



# Health Statistics and Surveillance

## BREAST-FEEDING IN ALABAMA: THE HEALTHY CHOICE

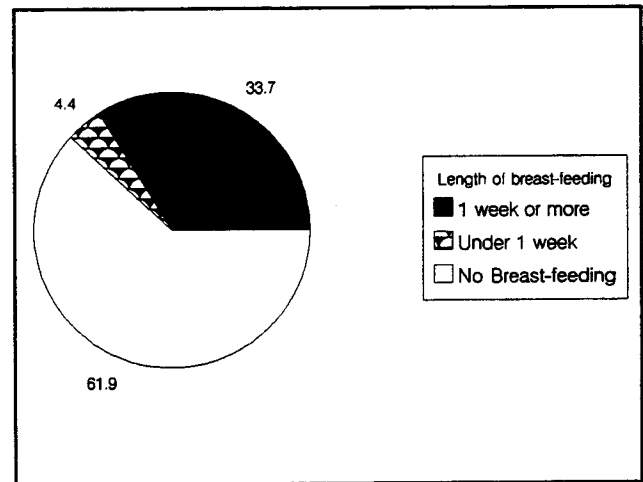
Breast-feeding has a number of beneficial health effects. It is nature's means of providing for the complete and necessary nutritional needs of infants. In addition, certain protective antibodies are transmitted from the mother to the child. Researchers have found that breast-fed infants have lower rates of hospital admission, ear and respiratory tract infections, asthma, colic, food allergy, eczema and diarrheal diseases. Breast-feeding also promotes bonding between the mother and baby, resulting in lower rates of child abuse and accidental injuries among breast-fed infants. Breast-feeding helps women recover sooner from childbirth.

As a result of these beneficial effects, the national organizations of pediatricians, obstetricians and gynecologists, and family medicine specialists have endorsed breast-feeding as the preferred form of infant nutrition. What is of most concern is the discrepancy between these advocacy statements and actual breast-feeding practice.

Increasing the incidence of breast-feeding is a national goal for the Healthy People 2000 objectives. The national objective is to increase the percentage of breast-fed infants to 75 percent by the year 2000.

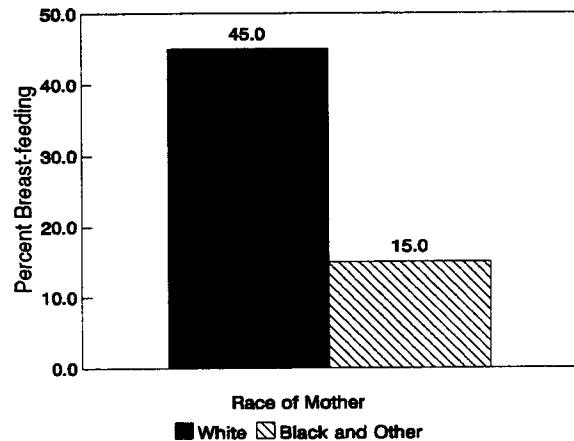
Alabama mothers are far below this percentage. In 1994, according to the Pregnancy Risk Assessment Monitoring System (PRAMS) data, only 38.1 percent of mothers attempted to breast-feed, with 4.4 percent breast-feeding for less than a week. Thus, only 33.7 percent of mothers (about 20,000 of Alabama's 60,000 mothers) breast-fed for a week or more. In the following graphs and discussion, only those mothers who breast-fed for at least a week are considered as having breast-fed.

Figure 1. Percent Distribution of Births by Breast-feeding Status.



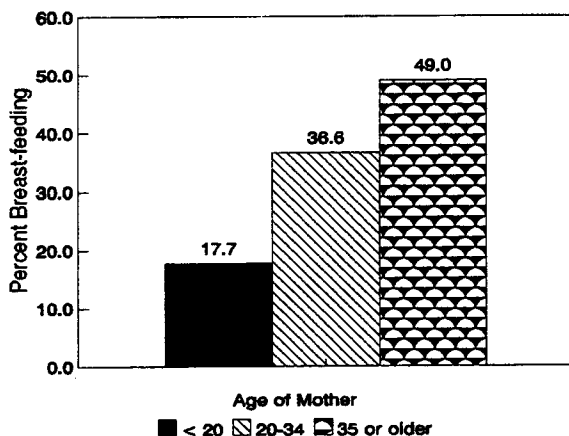
The preference for breast-feeding tends to vary considerably among mothers of different races. White mothers were three times as likely to breast-feed as were black and other race mothers. Almost half of white mothers (45.0 percent) breast-fed their babies compared to only 15.0 percent of black and other race mothers.

Figure 2. Percent Breast-feeding by Race of Mother.



