



Breastfeeding Trends in Los Angeles County

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INTRODUCTION

- Extensive research has shown the positive impact of breastfeeding on the health and development of infants and children.
 - Breastfed infants have lower rates of infections and noninfectious diseases, enhanced immune response and reduced risk for chronic illnesses.
- This report describes breastfeeding practices among mothers in Los Angeles County. Breastfeeding trends are based on data from the 1999, 2002-03 and 2005 Los Angeles County Health Surveys (LACHS).
- The Healthy People 2010 national breastfeeding goals are:
 - To increase the proportion of mothers who initiate breastfeeding in the early-postpartum period to at least 75%
 - To increase the proportion who breastfeed six months or longer to at least 50%
 - To increase the proportion who breastfeed 12 months or longer to at least 25%

METHOD

- The overall objectives of each survey is to update key health status indicators, health-related behaviors, health insurance coverage and access to health care among adults and children living in Los Angeles County. Each LACHS is structured to include both the Adult and Child survey components.
- Respondents were randomly selected per household by telephone using an unrestricted random digit dial sampling methodology inclusive of all eligible telephone households in Los Angeles County.
- Interviews were offered in six languages (English, Spanish, Cantonese, Mandarin, Korean and Vietnamese).
- The results of each LACHS are projectable countywide, within the County's 26 health districts and its 8 service planning areas (SPAs) (Figure 1).
- A sample of 6,032 interviews was completed among parents/caregivers of children 17 years or younger for the Child survey in 2005, a sample of 5,995 interviews for 2002 Child survey and 6,016 interviews for 1999 Child survey.
 - Questions about breastfeeding practices and reasons for following these practices were administered to mothers/caregivers whose randomly selected child was 0-5 years of age.

