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SECOND FOLLOWUP REPORT:  
THE SURGEON GENERAL'S WORKSHOP ON  
**BREASTFEEDING &  
HUMAN LACTATION**



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## PREFACE

The 1984 Surgeon General's Workshop on Breastfeeding and Human Lactation was a time of firsts for this Nation in promoting breastfeeding. It was the first time a national leader called attention to this method of nurturing infants, and it was the first time a national meeting focused exclusively on supporting breastfeeding. In addition, the breastfeeding strategies developed at the workshop are still used today as we move toward the breastfeeding objectives as published in *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*.

Two publications resulted from the workshop: *The Report of the Surgeon General's Workshop on Breastfeeding and Human Lactation* (1984) and the *Followup Report: Surgeon General's Workshop on Breastfeeding and Human Lactation* (1985). The 1984 report contains the proceedings, recommendations, and strategies generated at the workshop; the followup report describes breastfeeding promotion activities to implement workshop recommendations in the year following the conference. Both of these publications, currently out of print, have become valuable resources.

Now this third publication, the *Second Followup Report: The Surgeon General's Workshop on Breastfeeding and Human Lactation*, has been developed to update breastfeeding promotion activities since 1985. It is hoped that all who read this second followup report will discover new inspiration.

To obtain the information for the report, questionnaires were sent to State health agencies, voluntary and professional organizations, and educational institutions that have an interest in maternal and child health. Over one hundred organizations responded with information on activities such as: legislation, policies, guidelines, meetings, publications, media campaigns, service delivery models, support systems, training, and research related to the six major recommendation areas identified at the Surgeon General's workshop.

We hope this new publication will help tear down many of the barriers that must be overcome in promoting informed decisions by more women to breastfeed their infants. We applaud these new efforts to improve the health of mothers and children.

VINCE L. HUTCHINS, M.D.  
*Director, Maternal and Child Health Bureau*



## ACKNOWLEDGMENTS

The *Second Followup Report: Surgeon General's Workshop on Breastfeeding and Human Lactation* represents the efforts of many individuals. It was initiated and funded by the Maternal and Child Health Bureau, U.S. Department of Health and Human Services, through the efforts of Elizabeth Brannon, Director of Maternal and Child Health Training, who provided invaluable leadership, expertise, and assistance throughout the duration of the project. Our deepest gratitude also goes to Mary C. Egan for her wisdom, guidance, and helpful comments throughout the preparation of this report. We would also like to extend a warm thank you to Carolyn Sharbaugh for her continuous support and helpful comments at every phase of this project.

Also greatly appreciated are the efforts and expertise of Carol Bryant, Darla Danford, Kathy Davis, Kathy Dugas, Sandra Huffman, Minda Lazarov, Brenda Lisi, Joan McGill, and Janine Schooley, who reviewed and critiqued the first draft of the report, providing generous input and helpful suggestions. Most importantly, we thank the respondents to our questionnaire, who provided us with the program descriptions which constitute the body of this report.

Finally, we would like to acknowledge Rochelle Mayer, Director of the National Center for Education in Maternal and Child Health, for supporting our efforts to complete this project, as well as NCEMCH's publication staff, particularly Chris Rigaux and Robin Landis.



