FOREWORD

At the W.K Kellogg Foundation (WKKF), we believe all children deserve an opportunity to thrive, right from the start. First food – by which we mean both breast milk specifically and breastfeeding generally – provides a host of benefits for children and their moms. And it doesn’t stop there. Communities as a whole benefit when babies start life healthy and moms stay healthy.

To ensure babies and their mothers have the strongest chance at breastfeeding success, it’s critical we accelerate a cultural shift in breastfeeding. All of us – families, health care professionals, employers and others – can play a role in supporting breastfeeding.

In everything we do, the Kellogg Foundation is committed to racial equity and addressing the social determinants of health that limit opportunities. This commitment is at the core of the foundation’s first food program. Through it, we aim to eliminate racial inequities so that all women and babies – regardless of ethnicity, economic situation or background – receive the advantages breastfeeding provides.

This guide includes common first food messages for WKKF grantees and partners, along with others who want to change the conversation and culture around breastfeeding.

Together, we can build a breastfeeding-supportive society: one in which all babies, moms and communities experience the enduring benefits of breastfeeding.

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The guide includes four sections: one about first food generally and three about key audiences and areas of support: families, communities and WIC; health care professionals and hospitals; and employers and workplaces.

RESEARCH BEHIND THE MESSAGING
The messaging builds on opinion research about Americans’ perceptions, attitudes and beliefs about breastfeeding, commissioned by WKKF in 2013.

The research included a national survey of 1,300 residents age 18 and older. It also involved six focus groups with African American, Hispanic and white/other race mothers; four focus groups and 10 in-depth interviews with employers and human resource executives; and three focus groups and 10 in-depth interviews with health care professionals, including doctors, nurses and administrators.

Several shared values emerged from the research that are reflected in the messaging:

- **HEALTH** – A shared commitment to the health and well-being of every child, family and community
- **OPPORTUNITY** – Ensuring an equal chance for women to make real choices about breastfeeding, free from structural and cultural barriers
- **SUPPORT** – A responsibility to encourage and help all women and babies successfully breastfeed

“TOGETHER, WE CAN BUILD A BREASTFEEDING-SUPPORTIVE SOCIETY.”
WHY IT MATTERS
Let’s start with the medical facts.

- Breastfeeding is one of the best preventive health measures for both babies and mothers.
- Babies who are breastfed have a lower risk of becoming obese or developing asthma, diabetes or respiratory infections.¹
- Prolonged and exclusive breastfeeding improves children’s cognitive development, boosting children’s IQ by four or more points.² Babies who receive only breast milk for the first six months of their lives also have better educational and emotional outcomes.
- Breastfeeding also benefits mothers, lowering women’s chances for ovarian and breast cancer, hypertension and heart disease.³

These are in addition to the undeniable qualitative benefits of breastfeeding for both mothers and babies.

The challenge is that many women who want to breastfeed face barriers in their communities, health care experiences, workplaces, and even their own families. This is especially true in communities with high levels of poverty and health disparities – the same communities that often face higher levels of obesity, asthma, diabetes, hypertension and heart disease, the very conditions that breastfeeding can help prevent.

African Americans have the lowest breastfeeding rates in our country. Only 59 percent start breastfeeding compared with 75 percent of women overall. And at six months, only 30 percent of African American mothers breastfeed, compared with 45 percent overall.⁴ Native Americans also have lower breastfeeding rates than women overall,³ and we’re starting to see second and third generations of Hispanic women breastfeeding less than their mothers and grandmothers.⁵

Sixty-one percent of Americans strongly believe that everyone can play a role in making it easier for women who want to breastfeed.

(Source: WKKF First Food Poll, LJR Custom Strategies, 2013)
WHAT WE CAN DO

To give all mothers and babies the best opportunity for breastfeeding success, we must foster a cultural shift in which breastfeeding becomes the norm. And we can do that in part by building support in places where women face the biggest obstacles: communities, hospitals and workplaces. Our discussions should focus not on individual decisions, but on systems of support for breastfeeding. In addition, we must address racial disparities in breastfeeding if we are to become a society in which all women feel supported.

It’s really a matter of making breastfeeding a public health issue. As a society, we should understand that breastfeeding success is not solely up to moms. Families, communities, health care providers, employers and policymakers can all play roles in supporting mothers and babies breastfeeding.

