Breastfeeding Rates in the United States by Characteristics of the Child, Mother, or Family: The 2002 National Immunization Survey

Ruowei Li, MD, PhD*; Natalie Darling, MPH‡; Emmanuel Maurice, MS, MA‡; Lawrence Barker, PhD‡; and Laurence M. Grummer-Strawn, PhD*

ABSTRACT. Objective. In the third quarter of 2001, the National Immunization Survey (NIS) began collecting data on the initiation and duration of breastfeeding and whether it was the exclusive method of infant feeding. Using the data from the 2002 NIS, this study estimates breastfeeding rates in the United States by characteristics of the child, mother, or family.

Methods. The NIS uses random-digit dialing to survey households nationwide with children 19 to 35 months old about vaccinations and then validates the information through a mail survey of the health care providers who gave the vaccinations. In 2002, ~3500 households from the NIS were randomized to 1 of the 3 rotating topical modules that covered breastfeeding.

Results. More than two thirds (71.4%) of the children had ever been breastfed. At 3 months, 42.5% of infants were exclusively breastfed, and 51.5% were breastfed to some extent. At 6 months, these rates dropped to 13.3% and 35.1%, respectively. At 1 year, 16.1% of infants were receiving some breast milk. Non-Hispanic black children had the lowest breastfeeding rates. Breastfeeding rates also varied by participation in day care or the Women, Infants, and Children program, socioeconomic status, and geographic area of residence.

Conclusions. Although the rate of breastfeeding initiation in the United States is near the national goal of 75%, at 6 and 12 months postpartum the rates of breastfeeding duration are still considerably below the national goals of 50% and 25%, respectively. In addition, rates of exclusive breastfeeding are low. Strenuous public health efforts are needed to improve breastfeeding behaviors, particularly among non-Hispanic black women and socioeconomically disadvantaged groups.


ABBREVIATIONS. AAP, American Academy of Pediatrics; NIS, National Immunization Survey; WIC, Special Supplemental Nutrition Program for Women, Infants, and Children; CI, confidence interval.

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Worldwide, breastfeeding is recognized as beneficial for both infants and mothers. In addition, the American Academy of Pediatrics (AAP) has stated that human milk is the preferred feeding for all infants including premature and sick newborns, with rare exceptions. In the United States, the goals of Healthy People 2010 are to increase the proportion of mothers who breastfeed their infants to 75% in the early postpartum period, 50% 6 months postpartum, and 25% 1 year postpartum.

Although several national surveys collect breastfeeding data, including the National Health and Nutrition Examination Survey and the National Survey of Family Growth, none are ideal for breastfeeding surveillance, and none monitor rates of breastfeeding annually. Accordingly, the goals on breastfeeding in Healthy People 2010 were established and have been tracked with data collected by Ross Products Division of Abbott Laboratories (Abbott Park, IL), manufacturers of infant formula. To date, most of the statistics quoted for the national breastfeeding rates have been derived from the Ross Laboratories Mothers Surveys, in which questionnaires are mailed to a large sample of mothers who gave birth within the 12 months before the survey. Although the survey has been a valuable resource for establishing national goals and monitoring infant-feeding trends in the United States over the past 2 decades, it has a relatively low response rate (28%) and has no data on the introduction of any foods and liquids other than breast milk to estimate the exclusivity of breastfeeding.

Appropriate monitoring of the goals and objectives in Healthy People 2010 is a high priority for the US Department of Health and Human Services. In response to requests from the United States Breastfeeding Committee, in November 1999 the Centers for Disease Control and Prevention held a meeting on breastfeeding surveillance to review current methodologies for assessing this practice. Attendees recommended using existing surveillance systems to immediately improve data collection. As a result, beginning in the third quarter of 2001, 3 questions on breastfeeding were added to the rotating modules of the National Immunization Survey (NIS). An overall report using the data from this initial quarter has been published, but stratified analyses were not included because the samples were too small. To further explore the rates of breastfeeding in the United States, the National Immunization Survey (NIS) began collecting data on the initiation and duration of breastfeeding and whether it was the exclusive method of infant feeding. Using the data from the 2002 NIS, this study estimates breastfeeding rates in the United States by characteristics of the child, mother, or family.
States by characteristics of the child, mother, and family, we conducted a stratified analysis using combined data from 4 consecutive quarters of the 2002 NIS.

