



Breastfeeding Disparities in New York City

The benefits of breastfeeding are numerous and well documented. Breastfed babies are less likely to have respiratory problems, ear infections and diarrhea. Mothers who breastfeed are less likely to develop breast or ovarian cancer and cardiovascular disease.^{1,2} The American Academy of Pediatrics recommends that babies be exclusively breastfed for the first six months of life, with the continuation of breastfeeding until one year of age or longer as mutually desired by mother and baby.³ While the benefits of breastfeeding are well known, and most mothers initiate breastfeeding, many mothers face barriers to continued breastfeeding including hospital policies and practices,⁴ marketing of infant formula,⁵ social norms,⁵ returning to work early and unsupportive work environments.⁶ Nationally and in New York City, there are persistent disparities in breastfeeding rates. In New York City, breastfeeding rates differ by race/ ethnicity, poverty, neighborhood poverty, education and age.

Definitions:

Breastfeeding Initiation:

With the birth of baby, mother starts breastfeeding (includes pumped breast milk).

Exclusive Breastfeeding:

Baby is fed only breast milk (including pumped breast milk), and no other foods or liquids.

Some Breastfeeding:

Baby is fed breast milk (including pumped breast milk) as well as other liquids or foods (including formula).

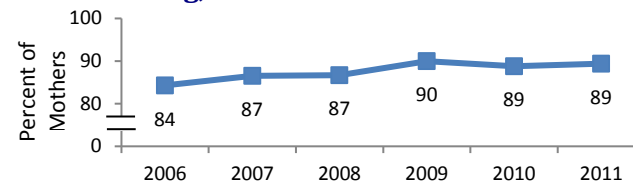
Breastfeeding Duration/Continuation:

The length of time a baby is fed some breast milk (including pumped breast milk).

Most New York City mothers initiate breastfeeding

- Eighty-nine percent of New York City (NYC) mothers initiated breastfeeding in 2011, surpassing the Healthy People 2020 goal of 81.9%.
- Breastfeeding initiation rates increased 6% from 2006 to 2011.

New York City mothers who initiated breastfeeding, 2006-2011

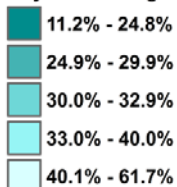


Source: NYC PRAMS, 2006-2011

Early breastfeeding differs by neighborhood poverty and race

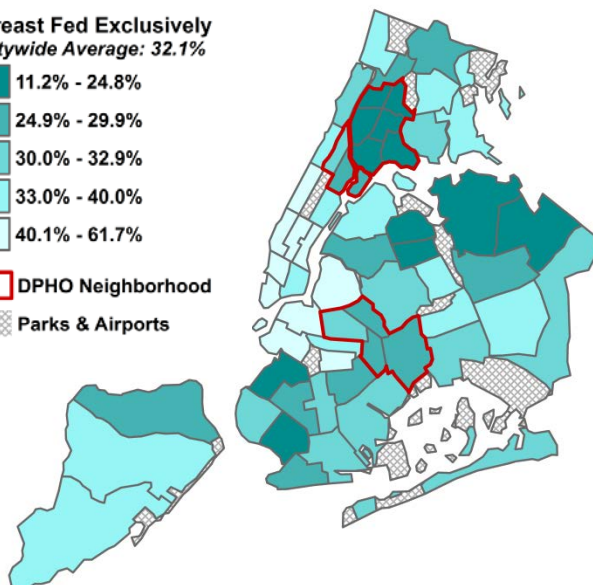
New York City babies fed exclusively breast milk within five days of birth by Community District of residence, 2013

