

Minnesota WIC Breastfeeding Guidance

2018-2019

This document provides tips for developing the local nutrition education plan and for ongoing reference.

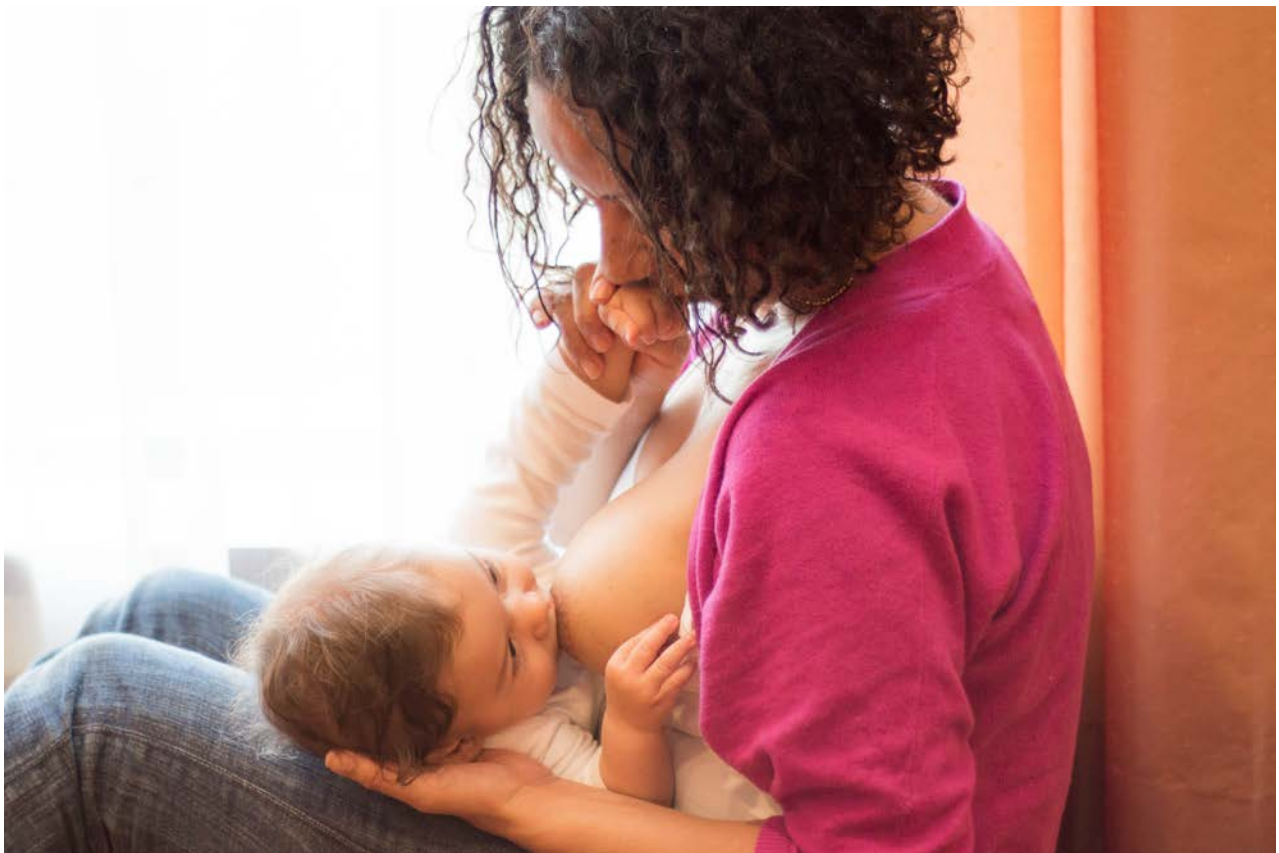


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Background & information: 2018/2019 nutrition education plan

WIC is a health, nutrition and breastfeeding program. We are making progress in supporting breastfeeding, and as of 2015, twenty-nine local WIC programs have met the Healthy People 2020 goals for breastfeeding initiation. Many more will meet goals for initiation and duration by 2020. We've made some progress in promoting exclusive breastfeeding; there is more work to be done. This document provides background information and resources to help in developing local breastfeeding goals and activities, and for ongoing reference. **Celebrate your successes**, and then identify how your agency can build additional support for breastfeeding, to help every Minnesota infant to have the opportunity to be breastfed and every Minnesota mom to have the opportunity to be supported in breastfeeding.

The MN WIC breastfeeding goal for 2018/19: Increase breastfeeding exclusivity and decrease early cessation of breastfeeding by answering questions and addressing potential barriers for pregnant WIC participants, preparing WIC participants for a great start to breastfeeding in the hospital and early weeks, and providing early postpartum support. There are three related objectives.

Objective 1 relates to assessing the current rates of breastfeeding in the state (information on state rates is included in the plan and within this document as appendix 1) and for each agency to review their current rates and assess needs. Breastfeeding initiation, duration and exclusivity rates vary widely between agencies, and sometimes between population groups served by one agency. Some agencies are collecting information related to exclusivity, others are not. As you review rates for your agency consider additional information that may be useful to collect.

Objective 2 This objective relates to information, training, and materials to help women get a great start with breastfeeding. You are encouraged to review information available from the State, and based on needs identified in objective 1, determine which activities will best help promote and support breastfeeding in your agency.

Objective 3 We can do a lot within WIC; however, WIC participants are influenced by family, friends, the public and the places where they receive health care, child care, where they work or go to school, and more. Collaborating with others to build consistent messages and create supportive environments is the focus of objective 3.

Suggested activities related to this objective also include outreach to other organizations, so health care providers and others know that WIC is a health, nutrition *and breastfeeding* program. It is important for health care professionals to know that WIC is a place to send their patients for nutrition and breastfeeding information while pregnant and for support after the baby is born. This is important for family, friends and the public to know also.

For your reference, a copy of the 2018/2019 Breastfeeding Goal and Objectives is included as Appendix A. Resources related to each of the objectives begin on the next page.

Objective 1 Resources: Sources of breastfeeding data and how to access.

There are many sources of data on breastfeeding in Minnesota WIC and in counties, cities, CHBs or local WIC agencies.

Data Wheel. The [data wheel](#), located on the Minnesota WIC Website under reports has breastfeeding information in several places:

[Health Indicators tab](#). Here you will find:

- Breastfeeding progress for MN WIC. (Initiation, duration for 1 mo., 3 mo., 6 mo. and 12 mo.)
- [Breastfeeding progress for MN WIC by county](#)

[Breastfeeding tab](#). Here you will find:

- annual summary reports,
- annual reports by race / ethnicity (scroll down to see unduplicated race/ethnicity, unduplicated by cultural identity-Asian and unduplicated by cultural identity-black, and race/ethnicity alone or in combination.)
- breastfeeding fact sheets (including the fact sheet on exclusive breastfeeding) and
- maps showing breastfeeding rates by county.

In the data wheel annual reports are available by CHB of residence, county of residence, and city of residence. If there are two or more WIC programs in a county or if your WIC program is tribal-based you will find the specific information about the rates in your WIC program in the annual reports that are found on the Infoview site. See the information below for accessing reports in Infoview.