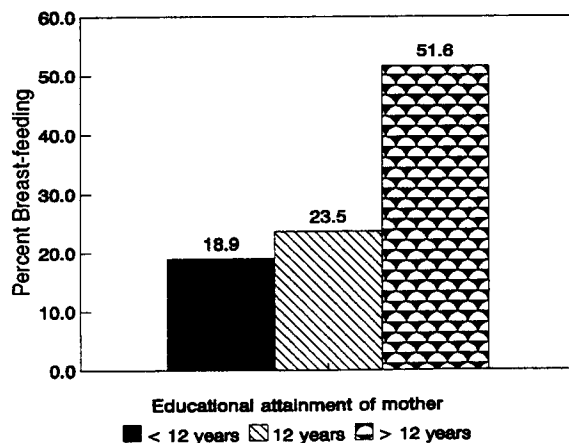
Breast-feeding prevalence increases with the age of the mother. The lowest rates of breast-feeding were among teenagers, where only 17.7 percent breast-fed. Among mothers 35 and older, almost half (49.0 percent) breast-fed. Mothers 20-34 were intermediate in terms of breast feeding.

Figure 3. Percent Breast-feeding by Age of Mother.



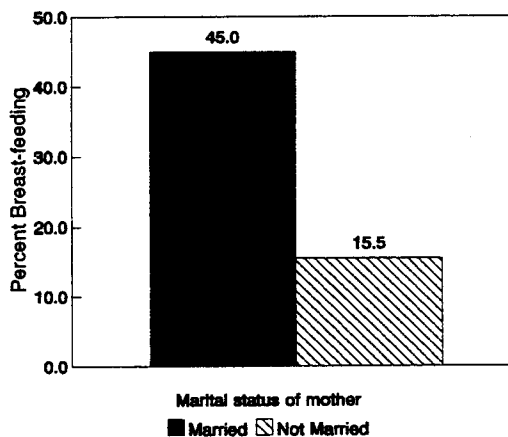
A close relationship is evident between breast-feeding and a mother's educational attainment. Breast-feeding rose dramatically with increased educational attainment. Over half of mothers with one or more years of college breast-fed their babies in 1994, compared to less than one in five mothers who did not complete high school and about one in four mothers with only a high school education.

Figure 4. Percent Breast-feeding by Educational Attainment of Mother.



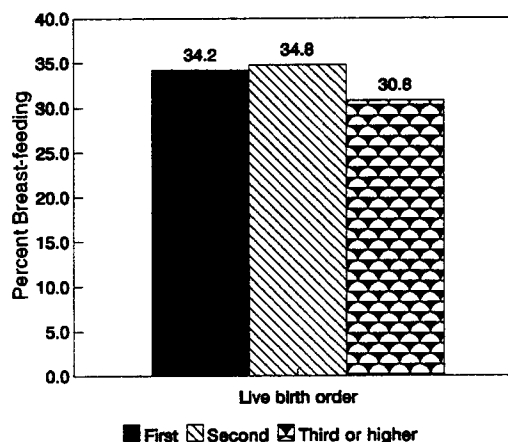
Nearly half (45.0 percent) of all married mothers opted for breast-feeding. Married mothers were 3 times as likely to breast-feed as were unmarried mothers. This may be partly attributable to other factors since married mothers were more likely to have attended college, to be older, and be white.

Figure 5. Percent Breast-feeding by Marital Status.



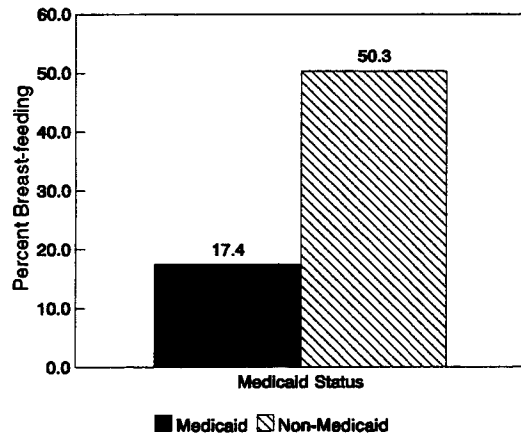
In terms of birth order, second babies were slightly more likely to be breast-fed than first babies and were almost 13 percent more likely to be breast-fed than third or higher order babies.

Figure 6. Percent Breast-feeding by Live Birth Order.



Poorer mothers are much less likely to breast-feed. This is obvious when data are examined for mothers participating in a major program for low income mothers. Only 17.4 percent of mothers receiving Medicaid benefits breast-fed compared to 50.3 percent of non-Medicaid mothers.

Figure 7. Percent Breast-feeding by Medicaid Status.



Mothers who breast-feed are likely to have other good health behaviors. For example, mothers beginning prenatal care in the first three months of pregnancy were almost twice as likely to breast-feed as mothers who began prenatal care later in pregnancy or who received no prenatal care. In addition, mothers whose babies were planned or intended were more likely to breast-feed than were mothers who had an unplanned or unintended birth.

Mothers gave numerous reasons for not breast-feeding or for stopping breast-feeding. The most common reason for not breast-feeding was simply that the mother did not want to breast-feed; 50.1 percent of non breast-feeding mothers gave this reason for not breast-feeding. Other reasons given were: returning to work or school (23.6 percent), unsuccessful attempt to breast-feed (12.8 percent), baby not with mother (3.4 percent), thought it was better to bottle-feed the baby (9.2 percent), taking medicine (5.7 percent) and thought it was the right time to stop (4.5 percent).

