



Breastfeeding Disparities and Trends in Los Angeles County

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INTRODUCTION

- Breast milk is widely acknowledged as the ideal form of nutrition for infants. Extensive research has shown the cognitive, physiological and emotional benefits of breastfeeding for mothers and infants.¹
 - Breastfed infants have enhanced immune response and reduced risk for chronic illnesses, infections and noninfectious diseases. Breastfeeding may lower risk of Type 2 diabetes and certain cancers in mothers.¹
- This report describes breastfeeding practices among mothers in Los Angeles County. Breastfeeding trends are based on data from the 1999, 2002, 2005, 2007 and 2011 Los Angeles County Health Surveys (LACHS).
- The Healthy People 2020 national breastfeeding goals are to increase the proportion of mothers who:
 - Initiate breastfeeding to $\geq 81.9\%$
 - Breastfeed six months or longer to $\geq 60.6\%$
 - Breastfeed 12 months or longer to $\geq 34.1\%$
- And to increase the proportion of employers that have worksite lactation support programs (i.e., providing break time and a place to pump milk or breastfeed their baby) to 38%

METHODOLOGY

- The LACHS is a random digit dial telephone survey collecting information about access to health care, health care utilization, health behaviors, health status, and knowledge and perceptions of health-related issues among the LA County population.
- The results of each LACHS are projectable countywide, within the County's 26 health districts and its 8 service planning areas (SPAs).
- Each LACHS has included an adult component (n~8,000) and a child component (n~6,000), administered to the parent/guardian or primary caretaker of a child 0-17 years old.
- The large sample size of each LACHS enables the survey to provide estimates not only of the health of the county population overall, but of people residing in the County's many different geographic regions. The survey also provides valuable information about the health of the county's major racial/ethnic sub-groups and numerous other demographic groups. Data are collected from households of all educational and income levels, including the most vulnerable residents living below the federal poverty level.
- Two methodological changes were implemented in the 2011 LACHS to maintain accuracy and representativeness of the data collected: a cell phone sample was included and an improved weighting methodology was adopted.^{2,3}
- Interviews were conducted in English, Spanish, Chinese (Mandarin and Cantonese), Korean and Vietnamese. About one fifth (19.5%) of all interviews in the 2011 LACHS adult survey were completed in non-English languages, while three in ten (30.6%) were interviewed in a non-English language as part of the child survey.
- Questions about breastfeeding practices were administered to biological mothers whose randomly selected child was 0-5 years of age. This corresponded to 1,036 mothers in 2011; 1,665 in 2007; 1,789 in 2005; 1,877 in 2002; and 2,057 in 1999.

RESULTS

- Breastfeeding rates from 1999-2011 show that approximately half of all mothers were still breastfeeding their infants at 6 months of age, and less than one-third at 12 months (Figure 1).