METHODS

The NIS is conducted annually by the Centers for Disease Control and Prevention to obtain national, state, and selected urban-area estimates of vaccination coverage rates for US children. The NIS uses random-digit dialing to survey households with children 19 to 35 months old. After the telephone survey, a mail survey is sent to the health care providers who gave the vaccinations to validate the information on immunization. Details of the design and methodology are given elsewhere.8,9 In addition to immunization data, the NIS collects socioeconomic and demographic data about the child, mother, and family. Respondents are asked to identify the child’s race/ethnicity and report what type of child care they used at 6 months old. In this analysis, we classified race/ethnicity as non-Hispanic white, non-Hispanic black, Hispanic, or other. Attendance at child care was classified as “yes” vs “no,” with “yes” including nursery, preschool, a Head Start program, home day care, day care center, or care by someone other than the parents. The area in which the child lived was defined by the US Census Bureau’s definition, and the poverty-income ratio was calculated as the ratio of self-reported family annual income to the appropriate poverty-threshold value used by the US Census Bureau. Ratios <100% indicate that the income for the respective family was below the official definition of poverty, whereas a ratio of ≥100% indicates income at or above the poverty level. To evaluate the child’s participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), respondents were asked “Did [child’s name] ever receive WIC benefits between birth and [his/her] first birthday?” To compare WIC participants with those income-eligible for WIC but not enrolled, we further divided non-WIC participants into 2 subgroups using the poverty income ratio of 185% (a common criteria used in WIC for eligibility) as a cutoff.

For 2002 as a whole, 13.2% of households interviewed in the NIS were selected randomly to answer questions pertaining to day care arrangements/breastfeeding practices/WIC participation, which is 1 of the 3 rotating topical modules added to the core questionnaire since the 1990s. Among the 3507 expected interviews, the module interviews were completed in 3483, yielding a completion rate of 99.3%. The CASRO response rate (a standard calculation developed by the Council of American Survey Research Organizations) for the core questionnaire of the 2002 NIS was 75.2%.10 The respondent was asked whether the infant was ever breastfed or fed breast milk or water by a given age.

The bivariate analyses (Tables 1–3) revealed significant differences relating to race/ethnicity, day care, and WIC participation, maternal age, socioeconomic

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Sample Size</th>
<th>Ever Breastfed, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>US national</td>
<td>3444</td>
<td>71.4 ± 2.3</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1770</td>
<td>70.4 ± 3.3</td>
</tr>
<tr>
<td>Female (ref)</td>
<td>1674</td>
<td>72.5 ± 3.2</td>
</tr>
<tr>
<td>Birth order</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First-born</td>
<td>2099</td>
<td>70.3 ± 3.1</td>
</tr>
<tr>
<td>Not first-born (ref)</td>
<td>1345</td>
<td>73.1 ± 3.6</td>
</tr>
<tr>
<td>Child race/ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White (ref)</td>
<td>1888</td>
<td>72.1 ± 3.0</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>502</td>
<td>51.5 ± 7.2*</td>
</tr>
<tr>
<td>Hispanic</td>
<td>715</td>
<td>80.3 ± 4.7*</td>
</tr>
<tr>
<td>Other race</td>
<td>339</td>
<td>70.6 ± 8.2</td>
</tr>
<tr>
<td>Day care at 6 mo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1572</td>
<td>68.5 ± 3.8*</td>
</tr>
<tr>
<td>No (ref)</td>
<td>1870</td>
<td>73.4 ± 2.9</td>
</tr>
<tr>
<td>Received WIC during first year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes (ref)</td>
<td>1705</td>
<td>63.2 ± 3.7</td>
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<tr>
<td>No but eligible</td>
<td>165</td>
<td>86.0 ± 6.8*</td>
</tr>
<tr>
<td>No and ineligible</td>
<td>1456</td>
<td>80.1 ± 3.0*</td>
</tr>
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<td>Maternal age, y</td>
<td></td>
<td></td>
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<tr>
<td>&lt;20</td>
<td>95</td>
<td>61.9 ± 13.6*</td>
</tr>
<tr>
<td>20–29</td>
<td>1473</td>
<td>63.9 ± 4.0*</td>
</tr>
<tr>
<td>≥30 (ref)</td>
<td>1876</td>
<td>78.3 ± 2.7</td>
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<td>Maternal education</td>
<td></td>
<td></td>
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<tr>
<td>&lt;High school</td>
<td>459</td>
<td>68.0 ± 6.8*</td>
</tr>
<tr>
<td>High school</td>
<td>999</td>
<td>61.7 ± 4.4*</td>
</tr>
<tr>
<td>Some college</td>
<td>639</td>
<td>70.7 ± 5.6*</td>
</tr>
<tr>
<td>College graduate (ref)</td>
<td>1347</td>
<td>83.1 ± 3.0</td>
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<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married (ref)</td>
<td>2459</td>
<td>77.0 ± 2.6</td>
</tr>
<tr>
<td>Unmarried</td>
<td>985</td>
<td>57.0 ± 4.8*</td>
</tr>
<tr>
<td>Region</td>
<td></td>
<td></td>
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<tr>
<td>New England</td>
<td>287</td>
<td>76.6 ± 7.3*</td>
</tr>
<tr>
<td>Middle Atlantic</td>
<td>251</td>
<td>73.0 ± 7.1*</td>
</tr>
<tr>
<td>East north central</td>
<td>501</td>
<td>64.6 ± 6.2*</td>
</tr>
<tr>
<td>West north central</td>
<td>278</td>
<td>68.6 ± 7.3*</td>
</tr>
<tr>
<td>South Atlantic</td>
<td>596</td>
<td>68.8 ± 5.5*</td>
</tr>
<tr>
<td>East south central</td>
<td>289</td>
<td>50.0 ± 8.0*</td>
</tr>
<tr>
<td>West south central</td>
<td>439</td>
<td>68.1 ± 7.7*</td>
</tr>
<tr>
<td>Mountain</td>
<td>379</td>
<td>80.3 ± 4.9</td>
</tr>
<tr>
<td>Pacific (ref)</td>
<td>424</td>
<td>84.9 ± 5.3</td>
</tr>
<tr>
<td>Poverty income ratio, %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;100</td>
<td>646</td>
<td>59.3 ± 6.0*</td>
</tr>
<tr>
<td>100–184</td>
<td>642</td>
<td>67.1 ± 5.9*</td>
</tr>
<tr>
<td>185–349</td>
<td>853</td>
<td>73.3 ± 4.7*</td>
</tr>
<tr>
<td>≥350 (ref)</td>
<td>982</td>
<td>79.9 ± 3.6*</td>
</tr>
</tbody>
</table>

