

## NEW MEXICO DEPARTMENT OF HEALTH



NM PREGNANCY RISK ASSESSMENT MONITORING SYSTEM



### NM Pregnancy Risk Assessment Monitoring System (NM PRAMS)

PRAMS is an ongoing, statewide survey of women giving live birth about their preconception, prenatal and early postpartum experiences. PRAMS is New Mexico's only representative source of live birth population data.

IN THIS ISSUE...

# Breastfeeding in New Mexico

by MCH Epidemiology, Family Health Bureau, PHD-NM Department of Health

The American Academy of Pediatrics (AAP) recommends that infants be breastfed exclusively for the first six months of life and continue breastfeeding for the first year<sup>i</sup>.

From 2000-2013, breastfeeding initiation (any breastfeeding after delivery) increased by ten percentage points, and breastfeeding more than eight weeks also had the same level of improvement but with the most dramatic shift occurring between 2012 and 2013 (figure 1). The overall prevalence in breastfeeding continues to rise at a steady rate, but disparities among maternal sub-populations and by geography indicate areas where our efforts are needed.

While all women are likely to initiate breastfeeding in NM, duration drops significantly in the early post-partum period. Among non-Hispanic White women, 73% are breastfeeding after two months, but among every other race or ethnicity population, early duration is significantly less likely. In addition, Hispanic women born in Mexico are more likely to breastfeed

longer than US-born Hispanic women (figure 2). Among 15-17 year-old moms, breastfeeding initiation was quite high (80%), but among those who started, 48% were still breastfeeding after two months.

Efforts to support breastfeeding among all NM women have been successful, but there is more work to do. This includes the continued expansion of baby-friendly birthing hospitals. New Mexico baby-friendly practices are increasing across the state, and according to the 2016 CDC Breastfeeding Report Card, 33% of NM women with live birth delivered in a baby-friendly facility in 2013<sup>ii</sup>. The New Mexico Breastfeeding Task Force, WIC (NM state and Tribal), primary health providers, home visiting and perinatal case management programs all contribute to the uptake in breastfeeding trends in New Mexico.

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What moms experience in NM birthing facilities



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# Breastfeeding trends 2000-2013

Figure 1.

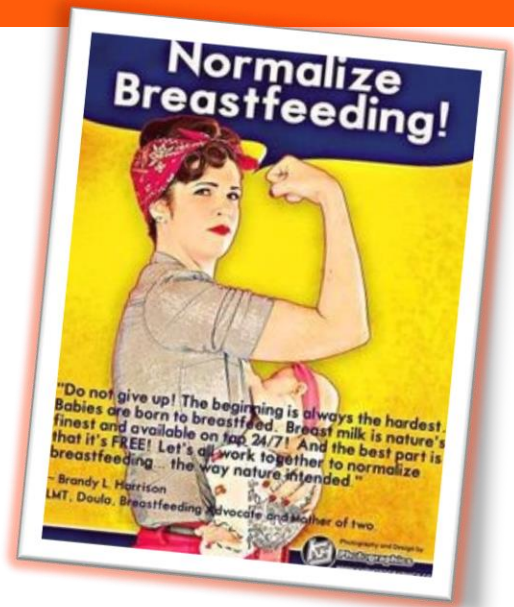
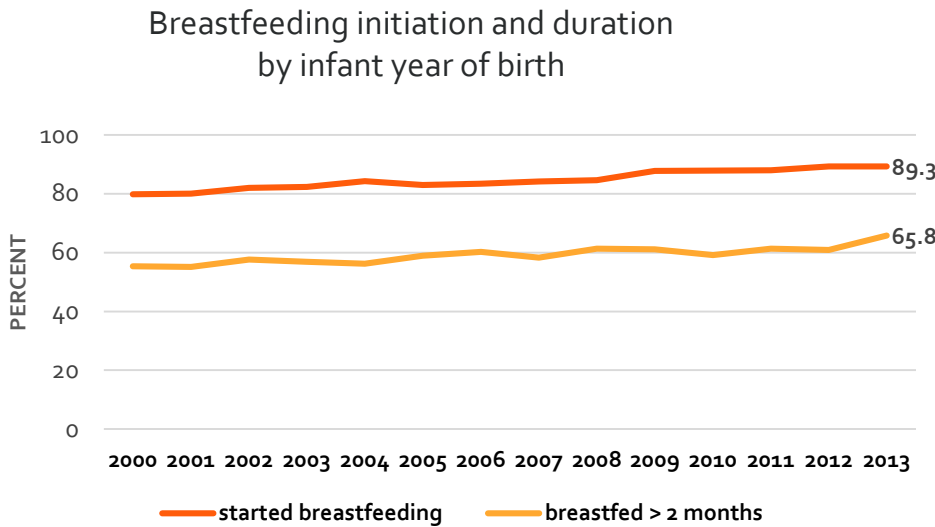


