A collaboration of

HealthConnect One,

the Illinois Department of

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the University of Illinois

School of Public Health
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Introduction

Breastfeeding is a critical resource for health that exists in all communities. It may be the most important choice a mother can make when her baby is born. But in many urban neighborhoods and rural areas in Illinois, breastfeeding is far from the norm. Though Illinois’ breastfeeding rates have increased, our progress is incomplete. There are significant differences in breastfeeding rates between low-income and higher-income families, and between racial and ethnic groups. In short, some mothers have the information and support to choose to breastfeed their babies, and some do not. Breastfeeding is an uncommon choice in many of the communities that need it the most – those where the rates of obesity and chronic disease are the highest.

In 2008, a group of collaborators began an initiative to increase breastfeeding rates and decrease disparities in Illinois. HealthConnect One, the Illinois Department of Human Services (Title V Maternal and Child Health and WIC Programs), and the University of Illinois School of Public Health committed to a multi-year effort to plan for strategic change in the way we support breastfeeding in Illinois.

First, we looked at the data, as data drives policy change. We started with an analysis of the most recent statewide data on breastfeeding rates and disparities, and looked as well at data on hospital maternity care practices. At the same time, we reached out to a diverse group of stakeholders. We held five forums in the Chicago area for parents, peer counselors, nurses, nutritionists, dieticians, lactation consultants and counselors, physicians, and other breastfeeding advocates. We asked them two questions: what do you think are the barriers to increasing breastfeeding rates in Illinois; and what would be your priority actions for improving support for breastfeeding? The themes that emerged from those forums echoed the story told by the qualitative data. The recommendations for the Illinois Breastfeeding Blueprint flowed both from the numbers and the voices of the stakeholders.

This document is the result of an unprecedented process involving dozens of people that developed a plan for change for breastfeeding in Illinois. The efforts of a formidable Expert Panel and an inclusive Implementation Work Group have already begun the process of making that vision a reality. The recommendations here are intended as a strategic plan for the next five years.

In a time when resources are shrinking, when the costs of health care are overwhelming our economy, and when the status of mothers and babies is declining, we cannot waste any time in making sure that every mother has the support to choose breastfeeding – for love, for health, and for the future of our next generations.
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Evidence Base for Breastfeeding

In January 2011, the U. S. Surgeon General issued *The Surgeon General’s Call to Action to Support Breastfeeding*, a comprehensive report reviewing the large base of support for extended and exclusive breastfeeding as the healthiest option for newborn babies and their mothers. The report included a comprehensive call to action, and recommended 20 specific strategies to increase the number of babies benefiting from breast milk as their first food – and who are nourished by breast milk for the first six months of life.

This *Call to Action* follows a decade of increasing attention to exclusive breastfeeding. In 2000, the Surgeon General issued its *Blueprint for Action*, which reviewed the standing evidence in support of breastfeeding. The *Blueprint for Action* stated that breastfeeding is the best method of feeding newborns, beneficial for the health of the baby and the mother, and it outlined actions that the health care system, workplaces, families and communities can take to make breastfeeding easier and more convenient.

Following the *Blueprint for Action*, many organizations in the United States and abroad made similar statements and recommendations. In 2005, the American Academy of Pediatrics endorsed exclusive breastfeeding for the first six months of life, stating that breastfeeding ensures the best possible health and development outcomes for infants, that many benefits extend throughout childhood, and that some may even continue into adulthood.

During the same decade, the Centers for Disease Control and Prevention (CDC) made breastfeeding one of the nation’s health priorities by including it in the Healthy People 2010 public health agenda. Healthy People 2010 was revised for 2020, giving breastfeeding increased attention and adding objectives for policy and environmental change. (See sidebar Healthy People 2020.)

It is clear the momentum is building for extended and exclusive breastfeeding to become “the new normal” for newborns and infants. In fact, with the strong focus on breastfeeding by researchers, advocates, and government agencies, we have reached a tipping point in the United States. Now is the time to embark on a campaign to both publicize the benefits of breastfeeding and create policy changes that build the systems and environments to support a woman’s decision to breastfeed – making breast milk the first food for most babies in Illinois.

**Characteristics of Breast Milk**

Breast milk is the biological norm: breasts are designed to produce milk for infants. Each mother’s body produces milk specifically designed for her...
infant. For example, if an infant is born preterm, its mother’s milk will have a different composition than the milk she would produce for a full-term infant. Breast milk delivers its nutrients in an easily digestible and bioavailable form. Colostrum, available immediately after delivery, contains many nutrients specially designed for a newborn. This highly beneficial and nutritious substance helps the newborn’s immune system cope with the new environment, enabling a healthy transition from uterus to the outside world. As days go by, the mother’s milk changes, adding beneficial immunological and anti-inflammatory substances that provide protection from viruses, bacteria and parasites. Breast milk also includes fatty acids essential for the baby’s still-developing brain, nervous system and digestive system.

**Breastfeeding Benefits for Babies, Children and Adults**

As breast milk contains specific substances that support the baby’s immune system, breastfed babies are healthier than formula-fed babies. Formula-fed babies have more ear infections, more colds and respiratory infections (including bronchitis, croup and pneumonia), and are more likely to experience colic or develop eczema. Among formula-fed babies, there are more cases of gastroenteritis, more cases of bacterial meningitis and other bacterial infections, and more urinary tract infections. The benefits of breastfeeding and the risks of formula feeding have been established by an overwhelming body of evidence, based on thousands of studies over many decades. They are summarized in the 2011 *The Surgeon General’s Call to Action to Support Breastfeeding.*

The government’s Agency for Health Research and Quality (AHRQ) reviewed many studies and found that babies who were breastfed were 36% less likely to die of Sudden Infant Death Syndrome (SIDS). While the reason is not clear, this is very significant because SIDS is the most common cause of infant death after the first month of life. For this reason, breastfeeding is associated with lower infant mortality.