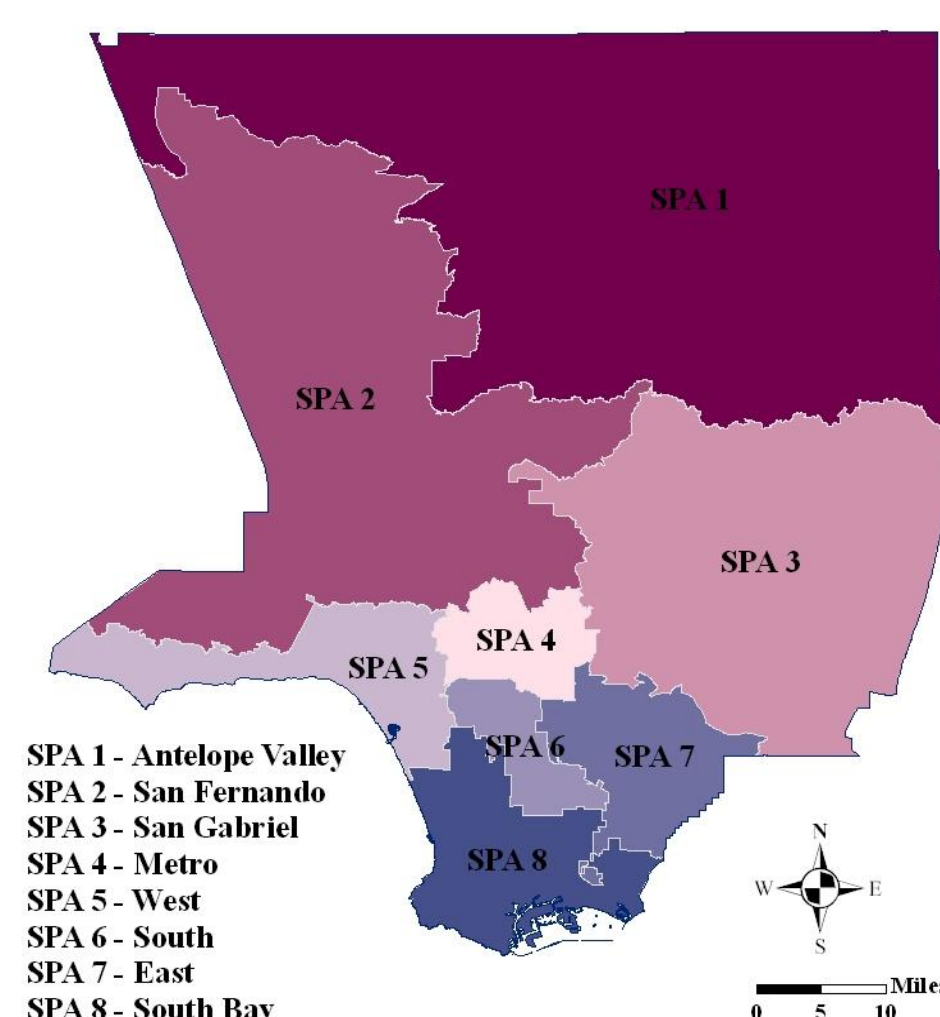


Figure 1. Los Angeles County Service Planning Areas (SPAs)

RESULTS

- Breastfeeding rates from 1999-2005 show that approximately half of all mothers were still breastfeeding their infants at 6 months of age, and or less than one-third at 12 months. (Figure 1).