Breast Fed Exclusively Citywide Average: 32.1%



DPHO Neighborhood

Parks & Airports



Source: NYC DOHMH Bureau of Vital Statistics, 2013

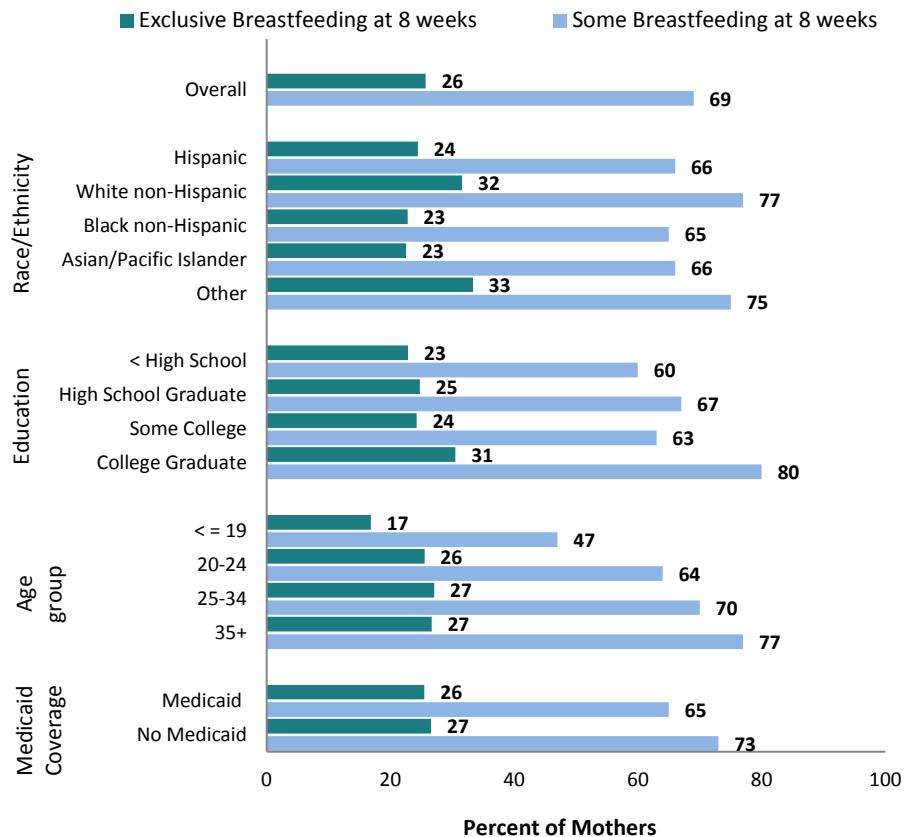
- Although most NYC mothers initiate breastfeeding, in 2013 only 32% of babies born in NYC were exclusively breastfed during the first five days of life.
- While some neighborhoods have rates of exclusive breastfeeding for the first five days of life over 50%, the neighborhoods with the lowest percentage were Flushing (11.2%), Elmhurst/Corona (12.3%), Jackson Heights (16.2%), Sunset Park (19.2%), and Concourse/Highbridge (19.7%).
- In 2013, babies born to mothers from low poverty neighborhoods were 1.6 times more likely to be exclusively breastfed within the first five days of birth compared with babies from high poverty neighborhoods (41% vs 25%).⁷
- Non-Hispanic White mothers were more likely to exclusively breastfeed their babies compared with Asian/Pacific Islander, Hispanic, and non-Hispanic Black mothers (44% vs. 24%, 26% and 27%, respectively).

Breastfeeding varies by maternal characteristics

Among NYC mothers who gave birth in 2009-2011, at eight weeks after the baby was born:

- Sixty-nine percent of mothers engaged in some form of breastfeeding and 26% were exclusively breastfeeding.
- Rates of some and exclusive breastfeeding were lower among Black non-Hispanic, Hispanic, and Asian/Pacific Islander mothers compared with White non-Hispanic mothers.
- Mothers with less than a high school education had lower breastfeeding rates compared with college graduates (23% vs. 31% exclusive breastfeeding; 60% vs. 80% some breastfeeding).
- Compared with older mothers, teen mothers had the lowest breastfeeding rates (17% exclusively breastfeeding and 47% some breastfeeding).
- Mothers receiving Medicaid had lower rates of some breastfeeding compared with mothers without Medicaid (65% vs. 73%).