**Definitions**

**Exclusive breastfeeding** refers to feeding an infant breast milk only – without supplementation from infant formula or water. The infant may receive the breast milk directly from the mother’s breast or from stored breast milk delivered in a bottle or other feeding device.

**Metabolic syndrome** refers to medical condition that includes abnormal blood lipids (elevated triglycerides, low high-density lipoprotein or HDL), high blood pressure, abnormal tolerance of glucose and central obesity.

**Skin-to-skin** contact refers to placing the baby directly on the mother’s skin. Newborns placed on the mother’s skin immediately after birth have lower levels of stress hormones and more successful breastfeeding than babies who are separated from their mothers. Mothers who maintain skin to skin contact with their newborns tend to produce more milk. Infants who are breastfed experience skin-to-skin contact several times each day, thereby being exposed to the bacteria normally found on human skin, which may help to develop the immune system.
The benefits of breastfeeding extend beyond the newborn period. Older infants and young children who were breastfed experience less diarrhea and fewer respiratory infections. Breastfeeding for six months or longer protects the child from childhood blood cancers (including leukemia), type 1 diabetes, allergic wheezing (especially in families with a history of asthma), other allergies, and overweight and obesity during childhood.

All babies, even premature infants, will benefit from breastfeeding in the ways that have been discussed. However, there are special benefits for premature babies. The immune system, lungs, brain and nervous systems of a premature baby are less developed than in the full-term baby, so breast milk gives greater protection against infection and provides better nutritional support for the developing lungs, brain and nervous system. Additionally, AHRQ found strong evidence that formula feeding increases the incidence of necrotizing enterocolitis, a serious and potentially fatal disease affecting premature infants only. There is also evidence that formula-fed premature infants are more likely to develop late onset sepsis, a condition in which sudden infection causes vital organs to fail. Unfortunately, some babies are born with serious illnesses and conditions. Recent research shows that these babies fare better when fed breast milk, even if they are unable to suckle from their mothers’ breasts. Breast milk can be delivered through bottles and/or other feeding devices.

In addition to the evidence that breast milk and breast feeding for more than six months provide many health benefits for baby and child, breastfeeding also has emotional benefits for the baby and mother. According to the American Academy of Pediatrics, many studies have found that breastfeeding during a medical procedure has an analgesic effect, soothing and calming the baby. Being able to protect her baby from feeling pain is emotionally beneficial for the mother.

The impact may even extend into adulthood. According to the U. S. government’s Blueprint for Action on Breastfeeding, formula-fed infants gain more weight than breastfed infants, which may influence later growth patterns. Therefore, breastfeeding decreases the risk of childhood obesity. At the Surgeon General’s Workshop on Breastfeeding and Human Lactation, one researcher explained that a formula-fed baby has to ingest more calories to fulfill his/her nutritional requirements than the breastfed baby, and this might influence lifelong dietary habits. Evidence suggests that prolonged breastfeeding protects against developing type 2 diabetes later in life. It is suspected that, by lowering the lifetime risk of overweight and obesity, the risk of developing type 2 diabetes is also lowered. Some evidence has been found that breastfeeding is also protective against the development of metabolic syndrome, a combination of obesity, diabetes, and hypertension.
Historically, the customary way of talking about breastfeeding has been to describe its benefits, relative to the benefits of formula feeding. Reframing this message using different language, one could say that breastfeeding is normal for both infant and mother – and that formula feeding is less healthy for the infant and mother. This approach, instead, focuses on the risks of infant formula, suggesting that formula feeding increases the infant’s risk of many infections and diseases. The 2011 Surgeon General’s report asserts that, in addition to the benefits of breastfeeding, there are clear risks associated with not breastfeeding. For example, formula-fed babies are 250% more likely to be hospitalized for lower respiratory disease during the first year of life, compared to babies who are exclusively breastfed for at least the first four months.

Breastfeeding Benefits for Mothers

In addition to the emotional benefits for a mother who breastfeeds her baby, there are important health benefits. Breastfeeding immediately after childbirth releases hormones that cause the uterus to contract, lessening post-partum bleeding. There is also evidence that breastfeeding mothers return more quickly to pre-pregnancy weight. Breastfeeding also protects the mother from other diseases and conditions. Mothers who breastfeed have lower rates of type 2 diabetes, and a decreased likelihood of developing ovarian cancer and pre-menopausal breast cancer. There is also some evidence that women who breastfed their infants have a decreased risk of hip fractures and osteoporosis late in life.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for promoting health and preventing disease. Since 1979, Healthy People has set and monitored national health objectives to meet a broad range of health needs, encourage collaborations across sectors, guide individuals toward making informed health decisions, and measure the impact of U.S. prevention activities. The Healthy People project targets efforts towards increasing the quality and years of healthy life in the United States. To this end, it often employs strategies to reduce health disparities and achieve equity. Healthy People 2020 has prioritized major risks to health and wellness and set public health priorities in light of these risks.

Healthy People 2020 Breastfeeding Objectives

In December 2010, the Healthy People 2020 objectives were released. These objectives provide a vision for the next ten years, and share a new national priority to increase breastfeeding rates. In addition to updating the five breastfeeding objectives from 2010, Healthy People 2020 includes three new objectives. These new objectives focus on important policy, systems and environmental change related to breastfeeding at maternity care facilities and workplaces.