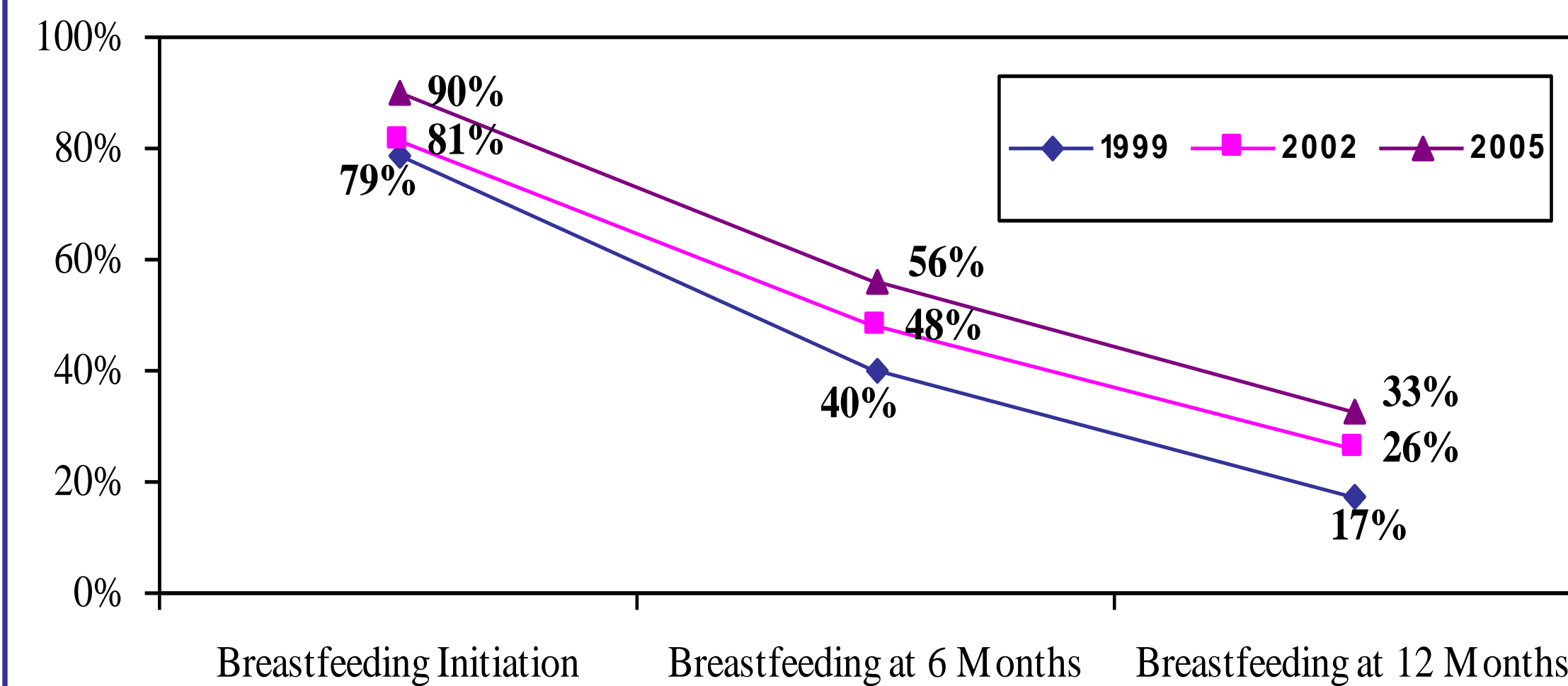


Figure 1: Prevalence of Breastfeeding Initiation, Breastfeeding Duration (at 6 and 12 Months), 1999-2005

- Although breastfeeding rates for LA County overall meet or exceed Healthy People 2010 goals, there are large racial and ethnic disparities.
 - Breastfeeding initiation rates from 1999 to 2005 show that White and Latina mothers continue to meet Healthy People 2010 goals, while Asian/Pacific Islander and African-American mothers have only recently met that goal. (Figure 2).

