and organizations that are disseminating positive messages regarding breastfeeding.

Community Activity #2a: Pursue opportunities to connect with “non-traditional” channels for promoting and supporting breastfeeding (i.e., the women’s health conferences, Cancer Society, Women’s Way, League of Women Voters, Voices for North Dakota’s Children, Tobacco Program, etc.).

Work Force Programs and Policies

The Evidence: Working outside the home and working full-time are associated with lower rates of breastfeeding initiation and shorter duration. Because the majority of new mothers work full time and often return to work within a few months after childbirth, it is important that the workplace environment be supportive of breastfeeding. Research shows that lactation-support programs in the workplace help to promote breastfeeding and increase duration.

Work Force Goal: Increase protection, promotion and support for breastfeeding mothers in the work force.

Work Force Objective #1: Promote breastfeeding-friendly policies and worksites.

Work Force Activity #1a: Provide training about breastfeeding friendly worksite policies and procedures for the worksite wellness consultant training institute sponsored by the North Dakota Department of Health.

Work Force Activity #1b: Develop a boiler plate policy for breastfeeding-friendly worksites and post on the HND Breastfeeding Committee’s webpage.

Work Force Activity #1c: Survey North Dakota worksites about their breastfeeding-friendly policies.

Work Force Activity #1d: Develop a community resource list identifying North Dakota worksites that have family-friendly policies.

Work Force Activity #1e: Promote breastfeeding-friendly worksite policies through the HND Committee’s webpage (“Steps in the Right Direction” section) on the HND website.

Healthy ND Breastfeeding Committee – Strategic Plan History

Strategic Plan #1: Objectives were outlined at the February 13, 2003, Committee meeting, with the final draft completed in May 2003.

Strategic Plan #2: Objectives from Plan #1 were revised and updated April 29, 2004 by conference call. Policy and legislative issues were prioritized.

Strategic Plan #3: The Committee met in Bismarck July 19, 2004 and revised objectives to a plan for FY '04-05.

Strategic Plan #4: The Committee was reformed in 2006. Plan#3 was revised through several conference calls in 2007 and approved in January 2008.

Strategic Plan #5: The Committee approved adding an end date to the plan in February 2011.

Sources:

American Academy of Pediatrics, Section on Breastfeeding. "Breastfeeding and the Use of Human Milk." *Pediatrics* Vol. 115 No. 2 February 2005, pp. 496-506.

Division of Nutrition and Physical Activity: Research to Practice Series No. 4: Does breastfeeding reduce the risk of pediatric overweight? Atlanta: Centers for Disease Control and Prevention, 2007.

Shealy KR, Li R, Benton-Davis S, Grummer-Strawn LM. *The CDC Guide to Breastfeeding Interventions*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005.

United States Breastfeeding Committee. *Breastfeeding in the United States: A national agenda*. Rockville MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2001.

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