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.

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


The Healthy People 2020 national breastfeeding goals are to increase the proportion of mothers who:

- Initiate breastfeeding ≥ 81.9%
- Breastfed six months or longer ≥ 60.6%
- Breastfed 12 months or longer ≥ 34.1%

And to increase the proportion of employers that have workforce lactation support programs (i.e., providing break time and a place to pump milk or breastfeed their baby) to 38%.

METHODOLGY

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 (SPA).

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).

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).

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).

RESULTS (Continued)

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.

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.

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 appears to decline 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.

Hosp maternity 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.

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

<table>
<thead>
<tr>
<th>REASON(S)</th>
<th>Stopped Breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 Months</td>
<td></td>
</tr>
<tr>
<td>Felt Child had Difficulty Nursing</td>
<td>42%</td>
</tr>
<tr>
<td>Breast milk alone did not satisfy the child</td>
<td>26%</td>
</tr>
<tr>
<td>Didn’t have enough milk</td>
<td>9%</td>
</tr>
<tr>
<td>Felt it was the right time to stop breastfeeding</td>
<td>7%</td>
</tr>
<tr>
<td>Returned to work</td>
<td>3%</td>
</tr>
</tbody>
</table>

* The estimate is minimally variable (relative standard error ≤ 25%) and therefore may not be appropriate to use for planning or policy purposes.

REFERENCES


Los Angeles County Health Survey Methodology Report. 2011.

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