

September 2022

Introduction & Overview of Local Chest/Breastfeeding Initiatives

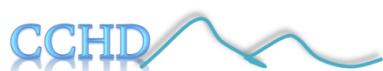
Due to the well documented health benefits of chest/breastfeeding but lack of comprehensive local data, the Clinton County Health Department (CCHD) continues to partner with local pediatric primary care providers to collect annual infant feeding data; this collection is now in its sixth iteration. This data has been used to assess infant feeding approaches and patterns in Clinton County and to inform individual and community level interventions to increase initiation and duration of chest/breastfeeding among local mother/infant dyads.

Although the COVID-19 pandemic may have hindered some chest/breastfeeding initiatives in 2020, a supportive framework for families in Clinton County was well established. Services traditionally held in-person were transitioned to virtual formats allowing access while practicing preventative measures. For example, Nature's Way Baby Café® facilitated weekly virtual drop-in meetings, the University of Vermont Health Network-Champlain Valley Physician's Hospital's (UVMHN-CVPH) lactation clinic offered virtual consultations and pediatric offices were able to assist families via telehealth appointments. Long standing community events, such as the Global Big Latch On hosted by UVMHN-CVPH, also went virtual with sixty attendees in 2020.

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 2020, grant successes included: helping fourteen 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 two healthcare providers resulting in NYSDOH *Breastfeeding Friendly Designation*; assisting twelve child care centers and day care homes becoming *Breastfeeding Friendly*; and establishing a breastfeeding coalition for Warren and Washington Counties, spearheaded by Hudson Headwaters Health Network.

The partners of the Clinton County Breastfeeding Coalition continued to collaboratively develop an annual work plan aimed at increasing individual and community level support for chest/breastfeeding families. In 2020, the Coalition updated the local Lactation Resources Guide and a Lactation Process Map to include virtual services in an effort to eliminate gaps for families. Members promoted the Nature's Way Baby Café® through traditional and social media to increase awareness and attendance. One hundred Newborn Feeding Surveys were collected from mothers at UVMHN-CVPH to determine infant feeding status, influencing factors and mothers' perception of infant feeding in the community. Since 2018, coalition members have assisted ten 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 2020, increasing the total to fifty-five. The program, launched in 2017, offers local establishments a 'Breastfeeding Welcome Here' decal which can be placed in their windows to show their support.



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In addition, multiple partners from across the care continuum have implemented sustainability measures to ensure families get the lactation support needed to reach their goals. The number of trained lactation professionals in Clinton County has increased significantly since the last data collection to include fifteen Certified Lactation Counselors (CLCs) and two International Board Certified Lactation Consultants (IBCLCs). These new lactation experts are available for individualized care in a variety of settings including Behavioral Health Services North's (BHSN) Healthy Families of New York (HFNY) program, Women, Infants, and Children (WIC), pediatric offices, family and obstetric offices, as well as UVMHN-CVPH's lactation clinic. Additionally, two new Hudson Headwaters family medicine practices opened in 2017 and 2019. Champlain Family Health and Plattsburgh Family Health expand access to not only primary care services, but also to lactation support.

Clinton County listened, and has impressively responded to, the *Surgeon General's 2011 Call to Action to Support Breastfeeding*, as evidenced by the collective efforts of local chest/breastfeeding stakeholders. The data set reviewed in this report affords Clinton County a representative picture of progress very few communities possess. This report details infant feeding data for 2020, compares findings to the 2013-2017 data sets and offers analysis and suggestions for continued progress.

Methods

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 2020 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/breastmilk and formula; *exclusive* if documentation indicated the patient was receiving only chest/breastmilk, 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/breastmilk (category labeled chest/breastmilk 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/breastmilk may also include the introduction of whole cow's milk, as this too is a recommended transition per the age. A total of 593 charts were reviewed which included 245 charts from Plattsburgh Pediatrics, 110 charts from Plattsburgh Primary Care Pediatrics and 238 charts from Mountain View Pediatrics. According to UVMHN-CVPH, 682 infants were born in 2020, a significant decrease when compared to previous years (*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 1 and 2* for complete 2020 data summary.

Of the 593 charts reviewed, 163 charts (27.5%) were eliminated due to incomplete documentation that would not have allowed a complete data analysis (see *Figure 1*). Additionally, 27 charts were removed 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. Incomplete documentation of feeding status requiring chart elimination occurred due to any one of the following: a child transferring in

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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 some 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 descriptive analysis was undertaken to summarize the data set collected. Individual descriptive analyses of the data sets 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 annual report and 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 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.

Findings

Infant chest/breastfeeding at hospital discharge (exclusive and any) increased, from 63% in 2013 to 86.6% in 2020. See *Figure 3* for 2013-2020 data comparisons.

Based on the data collected, chest/breastfeeding rates (exclusive and any) at the two-day well visit increased from 74.1% in 2017 to 78.7% in 2020. Additionally, from 2013 to 2020 there was an 11.0% increase in the number of infants chest/breastfeeding at the two-day well visit, from 70.9% (429 infants) in 2013 to 78.7% (307 infants) in 2020. Of the 70.9% of infants chest/breastfeeding at two days in 2013, 60.3% received chest/breastmilk exclusively and 10.6% received chest/breastmilk in combination with formula. In 2020, these rates were 78.7% overall, with 62.3% exclusive and 16.4% any (see *Table 2*).

Of the 329 infants born in 2020 who were chest/breastfeeding (exclusive and any) at their two-day well visit, 2.7% (9) had stopped chest/breastfeeding by their two-week well visit, and another 14.9% (49) had stopped chest/breastfeeding by their two-month well visit. From 2017 to 2020, there was an 8.4% increase in the number of infants chest/breastfeeding at their two-day well visit and continuing to chest/breastfeed at their two-month well visit, from 76.0% in 2017 to 82.4% in 2020. From 2013 to 2020, the number of infants chest/breastfeeding at their two-day well visit and continuing to chest/breastfeed at their two-month well visit increased 27.6%, from 64.6% in 2013 to 82.4% in 2020 (see *Table 3*).

