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Bloomington Public Health Division

Breastfeeding in Bloomington, Edina, and Richfield: 2016 Assessment

Acknowledgements

The following Bloomington Public Health staff members were instrumental in producing this Community Health Assessment report: Joan Bulfer, Molly Snuggerud, Ruth Heiland, Karen Stanley, Kay Olson-Fischer, Gina Kempe, Bonnie Paulsen, and University of Minnesota students, Lara Uphoff and Julie Gilasevitch.

About this report

Bloomington Public Health prepared this assessment to report the current breastfeeding supports and barriers in Bloomington, Edina, and Richfield cities of Hennepin County, Minnesota. For more information, please contact Bloomington Public Health at [\(952\) 563-8900](tel:9525638900).

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Introduction

Benefits of Breastfeeding

The American Academy of Pediatrics recommends that babies exclusively breastfeed for the first 6 months of life. Mothers are advised to continue to provide breastmilk while introducing solid foods from 6 months to one year or as long as is mutually desired by the mother and baby. Breastmilk contains optimal nutrients for a baby unavailable via formula. Breastmilk protects babies from health complications including chronic diseases and infections such as obesity, otitis media, and food allergies long after they have discontinued -breastfeeding or consuming breastmilk. Breastfeeding provides emotional benefits to the mother and a reduced risk of certain cancers and chronic diseases. Current research continues to reinforce this recommendation as breastmilk has been found to carry important immunological components serving as a protective factor from many health complications (1).

The Centers for Disease Control (CDC) annual breastfeeding report card of 2014 reports that in 2011, breastfeeding rates - increased to 79% of all infants initiating breastfeeding. However, only 49% of infants continue to be fed breastmilk at 6 months, and only 27% at 12 months. The Healthy People 2020 Guidelines aim to improve these statistics as half of all mothers and infants at 6 months are missing out on the benefits of breastmilk. By increasing breastfeeding rates and breastmilk consumption for babies, it is anticipated that there will be a reduction in healthcare costs by decreasing the occurrence of diseases mitigated by the immunological and nutritional components found in breastmilk (2).

Bloomington Public Health: Breastfeeding-Friendly Health Department Initiative

Bloomington Public Health serves the cities of Bloomington, Edina, and Richfield within Hennepin County, Minnesota. Bloomington Public Health - is applying to become a Breastfeeding-Friendly Health Department through the Minnesota Department of Health. Completion of the 10 steps listed below are requirements set by the Minnesota Department of Health in order to be recognized at the Gold level, the highest level of recognition (3, 4).

1. Establish a designated individual/group to lead the effort to become a breastfeeding-friendly health department.
2. Have a written breastfeeding policy.
3. Coordinate support and promotion to establish breastfeeding as the “norm” in the community.

4. Collaborate with community partners to ensure access to breastfeeding classes.
5. Educate the community on breastfeeding support.
6. Encourage racially and ethnically diverse resources within the community.
7. Support mothers in initiating and maintaining breastfeeding for 12 months and beyond.
8. Encourage local public places to provide a breastfeeding-friendly environment.
9. Select businesses each year and provide workplace lactation support training.
10. Facilitate access to information and training for local childcare centers to support breastfeeding.

This document has been prepared as part of the requirements for step 1 to report findings of breastfeeding practices, attitudes, environment, and measures of support in Bloomington, Edina, and Richfield.

Data Sources

Data sources used in this report include statistics reported from Bloomington Public Health WIC, Minnesota Department of Health, local surveys, birth certificate data, and the Centers for Disease Control and Prevention (CDC). The data used were the most recently reported data available. When obtainable, city data was used, however county data was used when city data was unavailable.

Limitations

This community needs assessment utilized the best possible data sources available as well as the most current data. However, individual city data sources were not available throughout the entirety of this assessment. Data from 2014 was the most commonly used in this assessment with some 2015 data cited. This data was not broken down into stratum-specific rates, preventing the full assessment between ethnicities, social class, or other factors.

This assessment focused primarily on breastfeeding support in Bloomington, Edina, and Richfield as well as the practice of breastfeeding within the workforce, childcare centers, and among mothers surveyed in a community setting. This assessment covers many important breastfeeding factors, but does not include all breastfeeding topics. This assessment is not a research document; please refer to the sources provided at the end of the document for additional information regarding breastfeeding.

Executive Summary

Bloomington Public Health conducted this assessment in order to gain a better understanding of the current infant feeding support in the communities of Bloomington, Edina, and Richfield, Minnesota. The primary source of data for this assessment comes from the Infant Feeding Survey found at the end of this document. The Infant Feeding Survey was developed by Bloomington Public Health and administered online via Survey Monkey and in paper form -in the community. The Infant Feeding Survey was available in both English and Spanish. Secondary data comes from birth data from -hospitals in the area, Minnesota PRAMS data, WIC Breastfeeding data, Minnesota Department of Health, Peer Breastfeeding Data, and Healthy People 2020. A total of 485 surveys were administered, with 424 English submissions and 61 Spanish submissions.

The Infant Feeding Survey was administered from April to August of 2016. In the five month period, a total of 208 completed surveys came from Bloomington, the largest city of the three communities that Bloomington Public Health -serves. Of those responses, 185 were English surveys while 23 were Spanish surveys. Edina is the second largest city that Bloomington Public Health serves with 125 English surveys and 1 Spanish survey administered. Richfield had 60 English surveys and 33 Spanish surveys administered, with a total of 93 surveys completed. The initial goal was to reach 350 surveys total. This number was determined by using power analysis based on the predicted number of breastfeeding mothers. In order to complete the full survey, a mother needed to meet all three of the following criteria: 1. Have a child age 5 or under; 2. Live or work in Bloomington, Edina, or Richfield; 3. Provided breastmilk to that child at any point. Four hundred and twenty-seven respondents had a child under the age of 5 and lived or worked in Bloomington, Edina, or Richfield.

Of the total 427 responses reported, it was found that 93% of English speaking survey participants and 90% of Spanish speaking participants reported providing breast milk to their child or are currently breastfeeding. Personal belief that breastfeeding is best was the number one reason reported when asked “what influenced your decision to breastfeed.” From the Infant Feeding Survey results, it can be determined that education and knowledge about breastfeeding heavily influences mothers to breastfeed their babies if they are able.

The number one response for reporting a discontinuation of breastfeeding or using formula over breast milk was returning to work too soon. Of women who did continue breastfeeding, 37% did not return to work. According to Minnesota Statute 181.939 section a, b, and d, an employer must provide break time for an employee to express breastmilk; an employer must make reasonable efforts to provide a lactation room other than a bathroom or a toilet stall; and an employer must not retaliate

against an employee for asserting their rights under the statute(5). This will be a starting point for Bloomington Public Health to address these concerns that mothers have regarding their return to work and the barriers that make the continuation of breastfeeding difficult.

Secondary data sources reported in this document show data that suggest that Bloomington, Edina, and Richfield have higher rates of breastfeeding as compared to other areas of Minnesota. Additionally, Minnesota breastfeeding rates rank higher than other states. This suggests that WIC and other community resources that Bloomington Public Health offers are of benefit to breastfeeding mothers and their newborns living or working in their community.

Summary of Bloomington, Edina, and Richfield

Bloomington Public Health serves the cities of Bloomington, Edina, and Richfield located in Hennepin County, Minnesota. Hennepin County has an estimated 2013 population of 1.199 million within 606 square miles of urban, suburban, and rural land use. Hennepin County consists of Minneapolis, the largest city in Minnesota while Bloomington (84,204), Edina (48,774), and Richfield (35,664) are recognized as suburbs in the metropolitan area. Bloomington Public Health serves a total of 168,642 residents. Bloomington is located in southern Hennepin County. Edina is located southwest of Minneapolis and is home to Fairview-Southdale Hospital, a major hospital serving the many residents living in these three suburban cities. Richfield directly borders South Minneapolis (6, 7, 8). The diversity of Minneapolis-St. Paul and the surrounding area has been continually growing in recent years. As the United States is becoming a more diverse country, many populations of various backgrounds have relocated to this area. Of the first time births, 28.3% were to mothers who are foreign born.

Table 1: Demographics of births in Bloomington, Edina, and Richfield, 2015.

	Bloomington	Edina	Richfield
Total Births	994	537	578
% White	59.5	69.6	52.9
% Black	18.2	6.1	14.4
% Native American	0.5	0.2	1.4
% Asian	8	20.3	9.5
% Any Hispanic	12.3	2.8	20.8
% Mothers 15-19	2.6	0.4	3.3
% of at risk Pregnancies	61.3	63.9	52.2
% Foreign Born Parents	32.1	0.4	35.3

Source: MDH Vital Statistics. 2015 Birth

Table 1a below shows the breakdown from various groups. In 2015, 40% percent of the births in Bloomington, Edina, and Richfield were from mothers with recorded at-risk pregnancies. Racial disparities existing within these births were 36% of white mothers experienced at-risk pregnancies compared to 44% of non-White mothers. The largest disparity occurred in Hispanic women with 60% experiencing at-risk pregnancies.

