



March 2004

BREASTFEEDING PRACTICES

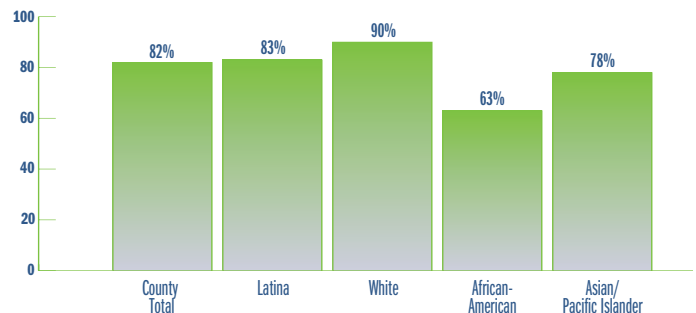
Extensive research has demonstrated the positive impact of breastfeeding on the health and development of infants and children. Results from the 2002–03 Los Angeles County Health Survey (LACHS) found that 82% of Los Angeles County women initiated breastfeeding compared to 79% in 1999–2000. However, only half of all mothers were still breastfeeding their infants at six months of age, and less than one-third at 12 months (Table 1). According to statewide data, Los

Angeles County ranks 49th of 58 counties in California in the percentage of mothers who breastfeed their infants at the time of hospital discharge. In addition, only 27% of women breastfeed exclusively (i.e., do not supplement with formula) at hospital discharge.²

TABLE 1
1 Prevalence of Breastfeeding by Selected Characteristics of Mothers in Los Angeles County, 2002–03¹

	Initiated Breastfeeding Percentage	Breastfeeding at 6 Months Percentage	Breastfeeding at 12 Months Percentage
All Mothers	82%	49%	29%
Maternal Age at Child's Birth			
Less than 20	79%	36%	21%
20–29	79%	47%	26%
30 or Older	85%	55%	32%
Marital Status			
Married or Living Together	84%	52%	30%
Single	73%	36%	23%
Maternal Education			
Less Than High School	82%	53%	35%
High School Graduate	76%	42%	20%
Some College or Trade School	79%	43%	21%
College or Post-Graduate Degree	91%	58%	36%

FIGURE 1
1 Prevalence of Breastfeeding Initiation by Child's Race/Ethnicity, 2002–2003



Also of concern are lower rates of breastfeeding initiation among African-American (63%) and Asian/Pacific Islander (78%) women, as compared to Latinas (83%) and White women (90%) (Figure 1). Breastfeeding rates declined steadily over the infant's first year for all major racial/ethnic groups, and many infants ceased to be breastfed during the first few months (Figure 2). Latinas born outside the United States were more likely to initiate breastfeeding (86%) than Latinas born in the U.S. (72%), and were more likely to breastfeed at least six months (58%) than U.S.-born Latinas (34%) (Figure 3).

1. Data collected in 2002–03 represent children born during 1998–2003 as reported by a sample of N=1872 mothers.

2. California Maternal and Child Health Data Book. (May 2002). California Department of Health Services.

FIGURE 2 Prevalence of Breastfeeding by Child's Race/Ethnicity and by Month of Age, 2002–2003

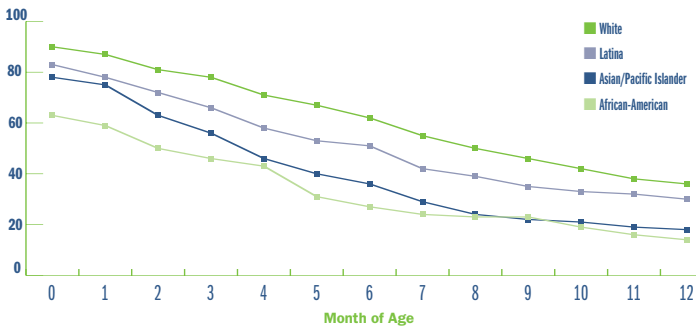
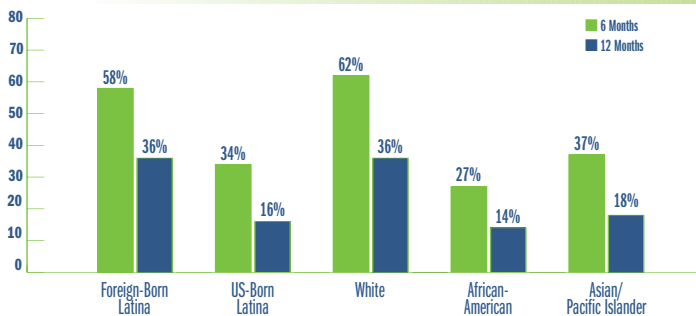


FIGURE 3 Prevalence of Breastfeeding at 6 and 12 Months by Child's Race/Ethnicity, 2002–2003



Results from the 2002–03 LACHS also revealed breastfeeding duration to six months was higher among mothers aged 20 to 29 years (47%) and aged 30 or older (55%) as compared to young mothers aged less than 20 years (36%) (Table 1). Mothers who were married or living with a partner were more likely to initiate breastfeeding (84%) and continue breastfeeding for at least six months (52%) than mothers who were single (i.e., divorced, separated, widowed, or never married) (73% and 36% respectively).

