

accompanying the minimum data set that States will collect for the 1992 biennial report. According to a survey of WIC programs in 48 States and 11 American Indian nations and territories conducted by NAWD in early 1991, 31 programs plan to report breastfeeding incidence data and 26 plan to report breastfeeding duration data to FNS for the 1992 biennial report. In past WIC program national data collection efforts, the definition of breastfeeding varied by State, which complicated efforts to collect and compare data. The adoption of the standard breastfeeding definition required by the WIC Reauthorization Act, however, should remedy this situation.

The Pregnancy Nutrition Surveillance System (PNSS), supported by the Division of Nutrition, Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control, monitors nutrition-related problems and behavioral risk factors associated with low birthweight among high-risk prenatal populations. Simple key indicators of pregnancy nutritional status, behavioral risk factors, and birth outcome are monitored using clinical data from a population of low-income, high-risk pregnant women who participate in publicly funded prenatal nutrition and food assistance programs in participating States. Breastfeeding data are also collected.

The National Survey of Family Growth, conducted by the Centers for Disease Control, was conducted in 1973-74, 1976, 1982, and 1988. Interviews were conducted with a sample of women 15-44 years of age, and information was collected on fertility, family planning, and breastfeeding practices.

The Pediatric Nutrition Surveillance System (PedNSS), also sponsored by the Division of Nutrition, Center for Chronic Disease Prevention and Health Promotion, monitors simple key indicators of nutritional status among low-income, high-risk infants and children, especially those 0-5 years of age, who participate in publicly funded health, nutrition, and food assistance programs in 36 States, the District of Columbia, and the Navajo Nation. The measures used include anthropometry, birthweight, and hematology. Information is also collected on infant feeding practices.

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a cooperative effort between the Centers for Disease Control and the following 7 State Health Departments: Alaska, District of Columbia, Indiana, Maine, Michigan, Oklahoma, and West Virginia. The goal of PRAMS is to conduct State-specific, population-based surveillance of selected maternal behaviors, including infant feeding practices, that occur during pregnancy and the child's early infancy. Data are collected monthly from a sample of mothers (drawn from birth certificate information) who are contacted by mail and by telephone.

The National Health and Nutrition Examination Survey III (NHANES III) is being conducted by the Centers for Disease Control from 1988 to 1994. NHANES III is an interview and examination survey of the civilian noninstitutionalized population ages 2 months and older. A wide variety of nutrition information is being collected, including information on breastfeeding.

The National Maternal and Infant Health Survey (NMIHS) was conducted by the National Center for Health Statistics, DHHS, from 1988 to 1990. The purpose of NMIHS is to collect nationally representative data covering natality

and fetal and infant mortality. Approximately 60,000 mothers, hospitals, and providers of prenatal care were contacted via mailed questionnaires and interviews, which will be linked with vital records. A longitudinal followup of mothers was conducted in 1990, which involved recontacting mothers and sometimes their medical providers as well in order to obtain updated health histories. Mothers were questioned about infant feeding practices and recommendations they received regarding infant feeding. Hospitals were asked what the primary method of feeding was while the infant was in the hospital, and what the infant's major source of nutrition was up to the fourth month of life.

The Food and Drug Administration conducted the Survey of Infant Feeding Patterns in 1989, obtaining detailed information about feeding practices during the first 12 months of life, including information on transitions between breast and bottle feeding, introduction of cow's milk, type and timing of introduction of solid foods, and important sources of information used for guidance about infant feeding practices.

From 1984 to 1986, the National Institute of Child Health and Human Development conducted the Prospective Survey of Infant Feeding Practices Among Primipara among black and white urban primipara living in Washington, DC, in order to measure the incidence and duration of breastfeeding and identify the correlates of incidence and duration of breastfeeding.

As mentioned in the first chapter, Ross Laboratories conducts a survey which contacts mothers when their infants are 6 months of age, and asks them to recall their method of infant feeding in the hospital and during each of the first 6 months of life. These data contain information on the incidence of breastfeeding at delivery and at 6 months postpartum for women of various social, economic, educational, and ethnic backgrounds. The data from this survey have been used as the basis for setting the parameters of the 1990 and the year 2000 breastfeeding objectives for the Nation.

#### **State Data Collection Activities**

The 1991 survey of WIC programs in 48 States and 11 American Indian nations and territories conducted by NAWD found that 46 WIC programs currently collect breastfeeding incidence data, and 15 more plan to do so in the future. In addition, 41 programs currently collect breastfeeding duration data, and 17 more plan to do so in the future. Forty-three of the programs reported using the standard national definition, and, of the 15 that used other definitions, 12 plan to change to the national definition in the future. At the present time, however, it is difficult to compare some of the current and past data on breastfeeding rates in the WIC program due to the varying definitions of breastfeeding and calculation formulas used by each State. In many States, rates reflect the percentage of all postpartum women who are breastfeeding. Other States measure the rate of breastfeeding using the percentage of women previously enrolled as pregnant women who return for certification as breastfeeding mothers.

The Iowa WIC program is currently in the process of developing a new data

management system. When complete, the system will allow collection of the following data: breastfeeding incidence; breastfeeding duration; duration of breastfeeding of infants not currently breastfed; introduction of other milk besides breastmilk; number of infants being breastfed at their postpartum visits; and sociodemographic data on the mother.

The Maine Breastfeeding Surveillance System, begun in 1983 and automated in 1986, monitors the incidence of breastfeeding at hospital discharge; using information collected on standard newborn metabolic disorders screening forms. Annual reports are generated which show incidence by county, hospital, size of hospital, individual physician, and physician specialty.

