

Infant Feeding Practices

Summary of Significant Trends:

Extensive research on the health and developmental outcomes associated with breastfeeding has resulted in evidence that breastfeeding is superior to formula feeding. Breastfed infants have increased resistance to infectious diseases, enhanced immune systems, reduced risk for chronic diseases, as well as nutritional, growth and developmental benefits. Mothers who breastfeed experience improved physical and mental health. Socioeconomic benefits accrue to the family who breastfeeds, their employers, the health care system and to the nation.

In spite of the many benefits of breastfeeding, the U.S. breastfeeding rates are low. On average, only 29% of all mothers breastfeed their infants at six months. Racial and ethnic disparities reveal exceedingly low rates among African American women, with only 19% breastfeeding at six months. In 1984, the U.S. Surgeon General held the first workshop on breastfeeding and human lactation. In 1991 and 1995, follow-up reports were published describing many ongoing breastfeeding promotional activities. The U.S. Department of Health and Human Services, through *Healthy People 2000 Goals* and *Healthy People 2010 Goals*, has established objectives that call for at least 75% of all infants to be breastfed at birth, at least 50% continuing at six months, and at least 25% still breastfeeding at one year.

Emerging Trends and Issues:

US Healthy People 2000 Goals have not been met. In 1998, 45% of African American mothers breastfed during the early postpartum period. For Hispanic mothers, the rate was 66%, and for Caucasian mothers, it was 68%.

No group of mothers reached the goal of 50% still breastfeeding at six months. The rates were 19% of African American mothers, 28% of Hispanic mothers, and 31% of Caucasian mothers.

To meet the public health challenge of promoting and supporting breastfeeding, there must be changes in the healthcare system, at the workplace, at childcare facilities, in the marketing of breast milk substitutes, in public education, and in promoting social support.

Relevance of Trends to County Programs:

The In-Home Breastfeeding Support Program is a partnership between Cooperative Extension, public health, WIC Programs, and local hospitals. As a result of this collaboration among community partners, paraprofessionals help more mothers to begin and to continue breastfeeding in order to meet their own personal goals. Initiation and duration data substantiate the success of this approach in 38 North Carolina counties.

References:

American Academy of Pediatrics, Breastfeeding and the Use of Human Milk, *Pediatrics*, Volume 100, Number 6, December 1997, 1035-1039.

Lawrence R, Lawrence, R M, *Breastfeeding: A Guide for the Medical Profession, 5th Ed*, 1999, St. Louis: C V Mosby-Yearbook.

Leon-Cava, N, *Quantifying the Benefits of Breastfeeding: A Summary of the Evidence*, 2002, Washington, DC: Pan American Health Organization.

US Department of Health and Human Services, *HHS Blueprint for Action on Breastfeeding*. Rockville, MD: US Department of Health and Human Services, Office on Women's Health, 2000.

Sources of Supporting Data:

American Academy of Pediatrics Statement on Breastfeeding and the Use of Human Milk, available on-line at:

<http://www.aap.org/policy/re9729>

Academy of Breastfeeding Medicine Statement and Protocols on Breastfeeding, available on-line at: <http://www.bfmed.org>

<http://www.ncefne.org>

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