* Significantly different from the reference level (ref) with P < .05.
status, and geographic area. Mothers of non-Hispanic black children were less likely to initiate and maintain breastfeeding than mothers of non-Hispanic white children (51.5% vs 72.1% for ever breastfeeding, 19.7% vs 36.6% for continuing at 6 months). Only 5.4% of non-Hispanic black infants were exclusively breastfed at 6 months, compared with 14.6% of non-Hispanic white infants and 13.8% of Hispanic infants.

Children who attended day care at 6 months were less likely both to have ever been breastfed (Table 1) and to be breastfed continuously or remained exclusively breastfed at different time points (Tables 2 and 3). In addition, mothers of children who received WIC benefits during the first year of life were less likely to initiate or maintain breastfeeding than were mothers whose child was not in WIC (Tables 1 and 2). Differences by WIC status were particularly large between those who participated and those who were eligible but not enrolled (63.2% vs 86.0% for ever breastfeeding, 26.4% vs 55.8% for continuing at 6 months). Similarly, at all time points after birth (Table 3), children in WIC were less likely to be exclusively breastfed than were children not in WIC (either eligible or noneligible).

Older mothers and those with higher socioeconomic status had consistently higher breastfeeding rates. For example, compared with children whose mothers had only a high school education, those whose mothers had graduated from college had rates that were 21%, 22%, and 9% higher for initiating (Table 1), maintaining to 6 months (Table 2), and exclusive breastfeeding at 6 months (Table 3), respectively. The rates of initiation, duration, and exclusivity of breastfeeding were generally higher among children whose mothers lived in the Pacific, Mountain, and New England regions than those of mothers who lived elsewhere in the United States. The lowest rates of initiation, duration, and exclusive breastfeeding were found in the east south-central
region (Alabama, Kentucky, Mississippi, and Tennessee).

**DISCUSSION**

This analysis shows that although considerable progress had been made toward the Healthy People 2010 goal of 75% for initiation of breastfeeding, the rates of continuing breastfeeding at 6 and 12 months lagged well behind the national goals (by 15% and 9%, respectively). Although the national objectives do not include a goal for exclusive breastfeeding, both the AAP and the World Health Organization recommend exclusive breastfeeding for the first 6 months postpartum. In contrast, we found that only 63.4% in our sample of the US infants are exclusively breastfed in the early postpartum period, with this rate dropping to just 13.5% at 6 months postpartum.

The similarity of the rates at which any breastfeeding and exclusive breastfeeding dropped off in the first couple of months (Fig 1) implies that the factors associated with exclusive breastfeeding might be similar to those associated with any breastfeeding in early life. Special attention needs to be paid to the sharp decline in exclusive breastfeeding between 3 and 5 months; for many mothers, this is the time at which they return to work or school and need additional support to continue exclusive breastfeeding. Lack of support for lactation in the workplace has been cited as a major barrier to maintaining breastfeeding. In addition, other than the social and environmental constraints identified previously, the barriers for exclusive breastfeeding might include the belief that breast milk cannot provide sufficient nutrition to infants beyond the first couple of months. Our previous study found that 31% of US adults believe that infants ought to be fed cereal or infant food by 3 months. If mothers are told by their family and friends that their infants should be fed solid foods in the first few months, they will find it difficult to avoid feeding their infants solids until 6 months of age.
months of age, despite the recommendations by the
World Health Organization and AAP to exclusively
breastfeed for the first 6 months of life.

