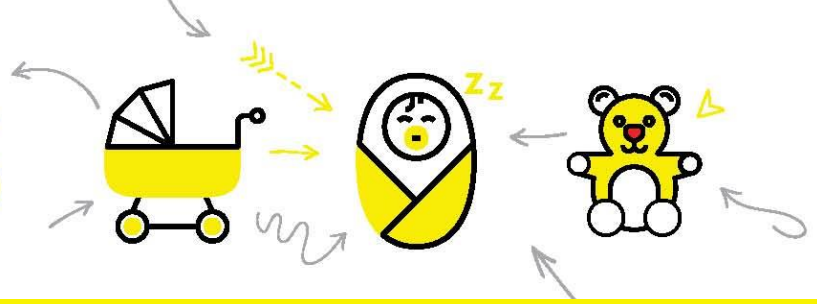


# GEORGIA PRAMS

Your baby depends on you!



## Georgia PRAMS WIC Breastfeeding Data Summary

September 2017

What is

## PRAMS?

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a joint research project between the Centers for Disease Control & Prevention (CDC) and the Georgia Department of Public Health (DPH). PRAMS collects information to improve the health of mothers and babies in Georgia.

What is

## WIC?

The Women, Infants, and Children (WIC) Supplemental Nutrition Program is a federally-funded health and nutrition program© for infants and children age 1 to 5 years, and for low income pregnant, breastfeeding, and postpartum women.

### INTRODUCTION

This fact sheet provides information regarding breastfeeding among Georgia PRAMS respondents who participated in the Georgia WIC Program compared to non-WIC Georgia PRAMS respondents. It describes the importance of breastfeeding, current Georgia policy regarding breastfeeding in public and at work, and data on breastfeeding initiation and cessation among WIC and non-WIC moms in Georgia.

### IMPORTANCE OF BREASTFEEDING

Breastfeeding is one of the most effective preventive measures to protect the health of a baby<sup>1-2</sup>. Breastfeeding reduces infant mortality by protecting infants against infectious and chronic diseases and by helping infants to recover quickly from illnesses<sup>2</sup>. Additionally, breastfeeding reduces the risk of ovarian and breast cancers and helps mothers to space pregnancies<sup>2</sup>. The 2013 National Immunization Survey showed that 69.2% of Georgia moms initiated breastfeeding, but only 25.4% of babies were exclusively breastfed for six months or longer<sup>3</sup>. The American Academy of Pediatrics recommends exclusive breastfeeding for six months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer as mutually desired by mom and baby<sup>4</sup>.

### CURRENT GEORGIA POLICY ON BREASTFEEDING

Georgia Code states that breastfeeding is an important and basic act of nurture which should be encouraged in the interests of maternal and child health<sup>5</sup>.

#### **GEORGIA CODE §31-1-9: BREASTFEEDING IN PUBLIC**

Mothers in Georgia may breastfeed their babies in any location where the mother and baby are otherwise authorized to be<sup>5</sup>.

#### **GEORGIA CODE §34-1-6: BREASTFEEDING AT WORK**

Employers *may* provide “reasonable unpaid break time” each day to employees who need to breastfeed or pump breast milk. Break time should coincide with any break time already given to employees. Employers *may* provide a room where moms can breastfeed or pump breast milk in private (other than a toilet stall). Additionally, employers are *not required* to provide break time if doing so would disrupt work operations<sup>6</sup>.

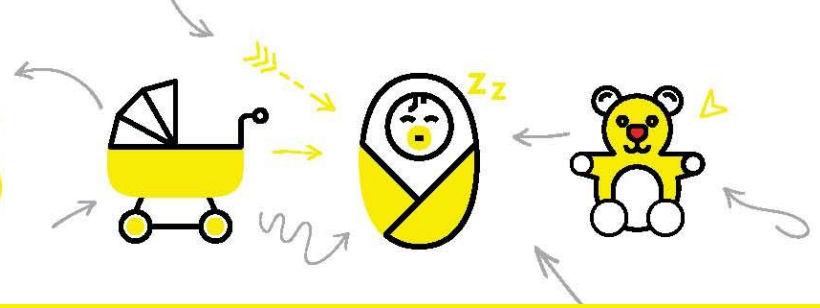
#### **NATIONAL POLICY: BREASTFEEDING AT WORK**

The Patient Protection and Affordable Care Act amended section 7(r) of the Fair Labor Standards Act regarding breastfeeding at work. The amended section states that: An employer should provide – (A) a reasonable break time for an employee to express breast milk for her nursing child for one year after the child’s birth each time such employee has need to express milk; and (B) a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk<sup>7</sup>.

