

Cornelia Conzelmann-Auer, Ursula Ackermann-Liebrich

Institute for social- and preventive medicine, Basle

Frequency and duration of breast-feeding in Switzerland

The benefits of breast-feeding for a child's health are well known. Promotion of breast-feeding is therefore an important public health task. According to the recommendations of the Commission for Nutrition of the Swiss Society of Pediatrics an infant should be breast-fed exclusively for at least 3 months, a breast-feeding duration of 4 to 6 months is considered to be ideal.

The last Swiss study on duration of breast-feeding was carried out by Tönz et al. in 1978: the mean breast-feeding duration was 10.25 weeks. An early mother-child contact after delivery and rooming-in as well as a high socio-economic status of the mother were positively associated with duration of breast-feeding. In 1994 UNICEF launched a worldwide campaign that appeals to maternities to promote breast-feeding ("baby-friendly hospitals initiative"). Also in Switzerland several clinics take part in this campaign.

The purpose of the present work was to study the frequency and duration of breast-feeding in Switzerland in 1994 and to analyze different factors that might influence the duration of breast-feeding. The study was performed in behalf of the Federal Office of Public Health in collaboration with the Swiss

Association of Infant Welfare Counsellors.

Methods

The data collection was carried out by a mailed questionnaire sent out by the infant welfare counsellors to all mothers of 6-month-old children in their area during a one month period between March and August 1994. Besides breast-feeding duration, the questionnaire covered topics like socio-demographic factors, circumstances of pregnancy and birth, health of the mother, health of the child, information and attitude of the parents towards breast-feeding, management of childbed as well as problems that were connected with breast-feeding and reasons to stop breast-feeding. The analysis of the data was carried out at our institute using the SPSSX statistical program.

Results

A total of 2757 questionnaires were sent out, 2098 completed questionnaires came back corresponding to an overall participation rate of 76%. It amounted to 78% (n = 1433) in the German speaking

part, 74% (n = 531) in the French speaking part and 63% (n = 133) in the Italian speaking part of Switzerland. (The origin of one questionnaire remained unknown).

The mean age of the mothers was 30.3 years, 78% were of Swiss nationality, 22% were immigrant women. 46% of the women were first mothers, for 36% it was the second child and 17% had had two or more children before. 89.5% of the children were born in hospital during a regular stay, 10% were born either as outpatients in a hospital, in a non-hospital maternity or at home. The caesarean section rate amounted to 16%, 11% of the children were born by forceps or vacuum extraction. The mean birth weight was 3340 g.

To the question "have you ever breast-fed your infant", only 8% of the mothers, that is 165, said they had never breast-fed their baby. The main reasons not to breast-feed were "not enough milk" (39%), "earlier problems with breast-feeding" (36%), "problems with nipples" (20%), "health problems of mother" (8%), "employment" (6.7%) and "health problems of child" (6.1%).

Of the whole sample, 80% breast-fed exclusively at least for one month, 71% for at least 2 months, 62% for at least 3 months, 48% for

at least 4 months, 32% for at least 5 months and 11% for at least half a year.

The median duration of breast-feeding was 16 weeks in the German speaking part, 12 weeks in the Italian speaking part and 10 weeks in the French speaking part of Switzerland.

- Using a combination of the level of education of mother and father, we established 5 social classes. Mothers with high socioeconomic status breast-fed their infants for a longer period than mothers with low socioeconomic status. (Fig. 1)
- The age of the mother had a significant influence on breast-feeding: The older the mothers, the longer the breast-feeding duration. The difference between mothers younger than 30 and mothers older than 30 was significant.
- 20% of the mothers were actual smokers. Mothers who were smoking breast-fed their infants for a shorter time than ex- or non-smokers.
- Mothers who were taking oral contraception at the time of the survey breast-fed for a shorter duration than mothers who did not.
- The majority of the infants had their first suckling in the first hour after birth. These children were breast-fed for a longer period than children that were first breast-fed after 6 hours.
- The extent of rooming-in had an influence on duration of breast-feeding as well: Mothers who could have their children with them day and night breast-fed for a longer period than mothers who had the child only during the day or for the meals. Breast-feeding duration was longest, when the childbed was spent at home. This group of mothers seems to be a special group (mostly of high socioeconomic status) which arranges its deli-