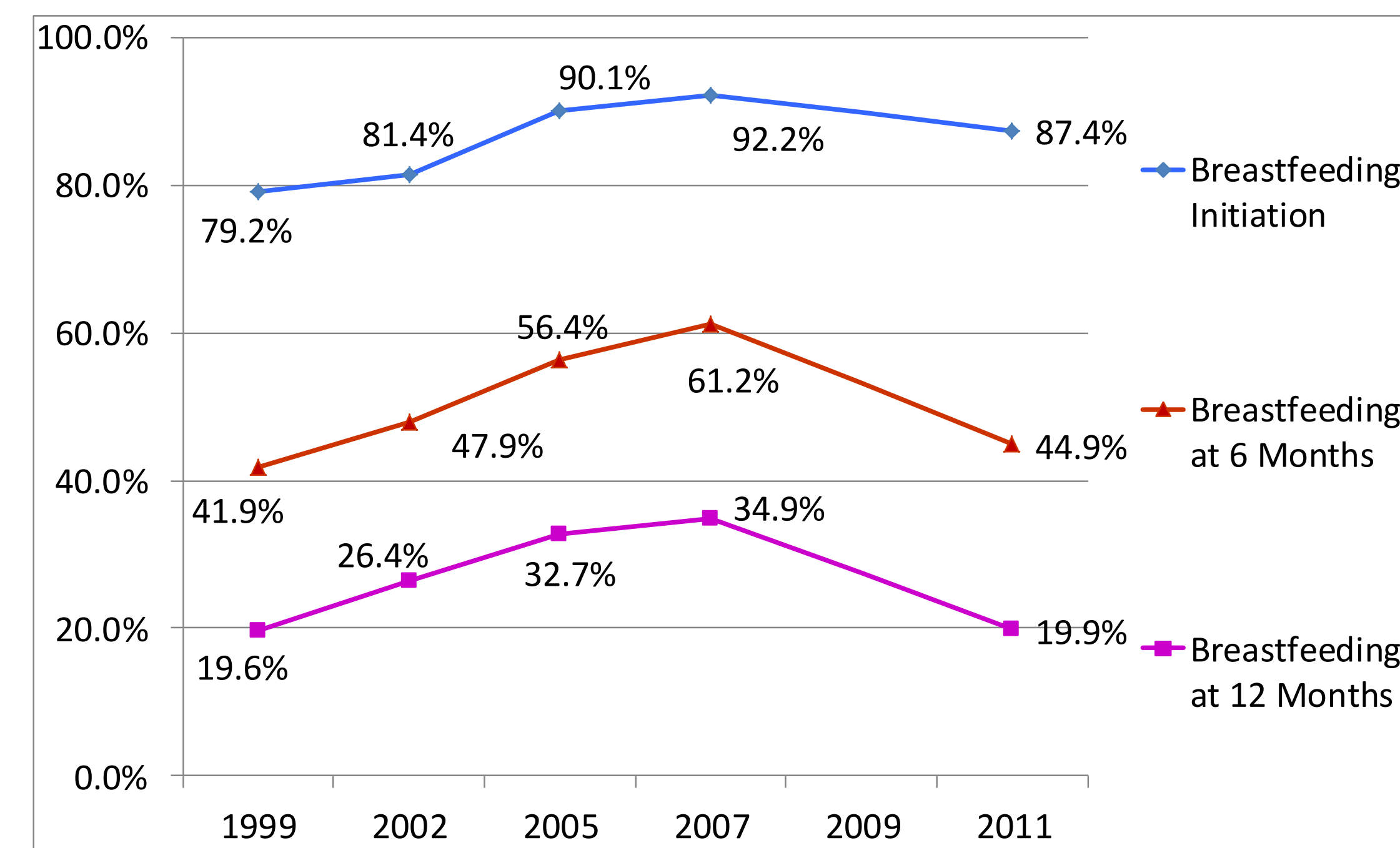


Figure 1: Prevalence of Breastfeeding Initiation and Duration 1999-2011

- Breastfeeding initiation rates from 1999 to 2011 show that White and Latina mothers continued to exceed Healthy People (HP) 2020 goal, Asian/Pacific Islander mothers have steadily increased from 2005 to 2011 to exceed the goal, and African American mothers fall well below the HP 2020 goal (Figure 2).