## TABLE OF CONTENTS

|  |       |
|--|-------|
| <b>PREFACE</b>   | iii   |
| <b>ACKNOWLEDGMENTS</b>   | v     |
| <b>LIST OF FIGURES AND TABLES</b>  | x     |
| <b>LIST OF ACRONYMS</b>  | xi    |
| <b>EXECUTIVE SUMMARY</b>   | xii   |
| <b>INTRODUCTION</b>  | xvii  |
| Background   | xvii  |
| Methodology  | xviii |
| Description of Sample  | xix   |
| Organization of This Report  | xxi   |
| <b>TRENDS IN BREASTFEEDING RATES AND LEGISLATIVE AND SOCIAL CHANGES, 1985–1990</b> | 1     |
| Breastfeeding Rates  | 1     |
| Federal Legislation and Policy   | 2     |
| Societal Trends  | 6     |
| <b>PROFESSIONAL EDUCATION</b>  | 8     |
| Activities Reported  | 8     |
| Education  | 8     |
| Task Forces and Committees   | 12    |
| Policies and Regulations   | 14    |
| Professional Consultation and Technical Assistance                                 | 14    |
| Barriers to Breastfeeding  | 17    |
| Suggestions for Future Activities  | 18    |
| <b>PUBLIC EDUCATION</b>  | 19    |
| Activities Reported  | 19    |
| Hard-to-Reach Populations  | 19    |
| Media Campaigns and Social Marketing Approaches                                    | 21    |
| School-Based Curricula   | 24    |

|   |    |
|---|----|
| Barriers to Breastfeeding   | 25 |
| Suggestions for Future Activities                                 | 26 |
| <b>SUPPORT IN THE HEALTH CARE SYSTEM</b>                          | 27 |
| Activities Reported   | 27 |
| Policies, Standards, and Protocols                                | 27 |
| Hospital-Community Liaisons                                       | 30 |
| Laws and Regulations  | 30 |
| Training Peer Counselors  | 31 |
| Barriers to Breastfeeding   | 31 |
| Suggestions for Future Activities                                 | 32 |
| <b>SUPPORT SERVICES IN THE COMMUNITY</b>                          | 33 |
| Activities Reported   | 33 |
| Client Education and Followup Services                            | 33 |
| Support Groups  | 34 |
| Telephone Hotlines  | 36 |
| Barriers to Breastfeeding   | 37 |
| Suggestions for Future Activities                                 | 37 |
| <b>SUPPORT IN THE WORKPLACE</b>                                   | 38 |
| Activities Reported   | 38 |
| Education   | 38 |
| Breastfeeding Facilities and Practices in Respondents' Workplaces | 39 |
| Policies and Guidelines   | 41 |
| Surveys and Assessments of Need                                   | 41 |
| Breast Pump Loan Programs   | 42 |
| Model/Demonstration Programs                                      | 42 |
| Barriers to Breastfeeding   | 43 |
| Suggestions for Future Activities                                 | 43 |
| <b>RESEARCH</b>   | 44 |
| Activities Reported   | 44 |
| Research on Social and Behavioral Factors                         | 44 |
| Program Evaluation  | 45 |
| Nutritional and Physiological Research                            | 46 |
| Suggestions for Future Activities                                 | 47 |

|   |     |
|---|-----|
| <b>DATA COLLECTION</b>  | 48  |
| Definitions of Breastfeeding  | 48  |
| Data Collection Activities  | 48  |
| <b>REFERENCES</b>   | 54  |
| <b>APPENDIXES</b>   | 57  |
| A: Statement of Surgeon General C. Everett Koop<br>for the Subcommittee on Nutrition,<br>Senate Committee on Agriculture, Nutrition,<br>and Forestry on June 15, 1989         | 57  |
| B: Second Followup Report Questionnaire   | 58  |
| C: List of Questionnaire Respondents  | 62  |
| D: Respondents Reporting Breastfeeding Promotion Activities   | 72  |
| E: List of Resources  | 79  |
| F: Healthy People 2000 National Health Promotion<br>and Disease Prevention Objectives: Breastfeeding Objective  | 94  |
| G: Wellstart Resource Teams for Lactation<br>Management Education   | 96  |
| H: National Association of WIC Directors<br>Guidelines for Breastfeeding Promotion  | 98  |
| I: Innocenti Declaration  | 106 |
| J: WHO/UNICEF Ten Steps to Successful Breast-feeding<br>and Checklist for Evaluating the Adequacy of Support for<br>Breast-feeding in Maternity Hospitals, Wards, and Clinics | 108 |
| K: Research on Human Lactation and Breastfeeding<br>Supported by the National Institutes of Health,<br>U.S. Department of Health and Human Services                           | 112 |
| L: Research on Human Lactation and Breastfeeding<br>Supported by the U.S. Department of Agriculture   | 115 |
| <b>SUBJECT INDEX</b>  | 117 |





