

Breastfeeding and Obesity: Taking Confidence in the Evidence and Taking Action

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UNC
GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH



**CAROLINA
BREASTFEEDING
INSTITUTE**
**DEPARTMENT OF
MATERNAL
AND CHILD HEALTH**

Mandate

- Task Force on Early Childhood Obesity is now in the focus on communities.
- Request a discussion of breastfeeding be added in discussion of community and food access.

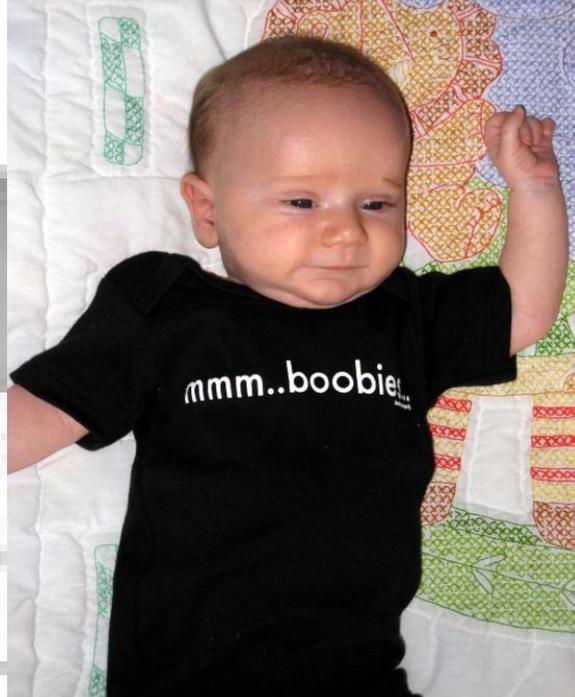
OBJECTIVE:

- Discuss real world (and NC!) applications of evidence that links breastfeeding to a reduced risk of obesity; and consider how it might be best addressed in NC

OUTLINE:

- **Introduction to Obesity and Breastfeeding in the Intergenerational Continuum of Care**
- Understanding the difficulties in the study of breastfeeding and obesity: Being able to respond to challengers
- Being able to respond in practice

What does a “normal” baby look like?



The “Double Burden” of Malnutrition

- Under-nutrition
- Over-nutrition
- But what about infants?



The “Triple Burden” of Inadequate Intergenerational Continuum of Care: Interaction with Nutritional Status

- Birthspacing
- Birth
- Breastfeeding
- Complement: Eating and Stress

Surgeon General's Call to Action to Support Breastfeeding:

Excess Health Risks Associated with Not Breastfeeding

<i>Among full-term infants</i>	Excess Risk*
• Acute ear infection (otitis media)	100
• Eczema (atopic dermatitis)	47
• Diarrhea and vomiting (gastrointestinal infection)	178
• Infant hospitalization for pneumonia (LRTI)	257
• Asthma, with family history	67
• Asthma, no family history	35
• Childhood obesity	32
• Type 2 diabetes mellitus	64
• Acute lymphocytic leukemia	23
• Acute myelogenous leukemia	18
• Sudden infant death syndrome	56
<i>Among preterm infants</i> Necrotizing enterocolitis	138
<i>Among mothers</i>	
• Breast cancer	4
• Ovarian cancer	27

EBF reduces SIDS by >50%

- Controlling for :
 - SES
 - previous live births
 - birth weight of the infant
- And for the things we blame/shame parents for:
 - maternal **smoking** in pregnancy
 - additional **heating** during the last sleep
 - **pillow** in the infant's bed
 - **pacifier** use during the last sleep
 - **position placed to sleep**
 - **bedsharing** in the last night
- **Breastfeeding reduces SIDS by 50%, but it is not mentioned at all, or is the last considered in our SIDS campaigns**

What could be achieved with increased breastfeeding NC?

- Major causes of infant death, including **Immaturity, SIDS, Pneumonia and Sepsis**, would be significantly reduced
- The Death Rate from these diseases among minorities is 2-4 times higher than that of whites.
- Exclusive breastfeeding is practiced about half as often among African American moms, compared to others

Which Baby is:

15 times more likely to have diarrhea

3 times more likely to get pneumonia

Much less likely to survive low birthweight/prematurity

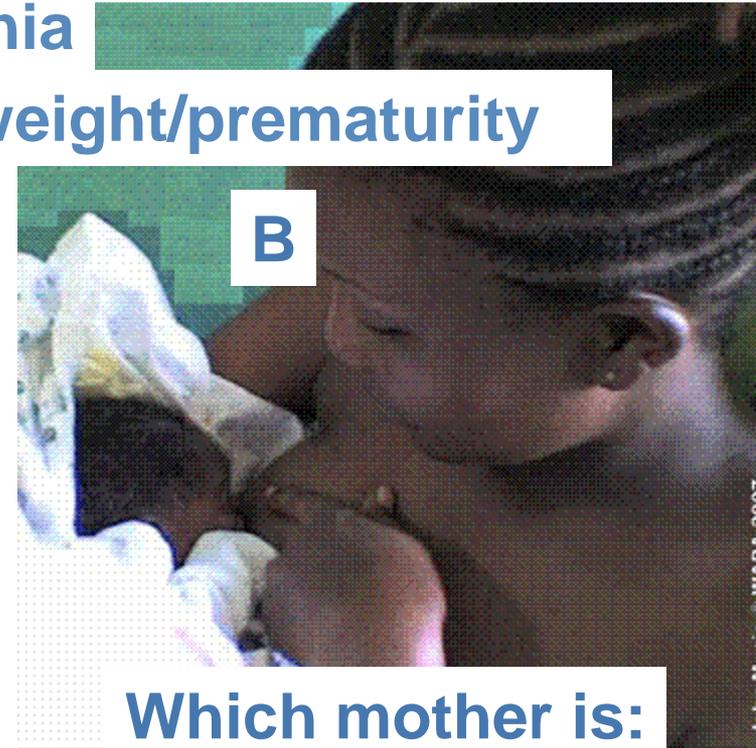
Any formula (even mixed breast and formula feeding) increases baby's risk of pneumonia, diabetes, ear infections, lower IQ, asthma, obesity, as well as leukemia and SIDS death.

So, why doesn't every woman exclusively breastfeed?!?



A

About twice as likely to get breast cancer
Mother and child are more likely to be obese and get diabetes



B

Which mother is:

Most women would like to breastfeed. Why are these intentions not achieved?