**References:** 1. CDC. (2017). Breastfeeding: Promotion & Support. Retrieved August 8, 2017 from <https://www.cdc.gov/breastfeeding/promotion/>. 2. WHO. (2017). Exclusive breastfeeding. Retrieved August 8, 2017 from [http://www.who.int/nutrition/topics/exclusive\\_breastfeeding/en/](http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/). 3. CDC. (2017). Nutrition, Physical Activity and Obesity Data, Trends and Maps website. Retrieved June 17, 2017 from <http://www.cdc.gov/nccdphp/DNPAO/index.html>. 4. Eldelman, A.I., Schanler, R.J., Johnston, M., Landers, S., Noble, L., Szucs, K., & Viehmann, L. (2012). Breastfeeding and the use of human milk. *Pediatrics*, 129(3), e827-e841. 5. O.C.G.A. §31-1-9 (2017). Breast-feeding of baby. 6. O.C.G.A. §34-1-6 (2017). Employer obligation to provide time for women to express breast milk for infant child. 7. United States Department of Labor. (N.D.). Section 7(r) of the Fair Labor Standards Act – Break Time for Nursing Mothers Provision. Retrieved June 16, 2017 from [https://www.dol.gov/whd/nursingmothers/Sec7rFLSA\\_btm.htm](https://www.dol.gov/whd/nursingmothers/Sec7rFLSA_btm.htm).

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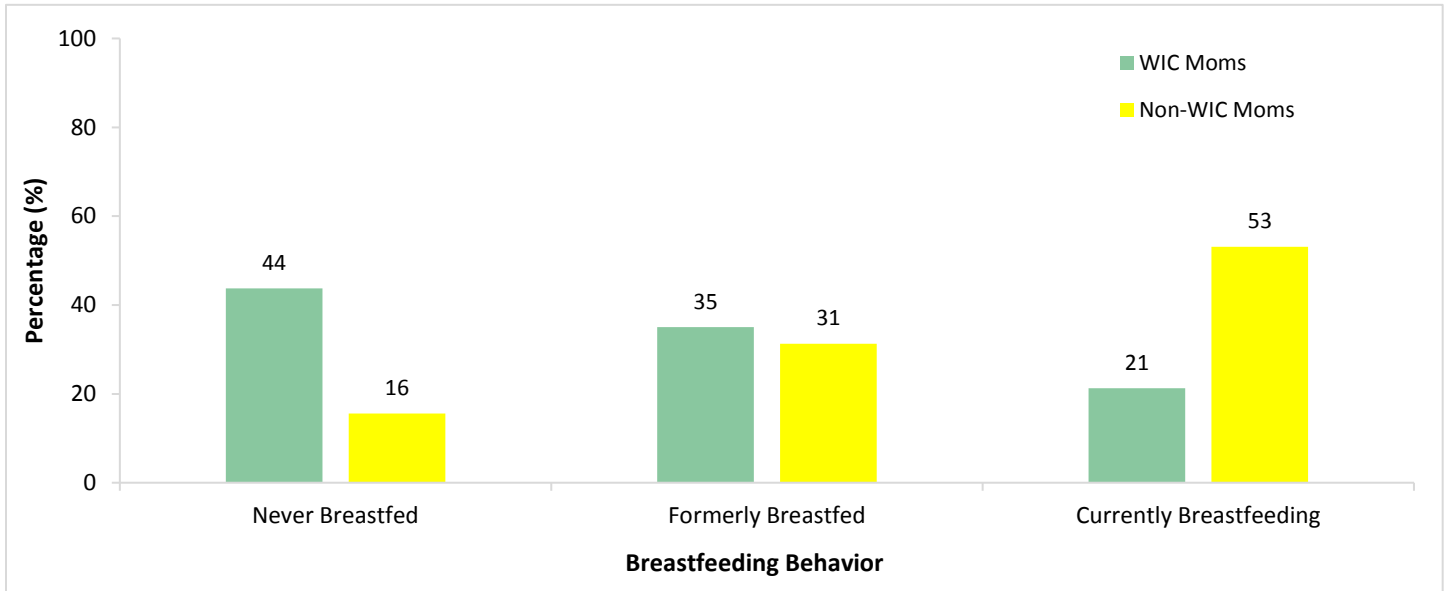