Infoview: Current rates of breastfeeding within your agency and the state can be found in Infoview. These are the types of reports found in Infoview. (Some of these reports were previously found in FileZilla.)

- Annual breastfeeding reports.
- Summary statistics reports (monthly) See appendix C in this guidance document.
- Infoview ad hoc reports. See the Infoview information on the MN WIC Website or contact the state WIC office.

[Information about Infoview](#) is found on the Minnesota WIC website. On this page you will find:

- Infoview Login
- Infoview Guidance Documents
- Infoview Report Templates Reference
- Quick Reference (Infoview basics)
- Infoview Training Modules

Screen shots with information on finding the Summary Statistics Breastfeeding in Infoview are found in Appendix C.

Collecting exclusive breastfeeding information

The following information on collecting data is from the **March 23, 2016 Wednesday Update on Breastfeeding Exclusivity: State Use Question #1**

Several local WIC agencies expressed interest in tracking information on breastfeeding initiation, hospital supplementation and exclusivity. Agencies with breastfeeding peer programs piloted a question in HuBERT that tracks whether an infant ever breastfed and if so, **if** and when formula supplementation began. This pilot was successful, so we are encouraging other local agencies to consider collecting the same information.

Because a required State Use question must be filled out for all WIC types (including women and older children), *this question will remain **optional***. However, we highly recommended that you use this question to track this information for their agency.

The following State Use question is currently available for local agency use.

- It is in ***Demographics, AdditionalInfo1 tab: First time formula/other given to infant (meds ok)***
- Additional information and definitions of the drop down choices are in [Breastfeeding Exclusivity HuBERT State Use Question #1 Guidance and Definitions](#).
- We hope that making this question available statewide will meet the needs of many agencies.

If your agency is interested in using this field to track initiation and exclusivity, please contact [Marcia McCoy](#) or [Joni Geppert](#) for more information.

Objective 2: Resources for information, training, and materials to help women get a great start with breastfeeding

Staff training

A list of [Lactation trainings](#) offered in Minnesota or Neighboring States is found on the Minnesota WIC Website.

There is also a [MN WIC Calendar](#) that lists nutrition and breastfeeding workshops and conferences as well as other key dates for local WIC staff. See the Wednesday Update each week for more information on the calendar.

Other training including training on Baby Behaviors ([Baby Behavior Training Guide for New WIC Employees](#)), is listed on the WIC training page. Or to find the training: go to the **Local Agency** page, and the **Training/Nutrition** tab.

Also see the new staff training, which includes breastfeeding.

Participant education Materials and Ideas

Prenatal tool kit.

The Minnesota Breastfeeding Coalition has developed a [prenatal tool kit](#) that can be useful as a visual aid for training and teaching. Hospitals, clinics and others are using this information.

Materials from Minnesota WIC

The State WIC Office supplies materials to local WIC programs free of charge. Materials can be found on the [Minnesota WIC Materials Order Form](#). Materials available include posters, pamphlets, DVDs, and visuals for teaching. (For example you can filter by posters to find the breastfeeding posters; if you search for breastfeeding you will find the breastfeeding cards but may miss some other materials – contact the state WIC office for more information on breastfeeding materials available; and if you search for behavior (name field) you will find the Baby Behavior brochures and DVDs.)

Many local WIC or public health programs offer classes or support groups.

For information on some of the groups offered in various communities contact the State WIC Breastfeeding Coordinator.

Consider running a report and contacting women a few weeks before their due date.

You can run an Infoview report to use in contacting women close to their delivery date. You can make a call to see if there are questions about breastfeeding. This can be especially helpful for agencies that don't have peer programs.

Objective 3: Resources for working in collaboration with others to help change the environment to better support breastfeeding.

Minnesota Breastfeeding Coalition website. <https://mnbreastfeedingcoalition.org/>

List of Local Breastfeeding Coalitions <https://mnbreastfeedingcoalition.org/bfa-in-mn/>

Information on the Statewide Health Improvement Program (SHIP) <http://www.health.state.mn.us/people/oshii/ship/communities/> and Tribal SHIP

Share information on lactation training opportunities with others in your community. (And if you know of a training that is not listed here, please let us know so it can be added.)

The WIC Coordinator and / or Breastfeeding Coordinator can introduce yourselves to clinic managers at the hospital, clinics, and to staff from other programs in your community.

Share information on the [MDH recognition programs](#) for Breastfeeding Friendly maternity centers, child care, and workplaces. Consider applying for recognition as a Breastfeeding Friendly Health Department.

Assessment

As you develop your nutrition education plan review the data for your agency and also think about what you hear from participants – Are they frustrated with workplace support (or lack of support)? What is helping the women who are doing great with breastfeeding succeed? How can other women achieve the same successes? What do WIC staff think are key areas that will help to promote and support breastfeeding?

Setting Breastfeeding Goals

The breastfeeding initiation, duration and exclusivity rates will vary somewhat from month to month (and more in smaller agencies.) Looking at annual reports, or several months of monthly reports, will give you a picture of breastfeeding in your agency and may help you see some areas to work on. If your initiation rates are high, how long are women breastfeeding? For some areas of the state women are stopping in the first days and weeks. Refer to the graph in the nutrition education plan that shows the impact of exclusively breastfeeding in the hospital on breastfeeding rates. How do we prepare more women and families to be ready and confident to exclusively breastfeed in the hospital? Why do about 4% of WIC participants statewide stop breastfeeding the first day? (And about 12% in the first week.) How can we prepare them to be confident in breastfeeding? How can we work with hospitals and clinics for consistent messaging? The goals that are appropriate for your agency will be different than the goals and needs in another.

Appendix A. Copy of 2018 / 19 Breastfeeding Goal 2 and related objectives.

Goal 2: Increase breastfeeding exclusivity and decrease early cessation of breastfeeding by answering questions and addressing potential barriers for pregnant WIC participants, preparing WIC participants for a great start to breastfeeding in the hospital and early weeks, and providing early postpartum support.

Background. Exclusive breastfeeding¹ to a year and longer is recommended for all infants. What happens in the prenatal period and hospital can impact exclusivity and duration of breastfeeding, and a woman's confidence that she can and will breastfeed. When women believe they can breastfeed, are prepared for a great start in the hospital, have information on what to expect when they are home, to navigate their planned return to work or other possible challenges, they are empowered to breastfeed, and often more successful. WIC information and support can help empower women. This year's state goal relates to helping all women get a great start with breastfeeding through anticipatory guidance and early postpartum support, exclusive breastfeeding in the hospital, and supporting exclusive breastfeeding.