Table 1a: Birth Snapshot by Race/Ethnicity in Bloomington, Edina and Richfield

	White	Black	Native American*	Asian	Any Hispanic
% of <i>*known at risk</i> Pregnancies	36	43	50	33	63
% Preterm	10	9	29	14	10
% Inadequate or NO prenatal care	2.9	7.5	0	4.8	7.1
% Teen Pregnancies	1	4	7	0	7

***Known risk: documented risk type**

Source: MDH Vital Statistics. 2015 Birth

With increasing diversity, the communities are seeing that more nonwhite children are living in poverty. Black or African American and Hispanic children are much more likely to live in poverty than White or Asian children.

Table 2: Children in poverty by race in Bloomington, Edina, and Richfield, 2015

The following table shows the percent of children under 18 living in poverty. The United States poverty baseline is 21.58%. An asterisk (*) symbolizes data greater than the U.S. baseline.

Race	Bloomington	Edina	Richfield	MN
Black or African American	43.17%*	40.66%	28.75%*	43.43%*
Hispanic or Latino	23.84%*	0.00%	33.70%*	28.47%*
Asian Alone	5.56%	0.00%	4.29%	21.37%
White	4.68%	2.39%	4.43%	8.24%

Source: American Community Survey: 2015 single year estimates

Population Data on Breastfeeding

Healthy People 2020

Healthy People 2020 Goals set targets for the percentage of women breastfeeding during their baby’s first year. Other Healthy People 2020 Goals include increasing lactation support at work, decreasing formula given to babies the first two days of life, and increasing recommended lactation support in healthcare facilities. In Table 3 and Table 4, an asterisk (*) indicates that the Healthy People 2020 Goals are being met. Table 4 shows data for Bloomington, Edina, and Richfield from WIC-reported rates. Population-wide data at the city level is not available. Minnesota meets Healthy People 2020 goals as well as the WIC population in communities that Bloomington Public Health serves.

Table 3: Healthy People 2020 Breastfeeding Goals and Rates

Breastfeeding Benchmark Reference				
	At Initiation	BF at 3 months	BF at 6 month	BF at 12 months
Healthy People 2020 Objectives *	81.9%		60.6%	34.1%
Minnesota WIC Program 2020 Objective		70.0%		
CDC Breastfeeding Report Card 2016 National (Infants born in 2013)	81.1%		51.8%	30.7%
CDC Breastfeeding Report Card 2016 Minnesota (Infants born in 2013)	90.1%*		65.9%*	41.0%*

Source: Maternal, Infant, and Child Health; Breastfeeding Report Card - Centers for Disease Control

Table 4: Breastfeeding Rates for WIC participants for 2016

	<i>Ever Breastfed</i>	<i>3 Months</i>
HP 2020	81.9%	46.2%
<i>Minnesota</i>	80.9%	46.3%
<i>Bloomington</i>	87.6%*	63.4%*
<i>Edina</i>	93.4%*	72.1%*
<i>Richfield</i>	88.7%*	70.4%*

Source: WIC, Minnesota Department of Health, 2017

Breastfeeding rates in Minnesota

Breastfeeding rates increased nationally from 2011 to 2014 by nearly 5% and Minnesota rates have almost always remained higher than the national average (See Figures 1 and 2). Exclusive breastfeeding is defined as no other food or drink other than breastmilk. In the last 5 years, an increased number of hospitals, health departments, work places, and maternity centers in Minnesota have become or are working towards breastfeeding friendly status recognized by the Minnesota Department of Health. There are currently 11 breastfeeding friendly designations in the Minneapolis-St. Paul area and 27 total in the state of Minnesota (13).

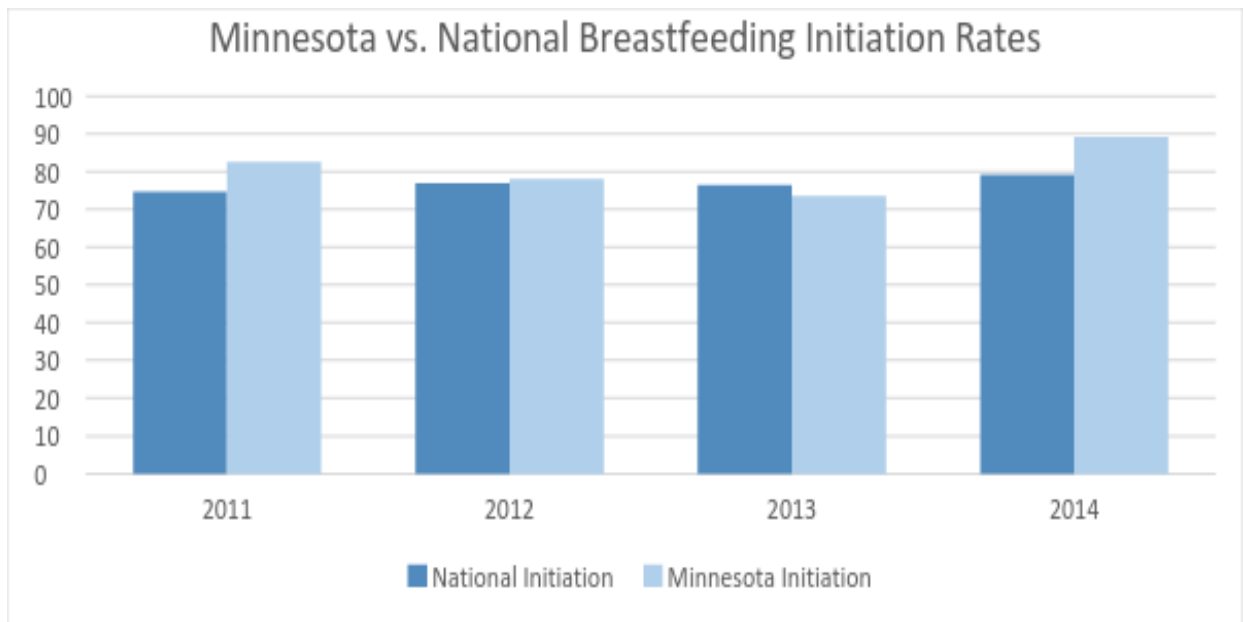


Figure 1: Minnesota vs. National Breastfeeding Initiation Rates (%)

Source: Breastfeeding Report Card - Centers for Disease Control



Figure 2: Minnesota vs. National Breastfeeding Rates (%)

Source: Breastfeeding Report Card - Centers for Disease Control

Birth Certificate Data

Birth certificate data shows that for babies born in Bloomington, Edina, and Richfield more babies were breastfed during their stay and at discharge in 2015 than in 2014. Hispanic and White mothers have the highest rates of breastfeeding at discharge. Women with the less than high school education and with a college education have higher rates of breastfeeding initiation than those with a high school education.

Table 5: Birth Certificate Reported Breastfeeding Rates 2014 and 2015

City	Child BF during stay		Child BF at discharge	
	2015	2014	2015	2014
Bloomington	93.0%	91.1%	92.7%	92.1%
Edina	96.6%	94.0%	97.6%	93.8%
Richfield	94.1%	93.8%	94.1%	93.5%

Source: Office of Vital Records, Minnesota Department of Health, 2015

Table 5a: Breastfeeding at Discharge for Bloomington, Edina and Richfield Residents

	Hispanic	Black	White
BF at Discharge	96.1%	87.9%	95.4%
	<High School	High School Grad	College & Beyond
BF at Discharge	92.5%	89.8%	95.6%

Rates By Race/Ethnicity and Education: 2015

Source: Office of Vital Records, Minnesota Department of Health, 2015

The birth hospitals that predominantly serve the residents of Bloomington, Edina and Richfield are shown in Table 4 with Fairview Southdale having the most births in 2014. As a large birthing facility, it is important to recognize that this hospital is currently working towards their Breastfeeding Friendly Maternity Center designation and is also located within Edina. Hennepin County Medical Center is the nearest hospital with Breastfeeding Friendly designation, however it is more likely that residents from Bloomington, Edina, and Richfield would utilize Fairview Southdale Hospital, Abbott Northwestern Hospital and Methodist Hospital as compared to a hospital located in downtown Minneapolis. Regardless of the lack of access to breastfeeding friendly hospitals, Bloomington, Edina, and Richfield

residents that participate in the WIC program exceed the Healthy People 2020 Goals as discussed on the next page.

Table 6: Top 5 Birth Hospitals serving the residents of Bloomington, Edina and Richfield, 2014 (n=2039)

Hospital	Location	2014 Births (No.)	% All Births	Baby-Friendly
Fairview Southdale Hospital	Edina	652	32%	No*
Abbott Northwestern Hospital	Minneapolis	497	24%	No
Methodist Hospital	St. Louis Park	281	14%	No
Hennepin County Medical Center	Minneapolis	190	9%	Yes
Fairview Ridges Hospital	Burnsville	130	6%	No

*Fairview Southdale is currently working towards becoming a Breastfeeding Friendly Maternity Center.

