

# SUPPORTING BREASTFEEDING

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Breastfeeding confers many health benefits to both mother and baby. Breastfed babies are at a lower risk for developing infections, asthma, allergies, and certain blood cancers<sup>1-2</sup>. As they grow up, children who were breastfed are less likely to become overweight or develop diabetes<sup>3</sup>. Mothers who breastfeed their babies gain additional protection against developing breast and ovarian cancers<sup>3</sup>. Breastfeeding may be the healthiest way to feed infants, but breastfeeding can be difficult. Babies may have trouble latching and moms may worry that they are not producing enough milk to ensure their baby gains weight<sup>4-5</sup>.

Some mothers find breastfeeding physically painful, time-consuming, and inconvenient. Nearly 9 in 10 mothers who plan to breastfeed exclusively or supplement with formula actually initiate breastfeeding. Of the mothers that initiate breastfeeding, roughly 10 percent are still breastfeeding their infant at 12 months of age<sup>6</sup>. Despite the difficulties of breastfeeding, support from medical professionals, friends and family helps. Mothers in environments where others support their breastfeeding efforts are twice as likely to exclusively breastfeed their baby for at least six months<sup>2</sup>.

**87.7%**  
OF MICHIGAN MOMS  
TRY BREASTFEEDING  
THEIR NEW BABIES  
(MI PRAMS 2017)

## MORE MOTHERS ARE BREASTFEEDING

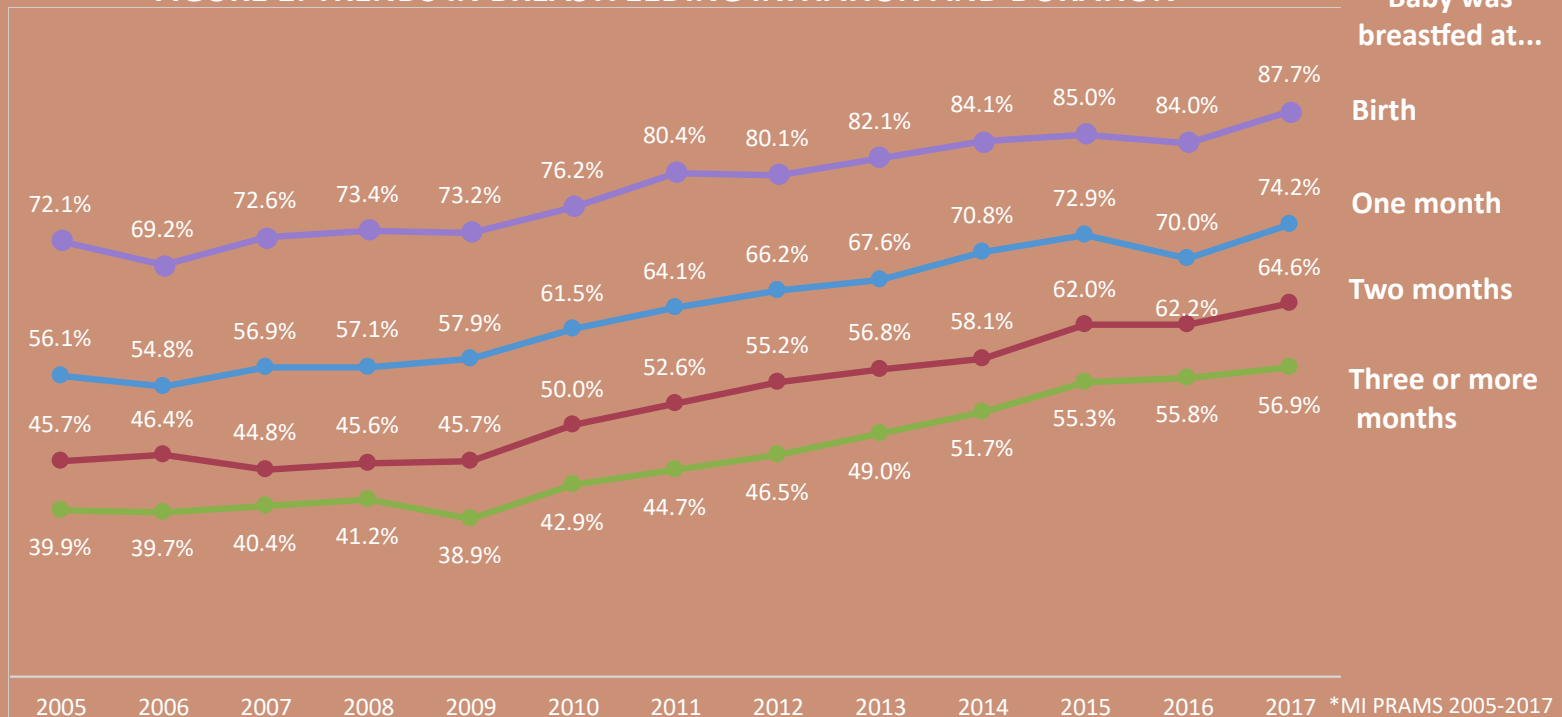
- In 2017, nearly 9 in 10 Michigan moms (87.7%) initiated breastfeeding, an increase of 15.6 percentage points since 2005. (Figure 1)
- At three months, more than half of mothers are still breastfeeding, an increase of 17.0 percentage points since 2005 (Figure 1).