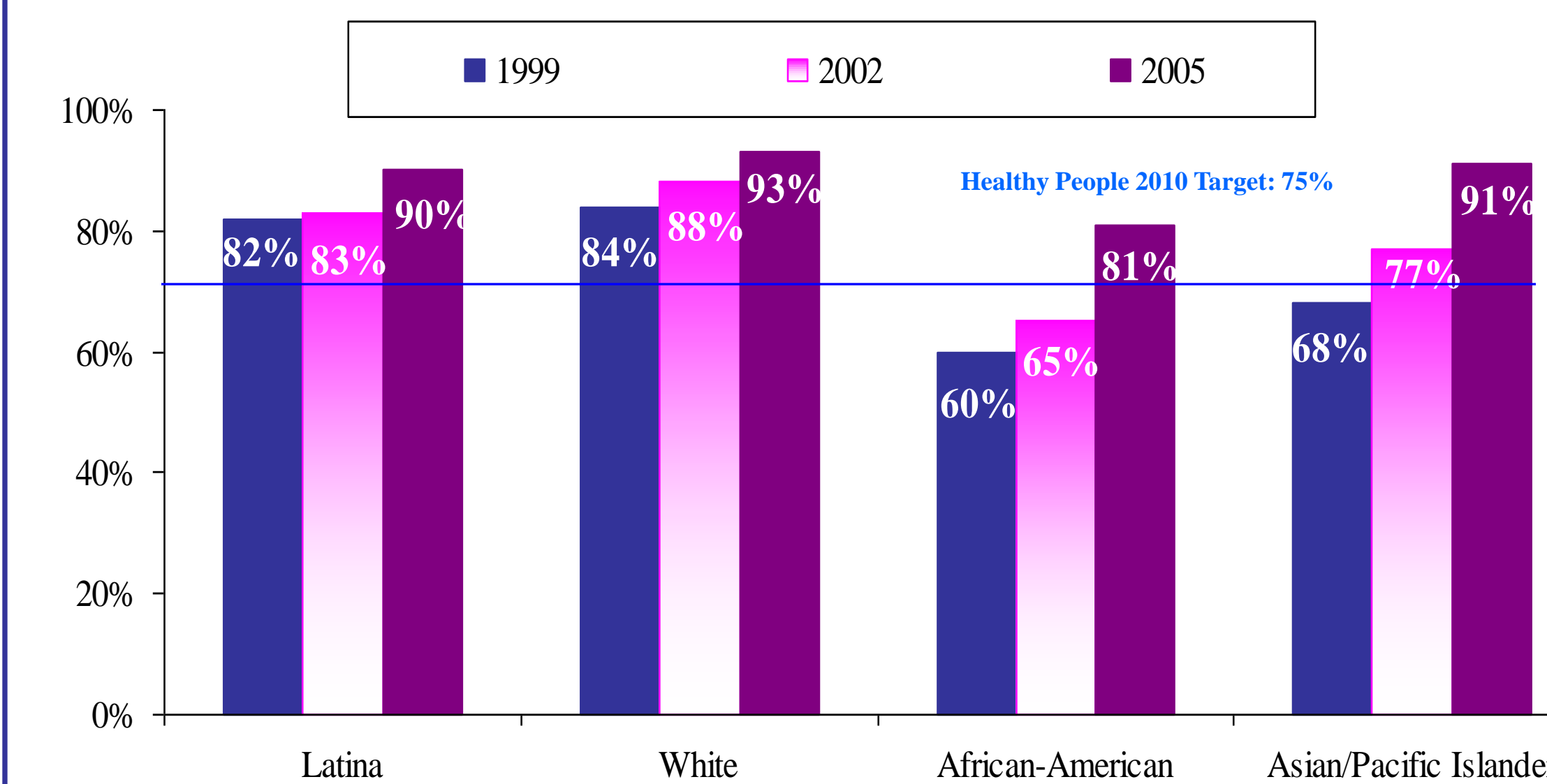


Figure 2: Prevalence of Breastfeeding Initiation by Child's Race/Ethnicity, 1999-2005

- While White and Latina mothers have now met the Healthy People 2010 goal of breastfeeding at 6 months, Asian/Pacific Islander and African-American mothers continue to lag behind that goal. (Figure 3).