Figure 2.

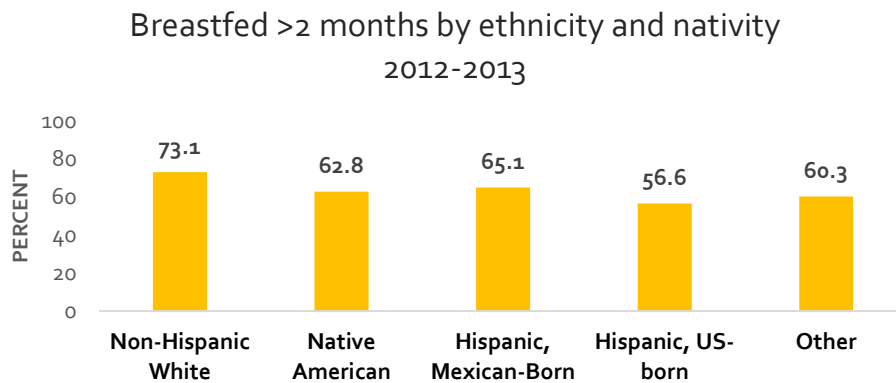
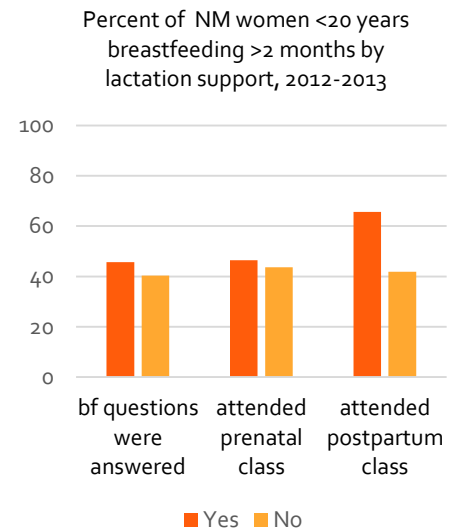


Figure 3.



Program support is an important key for women who otherwise may not have the resources or confidence to continue breastfeeding. Among women under the age of 20, those with prenatal or postpartum breastfeeding education were significantly more likely to breastfeed more than two months (figure 3.).

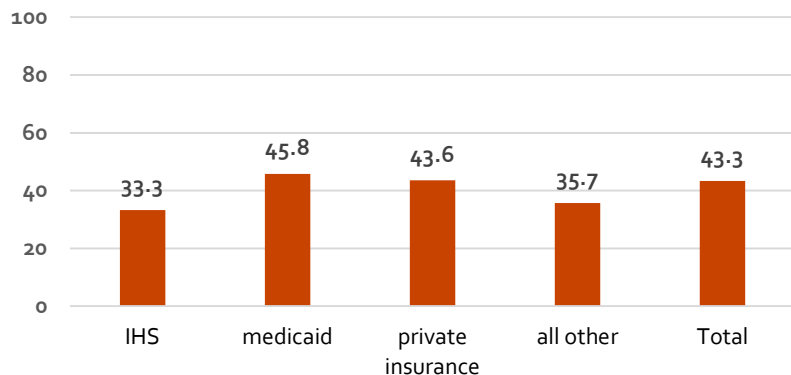
Prior to delivery, 62% of women said someone answered their questions about breastfeeding, and 20%

attended a breastfeeding class (irrespective of WIC participation). Sixty-four percent (64%) of women giving birth (2012-2013) participated in WIC, postpartum, and 14% said they participated in a breastfeeding class or had peer counseling in WIC. Breastfeeding initiation among all WIC participants increased at the same rate as in the general birth population from 2000 to 2013 (page 6.).