Source: Minnesota Department of Health, 2014 Vital Statistics

Bloomington Public Health- WIC Data

In 2015, the Bloomington Public Health WIC clinic reported serving 4,219 participants including women (1,220), infants (1,221), and children (1,778). Fifty percent of the women participants were currently pregnant. Of the infants, 28.2% were reported to fully breastfeed up to one year.¹⁰ Bloomington Public Health WIC has higher than average breastfeeding rates at initiation, 2 weeks, 2 months, and 3 months than the state of Minnesota for 2014 (See Figure 3). Presence of a Breastfeeding Peer Support Program may account for these high rates. The program provides peer support, education and assistance to pregnant and breastfeeding women who receive WIC. Providing peer support to women increases initiation rates in Minnesota and improves health equity.

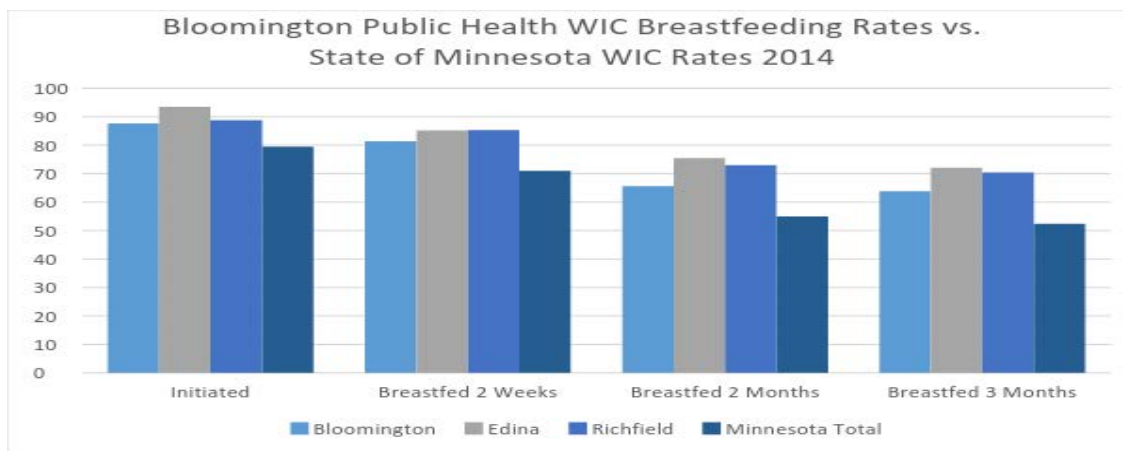


Figure 3: Bloomington WIC Program (Bloomington, Edina, and Richfield) Breastfeeding Rates vs. State of Minnesota WIC Rates (%).

Source: WIC, Minnesota Department of Health, 2014

Preliminary Breastfeeding Initiation and Duration for Infants born in 2015 on WIC

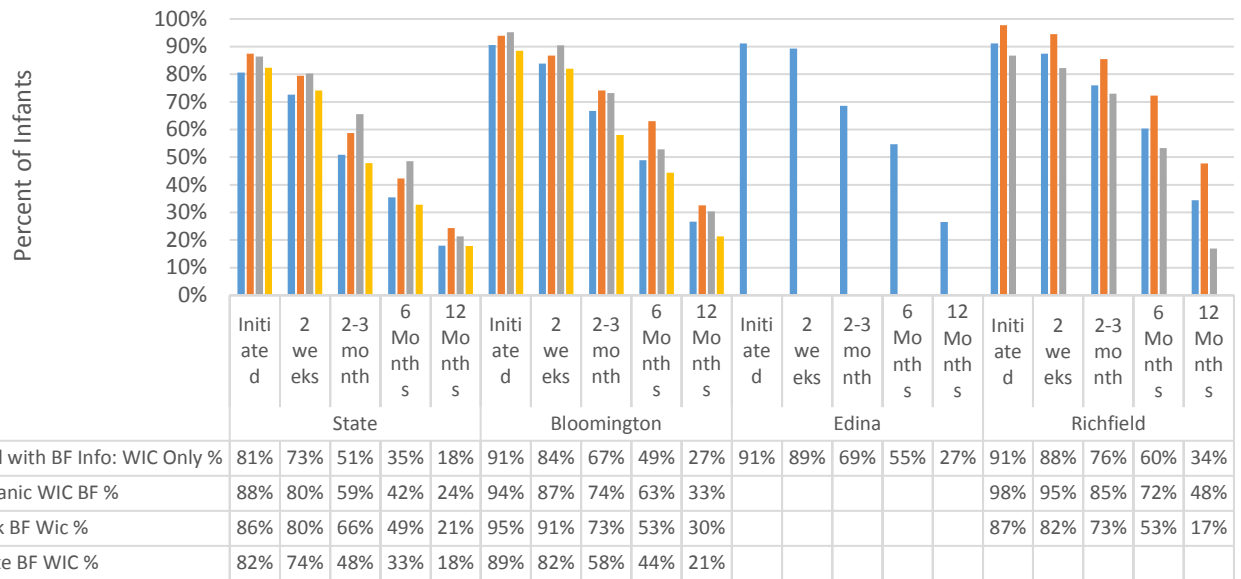


Figure 4: Bloomington Public Health WIC Program BF initiation rates by race/ethnicity

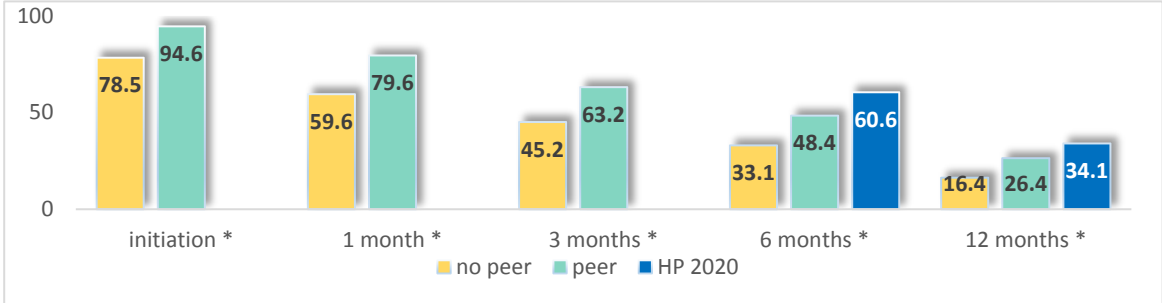
Source: WIC, Minnesota Department of Health, 2016

WIC Data 2015: Peer Breastfeeding Support

The Bloomington Public Health WIC Peer Breastfeeding Support Program aims to improve breastfeeding rates in Bloomington, Edina, and Richfield. This program is for both pregnant and postpartum women. Agencies with peer-support programs reported higher rates of breastfeeding initiation compared to those who did not participate in peer programs. The 2017 report for Peer Support results shows significant differences in breastfeeding rates between those who participated in WIC but did not participate in the peer group, versus those who participated in WIC and in the peer program.

Figure 5: Women participating in peer services have significantly longer duration rates at all-time points compared to those not participating in peer services.

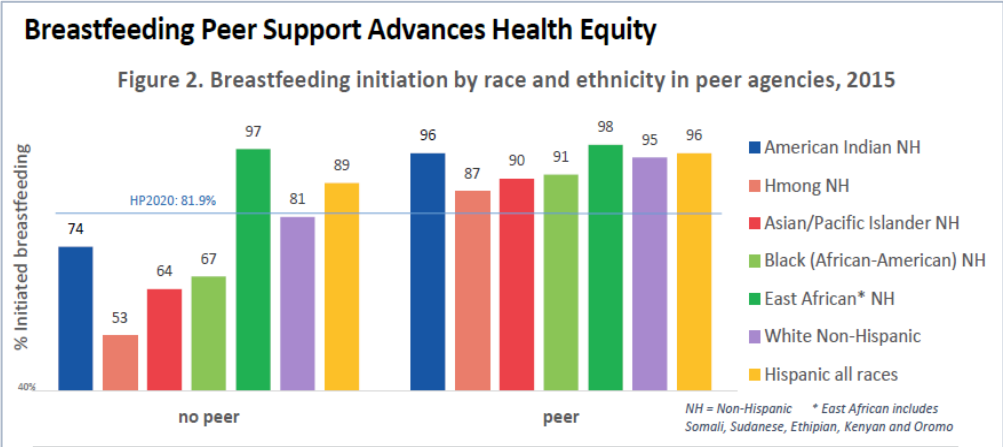
* p<0.001 at all-time points MN WIC duration and HP 2020 goals are calculated as a percentage of all births.



Source: WIC, Minnesota Department of Health, 2017

The Bloomington Public Health WIC Peer Support program advances health equity by influencing the breastfeeding initiation rates across race and ethnic groups. Bloomington-peer breastfeeding initiation rates were the highest in Minnesota at 97.6%.

