



North Dakota Breastfeeding Coalition

Strategic Plan 2020-2025

Increasing initiation and duration rates of breastfeeding are necessary steps in curbing the rising costs of health care. Breastfeeding reduces health-care costs by preventing a multitude of illnesses and diseases. According to the American Academy of Pediatrics, “these advantages include health, nutritional, immunologic, developmental, psychological, social, economic, and environmental benefits.”

A minimum of \$13 billion and 911 lives annually would be saved if breastfeeding were increased from current levels of 76.9 percent ever breastfed and 47.2 percent at 6 months, to Healthy People 2020 Breastfeeding Objectives of 82 percent ever breastfed and 60.6 percent breastfed at 6 months. This figure is likely an underestimation of the total savings because it represents cost savings from the treatment of only three childhood illnesses: otitis media, gastroenteritis and necrotizing enterocolitis.

Melissa Bartick, MD and Arnold Reinhold, MBA calculated cost savings in lives and dollars for all pediatric diseases identified in the AHRQ report assuming 80 or 90 percent of mothers breastfed their babies exclusively.

Results

- If 90 percent of new mothers exclusively breastfed their babies for the first six months of life, the savings in lives and dollars would be 911 babies and \$13 billion each year.
- If 80 percent of mothers exclusively breastfed for the first six months, 741 deaths would be prevented and \$10.5 billion saved.
- If the Healthy People 2010 goals were met (which call for 75 percent of mothers to initiate breastfeeding and 50 percent to continue breastfeeding for six months), 142 deaths would be prevented annually and \$2.2 billion would be saved.

Status: Over the past 5 years, the North Dakota breastfeeding initiation rate has slowly increased to 71 percent. In 2011, the North Dakota sole breastfeeding rate (infants fed only breast milk) was 73 percent at more than 24 hours of age (as reported annually by hospital staff on newborn screening forms). If infants who were fed both breast milk and formula are included, the rate reaches 76 percent. According to CDC’s National Immunization Survey for infants born in 2011, statewide breastfeeding rates at 6 and 12 months were at 45 percent and 21.2 percent respectively.

While progress has been made, North Dakota has a long way to go in order to meet the Healthy People 2020 goals. It is imperative that the North Dakota Breastfeeding Coalition strive to:

1. Ensure access to comprehensive, current and culturally appropriate lactation care and services for all women, children and families.
2. Ensure that breastfeeding is recognized as the normal and preferred method of feeding infants and young children.
3. Advocate for policies that recognize and support the importance and practice of breastfeeding.
4. Increase protection, promotion and support for breastfeeding mothers in the work force.



North Dakota Breastfeeding Coalition Mission, Vision and Goals

MISSION: Building a healthy North Dakota through connections, communication and working collaboratively with communities to protect, promote and support breastfeeding.

VISION: We envision breastfeeding as the norm for feeding infants and young children throughout North Dakota.

GOAL: Improve connections and communication with our local partnerships by providing resources and support them to meet their goals.

Community/Social Support

The Evidence: Although many women have an understanding of the benefits associated with breastfeeding, most new mothers do not have information or knowledge about the actual act of breastfeeding their infant. Research supports educating pregnant and new mothers about breastfeeding as one of the most effective ways to increase initiation and duration in the short term.

Women tend to rely on their social networks – especially family, friends and other mothers – for advice about rearing children. Peer support programs are designed to train mothers who have breastfed in the past or who currently are breastfeeding to counsel other breastfeeding mothers. These programs have been shown to be effective, both on their own and as part of a larger program, in increasing the initiation and duration of breastfeeding.

Research suggests that media campaigns, specifically those using television commercials, can improve attitudes toward breastfeeding and increase initiation. In addition, social marketing campaigns, which use established principles in commercial marketing to encourage healthy behaviors or support behavioral change, have been shown to increase initiation and duration as well as improve perceptions of community support for breastfeeding. Social marketing campaigns are comprehensive and multifaceted and rely on many different strategies, including media campaigns, to support behavior change.

Community Goal: Ensure that breastfeeding is recognized as the normal and preferred method of feeding infants and young children.

Community Objective #1: Identify and support breastfeeding services for families and communities in North Dakota.

Community Activity #1a: Create an awareness of the benefits of breastfeeding (through World Breastfeeding Week activities, community breastfeeding coalitions, etc.).