## Hospital experiences, NM 2012-2013

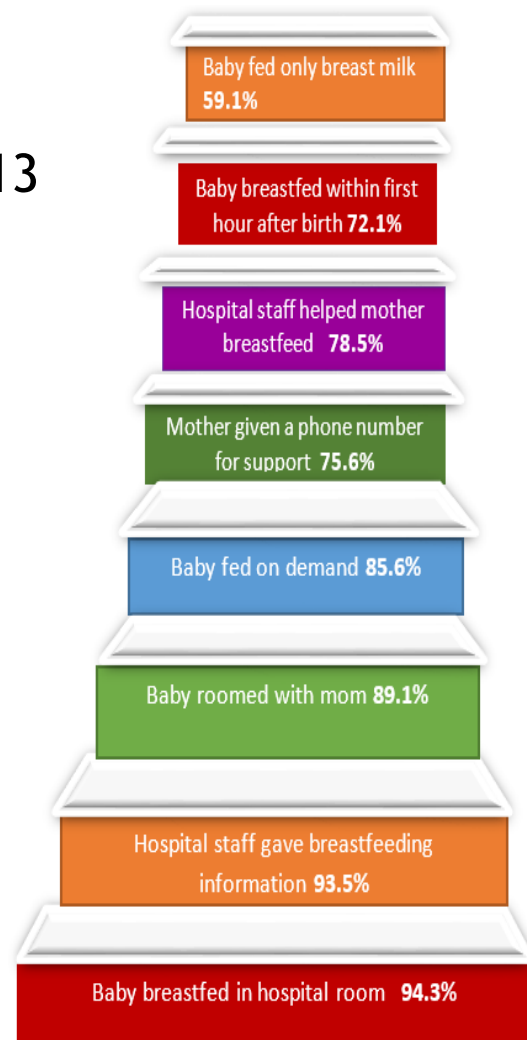
Figure 4.

Percent of women receiving formula gift pack at delivery, by payer of healthcare, 2012-2013



Two birthing facilities achieved baby-friendly designation in 2013.

More info on p.6.



PRAMS measures baby-friendly experiences among NM women with a hospital birth.

Among women who breastfed for any length of time (even if only at delivery) and had a hospital birth, 94% reported that they had breastfed their baby at the hospital, and 89% said the baby was able to stay in the same room with them. Just under 80% said hospital staff helped them to breastfeed, 72% breastfed within the first hour after delivery, and 59% said their infant was fed *only* breast milk at the hospital. Forty-three percent (43%) of newly-delivered women said they received a formula gift pack when their baby was born (figure 4). By payer of prenatal care, women with Medicaid or private insurance were more likely to receive formula packs, comparing poorly to women with Indian Health Service (46%, 44% v. 33% in IHS) (figure 4.).

Taking three important drivers of successful breastfeeding initiation at delivery, together (1. Baby fed only breastmilk, 2. Baby fed within one hour of delivery, and 3. Mom **not** given a formula gift pack), only 35.9% of NM women reported all three experiences at delivery. This composite indicator varied by some maternal and geographic residence characteristics.

Thirty-eight (38.3%) percent of married moms reported all three experiences compared to 34.1% of unmarried moms. By maternal age groups, there were few differences, as well. Thirty-eight percent of women with a household income above 100% poverty level reported the three experiences, compared to 34% of those below at or below 100% poverty. More significant disparities occurred by DOH region of residence: Among women residing in the southwest and northwest regions, over 43% of women reported the triad, while in the metro and northeast, 36% did, compared to only 12.6% in the southeast (figure 5.).