Figure 6: Initiation rates by race and peer support



Source: WIC, Minnesota Department of Health, 2017

Pregnancy Risk Assessment Monitoring System (PRAMS) Data

PRAMS provides population-data surveillance system used by Minnesota Department of Health and the Centers for Disease Control (CDC).¹¹ In Table 6 the data show that 88.3% of Minnesotans report providing breastmilk for their baby after delivery in 2011. This data is the most recent data reported by the CDC. These data exceeds Healthy People 2020 goals of 81.9% of mothers initiating breastfeeding.

Table 7: Minnesota PRAMS Data for 2011.

	Minnesota-2011
“Did you ever breastfeed or provide breast milk to feed your new baby after delivery?”*	88.3% -Yes
Indicator of whether mother was still providing breastmilk 4 weeks after delivery	79.6%
Indicator of whether mother was still providing breastmilk 8 weeks after delivery	68.9%

Source: Pregnancy Risk Assessment Monitoring System, Center for Disease Control for 2011 births

Of Minnesotan women who participated in WIC during pregnancy, 80.7% report initiating breastfeeding in 2011.

Table 8: Minnesota PRAMS Data for 2011: On WIC During Pregnancy.

	Minnesota-2011, On WIC During Pregnancy
“Did you ever breastfeed or provide breastmilk to feed your new baby after delivery?”*	80.7%-Yes
Indicator of whether mother was still providing breastmilk 4 weeks after delivery.	70.1%
Indicator of whether mother was still providing breastmilk 8 weeks after delivery.	55.1%

*This report excludes respondents whose baby has died or isn’t living with them now.

Source: Pregnancy Risk Assessment Monitoring System, Center for Disease Control for 2011 births

Key Findings by Sector

Healthcare

It is important that women receive information about breastfeeding before they deliver. In Minnesota, 83% of women reported that a health professional discussed breastfeeding at a prenatal visit.

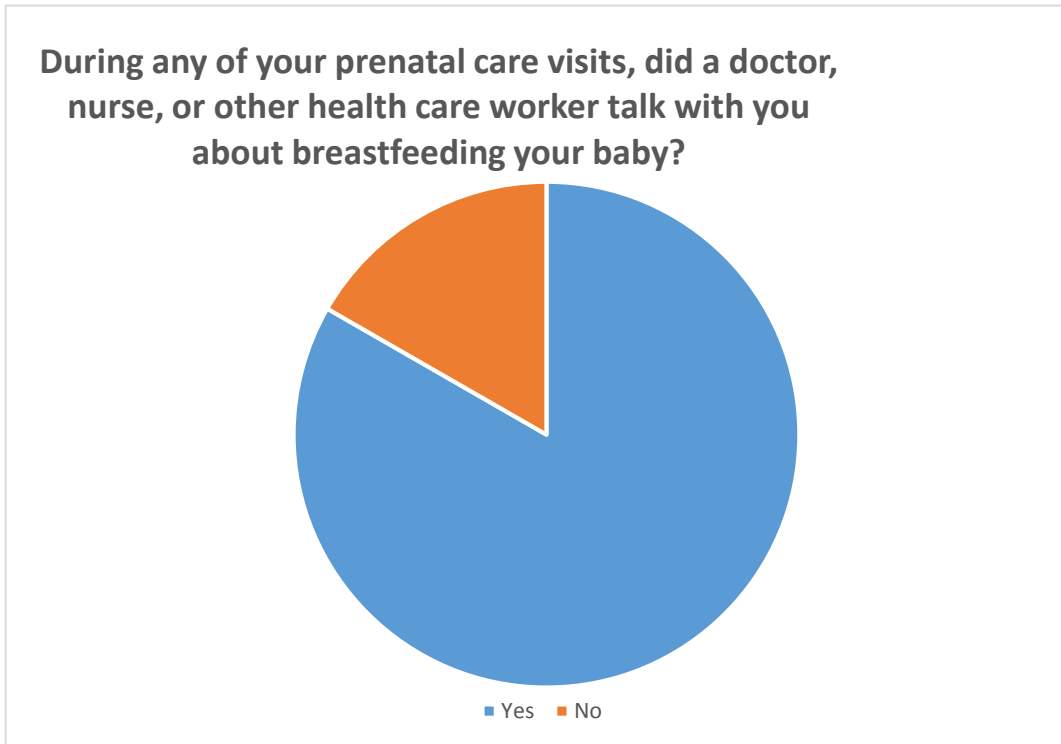


Figure 9: Prenatal Breastfeeding Information

Source: Pregnancy Risk Assessment Monitoring System, Center for Disease Control for 2011 births

Hospital practices to promote breastfeeding are very influential to a women’s ability to successfully initiate breastfeeding. Fairview Southdale Hospital is located in Edina and is currently the only hospital located in Bloomington, Edina, and Richfield. Other utilized hospitals include Abbott Northwestern Hospital, Hennepin County Medical Center, Methodist Hospital, and Fairview Ridges Hospital. The data in Table 8 and 9 shows that Fairview Southdale has a better rate of exclusive breastfeeding than the other hospitals commonly used by Bloomington, Edina and Richfield residents for giving birth. However all of the hospitals have scores that are above the average nationwide rate. In-hospital supplementation

seems to have a negative effect on exclusive breastfeeding rates as evidenced by the WIC data in Figure 10.

Table 9: Fairview Southdale Breastfeeding Report. Fairview Southdale Hospital is located in Edina, Minnesota. This reporting period is from October 2014 to September 2015.

Perinatal Care	Hospital Results	Nationwide Top 10% Scored	Nationwide Average Rate	Statewide Top 10% Scored	Statewide Average Rate
Exclusive Breast Milk Feeding	71% of 465 Eligible Patients	75.76%	51.25%	75.86%	61.40%
Exclusive Breast Milk Feeding Considering Mother's Choice	75% of 442 Eligible Patients	89.78%	65.81%	86.45%	68.11%

Table 10: Continuation of Table 9. This table shows the hospitals most commonly used by residents of Bloomington, Edina, and Richfield.

Perinatal Care	Exclusive Breast Milk Feeding	Exclusive Breast Milk Feeding Considering Mother's Choice
Abbott Northwestern Hospital	65% of 790 Eligible Patients	69% of 744 Eligible Patients
Hennepin County Medical Center	54% of 313 Eligible Patients	58% of 288 Eligible Patients
Methodist Hospital	N/A	N/A
Fairview Ridges Hospital	63% of 423 Eligible Patients	70% of 383 Eligible Patients

Source: Joint Commission on Accreditation of Healthcare Organizations (JCAHO) - Perinatal Care measuring exclusive breastfeeding, 2015.

MN WIC Breastfeeding and in-hospital supplementation by race/ethnicity

Among WIC participants, white women reported the highest rates of fully breastfeeding while Asian and Pacific Islanders reported the lowest rate of 26%. Hispanic women had the lowest rate of “Never breastfeeding”.

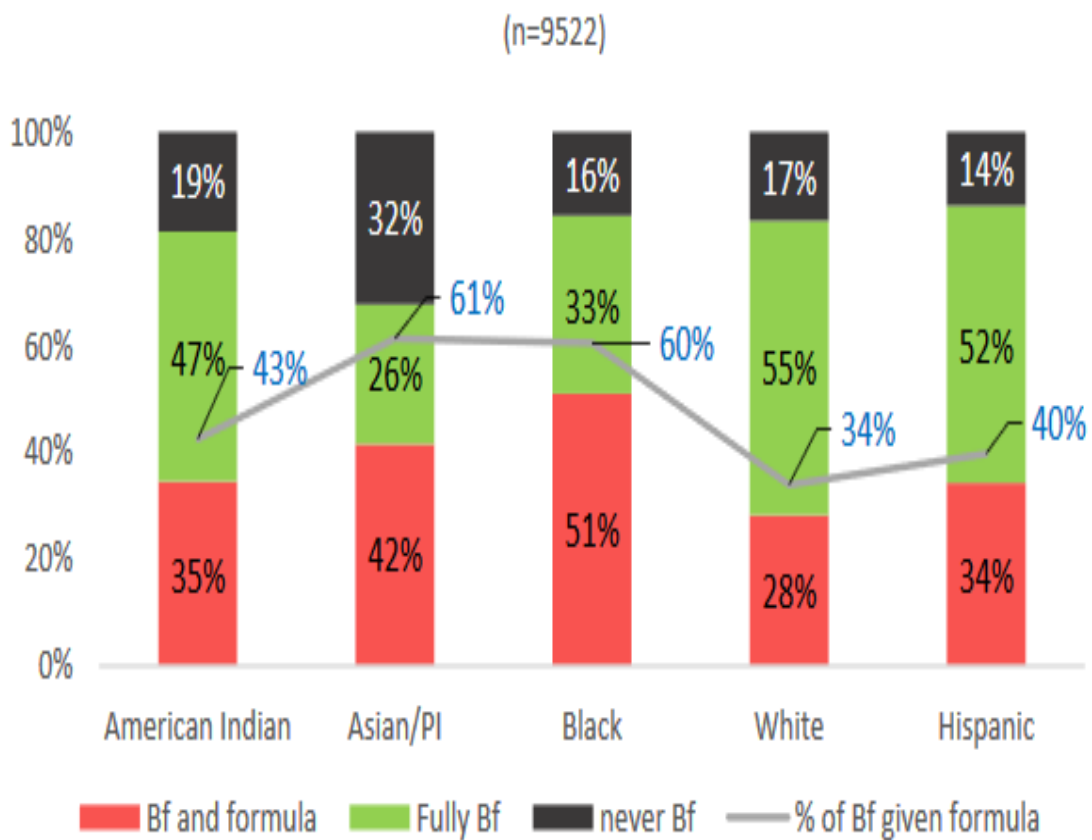


Figure 10: Infant feeding during hospital stay by race/ethnicity 2015.

