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Title

The Importance of Community Resources for Breastfeeding

Priority 1 (Research Category)

Child and adolescent health

Presenters

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Abstract

Context: Breastfeeding (BF) has many benefits for infant health. BF initiation and duration vary by parental characteristics (e.g., race/ethnicity, income, education). It is unclear how community resources may impact BF practices. Objective: To explore the association of community resources with BF, and whether the association varies based on maternal race, ethnicity and country of birth. Study Design: Cross-sectional. Analysis: Distribution of participants by level of Child Opportunity Index (COI); multivariable logistic regression to examine the association between COI with any and exclusive BF. Dataset/Population: Data from the Study of Attitudes and Factors Effecting Infant Care (SAFE), which surveyed English- and Spanish-speaking US mothers immediately after the infant's birth and at 2-6 months old combined with the COI 2.0, a census tract measure of community resources associated with child development. SAFE used a stratified, two-stage, clustered design to obtain a nationally representative sample of mothers of infants; mothers were enrolled from 32 US birth hospitals, January 2011-March 2014. Outcome Measures: Any and exclusive breastfeeding. Results: Of the 3,297 participants, 2,942 were matched with geographic data (89%). Distribution of participants by COI: Very low (27%), Low (24%), Moderate (19%), High (19%), Very high (11%). At infant age 2-6 months, 60% of mothers were partially BF and 31% were exclusively BF. COI varied by race, ethnicity, education and employment with those living in higher COI neighborhoods more likely to be >25 years, White, college educated or more highly employed. Mothers residing in the highest resourced neighborhoods (compared to the lowest) had significantly greater likelihood of any BF (aOR 1.6 [95% CI 1.1-2.3]) and exclusive BF (aOR 1.7 [95% CI 1.3-2.3]). Higher COI was associated with BF rates among US-born Black (aOR 2.9 [95% CI 1.2-7.0]), Hispanic (aOR 4.7 [95% CI 1.5-14.5]) and White mothers (aOR 1.8 [95% CI 1.1-

2.7]), but not with foreign-born Black and Hispanic mothers. Conclusions: Health practices that are often considered to be individual choice, such as breastfeeding, are associated with resources available within the community where people reside. Child Opportunity Index is associated with breastfeeding rates in US-born mothers who identify as Black, Hispanic, or White. Looking beyond the individual and supporting healthy communities will be critical to improve US breastfeeding rates.

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