## LIST OF FIGURES AND TABLES

|  |     |
|--|-----|
| FIGURE 1—Geographic distribution of survey respondents .....   | xix |
| FIGURE 2—Survey respondents by agency/organization type .....  | xx  |
| FIGURE 3—Percentage of women breastfeeding, 1971–1989, all races .....   | 2   |
| FIGURE 4—Percentage of women breastfeeding, 1989, by education .....   | 3   |
| FIGURE 5—Schema for breastfeeding definition .....   | 49  |
| FIGURE 6—Breastfeeding data collection activities reported by respondents .....  | 50  |
| TABLE 1—Percentage of respondents reporting activities related to the recommendations from the 1984 Surgeon General’s workshop .....                       | xii |
| TABLE 2—Breastfeeding of infants born to ever-married mothers 15–44 years of age, according to selected characteristics of mother, 1981 to 1987 .....      | 4   |
| TABLE 3—Professional education related barriers to initiation and continuation of breastfeeding .....  | 17  |
| TABLE 4—Programs targeted to specific populations .....  | 20  |
| TABLE 5—Public education related barriers to initiation and continuation of breastfeeding .....  | 25  |
| TABLE 6—Client education and followup services .....   | 33  |
| TABLE 7—Community support services barriers to initiation and continuation of breastfeeding .....  | 37  |
| TABLE 8—Respondents who reported provision of breastfeeding facilities and/or implementation of practices to support breastfeeding in their workplace..... | 40  |



## LIST OF ACRONYMS

- BLS**—Bureau of Labor Statistics
- BNA**—Bureau of National Affairs
- CDC**—Centers for Disease Control
- CSFP**—Commodity Supplemental Food Program
- DHHS**—United States Department of Health and Human Services
- FNS**—Food and Nutrition Service, United States Department of Agriculture
- ICNM**—Interagency Committee on Nutrition Monitoring
- IOM**—Institute of Medicine
- IHS**—Indian Health Service, United States Department of Health and Human Services
- MCHB**—Maternal and Child Health Bureau, United States Department of Health and Human Services
- NAACOG**—Organization for Obstetrics, Gynecologic, and Neonatal Nurses
- NAWD**—National Association of WIC Directors
- NCEMCH**—National Center for Education in Maternal and Child Health
- NCHS**—National Center for Health Statistics, United States Department of Health and Human Services
- PHS**—Public Health Service, United States Department of Health and Human Services
- SPRANS**—Special Projects of Regional and National Significance, Maternal and Child Health Bureau
- UNICEF**—United Nations Children's Fund
- USAID**—United States Agency for International Development, United States Department of State
- USDA**—United States Department of Agriculture
- WHO**—World Health Organization
- WIC**—Special Supplemental Food Program for Women, Infants, and Children

## EXECUTIVE SUMMARY

This report is intended to serve as a resource and reference for planning future breastfeeding promotion programs and for improving existing programs. Information for this report was identified through a national survey of programs, organizations, and agencies serving mothers and children. Respondents provided information on their breastfeeding promotion activities (related to the six recommendations of the 1984 Surgeon General's workshop), described their data collection efforts, identified barriers that are keeping women from breastfeeding, and made suggestions for future breastfeeding promotion activities.

There have been a number of legislative, policy, and social changes since the *Report of the Surgeon General's Workshop on Breastfeeding and Human Lactation* and the first followup report were published in 1984 and 1985, respectively. The 1989 Child Nutrition and WIC Reauthorization Act mandated a number of important changes designed to promote breastfeeding among WIC participants, as well as earmarked \$8 million for breastfeeding promotion. The Title V Maternal and Child Health Program has increased its breastfeeding promotion activities related to services, training, and research in support of the breastfeeding national health objective. Also, the increasing number of women participating in the labor force and the marketing of infant formula directly to the public have made breastfeeding promotion efforts even more crucial as the Nation works toward achieving the year 2000 national breastfeeding objective.