Source: WIC, Minnesota Department of Health:

Daycare facilities

In 2014, Bloomington Public Health identified 41 childcare centers in Bloomington, Edina, and Richfield. Out of the 41 identified, 14 centers took part in an assessment regarding five different categories of breastfeeding support for mothers who utilize their childcare facility. Training, environment, support, policy, and communication were all assessed and an average score was determined. A 2015 follow-up also took place after the childcare centers participated in the “Supporting Breastfeeding in Childcare” training provided by Bloomington Public Health. Table 11 shows the pre-assessment scores of 14 different childcare centers in Bloomington, Edina, and Richfield before attending the “Supporting Breastfeeding in Childcare” training. The average score was found to be 2.7 out of 4.0 with a range of 1.2 to 3.8. (0=not following best practice, 4=following best practice)

Table 11: Childcare Center Scores 2014.

Center #	Training	Environment	Support	Policy	Communication	Average Score
1	3	4	2	3	3	3
2	3	3	1	3	1	2.2
3	4	1	4	4	4	3.4
4	3	2	1	4	4	2.8
5	1	2	1	1	1	1.2
6	2	4	2	4	4	3.2
7	4	4	1	4	2	3
8	3	3	1	1	2	2
9	2	2	1	1	2	1.6
10	4	4	4	4	3	3.8
11	4	4	1	4	4	3
12	4	1	4	3	4	3.2
13	2	3	1	4	3	2.6
14	4	4	2	4	3	3.4
Average	3.1	2.9	1.9	3.1	2.9	2.7

Table 12 shows the post-assessment scores of 10 different childcare centers in Bloomington, Edina, and Richfield after attending the “Supporting Breastfeeding in Childcare” training. The average score was found to be 3.6 out of 4.0 and improved by 0.9 points. The range was 2.8 to 4.0. Four facilities did not participate in a follow up.

Table 12: Childcare Center Follow-up Scores 2015.

Center #	Training	Environment	Support	Policy	Communication	Average Score
1	4	4	4	4	4	4
2						N/A
3						N/A
4	4	4	3	4	4	3.8
5	4	3	2	3	2	2.8
6	3	4	4	4	4	3.8
7	4	4	3	4	4	3.8
8	4	4	4	4	4	4
9	4	4	4	4	3	3.8
10	4	2	4	4	4	3.6
11	4	4	2	4	4	3.6
12	4	2	4	4	4	3.6
13						N/A
14						N/A
Average						3.6

Childcare centers in general support breastfeeding mothers. Many did not have resources and educational materials available for parents before the training. During follow-up many centers were using the materials provided at training to educate and encourage prospective parents about breastfeeding. Many made changes to the space available to the mothers to breastfeed or pump making the room more private and comfortable.

Community Support: Infant Feeding Survey

Bloomington Public Health administered an Infant Feeding Survey from April to August 2016 in the cities of Bloomington, Edina and Richfield to find out directly from women about their choice to breastfeed and the support available to them. In the five month period, a total of 208 completed surveys came from Bloomington, the largest of the three cities that Bloomington Public Health -serves. Of those responses, 185 were English surveys while 23 were Spanish surveys. Edina is the second

largest city with 125 English surveys and 1 Spanish survey administered. Richfield had 60 English surveys and 33 Spanish surveys administered, with a total of 93 surveys completed. The initial goal was to reach 350 surveys total. This number was determined by using power analysis based on the predicted number of breastfeeding mothers. By the end of the collection period 427 surveys were completed.

Of the total 427 responses reported, it was found that 93% of English speaking survey participants and 90% of Spanish speaking participants reported providing breast milk to their child or are currently breastfeeding. Personal belief that breastfeeding is best was the number one reason reported when asked “what influenced your decision to breastfeed.” From the Infant Feeding Survey results, it can be determined that education and knowledge about breastfeeding heavily influences mothers to breastfeed their babies.

In order to participate in the full Infant Feeding Survey administered by Bloomington Public Health, mothers were subject to a pre-screening portion that ensured that survey participants met the following requirements: Had a child age 5 or under; live or work in Bloomington, Edina, and Richfield; and provided breastmilk for their baby at any point. If mothers did not have a child age 5 or under or did not live in Bloomington, Edina, or Richfield, then they were screened out from taking the survey. If the

“I felt very lucky to have a supportive partner and flexible work schedule the 1st year. Otherwise I may not have been able to keep up with breastfeeding.”

“I think breastfeeding created a great bond for me and my child. I am thankful for all the info my WIC peer counselor gave me in the beginning of breastfeeding (when it was most difficult).”

“I loved breastfeeding and bonding!! I breastfed all 3 of my babies to the age of 1.”

Infant Feeding Survey 2016

mother did live or work in one of the cities and had a child 5 or under, but answered “NO” when asked if they provided breastmilk to their baby, then they were asked what reasons influenced their decision not to breastfeed, and the survey was completed. If the mother answered “YES”, then they were able to continue on with the survey and were asked questions about what influenced them to breastfeed, what support was most helpful and where they would have liked more support. At the end of every question and again at the end of the survey, participants were able to write in comments. The full survey is available at the end of this document.

For the English version of the Infant Feeding Survey, 36% of mothers reported “Other” than the choices listed when asked the reasons why they chose not to breastfeed, citing breastmilk supply and beliefs that formula is just as good as breastmilk. Twenty-eight percent cited that they had to return to work too soon to provide breastmilk at all for their child. For women who reported that they did not breastfeed for one year or more, 39% selected “Did not have enough milk” when asked why they did not continue breastfeeding. Returning to work, difficulty pumping, and too much of a hassle were the next most common reasons for discontinuing to nurse.

The decision to breastfeed or not is important for women and their children. The benefits of breastfeeding are well known, but women need support to breastfeed successfully in the United States. Making the decision to breastfeed is influenced by many people and supports before the birth of a baby. Personal belief that breastfeeding is best for baby was the most influential among all survey respondents.

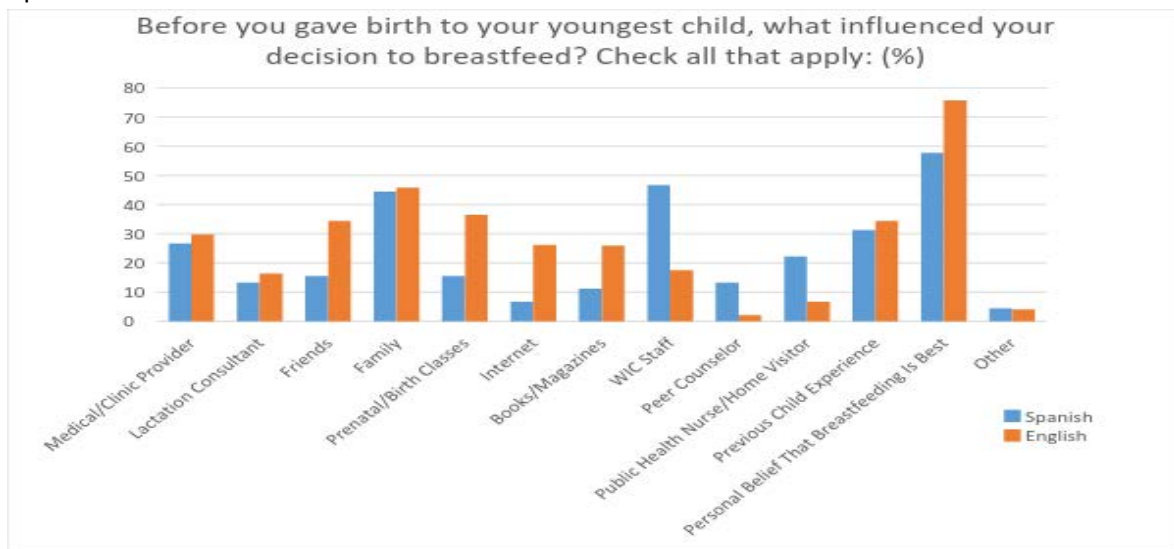


Figure 11: Breastfeeding Support before Birth, Spanish & English Speaking.

Spanish speaking survey trends were similar to English speaking trends; however these results show a disparity between Spanish speakers and English speakers. (Figure 11) Spanish survey results cited WIC staff, peer counselors, and public health nurses/home visitors as being a stronger influence to breastfeed as compared to the English survey results. Resources such as prenatal/birth classes, internet, books and magazines, and friends were reported to have less of an impact on Spanish speaking mothers than English speaking mothers.

