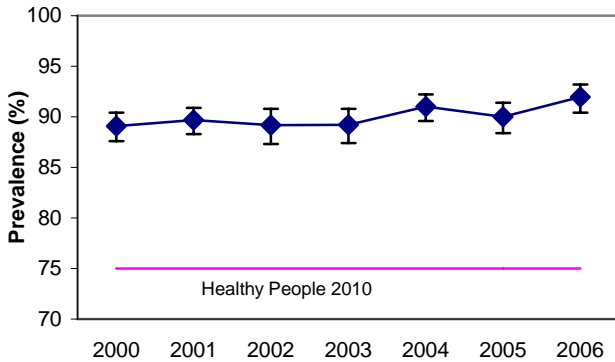




Importance of Breastfeeding

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 national Healthy People 2010 goal is to increase the initiation of breastfeeding in the early postpartum period to 75% of newborns and to improve breastfeeding rates to 50% of infants at age 6 months and 25% at 1 year.² 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.

Breastfeeding Initiation, Hawai'i PRAMS 2000-2006



Trends in Breastfeeding Initiation

The rate of mothers initiating breastfeeding has steadily increased from 89.1% in 2000 to 92.0% in 2006, remaining above the national Healthy People 2010 goal. We analyzed 3 years of PRAMS data from 2004-2006 to identify differences related to common racial/ethnic and socio-demographic groups in Hawai'i.

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.

For More Information Contact:

Hawai'i PRAMS Coordinator
Hawai'i Department of Health
PRAMS@doh.Hawaii.gov
(808) 733-4060

Data Highlights

- Since 2000, breastfeeding initiation has increased and remains above the national Healthy People 2010 goal
- A substantial proportion, 20.7% breastfed less than 8 weeks, and 10% never initiated breastfeeding
- Women less likely to initiate breastfeeding were Samoan, Hawaiian, younger, less educated, not married, Medicaid/QUEST insured, were obese prior to the pregnancy, lived in Honolulu and Hawai'i Counties, and were on WIC prenatally
- Women that initiated breastfeeding but did so for less than 8 weeks were more likely to be Black, Samoan, Hawaiian, Filipino, younger, less educated, not married, Medicaid/QUEST insured, were obese prior to the pregnancy, lived in Maui County, and were on WIC prenatally
- Only 36.4% of women who initiated breastfeeding, exclusively breastfed for at least 8 weeks

“Encourage mothers to breastfeed their keiki. It’s the healthiest food and saves a lot of money.”

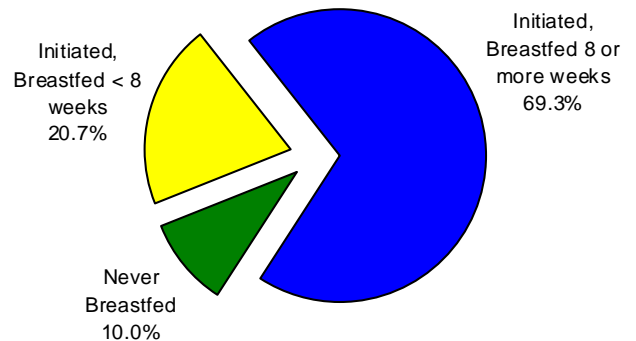
“I wish it was socially acceptable to breastfeed.”

-- Hawai'i PRAMS Participants

Early Breastfeeding Patterns

In Hawai'i, the majority of women initiated breastfeeding and did so for at least 8 weeks. However, 20.7% breastfed for less than 8 weeks and 10% never initiated breastfeeding.

Early Breastfeeding Patterns, Hawai'i PRAMS 2004-2006



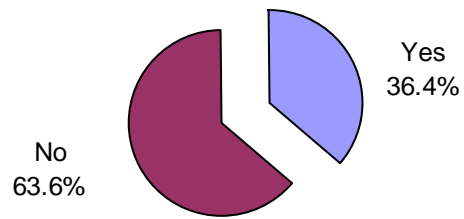
Suggested Citation

Hayes D, Donohoe-Mather C, Pager S, Eshima M, Fuddy L. "Breastfeeding Fact Sheet." Honolulu, HI: Hawai'i Department of Health, Family Health Services Division; August 2008.

Exclusive Breastfeeding at 8 weeks

Overall, only 36.4% of women who initiated breastfeeding reported that they exclusively breastfed their infants for at least eight weeks. The remainder reported introduction of other things (e.g., formula, water, sugar, baby foods) prior to eight weeks.