In summary, with the exception of the Ross Laboratories Mothers Survey, all of the data collection activities described above have very specific target populations as well as varying methods for collecting data on breastfeeding. This makes comparison of rates across programs or among different surveillance systems very difficult. Until a national uniform data collection system to assess breastfeeding rates of all births is in place, many organizations working in breastfeeding promotion will continue to utilize the Ross Laboratories Mothers Survey to compare breastfeeding rates in the general population to rates in their own study, program, or jurisdiction. It is encouraging to see the number of breastfeeding incidence and duration data collection activities reported by respondents. However, to adequately monitor progress toward the year 2000 breastfeeding objective for the Nation, a uniform system for collecting data on all mothers and infants in the United States will need to be put into place.



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**APPENDIX A**  
**STATEMENT OF SURGEON GENERAL C. EVERETT KOOP FOR THE SUBCOMMITTEE**  
**ON NUTRITION, SENATE COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY**  
**ON JUNE 15, 1989**

Breastfeeding should be actively promoted in all maternal and child health programs. Health experts worldwide agree that breastfeeding is the optimal way to nurture infants and should be practiced whenever possible. I use the term "nurture" deliberately since it means "to feed and care for during growth." Another term for breastfeeding is "nurse" which means "to look after carefully" as well as "to suckle." Breastfeeding is, therefore, recommended not only as a method of feeding but also as a caring relationship.

In fact, lactation is the primary feature that sets us mammals apart from the rest of the animal kingdom. Human milk, as the unique species-specific source of infant nutrition, not only allows birth to occur at an early stage of development, but also requires a time of intense maternal-infant interaction to facilitate early behavioral development.

Breastfeeding offers many important benefits for mothers, babies, and also for society. In summary, for mothers it affords protection against hemorrhage and quicker recovery from childbirth, stronger bonding with the baby, and relaxation while nursing. For infants, breastfeeding provides optimal nutrition for normal growth and development; protection against disease, especially ear infections and gastrointestinal distress; and decreased risk of allergies. Breastfeeding also has benefits for society through stronger family bonds, women's fulfillment of their aspirations for motherhood and increased self-esteem, and decreased health care costs for infants.

Lactation is an integral stage of the reproductive cycle. The body prepares for lactation throughout pregnancy, and lactation automatically occurs soon after the baby is born.

There is abundant evidence that human milk is designed to enhance optimally the growth, development, and well-being of the infant. A mother's milk provides the best protection for her infant against specific infections. This cannot be duplicated in infant formula.

These benefits are meaningless unless women breastfeed. The rates of breastfeeding have been slowly declining since 1982, and breastfeeding rates in lower socioeconomic groups remain much lower than in more affluent groups. Therefore, infants who could benefit most from the immunologic advantages of human milk are least likely to receive this protection.

A decisive way to promote child health in the United States in the next decade will be to implement effective breastfeeding promotion programs so that the unique and important benefits of breastfeeding can be made available to protect health, nourish, and optimally develop infants in all segments of our society.

**APPENDIX B**  
**SECOND FOLLOWUP REPORT QUESTIONNAIRE**

**QUESTIONNAIRE**  
**SECOND FOLLOWUP REPORT:**  
**THE SURGEON GENERAL'S WORKSHOP**  
**ON BREASTFEEDING AND HUMAN LACTATION**

**Please answer the following questions about your  
breastfeeding promotion efforts.**

1. Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone number \_\_\_\_\_

2. Agency/organization name \_\_\_\_\_

Check the box which best describes your agency:

- Federal Health Agency
- Other Federal Agency
- State Health Agency
- Local Health Agency
- Voluntary, Professional, or Nonprofit Organization
- Institution of Higher Learning
- Private Practice
- Other; please specify:

3. Does your agency/organization receive Title V support?  yes or  no

If yes, please describe \_\_\_\_\_

4. Has your agency/organization been involved in the past 5 years in  
breastfeeding promotion efforts aimed at achieving the breastfeeding  
objectives for the Nation?  yes or  no

If yes, please continue the questionnaire.

5. Please describe how your breastfeeding promotion efforts are funded.

6. Does your breastfeeding promotion effort involve collaboration with  
other agencies or organizations?  yes or  no

If yes, please list all agencies and organizations involved \_\_\_\_\_

7. Check all activities included in your breastfeeding promotion efforts.

**Professional education in human lactation and breastfeeding**

- Hospital staff
- Public health clinic staff
- Private practitioners
- Other (please specify):

**Public education and other breastfeeding promotional efforts**

- Media campaigns
- School-based curricula
- Hard-to-reach populations; please specify:
- Other (please specify):

**Strengthening of support for breastfeeding in the health care system**

- Promoting coordinated breastfeeding policies and practices in the continuum of maternal and infant health
- Establishing hospital-community liaisons
- Training peer counselors
- Other (please specify):

**Building support for breastfeeding in the workplace**

- Employee education
- Employer education
- Encouraging provision of facilities for pumping and storing breastmilk
- Provision of facilities in your own agency/organization to allow employees to pump and store breastmilk
  - Day care policies and practices
  - Maternity leave policies and practices
  - Other (please specify):
- Establishing workplace policies and practices

**Development of support services in the community**

- Telephone hotlines
- Support groups (professional or peer)
- Individual counseling of clients and families
- Followup services related to breastfeeding management
- Client education
  - Prenatal breastfeeding education
  - Inhospital counseling
  - Postdischarge education
- Other (please specify):



**Research on human lactation and breastfeeding**

- Physiological (i.e., breastmilk composition)
- Social/behavioral
- Nutritional
- Economic
- Programmatic (i.e., management, financing, needs assessment, cost-benefit analysis, etc., of breastfeeding programs)
- Other (please specify):

8. Please provide a basic description of each of your breastfeeding promotion efforts (items identified in question 7) or attach copies of proposals or reports which describe your programs.

