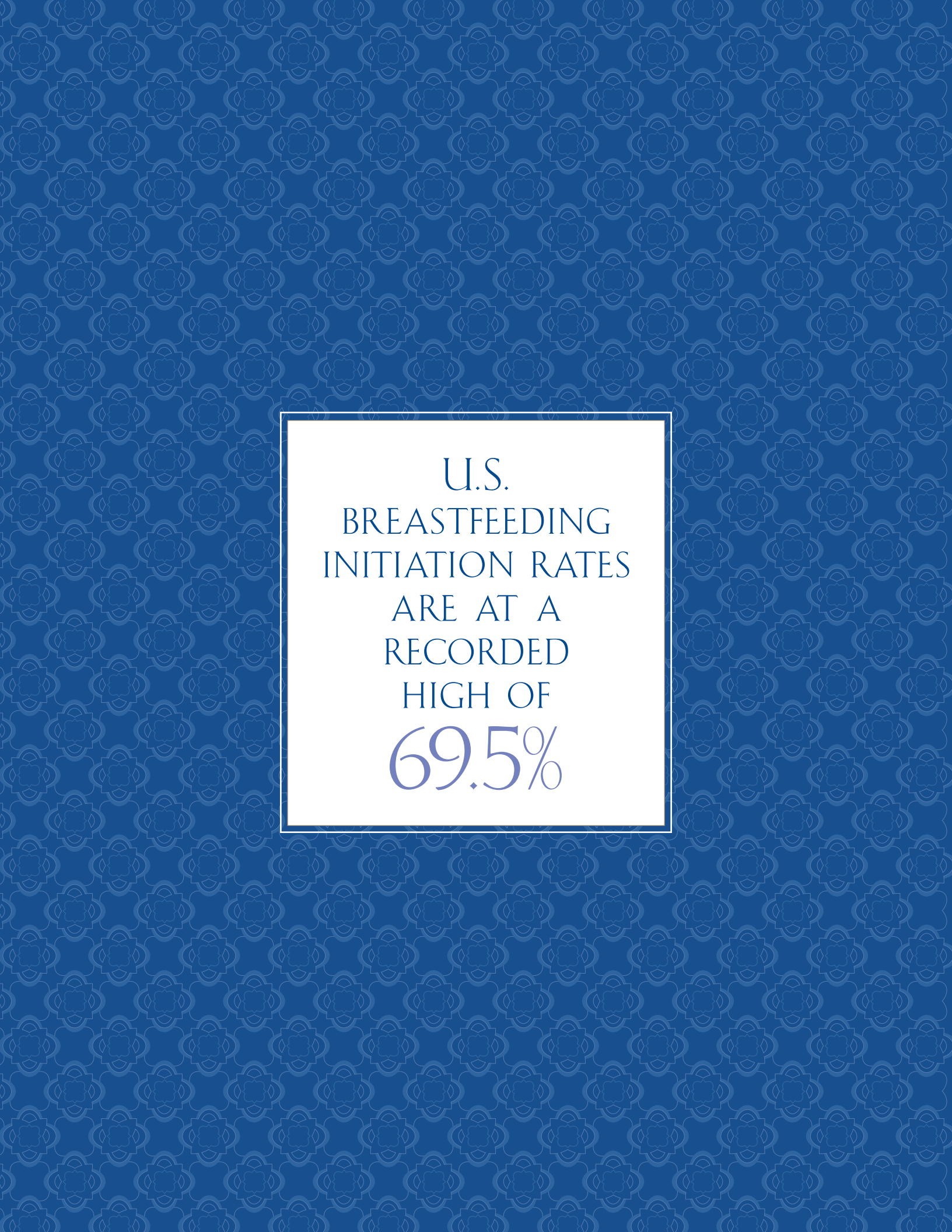


ENSURING  
OPTIMAL  
INFANT  
NUTRITION

**A SHARED RESPONSIBILITY**





U.S.  
BREASTFEEDING  
INITIATION RATES  
ARE AT A  
RECORDED  
HIGH OF  
69.5%

**B**REASTFEEDING IN THE UNITED STATES IS AT ITS HIGHEST RECORDED LEVEL. YET, MORE CAN BE DONE IN THE U.S. TO ENSURE THAT MOTHERS RECEIVE THE INFORMATION AND SUPPORT THEY NEED TO BREASTFEED. AT THE SAME TIME, WE MUST PRESERVE THE RIGHT OF ALL MOTHERS TO CHOOSE THE BEST FEEDING OPTIONS FOR THEIR BABIES AND THEMSELVES, GIVEN THEIR PARTICULAR LIFE CIRCUMSTANCES.

Abbott supports optimal infant nutrition. We advocate breastfeeding as the first choice for infants and agree with the American Academy of Pediatrics (AAP)<sup>1</sup> and other leading medical and health organizations that breastfeeding is the best form of infant nutrition. We also endorse the AAP recommendation that infants weaned before 12 months of age should receive iron-fortified infant formula.<sup>1</sup>

Since 1954, Abbott's Ross Mothers Survey (RMS) has tracked infant feeding trends of women in the United States. Breastfeeding initiation and duration rates in the United States reached recorded highs of 69.5 percent (initiation) and 32.5 percent (duration at six months) in 2001, the latest period for which data have been published.<sup>2</sup> The RMS data are widely respected and serve as a key resource for the government, health care professionals and many breastfeeding advocacy organizations.