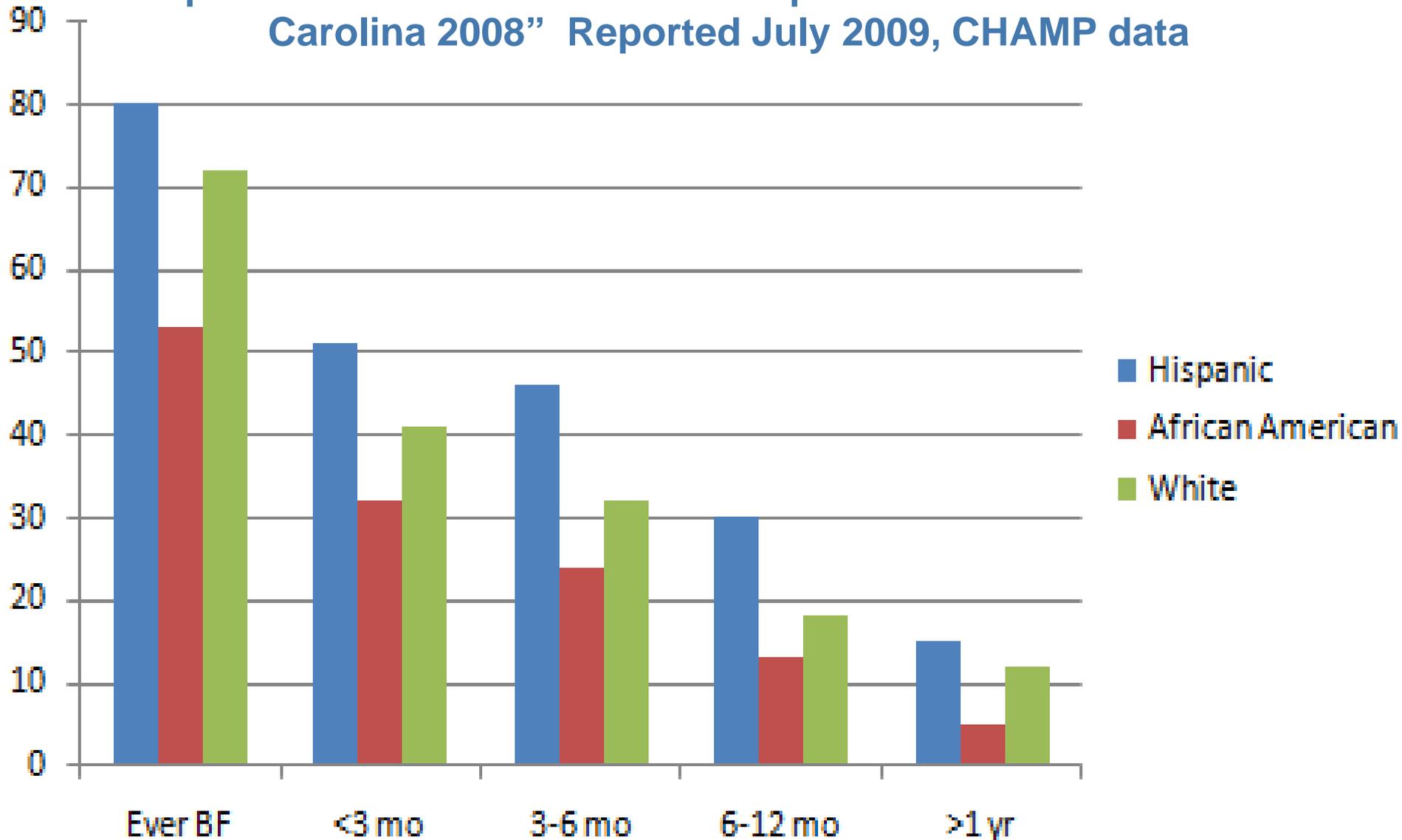
- Lack of knowledge
- Lack of peri-partum skilled support
- Lack of commitment - enhanced by marketing and media
- Lack of self-efficacy
- Lack of access to skilled support once home
- Lack of models and community examples
- Lack of paid maternity leave
- Lack of a place to turn for help in addressing the realities of daily life

Marketing is a powerful player

- Infant formula marketing, including TV ads, free samples, coupons, and even some government programs, have been implicated in undermining breastfeeding.
- The information available through magazines and media is often from industry.
- There is a reason industry puts big dollars into advertising!

Breastfeeding discontinuation in NC

Adapted from "Racial and Ethnic Disparities in Child Health: North Carolina 2008" Reported July 2009, CHAMP data



Multiple causes of disparities in outcomes

North Carolina Minority Health Fact Sheets 2010

Percentages of North Carolina Women with a Recent Live Birth Who Had Selected Risk Factors, by Race/Ethnicity

(Based on Weighted 2003–2007 PRAMS Survey Data)

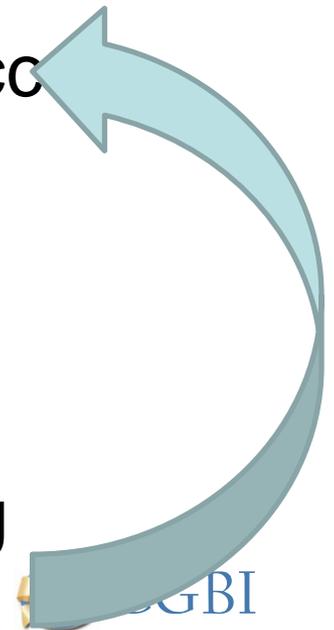
	African American	White
Pregnancy was unintended (wanted later or not at all)	61.2	36.7
Mother did not take folic acid every day before pregnancy	80.5	64.9
Usual sleeping position for baby was not on back	53.1	31.0
Mother reported physical violence during pregnancy	7.4	3.3
Mother did not breastfeed at all	41.6	25.3
Mother reported smoking after pregnancy	17.0	18.1
Mothers treated differently by the healthcare systems?		

However, we have measurable differences by white vs minority in breastfeeding and breastfeeding preventable deaths

2009/2010 NC Data	Total	White	Minority	For Minorities:
No. of Births (000)s	126.8	90.0	36.8	@1/3 of births
Planned pregnancy?		54%	38%	30% less likely
% LBW	9.1%	7.2%	13.5%	nearly 2X as likely
Infant deaths	1006	487	519	nearly 3X as likely
Inf./resp. death	105	52	53	nearly 3X as likely
% BF initiation <small>(NC PRAMS 2008)</small>	73%	79.0%	53.8% ^B	70% as likely
EBF at 3 months <small>(US 2007)</small>		35.8	21.9 ^B	60% as likely
EBF at 6 months <small>(US 2007)</small>		14.8	8.0 ^B	Half as likely

Obesity/Breastfeeding Connections

- Rationale for breastfeeding support
- Medical practices
- Realities of conflicting 'messages'
- African American women
 - Lower initiation, but much lower continuation
 - Lesser support for breastfeeding
 - Support may swing them into less success
- Breastfeeding-> less child adiposity
- Breastfeeding -> less overfeeding
- Breastfeeding -> metabolic changes
- Breastfeeding-> maternal adiposity
- Maternal adiposity -> poor breastfeeding
- Increased burden of stress



OUTLINE:

- Introduction to Obesity and the Intergenerational Continuum of Care
- **Understanding the difficulties in the study of breastfeeding and obesity:** Being able to respond to challengers
- Taking Action

**Studies supporting
'being breastfed reduces child and
adolescent adiposity'**

Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries

- Three systematic reviews and meta-analyses show: Breastfeeding is associated with a reduction in the risk of obesity in later life

1 and 2: Ever breastfed vs never breastfed:

0.76 (95%CI 0.67-0.86); **0.93** (95%CI: 0.88–0.99)

Arenz 2004, Owen 2006

2. Duration of breastfeeding was significantly negatively related to the unadjusted risk of overweight

- **0.94** (95%CI 0.89 - 0.98)
- **each month of breastfeeding was found to be associated with a four percent decrease in risk**

Harder 2005

Breastfeeding as Obesity Prevention in the United States: A Sibling Difference Model

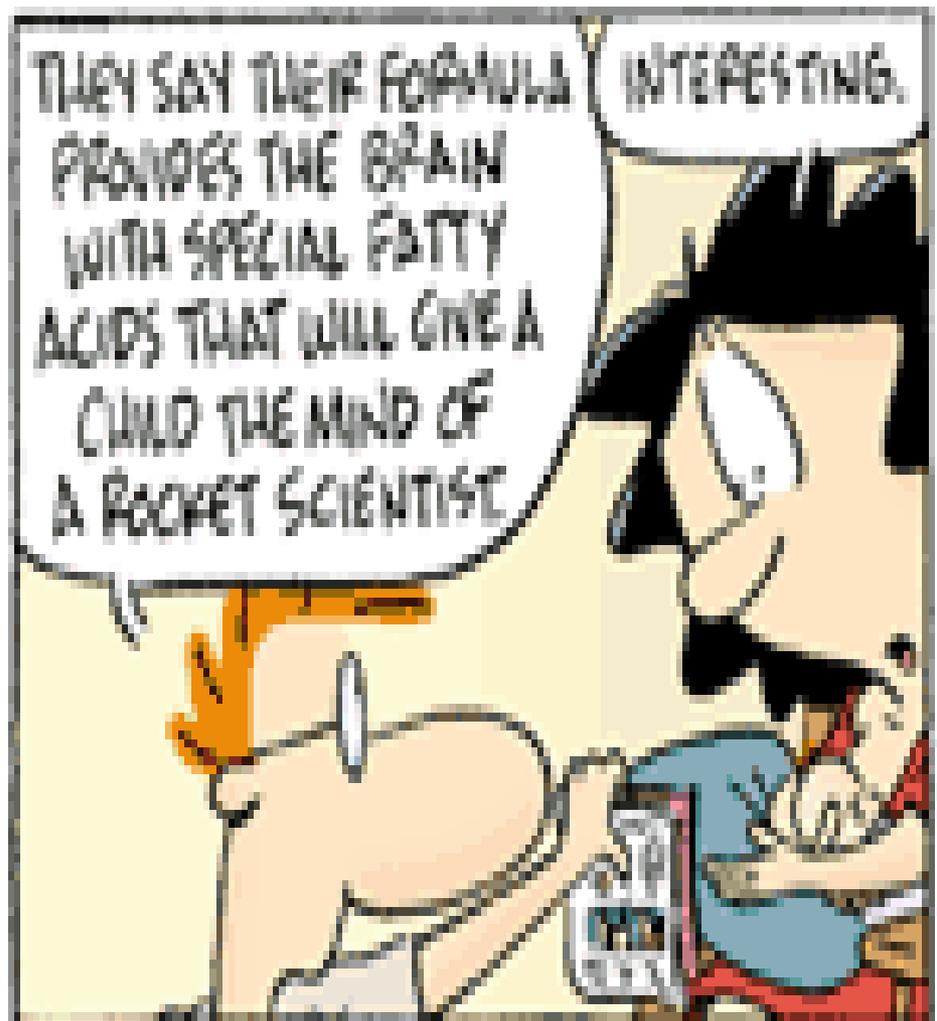
- Evaluate the association between infant feeding history and body mass index (BMI) in late childhood or adolescence
- Linear-, logistic-, and sibling fixed-effects regression models
- 976 participants (488 sibling pairs)
- **Breastfed sibling: adolescent BMI 0.39 SD lower**
- **More than 13 pounds difference for a 14-year-old child**
- Breastfed siblings were also less likely to reach BMI thresholds
- Conclusion: Breastfeeding in infancy may be an important protective factor against the development of obesity in the United States.

Does Breastfeeding Reduce the Risk of Child Overweight in North Carolina?

- NC data on breastfeeding and obesity
- 3,424 biological mothers completed the North Carolina BRFSS and CHAMP surveys
- Controlled for maternal race, education, smoking status, and weight status
- **Child overweight (ages 2 to 17 years) is positively associated with:**
 - **never breastfed (aOR 1.39)**
 - **breastfed less than three months (aOR 1.33)**
 - **Compared to breastfed for >3m**
- Weight, Smoking and Lower education

Is it the milk or the method? Role of the Formula Companies





THEY SAY THEIR FORMULA PROVIDES THE BRAIN WITH SPECIAL FATTY ACIDS THAT WILL GIVE A CHILD THE MIND OF A ROCKET SCIENTIST

INTERESTING.



OH, LOOK! THERE'S A COUPON, TOO.

RIP!

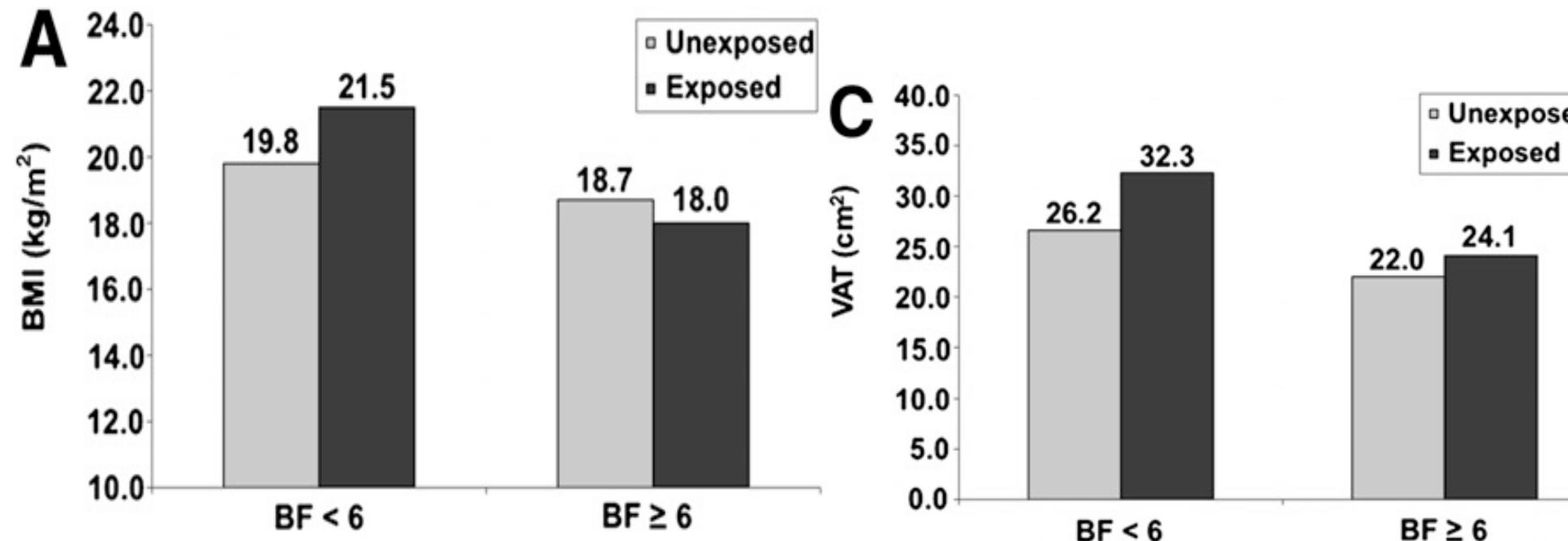


Why the connection with Obesity? Metabolic?