Promoting exclusive breastfeeding is a balancing act. While we promote optimal nutrition and breastfeeding, there are occasional times when supplemental formula is needed due to low supply or a challenging work situation. Some women who could produce a full milk supply if they didn't receive an unnecessary supplement may unintentionally reduce their milk supply by supplementing. We work to assure that WIC does no unintentional harm to milk supply by issuing formula. We encourage WIC staff to approach each woman assuming she will exclusively breastfeed. Work from there to address her questions and concerns, reassuring her that we want to help her and her baby get the best start possible, and will support her whatever her situation and needs. If the CPA assessment determines that it is appropriate to issue formula, it is important to supplement the minimum amount of formula to meet the assessed need and to refer / follow-up when concerns about milk supply are identified.

The importance of a great start in the hospital and feeding only breastmilk is illustrated below. (Data is from MN WIC agencies who are using the special use fields to collect this information.)

¹ Breastfeeding or providing breastmilk, any medically necessary medications, and the addition of complementary foods when developmentally ready, around 6 months of age.

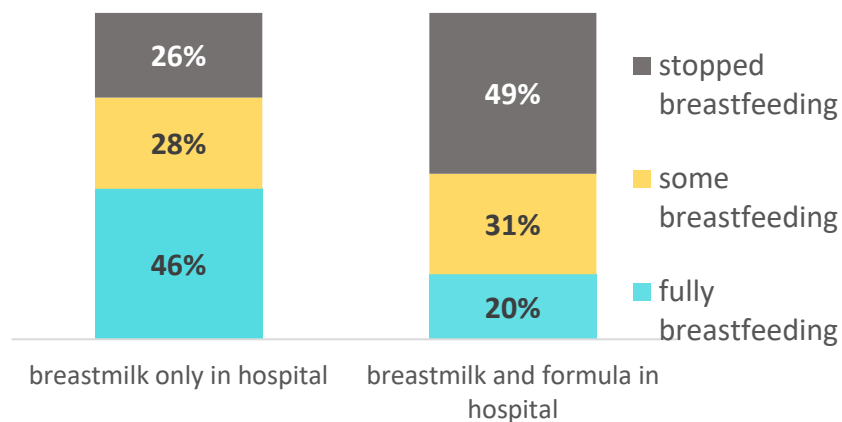
Breastfeeding at 3 months among infants in the Minnesota WIC program

At three months of age, breastfeeding status varied depending on whether breastfed infants had been given formula during their hospital stay. Infants who had been exclusively breastfed in the hospital were

- more likely to continue to breastfeed (74% vs. 51%), and
- 2.3 times as likely to be fully breastfeeding compared to those who were given formula in the hospital. (Figure1)

Also see *The importance of exclusive breastfeeding during the hospital stay* and other [Minnesota WIC Fact Sheets](#).

Figure 1. Breastfeeding status at 3 months among infants who initiated breastfeeding, 2015



Overcoming barriers that lead to breastfeeding cessation.

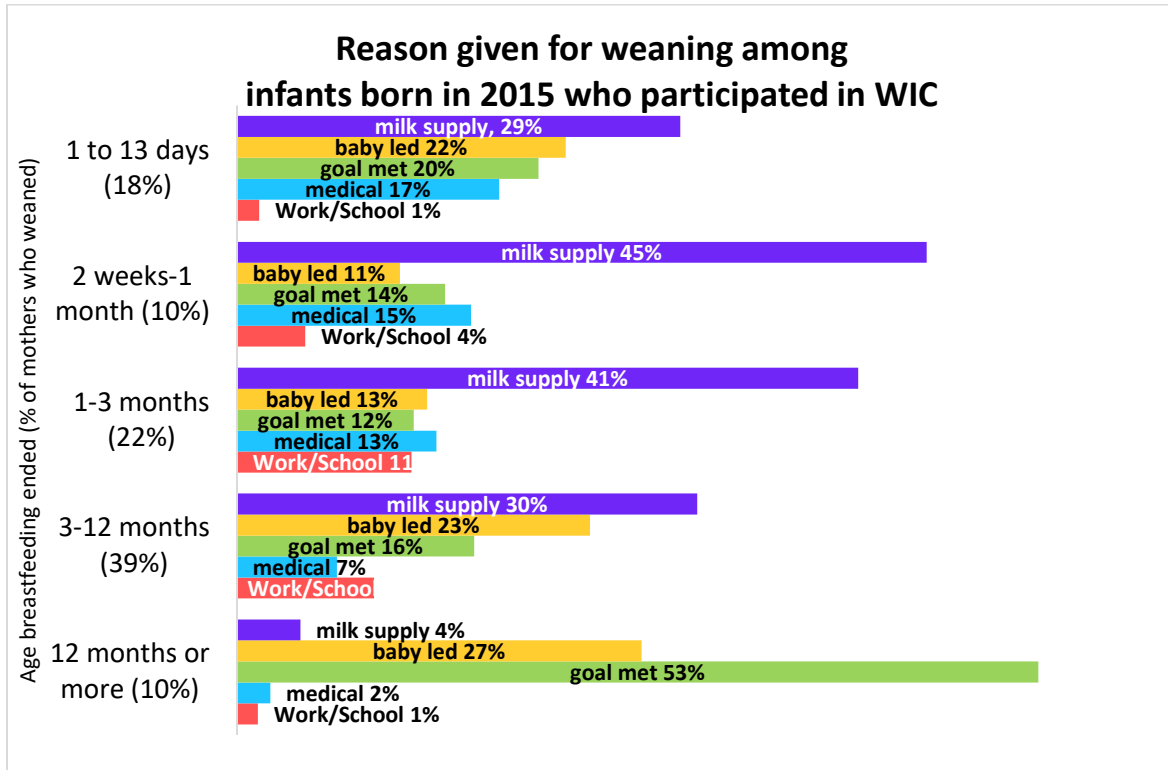
Concerns about milk supply remain a primary reason that women start supplementing or stop breastfeeding in the first days, weeks, and months. Addressing individual concerns about milk supply, and providing anticipatory guidance on infant feeding cues, early baby behaviors, and expectations about the amount of early milk (colostrum) that is needed can help women get off to a great start and continue breastfeeding with confidence.

Baby led weaning is surprising to see in the first year, and even more surprising that it is identified as one of the most frequent reasons for stopping breastfeeding. Early infant feeding behaviors, such as head bobbing, head shaking, or when baby appears to be pushing away from the breast can be misinterpreted as rejection of the breast. Teaching about baby behaviors/feeding cues and infant feeding reflexes can help prevent these misinterpretations of infant behavior. Understanding these behaviors and how they relate to feeding can help women develop confidence and not feel that their baby is rejecting them or breastfeeding.

Each woman, whatever her cultural/ethnic background or age, should be approached as an individual, with individual knowledge, beliefs, and supports. Recognizing that some cultural and

ethnic groups face more challenges, the State WIC Program is working to identify opportunities for breastfeeding promotion and to change the environment for those groups. Within each cultural, ethnicity and age group there are women who exclusively breastfeed and do so for a long time. What can we learn from these women?

A chart with data from HuBERT is shown below. The more accurately this field is completed in HuBERT the more accurate the report.



Goal 2, Objective 1. By July 1, 2017 and on-going, the State Agency will assess breastfeeding rates, set state goals, and provide guidance to local agency staff for assessing their own rates and setting goals.

