Breastfeeding Data

Analysis of 2010 - 2015 data

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Contents
Introduction .................................................................................................................................................. 4
Limitations ................................................................................................................................................ 4
Breastfeeding definitions ......................................................................................................................... 4
National Breastfeeding Data - All Ethnicities ......................................................................................... 7
  2-5 weeks ............................................................................................................................................... 7
  10-15 weeks ......................................................................................................................................... 8
  16 weeks to 7 months ............................................................................................................................ 9
National Breastfeeding Data by Ethnicity .............................................................................................. 10
  2-5 weeks ............................................................................................................................................ 10
  10-15 weeks ....................................................................................................................................... 11
  16 weeks to 7 months ........................................................................................................................... 12
Breastfeeding Data by Deprivation ........................................................................................................ 13
  2-5 weeks ........................................................................................................................................... 13
  10-15 weeks ...................................................................................................................................... 14
Breastfeeding Data by District Health Board area .................................................................................. 15
  2-5 weeks ........................................................................................................................................... 15
  10-15 weeks ...................................................................................................................................... 18
  16 weeks to 7 months ........................................................................................................................... 21
Conclusion ............................................................................................................................................... 26
References ............................................................................................................................................... 28
List of Figures

Figure 1. National percentage of breastfeeding rates at core one, 2010-2015................................. 7
Figure 2. National percentage of breastfeeding rates at core three, 2010-2015................................. 8
Figure 3. National percentage of breastfeeding rates at core four, 2010-2015................................. 9
Figure 4. National percentage of exclusive/full breastfeeding by ethnicity at core one, 2010-2015.......... 10
Figure 5. National percentage of exclusive/full breastfeeding by ethnicity at core three, 2010-2015......... 11
Figure 6. National percentage of exclusive/full breastfeeding by ethnicity at core four, 2010-2015........... 12
Figure 7. National percentage of exclusive/full breastfeeding by area deprivation at core one, 2010-2015 .... 13
Figure 8. National percentage of exclusive/full breastfeeding by area deprivation at core three, 2010-2015 .. 14
Figure 9. National percentage of exclusive/full breastfeeding in North DHBs at core one, 2010-2015...... 15
Figure 10. National percentage of exclusive/full breastfeeding in Central DHBs at core one, 2010-2015..... 16
Figure 11. National percentage of exclusive/full breastfeeding in South DHBs at core one, 2010-2015....... 17
Figure 12. National percentage of exclusive/full breastfeeding in North DHBs at core three, 2010-2015.... 18
Figure 13. National percentage of exclusive/full breastfeeding in Central DHBs at core three, 2010-2015.... 19
Figure 14. National percentage of exclusive/full breastfeeding in South DHBs at core three, 2010-2015.... 20
Figure 15. National percentage of exclusive/full breastfeeding in North DHBs at core four, 2010-2015...... 21
Figure 16. National percentage of exclusive/full breastfeeding in Central DHBs at core four, 2010-2015..... 21
Figure 17. National percentage of exclusive/full breastfeeding in South DHBs at core four, 2010-2015..... 22
Figure 18. National percentage of any breastfeeding in North DHBs at core four, 2010-2015................... 24
Figure 19. National percentage of any breastfeeding in Central DHBs at core four, 2010-2015............... 24
Figure 20. National percentage of any breastfeeding in South DHBs at core four, 2010-2015............... 25
Introduction

This paper examines an aspect of population health. A population health approach focuses on improving the health of an entire population or sub-population rather than the individual. Focusing on the health of a population also means reducing the inequalities and inequities in the health status between subgroups within a population. In order to improve the health of populations, there needs to be elements or health outcomes that are examined. This paper will analyse breast feeding data over the past six years. It will examine national and area data. Nationally Plunket sees over 90% of the population of new babies. This percentage will vary by area and ethnicity.

Breastfeeding is important for child health outcomes. Breast milk is the optimum food for an infant. There is strong evidence that breastfeeding is beneficial for both maternal and infant health as well as a flow on effect for the community and economy.