Please include information on:

- Program title
- Program design
- Length of program
- Type of staff involved (i.e., physicians, nurses, health educators, dietitians)
- Target audience
- Participating agencies

9. Please describe any data you collect on the incidence and duration of breastfeeding. Please include the definition(s) of breastfeeding used in your data collection.
10. Please describe (or provide copies of) the results of any evaluation of your breastfeeding promotion efforts.
11. Describe the key or essential elements that made these breastfeeding promotion efforts work.
12. Please list any materials generated as a result of these efforts (manuals, policy guidelines, education materials, videotapes, training curricula, conference proceedings, final reports, etc.) Please include information on each publication's availability and price, as well as a contact address and phone number. If possible, please enclose a copy of each of these materials for NCEMCH's Reference Collection.
13. In your experience, what barriers keep women from beginning to breastfeed? How can these barriers be overcome?
14. In your experience, what barriers keep women from continuing to breastfeed? How can these barriers be overcome?

15. What suggestions or ideas do you have for future breastfeeding promotion efforts?

- At the national level:
- At the State level:
- At the agency/local level:

**Please return this questionnaire to:**  
Breastfeeding Project  
National Center for Education in Maternal and Child Health  
38th and R Streets, N.W.  
Washington, DC 20057

**APPENDIX C**  
**LIST OF QUESTIONNAIRE RESPONDENTS**

*The following is a list of all questionnaire respondents. Organizations of a national scope and Federal agencies are listed first, in alphabetical order by agency or organization name. State and local organizations are then listed, in alphabetical order by state name.*

**NATIONAL ORGANIZATIONS AND FEDERAL AGENCIES**

**American Academy of Pediatrics**  
Joe M. Sanders, Jr., M.D.  
Associate Executive Director  
141 Northwest Point Boulevard  
Elk Grove Village, IL 60009-0927  
(800) 433-9016

**American College of Obstetricians and Gynecologists**  
Shirley A. Shelton  
Associate Director, Clinical Practice  
409 12th Street, S.W.  
Washington, DC 20024  
(202) 863-2502

**American Dietetic Association**  
Cheryl Corbin, M.S., R.D.  
Administrator, Alliance Program  
216 West Jackson Boulevard, Suite 700  
Chicago, IL 60606-6995  
(312) 899-0040, Ext. 4778

**American Hospital Association**  
Bruce McPherson  
Group Vice President  
840 North Lake Shore Drive  
Chicago, IL 60611  
(312) 280-6000

**American Public Health Association**  
**Clearinghouse on Infant Feeding and Maternal Nutrition**  
1015 15th Street, N.W.  
Washington, DC 20005  
(202) 789-5600

**Center to Prevent Childhood Malnutrition**  
Barbara L. Bershon, Ph.D.  
U.S. Projects Manager  
7200 Wisconsin Avenue, Suite 204  
Bethesda, MD 20814  
(301) 986-5777

**Food and Nutrition Board**  
**(Institute of Medicine)**  
Carol West Suitor  
Study Director  
2101 Constitution Avenue, N.W.  
IOM 2137, Room 301  
Washington, DC 20418  
(202) 334-1917

**Food and Nutrition Information Center,**  
**National Agricultural Library**  
U.S. Department of Agriculture  
10301 Baltimore Boulevard, Room 304  
Beltsville, MD 20705-2351  
(301) 504-5719

**Food and Nutrition Service**  
**Supplemental Food Programs Division**  
U.S. Department of Agriculture  
Ronald J. Vogel  
Director  
3101 Park Center Drive, Suite 1017  
Alexandria, VA 22302  
(703) 305-2746

**Healthy Mothers, Healthy Babies**  
**National Coalition, Subcommittee on Breastfeeding Promotion**  
Brenda Lisi  
Chair  
3101 Park Center Drive, Room 609  
Alexandria, VA 22302  
(703) 305-2554

**Indian Health Service**  
U.S. Department of Health and Human Services  
Yvonne Jackson, Ph.D., R.D.  
Chief, Nutrition and Dietetics Section  
5600 Fishers Lane  
Rockville, MD 28057  
(301) 443-1114

**Institute for Reproductive Health**  
Georgetown University Medical Center  
Department of Obstetrics and Gynecology,  
3 PHC  
3800 Reservoir Road, N.W.  
Washington, DC 20057  
(202) 687-1392

**La Leche League International**  
Betty Wagner  
Executive Director  
9616 Minneapolis Avenue  
P.O. Box 1209  
Franklin Park, IL 60131-8209  
(708) 455-7730

**Maternal and Child Health Bureau  
Health Resources and Service  
Administration**  
U.S. Department of Health and Human  
Services  
M. Elizabeth Brannon, M.S., R.D.  
Director, MCH Training  
Parklawn Building, Room 9-12  
5600 Fishers Lane  
Rockville, MD 20857  
(301) 443-2190

**National Association of WIC Directors**  
Kathy A. Dugas  
Chair, Breastfeeding Promotion  
Committee  
c/o Mississippi WIC Program  
2423 North State Street  
Underwood Annex Room #214  
Jackson, MS 39215  
(601) 960-7842

**National Center for Education in  
Maternal and Child Health**  
Carolyn Sharbaugh, M.S., R.D.  
Director, Nutrition Programs  
38th and R Streets, N.W.  
Washington, DC 20057  
(202) 625-8400

