

Infant Feeding Surveillance in Montana

Lynn Hellenga MSRD, CLC

Key Partners and Stakeholders:

Family and Community Health Bureau, Montana Public Home Visiting, Local Maternal and Child Health Services, WIC, Hospitals, Montana Medicaid, Insurance providers, Moms, families and babies of Montana.

Background: Breastfeeding surveillance started by CDC in 2001 using National Immunization Survey data. Other data sets are also available including mPinc, WIC and modified PRAMS in Montana. As a result of low population, limited funds gaps in counties are difficult to identify and therefore work toward improvement. The Montana Nutrition and Physical Activity Program are supporting policy and environmental change through working with delivery facilities to adopt the policies to meet the criteria to become Baby-Friendly Hospital.

Montana data: The 2009 Breastfeeding Report Card reports Montana meeting all of the 5 outcome goals using NIS data from 2006. Working directly with county health departments and delivering facilities there are gaps in Maternity care practices and community support throughout the state. Montana currently doesn't have data of county, community or regional data for initiation, duration or exclusive breastfeeding rates.

Project goal: Collect 12 months post delivery data from mothers delivering October 1, 2009-September 30, 2010. Mothers are contacted at 3, 6, 9 and 12 months to ask about infant feeding. The goal is present, community specific data to improve maternity care practices, community protection and support meeting the identified needs of mothers in a more timely and consistent manner. The long term outcome goal is policy and environmental change with increase in initiation, duration and exclusive breastfeeding rates in Montana.

Methods: An Ameri core Vista volunteer assigned to Gallatin county health department using the NAPA Breastfeeding data tracking tool is tracking data from October 1, 2009 through September 2011. The data will be used for process improvement in maternity care practices and gaps in community protection and support.

Results: In process

Summary: Working as a state resource through county health departments with limited funding to support policy change in Healthcare can be difficult. With collaboration and exploring unmet needs to meet the measureable outcomes that can be used to improve policies and environments to support protect and promote breastfeeding as the social norm in Montana.