PRAMS
PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

Data Brief

The State of Breastfeeding in Montana, 2017-2021

What is PRAMS?

The Montana Pregnancy Risk Assessment Monitoring System (PRAMS) is a survey of recent mothers about their experiences and behaviors before, during, and shortly after pregnancy. PRAMS aims to improve the health of Montana mothers and infants by collecting high-quality data that is representative of the Montana population. The project is a collaborative effort between the Montana Department of Public Health and Human Services (DPHHS) and the Centers for Disease Control and Prevention (CDC). More information, including methods, can be found at the CDC's PRAMS Website and at the Montana PRAMS Website.

Fast Facts

- **Mothers with private insurance coverage reported ever breastfeeding more often** compared to mothers with public insurance.
- **Mothers who were under the age of 25 were less likely to breastfeed** their infants.
- Mothers with the following maternal characteristics are less likely to have ever breastfed: **American Indian, younger, have less education, are publicly insured, or have lower income.**
- **Healthcare providers** were the **most common source for breastfeeding information** (>70%).

Breastfeeding Trends in Montana

Breastfeeding provides many health benefits for infants, mothers, and even the community. It is an important first step to a healthy life and can establish a natural and lasting bond between the parent and child.[1] A recent study found that breastfeeding initiation reduced the risk of post-perinatal infant deaths (between 7-364 days) by 26 percent.[2]

Infants who receive breastmilk have a lower risk of asthma, obesity, Type 1 diabetes, respiratory disease, ear infections, sudden infant death syndrome, gastrointestinal infections, and necrotizing enterocolitis for preterm infants.[3] For postpartum individuals, breastfeeding can improve health and healing following childbirth. Women who breastfeed reduce their risk of breast and ovarian cancer, Type 2 diabetes, and high blood pressure. It also allows mothers to feed their babies on-the-go without the worry of mixing formula or preparing bottles.[4] Breastfeeding also plays a key strategy in supporting food security [5, 6] and safety, particularly during emergencies. [7,8,9,10] Due to infant formula recall and supply chain issues in 2022, many U.S. families had to navigate how to keep their babies safely fed.[11]

Research shows that low rates of exclusive breastfeeding and breastfeeding cessation have adverse short- and long-term health outcomes for infants, birthing persons, and the community, resulting in higher healthcare costs and increased health inequities. [12, 13 , 14, 15, 16] Hence, it is a public health priority to promote, protect, and support breastfeeding equitably.[17]

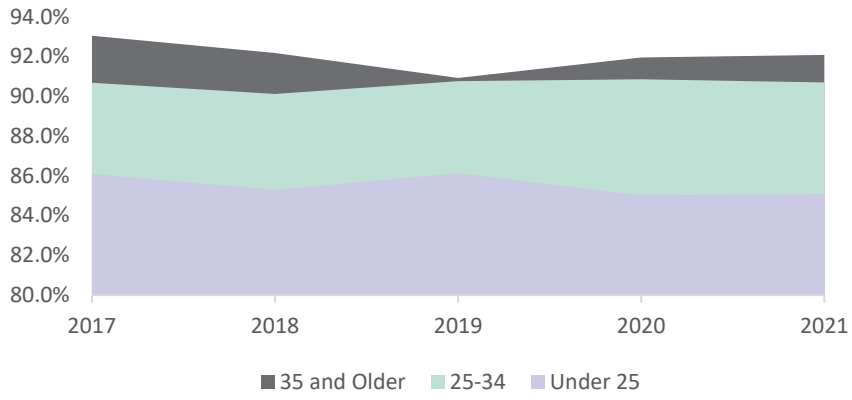
Montana's 2019-2023 State Health Improvement Plan specifically outlines the state's goals for improving breastfeeding outcomes. Montana has two objectives to complete by 2023:

1) increase breastfeeding initiation rates of WIC-participating infants from 78% to 82%
2) increase breastfeeding initiation rates of American Indian infants from 80% to 84%.