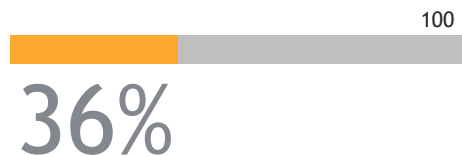
**THE TEN BABY-FRIENDLY STEPS**

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one half-hour of birth.
5. Show mothers how to breastfeed and maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice rooming in - that is, allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

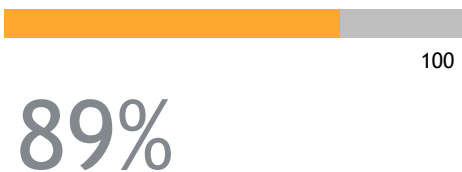
<http://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative/the-ten-steps>

# Breastfeeding by the numbers

Percent of NM women reporting all three baby-friendly indicators, 2012-2013<sup>iii iv</sup>



Percent of NM women who breastfed for any amount of time, 2012-2013



Percent of NM women who breastfed >2 months

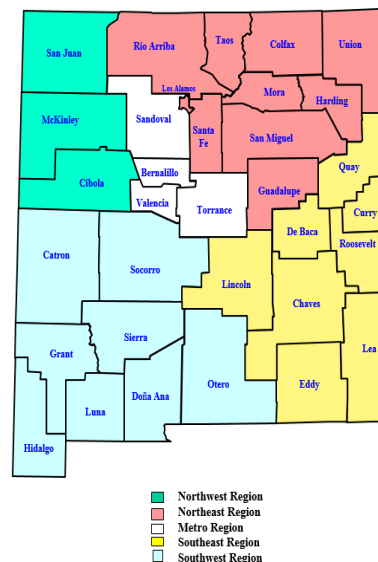
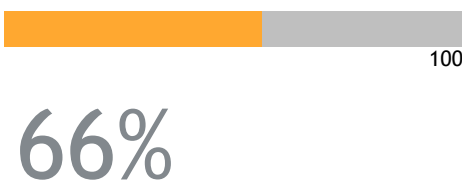


Figure 5.



All three baby-friendly indicators by DOH region of residence, 2012-2013

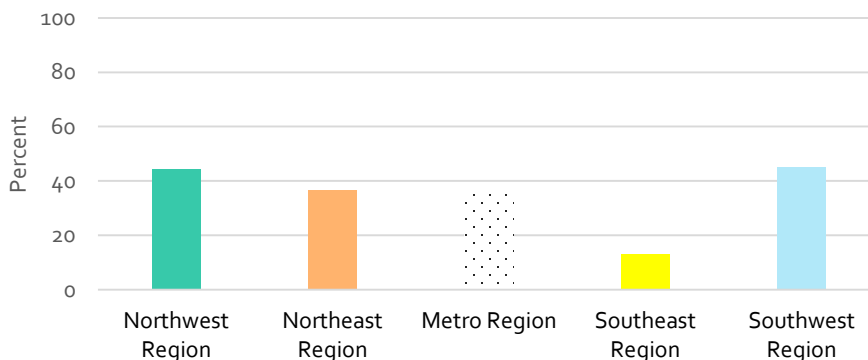
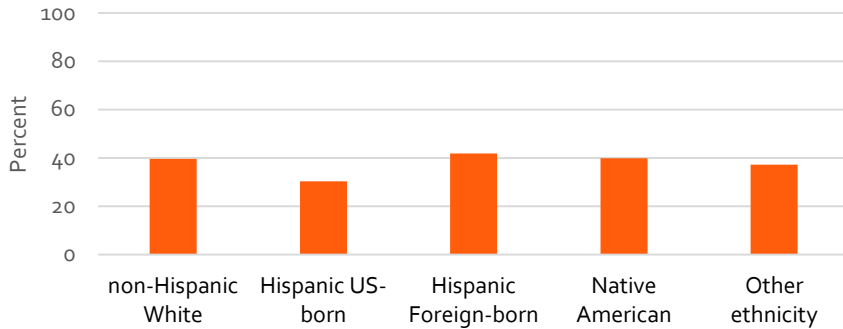


Figure 6.

