



Breastfeeding:

An Example of How Health Behaviors are Influenced at Multiple Levels

One of the most highly effective preventive measures a mother can take to protect the health of her infant and herself is to breastfeed. – *The Surgeon General’s Call to Action to Support Breastfeeding, 2011*

It is well-established that breastfeeding positively impacts the health of children and mothers. Infants who are formula-fed are twice as likely to have acute ear infections, over three times more likely to be hospitalized for lower respiratory tract infections in the first year, and have increased incidence of diarrhea and vomiting. Infants who are breastfed are also less likely to be obese as children and to contract type 2 diabetes. Breast milk is uniquely suited to meet infants’ nutritional needs; it is also a living substance that changes over time to meet the nutritional and immunological needs of the infant. Yet, in the U.S. despite 75 percent of mothers initiating breastfeeding, only 13 percent continue exclusively breastfeeding to six months, the period during which health professionals generally recommend breast milk be the sole source of infant nutrition and hydration. This is viewed as a sufficiently critical public health issue to warrant a call to action in support of breastfeeding by the U.S. Surgeon General.

In Texas, 83 percent of new mothers report having nursed, but only 52 percent are still breastfeeding at six months; only 26 percent report breastfeeding exclusively at six months. A socioeconomic gradient exists in rates of nursing initiation and continuation with women receiving WIC support with 73 percent having ever nursed and only 16 percent nursing exclusively at six months. Rates are higher, however, for women who are eligible for WIC but are not receiving support through the program (80% vs. 28%, respectively). Higher income Texas mothers report higher rates of ever and exclusive at six-months breastfeeding; 91 and 30 percent, respectively.

If breastfeeding is so good for infants, why doesn’t every mother do it? Like many other health behaviors, mothers’ decisions to begin and continue nursing are influenced by a myriad of external factors. While not an exhaustive list, some key influences include: 1) not being supported in breastfeeding initiation in the hospital, 2) not having access to lactation support after leaving the hospital, 3) needing to return to work, and 4) misleading but effective marketing by formula companies. On the first, health care providers generally receive no formal training on nursing in nursing or medical school. Too, their primary interest with newborn nutrition is in tracking how many calories the infant is taking in, a task more easily accomplished with formula than with breast milk. New mothers frequently have to be their own (and their infants’) advocates to keep formula out of their children’s bellies from the start. Once they leave the hospital, often with a free gift bag containing formula, if they have difficulty with nursing, few resources are available. Lactation consultations, which were supposed to be covered by health plans as part of the Affordable Care Act, generally remain not reimbursable.

One of the biggest barriers for working mothers, however, is lack of paid maternity leave in the U.S., especially for lower-income mothers who cannot afford to take unpaid time off. In a recent survey of WIC mothers, 40 percent reported deciding not to breastfeed due to return to work or school. According to Tracy Erickson, WIC Breastfeeding Coordinator, “breastfeeding failure is almost always imminent when moms have to return to work within a week or two, when they are still trying to establish a milk supply.” Add to this that, although federal legislation mandates that employers accommodate mothers’ nursing needs, frequently employers are not aware this legislation exists or what it means for them; in addition, mothers are not aware and / or don’t feel empowered to demand the accommodations.

Overarching these barriers / lack of support at specific time points is pervasive and effective marketing by formula companies. Formula sales in the U.S. totaled \$4.8 billion in 2013. Formula companies use multi-pronged strategies to secure this market including: 1) providing free formula bags to new mothers at point-of-exit from the hospital, 2) sending free formula samples to new mothers in the mail, 3) spending millions on marketing campaigns geared to create doubts in new mothers' minds about the value of breastfeeding. The formula industry spends \$480 million each year on marketing efforts in this country. To put this into perspective, that is \$122 per child born, and exceeds the total expenditures by the federal government on breastfeeding support (\$68 million) by a factor of six.

