

# HealthMinistersGUIDE

Connecting Science and Community for Health

Images play an important role in normalizing breastfeeding and reducing the societal and cultural barriers faced by breastfeeding families. Increased exposure to breastfeeding images can build public acceptance and support, helping breastfeeding families feel more comfortable in public spaces.



### REFERENCES

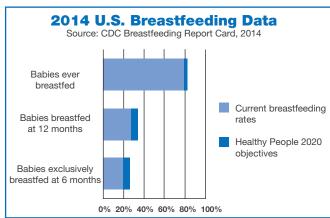
- 1 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Breastfeeding: Data and Statistics: Breastfeeding Report Card 2014. http://www.cdc.gov/breastfeeding/data/reportcard.htm. Accessed April 21, 2015.
- 2 U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Support Breastfeeding. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011.

# **On Breastfeeding**

### Introduction

Breastfeeding is healthy. The health benefits of breastfeeding can last a lifetime. Yet, the decision to breastfeed is a personal one. A new mother needs support no matter how she decides to feed her baby.

In America, more than three out of four new mothers start out breastfeeding.<sup>1</sup> Most plan to follow universal



medical recommendations to exclusively breastfeed for six months and continue with the introduction of solid foods for at least one year. Unfortunately, of the mothers that start out breastfeeding, only 19 percent are still exclusively breastfeeding at six months. Rates of breastfeeding in the United States vary widely because of the multiple and complex barriers mothers face when starting and continuing to breastfeed.

In 2011, the Surgeon General issued a call to action to make it possible for every mother who wishes to breastfeed to be able to do so by shifting how we as a nation think and talk about breastfeeding.<sup>2</sup> Health ministries can help mothers and babies get the support they need to harness the benefits of breastfeeding. Simply creating a culture of breastfeeding acceptance can be helpful. By educating community members about the importance of breastfeeding you can help your communities and congregations be strong and healthy.

This guide outlines the important reasons breastfeeding is so crucial to the health of both babies and mothers and actions you can take to support breastfeeding families.

# What are the Benefits of Breastfeeding?

#### PROTECTS & NOURISHES BABIES FROM DAY ONE

Colostrum, a mother's first breast milk, is made during pregnancy and just after birth. This milk (known as "liquid gold,") is rich in nutrients and antibodies: the material for a strong immune system. Colostrum is the magic sauce to kick off a healthy life!

Soon thereafter, the mother's milk begins to change! By the third to fifth day after birth, it increases in volume and changes in composition of essential nutrients (including fat, sugar, water, protein, vitamins and minerals), antibodies, and hundreds of other substances that enhance brain development, healthy infant growth, and development of the baby's immune system. Mother's milk continues to change throughout the course of breastfeeding. It even changes throughout the day and throughout an individual feeding to give babies exactly what they need when they need it most.





#### FIGHTS DISEASES AND INFECTIONS

Breastfeeding helps babies fight off diseases and infections. Babies who are only fed infant formula are twice as likely to develop ear infections as those who are exclusively breastfed for the first six months of life.<sup>3</sup> Breastfeeding also reduces a baby's risk of skin, stomach, and respiratory infections, diarrhea, sudden infant death syndrome, and necrotizing enterocolitis.<sup>3,4</sup> In the longer term, breastfed babies have reduced risk of obesity, type 1 and 2 diabetes, asthma, and childhood leukemia.<sup>4</sup> A recent report estimates that nearly 1,000 deaths could be prevented and more than \$13 billion per year saved due to the cost of pediatric diseases and conditions, if 90 percent of U.S. mothers exclusively breastfed for the recommended first six months of life.<sup>5</sup>

Breastfeeding also benefits mothers. Studies have found that women who breastfeed have a lower risk of getting breast and ovarian cancer, type 2 diabetes, and cardiovascular disease. The studies suggest that women who breastfeed have a lower risk of postpartum depression, although more research is needed on this subject. The health benefits to mothers are so profound that it is estimated that the nation could save over \$17 billion per year due to the cost of maternal diseases and conditions, if most women breastfed at least a year or more. \$10 billion because the students of the cost of maternal diseases and conditions.

#### **SAVES MONEY**

Breastfeeding can save a family thousands of dollars. Formula and feeding supplies alone can cost a family well over \$1,500 each year, depending on how much a baby eats. Better infant health also means fewer trips to the doctor, less time off from work to care for sick children, and more time having fun and playing.