Breast feeding provides immediate and long term benefits for infants with positive impacts on their health as children as well as adults (Murtagh & Moulton, 2011). The health benefits exhibit a dose response relationship, with longer exclusivity and duration of breast feeding associated with greater benefit (Kramer, 2009; Witso et al, 2010). Breast milk provides all the required nutrients, growth promoters and immunological factors required for health, growth and development and changes according to need and in response to pathogens in the environment (Victora et al, 2016). There is an improved immune response, with breast milk providing important bacteria for the infant gut and defense factors. Breast milk reduces the risk and effects of gastro-intestinal disease, reduces risk of respiratory illness caused by haemophilus influenzae and other respiratory illnesses, reduced incidence and severity of meningitis and urinary tract infections. Longer duration of breast feeding (at least six months) protects against common infections in the first year of life and there are less severe episodes of illness (Victora et al, 2016. Other studies have found improved cognitive development, neural and psychosocial development (Brion et al, 2011; Mc Cory & Layte, 2011; Murtagh & Moulton, 2011). There is a reduced risk of Sudden Infant Death Syndrome (SIDS) with exclusive breast feeding (Tipene-Leach et al, 2010). Breast feeding can be used as a non-pharmacological pain relief during painful procedures (Razek & El Dein, 2009).

Breast feeding confers short and long term advantages for maternal health. There is a more rapid return of uterus to non – pregnant state, decreased post- partum bleeding and decreased menstrual blood loss (Murtagh & Moulton, 2011). There is also fertility reduction with delay of ovulation for birth control, increased weight loss post- partum with earlier return to pre- pregnancy weight. Longer duration of breast feeding has been associated with reduced incidence of type two diabetes, protection against obesity and metabolic syndrome in mid- life (Victora et al, 2016), reduced risk of premenopausal breast cancer (Clarkson & Du Pleiss, 2011), ovarian and endometrial cancer (Murtagh & Moulton, 2011).

Breastfeeding increases maternal emotional bonding, responsiveness with their infants and increased sensitivity (Edstrom, 2006; Hannula, Kaunomen & Tarkka, 2008). An Australian study found that breastfeeding may protect against maternal perpetrated abuse and neglect (Strathearn, Mamun, Najman, & O’Callaghan, 2009). Breastfeeding alters neuroendocrine stress responses, which appears to have several protective functions for mothers, e.g. isolating the mother from
distracting stimuli in the environment, conserving energy for lactation, facilitating the immune system and preventing the inhibition of lactation caused by stress (Kendall-Tackett, 2007).

This supports the World Health Organisation policy on infant feeding for exclusive breastfeeding for first six months of life, and to continue breast feeding beyond six months as well as providing safe, appropriate complementary food for up to two years and beyond.

Limitations.

The limitation of this analysis are that it only examines Plunket data (Plunket Operational National Database 2010 -2015). Plunket sees approximately 90% of the population of new babies; therefore there are approximately 10% of new babies that are not included in this data set. The only clients counted in each period are the ones who have had a core contact within the correct age band in that period. Another limitation for consideration is that the deprivation information in the database was updated in 2014 with the 2013 Census Information¹, therefore the Deprivation Information prior to this utilises a different set of information. From 2014 collection of ethnicity data was strengthened with practitioners using the Ethnicity Data Protocols for Health and Disability Sector (MoH, 2004).

Breastfeeding Definitions

This report utilises the following breastfeeding definitions².

**Exclusive breastfeeding** - The infant has never, to the mothers knowledge had any water, formula or other liquid or solid food. Only breast milk from the breast or expressed breast milk and prescribed medicines* have been given from birth

**Fully breastfeeding** - The infant taken breast milk only, no other liquids or solids accept a minimal amount of water or prescribed medicines, in the past 48 hours.

**Partial breastfeeding** -The infant has taken some breast milk and some infant formula or other solid food in the past 48 hours.

**Artificial feeding** - The infant has had no breast milk but has had alternative liquid such as infant formula with or without solid food in the past 48 hours.

*Prescribed as per Medicines Act 1981

¹http://www.otago.ac.nz/wellington/departments/publichealth/research/hirp/otago020194.html
Ministry of Health - Well Child Tamariki Ora Quality Improvement Framework

The Ministry of Health Well Child Tamariki Ora Quality Improvement Framework (WCTO QIF)³ was developed in July 2013. The Framework has 3 high-level aims, focusing on family/whānau experience, population health and best value for the health system resource. The Framework sets quality indicators to audit health system performance.

The Framework and quality indicators provide a mechanism to drive improvement in the delivery of WCTO services. Ultimately, they aim to support the WCTO programme to ensure all children and their families/whānau to achieve their health and wellbeing potential.