- 81.9% of mothers breastfeed in the early postpartum period
- 60.5% of mothers breastfeed at 6 months of age
- 34.1% of mothers breastfeed at 1 year of age
- 44.3% of mothers exclusively breastfeed through 3 months of age
- 23.7% of mothers exclusively breastfeed through 6 months of age
- 38% of employers provide an on-site lactation/mother’s room
- 8.1% of live births occur in facilities that provide recommended care for lactating mothers and their babies
- 15.6% of breastfed newborns receive formula supplementation within the first 2 days of life (a decrease)

For more information on Health People 2020, please visit their website, http://www.healthypeople.gov/hp2020/
Psychosocial Benefits
In addition to the well-documented health advantages, breastfeeding also provides psychosocial advantages for the mother and baby. Experts agree that skin-to-skin contact between mother and baby is emotionally beneficial, because it promotes mother-infant bonding and feelings of closeness. Newborns placed on the mother’s skin immediately after birth receive warmth from the mother, cry less, have lower levels of stress hormones and are more likely to breastfeed and breastfeed sooner after birth than babies who are separated from their mothers. There is also some evidence that breastfeeding may lower the risk of postpartum depression, a serious condition that compromises a mother’s ability to take care of her infant, thereby jeopardizing the health of both the mother and the baby.

Breastfeeding Benefits for Families and Communities
Including the father, partner or family members is an important part of enhancing the support for, and benefits of, breastfeeding for mother and baby. Most breastfed babies – especially babies who breastfeed exclusively and/or for more than six months – receive at least some of their breast milk from a bottle. This provides opportunities for others to feed the baby with expressed milk.

Beyond feeding, there are many other opportunities for the father or partner and other support people to bond with a newborn baby: holding, diapering, cuddling, and interacting are also beneficial to the baby and caregiver.

Breastfeeding is less expensive than formula feeding. The Surgeon General’s 2011 report estimates that a family that breastfeeds its infant will save $1,000 to $1,500 in infant formula during the first year. In addition, formula feeding increases medical costs.

Compared to 1,000 infants exclusively breastfed for three months, every 1,000 never-breastfed infants have over 2,000 additional office visits, over 200 additional days of hospitalization and 600 additional prescriptions for three common infant illnesses: lower respiratory tract infections, ear infections and gastrointestinal illness. Fewer health expenses and less parental time off caring for a sick baby result in further savings for the family, the workplace and society as a whole.

Conclusion
The evidence for the benefits of breastfeeding and the risks associated with not breastfeeding overwhelmingly shows that exclusive breastfeeding and longer durations of breastfeeding are associated with better life-long health outcomes for the baby and better maternal health outcomes. Psychosocial benefits for mother and baby are well documented, as are the economic benefits to the family. With this solid base of evidence and the unprecedented support from the U.S. government, we must explore the reasons that more babies are not receiving the benefits of breastfeeding. What prevents mothers from initiating and continuing to breastfeed? What changes are necessary? What specific policies and practices are needed? What can hospitals and health professionals do to encourage breastfeeding? Are further education and support needed? We will explore these questions and others, and make specific recommendations, in this document.

Evidence Base for Breastfeeding

Photo by Flint Chaney
References


Exclusive Breastfeeding Policy Statements from Professional Health Organizations

According to the 2011 Surgeon General's Call to Action to Support Breastfeeding, exclusive breastfeeding is defined as giving the baby breast milk only, and not giving any foods or liquids other than breast milk, not even water.

- Academy of Breastfeeding Medicine
- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Nurse-Midwives
- American College of Obstetricians and Gynecologists
- American Dietetic Association
- American Public Health Association
- Agency for Health Research and Quality
- Association of Women’s Health, Obstetric and Neonatal Nurses
- National Association of Pediatric Nurse Practitioners
- U.S. Surgeon General
- World Health Organization/United Nations Children’s Fund

To view these policy statements, please visit the IL Breastfeeding Blueprint website at www.ilbreastfeedingblueprint.org.
Illinois Breastfeeding Data

The World Health organization says: “Virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the health care system and society at large … Breast milk is … the perfect food for the newborn, and feeding should be initiated within the first hour after birth.”

Data drives policy. If we are to reach the point where all mothers have the information and support to make the choice to successfully breastfeed their babies, we need to know the full picture of breastfeeding in Illinois. The data tell the story of who is breastfeeding and not breastfeeding, and for how long, and what factors contribute to success.

We look at the numbers in several different ways. We need to know about breastfeeding initiation (how many women start breastfeeding), about breastfeeding duration (how long women continue to breastfeed) and about breastfeeding exclusivity (whether and how long a mother gives her baby only breast milk). We also look at reasons mothers gave for not breastfeeding, and at what those who did breastfeed said about why and when they stopped.

It is also important to understand more about the women who breastfeed and those who do not so we can target community resources in a sensible way. To do this, our report describes breastfeeding separately by race/ethnicity and by income level. (Visit the Blueprint website at www.ilbreastfeedingblueprint.org for details about how we defined “low income”.) We also describe the ways that hospitals in Illinois promote or discourage breastfeeding because hospital practices play a significant role in helping new mothers make the choice to breastfeed.

