

Breastfeeding in Florida, 2013

There are many reasons for a new mother to breastfeed, including psychosocial, economic, and environmental benefits. The Healthy People 2020 (HP 2020) target goal is to increase the number of infants who are ever breastfed to 81.9%.¹ This report summarizes recent data on breastfeeding in Florida. The data included in this report, unless otherwise specified, are from the 2013 Florida Pregnancy Risk Assessment Monitoring System (PRAMS), a population-based surveillance survey.

Benefits of Breastfeeding

For Babies:

- Breast milk contains the proper amount of vitamins and protein that a baby needs and is easily digestible^{2,3}
- Breast milk contains antibodies, leading to reduced infections and illnesses^{2,3,4}
- Breastfeeding helps prevent children from developing allergies^{2,4}

For Mothers:

- Breastfeeding lowers the risk of breast and ovarian cancer^{2,3,4}
- Breastfeeding helps new mothers return to their pre-pregnancy weight and reduce their uterus to pre-pregnancy size²
- Breastfeeding encourages a close bond between a mother and baby^{2,3}
- No need to spend money on infant formula³

Breastfeeding and Health Care Services

In Florida, 83% of new mothers reported having prenatal care discussions about breastfeeding with a doctor, nurse, or other health care worker. Additionally, among new mothers who participated in the Special Supplemental Nutrition Program for Women, Infants and Children Program (WIC) during pregnancy, 91% of new mothers spoke with a breastfeeding peer counselor during WIC visits (PRAMS 2013). Among Florida hospital and birthing center facilities, 97% reported including breastfeeding in their prenatal patient education (mPINC 2013).

Over 95% of new mothers in Florida who breastfed said that hospital staff gave them breastfeeding information and more than 70% of new mothers in Florida breastfed within one hour of birth (Table 1).

Among Florida hospital and birthing center facilities, 60% reported giving mothers an initial breastfeeding opportunity within one hour for vaginal births and 57% reported giving mothers an initial breastfeeding opportunity within two hours for cesarean section births. Over 90% of facilities reported that staff provided breastfeeding advice and instructions to patients.

Only 16% of facilities reported that new staff had received appropriate breastfeeding training. However, 69% of facilities reported that staff received breastfeeding education in the past year, and 75% of facilities assess staff competency in breastfeeding management and support at least annually (mPINC 2013).

Hospital Breastfeeding Experience Among New Mothers Who Breastfed	Prevalence
Hospital staff gave her information about breastfeeding	95.8%
She breastfed her baby in the hospital	92.1%
Her baby stayed in the same room with her at the hospital	87.5%
Hospital staff helped her learn how to breastfeed	82.7%
Hospital staff told her to breastfeed whenever her baby wanted	82.0%
The hospital gave her a telephone number to call for help with breastfeeding	79.7%
She breastfed in the first hour after her baby was born	71.1%
The hospital gave her a gift pack with formula	62.6%
Hospital staff gave her baby a pacifier	61.8%
Her baby was fed only breast milk at the hospital	50.5%
The hospital gave her a breast pump to use	35.3%

Table 1: The prevalence of hospital breastfeeding activities among new mothers who breastfed, Florida PRAMS 2013

“I think there should be more breastfeeding support. [The] [m]ajority of my friends accepted the formula samples and barely tried to nurse.”

-Mother Responding to PRAMS Survey, 2013

Significant racial/ethnic differences existed for mothers breastfeeding in the first hour after her baby was born (non-Hispanic white: 74.8%, non-Hispanic black: 60.7%), mothers only feeding their baby breast milk while in the hospital (non-Hispanic white: 61.4%, non-Hispanic black: 40.3%, Hispanic: 40.2%), mothers receiving a telephone number to call for help with breastfeeding (non-Hispanic white: 85.8%, Hispanic: 72.1%), and the hospital staff giving the baby a pacifier (non-Hispanic white: 55.8%, non-Hispanic black: 72.5%) (PRAMS 2013).

“I don’t feel there is enough support for breastfeeding within the medical community. Most of the support I received came from my husband and the local WIC office LC [lactation consultant].”