The Well Child Tamariki Ora Quality Improvement Targets for breastfeeding that relate to this analysis are:

- Infants are exclusively or fully breastfed at six weeks. December 2014 target - 68%, June 2016 target - 75%

- Infants are exclusively or fully breastfed at three months. December 2014 target - 54%, June 2016 target - 60%

- Infants are being fed breast milk at six months. December 2014 target - 59%, June 2016 target - 65%.

Time Intervals of reporting

2 weeks – 5 weeks, 6 days - This is the time interval⁴ for the Core 1 contact⁵. This is often the first contact that Plunket has with a family. The data reflects what has occurred in the 48 hours prior to receiving the Plunket Well Child Tamariki Ora Service. This data is given to the Ministry of Health for six week breast feeding data.

10 weeks to 15 weeks, 6 days - This data is collected when the baby is between 10 to 15 weeks old or Core 3 contact. This data is given to the Ministry of Health for the three month breast feeding data.

16 weeks to 7 months, 4 weeks - This data is collected when the baby is between 16 weeks to 7 months of age or Core 4 contact. This data is given to the Ministry of Health for six month breast feeding data.

National Data - All Ethnicities

This section examines national breast feeding trends and compares with Ministry of Health Well Child /Tamariki Ora Quality Improvement Framework Indicators.

2-5weeks

![Chart showing national breastfeeding rates from 2010-2011 to 2014-2015](image)

Figure 1: National percentage of breastfeeding rates at core one, 2010-2015

Figure 1 shows national breast feeding data for Core 1 (2 weeks to 5 weeks 6 days) from 2010-2011 to 2014-2015 years. This is collected when the mother and baby are first seen by the Plunket Nurse. This data is also used for the ‘six week’ breast feeding data. This graph shows that the percentage of exclusive breast feeding has decreased from 56% to 55% over this time period. Over this time the rate of full breastfeeding has remained at approximately 10%. With the combined rate of exclusive and full breastfeeding ranging from 66% to 65% there has been little change. Over this time period the artificial feeding rate has decreased from 15% to 13%.

The proxy target for this age range is Quality Indicator 12 (Infants are exclusively or fully breastfed at 6 weeks (on discharge from LMC care). The December 2014 target is 68%. The June 2016 target is 75%. It appears neither target will be met in 2015.
10-15 weeks

Figure 2 shows the national breast feeding rate at core 3 (10 weeks to 15 weeks 6 days) for 2010-2011 to 2014-2015 years. This is the data used for the ‘three month’ breastfeeding rate. Over this time period the exclusive breast feeding rate increased from 42% to 43% with the full breast feeding rates remaining the same at 12%. The two rates combined have slightly increased from 54% to 55% over the time period. For this age group the Ministry of Health Quality Improvement Framework Indicator 13 target is 54% by December 2014. The 2013-2014 and 2014-2015 rates meet this target. The target for June 2016 is 60%.

Over this time period the artificial feeding rate has decreased from 26% to 23%.
16 weeks to 7 months

Figure 3: National percentage of breastfeeding rates at core four, 2010-2015

Figure 3 shows the national percentage of breastfeeding rates at core four (16 weeks to 7 months, 4 weeks) for the time period from 2010-2011 to 2014-2015 years. This is the data used for the ‘six month’ breast feeding rate. Over this time period the exclusive breastfeeding rate has increased from 15% to 18%, while the full breast feeding rate has decreased from 9% to 8%. The combined exclusive and full breast feeding rates have increased from 25% to 26% over this time frame. The 2014-2015 rate is 26%.

For this age group, the Ministry of Health Quality improvement Framework Indicator 14, target is that infants are receiving breast milk at 6 months (exclusive, fully or partially breast fed). The target for December 2014 is 59%. For this time period the combined rate saw an increase from 61% to 66%. This rate has met the target for 2014. The current target for June 2016 is 65%. The 2014 - 2015 year data meets this target.

Over this time period the artificial feeding rate has decreased from 38% to 33%.

Discussion of National Data - All Ethnicities

The results nationally show a small increase in exclusive breastfeeding rates over this time period for the three month and six month ages. Overall exclusive and full breast feeding rates combined, there is no significant change. There has been an encouraging change in exclusive and combined (exclusive, full and partial) breast feeding at six months.

