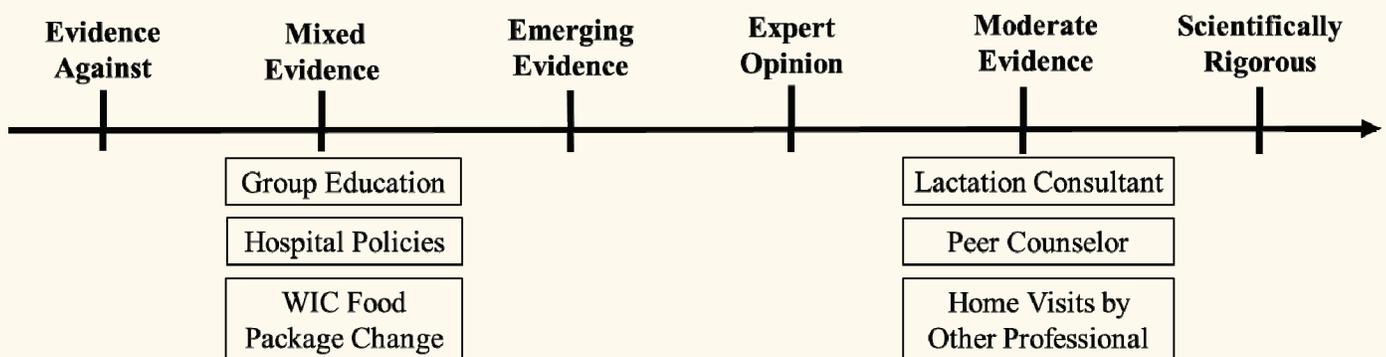


Strengthen the Evidence Base for Maternal and Child Health Programs

NPM 4: Breastfeeding

Breastfeeding is one of fifteen MCH National Performance Measures (NPMs) for the State Title V Block Grant program. The goal is to increase the percentage of infants who are ever breastfed and the percentage who are breastfed exclusively through six months. The American Academy of Pediatrics (AAP) defines exclusivity as an infant's consumption of breastmilk without the addition of any solids or liquids, except for vitamins, minerals, and medications.¹ This brief identifies evidence-informed strategies that State Title V programs might consider implementing to address NPM 4.

The evidence review categorized interventions along an evidence continuum from *Evidence Against* (least favorable) to *Scientifically Rigorous* (most favorable). Interventions that are characterized by *Emerging Evidence* or more favorable ratings are considered evidence-informed. *Moderate Evidence* was identified for lactation consultants, peer counselors, and for home visits by professionals (other than lactation consultants and peer counselors). Group education, hospital policies and the WIC food package change were rated as *Mixed Evidence*. Provider training only and family leave, workplace policies, and state laws were not assigned evidence ratings due to the limited number of studies assessing these strategies.



This review was conducted as part of Strengthen the Evidence Base for Maternal and Child Health Programs, a Health Resources and Services Administration-funded initiative that aims to support states in their development and implementation of strategies to promote the health and well-being of MCH populations in the United States. The remainder of the brief summarizes the approach to the review. The full review may be found at <http://semch.org/evidence-reviews.html>.

The AAP, World Health Organization, and the United Nations Children’s Fund recommend that infants are breastfed exclusively, without additional food or liquids, for the first six months after birth.² Healthy People 2020 sets the targets for breastfeeding initiation and exclusivity at six months at 81.9% and 25.5%, respectively.³ The National Immunization Survey reported that in 2014, 82.5% of infants had ever breastfed and 24.9% of infants were exclusively breastfed through six months.⁴

METHODS & RESULTS

Peer-reviewed studies were identified by searching three online databases. Fifty-nine peer-reviewed studies and one gray literature source were included. Of the 59 studies, 37 studies measured only initiation, 11 measured only exclusivity at 6 months, and 11 measured both breastfeeding initiation and exclusivity at 6 months. Studies were categorized into eight groups based on their primary intervention: “Lactation Consultant,” “Peer Counselor,” “Group Education,” “Home Visits by Other Professional,” “Provider Training Only,” “Hospital Policies,” “Family Leave, Workplace Policies, State Laws,” and “WIC Food Package Change.” Examples of each intervention and its evidence rating are shown below. The outcome column indicates whether the intervention was shown to impact breastfeeding initiation, exclusivity at six months, or both.