All three baby-friendly indicators by ethnicity and nativity, 2012-2013

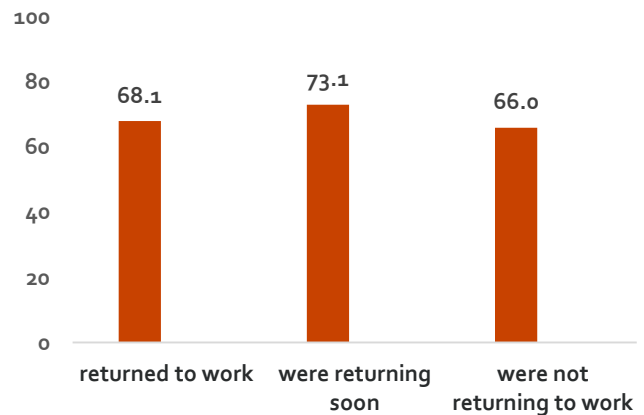
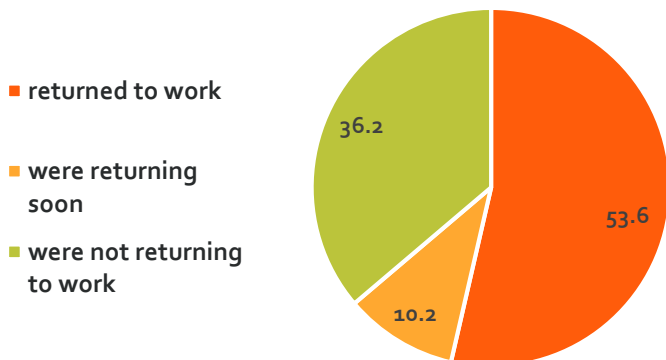


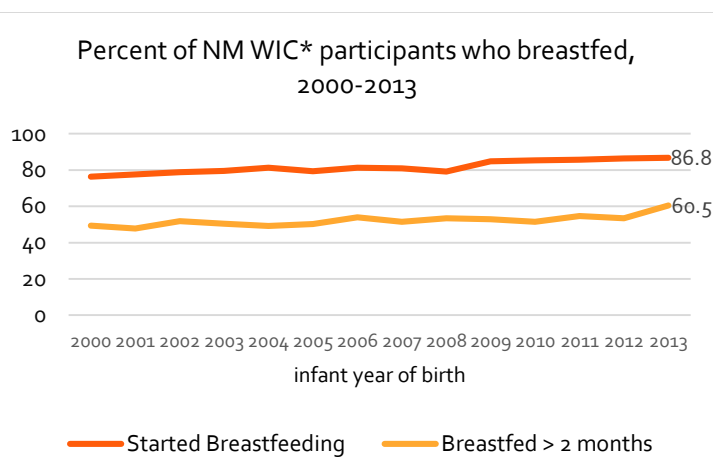
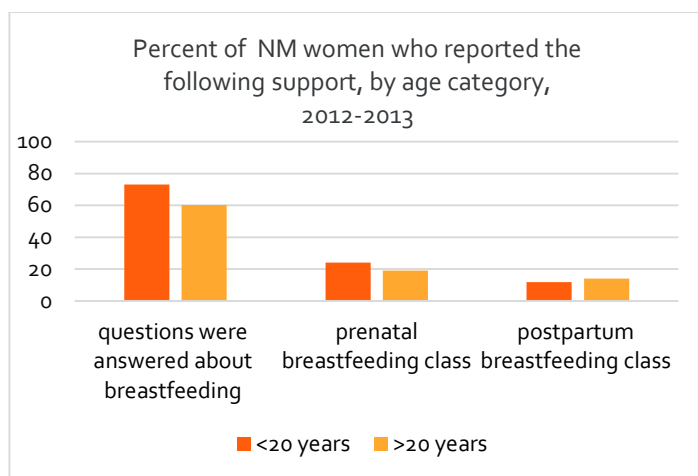
## Breastfeeding and work

About 56% of NM women giving birth in 2012-2013 said they were working at a job for pay during pregnancy. Just over half (54%) of those had returned to work at the time of survey, 10% were planning to return, and 36% said they were not returning to their job. A higher proportion (73%) of women with a delayed return to work breastfed more than two months compared to those who had already returned at the time of survey (3 months postpartum, on average).