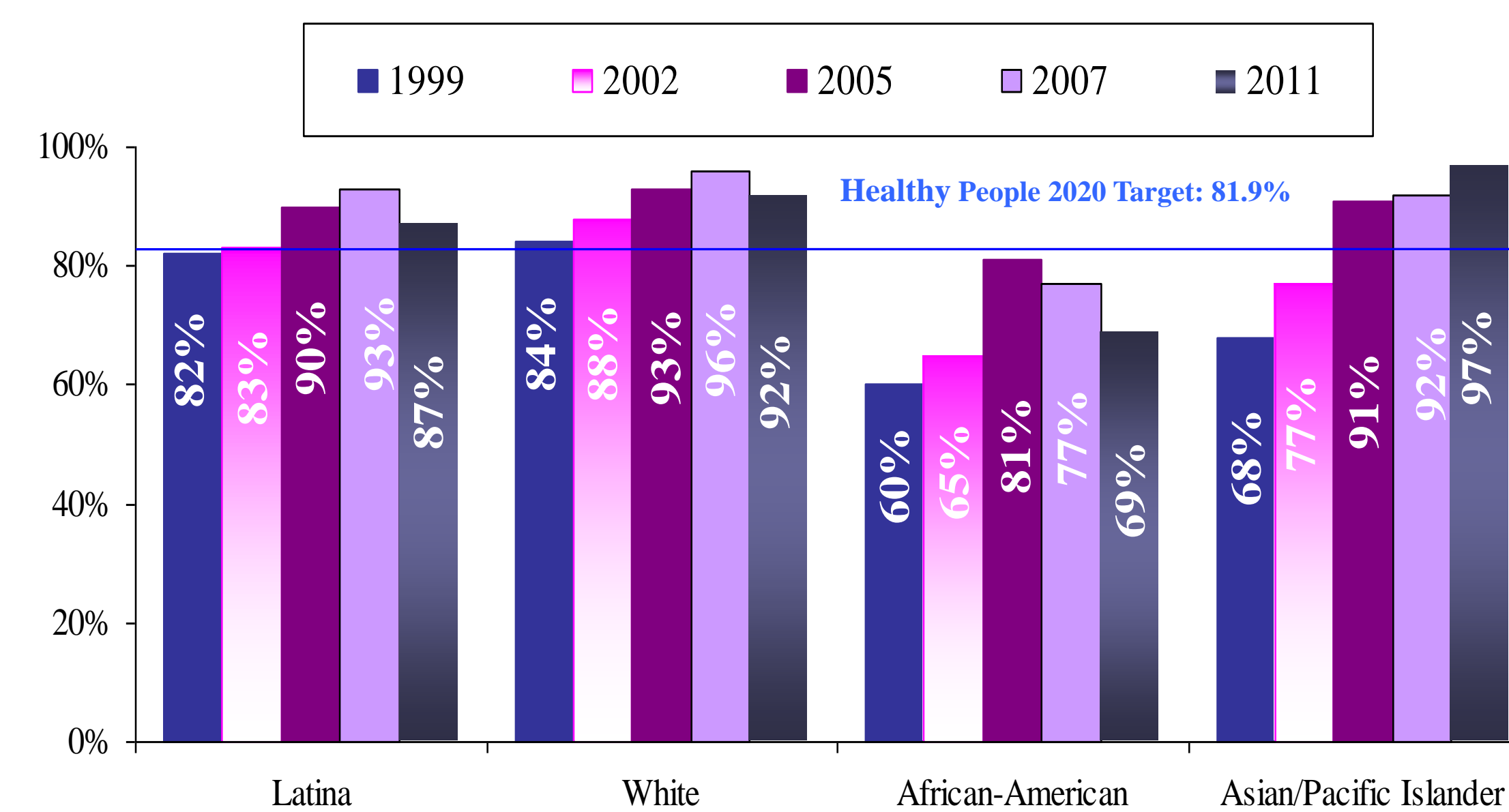
