

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

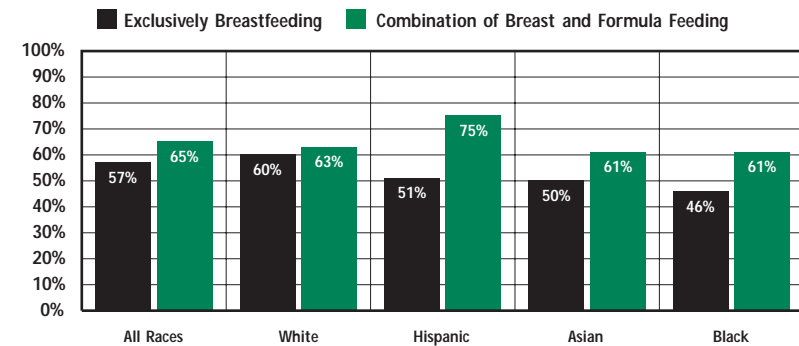
syndrome, diabetes, allergies, asthma, lymphoma and other illnesses; improved cognitive development and school performance in children; a reduced incidence of child abuse; and improved maternal health, including reduced rates of breast and ovarian cancer.^{4,5,6}

Breastfeeding provides significant social and economic benefits including reduced cost to the family, reduced health care costs and reduced employee absenteeism.⁷

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 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.⁸

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.⁹

Breastfeeding Rates by Race and Ethnicity, Rhode Island, 1999-2003



Source: Rhode Island Department of Health, Division of Family Health, Newborn Developmental Risk Screening Program, 1999-2003.

- ◆ Race is a strong predictor of breastfeeding even after controlling for socio-economic background.¹⁰ In Rhode Island, the exclusive breastfeeding rates for Asian, Black and Hispanic infants are lower than the rates for White infants and the average for all races.¹¹
- ◆ Racial disparities that appear in exclusive breastfeeding rates do not appear in a comparison across races for the percentage of mothers using a combination of formula and breast feeding. 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.^{12,13}
- ◆ Between 1999-2003, over half (57%) of all women who gave birth in Rhode Island chose to exclusively breastfeed their children, rather than formula feed (32%).¹⁴

Table 14.

Breastfeeding Rates, Rhode Island, 1999-2003

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER EXCLUSIVELY BREASTFEEDING	PERCENT EXCLUSIVELY BREASTFEEDING	NUMBER BREAST AND FORMULA FEEDING	PERCENT WITH ANY BREASTFEEDING
Barrington	813	670	82%	688	85%
Bristol	995	596	60%	620	62%
Burrillville	761	422	55%	449	59%
Central Falls	1,788	888	50%	1,190	67%
Charlestown	491	349	71%	356	73%
Coventry	1,928	1,134	59%	1,164	60%
Cranston	3,859	2,107	55%	2,318	60%
Cumberland	1,627	1,102	68%	1,160	71%
East Greenwich	743	550	74%	571	77%
East Providence	2,414	1,337	55%	1,429	59%
Exeter	320	217	68%	221	69%
Foster	217	162	75%	166	76%
Glocester	339	216	64%	222	65%
Hopkinton	614	414	67%	439	71%
Jamestown	198	171	86%	177	89%
Johnston	1,432	734	51%	797	56%
Lincoln	861	562	65%	592	69%
Little Compton	112	95	85%	98	88%
Middletown	1,044	785	75%	810	78%
Narragansett	541	390	72%	402	74%
New Shoreham	51	46	90%	46	90%
Newport	1,578	1,073	68%	1,115	71%
North Kingstown	1,585	1,154	73%	1,188	75%
North Providence	2,194	1,085	49%	1,249	57%
North Smithfield	468	310	66%	320	68%
Pawtucket	4,980	2,612	52%	3,145	63%
Portsmouth	789	595	75%	613	78%
Providence	13,926	6,963	50%	9,362	67%
Richmond	243	159	65%	167	69%
Scituate	551	389	71%	400	73%
Smithfield	704	465	66%	481	68%
South Kingstown	1,414	1,053	74%	1,080	76%
Tiverton	360	241	67%	253	70%
Warren	525	308	59%	326	62%
Warwick	4,161	2,421	58%	2,520	61%
West Greenwich	301	213	71%	218	72%
West Warwick	2,015	1,039	52%	1,109	55%
Westerly	1,116	745	67%	776	70%
Woonsocket	2,830	1,227	43%	1,400	49%
Unknown	550	77	14%	96	17%
Core Cities	27,117	13,802	51%	17,321	64%
Remainder of State	33,771	21,197	63%	22,316	66%
Rhode Island	61,438	35,076	57%	39,733	65%

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, 1999-2003. Data reflect intended feeding method at hospital discharge. Births to Rhode Island women that occurred outside Rhode Island and births that did not occur in the hospital are not included.

References for Indicator

- ^{1,7} Breastfeeding and the use of human milk. *Pediatrics*, 100(6), 1035-1039.
- ^{2,3,9} Office of Disease Prevention and Health Promotion. *Healthy people 2010, conference edition, Vol. 2*. (2000). Washington, DC: U.S. Department of Health and Human Services.
- ⁴ *A woman's guide to breastfeeding*. (n.d.) Retrieved December 2004 from the American Academy of Pediatrics at www.aap.org.
- ⁵ Wright, N. (2000). State and regional partnerships improve breastfeeding promotion and support. *Breastfeeding: Best for baby and mother*, 2(1), 1-3.
- ^{6,8} Office on Women's Health. *HHS blueprint for action on breastfeeding*. (2000). Washington, DC: U.S. Department of Health and Human Services.
- ¹⁰ Forste, R., Weiss, J. & Lippincott, E. (2001). The decision to breastfeed in the United States: Does race matter? *Pediatrics*, 108(2), 291-296.
- ^{11,12,14} Rhode Island Department of Health, Division of Family Health, Newborn Developmental Risk Screening Program and Maternal and Child Health Database, 1999-2003.
- ¹³ American Dietetic Association. (2001). Position of the American Dietetic Association: Breaking the barriers to breastfeeding. *Journal of the American Dietetic Association*, 101(10), 1213-1220.