

# **Study shows alarming disparities in health outcomes could be prevented by breastfeeding**

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# BREASTFEEDING

*matters for* **ALL FAMILIES**

**Black** and **Hispanic** children who experience sub-optimal breastfeeding are at **greater risk** for childhood disease and death than children who were breastfed for **six months or more**.



**1.7 (B) | 1.4 (H)**  
*times more likely*  
**EAR INFECTION**



**3.3 (B) | 2.0 (H)**  
*times more likely*  
**NECROTIZING  
ENTEROCOLITIS**



**1.3 (B) | 1.4 (H)**  
*times more likely*  
**GI INFECTION**



**1.9 (B) | 1.4 (H)**  
*times more likely*  
**SIDS**

## **DISPARITIES IMPACT MOMS**

Black mothers who breastfeed sub-optimally are **1.4 times** more likely to develop Type 2 diabetes.



**2.2 (B) | 1.5 (H)**  
*times more likely*  
**CHILD DEATH**

*Learn more about the study:*  
<http://bit.ly/BartickJPeds>

Credit: University of North Carolina Health Care

A new study published in the *Journal of Pediatrics* showed that black infants had more than twice the deaths of whites attributable to lack of optimal breastfeeding. Black infants also had more than three times the

rate of necrotizing enterocolitis, a devastating disease of preterm infants, attributable to suboptimal rates of feeding with their mother's own milk.

It is recommended that [women](#) breastfeed each child exclusively for the first six months of life, followed by continued breastfeeding while complementary foods are introduced for at least the first year of life. The authors defined this practice as "optimal breastfeeding."

White women initiate breastfeeding at much higher rates than [black women](#) and slightly higher rates than Hispanic women; moreover, white women breastfeed longer and have higher rates of exclusive breastfeeding. Current rates for [black](#), white, and Hispanic women were defined as "suboptimal breastfeeding." This is the first study to show how these disparities translate into differences in [health outcomes](#).

"If mom can't go to work, she's not getting paid. This may spell the difference between making rent that month, or keeping the lights on, or paying for basic needs," said Dr. Melissa Bartick, assistant professor of medicine at Cambridge Health Alliance and Harvard Medical School, and lead author of the study. "When I first saw our results, I cried."

Dr. Alison Stuebe, distinguished scholar of infant and young child feeding at the Carolina Global Breastfeeding Institute and associate professor of obstetrics and gynecology at the University of North Carolina at Chapel Hill and Dr. Eleanor Bimla Schwarz, professor of medicine at UC Davis Health System, are co-authors of the study.

"These disparities rates reflect barriers to breastfeeding, such as lack of paid leave and outdated maternity care, that disproportionately impact families of color," said Dr. Stuebe. "We can reduce health disparities by protecting each woman's right to breastfeed her children."

Two common diseases of infancy merit particular concern for black and

Hispanic infants: ear infections and gastrointestinal infections. Compared with white infants, [ear infections](#) due to suboptimal breastfeeding were 1.7 times more common in black infants and 1.4 times as common in Hispanics; gastrointestinal infections due to suboptimal breastfeeding were about 1.3-to-1.4 times as common among both black and Hispanic infants.

Ear infections and gastrointestinal infections can translate into significant economic insecurity for parents who must miss work to care for sick children. Department of Labor statistics show that black and Hispanic mothers are more likely to be heads of households and to have low-wage jobs that lack paid sick leave.

The study also found differences in maternal health outcomes as a result of suboptimal breastfeeding. For both hypertension and type 2 diabetes, there was a 1.4-fold higher rate for black women attributable to suboptimal [breastfeeding](#), compared with [white women](#).

**More information:** Melissa C. Bartick et al. Disparities in Breastfeeding: Impact on Maternal and Child Health Outcomes and Costs, *The Journal of Pediatrics* (2016). [DOI: 10.1016/j.jpeds.2016.10.028](#)

Provided by University of North Carolina Health Care

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