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Introduction & Overview of Local Chest/Breastfeeding Initiatives

Being able to collect locally sensitive infant feeding data allows the Clinton County Health Department (CCHD) to track infant feeding practices across time, helps us understand the gaps and barriers that influence human milk feeding in Clinton County, and informs individual and community level interventions aimed at increasing initiation and duration of chest/breastfeeding. For these reasons, CCHD continues to partner with local pediatric primary care providers to collect infant feeding data; this collection is now in its seventh iteration.

While many families struggled with defining a new normal in the midst of the ongoing COVID-19 pandemic, Clinton County's chest/breastfeeding landscape in 2021 remained steady in its commitment to meeting the basic needs of local dyads. Lactation support services continued to be offered virtually with the flexibility to meet in-person if needed. The University of Vermont Health Network- Champlain Valley Physician's Hospital (UVMHN-CVPH) resumed their in-person chest/breastfeeding classes, Nature's Way Baby Café® and the Clinton County Chest/Breastfeeding Coalition saw an increase in attendance at their virtual meetings, and pediatric offices utilized telehealth appointments to assist patients where they were.

Although infant feeding decisions are personal, policy, system, and environmental factors can greatly influence the infant feeding experience. Partners from across the care continuum recognize this and continue to expand access to lactation support. In 2021, Clinton County gained three new lactation experts: one Certified Lactation Counselor (CLC) and two International Board Certified Lactation Consultants (IBCLCs). The addition of these lactation professionals into the chest/breastfeeding landscape in Clinton County is incredibly important in improving the continuity of care for chest/breastfeeding families, particularly for families that would otherwise not access lactation support services. In Clinton County, approximately 39% of households live below the Asset Limited, Income Constrained, Employed (ALICE) threshold or live in poverty.¹ Meanwhile, according to the United States Census, 5.3% of Clinton County residents under 65 years old are uninsured; this percentage is likely larger when including individuals that are underinsured. Additionally, 72.8% of Clinton County residents that are over 25 years old have earned less than a Bachelor's degree for education; educational attainment has been shown to be associated with health literacy.^{2,3} To improve long-term health outcomes for these individuals that are uninsured or underinsured, income constrained, with low health literacy, improved access to lactation services should continue to be a priority in Clinton County.

The CCHD's *Creating Breastfeeding Friendly Communities* grant, launched in 2017, continued to make great strides within provider offices, worksites and daycare facilities in formalizing chest/breastfeeding policies across its five-county region. In 2021, grant successes included: helping fifteen worksites achieve *Breastfeeding Friendly Workplace* designation by establishing policies and identifying chest/breastfeeding friendly spaces for milk expression; working through the Ten Steps to a Breastfeeding Friendly Practice with four healthcare providers resulting in NYSDOH *Breastfeeding Friendly Designation*; assisting eleven child care centers and daycare homes becoming *Breastfeeding Friendly*; and establishing Blooming Babies Baby

Clinton County 2021 Infant Feeding Data Summary

Café®, facilitated by Franklin County Public Health.

The rurality of Clinton County creates barriers to accessing lactation resources and may lead to shorter duration rates for chest/breastfeeding. With the known benefits of chest/breast milk, families that are experiencing these barriers may exhibit more chronic diseases later in life. The partners of the Clinton County Chest/Breastfeeding Coalition recognize these barriers and work to increase awareness of and access to lactation support for families. In 2021, the Coalition updated the local Lactation Resources Guide and a Lactation Process Map to include virtual services in an effort to eliminate these gaps for families. Members promoted the Nature's Way Baby Café® through traditional and social media to increase awareness and attendance. Nature's Way Baby Café® is led by lactation professionals and provides free lactation support services to anyone that attends their bi-weekly meetings. One hundred *Newborn Feeding Surveys* were collected from birthing parents at UVMHN-CVPH to determine infant feeding status at discharge, influencing factors and birthing parents' perception of infant feeding in the community. Since 2018, coalition members have assisted eleven worksites with the creation and implementation of chest/breastfeeding friendly worksite policies and spaces in accordance with NYS Labor Law 206-c.

The 'Breastfeeding Welcome Here' campaign recruited ten additional establishments in 2021, increasing the total to sixty-five. The program, launched in 2017, encourages local establishments to promote chest/breastfeeding in public by placing a 'Breastfeeding Welcome Here' decal in their windows to show their support.

In August 2021, we saw the launch of *Continuity of Care in Breastfeeding Support: A Blueprint for Communities*. Published by the National Association of County and City Health Officials (NACCHO), the Blueprint provides evidence-based steps on how to promote, protect, and support chest/breastfeeding within the community settings and environments. Partners are working diligently to implement components of the blueprint locally to ensure lactation services are continuous, accessible, and coordinated.

In October 2021, the U.S. House of Representatives passed the *Providing Urgent Maternal Protections (PUMP) for Nursing Mothers Act* which aims to close the coverage gap for nearly nine million people who were excluded under the 2010 *Break Time for Nursing Mothers Law*. The PUMP Act addresses legislative gaps that have created challenges for chest/breastfeeding families and employers alike. Prior to the passage of the PUMP Act, protections only extended to hourly workers who qualified for overtime and pumping employees were unable to sue their employer if they did not allow for break time. Now, under the PUMP Act, salaried workers, such as teachers, and other hourly workers that were previously excluded, such as farmworkers, are entitled to these protections and are able to sue employers for noncompliance.⁴ The PUMP Act was signed into law on December 29th, 2022.

In addition to the 2021 chest/breastfeeding duration data, this year's report includes qualitative data from the 2023 *Newborn Feeding Survey* and the 2023 *Clinton County Chest/Breastfeeding Experience Survey*, compares findings to the 2013-2017, 2020 datasets and offers analysis and suggestions for continued progress. The

dataset reviewed in this report affords Clinton County a representative picture of progress very few communities possess.

Methods

Quantitative Dataset Building

Electronic Medical Records (EMR) were audited in the three largest pediatric practices in Clinton County: Plattsburgh Pediatrics, Plattsburgh Primary Care Pediatrics and Mountain View Pediatrics. EMRs were evaluated for chest/breastfeeding status at the following appointment types: two-day, two-week, two-month, four-month, six-month, nine-month, and twelve-month well visits for all infants with a 2021 birthdate. Patients were put into one of three different categories based on their documented feeding choice: *any* if documentation indicated the patient was receiving chest/breast milk and formula; *exclusive* if documentation indicated the patient was receiving only chest/breast milk, no formula supplementation; or *none* if documentation indicated strictly formula feeding. Beginning at six months of age, a patient was still considered to be *exclusive* in regards to chest/breast milk if they had progressed to chest/breast milk with solids, as this is an age-appropriate transition recommended by the American Academy of Pediatrics. In addition, at twelve months of age *exclusive* feeding of chest/breast milk may also include the introduction of whole cow's milk, as this too is a recommended transition per the age. A total of 741 charts were reviewed which included 258 charts from Plattsburgh Pediatrics, 132 charts from Plattsburgh Primary Care Pediatrics and 351 charts from Mountain View Pediatrics. According to UVMHN-CVPH, 698 infants were born in 2021, a noticeable decrease when compared to previous years before the COVID-19 pandemic (*Table 1*). It is acknowledged that not all infants born at UVMHN-CVPH reside in Clinton County, not all infants living in Clinton County go to one of the three largest pediatric practices, and some Clinton County infants are born at surrounding hospitals. See *Table 2* and *Table 3* for a complete data summary. *Table 2* compares 2021 data to past datasets while *Table 3* measures local and state data in relation to Healthy People 2030 chest/breastfeeding objectives.

Of the 741 charts reviewed, 40 charts were eliminated from the analysis due to no documentation of any type between the two-day and twelve-month wellness visits. It is noted that these patients transferred into the practice after their twelve-month visit. Additionally, 150 of the remaining 701 charts (21.4%) were eliminated due to incomplete documentation that would not have allowed a complete data analysis (*Figure 1*). Incomplete documentation of feeding status requiring chart elimination occurred due to any one of the following: a child transferring in to or out of a practice, a child missing key well visit appointment(s), death, or a practitioner not indicating chest/breastfeeding or formula feeding status. Infants that transferred from one Clinton County pediatric office to another were tracked, when possible, and counted in the practice that they transferred to. It was noted during data collection that often, when a child had a sick visit in proximity to the time that their well visit would have occurred, they did not attend a well visit. While practices routinely document infant feeding status at well visits from birth to one year, infant feeding status is not routinely documented at sick visits during the first year. These visits were considered a missed well visit for chart analysis purposes. A comparative graph displaying the breakdown of charts eliminated during review from 2013-2021 can be seen in *Figure 2*.

Using Microsoft Excel 2016, a descriptive analysis was undertaken to summarize the quantitative dataset collected. Individual descriptive analyses of the quantitative datasets from each pediatric practice were also completed to allow practice-specific reports and recommendations to be generated. A collection of visuals, such as graphs and tables, further support the narrative of this report. A corresponding one page report and a statistics summary were added in 2020 to increase access to and interest in this data beyond local pediatric health care providers. A similar supplement will also accompany this year's report.

When interpreting the data it is important to note that infants may have changed categories from *exclusive* to *any* and *any* to *exclusive* over the course of the one-year timeframe. Therefore, there may be an increase in the *any* category at different times with *exclusive* infants transitioning to *any* and vice versa.