Exclusive Breastfeeding at 8 weeks,
Hawai'i PRAMS 2004-2006



Characteristics of Mothers who Never Breastfed and those who Initiated and Breastfed Less than 8 weeks

Women less likely to initiate breastfeeding were Hawaiian, Samoan, younger, less educated, unmarried, had Medicaid/ QUEST coverage of prenatal care, were obese prior to the pregnancy, lived in Hawai'i or Honolulu County, and participated in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Women more likely to initiate and breastfeed for less than 8 weeks were Black, Hawaiian, Samoan, Filipino, younger, less educated, unmarried, had Medicaid/QUEST coverage of prenatal care, were obese prior to the pregnancy, lived in Maui County, and participated in WIC during prenatal care.

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 (5.1-8.1)	17.1 (14.9-19.5)
Black	9.4 (5.1-16.6)	29.3 (21.4-38.6)
Hispanic	5.4 (2.3-12.0)	17.7 (11.5-26.4)
Hawaiian	12.5 (10.7-14.5)	26.6 (24.1-29.1)
Samoan	19.4 (13.6-26.9)	27.0 (20.0-35.2)
Other Pacific Islander	12.6 (8.8-17.8)	14.7 (10.5-20.1)
Filipino	8.3 (6.8-10.1)	26.1 (23.6-28.8)
Japanese	4.9 (3.5-6.9)	11.2 (9.0-13.8)
Chinese	5.9 (4.4-7.7)	12.9 (10.7-15.4)
Korean	4.1 (2.5-6.6)	15.7 (12.2-19.9)
Other Asian	12.2 (6.6-21.4)	14.7 (8.3-24.7)
Maternal Age		
under 20 years	13.4 (11.5-15.6)	35.6 (32.8-38.6)
20-24 years	11.3 (10.1-12.5)	28.5 (26.8-30.2)
25-34 years	9.2 (8.5-10.1)	16.9 (15.9-18.0)
35 and greater	8.3 (7.1-9.6)	12.7 (11.2-14.2)
Maternal Education		
< High School	18.5 (16.2-21.1)	30.6 (27.7-33.6)
High School	14.0 (13.0-15.1)	25.4 (24.1-26.6)
Some College	7.5 (6.6-8.6)	20.3 (18.9-21.9)
College Graduate	2.7 (2.2-3.4)	10.5 (9.4-11.7)
Marital status		
Married	8.1 (7.5-8.8)	16.7 (15.9-17.6)
Unmarried	13.7 (12.6-14.8)	28.7 (27.3-30.2)
Prenatal Insurance Coverage		
Private Insurance	7.3 (6.7-7.9)	18.4 (17.6-19.3)
Medicaid/QUEST	15.9 (14.6-17.3)	26.8 (25.1-28.5)
None	8.4 (5.9-11.8)	20.0 (15.6-25.2)
Pre-pregnancy weight status		
Underweight (BMI <18.5)	10.2 (8.1-12.8)	21.4 (18.5-24.6)
Normal (BMI 18.5-24.9)	8.5 (7.9-9.2)	18.5 (17.5-19.4)
Overweight (BMI 25-29.9)	10.9 (9.7-12.3)	22.6 (20.9-24.4)
Obese (BMI >30)	13.2 (11.6-15.0)	26.8 (24.6-29.1)
County of residence		
Honolulu	10.1 (9.5-10.9)	20.2 (19.3-21.2)
Hawai'i	12.1 (10.7-13.6)	21.2 (19.5-23.1)
Maui	7.6(6.4-8.9)	24.8 (22.8-27.0)
Kauai	6.8 (5.1-8.9)	18.4 (15.7-21.4)
Prenatal WIC participation		
Yes	13.4 (12.5-14.4)	26.1 (24.9-27.3)
No	7.3 (6.6-7.9)	16.6 (15.7-17.6)
Overall	10.0 (9.4-10.5)	20.7 (20.0-21.5)

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

Discussion

In Hawai'i, breastfeeding initiation has increased since 2000 and remains above the national Healthy People 2010 goal. However, there is variation among groups in breastfeeding initiation and duration. Further, only a small proportion of mothers breastfed exclusively for at least eight weeks. WIC participants have higher estimates of not initiating breastfeeding, and those who initiated did so for a shorter period of time. Women served by WIC also have higher associated risks so this finding reinforces the importance of promoting breastfeeding support in WIC

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.³ 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 WIC,⁴ and the use of breastfeeding pamphlets in multiple languages at WIC and community health clinics.

To promote the optimal benefits of breastfeeding, culturally sensitive programs that address disparities and eliminate individual and societal barriers are needed. Exclusive breastfeeding for 6 months with continued breastfeeding as long as mutually desired will help improve health in Hawai'i.

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