



PRAMS

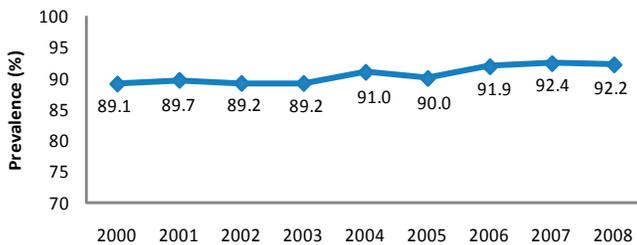
Breastfeeding Fact Sheet

Pregnancy Risk Assessment Monitoring System

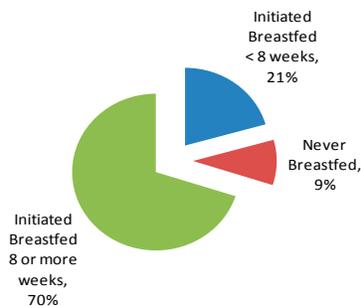
Importance of Breastfeeding

Breastmilk is the most complete form of nutrition for infants, and offers a range of benefits for both infant and mother including prevention of childhood illnesses such as obesity and ear infections resulting in fewer sick visits and improved work productivity for mothers and society.¹ The optimum benefit also depends on duration and the exclusivity of breastfeeding.¹ Measures of exclusivity include the frequency, amount, and timing when other foods and liquids are introduced. The National Healthy People 2010 objectives were to increase the initiation of breastfeeding to 75%, to improve breastfeeding rates at 6 months to 50%, and to improve rates at 1 year to 25%.

Trends in Breastfeeding Initiation, Hawai'i PRAMS 2000-2008



Early Breastfeeding Patterns, Hawai'i PRAMS 2004-2008



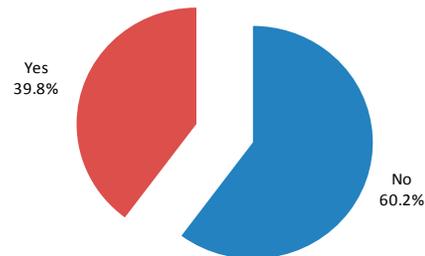
Trends in Initiation and Early Breastfeeding Patterns

The rate of mothers initiating breastfeeding has steadily increased from 89.1% in 2000 to 92.2% in 2008. Overall 70% of mothers breastfed for 8 or more weeks, 21% breastfed for < 8 weeks, and 9% never initiated breastfeeding.

Data Highlights

- Overall, 91% of mothers breastfed their infants
- Only 70% of mothers breastfed their infants for at least 2 months
- Another 20.6% breastfed less than 8 weeks, and 9.4% never initiated breastfeeding
- Only 39.8% of women who initiated breastfeeding, exclusively breastfed for at least 2 months
- Women less likely to initiate breastfeeding were Samoan, Other Asian, Other Pacific Islander, Black, Hawaiian, under 25 years of age, a high school or lower education, unmarried, Medicaid/QUEST insured, were obese prior to the pregnancy, and lived in Hawai'i County
- Women that initiated breastfeeding but did so for less than 8 weeks were more likely to be Black, Hawaiian, Samoan, Filipino, under 25 years of age, a high school or lower education, unmarried, Medicaid/QUEST insured, and were obese prior to the pregnancy

Exclusive Breastfeeding at Least 2 Months, Hawai'i PRAMS 2005-2008



Exclusive Breastfeeding at 2 months

Overall, only 39.8% of women who initiated breastfeeding reported that they exclusively breastfed their infants for at least two months. The remainder reported introduction of other things (e.g., formula, water, sugar, baby foods) prior to eight weeks.

“Breastfeeding is best...although it takes 6-8 weeks to get use to it. It's so healthy, free, and versatile. Don't give up when it's uncomfortable at first.”

-- Hawai'i PRAMS Participants

Suggested Citation

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Early Breastfeeding Patterns by Maternal Characteristics, Hawai'i PRAMS 2004-2006