There is more work required to increase rates of exclusive and full breast feeding to meet the Ministry of Health Well Child Tamariki Ora Quality Improvement Indicators.
National Breastfeeding Data by Ethnicity

Note that unknown ethnicities are excluded from this analysis (2-5% at core one). Other ethnicity includes New Zealand European.

2-5 weeks

Figure 4: National percentage of exclusive/full breastfeeding by ethnicity at core one, 2010-2015

Figure 4 shows the national percentage of exclusive/full breastfeeding by ethnicity for the time period 2010-2011 to 2014-2015. This is collected from the mother and baby when first seen by the Plunket Nurse. This data is also used for the ‘six week’ breast feeding data.

- This shows that ‘Other’ had consistently higher exclusive/full breast feeding rates than Māori, Pacific and Asian ethnicity. The rates for ‘Other’ over the time period increased slightly from 70% to 71%. These rates meet the MoH Well Child Tamariki Ora Quality Improvement Framework (MoH WCTO QIF) Indicator for 2014 - 68%.
- Asian had the second highest rates for exclusive/full breastfeeding combined over the time period. The rates decreased from 63% to 60% over this time period.
- Māori rates for exclusive/full breast feeding ranged from 58% to 60% over the time period. They remain 10% lower than the exclusive/full breastfeeding rate for ‘other’. This was also the case for the 2004-2009 time period
- Pacific rates for exclusive/full breastfeeding ranged from 57% to 58% over this time period. These rates are an increase from 2004-2009 periods.
Figure 5 shows the national percentage exclusive/full breastfeeding rate at core 3 (10 weeks to 15 weeks, 6 days) for 2010-2011 to 2014-2015 years. This is the data used for the ‘three month’ breastfeeding rate.

- The exclusive/full breast feeding rate for ‘Other’ has been around 59% to 61% over this time period. The 2014-2015 year rate is 61%. This rate meets the Ministry of Health WCTO Quality Improvement Framework Indicator for this age group for both December 2014 (54%) and June 2016 (60%) targets.
- The exclusive/full breastfeeding rate for Asian has been around 55% to 57% over this time period. The 2014-2015 rate is 56%. This rate meets the Ministry of Health WCTO Quality Improvement Framework Indicator for December 2014 - 54%.
- The exclusive/full breast feeding rate for Māori over this time period has been 43%- to 45%. The rate for 2014-2015 is 45%. The gap between Māori and ‘other’ is approximately 16%.
- The exclusive/full breastfeeding rate for Pacific over this time period has been from 44% to 47%. The rate for the 2014-2015 year is 46%.
- The Ministry of Health WCTO Quality Improvement Framework Indicator, December 2014 target of 54% are not met for Māori and Pacific for these time periods.
16 weeks to 7 months

Figure 6 shows the national percentage of exclusive/full breastfeeding at core four (16 weeks to 7 months 4 weeks) for the time period from 2010-2011 to 2014-2015 years. This is the data used for the ‘six month’ breast feeding rate.

- The exclusive and full breastfeeding rate for ‘Other’ ranges from 28% to 30% for this time period. The rate for 2014-2015 is 30%. ‘Other’ has consistently had higher exclusive and full breastfeeding rates than Māori, Pacific or Asian.
- The exclusive and full breastfeeding rate for Māori has experienced little change over this time period remaining at 16%. The gap between Māori exclusive and full breastfeeding rate and ‘other’ has ranged between 13% to 14% over this time period.
- Asian exclusive and full breastfeeding rates over this time period are the second highest. They have increased from 27% to 28%.
- Pacific exclusive and full breastfeeding rates have ranged between 16% to 18% over this time period.

Discussion of Breastfeeding Data by Ethnicity

Examination of breastfeeding rates by ethnic group; ‘other’ continues to have the higher rates. The disparities between Māori and ‘Other’ have remained constant or increased. The disparity ranges from 11% at core one (2 - 5 weeks) and 16% at core 3 (10-15 weeks).

The rates for Asian have remained constant or a slight increase.

The rates for Pacific are the lowest at core one (2-5 weeks); with the only increase seen in core four.

Strategies are required to increase breast feeding rates across all ethnic groups. Specific strategies are required to increase breast feeding rates for Maori, Pacific and Asian ethnic groups.
Breastfeeding by deprivation

2-5 weeks

Figure 7: National percentage of exclusive/full breastfeeding by area deprivation at core one, 2010-2015

Figure 7 shows the percentage of exclusive/full breastfeeding by deprivation bands for 2010-2011 to 2014-2015 time periods (the higher the number the higher the deprivation as ascertained by the NZ Deprivation¹ score based on census information) at core 1 (2 weeks - 5 weeks, 6 days of age). The graphs show that the higher the deprivation the less likely that exclusive/full breast feeding occurs. The percentages have shown little change across the time period.