Building Supplementary Qualitative Datasets

A supplementary qualitative survey, the 2023 *Clinton County Chest/Breastfeeding Experience Survey*, was completed amongst Clinton County Women Infants and Children (WIC) participants that had a child in 2021 and were feeding human milk. This survey was fielded to better understand goal-setting behaviors, factors that influenced infant feeding decisions, and the overall chest/breastfeeding experience. WIC participants were selected as a convenience sample for this survey to be fielded. WIC families are often accessed to learn more about the social and health experiences of low income and income constrained residents of Clinton County. Program eligibility requirements assure good reach into both populations. In addition, low socioeconomic status, nutrition/food insecurity, and low educational attainment are social determinants known to be associated with lower rates of chest/breastfeeding initiation and duration. Therefore, the experiences of WIC participants likely well-represent the inequities and health challenges experienced by residents/families most at-risk in the county for low chest/breastfeeding initiation rates and shorter duration of chest/breastfeeding. There were 207 identified participants that fit the inclusion criteria previously mentioned. Of these 207, 11 declined to participate in the survey. An additional 16 of those identified did not have children in the birthing parent's care, so an attempt to contact them for the survey was not made. Another 14 of those identified did not have phone numbers that were in service or had no phone number available on file. This left a remaining 166 potential participants for the survey. Up to three attempts to contact each of these potential participants were made to complete this survey. A convenience sample of 100 WIC participants were telephoned and asked the 16 questions within the survey that reflected infant feeding experiences in 2021. This survey was conducted in the fall of 2023 and the analysis was completed in the winter of 2023 using STATA Version 17. Utilization of this software allowed for associations in responses within subgroups of the respondents to be visualized. *Table 4* provides descriptive statistics of the collected responses.

Additionally, the qualitative triennial *Clinton County Newborn Feeding Survey*, established in 2013, was fielded in 2023 and is included in this analysis. The goal of this survey is to understand how parents make feeding decisions for their families. Data collected reflects infant feeding status, influencing factors, and parents' perception of infant feeding in the community. No identifying or demographic information is collected. The *Newborn Feeding Survey* is facilitated by the Clinton County Chest/Breastfeeding Coalition and is distributed by Labor and Delivery staff to post-partum parents who give birth at UVMHN-CVPH, the

only birthing hospital in Clinton County, NY. A paper copy of the multiple choice survey is left in the patient's post-partum room. Before discharge a staff member collects completed surveys and submits them to the Clinton County Chest/Breastfeeding Coalition chair. According to UVMHN-CVPH, there were 652 births in 2023. A convenience sample of 100 anonymous post-partum parents were surveyed in the first quarter of 2023, representing 15.3% of 2023 births. Descriptive statistics were calculated in Microsoft Excel 2016 to subsequently produce *Table 5*.

Findings

Quantitative Infant Feeding Data

Infants chest/breastfeeding at hospital discharge (exclusive + any) increased from 63% in 2013 to 70% in 2021. However, compared to 2020, there were 19.5% fewer infants chest/breastfeeding at hospital discharge in 2021, a significant decrease since 2020 ($Z=7.62$, $p<0.001$). See *Figure 3* for comparisons in chest/breastfeeding rates at hospital discharge from 2013-2021.

551 infant charts were included in the 2021 analysis, accounting for an 8.9% decrease from 2013, a 23.6% decrease from 2017, and a 36.7% increase compared to 2020. Of these 551 charts, 414 were from infants that had exclusive or any human milk feeding at the two-day well visit, corresponding to a 75.1% rate for human milk feeding at the two-day well visit. 311 infants in 2021 were exclusively fed human milk at the time of their two-day well visit (56.4%), while another 103 infants (18.7%) were supplemented with infant formula. Compared to 2013, there was 5.9% increase in human milk feeding (exclusive + any) at the two-day well visit in 2021 ($Z=1.62$, $p>0.05$). Additionally, compared to 2017, there was a 1.3% increase human milk feeding at the two-day well visit in 2021 ($Z=0.43$, $p>0.05$). In this same comparison to 2020, there was an 8.0% decrease in human milk feeding at the two-day well visit in 2021 ($Z=-2.39$, $p<0.05$). During the first year of life in 2021, the greatest drop-off in human milk feeding rates from the total number of infants chest/breastfeeding at the two-day well visit occurred between the two-week to two-month and the four-month to six-month well visits, which each saw a decrease of 11.4% (*Table 2*, *Figure 4*, and *Figure 5*).

Of the 551 infants included in the analysis, 239 were continuing to be fed human milk in any capacity at the six-month well visit; 174 infants were being exclusively fed human milk (31.6%) while 65 were being supplemented with formula (11.8%). Compared to 2013, there has been a 15.3% increase in exclusive human milk feeding at the six-month well visit in 2021 ($Z=1.54$, $p>0.05$). In this same comparison to 2017, there has been a 2.3% increase seen in 2021 ($Z=0.25$, $p>0.05$). However, compared to 2020, there has been a 27.7% decrease in exclusive human milk feeding at the six-month well visit in 2021 ($Z=-3.83$, $p<0.001$). See *Figure 6* for a full description of exclusive human milk feeding at each well visit by year of analysis.

Of the 551 infants included in the analysis, only 160 were continuing to be fed human milk in any capacity by the one-year well visit, accounting for a 29.0% one-year rate of human milk feeding. This one-year rate in 2021 is significantly higher than the one-year rate in 2013 of 20.7% ($Z=3.30$, $p<0.01$). When compared to 2017, there has been a significant increase of 15.1% in human milk feeding at the one-year well visit in 2021 ($Z=1.51$, $p>0.05$). However, when compared to 2020, there has been a significant decrease of 37.5%

in human milk feeding at the one-year well visit in 2021 ($Z=-2.74$, $p<0.01$). See *Figure 4* for a full description of human milk feeding at each well visit by year of analysis.

Qualitative 2023 Clinton County Chest/Breastfeeding Experience Survey

The average age of respondents to the 2023 *Clinton County Chest/Breastfeeding Experience Survey* was 28 years old in 2021 ($n=98$). 8.2% of respondents had not graduated high school or received their GED ($n=8$); 38.8% of respondents had high school diploma/GED ($n=38$); 3.1% had attended technical/trade school ($n=3$); 20.4% had attended some college ($n=20$); 12.2% completed an Associate's degree ($n=12$); 11.2% completed a Bachelor's degree ($n=11$); 5.1% received their Master's degree ($n=5$); 1.0% had received a Doctorate ($n=1$). Of the 100 surveyed participants, 45.0% reported ending chest/breastfeeding before their infant was five months old. A 61.0% majority of these participants reported that they set a chest/breastfeeding duration goal, however, of these 61 respondents, 54.1% reported that they did not meet their goal ($n=33$). Of the goals that were set, 16.4% were six months or less while 47.5% were 10-12 months in duration and an additional 14.8% wanted to chest/breastfeed as long as possible.

Among respondents that met or exceeded their goal ($n=28$), when asked to select all factors that had aided in their success, 32.1% reported that having support from family, friends, and work helped with their success. Dedication to their goal was reported by 21.4% of the 28 respondents. The bond that was formed by chest/breastfeeding their infant aided the success of 17.9% of the 28 respondents.

Respondents that were unable to reach their goal ($n=33$) were asked to select all factors that had stopped them from reaching their goal; one respondent skipped this question. Among these 32 respondents, 34.4% indicated that a self-reported low supply stopped them from reaching their goal. Additionally, 18.8% of these respondents reported that tongue-/lip-ties in their infants prevented them from reaching their goal. Another 12.5% of respondents indicated that medication concerns and medical conditions stopped them from reaching their goal.

All 100 respondents were asked if they were able to chest/breastfeed when they returned to work or school; 11% of respondents indicated that they stopped chest/breastfeeding upon returning. Among the 44 respondents that returned to work or school in-person, 25% indicated that they did not feel supported by their employer or school to continue chest/breastfeeding when they returned. Respondents that returned to work or school in-person were asked if there was anything that made it hard to chest/breastfeed or pump while at work or school; four respondents skipped this question. Of the remaining 40 respondents, 35% stated that their employer did not allow for breaks to be taken. An additional 22.5% reported that no comfortable, private, and clean space was available for them to chest/breastfeed or pump while at work or school.

When asked to select all factors that influenced their decision to stop chest/breastfeeding ($n=99$), 35.4% of all respondents indicated that milk supply concerns was a reason that they ended chest/breastfeeding. Baby-led weaning (22.2%), painful feeding or latching difficulties (16.2%), along with infant medical concerns and the infant not being satisfied with chest/breast milk (9.1% each) were often indicated as well. A complete breakdown of the surveyed questions is available in *Table 4*.

Qualitative Newborn Feeding Survey

In 2023, 62.0% (n=62) of parents reported that they were chest/breastfeeding their newborn at hospital discharge; a majority of respondents also indicated that this feeding decision was made prior to becoming pregnant (63.5%, n=61). Participants were then asked who helped influence their feeding decision and were allowed to select more than one option (n=99); 84.8% of parents reported that they made their feeding decision for their infant without external influence, however, many went on to select other options that influenced their decision; 39.4% (n=39) of respondents indicated that they made their feeding decision without any external influence and did not select other options. Among respondents that indicated that their decision was not made alone (n=15), 60% indicated that their partner influenced their decision (n=9). When asked what two factors were most important in their feeding decision (n=98), parents most often reported that their baby's health (79.6%) and bonding with their child (61.2%) were most important in their feeding decision. Complete descriptive statistics of the 2023 Newborn Feeding Survey are available in *Table 5*.