Baseline Breastfeeding Initiation and Duration, State of Minnesota, 2015 Annual Reports, preliminary²:

Table 1	All	Am. Indian/ NH	Asian/NH	Black/ AA NH	White /NH	>1 race/ NH	Hispanic All races
Initiation	80.6%	57.9	66.1	86.4	82.3	73.9	87.5
2 weeks	72.6%	49.8	54.3	80.3	74.1	66.1	79.5
3 mo.	47.7%	24.1	33.0	63	44.4	39.7	55.7
6 mo.	35.4%	15.0	22.1	48.5	32.8	28.2	42.3
12 mo.	18.0%	6.8	11.3	21.3	17.9	13.6	24.3

Table 2	Black/ AA	Somali	Liberian	Ethiopian	Kenyan	Sudanese	Oromo	Hmong	Karen	Bhutanese /	Cambodian	Karenni	Laotian	Vietnamese
Initiation	71.8	97.8	83.7	95.9	96.7	95.1	96.3	57.4	87.8	# Too small to report	83.3	# Too small to report	72.5	85.4
2 weeks	Not available	Not available	Not available	Not available	Not available	Not available	Not available	43.5	80.7	# Too small to report	65.0	# Too small to report	56.5	76.8
3 mo.	29.4	87.3	54.1	75.5	90.0	72.9	79.7	26.2	62.0	# Too small to report	41.4	# Too small to report	38.9	65.1
6 mo.	17.1	70.3	38.1	58.6	80.4	54.4	59.0	21.1	55.8	# Too small	31.9	# Too small	32.4	54.7

² Data in tables 1 and 2 accessed 3/30/2017 from [WIC data wheel, breastfeeding, annual reports \(http://www.health.state.mn.us/people/wic/localagency/reports/bf/annual/index.html\)](http://www.health.state.mn.us/people/wic/localagency/reports/bf/annual/index.html) Table 1 data from 2015 Annual report by county of residence. *Breastfeeding Initiation and Duration at Two Weeks and Two, Three, Six and Twelve Months for Minnesota WIC Infant Born During Calendar Year 2015* and <http://www.health.state.mn.us/people/wic/localagency/reports/bf/healthequity/undup/index.html> *Breastfeeding Initiation and Duration at Two Weeks and Two, Three, Six and Twelve Months for Infants in the Minnesota WIC Program Born During Calendar Year 2015 by Race/Ethnicity unduplicated or Alone or in Combination (AOIC)* <http://www.health.state.mn.us/people/wic/localagency/reports/bf/healthequity/aoic/index.html> Agencies from counties that include participants from more than one local WIC program can access their data in Infoview. Table 2 data is based on a combination of data collected by MN WIC agencies that use the special use fields for race / ethnicity) and birth certificate data. Data is more complete for MN WIC local agencies that collect the data. See guidance document or contact the State WIC Office for more information on how your agency can collect the data if not already collecting.

Table 2	Black/AA	Somali	Liberian	Ethiopian	Kenyan	Sudanese	Oromo	Hmong	Karen	Bhutanese /	Cambodian	Karen	Laotian	Vietnamese
										to report		to report		
12 mo.	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available

Baseline Breastfeeding as measured by Summary Statistics Report, Breastfeeding (Monthly report)

blank	Infants in 3rd Month of Life /State of MN WIC			
Report Month	# ALL	% ALL MN	# \geq 3 mo. MN	% \geq 3 mo. MN
Jan-17	860	57.6	585	59.51
Feb-17	896	58.68	598	59.8
Mar-17				

By July 1, 2018 early cessation of breastfeeding will decrease 10%, from a baseline of 18.5% cessation in first two weeks as of January 2017 *Summary Statistics Report - Breastfeeding* to 16.7% by January 2019.³

By July 1, 2018 statewide exclusive breastfeeding rates, will increase, as measured in Infoview. The goal is to decrease the % of MN WIC infants who receive a supplement in the hospital⁴ (as a % of those initiating breastfeeding⁵) by 10% or more, as indicated in the table on the next page.

³ *Summary Statistics Report – Breastfeeding* is found in Infoview and is available by agency and clinic. Data is not available by racial ethnic group. This report reflects cessation for only those who have initiated breastfeeding. The annual reports, with baseline by racial ethnic group, which are included above report on the % of the total group (not just those who initiated breastfeeding) who are breastfeeding at any point in time. For assistance with assessing early cessation by racial-ethnic group contact the State WIC Office.

⁴ The goal was originally written to increase the % of WIC infants who exclusively breastfed in the hospital, however this results in goals that further widen the gaps between groups. By writing the goal to decrease the % of those supplemented the goal is aligned with decreasing health disparities. The ultimate goal is for all infants to be exclusively breastfed in the hospital and beyond.

⁵ Data is only available for agencies who are using special use fields to collect this information. See local agency goals and activities section for information on how your agency can collect this data, if not currently collecting it.

	% of breastfed infants provided only breastmilk in the hospital, 2016.	% of MN WIC breastfed infants that received some formula in the hospital	Goal: decrease % of those supplemented by at least 10%	2017	2018
All	46%	54%	48.6%		
American Indian or Native Alaskan	58%	42%	37.8%		
Asian / Pacific Islander	25%	75%	67.5%		
Black or African American	33%	67%	60.3%		
Hispanic	54%	46%	41.4%		
White	65%	35%	31.5%		

If they receive any formula, participants will receive the minimum amount of formula to meet assessed and documented needs and the majority will receive no formula or lower amounts within the mostly breastfeeding category. (More information on assessing this will be included in the Breastfeeding Guidance document)

State Agency Activities for Goal 2, Objective 1:

- Continue to assess breastfeeding rates.
- Set breastfeeding goals.
- Share information on:
 - How local staff can use the annual reports to assess baseline information about breastfeeding.
 - How local staff can use Summary Statistics reports to assess early cessation of breastfeeding and set goals.
 - How local staff can use the state use fields to measure breastfeeding exclusivity.
 - How local staff can use Infoview to measure the number of cans of formula provided to participants in their agency.
 - How local staff can use Infoview to report information on exclusive breastfeeding in their agency.
 - How local staff can identify breastfeeding rates for cultural / ethnic groups within their WIC population.

Local Agency Goal 2, Objective 1: By September 1, 2017 and on-going, the local agency will identify breastfeeding promotion and support needs and progress by reviewing breastfeeding rates for their agency.

Suggested Activities for Local Agencies for Goal 2, Objective 1 (Additional tips on using the reports is found in the breastfeeding guidance document.)

- Review Annual Breastfeeding Reports and Summary Statistics reports to assess early cessation of breastfeeding.
- Baseline Breastfeeding Initiation and Duration, (table to use for your agency or for your agency and clinics), 2015 Annual Reports:

Table 1	All	Am. Indian/ NH	Asian/N H	Black/ AA NH	White /NH	>1 race/ NH	Hispanic All races
Initiation							
2 weeks							
3 mo.							
6 mo.							
12 mo.							

