



# Breastfeeding Initiation and Duration Among New Hampshire Women Who Gave Birth in 2013-2016

## Breastfeeding Recommendations

It is widely acknowledged that breastfeeding has significant health benefits for both infants and mothers and that breastmilk provides optimal nutrition for infants. The benefits for infants include reduced risk of infections, allergies, asthma, obesity, diabetes, and Sudden Infant Death Syndrome. Maternal benefits include faster loss of pregnancy weight, lower risk of breast and ovarian cancer, and enhanced opportunities for maternal-infant bonding. The American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the World Health Organization and the United Nations International Children’s Fund all recommend exclusive breastfeeding up to six months with continued breastfeeding at least through the first year of life.

**The Healthy People 2020 national objectives for breastfeeding as established by the US Department of Health and Human Services include:**

**Increase the proportion of infants who ever breastfed to 81.9% (baseline of 74% in 2006)**

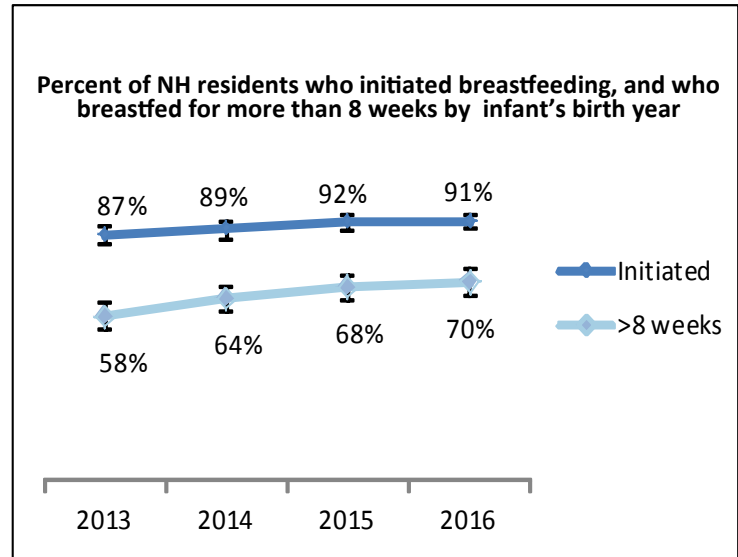
**Increase the proportion of infants who were breastfed at 6 months to 60.6% (baseline of 43.5% in 2006)**

Source: <https://www.cdc.gov/breastfeeding/policy/hp2020.htm>

## PRAMS and Breastfeeding

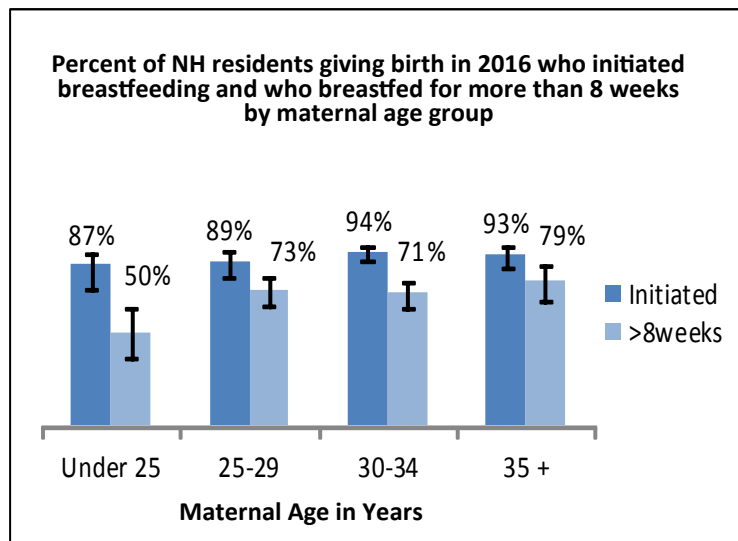
New Hampshire PRAMS samples approximately 1000 resident women each year. The data is weighted to reflect the entire population of New Hampshire women who have had a live birth each year. This report is based on the percent of women who initiated breastfeeding and the percent who were still breastfeeding more than 8 weeks postpartum. PRAMS collects data from mothers between 2 and 9 months postpartum and is not designed to track continuation of breastfeeding after 2 months due to variation in when mothers complete the survey.

## Breastfeeding Initiation and Duration Among New Hampshire Mothers, 2013-2016



While rates of initiation have increased slightly from 2013-2016, there was a significant increase in breastfeeding continuation for more than 8 weeks from 58% in 2013 to 70% in 2016.