Discussion

While all referenced trends in this summary have only been proven true for the collected sample, there is no reason to suspect the sample, acknowledging its limitations, does not suitably represent the population sought and meet the intent of its collection, allowing for the following discussion and conclusions.

Quantitative Infant Feeding Data

The quantitative dataset represents a convenience sample of infants born between 1/1/2021 and 12/31/2021 who received pediatric primary care at one of the dedicated pediatric primary care providers in Clinton County, NY. While comparing the total number of clinical record reviews to the total number of infants born at UVMHN-CVPH is an imperfect indicator of completeness, it has been identified as an indicator of validity in the past for these datasets. Since the 2017 collection, two new family medicine practices in Clinton County opened; Hudson Headwater's Champlain Family Health in 2017 and Plattsburgh Family Health in 2019. In addition, a primarily adult-focused practice, UVMHN-CVPH Family Medicine, started seeing pediatric patients in 2021. Patients of those practices were not included in this review but it should be noted that all practices have been active participants in chest/breastfeeding friendly activities. Therefore, while there is no reason to suspect there is a difference in infant feeding behaviors among families based on their choice of pediatric provider, it does affect completeness of this sample.

Chest/breastfeeding at hospital discharge continues to trend downwards (*Figure 3*). Because not all infants born at UVMHN-CVPH visit one of the three largest pediatric practices in Plattsburgh, we cannot definitively compare chest/breastfeeding discharge rates with two-day well visit rates.

Compared to 2013 and 2017, fewer infant patients were included in the quantitative analysis in 2021 (605, 721, and 551, respectively). However, compared to 2020, more infant patients were analyzed in 2021 (403 and 551, respectively). Since data collection began in 2013, 2021 saw the lowest rate of exclusive human

milk feeding at the two-day well visit; however, the total number of infants receiving human milk in 2021 (exclusive + any), aside from rates in 2020, is on par with, and slightly better than, previous years' rates (*Figure 4*). Compared to when data collection began in 2013, we have seen a decline in exclusive human milk feeding at earlier well visits; however, at later well visits, exclusivity rates in 2021 were higher than previous years, excluding 2020. In 2021, the ratio of infants receiving human milk exclusively compared to those being supplemented with infant formula decreased at each subsequent well visit; these ratios are less than those of previous years. In 2013 at the two-day well visit, there were 5.7 times more infants being fed exclusively human milk compared to being supplemented with infant formula; in 2021 at the same well visit, this ratio dropped to 3.0. Similarly, at the six-month well visit, the minimal time in which professionals recommend infants are exclusively fed human milk⁵, there were 5.7 times more infants being fed exclusively human milk compared to being supplemented with formula in 2013; this ratio in 2021 at the six-month well visit was 2.7 (*Table 2*). These ratios coupled with the overall rates of infants being fed human milk in any capacity suggests that a greater number of Clinton County infants are being fed human milk in 2021 compared to previous years, but the exclusivity of this feeding is decreasing relative to the number of infants receiving both human milk and infant formula.

In 2021, the most prominent drop-offs in human milk feeding (exclusive + any) occurred between the two-week to two-month and four-month to six-month well visits (11.4% each). Nearly half of the respondents to the 2023 *Clinton County Chest/Breastfeeding Experience Survey* that set a chest/breastfeeding duration goal in 2021 (n=61) indicated setting a goal between 10-12 months; however, 54.1% of these participants reported being unable to meet this goal. This data from the 2023 *Clinton County Chest/Breastfeeding Experience Survey* is supported by the data collected from pediatric offices. As previously mentioned, these parents self-reported low supply as the main reason for cessation of chest/breastfeeding. This may suggest the need for providers to refer their chest/breastfeeding patients to lactation support professionals more often when issues are being experienced.

Healthy People 2030 has set a national goal for exclusive human milk feeding to be 42.4% at six months with any human milk feeding to be 54.1% at twelve months^{6,7}; in 2021, Clinton County had rates of 31.6% and 29.0%, respectively. Compared to the national goals for exclusive human milk feeding at six months and continued in any capacity at twelve months, there is a respective 29.2% and 60.4% difference in Clinton County (*Table 3, Figure 6, and Figure 7*). A tremendous amount of work must be done to achieve the Healthy People 2030 goals for these milestones in Clinton County.

Qualitative 2023 Clinton County Chest/Breastfeeding Experience Survey

Of the 100 respondents to the 2023 *Clinton County Chest/Breastfeeding Experience Survey* facilitated by Clinton County WIC staff, the average age among respondents was 28 years old in 2021 (n=98). Among participants aged 18-24 years old, 63.3% (n=19) ended chest/breastfeeding before their baby was five months old. Comparatively, 35.5% (n=11) of those aged 25-29, 31.8% (n=7) of those aged 30-34, 41.7% (n=5) of those aged 35-39, and 33.3% (n=1) of those aged 40-45 ended chest/breastfeeding before their baby was five months old.

Goal setting behaviors was highest among those aged 30-34, where 68.2% (n=15) indicated setting a chest/breastfeeding duration goal. Across all age groups, a majority set their chest/breastfeeding duration goal at 10-12 months, however, those aged 18-24 were the least likely to meet their goal with 72.2% (n=13) reporting being unable to reach their goal. The one respondent aged 40-45 set their goal at 19-24 months and successfully reached it. Aside from this individual, those aged 35-39 most often reported meeting or exceeding their goal (57.1%). All respondents that indicated that they made their goal by themselves without any outside help indicated another option as an influence; this suggests that parents made their duration goal based on their own wishes with the influence of others. Among those that did not indicate that their duration goal was made without the influence of others (n=16), those aged 18-24 most often indicated that their mother influenced their goal (60.0%, n=3). Among those aged 25-29, previous experience with another child influenced their duration goal (50.0%, n=2). Among 30-34 year olds (n=4), their partner, mother, friends, employer, and convenience of chest/breastfeeding influenced their duration goal. Only one 35-39 year old did not indicate that their duration goal was made without the influence of others; this individual indicated WIC staff influenced their duration goal. Similarly, one 40-45 year old indicated that information they learned from reading influenced their duration goal.

Respondents that met their goal reported that having support from their family, friends, and work helped with their success. Other top attributed reasons for success included dedication to meeting their goal and the bond formed between the parent and baby. However, among respondents that were unable to meet their goal, the top reason was due to self-reported low supply. Other top attributed reasons for being unable to reach their duration goal was tongue/lip-ties in their infants, medication concerns and medical conditions, and painful chest/breastfeeding. In 2023, the Clinton County Chest/Breastfeeding Coalition engaged in a campaign to provide all Clinton County pharmacies with Thomas Hale's *Medication and Mother's Milk*, allowing pharmacists to ease concerns that chest/breastfeeding parents may have regarding their medications.

When asked if anything stopped them from setting a goal (n=37), respondents most often reported that there was no reason that they did not set a goal, or that the stress of chest/breastfeeding, the fear of being let down by not reaching their goal, or that previous difficulty chest/breastfeeding another child prevented them from setting a goal. These responses were stratified by age but there was little variability in responses between age groups.

18-24 and 25-29 year olds most often stopped chest/breastfeeding to return to work or school (13.33%, n=4 and 12.9%, n=4, respectively). This may indicate that employers of younger parents are less likely to foster an environment that allows for chest/breastfeeding or pumping in the workplace, that younger employees are less aware of their rights to chest/breastfeed and pump in the workplace, or that younger employees feel less able to advocate for their rights in the workplace. Across all age groups, a majority were able to continue chest/breastfeeding when they returned to work (52.0%, n=51).

Additionally, of the 100 respondents to the 2023 *Clinton County Chest/Breastfeeding Experience Survey*, the highest level of education for a majority (38.8%) was a high school diploma/GED (n=38). The highest

level of education for those aged 18-24, 25-29, and 30-34 was most often a high school diploma/GED. For those aged 35-39, most had an Associate's or Bachelor's degree (25.0%, n=3 and 33.3%, n=4, respectively). All respondents aged 40-45 had a Bachelor's degree or higher. There was a higher proportion of parents with a lower education level (some high school, high school diploma/GED, and some college) that ended chest/breastfeeding before five months. Additionally, among those that set a duration goal (n=61), those with a Master's degree reported meeting or exceeding their goal more than every other education level. Among those that indicated a low-supply concern that stopped them from reaching their goal, a higher proportion had a high school level education than any other education level (45.5%, n=5). Additionally, those that did not go to school or work while chest/breastfeeding were more often of high school level education.

Across all education levels and age groups, returning to work and having an unsupportive employer were not indicated as major reasons to end chest/breastfeeding. This counters the previously believed hypothesis that Clinton County was experiencing a decline in chest/breastfeeding around the two-week to two-month and four-month to six-month well visits because parents were returning to work. This may suggest that other factors, such as educational attainment, chest/breastfeeding self-efficacy, health literacy and chest/breastfeeding education, socioeconomic status, and/or other social determinants of health may be stronger factors influencing one's decision to end chest/breastfeeding earlier on.