KEY MESSAGES

- We know that breastfeeding is best, benefiting the health of both babies and mothers.
- The majority of women want to breastfeeding but face barriers in hospitals where they give birth and at work when they return.
- Some women don’t have support from families or friends, and others encounter obstacles in their daily lives – in restaurants, churches, childcare centers, schools and other public places.
- Many women of color, in particular, face complex cultural, social and historical barriers to breastfeeding.
- To give all mothers and babies the strongest chance at breastfeeding success, we need to change our culture and build support in communities, hospitals and workplaces.
- We all can play a role in the health of mothers and babies, knowing that we all benefit when more mothers and babies have the opportunity to breastfeed.

If 90 percent of U.S. families breastfed exclusively for six months, the United States would save $13 billion annually and prevent 911 infant deaths per year.
(Source: Bartick and Reinhold, 2010)
THE ROLE OF FAMILIES, COMMUNITIES AND WIC

WHY IT MATTERS
More than half of babies born in the U.S. are served by the WIC program (the Special Supplemental Nutrition Program for Women, Infants and Children). These are the very babies and women who are among the most vulnerable to chronic diseases such as obesity and diabetes, which breastfeeding can help prevent.

Unfortunately, in many places across the country, breastfeeding is not the cultural norm, and there’s little community support for mothers. In many communities of color, for instance, structural racism, poverty and other barriers have historically played – and continue to play – a significant role in breaking down traditional support systems and negatively impacting health outcomes.

Especially in our most vulnerable communities, it’s hard to find a breastfeeding support group, or get lactation counseling from the local WIC office.

In places where breastfeeding is not the cultural norm:
- Childcare centers are less likely to be trained in how to handle breast milk and support mothers who want to nurse their babies;
- Women are more likely to be shamed for nursing their baby in church or in a public place like a mall or park;
- Even family members discourage breastfeeding, since many older family members are from generations when formula feeding was prized.

WHAT WE CAN DO
Data show that WIC offices that encourage breastfeeding through education and support see significant increases in breastfeeding rates. Local WIC offices can help by offering breastfeeding education programs, providing lactation counseling and coordinating mother or family support groups.

Sixty-five percent of Americans say it would be very helpful to have education about breastfeeding so everyone is more knowledgeable about the benefits of breastfeeding and more accepting of coworkers and women who breastfeed in public.
(Source: WKKF First Food Poll, LJR Custom Strategies, 2013)
Families can serve as the closest allies for nursing moms. Fathers and others can offer support by learning about breastfeeding along with expectant moms and by helping as active caregivers. Support from grandmothers and aunts can be particularly encouraging.

Supportive social networks are critical. Nonprofit organizations, service agencies, hospitals or other community partners can connect mothers in need of breastfeeding support. Friends and others can engage in simple acts like sharing words of encouragement with nursing mothers or by teaching their own children that breastfeeding is natural and good for babies and mothers, too.

Almost any public space can support moms who want to give their children the best start. Communities can provide quiet spaces in malls, restaurants, schools and other public places where women can pump or breastfeed. Churches and other faith-based groups can help by welcoming breastfeeding mothers. Childcare centers can support breastfeeding moms by being trained in how to store and handle breast milk, providing breast milk to breastfed infants and welcoming mothers who want to nurse their babies on-site.

The majority of Americans agree we all can play a role in building a community of breastfeeding support.

Especially in our most vulnerable communities, women don’t always have the support they need – from local WIC offices, churches, childcare centers and even family members – to breastfeed successfully.

Fathers can support moms in overcoming potential challenges, soothing the baby when she gets fussy and feeding her breast milk from a bottle when mom’s away or needs a break.

Other family members, especially grandmothers and aunts, can also be supportive.

Community organizations and service agencies like WIC can help by offering breastfeeding education programs, providing lactation counseling and coordinating mother or family support groups.

Community businesses and institutions can provide dedicated places to nurse – in malls, restaurants, public buildings, community colleges and libraries.

We all can help by learning more about the benefits of breastfeeding and showing support to breastfeeding mothers in public.

Seventy-one percent of Americans strongly believe it would be very helpful to have clean, private spaces in malls, restaurants and other public places where women can breastfeed their children.

(Source: WKKF First Food Poll, LJR Custom Strategies, 2013)
THE ROLE OF HEALTH CARE PROFESSIONALS AND HOSPITALS

WHY IT MATTERS

The prenatal care and hospital birthing experience largely shapes the opportunity for breastfeeding success for the vast majority of women. Yet, many hospitals lack policies or fail to employ practices that encourage breastfeeding. Indeed, the practice of distributing formula samples and bags with information on formula feeding to new mothers – regardless of a hospital’s intent – ends up encouraging formula feeding over breastfeeding.

In recent decades, medical education has included little or no training about breastfeeding for doctors and other health care professionals. Some lack cultural competency for working with diverse populations.