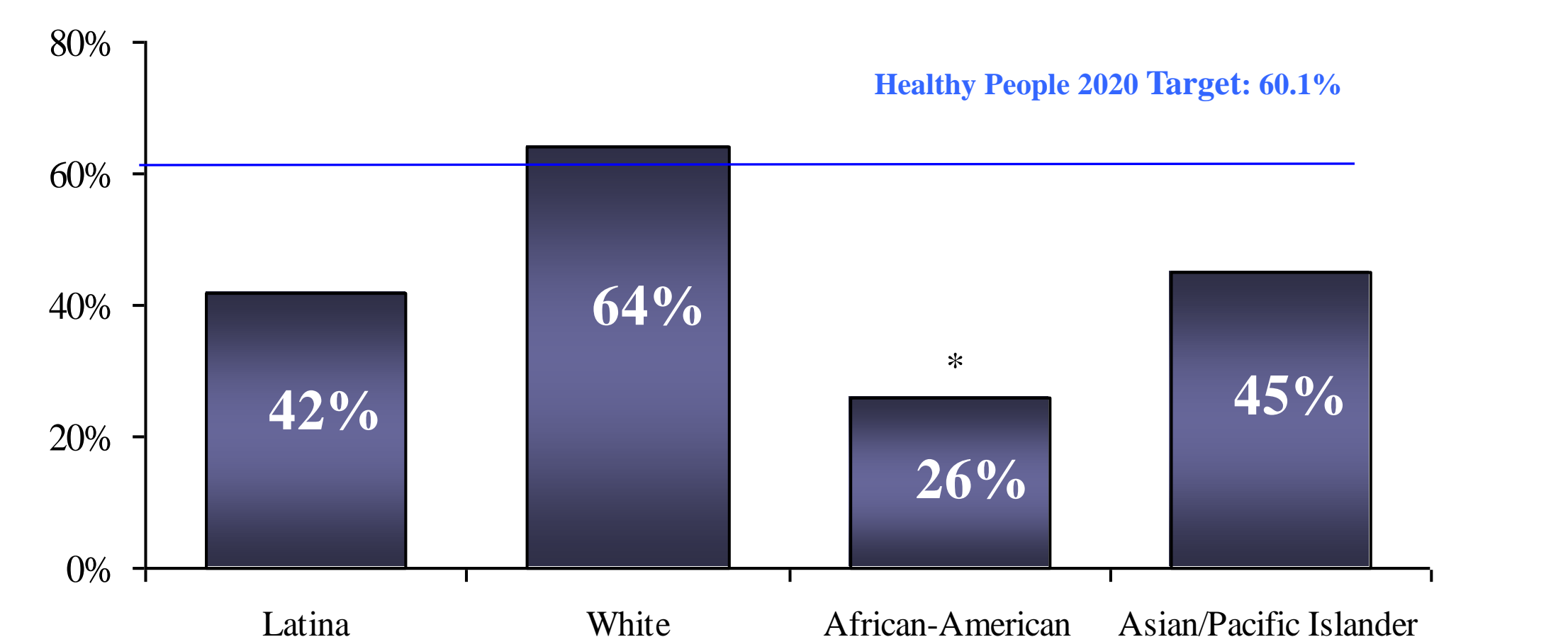


