accompanying the minimum data set that States will collect for the 1992 biennial report. According to a survey of WIC programs in 48 States and 11 American Indian nations and territories conducted by NAWD in early 1991, 31 programs plan to report breastfeeding incidence data and 26 plan to report breastfeeding duration data to FNS for the 1992 biennial report. In past WIC program national data collection efforts, the definition of breastfeeding varied by State, which complicated efforts to collect and compare data. The adoption of the standard breastfeeding definition required by the WIC Reauthorization Act, however, should remedy this situation.

The Pregnancy Nutrition Surveillance System (PNSS), supported by the Division of Nutrition, Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control, monitors nutrition-related problems and behavioral risk factors associated with low birthweight among high-risk prenatal populations. Simple key indicators of pregnancy nutritional status, behavioral risk factors, and birth outcome are monitored using clinical data from a population of low-income, high-risk pregnant women who participate in publicly funded prenatal nutrition and food assistance programs in participating States. Breastfeeding data are also collected.

The National Survey of Family Growth, conducted by the Centers for Disease Control, was conducted in 1973–74, 1976, 1982, and 1988. Interviews were conducted with a sample of women 15–44 years of age, and information was collected on fertility, family planning, and breastfeeding practices.

The Pediatric Nutrition Surveillance System (PedNSS), also sponsored by the Division of Nutrition, Center for Chronic Disease Prevention and Health Promotion, monitors simple key indicators of nutritional status among low-income, high-risk infants and children, especially those 0–5 years of age, who participate in publicly funded health, nutrition, and food assistance programs in 36 States, the District of Columbia, and the Navajo Nation. The measures used include anthropometry, birthweight, and hematology. Information is also collected on infant feeding practices.

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a cooperative effort between the Centers for Disease Control and the following 7 State Health Departments: Alaska, District of Columbia, Indiana, Maine, Michigan, Oklahoma, and West Virginia. The goal of PRAMS is to conduct State-specific, population-based surveillance of selected maternal behaviors, including infant feeding practices, that occur during pregnancy and the child's early infancy. Data are collected monthly from a sample of mothers (drawn from birth certificate information) who are contacted by mail and by telephone.

The National Health and Nutrition Examination Survey III (NHANES III) is being conducted by the Centers for Disease Control from 1988 to 1994. NHANES III is an interview and examination survey of the civilian noninstitutionalized population ages 2 months and older. A wide variety of nutrition information is being collected, including information on breastfeeding.

The National Maternal and Infant Health Survey (NMIHS) was conducted by the National Center for Health Statistics, DHHS, from 1988 to 1990. The purpose of NMIHS is to collect nationally representative data covering natality and fetal and infant mortality. Approximately 60,000 mothers, hospitals, and providers of prenatal care were contacted via mailed questionnaires and interviews, which will be linked with vital records. A longitudinal followup of mothers was conducted in 1990, which involved recontacting mothers and sometimes their medical providers as well in order to obtain updated health histories. Mothers were questioned about infant feeding practices and recommendations they received regarding infant feeding. Hospitals were asked what the primary method of feeding was while the infant was in the hospital, and what the infant's major source of nutrition was up to the fourth month of life.

The Food and Drug Administration conducted the Survey of Infant Feeding Patterns in 1989, obtaining detailed information about feeding practices during the first 12 months of life, including information on transitions between breast and bottle feeding, introduction of cow's milk, type and timing of introduction of solid foods, and important sources of information used for guidance about infant feeding practices.

From 1984 to 1986, the National Institute of Child Health and Human Development conducted the Prospective Survey of Infant Feeding Practices Among Primipara among black and white urban primipara living in Washington, DC, in order to measure the incidence and duration of breastfeeding and identify the correlates of incidence and duration of breastfeeding.