Infants exclusively chest/breastfeeding at the two-day well visit increased slightly over the eight-year span of chart reviews, from 60.3% (365) of all infants in 2013, to 64.0% (258) in 2020 (see *Table 2*). While the most significant decrease in infants chest/breastfeeding exclusively has consistently occurred between the two-week and two-month well visits, more infants were continuing to chest/breastfeed through the two-month well visit in 2020 as compared to prior years. Of those chest/breastfeeding exclusively at the two-

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day well visit, 14.3% (37) had stopped by the two-month well visit in 2020, compared to 26.5% (114) in 2017 and 36.7% (134) in 2013 (see *Table 4*). The number of infants chest/breastfeeding (exclusive and any) at the two-day well visit and continuing to chest/breastfeed through the twelve-month well visit increased 58.1%, from 29.1% (125) in 2013 to 46.0% (151) in 2020. In addition, the number of infants chest/breastfeeding exclusively at the two-day well visit and continuing to chest/breastfeed through the twelve-month well visit increased 77.5% from 28.5% (104) in 2013 to 50.6% (130) in 2020.

When compared to New York State data, more Clinton County infants were exclusively chest/breastfed through six months. In 2020, 43.7% of infants in Clinton County were chest/breastfed exclusively through six months, in comparison to 25.8% of infants in New York State. The Clinton County rate of infants exclusively chest/breastfeeding through six months also surpassed the Healthy People 2020 target of 25.5%. Unfortunately, Clinton County continues to lag behind New York State in “any breastfeeding at 6 months” and “any breastfeeding at 1 year” measures (see *Table 5*). When looking at the Healthy People 2030 goals, Clinton County has surpassed the “exclusively breastfeeding at 6 months at 42.4%” marker by 1.3 percentage points (43.7%). However, Clinton County has yet to reach the marker of “breastfeeding at 1 year at 54.1%” (37.5%) (see *Table 6*).

Infants chest/breastfeeding for twelve months, as a percentage of all infants, increased by 12.3 percentage points from 25.2% (182) in 2017 to 37.5% (146) in 2020, and increased by 16.8 percentage points as compared to 2013 (20.7%, 125). Infants chest/breastfeeding exclusively for twelve months increased significantly from 2017 to 2020 from 38.6% (166) in 2017 to 50.6% (130) in 2020. Additionally, this same measure increased 22.1 percentage points from 28.5% (104) in 2013 to 50.6% (130) in 2020 (see *Tables 2-5* and *Figures 4-5*).

Figure 6 illustrates a comparison of infants chest/breastfeeding in Clinton County by pediatric practice. While overall trends in chest/breastfeeding for the year are similar between all three practices, variations in rates at each well visit appointment are evident between practices.

Discussion & Conclusions

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.

This data set represents a convenience sample of infants born between 1/1/2020 and 12/31/2020 who received primary pediatric 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 served as an indicator of validity in the past for these data sets. Since the 2017 collection, two new family medicine practices in Clinton County opened in 2017 and 2019; Hudson Headwater’s Champlain Family Health and Plattsburgh Family Health, respectfully. Patients of those practices were not included in this review but it should be noted, all practices have been active participants in chest/breastfeeding and baby friendly activities. Therefore, while

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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.

The 2020 data set also includes the least number of charts audited to date with only 403 complete charts in comparison to an average of 665 charts between 2013 and 2017. In addition, process evaluation activities reveal eliminated charts were at a new high. In 2020, 21.4% of charts were eliminated due to missed visits which includes missing a key well visit and transferring into or out of one of the three largest pediatric practices in Clinton County. It is probable that patients transferred out of a pediatric practice and into a family medicine practice. As previously noted, data from these practices were not included in the chart audit for 2020. The COVID-19 pandemic presented challenges to attending in-person well visits and this contributed to the higher level of eliminated charts. In the infancy of the pandemic, well visits were being cancelled as health care providers navigated the ever changing guidance. Since these key encounters did not happen they were captured as missed visits. In comparing the total number of chart reviews included in this current sample to the total number of births at UVMHN-CVPH for the designated timeframe and in considering the number of eliminated records, this is the least comprehensive data set to date.

According to the UVMHN-CVPH, there was an increase from 2013 to 2017 in both infants initiating chest/breastfeeding within the first hour of life and infants chest/breastfeeding at hospital discharge. Unfortunately, breastfeeding status in the first hour of life was not collected in 2020 due to staffing changes. UVMHN-CVPH staff are working to incorporate this data field into their new EMR, EPIC. Breastfeeding at hospital discharge continues to trend upwards, however, since 100% of infants born at UVMHN-CVPH do not go to one of the three largest pediatric practices in Plattsburgh, we cannot definitively compare discharge rates with two-day rates.

An overall trend favoring increased chest/breastfeeding initiation, duration and exclusivity is also emerging from data collected from local pediatric practices over the last eight years. Compared to 2013, there has been at least a 15% increase in Clinton County infants receiving human milk during their first year of life. An increase in chest/breastfeeding rates is evident at each milestone well-visit, for exclusively chest/breastfed infants as well as those supplemented with formula. However, a large extent of this observed increase can be attributed to mothers chest/breastfeeding longer versus an increase in the number of mothers choosing chest/breastfeeding as a feeding approach; this is especially true for the mothers choosing to exclusively chest/breastfeed.

It is noted, the largest decrease in chest/breastfeeding rates continues to be seen between the two-week and two-month well visits. The decrease in rates during this critical time period has steadily improved since 2013 (21.9%), indicating that more infants are being fed chest/breastmilk for a longer duration but this time period should continue to be a focus of support efforts.

Although the COVID-19 pandemic presented barriers to seeking in-person lactation support it also afforded families more time at home with their infants and support systems which has been shown to have positive effects on chest/breastfeeding rates. Additional potential exists in the community to increase chest/breastfeeding rates by focusing on activities that support greater initiation rates.