**National Center for Health Statistics**  
U.S. Department of Health and Human  
Services  
Paul J. Placek, Ph.D.  
Chief, Followback Survey Branch  
Division of Vital Statistics  
6525 Belcrest Road  
Presidential Building, Room 840  
Hyattsville, MD 20782  
(301) 436-7464

**United States Agency for International  
Development**  
Sue Anthony  
Office of Nutrition Services  
SA-18, Room 413  
Washington, DC 20523-1808  
(703) 875-4035

**STATE AND LOCAL AGENCIES AND  
ORGANIZATIONS**

**Alabama**  
Miriam J. Gaines  
Nutrition Services Administrator  
Alabama Department of Public Health  
434 Monroe Street  
Montgomery, AL 36130  
(205) 242-5673

**Arizona**  
Sheryl Lee, M.P.H., R.D.  
Chief, Office of Nutrition Services  
Arizona Department of Health Services  
1740 West Adams  
Phoenix, AZ 85007  
(602) 542-1886

Becky Melland-Buckley, M.S., R.D.  
Division Director  
Pima County Health Department  
WIC Program  
Community Nutrition Division  
1121 North El Dorado Place, E200  
Tucson, AZ 85713  
(602) 296-6207

Susan Trombley, R.N.C., I.B.C.L.C.  
Lactation Coordinator  
University Medical Center  
Department of Nursing—OB/GYN  
1501 North Campbell  
Tucson, AZ 85724  
(602) 694-5712

**Arkansas**  
Carole Garner  
Director, Nutrition Services  
Arkansas Department of Health  
4815 West Markham, Slot 21  
Little Rock, AR 72205-3867  
(501) 661-2324

**California**  
Beverly Clark  
WIC Project Director  
Alameda County Health Care Services  
Agency  
499 5th Street, Room 304  
Oakland, CA 94607  
(415) 268-2548

Kathryn G. Dewey  
Associate Professor  
Department of Nutrition  
University of California at Davis  
Davis, CA 95616  
(916) 752-1992

Ofelia Dirige  
Associate Professor  
Division of Maternal and Child Health  
Graduate School of Public Health  
San Diego State University  
6505 Alvarado Road, #205  
San Diego, CA 92120  
(619) 594-2795

Joyce M. Houston  
Public Health Nutritionist  
Humboldt County Health Department  
529 I Street  
Eureka, CA 95501  
(707) 445-6205

Audrey Naylor, M.D.  
President and Codirector  
Wellstart  
P.O. Box 87549  
San Diego, CA 92138  
(619) 295-5192

Sandra Apgar Steffes, R.N., M.S.  
Course Coordinator, Lactation Programs  
University of California at Los Angeles  
Extension/Health Sciences  
100995 Le Conte Avenue, Room 614  
Los Angeles, CA 90024  
(213) 825-9187

**Colorado**  
Stephanie Buffetti, R.N., B.S.N.  
Fund Development Manager  
Community Health Centers, Inc.  
2828 International Circle  
Colorado Springs, CO 80910  
(719) 630-6440

Chris Hunt  
Perinatal Program Manager  
Katy Baer  
WIC Program Manager  
Valley-Wide Health Services, Inc.  
204 Carson Avenue  
Alamosa, CO 81101  
(719) 589-5161

Lynn Ireland  
Director of Community Nutrition  
Denver Department of Health and  
Hospitals  
Nutrition Program  
777 Bannock Street  
Denver, CO 80204  
(303) 893-7197

Pam Leite  
Presbyterian-St. Luke's Medical Center  
Lactation Program  
501 East 19th Avenue  
Denver, CO 80203  
(303) 869-1881

Joan McGill, M.D., R.D.  
Chief Nutritionist  
Colorado Department of Health  
Nutrition Services  
4210 East 11th Avenue  
Denver, CO 80220  
(303) 331-8380

Jose E. Ortega  
Administrator  
La Clinica del Valle, Inc.  
P.O. Box 870  
Rocky Ford, CO 81067  
(719) 254-7626

Barbara Skinder  
Perinatal Coordinator  
Pueblo Community Health Center  
230 Colorado Avenue  
Pueblo, CO 81004  
(719) 543-8711

**Connecticut**  
Ruth Gitchell, M.S., R.D.  
Nutrition Consultant  
Connecticut Department of Health  
Services  
150 Washington Street  
Hartford, CT 06106  
(203) 566-1159

**District of Columbia**

Vergie Hughes, R.N., I.B.C.L.C.  
Nursing Coordinator  
Georgetown University Hospital  
3800 Reservoir Road, N.W.  
Washington, DC 20007  
(202) 784-6455

Lilia E. Parekh, R.D.  
WIC Coordinator  
Children's Hospital  
Children's National Medical Center  
2220 11th Street, N.W.  
Washington, DC 20009  
(202) 745-5597

**Federated States of Micronesia**

Arthy Nena  
Health Education Supervisor  
Kosrae Department of Health Services  
P.O. Box 127  
Kosrae, FSM 96944  
(691) 370-3199

**Florida**

Carol Bryant  
Executive Director  
Best Start  
3500 East Fletcher, Suite 106  
Tampa, FL 33609  
(813) 974-4867

Deborah Eibeck, M.S., R.D.  
Chief, WIC and Nutrition Services  
Florida Department of Health  
and Rehabilitative Services  
1317 Winewood Boulevard  
Building 1, Room 200  
Tallahassee, FL 32399-0700  
(904) 488-8985

Judy Perkin  
Program Director  
CC Dietetics, University of Florida  
Box J-184 JHMHC  
Gainesville, FL 32610  
(904) 392-4078