All of the information taken together leads directly to the strategy recommendations contained in a later chapter of this report.
Breastfeeding in Illinois From the National Perspective

*Healthy People* is a national initiative for promoting and improving the health of all Americans. Using data from 2007, the Centers for Disease Control and Prevention (CDC) provided a snapshot of how Illinois is doing compared to the new Healthy People 2020 objectives for breastfeeding:

We can see we have more to do to help Illinois women breastfeed successfully. On the following pages, we take a deeper look at new mothers in Illinois and at the hospitals that serve them.

### The 2010 CDC Breastfeeding Report Card: Data from the National Immunization Survey

<table>
<thead>
<tr>
<th></th>
<th>Illinois 2007 (%)</th>
<th>HP2020 Objective (%)</th>
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</thead>
<tbody>
<tr>
<td>Breastfeeding Initiation</td>
<td>70.2</td>
<td>≥ 81.9</td>
</tr>
<tr>
<td>Breastfeeding to 6 Months</td>
<td>36.0</td>
<td>≥ 60.5</td>
</tr>
<tr>
<td>Breastfeeding to 12 Months</td>
<td>16.4</td>
<td>≥ 34.1</td>
</tr>
<tr>
<td>Exclusive Breastfeeding to 3 Months</td>
<td>27.9</td>
<td>≥ 44.3</td>
</tr>
<tr>
<td>Exclusive Breastfeeding to 6 Months</td>
<td>11.2</td>
<td>≥ 23.7</td>
</tr>
<tr>
<td>Percent of Live Births Occurring at Baby Friendly Facilities</td>
<td>1.3</td>
<td>≥ 8.1</td>
</tr>
<tr>
<td>Percent of breastfed Infants Receiving Formula Before 2 Days of Age</td>
<td>28.1</td>
<td>≤ 15.6</td>
</tr>
</tbody>
</table>

### The Sources of Data in this Report

The majority of the data in this report are from the 2000-2008 Pregnancy Risk Assessment Monitoring System (PRAMS). This statewide survey contacts new mothers in Illinois by mail or phone 3-6 months after giving birth and asks them about their behaviors and experiences before, during, and shortly after their pregnancy.

In addition to the PRAMS survey, other data in the report come from the 2007 Maternity Practices in Infant Nutrition and Care survey (mPINC), which asks hospitals across the nation a series of questions about their policies and practices related to infant nutrition and breastfeeding. Data are available for each state, so we can compare hospital practices in Illinois to those in other states.

Finally, key thoughts and ideas brought up by participants in outreach forums conducted in 2009 by HealthConnect One give a more personal picture of how Illinois women and service providers describe attitudes, barriers and experiences with breastfeeding.

More information about the data sources used in this report and about other breastfeeding data sources can be found on the Blueprint website, at www.ilbreastfeedingblueprint.org.
INITIATION: How Many Illinois Women Start Breastfeeding Their Infants?

Overall, the percent of Illinois women who started breastfeeding increased from 70% in 2000 to almost 78% in 2008. This does not meet the Healthy People 2020 objective.

More than 37,000 babies born in Illinois in 2008 were never breastfed and therefore could not benefit from its positive health effects.

Breastfeeding increased among both low and higher income women between 2000 and 2008—from 60% to 70% among low income women and from 79% to 88% among higher income women.

Despite these improvements over time, the disparity between low and higher income women is large. In 2008, only about 7 in 10 low income women, compared to nearly 9 in 10 higher income women, started breastfeeding.

Low income women in Illinois are far from meeting the Healthy People 2020 objective while higher income women have already met this national goal.

Nearly 6 in 10 births in Illinois each year are to low income women, so this is an important group to focus on for improving breastfeeding.

Be aware that the PRAMS data for the percent of Illinois women who started breastfeeding in 2007 is slightly different than the percent on the CDC report card. This is not surprising since the data were collected from different samples of women.
INITIATION: How Many Illinois Women Start Breastfeeding Their Infants?

There are disparities in the percent of Illinois women who start breastfeeding their infants by race/ethnicity as well.

Black women were much less likely to start breastfeeding than other women in Illinois. Asian and Hispanic women achieved the *Healthy People 2020* objective for breastfeeding initiation, but white and black women did not.

Of the 37,000 babies born in 2008 who were never breastfed, 18,000 were white, 13,000 were black, and 6,000 were Hispanic.

The picture of racial/ethnic disparity changes when women’s income level is also considered.

The racial/ethnic disparity among higher income women was quite small and the *Healthy People 2020* objective for breastfeeding initiation was met by all higher income groups in Illinois—blacks, whites, Hispanics, and Asians.

Among low-income women, on the other hand, there are wide racial/ethnic disparities, with black low income women being the least likely to breastfeed.

It is also important to see that for both black and white low income women the rate of breastfeeding falls far below *The Healthy People 2020* objective.
Women in all race/ethnicity groups had the same top four reasons for not breastfeeding. Not liking breastfeeding was the most common reason given for not breastfeeding and in fact it was the ONLY reason given by many women. Three-quarters of black women who didn’t breastfeed said it was because they didn’t like it, while 5 in 10 white women and 3 in 10 Hispanic women also gave this reason.

All groups were similar in reporting work/school as a reason for not breastfeeding. Having other children was more commonly cited by whites and illness was more commonly cited by Hispanics.

