



Ensuring Optimal Infant Nutrition: A Shared Responsibility



Abbott Nutrition supports breastfeeding and promotes breast milk as the optimal form of infant nutrition by:

- **PROMOTING** breastfeeding education and supporting programs for mothers of all cultures and their families and healthcare professionals
- **WORKING** with legislators and policymakers on ways to increase breastfeeding rates in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- **SUPPORTING** appropriate breastfeeding and workplace lactation legislation
- **BUILDING** workplace lactation program models and promoting them to the business community

Breastfeeding is a key component of an infant's first year of life. Yet, other foods are also fed during this first year. Abbott Nutrition produces premier infant feeding products to ensure optimal infant nutrition when breast milk is supplemented, not available or not chosen. Abbott Nutrition advocates providing parents and caregivers with education on all infant feeding options to help ensure they make healthy food choices for infants.

Breastfeeding rates in the United States have been on the rise in the last decade – **83% of new mothers today initiate breastfeeding.**¹ Despite this progress, however, mothers in this country still face barriers to breastfeeding. **We can do more to ensure that mothers receive the information, education and support they need to begin and continue breastfeeding.**¹ At the same time, it is important to preserve the right of all mothers to choose the best feeding options for their babies and themselves.

■ Abbott Nutrition supports optimal infant nutrition. We agree with the American Academy of Pediatrics (AAP) and other leading medical and health organizations that breastfeeding is the ideal form of infant nutrition, and we fully advocate breastfeeding as the first choice for infant feeding. We also endorse the AAP recommendations that new mothers breastfeed exclusively for the first four to six months, continue breastfeeding up to twelve months or as long as is mutually desirable, offer supplemental vitamin D, and ensure that infants receive a source of iron after six months. We agree that breast milk is natural, healthy and uniquely able to adapt to the immune and nutrition needs of infants.

For women who cannot or choose not to breastfeed, iron-fortified infant formula is the *only* safe and acceptable alternative to breast milk.² Abbott Nutrition recognizes that all mothers want to give their infants the best possible start in life, and all mothers deserve support, regardless of whether they breastfeed, use infant formula, or a combination of both. Abbott Nutrition is committed to supporting all mothers.

Abbott Nutrition believes that there are many opportunities for increasing breastfeeding rates in the United States, including further improving breastfeeding education and support for new mothers from different cultural backgrounds; improving education for healthcare professionals; strengthening incentives for breastfeeding in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); and supporting breastfeeding mothers in the workplace, especially hourly and lower-wage workers.

Infant Feeding in the U.S.

Since the 1920s, breastfeeding rates have been driven by generational and societal elements that influence a woman's decision whether or not to breastfeed. The entrance of more women into the workforce, breastfeeding education and promotion, and the development of a safe and nutritious alternative to breast milk are some of the societal factors that have influenced infant feeding patterns. Other factors that can affect a mother's feeding choice include the following:

- Employment
- Socioeconomic status
- Culture and language
- Education and health literacy
- Age
- Geography
- Health and health beliefs
- Birth experience
- Participation in the WIC program, which offers free infant formula for one year to mothers who need it.³

Making a well-informed choice for feeding a new baby is one of the first important decisions a new parent will make and a very personal one. However, this private decision is often the topic of public debate and health policy. In the United States, efforts have been made to create policies that aim to increase breastfeeding rates by prohibiting healthcare professionals from distributing information and infant formula samples to mothers. Increasing breastfeeding rates is a goal that healthcare professionals, businesses, and the government should work together to achieve by providing

education and support, not by preventing mothers from learning about their infant feeding options. Abbott Nutrition supports efforts to encourage breastfeeding, while promoting a mother's access to timely and scientifically accurate information that is easy for her to understand.

“ **83%** of mothers say they decided what to feed their babies before going to the hospital. ”

While some critics claim that the formula samples and information mothers receive in hospitals are a deterrent to breastfeeding, the evidence is not conclusive, and some studies lack adequate controls for confounding variables. For example, one study that concluded that mothers who received formula samples breastfed less did not control for variables such as whether the mother was employed, which is itself a predictor of breastfeeding.⁴ Nor were samples randomly provided in this study – mothers who chose to receive a bag with samples may have already made the decision to use formula. The CDC's 2008 Infant Feeding Practices Study showed no association between a mother not receiving a formula sample or coupon in hospital gift packs and increased breastfeeding duration.⁵ Five other major studies show little or no effect on breastfeeding rates of mothers receiving infant formula samples.⁶⁻¹⁰ The research has repeatedly shown that there are more definitive reasons women need or choose to use infant formula, like health issues or the need to return to work. Information, support, and flexibility are key when it comes to helping women provide the best nutritional start for their babies.