- Baseline Duration to 3rd month of life (table to use for your agency or for your agency and clinics), Summary Statistics Report – Breastfeeding (found in Infoview) See guidance for more information on accessing the report or contact State WIC Office. Here is a table you can use to collect initial information. Contact the state WIC office for a spreadsheet you can use to track your rates over time. (With small numbers the % will jump around, but you can compare to the state and see the trend over time.)

Summary Statistics Report - Breastfeeding								
blank	Infants in 3rd Month of Life /State of MN WIC				Infants in 3rd Month of Life / Agency:			
Report Month	# ALL	% ALL MN	# >3 mo. MN	% >3 mo. MN	# ALL	% ALL agency	# > 3 mo. agency	% > 3 mo. agency
Jan-17	860	57.6	585	59.51				
Feb-17	896	58.68	598	59.8				
Mar-17								
Apr-17								
May-17								

- Contact the state WIC office for the Excel spreadsheet to use for tracking over time.

- If using the state use fields to measure breastfeeding exclusivity review the data collected for your agency. (Infoview, see guidance document for more information.)
- If not using the state use fields to measure breastfeeding exclusivity consider collecting this information.
(<http://www.health.state.mn.us/docs/people/wic/localagency/wedupdate/moyr/2016/03mar/23/suq1.pdf>)
- Use Infoview to measure the number of cans of formula provided to participants in your agency. (See Guidance document.)
- If not using the state use fields for additional cultural / ethnic breakdown of data consider collecting this information. Contact the state WIC office for information.
- Review information on breastfeeding rates for cultural/ethnic groups served by our WIC program. (See annual reports in data wheel or if there is more than one WIC program in your county use the ones in Infoview. See guidance document.)
- Share information gathered from review of data reports with others in local agency and / or community who are working on promoting and supporting breastfeeding.
- After reviewing reports, set at least one measurable breastfeeding goal, as appropriate for your agency. A possible format is shown below:
 - By July 2018 breastfeeding (initiation, duration, exclusive breastfeeding, cessation in first two weeks, etc.) will have increased/ decrease from Baseline of ____ as of (date) from (name of report) for (agency name)

Goal 2, Objective 2. By July 1, 2017 and on-going, the State Agency will provide training, information and materials to help local agencies prepare women for a great start to breastfeeding.

State Agency Activities for Goal 1, Objective 2:

- Offer May 3, 2017 MN WIC Conference: preconference session: *Breastfeeding Matters: Helping Moms Get a Great Start*.
- Share information from the WIC Conference session with agencies that were not able to send a representative. (by request)
- Offer May 4, 2017 MN WIC Conference sessions on *Health Disparities, Implicit Bias in Health Disparities, and Welcoming African American Women into your Clinic*.
- Share information from the WIC Conference sessions with agencies that were not able to send a representative. (by request)
- In collaboration with others, work to identify ways to better promote and support breastfeeding in Somali, US Born African American, American Indian, and Hmong populations and share information and resources as available.
- 2017 Review WIC materials and revise, obtain, translate materials for local staff to use with participants to help them get off to a great start with breastfeeding.
- Offer lactation education opportunities.
- Inform local agencies of lactation education training opportunities provided by other organizations.
- Provide information on using Infoview to generate lists of women near their delivery date.

Local Agency Goal 1, Objective 2: By September 1, 2017 and on-going, the local agency will train staff and use relevant information and materials to prepare women for a great start to breastfeeding.

Suggested Activities for Local Agencies for Goal 1, Objective 2

- Within our agency, share and discuss information from May 3, 2017 MN WIC Conference preconference session: *Breastfeeding Matters: Helping Moms Get a Great Start*, and how to incorporate within counseling. (If no one from your agency was able to attend, request materials from the State WIC Office.)
- Within our agency, share and discuss information from MN WIC Conference sessions: on health disparities, and breastfeeding rates within racial and ethnic populations in our agency and how to reduce disparities. (If no one from your agency was able to attend, request materials from the State WIC Office.)
- Provide feedback on materials and visual aids to use with participants to help them get off to a great start with breastfeeding. (If you did not complete the survey or if you have another idea, send email to mary.b.johnson@state.mn.us. Use BFED – no spaces – in subject line.)
- Identify staff training needs related to lactation.

- 4 or 5-day lactation training and / or *Two Day Outpatient Breastfeeding Champion* training.
 - As funds permit, encourage staff who have attended basic breastfeeding training to develop skills in assessment, counseling and support through attending one of the 4- or 5-day lactation trainings and / or the 2-day Breastfeeding Champions training.
 - Encourage staff who attend the training to share with other WIC staff at a staff meeting or via other methods.
- Use peer breastfeeding counselors to reinforce breastfeeding education and provide support during pregnancy, early postpartum and beyond.
- If agency does not have peer counselors have a WIC CPA contact women near their due date to ask if they have questions and provide support. (See guidance document for information on this Inview report.)
- Other locally identified activities to promote exclusive breastfeeding and getting off to a great start in the hospital:

- Other locally identified activities to coordinate messages related to exclusive breastfeeding and getting off to a great start in the hospital with others in public health, clinics and hospitals (e.g. attend / share information about Minnesota Breastfeeding Coalitions Summits and meetings, Building Bridges for Breastfeeding Duration or similar trainings, and other lactation education opportunities; share information on WIC educational materials.)

State Agency Goal 2, Objective 3:

Work to build support for breastfeeding and decrease barriers to breastfeeding in the state and places where WIC participants receive health care, child care, work, and live by working in collaboration with others.

State Agency Activities for Goal 2, Objective 3:

- Participate actively in the Minnesota Breastfeeding Coalition.
- Share information and partner with other programs and organizations as opportunities permit.
- Share information on recognition programs for breastfeeding friendly health departments, worksites, child care and hospitals.
- Share information on the Statewide Health Improvement Program and opportunities for building supportive environments in local communities.
- Share information about local breastfeeding coalitions and resources for developing coalitions.
- Build consistent messages by offering training opportunities to staff from other organizations as opportunities and resources permit. (e.g. “Building Bridges for Breastfeeding”, opening WIC lactation training to other organizations when possible.)
- Conduct outreach to other organizations through exhibits, meetings, networking and other methods to build understanding of WIC as the health, nutrition and breastfeeding program.

Local Agency Goal 2, Objective 3:

Share information and collaborate to build support for breastfeeding and decrease barriers to breastfeeding in places where WIC participants receive health care, child care, work, and live.

Activities for Local Agencies for Goal 2, Objective 3

- Participate in local breastfeeding coalition.
- Start local breastfeeding coalition.
- Introduce yourself to and collaborate with local staff working on developing plans for the SHIP program.
- Share information with local hospitals on MDH hospital recognition program.
- Share information with local hospitals on the [prenatal education toolkit](#) from the Minnesota Breastfeeding Coalition.
- Share information with local workplaces on MDH workplace recognition programs.
- Share information with local child care on MDH child care recognition program.
- Other local activities: _____

APPENDIX B: Breastfeeding Resources & References for Health Professionals

For a more complete list that can be printed and shared, contact the MN WIC Breastfeeding Coordinator.