- The percentage of exclusive/full breast feeding in Deprivation band 1-4 meet the WCTO Quality Improvement Framework Indicator, December 2014 target for exclusive / full breastfeeding at six weeks (68%). The rate of 70% (2014-2015) is progressing towards the June 2016 target (75%).
- The percentage of exclusive/full breastfeeding in Deprivation band 5-7 do not meet the WCTO Quality Improvement Framework Indicator, December 2014 target for exclusive / full breast feeding at six weeks. The rate being 66% (2014-2015). Progress is being made towards this target (68%).
- The percentage of exclusive / full breast feeding in Deprivation band 8-10 do not meet the WCTO Quality Improvement Framework Indicator, December 2014 target for exclusive / full breastfeeding at six weeks (68%). The rate being 59% (2014-2015).

¹ http://www.otago.ac.nz/wellington/departments/publichealth/research/hirp/otago020194.html
Figure 8: National percentage of exclusive/full breastfeeding by area deprivation at core three, 2010-2015

Figure 8 shows the percentage of exclusive/full breastfeeding by deprivation bands for 2010-2011 to 2014-2015 time periods (the higher the number the higher the deprivation as ascertained by the NZ Deprivation¹ score based on census information) at core 3 (10 weeks - 15 weeks, 6 days of age). The graphs show that the higher the deprivation the less likely that exclusive/full breast feeding occurs.

- There has been slight increase in exclusive/full breast feeding rate in NZ Deprivation bands 1-4 over this time period (61% to 62%). The percentage of exclusive/full breast feeding in Deprivation band 1-4 meet the MoH WCTO Quality Improvement Framework Indicator, December 2014 target for exclusive/full breastfeeding at three months - 62% (54%). The rate of 62% (2014-2015) also meets the June 2016 target (60%).

- The percentage of exclusive/full breastfeeding in Deprivation band 5-7 meets the MoH WCTO Quality Improvement Framework Indicator, December 2014 target for exclusive/full breast feeding at three months. The rate being 57% for 2014-2015. The December 2014 target is 54%. Progress is being made towards the June 2016 target (60%).

- The percentage of exclusive/full breast feeding in Deprivation band 8-10 do not meet the MoH WCTO Quality Improvement Framework Indicator, December 2014 target for exclusive/full breastfeeding at three months (54%). The rate being 46% (2014-2015). There has been no change in this rate over this time period.
Breastfeeding by DHB area

2-5 weeks

Figure 9: DHB area percentage of exclusive/full breastfeeding in North DHB areas at core one, 2010-2015

Figure 9 shows the exclusive/full breastfeeding rates for the North DHB areas. The rates show minimal change over this time period, except for a slight increase in Waitemata DHB area for 2014-2015 time period.

- Northland has consistently the highest rate of exclusive/full breast feeding for the Core 1 (2 weeks - 5 weeks 6 days) contact. The percentage of exclusive/full breast feeding at 71% meets the MoH WCTO Quality Improvement Framework, December 2014 target. Progress is being made towards the June 2016 exclusive / full breast feeding target of 75%.

- Counties Manukau has the lowest percentage of exclusive/full breast feeding at Core 1. The rate has seen minimal change over the time period. The rate of 57% for 2014-2015 does not meet the December 2014 target. This rate is 11% lower than the MoH WCTO Quality Improvement Framework target for 2014.

¹ DHB - District Health Board
Figure 10: DHB area percentage of exclusive/full breastfeeding in Central DHB areas at core one, 2010-2015

Figure 10 shows the exclusive/full breastfeeding rates for the Central DHB areas.

- The percentage of exclusive/full breast feeding in six DHB areas - Bay of Plenty (71%), Capital & Coast (69%), Hawkes Bay (68%), Tairawhiti (72%), Waikato (68%), and Wairarapa (71%) meet the MoH WCTO Quality Improvement Framework Indicator, December 2014 target for exclusive/full breastfeeding at six weeks (68%).
- The results are mixed across the remaining DHB areas with Hutt DHB showing an upward trend.
Figure 11: DHB area percentage of exclusive/full breastfeeding in South DHB areas at core one, 2010-2015

Figure 11 shows the exclusive/full breastfeeding rates for the South DHB areas.