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## BREASTFEEDING BEHAVIOR

Figure 1: Breastfeeding Behavior, by WIC Status, Georgia PRAMS, 2012-2014

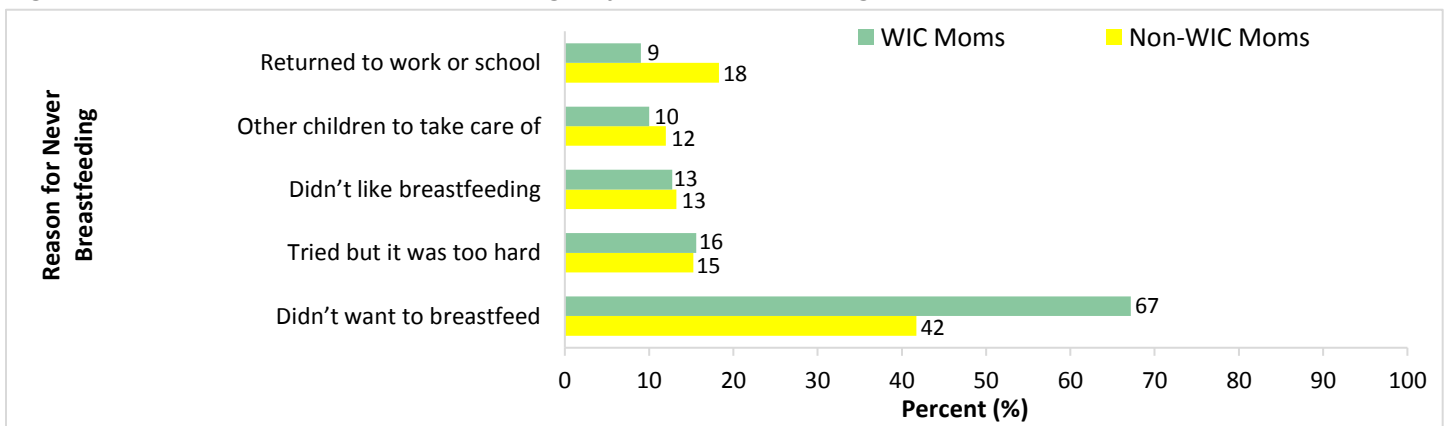


### The Relationship between Breastfeeding Behavior and WIC Status

- WIC moms (44%) were more likely to report never breastfeeding than non-WIC moms (16%).
- WIC moms (21%) were less likely to report that they were currently breastfeeding than non-WIC moms (53%).
- The majority of WIC moms (87%) spoke with a peer counselor or other WIC staff about breastfeeding (results not shown).

## BREASTFEEDING INITIATION

Figure 2: Reasons for Never Breastfeeding,<sup>1</sup> by WIC Status, Georgia PRAMS, 2012-2014



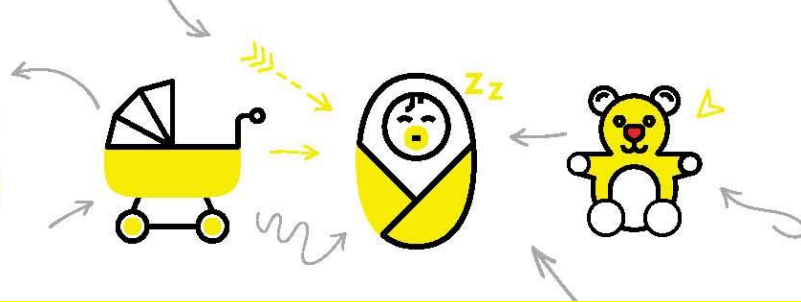
Note. <sup>1</sup>Reasons for never breastfeeding omitted from this figure include "Too many household duties," "Sick or on medicine," and "Other."

### Reasons for Never Breastfeeding: Key Findings

- The top reason for never breastfeeding among both WIC moms and non-WIC moms was that they did not want to breastfeed.
- WIC moms (67%) were more likely to report that they didn't want to breastfeed than non-WIC moms (42%).

