HEALTHY COMMUNITIES
HEALTHY WAYS
BREASTFEEDING IS FOOD SOVEREIGNTY!

BENEFITS OF BREASTFEEDING

**Future**
- Promotes food sovereignty & traditional foods
- Less obesity & type II diabetes for the next generation
- Stronger & wiser leaders for the future

**Baby**
- Provides essential nutrients and a balanced meal
- Easier to digest than formula
- Helps protect from infection & illness
- May lower risk for obesity & type II diabetes

**Community**
- Honors our values, heritage & traditions
- Reduce time lost from work/school due to sickness
- Fewer health care dollars spent on illness
- Keeps environment clean

**Mom**
- Helps you bond with your baby
- Convenient
- Burns calories & may help you lose some of your pregnancy weight
- Less risk of breast & ovarian cancers
- Can save your family thousands of dollars
AMERICAN INDIAN WOMEN DO BREASTFEED

FOR GENERATIONS, AMERICAN INDIAN WOMEN HAVE INCORPORATED BREASTFEEDING AS A NATURAL PRACTICE TO PROTECT THE HEALTH OF BOTH MOTHERS AND THEIR BABIES

WHO BREASTFEEDS?

84% of American Indian mothers in New Mexico have ever breastfed

EXCLUSIVE & CONTINUED BREASTFEEDING IS RECOMMENDED!

AMERICAN ACADEMY OF PEDIATRICS RECOMMENDS

6 MONTHS of exclusive breastfeeding (no water or solid foods)
AND
12 MONTHS of continued breastfeeding after delivery

HOW CAN I LEARN TO BREASTFEED MY BABY?

TALK to your health care provider about breastfeeding

MAKE a plan for after your baby is born

GET close to your baby right away

NURSE whenever your baby is hungry

ASK for help if breastfeeding is difficult

WHENEVER YOUR BABY IS HUNGRY
BREASTFEEDING & AMERICAN INDIANS
DATA AND STATISTICS

54% of American Indian mothers in New Mexico continue breastfeeding 3-9 months after delivery.

33% of American Indian mothers in New Mexico exclusively breastfed their baby 3-9 months after delivery.

1 OUT OF 3 American Indian mothers had a clean, private place, other than a bathroom, to pump or breastfeed.

1 OUT OF 4 American Indian mothers could pump milk only during break times.

MAIN REASONS WHY AMERICAN INDIAN MOTHERS DO NOT CONTINUE BREASTFEEDING

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Producing Enough Milk</td>
<td>48%</td>
</tr>
<tr>
<td>Milk Alone Did Not Satisfy Baby</td>
<td>37%</td>
</tr>
<tr>
<td>Went Back to Work or School</td>
<td>32%</td>
</tr>
<tr>
<td>Nipples Sore, Cracked or Bleeding</td>
<td>23%</td>
</tr>
<tr>
<td>Difficulty Latching Or Nursing</td>
<td>24%</td>
</tr>
<tr>
<td>Too Hard, Painful, Time Consuming</td>
<td>21%</td>
</tr>
</tbody>
</table>
WHAT CAN BE DONE TO INCREASE BREASTFEEDING?

TEACH
mothers to breastfeed and the importance of breastfeeding

INCREASE
the percentage of employers that have worksite breastfeeding/lactation policies

INCORPORATE & PROMOTE
peer counselling & breastfeeding support teams

FAMILIES, FRIENDS, & PARTNERS
should encourage and support new mothers to breastfeed

DEVELOP & IMPLEMENT
policy changes to support baby-friendly health facilities

The Pregnancy Risk Assessment Monitoring System (PRAMS) survey is a national health survey led by the Center for Disease Control and Prevention. The Albuquerque Area Southwest Tribal Epidemiology Center (AAS-TEC) has collaborated with the New Mexico Department of Health PRAMS program to conduct outreach among those American Indian mothers selected to participate in NM. A sample of 1,909 American Indian mothers participated in the NM PRAMS survey from 2000-2011.

RESOURCES

Native American Professional Parent Resources (NAPPR)
505-345-6289
www.nappr.org

First Nations Community Health Source
505-262-2481
www.fnch.org

New Mexico Breastfeeding Taskforce
505-933-9163
www.breastfeedingnewmexico.org

La Leche League of New Mexico
505-821-2511
www.llnm.org

American Academy of Pediatrics (AAP)
847-434-4000
www.aap.org • www.healthychildren.org

Women, Infants, and Children (WIC)
1-866-867-3124
www.fns.usda.gov/wic

Office of Women’s Health,
US Department of Health and Human Services
800-994-9662
www.womenshealth.gov

Indian Health Service
www.ihs.gov/babyfriendly

This publication was supported by Cooperative Agreement number 1USDP005423-01, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health & Human Services.