Breastfeeding rates in New Jersey need improvement to meet the Healthy People 2010 goal of 50% of newborns breastfeeding for six months. Prior to the launch of PRAMS in 2002, the primary source of information about breastfeeding for all New Jersey mothers and infants was the feeding status reported at discharge on the electronic birth certificate (EBC). New Jersey PRAMS extends our surveillance of breastfeeding for several months after birth, and also asks about barriers and support experienced by mothers.

The overall rate of breastfeeding initiation—mothers that reported ever breastfeeding their infants—was 75% but varied considerably for distinct subpopulations. U.S. born whites and blacks had the lowest rates, especially among those without any college education (Figure 1).

Women who did not breastfeed all were asked why; the leading answers were personal preference (54%), children to care for or household duties (21%), and return to work or school (17%). Only 15% reported that the mother’s health or medications prevented breastfeeding (data not shown).

Breastfeeding persistence is measured by the proportion of initiating mothers that continued breastfeeding exclusively at least until the eighth week after delivery (the time point where PRAMS interviews begin). Compared to the overall rate of 33%, persistence was well above average for college educated U.S. born white mothers. Hispanics were well below average regardless of birthplace or education (Figure 2). Women who had worked outside the home during pregnancy experienced 16% lower persistence of any breastfeeding, and 26% lower persistence of exclusive breastfeeding (data not shown).

Overall, 75% initiation followed by 33% persistence resulted in 25% of all mothers exclusively breastfeeding at eight weeks (57% were still breastfeeding at some level).

NJ-PRAMS is a joint project of the New Jersey Department of Health and Senior Services and the Centers for Disease Control and Prevention (CDC). Information from PRAMS is used to help plan better health programs for New Jersey mothers and infants—such as improving access to high quality prenatal care, reducing smoking, and encouraging breastfeeding. a One out of every 50 mothers are sampled each month, when newborns are 2-6 months old. Survey questions address their feelings and experiences before, during and after their pregnancy. a From 2002 to 2007, 11,284 mothers were interviewed with a 73% response rate. (For more information about operations, see Summary of Survey Methodology on the PRAMS webpage.)
Beginning in 2004, the PRAMS questionnaire included questions on practices in the hospital that support or undermine breastfeeding. The largest effect, after controlling for maternal age, education, parity, immigrant status, race and Hispanic origin, was for avoiding supplemental feeding. When a mother reported breastfeeding exclusively until discharge, the odds of any breastfeeding at eight weeks increased by a factor of 2.9, and the odds of exclusive breastfeeding at eight weeks were 6.3 times greater. When babies were given supplemental formula feeds at the hospital, the effect of other positive practices, such as full-time breastfeeding on demand, had relatively modest effects on breastfeeding persistence.

**Agenda for Action**

Breastfeeding should be the norm for infant feeding. Human milk is unique in helping infants to achieve optimal growth and development. It reduces the likelihood of diabetes, obesity, some childhood cancers, and other illnesses and conditions such as otitis media, diarrhea, lower respiratory infections, allergic disease, and SIDS.

Most mothers are capable of producing all the milk their infants need. AAP recommends that breastfeeding continue exclusively for 6 months, and continue with the addition of complementary foods for at least a year post-partum. Human milk is preferred for all infants, including premature and sick newborns, with the exception of infants with galactosemia and those born to HIV positive mothers.

Every health care professional has a role in supporting breastfeeding, whether in the hospital, clinic, office, or community. An interdisciplinary action plan integrates prenatal, maternity care and postpartum objectives.

- Maternal intent to breastfeed is a prerequisite. Be aware of cultural, religious, workplace and community environments for breastfeeding particular to your patients and incorporate them in your promotion strategies.
- Create an environment in the hospital and office where breastfeeding is portrayed as the norm. Be proactive about patient education. Take advantage of posters and literature produced by many professional organizations. Discuss breastfeeding at every prenatal visit using open-ended questions.
- Make appropriate use of lactation consultants. At the same time, train all staff for effective assessment and teaching of breastfeeding technique.

### Resources

**AAP initiatives:** [http://www.aap.org/breastfeeding/](http://www.aap.org/breastfeeding/)


National Women’s Health Information Center. [http://www womenshealth.gov/breastfeeding/](http://www womenshealth.gov/breastfeeding/)