-Mother Responding to PRAMS Survey, 2013



Hospital Breastfeeding Experience Among New Mothers Who Breastfed	Odds Ratio of Breastfeeding for 12 or More Weeks (95% CI)	P-Value
She breastfed her baby in the hospital	3.6 (2.1-6.1)	<0.0001
Her baby was fed only breast milk at the hospital	3.5 (2.5-4.8)	<0.0001
Hospital staff told her to breastfeed whenever her baby wanted	2.9 (2.0-4.2)	<0.0001
She breastfed in the first hour after her baby was born	1.7 (1.2-2.3)	0.001
The hospital gave her a breast pump to use	0.7 (0.5-0.9)	0.01
The hospital gave her a gift pack with formula	0.6 (0.4-0.8)	0.0007
Hospital staff gave her baby a pacifier	0.6 (0.5-0.9)	0.005

Among mothers who ever breastfed their new baby, there was a statistically higher prevalence of breastfeeding for 12 or more weeks (or still breastfeeding at the time of the survey) if they:

- Breastfed in the first hour after their baby was born;
- Breastfed their baby in the hospital;
- Fed their baby only breast milk while in the hospital;
- Or were told by hospital staff to breastfeed whenever their baby wanted.

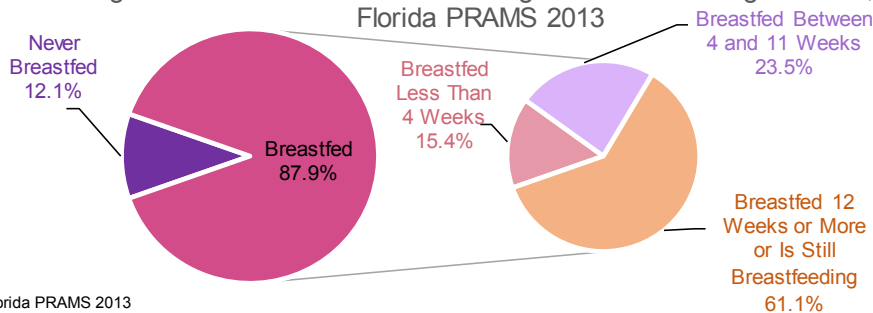
On the other hand, there was a statistically lower prevalence of breastfeeding for 12 or more weeks (or still breastfeeding at the time of the survey) among new mothers who:

- Were given a breast pump to use at the hospital;
- Were given a gift pack with formula by the hospital;
- Or whose baby was given a pacifier by hospital staff (Table 2).

Table 2: The p-values and odds ratios of hospital breastfeeding activities among new mothers

Prevalence of Breastfeeding

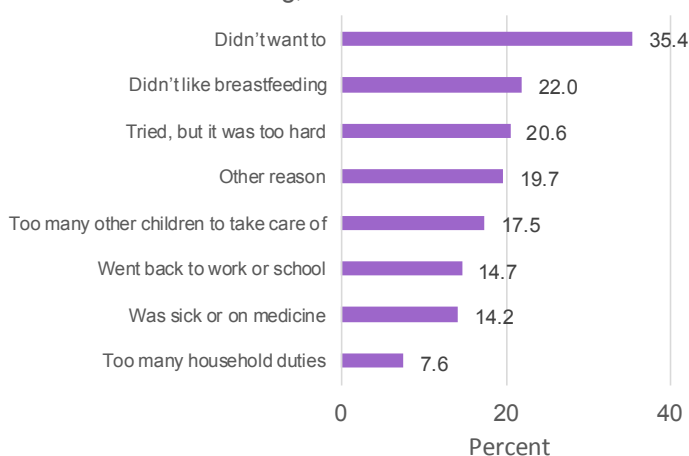
Figure 1: Prevalence of Breastfeeding and Breastfeeding Duration, Florida PRAMS 2013



In 2013, 87.9% of new mothers breastfed their new babies. Over 50% of new mothers in Florida breastfed their infants for 12 or more weeks. Approximately 12% of new mothers in 2013 did not breastfeed their infants at all (Figure 1).

Source: Florida PRAMS 2013

Figure 2: Reasons New Mothers Did Not Initiate Breastfeeding, Florida PRAMS 2013



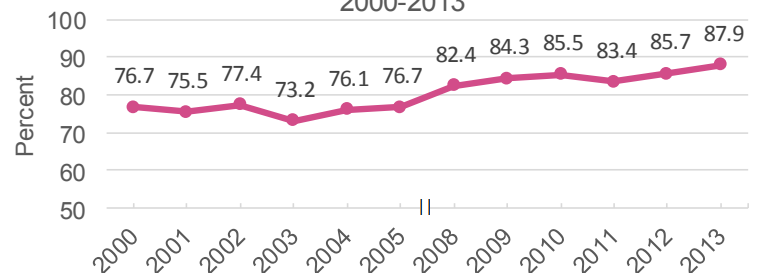
Source: Florida PRAMS 2013

The most commonly reported reason for not breastfeeding at all was the mother "didn't want to." Other reasons for not breastfeeding at all included the mother "didn't like breastfeeding" and the mother "tried, but it was too hard" (Figure 2).