What do these responses mean? In particular, why might women say they “didn’t like breastfeeding”? Although breastfeeding is natural, it is a learned behavior. It is colored by personal experience, observation, culture, and information. If a woman has never known someone close to her who had a successful, positive breastfeeding experience, she may not visualize herself being able to successfully breastfeed. If she has no useful information about why breastfeeding is a good choice, she’s not going to like the idea of trying it for herself.
INITIATION: What Women Say About Barriers to Breastfeeding

Mothers at the HealthConnect One forums shared perceptions and attitudes related to breastfeeding. Many negative feelings towards breastfeeding were expressed, including comments such as “it’s yucky”, “it is nasty”, and “don’t like it”. Some mothers were apathetic towards breastfeeding, saying they never thought about it or didn’t care. Mothers also shared a lack of confidence in their ability to breastfeed, and a lack of support from the father, peers, and family members, as well as within community settings and even at hospitals.

In fact, lack of support for breastfeeding in all of the environments in which mothers lived was a major theme. Women felt they did not receive enough support from family (boyfriends, mothers and friends), hospitals, the WIC program, employers, or schools. They also felt that education they received about breastfeeding was either very poor or completely missing. They either got “all the wrong facts,” or as one mother said, “no one told me that I should breastfeed.”

Other issues women talked about included:
- Feelings that breastfeeding is embarrassing (“moms feel weird doing it”).
- Fears that weaning will be difficult as children get older
- Concerns that breasts are seen as sex objects, and other body image concerns, such as breasts would become saggy and worn out
- Need to change activities in order to breastfeed, such as drinking alcohol, smoking, diet, and medications
- Belief that physical issues, such as nipples being too big or too small, make breastfeeding difficult or impossible
DURATION: How Long Do Illinois Women Breastfeed Their Infants?

We have chosen to look at breastfeeding duration among only those women who start breastfeeding their babies and not among all new mothers. This is because the information and support women need to continue breastfeeding may be different than the information and support they need to start breastfeeding in the first place.

The American Academy of Pediatrics recommends that infants be breastfed for at least one year and preferably for longer. In Illinois, many women fall far short of meeting this recommendation.

Only about 6 in 10 women who start breastfeeding continue for at least 3 months (12 weeks).

Women were most likely to stop breastfeeding during the first six weeks after the birth of their baby, with many women stopping soon after delivery.

Low income women stopped breastfeeding sooner than higher income women. Only about 5 in 10 low-income women who started breastfeeding continued to do so for at least 3 months, compared to 7 in 10 higher income women.
Black women who started breastfeeding stopped sooner than white, Hispanic, or Asian women.

By 3 months (12 weeks) after giving birth, fewer than half of black women in Illinois were still breastfeeding—far fewer than other women in the state.

The racial/ethnic disparity becomes much smaller when a woman’s income level is considered at the same time.

More than half of low income black and white women had stopped breastfeeding before 3 months. About 4 in 10 Hispanic and Asian low income women stopped breastfeeding before 3 months.

Among higher income women, about 3 in 10 black, white, and Hispanic women had stopped breastfeeding before 3 months, and one-quarter of Asian women had stopped.
In all four racial/ethnic groups, “I thought I was not producing enough milk” was the leading reason for stopping breastfeeding.

How long women breastfed depended on the reasons they gave for stopping.

Women who said the baby had difficulty nursing breastfed for only about 1 month, on average. In contrast, women who stopped because of going back to work or school breastfed for an average of about 2 months.

Women who said breast milk alone did not satisfy their baby or who thought they were not producing enough milk breastfed for about 1½ months, on average.

These barriers to continuing breastfeeding were echoed by women who participated in the HealthConnect One forums. A number of women spoke of mothers’ lack of confidence in their ability to provide enough milk for their babies. The perception that breastfeeding is painful was also a major barrier for breastfeeding continuation. Other reasons for stopping breastfeeding focused on the infant, such as the baby refused to nurse, didn’t latch on, or was sick, and so mothers didn’t want to breastfeed or were concerned that breastfeeding made the baby sick.

How should we interpret these barriers? We do know that many women have trouble breastfeeding in the early weeks after the baby is born if they don’t have enough information and support. Sore nipples, sore breasts, uncertainty and lack of confidence feel overwhelming to new mothers.

These are usually preventable or at least solvable problems. In addition, many new mothers are vulnerable to misinformation or unhelpful assumptions from friends or family members, who may not have experience with breastfeeding, and may believe that formula feeding is just as good.

In order to be successful, breastfeeding mothers need clear and accurate information about managing breastfeeding, and the support of an experienced woman who can listen, assess, and help with problem solving.
EXCLUSIVITY: How Long Do Illinois Women Feed Their Infants Only Breast Milk?

We have chosen to look at exclusive breastfeeding again among only those women who start breastfeeding and not on all new mothers. This is because the information and support women need to breastfeed exclusively may be different than the information and support they need to start breastfeeding in the first place or to continue breastfeeding.

The American Academy of Pediatrics recommends that infants be fed only breast milk for the first six months of life. Even among those women in Illinois who started breastfeeding, fewer than 1 in 3 exclusively breastfeed for at least 3 months.

As soon as 2 weeks after giving birth, only about half of women who started breastfeeding were still exclusively breastfeeding their infants.

Low income women were less likely to continue exclusive breastfeeding than higher income women. Only about 2 in 10 low-income breastfeeding women does so exclusively for at least 3 months, compared to more than 3 in 10 higher income women.
While the percent of women who exclusively breastfeed drops quickly among all women who started breastfeeding, the percent drops more quickly for black, Hispanic, and Asian women than it does for white women.

Only about 1 in 6 black women who started breastfeeding is exclusively doing so at 3 months, compared to 2 in 6 white women.

