

Breastfeeding in Maine (2016)

A DATA BRIEF FOR PUBLIC HEALTH & HEALTHCARE PROFESSIONALS



Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services

Paul R. LePage, Governor

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Breastfeeding is an effective approach to reducing lifelong risk for chronic disease.¹ It helps protect babies against asthma, type 2 diabetes and obesity. Breastfeeding also reduces the risk of sudden infant death syndrome (SIDS) and protects babies from ear infections and pneumonia.

Improving breastfeeding duration rates in Maine can support future health.

- In Maine, **87 percent** of infants born in 2013 were ever breastfed, up from **75 percent** in 2004² (Figure 1)

- Exclusively breastfed until 3 months:

1 in 2 infants



- Exclusively breastfed for 6 months:

1 in 3 infants



Breastfeeding, Obesity & Diabetes

Research studies show that breastfeeding:

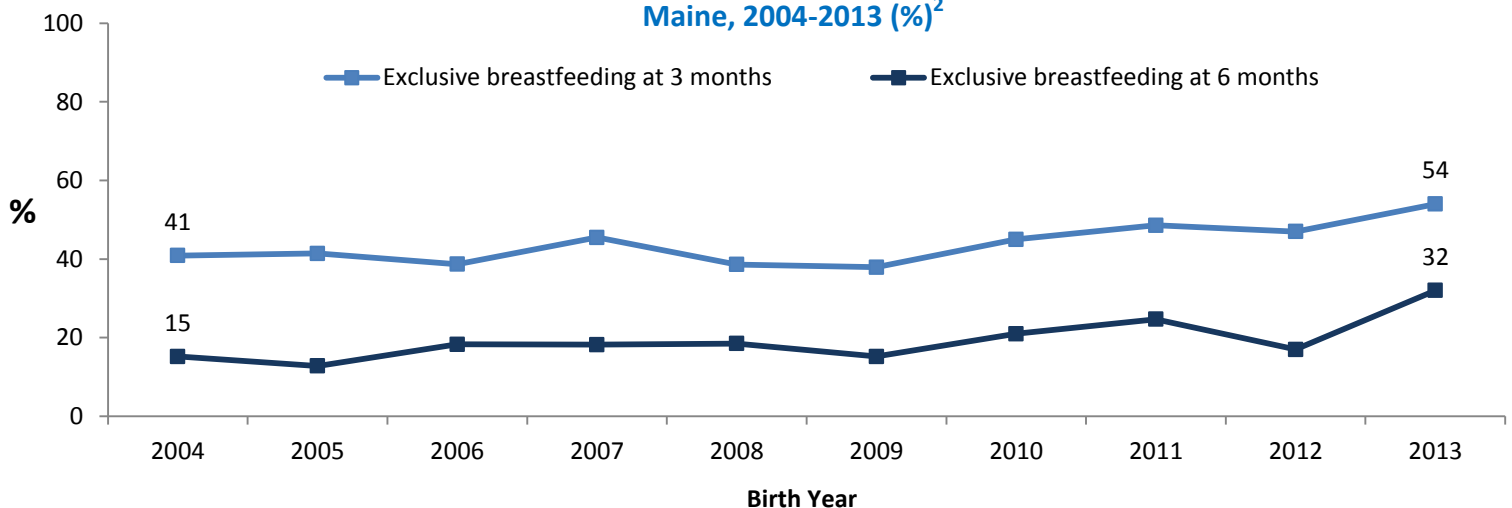
- Protects children against obesity and future type 1 and type 2 diabetes^{3,4}
- Reduces the risk of maternal type 2 diabetes⁴

Exclusive breastfeeding rates in Maine are better than U.S. rates, but there is still room for improvement.