## MANY MOTHERS QUIT EARLY

- Although more moms are starting and continuing to breastfeed past 3 months, about 1 in 3 moms stop breastfeeding before her infant is three months old (Figure 2).
- The rate at which mothers quit breastfeeding has remained largely unchanged over the last decade (Figure 1).

*“When I was breastfeeding my milk didn’t let down for a few days, and my baby was crying a lot. So they should have a standard course for breastfeeding, because I was lost and scared.”*  
- PRAMS MOM, 2017

**FIGURE 1: TRENDS IN BREASTFEEDING INITIATION AND DURATION\***



## HEALTH CARE PROVIDERS CAN SUPPORT BREASTFEEDING BY...

## Helping moms recognize a well fed infant

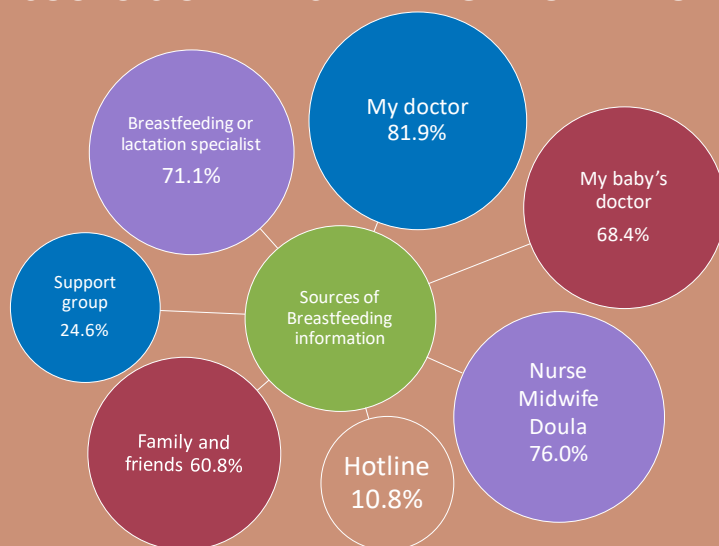
- The top reason moms say contributed to their decision to stop breastfeeding is that they thought they were not producing enough milk (2017, 58.2%).
- One in three moms (2017, 38.2%) said a contributing factor in their decision to stop breastfeeding was that their baby was not satisfied by breast milk alone.
- Yet, among moms who thought they were not making enough milk or felt that breast milk was not satisfying their baby, only one in five indicated their infant was not gaining enough weight while being breastfed (2017, not enough milk, 19.5%; not satisfying baby, 22.3%).

## Fostering community around breastfeeding

- Moms' doctors, nurses, midwives or doulas are the ONLY source of breastfeeding information for one in ten moms (2017, 10.6%).
- Only 6 in 10 of these moms (2017, 60.3%) will begin breastfeeding compared to 9 in 10 moms (2017, 91.5%) who received breastfeeding information from sources other than or in addition to doctors, nurses, midwives or doulas.

“ In my area they do not have any breastfeeding resources. I have to travel an hour away. The nurses only have some basic info but not enough. —PRAMS MOM, 2016

FIGURE 2: DOCTORS AND NURSES ARE IMPORTANT SOURCES OF BREASTFEEDING INFORMATION\*



\* MI PRAMS 2017

“ I have a medical condition...that makes breastfeeding very difficult at first. There was exceptionally limited support/info available to me on this topic. My healthcare providers seemed to have a limited amount of knowledge on the subject.

—PRAMS MOM, 2016



## TAKE ACTION

Physicians are critical in promoting and supporting breastfeeding.

Early in prenatal care, the **American College of Obstetricians and Gynecologists (ACOG)** recommends that OB/GYNs set the stage for patient-centered discussions by asking “What have you heard about breastfeeding?” In addition, OB/GYNs should conduct a breast assessment, ask about previous breastfeeding, identify previous or potential issues with breastfeeding, provide anticipatory guidance and guide mom to appropriate support, and engage partners and family members when developing a feeding plan that is compatible with the mom's and family's goals.