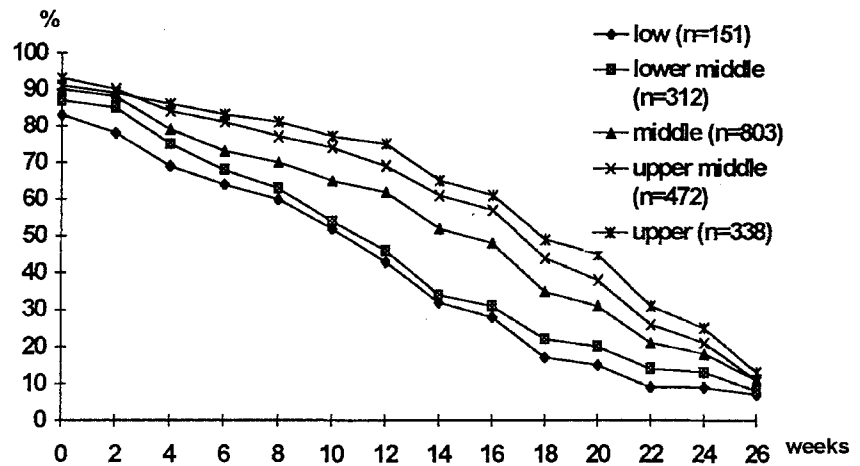


Figure 1. Breastfeeding-duration by social class.

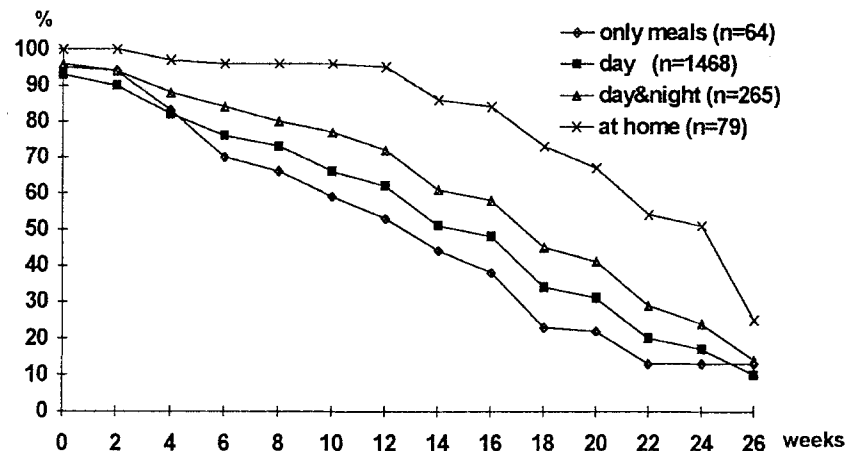


Figure 2. Breastfeeding-duration by Rooming-in (women with intention to breast-feed).

very and breast-feeding period in a very involved manner (Fig. 2)

- Children who were breast-fed on demand while in hospital were afterwards breast-fed for a longer period than children who were breast-fed according to a fixed schedule. Fortunately, this last group amounts to 15% only.
- Bottle supplementation in hospital was associated with a decreased breast-feeding duration afterwards, even, if it was only tea that was supplemented.

- Mothers who received free samples of formula milk breast-fed for a shorter duration than mothers who didn't receive any sample. The difference was marked if samples were available in hospital.

Conclusion

It could be shown that average duration of breast-feeding has increased since the study of Tönz 1978*, when the average duration was only 10.25 weeks. The

participation rate of 76% was fairly high. We asked the infant welfare counsellors about the breast-feeding duration of the non-participants. The data of 41% (n = 272) of the 659 non-participants showed, that breastfeeding duration was shorter in this group. The inquiry about non-participants showed as well that the proportion of immigrant women and young women was much higher in this group than in the group of participants. Thus our assumption of an overestimation of breast-feeding duration in our study was confirmed, but this hardly influences the

associations between different independent variables and the duration of breast-feeding.

Socio-demographic factors like the educational level and the age of the mother play an important role in breast-feeding duration. Smoking was associated with decreased breast-feeding duration.

The study shows as well, that the demands of UNICEF that hospitals become “babyfriendly” seem to be justified: they have an influence on breast-feeding duration and by consequence an influence on the health of mother and child.

Address for correspondence

Cornelia Conzelmann-Auer
Institut für Sozial- und
Präventivmedizin
der Universität Basel
Steingraben 49
CH-4051 Basel

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