As an industry leader, Abbott recognizes that there are many challenges to and opportunities for increasing breastfeeding initiation and duration rates in the United States. The following approaches can have a significant impact: increasing education and support programs for mothers and health care professionals; focusing national efforts on increasing breastfeeding rates in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); and addressing the challenges of breastfeeding for women in the workplace.

Abbott is an advocate for the health and nutritional well-being of babies and mothers. We are committed to supporting breastfeeding mothers and developing and producing the highest quality infant formula products to assure optimal infant nutrition when breast milk is not available or not chosen.

## A Mother's Choice

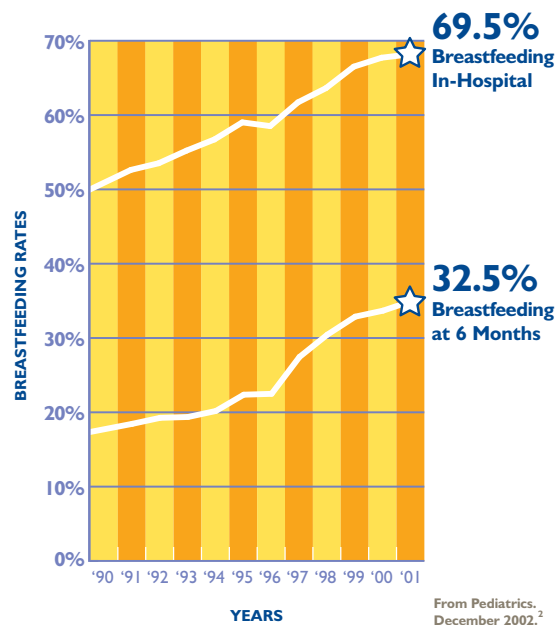
A mother's decision about how she feeds her baby is very personal. The number one reason that women in the U.S. choose to breastfeed is to take advantage of its health benefits for their babies.<sup>3</sup> Recent research and reports reinforce the benefits of breastfeeding for infants and mothers. While breastfeeding is the optimal form of infant feeding and should be encouraged,<sup>1</sup> it is not the only feeding option available. It is every mother's right to choose the best feeding option for her baby and herself.