Community Activity #1b: Support the WIC Peer Counseling Programs at Rolette County Public Health (includes Turtle Mountain WIC Program), Southwestern District Health Unit WIC, and Valley Health and WIC agencies.

Community Activity #1c: Act as a clearinghouse for breastfeeding information such as data sources (NDDOH vital records data on infant feeding, etc.), resources and evidenced-based promotion and support strategies.

Community Activity #1d: Develop a mechanism for communication with local breastfeeding coalitions.

Community Objective #2: Increase the number of agencies and organizations that are disseminating positive messages regarding breastfeeding.

Community Activity #2a: Pursue opportunities to connect with “non-traditional” channels for promoting and supporting breastfeeding (i.e., the women’s health conferences, Cancer Society, Women’s Way, League of Women Voters, Voices for North Dakota’s Children, Tobacco Program, etc.).

Work Force Programs and Policies

The Evidence: Working outside the home and working full-time are associated with lower rates of breastfeeding initiation and shorter duration. Because the majority of new mothers works full time and often returns to work within a few months after childbirth, it is important that the workplace environment be supportive of breastfeeding. Research shows that lactation-support programs in the workplace help to promote breastfeeding and increase duration.

Work Force Goal: Increase protection, promotion and support for breastfeeding mothers in the work force.

Work Force Objective #1: Promote breastfeeding-friendly policies and worksites.

Work Force Activity #1a: Provide training about breastfeeding friendly worksite policies and procedures for the worksite wellness consultant training institute sponsored by the North Dakota Department of Health.

Work Force Activity #1b: Develop a boiler plate policy for breastfeeding-friendly worksites and post on the North Dakota Breastfeeding Coalition’s webpage.

Work Force Activity #1c: Survey North Dakota worksites about their breastfeeding-friendly policies.

Work Force Activity #1d: Develop a community resource list identifying North Dakota worksites that have family-friendly policies.

Work Force Activity #1e: Promote breastfeeding-friendly worksite policies through the North Dakota Breastfeeding Coalition’s webpage, “Steps in the Right Direction” section.

Infrastructure and Sustainability

Infrastructure and Sustainability Goal: Maintain a state committee to work towards achieving the vision and mission of the state plan.

Infrastructure and Sustainability Objective #1: Build state and local capacity to implement state plan.

Infrastructure and Sustainability Activity #1a: Establish North Dakota Breastfeeding Committee operational guidelines

Infrastructure and Sustainability Activity #1b: Provide training opportunities at state and local levels.

Infrastructure and Sustainability Activity #1c: Identify potential fiscal resources for state and local activities.

Infrastructure and Sustainability Objective #2: Develop strategic partnership to implement state plan.

Infrastructure and Sustainability Activity #2a: Review current membership and assess gaps.

Infrastructure and Sustainability Activity #2b: Identify potential resources that partners are able to contribute for implementation of state plan.

Infrastructure and Sustainability Objective #3: Evaluate process and impact of North Dakota Breastfeeding Coalition's activities.

Infrastructure and Sustainability Activity #3a: Create an evaluation plan

Healthy ND Breastfeeding Committee – Strategic Plan History

Strategic Plan #1: Objectives were outlined at the February 13, 2003, Committee meeting, with the final draft completed in May 2003.

Strategic Plan #2: Objectives from Plan #1 were revised and updated April 29, 2004 by conference call. Policy and legislative issues were prioritized.

Strategic Plan #3: The Committee met in Bismarck July 19, 2004 and revised objectives to a plan for FY '04-05.

Strategic Plan #4: The Committee was reformed in 2006. Plan#3 was revised through several conference calls in 2007 and approved in January 2008.

Strategic Plan #5: The Committee approved adding an end date to the plan in February 2011.

Strategic Plan #6: The Committee updated the plan for 2013-2018 in December 2012.

Strategic Plan #7: The Committee changed its name to "North Dakota Breastfeeding Coalition" in February 2014.

Sources:

American Academy of Pediatrics, Section on Breastfeeding. "The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis." Pediatrics Vol. 125 No. 5 May 2010, pp. e1048-1056.

Shealy KR, Li R, Benton-Davis S, Grummer-Strawn LM. The CDC Guide to Breastfeeding Interventions. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005.

Centers for Disease Control and Prevention National Immunization Survey, Provisional Data, 2009 births. "Breastfeeding Report Card- United States, 2012"