Montana

Environmental Change to Support Breastfeeding

Public Health Problem

Access to breastfeeding support and follow-up is a problem in Montana. Montana is a very rural state with only five urban counties and 46 of its 56 counties classified as frontier. There are seven American Indian reservations, and this population has the highest rate of growth and living in frontier areas. Montana has a high rate of poverty, and while 50 percent of babies born qualify for the WIC Program, where their mothers would be able to receive breastfeeding support and follow-up, the State estimates that only 50 percent of these children are actually enrolled in WIC. Eighty-eight percent of women in Montana initiate breastfeeding, but by six months only 53 percent are still breastfeeding their infants. This exceeds the HP2010 goals for the nation, but it does not meet the healthcare community recommendation that infants should be breastfed for at least one year.

Intervention Example

In 2005, the Montana Department of Public Health and Human Services, through the Montana Nutrition and Physical Activity Program (NAPA), participated in the CDC funded training *Using* Loving Support to Build a Breastfeeding-Friendly Community. This training emphasized the importance of implementing evidence-based interventions. NAPA staff invited a diverse group of partners from around the state to participate in this training and planning initiative. These partners developed the first statewide Montana Breastfeeding Coalition, which received additional training and technical assistance in strategic planning. The Montana Breastfeeding Coalition has developed and begun implementing a statewide initiative focused on making policy and environmental changes. Activities undertaken since 2005 include: collaboration with the Montana Dietetics Association to develop a document on the cost-effectiveness of breastfeeding in Montana; strategies to influence policy regarding breastfeeding in the workplace; implementation of a hospital survey to identify existing practices that support breastfeeding; increasing WIC Program efforts to expand the breastfeeding peer counseling program; providing multiple supports to professionals through lactation training, establishment of a listsery, and monthly conference calls; launch of a media campaign including billboards, wallet cards printed with the breastfeeding bill (Senate Bill 89), and promotion of a breastfeeding hotline; working with employers to implement breastfeeding support as part of worksite wellness; and piloting a system for collecting breastfeeding data from maternity care facilities.

Implications and Impact

For the first time, the state's various breastfeeding advocates in public health, healthcare and the community are working together to support, protect and promote breastfeeding for all Montana mothers and infants. With leadership from NAPA, the Montana Breastfeeding Coalition partnered with the Montana Dietetic Association to secure passage of Senate Bill 89 promoting breastfeeding-friendly worksites. A major finding from the hospital surveys was that most of these facilities did not track breastfeeding duration, but expressed an interest in doing so. As a result, NAPA is working with two sites, one urban and one rural, to develop and pilot a prototype for tracking breastfeeding duration statewide. NAPA has developed criteria for worksites to be able to identify themselves as Breastfeeding Friendly, to include policies, private locations for pumping, and communication plans for education of employees.