A variety of breastfeeding promotion activities have been implemented at the national, State, and local levels over the past 5 years. Table 1 summarizes

*Table 1—Percent of respondents reporting activities related to the recommendations from the 1984 Surgeon General's Workshop*

| <b>Recommendation</b>             | <b>Percentage of respondents reporting<br/>(N=113)</b> |
|-----------------------------------|--|
| Professional Education            | 88% (100)  |
| Support Services in the Community | 74% (84)   |
| Support in the Health Care System | 73% (83)   |
| Public Education                  | 58% (66)   |
| Research                          | 47% (53)   |
| Support in the Workplace          | 44% (50)   |

the breastfeeding promotion activities reported by respondents, organized according to the six recommendations from the Surgeon General's workshop.

Reported activities, barriers to breastfeeding and suggestions for future activities for each recommendation are summarized below, followed by a summary of data collection activities reported by respondents.

## **ACTIVITIES RELATED TO THE RECOMMENDATIONS OF THE SURGEON GENERAL'S WORKSHOP**

### **Professional Education**

Professional education was the most frequently reported activity. Education of public health clinic staff was the most common professional education activity. Many respondents felt that lack of support or encouragement from physicians, nurses, hospital staff, and other health professionals continues to be a barrier that keeps women from beginning or continuing to breastfeed. Professional education was also the activity most frequently mentioned by respondents who made suggestions for future breastfeeding promotion efforts. In addition to continuing education efforts, respondents suggested including questions regarding breastfeeding and lactation on credentialing exams and expanding preservice breastfeeding education for all health professionals.

### **Public Education**

Public education activities were reported by slightly more than half of survey respondents. A variety of hard-to-reach populations were targeted, including low-income women, minorities, adolescents, and migrant workers.

An increased awareness of the potential and use of the media, especially radio and television, seems to have developed over the past 5 years among health professionals involved in breastfeeding promotion. Several States have designated a breastfeeding promotion day, week, or month. Sophisticated media campaigns and social marketing strategies are being utilized, and one promotion project contracted with an advertising firm to develop promotional materials designed to appeal to its target audience. In addition, two States have initiated letter writing campaigns designed to influence the way in which television shows portray infant feeding.

More attention is being paid to the marketing of infant formula, both via distribution of free formula and coupons upon hospital discharge and via mail and direct advertising to the public. Advertising of formula to the public became an issue in 1989 with the entry of new brands of formula. Health care professionals have expressed their concern that this practice will negatively impact on breastfeeding rates and infant health.

The attitudes of women toward breastfeeding, as well as the attitudes of women's families and friends and of society in general, were seen by many respondents as being barriers to breastfeeding. Beliefs that breastfeeding would severely restrict a woman's lifestyle and embarrassment about breastfeeding were commonly cited by respondents as impediments to breastfeeding that could be overcome by public education efforts. Suggestions for future

breastfeeding promotion activities related to public education focused on implementing media campaigns which emphasize the idea that breastfeeding is the normative mode of infant feeding.

### **Support in the Health Care System**

The majority of respondents reported being involved in activities designed to strengthen support for breastfeeding in the health care system, mostly by developing and advocating for the implementation of policies and protocols to promote and support breastfeeding at hospitals, public health clinics, and other health care sites. The WIC Reauthorization Act of 1989, which established a number of requirements regarding breastfeeding promotion in the WIC program, was a particularly important development and has the potential to make a large impact on breastfeeding support for low-income women.

When discussing barriers to breastfeeding in the health care system, respondents focused mainly on hospital policies and procedures, such as separation of mother and infant and glucose water feeding. Respondents were also concerned about distribution of free formula at hospitals and clinics. Recommendations for future breastfeeding promotion activities in this area included coordinating services and developing and advocating for hospital policy guidelines that support breastfeeding.