PRAMS data

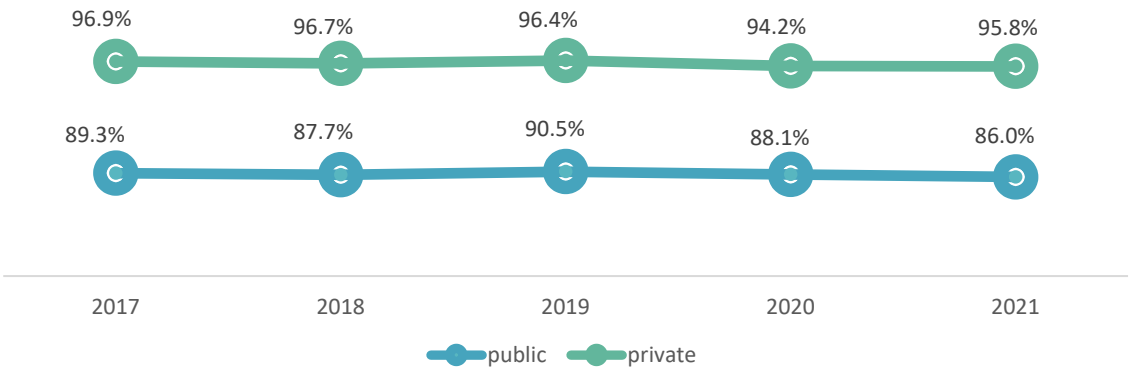
Breastfeeding initiation disparities exist in Montana. Health disparities are differences in the health of one group of people compared to the health of other groups of people.[18] Age is one factor that can influence breastfeeding outcomes. From 2017-2021, women who were under age 25 breastfed their infants less at hospital discharge than older women, according to Montana natality records.[19] These trends were also apparent through the self-reported Montana PRAMS data during the same time frame.

Young mothers are less likely to initiate breastfeeding than their older counterparts.
% of mothers reported as breastfeeding their infants at hospital discharge, 2017-2021



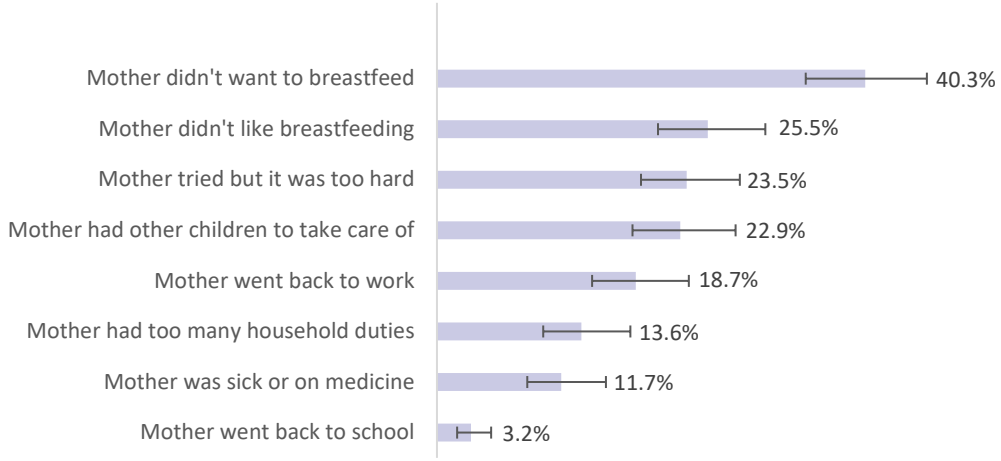
Insurance also influences breastfeeding initiation. Most marketplace insurance plans must provide breastfeeding equipment and counseling for pregnant and nursing women.[20] In Montana, more postpartum persons with private insurance coverage reported ever breastfeeding than those with public insurance.

Mothers with private insurance coverage reported ever breastfeeding more often compared to mothers with public insurance.
% of mothers reported private insurance versus public insurance, PRAMS 2017-2021



In Montana, the leading reasons for not breastfeeding were lack of desire, level of difficulty, and lack of enjoyment.

