

Introduction

The health effects of breastfeeding are well documented, it is known that breastfeeding is among the most effective preventative measures a mother can take to protect the health of herself and her infant. Breastfeeding results in array of positive outcomes, including psychosocial effects, economic effects, and environmental effects. The American Academy of Pediatrics, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, American College of Nurse-Midwives, American Dietetic Association, and the American Public Health Association all recommend that most infants in the United States be breastfed for at least twelve months.¹

Oregon is a national leader in breastfeeding rates, ranking number one in three of the five breastfeeding indicators. Yet when compared to other Oregon counties, Klamath County ranks at the bottom in breastfeeding rates.

In April 2012, Klamath County Public Health was awarded a grant from the Oregon Health Authority to coordinate community efforts to support, promote, and protect breastfeeding in Klamath County. The project was created to explore the underpinnings of Klamath County's relatively low breastfeeding rates. In addition to conducting a community assessment, the project aimed to create a local breastfeeding coalition to guide future program planning. Using the framework from the Surgeon General's Call to Action (SGCTA), these products will be used to help change the landscape of breastfeeding in Klamath County.

Background

In 2011, the Surgeon General issued a call to action to promote breastfeeding. The recommendations include research and surveillance on a local level to identify barriers and opportunities for breastfeeding. There is a lack of reliable research on barriers to breastfeeding among populations with low breastfeeding rates. Prior to this work, a comprehensive community assessment of local breastfeeding resources, practices, and efforts in Klamath County was unavailable. With a general lack of awareness surrounding breastfeeding, a community assessment was obligatory to identify gaps in services and community priorities.

¹U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011.

Klamath Breastfeeding Needs Assessment

Methods and Tasks

The assessment employed a two prong approach, inclusive of both quantitative and qualitative data collection methods. A standard literature review was conducted to understand breastfeeding rates and the history of breastfeeding in Klamath County. Secondary data was extracted from established and reliable sources such as local, state, and national database, published reports, and agency records.

The review of available data on breastfeeding rates and related indicators was supplemented by an assessment of local breastfeeding services and resources. In August 2012, Klamath County Public Health, in collaboration with La Leche League and Sky Lakes Medical Center, distributed a questionnaire to medical clinics

and providers who offer prenatal and/or postpartum care for mothers or newborn follow-up and well child care for the infant in Klamath Falls, Oregon to identify current breastfeeding resources and referral mechanisms in Klamath County. The questionnaire was sent to medical providers and other professionals who provide care to prenatal and postpartum women and their infants. The questionnaire was used to gather information about various breastfeeding services, referrals, and policies in Klamath County. The results of the questionnaire were used for analysis by the Klamath Breastfeeding Coalition to identify gaps in local breastfeeding resources and identify opportunities for improvement.

Results

Breastfeeding Rates

Oregon is a national leader in breastfeeding rates. Oregon has already met and exceeded the goals set by Healthy People 2020.²

RANK	Ever breastfed	Breastfeeding at 6 mos	Breastfeeding at 12 mos	Exclusive breastfeeding at 3 mos	Exclusive breastfeeding at 6 mos
1 st	Idaho (90.8%)	Oregon (68.1%)	Oregon (48.7%)	Oregon (56.6%)	Colorado (26.6%)
2 nd	Washington (89.2%)	Utah (64.4%)	Vermont (40.6%)	Idaho (52.4%)	Oregon (26.3%)
3 rd	Oregon (88.9%)	Vermont (61.9%)	Utah (37.6%)	New Hampshire (52.0%)	Utah (24.8%)

