Women's, Children's, & Family Health

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Breastfeeding in Alaska

Breast milk is the best and most complete form of nutrition for infants. The resulting benefits for infants' health, growth, immunity, and development are well documented.[1] Breast milk has nutritional properties superior to formula and transmits protective antibodies to the newborn. Contraindications to breastfeeding are uncommon and include maternal HIV infection, presence of active untreated tuberculosis disease, and the use of selected medications.

The Mother's Survey, conducted by the Ross Products Division of Abbott Laboratories, is a nationwide survey that also provides state level data on breastfeeding. According to the survey, the overall in-hospital breastfeeding rate for 2005 was 63.6% - with Oregon (87.0%), Idaho (86.6%) and Alaska (86.4%) showing the highest rates in the nation.[2] Data from the Pregnancy Risk Assessment Monitoring System (PRAMS) and the 2005 National Immunization Survey showed similar breastfeeding rates for Alaska.

Seriousness

Healthy People 2010 Targets and National Data

Indicator	Alaska 2005	Nation^ 2005	Healthy People 2010 Goal*
Proportion of women initiating breastfeeding	90.6%†	72.9%	75%
Proportion of women breastfeeding at 4 weeks	81.1%†	---	---
Proportion of women breastfeeding at 6 months	46.8%^	39.1%	50%
Proportion of women breastfeeding at 12 months	25.8%^	20.1%	25%

Indicator	Alaska 2005^	Nation 2005^
Proportion of women breastfeeding **exclusively** at 3 months	45.5%	38.7%
Proportion of women breastfeeding **exclusively** at 6 months	18.8%	13.9%

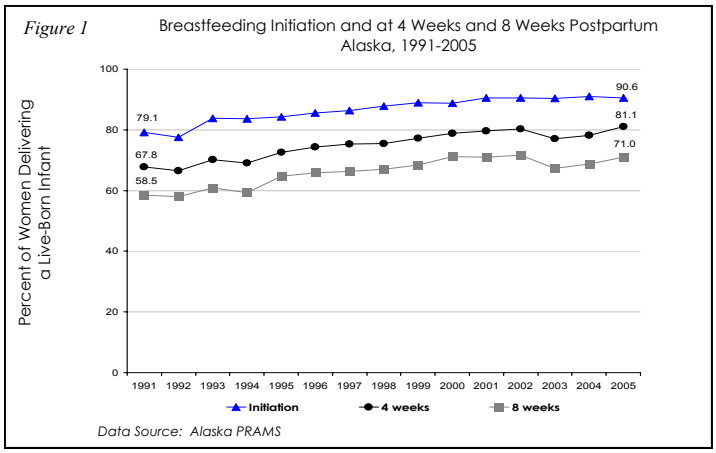
- Alaska is one of 21 states to achieve the Healthy People 2010 target of having breastfeeding initiation levels of at least 75%.[3]
- The prevalence of overall breastfeeding initiation in Alaska is significantly higher than the U.S. as a whole.
- Breastfeeding continuation rates were also significantly higher among Alaskan women compared to women in the U.S. as a whole. Breastfeeding at 6 months and 12 months was significantly higher for Alaska than the Nation.
- Exclusive breastfeeding rates in Alaska were also significantly higher for Alaska compared to the U.S. as a whole.

Severity

There is strong evidence that human milk feeding decreases the incidence and/or severity of a wide range of infectious diseases including bacterial meningitis, diarrhea, respiratory tract infection and otitis media. In addition, premature infants receive improved developmental outcomes compared to formula-fed premature infants. Postneonatal infant mortality rates in the U.S. are reduced by 21% in breastfed infants.[1] Other studies suggest decreased rates of sudden infant death syndrome in the baby's first year and reduced rates of diabetes, overweight and obesity during childhood. For the mother, breastfeeding causes more rapid return of uterine tone, reduced postpartum bleeding, earlier return to pre-pregnancy weight and has been associated with lower risk for ovarian cancer and pre-menopausal breast cancer.[1]

Urgency

- From 1991 to 2005, the trends for breastfeeding initiation as well as continuation through the first four and eight weeks after delivery significantly increased by 14%, 19% and 21%, respectively, for Alaskan mothers overall. During this same time period the increase in initiation of breastfeeding was 22% among Alaska Native mothers compared to 12% for non-Native mothers. (Figure 1)



