

**Breastfeeding Promotion Research: The ES/WIC Nutrition Education Initiative and Economic Considerations.** By Jon P. Weimer. Economic Research Service, U.S. Department of Agriculture. Agriculture Information Bulletin No. 744.

### **Abstract**

Educating low-income women about the advantages of breastfeeding their babies increases the number who breastfeed. This report summarizes the results of four projects that focused primarily on promoting breastfeeding, which is considered to be the most healthful and beneficial feeding method for most infants. Research has shown that breastfeeding improves the general health, growth, and development of infants and significantly reduces the risk of several health problems both during early life and in later years. Lower income women have been less likely to breastfeed than higher income women. One step USDA has taken to promote breastfeeding is the ES/WIC Nutrition Education Initiative. This combines the strengths of two nutrition programs for low-income families—the Cooperative Extension System’s Expanded Food and Nutrition Education Program and the Food and Nutrition Service’s Special Supplemental Nutrition Program for Women, Infants, and Children. This report shows that breastfeeding education before delivery increases the initiation of breastfeeding among low-income women. The results also indicate that breastfeeding support soon after delivery increases the duration of breastfeeding.

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# Contents

<b>Summary .....</b>	<b>iii</b>
<b>Introduction .....</b>	<b>1</b>
<b>The ES/WIC Nutrition Education Initiative .....</b>	<b>2</b>
<b>Guam .....</b>	<b>3</b>
Design Overview .....	3
Material Use and Development .....	3
Evaluation Design and Project Results .....	3
<b>Iowa .....</b>	<b>4</b>
Design Overview .....	5
Material Use and Development .....	5
Evaluation Design and Project Results .....	5
<b>Michigan .....</b>	<b>6</b>
Design Overview .....	6
Material Use and Development .....	6
Evaluation Design and Project Results .....	7
<b>North Carolina .....</b>	<b>7</b>
Design Overview .....	9
Material Use and Development .....	9
Evaluation Design and Project Results .....	9
<b>Discussion .....</b>	<b>10</b>
Economics Involved .....	10
<b>References .....</b>	<b>12</b>

## Summary

Educating low-income women about the advantages of breastfeeding their babies increases the number who breastfeed. This report summarizes the results of four projects that focused primarily on promoting breastfeeding, which is considered to be the most healthful and beneficial feeding method for most infants. Research has shown that breastfeeding improves the general health, growth, and development of infants and significantly reduces the risk of several health problems both during early life and in later years.

Lower income women have been less likely to breastfeed than higher income women. One step USDA has taken to promote breastfeeding is the ES/WIC Nutrition Education Initiative. This combines the strengths of two nutrition programs for low-income families—the Cooperative Extension System’s Expanded Food and Nutrition Education Program and the Food and Nutrition Service’s Special Supplemental Nutrition Program for Women, Infants, and Children.

This report shows that breastfeeding education before delivery increases the initiation of breastfeeding among low-income women during the first 2 weeks after delivery. The results also indicate that breastfeeding support soon after delivery increases the duration of breastfeeding. It was particularly evident that well-trained peer counselors who provide ongoing education and support can significantly influence breastfeeding initiation and duration among low-income women.

Under the 3-year Initiative, 18 Cooperative Extension System (CES) projects were competitively awarded special funds for the development of community nutrition education programs. The main goal of the Initiative was to change the behavior and promote the nutritional well-being of the neediest WIC participants. Another primary objective of the Initiative was to promote interagency cooperation between WIC and Extension projects, since cooperation between the two agencies at the local level was seen as being vital to strengthening referral networks and improving program efficiency. In addition, all 50 States and U.S. Territories received more limited amounts of funds to conduct projects. These additional 56 projects are not included in this report.

Part of the responsibility of the Economic Research Service in this Initiative was to provide advice and technical assistance to the projects in the evaluation and reporting of their respective nutrition education programs.

The Initiative generated a variety of innovative programs, with various target audiences, objectives, and educational strategies, and included the creation of a number of educational curricula and materials. Four of these projects—Guam, Iowa, Michigan, and North Carolina—focused primarily on promoting breastfeeding.

The Guam project provided breastfeeding education to WIC women in either their high schools or WIC clinics. The main thrust of the project's breastfeeding education effort was a three-lesson set that was culturally appropriate for Guam's multicultural population. Clients receiving the instruction had higher initiation and longer duration rates of breastfeeding than did a comparison group of WIC women.

The Iowa project trained volunteers from the community to serve as peer counselors who had contact with the women on a one-to-one basis, in person, and by telephone, both before and after delivery to provide support or information on breastfeeding. Breastfeeding initiation and duration rates were higher for the mothers who received peer counseling than they were for a group of mothers who did not receive counseling.

The Michigan project also employed peer counselors to encourage and support WIC clients who were interested in breastfeeding. Peer-counselor contacts would be made at different time points within both the prepartum and postpartum stages. Frequent contacts were made during the first 2 weeks postpartum when many breastfeeding problems are more likely. Peer counselors attempted to make a home visit to observe breastfeeding within 48 hours of hospital discharge. Compared with a reference WIC population in Michigan, the women receiving counseling had a higher breastfeeding initiation rate and breastfed longer.

The North Carolina project's focus was to increase the breastfeeding duration of WIC clients. This project also trained lay people (called paraprofessionals) to provide support for breastfeeding mothers. WIC clients participating in the intervention were contacted in the hospital after delivery, again within the first 72 hours after hospital discharge, and on additional home visits, if needed. The most frequent contacts came during the first 2 weeks postpartum. Duration of breastfeeding was significantly longer for the group receiving the paraprofessional support than it was for a comparison group of WIC clients that did not receive support.

The Guam, Iowa, and Michigan studies indicated that prenatal breastfeeding education increased breastfeeding during the first 2 weeks postpartum. All four projects suggested that early postpartum breastfeeding support is effective in increasing the duration of breastfeeding for a low-income population. The Iowa, Michigan, and North Carolina studies reinforced the results of several earlier studies that indicated that well-trained peer counselors have a positive effect on breastfeeding practices among low-income women.

There have been relatively few cost-benefit studies to determine the financial and health savings of breastfeeding, partly because of the challenges in getting accurate cost and benefit estimates for particular methods of infant feeding. This report discusses the need, in spite of these challenges, to show that promotion and support of breastfeeding are economically advantageous as well as nutritionally sound approaches.