**“WHAT IS MEASURED MATTERS” and “WHAT MATTERS SHOULD BE MEASURED”**

Breastfeeding is unique to a woman, and as many women’s issues, has been relegated to the unrecognized “women’s work” by our health care system and society. Breastfeeding is an important indicator and promoter of health status and needs accurate and comprehensive assessment, documentation, and monitoring. **Action 19 of the 2011 Surgeon General’s “Call to Action to Support Breastfeeding”** called for the development of a national monitoring system to improve the tracking of breastfeeding rates as well as the policies and environmental factors that affect breastfeeding. Breastfeeding (BF) data in the Unites States is currently collected in a variety of different ways. This presentation describes the different ways we now collect breastfeeding data and some of the weakness and strengths of these methods. It concludes with some recommendations for improvements

Data from two of these sources (NIS and mPINC) are used by the Centers for Disease Control and Prevention to create the **“Breastfeeding Report Card”** every 2 years.

**Critique of Current BF Report Card Statistics Assessment methods:**

|  |  |  |
| --- | --- | --- |
| Assessment Tool | Strengths | Weaknesses |
| **National Immunization Survey (NIS)** | Started 2001, performed by CDC every 2 years, survey of parents of 19-35 month old babies, population based with random sampling, used for BF Report Card Data | Small survey of <1% of population, retrospective, only 4 BF questions added to a larger immunization survey, changed over the years causes some interpretation difficulties |
| **Maternity Practices in Infant Nutrition and Care (mPINC**) | Started 2007, performed by CDC every 2 years of all hospitals in USA that do L+D care. Good survey of BF support, Used for BF Report Card Data | Does not include any BF continuation statistics |

**Critique of other BF Statistics Assessment Methods in USA:**

|  |  |  |
| --- | --- | --- |
| Assessment Tool | Strengths | Weaknesses |
| **Infant Feeding Practices Survey II** | Started in 2005 by CDC, very comprehensive survey assessment | Too small and not dedicated to BF |
| **HealthStyles Survey:** | Started in 1999 marketing survey to which CDC added BF questions | Too few BF questions/assessment, too small |
| **National Survey of Family Growth**  In 2014 5601 Women were surveyed for this survey. | Since 1970’s, in person interview, nationally represented, from 120 areas across country of men and women 15-44 years of age. | A few BF questions to ascertain continuation rates, but not BF exclusivity rates. |
| **National Health and Nutrition Examination Survey (NHANES)** | Done by CDC | Includes only 1 BF question about BF status at time of hospital discharge |
| **Pregnancy Risk Assessment (PRAMS)** | Started in 1987, state specific, population based survey of peri-natal women, covers 83% on women | Each states PRAMS survey is unique so data is not uniform across nation |
| **Women Infant and Children (WIC)** | Serves/covers 53% of infants in USA, BF status recorded at every WIC visit for 1 year | Attached to benefit package and easily manipulated to get food package desired. No BF stats assessed past 1 year. |
| **Ross Labs Survey** | Oldest collection of BF statistics since 1970 | Only asks about any BF and does not define BF status to exclusive or partial, or continued, done by formula company |
| **Birth Certificates** | Done on all babies born in USA | Is not uniform-varies from state to state, only indicates initiation and any BF |
| **Newborn Metabolic Screening** | Done on all babies in USA | BF status only assessed at time of screening, does not specify exclusive versus partial |

To summarize: These surveys are small, retrospective, use different definitions of breastfeeding and, with regards to WIC, easily manipulated because they are attached to a benefits package. None of these breastfeeding assessment tools do not address the need for real time, accurate, comprehensive and continuing breastfeeding statistics that are needed to document and monitor the breastfeeding status of all American mothers and babies!

**RECOMMENDATION for real time, accurate and comprehensive BF Stats:**

Since breastfeeding is a **“Mom made” immunization** and since man made immunizations are assessed in a systemic and accurate manner at all well-baby visits, I am recommending that breastfeeding statistics also be assessed at **ALL** well-baby visits by 3 simple questions:

**#1 How many times in a 24 hour period does the baby go to the breast for a breastfeed?**

**#2 How many ounces of expressed breastmilk is the baby receiving per 24 hours?**

**#3 How many ounces of formula is the baby receiving per 24 hours?**

These three questions would give exclusive, partial and continued breastfeeding statistics on every baby in the well-baby care system and could easily be compiled by states and the CDC for accurate and comprehensive breastfeeding statistics, used for comprehensive research related to breastfeeding benefits, used to move from assessment to adequate breastfeeding services needed, and used to support the reasons for more Lactation Professionals and paid family leave in America. It all starts with an accurate and comprehensive assessment and documentation of breastfeeding statistics!

**How these real time, comprehensive and accurate BF data could be used:**

**POLICY**

* To accurately and comprehensively measure progress towards the national and state breastfeeding rates
* to plan and review programs/policies aimed at increasing breastfeeding rates and duration
* to increase breastfeeding support resources where needed
* to document the need for more Lactation Professionals and funding to support their training
* to guide insurance companies in recognizing the need for reimbursement for Lactation services
* to document the work mothers are doing to breastfeed their babies
* to support the need, expected cost savings and wisdom for paid family leave in USA

**CLINICAL**

* to identify breastfeeding problems earlier and facilitate early referrals to a Lactation Professional if needed before an earlier than intended weaning occurs
* **to increase attention to the importance and clinical significance of breastfeeding--the question that gets asked get attention by both client and health care provider!**

**RESEARCH**

* to investigate breastfeeding as it relates to health and illness issues in maternal/infant health and facilitate breastfeeding research