Qualitative 2023 Newborn Feeding Survey

While systems and environmental level changes targeting the duration and exclusivity of chest/breastfeeding can take time to cultivate and produce significant change, the impact of both clinical and community interventions appear to be in play. Community efforts have focused on removing barriers and changing the social context of chest/breastfeeding through normalizing media campaigns and stakeholder education. There has also been considerable effort in the local health care system to increase capacity to provide one-on-one clinical support through primary care and acute clinical services through UVMHN-CVPH. Despite these efforts, qualitative data collected through the 2023 *Newborn Feeding Survey* suggests that residents do not feel that chest/breastfeeding is as common as it was in previous years. In 2023, 13.5% of parents surveyed (n=96) thought that most new parents chest/breastfed, 40.6% thought that most new parents fed both chest/breast milk and formula, while 33.3% reported not knowing how most new parents fed their infants. This represents a respective 52.8% and 13.4% decrease and a 63.4% increase when compared to results from 2020 (28.6%, 46.9%, and 20.4%, respectively). When asked what feeding methods they have seen babies being fed in 2023 (n=98), 5.1% of parents reported seeing chest/breastfeeding, a 68.1% decrease since the 2020 survey (16.0%); however, in 2023, 88.8% reported seeing babies being fed chest/breast milk and formula, a 15.3% increase from 2020 (77.0%). Additionally, 84.0% of parents surveyed in 2023 indicated that they will be feeding their infant chest/breast milk, either exclusively or in combination with formula (62.0% and 22.0%, respectively). In 2020, 84.0% also indicated that they would feed their infant chest/breast milk, either exclusively or in combination with formula (58.0% and 26.0%, respectively).

While the above findings from the *Newborn Feeding Survey* contain qualitative data from 2023, we are

unaware of any systemic changes since 2021 that would indicate that these responses would be different from potential responses gathered in 2021. Because of this, we feel confident in identifying correlations between the 2021 *Infant Feeding Data*, the 2023 *Clinton County Chest/Breastfeeding Experience Survey*, and the 2023 *Newborn Feeding Survey*.

COVID-19 Pandemic and Changing Environments

The increased rates of chest/breastfeeding at the two-day well visit and retention rates of human milk feeding that were seen in 2020 may be correlated with the increased presence of parents in the home as a result of lay-offs and virtual/hybrid work environments due to the COVID-19 pandemic. With changing worksite policies and capabilities, more parents were likely returning to in-person work in 2021 following the initial wave of the pandemic which may have resulted in these observed decreases at the two-day well visit and retention rates in 2021. When excluding 2020 as an outlier, the upward trend in chest/breastfeeding duration rates (exclusive + any) that were being seen since 2013 are continuing to be seen in 2021. A continuous rise in inflation in the United States may have an impact on future reports when analyzing chest/breastfeeding rates as the cost of infant formula has increased tremendously; this rise in cost is also associated with the infant formula shortage that occurred in 2022, which increased the demand for formula and drove up the cost.⁸ This rise in cost for infant formula may have resulted in more parents chest/breastfeeding their children when infant formula was too difficult to find or too costly. Additionally, in 2022, the region saw the closure of UVMHN Alice Hyde Medical Center's birthing unit in Malone, New York. This is likely to lead to more infants being born at UVMHN-CVPH in the future, but these infants may not be seen at the pediatric primary care offices in Clinton County. Continued monitoring of human milk feeding behaviors will establish a sensible trend of hospital discharge rates, two-day well visit rates, and retention rates in the county after disruption from the pandemic and the expected rise in live births at UVMHN-CVPH as a result of the UVMHN Alice Hyde Medical Center's birthing unit closure.

Limitations & Conclusion

One potential for bias in all datasets collected may be due to social desirability; if the parents of the infant are aware that their pediatrician encourages human milk feeding or if they are aware of the benefits of human milk, they may be more likely to falsely report feeding their infant human milk. However, evidence of this occurring is unlikely as the pediatric offices in our county foster an environment for parents to provide and care for their child as they best see fit. A supportive environment as such is indicated by all three participating pediatric provider offices being designated as Breastfeeding, Chestfeeding, and Lactation Friendly Practices by New York State. A potential for bias in the 2023 Clinton County Chest/Breastfeeding Experience Survey may be recall bias; parents were called in the fall of 2023 to reflect on their child's feeding behaviors in 2021, their own goal-setting behaviors, and internal/external factors that influenced those goals at that time. Because of this, the supplementary analysis of the 2023 Chest/Breastfeeding Experience Survey may have incorrectly reported information. The likelihood of this occurring is unlikely as well, as decisions made for the health of their children are reportedly remembered clearly by parents.⁹

Each individual chest/breastfeeding intervention and activity, considered independently, has likely had a limited influence on the trends captured over the last eight years. However, considered collectively, it is plausible to conclude that the collaborative efforts referenced in this report are positively influencing local chest/breastfeeding trends in initiation, duration and exclusivity. While successes are notable given the short time period for change, opportunities still exist to further improve local chest/breastfeeding rates, especially through early infancy. This data collection provides a unique, locally sensitive dataset by which to plan and evaluate local progress towards supporting chest/breastfeeding.

Recommendations

In an effort to increase initiation, exclusivity and duration of chest/breastfeeding in Clinton County, we are making the following recommendations to the Clinton County Chest/Breastfeeding Coalition:

- Share practice-specific data with each provider office, including recommendations to maximize feeding documentation and coding for related reimbursable services.
- Develop potential practice-specific recommendations to allow follow-up during the two-week to two-month and four-month to six-month timeframes.
- Partner with UVMHN-CVPH OB/GYN to enhance prenatal chest/breastfeeding education so families can make an informed infant feeding decision.
- Partner with Hudson Headwater's Champlain Family Health and Plattsburgh Family Health and UVMHN-CVPH Family Medicine to develop a system for future data collection.
- Increase the number of family medicine practices serving Medicaid eligible women and their children that achieve the NYS Breastfeeding Friendly Practice designation.
- Increase the number of worksites that provide accommodations for chest/breastfeeding employees and create chest/breastfeeding policies.
- Facilitate widespread campaign educating employers on all aspects of the NYS Labor Law 206-c.
- Enhance/amplify community support by increasing the number of locations and events offering a comfortable, welcoming space to accommodate chest/breastfeeding families. The Clinton County Chest/Breastfeeding Coalition's *Cozy Corner* is available for use by community partners.
- Promote and encourage participation in community initiatives such as Nature's Way Baby Café® and La Leche League meetings, prenatal chest/breastfeeding classes, The Big Latch On and the Breastfeeding Block Party.
- Maintain an up-to-date list of community resources for chest/breastfeeding parents including WIC, La Leche League, local lactation support groups, and baby cafés/drop-in centers.
- Expand community-based chest/breastfeeding coalition by increasing the number of organizations actively participating.
- Provide local pharmacists with up-to-date resources regarding medications and mother's milk.
- Maintain the recurring newborn feeding survey at UVMHN-CVPH to obtain birthing parents' feedback on feeding decisions, influences and perceptions.
- Maintain the *Clinton County Chest/Breastfeeding Experience Survey* to assess goal setting behaviors and factors that influence chest/breastfeeding experiences.

Clinton County 2021 Infant Feeding Data Summary

Tables & Figures

Table 1. Infants born at UVMHN-CVPH between 2013-2021	
Year	Number of Infants
2013	843
2014	863
2015	902
2016	892
2017	825
2020	682
2021	698

Table 2. Infant chest/breastfeeding (BF) status at each well visit by year of birth, 2013-2021															
2021 (n=551)	Well Visit	Two-Day		Two-Week		Two-Month		Four-Month		Six-Month		Nine-Month		One-Year	
	Infants BF	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any
		56.4%	18.7%	50.6%	17.6%	43.7%	16.0%	37.9%	14.0%	31.6%	11.8%	27.0%	8.9%	23.8%	5.3%
	# of Infants	311	103	279	97	241	88	209	77	174	65	149	49	131	29
	Total infants BF (exclusive + any)	75.1%		68.2%		59.7%		51.9%		43.4%		35.9%		29.0%	
	# of Infants	414		376		329		286		239		198		160	
	Infants no longer BF since two-day visit (exclusive + any)			9.2%		11.4%		10.4%		11.4%		9.9%		9.2%	
	# of Infants			38		47		43		47		41		38	

Clinton County 2021 Infant Feeding Data Summary

Table 2. Infant chest/breastfeeding (BF) status at each well visit by year of birth, 2013-2021