What Women Say

Women are the primary decision-makers when it comes to how to feed their infants, and mothers' decisions should be respected. A 2009 national survey of mothers' attitudes and opinions about infant feeding, conducted by Greenberg Quinlan Rosner found the following:

- Women overwhelmingly know that breastfeeding is best for babies— 84% say breastfeeding is healthier for the baby.
- The number one reason that women choose to breastfeed is to take advantage of its health benefits for their babies.
- More than eight in ten (83%) mothers say they decided what to feed their babies before going to the hospital to give birth.
- 92% of mothers said they approve of the distribution of infant formula samples.
- When asked if formula samples had a significant influence on their decisions about how to feed their babies, more than seven out of ten said it was either a minor influence (18%) or no influence at all (55%).
- 82% of mothers say returning to work or school is a barrier to breastfeeding.¹¹

Research shows that women who choose to stop breastfeeding often do so because they are concerned that breast milk is not enough, they need to leave the infant with another person, and/or they are not able to pump at work.¹²

Mothers know that breastfeeding is optimal, and 83% of new mothers currently initiate breastfeeding.¹⁵ Mothers need information on all possible feeding

options and support in the workplace and school. They want the right to make informed choices about how to feed their babies. The vast majority of mothers believe that government should not restrict their ability to receive information about all infant feeding options.¹¹

Breastfeeding Education and Support

While all mothers need breastfeeding education and support, it is especially important to provide support for lower-income women and infants, whose breastfeeding initiation and duration rates lag far behind those of the general population. Decreased breastfeeding rates among lower-income mothers are associated with their perceptions of social disapproval of breastfeeding in public, lack of support from some healthcare providers and difficulties associated with employment, including lack of support from managers.¹³ Participation in the government's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) may also be a factor.¹⁴ While there has been some progress in addressing breastfeeding disparities among lower-income mothers, more efforts are needed.

Continued outreach is needed for other populations who have significant disparities in breastfeeding rates, such as mothers and babies with health-related issues that may affect breastfeeding initiation or duration. These issues may include premature or multiple births, lower birth weight, maternal overweight and obesity and medical interventions during birth.

Furthermore, cultural or ethnic differences can also influence breastfeeding rates.

For instance, breastfeeding initiation rates are usually highest among Asian and Hispanic women.¹⁵ Breastfeeding rates among African-American women rank the lowest in the United States, a difference that is most pronounced in rural areas.¹⁶ According to a 2009 survey, African-American mothers are also much more likely to report "returning to work or school" as a major barrier to breastfeeding.¹⁷ These disparities should be addressed with increased access to healthcare, information, education and support.

“ In 2004, one in four infants was born to an immigrant mother. ”

In 2004, one in four infants was born to an immigrant mother.¹⁸ Their cultures can play a critical role in the way they perceive breastfeeding and whether or not new mothers choose to breastfeed their infants. Since one in five Americans speaks a language other than English at home,¹⁹ culturally competent resources in different languages may yield the most significant results and offer the best hope for improving breastfeeding initiation and duration rates in our country. It is essential to increase funding and support for educational programs and materials that demonstrate the most promise in helping mothers breastfeed their babies for as long as they choose. Additionally, increased support is needed for unique programs designed to reach mothers of all cultures and for mothers who have infants with health-related issues such as premature birth or infants with special needs.

Abbott Nutrition has provided breastfeeding education programs for parents and healthcare providers for decades. These programs have included

multilingual materials as well as materials for unique circumstances such as postpartum depression, premature or multiple births, and obesity.

Support for Breastfeeding in the Workplace

The need to return to work after having a baby is a significant barrier to continued breastfeeding for women in this country. Whether by choice or necessity, a significant number of mothers of infants under one year of age are employed outside the home. Two out of three mothers are the primary or co-breadwinner for their families.²⁰ Sixty percent of mothers with children under the age of three are part of the workforce.²¹ One-third of mothers return to work within three months of giving birth.²² For a significant number of working mothers – especially those in hourly or lower-wage jobs – the lack of a workplace program that encourages and supports breastfeeding may lead to complete abandonment of their breastfeeding efforts. Therefore, programs to support increased breastfeeding duration should be included in the business environment at all levels.

“61% of working mothers report that their workplace does not have a policy or program to support breastfeeding employees.”