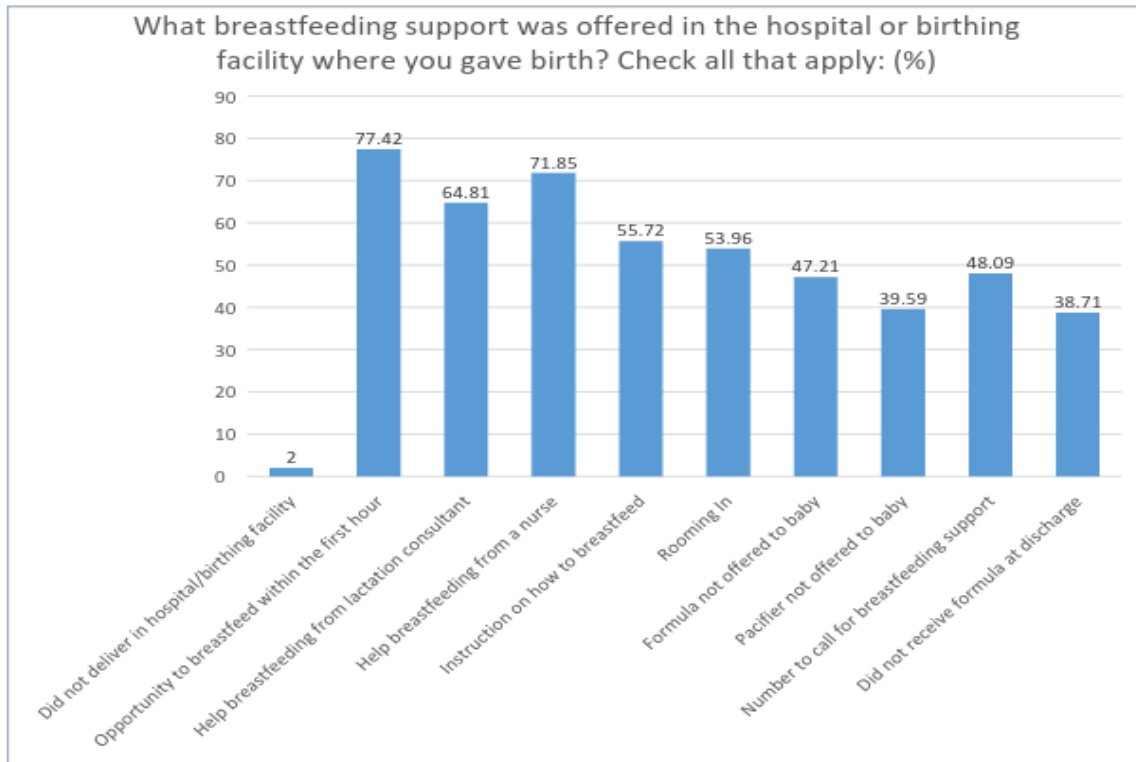


Figure 12: Hospital, Birthing Facility Breastfeeding Support

Support for breastfeeding immediately after birth is important for women to be successful in learning the art of breastfeeding. See Figure 12. Seventy-seven percent of women had the opportunity to breastfeed within the first hour post childbirth. A nurse or lactation consultant available to assist with breastfeeding was cited as support that the mothers received. Nearly 39% of mothers reported no formula use, and the benefits of choosing breastmilk over formula use.

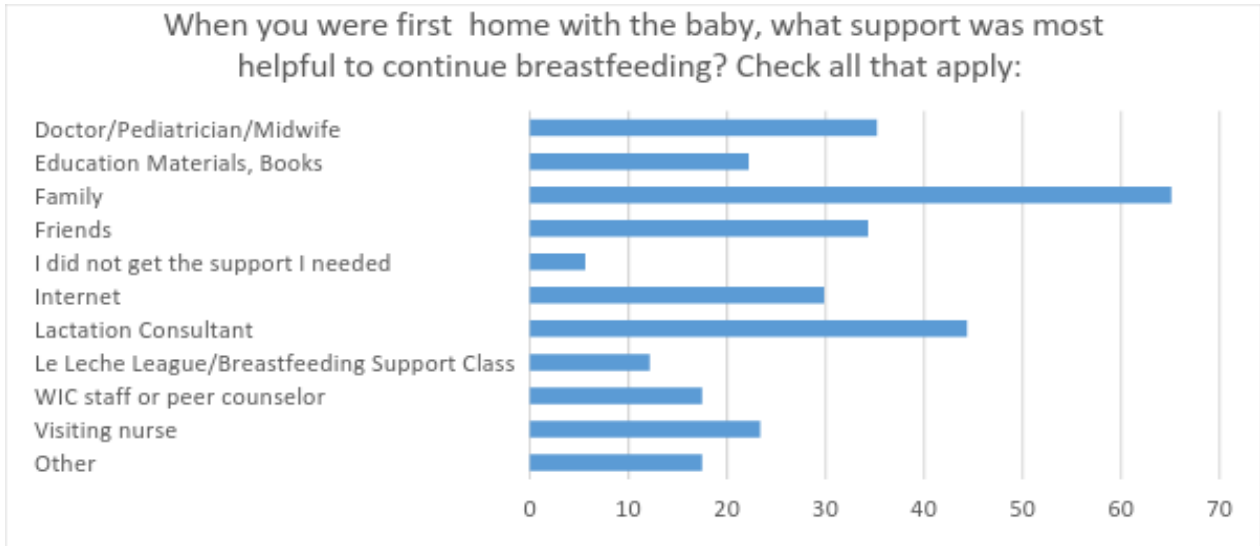


Figure 13: Support after Birth, English Speakers.

Family support was found to have the greatest impact on the continuation of breastfeeding when women were first home from the hospital. Lactation consultants, physician recommendation, and friends all impacted the mother’s decision to continue. “I did not get the support I needed” only accounted for 5% of the responses. These statistics (See Figure 13) support the existence of a positive breastfeeding environment in Bloomington, Edina, and Richfield.

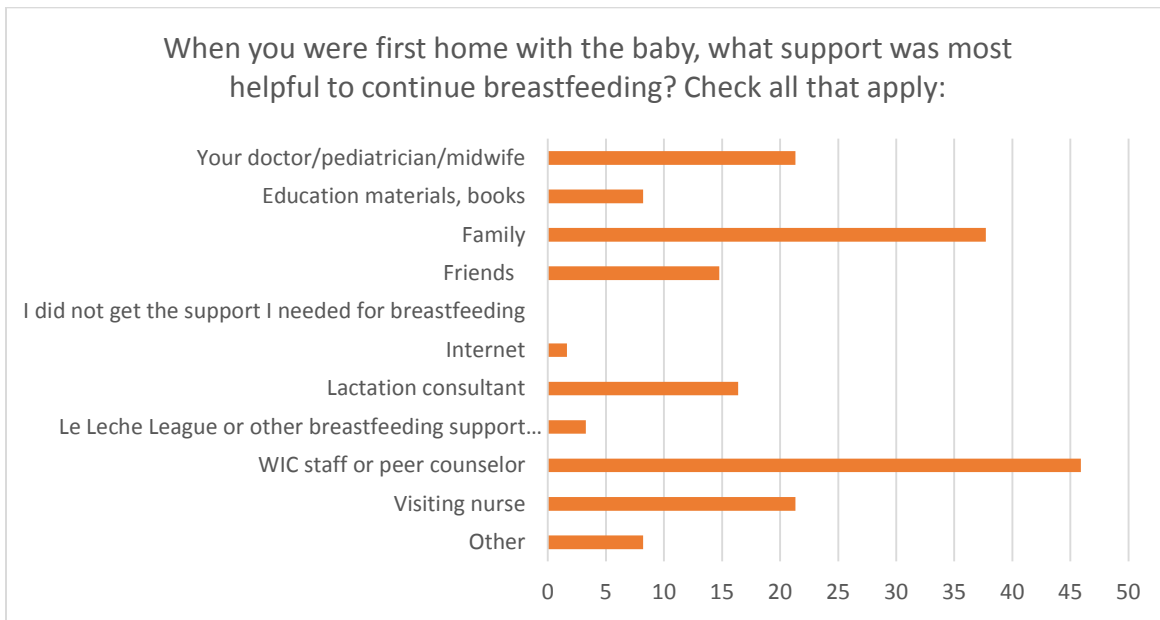


Figure 14: Support after Birth, Spanish Speakers.

While responses from Spanish speakers were somewhat similar to English speakers, a stark difference emerged between WIC staff or peer counselors as a source of support. About 46% of Spanish speakers reported that the WIC program or peer counselors were most helpful in supporting breastfeeding, compared with only 17% of English speakers (See Figure 14). This suggests that the WIC program may be an especially important source of support to Spanish speaking mothers in Bloomington, Edina, and Richfield.

