

Breastfeeding: A Life Course Approach to Healthy Moms and Babies in Mississippi

Mississippi State Department of Health

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Office of Health Data and Research

According to the World Health Organization (WHO), breastfeeding is matchless in its benefits to moms and babies postpartum.¹ Breastfeeding contributes to the immediate and long-term health and well-being of mothers and babies, making it consistent with the life course approach to population health. The life course approach considers how risk factors, protective factors, and early-life experiences affect a person's long-term health and disease outcomes.

WHO states evidence that exclusive breastfeeding (EBF) for 6 months is recommended as the natural, optimal way of feeding infants. But Mississippi's EBF rates at 3 months (28.8%) and 6 months (10.1%) are below the national rates (40.7% and 18.8%). Using Mississippi Pregnancy Risk Assessment Monitoring System (MS PRAMS) prevalence data, EBF duration at 4 and 8 weeks is analyzed by selected maternal characteristics to investigate the interplay of structural determinants in the early cessation of EBF.*



Benefits of Breastfeeding:

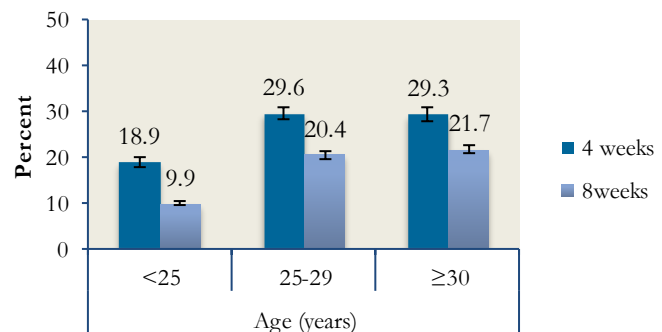
Infants

- ◆ Improved nutritional status
- ◆ Promotes sensory and cognitive development
- ◆ Protects against infectious and chronic diseases
- ◆ Decreased risk of asthma and allergies, obesity, diabetes, leukemia, and Sudden Infant Death Syndrome (SIDS).
- ◆ Reduces common childhood illnesses such as ear and respiratory infections

Mothers

- ◆ Improves postpartum weight loss
- ◆ Lifelong, lower risk of type 2 diabetes, breast and ovarian cancers, and heart disease
- ◆ Decreased risk of postpartum depression and rheumatoid arthritis
- ◆ Builds bond between mom and baby
- ◆ Decreases economic burden

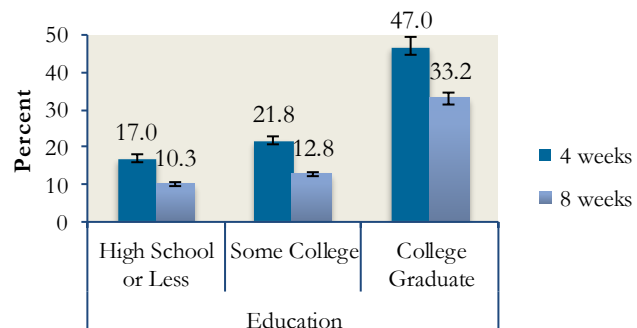
EBF Duration by Maternal Age
MS PRAMS 2009-2011



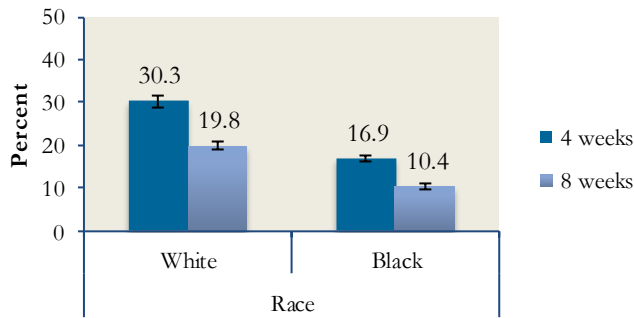
The overall rate of breastfeeding initiation in Mississippi was 53.7%, but EBF breastfeeding duration was 24.3% at 4 weeks and 15.5% at 8 weeks.

- ◆ EBF rates were lower among mothers that were less than 25 years of age and with less than college education.

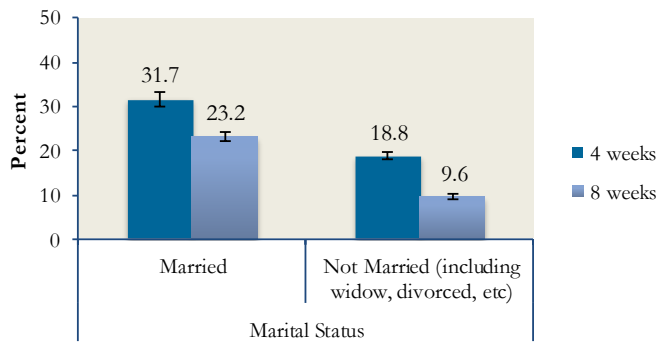
EBF Duration by Maternal Education
MS PRAMS 2009-2011



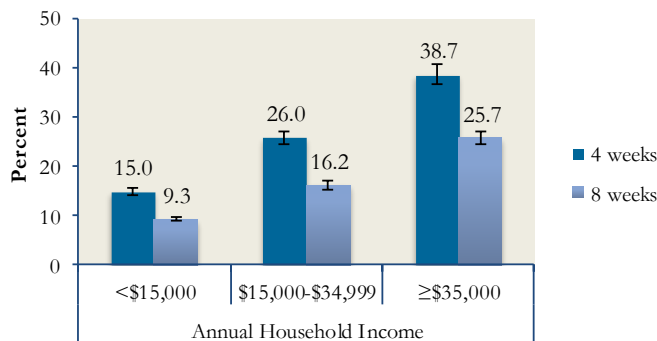
EBF Duration by Maternal Race
MS PRAMS 2009-2011



EBF Duration by Maternal Marital Status
MS PRAMS 2009-2011



EBF Duration by Household Income
MS PRAMS 2009-2011



Although the prevalence of EBF decreased among all mothers, the data showed disparities at 4 and 8 weeks among black mothers (16.9% and 10.4%), mothers that were unmarried (18.8% and 9.6%), and among mothers with an annual household income less than \$15,000 (15% and 9.3%).

Data suggests...

The social and economic structures that impact health inequities in Mississippi should be targeted to garner long-term, healthy outcomes among the state's maternal and child population.



Why is this important...

Breastfeeding protects the health of babies and their mothers.² But, a mother's interest alone to breastfeed is not enough to make breastfeeding possible. In order to foster and improve health behaviors, such as EBF, mothers must receive adequate support from their families and communities, including targeted actions by public health professionals and practitioners. Impacting a mom's ability to exclusively breastfeed will inevitably improve a child's health outcomes across the life course.



Next Steps...

Early exposures during the critical periods of childhood influence adult health. Identifying the social factors that impact maternal breastfeeding behaviors will move program and policy to take specific actions:

- ◆ Incorporation of life course into standard data reporting and public health approaches
- ◆ Using newly available PRAMS data to explore self-reported maternal barriers to breastfeeding initiation and duration



* Because mothers are surveyed 2-6 months postpartum, the longest EBF duration that can be accurately measured is eight weeks.

1. Exclusive breastfeeding. (2016). Retrieved March 11, 2016, from http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/
2. The Surgeon General's Call to Action to Support Breastfeeding. (2015, June 17). Retrieved March 11, 2016, from <http://www.cdc.gov/breastfeeding/promotion/calltoaction.htm>



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