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Opinion

"What is Measured Matters" and "What Matters should be Measured"

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Breastfeeding is unique to a woman, and as many women's issues, has been relegated to the unrecognized and largely unsupported "*women's work*" by our United States health care system and society. Breastfeeding is an important indicator and promoter of health status for both mother and child. Breastfeeding's potency as a health indicator and protector of health makes it deserving of accurate and comprehensive assessment, documentation, and monitoring. Increasing breastfeeding continuation rates for greater dose-related benefits is part of our national Healthy People 2030 goals, but we are underperforming and haphazard in breastfeeding data assessment and documentation needed to guide our actions in accordance with our goals. Accurate, comprehensive and real-time breastfeeding data is urgently needed in order to assess and manage breastfeeding support resources and actions to increase breastfeeding rates.

Action 19 of the 2011 Surgeon General's (Regina Benjamin) "*Call to Action to Support Breastfeeding*"

Action 19 of the 2011 Surgeon General's (Regina Benjamin) "*Call to Action to Support Breastfeeding*" called for the development of a national monitoring system to improve the tracking of breastfeeding rates as well as the policies and environmental factors that affect breastfeeding.[1] Prior to this Action, breastfeeding data was collected by Ross formula company to assess its competitor: breastfeeding. Since the Action, breastfeeding data in the United States is collected in a variety of different ways that are not complimentary to each other (Table 1).

Table 1. *Critique of other Breastfeeding Statistics Assessment Methods in USA*[5-10]

Assessment Tool	Strengths	Weaknesses
Infant Feeding Practices Survey II	Started in 2005 by CDC, very comprehensive survey assessment	Too small and not dedicated to breastfeeding assessment.
HealthStyles Survey	Started in 1999 marketing survey to which CDC added BF questions	Too few breastfeeding questions/assessment, too small.
National Survey of Family Growth In 2014 5601 Women were surveyed for this survey.	Since 1970's, in person interview, nationally represented, from 120 areas across country of men and women 15-44 years of age.	A few breastfeeding questions to ascertain continuation rates, but not Breastfeeding exclusivity rates.
National Health and Nutrition Examination Survey (NHANES)	Done by CDC	Includes only 1 breastfeeding question about breastfeeding status at time of hospital discharge.
Pregnancy Risk Assessment (PRAMS)	Started in 1987, state specific, population based survey of peri-natal women, covers 83% on women	Each states PRAMS survey is unique so data is not uniform across nation.
Women Infant and Children (WIC)	Serves/covers 53% of infants in USA, breastfeeding status recorded at every WIC visit for 1-year	Attached to benefit package and easily manipulated to get food package desired. No breastfeeding stats assessed past 1-year.
Ross Labs Survey	Oldest collection of breastfeeding statistics since 1970	Only asks about any breastfeeding and does not define breastfeeding status to exclusive or partial, or continued, done by formula company which is in competition with our breastfeeding goals.
Birth Certificates	Done on all babies born in USA	Is not uniform-varies from state to state, only indicates initiation and any breastfeeding.
Newborn Metabolic Screening	Done on all babies in USA	Breastfeeding status only assessed at time of screening, does not specify exclusive *versus* partial.

Table 2. *Critique of Current Breastfeeding Report Card Statistics Assessment Methods*

Assessment Tool	Strengths	Weaknesses
National Immunization Survey (NIS)	Started 2001, performed by CDC every 2-years, survey of parents of 19-35 month old babies, population based with random sampling, used for Breastfeeding Report Card Data specific to continuation rates.	Too small. too late and not dedicated to breastfeeding: Survey of <1% of population, retrospective complicated by inaccurate recall after 19-35 months when assessment performed, only 4 breastfeeding questions added to a large man-made immunization survey, changed over the years causing interpretation difficulties.
Maternity Practices in Infant Nutrition and Care (mPINC)	Started 2007, performed by CDC every 2-years of all hospitals in USA that do births. Good survey of breastfeeding support in hospital only, used for Breastfeeding Report Card Data specific to breastfeeding initiation rates only.	Does not include any breastfeeding continuation statistics, rather it only reflect the hospital breastfeeding data.

This summary describes the disparate ways we collect breastfeeding data in USA. Some of the weaknesses and strengths of these assessment methods and the resulting data are discussed.

Therefore, it is concluded with the recommendations with recommendations for improvement in assessing and documenting breastfeeding data in real-time at every well-baby provider visit and the ways this data can be utilized to increase and support breastfeeding in USA.

Data from two sources National immunization Survey (NIS) and Maternity Practices in Infant Nutrition and Care(mPINC) are used by the Centers for Disease Control and Prevention (CDC) to create the "*Breastfeeding Report Card*". mPINC data is assessed at every hospital that has maternity care and is sent to CDC for the breastfeeding initiation rates. It is issued every 2-years.

The Breastfeeding Report Card is utilized to determine the success of reaching our national breastfeeding continuation goals. The first Breastfeeding Report Card was in 2007 and is issued every 2-years by CDC (Table 2).[2-9]

CONCLUSION

These surveys are small, retrospective, use different definitions of breastfeeding and, with regards to WIC, easily manipulated because they are attached to a benefits package. These breastfeeding assessment tools do not address the need for real time, accurate, comprehensive and continuing breastfeeding statistics that are needed to document and monitor the breastfeeding status of all American mothers and babies!

Breastfeeding is too important a public health measure to not have real time, accurate, comprehensive, and ongoing data on it. Therefore, it is recommended for breastfeeding data to be assessed on every baby at every well-baby medical appointment, then documented on the medical chart as a good solution to improve breastfeeding data collection and documentation.

RECOMMENDATIONS

Recommendation for real time, accurate and comprehensive BF Stats

Since breastfeeding is a "*Mom made*" immunization and since man made immunizations are assessed in a systemic and accurate manner at all well-baby visits, I am recommending that breastfeeding statistics also be assessed at ALL well-baby visits by 4 simple questions:

- How many times in a 24-hour period does the baby go to the breast for a breastfeed?
- How many ounces of expressed breastmilk is the baby receiving per 24-hours?
- How many ounces of formula is the baby receiving per 24-hours?
- At what age were solid foods introduced and how many times is the baby fed solid foods per 24-hours?

These four questions would give exclusive, partial and continued breastfeeding statistics on every baby in the well-baby care system and could easily be compiled by states and the CDC for accurate and comprehensive breastfeeding statistics, used for comprehensive research related to breastfeeding benefits, used to move from assessment to adequate breastfeeding services needed, used to support the reasons for more Lactation Professionals, and the need for a National Paid Family Leave in America. It all starts with an accurate, real-time, comprehensive assessment and documentation of breastfeeding statistics.[11]

How these Real Times, Comprehensive and Accurate Breast-Feeding Data could be Used

Policy

- To accurately and comprehensively measure progress towards the national and state breastfeeding goals.
- To plan and review programs/policies aimed at increasing breastfeeding rates and duration.
- To increase breastfeeding support resources where needed.
- To document the need for more Lactation Professionals and funding to support their training.
- To guide insurance companies in recognizing the need for reimbursement for Lactation services.
- To document the work mothers are doing to breastfeed their babies.
- To support the need, expected cost savings and wisdom for paid family leave in USA.

Clinical

• To identify breastfeeding problems earlier and facilitate early referrals to a Lactation Professional if needed before an earlier than intended weaning occurs.
• To increase attention to the importance and clinical significance of breastfeeding--the question that gets asked get attention by both client and health care provider!

FUTURE RESEARCH

To investigate breastfeeding as it relates to health and illness issues in maternal/infant health and facilitate breastfeeding research.

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