Since the 1920s, breastfeeding as a social norm in the United States has moved in and out of vogue among different generations of women. The introduction of significant numbers of women into the workforce; the development of safe and nutritious infant formulas; advances in health care research; and breastfeeding education and promotion are some of the societal factors influencing infant feeding patterns. Additional factors affecting a mother's feeding choice include age, employment, education, geography, ethnicity, socioeconomics and participation in the WIC program.<sup>2</sup>

Breastfeeding rates have been steadily rising in the United States since 1990, amid

the wide availability of infant formula. Breastfeeding initiation and duration rates are highest among mothers who are older, white and Hispanic, college-educated, and especially those living in the Mountain and Pacific regions of the United States.<sup>2</sup> However, the largest gains in breastfeeding rates have occurred among groups of mothers who have been historically less likely to breastfeed, including those who are African American, younger, less educated, WIC participants, and those living in the southern and eastern regions of the United States.<sup>2</sup>

## Breastfeeding Initiation & Duration Rates



## The Role of Infant Formula

If a mother is medically unable to breastfeed, chooses not to breastfeed, or decides to supplement her baby's feeding, iron-containing infant formula is the most nutritious alternative to breast milk and the recommended feeding option for babies who are weaned before one year of age.

Breast milk is the gold standard for infant nutrition. While it is impossible to make an infant formula that has the exact composition of breast milk, Abbott is committed to continuously developing and producing infant formula that is as similar to breast milk as possible. We are continually researching and updating our products to apply new scientific evidence. For example, recently, two important long-chain polyunsaturated fatty acids naturally found in breast milk—ARA (arachidonic acid) and DHA (docosahexaenoic acid)—were added to Abbott term and preterm infant formulas.

As a food product, the safety and nutrition of infant formula is highly regulated by the Food and Drug Administration (FDA). Infant formula plays an important role in the nutritional well-being and healthy development of babies when breast milk is

not available or not chosen. Over the past 30 years, the provision of infant formula through the federally funded WIC program has contributed to the nutritional health and development of tens of millions of babies at nutritional risk in the United States.

## Access to Information

To make an informed choice, every mother must have access to credible information on all feeding options that are available and must be supported in her decision. Recently, however, this very personal decision has been thrust into the domain of public policy. At the forefront are efforts at the state level in the U.S. to enact legislation that would restrict a mother's access to infant formula information and/or require mothers to sign a consent form before receiving formula samples.

In the U.S., efforts are underway to legislate the World Health Organization International Code of Marketing of Breast-milk Substitutes<sup>4</sup> and other policies that ban the distribution of infant formula samples and information. If adopted, these policies would prohibit the marketing and distribution of infant formula information and samples to mothers and health care professionals.

Infant formula critics claim that formula samples are a significant deterrent to breastfeeding. However, there is a strong body of data within the U.S. medical literature that refutes this claim. At best, the research is inconclusive — the issue is complex. More important in this debate is what mothers want and need.

In a recent U.S. public opinion survey of mothers' attitudes and opinions on breastfeeding and infant formula, conducted by Fairbank, Maslin, Maullin & Associates and Wirthlin Worldwide for Abbott, 92 percent of mothers approve of the distribution of infant formula samples.<sup>3</sup> Of the mothers surveyed, 90 percent indicated that they had received infant formula samples.<sup>3</sup> When asked if the formula samples had or would have a significant influence on their decision to breastfeed, most responded that samples would not influence their decision.<sup>3</sup>

Nor do the vast majority of U.S. mothers surveyed believe that government should legislate their ability to receive product samples and information.

Mothers indicated that they want the right to make an informed choice about how to feed their babies. A majority of mothers would oppose legislation that would restrict access to infant formula samples and information. In fact, more than half of the mothers surveyed (57%) decided

how they would feed their babies before they gave birth.<sup>3</sup> This finding suggests that decisions about breastfeeding are most likely made before many mothers receive infant formula samples.

92%  
OF U.S. MOTHERS  
APPROVE OF  
INFANT FORMULA  
SAMPLE  
DISTRIBUTION

### Mothers' Attitudes and Opinions

Attitudes and opinions emerging from this U.S. survey include:

- ❁ **82%** of mothers in the U.S. identify breastfeeding as the healthiest choice for themselves and their babies.
- ❁ Mothers strongly believe that it is a woman's right to choose the best feeding option for her child and herself in consultation with her physician. A strong majority of mothers surveyed believe that the government should trust women to make the best choice for themselves and their babies.