Racial/ethnic and income disparities almost disappear when we look at exclusive breastfeeding, but this “equality” is for the wrong reason. Fewer than 2 in 5 women were feeding their babies only breast milk at 3 months regardless of their race/ethnicity or income.
Hospitals Play an Important Role in Providing Accurate Breastfeeding Information and Support to New Mothers

Six hospital practices were shown to promote breastfeeding among Illinois mothers:
- Breastfeeding in the hospital
- Beginning breastfeeding within an hour after delivery
- Giving the infant only breast milk in the hospital
- Giving the mother a breastfeeding support phone number
- Rooming-in
- Encouraging breastfeeding on-demand

Two hospital practices were shown to discourage breastfeeding among Illinois mothers:
- Pacifier use
- Giving formula gift packs

Illinois hospitals can facilitate and support breastfeeding by fully implementing the 6 practices that effectively promote breastfeeding and by dropping the 2 practices that discourage breastfeeding.  
(For more detail about the specific relationship between each of these practices and breastfeeding, see the Blueprint website, at www.ilbreastfeedingblueprint.org.)

About 70% of women reported breastfeeding their infants in the hospital, but only 50% said they breastfed within the first hour after delivery. Still fewer women—only 35%—reported that their infants were fed only breast milk in the hospital.

Unfortunately, providing formula gift packs and pacifiers, two practices that discourage breastfeeding, were still very common in Illinois hospitals. More than 4 out of every 5 women said they received a formula gift pack and 3 out of 5 said their infant used a pacifier in the hospital.

How Common are Breastfeeding-Related Practices in Illinois Hospitals?
We also know that most of the hospital practices that support breastfeeding became more common in Illinois between 2000 and 2008. Also, Illinois women do not share the same hospital experience in terms of breastfeeding support practices. Compared to white and/or Hispanic women, black women are less likely to report experiencing breastfeeding-supportive hospital practices and are more likely to report experiencing the hospital practices that discourage breastfeeding: pacifier use and formula gift packs. (Data available on the Blueprint website, at www.ilbreastfeedingblueprint.org.)

HealthConnect One’s forums included not only mothers, but also a variety of service providers, including breastfeeding peer counselors, lactation consultants, case managers, nurses, physicians and other social service providers. In all of these conversations, the role of hospitals and health professionals was discussed. Many of these conversations echo the data above.

Service providers identified a lack of lactation support for mothers within the hospital setting. Nurses and physicians were often described as having incomplete information or even actively discouraging breastfeeding, and hospitals also lack specialized lactation services.

Providers shared that mothers lack a clear understanding of the benefits of and risks of not breastfeeding, and recommended improved prenatal and postpartum care and information. Mothers agreed, and felt that they received poor or incomplete information.

Service providers also said that some hospital practices directly “sabotaged” breastfeeding, including medical interventions at delivery, providing free formula, and the lack of availability of breast pumps after leaving the hospital. One forum participant summed up hospital practices by say that mothers are not getting “access to appropriate, timely, and evidence-based lactation services.”
How Do Illinois Hospital Policies and Practices Compare to Those in Other States?

The CDC recently released a report from the 2007 Maternity Practices in Infant Nutrition and Care (mPINC) survey on hospital breastfeeding policies and practices. This report includes rankings to show the relative scores of every state in the nation and we show some of these rankings below.

The “Big 5” States are the five states with the largest numbers of births in the United States: California, Florida, Illinois, New York, and Texas. In addition to having the largest populations, these states share many characteristics, such as diverse populations, large urban areas, and similar health care systems. Looking at these 5 states together gives us another perspective on how well Illinois is doing.

Illinois ranks from 16th to 43rd on hospital breastfeeding-related maternity care practices compared to other U.S. states and territories. Illinois has the most room for improvement on Labor and Delivery services, for which it ranked 43rd out of 52. Within the “Big 5”, California, New York, and Florida all tended to have better rankings than Illinois, while Illinois and Texas tended to have similar ranks for most categories.

<table>
<thead>
<tr>
<th>Breastfeeding-Related Maternity Care Practices</th>
<th>All States</th>
<th>Big 5 States California, New York, Illinois, Florida, and Texas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State with Best Ranking in US</td>
<td>Illinois Rank in US (1 to 52, 1=best)</td>
</tr>
<tr>
<td>Total Score</td>
<td>VT</td>
<td>35</td>
</tr>
<tr>
<td>Labor and Delivery</td>
<td>VT</td>
<td>43</td>
</tr>
<tr>
<td>e.g. skin-to-skin contact, BF in first half hour</td>
<td>VT</td>
<td>32</td>
</tr>
<tr>
<td>Breastfeeding assistance</td>
<td>VT</td>
<td>37</td>
</tr>
<tr>
<td>e.g. BF information, assessment, documentation</td>
<td>AK</td>
<td>36</td>
</tr>
<tr>
<td>Newborn feeding practices</td>
<td>VT</td>
<td>24</td>
</tr>
<tr>
<td>e.g. first feeding and supplemental feedings</td>
<td>RI</td>
<td>16</td>
</tr>
<tr>
<td>Breastfeeding support after discharge</td>
<td>MA</td>
<td>22</td>
</tr>
<tr>
<td>e.g. types of support, formula packs</td>
<td>RI</td>
<td>43</td>
</tr>
<tr>
<td>Nurse/birth attendant BF training and education</td>
<td>MA</td>
<td>24</td>
</tr>
<tr>
<td>e.g. staff education and assessment</td>
<td>MA</td>
<td>16</td>
</tr>
<tr>
<td>Structural/organizational factors related to BF</td>
<td>RI</td>
<td>22</td>
</tr>
<tr>
<td>e.g. policies</td>
<td>RI</td>
<td></td>
</tr>
</tbody>
</table>
Breastfeeding is an ongoing activity: women start breastfeeding, continue breastfeeding for different amounts of time, and exclusively breastfeed for different amounts of time. By looking at initiation, duration, and exclusivity all at once, we can find opportunities for promoting and supporting breastfeeding.

