

KANSAS MATERNAL AND CHILD HEALTH

2004 ANNUAL SUMMARY



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Breastfeeding

KANSAS GOAL: Increase the incidence and duration of breastfeeding.

Indicators:

1. Percent of Kansas infants in which breastfeeding was initiated.
2. Percent of Kansas infants breastfed at least 6 months.

Significance: Breast milk is the optimal infant food. It has nutritional properties superior to formula and helps protect the newborn from illness. Observational studies have found that breast-fed infants have less earaches, respiratory infection, gastroenteritis, eczema¹ and a decreased risk of being overweight as a child.² Breastfeeding also strengthens the nurturing relationship between a mother and her child, promoting stronger family bonds and positive self-esteem for mothers.³ The American Academy of Pediatrics (AAP) recommends that an infant be breastfed without supplemental foods and liquids for the first 6 months after birth (known as exclusive breastfeeding).

Healthy People 2010 Objective: Increase the proportion of mothers who breastfeed their babies: in the early postpartum period to 75%, 6 months to 50%, and 1 year to 25%.

Data Sources and References:

1. U.S. Preventive Services Task Force. *Behavioral Interventions To Promote Breastfeeding: Recommendations and Rationale*. July 2003. Agency for Healthcare Research and Quality, Rockville, MD. www.ahrq.gov/clinic/3rduspstf/brstfeed/brfeedrr.htm
2. Harder, T., Bergmann, R., Kallischnigg, G., Plagemann, A. *Duration of breastfeeding and risk of overweight*. *Am J Epidemiol*. 2005;162:5, 397-403.
3. Brandt, K.A., Andrews, C. M., Kvale, J. *Mother-infant interaction and breastfeeding outcome*. *JOGNN*. 1998;27:169-174.
4. National Immunization Survey. www.cdc.gov/breastfeeding/NIS_data/
5. Pediatric Nutrition Surveillance System, U. S. Department of Health & Human Services, Centers for Disease Control and Prevention. www.cdc.gov/pednss/
6. Supplemental Nutrition Program for Women, Infants, and Children (WIC) program data, Kansas - 2002 is the most recent year Kansas race/ethnicity data was analyzed for the entire year. This data represents Kansas families with incomes below 185% of the poverty level.

Epidemiology and Trends

According to the 2004 national Immunization Survey, 68.8% of Kansas mothers initiated breastfeeding, which compares to 70.3% nationally.⁴ This estimate is lower than the HP 2010 Target (75%). The Survey also shows that low income mothers are less likely to breastfeed than higher income counterparts.⁴

Over half of all women who have live births in Kansas participate in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program. The percent of Kansas WIC infants ever breastfed has increased by 19.4% in the last 10 years from 53.5% in 1995 to 63.9% in 2004, as well as the percent breastfed at least 6 months (7.0%).⁶ However, the percent breastfed at least 12 months has decreased.⁶ All are below the HP2010 objectives.

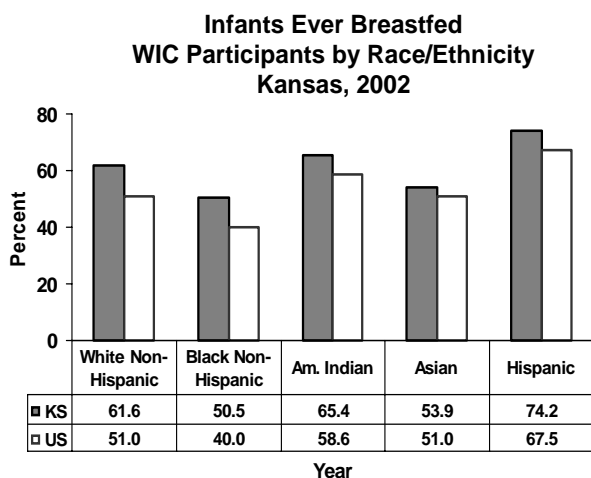
Among Kansas WIC participants (2002, the most recent year race/ethnicity data is available), Hispanic mothers come closest to the HP2010 target for initiating breastfeeding, at 6 months and 12 months (74.2%, 27.0%, and 16.7% respectively).^{5,6} The percent of Kansas WIC infants (2004) who initiated breastfeeding (63.9%) was higher than WIC infants nationally (52.5%).^{5,6}

Incidence and Duration of Breastfeeding 2004	
Ever breastfed	
Kansas	68.8%
U.S.	70.3%
Breastfed at least 6 months	
Kansas	32.8%
U.S.	36.2%
Breastfed at least 12 months	
Kansas	18.2%
U.S.	17.8%
Exclusively breastfed at least 6 months	
Kansas	14.2%
U.S.	14.1%

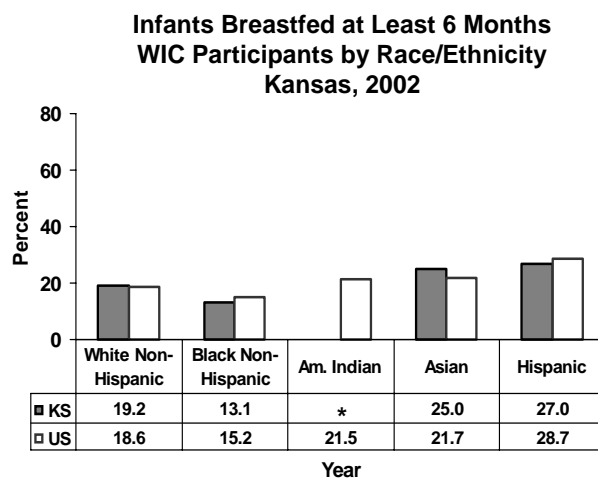
Maternal factors for initiating breastfeeding US, 2004	
College graduate	83.7%
Poverty level \geq 350%	79.3%
Hispanic or Latino	79.2%
Married	76.5%
Maternal age \geq 30	75.2%
Asian/Pacific Islander	74.9%
MSA, Non-central city/suburban*	73.9%
Second or higher order births	71.7%

*MSA=Metropolitan Statistical Area defined by the Census Bureau

Source: National Immunization Survey, 2004



Source: Pediatric Nutrition Surveillance System (WIC).



*Percentages are not calculated if <100 records are available for analysis after exclusions.
Source: Pediatric Nutrition Surveillance System (WIC).