	Well Visit	Two-Day		Two-Week		Two-Month		Four-Month		Six-Month		Nine-Month		One-Year	
2020 (n=403)	Infants BF	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any
		64.0%	17.6%	65.5%	13.9%	54.8%	12.4%	47.1%	8.9%	43.7%	9.4%	39.0%	6.5%	32.3%	5.2%
	# of Infants	258	71	264	56	221	50	190	36	176	38	157	26	130	21
	Total infants BF (exclusive + any)	81.6%		79.4%		67.2%		56.1%		53.1%		45.4%		37.5%	
	# of Infants	329		320		271		226		214		183		151	
	Infants no longer BF since two-day visit (exclusive + any)			2.7%		14.9%		13.7%		3.6%		9.4%		9.7%	
	# of Infants			9		49		45		12		31		32	
2017 (n=721)	Infants BF	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any
		59.6%	14.4%	54.5%	13.2%	43.8%	12.5%	35.4%	11.2%	30.9%	7.8%	25.9%	5.4%	23.0%	2.2%
	# of Infants	430	104	393	95	316	90	255	81	223	56	187	39	166	16
	Total infants BF (exclusive + any)	74.1%		67.7%		56.3%		46.6%		38.7%		31.3%		25.2%	
	# of Infants	534		488		406		336		279		226		182	
	Infants no longer BF since two-day visit (exclusive + any)			8.6%		15.4%		13.1%		10.7%		9.9%		8.2%	
	# of Infants			46		82		70		57		53		44	

Clinton County 2021 Infant Feeding Data Summary

Table 2. Infant chest/breastfeeding (BF) status at each well visit by year of birth, 2013-2021

	Well Visit	Two-Day		Two-Week		Two-Month		Four-Month		Six-Month		Nine-Month		One-Year	
2016 (n=743)	Infants BF	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any
		59.8%	15.3%	51.0%	15.3%	39.0%	13.3%	34.2%	11.4%	29.5%	9.0%	25.4%	7.0%	23.0%	3.2%
	# of Infants	444	114	379	114	290	99	254	85	219	67	189	52	171	24
	Total infants BF (exclusive + any)	75.1%		66.4%		52.4%		45.6%		38.5%		32.4%		26.2%	
	# of Infants	558		493		389		339		286		241		195	
	Infants no longer BF since two-day visit (exclusive + any)			11.6%		18.6%		9.0%		9.5%		8.1%		8.2%	
	# of Infants			65		104		50		53		45		46	
2015 (n=576)	Infants BF	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any
		61.1%	13.9%	51.2%	16.1%	36.6%	16.0%	30.4%	11.8%	27.3%	8.5%	22.7%	7.6%	19.4%	2.4%
	# of Infants	352	80	295	93	211	92	175	68	157	49	131	44	112	14
	Total infants BF (exclusive + any)	75.0%		67.4%		52.6%		42.2%		35.8%		30.4%		21.9%	
	# of Infants	432		388		303		243		206		175		126	
	Infants no longer BF since two-day visit (exclusive + any)			10.2%		19.7%		13.9%		8.6%		7.2%		11.3%	
	# of Infants			44		85		60		37		31		49	

Clinton County 2021 Infant Feeding Data Summary

Table 2. Infant chest/breastfeeding (BF) status at each well visit by year of birth, 2013-2021

	Well Visit	Two-Day		Two-Week		Two-Month		Four-Month		Six-Month		Nine-Month		One-Year	
2014 (n=681)	Infants BF	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any
		61.7%	14.1%	53.0%	13.8%	37.6%	13.5%	29.1%	10.1%	25.1%	8.4%	20.0%	5.1%	17.3%	2.3%
	# of Infants	420	96	361	94	256	92	198	69	171	57	136	35	118	16
	Total infants BF (exclusive + any)	75.8%		66.8%		51.1%		39.2%		33.5%		25.1%		19.7%	
	# of Infants	516		455		348		267		228		171		134	
	Infants no longer BF since two-day visit (exclusive + any)			11.8%		20.7%		15.7%		7.6%		11.0%		7.2%	
	# of Infants			61		107		81		39		57		37	
2013 (n=605)	Infants BF	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any
		60.3%	10.6%	51.1%	10.2%	38.2%	7.6%	30.6%	7.1%	27.4%	4.8%	20.5%	5.1%	17.2%	3.5%
	# of Infants	365	64	309	62	231	46	185	43	166	29	124	31	104	21
	Total infants BF (exclusive + any)	70.9%		61.3%		45.8%		37.7%		32.2%		25.6%		20.7%	
	# of Infants	429		371		277		228		195		155		125	
	Infants no longer BF since two-day visit (exclusive + any)			13.5%		21.9%		11.4%		7.7%		9.3%		7.0%	
	# of Infants			58		94		49		33		40		30	

Clinton County 2021 Infant Feeding Data Summary

Table 3. Healthy People 2030 Chest/Breastfeeding Objectives

Comparative Review of Local Data					
Objectives	Baseline	Location	2020	2021	Target
Goal: Improve the health and safety of infants					
MICH-15: Exclusively chest/breastfed through age six months	24.9% of infants born in 2015 were chest/breastfed exclusively through six months of age	Clinton County	43.7%	31.6%	42.4%
		New York ¹	23.4%	N/A	
MICH-16: Chest/breastfed at one year	35.9% of infants born in 2015 were chest/breastfed to any extent at one year	Clinton County	37.5%	29.0%	54.1%
		New York ¹	36.3%	N/A	

¹⁰New York State data obtained from the Centers for Disease Control and Prevention *Breastfeeding Report Card*, available at <https://www.cdc.gov/breastfeeding/data/reportcard.htm>.

Table 4. Supplementary 2023 Clinton County Chest/Breastfeeding Experience Survey (N=100)

Question	Answer	# of Responses	% of Responses
How old were you in 2021? (n=98)	18-24 years old	30	30.6%
	25-29 years old	31	31.6%
	30-34 years old	22	22.4%
	35-39 years old	12	12.2%
	40-45 years old	3	3.1%
What is the highest level of education you have completed? (n=98)	Some high school	8	8.2%
	High school graduate/GED	38	38.8%
	Technical/Trade school	3	3.1%
	Some college	20	20.4%
	Associate's degree	12	12.2%
	Bachelor's degree	11	11.2%
	Master's degree	5	5.1%
	Doctorate	1	1.0%

Table 4. Supplementary 2023 Clinton County Chest/Breastfeeding Experience Survey (N=100)

Question	Answer	# of Responses	% of Responses
How old was your baby when you decided to stop chest/breastfeeding? (n=100)	Currently chest/breastfeeding	4	4.0%
	Before hospital discharge	3	3.0%
	Before two-day check up	5	5.0%
	2 Days	4	4.0%
	2 Weeks	7	7.0%
	1-2 Months	15	15.0%
	3-4 Months	11	11.0%
	5-6 Months	11	11.0%
	7-9 Months	12	12.0%
	10-12 Months	7	7.0%
	Older than 1 Year	21	21.0%
Did you set a goal for how long you wanted to chest/breastfeed your baby? (n=100)	No	39	39.0%
	Yes	61	61.0%
What was your goal? (n=61)	Any	3	4.9%
	As long as the infant desired	1	1.6%
	As long as possible	9	14.8%
	0-2 Months	3	4.9%
	3-4 Months	2	3.3%
	5-6 Months	5	8.2%
	10-12 Months	29	47.5%
	13-18 Months	1	1.6%
	19-24 Months	7	11.5%
	More than 2 Years	1	1.6%

Table 4. Supplementary 2023 Clinton County Chest/Breastfeeding Experience Survey (N=100)

Question	Answer	# of Responses	% of Responses
Who or what influenced this goal? (n=61)	Myself/No help	46	75.4%
	My partner	3	4.9%
	My mother	5	8.2%
	Other family members	2	3.3%
	Friends/Peers	2	3.3%
	Reading/Information	11	18.0%
	Doctor/Health professional	3	4.9%
	Previous child/Experience	4	6.6%
	WIC	2	3.3%
	Employer	1	1.6%
	Bonding	3	4.9%
	Social Media	1	1.6%
	Convenience	1	1.6%
	Prefer not to answer	1	1.6%
Were you able to meet your goal? (n=61)	No	33	54.1%
	Yes	16	26.2%
	Yes, I exceeded my goal	12	19.7%
What helped you meet that goal? (n=28)	Bonding	5	17.9%
	Tongue/Lip-tie correction	1	3.6%
	Lactation support services	2	7.1%
	Family/Friend/Work support	9	32.1%
	Stay-at-home/Did not work	3	10.7%
	Dedication	6	21.4%
	Benefits	3	10.7%
	Previous experience	2	7.1%
	Convenience	3	10.7%
	High supply	1	3.6%

Table 4. Supplementary 2023 Clinton County Chest/Breastfeeding Experience Survey (N=100)

Question	Answer	# of Responses	% of Responses
Was there anything that stopped you from reaching your goal? (n=32)	Biting/Painful	2	6.3%
	Tongue/Lip-tie	6	18.8%
	Low supply	11	34.4%
	Mastitis	3	9.4%
	Medication concerns/Medical conditions	4	12.5%
	Returned to work	3	9.4%
	Availability of support services	2	6.3%
	Baby-led weaning	1	3.1%
	Living situation	2	6.3%
	Complications during/after birth	2	6.3%
	Infant preferred bottle	3	9.4%
	Stress	2	6.3%
	Medical concerns for infant	2	6.3%
Was there anything that stopped you from setting a goal? (n=37)	Not interested in chest/breastfeeding	1	2.7%
	Did not want to be let down by not meeting goal	4	10.8%
	Did not know that people set goals	7	18.9%
	Previous difficulty chest/breastfeeding	4	10.8%
	Stress/Exhaustion	5	13.5%
	No reason	13	35.1%
Were you able to chest/breastfeed or pump when you returned to work or school? (n=100)	No, I stopped to return	11	11.0%
	Yes, I continued when I returned	33	33.0%
	I did not work or go to school	53	53.0%
	Worked/Went to school from home	1	1.0%
	Prefer not to answer	1	1.0%
	Other	1	1.0%