As mentioned in the first chapter, Ross Laboratories conducts a survey which contacts mothers when their infants are 6 months of age, and asks them to recall their method of infant feeding in the hospital and during each of the first 6 months of life. These data contain information on the incidence of breastfeeding at delivery and at 6 months postpartum for women of various social, economic, educational, and ethnic backgrounds. The data from this survey have been used as the basis for setting the parameters of the 1990 and the year 2000 breastfeeding objectives for the Nation.

State Data Collection Activities

The 1991 survey of WIC programs in 48 States and 11 American Indian nations and territories conducted by NAWD found that 46 WIC programs currently collect breastfeeding incidence data, and 15 more plan to do so in the future. In addition, 41 programs currently collect breastfeeding duration data, and 17 more plan to do so in the future. Forty-three of the programs reported using the standard national definition, and, of the 15 that used other definitions, 12 plan to change to the national definition in the future. At the present time, however, it is difficult to compare some of the current and past data on breastfeeding rates in the WIC program due to the varying definitions of breastfeeding and calculation formulas used by each State. In many States, rates reflect the percentage of all postpartum women who are breastfeeding. Other States measure the rate of breastfeeding using the percentage of women previously enrolled as pregnant women who return for certification as breastfeeding mothers.

The Iowa WIC program is currently in the process of developing a new data

management system. When complete, the system will allow collection of the following data: breastfeeding incidence; breastfeeding duration; duration of breastfeeding of infants not currently breastfed; introduction of other milk besides breastmilk; number of infants being breastfed at their postpartum visits; and sociodemographic data on the mother.

The Maine Breastfeeding Surveillance System, begun in 1983 and automated in 1986, monitors the incidence of breastfeeding at hospital discharge; using information collected on standard newborn metabolic disorders screening forms. Annual reports are generated which show incidence by county, hospital, size of hospital, individual physician, and physician specialty.

In summary, with the exception of the Ross Laboratories Mothers Survey, all of the data collection activities described above have very specific target populations as well as varying methods for collecting data on breastfeeding. This makes comparison of rates across programs or among different surveillance systems very difficult. Until a national uniform data collection system to assess breastfeeding rates of all births is in place, many organizations working in breastfeeding promotion will continue to utilize the Ross Laboratories Mothers Survey to compare breastfeeding rates in the general population to rates in their own study, program, or jurisdiction. It is encouraging to see the number of breastfeeding incidence and duration data collection activities reported by respondents. However, to adequately monitor progress toward the year 2000 breastfeeding objective for the Nation, a uniform system for collecting data on all mothers and infants in the United States will need to be put into place.

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APPENDIX A

STATEMENT OF SURGEON GENERAL C. EVERETT KOOP FOR THE SUBCOMMITTEE ON NUTRITION, SENATE COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY ON JUNE 15, 1989

Breastfeeding should be actively promoted in all maternal and child health programs. Health experts worldwide agree that breastfeeding is the optimal way to nurture infants and should be practiced whenever possible. I use the term "nurture" deliberately since it means "to feed and care for during growth." Another term for breastfeeding is "nurse" which means "to look after carefully" as well as "to suckle." Breastfeeding is, therefore, recommended not only as a method of feeding but also as a caring relationship.

In fact, lactation is the primary feature that sets us mammals apart from the rest of the animal kingdom. Human milk, as the unique species-specific source of infant nutrition, not only allows birth to occur at an early stage of development, but also requires a time of intense maternal-infant interaction to facilitate early behavioral development.

Breastfeeding offers many important benefits for mothers, babies, and also for society. In summary, for mothers it affords protection against hemorrhage and quicker recovery from childbirth, stronger bonding with the baby, and relaxation while nursing. For infants, breastfeeding provides optimal nutrition for normal growth and development; protection against disease, especially ear infections and gastrointestinal distress; and decreased risk of allergies. Breastfeeding also has benefits for society through stronger family bonds, women's fulfillment of their aspirations for motherhood and increased self-esteem, and decreased health care costs for infants.