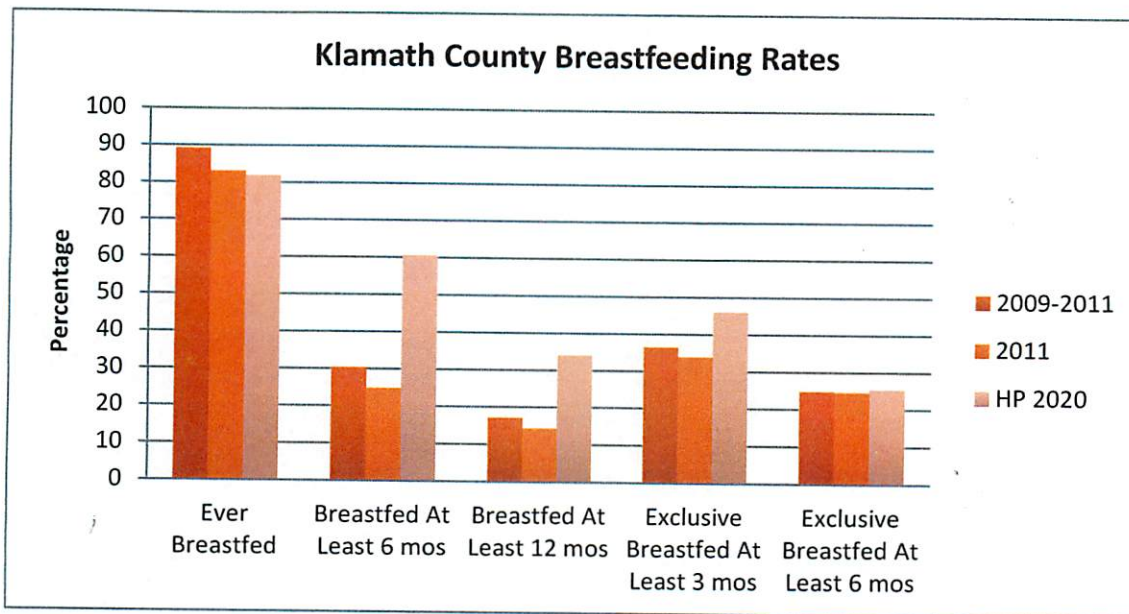
Yet when the data is stratified by county, it is clear that disparities exist within Oregon. In 2011, Klamath County breastfeeding initiation rates ranked 26th of 26 ranked Oregon counties and ranked at the bottom of a range of other breastfeeding indicators.³

Breastfeeding	Klamath County Rank among OR Counties
Ever Breastfed	26 / 26
Breastfed At Least 6 mos	24 / 24
Breastfed At Least 12 mos	23 / 24
Exclusive Breastfed At Least 3 mos	17 / 18
Exclusive Breastfed At Least 6 mos	17 / 20

² Breastfeeding Report Card – United States, 2012. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2012. <http://www.cdc.gov/breastfeeding/data/reportcard.htm>.

³ Dalenius K, Borland E, Smith B, Polhamus B, Grummer-Strawn L. *Pediatric Nutrition Surveillance 2011 Report*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2012.

Unlike Oregon, Klamath County has not met all the goals set by Healthy People 2020. Klamath County reports high breastfeeding initiation rates and exceeds the Healthy People 2020 objective, but continued breastfeeding rates at six and twelve months and exclusive breastfeeding rates at three and six months are decreased. The year 2011 is observed to have a noteworthy decrease from the aggregated data set of years 2009 – 2011 for Klamath County breastfeeding rates.²



Maternal Risk Factors/Demographics

In 2010 Klamath County reported 803 live births; of these births 47.3 percent were to unmarried women.⁴ According to 2007 CDC data, married women are 20 percent more likely than unmarried women to breast-feed.⁵ The 2010 Klamath County data also reported 21.7 percent of these women have had less than twelve years of education, and 29.5 percent are of a minority race or ethnicity. This demographic information was used by the Klamath Breastfeeding Coalition to better understand target populations of breastfeeding families so that we may appropriately set an action plan for increased breastfeeding rates. For example, the rate of minority race or ethnicity marked a need for bilingual breastfeeding resource information and support; currently there are not any breastfeeding classes available to all community members that are offered in Spanish.

Questionnaire

A total of eleven facilities were sent a questionnaire (response rate = 63.63%) to identify current breastfeeding resources, services, and referral mechanisms in Klamath

County. The results highlight gaps in communication and available services. While all the respondents were aware of the lactation consultants at Sky Lakes Medical Center, less than 2 percent of respondents were currently referring to the local La Leche League. There is an evident lack of unified messaging and distribution materials from respondents, and there is a lack of educational materials available in Spanish.



⁴ Center for Health Statistics, Center for Public Health Practice, Public Health Division, Oregon Health Authority. *Oregon Vital Statistics County Data Book, 2010.*

⁵ Centers for Disease Control and Prevention, Department of Health and Human Services. *National Immunization Survey, 2007.*

Klamath Breastfeeding Coalition

In September 2012, a coalition of local medical providers, educators, and various social service agencies gathered to discuss the results of the breastfeeding needs assessment. The coalition identified gaps in current services and resources, barriers to breastfeeding, and provided recommendations to increase breastfeeding rates in Klamath County.

Barriers:

- Social norms
- Inconsistent and various messaging, attitudes, and knowledge about breastfeeding
- Level of difficulty for providers to provide adequate breastfeeding support when the provider has never breastfed
- Economic conditions and financial constraints
- Employment
- Language/Culture
- Age

Recommendations:

- Create better resources for providers that help to troubleshoot breastfeeding difficulties a patient may be experiencing.
- Develop a breastfeeding local resource guide for pregnant or breastfeeding mothers.
- Promote breastfeeding with employers as a component of a comprehensive worksite wellness plan.



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