Breastfeeding Practices of WIC Participants

The 2005 Los Angeles County WIC Survey: The Second in a Series of Reports

Conclusive and compelling research evidence points out numerous advantages of breastfeeding for both mothers and infants. Longstanding research shows lower rates of ear infections and gastrointestinal diseases in breastfed infants, and current research highlights reduced rates of overweight in breastfed children as well as lower risks of diabetes and breast cancer in mothers who breastfeed. Exclusive breastfeeding, in which the infant does not consume any foods or liquids other than breast milk or water, is associated with the greatest benefits to both mothers and children. Despite the strong links between breastfeeding and optimal outcomes for children and mothers, breastfeeding rates in LA County remain low, particularly among low-income populations. Statewide, LA County ranks 47th out of 58 counties for exclusive breastfeeding and six LA County hospitals rank among the 15 lowest in the state for breastfeeding rates.

The goal of this brief is to review the state of breastfeeding among low-income women receiving WIC services in LA County and to provide relevant strategies and recommendations for increasing breastfeeding support. This report is based on data collected during the 2005 LA County WIC Survey.

Breastfeeding: A Primary Obesity Prevention Strategy

Overweight in early childhood is increasing at epidemic proportions, with studies showing that children aged two to five in California have a one in five chance of being overweight. There is no standard definition of overweight prior to age two and children aged two to five are considered overweight if their Body Mass Index (BMI) is greater than the 95th percentile for their age. WIC collects height and weight information from all participants. While overweight rates are across the whole population staggering (and are the subject of the third brief in this series) these survey data show that breastfeeding is associated with a significantly lower rate of childhood overweight. Of three to five year-old children who were never breastfed, 28.9% were overweight. Of children who were breastfed, a significantly lower 21.7% were overweight. Consistent with a growing body of research literature, breastfeeding emerges as a key strategy in the prevention of early childhood overweight.
Figure 1 illustrates breastfeeding rates of the LA County WIC population as a whole, and by racial-ethnic group.* Latina women make up the great majority of the LA County WIC population, and breastfeeding rates differ dramatically between English- and Spanish-speaking Latinas. While overall breastfeeding initiation rates were quite high at 87.4%, 22.4% stopped breastfeeding immediately after initiating. Across the board, Spanish-speaking Latinas were most likely to breastfeed, with English-speaking Latinas resembling Caucasian women in their breastfeeding practices. African-American women were least likely to breastfeed. Across all racial-ethnic groups, exclusive breastfeeding was notably rare. Rates of exclusive breastfeeding were low from the outset, with 38.7% of women exclusively breastfeeding at two months, and 31.5% at four months.

* Fewer than 100 Asian women provided data regarding breastfeeding, thus only those groups with adequate sample sizes are shown.

Why do Women Stop Breastfeeding Before 6 Months?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mom felt she did not have enough milk</td>
<td>53.9%</td>
</tr>
<tr>
<td>Breast milk alone did not satisfy the baby</td>
<td>48.1%</td>
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<tr>
<td>The baby had difficulty nursing</td>
<td>35.9%</td>
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<tr>
<td>Nipples were sore, cracked or bleeding</td>
<td>26.6%</td>
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<tr>
<td>It was the right time to stop</td>
<td>24.9%</td>
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<tr>
<td>Mom or baby became sick and couldn’t breastfeed</td>
<td>20.7%</td>
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<tr>
<td>Mom returned to work</td>
<td>16.4%</td>
</tr>
<tr>
<td>Mom felt that baby was not gaining enough weight</td>
<td>15.4%</td>
</tr>
<tr>
<td>Mom was encouraged by someone to stop breastfeeding</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

*Percentages do not add up to 100% due to respondents indicating multiple reasons why they stopped breastfeeding. On average, women reported 2.74 reasons (SD=1.54).
**Strategy 1: Start Early with Prenatal Education and Support**

Among the best predictors of breastfeeding success is a woman's intention to breastfeed prior to delivery. In the current survey, 65% of women reported that by the end of their pregnancy, they knew they “would definitely breastfeed” their new baby. Of these women, 97% initiated breastfeeding, compared to only 69.3% of women who were unsure of their breastfeeding plans. Figure 2 shows the dramatic impact breastfeeding intention has on breastfeeding duration.