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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. Qualitative data collected through the 2020 Newborn Feeding Survey supports a cultural shift in which residents view chest/breastfeeding as normal. In 2020, 29% of mothers surveyed thought that most new mothers chest/breastfed and 47% of mothers surveyed thought that most new mothers fed both chest/breastmilk and formula. This represents an increase of 12 and 17 percentage points respectively since the 2013 survey was conducted. When asked what feeding methods they have seen babies being fed with, 16% of mothers surveyed responded chest/breastfed, an increase of 11 percentage points since the 2013 survey. Additionally, 84% of moms surveyed in 2020 indicated they will be feeding their baby chest/breastmilk, either exclusively or in combination with formula. This correlates to the percentage of mothers chest/breastfeeding (exclusively and any) at hospital discharge and the two-day well visit in 2020, 86.6% and 81.6% respectively.

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 data set 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 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 timeframes.
- Partner with Hudson Headwater's Champlain Family Health and Plattsburgh Family Health and UVMHN-CVPH Family Medicine to collect infant feeding data in the future.
- Increase the number of obstetric, family medicine and pediatric practices serving Medicaid eligible women and their children that achieve the NYS Breastfeeding Friendly Practice designation.
- Increase the number of child care centers and day care homes serving families that achieve the Breastfeeding Friendly designation.
- Increase the number of worksites that provide accommodations for chest/breastfeeding employees and create chest/breastfeeding policies.

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- Increase the number of Baby Cafés® in faith-based, community-based or health care organizations in communities.
- 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 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® virtual 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 mothers including WIC, La Leche League, local chest/breastfeeding 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 mother's feedback on feeding decisions, influences and perceptions.

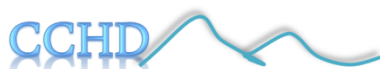
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Table 1. Infants born at UVMHN-CVPH between 2013-2020

Year	Number of Infants
2013	843
2014	863
2015	902
2016	892
2017	825
2020	682

Table 2. Infant chest/breastfeeding (BF) status at each well visit by year of birth, 2013-2020

	Well Visit	2 Day		2 Week		2 Month		4 Month		6 Month		9 Month		12 Month	
		Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any	Exclusive	Any
2020 (n=403)	Infants BF	64.0% (258)	17.6% (71)	65.5% (264)	13.9% (56)	54.8% (221)	12.4% (50)	47.1% (190)	8.9% (36)	43.7% (176)	9.4% (38)	39.0% (157)	6.5% (26)	32.3% (130)	5.2% (21)
	Total infants BF (exclusive + any)	81.6% (329)		79.4% (320)		67.2% (271)		56.1% (226)		53.1% (214)		45.4% (183)		37.5% (151)	
	Infants no longer BF since last visit (exclusive + any)			2.7% (9)		14.9% (49)		13.7% (45)		3.6% (12)		9.5% (31)		9.8% (32)	
2017 (n=721)	Infants BF	59.6% (430)	14.4% (104)	54.5% (393)	13.2% (95)	43.8% (316)	12.5% (90)	35.4% (255)	11.2% (81)	30.9% (223)	7.8% (56)	25.9% (187)	5.4% (39)	23.0% (166)	2.2% (16)
	Total infants BF (exclusive + any)	74.1% (534)		67.7% (488)		56.3% (406)		46.6% (336)		38.7% (279)		31.3% (226)		25.2% (182)	
	Infants no longer BF since last visit (exclusive + any)			8.6% (46)		15.4% (82)		13.1% (70)		10.7% (57)		9.9% (53)		8.2% (44)	
2016 (n=743)	Infants BF	59.8% (444)	15.3% (114)	51.0% (379)	15.3% (114)	39.0% (290)	13.3% (99)	34.2% (254)	11.4% (85)	29.5% (219)	9.0% (67)	25.4% (189)	7.0% (52)	23.0% (171)	3.2% (24)
	Total infants BF (exclusive + any)	75.1% (558)		66.4% (493)		52.4% (389)		45.6% (339)		38.5% (286)		32.4% (241)		26.2% (195)	
	Infants no longer BF since last visit (exclusive + any)			11.6% (65)		18.6% (104)		9.0% (50)		9.5% (53)		8.1% (45)		8.2% (46)	
2015 (n=576)	Infants BF	61.1% (352)	13.8% (80)	51.2% (295)	16.1% (93)	36.6% (211)	14.2% (82)	30.4% (175)	11.8% (68)	27.3% (157)	8.5% (49)	22.7% (131)	7.6% (44)	19.4% (112)	2.4% (14)
	Total infants BF (exclusive + any)	75.0% (432)		67.4% (388)		50.9% (293)		42.2% (243)		35.8% (206)		30.4% (175)		21.9% (126)	
	Infants no longer BF since last visit (exclusive + any)			10.2% (44)		22.0% (95)		11.6% (50)		8.6% (37)		7.2% (31)		11.3% (49)	



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2014 (n=681)	Infants BF	Exclusive 61.7% (420)	Any 14.1% (96)	Exclusive 53.0% (361)	Any 13.8% (94)	Exclusive 37.6% (256)	Any 13.5% (92)	Exclusive 29.1% (198)	Any 10.1% (69)	Exclusive 25.1% (171)	Any 8.4% (57)	Exclusive 20.0% (136)	Any 5.1% (35)	Exclusive 17.3% (118)	Any 2.3% (16)
	Total infants BF (exclusive + any)	75.8% (516)		66.8% (455)		51.1% (348)		39.2% (267)		33.5% (228)		25.1% (171)		19.7% (134)	
	Infants no longer BF since last visit (exclusive + any)			11.8% (61)		20.7% (107)		15.7% (81)		7.6% (39)		11.0% (57)		7.2% (37)	

2013 (n=605)	Infants BF	Exclusive 60.3% (365)	Any 10.6% (64)	Exclusive 51.1% (309)	Any 10.2% (62)	Exclusive 38.2% (231)	Any 7.6% (46)	Exclusive 30.6% (185)	Any 7.1% (43)	Exclusive 27.4% (166)	Any 4.8% (29)	Exclusive 20.5% (124)	Any 5.1% (31)	Exclusive 17.2% (104)	Any 3.5% (21)
	Total infants BF (exclusive + any)	70.9% (429)		61.3% (371)		45.8% (277)		37.7% (228)		32.2% (195)		25.6% (155)		20.7% (125)	
	Infants no longer BF since last visit (exclusive + any)			13.5% (58)		21.9% (94)		11.4% (49)		7.7% (33)		9.3% (40)		7.0% (30)	