**Georgia**

Beth S. Everett, M.P.H., R.D.  
Chief Nutritionist  
Maternal and Infant Care Project  
Grady Memorial Hospital  
80 Butler Street  
Atlanta, GA 30335  
(404) 589-4932

**Hawaii**

Loretta J. Fuddy, A.C.S.W., M.P.H.  
Acting Program Administrator  
Maternal and Child Health Branch  
Hawaii Department of Health  
741-A Sunset Avenue  
Honolulu, HI 96816  
(808) 737-8229

Gigliola Baruffi, M.D., M.P.H.  
Project Director  
Infant Feeding and Growth  
U.S.-Related Pacific Islands  
University of Hawaii School of Public  
Health  
1960 East-West Road  
Honolulu, HI 96822  
(808) 956-8832

Melissa Nikaido  
Nutrition Education Coordinator  
WIC Program  
Ala Moana Health Center  
591 Ala Moana Boulevard, Suite 233  
Honolulu, HI 96813  
(808) 548-6559, 548-5300

**Illinois**

Robyn Gabel  
Director  
Illinois Maternal and Child Health  
Coalition  
3411 West Diversey, Suite 5  
Chicago, IL 60647  
(312) 384-8828

Stephen E. Saunders, M.D., M.P.H.  
Chief, Division of Family Health  
Illinois Department of Public Health  
535 West Jefferson  
Springfield, IL 62761  
(217) 782-2736

Aquiles J. Solnero, M.D.  
Professor  
University of Illinois  
School of Public Health  
2035 West Taylor  
Chicago, IL 60612  
(312) 281-1871

Merryjo Ware, M.P.H., R.D.  
Nutrition Services Coordinator  
Illinois Department of Public Health  
Division of Health Assessment and  
Screening  
100 West Randolph  
Chicago, IL 60601  
(312) 814-5126

**Indiana**

Indiana WIC Program  
Indiana State Board of Health  
1330 West Michigan Street  
P.O. Box 1964  
Indianapolis, IN 46206  
(317) 633-0849

Nancy B. Meade

Nutrition Consultant  
Indiana State Board of Health  
Maternal and Child Health Division  
1330 West Michigan Street  
P.O. Box 1964  
Indianapolis, IN 46206-1964  
(317) 633-0656

**Iowa**

Connie Betterley, M.S., R.D.  
Chief, Bureau of Nutrition and  
Health Promotion  
Brenda Dobson  
WIC Nutrition Services Coordinator  
Iowa Department of Public Health  
3rd Floor, Lucas Building  
Des Moines, IA 50319-0075  
(515) 281-7097, 281-7769

**Kansas**

Sarah McCamman  
Director of Training in Nutrition  
Children's Rehabilitation Unit  
University Affiliated Programs  
University of Kansas  
39th and Rainbow Boulevard  
Kansas City, KS 66103  
(913) 588-5745

**Kentucky**

Patricia Nicol, M.D., M.P.H.  
Director, Division of Maternal and Child  
Health  
Cabinet for Human Resources  
Kentucky Department of Health Services  
275 East Main Street  
Frankfort, KY 40621-0001  
(502) 564-4830

**Louisiana**

Betty Oseid, M.D.  
Department of Pediatrics  
Louisiana State University Medical Center  
1542 Tulane Avenue  
New Orleans, LA 70112  
(504) 568-6123

**Maine**

Judythe Gatchell  
Nutrition Consultant  
Maine Department of Human Services  
Division of Maternal and Child Health  
151 Capitol Street, State House Station #11  
Augusta, ME 04333  
(207) 289-3311

**Maryland**

Mary T. Goodwin  
Chief Nutritionist  
Montgomery County Health Department  
100 Maryland Avenue  
Rockville, MD 20850  
(301) 217-1701

Ruth Faden, Ph.D.

Project Director  
Determinants of Infant Feeding:  
Breast vs. Bottle  
Johns Hopkins School of Hygiene and  
Public Health  
615 North Wolfe Street  
Baltimore, MD 21205  
(301) 955-6498

**Massachusetts**

Jan Kallio, M.S., R.D.  
State WIC Nutrition Coordinator  
Ruth Palombo, M.S., R.D.  
Director, Office of Nutrition  
Massachusetts Department of Public  
Health  
150 Tremont Street, Third Floor  
Boston, MA 02111  
(617) 727-6876

**Michigan**

Susan L. Hoshield, R.N.C., B.S.N.  
Regional Perinatal Coordinator  
Northern Michigan Hospitals  
416 Connable Street  
Petoskey, MI 49770  
(616) 348-4819

Alwin K. Peterson

Acting Director, WIC Division  
Michigan Department of Public Health  
3423 North Logan, Box 30195  
Lansing, MI 48909  
(517) 335-8979

**Minnesota**

Mary Johnson  
Nutrition Consultant  
WIC Program  
Minnesota Department of Health  
717 Delaware Street, S.E.  
P.O. Box 9441  
Minneapolis, MN 55440  
(612) 623-5400

**Mississippi**

Agnes Hinton, R.D., M.S.  
Director, Nutrition Services  
Mississippi State Department of Health  
P.O. Box 1700  
Jackson, MS 39215-1700  
(601) 960-7476

**Missouri**

Bradley E. Applebaum  
Regional Medical Consultant  
U.S. Public Health Service  
601 East 12th Street, Room 501  
Kansas City, MO 64106  
(816) 426-2924

**Lorna Wilson**

Director  
Division of Maternal, Child,  
and Family Health  
Missouri Department of Health  
1730 East Elm Street  
Jefferson City, MO 65101  
(314) 751-6174

