

## Background

Breastfeeding provides mothers and their infants with many health benefits. Compared to infants fed formula, infants fed human milk have a lower risk of asthma, ear infections, and sudden infant death syndrome. For breastfeeding mothers, the risk of ovarian and breast cancers is lower compared to mothers who never breastfed. The American Academy of Pediatrics recommends exclusively breastfeeding for the first 6 months of life, and continuing to breastfeed, as solid foods are introduced, through at least 12 months.<sup>1</sup>

## Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy<sup>\*</sup>. To learn more about PRAMS methods and to see "Data Availability by State and Year" visit https://www.cdc.gov/prams.

Breastfeeding	Healthy People 2020 Objectives <sup>2</sup>	Title V National Performance Measures <sup>3</sup>		
Initiation	Increase the proportion of infants who are ever breastfed	Percent of infants who are ever breastfed		
Duration	Increase the proportion of infants who are breastfed at 6 months and 1 year	No related performance measure		
Exclusivity*	Increase the proportion of infants who are breastfed exclusively through 3 and 6 months	Percent of infants breastfed exclusively through 6 months		

## National Breastfeeding Goals

\* Infants only receive human milk except for medicine, vitamins, and minerals when necessary

## **Breastfeeding Rates**

Healthy People 2020 breastfeeding targets and Title V Performance Measures are tracked using data from the National Immunization Survey, which collects data on breastfeeding practices from caregivers when the child is 19 to 35 months old. PRAMS data are collected from mothers when their infant is 2 to 9 months old. PRAMS data can be used to assess influences on breastfeeding practices and to identify populations at risk of not following breastfeeding recommendations.

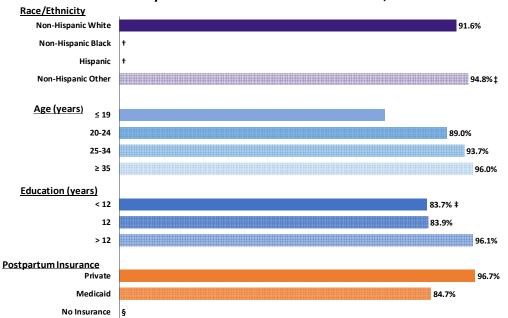
PRAMS Indicators	Vermont %			Multiple PRAMS Sites %
	2012	2013	2014	2014
Ever breastfed	88.3	90.0	92.0	86.3
Any breastfeeding at 8 weeks	74.1	72.2	75.0	64.8

Among mothers in PRAMS states who stopped breastfeeding, half (50.2%) reported they stopped because they thought they were not producing enough milk or their milk had dried up. (Note: Vermont did not ask that question in the years included in this report.)

<sup>\*</sup> PRAMS sites that met the 60% response rate threshold for data analysis are included in overall estimates. Results presented in this report include core questions asked by all participating PRAMS sites as well as optional questions, which not all sites include on their PRAMS survey.

### Who Initiates Breastfeeding?

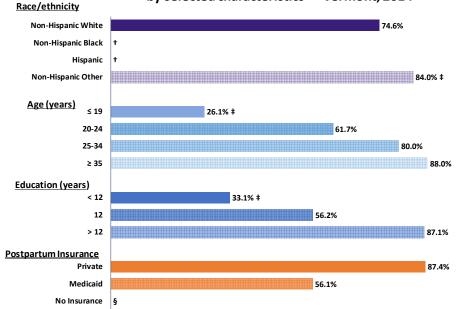
Younger mothers, those without a college degree, and those without private health insurance were less likely to initiate breastfeeding.



Mothers who reported ever breastfeeding, by selected characteristics — Vermont, 2014

## Who Breastfeeds at Eight Weeks?

As with breastfeeding initiation, younger mothers, those without a college degree, and those without private health insurance were less likely to be breastfeeding eight weeks after delivery.



Mothers who reported any breastfeeding at 8 weeks, by selected characteristics — Vermont, 2014

*‡* < 60 respondents; may not be reliable.

§ < 30 respondents; not reported.