Crume et al. Diabetes Care, 2011

Effect of exposure to diabetes in utero on mean levels of childhood adiposity parameters; adjusted for age, sex, race/ethnicity, Tanner

Breastfeeding significantly impacted all measures of overweight, but more so for those exposed to diabetes

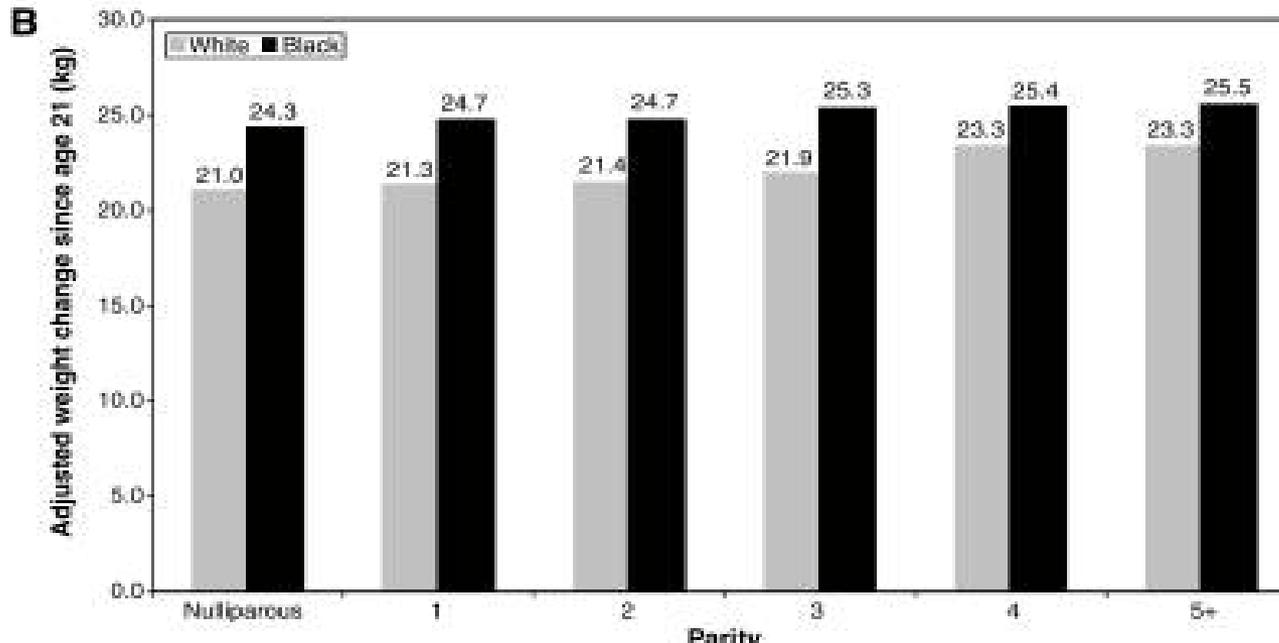
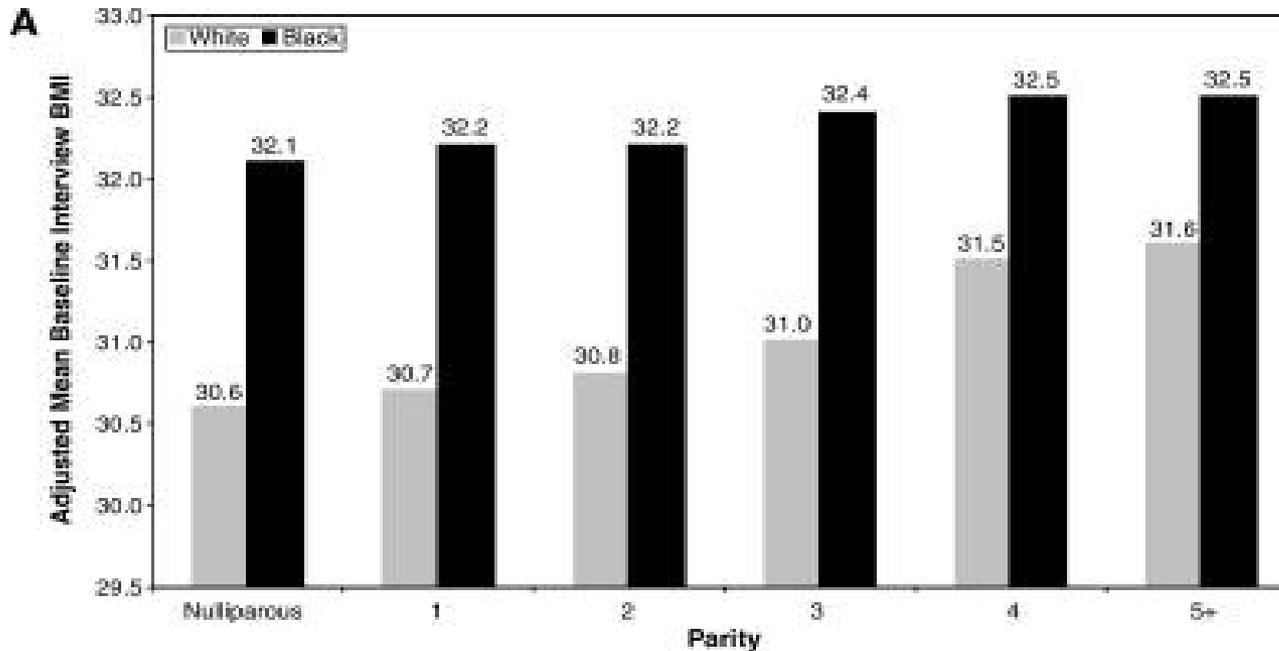


Why? Perhaps because it teaches satiety?

