Perinatal and Infant Health



Health Status Data

- » Oregon continues to have breastfeeding initiation rates that are higher than the Healthy People 2020 target of 82%, showing that almost all parents want to breastfeed their infants.²
- » Although breastfeeding exclusivity for six months duration meets Healthy People 2020 goals (25.5%), both Oregon and National rates fall short of medical recommendations that children be exclusively breastfed until 6 months of age.³ Breastfeeding drops off at key times such as in the first two weeks after birth or when returning to work. Stopping breastfeeding is often due to lack of support in the health care system, in the community or in the workplace.⁴
- » Disparity exists for exclusive breastfeeding for six months with lower rates among African American or Black, Asian, and Hispanic Oregonians.
 - U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (2017). Title V maternal and child health services block grant to states program. Guidance and forms for the Title V
 - ² <u>Healthy People 2020, Maternal, Infant and Child</u> Health
 - ³ American Academy of Pediatrics Policy Statement.
 - ⁴ The Surgeon General's Call to Action to Support Breastfeeding (2011)

Priority Area: Breastfeeding

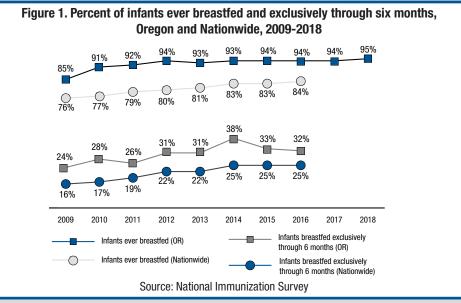
✓ National Priority Area ☐ State Priority Area

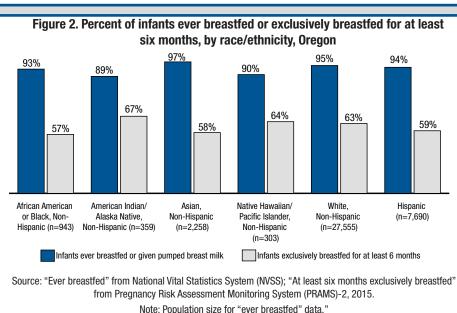
Significance of the issue

The American Academy of Pediatrics (AAP) recommends all infants exclusively breastfeed for about six months and continue breastfeeding at least a year as complementary foods are introduced. Human milk provides essential building blocks for brain development and unique nutritional and immunological properties that provide protection against infection and illness. Breastfeeding facilitates a naturally responsive style of infant feeding. Breastfeeding strengthens the immune system, reduces respiratory infections, gastrointestinal illness, and SIDS, and promotes neurodevelopment. Breastfed children may also be less likely to develop diabetes, childhood obesity, and asthma. Maternal benefits include reduced postpartum blood loss due to oxytocin release, reduced risk for postpartum depression, and possible protective effects against breast and ovarian cancer and hypertension. Not breastfeeding increases risk for both infant and maternal morbidity and mortality.¹

Emerging State Topic

National performance measure





Context for the issue in Oregon

Breastfeeding was a selected Oregon Maternal, Child, and Adolescent Health (MCAH) Title V priority for 2016-2020, as well as a priority for many partner agencies.

Current state policy and efforts

- Oregon has laws and policies in place to protect and support breastfeeding: breastfeeding in public law, jury duty exemption, public pool regulations, and provision of break time and private space in the workplace for expressing milk. The newest law, House Bill 2593 (2019), relating to Expression of Milk in the Workplace, updates Oregon's previous lactation accommodation in the workplace law to align more closely with the federal law of the Fair Labor Standards Act. All employers must provide space and break time; the primary change in new law is lowering the undue hardship exemption to employers with 10 or fewer employees.
- New Paid Family and Medical Leave law, <u>House Bill 2005 (2019)</u>, will allow 12 weeks of paid leave which provides an opportunity to support breastfeeding for a longer time.
- Oregon has licensure of International Board-Certified Lactation Consultant (IBCLC) which provides a mechanism for payment of medical lactation management.

Local Title V implementation

• For 2019-2020, 16 grantees selected this as a Title V priority. A range of strategies are selected from individually-focused interventions, to increasing training and access to high quality lactation services and increasing support in the workplace and child care settings.

Partner alignment

- Oregon has 10 <u>Baby Friendly Hospitals</u> providing maternity care practices supportive of breastfeeding.
- Oregon Women, Infants, and Children (WIC) supports and promotes breastfeeding with education and counseling, trained staff, breastfeeding peer counseling programs and additional healthy foods for breastfeeding women.

Needs assessment results

Environmental scan

• In an environmental scan of community health needs assessments, breastfeeding was the more often mentioned need of the two possible perinatal and infant health national priority areas.

Partner survey

- In a statewide survey of partners, breastfeeding was the most commonly selected national priority area of the two options in the perinatal and infant health population domain.
- It was rated higher within the perinatal and infant health domain by partners in terms of health impact, potential to effect health equity, and impact of applied resources.
- It was also consistently rated higher among partners who serve American Indian/Alaska Native, Asian, African American or Black, Native Hawaiian/Pacific Islander, immigrant, and LGBTQ+ communities, as well as partners who serve individuals with disabilities.

Community voices

- Breastfeeding was rated higher of the two perinatal and infant health priority areas, among African American or Black, Latinx, immigrant/refugee, and rural families.
- African American or Black families reported needing more culturally competent care and support in their communities to support breastfeeding, including support for mothers to return to work while continuing to breastfeed. Immigrant/refugee families also reported needing more workplace breastfeeding support.
- Rural families reported that one of the barriers to breastfeeding in their communities is a lack of awareness of how challenging it can be, leading to women getting frustrated and ceasing breastfeeding.