Figure 2: Prevalence of Breastfeeding Initiation by Race/Ethnicity, 1999-2011

- African American mothers in LA County were least likely to continue breastfeeding at 6 months compared to White, Latina and Asian/Pacific Islander mothers. In 2011, only White mothers met Healthy People 2020 breastfeeding goal at six months or longer (Figure 3).

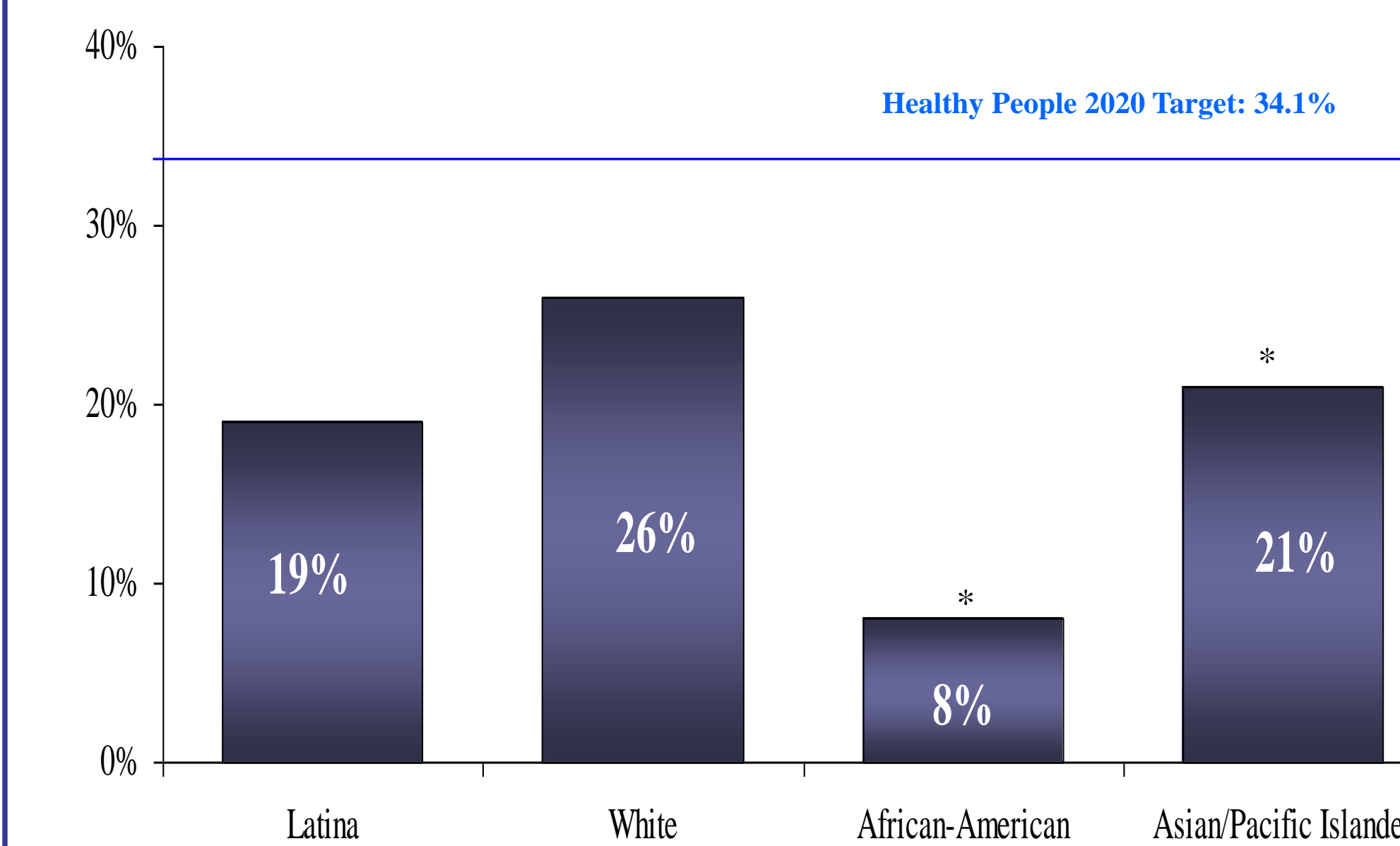


* The estimate is statistically unstable (relative standard error $\geq 23\%$) and therefore may not be appropriate to use for planning or policy purposes.

Figure 3: Prevalence of Breastfeeding 6 Months or Longer by Race/Ethnicity, 2011

RESULTS (Continued)

- Although White mothers had higher breastfeeding rates at 12 months, however, across all racial groups continued breastfeeding at 12 months or longer fell below the Healthy People 2020 target goal of 34.1% (Figure 4).



* The estimate is statistically unstable (relative standard error $\geq 23\%$) and therefore may not be appropriate to use for planning or policy purposes.

Figure 4: Prevalence of Breastfeeding 12 Months or Longer by Race/Ethnicity, 2011

- In 2011, Latinas born outside the United States were more likely to initiate breastfeeding at 6 and 12 months compared to U.S. born Latinas (Figure 5). This trend has been observed in previous survey years.