Hospital / Clinic Practice and Protocols

- **Academy of Breastfeeding Medicine (ABM):** <http://www.bfmed.org/> Membership info, protocols, news releases & more.
- **Baby-Friendly Hospital Initiative:** UNICEF Baby-Friendly USA at 1-508-888-8092 or info@babyfriendlyusa.org or <https://www.babyfriendlyusa.org/faqs> Evidence for the ten steps to successful breastfeeding. World Health Organization, Geneva, 1998. http://www.who.int/nutrition/publications/evidence_ten_step_eng.pdf
- **CDC Guide to Breastfeeding Interventions:** Evidence-based interventions, including maternity care practices, support for breastfeeding in the workplace, and others. http://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf
- **International Code of Marketing of Breastmilk Substitutes “WHO Code”** http://www.who.int/nutrition/publications/code_english.pdf

Medications and Potential Contraindications to Breastfeeding

- **Centers for Disease Control.** <http://www.cdc.gov/breastfeeding/disease/index.htm>
- **NIH Toxnet / Lactmed:** <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>

Emergency preparedness

- **Infant Feeding in Disasters.** <http://www.aap.org/breastfeeding/files/pdf/InfantNutritionDisaster.pdf>

Patient Education and Referral Resources

- **Initiating the Discussion of Breastfeeding.** Rather than asking about feeding plans, use an open question, such as “What have you heard about breastfeeding?”
 - **Prenatal Toolkit from the Minnesota Breastfeeding Coalition.** The toolkit is a teaching tool that providers can use as a conversation guide. <https://mnbreastfeedingcoalition.org/prenatal-toolkit-2/>
- **Translated Breastfeeding Information**
 - **National Women’s Health Information Center.** Information on-line in English, Spanish, Chinese. *An Easy Guide to Breastfeeding.* (Print version no longer free but can be downloaded.) <https://www.womenshealth.gov/publications/our-publications/breastfeeding-guide/>
 - **Spanish:** <http://www.womenshealth.gov/espanol/publicaciones/nuestras-publicaciones/guia-lactancia/guiafacillactancia-general-espanol.pdf>
 - **WIC Works website:** search by language. <http://wicworks.nal.usda.gov/> includes photos from Alaska that can be downloaded
 - **Missouri WIC breastfeeding materials and translated breastfeeding materials** in English, Arabic, Bosnian, Burmese, Chinese, English, Farsi, French, Hindi, Hmong, Korean, Nepali, Romanian, Russian, Somali, Spanish, Urdu, Vietnamese <http://health.mo.gov/living/families/wic/breastfeeding/resources.php>

- **La Leche League**
 - **LLL of MN** <http://www.llofmdas.org/>
 - **LLL International Web Site:** <http://www.llli.org/> (includes links to other organizations)
- **Minnesota WIC Program**
 - **WIC in your community call 1-800-WIC-4030 or go to** <http://www.health.state.mn.us/people/wic/>
 - **WIC information, breastfeeding information for clients and others.** <http://www.health.state.mn.us/people/wic/index.html>

Breastfeeding Promotion and Education.

- **Loving Support Campaign. NEW FALL 2014: Loving Support campaign site with logo and materials.** <http://lovingsupport.nal.usda.gov/> or
- **August World Breastfeeding Week / MN Breastfeeding Awareness Month/Black Breastfeeding Week.**
 - World Breastfeeding Week website <http://www.worldbreastfeedingweek.org/>
 - World Association for Breastfeeding Action (WABA) web site at: <http://www.waba.org.my/>.
 - Black Breastfeeding Week <http://blackbreastfeedingweek.org/>
- **United States Breastfeeding Committee.** Many publications, including Breastfeeding in the United States: A National Agenda, and statements on breastfeeding and obesity, cost benefits of breastfeeding and others. Photo gallery of diverse images available also. <http://www.usbreastfeeding.org/>
- **Minnesota Breastfeeding Coalition & MN Local Breastfeeding Coalitions.** <http://mnbreastfeedingcoalition.org/>
- **Indian Health Service Breastfeeding Page. Resources and listserv.** <http://www.ihs.gov/babyfriendly/>
- **Indigenous Foods for Cancer Prevention Media Package.** Includes breastmilk: The First Indigenous Food. <http://www.americanindiancancer.org/wp-content/uploads/2016/09/Indigenous-Foods-for-Cancer-Prevention-Media-Package-2016.pdf>
- **It's Only Natural.** Breastfeeding information for African American women and families. <http://womenshealth.gov/itsonlynatural/>
- **International Breastfeeding Symbol:** http://en.wikipedia.org/wiki/International_Breastfeeding_Symbol
- **Smart phone app for mothers and families to prepare for breastfeeding** <http://coffective.com/>

Working and Breastfeeding

- **Comprehensive website on breastfeeding and working.** Much information, including solutions, stories and photos from different types of worksites (such as lodging, food service, education, health care, manufacturing, and many more.). <http://www.womenshealth.gov/breastfeeding/employer-solutions/index.php>

Affordable Care Act / Babies at Work/Breastpumps for military personnel (not covered by ACA)

- **New Benefits for Breastfeeding Moms: Facts and Tools to Understand Your Coverage under the Health Care Law** <http://www.nwlc.org/resource/new-benefits-breastfeeding-moms-facts-and-tools-understand-your-coverage-under-health-care->

- **Breastfeeding in combat boots.** Breastpumps covered as of June 2015, tips for breastfeeding women in the military, and related information. <http://breastfeedingincombatboots.com/2015/06/tricare-lactation-policy/>
- **Parenting in the workplace institute.** Information on policies related to babies in the workplace. <http://www.babiesatwork.org/>

MHCP Provider Manual with Breast Pump Policy. (MN)

- Information on types of pumps and billing codes for MHCP recipients. http://www.dhs.state.mn.us/dhs16_137814#Billing

Perinatal Services Grid

- **Minnesota public programs and perinatal resources and incentives.** <http://www.co.dakota.mn.us/HealthFamily/HealthServices/ChildTeenCheckups/Documents/PerinatalServices.pdf>

Training Resources

- **MN WIC Lactation Ed Listing.** All lactation education opportunities in MN and neighboring states that we learn of. Not just for WIC. <http://www.health.state.mn.us/people/wic/localagency/bf/bfconted.html>

Legislation

The United States Breastfeeding Committee (USBC) has just completed a *Guide to the Rights of Breastfeeding Employees in Minnesota*, and several other excellent and comprehensive resources for employees and employers. Guides are being developed for legislation in 28 states, DC, Guam, and Puerto Rico. They will be published in the [Online Guide: What You Need to Know About the “Break Time for Nursing Mothers” Law](#) section “[What if your state already has a law?](#)” Each state has a webpage featuring a web version and downloadable PDF of the document. For Minnesota, the [Guide to the Rights of Breastfeeding Employees in Minnesota](#) includes links to the MN Nursing Mothers law and related statutes, such as enforcement; as well as Federal laws. A table provides much additional information, including employees who are covered by State and / or Federal law, and specifics within each law (e.g. frequency, length of time, duration of milk expression breaks, space requirements, much more.) Key Links:

