

National Priority Area: Breastfeeding

National performance measure: A) Percentage of infants who are ever breastfed, and B) percentage of infants breastfed exclusively through 6 months.

Title V MCH Block Grant in Oregon

The Title V Maternal and Child Health (MCH) Block Grant is a federal program that provides funding to states to improve the health of all women, children, adolescents, and families, including children with special health care needs (CYSHCN). Oregon’s Title V MCH priorities for 2016-2020 include: well woman care, breastfeeding, physical activity for children, adolescent well care visits, oral health, smoking, toxic stress and trauma, nutrition and food insecurity, culturally and linguistically responsive services, and medical homes and services for the transition to adulthood for children and youth with special health care needs.

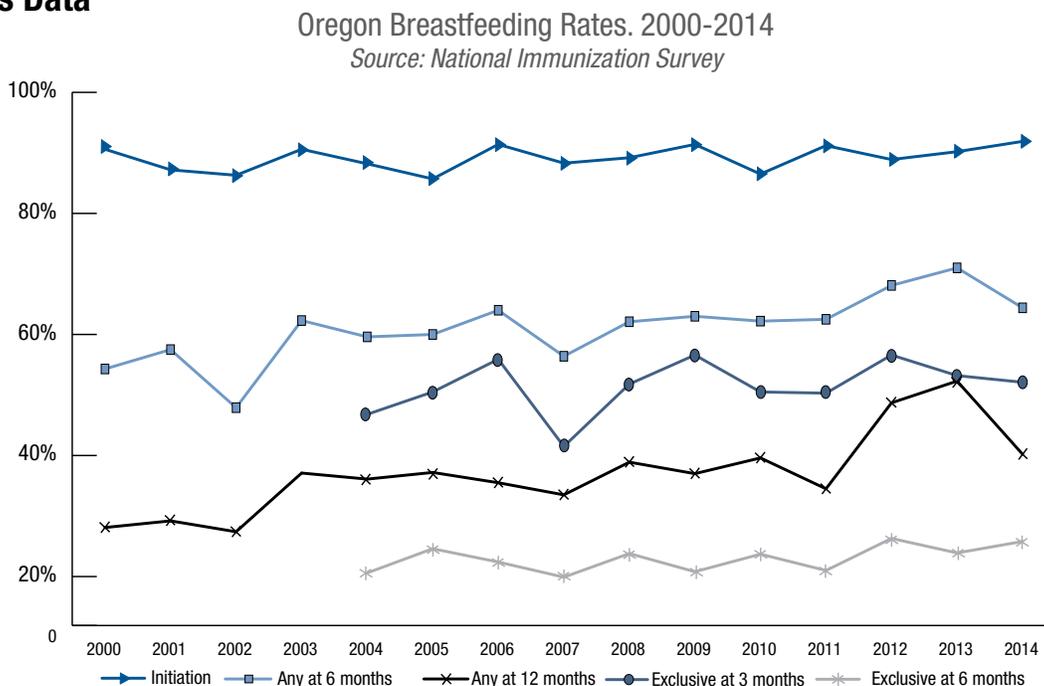
More information about each of the above priorities is available at: <http://Healthoregon.org/titlev>.

Significance of the issue

The American Academy of Pediatrics recommends all infants (including premature and sick newborns) exclusively breastfeed for six months and to continue breastfeeding, with the addition of complementary foods, for at least 12 months of age as human milk supports optimal growth and development. Children who are not breastfed or fed human milk have an increased risk for a number of health conditions including infections, allergies, asthma, diabetes, sudden infant death syndrome (SIDS), childhood cancers and childhood obesity. Mothers who do not breastfeed have higher rates of breast, uterine and ovarian cancer, diabetes, heart disease and osteoporosis. Breastfeeding also supports attachment by promoting close bonding with their infant and reduces the risk of postpartum depression.

Despite positive breastfeeding trends, significant racial disparities persist. Although Oregon race/ethnicity data is limited, national data indicate lower breastfeeding rates among African American, Native American and Asian women, and rates are lower among Hispanic women who have become more acculturated.

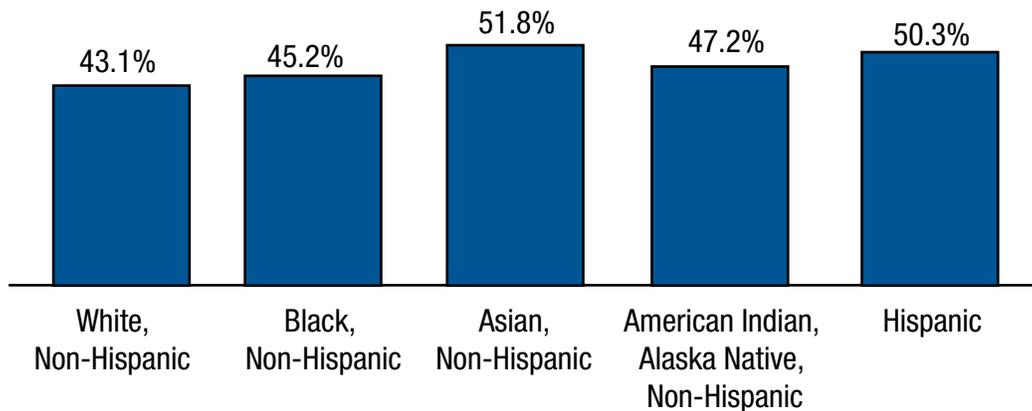
Health Status Data



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Percentage of infants exclusively breastfed at 6 months, by race/ethnicity, Oregon, 2009 births

Source: Pregnancy Risk Assessment Monitoring System



Context for the Issue in Oregon

Oregon has one of the highest breastfeeding rates in the US; most Oregon mothers initiate breastfeeding. Since data has been collected by CDC NIS (2000), Oregon has met all HP 2010 / 2020 breastfeeding objectives with the exception of 6 months exclusive breastfeeding (2011 and 2013), and 6 months any breastfeeding (2002). Trends for any breastfeeding at all time periods appear to be slowly increasing; trends for exclusive breastfeeding, especially at 6 months, appear stagnant over time, indicating that there are many barriers that prevent women from continuing to exclusively breastfeed.

Low income women in Oregon (WIC data) initiate and sustain breastfeeding at a rate comparable to more affluent Oregon women, whereas in most states there is a wide gap between these two groups.

Work in progress

Oregon has many supports in place to encourage women to initiate and continue breastfeeding, as described below, however sustaining breastfeeding remains the primary challenge in Oregon.

- Community Support: Oregon has a law that supports breastfeeding in public, a network of geographic and culturally specific breastfeeding coalitions and peer support programs in some counties.
- Health Care: The majority of hospitals are making progress in maternity care practices that support breastfeeding and the number of Baby Friendly Hospitals has increased from 5 in 2007 to 10 in 2015.
- Workplace: State and Federal laws that support breastfeeding accommodation in the workplace provide legal protection to the vast majority of Oregon women
- Child Care: Programs that are enrolled in the Child and Adult Care Food Program are able to be reimbursed for breast milk feeding of infants.