



Infant Feeding Policy Fact Sheet

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

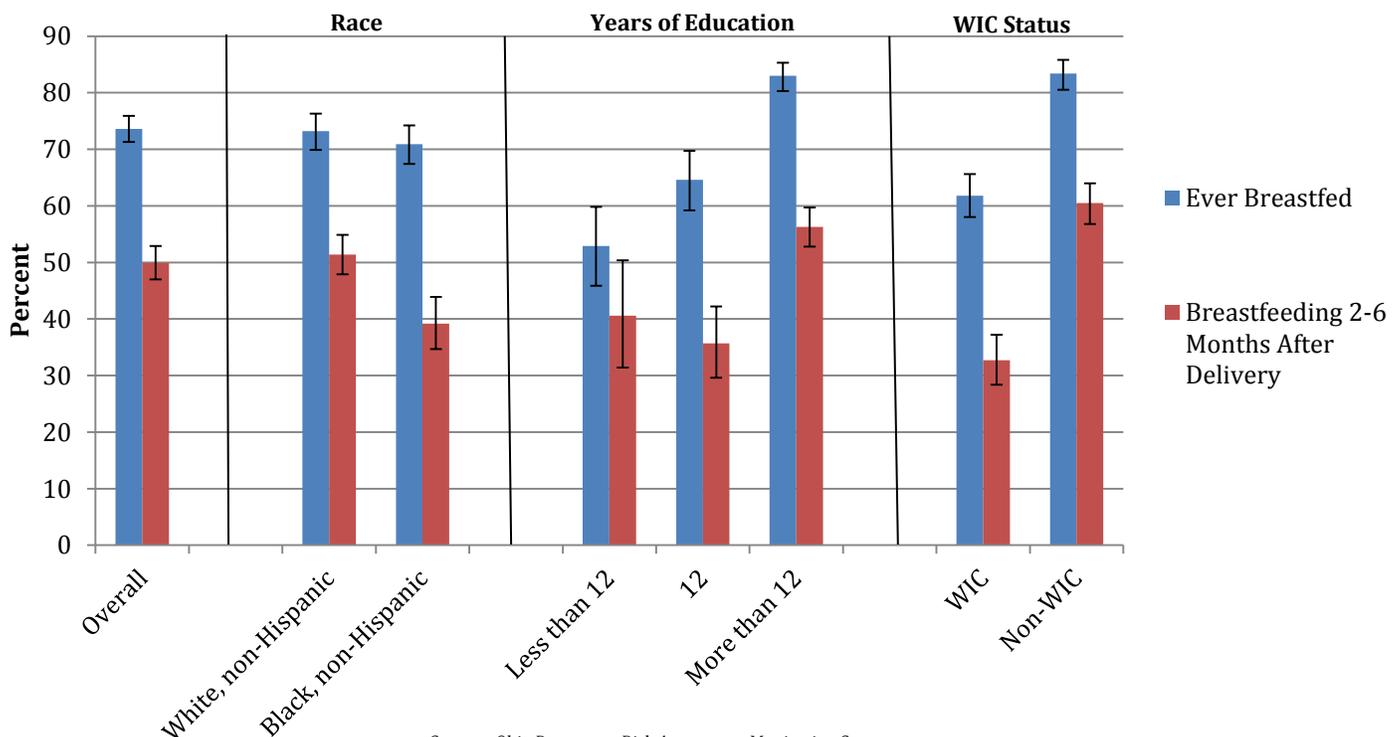
Importance of Infant Feeding Message

Breastfed infants experience immunological and nutritional benefits that infants who are not breastfed do not receive. Benefits of breastfeeding include: improved developmental and bio psychosocial outcomes, increased mother/infant bonding, reduced health care costs, less environmental waste and reduced infant mortality. Breastfeeding is linked to decreased risk of Sudden Infant Death Syndrome (SIDS), necrotizing enterocolitis (NEC), ear infections, GI infections, celiac disease, inflammatory bowel disease, obesity, diabetes, childhood leukemia and lymphoma, and better neurodevelopmental outcomes.¹ Data analysis indicates breastfed children had 20 percent lower risk of dying between 28 days and one year than children who were not breastfed.² Improving breastfeeding initiation and duration rates among all demographic groups can help to reduce infant morbidity and mortality.²

Facts About Infant Feeding Practices in Ohio

A statistically significant increase in the percentage of mothers who initiated breastfeeding was observed in Ohio from 2000 to 2010. While nearly 75 percent of Ohio mothers initiate breastfeeding, the percentage still breastfeeding several months after delivery was much lower. As shown in Figure 1, black mothers, those with less education, and women receiving WIC benefits were less likely to continue breastfeeding in the months after birth.

Figure 1: Mothers Who Ever Breastfed and Who Were Still Breastfeeding 2-6 Months After Delivery, By Select Maternal Characteristics, Ohio, 2009-2010



Source: Ohio Pregnancy Risk Assessment Monitoring System

Policy

ODH has established an infant feeding policy to ensure that accurate and consistent messages are provided by every employee and program as well as subgrantees and other state agencies.

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

Procedures

The majority of infant feeding messages are directed at healthy newborns. For infants with special health care needs, the messaging may be adapted to meet the needs of these infants and mothers. It is important for mothers of infants with special health care needs to consult their healthcare professionals for feeding guidance and recommendations.

- ODH subgrantees will adopt the ODH Infant Feeding Policy or similar written infant feeding policy that is communicated to all staff.
- Breastfeeding support training will be offered.
- ODH will develop up-to-date local breastfeeding educational and supportive resources lists.
- ODH agency wide ad hoc committees will work to support and monitor breastfeeding activities.
- Breastfeeding supportive messages should be included in all applicable activities and publications. Materials should avoid images of infants being bottle fed unless the materials are designed specifically to address bottle feeding or other special infant feeding circumstances (e.g., safe bottle feeding, bottle feeding like a breastfed baby, G-tube feeding).
- Infant feeding messages will be delivered in culturally appropriate methods to reach diverse populations; and messages will be linguistically suitable for various literacy levels.

For more information about the full policy and procedures, please contact:

Breanne Haviland
Breanne.haviland@odh.ohio.gov
(614) 466-3321

References:

1. American Academy of Pediatrics. (2012). Breastfeeding and the Use of Human Milk, *Pediatrics*, 129 (3), e827-e841.
2. American Academy of Pediatrics. (20004). Breastfeeding and the Risk of Postneonatal Death in the United States, *Pediatrics*, 113 (5), e435-e439.