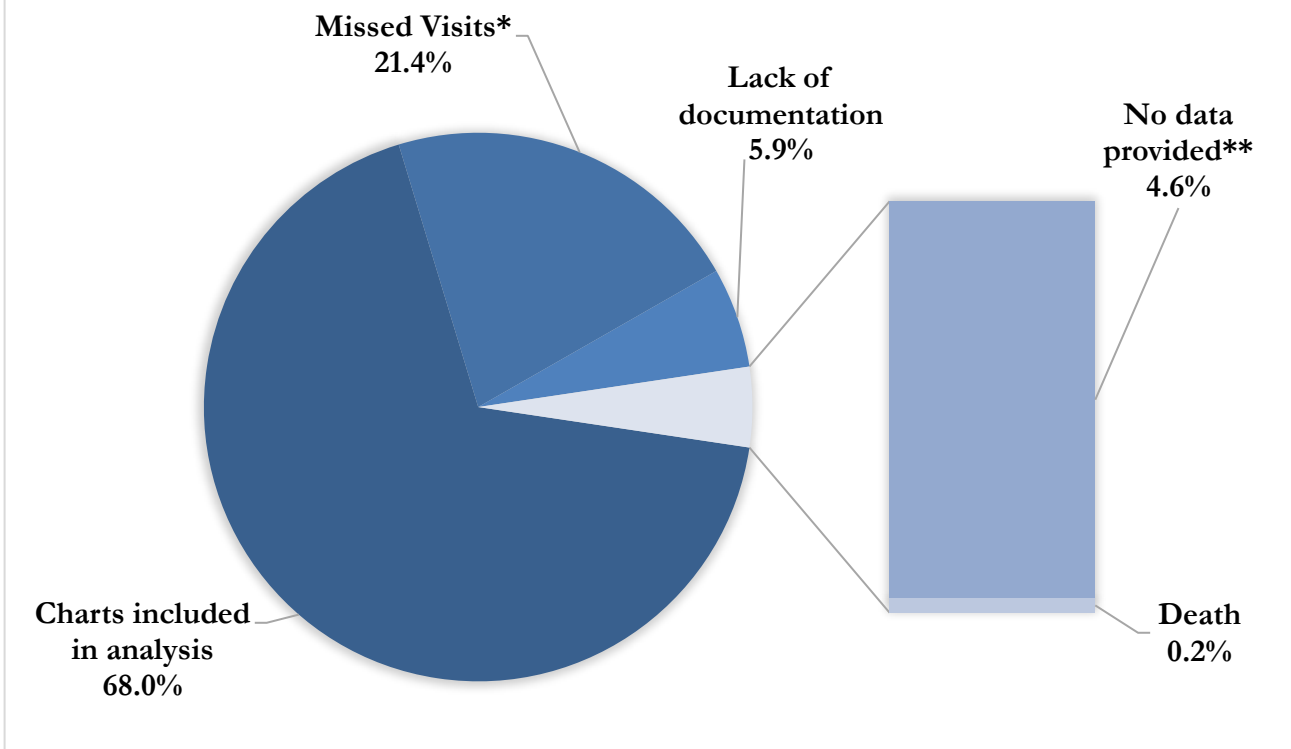
Table 3. Percentage of infants chest/breastfeeding (BF) at 2 day well visit continuing to chest/breastfeed at each well visit by year of birth, exclusive + any, 2013-2020

	Well Visit	2 Day	2 Week	2 Month	4 Month	6 Month	9 Month	12 Month
2020	Infants BF (exclusive + any)	n = 329	97.3% (320)	82.4% (271)	68.7% (226)	65.2% (214)	55.8% (183)	46.0% (151)
2017	Infants BF (exclusive + any)	n = 534	91.4% (488)	76.0% (406)	62.9% (336)	52.5% (279)	42.3% (226)	34.1% (182)
2016	Infants BF (exclusive + any)	n = 558	88.4% (493)	69.7% (389)	60.8% (339)	51.3% (286)	43.2% (241)	34.9% (195)
2015	Infants BF (exclusive + any)	n = 432	89.8% (388)	67.8% (293)	56.2% (243)	47.7% (206)	40.5% (175)	29.2% (126)
2014	Infants BF (exclusive + any)	n = 516	88.2% (455)	67.4% (348)	51.7% (267)	44.2% (228)	33.1% (171)	26.0% (134)
2013	Infants BF (exclusive + any)	n = 429	86.5% (371)	64.6% (277)	53.1% (228)	45.5% (195)	36.1% (155)	29.1% (125)