Table 4. Supplementary 2023 Clinton County Chest/Breastfeeding Experience Survey (N=100)

Question	Answer	# of Responses	% of Responses
Did you feel supported by your employer or school to continue chest/breastfeeding or pumping? (n=44)	No	11	25.0%
	Yes	32	72.7%
	Employer lacked enough hours to return to work as normal	1	2.3%
Was there anything that made it hard to chest/breastfeed or pump while at work or school? (n=40)	No challenges	22	55.0%
	Employer was not supportive	14	35.0%
	No comfortable, private, clean space provided	9	22.5%
	Not comfortable pumping at work or school	1	2.5%
	Other	1	2.5%
What reasons played a part in your decision to stop chest/breastfeeding? (n=99)	I am currently chest/breastfeeding	6	6.1%
	Advised to stop by healthcare provider	5	5.1%
	Baby-led weaning	22	22.2%
	Baby refused/Preferred bottle	2	2.0%
	Biting/Painful	6	6.1%
	Chest/Breastmilk did not satisfy baby	9	9.1%
	Embarrassment	1	1.0%
	Did not enjoy chest/breastfeeding	1	1.0%
	Lacked workplace/school support	2	2.0%
	Returned to work/school and had difficulty pumping	5	5.1%
	Medical concerns for infant	9	9.1%
	Medical concerns for the parent	3	3.0%
	Met goal for duration of chest/breastfeeding	6	6.1%
	Parent's diet/health habits	2	2.0%
	Parent taking medication	2	2.0%
	Milk supply	35	35.4%
	Painful/difficulty latching	16	16.2%
	Time consuming	2	2.0%
	Decision was not influence by any reason	8	8.1%
	Poor or negative experience during labor and delivery	1	1.0%
	Other	16	16.2%

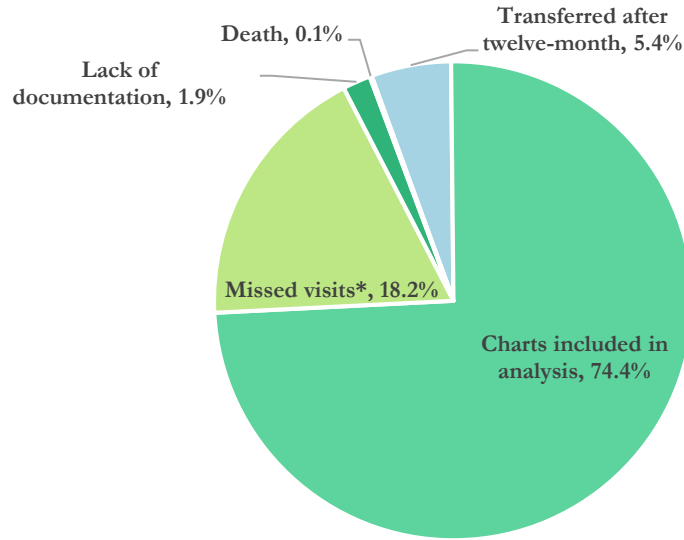
Table 5. Supplementary Newborn Feeding Survey 2023 (N=100)

Question	Answer	# of Responses	% of Responses
How are you feeding your new baby? (n=100)	Chest/Breastfeeding	62	62.0%
	Formula	16	16.0%
	Some of each	22	22.0%
When did you decide how to feed your baby? (n=96)	Before this pregnancy	61	63.5%
	During my pregnancy	33	34.4%
	After giving birth	2	2.1%
Who helped you make your decision? (n=99)	Myself	84	84.8%
	My Mother	7	7.1%
	Friends/Peers	9	9.1%
	Doctor	9	9.1%
	WIC	5	5.1%
	Partner	38	38.4%
	Other Family Members	4	4.0%
	Reading/Information	19	19.2%
	Previous Child/Experience	16	16.2%
What two factors were most important to you in your feeding decision? (n=98)	Opinion of my family	0	0.0%
	My schedule/work	10	10.2%
	My baby's health	78	79.6%
	Professional advice	2	2.0%
	Partner's preference	2	2.0%
	Bonding	60	61.2%
	Convenience	23	23.5%
	My health	21	21.4%
	Comfort	16	16.3%
It takes more time and effort to feed a baby if they are... (n=94)	Chest/Breastfed	71	75.5%
	Formula-fed	23	24.5%
Comparing chest/breastmilk and formula, they are... (n=97)	About the same	25	25.8%
	Completely different	72	74.2%

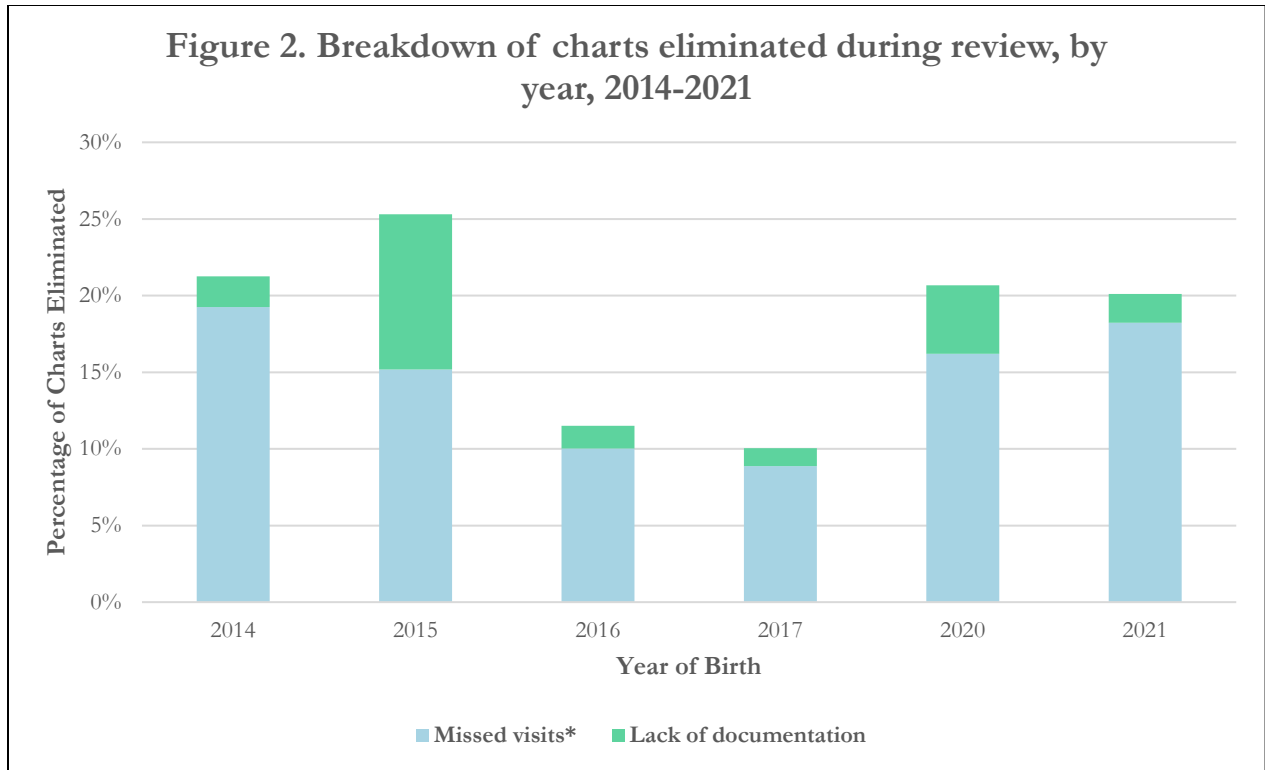
Table 5. Supplementary Newborn Feeding Survey 2023 (N=100)

Question	Answer	# of Responses	% of Responses
Most new mothers today feed by... (n=96)	Chest/Breast	13	13.5%
	Formula	12	12.5%
	Use both	39	40.6%
	Don't know	32	33.3%
You have seen babies being... (n=98)	Chest/breastfed	5	5.1%
	Formula-fed	5	5.1%
	Both	87	88.8%
	Neither	1	1.0%
Women you know have... (n=97)	Chest/breastfed	7	7.2%
	Formula-fed	3	3.1%
	Used both	84	86.6%
	Don't know	3	3.1%
As a baby you were... (n=98)	Chest/breastfed	23	23.5%
	Formula-fed	49	50.0%
	Both	17	17.3%
	Don't know	9	9.2%
Doctor's recommend... (n=97)	Chest/breastfeeding	48	49.5%
	Formula-feeding	1	1.0%
	Both	40	41.2%
	Don't know	8	8.2%
Is this your first baby? (n=100)	Yes	42	42.0%
	No	58	58.0%
If no, how did you feed your other children? (n=58)	Chest/breastfed	19	32.8%
	Formula-fed	15	25.9%
	Both	24	41.4%
Do you participate in the WIC program? (n=100)	Yes	41	41.0%
	No	59	59.0%

Figure 1. Charts reviewed for infant feeding data,
2021 birthdate
Breakdown of charts eliminated (n=741)



