

# Breastfeeding

## DEFINITION

*Breastfeeding* is the percentage of newborn infants who are exclusively breastfed at the time of hospital discharge.

## SIGNIFICANCE

The American Academy of Pediatrics (AAP) identifies breastfeeding as the ideal method of feeding and nurturing infants and recognizes breastfeeding as a critical component in achieving optimal infant and child health, growth and development. The AAP recommends exclusive breastfeeding for 6 months after birth and recommends continuing to breastfeed for at least an additional 6 months or as long as mutually desired by mother and child.<sup>1</sup>

Breastfeeding provides optimal nutrition for the newborn, and decreases the incidence of diarrhea, lower respiratory infections and ear infections. Breastfeeding has been linked to decreases in sudden infant death syndrome, childhood obesity, diabetes, allergies, asthma, lymphoma and other illnesses; improved cognitive development and school performance in children; a reduced incidence of child abuse; and improved maternal health, including reduced rates of breast and ovarian cancer.<sup>2</sup> Breastfeeding provides significant social and economic benefits including reduced cost to the family, reduced health care costs and reduced

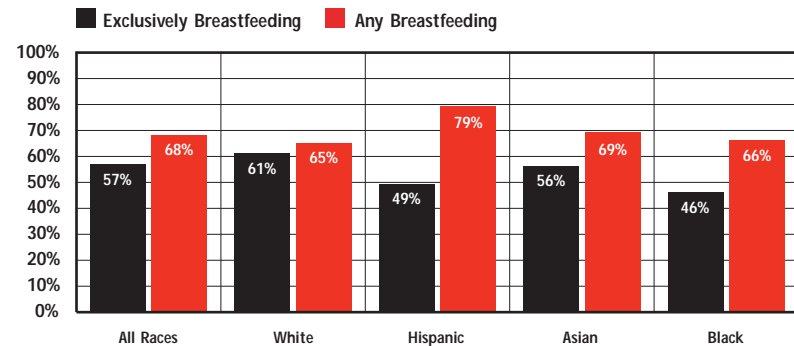
employee absenteeism.<sup>3</sup>

Nationally, women who are older, have higher incomes or are more educated are more likely to breastfeed than their peers. Hispanic women in the U.S. are the most likely to breastfeed their infants, followed by Asian and White women.<sup>4</sup>

Breastfeeding can be effectively promoted by health professionals through culturally appropriate prenatal and postnatal education of mothers, physician support, hospital policies that promote early and exclusive breastfeeding and provide ongoing lactation consultation, timely postpartum follow-up care and home health visits, and links to lactation support networks and resources.<sup>5</sup>

*Healthy People 2010*, the nation's health agenda, has established target breastfeeding rates of 75% at birth, 50% at 6 months and 25% at one year.<sup>6</sup> *National Immunization Survey 2004* data show that national breastfeeding rates were 74% at birth, 42% at 6 months and 21% at one year.<sup>7</sup> *Healthy People 2010* recommends increasing breastfeeding rates among those at highest risk through increased education for health care providers and new parents, additional support of breastfeeding from employers and the community, and greater media portrayal of breastfeeding as the normal method of infant feeding.<sup>8</sup>

Breastfeeding Rates by Race and Ethnicity, Rhode Island, 2002-2006



Source: Rhode Island Department of Health, Division of Family Health, Newborn Developmental Risk Screening Program, 2002-2006. Any Breastfeeding includes both infants exclusively breastfed and those fed breast milk in combination with formula.

◆ In Rhode Island between 2002 and 2006, Black and Hispanic mothers were less likely to exclusively breastfeed than their Asian and White peers. However, Hispanic mothers were much more likely to report any breastfeeding than women in other racial and ethnic groups.<sup>9</sup>

◆ While the consensus of the scientific community remains that exclusive breastfeeding for the first six months is best for the majority of infants, several of the same positive health outcomes are associated with partial breastfeeding but to a lesser extent.<sup>10</sup>

◆ Between 2002-2006, more than half (57%) of all Rhode Island women who gave birth intended to exclusively breastfeed their children, one third (29%) intended to exclusively formula feed, and 11% intended to use a combination of breast and formula feeding.<sup>11</sup>

◆ Of new mothers in Rhode Island between 2004 and 2006 who were surveyed approximately 3 months after giving birth, 72% reported having ever breastfed. Fifty-one percent of these mothers reported continued breastfeeding at the time of the survey.<sup>12</sup>

Table 15.