❖ A significant number of mothers believe that while breastfeeding is the healthiest choice for babies, infant formula is a healthy alternative and that there are mothers who may choose to use formula for a number of personal reasons.

❖ **92%** of mothers in the U.S. approve of the provision of free infant formula samples to mothers. Furthermore, most mothers do not believe that samples have a significant impact on a mother's decision about how she feeds her baby.

❖ Mothers cite “medical reasons” and “going back to work” as the most important reasons a mother would choose not to breastfeed.

❖ **57%** of women surveyed say that they made the decision about how they would feed their baby before they gave birth.

❖ Mothers who received infant formula samples have nearly identical rates of breastfeeding and formula feeding as those mothers who did not receive formula samples.

This evidence suggests that focusing legislative efforts on prohibiting the distribution of formula samples and related policies will have little impact on breastfeeding rates in the U.S., and will not be supported by a majority of mothers.

When a mother chooses to breastfeed, she needs support from her family, health care professionals, workplace and community to encourage breastfeeding *duration* as long as possible. When a mother chooses to use infant formula, she should be afforded the same respect and support for her decision.

It is important to be vigilant and monitor proposed breastfeeding legislation for language and provisions that may affect a mother's ability to make an informed choice. *A mother's choice must not be legislated.* It is clear from a multitude of studies that educating and supporting mothers in their infant feeding decisions will have a far greater impact on increasing breastfeeding rates in the United States.

## Breastfeeding Education and Support

As outlined in the U.S. Department of Health and Human Services (HHS) *Blueprint for Action on Breastfeeding*, to increase breastfeeding rates in the United States, breastfeeding needs to be supported by the family, community, workplace, health care sector and society.<sup>5</sup> The Department of Health and Human Services Healthy People 2010 breastfeeding goals—75 percent initiation; 50 percent duration at six months; and 25 percent duration at one year—

provide a national framework that enables diverse groups to collaborate on effective methods to further promote and support breastfeeding among mothers.<sup>6</sup>

According to the most recent Ross Mothers Survey data that have been published, if breastfeeding rates continue to rise at the current rate of 2 percentage points a year, the United States will meet the Healthy People 2010 breastfeeding initiation goal of 75 percent for all mothers.<sup>2</sup> But more work will need to be done to increase breastfeeding duration rates (currently at 32.5% at six months and 18.7% at one year) to meet the Healthy People 2010 duration goals.<sup>6</sup>

**Healthy People 2010: Goals and Current Breastfeeding Rates**

	<b>2001 Baseline<sup>2</sup></b>	<b>2010 Target<sup>6</sup></b>
<b>In-Hospital</b>	<b>69.5%</b>	<b>75%</b>
<b>At 6 months</b>	<b>32.5%</b>	<b>50%</b>
<b>At 1 year</b>	<b>18.7%</b>	<b>25%</b>

2001 Statistic: Pediatrics, December 2002.  
2010 Statistic: Healthy People 2010, Volumes I and II.

It is crucial to focus efforts toward low-income women, whose breastfeeding initiation and duration rates lag far behind the general population.<sup>7</sup> Barriers to breastfeeding among low-income mothers have been associated with

their perceptions of social disapproval of breastfeeding in public, lack of support from some health care providers, and difficulties associated with employment.<sup>8</sup> While progress is being made to address breastfeeding disparities among low-income mothers, more efforts are needed.

It is essential to increase funding and support for educational programs and materials that demonstrate the most promise, particularly those programs that encourage and support a mother’s ability to breastfeed her baby as long as possible. Studies show that these types of programs yield the most significant results and offer the best hope for increasing breastfeeding initiation and duration rates in the United States.

