Extensive research has demonstrated the positive impact of breastfeeding on the health and development of infants and children. Results from the 2002–03 Los Angeles County Health Survey (LACHS) found that 82% of Los Angeles County women initiated breastfeeding compared to 79% in 1999–2000. However, only half of all mothers were still breastfeeding their infants at six months of age, and less than one-third at 12 months (Table 1). According to statewide data, Los Angeles County ranks 49th of 58 counties in California in the percentage of mothers who breastfeed their infants at the time of hospital discharge. In addition, only 27% of women breastfeed exclusively (i.e., do not supplement with formula) at hospital discharge.2

Also of concern are lower rates of breastfeeding initiation among African-American (63%) and Asian/Pacific Islander (78%) women, as compared to Latinas (83%) and White women (90%) (Figure 1). Breastfeeding rates declined steadily over the infant’s first year for all major racial/ethnic groups, and many infants ceased to be breastfed during the first few months (Figure 2). Latinas born outside the United States were more likely to initiate breastfeeding (86%) than Latinas born in the U.S. (72%), and were more likely to breastfeed at least six months (58%) than U.S.-born Latinas (34%) (Figure 3).

Results from the 2002–03 LACHS also revealed breastfeeding duration to six months was higher among mothers aged 20 to 29 years (47%) and aged 30 or older (55%) as compared to young mothers aged less than 20 years (36%) (Table 1). Mothers who were married or living with a partner were more likely to initiate breastfeeding (84%) and continue breastfeeding for at least six months (52%) than mothers who were single (i.e., divorced, separated, widowed, or never married) (73% and 36% respectively).

Significance

Breastfed infants have enhanced immune response and reduced risk for chronic illnesses such as asthma, diabetes and inflammatory bowel disease. Breastfeeding may also have a protective effect against childhood obesity. Furthermore, breastfeeding improves maternal health, minimizes postpartum bleeding, reduces the risk of ovarian cancer and breast cancer, and facilitates bonding between mother and infant. Exclusive breastfeeding yields even more pronounced health benefits, and the American Academy of Pediatrics (AAP) recommends that infants be exclusively breastfed for the first six months of life and be breastfed for 12 months or longer with the addition of appropriate foods.

The economic benefits of breastfeeding are also significant. A minimum of $3.6 billion in medical costs would be saved each year if breastfeeding rates were increased from current national levels (64% at initiation and 29% at six months) to those recommended by the Healthy People 2010 goals (75% at initiation and 50% at six months). Even higher cost savings would be possible if these levels were reached through exclusive breastfeeding.

Why Do Women Decide Not to Breastfeed?

Among the small percentage (18%) of mothers who did not initiate breastfeeding, 59% reported a preference for formula-feeding, 37% reported that they did not want to breastfeed and 29% reported that physical or medical problems prevented them from breastfeeding. In addition, among those who returned to work within six months of their baby’s birth, 46% said that returning to work was a reason for not breastfeeding.

Among low-income women (those living below the federal poverty level) who did not initiate breastfeeding, 69% preferred formula-feeding. One study of low-income mothers found that they were aware of the benefits of breastfeeding, but perceived breastfeeding to be less convenient and to limit their time to do other activities.

Reasons for Stopping Breastfeeding Before Six Months

Among women who initiated breastfeeding, the most common reasons reported for stopping six months or earlier were deciding to use formula, thinking that their child was old enough, and returning to work (Table 2). Overall, 32% of mothers in L.A. County said that they stopped breastfeeding when they returned to work, a percentage that was much higher (59%) among mothers who actually returned to work within six months of giving birth.

generally combine culturally appropriate information most effective in extending breastfeeding duration acculturation may inhibit breastfeeding. Interventions United States, suggesting that the process of breastfeeding than Latina mothers born outside the addition, U.S.-born Latinas were less likely to initiate Program for Women, Infants and Children (WIC). In mothers who participate in the Supplemental Nutrition important for groups such as low-income women and * Estimate should be viewed with caution because of small numbers.

**What Can Be Done?**

Public health efforts to increase breastfeeding need to target populations with low breastfeeding rates. The promotion of exclusive breastfeeding prenatally, and education and support immediately after the child’s birth, would influence early decisions about breastfeeding and increase the likelihood of success. A system of education and support is positively associated with the decision to breastfeed. This is especially important for groups such as low-income women and mothers who participate in the Supplemental Nutrition Program for Women, Infants and Children (WIC). In addition, 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 breastfeeding. Interventions most effective in extending breastfeeding duration generally combine culturally appropriate information and support, and are intensive and long-term.

Maternal employment is associated with shorter duration of breastfeeding, a relationship that persists regardless of age, race/ethnicity, and educational level. In the U.S., approximately one-third of employed mothers return to work within three months and about two-thirds within six months after childbirth, which points to the importance of assisting mothers in their efforts to combine breastfeeding with working. In 2002, California enacted the Lactation Accommodation Act (CA AB 1025) requiring employers to provide employees with sufficient time and a clean, private place to pump during the workday.

Encouragement by health care providers positively impacts a mother’s decision to initiate breastfeeding. This is true among women of different social and ethnic backgrounds, especially in populations that are less likely to breastfeed. In Los Angeles County, 81% of mothers who initiated breastfeeding reported having received encouragement while in the hospital. The Baby-Friendly Hospital Initiative, an international evidence-based program, recognizes hospitals and birth centers that have adopted practices to promote and support breastfeeding. Furthermore, breastfeeding promotion should emphasize exclusive breastfeeding at birth and for the first six months to improve duration as well as health outcomes among infants.

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and family. Increasing levels of social support is important, particularly in African-American and Asian/Pacific Islander populations where breastfeeding rates are lower. For example, among African-American women, the opinions of the baby’s father and grandmother have a strong influence on a mother’s decision to breastfeed. In Los Angeles County and statewide, African-American women can obtain breastfeeding support through the Black Infant Health Program (BIH). The program incorporates health education, home visitation, outreach for early prenatal care, social support and empowerment, and involvement of family and friends.