

BREASTFEEDING

National Performance Measure: A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months.

Goal: To increase the proportion of infants who are breastfed and who are breastfed at six months.

Definition: A) Numerator: Number of infants who were ever breastfed/ Denominator: A) All infants born in a calendar year; and B) Numerator: Number of infants breastfed exclusively through 6 months/ Denominator: B) All infants born in a calendar year.

Healthy People 2020 Objectives:

Maternal, Infant, and Child Health (MICH) Objective 21.1: Increase the proportion of children who are ever breastfed (Baseline: 74% in 2006, Target: 81.9%).

Maternal, Infant, and Child Health (MICH) Objective 21.5: Increase the proportion of children who are breastfed exclusively (Baseline: 14.1% in 2006, Target: 25.5%)..

Data Source: CDCs National Immunization Survey (NIS)

Policy Context:

Breastfeeding is among the most beneficial and cost-effective preventive health practices. The American Academy of Pediatrics, American Academy of Family Physicians, National Association of Pediatric Nurse Practitioners, and other professional organizations recommend that all infants (including premature and sick newborns) exclusively breastfeed for about six months as human milk supports optimal growth and development by providing all required nutrients during that time. (<http://www.cdc.gov/breastfeeding/policy/>).

National, state, and local maternal and child health organizations have worked to increase public awareness of the importance of breastfeeding. Education is important, but insufficient. Public and organizational policies are essential to increase breastfeeding, particularly for exclusive breastfeeding over six months.

The Surgeon General's Call to Action to Support Breastfeeding

(<http://www.cdc.gov/breastfeeding/promotion/calltoaction.htm>) builds on Affordable Care Act (ACA) provisions that require employers to provide appropriate and adequate workplace accommodations that enable employees who are breastfeeding to express their milk. Specifically, the ACA amends the Fair Labor Standards Act by requiring employers to provide: a) reasonable, though unpaid, break time for a mother to express milk and b) a place, other than a restroom, that is private and clean where she can express her milk. (<http://www.dol.gov/whd/nursingmothers/>).

The ACA also requires most private health insurance plans to provide breastfeeding support, supplies, equipment, and counseling for pregnant and nursing women.

(<https://www.healthcare.gov/coverage/breast-feeding-benefits/>). Breastfeeding services are among the required women's preventive services exempt from without cost-sharing (e.g., co-payments and deductibles) among the great majority of private health plans, including individual, employer-based, small group, self-insured and ACA exchange/marketplace plans. (See guidelines at <http://www.hrsa.gov/womensguidelines/>).

States policies also play an important role in promoting and supporting breastfeeding. (<http://www.usbreastfeeding.org/Portals/0/Publications/State-Legislation-White-Paper-2008-USBC.pdf>). State Title V MCH programs have a long history of work on breastfeeding. (<http://www.amchp.org/Policy-Advocacy/health-reform/Documents/AMCHP%20Dec%202013%20Breastfeeding%20Issue%20Brief%20FINAL.pdf>). However, while CMS encourages states to go beyond the requirement of solely coordinating and referring enrollees to WIC and include lactation services (e.g., breast pumps, supplies, lactation consultation, breastfeeding support) as separately reimbursed pregnancy-related services, not all state Medicaid agencies do so. (http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Lactation_Services_IssueBrief_01102012.pdf).

Action Agenda for State Title V MCH Block Grant Programs:

- If your state does not have one, educate policymakers about the value of a law that gives women the right to breastfeed in any place, public or private, and prohibits any person from restricting or limiting the right of a mother to breastfeed.
- If your state does not already do so, encourage Medicaid coverage of breastfeeding (lactation) services as separately reimburse pregnancy-related services in hospital, clinic physician offices, and other settings.
- Adopt procedures for public health agencies to educate clients about breastfeeding.
- Provide Title V funding for education and training in breastfeeding to health professionals who care for women and infants.
- Support adoption of Baby-Friendly Hospital guidelines for all birth facilities in the state.
- Create a partnership among private health plans, public health, federally qualified health centers (FQHC), and Medicaid to enhance awareness of ACA breastfeeding coverage.
- Encourage Medicaid and private managed care organizations to either collect data on breastfeeding and/or initiate a performance improvement project (PIP) or focused study that seeks to increase rates of breastfeeding among enrollees.
- Partner with employers to ensure that they establish and maintain comprehensive, high-quality lactation support programs for their employees. (<http://www.womenshealth.gov/breastfeeding/business-case-for-breastfeeding.html>)
- Offer state public health recognition (e.g., certificates, awards, news releases) for employers and birth facilities that promote breastfeeding according to the law and national recommendations.
- Use MCH funding to create or adapt existing social marketing campaigns to promote breastfeeding, including support for Text4baby. (<https://text4baby.org/>)