Some and exclusive breastfeeding at eight weeks by maternal characteristics, New York City, 2009-2011



Source: NYC PRAMS, 2009-2011

- Mothers receiving Medicaid had lower rates of some breastfeeding compared with mothers without Medicaid (65% vs. 73%).

Few mothers are exclusively breastfeeding by six months

In 2011, among new mothers in NYC:

- For every 100 NYC mothers, 58 breastfed for at-least six months; of them, 14 breastfed exclusively.
- For every 100 NYC mothers receiving WIC, a national nutritional program for low-income mothers, babies, and children, 38 breastfed for at-least six months; of them only five breastfed exclusively.
- By 12 months, only 32 out of 100 NYC mothers and 21 out of 100 low-income mothers receiving WIC were breastfeeding.

New York City mothers breastfeeding at six months, 2011



Source: NIS, 2011 and PedNSS, 2011

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Mothers need breastfeeding support in the hospital setting

Healthy breastfed babies who are fed formula in the hospital are less likely to be breastfed beyond six weeks.⁹

- Healthy People 2020 aims to reduce the proportion of healthy breastfeeding babies introduced to formula in the first two days of life to 14.2%.
- In NYC in 2013, 63% of healthy breastfeeding babies were introduced to formula while they were in the hospital.
- One in four NYC hospitals (25%) introduced formula to most or all (80 to 100%) healthy breastfeeding babies.

Healthy People 2020

Developed by the U.S. Department of Health and Human Services, Healthy People 2020 sets national science-based objectives to improve the health of all Americans¹⁰

Breastfeeding Objectives:

- Increase the proportion of babies who are ever breastfed to 81.9%
- Increase the proportion of babies who are breastfed exclusively through three months to 46.2%
- Increase the proportion of babies who are breastfed at six months to 60.6% and exclusively breastfed to 25.5%
- Increase the proportion of babies who are breastfed at one year to 34.1%
- Reduce the proportion of breastfed babies who receive formula supplementation within the first 2 days of life to 14.2%

Health Department Initiatives to Support Breastfeeding

Research has demonstrated that three types of interventions improve breastfeeding rates - institutional changes in hospital practices, peer support programs for low-income women, and interventions that include media campaigns and/or a peer support programs combined with structural changes to the health sector. As part of a multifaceted strategy to promote breastfeeding, the Health Department partners with maternity hospitals and birthing centers to increase breastfeeding among mothers who choose to breastfeed through the **NYC Breastfeeding Hospital Collaborative** and our **Latch On NYC** initiative. As part of these initiatives, the Health Department works with hospitals to reduce formula supplementation in healthy breastfed infants during the hospital stay, unless medically indicated, and discontinue distribution of promotional or free infant formula that can interfere with a mother's choice to breastfeed. To address breastfeeding disparities, the Health Department has introduced community-based initiatives such as the **Brooklyn Breastfeeding Empowerment Zone (BFEZ)**, funded by the W.K. Kellogg Foundation, which trains and empowers community members to support breastfeeding parents and families, while also activating faith-based leaders, small businesses and policy makers.

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Data Sources: **NYC Pregnancy Risk Assessment Monitoring System (PRAMS) survey** is an ongoing, population based risk factor surveillance system designed to identify and monitor selected maternal experiences that occur before and during pregnancy, and in early infancy.

The National Immunization Survey (NIS) is conducted annually by the CDC National Immunization Program, in partnership with CDC's National Center for Health Statistics. The NIS uses random-digit dialing to survey households with children aged 19–35 months.

Pediatric and Pregnancy Nutrition Surveillance Systems (PedNSS and PNSS) are program-based surveillance systems used to monitor the nutritional status of low-income babies, children, and mothers in federally funded maternal and child health programs, through the use of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) data. CDC discontinued the PedNSS and PNSS at the end of 2012.