- Ability of self-regulation among infants directly fed at the breast
- Infant Feeding Practices Study II
- Indicator: infants finishing the milk in the bottle/cup
- 1250 infants with complete measures.
- **27% of infants fed exclusively at the breast in early infancy emptied the milk in the bottle/cup**
- **54% of infants did so among those fed both at the breast and by bottle**
- **68% did so among those fed only by bottle**
- **Conclusions Infants who are bottle-fed in early infancy are more likely to empty the milk in the bottle/cup**

**Studies supporting
'maternal obesity is increased by
lack of breastfeeding'**

Parity, Breastfeeding, and Obesity



Aged 40–79 at enrollment and attended CHCs in 12 southeastern U.S. states

--B adjusted for age, BMI at age 21, education, household income, menopausal status, marital status, current occupational status, smoking status, alcohol consumption, fruit and vegetable consumption, total MET-hrs/day of physical activity, depression based on CESD, use of oral contraceptives, age of menarche

**Studies supporting
'maternal obesity causes problems with
initiation'**

**Or...Is it earlier complementary feeding
that does it?**

Timing of Solid Food Introduction and Risk of Obesity in Preschool-Aged Children

- **Prospective prebirth** cohort study; Timing of introduction of solid foods, categorized as >4, 4 to 5, and 6 months; Adjusted for child and maternal characteristics
- At age 3 years, 75 children (9%) were obese
- **Among BF infants, the timing of solid food introduction was not associated with odds of obesity**
- **Among formula-fed infants, introduction of solid foods before 4 months was associated with 6X increase in odds of obesity at age 3 years**
- Association was not explained by rapid early growth

Questions

- Does the research support minimum breastfeeding practices in order to impact obesity?
- Do we need to develop special skills to support breastfeeding in obese women? Is it metabolic or ergonomic?
- **How do we raise breastfeeding on the list of preventive measures?**
- **What can be done in the community?**

OUTLINE:

- Introduction to Obesity and the Intergenerational Continuum of Care
- Understanding the difficulties in the study of breastfeeding and obesity: Being able to respond to challengers
- **Taking Action!**

- Why should we be interested in breastfeeding, along with birth spacing and birthing support? **Because we have a shared desire to reduce disparities in infant and child – and maternal -- health and survival**
- Disparities in breastfeeding and breastfeeding support result in unacceptable inequities in maternal and child health outcomes **We have the proven interventions – it is time to provide the needed support**
- The “Bottom Line” - For your consideration
Change is never easy, but now is the time to address these inequities head on.

What is needed to save lives and reduce health care costs, to decrease disparities and increase equity in support and in health outcomes?

Just two things:

1. First and foremost -- *ensure that people know about BF!!*
2. Then, *fund the proven interventions that will support African-American families to achieve their breastfeeding and related reproductive health intentions*

How do we do this?

By providing support for proven programs across the socio-ecological framework:

- 1) educate/ social marketing, with tested and culturally appropriate messaging, especially for African American moms and for health professionals ,
- 2) implementing the ten steps, support in child care and workplace, and
- 3) ensure equity in birthing and birth spacing support  CGBI

Programs that work

- Prenatal Assessment and ‘targetted’ counseling
- Extra BF support for obese moms
- Extra BF support for diabetic moms
- Extra BF support for Hispanic and African-American moms - what is truly culturally appropriate?
- How about...
- .Extra BF support for all moms by:
 - Reducing obstacles in the immediate postpartum
 - Reducing obstacles in the homecoming
 - Reducing obstacles over time
 - Improving alternative feeding practices

What does that look like for the many communities in North Carolina?

1. **Government-supported services to low-wealth individuals and communities**
 - Social Marketing to the community
 - Healthy Start Foundation Billboards
 - Maternities: Ten Steps for Successful Breastfeeding in maternities
 - PQCNC:
 - statewide effort to increase exclusivity of breastfeeding and human milk feeding
 - unpaid technical advisors

(Government-supported services to communities, continued)

- Maternities: Ten Steps for Successful Breastfeeding in maternities (based on national and international programs)
 - NCMCBFD:
 - statewide hospital-based Ten Steps assessment approach,
 - instituted by the NC DPH,
 - endorsed by the State Hospital Association



North Carolina Maternity Center

**Breastfeeding-Friendly
Designation**



(Government-supported services to communities, continued)

- WIC
 - breastfeeding support efforts
 - actions to address identified inequities
- NC Infant Toddler Quality Enhancement
- NC Eat Smart, Move More
 - addressing disparities at the childcare facilities --
Breastfeeding friendly Ten Steps for Child Care
 - in Wake County: focus on childcare serving vulnerable populations
 - may be going statewide

Kids Eat Smart Move More (Kids ESMM) Breastfeeding-Friendly Child Care Designation

- Coming Soon!
- Based on the North Carolina Maternity Center Breastfeeding-Friendly Designation
- Uses the Carolina Global Breastfeeding Institute Ten Steps as the criteria for the designation
- Awards are based on a continuum of improvement
- Recognition based on every two steps implemented from the Ten Steps



North Carolina

**Breastfeeding-Friendly
Child Care Designation**

NC Division of Public Health Slide
with permission of Alice Lenihan

Child Care quality improvement through a new Ten Steps approach

Ten Steps for Breastfeeding-Friendly Child Care Centers

The following Ten Steps describe ways that child care centers can provide optimal support for breastfeeding families. Below each step are specific actions to support that step.

Step 1. Make a commitment to the importance of breastfeeding, especially exclusive breastfeeding, and share this commitment with fellow staff.

- 1.1 Our center has a written policy for promoting and supporting breastfeeding, and it is regularly communicated to our staff and families.
- 1.2 Staff evaluations document a review of breastfeeding support activities.
- 1.3 Our center's breastfeeding support is part of our discussion with all potential clients.

Step 2. Train all staff in the skills to support and promote optimal infant and young child feeding.

- 2.1 All staff at our center receives training on age-appropriate infant feeding practices, including proper storage and handling of human milk.
- 2.2 All staff at our center receives training on recognizing infant hunger cues and feeding in response to these cues.
- 2.3 All staff at our center receives training on the risks and benefits of different infant feeding options.
- 2.4 All staff at our center receives training in breastfeeding protection, promotion, and support, including support of exclusive breastfeeding.

Step 3. Inform women and families about the importance of breastfeeding.

- 3.1 We provide all our families with our written policy for promoting and supporting breastfeeding.
- 3.2 Culturally appropriate educational materials on breastfeeding, and on the risks and benefits of different feeding options are displayed in several areas.
- 3.3 Culturally appropriate educational materials on breastfeeding, and on the risks and benefits of different infant feeding options are actively distributed to the families we serve.

Step 4. Provide learning and play opportunities for children which normalize breastfeeding.

- 4.1 We provide toys and books that illustrate nursing animals and babies, for children of all ages.
- 4.2. We discuss interactions between mothers and babies with children of all ages, including how they feed.

Step 5. Ensure that all breastfeeding families we serve are able to store and label milk properly for child care center use.

- 5.1 We provide sufficient refrigerator and freezer space to accommodate all of our breastfeeding families' storage needs.
- 5.2 We instruct all breastfeeding families on the proper way to store and label human milk for child care center use, and all milk at our center is properly labeled.
- 5.3 We discuss with all families how expressed milk will be handled at our child care center.



**Breastfeeding-Friendly
CHILD CARE**

An Initiative of the Carolina Global Breastfeeding Institute

Step 6. Provide a breastfeeding-friendly environment.