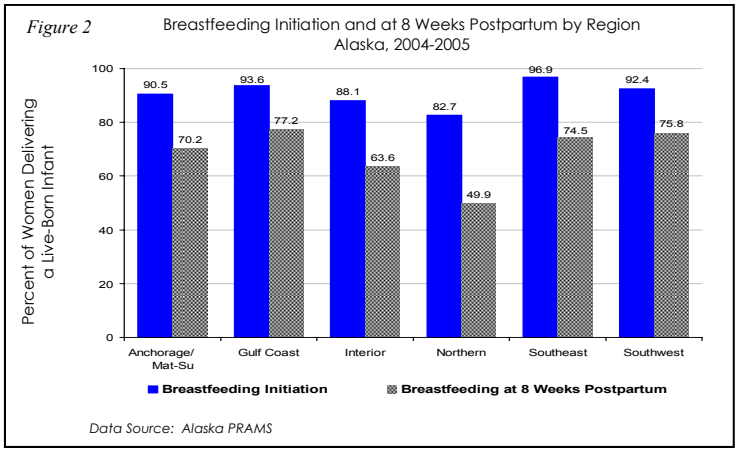
- Regardless of ethnicity, maternal age, education, or prenatal Medicaid status, breastfeeding initiation rates for 2005 were significantly higher than the HP2010 goal.†

Disparities

According to a national survey, as maternal age and education levels increase mothers are significantly more likely to breastfeed their newborns.[3] Alaska PRAMS data indicated that maternal age and education were important factors in breastfeeding at 8 weeks postpartum but not with breastfeeding initiation.

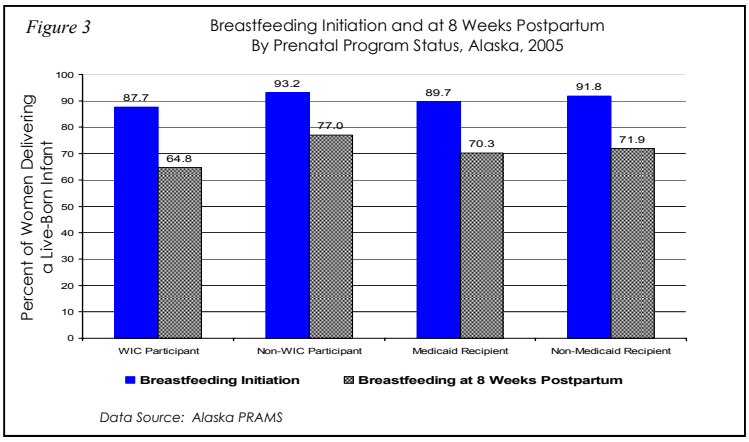
- Mothers with 12 or more years of education were significantly more likely to continue breastfeeding at 8 weeks postpartum. Level of education was not a significant factor in breastfeeding initiation in 2005, contrary to prior years.†

- In contrast with 2001, in 2005 young mothers 15 - 19 years of age had a higher rate of breastfeeding initiation (95.2%) than mothers 25 - 34 years old (91.0%) or mothers 35 years or older (90.1%).† This was not a statistically significant difference, though.



- During 2004-2005, the Gulf Coast, Southwest and Southeast regions had the highest breastfeeding initiation and breastfeeding continuation rates.† (Figure 2)

- Breastfeeding initiation rates were lower among WIC and Medicaid clients compared to non-WIC and non-Medicaid clients. Breastfeeding at 8 weeks postpartum was 16% lower for WIC clients than non-WIC clients. (Figure 3)



Economic Loss

In 2001 the U.S. Department of Agriculture concluded that a minimum of $3.6 billion ($4.1 billion, 2007 $) would be saved if the prevalence of exclusive breastfeeding increased from current rates (64% in-hospital, 29% at 6 months) to those recommended by the Surgeon General (75% and 50%). This figure reflected approximately $3.1 billion attributable to preventing premature deaths and morbidity. An additional $0.5 billion in annual savings was associated with reducing direct medical expenditures such as doctors' or hospital visits, laboratory tests, and indirect costs such as lost earnings of parents. Other studies estimate societal cost savings of $250 - $840 per year per child.[4]

Interventions & Recommendations

The American Academy of Pediatrics (AAP) recommends breastfeeding for reduced risk of infection in infants and for the prevention of childhood obesity.[5] The AAP recommends exclusive breastfeeding for the first six months of life with continued breastfeeding, supplemented with appropriate solid foods, at least until the infant's first birthday.

The U.S. Preventive Services Task Force (USPSTF) recommends structured breastfeeding education and behavioral counseling programs, led by trained nurses or lactation specialists, to promote breastfeeding.[6]

Effectiveness of Interventions

The USPSTF reported that counseling alone, either by primary care providers or peer-counselors, is not as effective as structured programs in promoting breastfeeding. The most effective interventions use brief,

directive health education combined with behaviorally-oriented skills training and problem-solving counseling. There is evidence that providing ongoing support for patients, through in-person visits or telephone contacts with providers or counselors, increases the number of women who continue to breastfeed for up to 6 months.[6]

Capacity

Propriety

Supporting initiatives to increase breastfeeding among Alaskan women falls within the overall mission of the Women's, Children's, and Family Health Section. National initiatives have been set forth to address breastfeeding objectives (HP2010) and the Maternal and Child Health Bureau requires that an indicator related to increasing breastfeeding initiation (NPM#11) is monitored and assessed on a yearly basis.

