Disparities in Breastfeeding Practices by Child’s Health Needs in the United States

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Background

Breastfeeding is well accepted as the best possible feeding for infants, protecting against many health conditions.1–5 In fact, there would be an estimated savings of $13 billion annually in direct medical expenses and indirect cost of premature death if 90% of American children were exclusively breastfed.6 Additional benefits of breastfeeding include improvements such as the American Academy of Pediatrics, the American Public Health Association and the world health organization recommend that infants are breastfed for at least 12 months and exclusively breastfed for the first 6 months. Despite federal policies working to protect, promote and support breastfeeding since 1984 and its extensive health benefits, breastfeeding rates remain well below national goals. For babies born in 2007, fewer than 80% of mothers initiated breastfeeding and only 43% did so for 6 months.1 Previously identified barriers include social norms, inadequate support, infant admission into the intensive care unit (ICU), separation of infant and mother in the hospital, and infant becoming sick and unable to breastfeed.1,2

Objectives

In addition to determining what factors are associated with breastfeeding initiation and 6 month continuation, we were interested in the association between child’s health needs and breastfeeding practices, specifically in answering the following two questions:

1. Are children with increased health needs less likely to have ever been breastfed?
2. Among children who were ever breastfed, are children with increased health needs less likely to be breastfed for at least 6 months?

Methods

Data Sources

A cross-sectional study was drawn from the 2007 NSCH public use data files prepared by the Data Resource Center for Child and Adolescent Health. The 2007 National Survey of Children’s Health (NSCH) was conducted between April 2007 and July 2008 with at least 1200 parents of children 0-17 years old from each state.3 This study only includes children who were 5 years old or younger at the time of the survey (n=27,376). The NSCH is directed and funded by the MCHB and hosted by the National Center for Health Statistics. Public use data files were prepared by the Data Resource Center for Child and Adolescent Health, a project of the Child & Adolescent Health Measurement Initiative.4

Definition of children with increased health needs (CSHCN/DBSD)

1) He or she is identified as a child with special health care needs (CSHCN) by the CSHCN Screener- AND- OR -
2) He or she is identified as being at high risk of developmental, behavioral or social delays by parent’s evaluation of developmental status (Peds).

CSHCN/DBSD = CSHCN Screener, the CSHCN Screener and PEDS.

Primary dependent variables of interest

1. Breastfeeding initiation
2. Duration of breastfeeding
   a. Prevalence of breastfeeding at 6 months
   b. Prevalence of breastfeeding at 12 months

Based on the question, “Has [child] ever breastfed or fed breast milk?” (yes or no)

Still breastfeeding or being fed breast milk at six months of age

Based on the question, “How old was [he/she] when [he/she] completely stopped breastfeeding or being fed breast milk?” (if ever, >=6 mo)

As shown above, breastfeeding initiation varies more by race/language than by income. Compared to white, non-Hispanic children:

- Black non-Hispanic children are less likely to ever breastfeed (AOR 0.65, 95% CI 0.50-0.79) but there are not less likely to continue for 6 or more months (AOR 0.97, 95% CI 0.75-1.24).
- Spanish speaking Hispanic children are much more likely to ever breastfeed (AOR 3.63, 95% CI 2.57-5.13) but only slightly more likely to continue (AOR 1.45, 95% CI 1.06-1.95).

No other AORs for race/language are significant.

As shown above, geographic region, household tobacco use, family structure and maternal education are significantly associated with breastfeeding initiation. For children who were ever breastfed, similar significant AORs are seen for each of the above associations with 6 months duration of breastfeeding. The only exception to this is that geographic region and other family types, which are not significantly different from two parent families for breastfeeding duration (AOR 0.62, 95% CI 0.37-1.01) but they are not less likely to breastfeed and after starting they are also more likely to stop prematurely. It is also important to consider the broader context of the child’s life. The following groups of children have lower (even if not statistically significant) performance on at least one measure of breastfeeding status than those living in poverty, those with mothers with lower educational attainment, those living in households with tobacco use, those with single mothers and those who are in poverty. Successful interventions should simultaneously address multiple risk factors for not breastfeeding and decrease health vulnerabilities across multiple domains of the child’s life. There is a need to improve cultural attitudes and societal infrastructures that support the entire range of positive health behaviors, including optimal breastfeeding.