A variety of approaches to support breastfeeding already exist. The *HHS Blueprint for Action on Breastfeeding* promotes a national plan for breastfeeding in the U.S. based on education, training, awareness, support and research.<sup>5</sup> The United States Department of Agriculture’s (USDA) *Breastfed Babies Welcome Here* kit supports breastfeeding in childcare settings.<sup>9</sup> The National Healthy Mothers, Healthy Babies Coalition, a leader and resource in maternal and child health, produced a guide called *Working and Breastfeeding—Can You Do It? Yes, You Can!*<sup>10</sup> to encourage and support working mothers.

Studies also show that the USDA *Loving Support Makes Breastfeeding Work* national campaign designed for WIC participants has been met with great success.<sup>11</sup>

Abbott has a long history of providing breastfeeding education materials to mothers and health care professionals. Our breastfeeding education booklets, written by experts in the field, include: *Guide for the Breastfeeding Mother*; *Breastfeeding Your Premature Baby*; and *Guide for Breastfeeding Multiple Babies*. These breastfeeding education booklets, along with instructional videos and other breastfeeding education materials, are distributed to more than 1 million mothers annually. Abbott's Breastfeeding Education, Support & Training (B.E.S.T) program and *Welcome Addition Club*<sup>®</sup> for new mothers provide additional breastfeeding resources for mothers and health care professionals.

Abbott is also committed to working with other health care professionals and organizations to support and promote breastfeeding initiatives. Recently, Abbott purchased copies of the American Academy of Pediatrics *New Mother's Guide to*

*Breastfeeding*, a comprehensive guide supporting breastfeeding mothers. The books are being distributed free of charge to mothers throughout the United States.

## Raising Breastfeeding Rates in the WIC Program

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides one of the greatest opportunities to further increase breastfeeding rates in the United States. WIC is a federal program created in

1972 under the U.S. Department of Agriculture (USDA). The program serves women who are pregnant, postpartum and breastfeeding, and infants and children up to the age of five. It was designed to provide nutrition education, supplemental foods, and referrals for health and social services to women who are economically disadvantaged and nutritionally at risk. Nearly half of all infants born annually in the United States (**47%**)<sup>12</sup> participate in the WIC program. WIC currently serves 7.6 million women, infants, and children.<sup>13</sup>

7.6  
MILLION  
WOMEN,  
INFANTS, AND  
CHILDREN  
ARE SERVED  
BY WIC

## WIC & Non-WIC Breastfeeding Rates 2001

	WIC	Non-WIC
In-Hospital	58.2%	78.5%
At 6 months	20.8%	43.2%

From Pediatrics, December 2002.<sup>2</sup>

Breastfeeding initiation and duration rates among WIC participants have increased significantly over the past 10 years, but they still lag 20 percentage points behind those of non-WIC participants.<sup>2</sup> This statistic holds true even when controlling for socioeconomic status, geography, race/ethnicity, the age of the mother and birth weight of the baby.<sup>2</sup>

In 2003, the WIC program is scheduled for Congressional reauthorization. This is an opportunity for U.S. legislators to take a closer look at this important program and explore ways in which the various stakeholders, including the infant formula industry, can work together to further support programs to increase breastfeeding rates.

Legislators should address legitimate questions about whether the government-mandated

economic incentives currently built into the WIC program in the form of cash rebates from infant formula companies work against the promotion of breastfeeding and in favor of the use of infant formula. The infant formula rebates account for nearly \$1.5

billion<sup>12</sup> in additional funds for the WIC program, above the current \$4.4 billion WIC budget approved by Congress.<sup>12</sup> By comparison, there was a minimum of only \$32 million set aside for incentives to increase breastfeeding among WIC participants in the 2002 budget.<sup>14</sup>

NEARLY  
50%  
OF INFANTS BORN  
ANNUALLY IN THE  
U.S. PARTICIPATE IN  
THE WIC PROGRAM

Changing WIC program incentives to favor breastfeeding could make a significant contribution to increasing breastfeeding among program participants. At a minimum, a portion of rebates for infant formula should be directed to programs that promote breastfeeding. The goal must be to align financial incentives with the aim of increasing breastfeeding. In addition, more resources for existing WIC breastfeeding education and support programs, such as the *Loving Support Campaign*,<sup>11</sup> will help close the breastfeeding

gap between WIC and non-WIC participants and increase the number of infants receiving the benefits of breast milk.

