

WBTi State & Territory Reports: An Overview

WBTi United States and Territories

2017 Baseline Report

Introduction

Long-term and exclusive breastfeeding rates in the U.S. are lower than optimal. This has particularly negative impact on people of color, who experience the highest infant and maternal mortality rates. Morbidity rates are also higher amongst people of color.

“Large disparities in infant mortality rates persist.

Infants born to black women are 1.5 to 3 times more likely to die than infants born to women of other races/ethnicities.” (Frieden & Centers for Disease Control and Prevention, (CDC), 2011, p.1)

What is the WBTi?

The World Breastfeeding Trends Initiative (WBTi) is an innovative tool designed to track national progress with the targets set forth in World Health Organization/UNICEF *Global Strategy for Infant and Young Child Feeding*.

Suboptimal breastfeeding rates in the United

States contribute to 3,340 excess deaths, annually, “...For every 597 women who optimally breastfeed, one maternal or child death is prevented. Policies to increase optimal breastfeeding could result in substantial public health gains.” (Bartick et al., 2017 p. 1)

“The number of [maternal] deaths per 100,000 live births among black women is more than three times that among white women.” (Carroll, 2017, p. 221)

What is driving this State/Territory WBTi report?

In 2016, the Healthy Children Project, Inc. (HCP) convened an Expert Panel to complete the WBTi report for the U.S. International WBTi co-leader, Dr. Arun Gupta, encouraged the U.S. initiative to examine the status of the indicators in states and territories. In response, the U.S. Expert Panel reconvened in 2017 to undertake this endeavor.

On this sheet, you will find an overview of the situation in the U.S. The inserted sheet contains state/territory specific information.

For many of the 15 WBTi indicators, data for individual states and territories was not found in a publically available source (a requirement for inclusion). Thus this report does not report privately held data¹.

Each state and territory has unique maternal child health resources and challenges. It is hoped that state coalitions and other maternal/child health entities will review their region’s results, and use the data to prioritize action for their specific context.

Even where data is lacking, organizations have enormous potential to advance the implementation of helpful policies and programs in support of the WBTi indicators.

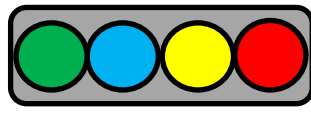
This 2017 report serves as a baseline of state/territorial information. A reassessment will occur in 2020.

¹Several data gaps were identified, particularly for territories such as the Commonwealth of the Northern Mariana Islands, Guam, the Virgin Islands. Incomplete data was available for Puerto Rico and the District of Columbia. Other communities for which there is little or no available public data include the Indian Health Service and other tribal health organizations, and military communities abroad.

Table comparing EBF rate at 6 months - Infant mortality/1000 live births - Maternal Mortality/100,000 live births

	EBF	IMR	MMR	MT	NT	OT	PT	ST	UT	VT	WT	YT	UT	USA
AK	27.80	6.60	6.20	33.80	5.50	20.40								
AL	10.90	8.70	10.30	20.80	7.10	12.00								
AR	14.10	7.50	28.90	23.60	5.00	18.00								
AZ	23.80	6.10	13.30	22.60	5.10	14.40								
CA	24.80	4.30	8.30	26.80	4.30	15.80								
CO	26.40	4.80	7.80	23.10	4.40	30.20								
CT	21.40	4.90	11.80	26.60	5.40	23.00								
DC	23.20	n/a	38.80	24.90	5.50	8.90								
DE	18.90	6.70	13.90	19.70	4.60	20.40								
FL	18.40	6.10	21.70	22.30	6.90	18.40								
GA	25.40	7.50	28.40	15.70	8.10	27.50								
HI	30.00	4.50	16.90	30.60	5.10	11.10								
IA	24.90	4.80	11.60	20.50	5.90	15.30								
ID	28.10	5.50	20.00	20.10	n/a	n/a								
IL	25.50	6.60	12.40	27.40	4.40	11.20								
IN	16.50	7.10	21.70	22.80	6.50	26.10								
KS	23.40	6.30	16.80	23.40	5.90	18.30								
KY	19.00	7.10	13.50	16.10	6.90	14.70								
LA	11.80	7.50	23.00	21.00	5.80	23.90								
MA	19.90	4.40	5.60	27.00	4.90	15.80								
MD	23.20	6.50	23.80	22.00	5.80	11.70								
ME	32.00	6.70	8.20	31.30	4.60	9.60								
MI	26.60	6.50	23.30	28.00	4.50	12.40								
MN	31.40	5.00	11.80	26.60	5.70	14.50								
MO	24.70	6.10	22.30	14.10	7.00	11.40								
MS	9.30	8.20	24.40	27.00	6.40	22.20								
				22.3	5.80	17.20								