Mothers overwhelmingly report that workplace support for breastfeeding is very important to their ability to continue breastfeeding, but 61% of working mothers report that their workplace does not have a policy or program to support breastfeeding employees.²³ New mothers say that guaranteed paid maternity leave and the space and opportunity to pump

breast milk at work would be the most effective measures in encouraging mothers to breastfeed longer.²⁴ Mothers who do not breastfeed or pump at work reportedly stop breastfeeding sooner.²⁵

The federal government has recognized the importance of workplace support for continued breastfeeding. The HHS *Blueprint for Action on Breastfeeding*TM²⁶ gives examples of how companies can support continued breastfeeding among employees. In 2008, the Health and Resources Services Administration released a program to support breastfeeding in the workplace, *The Business Case for Breastfeeding*.²⁷ In 2009, Congress included a requirement for employers to provide break time and space to accommodate breastfeeding employees in the Extended Care Act. However, mothers will benefit most when there is a supportive work culture that accommodates their need for flexibility.

To help address the need for breastfeeding support in the workplace, Abbott Nutrition first developed a comprehensive workplace lactation program, *Business Backs Breastfeeding*TM, in 2003. Since then, it has been distributed to employers, human resources professionals and work-life organizations across the nation through Abbott Nutrition's partnerships with Working Mother Media and the Families and Work Institute. In 2009, Abbott Nutrition partnered with Corporate Voices for Working Families, Working Mother Media and a group of premier employers to launch a new toolkit, *Workplace Lactation Programs: Good for Working Families. Good for Business*.TM This program addresses the unique needs of hourly and lower-wage workers, who often receive the least support for

breastfeeding in the workplace, and provides guidance for employers and employees (in English and Spanish) on ways to help balance breastfeeding with work.

Prior to the passing of federal legislation, nearly half of the states in this country had laws that guaranteed or encouraged support from employers for breastfeeding or expressing breast milk in the workplace, and the number of states with such laws has increased in recent years.²⁸ Employers need the flexibility to implement programs and policies that work for them. As a nation, we need to make a stronger case for the business community to support breastfeeding mothers in the workplace and support appropriate legislation and employer/employee resources.

Federal Support to Increase Breastfeeding Rates

Several federal departments and programs are committed to increasing breastfeeding rates in the United States. As outlined in the Department of Health and Human Services (HHS) *Blueprint for Action on Breastfeeding* (2000), to increase breastfeeding rates in the United States, breastfeeding must be supported by family, friends, community, workplace, the healthcare sector, government and society.²⁹ In 2009, HHS announced that the *Blueprint for Action on Breastfeeding* would be updated with a call to action to increase breastfeeding in this country.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides one of the greatest opportunities to further increase U.S. breastfeeding rates. WIC is a federal program created in 1972 that is

administered by the U.S. Department of Agriculture (USDA).

The program serves women who are pregnant, postpartum, and breastfeeding, as well as infants and children up to the age of five. WIC provides nutrition education, vouchers for both supplemental foods and infant formula, and referrals for health and social services to women who are economically disadvantaged and nutritionally at risk.

In 2009, WIC served 8.7 million women, infants and children, including more than 52% of all infants born in the United States, and the number of infants enrolled in WIC continues to grow.³⁰

“ Over half of all infants born in the United States are enrolled in the WIC program. ”

Breastfeeding rates among WIC participants are more than 20 percentage points lower than non-WIC participants' rates¹⁴ and have been consistently lower since the program's inception. Data show that at six months of age, infants not participating in the WIC program were twice as likely to be breastfed.¹⁴ The program's guaranteed free one-year supply of infant formula may act as a disincentive to breastfeed for mothers who may still be considering their infant feeding choices. Controlling for other factors, lower-income mothers are 11% less likely to breastfeed exclusively if they are aware that they are eligible for WIC.³¹

In 2009, changes were made to the WIC program to better promote and support breastfeeding, including the provision of increased benefits to breastfeeding mothers and the creation of a partial

breastfeeding package. Food package changes also included a reduction in the amount of infant formula that can be provided to women who are supplementing breastfeeding. Additional support for breastfeeding can be seen in WIC's distribution of breast pumps and their provision of peer counselors.

These efforts are commendable, yet more can be done within WIC to support breastfeeding. The 2010 WIC reauthorization process provides an opportunity for Congress to implement programmatic changes to increase breastfeeding rates among participants, such as:

- Increasing funding for WIC's successful breastfeeding programs, such as Loving Support Makes Breastfeeding Work and peer counseling initiatives
- Increasing multilingual and multicultural breastfeeding education and support resources
- Developing a WIC-specific goal within the Healthy People 2020 breastfeeding goals

Federal legislation that addresses breastfeeding rates in WIC has already been introduced. For instance, one bill introduced in 2009 would recognize states that achieve the highest breastfeeding rates and have the greatest improvements in breastfeeding rates in the WIC population.³²

Expanding breastfeeding support for mothers who participate in the WIC program is critical to increasing breastfeeding rates in the United States and should be incorporated into any national breastfeeding promotion strategy. The government should ensure that the

WIC program is allocated the funds necessary to implement proven breastfeeding support programs.