Overall, mothers of non-Hispanic black children
had very low rates of breastfeeding (Fig 2). The per-
centages of non-Hispanic black children who were
ever breastfed (Table 1), received any breast milk at
6 months (Table 2), or were exclusively breastfed at 6
months (Table 3) were 21%, 17%, or 9% lower, re-
spectively, than those of white children. These find-
ings are consistent with previous observations in the
United States that black women were less likely to
breastfeed than nonblack women.19–22 Consistent
with observations in other developed countries,23,24
we also observed a strong inverse association be-
tween how poor a family was and the rate of breast-
feeding. Although we did not investigate whether
the low breastfeeding rates among black women
could be attributed to generally poorer socioeco-
nomic status, the evidence of racial/ethnic dispari-
ties in breastfeeding supports the need for research
that identifies social, cultural, economic, and psycho-
logical factors that can be targeted for interventions
to increase breastfeeding rates among black women.

Women with infants and children are the fastest-
growing segment of the US labor force.25 Approxi-
mately 70% of employed mothers with children <3
years old work full-time; one third of these mothers
return to work within 3 months after birth, and two
thirds return within 6 months.26 At the same time,
millions of young children spend part or most of
each day in day care.27 With so many children in day
care, and given our findings that mothers of children
in day care are relatively less likely to breastfeed, it
will be important for the staff of day care centers to
accommodate mothers who wish to breastfeed their
children or to have their children fed expressed milk
at the center.

As in previous studies,6,28 we found that breast-
feeding was much less common among children who
received WIC benefits during the first year than
among those who did not. Only ~63.2% of WIC
children were ever breastfed, versus 86.0% of chil-
dren who were eligible but not enrolled and 80.1% of

Fig 1. Any and exclusive breastfeeding rate by age (2002 NIS).

Fig 2. Racial/ethnic disparities in breastfeeding rates (percent and 95%
CI; 2002 NIS).
those whose household income was $\geq 185\%$ of the poverty level and thus would generally not be eligible. There are multiple reasons why WIC participants had lower rates of breastfeeding.29–34 Previous studies indicate that low-income breastfeeding mothers usually acknowledge the health benefits of breastfeeding but face barriers that override this fact.34,35 These barriers include lack of peer and family support, returning to work or school, receiving information or hospital services not conducive to breastfeeding, and poor living conditions associated with poverty. It is not clear why mothers of children who were eligible for WIC but did not enroll had much higher breastfeeding rates. Because WIC provides free formula for eligible children, it is possible that women who are determined to breastfeed feel less need to participate in WIC.

The national average statistics mask considerable geographic variation across the United States. For example, the proportion of children ever breastfed ranged from just 50.0% in the east south-central region to 84.9% in the Pacific. For breastfeeding to any extent and exclusively at 6 months, the differences between the lowest and highest region were 28% and 13%, respectively. The large geographic variation in breastfeeding rates may be attributed to multiple factors including socioeconomic and environmental influences. Social and cultural norms also vary by geographic areas, and our previous study indicates a large regional variation in public attitudes toward breastfeeding.18 Unfortunately, the sample size in the 2002 NIS did not allow us to estimate state-specific rates of breastfeeding. Future studies examining this geographic variation when more NIS data become available are warranted to aid the setting of targets and also to evaluate the initiatives designed to promote breastfeeding.

This study has several major limitations. First, although strictly speaking the definition of exclusive breastfeeding specifies that no other liquids or solids except breast milk are given to the infant,36 this study includes water feeding in the definition of exclusive breastfeeding. Second, family income and place where the child lived were those when the interview was conducted and may have differed from the time at which the child was being breastfed. Third, there might have been some recall bias, especially for older children. Previous studies indicate that the recall of initiation and duration of breastfeeding is more accurate than recall of when other foods were introduced,37,38 and thus the estimates of exclusive breastfeeding may be not as reliable as others. Because prospective studies are very often not feasible for large-scale surveys, maternal recall of breastfeeding practice, especially on doing it exclusively,39 needs to be validated further.

CONCLUSIONS

Although the national goal for initiation of breastfeeding has nearly been reached, the gaps remain large in achieving the goals for continuation of this practice. Only $\sim 35\%$ and 16% of US infants are receiving breast milk at 6 and 12 months, respectively. Because there are significant inequalities in breastfeeding practice, interventions should focus on improving rates in the sectors that have the lowest breastfeeding rates. The Healthy People 2010 objectives do not currently include an objective for exclusive breastfeeding, because until now, national data on exclusive breastfeeding were not available. The NIS fills some of the important gaps in our national monitoring of breastfeeding and would make monitoring an objective for exclusive breastfeeding possible.

REFERENCES

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