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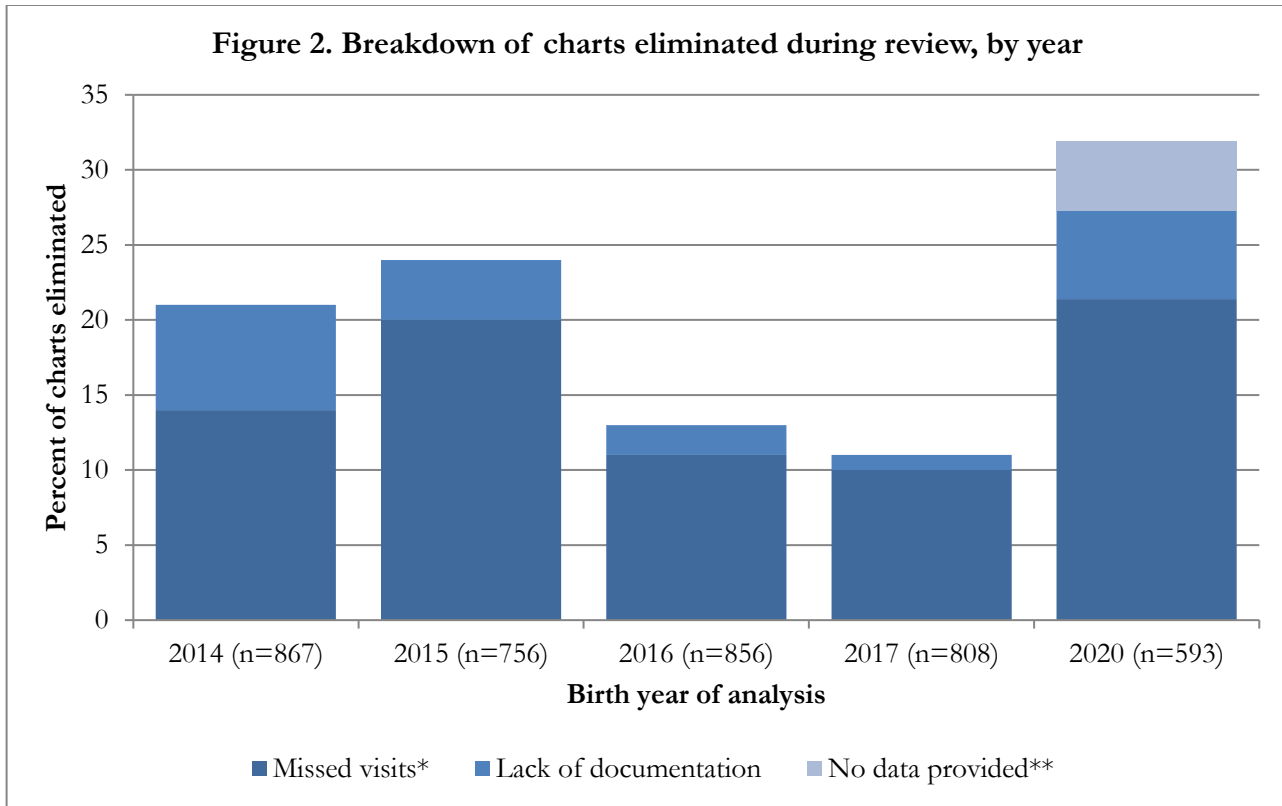
Table 4. Percentage of infants chest/breastfeeding (BF) at 2 day well visit continuing to chest/breastfeed at each well visit by year of birth, exclusive, 2013-2020								
	Well Visit	2 Day	2 Week	2 Month	4 Month	6 Month	9 Month	12 Month
2020	Infants BF (exclusive)	n = 258	102.3% (264)	85.7% (221)	73.6% (190)	68.5% (176)	61.1% (157)	50.6% (130)
2017	Infants BF (exclusive)	n = 430	91.4% (393)	73.5% (316)	59.3% (255)	51.9% (223)	43.5% (187)	38.6% (166)
2016	Infants BF (exclusive)	n = 444	85.4% (379)	65.3% (290)	57.2% (254)	49.3% (219)	42.6% (189)	38.5% (171)
2015	Infants BF (exclusive)	n = 352	83.8% (295)	59.9% (211)	49.7% (175)	44.6% (157)	37.2% (131)	31.8% (112)
2014	Infants BF (exclusive)	n = 420	86.0% (361)	61.0% (256)	47.1% (198)	40.7% (171)	32.4% (136)	28.1% (118)
2013	Infants BF (exclusive)	n = 365	84.7% (309)	63.3% (231)	50.7% (185)	45.5% (166)	34.0% (124)	28.5% (104)

Figure 1. Charts reviewed for infant feeding data, 2020 birthdate
Breakdown of charts eliminated (n=593)



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

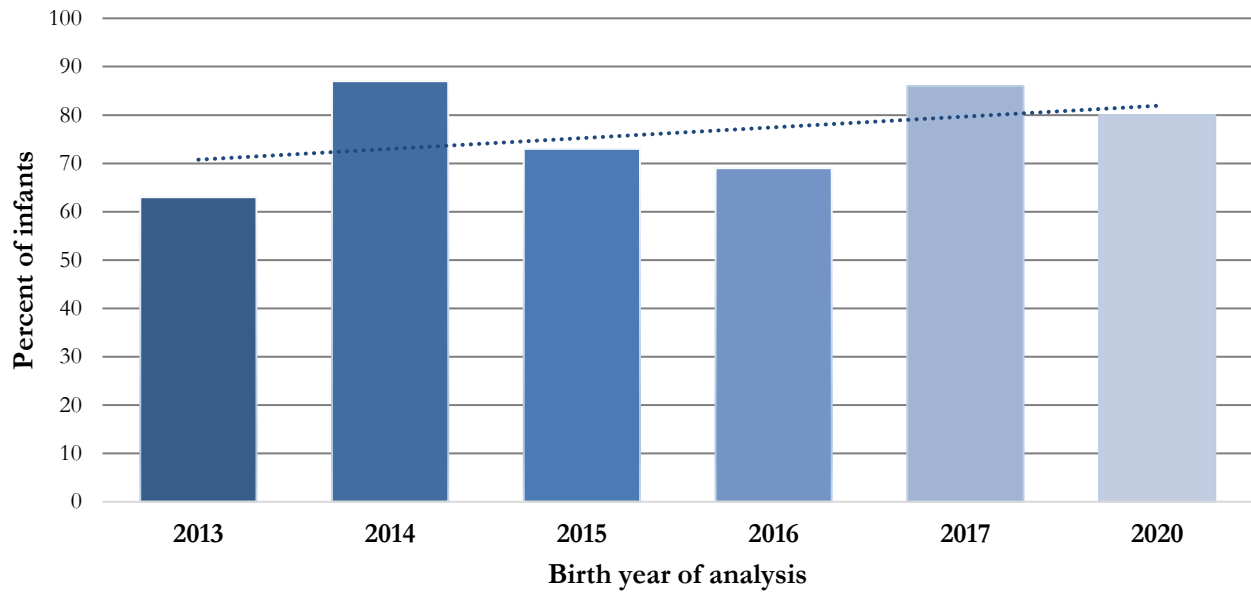
**27 charts (4.6%) were removed due to no documentation of any type between the two-day and twelve-month wellness visits. It is noted that these patients transferred into the practice after their twelve-month visit.