Lactation is an integral stage of the reproductive cycle. The body prepares for lactation throughout pregnancy, and lactation automatically occurs soon after the baby is born.

There is abundant evidence that human milk is designed to enhance optimally the growth, development, and well-being of the infant. A mother's milk provides the best protection for her infant against specific infections. This cannot be duplicated in infant formula.

These benefits are meaningless unless women breastfeed. The rates of breastfeeding have been slowly declining since 1982, and breastfeeding rates in lower socioeconomic groups remain much lower than in more affluent groups. Therefore, infants who could benefit most from the immunologic advantages of human milk are least likely to receive this protection.

A decisive way to promote child health in the United States in the next decade will be to implement effective breastfeeding promotion programs so that the unique and important benefits of breastfeeding can be made available to protect health, nourish, and optimally develop infants in all segments of our society.

APPENDIX B SECOND FOLLOWUP REPORT QUESTIONNAIRE

QUESTIONNAIRE SECOND FOLLOWUP REPORT: THE SURGEON GENERAL'S WORKSHOP ON BREASTFEEDING AND HUMAN LACTATION

Please answer the following questions about your breastfeeding promotion efforts.

1	. Name
	Title
	Address
	Telephone number
2.	Agency/organization name
	Check the box which best describes your agency:
	☐ Federal Health Agency
	☐ Other Federal Agency
	☐ State Health Agency
	☐ Local Health Agency
	☐ Voluntary, Professional, or Nonprofit Organization
	☐ Institution of Higher Learning
	☐ Private Practice
	☐ Other; please specify:
3.	Does your agency/organization receive Title V support? \Box yes or \Box no
	If yes, please describe
4.	Has your agency/organization been involved in the past 5 years in
	breastfeeding promotion efforts aimed at achieving the breastfeeding
	objectives for the Nation? □ yes or □ no
	If yes, please continue the questionnaire.
	if yes, picuse commue are questionnance.
5	Please describe how your breastfeeding promotion efforts are funded.
••	Trans managed 11-11 Jour promotionating branch man autorio are tattaca.
5.	Does your breastfeeding promotion effort involve collaboration with
	other agencies or organizations? ☐ yes or ☐ no
	If yes, please list all agencies and organizations involved

		•
7.	Check	all activities included in your breastfeeding promotion efforts.
		sional education in human lactation and breastfeeding
		Hospital staff
	_	Public health clinic staff
		Private practitioners
		Other (please specify):
	Public	education and other breastfeeding promotional efforts
		Media campaigns
	□ S	School-based curricula
		Hard-to-reach populations; please specify:
		Other (please specify):
	Streng	thening of support for breastfeeding in the health care system
		Promoting coordinated breastfeeding policies and practices in the
		continuum of maternal and infant health
		Stablishing hospital-community liaisons
		Fraining peer counselors
		Other (please specify):
	Buildi	ng support for breastfeeding in the workplace
		imployee education
		imployer education
		incouraging provision of facilities for pumping and
		storing breastmilk
	□ P	rovision of facilities in your own agency/organization to
		allow employees to pump and store breastmilk
		Day care policies and practices
		Maternity leave polices and practices
		Other (please specify):
	□ E	stablishing workplace polices and practices
	Devel	opment of support services in the community
		elephone hotlines
		upport groups (professional or peer)
	□ Iı	ndividual counseling of clients and families
	□ F	ollowup services related to breastfeeding management
		Client education
		Prenatal breastfeeding education
		Inhospital counseling
		Postdischarge education
		Other (please specify):

Rese	arch on human lactation and breastfeeding
	Physiological (i.e., breastmilk composition)
	Social/behavioral
	Nutritional
	Economic
	Programmatic (i.e., management, financing, needs assessment, cost-
	benefit analysis, etc., of breastfeeding programs)
	Other (please specify):

8. Please provide a basic description of each of your breastfeeding promotion efforts (items identified in question 7) or attach copies of proposals or reports which describe your programs.