### **Support Services in the Community**

Activities related to providing support services in the community were reported by a majority of respondents. Most respondents reported providing client education and individual counseling of clients and families, while slightly less than half reported providing followup services. Peer support groups and telephone hotlines seem to be increasingly popular support services.

Barriers to breastfeeding related to the lack of support services in the community were focused on the lack of knowledge about breastfeeding among women, lack of support from family and friends, and lack of postpartum support services. Recommendations for future breastfeeding promotion activities in this area included sponsoring peer support groups and training peer counselors, providing telephone hotlines, and providing postpartum followup for new mothers via home visits or phone calls.

### **Support in the Workplace**

Of the six recommendations of the Surgeon General's workshop, activities related to the recommendation to increase support for breastfeeding in the workplace were the least frequently reported. Among those who did report such activities, employee education was the most frequently cited, and employer education the least. Many respondents reported providing facilities in their own workplace for women to breastfeed or express their milk.

Although breastfeeding promotion activities related to the workplace were the least frequently reported, the most frequently mentioned barrier to

breastfeeding was the need of many women to return to work or school soon after giving birth and the lack of flexible schedules, maternity leave, and facilities for pumping and storing breastmilk. Workplace-related activities were also the least frequently mentioned among respondents who made suggestions for future breastfeeding promotion activities. This suggests that, while problems relating to the workplace are perceived by health professionals as important barriers to breastfeeding, many are unsure of what action, if any, they can undertake to reduce these barriers. Several respondents reported conducting surveys or assessments of workplace policies and the needs of breastfeeding working women, and it may be that activities to promote and support breastfeeding for working women will increase once organizations have obtained more data on the problem.

## **Research**

Considerable research on various aspects of breastfeeding has been conducted by universities and publicly and privately funded research institutions. Most of the research reported was related to social and behavioral factors that affect infant feeding decisions, and to evaluation or monitoring of breastfeeding promotion programs. This is probably due in part to the fact that a large number of the respondents represent State health agencies, with fewer respondents from universities, where physiological and nutrition research is usually conducted. It may also be reflective of the increasing emphasis on social marketing approaches to breastfeeding promotion, and on the importance of women's attitudes and beliefs about infant feeding.

Research was not mentioned in response to the survey questions on barriers to breastfeeding and on suggested future breastfeeding promotion activities. It may be that many respondents do not think of research as a breastfeeding "promotion" activity.

## **Data Collection Activities**

Data collection on breastfeeding incidence and duration is crucial for monitoring the Nation's progress toward achieving the year 2000 national breastfeeding objective, and for evaluating breastfeeding promotion programs. Other than the Ross Laboratories Mothers Survey, however, there is no frequent continuing source of data on national breastfeeding rates. The current data collection efforts at the national level are directed at particular segments of the population or at particular geographic areas, or are infrequently done.

Comparable data are not collected at the State or local levels, since many definitions of breastfeeding are utilized. Lack of a nationally recognized common definition of breastfeeding seriously hinders efforts to assess the incidence and duration of breastfeeding in the United States. It remains to be seen to what extent the development and use of a standard definition of breastfeeding in all breastfeeding promotion efforts will occur.

Much progress has been made in developing, implementing, and disseminating breastfeeding promotion ideas, activities, and programs since the Surgeon General's Workshop on Breastfeeding and Human Lactation in 1984.

By identifying six main areas (professional education, public education, the health care system, community support services, the workplace, and research) in which promotion efforts were needed, the workshop provided a framework for the discussion and implementation of breastfeeding promotion activities nationwide. The 1985 followup report served to document and disseminate information about efforts to promote breastfeeding by implementing recommendations from the workshop. It is hoped that this second followup report will expand the information provided in the first followup report and prove useful to the many individuals, organizations, and agencies across the country working to achieve the year 2000 national breastfeeding objective.