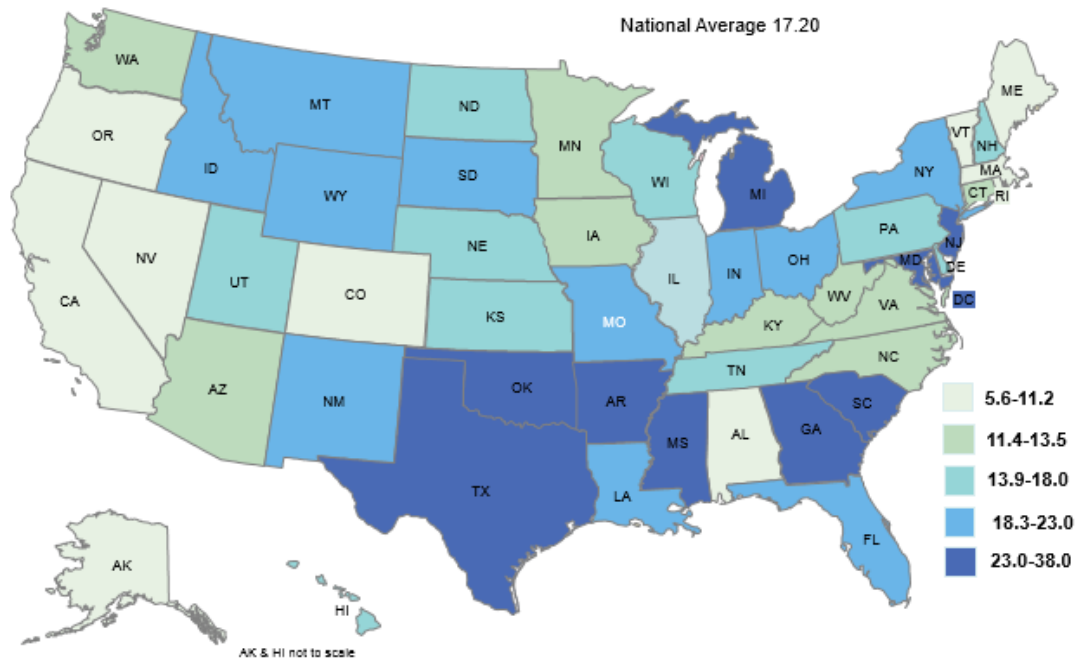
WBTI Traffic Light Rating
 Red - Lowest Quartile
 Yellow - Second Quartile
 Blue - Third Quartile
 Green - Highest Quartile



"In 2005, 23 US mothers per 100,000 live births died from complications related to pregnancy or childbirth. In 2015, that number rose to 25 in the United Kingdom, the number was less than 9, in Canada, it was less than 7. Very few wealthy countries saw increases over those years." (Carroll, 2017, p. 221)

Maternal mortality is on the rise in the U.S. The Association of Women’s Health, Neonatal & Obstetric Nurses states, “The risk of dying in pregnancy or birth in the U.S. is higher than for women in 49 other countries.” (AWHONN & Bingham, 2014)

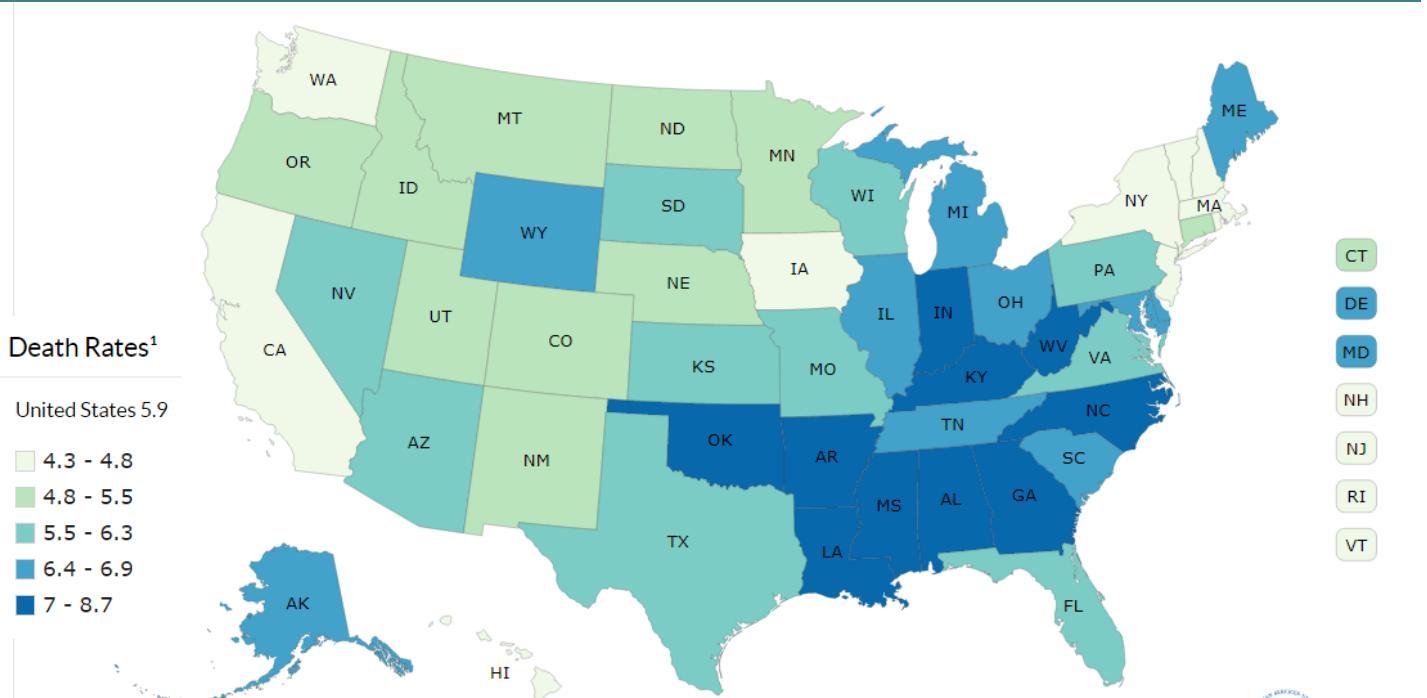
Maternal Mortality Rates 2014: The number of maternal deaths per 100,000 births