- 6.1 We actively invite breastfeeding mothers to come to the center and nurse their babies while under our care.
- 6.2 There is a clean and comfortable place in our center, other than a bathroom, for mothers to sit and nurse their babies, or pump (express) milk if desired.
- 6.3 Our center displays posters and distributes materials, including photos reflecting the families that we serve, that show our support of breastfeeding and demonstrating best practices.

Step 7. Support breastfeeding employees.

- 7.1 Breastfeeding employees are given appropriate breaks so that they may express milk and/or nurse their babies as needed.
- 7.2 The center provides a clean, comfortable, private place for employees to pump/express milk.

Step 8. Ensure feeding plans are breastfeeding-friendly and support best infant feeding practices.

- 8.1 We develop a written feeding plan with each new family at our center, which is accessible and regularly updated.
- 8.2 Breastfeeding support is explicitly included in all feeding plans, as part of the standard form.
- 8.3 We respond to infants' hunger cues rather than feeding on a schedule, and we encourage mothers to feed this way at home.
- 8.4 We encourage mothers to introduce solid foods at a developmentally appropriate time.

Step 9. Contact and coordinate with local skilled breastfeeding support and actively refer.

- 9.1 Our center has a list of community breastfeeding resources to be used for referral.
- 9.2 Our center regularly refers families to community breastfeeding resources.
- 9.3 Our center tracks community referrals and follows up with families as needed.

Step 10. Continue updates and learning about protection, promotion, and support of breastfeeding.

- 10.1 Our center has up-to-date materials on hand that include information on breastfeeding and human milk feeding.
- 10.2 Each staff member receives at least one hour per year of continuing education on human milk feeding and breastfeeding support.
- 10.3 Our center provides a resource list for our staff of local lactation consultants and community providers that can answer breastfeeding and human milk feeding questions.



**Breastfeeding-Friendly
CHILD CARE**

An Initiative of the Carolina Global Breastfeeding Institute

<http://sph.unc.edu/breastfeeding>
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(Government-supported services to communities, continued)

- Breastfeeding monitoring Surveillance
 - PRAMS
 - PedNSS
 - BRF
 - CHAMPS
- North Carolina Blueprint
 - Recommendations and Monitoring
 - Blueprint Status Report

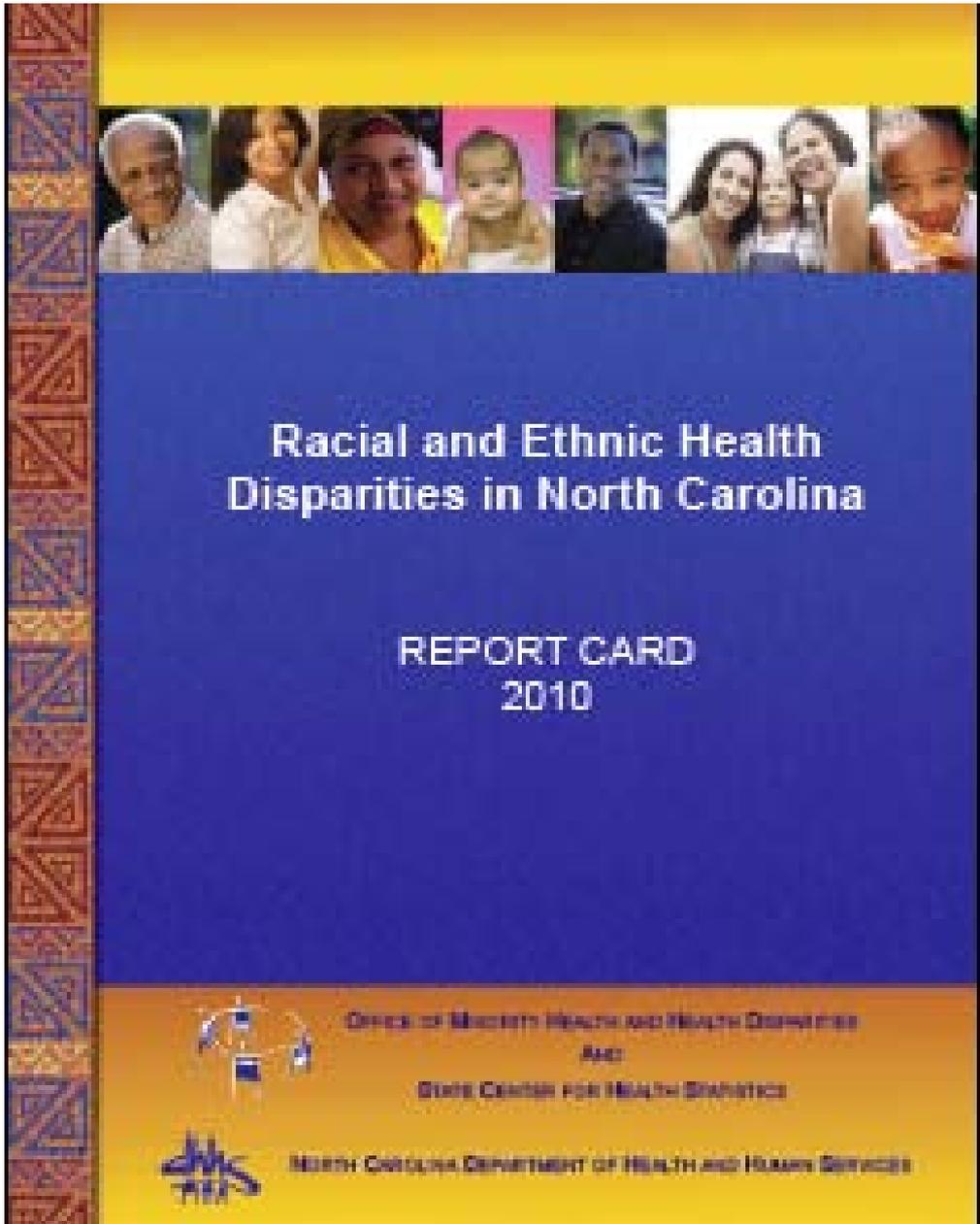


NC Blueprint for Action:

Eight key recommendations for breastfeeding

- I. Breastfeeding-friendly communities.
- II. Breastfeeding-friendly Health care systems.
- III. Breastfeeding-friendly Workplaces.
- IV. Breastfeeding-friendly Child care facilities.
- V. Insurance coverage for breastfeeding care, services, and equipment.
- VI. Media, social marketing and public education to promote breastfeeding.
- VII. New laws, policies and regulations.
- VIII. Research on breastfeeding outcomes, trends, quality of care, and best practices.

If NC communities increased culturally appropriately support to enable minority women to breastfeed, this would narrow the gap in infant deaths rates.



People, including health care providers, moms and families, and legislators, need to be made aware of the problem of lack of breastfeeding, and the solutions

Breastfeeding and birth spacing could be highlighted in health reports mentioned

2. Community-based efforts: Addressing disparities through community-based participatory work

- YWCAs:
- Faith-based organizations
- LLL
- Breastfeeding Cafes
 - Libraries, clinics, etc.

