

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 approximately 6 months after birth and, in conjunction with appropriate solid foods, for at least 12 months after birth, and thereafter as long as mutually desired.¹ 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.² The 1998 Healthy People 2010 baseline data shows that United States breastfeeding rates were 64% at birth, 29% at 6 months and 16% at one year.³

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

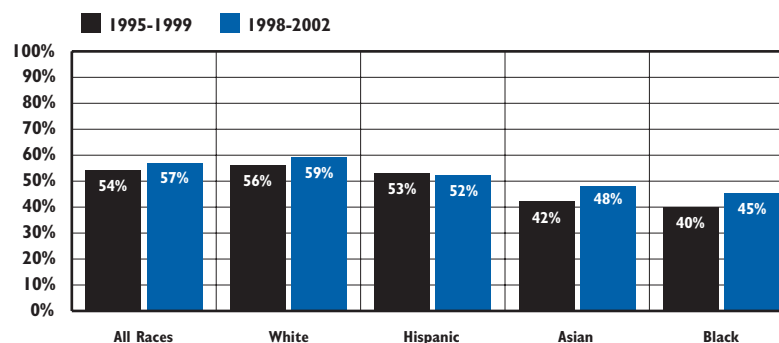
syndrome, diabetes, allergies, asthma, lymphoma and other illnesses; improved cognitive development and school performance; a reduced incidence of child abuse; and improved maternal health, including reduced rates of breast and ovarian cancer.^{4,5,6} Breastfeeding provides significant social and economic benefits including reduced cost to the family, reduced health care costs and reduced employee absenteeism.⁷

Nationally, the highest rates of breastfeeding, as measured by initiation in the hospital, occur among women who are White, over age 35, and college-educated. The lowest rates occur among women who are Black, less than 20 years old, have less than a 12th grade education, and participate in WIC or Medicaid.^{8,9}

Breastfeeding can be effectively promoted by health professionals through culturally appropriate prenatal and postnatal education of the mother, physician support, hospital policies that promote early, exclusive breastfeeding and provide ongoing lactation consultation, timely postpartum follow-up care and home health visits, and links to lactation support networks and resources.¹⁰



Breastfeeding Rates by Race and Ethnicity, Rhode Island, 1995-2002



Source: Rhode Island Department of Health, Division of Family Health, Newborn Developmental Risk Screening Program, 1995-2002.

- ◆ Race is a strong predictor of breastfeeding even after controlling for socioeconomic background.¹¹ During the late 1990s, most racial and ethnic groups in Rhode Island had modest increases in breastfeeding rates. The breastfeeding rates for Black and Asian infants remain significantly lower than the rates for other racial and ethnic groups and the average for all groups.¹²
- ◆ Healthy People 2010 recommends several strategies for increasing breastfeeding rates among those at highest risk, including 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.¹³
- ◆ The most significant obstacle to continuing to breastfeed is a mother's need to return to work.¹⁴ In 2003, the Rhode Island General Assembly passed the Nursing Working Mothers Act, which requires employers to provide a safe, private place for an employee to breastfeed her child or pump breast milk. Employers must also work with the employee to develop a mutually acceptable plan for an employee to take breaks for breastfeeding or pumping.¹⁵

Table 14.

Breastfeeding Rates, Rhode Island, 1998-2002

CITY/TOWN	NUMBER OF BIRTHS	BREASTFEEDING	PERCENT BREASTFEEDING
Barrington	797	653	82%
Bristol	1,022	601	59%
Burrillville	755	419	55%
Central Falls	1,738	892	51%
Charlestown	493	340	69%
Coventry	1,936	1,120	58%
Cranston	3,771	2,029	54%
Cumberland	1,645	1,075	65%
East Greenwich	747	543	73%
East Providence	2,381	1,295	54%
Exeter	307	202	66%
Foster	214	159	74%
Glocester	360	228	63%
Hopkinton	666	452	68%
Jamestown	197	161	82%
Johnston	1,443	717	50%
Lincoln	858	559	65%
Little Compton	115	97	84%
Middletown	1,046	778	74%
Narragansett	537	376	70%
New Shoreham	51	46	90%
Newport	1,621	1,079	67%
North Kingstown	1,598	1,179	74%
North Providence	2,147	1,079	50%
North Smithfield	466	301	65%
Pawtucket	4,882	2,567	53%
Portsmouth	832	635	76%
Providence	13,679	6,776	50%
Richmond	201	131	65%
Scituate	581	403	69%
Smithfield	741	491	66%
South Kingstown	1,395	1,033	74%
Tiverton	368	251	68%
Warren	536	312	58%
Warwick	4,179	2,374	57%
West Greenwich	298	210	70%
West Warwick	1,995	1,006	50%
Westerly	1,128	723	64%
Woonsocket	2,777	1,197	43%
Unknown	478	65	NA
Core Cities	26,692	13,517	51%
Remainder of State	33,811	20,972	62%
Rhode Island	60,981	34,554	57%

Sources of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Newborn Developmental Risk Screening Program Database, 1998-2002. Breastfeeding is defined as intended feeding method at hospital discharge. Births to Rhode Island women that occurred outside Rhode Island are not included.

The denominator is the total number of live births to Rhode Island residents from 1998-2002.

References for Indicator

^{1,4,7} American Academy of Pediatrics. (December 1997). Breastfeeding and the Use of Human Milk – Policy Statement. *Pediatrics*, Vol. 100, No.6.

^{2,3,13} *Healthy People 2010, Conference Edition*, Vol. 2. (2000). Washington, DC: U.S. Department of Health and Human Services.

^{6,10} *HHS Blueprint for Action on Breastfeeding*. (2000). Washington, DC: U.S. Department of Health and Human Services, Office on Women’s Health.

⁵ Wright, N. (Spring/Summer 2000). Breastfeeding and Early Childhood Development: Strategies for Proposition 10 Implementation. *Breastfeeding: Best for Baby and Mother*, Vol. 2, No. 1.

⁸ *Child Health USA 2002*. (2002). Rockville, MD: U.S. Department of Health and Human Services, Maternal and Child Health Bureau.

⁹ Beck, L. et al. (2002). Prevalence of Selected Maternal Behaviors and Experiences, Pregnancy Risk Assessment Monitoring System (PRAMS), 1999. *MMWR Weekly*, Vol. 51 No. SS02.

¹¹ Forste, R. et al. (August 2001). The Decision to Breastfeed in the United States: Does Race Matter? *Pediatrics*, Vol. 108, No. 2.

¹² Rhode Island Department of Health, Division of Family Health, Newborn Developmental Risk Screening Program, 1995-2002.

¹⁴ *Breastfeeding Position Paper*. (2002). Leewood, KS: American Academy of Family Physicians.

¹⁵ Rhode Island General Law, Title 23, Chapter 23-13.2-1, Nursing Working Mothers.