

Ohio Department of Health

Policy on Infant Feeding

Purpose:

The Ohio Department of Health (ODH) is committed to promoting optimal health and safety for all Ohio infants and to reducing infant mortality. ODH recognizes its leadership role in establishing standards for policies and practices that promote healthy behaviors among its employees, programs, subgrantees, and other state agencies for what ODH believes to be in the best interest of Ohio citizens. The purpose of this policy is to establish a consistent infant feeding message across all department programs and activities that work in Maternal and Infant Health Programs.

Policy:

The Ohio Department of Health, in alignment with the American Academy of Pediatrics, recommends exclusive breastfeeding for six months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer as mutually desired by mother and infant.¹ The Ohio Department of Health recognizes that there are rare individual and/or family circumstances in which breastfeeding must be limited or is contraindicated.

Procedures:

1. ODH subgrantees working in Maternal and Infant Health Programs shall adopt the ODH Infant Feeding Policy or similar written infant feeding policy that is communicated to all staff.
2. ODH staff and subgrantees working in Maternal and Infant Health Programs will be provided breastfeeding support training on a yearly basis.
3. ODH programs and subgrantees working in Maternal and Infant Health will maintain an up-to-date list of local breastfeeding educational and supportive resources.
4. ODH programs and subgrantees working in Maternal and Infant Health will include breastfeeding supportive messages in all applicable activities and publications.
5. ODH will form an ad hoc committee consisting of ODH staff working in all program areas to support and monitor breastfeeding activities on an agency wide basis.
6. ODH programs and subgrantees will not advertise the use of term infant formula.
7. ODH program and subgrantee materials should avoid images of infants being formula fed (bottle fed) unless the materials are designed specifically to address bottle feeding or other special infant feeding circumstances (e.g., safe bottle feeding, bottle feeding like a breast-fed baby, G tube feeding).
8. ODH recommends that infant feeding messages be delivered in culturally appropriate methods to reach diverse populations; and that messages must be linguistically suitable for various literacy levels. We understand that the method of delivery may vary, but the recommendations will remain the same.
9. ODH recognizes that the majority of infant feeding messages are directed at healthy newborns. For infants with special health care needs the messaging may need to be adapted to meet the needs of these infants and mothers. It is important for mothers of infants with special health care needs to consult their healthcare professionals for feeding guidance and recommendations.

Background:

Breastfed infants experience immunological and nutritional benefits that infants who are not breastfed do not receive. Benefits of breastfeeding include: improved developmental and psychosocial outcomes, increased mother/infant bonding, reduced health care costs, less environmental waste and reduced infant mortality. Breastfeeding is linked to decreased risk of Sudden Infant Death Syndrome (SIDS), necrotizing enterocolitis (NEC), ear infections, GI infections, celiac disease, inflammatory bowel disease, obesity, diabetes, childhood leukemia and lymphoma, and better neurodevelopmental outcomes.

Numerous professional and public health organizations support breastfeeding and the use of human milk as the preferred method of providing infant nutrition and promoting infant health. Organizations showing their support include: the American Academy of Pediatrics; American College of Obstetricians and Gynecologists; American Academy of Family Physicians; American College of Nurse-Midwives; Academy of Nutrition and Dietetics; US Department of Health and Human Services; National Center for Chronic Disease Prevention and Health Promotion; United States Breastfeeding Committee; International Lactation Consultant Association; Academy of Breastfeeding Medicine; World Health Organization; Neonatal Nurse Practitioner; Association of Women's Health, Obstetric and Neonatal Nurses; and the National Association of Pediatric Nurse Practitioners.ⁱⁱ