Economic Feasibility

Economic feasibility was not evaluated for this issue.

Acceptability

High rates of breastfeeding in Alaska suggest that breastfeeding promotion is acceptable in the community.

Resources

Data: Alaska PRAMS

Programs: WIC: Low income pregnant, postpartum and lactating women are eligible for WIC. The following programs promote breastfeeding participation and are supported by WIC:

- Peer Counseling
- Using Loving Support to Implement Best Practices in Peer Counseling will develop a peer counseling program and management model, and develop curricula for managers of peer counseling programs and for those who will train peer counselors in WIC.
- Using Loving Support to Build a Breastfeeding Friendly Community will use social marketing methods to raise public awareness, acceptance, and support for breastfeeding

The Alaska Breastfeeding Coalition has information on lactation consultants, pump rentals and sponsors an annual breastfeeding symposium. (See www.alaskabreastfeeding.com)

Legality

Alaska Statute 29.25.080 prohibits a municipality from restricting a woman from breastfeeding in a public or private location. In addition, indecent conduct does not include the act of breastfeeding a child.

The 2007 Alaska State Legislature is considering two pieces of legislation related to breastfeeding. One bill would require employers of women who nurse a child to provide reasonable unpaid break time to breastfeed or pump breast milk and to provide a private, sanitary area to nurse or pump. The second bill would excuse breastfeeding women from jury service.

References

1 Gartner LM, Morton J, Lawrence RA, Naylor AJ, O'Hare D, Schanler RJ, Eidelman AI; Breastfeeding and the use of human milk. Pediatrics 115 (2):496-506. Feb 2005.

2 Personal correspondence, Abbott Laboratories, Ross Products Division, Columbus OH, 3/2/2007.

3 National Immunization Survey 2005. Centers for Disease Control and Prevention, Department of Health and Human Services. http://www.cdc.gov/breastfeeding/data/NIS_data/data_2005.htm

4 Weimer, J. The Economic Benefits of Breastfeeding: A Review and Analysis. Food and Rural Economics Division, Economic Research Service, U.S. Department of Agriculture. Food Assistance and Nutrition Research Report No. 13. 2001.

5 American Academy of Pediatrics. Prevention of Overweight and Obesity. Pediatrics. 112 (2):424-430. Aug 2003.

6 U.S. Preventive Services Task Force (USPSTF). Behavioral Interventions to Promote Breastfeeding: Recommendations and Rationale. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ). Jul 2003.

Data Sources

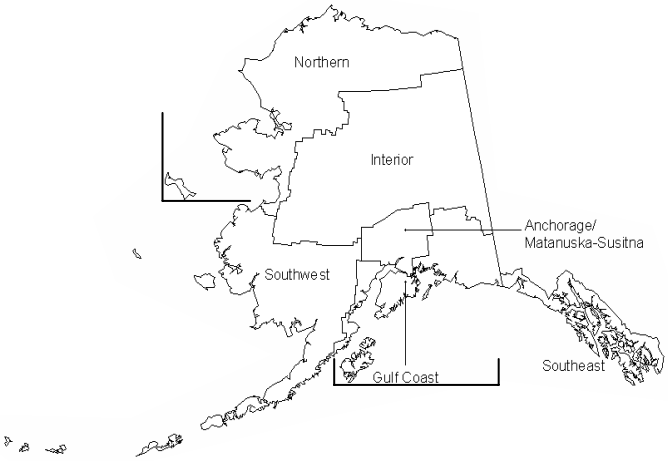
† Alaska Pregnancy Risk Assessment Monitoring System (PRAMS), 2005 Data: State of Alaska, DHSS, DPH.

^ National Immunization Survey 2005. Centers for Disease Control and Prevention, Department of Health and Human Services. http://www.cdc.gov/breastfeeding/data/NIS_data/data_2005.htm

* Healthy People 2010. U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. With understanding and improving health and objectives for improving health. 2 Vols. Washington, DC: U.S. Government Printing Office. 2000.

Notes

For Alaska PRAMS data initiating breastfeeding is defined as having ever breastfed their newborn.

Exclusive breastfeeding, as defined by the 2005 National Immunization Survey, is only breast milk - no solids, water or other liquids.

Regional groupings are based on the Alaska Department of Labor Regions as shown in the map below.