Even mothers who want to breastfeed have a difficult time without hospital support. About one in three women stop early without it.9

WHAT WE CAN DO

Medical professionals and hospitals have a unique influence on new parents, and therefore play a vital role to get moms off to a strong start with breastfeeding.

Doctors and nurses can talk with expectant mothers about planning ahead with their families and employers to address potential obstacles to breastfeeding. After the baby is born, they can promote skin-to-skin contact, where the baby rests on the mother’s bare chest immediately after birth; and show mothers how to breastfeed soon after giving birth.

Breastfeeding peer counselors, lactation consultants, doulas and others can be tremendously helpful in showing women how to breastfeed and in overcoming challenges. All health care professionals involved with new moms can learn about potential cultural barriers to breastfeeding and seek training in culturally competent practices.

Research shows that new mothers in the U.S. who experience at least six of the 10 steps are 13 times more likely to continue breastfeeding at six weeks postpartum compared with mothers who do not experience any of the steps during their hospital stay. (Source: DiGirolamo, Gummer-Strawn and Fein, 2008).
Hospitals can pursue the 10 Steps to Successful Breastfeeding and earn the Baby-Friendly Hospital designation. These include practices like establishing a breastfeeding policy, training all health care staff to support breastfeeding, and allowing mothers and infants to “room in” together.

States can encourage hospitals to support breastfeeding. For example, California passed a law requiring all perinatal hospitals in the state to become Baby-Friendly, ensuring all mothers and babies have the opportunity to breastfeed and experience the health benefits.

Nearly 70 percent of Americans strongly agree that hospitals should be Baby-Friendly, meaning they provide new moms the support and encouragement they need to breastfeed. (Source: WKKF First Food Poll, LJR Custom Strategies, 2013)

KEY MESSAGES

- Health care providers are among the first people women turn to for information about and support for breastfeeding, yet many health care professionals aren’t trained on the subject, or engage in practices that support breastfeeding.
- Health care providers and hospitals can help by sharing the benefits of breastfeeding with expectant mothers early on, supporting new mothers as they learn to breastfeed after they deliver and encouraging them to continue nursing through their baby’s first six months.
- Hospitals can adopt the 10 Steps to Successful Breastfeeding, which are evidence-based practices from WHO and UNICEF that are shown to improve breastfeeding. Doctors and nurses can be powerful advocates for adopting these steps.
- Research shows that not only does following the 10 steps improve breastfeeding rates, it results in significant decreases in racial disparities.
- Expectant parents should ask doctors about breastfeeding, and make an informed decision. Ask for help in planning for potential obstacles, such as dealing with unsupportive family members or returning to work shortly after giving birth.

U.S. hospitals that follow the 10 steps have seen decreases in racial, ethnic and social-cultural disparities in breastfeeding rates. (Source: Merewood, Mehta, Chamberlain, Phillip and Bauchner, 2005)
THE ROLE OF EMPLOYERS AND WORKPLACES

WHY IT MATTERS
These days, a majority of women who have newborn babies work outside the home and must return to work shortly after giving birth. And while it’s recommended that babies receive breast milk for at least six months, most women must return to work six to 12 weeks after they give birth. What’s more, many women work in food service, retail, agriculture, manufacturing, transportation or other fields that make it especially difficult to maintain breastfeeding after returning to work.

Our workplaces need to adapt to changing conditions, and do their part to encourage and support women who are breastfeeding. Breastfeeding initiation and duration rates are higher among employed women who have access to longer maternity leave. However, only 12 percent of the workforce has paid family leave through employers, and less than 40 percent has personal medical leave through an employer-provided disability program (which covers pregnancy and childbirth recovery).

WHAT WE CAN DO
Many employers recognize the importance of breastfeeding, and want to be supportive. But they need guidance and encouragement. It’s critical to help employers and employees understand and implement existing laws. The federal “Break Time for Nursing Mothers” rule (part of the Affordable Care Act) and many state laws require workplaces to allow women time to pump breast milk in a clean, private, non-bathroom space. Having a breastfeeding policy demonstrates a business’ commitment to being family friendly, and lets employees know why nursing mothers are taking breaks.

Many women feel uncomfortable asking their managers about accommodating their breastfeeding needs, and some let this be a barrier to even starting breastfeeding. It’s important for...
employers to talk with expectant mothers about their options for pumping when they return to work.

Studies show that breastfeeding mothers who are supported in the workplace take fewer sick days and have higher retention rates, which is good for employee morale and for businesses’ bottom line. Coworkers can show understanding and support for colleagues who are trying to sustain breastfeeding after returning to work.