**Charts eliminated due to missed visits include those in which a child transferred into or out of a practice, as well as those in which a child missed a key well visit appointment. 40 of the 741 available charts were eliminated prior to data collection due to patients having no data at the office between the two-day and one-year well visit.*



**Charts eliminated due to missed visits include those in which a child transferred into or out of a practice, as well as those in which a child missed a key well visit appointment.*

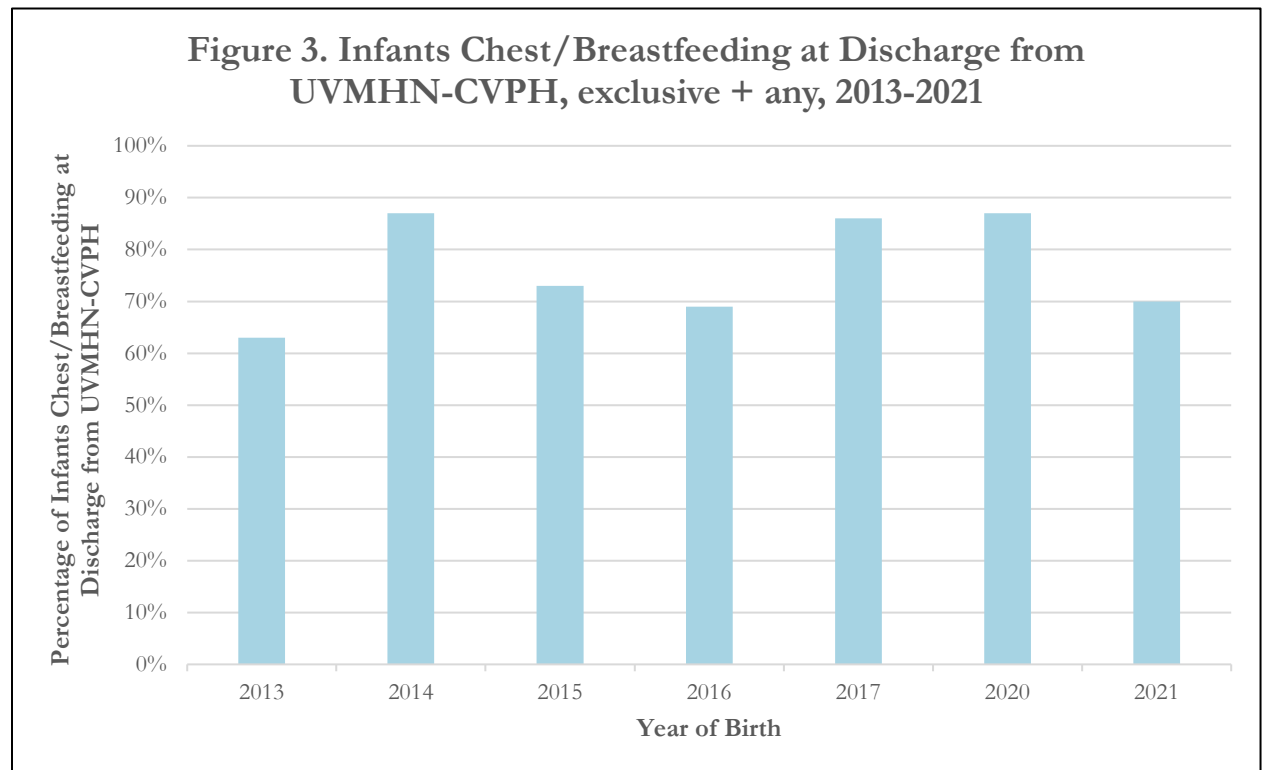


Figure 4. Infants chest/breastfeeding in Clinton County by well visit, exclusive + any, 2013-2021