Yet, according to the Centers for Disease Control and Prevention (CDC), only 64.7% of white, non-Hispanic mothers, 61.3% of Hispanic mothers, and 54.1% of black, non-Hispanic mothers initiated breastfeeding in Ohio. By six months post-partum, only 34.2% of Hispanic mothers, 33.4% of white, non-Hispanic mothers, and 23.4% of black, non-Hispanic mothers are breastfeeding in Ohio. By 12 months, 15.3% of Hispanic mothers, 14.7% of white, non-Hispanic mothers, 9.5% of black, non-Hispanic mothers are breastfeeding. Improving breastfeeding initiation and duration rates among all demographic groups can help to reduce infant morbidity and mortality.ⁱⁱⁱ

The most common barriers to breastfeeding experienced by nursing mothers include: lack of knowledge, social support, and support from health care providers as well as lack of availability or awareness of breastfeeding support programs, child care or work constraints and embarrassment.^{iv} Addressing these barriers at the community and policy level can help individual mothers achieve their own breastfeeding goals and can improve population health by increasing babies that breastfeed for the recommended length of time.

In the 2011 *Call to Action to Support Breastfeeding*, the Surgeon General called for a society-wide approach to support mothers and babies who are breastfeeding. Previous recommendations from the Surgeon General include: improving professional education in human lactation and breastfeeding; developing public education and promotional efforts, strengthening the support for breastfeeding in the health care system, developing a broad range of support services in the community, initiating a national breastfeeding promotion effort directed to women who work, and expanding research on human lactation and breastfeeding. Shifting this norm for Ohioans will require involvement of mothers and their families, communities, employers, businesses, health care and public health programs.^{iv}

The Ohio Department of Health programs should aim to establish breastfeeding as the cultural norm for Ohio infants. It is the right of every baby to have the opportunity to breastfeed or receive human milk. In the American Academy of Pediatrics 2011 expanded policy statement *SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment* breastfeeding is recommended as a protective factor against SIDS since breastfeeding and the use of human milk reduces the risk of SIDS.ⁱ Location of feeding is also referenced. Infants may be brought into the bed for feeding or comforting but should be returned to their own crib or bassinet when the parent is ready to return to sleep. Because of the extremely high risk of SIDS and suffocation on couches and armchairs, infants should not be fed on a couch or armchair when there is a high risk that the parent might fall asleep.

Regardless of milk source or feeding methods, babies should be held while being fed and held often when not being fed. ^{vi} Breastfeeding and the use of human milk also reduces the risk of SIDS. ⁱ

References:

ⁱ American Academy of Pediatrics. (2012). Breastfeeding and the Use of Human Milk, *Pediatrics*, 129 (3), e827-e841. Retrieved from <http://pediatrics.aappublications.org/content/129/3/e827.full.pdf+html>

ⁱⁱ U.S. Department of Health and Human Services. (2000). *HHS Blueprint for Action on Breastfeeding*. Washington D.C: U.S. Department of Health and Human Services, Office of Women's Health. Retrieved from: <http://www.womenshealth.gov/archive/breastfeeding/programs/blueprints/bluprntbk2.pdf>

ⁱⁱⁱ Scanlon, K. S., Grummer-Strawn, L., Li, R., Chen, J., Molinari, N., Perrine, C. G. Racial and Ethnic Differences in Breastfeeding Initiation and Duration, by State --- National Immunization Survey, United States, 2004—2008, *Morbidity and Mortality Weekly Report*, 59(11);327-334. Retrieved from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5911a2.htm>

^{iv} U.S. Department of Health and Human Services. (2011). *The Surgeon General's Call to Action to Support Breastfeeding*. Washington, D.C.: U.S. Department of Health and Human Services, Office of the Surgeon General. Retrieved from: <http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf>

^v Australian Breastfeeding Association. (2012). Position Statement on Breastfeeding. Retrieved October 17, 2012, from: <https://www.breastfeeding.asn.au/aboutaba/positionstatement>

^{vi} American Academy of Pediatrics. (2011). SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment, *Pediatrics*, 128 (5), 1030-1039. Retrieved from <http://pediatrics.aappublications.org/content/128/5/1030.full.pdf+html?sid=e488fc34-715b-4fb8-a433-40600375ef59>