**Montana**

Rita J. Bradley, R.D.  
Community Nutrition Resource Center  
(formerly Renewable Technologies)  
P.O. Box 4511  
Butte, MT 59702  
(406) 723-6387

**June Luptak, R.D.**

Deering Community Health Center  
123 South 27th Street  
Billings, MT 59101  
(406) 256-6821

**Maria Stephens**

Executive Director  
Montana Migrant Council, Inc.  
1148 First Avenue North  
Billings, MT 59101  
(406) 248-3149

**Nebraska**

Sue Medinger  
Director, Nutrition Division  
Nebraska Department of Health  
P.O. Box 95007  
Lincoln, NE 68509  
(402) 471-2781

**Nevada**

Beverly Donahue  
Nutrition Education Coordinator  
Nevada WIC Program  
505 East King Street, Room 205  
Carson City, NV 89511  
(702) 687-4797

**New Hampshire**

Lisa Ferriero  
WIC Nutrition Consultant  
Bureau of WIC Nutrition Services  
New Hampshire Division of  
Public Health Services  
6 Hazen Drive, Health and Welfare  
Building  
Concord, NH 03301  
(603) 271-4546

**Chris Shannon**

Nutrition Consultant  
Bureau of Maternal and Child Health  
New Hampshire Division of  
Public Health Services  
6 Hazen Drive  
Concord, NH 03301-6527  
(603) 271-4541

**New Jersey**

Geraldine Franklin, M.S., R.D.  
Public Health Consultant (Nutritionist)  
Sandra Ottenberg, R.N.C., B.S.N.  
Health Care Service Evaluator  
New Jersey Department of Health  
Division of Community Health Services  
CN 364  
Trenton, NJ 08625-0364  
(201) 292-9560, 292-5616

**New Mexico**

Victoria Parrill  
MCH Nutritionist  
Sharon Porter  
WIC Nutrition Education Coordinator  
New Mexico Health and Environment  
Department  
Public Health Division  
Santa Fe, NM 87503  
(505) 827-2355, 827-2486



**New York**  
Cutberto Garza  
Director and Professor  
Division of Nutritional Sciences  
Cornell University  
127 Savage Hall  
Ithaca, NY 14853  
(607) 255-2228

Barbara H. J. Gordon, Ph.D.  
Associate Professor/Program Director  
City University of New York Hunter  
College  
Nutrition and Food Science Program  
425 East 25th Street  
New York, NY 10010  
(212) 481-7570

Ruth A. Lawrence, M.D.  
Project Director  
University of Rochester  
School of Medicine and Dentistry  
Department of Pediatrics, Box 777  
601 Elmwood Avenue  
Rochester, NY 14642  
(716) 275-0088, 275-4354

Sally Ann Lederman  
Associate Professor  
Clinical Public Health and Nutrition  
Columbia University School of Public  
Health  
Center for Population and Family Health  
60 Haven Avenue  
New York, NY 10032  
(212) 305-6960

Elisabeth Luder, Ph.D.  
Associate Director  
Pediatric Pulmonary Center  
Mount Sinai School of Medicine  
New York, NY 10029  
(212) 241-7788

Christine M. Olson  
Associate Professor  
Cornell Cooperative Extension  
Division of Nutrition Sciences  
Room 376, MVR Hall  
Ithaca, NY 14853  
(607) 255-2142

Wilma E. Waithe  
MCH Nutrition Coordinator  
New York State Department of Health  
Bureau of Nutrition  
Room 859  
E.S.P. Corning Tower Building  
Albany, NY 12237  
(518) 474-8459

**North Carolina**  
Janice Somers Lebeuf, M.P.H.  
Nutrition Consultant  
WIC Section  
Division of Maternal and Child Health  
North Carolina Department of  
Environmental Health and Natural  
Resources  
P.O. Box 27687  
Raleigh, NC 27611-7687  
(919) 733-2973

Elizabeth Watkins, D.Sc.  
Professor  
University of North Carolina  
School of Public Health  
Department of Maternal and Child Health  
315 Pittsboro Street  
CB #7400  
Chapel Hill, NC 27599  
(919) 966-5979

**North Dakota**  
Jean Tracy  
Nutritionist  
North Dakota Health Department  
Bismark, ND 58505  
(701) 224-2493

**Ohio**  
Lindsey K. Grossman, Ph.D.  
Project Director  
Breastfeeding Promotion in a Low-Income  
Urban Population  
Ohio State University  
Research Foundation  
1314 Kinnear Road  
Columbus, OH 43210  
(614) 293-8034

Ruth Shrock  
Administrative Staff Nutrition Consultant  
Division of Maternal and Child Health  
Ohio Department of Health  
246 North High Street  
Columbus, OH 43215  
(614) 466-8932

**Oklahoma**

Anne Roberts  
State Coordinator  
Oklahoma Healthy Mothers,  
Healthy Babies  
c/o Oklahoma Institute for Child  
Advocacy  
4030 North Lincoln, #208  
Oklahoma City, OK 73152  
(405) 424-8014

Carole Waldvogel  
MCH Consultant  
Oklahoma State Department Of Health  
100 Northeast 10th Street, P.O. Box 53551  
Oklahoma City, OK 73152  
(405) 271-6617

**Oregon**

Mary Kay DiLoreto, M.S., R.D.  
Nutrition Consultant  
Oregon Department of Human Resources  
Health Division  
P.O. Box 231  
Portland, OR 97207  
(503) 229-5691