Bureau of Vital Statistics (BVS) analyzes data collected on birth and death certificates issued in New York City each year. New York City Health Code requires hospitals to report, within five business days of a birth, data on baby feeding during the hospital stay on the birth certificate.

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Epi Data Tables

New York City Department of Health and Mental Hygiene

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Data Tables

- Table 1.** Percentage of any breastfeeding in weeks postpartum by race/ethnicity, New York City, 2009-2011
- Table 2.** Percentage of exclusive breastfeeding in weeks postpartum by race/ethnicity, New York City, 2009-2011
- Table 3.** Trends in any breastfeeding at two months postpartum by race/ethnicity, New York City, 2006-2011

Data Source

NYC Pregnancy Risk Assessment Monitoring System (PRAMS) survey: is an ongoing, population based risk factor surveillance system designed to identify and monitor selected maternal experiences that occur before and during pregnancy, and in early infancy.



Table 1. Percentage¹ of any breastfeeding in weeks postpartum by race/ethnicity, New York City, 2009-2011*Source: Bureau of Maternal, Infant and Reproductive Health, New York City Pregnancy Risk Assessment Monitoring System (PRAMS) 2006-2011.*

Weeks Postpartum	Race/Ethnicity			
	Hispanic	Non-Hispanic White	Non-Hispanic Black	Asian/ Pacific Islander
<1	96.5%	97.4%	94.0%	96.2%
1	94.8%	96.1%	91.7%	94.7%
2	90.0%	93.7%	87.6%	92.3%
3	86.0%	91.8%	84.1%	88.9%
4	75.9%	88.9%	77.4%	81.9%
5	75.3%	87.9%	76.5%	81.5%
6	72.5%	85.3%	73.4%	78.8%
7	72.1%	84.8%	73.1%	78.3%
8	71.2%	83.9%	71.7%	77.5%

1. Breastfeeding data are limited to women whose infants are living with them at the time of the PRAMS survey. The numerator includes women who are breastfeeding for the given time period and the denominator includes all women whose infants are living with them at the time of the PRAMS survey.

Table 2. Percentage¹ of exclusive breastfeeding in weeks postpartum by race/ethnicity, New York City, 2009-2011

Source: Bureau of Maternal, Infant and Reproductive Health, New York City Pregnancy Risk Assessment Monitoring System (PRAMS) 2006-2011.

Weeks Postpartum	Race/ Ethnicity			
	Hispanic	Non-Hispanic White	Non-Hispanic Black	Asian/ Pacific Islander
<1	48.4%	54.8%	46.8%	45.0%
1	43.7%	51.0%	41.2%	37.3%
2	40.8%	47.3%	37.2%	35.5%
3	38.8%	45.8%	34.7%	34.2%
4	32.8%	42.5%	28.5%	30.7%
5	32.6%	41.8%	28.1%	30.3%
6	32.0%	39.8%	26.6%	29.3%
7	32.0%	39.4%	26.3%	28.9%
8	31.7%	38.4%	26.3%	28.3%

1. Breastfeeding data are limited to women whose infants are living with them at the time of the PRAMS survey. The numerator includes women who are breastfeeding for the given time period and the demoninator includes all women whose infants are living with them at the time of the PRAMS survey.

Table 3. Trends in any breastfeeding at two months postpartum by race/ethnicity, New York City, 2006-2011¹

Source: Bureau of Maternal, Infant and Reproductive Health, New York City Pregnancy Risk Assessment Monitoring System (PRAMS) 2006-2011.

Year	Race/Ethnicity				Overall
	Hispanic	Non-Hispanic White	Non-Hispanic Black	Asian/ Pacific Islander	
2006-2007	64.0%	74.6%	59.8%	61.4%	66.0%
2008-2009	68.0%	78.1%	58.6%	64.5%	68.4%
2010-2011	65.2%	76.7%	65.9%	65.5%	68.9%

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