

Breastfeeding gaps between white, black, and Hispanic mothers in the US

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Chapman University has published research on how breastfeeding rates differ among white, black and Hispanic mothers. The study looked to see if ethnic and racial disparities in breastfeeding could be explained by differences in the use of formula in hospitals, family history of breastfeeding, mother's belief that "breast is best"; and demographic measures including poverty, education and relationship status.

The research found that, "Black [mothers](#) were nine times more likely to be given formula in the hospital than white mothers," according to Jennifer Hahn-Holbrook, Ph.D., assistant professor in psychology at Chapman University and co-author on the study.

"This fact alone accounted for about 20 percent of the racial disparity in breastfeeding duration between black and white mothers. In-hospital formula introduction is something that hospital policy makers and breastfeeding advocates can seek to change, whereas some other factors that led to breastfeeding disparities in our study are not so easily addressed," Hahn-Holbrook continued.

Higher rates of poverty and lower levels of education were also found to explain the breastfeeding gaps between black and white mothers, especially in determining whether mothers started breastfeeding in the first place.

The CDC has known for decades that racial and ethnic differences in [breastfeeding rates](#) result in life-long health disparities between black,

white and Hispanic infants. Until recently, however, the reasons behind these breastfeeding disparities have remained somewhat of a mystery. For example, breastfeeding gaps between black and white mothers are not fully explained by differences in poverty and education. Even more puzzling is the fact that black and Hispanic mothers share many of the same economic characteristics, yet Hispanic mothers consistently have some of the highest breastfeeding rates in the US.

The researchers also examined why breastfeeding rates tend to be so much higher for Hispanic mothers compared to white or black mothers.

"Hispanic mothers were much more likely to have a family member who breastfed than white or black mothers," said Chelsea McKinney, researcher at the NorthShore University Health System and lead author on the project. "This intergenerational factor proved to be the most powerful driving force behind Hispanic mothers' better breastfeeding outcomes. A strong family history of breastfeeding, especially on the mother's side, seemed to help Hispanic mothers overcome some of the breastfeeding barriers that impoverished women often face."

The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of life, with continued breastfeeding at least until the child's first birthday. Substantial research shows that breastfeeding benefits the neurological, immunological, digestive, and physical development of children. Despite this, roughly half of U.S. children are no longer breastfed by six months.

"Our results suggest that hospitals and policy makers should limit in-hospital formula introduction and consider family history and demographics to reduce racial and ethnic breastfeeding disparities," said Madeleine Shalowitz, MD, a Director at NorthShore University HealthSystem Research Institute and co-investigator on the study.

"Changing the relationship between hospitals and formula companies is notoriously challenging, even for hospitals that strive to improve breastfeeding outcomes, because many hospitals, especially those serving low-income communities, are economically reliant on free formula," said Dr. Hahn-Holbrook.

"Change is possible, however," says Dr. McKinney. "And we hope to see racial and ethnic disparities in breastfeeding diminish as more hospitals serving low-income populations become 'baby-friendly' and encourage breastfeeding through close maternal-infant contact after birth and discouraging formula use."

Here are some additional findings:

- In the black/white disparities, poverty, college education and marital status fully mediated the gap in breastfeeding initiation.
- Black mothers weaned their infants 10.3 weeks earlier than did white mothers.
- White mothers were significantly less likely to experience in-hospital formula introduction than black mothers, which was the biggest predictor of breastfeeding duration.
- Black mothers were less likely to have a family history of breastfeeding and were also less likely to live with the baby's father.
- White mothers breastfed nearly seven weeks longer than did English-speaking Hispanic mothers; and the latter group tended to be younger and lack a college degree.
- In addition to family history of breastfeeding, higher rates of co-resident fathers and marriage among Hispanic women accounted for some of the disparities.

"This finding supports previous research showing the important role that the baby's father can play in fostering positive breastfeeding outcomes,"

said Dr. Hahn-Holbrook.

Methodology

The study examined 1,636 mothers who delivered in hospitals in Los Angeles, CA, Baltimore, MD, Washington, D.C., and Lake County, IL. Researchers evaluated post-natal intent in the hospital after birth, followed by an assessment one month later and again six months postpartum. Modeling was used in the evaluation of initiation, duration, maternal age, income, household composition, employment, marital status, postpartum depression, preterm birth, smoking, belief that "breast is best," [family history](#) of [breastfeeding](#), and in-hospital formula introduction.

More information: C. O. McKinney et al, Racial and Ethnic Differences in Breastfeeding, *PEDIATRICS* (2016). [DOI: 10.1542/peds.2015-2388](#)

Provided by Chapman University

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