

Breastfeeding in Chicago: PRAMS 2010 - 2012

What is PRAMS?

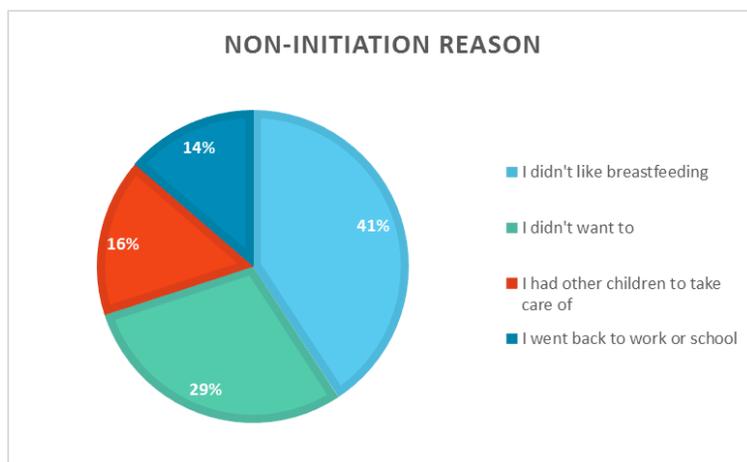
The Pregnancy Risk Assessment Monitoring System (PRAMS) is a state specific, population based, maternal and child health surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS surveys postpartum women about their experiences, behaviors and attitudes before, during and after pregnancy. PRAMS surveillance currently tracks 83% of all births in the United Statesⁱ. PRAMS data can be used to measure maternal and child health, identify high risk groups of women and infants, and inform state and local government programs and policies. This report developed in collaboration with the Illinois Department of Public Health, uses 2010-2012 Illinois PRAMS data to assess breastfeeding among mothers in Chicago, the most current complete Illinois dataset. These are weighted to be representative of the entire city population.

Why focus on breastfeeding?

Breastfeeding helps both mothers and babies alike. Breast milk is the ideal nutrition for infants, as it has the correct balance of nutrients for a baby's growth and development. In addition, research suggests that breastfed babies have lower rates of respiratory illness, ear infections, type 2 diabetes, asthma and obesityⁱⁱ. For mothers, breastfeeding has been linked to a reduced risk of breast, ovarian and uterine cancers, diabetes and osteoporosisⁱⁱⁱ. Furthermore, breastfeeding can promote emotional health and assist in postpartum weight loss^{iv}.

Chicago PRAMS: Breastfeeding Initiation

Initiation was determined by asking women if they had ever breastfed or pumped breast milk to feed their baby, even for a short time. We found that **84% of Chicago mothers surveyed reported initiating breastfeeding**. Of these mothers, women aged 35 and older, those with more than 12 years of education, and non-Medicaid payers were the most likely to initiate breastfeeding. When mothers who did not breastfeed were asked to choose from a list of reasons for not initiating, the most commonly cited reason was "not liking it" (Figure 1).



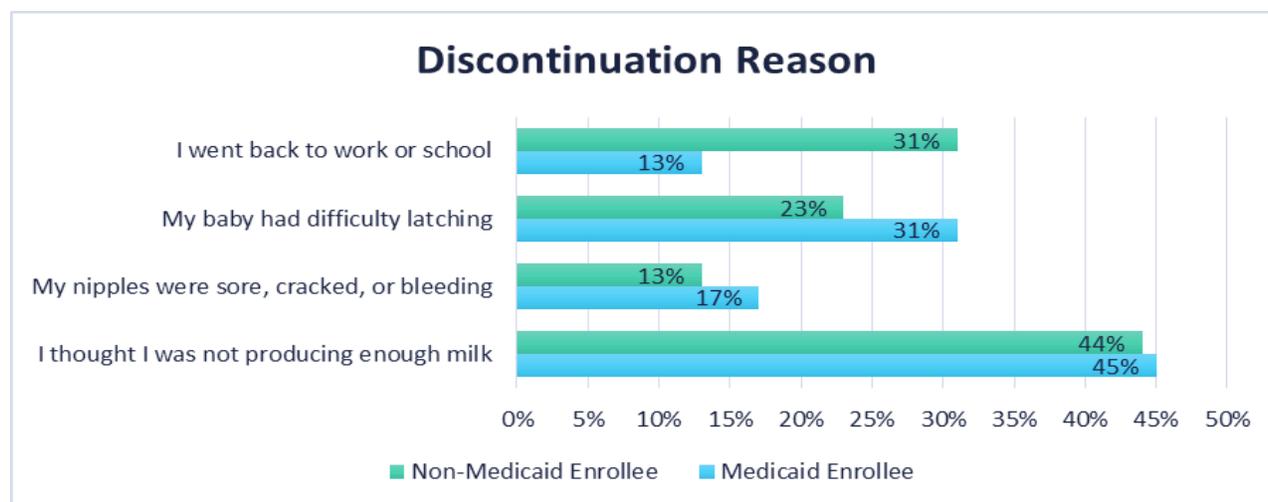
Chicago PRAMS: Breastfeeding Continuation