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**Promising Strategies to Increase Breastfeeding Rates**

**Strong Intent to Breastfeed**  
(N = 3042)

**Unsure about Breastfeeding Plans**  
(N = 1610)

**Mean Breastfeeding Duration (in Months)**

9.9

4

**Recommendations:**

- *During pregnancy, educate women and their prenatal support networks about the numerous beneficial effects of breastfeeding, including the benefits of breast milk over formula, and address concerns they may have about breastfeeding.*

- *The majority of new mothers have concerns about milk supply and whether their babies are getting enough milk. The prenatal period is a good time to educate moms and their networks about milk supply and how much breast milk young infants need.*

**Strategy 2: Target Hospitals and Health Care Providers**

Supportive hospital practices around birth and the early postpartum period are critical to the early success of breastfeeding, as the early postpartum hours are when the breastfeeding relationship is most vulnerable. Three specific hospital practices were asked about in the WIC survey, and their relationship with breastfeeding initiation or duration are shown in the following table.

**Rooming in:**  
Moms and infants stayed in the same room  
77.2% roomed in  
Rooming in was associated with significantly higher rates of initiating breastfeeding.

**Formula gift pack given to mother:**  
86.4% received a formula gift pack  
Women receiving a formula gift pack breastfed for significantly fewer months than women who did not receive the gift pack.

**Breastfeeding support phone number provided:**  
76.4% received a support number  
Receiving a support number was associated with significantly higher rates of initiating breastfeeding.

**Recommendations:**

- *Many associations of the medical community have clearly-written, well-documented policy statements for the support of breastfeeding. Work with providers and birth hospitals to actively support existing policy statements and implement them in their practices.*

- *Work with hospitals to limit donations of gift bags with infant formula for the new mother.*

- *Support efforts to make lactation support a covered benefit for all women at all birthing hospitals, such that all women have access to quality breastfeeding support services in the hospital.*
Strategy 3: Increase Worksite Support of Breastfeeding

California is among the most progressive states regarding legislation supporting breastfeeding support in the workplace, and employers need assistance upholding the law to maximally support breastfeeding. 41% percent of the WIC mothers surveyed returned to work, most during the infant's first year. Women who returned to work breastfed significantly fewer months than non-working women. Of women returning to work, only 1/3 reported that their worksite provided accommodations for breastfeeding. Those provided accommodation breastfed significantly longer than those without accommodation.

Recommendations:

- Provide breast pumps to women who cannot afford to purchase or rent them.
- Increase employer awareness and support of the existing legislation requiring provision of break time and adequate space to express breast milk. Focus efforts on low-wage employers.
- Support women returning to work such that they can store milk prior to their return to work, and develop a plan for ongoing expression and storage of breast milk.

Strategy 4: Enlist Community Support

The support mothers receive from WIC, family, friends and the greater community plays a critical role in breastfeeding practices. Women receiving such support are more likely to initiate breastfeeding and breastfeed for longer. The WIC Program serves as a primary source of breastfeeding support for low-income women in LA County. In addition to on-site breastfeeding support women receive from WIC throughout pregnancy and the postpartum period, the USDA has recently funded a number of WIC Peer Counseling pilot programs that are gaining momentum throughout the county and merit further attention.

Recommendations:

- Breastfeeding must become the expected mode of infant feeding. Communities must actively support the right of mothers to breastfeed in any location* by accepting and encouraging breastfeeding in public spaces.
- Throughout pregnancy and the postpartum period, actively involve partners and friends in physician visits, WIC visits and all breastfeeding support activities.
- WIC serves more than 90% of the low-income infants born in LA County. WIC must continue to play an active role in supporting breastfeeding, beginning during pregnancy, and must continue to seek out additional funds for pump loan and peer counseling programs that have clear positive impacts on breastfeeding rates.
- Actively support lactation management help from a lactation consultant, educator, WIC provider or well-trained peer to address issues that relate to discontinued breastfeeding, such as maternal concerns about milk supply and the baby getting enough milk.

* AB157, authored by Antonio Villaraigosa in 1997, guarantees the right of a mother to breastfeed in any location, public or private, where the mother and child are authorized to be present.