## INTRODUCTION

### BACKGROUND

The Surgeon General's Workshop on Breastfeeding and Human Lactation—held in Rochester, New York, on June 11–12, 1984—was convened by the Maternal and Child Health Bureau (MCHB), U.S. Department of Health and Human Services (DHHS), to assess the current status of breastfeeding in the United States and to develop strategies to facilitate reaching the 1990 breastfeeding health objective for the Nation. Invited workshop participants included representatives of professional and lay organizations; local, State, and Federal government; industry; and volunteer groups; as well as health professionals from a wide range of disciplines and settings serving different ethnic, cultural, and income groups.

At the workshop, workgroups were charged with identifying and prioritizing issues related to breastfeeding and human lactation and then developing recommendations and specific strategies to address them. These recommendations—published in 1984 in the *Report of the Surgeon General's Workshop on Breastfeeding and Human Lactation*—were organized into six areas: professional education, public education, the health care system, support services, the world of work, and research.

In 1985 the *Followup Report: The Surgeon General's Workshop on Breastfeeding and Human Lactation* was published to describe efforts emanating from the Surgeon General's workshop and to continue the dissemination of information related to breastfeeding promotion activities and accomplishments. The information in that report was collected from participants in the 1984 Surgeon General's workshop, State directors of maternal and child health, members of the Healthy Mothers, Healthy Babies coalition, and regional nutrition staff of the U.S. Department of Health and Human Services.

Significant activity designed to promote breastfeeding has continued since the publication of the 1985 followup report. In order to maintain the momentum toward achieving the *Healthy People 2000* breastfeeding health objective for the Nation—to increase to at least 75 percent the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50 percent the proportion who continue breastfeeding until their babies are 5 to 6 months old—the Maternal and Child Health Bureau requested that the National Center for Education in Maternal and Child Health (NCEMCH) develop a new report to identify recent breastfeeding promotion activities related to the 1984 Surgeon General's workshop. The intent of this *Second*



*Followup Report: The Surgeon General's Workshop on Breastfeeding and Human Lactation* is to provide information on the range of breastfeeding promotion activities that have taken place since the publication of the first followup report. It is hoped that this report will stimulate interest, serve as a resource for the planning of future breastfeeding promotion efforts, and increase support from all who can have an impact on breastfeeding decisions and opportunities. The ultimate goal is to reinforce a continuing commitment to the promotion and protection of breastfeeding and the improvement of maternal and child health.

## METHODOLOGY

The National Center for Education in Maternal and Child Health, in consultation with Maternal and Child Health Bureau staff, developed and pilot tested a questionnaire designed to gather descriptive information on breastfeeding promotion activities related to the six recommendations of the 1984 Surgeon General's workshop. The questionnaire, reprinted in appendix B on page 58, was not designed to gather quantitative data for a statistical analysis of the prevalence or type of breastfeeding promotion activities, but to collect descriptive information on as many breastfeeding promotion programs as possible.

In August 1990 the questionnaire was sent to 555 individuals, organizations, and agencies that are involved in breastfeeding, nutrition, and maternal and child health. An attempt was made to be as inclusive as possible in order to obtain responses from a variety of agencies and organizations at the national, State, and local levels across the entire United States.

Questionnaires were sent to all State maternal and child health (MCH) directors; State public health nutrition directors; regional program consultants in MCH; DHHS regional nutrition consultants; University Affiliated Program nutritionists; members of the Association of Teachers of Maternal and Child Health; members of the Association of Faculties of Graduate Programs in Public Health Nutrition; chairpersons of State Healthy Mothers, Healthy Babies coalitions; executive directors of professional organizations of physicians, nurses, dietitians, and other health professionals; directors of Federal health agencies; presidents of private and nonprofit research, consumer, and service organizations; and other individuals and organizations with an interest in maternal and child health. All recipients were encouraged to share copies of the questionnaire with other organizations they knew to be involved in breastfeeding promotion; in this way questionnaires were received by some local community organizations. In addition, breastfeeding promotion programs or activities known to NCEMCH staff or MCHB personnel but not represented in the original set of survey responses were contacted by phone, and the questionnaire was administered.