	Never Breastfed % (95%CI)*	Initiated and Breastfed <8 weeks % (95% CI)
Race/Ethnicity		
White	6.4 (5.4-7.7)	17.0 (15.3-18.8)
Black	11.2 (7.3-16.8)	29.3 (23.0-36.5)
Hispanic	8.3 (4.7-14.0)	17.6 (12.2-24.6)
Hawaiian	10.9 (9.6-12.4)	26.5 (24.6-28.5)
Samoan	18.8 (14.2-24.6)	26.3 (20.8-32.5)
Other Pacific Islander	11.9 (8.9-15.8)	13.1 (9.9-17.0)
Filipino	8.1 (6.9-9.5)	25.0 (23.0-27.0)
Japanese	4.1 (3.0-5.6)	11.6 (9.7-13.7)
Chinese	4.5 (3.5-5.8)	12.5 (10.7-14.5)
Korean	3.4 (2.2-5.3)	14.5 (11.7-17.8)
Other Asian	13.5 (8.7-20.4)	16.0 (10.8-23.1)
Maternal Age		
under 20 years	12.7 (11.0-14.7)	34.2 (31.7-36.9)
20-24 years	10.9 (9.9-12.0)	28.2 (26.7-29.7)
25-34 years	8.8 (8.1-9.5)	17.0 (16.1-17.9)
35 and greater	7.5 (6.5-8.6)	13.1 (11.8-14.4)
Maternal Education		
< High School	18.6 (16.4-20.9)	29.3 (26.8-32.0)
High School	13.2 (12.3-14.1)	25.5 (24.4-26.6)
Some College	7.0 (6.2-7.8)	20.4 (19.1-21.7)
College Graduate	2.6 (2.1-3.1)	10.3 (9.4-11.3)
Marital Status		
Married	7.6 (7.1-8.2)	16.8 (16.0-17.5)
Unmarried	12.9 (11.9-13.8)	27.8 (26.6-29.1)
Prenatal Insurance Coverage		
Private Insurance	6.9 (6.4-7.4)	18.3 (17.6-19.1)
Medicaid/QUEST	14.8 (13.6-16.0)	26.3 (24.8-27.7)
None	9.0 (6.5-12.5)	19.8 (15.8-24.5)
Pre-pregnancy weight status		
Underweight (BMI < 18.5)	8.8 (7.1-11.0)	20.6 (18.1-23.4)
Normal (BMI 18.5-24.9)	8.1 (7.5-8.7)	18.5 (17.6-19.3)
Overweight (BMI 25-29.9)	10.5 (9.4-11.7)	21.6 (20.2-23.2)
Obese (BMI ≥ 30)	12.5 (11.1-14.0)	26.8 (24.8-28.7)
County of residence		
Honolulu	9.4 (8.9-10.1)	20.3 (19.5-21.2)
Hawai'i	11.8 (10.5-13.2)	20.3 (18.7-22.0)
Maui	7.7 (6.6-9.0)	23.4 (21.6-25.3)
Kauai	6.7 (5.1-8.6)	18.5 (16.0-21.3)
Overall	9.4 (8.9-9.9)	20.6 (19.9-21.2)

*note 95% CI refers to the 95% confidence interval around estimate.

Maternal Characteristics Related to Breastfeeding

Women less likely to initiate breastfeeding were Samoan, Other Asian, Other Pacific Islander, Black, Hawaiian, under 25 years of age, had a high school or lower education, unmarried, had Medicaid/ QUEST coverage of prenatal care, were obese prior to the pregnancy, and lived in Hawai'i County.

Women who were more likely to initiate but breastfeed for less than 8 weeks were Black, Hawaiian, Samoan, Filipino, 25 years of age, had a high school or lower education, unmarried, had Medicaid/QUEST coverage of prenatal care, and were obese prior to pregnancy.

About the Data

The Hawai'i Pregnancy Risk Assessment Monitoring System (PRAMS) is a self-reported survey of recent mothers conducted by mail with telephone follow-up. It is designed to monitor the health and experiences of women before, during, and just after pregnancy. Every year, about 2,000 women who deliver a live infant are randomly selected to participate. Surveys administered starting at 2 months postpartum so breastfeeding information is only available at 8 weeks.

Discussion

In Hawai'i, breastfeeding initiation has increased since 2000 and exceeds the National Healthy People 2010 objective. However, there is variation among groups in breastfeeding initiation and duration. Further, only 39.8% of those who initiated breastfeeding, breastfed exclusively for at least 2 months. Efforts are needed to improve the duration and exclusivity of breastfeeding.

Individual barriers to breastfeeding could be reduced by increasing mothers' access to lactation consultants, trained breastfeeding peer counselors, and support groups. Societal level barriers include the workplace environments where breastfeeding can be promoted with improving awareness on the importance of breastfeeding, flexible schedules, regular breaks to facilitate breast pump use and feeding, and specific lactation rooms.² Examples of culturally sensitive ways promoting breastfeeding in Hawai'i include: providing nursing drapes to allow women to breastfeed in public while maintaining privacy by WIC³ and the use of breastfeeding pamphlets in multiple languages at WIC and community health clinics.

The Family Health Services Division works in collaboration with the Healthy Hawai'i Initiative in the Department of Health to promote the importance of breastfeeding. One effort includes assisting hospitals in the state achieve a "Baby-Friendly" designation.⁴ This designation encourages and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding through the integration of ten steps that promote successful breastfeeding.⁴ Other efforts include: promoting breastfeeding as a potential strategy to decrease the growing rates of childhood obesity; promoting primary prevention of chronic disease; and strengthening families and healthy bonds.

To promote the optimal benefits of breastfeeding, it is important to develop culturally appropriate programs to address disparities, to eliminate individual and societal barriers to effectively promote exclusive breastfeeding for 6 months with continued breastfeeding as long as mutually desired.

References

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- Baby-Friendly USA, Inc. Baby Friendly Hospital Initiative. Accessed Sept 2010 at: <http://www.babyfriendlyusa.org>.

"I'll do everything for my baby's health. Breastfeeding is the good way to feed a baby. It helps them healthier and grow stronger."

"I wish it was socially acceptable to breastfeed."

-- Hawai'i PRAMS Participants

For More Information Contact:

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