#### PROTECTS THE ENVIRONMENT

Breastfeeding is also good for the environment. There is less waste compared to that produced by formula cans and bottle supplies. For every one million formula-fed babies, 150 million containers of formula are consumed. In addition, infant formulas must be transported from their place of manufacture to retail locations, such as grocery stores, so that they can be purchased by families. Although breastfeeding requires mothers to consume a small amount of additional calories, it generally requires no containers, no paper, no fuel to prepare, and no transportation to deliver, and it reduces the carbon footprint by saving precious global resources and energy. Pumping breast milk requires additional supplies and resources compared to direct breastfeeding, but still provides a significant reduction from the environmental impact of formula use.

#### SUPPORTS STRONG FAMILY BONDS

Physical contact is important to newborns. It can help them feel more secure, warm, and comforted. Both mothers and fathers can benefit from this closeness. Breastfeeding requires a mother to take some quiet, relaxed time to bond. Breastfeeding and skin-to-skin contact can boost a parent's oxytocin levels. Oxytocin is a hormone that helps milk flow and lowers stress levels to calm both the mother and baby.

Additionally, breastfeeding provides a quiet, relaxing time for families to come together and celebrate the growth and development of their newest family member. It is important to remind men that they, too, can be close to their baby and enjoy skin-to-skin time.

# **Breastfeeding During an Emergency**

When an emergency occurs, breastfeeding can save lives:

- Breastfeeding protects babies from the risks of a contaminated water supply.
- Breastfeeding can help protect against respiratory illnesses and diarrhea. These diseases can be fatal in populations displaced by disaster.
- Breast milk is the right temperature for babies and helps to prevent hypothermia when the body temperature drops too low.
- Breast milk is readily available without needing other supplies.

Breastfeeding for nine months reduces a baby's risk of becoming overweight by more than 30%!

Formula-feeding moms report taking twice as many one-day absences from work to care for sick children as breastfeeding mothers.

- 3 Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries. Rockville, MD: Agency for Healthcare Research and Quality; 2007. Evidence Report/Technology Assessment No. 153.
- 4 Hauck FR, Thompson JMD, Tanabe KO, Moon RY, Vennemann MM. Breastfeeding and reduced risk of sudden infant death syndrome: A metaanalysis. *Pediatrics*. 2011;128(1):103-110.
- 5 Bartick M, Reinhold A. The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis. *Pediatrics*. 2010;125(5):e1048-e1056.
- 6 Schwarz EB, Ray RM, Stuebe AM, et al. Duration of lactation and risk factors for maternal cardiovascular disease. *Obstet Gynecol*. 2009;113(5):974-982.
- 7 Mancini F, Carlson C, Albers L. Use of the Postpartum Depression Screening Scale in a collaborative obstetric practice. *J Midwifery* Women's Health. 2007;52(5):429-434.

Green K, Broome H, Mirabella J. Postnatal depression among mothers in the United Arab Emirates: sociocultural and physical factors. *Psychol Health Med.* 2006;11(4):425-431.

Jardri R, Pelta J, Maron M, Thomas P, Delion P, Codaccioni X, Goudemand M. Predictive validation study of the Edinburgh Postnatal Depression Scale in the first week after delivery and risk analysis for postnatal depression. *J Affect Disord*. 2006;93(1-3):169-176.

- 8 Bartick MC, Stuebe AM, Schwarz EB, Luongo C, Reinhold A, Foster EM. Cost analysis of maternal disease associated with suboptimal breastfeeding. *Obstet Gynecol*. 2013;122(1):111-119.
- Ball TM, Wright AL. Health care costs of formula feeding in the first year of life. *Pediatrics*. 1999;103(4 pt 2):870-876.
- 10 La Leche League International. The Womanly Art of Breastfeeding, 8th ed. Chicago, IL: Ballantine Books; 2010.



Engaging dads in breastfeeding education can increase breastfeeding rates by 20%!