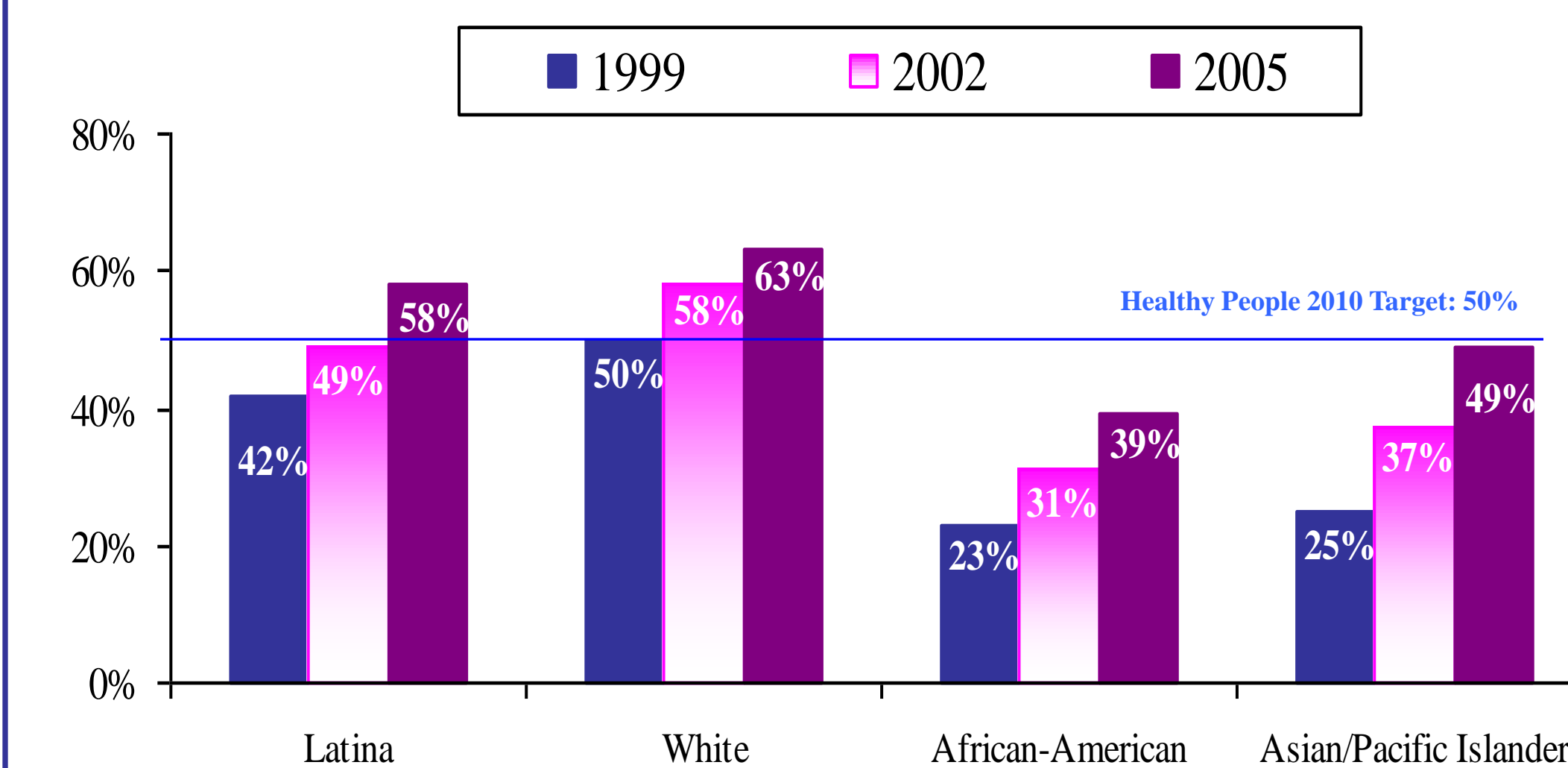


Figure 3: Prevalence of Breastfeeding 6 Months or Longer by Child's Race/Ethnicity, 1999-2005

- Breastfeeding rates at 12 months were higher among White and Latino mothers than Asian/Pacific Islander and African-American mothers, whose rates fall below the Healthy People 2010 target goal of 50% (Figure 4).

RESULTS (Continued)