After babies are born, the **American Academy of Pediatrics (AAP)** outlines roles for the pediatrician. Pediatricians should normalize breastfeeding, develop skills related to knowledge of breastfeeding principles and management, learn to assess breastfeeding adequacy, support breastfeeding-related training of new medical professionals, promote breastfeeding-friendly hospital policies, and collaborate and coordinate with OB/GYN and community-based support professionals to ensure uniform and comprehensive breastfeeding support.

## SELECTED BREASTFEEDING EDUCATIONAL RESOURCES FOR PROVIDERS

**Michigan Breastfeeding Network**, Monthly webinars, cultural competency and equity based learning resources.

<https://www.mibreastfeeding.org>

**AAP Breastfeeding Residency Curriculum** <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/Residency-Curriculum.aspx>

**AAP Breastfeeding Professional Education Resources** <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/Resources.aspx>

**ACOG Breastfeeding**, Clinical guidelines, provider tool kit, list of breastfeeding professionals. <https://www.acog.org/About-ACOG/>

Since 1987, Michigan PRAMS and the Centers for Disease Control and Prevention (CDC) have been telling the stories of Michigan's mothers and babies by collecting and disseminating population-based data on maternal attitudes and experiences before, during and after pregnancy that is not available from other sources.

To access or collaborate on Michigan PRAMS data, email [MIPRAMS@michigan.gov](mailto:MIPRAMS@michigan.gov).

Learn more about Michigan PRAMS and access this and other reports at <https://www.michigan.gov/prams>

## REFERENCES

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## METHODOLOGY NOTES

Michigan's Pregnancy Risk Assessment Monitoring System (MI PRAMS) is an annual population-based survey of new mothers, that assesses behaviors and experiences around the time of pregnancy. MI PRAMS is a collaboration between the Centers for Disease Control and Prevention (CDC) and the Michigan Department of Health and Human Services (MDHHS). MI PRAMS operations are housed within the Maternal and Child Health Epidemiology Section, a part of the Division of Lifecourse Epidemiology and Genomics.

MI PRAMS utilizes a mixed-mode methodology in order to gather information from women selected to participate in the survey. This combination mail/telephone survey methodology is used to maximize response rates. Data collection for the 2005-2017 birth years was conducted by the Michigan State University Office for Survey Research or the Bloustein Center for Survey Research at Rutgers University and MDHHS.

MI PRAMS surveys approximately one to two percent of resident mothers who have delivered a live born infant in Michigan within each calendar year. MI PRAMS uses a random sample stratified by birthweight (low and normal birthweight), race (black and non-black) and region (Southeast Michigan counties and all other counties). This report, with the exception Figure 1, reports on 2017 PRAMS data (responses=1,897; weighted response rate=56.1%). Additional information about PRAMS, including a phase specific question topic map can be found at <https://www.michigan.gov/prams>.

## ANALYTIC DEFINITIONS

For the purposes of this analysis **breastfeeding duration** was defined as:

**Initiation, started breastfeeding, or breastfeeding at birth:** Respondent stated she breastfed or pumped breast milk to feed her new baby, even for a short period of time.

**Breastfed one month:** Respondent indicated she breastfed or pumped milk for at least four weeks or one month.

**Breastfed two months:** Respondent indicated she breastfed or pumped milk for at least eight weeks or two months.

**Breastfed three months or more:** Respondent indicated that she breastfed or pumped milk for at least 12 weeks. Alternatively, the infant was at least 12 weeks old and respondent indicated she was currently breastfeeding her infant the time she completed the survey. A small number of mothers each year complete the survey before their infants reach 12 weeks of age. In 2017, there were 99 (5.4%) respondents for whom this was the case. For these mothers, we cannot determine if their infants continued breastfeeding through 12 weeks of age.

**ANALYSIS QUESTIONS**

Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time? <i>(No, Yes)</i>
Are you currently breastfeeding or feeding pumped milk to your new baby? <i>(No, Yes)</i>
<i>(Asked if mom ever fed breast milk, but was not feeding breast milk at the time of survey completion)</i> How many weeks or months did you breastfeed or feed pumped milk to your baby?
<i>(Asked if mom had stopped breastfeeding by the time she completed the survey)</i> What were your reasons for stopping breastfeeding? (Check all that apply: Breast milk alone did not satisfy my baby, I thought I was not producing enough milk or my milk dried up, I thought my baby was not gaining enough weight)
Before your new baby was born, did you receive information about breastfeeding from any of the following resources? (My doctor; a nurse, mid-wife or doula; a breastfeeding or lactation specialist; my baby's doctor or health care provider; a breastfeeding support group; a breastfeeding hotline or toll-free number; family or friends; other)

**RECOMMENDED CITATION**

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