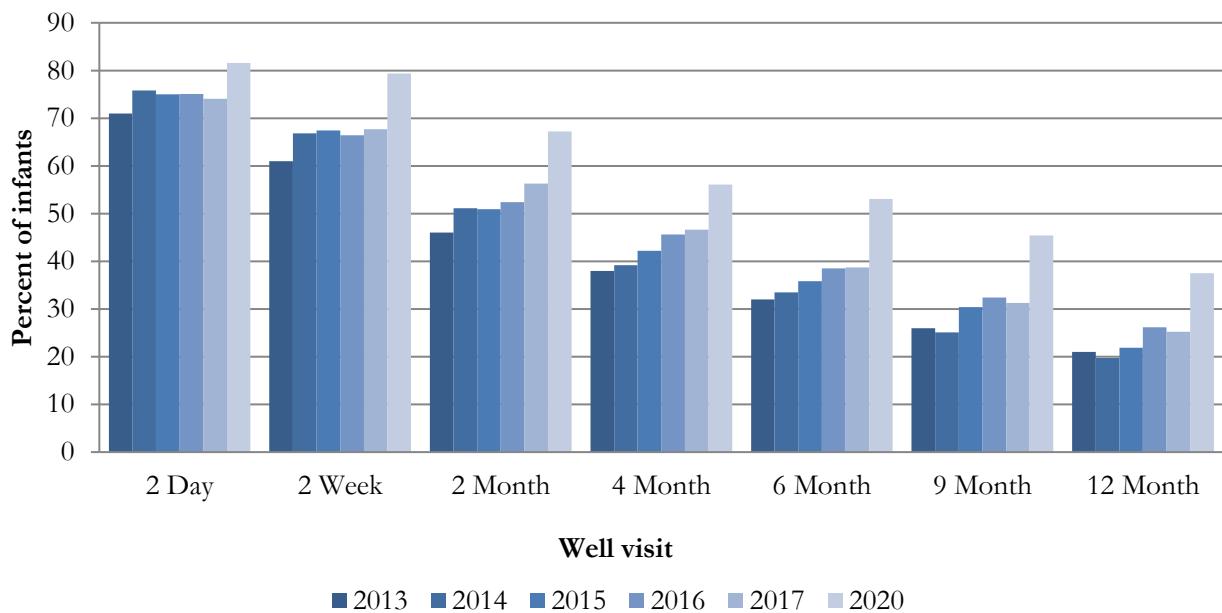
*Charts eliminated due to missed visits include those in which a child transferred in to or out of a practice, as well as those in which a child missed a key well visit appointment.

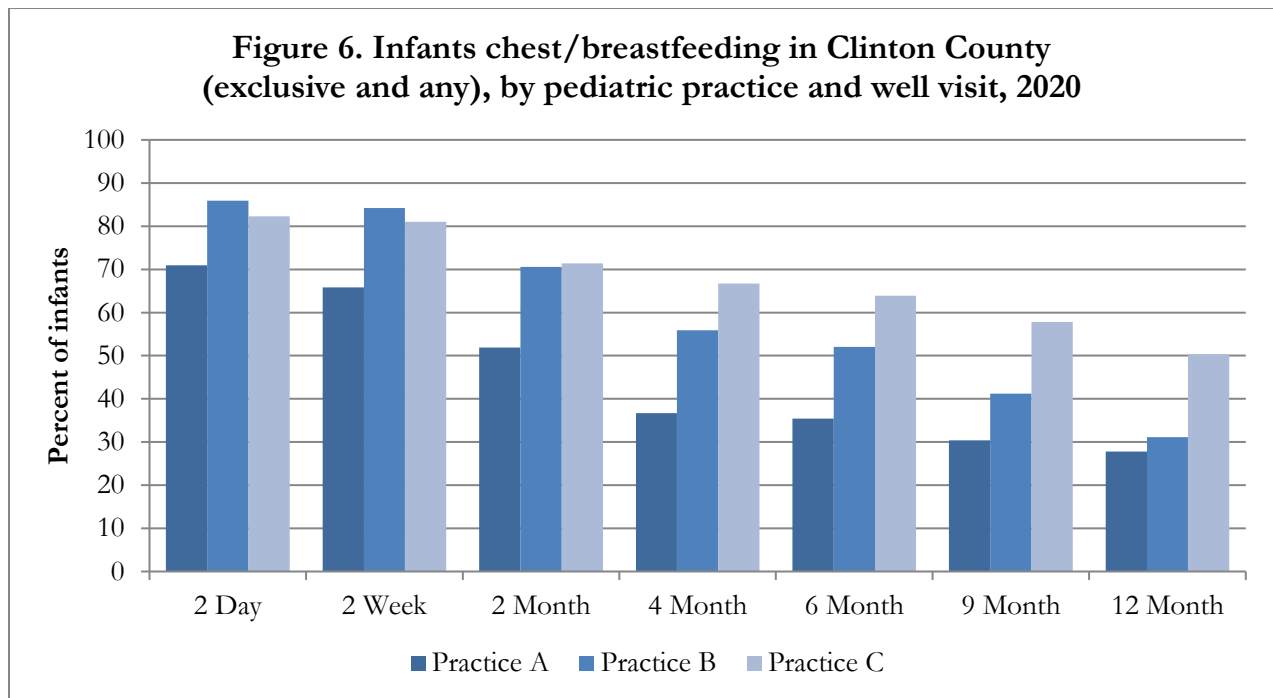
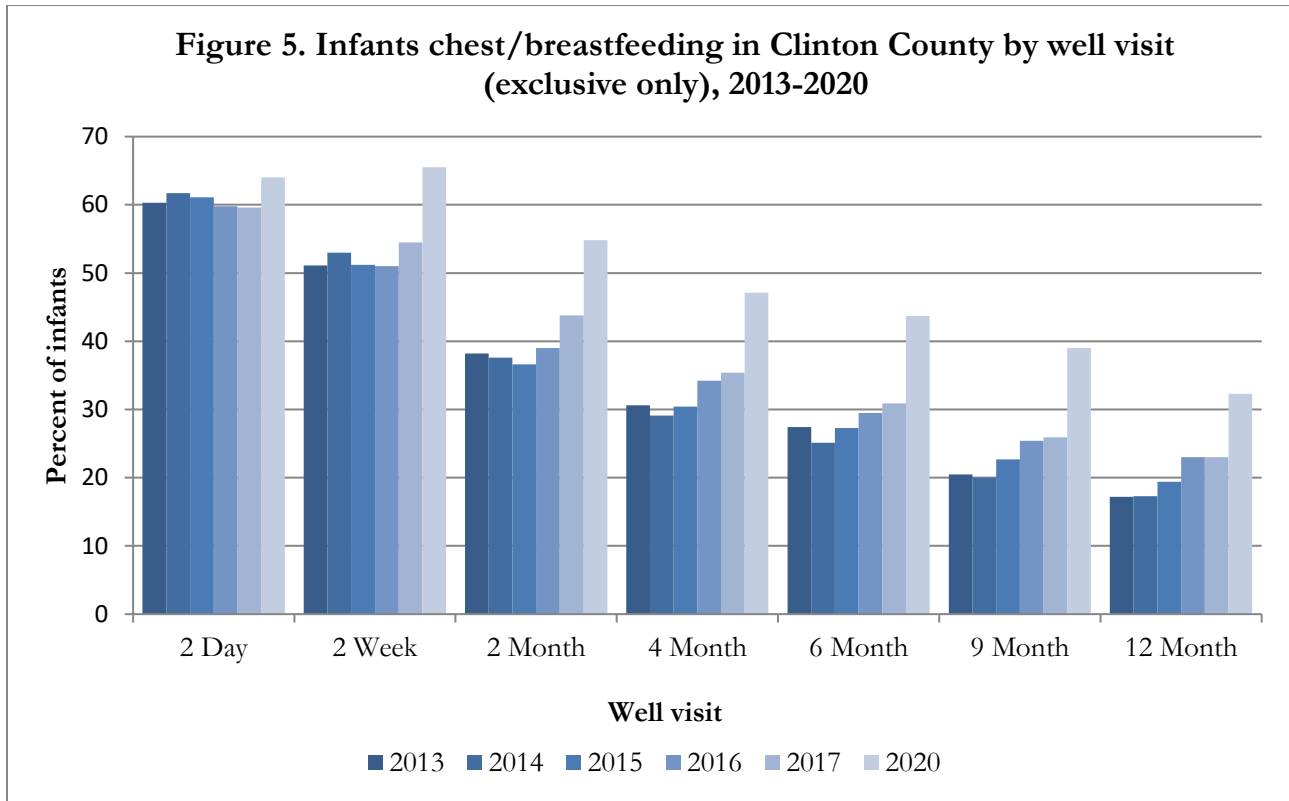
**27 charts (4.6%) were removed due to no documentation of any type between the two-day and twelve-month wellness visits. It is noted that these patients transferred into the practice after their twelve-month visit.