AMONG WOMEN WHO WORKED DURING PREGNANCY, PERCENT WHO...

PERCENT OF WOMEN WHO BREASTFED > 2 MONTHS BY WORK STATUS





## BREASTFEEDING RESOURCES

For more information or to get involved in activities in your community or workplace, visit <http://www.breastfeedingnewmexico.org/>

### NM BREASTFEEDING TASKFORCE

Phone: 505-395-6455

Address 1618 Harvard Dr. NE, Albuquerque NM 87106

\*Special supplemental Nutrition Program for Women, Infants and Children (WIC) includes state and Tribal WIC Programs for NM residents.

Navajo Nation WIC Nutrition Program has several clinic sites- <http://www.fdihb.org/files/downloads/nutrition/WIC%20Brochure%20-%20Leota%20Begay.pdf> and the Navajo Nation Breastfeeding Coalition <http://www.navajonationbreastfeedingcoalition.org/> provides lactation support. Five Sandoval, Eight Northern Indian Pueblos and other Tribal WIC programs can be reached via [http://www.wicprograms.org/state/new\\_mexico](http://www.wicprograms.org/state/new_mexico)

*The New Mexico state WIC Program provides mothers support to breastfeed through individualized counseling, support group discussions, educational materials such as books and videos, an expanded food package for breastfeeding mothers and infants, as well as breastfeeding aides and devices for mothers experiencing a complex problem. WIC makes electric and manual breast pumps readily available, which is especially important for women who return to work or school.*

NM WIC offers mothers help through a Breastfeeding Peer Counselor, who is experienced in breastfeeding, for one-on-one help and support through phone calls/texts, home and hospital visits, even after clinic hours. Peer counselors work with hospitals by providing lactation support to all maternity patients, including WIC-enrolled and WIC-eligible breastfeeding mothers. NM WIC has conducted a media campaign to generate fathers' encouragement and support of breastfeeding. TV commercials aired to raise awareness of how breastfeeding increases a child's IQ, helps prevent obesity and benefits families, including fathers. WIC also recently produced and aired TV commercials aimed at creating awareness of the New Mexico Breast Pump Use in the Work Place Law, which requires businesses to provide women employees flexible breaks and a clean, private place (not a bathroom) to pump breast milk.

Starting in 2013, the following birthing facilities achieved baby-friendly designation- 2013 [Zuni Comprehensive Health Center](#) (Zuni) [Mountainview Regional Medical Center](#) (Las Cruces); 2014 [Northern Navajo Medical Center](#) (Shiprock) [Crownpoint Health Care Facility](#) (Crownpoint) (nor currently delivering babies) [Gallup Indian Medical Center](#) (Gallup) [University of New Mexico Hospital](#) (Albuquerque); 2015 [Presbyterian Hospital](#) (Albuquerque), and [Gila Regional Medical Center](#) (Silver City).

## References

<sup>i</sup> American Academy of Pediatrics (AAP) Policy Statement: Breastfeeding and the Use of Human Milk; Volume 129, Number 3, March 2012. <http://pediatrics.aappublications.org/content/pediatrics/early/2012/02/22/peds.2011-3552.full.pdf>

<sup>ii</sup> Centers for Disease Control and Prevention Breastfeeding Report Card; 2016. Atlanta, GA. <https://www.cdc.gov/breastfeeding/pdf/2016breastfeedingreportcard.pdf>

<sup>iii</sup> Perrine C, Scanlon K, Li R, Odom E, Grummer-Strawn L. Baby-friendly hospital practices and meeting exclusive breastfeeding intention; *Pediatrics*; 2012, vol. 130.

<sup>iv</sup> DiGirolamo A, Grummer-Strawn L, Fein S. Effect of maternity-care practices on breastfeeding; *Pediatrics*; 2008, vol. 122.