Additionally, working mothers and families need paid family leave, which has been shown to contribute to improved newborn and child health. New mothers with supportive maternity leave are better able to initiate and continue breastfeeding.

**KEY MESSAGES**

- A majority of women with babies work outside the home, and must return to work shortly after giving birth.
- This can be a major obstacle for mothers who want to breastfeed, so much so that many don’t start or only do so for a short period of time.
- Helping breastfeeding mothers succeed can be as simple for employers as providing break time and a private space to pump breast milk at work, which is required under the Affordable Care Act (ACA).
- The ACA requires health insurance companies to cover breast pumps and lactation support. Many WIC programs also provide breast pumps.

- Workplaces should create breastfeeding policies, ensure all staff are aware of their policies and talk with expectant mothers about accommodating their breastfeeding needs when they return to work.
- Studies show that breastfeeding mothers who are supported in the workplace take fewer sick days and have higher retention rates, which is good for employee morale and for businesses’ bottom line.
- Working mothers and families also need paid family leave. Breastfeeding rates are higher among employed women who have access to longer maternity leave, which contributes to improved infant and maternal health.

**Sixty-six percent** of Americans strongly believe it would be very helpful for workplaces to support breastfeeding by giving women time and a space to pump breast milk, as well as a place to store it. (Source: WKKF First Food Poll, LJR Custom Strategies, 2013)
WHAT ARE THE BENEFITS OF BREASTFEEDING?

A: Breast milk gives infants all the nutrients they need for healthy development, adapting to babies’ needs as they grow. Studies show that babies who receive only breast milk for the first six months of their lives have better health, educational and emotional outcomes. Breastfed babies have a lower risk of becoming obese or developing asthma, diabetes or respiratory infections. Breastfeeding benefits mothers too, lowering women’s chances for ovarian and breast cancer, hypertension and heart disease. Breastfeeding also promotes bonding between mother and child. And breast milk is readily available and can save families up to $1,500 a year from not buying formula.

SHOULDN’T BREASTFEEDING ALWAYS BE A MOTHER’S CHOICE?

A: Yes, the choice to breastfeed is a personal one for women and their families. As a society we should make breastfeeding the easiest choice.

WHY DON’T MORE WOMEN BREASTFEED?

A: Most women want to breastfeed, but face barriers in their communities, the health care system and their workplaces. Despite breastfeeding being the way we fed our babies for generations, in many places across the country, breastfeeding is no longer the norm. More women will breastfeed if hospitals adopt Baby-Friendly practices, such as promoting skin-to-skin contact (where the baby rests on the mother’s bare chest immediately after birth), allowing mother and baby to “room in” together and providing lactation counseling. More women will breastfeed if their employer has a workplace policy and supports break times for pumping breast milk. More women will breastfeed if they have encouragement from family members or have a mothers group in which they support each other in overcoming the challenges.

ARE BREASTFEEDING RATES CONSISTENT AMONG VARIOUS POPULATIONS OF WOMEN?

A: Unfortunately, there are persistent racial inequities. For example, African American women have the lowest rates in our country, yet have higher incidences of health problems that breastfeeding can help prevent. Just 59 percent of African American mothers start breastfeeding, compared with 75 percent overall. At six months, 30 percent breastfeed, compared with 45 percent overall. Breastfeeding rates for Hispanics are similar to or higher than those for whites, but Hispanic women who are more acculturated are less likely to breastfeed. Our society does a poor job supporting all women in breastfeeding. Women of color, in particular, face cultural, social and historical barriers, and have been specifically targeted by formula company marketing efforts.
ISN’T INFANT FORMULA JUST AS GOOD AS BREASTFEEDING?

A: Formula was originally created for use in situations where mothers could not breastfeed. Over time it became a substitute for what we know is the optimal first food for babies. Beginning in the 1920s, formula companies, recognizing market opportunities, worked with hospitals to introduce formula to mothers, regardless of whether it was medically necessary. Formula also was aggressively marketed to low-income communities of color. This continued until it became the norm, and being able to purchase formula was seen as a status symbol by most. Though formula remains an option for women who cannot breastfeed, it doesn’t provide the same health benefits as breastfeeding for babies and mothers.

WHAT CAN WE DO TO MAKE IT EASIER FOR WOMEN TO BREASTFEED?