In Texas, much is being done to remove these barriers to breastfeeding. The WIC Breastfeeding unit provides training to approximately 4,300 health professionals, including but not limited to doctors, nurses, dieticians, aimed at building their lactation support skills. In addition, it runs the Texas Ten Step initiative, which recognizes hospitals that are incorporating the World Health Organization's 10 recommended steps for encouraging breastfeeding and have policies in place to support their own breastfeeding employees. Out of this has grown a Star Achiever Initiative through which cohorts of hospitals work together do rapid-implementation of initiatives aimed at full adoption of the ten recommendations. Since the initiative began in 2012, 74 Texas hospitals have joined. Similar quality improvement models exist at the national level that some Texas hospitals have taken part in. Combining participation in the state and federal level initiatives, 50 percent all Texas births take place in hospitals that are working toward Baby Friendly designation which recognizes full adoption of the recommended steps.

To address the barrier of lack of post-partum breastfeeding support, the Texas WIC program was the first in the nation to open lactation support centers (LSC) for its client-base, opening its first center as a pilot in the early 1990s. Today there are four LSCs in Austin, Dallas, Houston and McAllen; three of these are co-located with WIC centers. In addition about 60 percent of WIC Centers have an International Board Certified Lactation Consultant (IBCLC) on staff. While this is not enough to cover client need, Erickson points out that this is an area where Texas WIC is pushing boundaries as, technically, WIC is not a medical program. If peer counselor or nutritionist at a WIC clinic determines a client needs more assistance with breastfeeding, they refer to an LSC where the client receives

personalized and high-level care. Recently, the WIC program was able to attract Title V grant funding allowing the LSCs to serve non-WIC enrolled mothers. In FY2015, the LSCs provided counseling to 7,861 new mothers, 90 percent of whom were WIC enrollees. In addition to providing lactation support in-house, each of the four centers provides a varying set of special services. The Dallas center facilitates training of hospital staff to help them achieve their Baby Friendly designation and staffs a 24-hour lactation support hotline. The center in McAllen offers two-hour evening prenatal and infant feeding / behavior classes. And the center in Houston has tele-consultation capabilities. The WIC Breastfeeding unit continually looks for ways to meet mothers where they are; as such, this last service has the potential to grow. The group is also examining various social media avenues for providing lactation support to mothers "at their fingertips."

Given the lack of federally-mandated paid maternity leave, Texas WIC and other groups are working to improve the support and resources working mothers have to continue lactation once they return to their jobs since return to work is one of the top reasons mothers give for switching from breast milk to formula. The Department of State Health Services developed the Texas Mother-Friendly Worksite program as a result of state legislation passed in 1995. The program provides tools, resources and recognition to employers that, broadly, provide and promote support on-site (and through health plans) for breastfeeding, have leave policies that support child-rearing, and provide education about breastfeeding to employees. In addition, the WIC program coaches mothers to find out what pregnancy and post-natal support services – including breast pumps – are provided by their health plans. If breast pumps are not covered by clients' insurance, WIC will provide them.

Finally, to combat the influence of formula marketing, WIC has run a number of campaigns under the Breast Milk. Every Ounce Counts umbrella (breastmilkcounts.com) aimed at raising awareness of the health benefits of breastfeeding. According to Erickson, when the program runs a campaign, they see a spike in rate of breastfeeding initiation over the following 12 months; however, the campaigns do not appear to impact exclusivity or duration, demonstrating – like with many health behaviors – that awareness alone is insufficient when other barriers exist.

The decision to begin and continue breastfeeding is influenced by many factors including: confusion about its benefits, lack of support in overcoming initial issues with nursing, to early return to work for new mothers and lack of supportive environments at worksites for lactation. A great deal of work is taking place across the state to remove these barriers resulting in rates of initiation and continuation that are higher than national averages. However, there is still work to be done. Breastfeeding is not unique. Most health promoting behaviors are influenced by a host of individual, interpersonal and environmental and policy-level factors.