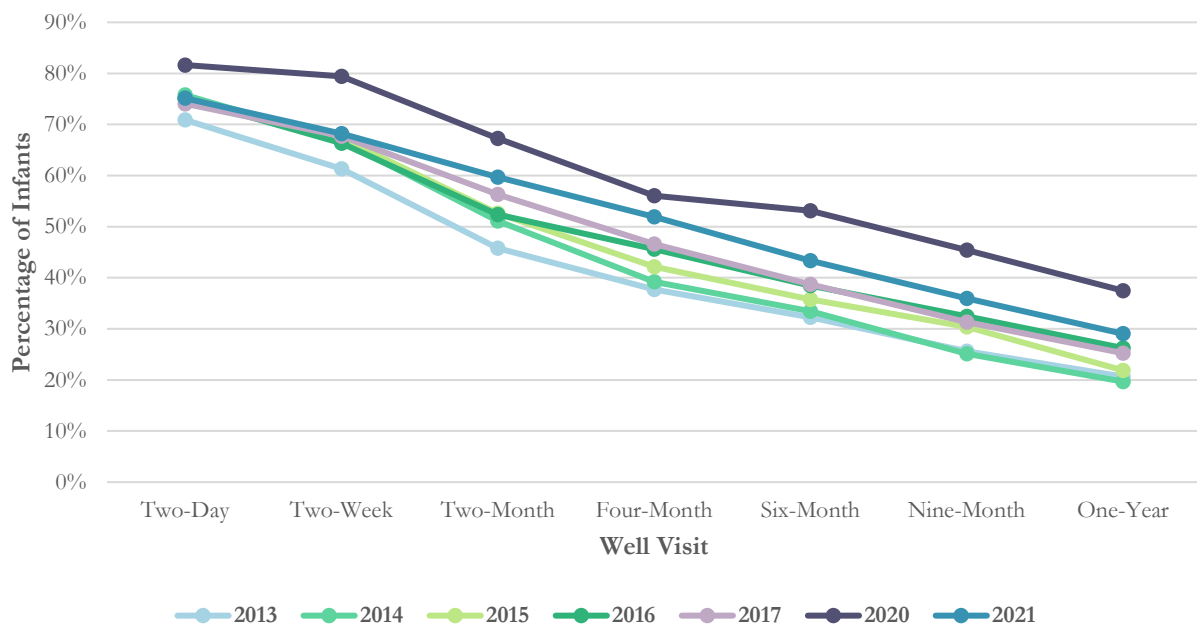
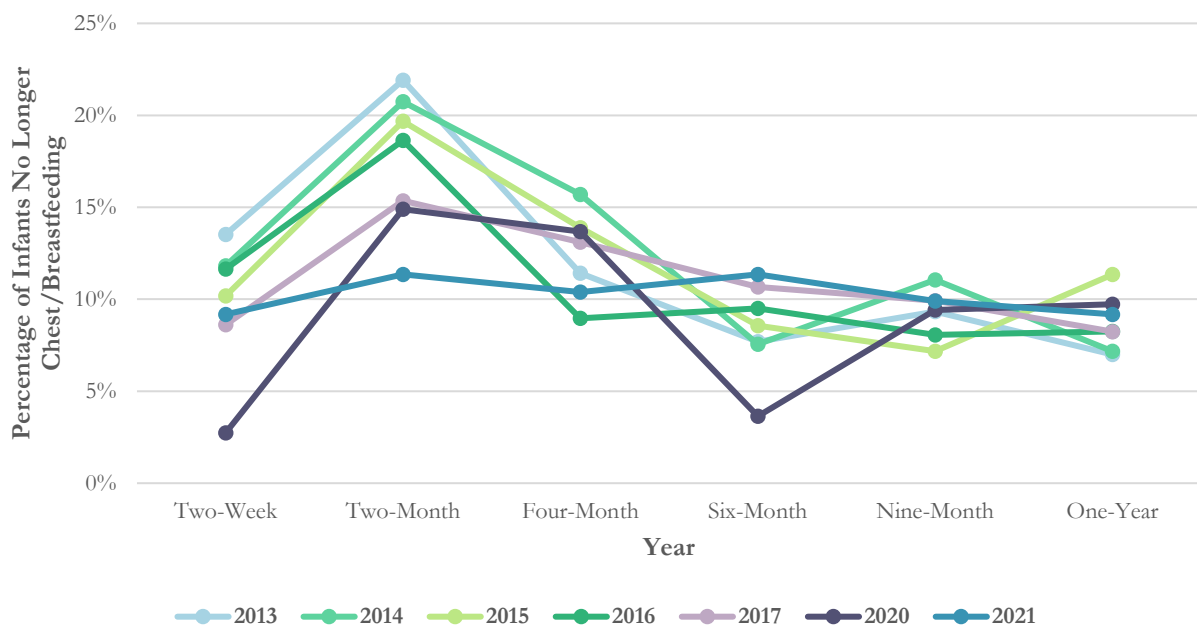
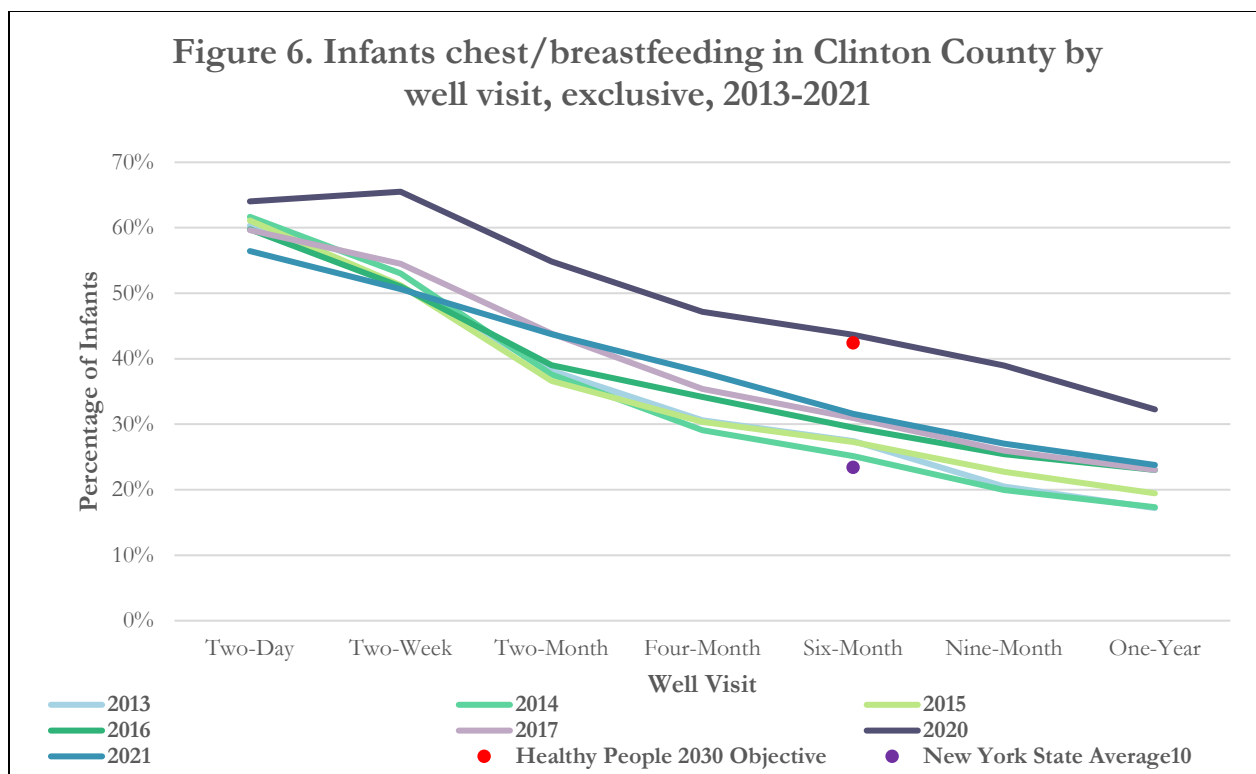
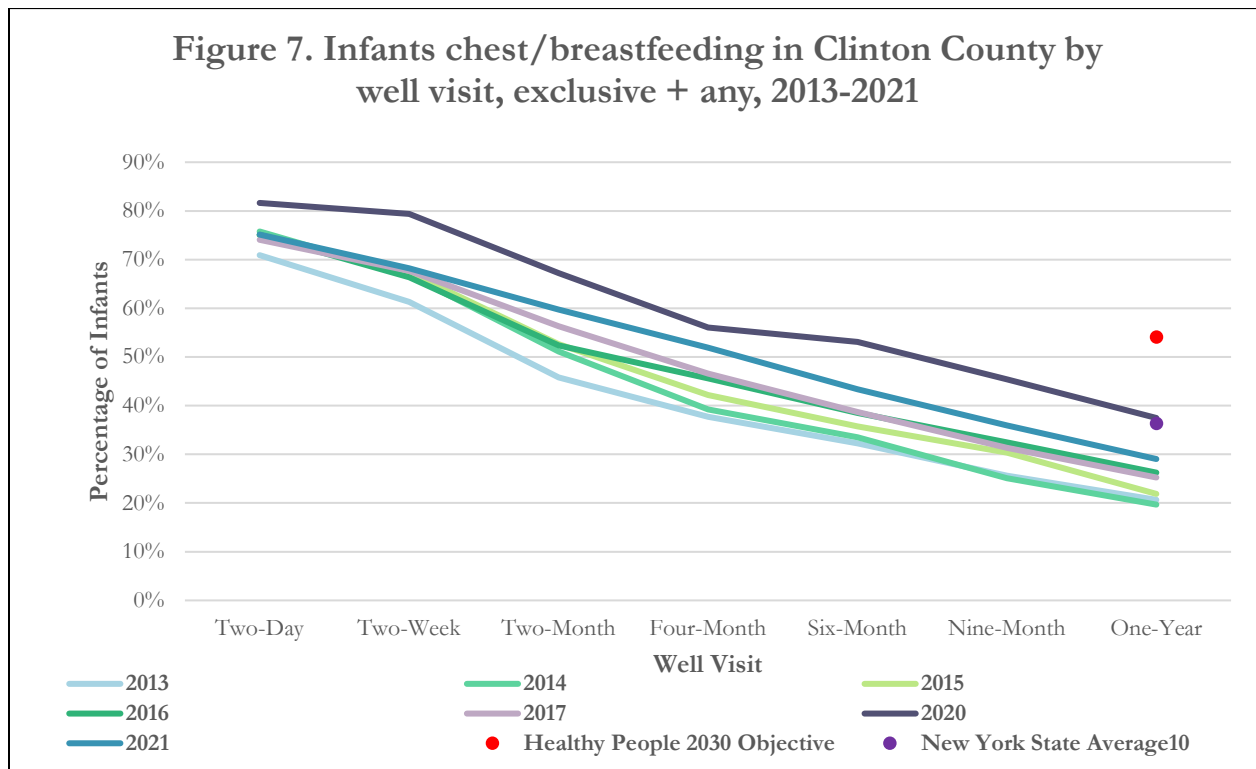


Figure 5. Infants no longer chest/breastfeeding from their previous well visit, exclusive + any, 2013-2021

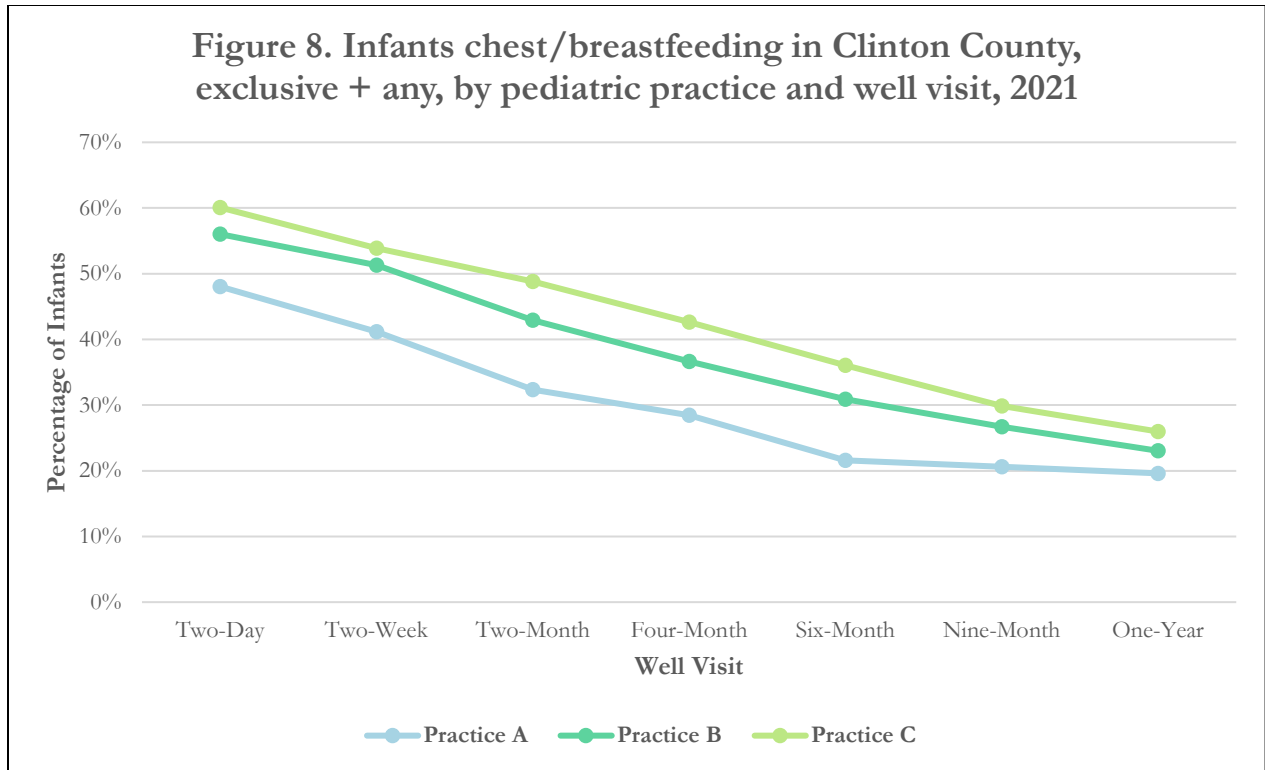




¹⁰New York State data obtained from the Centers for Disease Control and Prevention *Breastfeeding Report Card*, available at <https://www.cdc.gov/breastfeeding/data/reportcard.htm>.



¹⁰New York State data obtained from the Centers for Disease Control and Prevention *Breastfeeding Report Card*, available at <https://www.cdc.gov/breastfeeding/data/reportcard.htm>.



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