Pam Hellings, R.N., Ph.D., C.P.N.P.  
Associate Professor, Family Nursing  
Oregon Health Sciences University—EJSN  
3181 Southwest Sam Jackson Park Road  
Portland, OR 97201-3098  
(503) 494-8382

**Pennsylvania**

Evelyn S. Bouden, M.D.  
Director  
Division of Maternal and Child Health  
Pennsylvania Department of Health  
Room 725, H & W Building  
P.O. Box 90  
Harrisburg, PA 17108  
(717) 787-7443

Billye June Eichelberger, R.D., M.P.H.  
State Nutrition Director  
Pennsylvania Department of Health  
P.O. Box 90  
Room 1003, Health and Welfare Building  
Harrisburg, PA 17108  
(717) 787-6967

National Child Nutrition Project  
Philadelphia, PA  
*Contact the National Center for Education in  
Maternal and Child Health, Washington,  
DC, for more information. See page 63.*

**Rhode Island**

Cathleen McElligott, M.S., R.D.  
State WIC Nutrition Coordinator  
Rhode Island Department of Health  
Three Capitol Hill  
Providence, RI 02908  
(401) 277-3940

**South Carolina**

Robert H. Buchanan, Jr.  
Project Director, Statewide Action Plan to  
Promote Breastfeeding  
South Carolina Department of Health and  
Environmental Control  
Division of Children's Health  
2600 Bull Street  
Columbia, SC 29201  
(803) 734-4610

**South Dakota**

Linda Marchand  
District Nutrition Supervisor  
South Dakota Department of Health  
Nutrition Services  
725 North LaCrosse  
Rapid City, SD 57701  
(605) 394-2526

Randi Oviatt, R.N.  
Community Health Nurse  
South Dakota Department of Health  
1306 North Main  
Spearfish, SD 57783  
(605) 347-4587

Nancy Spyker  
State Nutritionist  
South Dakota Department of Health  
Nutritional Services  
717 Fifth Street  
Spearfish, SD 57783  
(605) 642-6391

**Tennessee**

Betsy Haughton  
Associate Professor, Nutrition and Food  
Sciences  
College of Human Ecology  
University of Tennessee  
Knoxville, TN 37996-1900  
(615) 974-5445

**Minda Lazarov, M.S., R.D.**  
Director, Breastfeeding Promotion  
and Support Programs  
Maternal and Child Health Section  
Tennessee Department of Health  
and Environment  
C2-233 Cordell Hull Building  
Nashville, TN 37247-5225  
(615) 741-7218

**Texas**  
**M. T. DiFerrante, M.P.H., R.D., L.D.**  
Chief of Nutrition Services  
City of Houston Department of Health  
and Human Services  
8000 North Stadium Drive  
Houston, TX 77054  
(713) 794-9292

**Judy Hopkinson, Ph.D.**  
Research Assistant Professor  
Children's Nutrition Research Center  
1100 Bates  
Houston, TX 77030  
(713) 798-7008

**Barbara Keir**  
Director, Public Health Nutrition  
Texas Department of Health  
Community and Rural Health  
1100 West 49th Street  
Austin, TX 78756-3199  
(512) 458-7785

**David K. Rassin, Ph.D.**  
Professor, Department of Pediatrics  
Child Health Center, C3T16  
University of Texas Medical Branch  
Galveston, TX 77550  
(409) 761-1139

**Utah**  
**Agnes Greenhall**  
Perinatal Care Coordinator  
Salt Lake Community Health Centers  
c/o Redwood Community Health Center  
3060 Lester Street  
West Valley City, UT 84119  
(801) 973-9483

**Marianne Michaels, M.S.**  
Breastfeeding Promotion Coordinator  
Utah Department of Health, WIC Program  
262 West 300 North  
Provo, UT 84601  
(801) 373-5339

**Esther Satterfield**  
Executive Director  
Weber Community Health Center, Inc.  
670 28th Street  
Ogden, UT 84403  
(801) 393-5355

**Vermont**  
**Penny Rieley**  
WIC Nutrition Coordinator  
Vermont Department of Health—Local  
Health  
1193 North Avenue  
P.O. Box 70  
Burlington, VT 05402  
(802) 863-7333

**Washington**  
**Maxine D. Hayes, M.D., M.P.H.**  
MCH Director  
Washington Department of Health  
and Social Services  
Division of Parent/Child Health Services  
MS: LC-11A  
Olympia, WA 98504  
(206) 753-7021

**Jane Mitchell Rees, M.S., R.D.**  
Director, Nutrition Services and Education  
Division of Adolescent Medicine  
University of Washington, CDMRC WJ-10  
Seattle, WA 98195  
(206) 685-1266

**Bonnie Worthington-Roberts**  
Professor, Nutrition Sciences  
Child Development and  
Mental Retardation Center  
University of Washington, DL-10  
Seattle, WA 98195  
(206) 543-1730

**West Virginia**  
**Denise Ferris**  
Director  
West Virginia WIC Program  
Bureau of Public Health  
West Virginia Department of Health  
and Human Resources  
1411 Virginia Street, East  
P.O. Box 69004  
Charleston, WV 25301  
(304) 348-0030

**Wyoming**

Deborah Barnes and Margie Sewell  
Laramie County WIC Program  
1122 Logan Avenue  
Cheyenne, WY 82001  
(307) 638-1630

Lois Pine, R.N., M.S.  
Education Coordinator  
Wyoming Department of Health  
Family Health Services  
Hathaway Building, Fourth floor  
Cheyenne, WY 82002