According to the National Immunization Survey in 2011, 48.7% of infants continued to be breastfed at six months of age and 26.9% continued to be breastfed at one year old (NIS 2011). Looking at low-income infants in 2011, 72.7% were ever breastfed, 23.9% continued to be breastfed at six months of age, and 15.2% were still being breastfed at one year old (PedNSS 2011).

In 2011, among breastfed infants, 58.4% were being exclusively breastfed with no formula supplementation at six months of age (NIS 2011).

Figure 3: Prevalence of New Mothers Ever Breastfeeding Over Time, Florida PRAMS 2000-2013

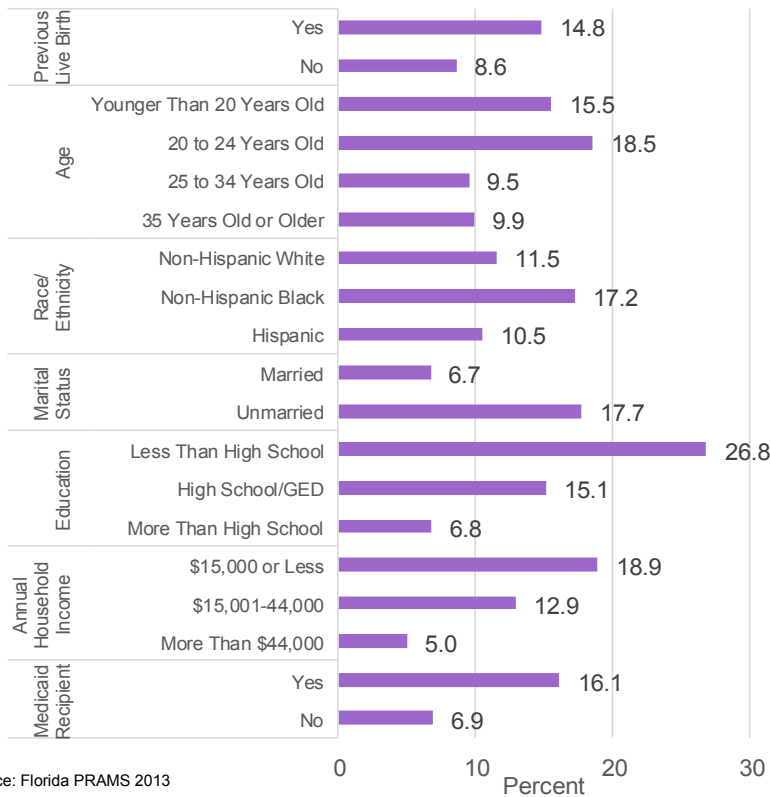


Source: Florida PRAMS 2000-2013
Note: 2006 and 2007 data is not available

Since 2000, the prevalence of new mothers ever breastfeeding has increased by 14.6% (Figure 3).

Breastfeeding Behaviors by Maternal Demographics

Figure 4: Prevalence of Never Breastfeeding Among New Mothers by Select Demographic Characteristics, Florida PRAMS 2013



Source: Florida PRAMS 2013

The prevalence of not breastfeeding their new baby at all was significantly higher among:

- Mothers 20-24 years old (compared to mothers 25-34 years old);
- Unmarried mothers;
- Mothers with a high school education or less;
- Mothers who have an annual household income of \$44,000 or less;
- And mothers who were Medicaid recipients (Figure 4).

Among mothers who ever breastfed, there was a significantly higher prevalence of breastfeeding for 12 or more weeks (or still breastfeeding at the time of the survey) among:

- Mothers 25 years old or older;
- Non-Hispanic white mothers (compared to non-Hispanic black mothers);
- Married mothers;
- Mothers with a greater than high school education;
- Mothers who have an annual household income of more than \$44,000;
- And mothers who were not Medicaid recipients (PRAMS 2013).

Maternal Experiences and Behaviors

Some maternal experiences and behaviors that occur prior to pregnancy are associated with the odds of ever breastfeeding. Mothers who took folic acid vitamins at least once per week before pregnancy had higher odds of breastfeeding than mothers who did not take vitamins. Additionally, mothers who smoked cigarettes during the three months before pregnancy or who were depressed before pregnancy had lower odds of ever breastfeeding than mothers who did not have those experiences.