In an effort to examine how motivating factors may change among Spanish-speaking women who breastfed for more or less than a year, sources of support were also stratified by length of time breastfeeding (See Table 13). For women who breastfed for less than one year, more respondents said family gave them support. For women who breastfed a year or longer, most cited WIC staff/peer counselors as the top sources of support (Note that this is a frequency distribution, so the number of total respondents is less than the number of items chosen).

Table 13: Time Spent Breastfeeding and Motivating Factors (Spanish).

What Helped Most to Continue Breastfeeding Once Home? Check all that Apply	BF <1 Yr	BF 1+ Yrs	Did not indicate length of time BF	TOTAL COUNT of Sources of Support
Your doctor/pediatrician/midwife	3	9	1	13
Education materials, books	2	1	2	5
Family	9	11	3	23
Friends	4	4	1	9
I did not get the support I needed for breastfeeding	0	0	0	0
Internet	1	0	0	1
Lactation consultant	3	7	0	10
Le Leche League or other breastfeeding support group/class	0	1	1	2
WIC staff or peer counselor	8	15	5	28
Visiting nurse	3	7	3	13
TOTAL Individual Respondents	9	25	27	61

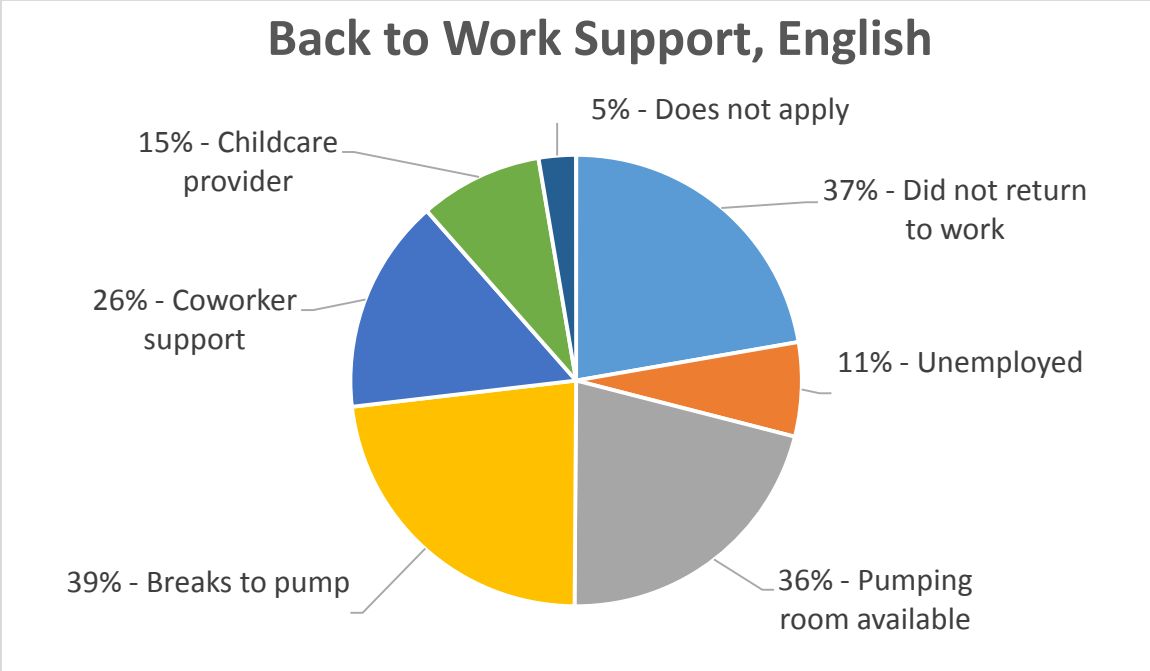


Figure 15: Back to Work Support, English.

When asked, *“If you returned to work while still providing breast milk to your child, what support was most helpful to you to continue breastfeeding? Check all that apply:”* An available pumping room and being allowed to take breaks to pump are reported to help breastfeeding mothers continue to nurse. Although the response, *“Does not apply because employer was not supportive”* only accounted for 5% of responses, 37% of breastfeeding mothers didn’t return to work at all and 11% were not employed prior to childbirth.

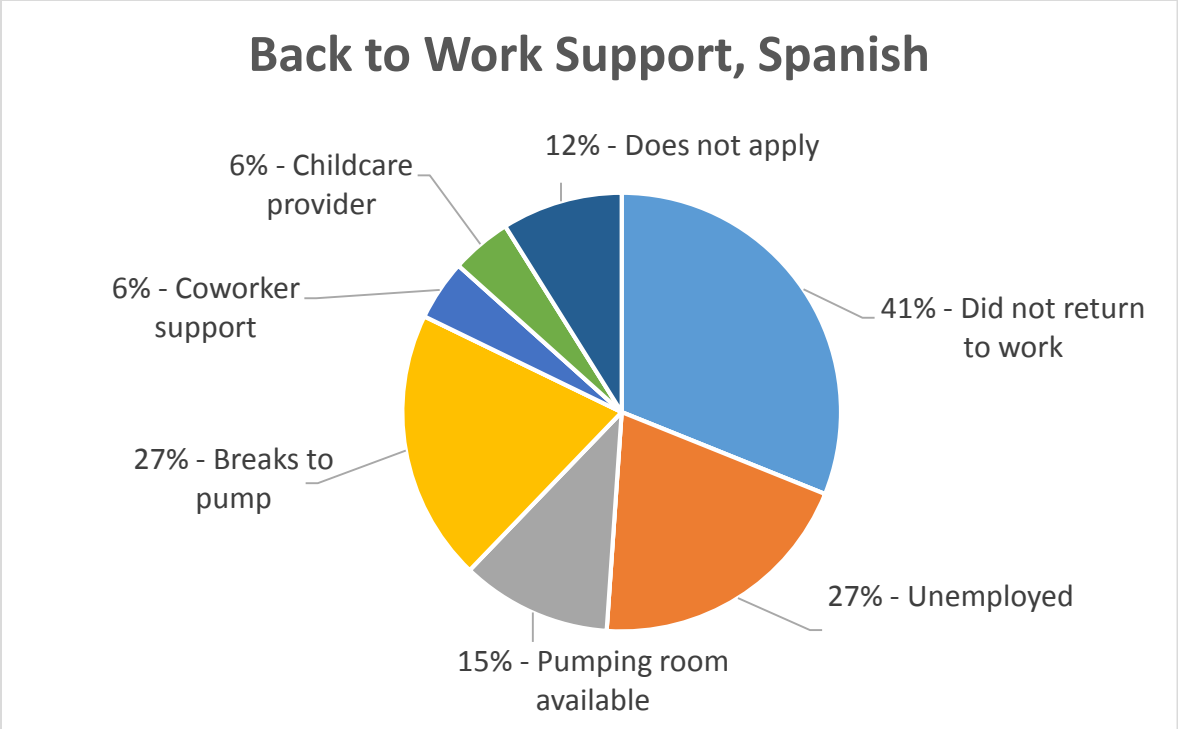


Figure 16: Back to Work Support, Spanish.

When Spanish respondents were asked, *“If you returned to work while still providing breast milk to your child, what support was most helpful to you to continue breastfeeding? Check all that apply: “An available pumping room and being allowed to take breaks to pump”* are reported to help breastfeeding mothers continue to nurse. The response, *“Does not apply because employer was not supportive”* accounted for 12% of responses, while 41% of breastfeeding mothers didn’t return to work at all and 27% were not employed prior to childbirth.

Of the Spanish-speaking women, a substantial portion (44%) did not respond to the question about duration of breastfeeding, however, of those that breastfed for at least one year, several indicated that they did not return to work (9 respondents, or 36%).

Table 14: Employment Status and Time Spent Breastfeeding, Spanish.

Employment Status	Breastfed 1+ Yrs	Breastfed < 1 Yr	No answer	Total
Did not return	9	5	0	14
Returned / did not indicate status*	16	4	27	47
Total	25	9	27	61

*Respondents selected all answers that applied. If they did not select "did not return," this is not the same as saying that they did return, but it may be reasonable to infer as much.

Of the 188 women who reported that they breastfed for at least one year, 72 of them (38%) reported that they did not return to work.

Table 15: Employment Status and Time Spent Breastfeeding, English.

Employment Status	Breastfed 1 + Yr	Breastfed < 1 Yr	No answer	Total
Didn't Return	72	44	0	116
Returned / did not indicate status*	116	72	93	281
Total	188	116	93	397

While there was a large difference in the number of respondents to the Spanish and English surveys, it is notable that the percentage of women who breastfed for at least one year *and* did not return to work were very similar (36% and 38%, respectively). Breastfeeding in the workplace can present many barriers, and it therefore may be reasonable to believe staying at home allowed many women to breastfeed longer than they might have otherwise.

“Work environment/manager was not supportive”

Bloomington Public Health will address back to work support as a result of this study. Nearly 7% of mothers reported that they did not breastfeed 1 year due to lack of support from an employer. Reports of having to use a bathroom stall due to a pumping room frequently being used were recorded

in the Infant Feeding Survey. Twenty percent of mothers reported discontinuing breastfeeding at their return to work, while 28% of mothers reported returning to work too soon to breastfeed at all.