- 11 Li R, Rock VJ, Grummer-Strawn L. Changes in public attitudes toward breastfeeding in the United States, 1999-2003. J Am Diet Assoc. 2007;107(1):122-127.
  - Gibson ME. Getting back to basics: the curious history of breastfeeding in the United States. *Am J Nursing*. 2005;105:72c-73c.
- 12 Bunik M, Clark L, Zimmer LM, Jimenez LM, O'Connor ME, Crane LA, Kempe A. Early infant feeding decisions in low-income Latinas. *Breastfeed Med*. 2006;1(4):225-235.
- 13 Arora S, McJunkin C, Wehrer J, Kuhn P. Major factors influencing breastfeeding rates: mother's perception of father's attitude and milk supply. *Pediatrics*. 2000;106(5):E67.
  - Wolfberg AJ, Michels KB, Shields W, O'Campo P, Bronner Y, Bienstock J. Dads as breastfeeding advocates: results from a randomized controlled trial of an educational intervention. *Am J Obstet Gynecol.* 2004;191(3):708-712.
- 14 Ingram J, Johnson D. A feasibility study of an intervention to enhance family support for breast feeding in a deprived area in Bristol, UK. *Midwifery*. 2004;20(4):367-379.
  - Bentley ME, Caulfield LE, Gross SM, Bronner Y, Jensen J, Kessler LA, Paige DM. Sources of influence on intention to breastfeed among African-American women at entry to WIC. *J Hum Lact.* 1999;15(1):27-34.
- 15 Bonuck K, Stuebe A, Barnett J, Labbok MH, Fletcher J, Bernstein PS. Effect of primary care intervention on breastfeeding duration and intensity. Am J Public Health. 2014;104 suppl 1:5119-S127.
- 16 These rules apply to Health Insurance Marketplace plans and all other health insurance plans, except for grandfathered plans. Grandfathered plans are those that were in existence on March 23, 2010, and haven't been changed in ways that substantially cut benefits or increase costs for consumers.

## **Action Steps for Health Ministers**

# CREATE A CULTURE OF BREASTFEEDING SUPPORT IN YOUR COMMUNITIES & CONGREGATIONS

Promoting an environment supportive of breastfeeding in your communities and congregations can go a long way in making mothers feel comfortable breastfeeding and ensuring that they have relevant information and resources. You can cultivate a more supportive environment by:

- Asking mothers in your communities and congregations for suggestions and feedback;
- Posting "Breastfeeding welcome here!" signs in gathering areas;
- Including a "welcome" for breastfeeding families in verbal/written announcements;
- Ensuring child care providers are trained to support breastfeeding mothers; and
- Setting up a learning center with educational materials on health issues, including books, leaflets, and other written materials on breastfeeding.
- Establishing private space for breastfeeding and breast pumping
- Identifying members of your congregation or community who are willing to support and help new parents.

Many nursing mothers in congregations feel comfortable breastfeeding during meetings and services. For those mothers who prefer to feed their babies in private, or who wish to express their milk to feed later, it is important to provide an appropriate private, clean space. An electrical outlet will be helpful if the mom is using an electric breast pump to express her milk.

#### CHALLENGE POPULAR MYTHS ABOUT BREASTFEEDING

There are many myths that keep families from breastfeeding. Some people, including some doctors, mistakenly believe that today's infant formula has the same health benefits as breast milk.<sup>11</sup> Others think that babies should be fed breast milk *and* formula as a way to ensure they get the "best of both."<sup>12</sup> These are myths that could prevent mothers from breastfeeding.

You can help bust these myths by sharing the facts in this guide. When talking with fathers<sup>13</sup> and grandparents,<sup>14</sup> who often play big roles in influencing feeding decisions, provide them with accurate information. Breastfeeding is a family affair, and men have an important role to play.

#### STRENGTHEN MOTHER-TO-MOTHER AND FATHER-TO-FATHER SUPPORT

Mother-to-mother support groups ("Mothers' Ministries") can be great networks for breast-feeding mothers to share their experiences and talk about common concerns. You can work with your local public health department to host training sessions for mothers who want to become group leaders and provide space in your facility for these groups to convene.

Health ministries can provide fathers the space to gather and discuss fatherhood, breastfeeding, and caring for the other members of their family during the transition to add a new member. Fathers and other family members can bond with the baby, too, by holding the baby, playing with the baby, and helping with the baby's care.

#### **CONNECT FAMILIES TO SUPPORT SYSTEMS**

If mothers get the support they need in the first four weeks of a new baby's life, they are more likely to continue breastfeeding. A list of helpful resources is described in a later section.