3. Academia: Research, Service and Teaching (CGBI!)

4. Professional and Breastfeeding Organizations

- NCBC <http://ncbfc.org/>
 - Golden Bow Awards
 - Business Case for Breastfeeding

- TBA <http://www.nctba.org/>

- Mid-South <http://www.midsouthlca.org/>

- NCPeds <http://www.ncpeds.org/>





- North Carolina Breastfeeding Coalition (NCBC) one of 10 states to receive a grant to implement the Business Case for Breastfeeding in their communities. (US DHHS – including OWH, HRSA, MCHB)
- Helped employed women increase their breastfeeding duration and exclusivity by increasing worksite lactation support for breastfeeding women, preparing lactation consultants, breastfeeding advocates, and Healthy Start workers to conduct effective outreach with employers increasing collaboration between NCBC, community Healthy Start Programs, and others

NCBC offers Business Case Awards!

- Applications are reviewed In January and July.
- **Breastfeeding Friendly Businesses**
 - welcome breastfeeding mothers.
 - Recommendations
- **Breastfeeding-Friendly Workplaces**
 - welcome breastfeeding mothers as employees
 - flexible breaks and access to a private room with a comfortable chair and a lock for expressing milk or nursing.
 - Recommendations

Standards for Businesses

MINIMUM STANDARD FOR BUSINESSES (Must have both in place)

- Breastfeeding mothers are always welcome. They will never be treated poorly, asked to leave, cover up or move.
- Your facility will display your breastfeeding-friendly window cling in a prominent location.

BFF Business Supports (Suggested, though not required)

- Breastfeeding customers have access to a private room for expressing milk or nursing. The room has a comfortable chair and a lock on the door.
- Staff are educated on rights and needs of breastfeeding women.
- Written breastfeeding support policy and education about / orientation to the policy is provided to all staff.
- Print materials for local breastfeeding resources / breastfeeding promotion are on display.

Standards for Workplaces

MINIMUM STANDARD FOR WORKPLACES (Must have both in place)

- All breastfeeding employees are allowed flexible breaks to express milk or nurse.
- Breastfeeding employees have access to a private room for expressing milk or nursing. The room has a comfortable chair and a lock on the door.

BFF Workplace Supports (Suggested, though not required)

- Written breastfeeding support policy and education about / orientation to the policy is provided to all staff.
- The lactation / mothers' room has: (select all that apply)
 - refrigerator for milk storage
 - wall clock
 - nearby sink with running water
 - small table
 - electrical outlet
 - breastfeeding art / baby pictures
 - telephone
 - music player
 - comfortable chair
 - Electric breast pump
- Accommodations for mothers: (select all that apply)
 - Flexible return to work policy (part-time, job sharing, telecommuting, flex time, etc.)
 - On-site childcare available
- Worksite education opportunities
 - Prenatal breastfeeding classes
 - Breastfeeding Support Groups

THE NORTH CAROLINA BREASTFEEDING COALITION

Breastfeeding Friendly	For Patrons	For Employees	Location	Year
Artichoke and Basil	✓	--	Chapel Hill	2010
Beaufort County Health Department	✓	✓	Washington	2010
Blissful Babies	✓	--	Wilmington	2010
Brunswick County Academy	✓	✓	Bolivia	2010
Cabarrus Health Alliance	✓	✓	Kannapolis	2010
Cape Fear Valley Medical Center	✓	✓	Fayetteville	2010
Carmike 12	✓	--	Greenville	
Carrburrito's Restaurant	✓	--	Carrboro	
Children's Castle	✓	✓	Newland	
Davie County Health Department	✓	--	Mocksville	
DSM Pharmaceuticals	--	✓	Greenville	
Duplin County Health Department	✓	--	Kenansville	
Family Medicine Center, Brody School of Medicine at ECU	✓	✓	Greenville	
Forsyth Medical Center	--	✓	Winston Salem	
Gaston County Health Department	✓	✓	Gastonia	
Gaston Memorial Hospital	✓	✓	Gastonia	
Gaston Women's Healthcare	✓	--	Gastonia	
Hair Designs by Dee	✓	✓	Greensboro	
Henderson County Health Department	✓	✓	Hendersonville	
Howard , Merrell & Partners	--	✓	Raleigh	
Johnston Memorial Hospital	✓	✓	Smithfield	
Keystone Chiropractic	✓	✓	Raleigh	
Lenoir Memorial Hospital	✓	✓	Kinston	
Lowe's Companies, Inc	--	✓	Mooresville	
March of Dimes Foundation	✓	--	Winston Salem	
March of Dimes, NC Chapter	✓	--	Raleigh	
Margaret R. Pardee Hospital	✓	✓	Hendersonville	
MedWest Sylva	✓	✓	Sylva	
Mecklenburg County Health Department	✓	✓	Charlotte	
Mission Hospital	✓	✓	Asheville	
Morehead Memorial Hospital	✓	✓	Eden	
NACCO Materials Handling Group, Inc.	✓	--	Greenville	

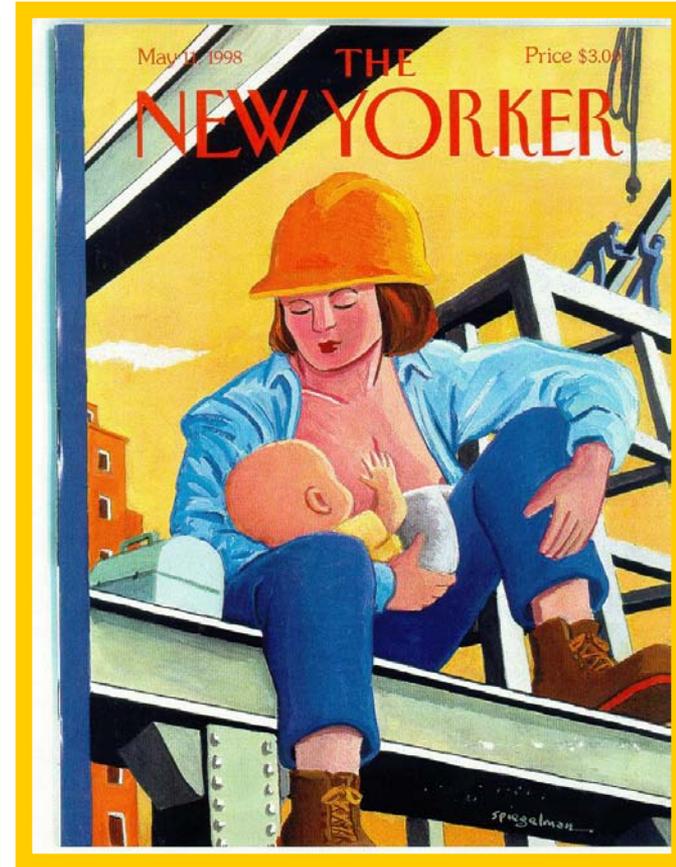
Business Case Awards in many locales

THE NORTH CAROLINA BREASTFEEDING COALITION

Breastfeeding Friendly	For Patrons	For Employees	Location
Nails & More Day Spa	✓	--	Greensboro
New Hanover County Health Department	✓	✓	Wilmington
Phillips-Gwaltney CDC	✓	--	Spruce Pine
Pitt County Health Department	✓	✓	Greenville
Pitt County Memorial Hospital	✓	✓	Greenville
Presbyterian Hospital	✓	✓	Charlotte
SAS	✓	✓	Cary
State Employee's Credit Union	--	✓	Raleigh, HQ
The Chocolate Door	✓	✓	Chapel Hill
The Diapering Doula	✓	--	Cary
Toe River Health District	✓	--	Newland
UNC at Chapel Hill	✓	✓	Chapel Hill
UNC Family Medicine Center	✓	✓	Chapel Hill
UNC Hospitals	✓	✓	Chapel Hill
UNC Library Systems	✓	✓	Chapel Hill
United Community Bank	✓	--	Hayesville
WakeMed Health and Hospitals	✓	✓	Raleigh
Warren County Health Department	✓	✓	Warrenton
Weaver Street Market	✓	✓	Chapel Hill / Carrboro
Women's Birth and Wellness Center	✓	✓	Chapel Hill