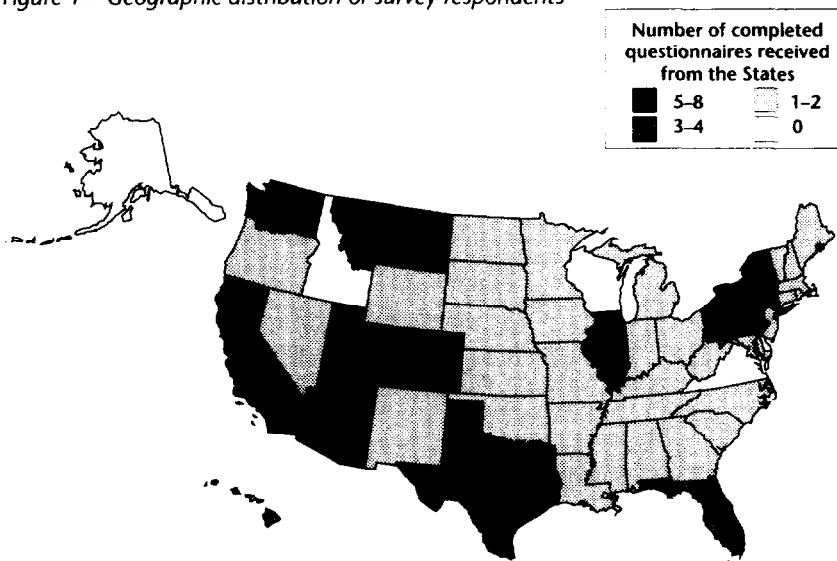
## DESCRIPTION OF SAMPLE

Of the 555 questionnaires sent, 111 completed questionnaires were returned (a response rate of 20 percent). Ten of the responding organizations reported that they had not been involved in any breastfeeding promotion activities in the last 5 years; therefore their questionnaires were discarded. Twelve additional breastfeeding promotion programs were contacted by telephone and questionnaires were administered. Thus the total number of programs describing breastfeeding promotion activities is 113.

### Type of Respondents

The geographic distribution of the respondents to the survey is described in figure 1. Forty-five States, plus the District of Columbia and the Federated States of Micronesia, were represented in the survey. The States with the

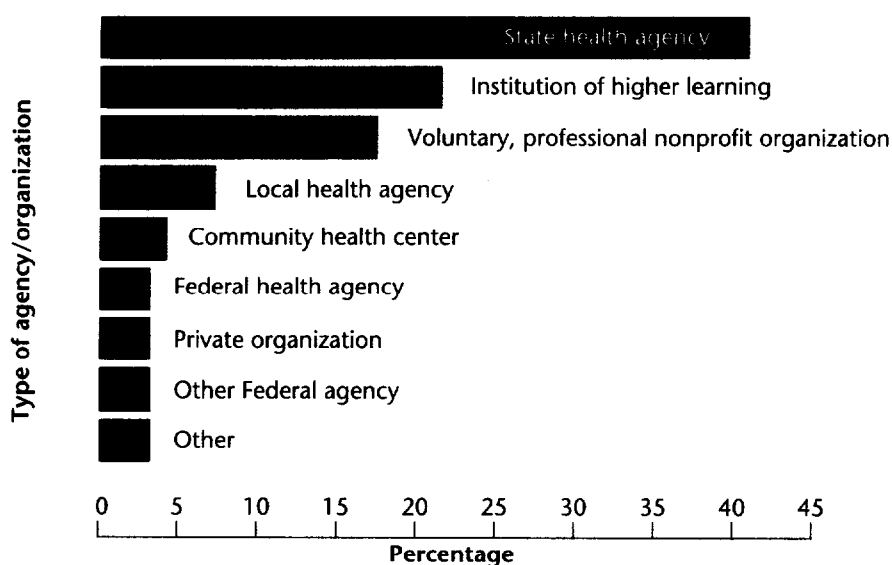
Figure 1—Geographic distribution of survey respondents



