

Provider Encouragement and Breastfeeding Initiation: Preliminary Findings from 2007 Los Angeles Mommy and Baby (LAMB) Project

Chao SM, MPH, PhD, Lu M C, MD, MS, MPH, Donatoni G, PhD, Cloum HM, Harding C, MPH

Background

- The benefits of breastfeeding have been well established in scientific literature for both maternal and infant health. Breastfed infants experience reduced morbidity and mortality from infections due to a strengthened immune system, more rapid intellectual and motor development, and facilitates bonding between mother and infant. Additionally, infant breastfeeding is associated with a reduction in certain chronic diseases such as obesity, diabetes, and allergies among others. Maternal health benefits include delayed fertility to prevent short birth intervals and an association of lower risk for pre-menopausal breast and ovarian cancer.¹
- Provider encouragement can influence mothers' initiation of breastfeeding. Despite the large body of breastfeeding research, studies addressing the timing of providers' encouragement during pregnancy are limited.²

Methods

Design: Population-based survey; multi-level clustered sampling; over sampling on low birth weight and pre-term births (LBW/PT) as well as African American, Asian/Pacific Islander, and Native American births

Participants: Women who gave birth in Los Angeles County in 2007

Variables:

Independent Variable: "Did a doctor or nurse give you any help or encouragement for BF? during prenatal visit? in the delivery hospital?"

Dependent Variable: "Did you ever breastfeed or pump breast milk to feed your new baby after delivery?"

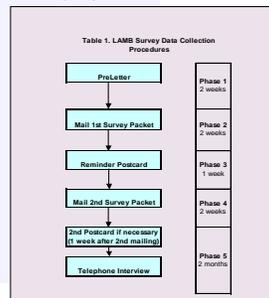
Controlled Variables: Age, race, and education level

Procedures (Table 1):

- Population data obtained from birth certificates
- Mixed-mode methodology for data collection similar to CDC Pregnancy Risk Assessment Monitoring System (PRAMS) Project³
- All respondents were given a \$20 gift certificate

Statistical Analysis:

- Descriptive analysis; logistic regression model was used to estimate the effect of providers encouragement on BFI after adjusting for controlled variables



Objective

- Explore the association between breastfeeding initiation and provider encouragement during prenatal care visits and at the delivery hospital

Results

- This analyses are based on the responses of 1,244 women and demographics of them are provided in Table 2.
- Overall BFI rate was 85%.
- Sixty percent of providers encouraged breastfeeding during the PNC visits and 87% at the delivery hospital.
- Provider encouragement during prenatal visits was not associated with BFI (AOR=0.82, 95% CI=0.53-1.28, p=0.38).
- Women who were encouraged to breastfeed at the delivery hospital were about 4 times as likely to initiate breastfeeding as women who did not receive encouragement (AOR=3.88, 95% CI=2.35-6.40, p= 0.0001).
- African American mothers were almost 2 times less likely to initiate breastfeeding than Whites (AOR=2.04, 95% CI=1.06-3.92, p=0.03) (Fig. 2, Table 3).

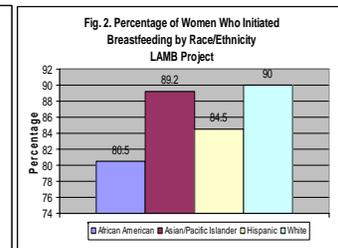
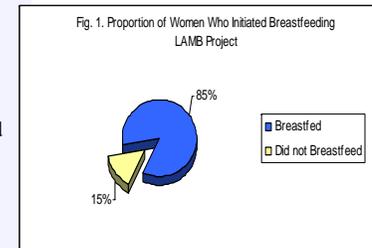


Table 2. Demographics of Respondents (N=1,244)

	Frequency	Percentage
Race		
African American	227	17.77
Asian/Pacific Islander	171	13.75
Latina	625	50.24
White	221	17.77
Age		
<20 years	85	6.91
20-34 years	857	71.86
35+ years	234	21.22
Education		
Less than High School graduate	246	20.1
High School Graduate	334	27.29
Some college	312	25.49
4-year college	221	18.06
Graduate school	111	9.07

Table 3. Breastfeeding Initiation By Race/Ethnicity Adjusted Odds Ratio (Other Race vs. White)

	Adjusted Odds Ratio	95% Confidence Interval	P-value
African American	2.04	1.06 3.92	0.03
Asian/Pacific Islander	1.43	0.67 3.06	0.35
Hispanic	1.22	0.65 2.27	0.54

Discussion

- Findings suggest that provider encouragement in the delivery hospital significantly increases the likelihood that a woman will initiate breastfeeding. This points to the importance of training clinicians to support breastfeeding to new mother, especially at the delivery hospital after her baby is born.
- Policies to enhance clinicians' abilities to encourage breastfeeding within the constraints of busy practices could improve their ability to support BFI.
- Local health department, delivery hospitals, and community stakeholders need to continue to explore effective and culturally-appropriate strategies to encourage breastfeeding among African American mothers.

1 Leon-Cava, N., Lutter, C., Ross, J., Martin, L. Quantifying the Benefits of Breastfeeding: A summary of the Evidence. The Food and Nutrition Program Pan American Health Organization and The LINKAGES Project. Washington, D.C.: 2002.

2 Lu MC, MD, MS, MPH, Lange L, DrPH, Shesser W, MD, MS: Provider Encouragement of Breast-feeding: Evidence from a National Survey. Obstetric & Gynecology; Vol.97, No.2, February 2001

3 Centers for Disease Control and Prevention. PRAMS model surveillance protocol; 2008. Available online at <http://www.cdc.gov/reproductivehealth/PRAMS/index.htm>.