% of mothers who reported reasons for not breastfeeding, PRAMS 2017-2021

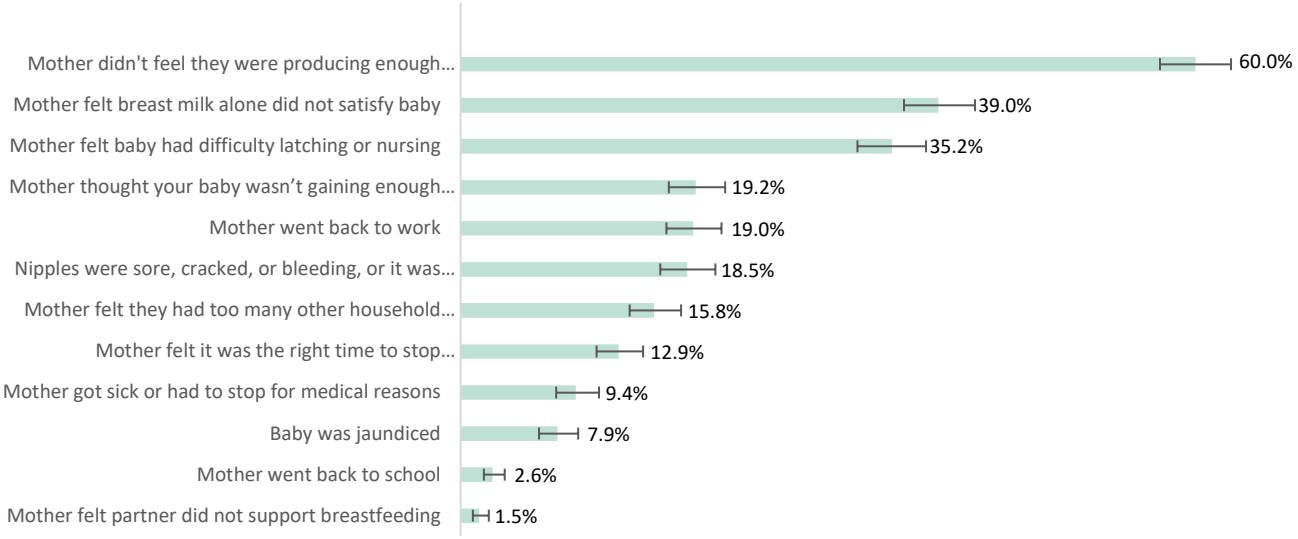


‡ Mothers could select multiple reasons why the chose not to breastfeed. Mothers selected "other" as a response 34.2% of the time.

60% of mothers do not breastfeed for as long as they intend to.[21] How long a mother breastfeeds her baby is influenced by many factors such as issues with lactation and latching, concerns about infant nutrition and weight, mother's concern about taking medications while breastfeeding, unsupportive work policies and lack of parental leave, cultural norms and lack of family support, and unsupportive hospital practices and policies.[21] According to Montana PRAMS, the most commonly reported reasons for mothers to discontinue breastfeeding was because they were concerned they were not producing enough milk or they thought their milk did not satisfy their baby.

The most common reasons mothers discontinued breastfeeding is because they felt they weren't producing enough milk, or their milk alone did not satisfy their baby.