Conclusion

It is important for society to continue to promote breastfeeding as the optimal form of infant feeding and continue the upward trend of breastfeeding rates in the United States. A focus on improving breastfeeding rates in WIC, strengthening support for mothers' unique cultural and language needs, and meeting mothers in the workplace will help to do this. The government, healthcare industry, advocacy groups and private sector all share this responsibility to promote and support breastfeeding. We must also remember that all mothers – those who breastfeed, those who choose infant formula and those who feed a combination of both – deserve access to information on all infant feeding options and unconditional support in their decisions.

Research on Breastfeeding and Health Outcomes

Abbott Nutrition fully supports breastfeeding as the optimal form of infant feeding. Breast milk contains the perfect balance of nutrients that infants need and antibodies that help infants avoid or recover more quickly from acute illnesses. When breast milk is not available, not chosen or supplemented, iron-fortified infant formula is the only safe and acceptable alternative.

There are many factors that affect a child's health and development in his or her first year of life. The choice between breastfeeding and infant formula is only one part of the picture – eating habits, frequency of feedings, physical activity level, learned behaviors, genetics and nutrient deficiencies all play a role in an infant's health.

While the acute benefits of breastfeeding to the infant are clear, research on the relationship between breastfeeding and health later in life is inconclusive. Studies on health and infant feeding, including breastfeeding and use of infant formula, are usually epidemiological – meaning they draw conclusions based on observations of past events. This kind of research can show a correlation between two events, but not that one factor causes another. The science on this topic is improving, but it is important that a balanced approach is taken to reviewing all of the research about the long-term health effects of infant feeding.

To help mothers make the most informed infant feeding choices, the research and medical community, breastfeeding and public health advocates and the infant formula industry all need to take care not to overstate conclusions about feeding breast milk, infant formula, or the lasting impact of these decisions. Mothers deserve the most accurate and up-to-date information so that they can make an informed decision that works for them. All mothers need to be supported in their choices to breastfeed, feed infant formula, or do a combination of both.

Abbott Nutrition is committed to:

- Promoting breastfeeding
- Preserving the right of all mothers to choose the best feeding option for their babies and themselves given their life circumstances
- Supporting breastfeeding education and supporting programs for mothers, families and healthcare professionals
- Working with legislators and policymakers on ways to increase breastfeeding rates in the WIC program
- Working with policymakers and businesses to support breastfeeding in the workplace and in the community
- Building a model workplace lactation program and promoting it to the business community
- Producing premier infant formula products to provide a safe, nutritious alternative when breast milk is not available, not chosen, or supplemented