## Breastfeeding Support in the Workplace

In the U.S., whether by choice or necessity, a significant number of mothers of infants under one year of age are employed outside the home.<sup>15</sup> One third of mothers return to work within three months of giving birth.<sup>16</sup> A mother's occupation can play a significant role in her choice to continue to breastfeed after she returns to work. Women employed as professionals often have flexibility in their schedules, enabling them to meet both the needs of their jobs and their infants.<sup>17</sup> But for a significant number of working mothers in hourly paid positions and/or minimum wage jobs, the lack of a workplace program that encourages and supports breastfeeding may force them to reduce or abandon their breastfeeding efforts. Thus, while full-time employment generally does not limit breastfeeding initiation, it almost certainly affects breastfeeding duration.<sup>17</sup> As noted in the HHS *Blueprint for Action on Breastfeeding*, worksite programs that support breastfeeding will facilitate the continuation of breastfeeding after mothers return to their jobs.<sup>5</sup>

A number of states have passed legislation to protect women's rights to breastfeed after returning to work and encourage employers to provide a safe, private environment for women to express (or pump) breast milk.<sup>18</sup> In Texas, for example, breastfeeding legislation encourages employers to support breastfeeding mothers by allowing businesses to advertise themselves as mother-friendly if they provide lactation support for working mothers.

At the federal level, Representative Carolyn B. Maloney (D-NY) introduced the Breastfeeding Promotion Act (H.R. 285), which would amend the Civil Rights Act of 1964 to protect breastfeeding in the workplace, provide a performance standard for breast pumps, and provide tax credits to employers for expenses incurred in enabling employed mothers to breastfeed or express milk at work.<sup>19</sup>

Positive results from facilitating lactation programs in the workplace include lower absenteeism, higher productivity, higher company loyalty and morale, and lower health care costs.<sup>20</sup> The U.S. needs to make a stronger case for the business community to support breastfeeding mothers in the workplace and support appropriate legislation.

## Conclusion

It is important that we continue to promote breastfeeding as the best form of infant nutrition and build on the steady increase in breastfeeding rates seen in the U.S. in recent years. Ultimately, greater societal acceptance of breastfeeding is needed.