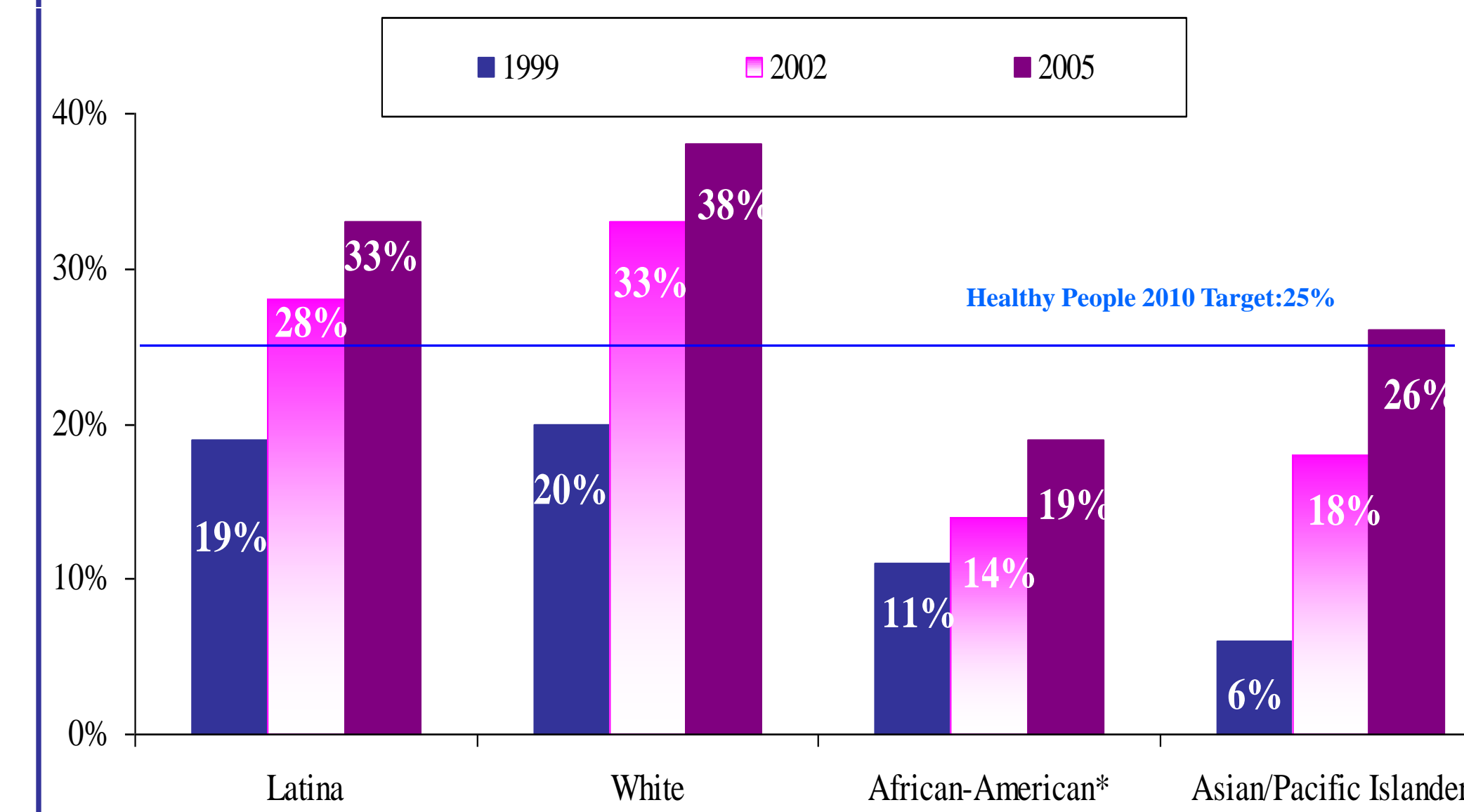


Figure 4: Prevalence of Breastfeeding 12 Months or Longer by Child's Race/Ethnicity, 1999-2005

- In 2005, Latinas born outside the United States were more likely to initiate breastfeeding and continue breastfeeding at 6 and 12 months compared to U.S. born Latinas (42%) (Figure 5).