Target Audience	Intervention	Example(s)	Evidence Rating	Outcome
Patient	Lactation Consultant	Telephone-based prenatal + postnatal support	Moderate Evidence	Initiation & Exclusivity
	Peer Counselor	Prenatal education during clinic visits + postpartum home visits	Moderate Evidence	Initiation
	Group Education	Small group education + discussion led by a parent educator	Mixed Evidence	Initiation & Exclusivity
	Home Visits by Other Professional*	Research assistant home visit	Moderate Evidence	Initiation & Exclusivity
Provider/ Practice	Provider Training Only	Lectures + panel discussions for maternity ward professionals	————	————
	Hospital Policies	Increased length of stay policy	Mixed Evidence	Initiation
State/ National	Family Leave, Workplace Policies, State Laws	Employer-provided break time and private space	————	————
	WIC Food Package Change	Enhanced package with greater monetary value for fully breastfeeding women	Mixed Evidence	Initiation

———— indicates insufficient number of studies to assign evidence rating or outcome

* professional other than lactation consultant or peer counselor

Interventions identified from both peer-reviewed and gray literature (e.g., technical reports supported by data) were placed along an evidence continuum to reflect whether they were: *Evidence Against*, *Mixed Evidence*, *Emerging Evidence*, *Expert Opinion*, *Moderate Evidence*, or *Scientifically Rigorous*. Specific criteria for both study type and study results informed the designation of the level of evidence for each intervention. Interventions with fewer than four studies were not placed on the continuum.

KEY FINDINGS

- Lactation consultant interventions and home visits provided by professionals (other than lactation consultants or peer counselors) appear to be effective for increasing both breastfeeding initiation and exclusivity at 6 months.
- Peer counselor interventions appear to be effective and are more likely to influence initiation than exclusivity at 6 months.
- There is less clear evidence to support the WIC food package change, group education, or hospital policies.
- There is insufficient evidence of the effectiveness for provider training and for family leave, workplace policies, and state laws on breastfeeding initiation and exclusivity at 6 months.

IMPLICATIONS

- Further implementation efforts should prioritize providing mothers with long term breastfeeding support in order to achieve the NPM of exclusive breastfeeding at 6 months.
- Achieving improvement for NPM 4 is likely to require continued collaboration with an array of community providers who serve pregnant women and families with infants.
- Understanding the impact of state, federal, and workplace policies on breastfeeding initiation and exclusivity at 6 months requires investment of resources to support rigorous evaluations.

Stephanie Garcia, Donna Strobino, Cynthia Minkovitz, Susan Gross

References

1. American Academy of Pediatrics. Policy Statement. Breastfeeding and the use of human milk. *Pediatrics*. 2005;115(2).
2. World Health Organization. Infant and young child feeding: fact sheet. <http://www.who.int/mediacentre/factsheets/fs342/en/>. Updated July 2017. Accessed January 8, 2018
3. Maternal, infant, and child health. Healthy People 2020. Office of Disease Prevention and Health Promotion website. <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>. Accessed January 8, 2018.
4. Breastfeeding among U.S. children born 2002-2014, CDC National Immunization Survey. Centers for Disease Control and Prevention website. https://www.cdc.gov/breastfeeding/data/nis_data/index.htm. Updated August 1, 2017. Accessed January 8, 2018.

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U02MC28257.



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

**Department of Population,
Family and Reproductive Health**
Women's and Children's
Health Policy Center

615 N. Wolfe Street | Baltimore, MD 21205
Phone: 410-502-5450
Email: sgarci22@jhu.edu | Web: <http://www.semch.org>