Every year in IL, approximately 170,000 women give birth. Of these women, 40,000, or almost 1 in 4, never start breastfeeding their babies. Then, around 9,000 of those who start breastfeeding their babies stop doing so in the first 2 weeks. By 3 months (12 weeks) after giving birth, another 41,000 women have stopped breastfeeding. This means that about 90,000 women each year in Illinois—more than half of all new mothers—could benefit from information and services focused on the initial choice to breastfeed, on helping to establish successful early breastfeeding, and on supporting continuation of breastfeeding for a longer time.

*Healthy People 2020* challenges us to work toward having at least 44% of new mothers exclusively breastfeeding at 3 months (12 weeks). In 2008, only 23%, or fewer than 1 in 4 Illinois mothers, were exclusively breastfeeding when their babies were three months old. To meet the national objective, an additional 34,000 women each year will need information and support that helps them to exclusively breastfeed.
IN SUMMARY: Patterns of Breastfeeding Among Illinois Women

The pattern of breastfeeding over time among Illinois women differs by race/ethnicity.

Almost half of the Black women giving birth each year in Illinois, or approximately 13,000 mothers, never breastfeed their babies. To meet the 2020 Healthy People objective for breastfeeding initiation, we need to ensure that around 6,000 more black women start breastfeeding their babies each year.

The first two weeks after birth is critical for establishing breastfeeding regardless of race/ethnicity. A small but important percentage of white, black, Hispanic, and Asian mothers in Illinois stop breastfeeding very soon after they start.

While no group of new mothers in Illinois is meeting the Healthy People objective for exclusive breastfeeding at 3 months (12 weeks), black and Hispanic women are much farther from this goal than white and Asian women. Just over 1 in 10 black women and fewer than 2 in 10 Hispanic women are exclusively breastfeeding when their babies are 12 weeks old. About 3 in 10 white and Asian mothers are exclusively breastfeeding 12 weeks after giving birth.
RECOMMENDATIONS: Introduction

We begin with the mindset that breastfeeding is the new “normal.” All mothers, except for a very few, can and will breastfeed their babies.

We are certainly not there yet. We have made much progress in our state, but the most recent statewide data show us how far we need to go. The disparities in Illinois breastfeeding rates are significant, and the barriers are diverse. A complex interplay of forces affects breastfeeding decisions and behaviors, so we have structured these recommendations in the context of a social-ecological model. Individuals, communities, workplaces, policies and health services all play a role in influencing breastfeeding. Our goals are to support mothers’ choice to breastfeed and to enable mothers to breastfeed successfully by increasing environments, systems, policies and practices that support breastfeeding and decreasing barriers.

It is clear that a strategy for improving breastfeeding rates in Illinois needs to focus on disparities – that is, looking at the inequalities and gaps showing us which women in Illinois need more support to begin breastfeeding their babies. The Center for Disease Control and Prevention (CDC) suggests that we use a Health Equity Context in our public health initiatives. In order to make the most positive change, we focus our efforts on the greatest health burden, so that we bring the health status of our communities to a more equitable level.

We also believe that we need to shift the use of public health language to describe breastfeeding as normal, and the use of formula and bottles as representing risk. According to the CDC, if we change the context for health decisions so that the default behavior is the healthy behavior, we get the most impact relative to our health promotion efforts. If we assume that breastfeeding is the norm, we approach our efforts differently than if we believe that formula feeding is the default.

This is a statewide initiative – but also part of a broader national effort. The Surgeon General’s 2011 Call to Action to Support Breastfeeding and the publication of the new expanded Healthy People 2020 objectives for breastfeeding are part of an increased federal commitment to breastfeeding promotion and support. We consider the Illinois Breastfeeding Blueprint a five year plan. We will include our progress on the Healthy People 2020 objectives as benchmarks in our evaluation of successful implementation of the plan.

The statewide data paints a clear picture of our inadequate and unequal progress in supporting breastfeeding in Illinois. The data analysis tells stories of our successes and our challenges -- where the decision points are, where the disparities are, and where we need to make changes. The following strategy recommendations come directly from this analysis.

I. Hospitals, clinics and health professionals

a. Encourage every maternity hospital in Illinois to work toward achieving Baby Friendly designation. Baby Friendly designation (implementation of the Ten Steps to Successful Breastfeeding for Hospitals) is the best approach to optimizing maternity care practices and statewide breastfeeding rates.
b. Increase the response rate at the next administration of the CDC’s National Survey of Maternity Practices in Infant Nutrition and Care (mPINC) by engaging statewide hospital and provider organizations and coordinating with the CDC.

c. Enhance basic breastfeeding information and competencies for nursing and medical curricula and residency training programs in Illinois using approved curricula and protocols, including those from Wellstart, Academy for Breastfeeding Medicine, American Academy of Pediatrics and Association of Women’s Health, Obstetric and Neonatal Nurses.

d. Work with provider groups, organizations and associations to expand awareness of the Surgeon General’s Call to Action and encourage members to support and promote breastfeeding with their patients.

e. Reduce the dissemination of hospital formula gift packs.

