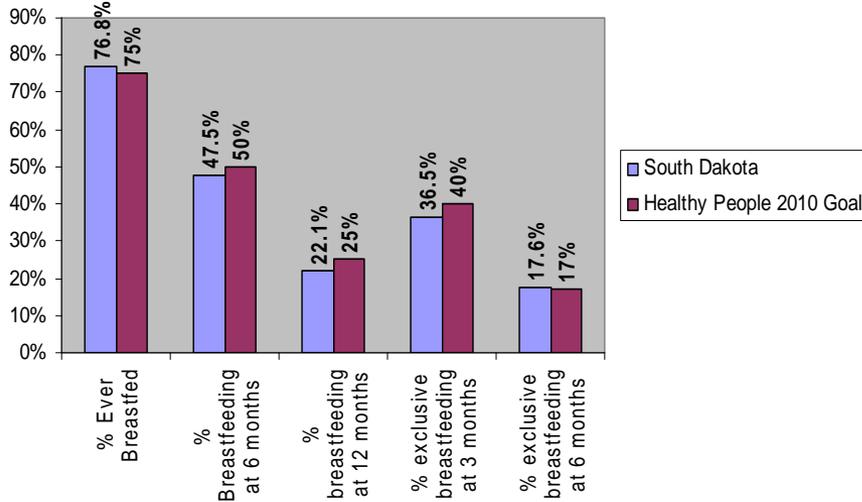
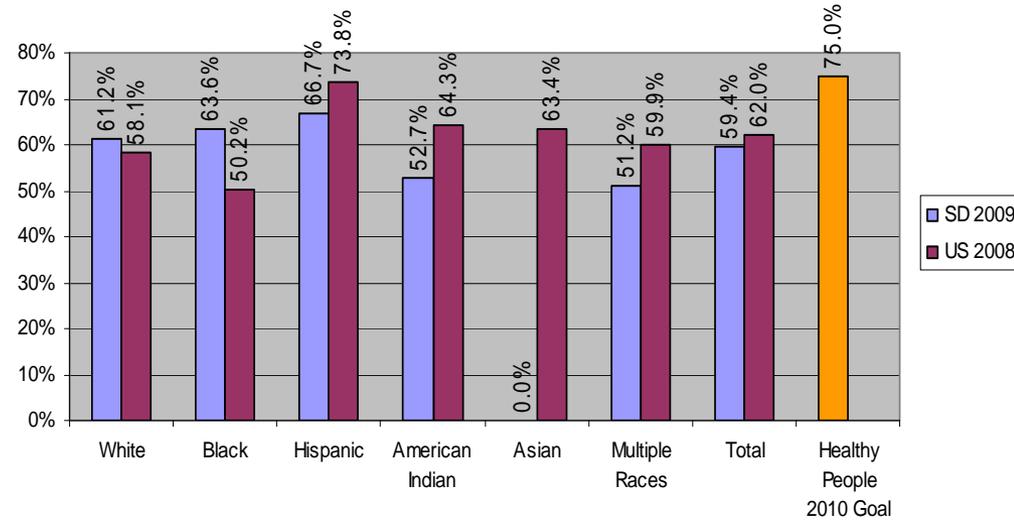


Breastfeeding Practices Among South Dakota Mothers

CDC Breastfeeding Report Card for Children Born in South Dakota in 2006



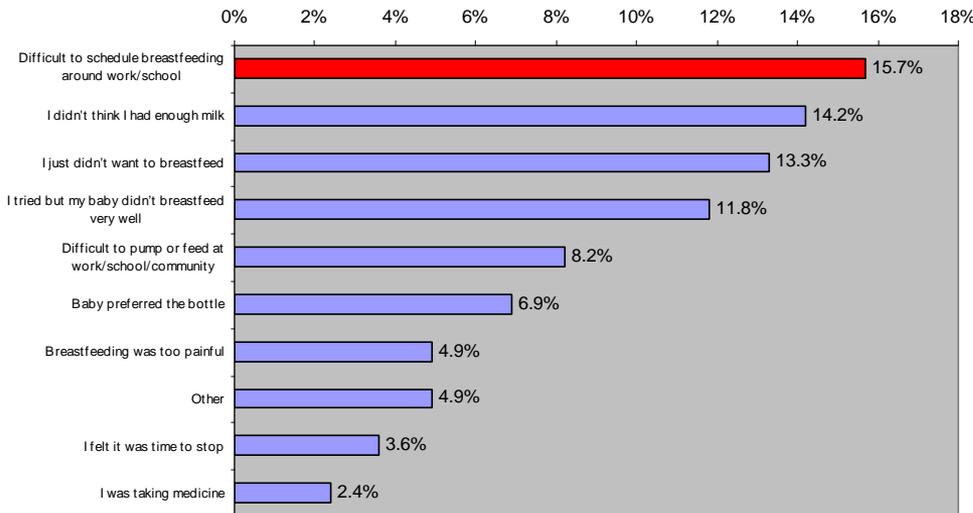
SD PedNSS Percentage of Infants from Low-Income Families (WIC), Ever Breastfed by Race and Ethnicity, 2009



Source: CDC National Immunization Survey, 2009

Source: SD PedNSS, 2009

Top 10 Factors Preventing Mothers From Breastfeeding, 2009



Source: SD Perinatal Health Risk Assessment Report, 2009

Strengths in Breastfeeding Support in South Dakota Facilities

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| | Documentation of Mothers' Feeding Decisions Staff at all (100%) facilities in South Dakota consistently ask about and record mothers' infant feeding decisions. | Standard documentation of infant feeding decisions is important to adequately support maternal choice. |
| | Availability of Prenatal Breastfeeding Instruction Staff at all (100%) facilities in South Dakota include breastfeeding education as a routine element of their prenatal classes. | Prenatal education about breastfeeding is important because it provides mothers with a better understanding of the benefits and requirements of breastfeeding, resulting in improved breastfeeding rates. |

Needed Improvements in South Dakota Facilities

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|--|---|--|
| | Appropriate Use of Breastfeeding Supplements Only 16% of facilities in South Dakota adhere to standard clinical practice guidelines against routine supplementation with formula, glucose water, or water. | The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) Guidelines for Perinatal Care recommend against routine supplementation because supplementation with formula and/or water makes infants more likely to receive formula at home and stop breastfeeding prematurely. |
| | Inclusion of Model Breastfeeding Policy Elements Only 17% of facilities in South Dakota have comprehensive breastfeeding policies including all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM). | The ABM model breastfeeding policy elements are the result of extensive research on best practices to improve breastfeeding outcomes. Facility policies determine the nature of care that is available to patients. Facilities with comprehensive policies consistently have the highest rates of exclusive breastfeeding, regardless of patient population characteristics such as ethnicity, income, and payer status. |
| | Adequate Assessment of Staff Competency Only 26% of facilities in South Dakota annually assess staff competency for basic breastfeeding management and support. | Implementing comprehensive assessment of staff training and skills for basic breastfeeding management and support establishes the foundation for quality infant feeding care. Adequate training and skills assessment are critical to ensure that mothers and infants receive care that is consistent, evidence-based, and appropriate. |
| | Protection of Patients from Formula Marketing No (0%) facilities in South Dakota adhere to clinical and public health recommendations against distributing formula company discharge packs. | Distribution of discharge packs contributes to premature breastfeeding discontinuation. The ACOG, AAP, American Public Health Association (APHA), and the federal Government Accountability Office (GAO) all identify this practice as inappropriate in medical environments and recommend against it. Distribution of these promotional items exploits patients' trust in their medical providers and care. |

Source: CDC mPINC Survey, 2010