## Breastfeeding by Age Group, 2016



## Disparities in Breastfeeding Behaviors by Maternal Characteristics, 2016

- Women under age 25 were significantly less likely than women in older age groups to continue breastfeeding by 8 weeks postpartum (50% vs 71-79%, see graph pg. 1)
- Women with an intended pregnancy continued breastfeeding beyond 8 weeks at a significantly higher rate than those with an unintended pregnancy (77% vs. 55%). \*
- Women with more than a high school education were significantly more likely to continue to breastfeed more than 8 weeks (78%) than those with a high school education or less (46%).
- Women who smoked postpartum were significantly less likely to breastfeed longer than 8 weeks (30%) compared to those who do not smoke (76%).
- Women who reported symptoms of postpartum depression continued to breastfeed more than 8 weeks at a significantly lower rate of 54% as compared to 72% of those without depression.
- A significantly lower proportion of women with a low socioeconomic status\*\* continued for more than 8 weeks compared to those with a higher income status (56% vs. 80%).

### PRAMS Breastfeeding Initiation and Duration Questions:

*Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?*

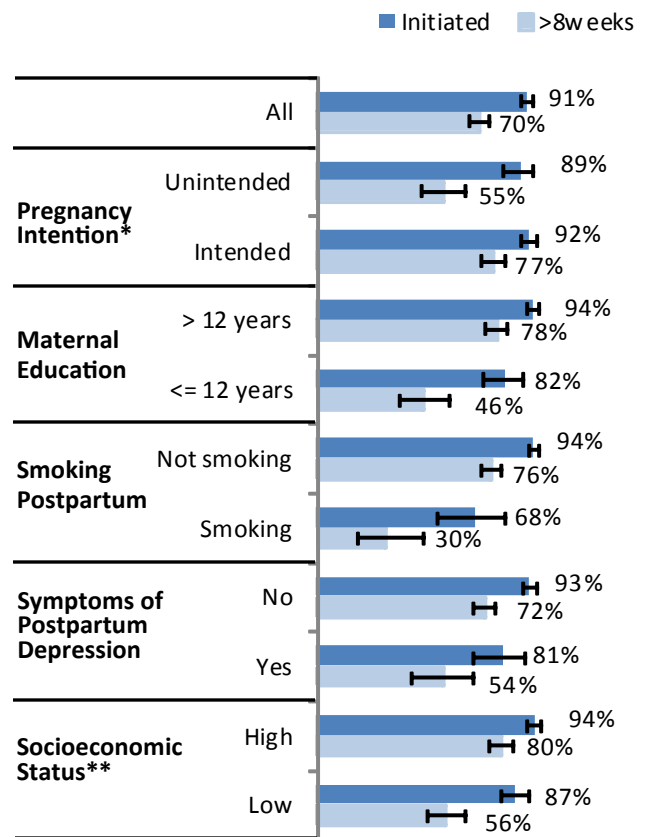
*Are you currently breastfeeding or feeding pumped milk to your baby?*

*How many weeks or months did you breastfeed or pump milk to feed your baby?*

Answers were used to calculate the percent of all New Hampshire resident women with a live birth who:

- initiated breastfeeding and
- breastfed their infant for more than 8 weeks.

Percent of NH residents giving birth in 2016 who initiated breastfeeding and who breastfed for more than 8 weeks by maternal characteristics



\* Women who respond to the PRAMS survey that they wanted to be pregnant “then” or “sooner” are considered to have an intended pregnancy. Those who respond that they wanted to be pregnant later, not then or at anytime in the future, or were not sure what they wanted, are considered to have an unintended pregnancy.

\*\* Women who were enrolled in Medicaid during or after pregnancy, enrolled in WIC during or after pregnancy, whose infants were enrolled in WIC after delivery, or whose reported household income is 0-185% of the Federal Poverty Level are considered to be of low socioeconomic status for the purpose of this report.

## About NH PRAMS

The New Hampshire Pregnancy Risk Assessment Monitoring System (NH PRAMS) collects data on a variety of topics related to maternal health. This report is based on PRAMS survey data collected from New Hampshire residents who gave birth in 2013-2016. For more information on NH PRAMS and to access the complete NH PRAMS Data Books and other publications visit: <http://www.dhhs.nh.gov/dphs/bchs/mch/prams.htm>

The Pregnancy Risk Assessment Monitoring System, PRAMS, is an ongoing population based surveillance project of the CDC and state departments of health, with the goals of reducing infant mortality and low birth weight and improving the overall health of mothers and infants. NH PRAMS began collecting data in 2013. Funding for NH PRAMS is provided by the Centers for Disease Control and Prevention under grant #5U01DP006208. Contents of this publication do not necessarily represent the official views of the CDC.

This topic brief was developed by NH PRAMS in cooperation with the New Hampshire Women, Infants and Children Nutrition Program (WIC).



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