highest number of respondents were California, Colorado, and New York. States in Public Health Service (PHS) Region VIII (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming) are somewhat overrepresented, probably due to the fact that copies of the questionnaire were distributed by the PHS regional nutrition consultant at a Region VIII breastfeeding promotion meeting.

The types of agencies and organizations which responded to the questionnaire are indicated in figure 2. The highest number of responses (45) came from State health agencies. Some State health agencies submitted separate surveys for their WIC and MCH programs, some submitted one questionnaire for the entire health department, and some completed a questionnaire only for the WIC program or only for the MCH program. In

Figure 2—Survey respondents by agency/organization type



cases where two questionnaires were received from a single State health agency and both appeared to describe the same program, the questionnaires were combined. In all, responses were received from State health agencies in 40 States.

#### Funding Sources

Respondents who indicated that they had been involved in breastfeeding promotion were asked to describe the sources of funding for these efforts, and 85 percent (96/113) did so. Seventy-three percent (82/113) said they received Federal or State government funds. The Special Supplemental Food Program for Women, Infants, and Children (WIC), USDA, and the Title V Maternal and Child Health Program, DHHS, were the most commonly cited sources of government funds. Other sources of government funds mentioned were State governments; the National Institutes of Health and the Indian Health Service, DHHS; and the U.S. Agency for International Development (USAID). Twenty percent (23/113) of respondents mentioned receiving support from nongovernment sources, such as universities, hospitals, private foundations, membership fees, and patient fees.

#### Collaboration

Seventy-seven percent (87/113) of respondents reported collaborating with other agencies or organizations in their breastfeeding promotion efforts. The most frequently cited type of agencies with which respondents collaborated were State and local health departments, including the WIC program. Other

organizations mentioned were (in order of frequency): La Leche League; universities and medical schools; hospitals; Healthy Mothers, Healthy Babies coalitions; professional organizations; State coalitions or task forces on breastfeeding, nutrition, or maternal and child health; the Maternal and Child Health Bureau, DHHS; State and local chapters of the March of Dimes; community health clinics; private lactation consultants; and the Indian Health Service, DHHS.

In summary, the information presented in the following chapters is based on a geographically diverse sample of agencies and organizations—largely State health agencies; institutions of higher learning; and voluntary, professional, and nonprofit organizations. The majority of respondents used some government funds to support breastfeeding promotion, most commonly WIC and Title V funds. A significant proportion reported collaborating with a variety of government and nongovernment organizations in their breastfeeding promotion efforts.

#### ORGANIZATION OF THIS REPORT

National trends in breastfeeding incidence and duration from 1985 to 1990 are discussed in the first chapter (see page 1). Legislative and social changes which may affect women's infant feeding decisions are also addressed in this chapter. The next six chapters describe the breastfeeding promotion efforts reported by the respondents. This part of the report is intended to present a descriptive overview of current breastfeeding promotion efforts, not a statistical analysis of the prevalence or type of such efforts. It was not possible to describe all reported activities and programs, but an effort was made to present a representative sample of activities. As in the 1985 followup report, the reported breastfeeding promotion activities are organized according to the six recommendations from the original 1984 workshop: professional education, public education, the health care system, community support services, the workplace, and research. These chapters also include sections on barriers to breastfeeding and suggestions for future breastfeeding promotion activities. Finally, the last chapter describes respondents' data collection activities related to breastfeeding (see page 48).

Appendixes provide detailed information about the questionnaire and respondents, publications, national and international guidelines and policy statements, research projects supported by Federal agencies, and lactation management education resources.