Several factors have been mentioned as contributing to the low rate of breast-feeding in Alabama. For instance, the formula packs given to mothers in the hospital may be giving the impression that the health care system, in some way, endorses formula feeding. The fact that the mother and baby are separated soon after birth and that the mother and baby sleep in different rooms may act to discourage breast-feeding. Early and frequent maternal-infant contact are associated with breast-feeding success. In addition, many women see breast-feeding as an interruption of their lives. Greater emphasis is placed on a woman's career and independence than on her being a mother. New mothers have few breast-feeding role models and may be overly influenced by women who may have a bad breast-feeding experience.

A recent study by Freed and others found that some physicians may not be adequately prepared to

promote breast-feeding. They receive little training or instruction about breast-feeding. While 90 percent of the physicians surveyed in the study indicated that they supported breast-feeding, only 50 percent rated themselves as being effective in counseling patients about breast-feeding.

Nearly all mothers should be encouraged to breast-feed. However, mothers taking certain medicines or drugs (including alcohol and tobacco) may not wish to do so because these harmful substances can be transferred to the baby through breast-milk. However, most medicines are compatible with breast-feeding. Breast-feeding is contraindicated in situations where a mother has been recently diagnosed with cancer so that appropriate treatment can be initiated for the mother. According to the Centers for Disease Control and Prevention, women who test positive for the HIV antibody should be counseled against breast-feeding. Infectious diseases which require special attention include Group B streptococcus, Group A streptococcus, gonorrhea, syphilis, and hepatitis. Prompt identification of these diseases and use of appropriate treatment protocols will enable the mother to breast-feed her newborn. The only neonatal condition contraindicated to breast-feeding is galactosemia, which is a very rare condition in which the infant cannot metabolize galactose and therefore cannot tolerate breast-milk. It is important to note that contraindications are medical. The reasons for not breast-feeding tend to be social.

More needs to be done to promote breast-feeding and to educate mothers about the benefits of breast-feeding including the proper techniques that will reduce discomforts and inconvenience. This is especially true for low income women. Working mothers may also find it difficult to continue breast-feeding. Even with the new regulations of the Family Medical Leave Act, many mothers still have to return to work earlier than they would like. Mothers should be provided information about breast-feeding in the hospital which corrects much of the misinformation and myths common in our society. Mothers should also be given a list of community resources and a contact person that she can consult with when she has questions about breast-feeding.

Without major promotional efforts, it is unlikely that the 33.7 percent of mothers breast-feeding can be increased to the national objective of 75 percent by the year 2000.

WIC (the Special Supplemental Food Program for Women, Infants, and Children) is the only national, federally-funded program which is mandated by Congress to actively support and promote breast-feeding. Public Law 103-448 establishes the minimum breast-feeding expenditure at \$21 per

pregnant and breast-feeding woman. Both the WIC program and the Ross Laboratories surveys have indicated an increase in breast-feeding in recent years.

For additional statistical information about breast-feeding or other related issues, the telephone number for the PRAMS office is 334-613-5430. For advice about breast-feeding or other maternal and child health issues, the Storkline number is 1-800-654-1385. LaLeche also provides support for breast-feeding mothers. Their number is 1-800-525-3243. In addition, most hospitals with delivery services have a lactation consultant or a breast-feeding educator who has extensive training or certification in assisting the breast-feeding mother.

For additional readings on breast-feeding, several pamphlets are available from the WIC Division of the Bureau of Family Health Services in the Department of Public Health and can be obtained by calling the Storkline number listed above. Other sources include the following:

Duncan, Burris, *et. al.* "Exclusive breast-feeding for at least 4 months protects against otitis media." *Pediatrics* Vol. 91 (5): 867-872, 1993.

Freed, Gary, *et. al.* "National assessment of physician's breast-feeding knowledge, attitudes, training, and experience." *Journal of the American Medical Association* Vol. 273 (6): 472-476, 1995.

Perez-Escamilla, Rafael, *et. al.* "Infant feeding policies in maternity wards and their effect on breast-feeding success: An analytical overview." *American Journal of Public Health* Vol. 84 (1): 89-97, 1994.

Ryan, Allan, *et. al.* "A comparison of breast-feeding data from the National Surveys of Family Growth and Ross Laboratories Mothers Surveys." *American Journal of Public Health* Vol. 81 (8): 1049-1052, 1991.

Wingard, Deborah, *et. al.* "Is breast-feeding in infancy associated with adult longevity?" *American Journal of Public Health* Vol. 84 (9): 1458-1462, 1994.

Informational materials in alternative formats will be made available upon request.

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### TECHNICAL NOTES

The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing population based surveillance system which collects information on maternal behaviors and attitudes during pregnancy and early infancy. Each month a stratified systematic sample with a random start is used to select approximately 200 mothers who recently had births. A total of 2,448 mothers were sampled in 1994. Of these, 1,822 surveys were completed, yielding a response rate of 74.4 percent. Analysis weights were applied to adjust for selection probability and non-response to obtain estimates for the state. The data used in this report are for calendar year 1994. The PRAMS project is funded under a grant from the Centers for Disease Control and Prevention, cooperative agreement number U50/CCU407103-02.

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