

More women are choosing to breastfeed

But rates fall short of national objectives

SPECIAL TO FLORIDA WEEKLY

Although more women are choosing to breastfeed, the percentage of mothers who breastfeed exclusively is far short of national objectives, according to a report last week in *Morbidity and Mortality Weekly Report* issued by the Centers for Disease Control and Prevention in Atlanta.

“The increase in mothers choosing to initiate breastfeeding is good news because it provides health benefits for women and decreases the risk of some early childhood diseases among infants...”

Exclusive breastfeeding is defined as an infant receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.

Compared with formula feeding, exclusive breastfeeding has a stronger protective effect against lower respiratory tract infections, middle ear infection, eczema,

and childhood obesity. Breastfeeding also is associated with health benefits to women, including decreased risk for type 2 diabetes and ovarian and breast cancer.

“The increase in mothers choosing to initiate breastfeeding is good news because it provides health benefits for women and decreases the risk of some early childhood diseases among infants,” said Dr. William H. Dietz, director of CDC’s Division of Nutrition, Physical Activity, and Obesity. “But it is still quite alarming that mothers and infants are not receiving the full health benefits most associated with exclusive breastfeeding.”

The finding comes from a CDC analysis of data from the National Immunization Survey on trends in breastfeeding initiation and duration for infants born from 2000–2004, and on exclusive breastfeeding by sociodemographic characteristics among infants born during 2004. The National Immunization Survey is a phone survey that collects data to monitor childhood immunization coverage. The survey also asks about breastfeeding to collect data on national and state breastfeeding rates.

Nearly 74 percent of women who gave birth in 2004 initiated breastfeeding, up from 70.9 percent for infants born in 2000, and nearly achieving the national objective of 75 percent for breastfeeding initiation. In contrast, rates of exclusive breastfeeding were far below the national objectives. Among infants born in 2004, the rate of exclusive breastfeeding through age 3 months was 30.5 percent (target 60 percent) and through age 6 months was 11.3 percent

(target 25 percent).

Similar to rates of breastfeeding initiation and duration, disparities exist in rates of exclusive breastfeeding. By sociodemographic characteristics, rates of exclusive breastfeeding through age 3 months were lowest among black infants (19.8 percent) and among infants of young mothers (16.8 percent), have a high school education or less (22.9 percent and 23.9 percent, respectively), are unmarried (18.8 percent), reside in rural areas (23.9 percent), and are poor (23.9 percent).

“Further research is needed to identify successful programs and policies to support exclusive breastfeeding, especially among populations with the lowest rates,” said Dr. Celeste

Philip, lead author of the report. “We hope the data will help prompt physicians and mothers to renew efforts to breastfeed for their own health and that of their infants.”

The American Academy of Pediatrics and many other health organizations recommend that mothers exclusively breastfeed their infants through the first 6 months of life, with continuation of breastfeeding through 12 months and beyond as other foods are introduced. In 2007, *Healthy Peo-*

ple 2010 objectives for breastfeeding initiation and duration were updated to include two new objectives on exclusive breastfeeding – to increase exclusive breastfeeding through age 3 months to 60 percent and through age 6 months to 25 percent. *Healthy People 2010* is a statement of national health objectives designed to identify the most significant preventable threats to health and establish national goals to reduce these threats. ■



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Physicians & Staff are pleased to welcome their new associate, Dr. Shalin B. Mehta.

Dr. Mehta was born in Baltimore, Maryland. He received his Bachelor of Science degree from the University of Maryland in 1996. He was awarded his medical degree from the University of Maryland School of Medicine in 2000. In 2003, he completed his Residency in Internal Medicine at Case Western University in Cleveland, Ohio. He subsequently completed a Cardiology Fellowship at Brown University in Providence, Rhode Island in 2006. He remained within the Ivy League system, completing an Interventional Cardiology Fellowship at Brown Medical School/The Miriam Hospital in 2007. Dr. Mehta is certified by the American Board of Internal Medicine. He is Board eligible for cardiovascular diseases.

He is a Diplomate of the Certification Board of Nuclear Cardiology.

Dr. Mehta’s interests include cardiac catheterization, coronary angioplasty and stenting, peripheral angioplasty, consultative cardiology, transesophageal echocardiography, and nuclear cardiology.



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