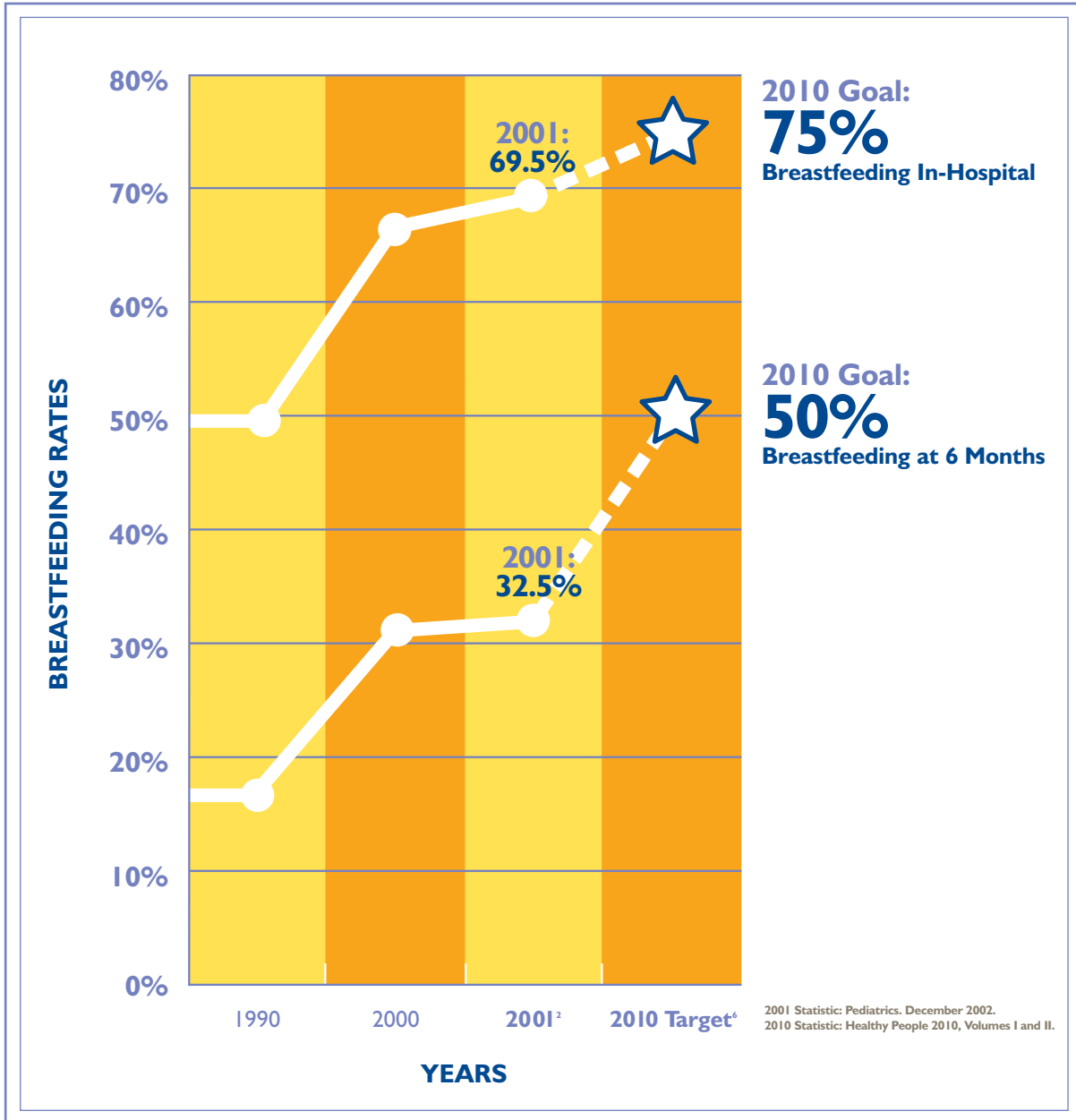
At the same time, we must continue to preserve a mother's fundamental right to choose the best feeding option for her baby and herself. Breastfeeding remains a very personal choice for every mother to make in consultation with her physician or other health care providers. Mothers must be supported in their decisions whether they choose to breastfeed, formula feed or use a combination of both.

In the U.S., the government, the health care industry, the nonprofit and advocacy communities, and the private sector all have an important role to play in this effort and should work together. It is a shared responsibility. With more collaboration on programs and policies to further promote and support breastfeeding mothers, everyone will benefit.

## Abbott is committed to:

-  Promoting breastfeeding
-  Preserving the right of all mothers to choose the best feeding option for their babies and themselves given their life circumstances
-  Supporting breastfeeding education and support programs for mothers, families and health care professionals
-  Working with legislators and policy-makers on ways to increase breastfeeding rates in the WIC program
-  Supporting appropriate workplace and other breastfeeding legislation
-  Building a workplace lactation program model and promoting it to the business community in the U.S.
-  Producing premier infant formula products

## Goals for the Future: Healthy People 2010 Targets



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## ABBOTT

is a global, broad-based health care company devoted to the discovery, development, manufacture and marketing of pharmaceuticals, nutritionals, and medical products, including devices and diagnostics. The company employs approximately 70,000 people and markets its products in more than 130 countries.

Abbott has a long history of leadership in infant nutrition and a tradition of innovation. The company introduced Similac<sup>®</sup>, one of the first commercially available infant formulas, and remains committed to conducting research to ensure that formula-fed infants receive the highest quality products to meet their nutritional needs.

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