Significance

Breastfed infants have enhanced immune response and reduced risk for chronic illnesses such as asthma, diabetes and inflammatory bowel disease.³ Breastfeeding may also have a protective effect against childhood obesity.⁴ Furthermore, breastfeeding improves maternal health, minimizes postpartum bleeding, reduces the risk of ovarian cancer and breast cancer, and facilitates bonding between mother and

3. Oddy WH., *Breastfeeding Protects Against Illness and Infections in Infants and Children: A Review of the Evidence*, *Breastfeed Review* 2001; 9(2): 11-8.

4. Mathew W., Gillman S.L., Rifas-Shiman, C.A., Carmargo Jr., et al., *Risk of Overweight Among Adolescents Who Were Breastfed as Infants*, *Journal of American Medical Association* 2001; 285: 2461-2467.

5. Labbok M.H., *Effects of Breastfeeding on the Mother*, *Pediatric Clinics of North America* 2001; 48(1): 143-158.

6. Lipworth L., Bailey L.R., Trichopoulos D., *History of Breast-feeding in Relation to Breast*

infant.^{5,6} Exclusive breastfeeding yields even more pronounced health benefits, and the American Academy of Pediatrics (AAP) recommends that infants be exclusively breastfed for the first six months of life and be breastfed for 12 months or longer with the addition of appropriate foods.⁷

The economic benefits of breastfeeding are also significant. A minimum of \$3.6 billion in medical costs would be saved each year if breastfeeding rates were increased from current national levels (64% at initiation and 29% at six months) to those recommended by the Healthy People 2010 goals (75% at initiation and 50% at six months).⁸ Even higher cost savings would be possible if these levels were reached through exclusive breastfeeding.

Why Do Women Decide Not to Breastfeed?

Among the small percentage (18%) of mothers who did not initiate breastfeeding, 59% reported a preference for formula-feeding, 37% reported that they did not want to breastfeed and 29% reported that physical or medical problems prevented them from breastfeeding. In addition, among those who returned to work within six months of their baby's birth, 46% said that returning to work was a reason for not breastfeeding.

Among low-income women (those living below the federal poverty level) who did not initiate breastfeeding, 69% preferred formula-feeding. One study of low-income mothers found that they were aware of the benefits of breastfeeding, but perceived breastfeeding to be less convenient and to limit their time to do other activities.⁹

Reasons for Stopping Breastfeeding Before Six Months

Among women who initiated breastfeeding, the most common reasons reported for stopping six months or earlier were deciding to use formula, thinking that their child was old enough, and returning to work (Table 2). Overall, 32% of mothers in L.A. County said that they stopped breastfeeding when they returned to work, a percentage that was much higher (59%) among mothers who actually returned to work within six months of giving birth.

Cancer Risk: A Review of the Epidemiologic Literature, *Journal of National Cancer Institute* 2000; 92(4) 302-312.

7. American Academy of Pediatrics, Work Group on Breastfeeding, *Breastfeeding and the Use of Human Milk*. *Pediatrics* 1997; 100 (6): 1035-1039.

8. Weimer J., *The Economic Benefits of Breastfeeding: A Review and Analysis*, U.S. Department of Agriculture. *Food Assistance and Nutrition Research Report No. 13*, March 2001.

9. Zimmerman D.R., Gutman N., "Breast is best": Knowledge among Low-Income Mothers is Not Enough, *Journal of Human Lactation* 2001; 17(1) :14-9.

TABLE 2 Reported Reasons for Stopping Breastfeeding at Less Than 6 Months, 2002–2003

Reason	Less than 6 Months†
Decided to Use Formula	38%
Child is Old Enough	38%
Returned to Work	28%
Physical/Medical Problem	16%
Embarrassed/Uncomfortable in Public	8%
Told to Stop by Doctor or Healthcare Professional	9%
Child in Daycare Program that Did Not Support Breastfeeding	3%*
Lack of Family Support	<1%*

† Percentages do not add up to 100% due to respondents indicating multiple reasons why they stopped breastfeeding at three and six months.

* Estimate should be viewed with caution because of small numbers.

What Can be Done?

Public health efforts to increase breastfeeding need to target populations with low breastfeeding rates. The promotion of exclusive breastfeeding prenatally, and education and support immediately after the child's birth, would influence early decisions about breastfeeding and increase the likelihood of success. A system of education and support is positively associated with the decision to breastfeed.¹⁰ This is especially important for groups such as low-income women and mothers who participate in the Supplemental Nutrition Program for Women, Infants and Children (WIC). In addition, U.S.-born Latinas were less likely to initiate breastfeeding than Latina mothers born outside the United States, suggesting that the process of acculturation may inhibit breastfeeding. Interventions most effective in extending breastfeeding duration generally combine culturally appropriate information and support, and are intensive and long-term.¹¹

Maternal employment is associated with shorter duration of breastfeeding, a relationship that persists regardless of age, race/ethnicity, and educational level.¹² In the U.S., approximately one-third of employed mothers return to work within three months and about two-thirds within six months after childbirth,¹³ which points to the importance of assisting mothers in their efforts to combine breastfeeding with working. In 2002, California enacted the Lactation Accommodation Act (CA AB 1025) requiring employers to provide

10. Deshpande A.D. and Gazmararian J.A., *Breast-feeding Education and Support: Association with the Decision to Breastfeed*, *Effective Clinical Practice* 2000; 3(3): 141-143.