# GEORGIA PRAMS

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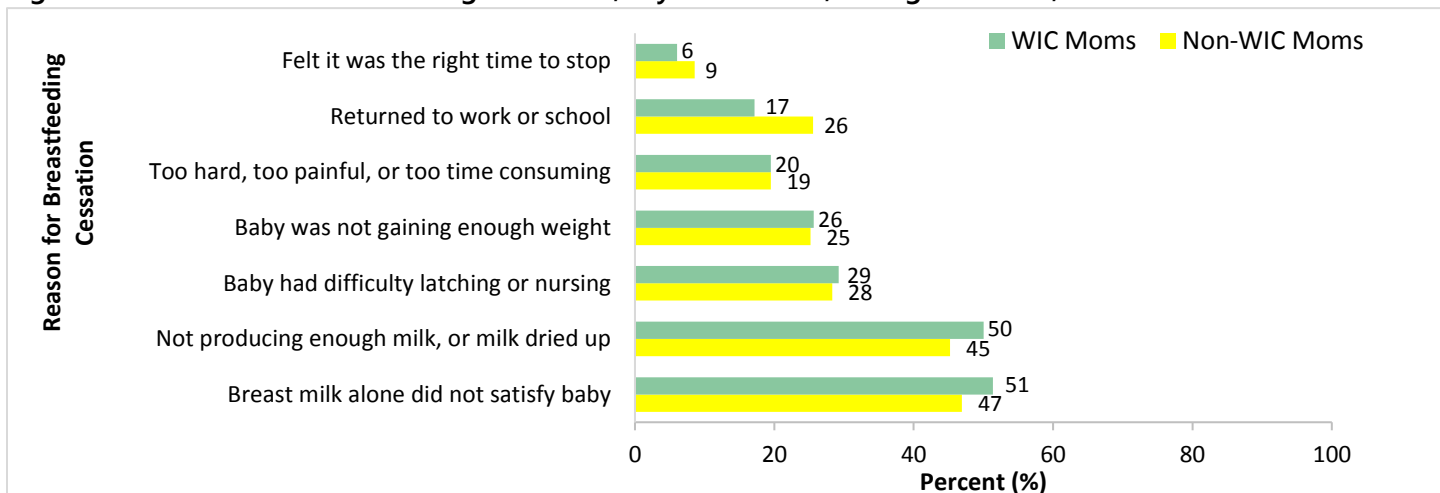


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## BREASTFEEDING CESSATION

Figure 3: Reasons for Breastfeeding Cessation,<sup>1</sup> by WIC Status, Georgia PRAMS, 2012-2014



Note. <sup>1</sup>Reasons for breastfeeding cessation omitted from this figure include "Nipples were sore, cracked, or bleeding," "Got sick or had to stop for medical reasons," "Too many other household duties," "Baby was jaundiced," and "Other."

### Reasons for Breastfeeding Cessation: Key Findings

- About half of moms stopped breastfeeding because breast milk was not satisfying their baby (51% of WIC moms, 47% of non-WIC moms) and/or because they weren't producing enough milk (50% of WIC moms, 45% of non-WIC moms).
- Less than 10% of both WIC moms (6%) and non-WIC moms (9%) stopped breastfeeding because they felt it was the right time to stop.

### How Can Georgia Encourage Breastfeeding Among WIC Moms?

**By increasing availability of peer counseling services for all WIC participants:** While Georgia PRAMS data show that 87% of WIC moms spoke with a peer counselor or other WIC staff about breastfeeding, *all* WIC moms could benefit from peer counseling. Evidence shows that multifaceted interventions with peer support are effective in increasing the initiation, duration, and exclusivity of breastfeeding<sup>7</sup>.

**By improving the quality of existing peer counseling services:** Almost half (44%) of WIC moms never breastfed; the majority (67%) of these moms stated that they did not want to breastfeed. Providing additional support for moms by increasing peer counselor contact hours, improving peer counselor training, and making prenatal visits earlier may help to encourage more WIC moms to breastfeed<sup>7</sup>.

**By providing peer counselors with support and supervision:** Georgia PRAMS respondents commented on their need for access to International Board Certified Lactation Consultants (IBCLCs). Peer counselors receiving supervision and advice from IBCLCs would be able to provide additional breastfeeding expertise and support to WIC moms<sup>8</sup>.

Reference: 8. CDC. (2013). Strategies to prevent obesity and other chronic diseases: The CDC guide to strategies to support breastfeeding mothers and babies. Retrieved August 1, 2017 from <https://www.cdc.gov/breastfeeding/pdf/bf-guide-508.pdf>.

### Georgia PRAMS

Georgia Department of Public Health  
Maternal and Child Health Epidemiology  
2 Peachtree St. NW., 14<sup>th</sup> Floor, Atlanta, GA 30303  
Contact us at [DPH-GeorgiaPRAMS@dph.ga.gov](mailto:DPH-GeorgiaPRAMS@dph.ga.gov)

### Georgia WIC

Georgia Department of Public Health  
Maternal and Child Health Program  
2 Peachtree St. NW., 10<sup>th</sup> Floor, Atlanta, GA 30303  
Contact us at 1-800-228-9173

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