Breastfeeding is a vital and fundamental resource for health that exists in all communities. It may be the most important choice a mother can make when her baby is born. But in many areas of Illinois and Chicago, breastfeeding is far from the norm. Though Illinois breastfeeding rates have increased, progress is incomplete. There are important differences in breastfeeding rates between low-income and higher-income families and between racial and ethnic groups. Some mothers have the information and support to choose to breastfeed, and some do not.

In 2008, HealthConnect One, the Illinois Department of Human Services, and the University of Illinois at Chicago School of Public Health began a comprehensive initiative to increase breastfeeding rates and decrease disparities in Illinois. The result is the Illinois Breastfeeding Blueprint: A Plan for Change, a first-of-its-kind analysis on the rates of breastfeeding in Illinois and the impact of hospital practices on these rates. The Blueprint also includes strategic policy recommendations to make the choice to breastfeed an easier and more accessible option.

Importance of Breastfeeding

The benefits of breastfeeding and the risks of not breastfeeding have long been established by an overwhelming body of evidence, and are summarized in the 2011 U.S. Surgeon General’s Call to Action to Support Breastfeeding.

Breastfed babies have fewer ear infections, colds and respiratory infections, and are less likely to experience colic or develop eczema. Breastfed babies have fewer cases of gastroenteritis, bacterial meningitis, and urinary tract infections. In addition, breastfed babies are 36% less likely to die of Sudden Infant Death Syndrome (SIDS).

Breastfeeding for six months or longer protects the child from childhood blood cancers, type 1 diabetes, allergic wheezing, and overweight and obesity during childhood, and may protect against developing type 2 diabetes later in life.

Findings: Current State of Breastfeeding in Illinois

Initiation: How Many Illinois Women Start Breastfeeding Their Infants?

Overall, the percent of Illinois women who started breastfeeding increased from 70% in 2000 to almost 78% in 2008. Despite this increase, there are huge disparities in the percent of Illinois women who start breastfeeding their infants by race/ethnicity and income level. Of the 37,000 babies born in 2008 who were never breastfed, 18,000 were white, 13,000 were African-American, and 6,000 were Hispanic. These numbers were disproportionally low for African-American women. In addition, in 2008, only about 7 in 10 low income women, compared to nearly 9 in 10 higher income women, started breastfeeding.

Duration: How Long Do Illinois Women Breastfeed Their Infants?

The American Academy of Pediatrics recommends that infants be breastfed for at least one year and preferably for longer. In Illinois, breastfeeding rates fall far short of meeting this recommendation. Only about 6 in 10 women who started breastfeeding continue for at least three months.

Exclusivity: How Long Do Illinois Women Feed Their Infants Only Breast Milk?

The American Academy of Pediatrics recommends that infants be fed breast milk for the first six months of life. Among women in Illinois who initiated breastfeeding, fewer...
The statewide recommendations in the *Blueprint* come at a time of increased federal and local interest in breastfeeding strategies.

than one in three breastfed exclusively for at least three months.

Low income women were less likely to continue exclusive breastfeeding than higher income women. And once again, racial/ethnic disparities exist. Only about one in six African-American women who started breastfeeding is exclusively doing so at three months, compared to two in six white women.

**Barriers: What Keeps Women from Breastfeeding?**

In a number of outreach forums health conducted by HealthConnect One, mothers discussed perceptions, attitudes and barriers related to breastfeeding. Some mothers expressed negative feelings towards breastfeeding, including comments such as “it’s yucky,” “it is nasty,” and “don’t like it.”

Mothers shared a lack of confidence in their ability to breastfeed, and a lack of support from the father, peers, and family members, as well as within community settings and even at hospitals. In fact, lack of support for breastfeeding in all of the environments in which mothers lived was a major theme. They felt that the education they received about breastfeeding was either very poor or completely missing. They either got “all the wrong facts,” or as one mother said, “no one told me that I should breastfeed.”

**Impact of Maternity Care Practices**

Upon examining maternity care in Chicago hospitals, six hospital practices were shown to promote breastfeeding among Illinois mothers:

- Breastfeeding in the hospital
- Beginning breastfeeding within an hour after delivery
- Giving the infant only breast milk in the hospital
- Giving the mother a breastfeeding support phone number
- Rooming-in (allowing mothers and infants to remain together—24 hours a day)
- Encouraging breastfeeding on-demand (breastfeeding a baby whenever he or she is hungry and as often as he or she wants to breastfeed)

Two hospital practices were shown to discourage breastfeeding among Illinois mothers:

- Pacifier use
- Giving formula gift packs

**Recommendations for Maternity Care and Community Support**

The *Illinois Breastfeeding Blueprint: A Plan for Change* includes strategic, policy recommendations focused around five areas for policy, systems and environmental support. As part of this work, HealthConnect One calls on all breastfeeding advocates to:


2. Focus funding on populations with high disparities, including African-American and low-income communities.

3. Expand the number of paid breastfeeding peer counselors in community and faith-based organizations in Illinois, and expand resources for training and technical assistance to increase peer-to-peer support for breastfeeding.

4. Educate employers about breastfeeding laws and the importance of lactation support programs.

The statewide recommendations in the *Blueprint* come at a time of increased federal and local interest in breastfeeding strategies. The Surgeon General’s *Call to Action*, First Lady Michelle Obama’s focus on breastfeeding in the *Let’s Move Campaign*, the new breastfeeding objectives in *Healthy People 2020*, and the flow of federal dollars for breastfeeding as a strategy for obesity prevention in the Communities Putting Prevention to Work Initiative – these are all indications of a tipping point. The Chicago Department of Public Health, in partnership with the Coalition to Lower Obesity in Chicago’s Children (CLOCC), is one of the federal grantees currently able to focus resources on this work. Their new initiative, *Healthy Places*, is funded through the Centers for Disease Control and Prevention (CDC) by the Prevention and Public Health Fund included in the 2010 Federal Patient Protection and Affordable Care Act. These opportunities are significant, and the confluence of this local, state and national focus is unusual and welcomed.