Please include information on:

- Program title
- · Program design
- · Length of program
- Type of staff involved (i.e., physicians, nurses, health educators, dietitians)
- Target audience
- Participating agencies
- Please describe any data you collect on the incidence and duration of breastfeeding. Please include the definition(s) of breastfeeding used in your data collection.
- 10. Please describe (or provide copies of) the results of any evaluation of your breastfeeding promotion efforts.
- 11. Describe the key or essential elements that made these breastfeeding promotion efforts work.
- 12. Please list any materials generated as a result of these efforts (manuals, policy guidelines, education materials, videotapes, training curricula, conference proceedings, final reports, etc.) Please include information on each publication's availability and price, as well as a contact address and phone number. If possible, please enclose a copy of each of these materials for NCEMCH's Reference Collection.
- 13. In your experience, what barriers keep women from beginning to breastfeed? How can these barriers be overcome?
- 14. In your experience, what barriers keep women from continuing to breastfeed? How can these barriers be overcome?

- 15. What suggestions or ideas do you have for future breastfeeding promotion efforts?
 - At the national level:
 - At the State level:
 - At the agency/local level:

Please return this questionnaire to:
Breastfeeding Project
National Center for Education in Maternal and Child Health
38th and R Streets, N.W.
Washington, DC 20057

APPENDIX C LIST OF QUESTIONNAIRE RESPONDENTS

The following is a list of all questionnaire respondents. Organizations of a national scope and Federal agencies are listed first, in alphabetical order by agency or organization name. State and local organizations are then listed, in alphabetical order by state name.

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American Academy of Pediatrics Joe M. Sanders, Jr., M.D. Associate Executive Director 141 Northwest Point Boulevard Elk Grove Village, IL 60009-0927 (800) 433-9016

American College of Obstetricians and Gynecologists Shirley A. Shelton Associate Director, Clinical Practice 409 12th Street, S.W.

Washington, DC 20024 (202) 863-2502

American Dietetic Association

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American Hospital Association

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American Public Health Association Clearinghouse on Infant Feeding and Maternal Nutrition

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Food and Nutrition Service Supplemental Food Programs Division U.S. Department of Agriculture Ronald J. Vogel Director 3101 Park Center Drive, Suite 1017 Alexandria, VA 22302 (703) 305-2746

Healthy Mothers, Healthy Babies National Coalition, Subcommittee on Breastfeeding Promotion Brenda Lisi

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(708) 455-7730

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National Center for Health Statistics U.S. Department of Health and Human Services Paul J. Placek, Ph.D. Chief, Followback Survey Branch Division of Vital Statistics 6525 Belcrest Road Presidential Building, Room 840

Hyattsville, MD 20782 (301) 436-7464

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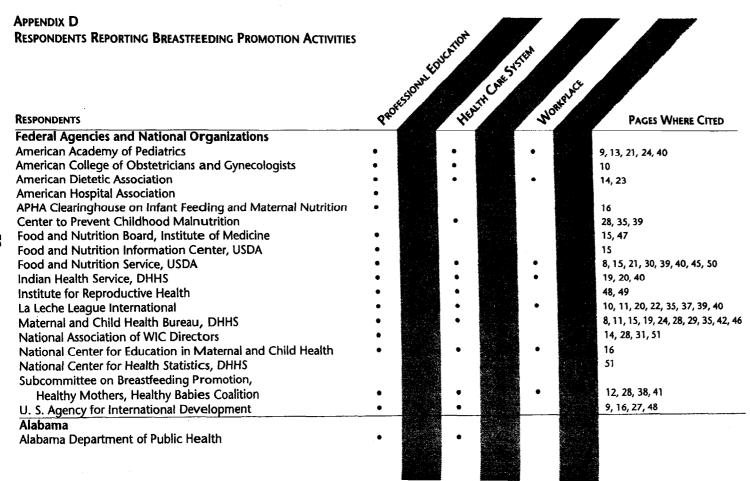
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