Infant breastfeeding

Breast milk is the most complete form of nutrition for infants, with well-documented benefits for infants’ health, growth, immunity, and development. The American Academy of Pediatrics recommends breastfeeding for reduced risk of infection in infants and for the prevention of childhood obesity. Breastfeeding also enhances bonding between infant and mother.

Breastfeeding rates in Oregon are higher than in the U.S. as a whole (Figure 1). In 2015, 82.5% of Oregon mothers breastfed their infants at 8 weeks after delivery compared to 65.6% nationally. Oregon also has the second highest rate of breastfeeding at 6 months postpartum of any state: 72.5% in Oregon compared to 57.6% in the U.S. in 2015¹.

¹ Breastfeeding Among U.S. Children Born 2009-2015, CDC National Immunization Survey
Infant breastfeeding overall in Oregon is high, but mothers who are <20 years old or very low-income have lower rates (Figures 2 and 3). In the weeks following birth, mothers often reduce or stop breastfeeding for a variety of reasons. With active support, these barriers can be resolved so mothers can achieve their personal breastfeeding goals and meet breastfeeding recommendations.

**Figure 2**

**Breastfeeding 8 weeks after delivery by income, Oregon, 2015**

![Bar chart showing breastfeeding rates by income level.](chart)

*Source: Oregon Pregnancy Risk Assessment Monitoring System (PRAMS)*

**Figure 3**

**Breastfeeding 8 weeks after delivery by maternal age, Oregon, 2015**

![Bar chart showing breastfeeding rates by maternal age.](chart)

*Source: Oregon Pregnancy Risk Assessment Monitoring System (PRAMS)*
In Oregon, women who identify as Asian had the highest percentage of breastfeeding their babies at 8 weeks of age (88.1%), and American Indian/Alaskan Native women the lowest (72.0%; Figure 4).

**FIGURE 4**

**Breastfeeding 8 weeks after delivery by race/ethnicity, Oregon, 2015**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>82.8%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>72.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>88.1%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>82.0%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>81.1%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>77.4%</td>
</tr>
<tr>
<td>White</td>
<td>82.4%</td>
</tr>
</tbody>
</table>

Notes: All other groups exclude Hispanic ethnicity.
Source: Oregon Pregnancy Risk Assessment Monitoring System (PRAMS)

Oregon conducts an ongoing statewide survey of mothers of newborns and of toddlers to better understand mothers’ knowledge and experiences of breastfeeding and to determine where breastfeeding promotion efforts can best be targeted. Oregon WIC offers additional support through Breastfeeding Peer Counseling Programs and provides breast pumps when they are needed for breastfeeding support or for mothers returning to work or school.

**Additional Resources:** [Breastfeeding](#)

**About the Data:** Breastfeeding at 8 weeks data are from the Oregon Pregnancy Risk Assessment Monitoring System (PRAMS) by year of birth. Unknowns are excluded from the analysis. Percentage of infants breastfed includes any breastfeeding of the infant at 8 weeks postpartum. Breastfeeding data at 6 months postpartum are from the CDC National Immunization Survey,

**For More Information Contact:** Alfredo Sandoval, [alfredo.p.sandoval@state.or.us](mailto:alfredo.p.sandoval@state.or.us)

**Date Updated:** August 29, 2018
OHA 9153-D (Rev) 09/13: This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact the Publications and Design Section at 503-378-3486, 711 for TTY, or email dhs-oha.publicationrequest@state.or.us