**Figure 3. Infants chest/breastfeeding at hospital discharge
UVMHN-CVPH, 2013-2020**



**Figure 4. Infants chest/breastfeeding in Clinton County by well visit
(exclusive and any), 2013-2020**





Clinton County 2020 Infant Feeding Data Summary

Table 5. Healthy People 2020 Breastfeeding Objectives
Comparative Review of Local Data

Objectives	Baseline	Location	2013	2014	2015	2016	2017	2020	Target
MICH-21: Increase the proportion of infants who are breastfed									
MICH-21.1: Ever	74.0% of infants born in 2006 were ever breastfed as reported in 2007-09	Clinton County ¹	N/A	N/A	N/A	N/A	N/A	N/A	81.9%
		NYS ²	82.2%	82.2%	85.1%	85.1%	85.1%	86.7%	
MICH-21.2: At 6 Months	43.5% of infants born in 2006 were breastfed at 6 months as reported in 2007-09	Clinton County	32.2%	33.5%	35.8%	38.5%	38.7%	53.1%	60.6%
		NYS ²	55.8%	55.8%	59.5%	59.5%	59.5%	58.8%	
MICH-21.3: At 1 year	22.7% of infants born in 2006 were breastfed at 1 year as reported in 2007-09	Clinton County	20.7%	19.7%	21.9%	26.2%	25.2%	37.5%	34.1%
		NYS ²	33.6%	33.6%	38.3%	38.3%	38.3%	36.3%	
MICH-21.4: Exclusively through 3 months	33.6% of infants born in 2006 were breastfed exclusively through 3 months as reported in 2007-09	Clinton County	30.6%	29.1%	30.4%	34.2%	35.4%	47.1%	46.2%
		NYS ²	40.8%	40.8%	42.8%	42.8%	42.8%	42.4%	
MICH-21.5: Exclusively through 6 months	14.1% of infants born in 2006 were breastfed exclusively through 6 months as reported in 2007-09	Clinton County	27.4%	25.1%	27.3%	29.5%	30.9%	43.7%	25.5%
		NYS ²	19.7%	19.7%	21.4%	21.4%	21.4%	23.4%	

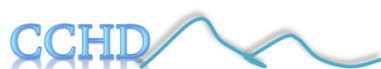
¹Unable to obtain three month data, percentage represents four month data.

²New York State data obtained from the Centers of Disease Control and Prevention *Breastfeeding Report Card*, available at <https://www.cdc.gov/breastfeeding/data/reportcard.htm>. The *Breastfeeding Report Card* released in 2016 reflects 2013 births, data released in 2018 reflects 2015 births, and data released in 2022 reflects 2019 births. Beginning in 2016, *Breastfeeding Report Cards* were released biennially, therefore, data on 2014 births is not available. Data reflecting 2015 births is the most up-to-date information currently available and was used for 2016 and 2017 county to state comparisons. Unable to obtain three month data, percentage represents four month data.

Table 6. Healthy People 2030 Breastfeeding Objectives
Comparative Review of Local Data

Objectives	Baseline	Location	2020	Target
Goal: Improve the health and safety of infants				
MICH-15: Exclusively through 6 months	24.9% of infants born in 2015 were breastfed exclusively through 6 months of age	Clinton County	43.7%	42.4%
		NYS ¹	23.4%	
MICH-16: Breastfed at 1 year	35.9% of infants born in 2015 were breastfed to any extent at 1 year	Clinton County	37.5%	54.1%
		NYS ¹	36.3%	

¹New York State data obtained from the Centers of Disease Control and Prevention *Breastfeeding Report Card*, available at <https://www.cdc.gov/breastfeeding/data/reportcard.htm>. The *Breastfeeding Report Card* released in 2022 reflects 2019 births.