f. Promote the use of human milk (fresh and/or pasteurized) to support infants and children with special health care needs, including those in Neonatal Intensive Care Units.
II. State, County and Local Government

a. Policy

i. Focus the use of state, county and local resources to decrease disparities in Illinois breastfeeding rates by prioritizing funding for breastfeeding promotion and support in those populations with high disparities, including African-American and low-income (including rural) communities.

ii. Identify and expand Medicaid coverage and other public funding for breastfeeding support, including peer counselors, lactation consultants, and breast pumps.

iii. Amend the Perinatal Code to expand statewide breastfeeding policies, including specifying the requirements for maintaining minimal breastfeeding support staff in hospitals and the level of continuing education required for hospital providers and staff.

iv. Ensure that state, county and municipal governments achieve alignment in breastfeeding policies.

b. State, county and municipal agencies

i. Encourage prioritization of breastfeeding promotion and support among all statewide maternal and child health agencies (Illinois Department of Public Health, Illinois Department of Human Services, Illinois Department of Healthcare and Family Services) and interagency councils (e.g. Interagency Nutrition Council).

ii. Increase the number and ensure the quality of Illinois’ Special Supplemental Nutrition Program for Women, Infants and Children (WIC) breastfeeding peer counselor programs; expand peer counselor programs to every county in the state.

iii. Provide staff training and integrate peer counseling into Illinois Family Case Management Program.

iv. Engage the Regional Perinatal System (including the Perinatal Advisory Committee and the Statewide Quality Council) in a quality improvement campaign for enhancing integrated breastfeeding support across the state.

c. Data

i. Require the design and implementation of a breastfeeding reporting system so that statewide data on breastfeeding (including Vital Records, Cornerstone and Pregnancy Risk Assessment Monitoring System data) will be routinely analyzed and disseminated to state agencies, professionals and the public.

ii. Modify the breastfeeding variable on the Illinois Birth Certificate to include a measure of exclusive breastfeeding at hospital
discharge, and include that measure in the Illinois Department of Public Health Hospital Report Card.


iv. Prioritize the collection and analysis of breastfeeding data for specific minority populations, including subgroups of minority populations.

III. Community-Based Organizations and Families

a. Increase the exposure of breastfeeding in local media and social networks.

b. Expand the number of paid breastfeeding peer counselors in community and faith-based organizations in Illinois, and expand resources for training and technical assistance to increase peer-to-peer support.

c. Develop culturally specific and appropriate support systems and messages for communities with low breastfeeding rates, including African-American and low-income (including rural) communities.

d. Collaborate with faith-based initiatives to promote and support breastfeeding.
c. Value the role of fathers, partners and other family members by focusing messages on their important role in supporting and defending breastfeeding, and including fathers, partners, and other family members in prenatal and postpartum breastfeeding education.

f. Expand outreach to child care facilities and other early childhood programs to provide training and guidelines for handling breast milk and supporting breastfeeding families.

g. Facilitate ongoing linkages among existing breastfeeding advocates, such as State and Regional Breastfeeding Task Forces and La Leche League.

IV. Workplaces

a. Ensure that all local governments provide lactation support and facilities as part of their workplace environment.

b. Educate employers about breastfeeding laws, the importance of lactation support programs and develop demand for insurance coverage of lactation for employees.

c. Develop a campaign to increase awareness of existing federal and state breastfeeding laws, including the right to breastfeed in public and the right to pump in the workplace.

d. Work with the Attorney General to develop a plan to enforce existing Illinois breastfeeding laws and increase workplace support for breastfeeding, including protection of breastfeeding in public, flexible work time, breaks for pumping, and a lactation room for pumping and storing breast milk.

e. Plan a multilevel campaign to advocate for paid maternity and partner/paternity leave in Illinois.

V. Insurers

a. Consider differential statewide reimbursement for hospitals and clinics based on breastfeeding rates.

b. Identify and expand private insurance coverage for breastfeeding support, including peer counselors and lactation consultants, and breast pumps

c. Work with the Illinois Department of Insurance and other state agencies to incorporate incentives for coverage of breastfeeding support into the insurance exchange mandated by the Affordable Care Act.
Next Steps

Most documents are intended to be read, and then filed away. This is a plan for change.

Implementation of the Illinois Blueprint for Breastfeeding has already begun. The Implementation Work Group and the Expert Panel will meet within weeks of the kickoff of the initiative. The first months of work will focus on detailing, expanding, and setting priorities, benchmarking success, and developing a five-year timeline for our efforts. We will use a website, www.ilbreastfeedingblueprint.org to coordinate information and activities, and engage stakeholders throughout Illinois to collaborate on pieces of the work.

We approach this work on many levels. As in the recommendations, we will look to strategies and activities that will foster environmental, systems, policy and practice change in multiple areas. We will engage providers and policy makers, community agencies and consumers, hospital administrators and workplaces. We will work to improve the accessibility and the analysis of breastfeeding data so that we can track our success and our challenges.

This statewide initiative takes place in the context of a broad national effort. We will incorporate resources and information from the work of other states and of the federal government. And perhaps most important, we will make a community-based advocacy campaign a high priority to ensure that the appropriate messages and messengers are involved in making breastfeeding not just the biologic norm, but the social and cultural norm as well.
Given the importance of breastfeeding for the health and well-being of mothers and children, it is critical that we take action across the country to support breastfeeding. Women who choose to breastfeed face numerous barriers. Only through the support of family members, communities, clinicians, health care systems, and employers will we be able to make breastfeeding become the easy choice, the default choice.

— Surgeon General’s 2011 Call to Action to Support Breastfeeding

Find out more about our plan for change. www.ilbreastfeedingblueprint.org