Data From: Moaddab, A., Dildy, G. A., Brown, H. L., Bateni, Z. H., Belfort, M. A., Sangi-Haghpeykar, H., & Clark, S. L. (2016). Health Care Disparity and State-Specific Pregnancy-Related Mortality in the United States, 2005-2014. *Obstetrics and Gynecology*, 128(4), 869–875. (CDC WONDER)

In 2014 more than 23,000 infants died in the U.S. (CDC, 2016)

Infant Mortality Rates by State, 2014



¹The number of infant deaths per 1,000 live births.



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Help Is Needed!

The U.S. Expert Panel requests help and input. Here are some ways you can help:

- Please review the data presented for your state/territory. Let us know about any errors or missing information **by September 5, 2017** (see contact information below).
- Identify other resource organizations in your state who should receive this information.
- Tell us how you might use this data.
- Bring this report to your state breastfeeding coalition.

What's Next?

- Rally state, territorial, and local breastfeeding coalitions around the WBTi report.
- Celebrate your area's strengths in the WBTi indicators, and strategize about which low-scoring areas to tackle first.
- Seek allies among other initiatives, for example: what can be done to improve status of infant feeding in emergencies locally? What organizations and initiatives can serve as allies?

PLEASE CONTACT US - WE ARE OPEN TO FEEDBACK!

EMAIL: info@wbtiusa.org

WEBSITE: wbtiusa.org

Draft WBTi State and Territory Reports: <http://wbtiusa.org>

WBTi U.S. Report: <http://www.worldbreastfeedingtrends.org/GenerateReports/countrysubmit.php?county=US>

WBTi International: <http://worldbreastfeedingtrends.org>

WBTi 84 Country Report: <http://worldbreastfeedingtrends.org/84-country/>

The United States WBTi Expert Panel consisted of the following members: Karin Cadwell RN, PhD, FAAN, ANLC, IBCLC; Lois Arnold PhD, CLC; Anna Blair PhD, CLC, IBCLC; Jeanne Blankenship MS, RD; Kajsa Brimdyr PhD, CLC; Kimarie Bugg C-FNP, MSN, MPH, CLC, IBCLC; Ann Dozier RN, PhD, FAAN; Geraldine Fitzgerald RN, CPNP, IBCLC; Felisha Floyd, BS, CLC, IBCLC, RLC; Barbara O'Connor RN, ANLC, IBCLC; Ana Parrilla-Rodriguez MD, MPH, FABM, IBCLC; Brenda Reyes RN, CLC; Linda J. Smith MPH, IBCLC; Amy Barron Smolinski MA, CLC, ALC; Robin Stanton MA, RD; Cindy Turner-Maffei MA, ALC, IBCLC

The panel reached out to State Breastfeeding Coalitions to request other public data sources.

References

Association of Women's Health, Obstetric and Neonatal Nurses, & Bingham, D. (2014, September 23). *The Truth about Death in Childbirth*. Retrieved from <http://www.health4mom.org/the-truth-about-death-in-childbirth>

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Gupta, A., & Suri, S. (2016). *World Breastfeeding Trends Initiative: Has Your Nation Done Enough to Bridge the Gaps?* Breastfeeding Promotion Network of India/IBFAN Asia. Retrieved from <http://worldbreastfeedingtrends.org/WBTi-84Country/84-country-report.pdf>