Mothers who took a class to prepare for childbirth during pregnancy had higher odds of breastfeeding their new baby. However, there were lower odds of breastfeeding among mothers who participated in WIC, entered prenatal care late, smoked during the

Maternal Experience or Behavior	Odds Ratio (95% CI) of Ever Breastfeeding	P-Value
BEFORE PREGNANCY		
Taking vitamins containing folic acid at least once per week during the month before pregnancy	1.7 (1.1-2.7)	0.01
Smoking cigarettes during the three months before pregnancy	0.5 (0.3-0.8)	0.007
Depression before pregnancy	0.3 (0.2-0.6)	0.01
DURING PREGNANCY		
Taking a class to prepare for childbirth	3.0 (1.5-6.0)	<0.0001
Experiencing severe nausea, vomiting, or dehydration	0.6 (0.4-0.9)	0.04
Entering prenatal care in the 13th week of pregnancy or later	0.5 (0.3-0.8)	0.006
Participating in WIC during pregnancy	0.4 (0.3-0.7)	0.0001
Smoking cigarettes during the last three months of pregnancy	0.3 (0.2-0.6)	0.006
AFTER PREGNANCY		
Smoking cigarettes after pregnancy	0.5 (0.3-0.8)	0.03

last three months of pregnancy, or experienced severe nausea, vomiting, or dehydration. Other experiences, such as having gestational diabetes or hypertension during pregnancy did not show any association with breastfeeding.

Mothers who smoked cigarettes after pregnancy had lower odds of breastfeeding (Table 3).

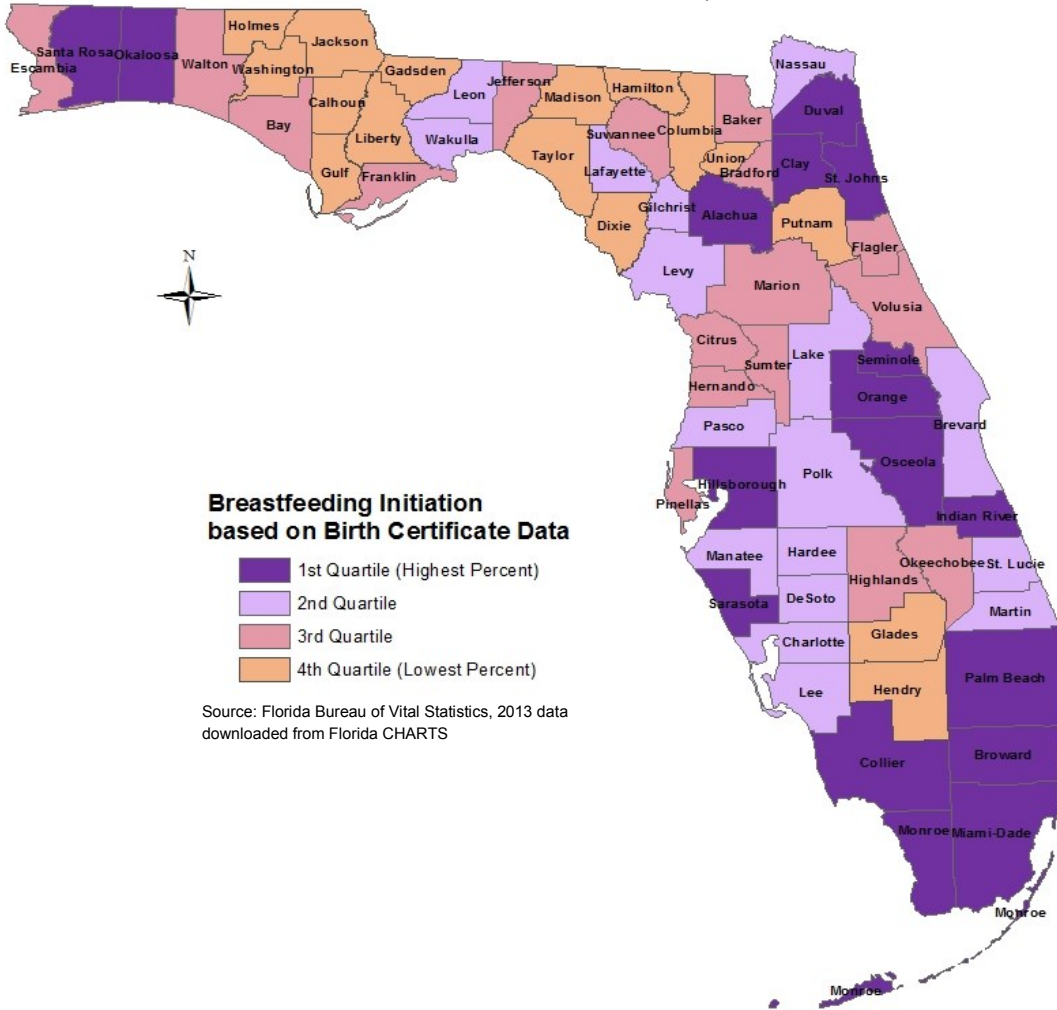
Mothers who had an infant with a very low birth weight had moderately higher odds of breastfeeding than mothers who did not have a very low birth weight infant.