- Online Guide: *What You Need to Know About the “Break Time for Nursing Mothers” Law:* www.usbreastfeeding.org/workplace-law
- What if your state already has a law?: www.usbreastfeeding.org/workplace-guide
- **Guide to the Rights of Breastfeeding Employees in Minnesota:** www.usbreastfeeding.org/workplace-guide-mn
- Resource and Referral Guide for Breastfeeding Employees and their Employers: www.usbreastfeeding.org/workplace-help
- **Minnesota Law:**
 - **Work Place Support:** <http://www.revisor.leg.state.mn.us/stats/181/939.html>
 - **Indecent Exposure Exemption:** <http://www.revisor.leg.state.mn.us/stats/617/23.html>
- **Legal Protections for Nursing Mothers in Minnesota.** Combines information from Minnesota law and the federal Patient Protection and Affordable Care Act. <http://www.publichealthlawcenter.org/webinar/worksites-breastfeeding-and-your-responsibilities-under-law-2016> <http://www.publichealthlawcenter.org/topics> then choose Healthy Eating, then breastfeeding or <http://www.publichealthlawcenter.org/sites/default/files/resources/Protections%20Nursing%20Mothers%20Sept%202014.pdf>

- **Health Care Reform. Summary of breastfeeding provisions about work.**
<http://hr.blr.com/HR-news/Compensation/FLSA-Fair-Labor-Standards-Act/Healthcare-Reform-Update-BreastfeedingExpressing-R/>
- **National Legislation** (Passed, within Health Care Reform law)
<https://www.dol.gov/whd/regs/compliance/whdfs73.htm>
- **Q. Who should a Minnesota employee call if they are not being provided time or space to express milk at work? A:** For help with these requirements, the employee should call the Minnesota Department of Labor and Industry at (651) 284-5070 or 1-800-342-5354.
http://www.dli.mn.gov/LS/Pdf/pregnancy_nursing.pdf and
<http://www.dli.mn.gov/LS/FaqWesa.asp>
- **Bottles and Breastfeeding Equipment Screening Act (BABES Act)** Information on traveling with pumped milk, training for TSA agents. <http://www.usbreastfeeding.org/babes-act>

Breastfeeding Goals

- **Healthy People 2020:** (Maternal, Infant and Child Health / infant care / breastfeeding. MICH-21, 22, 23, 24) <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>

Breastfeeding Rates

- **Breastfeeding data** (national and state): <http://www.cdc.gov/breastfeeding/data>
- **Breastfeeding data** (Minnesota WIC):
<http://www.health.state.mn.us/people/wic/localagency/reports/bf/index.html>
- **Breastfeeding data** (rates by country): <http://www.unicef.org/sowc03/tables/table2.html>

Other

- **Becoming a Lactation Consultant.** IBLCE web site: <http://www.iblce.org/>.
- **How we talk about breastfeeding.** “Watch your language.” Article by Diane Wiessinger
<http://whale.to/a/wiessinger.html>
- NOTE: Many other resources are available. This is not a complete list of available resources, and is not meant as an endorsement. You are welcome to copy this list. Information subject to change.

Revised April 2017. All links current as of that date. For an updated version please contact the Minnesota WIC Program.

Please send updates to mary.b.johnson@state.mn.us. To receive an electronic copy of this list and for the most recent update send a request to mary.b.johnson@state.mn.us with **Resources List** in the **subject line**.

APPENDIX C: Breastfeeding Reports and Information in InfoView

Links for Infoview information

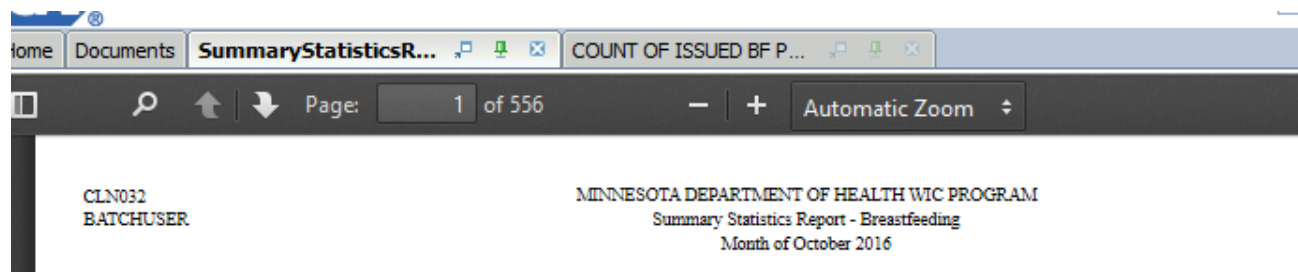
[Information about Infoview](#) is found on the Minnesota WIC website. On this page you will find:

- Infoview Login
- Infoview Guidance Documents
- Infoview Report Templates Reference
- Quick Reference (Infoview basics)
- Infoview Training Modules

Summary Statistics Breastfeeding

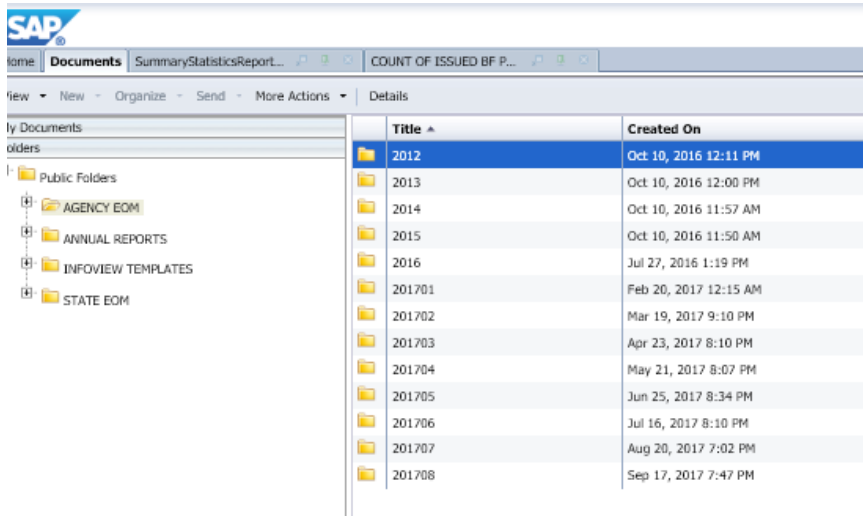
Within Infoview you can find the Summary Statistics Breastfeeding Report that we have used to track breastfeeding rates over time.

Here is a sample of the header on this report. You can see that this is the Summary Statistics Report – Breastfeeding from October 2016. You can use the search feature to find the reports for your agency. If you search from the bottom up you will find the report for the entire agency first, with the clinic reports before that.