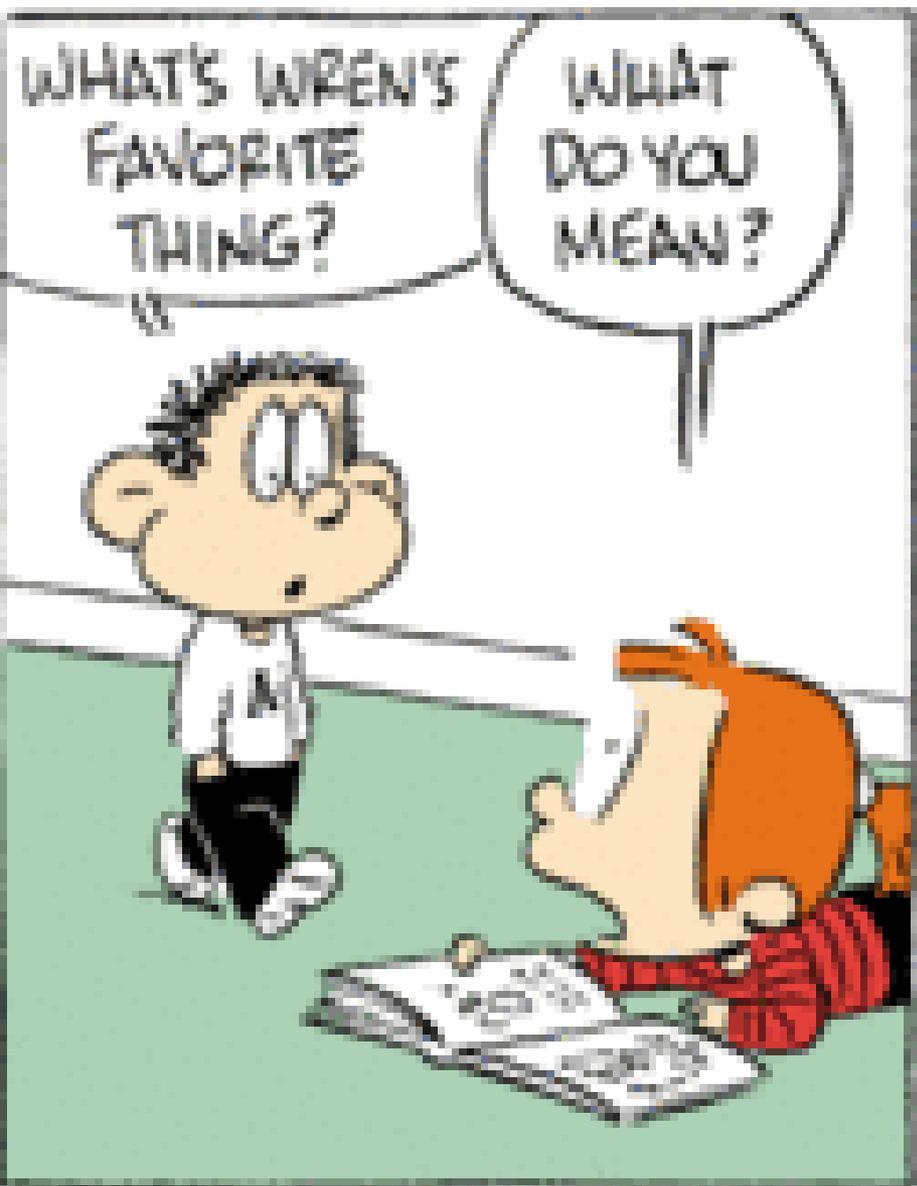
5. Legislation?

- Protection of breastfeeding in any public venue a mother may be in
- Laws could be actively implemented (P.L. 111-148 and NC legislation)
- For Workers - Amends the Fair Labor Standards Act of 1938 (FLSA)
- **Requires:**
 - break time and place (not bathroom) for an employee to express milk as frequently as needed
- **Excludes:**
 - an employer with <50 employees
 - compensation for milk expression time
- **Cannot preempt greater protection under state laws like ours**
- **BUT does not apply to everyone**



Bottom Line: We know what to do. Surgeon General's Call to Action to Support Breastfeeding, 2011

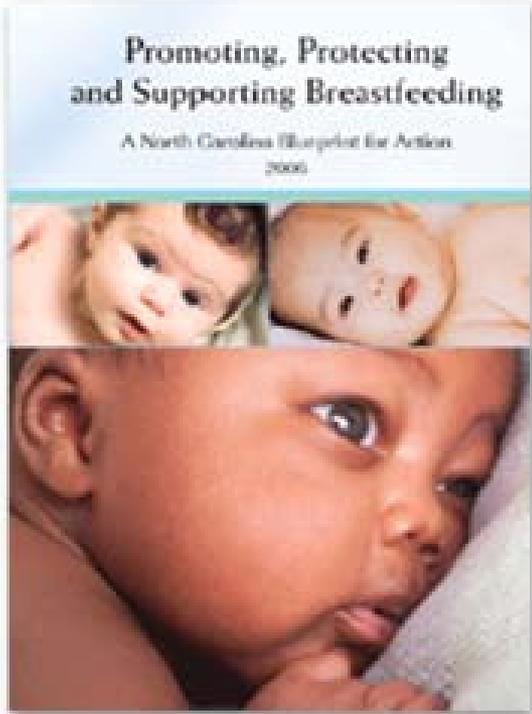
- ***Call to Action to Support Breastfeeding 2011:***
Dr. Regina Benjamin
 - Continues message of need to increase attention to the support for African-American families.
 - 20 specific actions under 6 areas:
Mothers/Families; Communities; Health care; Employment; Research and surveillance; Public Health Infrastructure
 - **States that government has a role in actively protecting rights and equity**





You may not have decided how you will feed your baby, **BUT YOUR BABY INTENDS TO BREASTFEED.**

**THANK YOU FOR YOUR
INTEREST AND ACTION TO
HELP MAKE NORTH CAROLINA
THE BEST PLACE TO HAVE AND
RAISE A FAMILY!**



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