11. de Oliveira M.L., Camacho L.A., Tedstone A.E., *Extending Breastfeeding Duration through Primary Care: A Systematic Review of Prenatal and Postnatal Interventions*, *Journal of Human Lactation* 2001; 17(4): 326-343.

on the web

Breastfeeding Task Force of Greater Los Angeles promotes breastfeeding awareness and education for health care providers, administrators and employers. Breastfeeding information is available in Spanish and other languages. www.breastfeedingtaskforla.org

First 5 LA: Infant and Child Nutrition Project is designed to improve the nutritional status of children ages 0 to 5, their families and pregnant women. Breastfeeding Programs and Support Systems in LA County: A Needs Assessment is available at www.prop10.org/ourprojects/childnutrition.php4

La Leche League promotes breastfeeding through mother-to-mother support, encouragement and education. Telephone counseling is available 24-hours a day, along with access to an extensive library of breastfeeding literature. www.lalecheleague.org
www.lalecheleague.org/Web/California.html (Directory of La Leche Groups in California)

The **Black Infant Health Program (BIH)** is a comprehensive community-based program that aims to reduce infant mortality and to improve health outcomes of African-American women and infants. www.lapublichealth.org/mch/BIH/bih.htm

California Department of Health Services: Maternal and Child Health works with partners to develop and support local breastfeeding coalitions. www.mch.dhs.ca.gov/programs/bfp

Women, Infant and Children (WIC) program targets low-income women, infants and children up to age 5 who are at nutrition risk by providing nutritious foods, information on healthy eating and referrals to health care. www.fns.usda.gov/wic

The **United States Breastfeeding Committee** is a collaborative partnership composed of government departments, non-governmental organizations, and health professional associations to promote and support ongoing breastfeeding projects in the US. www.usbreastfeeding.org

employees with sufficient time and a clean, private place to pump during the workday.

Encouragement by health care providers positively impacts a mother's decision to initiate breastfeeding. This is true among women of different social and ethnic backgrounds, especially in populations that are less likely to breastfeed.¹⁴ In Los Angeles County, 81% of mothers who initiated breastfeeding reported having received encouragement while in the hospital. The Baby-Friendly Hospital Initiative, an international evidence-based program, recognizes hospitals and birth centers that have adopted practices to promote and support breastfeeding. Furthermore, breastfeeding promotion should emphasize exclusive breastfeeding at birth and for the first six months to improve duration as well as health outcomes among infants.

A mother's decision to initiate and continue breastfeeding is also influenced by the community,

12. Meek J.Y., *Breastfeeding in the Workplace*, *Pediatric Clinics of North America* 2001; 48: 461-474

13. U.S. Department of Health and Human Services (DHHS). *HHS Blueprint for Action on Breastfeeding*, Washington D.C., 2000. DHHS, Office of Women's Health 2000.

14. Lu M.C., Lange L., Slusser W., Hamilton J. and Halfon N., *Provider Encouragement of Breastfeeding: Evidence from a National Survey*, *Obstetrics and Gynecology* 2001; Feb 97(2): 290-295.



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and family. Increasing levels of social support is important, particularly in African-American and Asian/Pacific Islander populations where breastfeeding rates are lower. For example, among African-American women, the opinions of the baby's father and grandmother have a strong influence on a mother's decision to breastfeed.¹⁵ In Los Angeles County and statewide, African-American women can obtain

breastfeeding support through the Black Infant Health Program (BIH). The program incorporates health education, home visitation, outreach for early prenatal care, social support and empowerment, and involvement of family and friends.

15. Bentley M.E., Dee, D.L., Jensen, J.L., *Breastfeeding among Low Income, African-American Women: Power, Beliefs and Decision Making*, *Journal of Nutrition* 2003;133:305-309

The Los Angeles County Health Survey is a periodic, population-based telephone survey that collects information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in the county. The 2002-2003 survey collected information on a random sample of 8,167 adults and 5,995 children. Interviews were offered in English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese. The most recent survey was supported by grants from First 5 LA, the California Department of Health Services through grants to the Family Health, Tobacco Control and Prevention, and Alcohol and Drug Programs, and the Public Health Response and Bioterrorism Preparedness federal grant. The survey was conducted for the Los Angeles County Department of Health Services between October 2002 and March 2003 by Field Research Corporation.

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**For additional information about the
L.A. Survey: www.lapublichealth.org/ha**