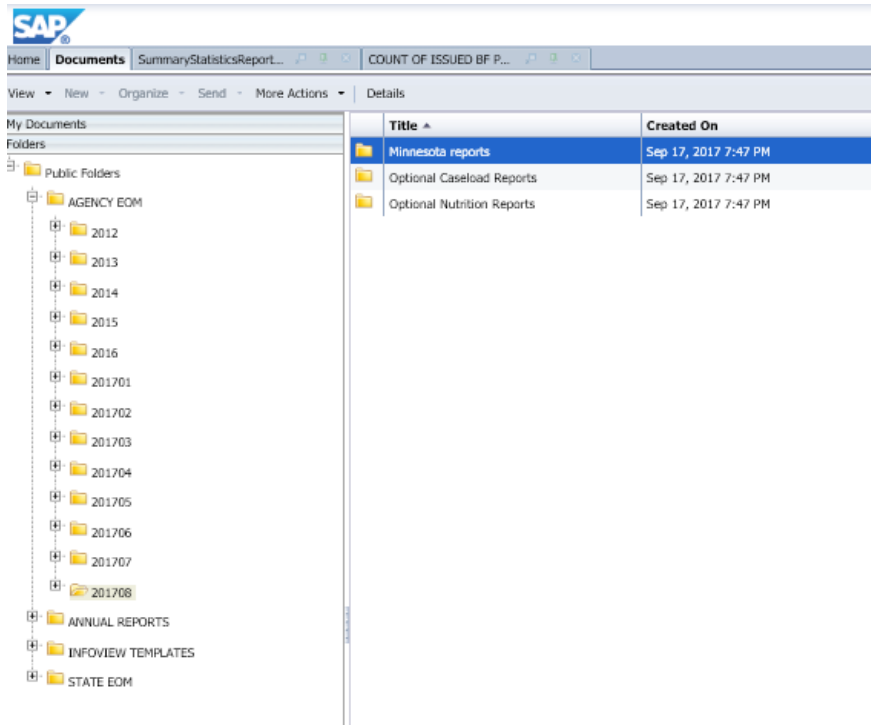


To find the Summary Statistics Breastfeeding reports

Go to documents (you may need to look towards the bottom of the screen on the left to find the documents folder), public folders, Agency EOM, then you will see the folders by year and the most current year (2017 in this example) files below them. The current year files are listed by month, not yet grouped by year.



This is what you will see if you open the 2017 08 folder:



Then choose Minnesota reports

Within the Minnesota reports you will see the SummaryStatisticsReport-Breastfeeding

The screenshot shows the SAP Documents interface. On the left, a folder tree is visible under 'My Documents'. The tree includes 'Public Folders', 'AGENCY EQM', and a series of year folders from 2012 to 201708. Under the 201708 folder, there are sub-folders for 'Minnesota reports', 'Optional Caseload Reports', and 'Optional Nutrition Reports'. Other top-level folders include 'ANNUAL REPORTS' and 'INFOVIEW TEMPLATES'. On the right, a table lists documents with columns for 'Title' and 'Created On'. The document 'SummaryStatisticsReport-Breastfeeding' is highlighted in the list.

Title	Created On
Formula Issued - Local Agency Breakdown	Sep 18, 2017 8:04 AM
Formula Issued - State Summary	Sep 18, 2017 8:03 AM
Initial and Closeout Participation by Clinic, Agency and Grantee	Sep 17, 2017 7:49 PM
SummaryStatisticsReport	Sep 17, 2017 7:49 PM
SummaryStatisticsReport-Breastfeeding	Sep 17, 2017 7:50 PM

Where to find the **Annual reports by agency and grantee**

Annual reports year Breastfeeding choose either agency or grantee (reports are the same as on the data wheel by county)

The screenshot shows a file explorer window with a 'Public Folders' view on the left and a 'Details' pane on the right. The 'Public Folders' view shows a hierarchy of folders: 'Public Folders' contains 'AGENCY EOM' (with subfolders 2012-2016), 'ANNUAL REPORTS' (with subfolders 2011-2015), 'Breastfeeding' (with subfolders 'Agency', 'Grantee', 'Food Benefits', 'Health Risks', 'Participation', 'Summary', 'Weight-Growth-Anemia'), 'INFOVIEW TEMPLATES', and 'STATE EOM'. The 'Details' pane shows a list of files with the following titles:

Title
CY 2015 BF I223 AGENCY
CY 2015 BF I223 AOIC AGENCY
CY 2015 BF I223 CIDAsian AGENCY
CY 2015 BF I223 CIDBlack AGENCY
CY 2015 BF I223 RaceEthnicity AGENCY
CY 2015 BF I223612 Prenatal Participation AGENCY
CY 2015 BF I3612 AOIC prelim AGENCY
CY 2015 BF I3612 CIDAsian Prelim AGENCY
CY 2015 BF I3612 CIDBlack Prelim AGENCY
CY 2015 BF I3612 prelim AGENCY
CY 2015 BF I3612 RaceEthnicity prelim AGENCY

APPENDIX D: Healthy People 2020 Breastfeeding Goals

MICH-21 Increase the proportion of infants who are breastfed

MICH-21.1 Ever

Baseline: 74.0 percent of infants born in 2006 were ever breastfed as reported in 2007–09

Target: 81.9 percent

Data Source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS

MICH-21.2 At 6 months

Baseline: 43.5 percent of infants born in 2006 were breastfed at 6 months as reported in 2007–09

Target: 60.6 percent

Data Source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS

MICH-21.3 At 1 year

Baseline: 22.7 percent of infants born in 2006 were breastfed at 1 year as reported in 2007–09

Target: 34.1 percent

Data Source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS

MICH-21.4 Exclusively through 3 months

Baseline: 33.6 percent of infants born in 2006 were breastfed exclusively through 3 months as reported in 2007–09

Target: 46.2 percent

Data Source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS

MICH-21.5 Exclusively through 6 months

Baseline: 14.1 percent of infants born in 2006 were breastfed exclusively through 6 months as reported in 2007–09

Target: 25.5 percent

Data Source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS

MICH-22 Increase the proportion of employers that have worksite lactation support programs.

Baseline: 25 percent of employers reported providing an on-site lactation/mother's room in 2009

Target: 38 percent

Data Source: Employee Benefits Survey, Society for Human Resource Management (SHRM)

MICH-23 Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life

Baseline: 24.2 percent of breastfed newborns born in 2006 received formula supplementation within the first 2 days of life as reported in 2007–09

Target: 14.2 percent

Target-Setting Method: 10 percentage point improvement

Data Source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS

MICH-24 Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies

Baseline: 2.9 percent of 2007 live births occurred in facilities that provide recommended care for lactating mothers and their babies as reported in 2009

Target: 8.1 percent

Data Source: Breastfeeding Report Card, CDC, NCCDPHP

Background on the HP 2020 Goals and Objectives: <http://www.healthypeople.gov/2020/about/default.aspx>

MINNESOTA WIC PROGRAM

Minnesota Department of Health

PO Box 64882

St. Paul, MN 55164-0882

1-800-WIC-4030

www.health.state.mn.us

08/31/2017

To obtain this information in a different format, call: 1-800-WIC-4030