**APPENDIX D  
RESPONDENTS REPORTING BREASTFEEDING PROMOTION ACTIVITIES**

RESPONDENTS	PROFESSIONAL EDUCATION	HEALTH CARE SYSTEM	WORKPLACE	PAGES WHERE CITED
<b>Federal Agencies and National Organizations</b>				
American Academy of Pediatrics	•	•	•	9, 13, 21, 24, 40
American College of Obstetricians and Gynecologists	•	•		10
American Dietetic Association	•	•	•	14, 23
American Hospital Association	•			
APHA Clearinghouse on Infant Feeding and Maternal Nutrition	•			16
Center to Prevent Childhood Malnutrition		•		28, 35, 39
Food and Nutrition Board, Institute of Medicine	•			15, 47
Food and Nutrition Information Center, USDA	•			15
Food and Nutrition Service, USDA	•	•	•	8, 15, 21, 30, 39, 40, 45, 50
Indian Health Service, DHHS	•	•	•	19, 20, 40
Institute for Reproductive Health	•	•		48, 49
La Leche League International	•	•	•	10, 11, 20, 22, 35, 37, 39, 40
Maternal and Child Health Bureau, DHHS	•	•		8, 11, 15, 19, 24, 28, 29, 35, 42, 46
National Association of WIC Directors	•			14, 28, 31, 51
National Center for Education in Maternal and Child Health	•	•	•	16
National Center for Health Statistics, DHHS				51
Subcommittee on Breastfeeding Promotion, Healthy Mothers, Healthy Babies Coalition	•	•	•	12, 28, 38, 41
U. S. Agency for International Development	•	•		9, 16, 27, 48
<b>Alabama</b>				
Alabama Department of Public Health	•	•		

<b>Arizona</b>					
Arizona Department of Health Services	.	.	.	.	30, 38, 39
Pima County Health Department WIC Program	.	.	.	.	
University Medical Center	.	.	.	.	
<b>Arkansas</b>					
Arkansas Department of Health	.	.	.	.	40
<b>California</b>					
Alameda County Health Care Services Agency	.	.	.	.	17, 28, 30, 36
Humboldt County Health Department	.	.	.	.	29
San Diego State University School of Public Health	.	.	.	.	
University of California at Davis	.	.	.	.	44
University of California at Los Angeles Extension	.	.	.	.	
Wellstart	.	.	.	.	10
<b>Colorado</b>					
Colorado Department of Health	.	.	.	.	9, 19, 29, 40
Community Health Centers, Inc.	.	.	.	.	13, 22, 24, 35
Denver Department of Health and Hospitals	.	.	.	.	40
La Clinica del Valle, Inc.	.	.	.	.	40
Pueblo Community Health Center	.	.	.	.	
Presbyterian-St. Lukes's Medical Center	.	.	.	.	20
Valley-Wide Health Services, Inc.	.	.	.	.	10
<b>Connecticut</b>					
Connecticut Department of Health Services	.	.	.	.	
<b>District of Columbia</b>					
Children's National Medical Center	.	.	.	.	41
Georgetown University Hospital	.	.	.	.	36
<b>Federated States of Micronesia</b>					
Kosrae Department of Health Services	.	.	.	.	40
<b>Florida</b>					
Best Start	.	.	.	.	
Florida Department of Health and Rehabilitative Services	.	.	.	.	11, 16, 22, 28, 30, 36, 44
University of Florida	.	.	.	.	29, 31, 40

	PROFESSIONAL EDUCATION	HEALTH CARE SYSTEM	WORKPLACE	PAGES WHERE CITED
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<b>Georgia</b>				
Grady Memorial Hospital	•	•	•	10, 11, 40
<b>Hawaii</b>				
Hawaii Department of Health, Maternal and Child Health Branch	•	•		11
Hawaii WIC Program	•	•	•	
University of Hawaii School of Public Health	•			9, 11
<b>Illinois</b>				
Illinois Department of Public Health, Division of Family Health	•	•		
Illinois Department of Public Health, Division of Health Assessment and Screening	•	•	•	13, 14
Illinois Maternal and Child Health Coalition		•		
University of Illinois School of Public Health	•	•	•	20, 40
<b>Indiana</b>				
Indiana State Board of Health, Maternal and Child Health Division	•	•	•	22, 23, 29, 40, 41, 42
Indiana State Board of Health, WIC Program	•	•		
<b>Iowa</b>				
Iowa Department of Public Health/Iowa WIC Program	•	•		53

<b>Kansas</b>					
University of Kansas Children's Rehabilitation Unit	•	•			34
<b>Kentucky</b>					
Kentucky Department of Health Services	•	•	•		11, 22
<b>Louisiana</b>					
Louisiana State University Medical Center	•	•			
<b>Maine</b>					
Maine Department of Human Services	•				13, 53
<b>Maryland</b>					
Johns Hopkins School of Hygiene and Public Health					45
Montgomery County Health Department	•	•	•		13, 29
<b>Massachusetts</b>					
Massachusetts Department of Public Health	•	•	•		20
<b>Michigan</b>					
Michigan Department of Public Health	•	•			
Northern Michigan Hospitals	•	•	•		40
<b>Minnesota</b>					
Minnesota Department of Health	•				
<b>Mississippi</b>					
Mississippi Department of Health	•	•			
<b>Missouri</b>					
Missouri Department of Health	•	•			14, 20, 34
<b>Montana</b>					
Community Nutrition Resource Center	•	•	•		25, 40
Deering Community Health Center	•				
Montana Migrant Council, Inc.		•	•		20, 40
<b>Nebraska</b>					
Nebraska Department of Health	•	•			31
<b>Nevada</b>					
Nevada WIC Program	•	•	•		20, 40