Continuation was determined by asking women who initiated how many weeks or months they breastfed or pumped milk to feed their baby. **In Chicago, 72% of mothers breastfed at least four weeks post-partum, but these numbers dropped as time progressed.** By eight weeks, only 59% of mothers reported that they were still breastfeeding, and by twelve weeks, only 50% were still breastfeeding. Similar to initiation, women more likely to continue breastfeeding if they were over the age of 35, had more than 12 years of education and were non-Medicaid payers.

Chicago PRAMS: Breastfeeding Discontinuation

Women who discontinued breastfeeding by 12 weeks were asked to choose from a list of reasons why they stopped. Of those, 48% reported discontinuation because they "did not like breastfeeding," 45% thought that they were not producing enough milk, and 31% thought that their breast milk alone did not satisfy their baby. Figure 2 shows these

data stratified by payment method at delivery. While there was no substantial difference in discontinuation due to concerns about production, there was a substantial discrepancy when it came to other reasons for discontinuation, specifically workplace issues. We also found that women over the age of 35 were more likely to report that they stopped breastfeeding to return to work or school, while mothers under the age of 20 were the most likely to report breastfeeding discontinuation as a result of discomfort.



Implications

“Dislike for breastfeeding” was the most commonly reported reason that Chicago mothers failed to initiate, regardless of age, race, educational attainment, or health insurance coverage. Consequently, early support is critical so mothers can not only learn how to breastfeed, but also how to distinguish myth from reality. Education can also empower mothers to better understand how to assess and maintain milk supply, thus reducing the number of women who discontinue breastfeeding due to concerns about production. Returning to work or school is another barrier to breastfeeding continuation for Chicago mothers. Lack of flexibility in work schedules and dedicated space may hinder mothers from pumping, which maintains their milk supply.

A goal of Healthy Chicago 2.0 is to ensure access to care and support for mothers and infants. One of the strategies to accomplish this goal is to support breastfeeding for the first six months of infancy. Another strategy is encouraging the provision of pro-family business practices, such as paid maternity leave, paid paternity leave and mother-friendly worksites. **The Supplemental Nutrition Program for Women, Infants, and Children (WIC) promotes breastfeeding as the primary source of nutrition during early infancy, and WIC offers several supports to breastfeeding mothers, including free access to registered dietitian nutritionists, certified lactation consultants, supplemental foods, and referrals to community resources.** In an effort to centralize information and resources, The City of Chicago Department of Public Health’s, Maternal, Infant, Child, and Adolescent (MICAH) Bureau launched the Healthy Chicago Babies campaign in 2016, which provides new and prospective mothers with access to maternal and child health resources, providers, and programs throughout the city, that promote healthy outcomes from preconception through early childhood—including breastfeeding. Please visit healthychicagobabies.org for more information.

ⁱ <https://www.cdc.gov/prams/>

ⁱⁱ <https://www.womenshealth.gov/breastfeeding/breastfeeding-benefits.html>

ⁱⁱⁱ <https://www.womenshealth.gov/breastfeeding/breastfeeding-benefits.html>

^{iv} David Meyers. Breastfeeding Medicine. October 2009, 4(s1): S-13-S-15. doi:10.1089/bfm.2009.0066.