% of mothers who reported reasons for stopping breastfeeding, PRAMS 2017-2021

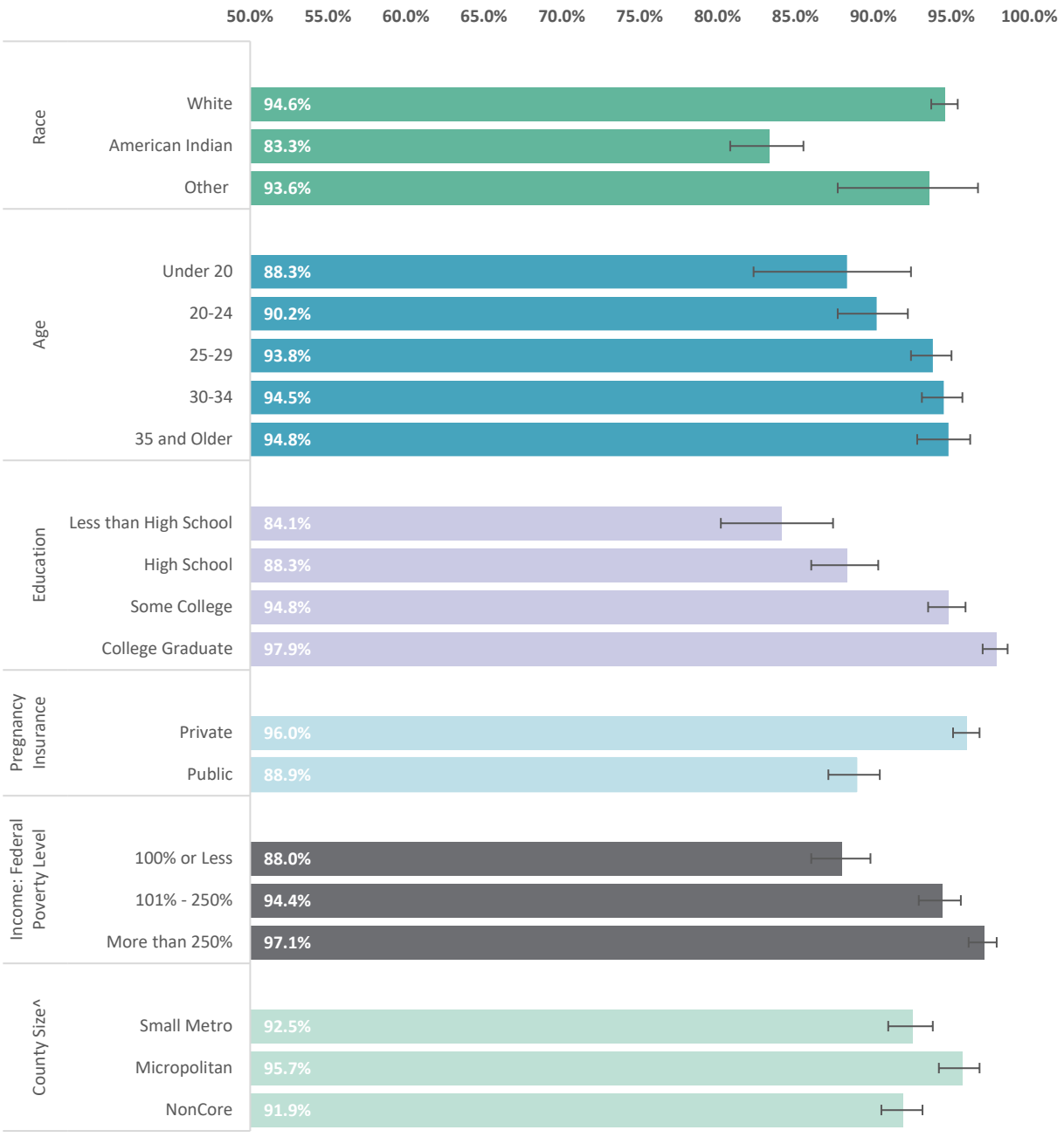


‡ Mothers could select multiple reasons why the chose stop breastfeeding. Mothers selected "other" as a response 23.9% of the time.

Among mothers who reported that they ever breastfed, differences can be seen among subgroups of maternal characteristics. American Indian mothers, mothers under the age of 20, mothers with lower education attainment, mothers on public insurance, and mothers whose income is 100% or less of the federal poverty level have lower rates of ever breastfeeding.

Mothers who are American Indian, younger, have less education, are publicly insured, and have lower income are less likely to have ever breastfed.