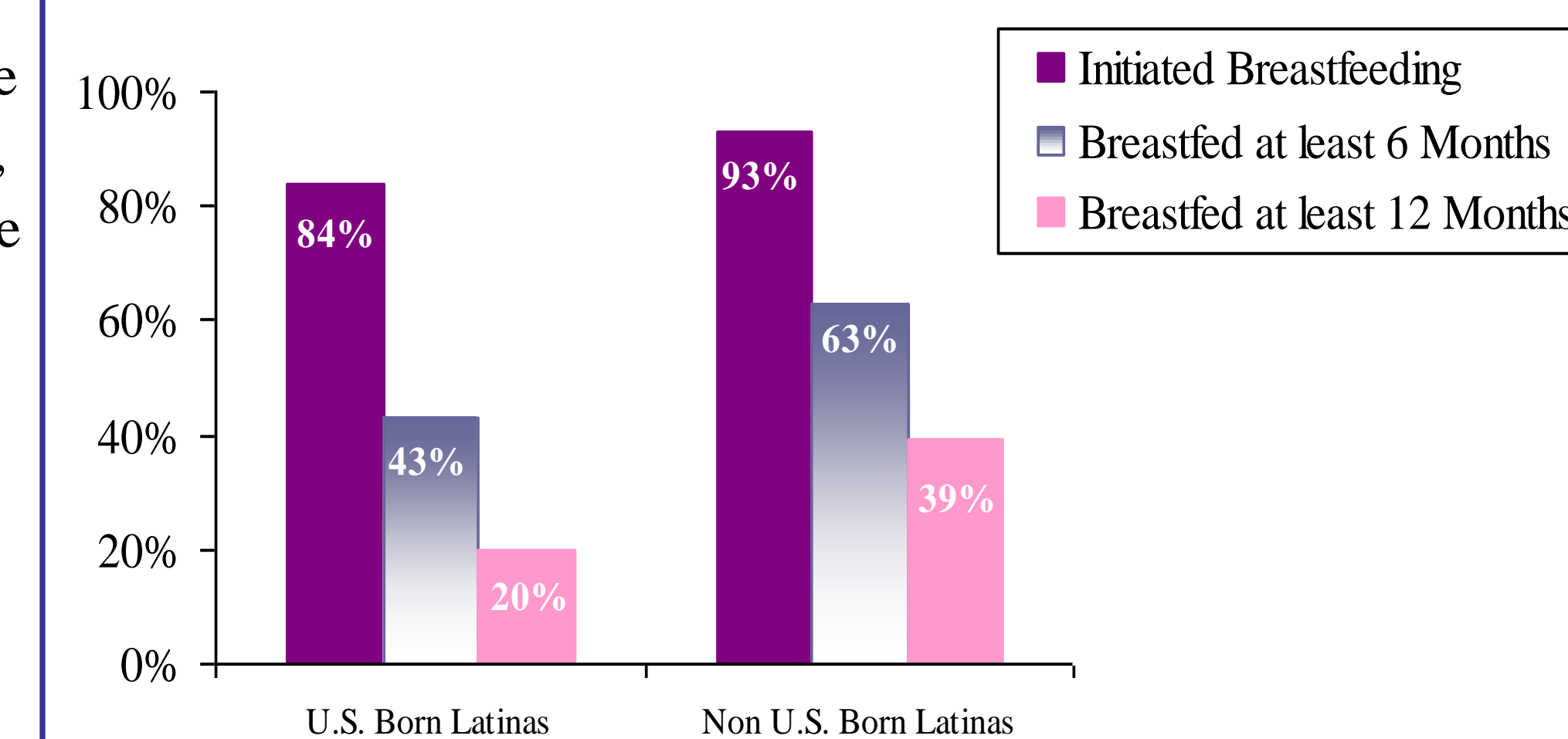


Figure 5: Percent of Latina Mothers who Initiated Breastfeeding and Breastfed at least 6 Months and 12 Months by Birthplace, 1999-2005

- Among women who initiated breastfeeding, the most common reasons reported for stopping 6 months or earlier were: child had difficulty nursing, thinking their breastmilk alone did not satisfy child and feeling they didn't have enough milk (Table 1).

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

REASON	Less Than 6 Months*
Didn't Have Enough Milk	49%
Breastmilk Alone did not Satisfy Child	47%
Felt Child had Difficulty Nursing	32%
Felt it was Right Time to Stop Breastfeeding	30%
Among Mothers who Returned to Work	29%
Nipples were Sore, Cracked or Bleeding	21%
Became Sick (Mother or Child) and Could Not Breastfeed	20%
Child Not Gaining Enough Weight	17%

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

- 29% of mothers in LA County said that they stopped breastfeeding when they returned to work.
- In 2005, among mothers who returned to work, 49% reported that their workplace provided accommodations to breastfeed, by providing a place to pump milk or breastfeed baby.

DISCUSSION

- Public health efforts to promote breastfeeding initiation and duration should continue, especially in African-American and Asian/Pacific Islander populations where breastfeeding rates are lower.
 - Measures aimed at promoting breastfeeding should account for variations in attitudes and perceived barriers toward breastfeeding.
 - Interventions most effective in extending breastfeeding duration generally combine culturally appropriate information and support, and are intensive and long-term.
- A mother's decision to initiate and continue breastfeeding is influenced by health care providers and the community. Increasing levels of social support is important, particularly in populations with low breastfeeding rates.
- According to statewide data, only 24% of women breastfeed exclusively (i.e., do not supplement with formula) at hospital discharge compared to the state average of 43%.¹
- 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 or discourage breastfeeding.
- Efforts in assisting mothers to combine breastfeeding with working include the California Lactation Accommodation Act (CA AB 1025), enacted in 2002, requiring employers to provide employees with sufficient time and a clean, private place to pump during the workday.

LIMITATIONS

- Breastfeeding practices is based on self-report, retrospective data and therefore responses might be subject to recall bias.
- Breastfeeding response rates should be viewed with caution given that mothers may have been more prone to provide a socially desirable response.
- Telephone surveys are subject to coverage bias from non-inclusion of households without telephones. To reduce this potential source of bias, respondents were asked if they had been without telephone service at any time in the past 12 months, and the data were weighted accordingly.

REFERENCES

- Hospital Breastfeeding Report, University of California at Davis Human Lactation Center and California WIC Association, August 2006.

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