- The percentage of exclusive/full breast feeding in one DHB area - South Canterbury (68%) meets the MoH WCTO Quality Improvement Framework Indicator, December 2014 target for exclusive/full breastfeeding at six weeks (68 %). For the 2014- 2015 time band.
- There are mixed results across the region for the rest of the DHB areas across the time bands.
Figure 12 shows the exclusive/full breastfeeding rates for the North DHB areas for Core 3 (10 weeks - 15 weeks, 6 days) time period. The rates show minimal change over this time period, except for a slight increase in Waitemata and Counties Manukau.

- Counties Manukau has the lowest percentage of exclusive/full breastfeeding - 46% for 2014-2015 time period. This is 14% lower than Waitemata area.
- The percentage of exclusive/full breastfeeding in Northland (57%), Waitemata (60%) and Auckland (59%) areas meet the MoH WCTO Quality Improvement Framework indicator, December 2014 target for exclusive/full breast feeding at three months. The December 2014 target is 54%. Progress is being made towards the June 2016 target (60%). Waitemata meet the June 2016 target for 2014-2015.
Figure 13: DHB area percentage of exclusive/full breastfeeding in Central DHB areas at core three, 2010-2015

Figure 13 shows the exclusive/full breastfeeding rates for the Central DHB areas for Core 3 (10 weeks - 15 weeks, 6 days) time period. The rates show minimal change over this time period, except for a slight increase in Wanganui & Tairawhiti.

- The percentage of exclusive / full breast feeding in six DHB areas (Bay of Plenty (56%), Capital & Coast (63%), Tairawhiti (61%), Taranaki (55%), Wairarapa (71%) meet the MoH WCTO Quality Improvement Framework Indicator, December 2014 target for exclusive / full breastfeeding at three months (54%).

- Capital and Coast (63%) and Tairawhiti (61%) meet the MoH WCTO Quality Improvement Framework June 2016 target for exclusive / full breastfeeding at three months (60%).
Figure 14 shows the exclusive/full breastfeeding rates for the South DHB areas for Core 3 (10 weeks - 15 weeks, 6 days) time period. The rates show minimal change over this time period, except for an increase in South Canterbury, Southland and decrease in Otago areas.

- The percentage of exclusive /full breast feeding in six of the DHB areas - Canterbury (56%), Nelson Marlborough (60%), Otago (56%), South Canterbury (57%), Southland (55%) West Coast (56%) meet the MoH WCTO Quality Improvement Framework Indicator, December 2014 target for exclusive/full breastfeeding at three months (54%).

- Nelson/ Marlborough (60%) meet the MoH WCTO Quality Improvement Framework, June 2016 target for exclusive/full breastfeeding (60%).
16 weeks - 7 months

Figure 15: DHB area percentage of exclusive/full breastfeeding in North DHB areas at core four, 2010-2015

Figure 15 shows the DHB area percentage of exclusive/full breastfeeding at core four (16 weeks to 7 months 4 weeks) for the time period from 2010-2011 to 2014-2015 years. This is the data used for the ‘six month’ breast feeding rate. All of the areas show an increase in exclusive / full breastfeeding percentages for the 2014-2015 time period.

- Northland DHB area shows the largest increase over the five time periods of 8%.
- Counties Manukau DHB area is more than 5% lower than the other DHB areas

Figure 16: DHB area percentage of exclusive/full breastfeeding in Central DHB areas at core four, 2010-2015
Figure 16 shows the DHB area percentage of exclusive/full breastfeeding at core four (16 weeks to 7 months 4 weeks) for the time period from 2010-2011 to 2014-2015 years. This is the data used for the ‘six month’ breastfeeding rate. This shows a mixed picture over these time periods.

- Lakes DHB area has lower rates than other areas
- Mid Central DHB area rates are slowly increasing
- Capital and Coast DHB has the highest rate at 32% for 2014-2015 year.

Figure 17 shows the DHB area percentage of exclusive/full breastfeeding in South DHB areas at core four, 2010-2015.

Figure 17 shows the DHB area percentage of exclusive/full breastfeeding at core four (16 weeks to 7 months 4 weeks) for the time period from 2010-2011 to 2014-2015 years. This is the data used for the ‘six month’ breastfeeding rate. This shows a mixed picture over these time periods.