## Breastfeeding Rates, Rhode Island, 2002-2006

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER BREAST AND FORMULA FEEDING	NUMBER EXCLUSIVELY BREASTFEEDING	PERCENT WITH ANY BREASTFEEDING	PERCENT EXCLUSIVELY BREASTFEEDING
Barrington	742	19	610	85%	82%
Bristol	971	30	612	66%	63%
Burrillville	739	24	413	59%	56%
Central Falls	1,971	524	893	72%	45%
Charlestown	438	6	324	75%	74%
Coventry	1,819	43	1,061	61%	58%
Cranston	4,175	349	2,394	66%	57%
Cumberland	1,627	79	1,098	72%	67%
East Greenwich	656	24	490	78%	75%
East Providence	2,516	172	1,396	62%	55%
Exeter	288	3	206	73%	72%
Foster	238	13	176	79%	74%
Glocester	377	17	247	70%	66%
Hopkinton	502	22	345	73%	69%
Jamestown	207	7	171	86%	83%
Johnston	1,374	86	720	59%	52%
Lincoln	858	46	533	67%	62%
Little Compton	120	3	102	88%	85%
Middletown	1,008	38	769	80%	76%
Narragansett	506	18	367	76%	73%
New Shoreham	56	0	53	95%	95%
Newport	1,497	69	1,040	74%	69%
North Kingstown	1,427	54	977	72%	68%
North Providence	2,038	188	1,042	60%	51%
North Smithfield	428	14	272	67%	64%
Pawtucket	5,287	844	2,721	67%	51%
Portsmouth	795	24	617	81%	78%
Providence	14,572	3,149	7,201	71%	49%
Richmond	374	7	266	73%	71%
Scituate	490	19	339	73%	69%
Smithfield	680	19	442	68%	65%
South Kingstown	1,305	32	975	77%	75%
Tiverton	378	15	262	73%	69%
Warren	528	17	314	63%	59%
Warwick	4,157	148	2,482	63%	60%
West Greenwich	270	11	181	71%	67%
West Warwick	2,008	88	1,064	57%	53%
Westerly	1,147	43	802	74%	70%
Woonsocket	2,962	333	1,223	53%	41%
Unknown	2	0	0	NA	NA
<b>Core Cities</b>	<b>28,297</b>	<b>5,007</b>	<b>14,142</b>	<b>68%</b>	<b>50%</b>
<b>Remainder of State</b>	<b>33,234</b>	<b>1,590</b>	<b>21,058</b>	<b>68%</b>	<b>63%</b>
<b>Rhode Island</b>	<b>61,533</b>	<b>6,597</b>	<b>35,200</b>	<b>68%</b>	<b>57%</b>

### Notes

The number of births screened may differ from the total number of births reported elsewhere as not all documented births received a screening.

"Percent Any Breastfeeding" refers to those infants fed breast milk in combination with formula and those exclusively breastfed.

### Sources of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Newborn Developmental Risk Screening Program Database and Maternal and Child Health Database, 2002-2006. Breastfeeding is defined as breastfeeding as intended feeding method at hospital discharge. Births to Rhode Island women that occurred outside Rhode Island are not included.

### References

<sup>1,4</sup> American Academy of Pediatrics. (2005). *Breastfeeding and the use of human milk* – Policy Statement in Pediatrics, 115(2).

<sup>2</sup> Wall, G. (2007). *Outcomes of breastfeeding versus formula feeding*. Retrieved January 23, 2008 from [http://www.llli.org/docs/Outcomes\\_of\\_breastfeeding\\_June\\_2007.pdf](http://www.llli.org/docs/Outcomes_of_breastfeeding_June_2007.pdf)

<sup>4</sup> U.S. Department of Health and Human Services. (2006). *Child Health USA 2006 Data Book*. Retrieved January 23, 2008 from [www.mchb.hrsa.gov](http://www.mchb.hrsa.gov)

<sup>5</sup> Centers for Disease Control and Prevention. (2005). *The CDC Guide to Breastfeeding Interventions*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

<sup>6,8</sup> Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. *Healthy people 2010, conference edition, Vol. 2*. (2000). Washington, DC: Government Printing Office.

<sup>7</sup> Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. (2007). *Breastfeeding report card, United States, 2007: Outcome indicators*. Retrieved February 6, 2008 from [www.cdc.gov/breastfeeding/data/report\\_card2.htm](http://www.cdc.gov/breastfeeding/data/report_card2.htm)

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