Congregations can also establish partnerships with hospitals and birth facilities for integrated and continuous follow-up care after discharge from the hospital. This could include sharing pamphlets, resource guides, and flyers for local mother support groups.

Connecting pregnant women and mothers to nearby lactation care providers can also be beneficial in helping them sustain breastfeeding. A recent study found that prenatal and postpartum counseling by lactation consultants enhances breastfeeding success.<sup>15</sup>

Most health insurance plans are now required<sup>16</sup> to cover (without the need of a co-pay or deductible) preventive health services for women, including:

- Breastfeeding support and counseling for the duration of breastfeeding. These services may be provided before and after the baby is born.
- The cost of a breast pump and in some cases, milk storage bags as well. Health insurance plans may offer to cover either a rental or a new pump for mothers to keep.

Women should contact their health insurance plan with questions about their breastfeeding benefits.

#### SUPPORT EMPLOYEES AND VOLUNTEERS WHO BREASTFEED

When mothers return to work after their babies are born, time and space to express milk during the work period help them continue to give their best to their work and their baby. As leaders of community and faith-based organizations, you can do your part to ensure that your nursing employees and volunteers get the breastfeeding support they need.

Under Section 7(r) of the Fair Labor Standards Act (FLSA), many employers are now required <sup>17</sup> to provide the following to most hourly-paid and some salaried employees:

- A reasonable break time for an employee to express breast milk for her nursing child for one year after the child's birth, each time such employee has need to express the milk, and
- A place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.

Refer working mothers to the U.S. Department of Labor website pages on Break Time for Nursing Mothers (www.dol.gov/whd/nursingmothers) and the Family and Medical Leave Act (www.dol.gov/whd/FMLA). These web pages contain useful information, including updates on the federal laws, fact sheets, employee rights cards, and more. Many states also have relevant laws that support working families. The U.S. Department of Labor Women's Bureau website includes a state-by-state list of employment protections for workers who are pregnant or nursing (www.dol.gov/wb/maps).

For ideas on how to implement breastfeeding policies and practices for your employees and volunteers, visit the Office on Women's Health at the U.S. Department of Health & Human Services' Employer Solutions resource webpage for religious, grant making, and civic institutions (www.womenshealth.gov/breastfeeding/employer-solutions/industry/religious.html).

#### SHARE RESOURCES ON BREASTFEEDING

We hope that you will use the information in this guide to make bulletin inserts, write sermons, host activity nights, and gather the community around breastfeeding and health. Other helpful tools include:

The Office on Women's Health at the U.S. Department of Health & Human Services runs the free NATIONAL BREASTFEEDING HELPLINE (800-994-9662). Trained peer counselors provide breastfeeding support and guidance to mothers, partners, prospective parents, family members, and health professionals in English and Spanish. The Helpline is open from Monday through Friday, from 9 a.m. to 6 p.m. EST.

The Office on Women's Health (www.womenshealth.gov/breastfeeding), the Centers for Disease Control & Prevention (www.cdc.gov/breastfeeding) and *The Surgeon General's Call to Action to Support Breastfeeding* (www.surgeongeneral.gov/library/calls/breastfeeding) are all excellent resources for information on how to support nursing mothers and their families.



- 1. Centers for Disease Control and Prevention. CDC Vital Signs August 2011: Hospital Support for Breastfeeding. Accessed April 21, 2015.
- 2. U.S. Department of Health & Human Services. *The Business Case for Breastfeeding*. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau; 2008.
- Arora S, McJunkin C, Wehrer J, Kuhn P. Major factors influencing breastfeeding rates: mother's perception of father's attitude and milk supply. Pediatrics. 2000;106(5):E67.

Bar-Yam NB, Darby L. Fathers and breastfeeding: a review of the literature. *J Hum Lact*. 1997;13(1):45-50.



17 Employees who are covered by Section 7 of the FLSA, which includes the FLSA's overtime pay requirements, are entitled to breaks to express milk. Therefore, this law supports and protects employees eligible for overtime, and entitles them to break time and space to express milk. Employees who are exempt from overtime under Section 13 of the FLSA are not covered by Section 7 of the Act, and therefore are not entitled to break time to express milk under 7(r) of the FLSA. However, many employers seek to provide fair and equal access for all employees, and extend the benefits to any nursing mother at the workplace