- West Coast DHB area rates are decreasing
- South Canterbury DHB area rates are increasing
- Otago DHB area has the highest rate for 2014-2015 year – 32%.
16 weeks - 7 months

Figure 18: National percentage of any breastfeeding in North DHB areas at core four, 2010-2015

Figure 18 shows the national percentage of ‘any breastfeeding’ rate at core four (16 weeks to 7 months 4 weeks) for the time period 2010-2011 to 2014-2015 years. This is the data used for the ‘six month’ breast feeding rate.

For this age group, the MoH WCTO Quality improvement Framework Indicator 14, target is that infants are receiving breast milk at 6 months (exclusive, fully or partially breast fed). The target for December 2014 was 59%. The June 2016 target is 65%.

- The percentage of any breast feeding is increasing
- The four DHB areas all meet the December 2014 target
- Three of the DHB areas, Northland (67%), Waitemata (72%) and Auckland (75%) meet the June 2016 target of 65% for 2014 – 2015 year. Counties Manukau is progressing towards the 2016 target.
Figure 19 shows the national percentage of breastfeeding rates at core four (16 weeks to 7 months 4 weeks) for the time period from 2010-2011 to 2014-2015 years. This is the data used for the ‘six month’ breast feeding rate.

For this age group, the MoH WCTO Quality improvement Framework Indicator 14, target is that infants are receiving breast milk at 6 months (exclusive, fully or partially breast fed). The target for December 2014 was 59%. The June 2016 target is 65%.

- The percentage of any breastfeeding is increasing
- Bay of Plenty, Capital and Coast, Hutt, Lakes, Tairawhiti, Taranaki, Waikato, and Wairarapa DHB areas meet the December 2014 target.
- Four of the DHB areas, Bay of Plenty (65%), Capital and Coast (73%), Tairawhiti (69%) and Wairarapa (70%), meet the June 2016 target of 65%.
Figure 20: DHB Area percentage of any breastfeeding in South DHB areas at core four, 2010-2015

Figure 20 shows the national percentage of breastfeeding rates at core four (16 weeks to 7 months 4 weeks) for the time period from 2010-2011 to 2014-2015 years. This is the data used for the 'six month' breast feeding rate.

For this age group, the MOH WCTO Quality improvement Framework Indicator 14, target is that infants are receiving breast milk at 6 months (exclusive, fully or partially breast fed). The target for December 2014 was 59%. The June 2016 target is 65%.

- The percentage of any breastfeeding is increasing
- Canterbury, Nelson/Marlborough, Otago, South Canterbury, Southland, and West Coast DHB areas meet the December 2014 target.
- Three of the DHB areas, Canterbury (67%), Nelson/Marlborough (69%), and Otago (66%), meet the June 2016 target of 65%.

Discussion of Data by Area

Over time many areas have seen their exclusive/full breast feeding rates fluctuate. It is difficult to establish a trend for many areas. For Core one (‘six weeks’), Core three (‘three months’) and Core four (‘six months’) the rate of exclusive/full breastfeeding is increasing.

Many areas achieved the exclusive/full breastfeeding December 2014 target for six weeks and three months, for the 2014-2015 time period. These areas included: Bay of Plenty, Capital & Coast, Northland, South Canterbury, Tairawhiti, Wairarapa and Waitemata.

A few areas also achieved the exclusive/full breastfeeding target for June 2016 for three months in the 2014-2015 time period. These areas included; Capital & Coast, Nelson Marlborough, Tairawhiti and Waitemata.

For the percentage of any breast feeding (exclusive, full & partial) at Core four, the rate is increasing. Overall the December 2014 (59%) and June 2016 (65%) targets are met. Three areas did not meet the December 2014 target. Ten of the twenty one DHB areas also met the June 2016 target;

Conclusion

This report discusses breastfeeding rates across a variety of measures. There are different breastfeeding rates by age, ethnic group, deprivation and DHB area. Overall there are increases in exclusive and full breastfeeding, but there are some groups where this is not the case. Strategies are required to further improve rates of breastfeeding and decrease disparities. By improving breastfeeding rates at area and national level, across populations Plunket will achieve its vision:

Together, the best start for every child
Mā te mahi ngāiāhi, e puāwai ai ā tātou tamariki
References