A: We all have a role to play in supporting breastfeeding as the norm – from families and communities, to health care providers and employers, to policymakers. At a societal level, it’s about accelerating a cultural shift to build support for breastfeeding, making it an important public health issue. And it’s about addressing racial inequities so all women and babies have the opportunity to breastfeed.
WHY WKKF CARES ABOUT FIRST FOOD

PUTTING CHILDREN FIRST
When the W.K. Kellogg Foundation was founded in 1930 in Battle Creek, Michigan, by breakfast cereal pioneer Will Keith Kellogg, his mandate was simple: “Use the money as you please so long as it promotes the health, happiness and well-being of children.” In pursuit of this vision, WKKF supports children, families and communities as they strengthen and create conditions that propel children to achieve success as individuals and as contributors to the larger community and society. In everything we do, we put children first.

AN INTEGRATED APPROACH CENTERED ON WHOLE CHILD DEVELOPMENT
Our integrated approach to improving the lives of children centers on whole child development – ensuring the cognitive, cultural, emotional, physical and social development of young children, with a special emphasis on prenatal to age 8, within the context of families and communities.

THREE STRATEGIC GOALS
The foundation supports work that fosters:
- Educated Kids
- Healthy Kids
- Secure Families

Within and around each goal are commitments to Community & Civic Engagement and Racial Equity. Both are necessary for communities to create the conditions under which all children can thrive.

THE FOUNDATION’S HEALTHY KIDS STRATEGY
All children need a healthy start, good nutrition, physical activity and accessible health care in order to succeed in school, work and life. Yet many children, especially those in our most vulnerable communities, face disproportionately high barriers to acquiring these fundamentals. A nation where all children thrive is what we envision. Health equity is our measure.

MATERNAL & CHILD HEALTH – Supporting healthy birth outcomes and eliminating disparities in infant mortality rates.
FIRST FOOD – Creating supportive conditions so more babies and mothers benefit from breastfeeding.
ORAL HEALTH – Increasing access to affordable, quality dental care for greater oral health.
FOOD & COMMUNITY – Transforming school food environments and increasing access to good food and active living for children and communities.
INVESTING IN FIRST FOOD

WKKF supports a broad-based approach to first food that seeks to accelerate a cultural shift in the acceptance of breastfeeding and recognition of its important benefits to children and their mothers. Our first food strategy emphasizes working with communities where mothers and children will benefit significantly from the strong start breastfeeding provides. Breastfeeding is particularly important for children of color, who face significant health inequities, beginning with unacceptably high infant mortality rates. Breastfeeding can give children of color a boost in mitigating the many social determinants of poor health that they face.

WKKF invests in national, state and local organizations working to ensure more babies and mothers have the opportunity to experience breastfeeding’s benefits by:

- Expanding community supports for mothers and families to make breastfeeding easier.
- Improving hospital and workplace environments to support breastfeeding.
- Encouraging new social norms that create a culture of breastfeeding support.
- Strengthening the network of individuals and organizations working together to increase breastfeeding rates and eliminate racial inequities.

We partner with organizations in our priority places of Michigan, Mississippi, New Mexico and New Orleans to develop and implement community-based solutions that address cultural and other unique conditions. And we partner with national organizations to grow the first food movement and work together to foster a society that values and supports breastfeeding.
RESOURCES

- American Academy of Pediatrics
  www2.aap.org/breastfeeding/
- Baby-Friendly USA
  www.babyfriendlyusa.org
- Best for Babes
  www.bestforbabes.org
- Break Time for Nursing Mothers, U.S. Department of Labor
  www.dol.gov/whd/nursingmothers/
- Breastfeeding, Office on Women’s Health, U.S. Department of Health Services
  womenshealth.gov
- “It’s Only Natural” Campaign
  womenshealth.gov/itsonlynatural
- Supporting Nursing Moms at Work
  womenshealth.gov/breastfeeding/employer-solutions/index.html
- Indian Country Breastfeeds
  www.indiancountrybreastfeeds.org

- Breastfeeding Report Card, Centers for Disease Control and Prevention
  www.cdc.gov/breastfeeding/data/reportcard.htm
- Carolina Global Breastfeeding Institute
  Breastfeeding.sph.unc.edu
- Clinical Protocols, Academy of Breastfeeding Medicine
  www.bfmed.org/Resources/Protocols.aspx
- First Food Friendly
  befirstfoodfriendly.org
- Surgeon General’s Call to Action to Support Breastfeeding
  www.surgeongeneral.gov/library/calls/breastfeeding/index.html
- United States Breastfeeding Committee
  www.usbreastfeeding.org
- WKKF First Food Poll
  www.wkkf.org/resource-directory/resource/2013/02/wkkf-first-food-poll

ENDNOTES


Photos: AmyCherie Photography (page 8) and WKKF