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- 1 Grummer-Strawn LM, Scanlon KS, Fein SB. Infant feeding and feeding transitions during the first year of life. *Pediatrics* 2008;122(suppl 2):S36-S42.
 - 2 American Academy of Pediatrics Policy Statement. Breastfeeding and the Use of Human Milk, 2005. *Pediatrics*. 2005;115(No. 2):496-506.
 - 3 Ryan AS, Zhou W. Lower Breastfeeding Rates Persist Among the Special Supplemental Nutrition Program for Women, Infants, and Children Participants, 1978-2003. *Pediatrics* 2006;117:1136-1146.
 - 4 Rosenberg KD, Eastham CA, Kasehagen LJ, Sandoval AP. Marketing Infant Formula Through Hospitals: the Impact of Commercial Hospital Discharge Packs on Breastfeeding. *Am J Public Health* 2008;98:290-295.
 - 5 DiGirolamo AM, Grummer-Strawn LM, Fein SB. Effect of maternity-care practices on breastfeeding. *Pediatrics* 2008;122(suppl 2):S43-S49.
 - 6 Evans CJ, Lyons NB, Killien MG: The effect of infant formula samples on breastfeeding practice. *JOGN* Sept/Oct 1986:401-405.
 - 7 Feinstein JM, Berkelhamer JE, Gruszka ME, et al: Factors related to early termination of breast-feeding in an urban population. *Pediatrics* 1986;78(2):210-215.
 - 8 Neifert M, Gray J, Gary N, Camp B: Effects of two types of hospital feeding gift packs on duration of breast-feeding among adolescent mothers. *Soc Adolesc Med* 1988;9:411-413.
 - 9 Dungy CI, Losch ME, Russell D, et al: Hospital discharge packages: Do they affect the duration of breast-feeding? *Arch Pediatr Adolesc Med* 1997;151:724-729.
 - 10 Bliss MC, Wilkie J, Acredolo C, et al: The effect of discharge pack formula and breast pumps on breastfeeding duration and choice of infant feeding method. *Birth* 1997;24(2):90-97.
 - 11 Greenberg Quinlan Rosner. National Infant Feeding Poll. May 2009.
 - 12 Li R, Fein SB, Grummer-Strawn LM. Association of breastfeeding intensity and bottle-emptying behaviors at early infancy with infants' risk for excess weight at late infancy. *Pediatrics* 2008;122(suppl 2):S77-S84.
 - 13 Guttman N, Zimmerman DR. Lower-income Mothers' Views on Breastfeeding. *Soc Sci Med* 2000;50:1457-1473.
 - 14 Ryan AS, Zhou W. Lower Breastfeeding Rates Persist Among the Special Supplemental Nutrition Program for Women, Infants, and Children Participants, 1978-2003. *Pediatrics* 2006;117:1136-1146.
 - 15 Centers for Disease Control and Prevention. National Immunization Survey, Breastfeeding Among U.S. Children Born 1999—2006.
 - 16 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Breastfeeding Among U.S. Children Born 1999-2005, CDC National Immunization Survey. July 2008.
 - 17 Greenberg Quinlan Rosner. National Infant Feeding Poll. May 2009.
 - 18 Pew Research Center. The New Demography of American Motherhood. May 2010.

- 19 U.S. Census Bureau. American Community Survey, 2008. Available online at http://factfinder.census.gov/servlet/STTable?_bm=y&-qr_name=ACS_2008_1YR_G00_S1601&-geo_id=01000US&-ds_name=ACS_2008_1YR_G00_&-_lang=en&-format=&-CONTEXT=st.
- 20 Heather Boushey and Jeff Chapman's analysis of Miriam King, Steven Ruggles, Trent Alexander, Donna Leicach, and Matthew Sobek. Integrated Public Use Microdata Series, Current Population Survey: Version 2.0. [Machine-readable database]. Minneapolis, MN: Minnesota Population Center [producer and distributor], 2009. Notes: Breadwinner mothers include single mothers who work and married mothers who earn as much or more than their husbands. Co-breadwinners are wives who bring home at least 25 percent of the couple's earnings, but less than half. The data only include families with a mother who is between the ages of 18 and 60 and who has children under age 18 living with her.
- 21 U.S. Department of Labor, Bureau of Labor Statistics. Women in the Labor Force: A Databook (2008 Edition). December 2008. Report 1011. Available online at <http://www.bls.gov/cps/wlf-databook2008.htm>.
- 22 US Census Bureau. Maternity leave and employment patterns of first-time mothers: 1961-2003. Available online at <http://www.census.gov/prod/2008pubs/p70-113.pdf>.
- 23 Fairbank, Maslin, Maullin & Associates. National Survey on Infant Feeding Survey. August 2005.
- 24 Greenberg Quinlain Rosner Research, Public Opinion Strategies. Infant Feeding Survey Results in New York. June 2007.
- 25 Fein SB, Grummer-Strawn LM, Raju TN. Infant feeding and care practices in the United States: results from the Infant Feeding Practices Study II. *Pediatrics* 2008;122(suppl 2):S25-S27.
- 26 U.S. Department of Health and Human Services. *HHS Blueprint for Action on Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office on Women's Health; 2000.
- 27 U.S. Department of Health and Human Services, Health Resources and Services Administration. *The Business Case for Breastfeeding: Steps to Creating a Breastfeeding Friendly Worksite*. 2008.
- 28 National Conference of State Legislatures' Summary of State Breastfeeding Laws. Available online at <http://www.ncsl.org/default.aspx?tabid=14389>.
- 29 U.S. Department of Health and Human Services. *HHS Blueprint for Action on Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office on Women's Health; 2000.
- 30 U.S. Department of Agriculture, Food and Nutrition Service. WIC Program National Level Annual Summary. Available online at <http://www.fns.usda.gov/pd/wisummary.htm>.
- 31 Abt Associates Inc. How Does or Could WIC Affect Breastfeeding Initiation and Duration? August 2006.
- 32 HR 3626. Exemplary Breastfeeding Support Act. 111th Congress, 2009-2010.