# Breastfeeding-Related Maternity Care Experiences

Supportive maternity care practices at health facilities are associated with increased rates of mothers starting and continuing to breastfeed. For example, including breastfeeding education as a part of maternity care is associated with longer breastfeeding duration.<sup>4</sup>

Standard PRAMS indicator completed by mothers who gave birth in a hospital	Vermont %			Multiple Sites %
and reported ever breastfeeding	2012	2013	2014	2014
Maternity Care Practices Supportive of Breastfeeding				
Hospital staff gave me information about breastfeeding	95.6	96.4	95.6	95.9
Hospital staff told me to breastfeed whenever my baby wanted	94.3	92.2	92.6	84.8
My baby stayed in the same room with me at the hospital	94.2	95.0	94.3	84.7
Hospital staff helped me learn how to breastfeed	83.8	84.3	83.2	82.5
The hospital gave me a telephone number to call for help with breastfeeding	84.9	84.7	83.0	80.0
I breastfed in the first hour after my baby was born	81.1	76.6	78.3	74.1
My baby was fed only breast milk at the hospital	78.7	76.9	79.3	58.1
Maternity Care Practices Unsupportive of Breastfeeding*				
The hospital staff gave my baby a pacifier	33.5	35.8	35.6	53.1
The hospital gave me a gift pack with formula	17.1	13.4	14.3	46.3

\* Negative responses indicate receipt of appropriate maternity care

### Resources

Vermont Department of Health – Breastfeeding Resources & Information: http://www.healthvermont.gov/breastfeeding CDC Website on Breastfeeding: https://www.cdc.gov/breastfeeding/

Office on Women's Health Website on Breastfeeding: https://www.womenshealth.gov/breastfeeding/

### **References:**

- 1. Breastfeeding and the Use of Human Milk: <u>http://pediatrics.aappublications.org/content/129/3/e827</u>
- 2. Healthy People 2020 Objectives: <u>https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives</u>
- 3. Title V National Performance Measures: https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NPMDistribution
- 4. CDC Guide to Strategies to Support Breastfeeding Mothers and Babies: https://www.cdc.gov/breastfeeding/resources/guide.htm

# Vermont Strategies to Improve Breastfeeding Initiation and Duration

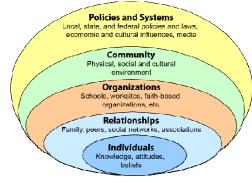
Vermont engages in several strategies to improve breastfeeding initiation and duration. These strategies cross all levels of the sociological model to have the greatest impact on improving health outcomes. The Vermont Department of Health measures and tracks performance towards achieving improved health outcomes using a public-facing <u>performance scorecard</u>.

- Policies and Systems: Vermont law (<u>Act 117</u>) provides
   Source: Vermont Department of Health

  protection for women who nurse in public and supports <u>nursing mothers in the workplace</u> with additional protections. Healthcare reform at the federal level added <u>break time for nursing mothers</u>, requiring employers to provide reasonable break time and adequate space for wage and hour employees to express breast milk while at work.
  - **Community:** Vermont Department of Health <u>District Offices</u>, located throughout the state, participate in community-wide breastfeeding support and awareness events, such as an annual World Breastfeeding Week and community "Latch-On" events. In July 2017, St. Albans City became the first Breastfeeding Friendly City in Vermont which was the result of collaboration between many community organizations.
  - **Organizations:** The Health Department actively supports local employers to be designated as <u>breastfeeding</u> <u>friendly</u> and offers technical assistance as needed. Additionally, the Health Department partnered with the Vermont Chapter of the American Academy of Pediatrics, the Academy of Family Physicians, and the Vermont Child Health Improvement Program (VCHIP) to facilitate a <u>quality improvement initiative</u> focused on evidence-based maternity care practices in hospitals. Ten of the 12 hospitals with birthing centers joined the project to address prioritized individual and collective goals and continue to use the 16-hour breastfeeding training to educate new and existing staff. Since the training was implemented in 2012, one additional Vermont hospital has achieved Baby-Friendly designation.
  - **Relationships:** The <u>Vermont WIC Program</u>, administered by the Department of Health, employs Breastfeeding Peer Counselors in 5 of its 12 District Offices. Peer Counselors connect with women by phone to provide support and information to help meet an individual's breastfeeding goals.
  - Individuals: Public Health Nutritionists and Health Outreach Specialists in Health Department District Offices follow an evidence-based counseling protocol during WIC Clinic visits that is tailored to an individual woman's needs and goals. Breastfeeding and baby behavior group education classes are offered regularly to participants. The Department of Health promotes the use of evidence driven <u>Bright Futures</u> guidelines among medical providers for the health supervision of infants, children, adolescents which encourages breastfeeding in all health supervision visits for infants.



#### **Vermont Prevention Model**



# THE BEST SOURCE OF DATA ON MOTHERS AND BABIES