% of mothers reporting ever breastfed by subgroup, PRAMS 2017-2021

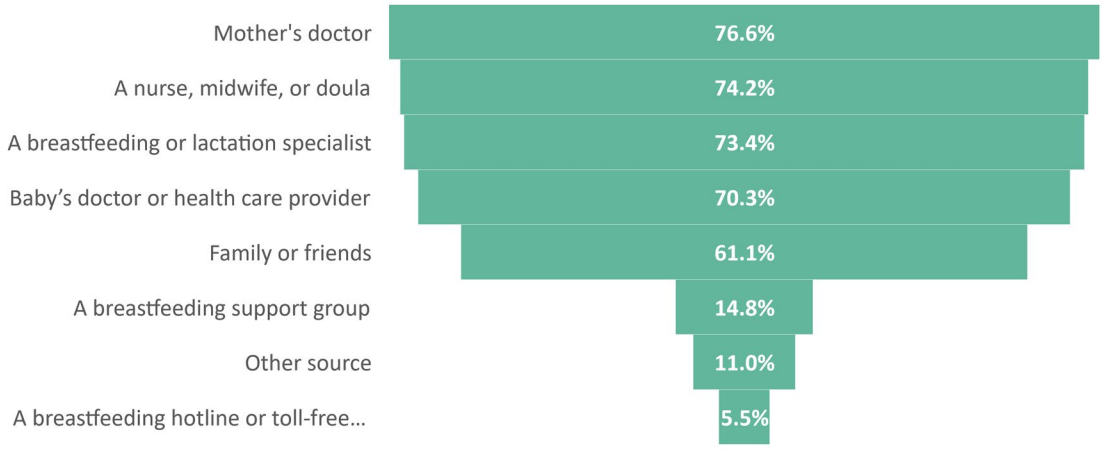


^NCHS Urban-Rural Classification Scheme for Counties

Often new mothers do not have direct, personal knowledge of breastfeeding and may find it hard to find resources and accurate information. As trusted health advisors, physician support and management of breastfeeding is important to help families meet their breastfeeding goals. [22] However, research shows that physicians generally lack adequate breastfeeding education and training.[22] Better training in this area can help them gain the appropriate knowledge, skills, and confidence to support families and advocate for breastfeeding-friendly practices where they work.[22] In Montana, mothers reported they received breastfeeding information from healthcare providers (e.g., their doctor, nurse, midwife, doula, lactation specialist, baby's doctor). It is important for healthcare providers take the time to educate mothers on the benefits of breastfeeding and provide resources to ensure that they are successful in their breastfeeding journey. They should also be available to provide guidance and support to mothers in the future.

Healthcare providers were the most common source for breastfeeding information.

% of most common source of breastfeeding information indicated by moms, PRAMS 2017-2021



‡ Mothers could select multiple sources for breastfeeding information

Recommendations for Practitioners and Public Health Professionals

The National Association of County & City Health Officials (NACCHO), in partnership with the U.S. Breastfeeding Committee, developed the Continuity of Care in Breastfeeding Support Blueprint. This resource recommends the following strategies to increase local capacity to implement community-driven approaches to support breastfeeding.

- Integrate breastfeeding promotion, protection, and support goals into existing community health improvement strategies and as a component of health promotion programs.
- Create environments that proactively promote, protect, and support chest/breastfeeding throughout the community, in spaces where families live, work, play, worship, shop, travel, receive services, and raise children.
- Implement a care coordination system across the prenatal through weaning stages, including the development of formal referral systems, follow-up accountability, and hand-off protocols during transitions of lactation care from one provider or setting to another.
- Increase community capacity to provide consistent, tailored, evidence-based lactation education and support by regularly training all individuals who provide services to the family unit.
- Support families in their infant feeding journey by responding to the intersectionality of their multiple identities, social determinants of health, and other factors.
- Assume a community champion role, beyond the provision of direct services, by identifying and engaging key stakeholders to identify and help remove structural barriers to chest/breastfeeding within systems, organizations, and the community.

Resources

The Department of Public Health & Human Service's Breastfeeding Story Map
The Montana WIC Program's Peer Counselor Program
The Montana Breastfeeding Coalition
ZipMilk.org to locate CLCs/IBCLCs by location

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Questions?
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