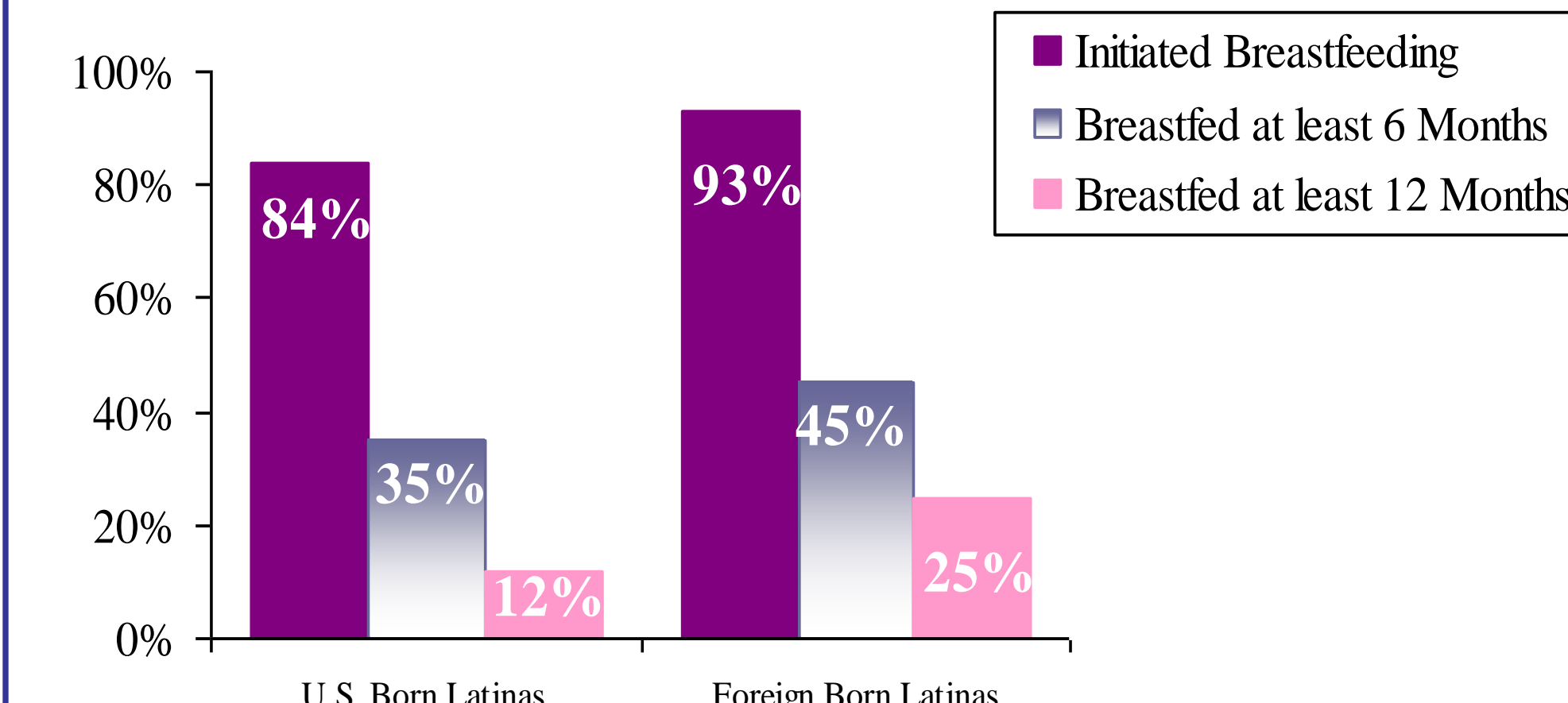


Figure 5: Percent of Latina Mothers who Initiated Breastfeeding and Breastfed at least 6 Months and 12 Months by Birthplace, 2011

- Among women who initiated breastfeeding, the most common reasons reported for stopping breastfeeding within the first 6 months were: child had difficulty nursing, breast milk alone did not satisfy the child, didn't have enough milk, felt it was the right time to stop breastfeeding and returned to work (Table 1).

Table 1. Reported Reasons for Stopping Breastfeeding at Less than 6 Months, 2005-2011

REASON (S)	Stopped Breastfeeding Less Than 6 Months		
	2005	2007	2011
Felt Child had Difficulty Nursing	32%	31%	18%
Breast milk Alone did not Satisfy Child	47%	47%	44%
Didn't Have Enough Milk	49%	52%	40%
Felt it was Right Time to Stop Breastfeeding	30%	32%	48%
Returned to Work	18%	20%	30%

RESULTS (Continued)

- Trend data from 1999 to 2011 revealed that older (≥ 30 years of age), more educated (college or post-graduate degree) mothers were more likely to initiate breastfeeding and continue it longer.
- Even though the percentage of mothers reporting workplace accommodations to breastfeed from 2005 to 2011 is higher than Healthy People 2020 goal of 38.0%, during this time period, there has been a decline in the percentage of mothers reporting workplace lactation accommodations from 49% in 2005, 48% in 2007 to 43% in 2011.

DISCUSSION

- Although progress has been made in the recent decade to increase breastfeeding initiation and duration, particularly in populations with low breastfeeding rates, substantial disparities persist.
 - Breastfeeding rates for initiation and continuation at 6 and 12 months remain the lowest among African American mothers.
 - Although Asian/Pacific Islander mothers exceeded Healthy People 2020 goal for initiating breastfeeding, continuation of breastfeeding at 6 and 12 months still lags behind.
- Public health measures to promote breastfeeding initiation and duration should continue, especially in African-American and Asian/Pacific Islander populations; and variations in attitudes and perceived barriers toward breastfeeding among these groups should be accounted for when developing culturally appropriate programs and support systems.
- Breastfeeding initiation and duration among U.S. born Latinas appear to decrease with acculturation. Better knowledge of Latina mothers' breastfeeding beliefs, barriers, and practices is needed to understand how the process of acculturation may affect immediate and long-term breastfeeding behavior.
- Hospital environment and related maternity care practices are key areas to intervene to improve breastfeeding outcomes, especially since breastfeeding in the first hours and days of an infant's life influences not only initiation but breastfeeding duration too.
- Returning to work can be a challenging barrier to mothers trying to balance working and continuing to breastfeed. Disparities in work environments persist, with less than half of working mothers in LA County reporting workplace lactation support.

LIMITATIONS

- Breastfeeding practices is based on self-report, retrospective data and therefore responses might be subject to recall bias, especially when estimating breastfeeding initiation and duration for older children (≥ 3 years old).
- The data do not represent individuals living in group quarters, such as nursing homes, college dormitories or jails.
- Declining response rates from telephone surveys overall.

REFERENCES

- U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011.
- Centers for Disease Control and Prevention. *Methodologic Changes in the Behavioral Risk Factor Surveillance System in 2011 and Potential Effects on Prevalence Estimates*. MMWR 2012;61:410-413.
- Los Angeles County Health Survey Methodology Report, 2011.

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