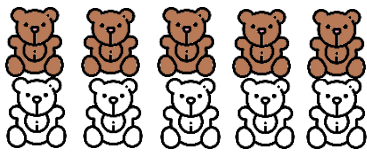


Infant Feeding in Clinton County 2013-2022

Then and Now: An Update on How Our Youngest Residents are Nourished

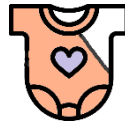
Clinton County Health Department (CCHD) has partnered with local pediatric care practices to follow the feeding status of Clinton County’s youngest residents. The following information reflects findings from the data’s sixth iteration and provides updates on collaborative efforts to support lactating families.

Compared to 2013, there has been at least a **15% increase** in Clinton County infants receiving human milk during their first year of life.



5 out of 10 Clinton County babies born in 2020 were continuing to chest/breastfeed at 6 months of age.

Clinton County 2020 Infant Feeding Data Summary, 2022



In 2020, **60%**

of all Clinton County babies received some human milk.



Compared to 2013, there has been at least a

78% increase

in the number of infants exclusively chest/breastfeeding

Baby Steps: Opportunities for Improvement

Our sixth iteration of infant feeding data indicates the most significant decrease in chest/breastfeeding continues to occur between the 2-week and 2-month well child visit. Many Clinton County rates for chest/breastfeeding continue to lag behind state and national targets.

Community partners are using this information to design interventions that ensure community support for lactating families and to maximize clinical support during key development periods.

Developing Shared Approaches

for Monitoring Local Infant Feeding Practices



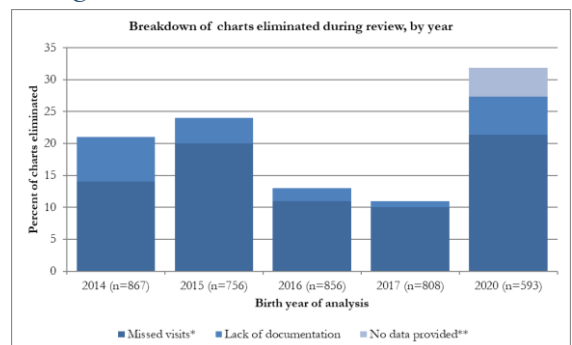
3,729

The number of babies included in our six year data set.



50%

The percent of pediatric and family care practices collecting feeding status



*Missed visits include transferring into or out of a practice, missing a key well visit appointment.
 **No documentation of any type between the two-day and twelve-month wellness visits.

A Special Thank You!

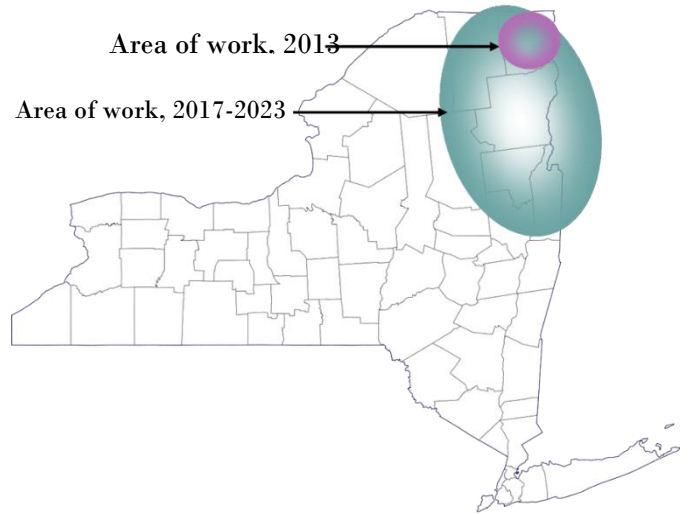
Local pediatric health care providers have been instrumental in making the collection of the featured infant feeding data possible. The most recent data set represents infants who received primary care at one of the three dedicated pediatric providers in Clinton County. Since the 2017 collection, three additional practices offer family care services; patients of these practices were not included in this review. While this affects completeness of our sample, the data collected still provides valuable insight into local feeding patterns.

Infant Feeding in Clinton County 2013-2022

Baby Steps: Growing Influence

CCHD began facilitating lactation policy work in 2013 with funding from the state for the *Obesity Prevention in Pediatric Health Care Settings* grant. Since then, engaged community sectors and contributing partners have grown, helping to support increasing lactation rates in Clinton County families.

In 2015, CCHD received funding to expand its lactation policy work throughout the region through the NYS Department of Health's *Creating Breastfeeding Friendly Communities (CBFC)* grant. CBFC seeks to establish a chest/breastfeeding-friendly care continuum from pregnancy through the postpartum period and infancy. Funding is used to promote evidence-based chest/breastfeeding education and management.



The communities CCHD works with to support chest/breastfeeding has grown significantly since 2013.

Breastfeeding Friendly Designations Earned*

	In 2021	Since 2013
Health Care Providers	7	17
Childcare Sites	15	63
Worksites	15	95

*Includes designations facilitated in Clinton, Essex, Franklin, Warren & Washington Counties

Baby Steps: Mobilizing Community Support

Many of the efforts to normalize and advance chest/breastfeeding in the community are accomplished through the coordinated efforts of the partners of the Clinton County Breastfeeding Coalition (CCBFC). The group, which formed many years ago, meets monthly and maintains shared responsibility in completing an annual work plan. Some of their 2021 accomplishments are highlighted below.

Community Support for Lactation: 2021 Highlights



62

The number of local businesses who currently participate in the *Breastfeeding Welcome Here* campaign.



52

The number of CCBFC members trained on chest/breastfeeding trends and evidence-based practices.



100

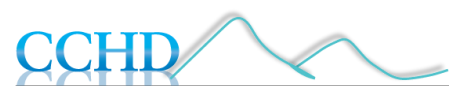
The number of moms who shared what influenced their infant feeding plans.



10

The number of organizations currently represented on the Clinton County Breastfeeding Coalition.

Want to know more about chest/breastfeeding in Clinton County? Visit clintonhealth.org or call the Division of Health Planning & Promotion at: 518-565-4993.



Clinton County HEALTH Department