- In 2013, **87 percent** of Maine infants were ever breastfed (similar to the U.S., 81 percent)⁵
- More Maine infants were exclusively breastfed at 3 months (**54 percent**) and 6 months (**32 percent**) than compared to the U.S. (44 percent at 3 months, 22 percent at 6 months)⁵

Figure 1. Breastfeeding Trends

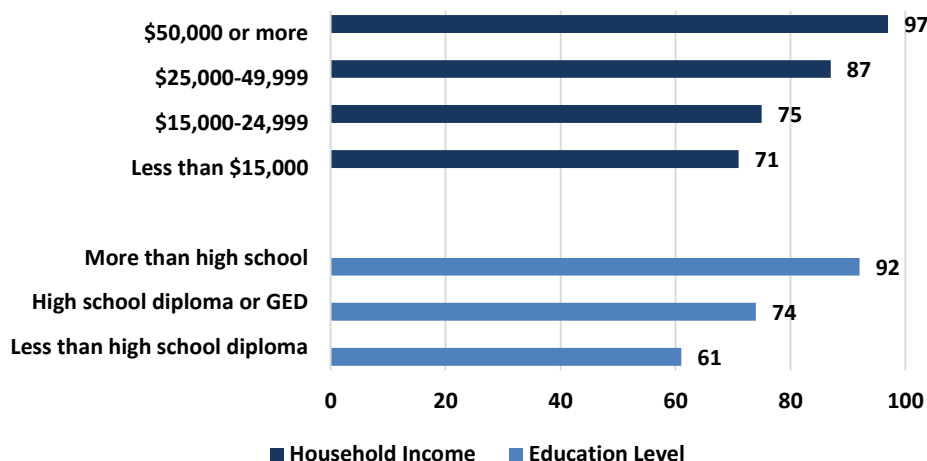
Maine, 2004-2013 (%)²



Breastfeeding Disparities in Maine

- Mothers with an annual household income less than \$50,000 are significantly less likely to ever breastfeed than those with an annual household income greater than \$50,000⁶ (Figure 2)
- Mothers with more than a high school education are significantly more likely to breastfeed than those with a high school or less than a high school education⁶ (Figure 2)
- Mothers who are married are significantly more likely to breastfeed than those who are not married (90 vs 75 percent)⁶
- Mothers who have MaineCare are significantly less likely to ever breastfeed (73 percent) than mothers who do not have MaineCare (96 percent)⁶
- Mothers who are enrolled in WIC are significantly less likely to ever breastfeed (71 percent) than mothers who are not enrolled in WIC (92 percent)⁶

Figure 2. Ever Breastfed by Maternal Household Income and Education Level, 2012 (%)⁶



Breastfeeding Recommendations

The Academy of American Pediatrics recommends:

- babies be exclusively breastfed for their first 6 months,
- babies continue to breastfeed for a year, as long as mutually desired by the mother and baby,
- and breastfeeding be physician supported for as long as it is the right choice for mother and baby.⁷

What Can You Do?

Providers can:

- Encourage pregnant women to breastfeed exclusively for the first six months
- Refer nursing mothers to a lactation consultant

All those who care for moms and babies can:

- Support [skin to skin](#) contact
- Promote [rooming in](#)
- Provide breastfeeding education

Sources: 1. Office on Women's Health, U.S. Department of Health and Human Services, <http://www.womenshealth.gov/breastfeeding/index.html>. 2. 2001-2007 National Immunization Tables, 2008-2013 National Immunization Survey, www.cdc.gov/breastfeeding/data/nis-data/index.htm. 3. <http://www.cdc.gov/obesity/childhood/causes.html>. 4. <http://www.ncbi.nlm.nih.gov/pubmed/21348815>. 5. Center for Disease Control and Prevention National Immunization Survey, 2013 births. 6. Pregnancy Risk Assessment Monitoring System, 2012; statistically significant differences determined by non-overlapping 95% confidence intervals. 7. Academy of American Pediatrics, <https://www.2.aap.org/breastfeeding/faqsBreastfeeding.html>

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www.maine.gov/dhhs/mecdc/population-health/hmp/panp/breastfeeding.html



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