There was no association seen between breastfeeding and infants with a low birth weight, premature birth, neonatal intensive care unit (NICU) stay, cesarean section delivery, or post-partum depressive symptoms (PRAMS 2013).

Table 3: The statistically significant p-values and odds ratios of ever breastfeeding and maternal experiences

Geographic Distribution

Figure 5: Breastfeeding Initiation by County, Florida Birth Certificate Data, 2013



Thirteen counties had a higher prevalence of breastfeeding initiation compared to the overall state prevalence.

In general, urban counties, such as Orange, Hillsborough, and Miami-Dade, had the highest prevalences, while rural counties, especially in the Panhandle and North Florida, had the lowest prevalences (Figure 5).

“The best way to ensure maternal and newborn health is by promoting and supporting breastfeeding...Moms are too easily discouraged because their families are unable [or] unwilling to support them...This needs to change and education for all is a way to start.”

-Mother Responding to PRAMS Survey, 2013

Summary

- Over 87% of new mothers in Florida in 2013 ever breastfed their new baby and more than half continued to breastfeed for 12 or more weeks.
- The prevalence of ever breastfeeding in Florida has increased by 14.6% since 2000.
- More than 80% of breastfeeding mothers received help from their hospital staff to learn how to breastfeed.
- The prevalence of breastfeeding for 12 or more weeks was higher among mothers who breastfed in the hospital, fed their baby only breast milk in the hospital, were told to breastfeed whenever their baby wanted, breastfed in the first hour after their baby was born, were not given a breast pump, were not given a gift pack with formula, or whose baby was not given a pacifier.
- Mothers who did not breastfeed were more likely to be younger, unmarried, with a high school education or less, have a lower income, or be Medicaid recipients. The most common reason reported for not breastfeeding was the mothers did not want to.

Data Sources

What is PRAMS?

The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing surveillance system designed to collect data on maternal behaviors and experiences before, during, and shortly after pregnancy. The Centers for Disease Control and Prevention (CDC) and the Florida Department of Health initiated the PRAMS project in Florida in 1993. Every year, approximately 2,500 new mothers in Florida are randomly selected to participate. Data are adjusted, or “weighted,” by the CDC so that the resulting estimates can be generalized to the state population of women who had a live birth during the year (excluding those that resulted in pluralities of four or greater). In 2013, Florida PRAMS had 1,320 new mothers complete the survey.

What is mPINC?

The Maternity Practices in Infant Nutrition and Care (mPINC) survey is administered by the CDC to monitor changes in hospital and birth center practices related to infant feeding and nutrition. In 2013, 77% of eligible facilities in Florida participated in this survey. Florida received a score of 78 out of 100 on the mPINC survey.⁵

What is NIS?

The National Immunization Survey (NIS)⁶ is administered by the CDC and the National Center for Health Statistics to collect data related to pre-school children’s health, including immunization and breastfeeding data.

What is PedNSS?

The Pediatric Nutrition Surveillance System (PedNSS)⁶ was a survey conducted by the CDC to monitor infant and child nutrition among low-income families. The most recent data for PedNSS is from 2011.

What is Birth Certificate data?

Birth Certificate data reflects information about topics, including breastfeeding initiation, recorded at the time the birth certificate was completed. Mothers who began breastfeeding after the birth certificate was completed may not be counted. Data on the number of births and number of births where breastfeeding was initiated were taken from the Florida CHARTS website.⁷

References

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- 7) Florida Department of Health. Division of Public Health Statistics & Performance Measurement. Florida Community Health Assessment Resource Tool Set (CHARTS). Florida Birth Query System. <http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx>.

For more information about this report or the PRAMS survey, please contact:

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