It was cited frequently throughout the Infant Feeding Survey that milk supply had a major influence on mother's decision to breastfeed. Nearly 40% of mothers selected "did not have enough milk" when asked why they did not breastfeed for one year. Lactation consultants assist mothers and address concerns, as well as provide a support system for mothers who want to breastfeed, but are unsure of their milk supply. Sixteen percent of mothers report that lactation consultants helped initially influence their decision to breastfeed.

Community Resources for Breastfeeding

Current breastfeeding resources for pregnant and post-partum mothers are listed in a handout provided to pregnant and postpartum women. Both phone and online resources are available. These resources not only serve Bloomington, Edina, and Richfield, but many other surrounding communities within the Minneapolis-St. Paul metropolitan area.¹² See Appendix A.

The Women, Infants and Children (WIC) nutrition program is a federally funded program designed to promote good health for pregnant and postpartum women, infants, and children up to the age of five. WIC provides one-on-one information on healthy eating, including breastfeeding, and access to nutritious foods to supplement diets at no cost. WIC promotes breastfeeding and human milk as the best source of nutrition for infants. The Bloomington, Edina and Richfield WIC program has a Peer Breastfeeding Counseling program that is available to prenatal/postpartum WIC participants and the Internationally Board Certified Lactation Consultant (IBCLC).

Bloomington Public Health also provides Family Home Visiting Services to support families during pregnancy and after delivery. Public health nurses have the opportunity to impact families' decisions related to infant feeding and provide support to women who choose to breastfeed. Four nurses on the team are Certified Lactation Counselors who can provide support to more complex breastfeeding needs. In addition all staff have access to the IBCLC with our WIC program.

Bloomington's Statewide Health Improvement Partnership (SHIP) supports Breastfeeding Friendly Worksites and Childcare programs in Bloomington, Edina and Richfield. SHIP provides resources and consultation to worksites interested in starting or improving a Lactation Support Program for their employees and offers approved training and resources to child care centers or homes.

Other community resources include Amma Parenting Center, which provides breastfeeding support through their New Parent and New Mamma classes. New Mamma classes were cited as a support for breastfeeding mothers in the Infant Feeding Survey. The La Leche League is a non-profit organization that offers free breastfeeding support to mothers. They have monthly meetings in South Minneapolis, which shares a border with Richfield. La Leche League of Richfield/Bloomington meet twice monthly in Bloomington, Edina residents are welcome to attend.

Discussion

Overall, it was found that Bloomington, Edina, and Richfield cities have high initiation rates of breastfeeding with 90% of mothers initiating breastfeeding or intending to breastfeed. Both English and Spanish speaking mothers cited personal beliefs that breastfeeding is best and family being an influence

to breastfeed, however Spanish speaking mothers reported WIC staff much more frequently than English speaking, while English speaking cited prenatal or birth classes and friends more frequently than Spanish speaking. In particular, WIC services and physicians were cited as support more frequently among Spanish speaking women who breastfed for at least one year, compared to those that breastfed for less than one year.

It was found that hospitals offer a variety of support immediately after a mother has her baby. Opportunity to breastfeed within the first hour and education from a nurse or lactation consultant served as breastfeeding support from 60-80% of mothers. Mothers reported deciding not to breastfeed was influenced by work, medical reasons, or other reasons not disclosed.

Many mothers did not return to work or were not employed prior to childbirth. Of those who did return to work, having a room to pump and being allowed to take breaks was a source of support to continue breastfeeding. There were some reports of employers not being supportive of breastfeeding with some mothers reporting having to pump breastmilk in bathrooms or wait for a designated area to be unoccupied in order to pump. No respondents reported having lack of support from a childcare provider.

Overall, 60.91% (n=330) of English speaking mothers reported breastfeeding for one year while 73.35% (n=34) of Spanish speaking mothers reported breastfeeding for one year. This exceeds Healthy People 2020 goals and shows that there is an abundance of support in the cities that Bloomington Public Health serves.

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Appendix A: Community Resources

Community Resources for Breastfeeding

By Phone

Bloomington Public Health (WIC participants only)	952-563-8993
Fairview Southdale, Edina Lactation Services	952-924-8337
Fairview Ridges, Burnsville Breastfeeding Connection	952-892-2552
Fairview at U of M Lactation Center	612-273-2220
Abbott Northwestern The Mother Baby Center	612-863-4638
Hennepin Co. Medical Ctr. Breastfeeding Clinic	612-873-8793
Methodist Hospital Breastfeeding Center	952-428-2064
St. Joseph's, St. John's and Woodwinds HealthEast Outpatient Lactation Clinic	651-232-3147
St. Francis Hospital, Shakopee Breastfeeding Support Center (and Support Group)	952-428-2064
United and Children's Hospitals Breastfeeding Resource Center	651-241-6250
North Memorial Lactation Consultation	763-581-8340

Made possible through support from the Statewide Health Improvement Program, Minnesota Department of Health.

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Community Resources for Breastfeeding

Classes and Support Groups

Check with your clinic or hospital for breastfeeding classes and support groups. See reverse side for phone numbers.

Online

Minnesota Department of Health—WIC
www.health.state.mn.us/divs/ths/wic/

National Women's Health Information Center
www.womenshealth.gov

WIC Program, Texas Department of Health
www.breastmilkcounts.com

Breastfeeding and Parenting
www.kellymom.com

LaLeche League
www.lalecheleague.org, 612-922-4996

Breastfeeding Made Simple
www.breastfeedingmadesimple.com

If you have problems with a pump or need spare parts

Even-Flo (Ameda)	1-800-223-5921
Medela	1-800-435-8316

For Spanish (Even-Flo and Medela) or French (Even-Flo): Stay on line and ask for Spanish or French speaker.

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Appendix B: Infant Feeding Survey

Public Health wants to improve support for moms and babies. By completing this five-minute survey, you can help us better understand the choices women make for infant feeding. Thank you for your time.

1. Do you have a child that is 5 years old or younger?

- Yes
- No (If no, stop here)

2. Do you live, work, or attend school in any of the following cities in Minnesota?

- Bloomington
- Edina
- Richfield
- None of the above (Please stop here)

3. Did you provide breast milk to your child, or are you currently breastfeeding?

- Yes (Please skip question #4 and continue survey)
- No (If no, please answer question #4)

4. If you answered "No" in question #3, what were the reasons you decided not to breastfeed? After answering please turn your survey in. Check all that apply:

- Had to return to work too soon
- Lack of support from family/friends
- Medication interfered with breastfeeding
- Medical reason- Mom or baby
- Didn't think I would like it
- Baby didn't want to breastfeed
- Lack of support from manager, employer, or coworkers
- Difficulty pumping
- Personal Beliefs

Other (Please specify):

Infant Feeding Questions

1. Before you gave birth to your youngest child, what influenced your decision to breastfeed? Check all that apply:

- Medical provider or other clinic providers
- Family, friends
- Prenatal/birth classes
- Internet
- Books/magazines
- WIC staff
- Peer counselor
- Public Health Nurse, home visitor
- Previous experience with other children
- Personal belief that breastfeeding is best

Other (please specify):

2. What support was provided by the hospital or birthing facility where you gave birth? Check all that apply:

- Opportunity to breastfeed within the first hour
- Help breastfeeding from lactation consultant
- Help breastfeeding from a nurse
- Instruction on how to breastfeed
- Rooming in
- Did not offer formula to baby
- Did not offer pacifier
- Number to call from home for breastfeeding support or help
- Did not receive formula when discharged
- Did not deliver in a hospital or birthing facility

Other (please specify):

3. When you were first home with the baby, what support was most helpful to continue breastfeeding? Check all that apply:

- Family, friends
- Lactation consultant
- Your doctor/pediatrician/midwife
- WIC staff or peer counselor
- Visiting nurse
- Le Leche League or other breastfeeding support group/class
- Education materials, books
- Internet
- I did not get the support I needed breastfeeding (please answer question #4)
- Other

Comments:

4. If you did not get the support you needed to continue breastfeeding, please explain what support would have been helpful:

5. If you returned to work while still providing breast milk to your child, what support was most helpful to you to continue breastfeeding? Check all that apply:

- I did not return to work (took a break/resigned after childbirth)
- I was not employed before childbirth
- Employer had a room to pump
- Employer allowed breaks to pump
- Fellow employees/coworker support
- Childcare provider was supportive
- Does not apply because employer was not supportive

Please add any comments about support you received or didn't receive:

6. Did you provide breast milk to your child for at least one year?

- Yes
- No

7. If you did not provide breast milk to your child for at least one year, what were the reasons you discontinued? Check all that apply:

- I am currently breastfeeding and it has been less than one year
- I met my breastfeeding goal
- Latching difficulties
- Baby weaned himself or herself
- Returned to work
- Medical reason-Mom or baby
- Too much of a hassle
- Medication interfered with breastfeeding
- Did not have enough milk
- Lack of support from employer/manager
- Lack of support from childcare provider
- Difficulty pumping

Other (please specify):

Please provide any additional comments or information you would like to share: