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Breastfeeding E-News

Breastfeeding Interventions in Kansas: An Evaluation of the 2011 Grant Initiative to Promote Breastfeeding

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During the last few years, evaluation of breastfeeding programs examining the effectiveness of promotional strategies has rapidly developed. Across the state of Kansas, several health departments received funding from the United Methodist Health Ministry Fund to promote breastfeeding and to assist them with their breastfeeding program. The objective of this research study was to examine the influence of breastfeeding programs through the exploration of the social determinants of breastfeeding, breastfeeding practices, mothers' views of breastfeeding, and mothers' perceived barriers toward breastfeeding.

METHODS

Participants—Participants were mothers who received breastfeeding services through a breastfeeding program delivered by a public health department that received funding for the time period January 1, 2011, through December 31, 2011. Fifteen health departments across the state of Kansas participated in this study (14 of the 15 health departments were located in rural areas). Mothers who received breastfeeding services were in the intervention group (n = 81) and mothers who did not receive breastfeeding services were in the comparison group (n = 42).

Survey Instrument and Procedure—The survey instrument included items from the Pregnancy Risk Assessment Monitoring System (PRAMS) and additional items to assess program impact. Survey items measured maternal demographics, breastfeeding practices, mothers' views, and mothers' perceived barriers. The survey was completed via the telephone and on-line. Length of time to answer survey questions was between 10 to 15 minutes. The survey was administered at least three to four months after birth.

RESULTS

The total number of respondents was 123 of which the majority was Caucasian, between 26 and 35, and an education beyond high school. Over one third of all respondents received WIC benefits and over half earned less than $50,000/year. The intervention and comparison groups did not vary on maternal race, but varied significantly on maternal age, level of education, WIC status, and income.

More than 95% of all participants initiated breastfeeding after delivery and continued breastfeeding at an average of six and one-half months. Participants in the intervention group breastfed at an average of five and one-half months and most indicated that they were still breastfeeding at the time of survey completion. Participants reported that the types of services that they frequently used were the services of a breastfeeding support educator followed by educational materials and breast pumps.

The outcome of multiple regression analyses showed that maternal age, level of education, household income, and introduction of other liquids and solid foods significantly influenced the continuation of breastfeeding. Specifically, the longer the delay in introducing food other than breast milk, the longer the duration of breastfeeding. Additionally, breastfeeding services - including educational materials, education classes, a breastfeeding educator, peer support, breastfeeding resources, and employer support - also positively influenced the duration of breastfeeding.

Mothers who had positive views of breastfeeding were more likely to breastfeed. Mothers viewed family and peer support as well as support from health care professionals as important contributors to their decision to breastfeed. They reported the services of a breastfeeding educator and the availability of breastfeeding equipment as most valuable. Additionally, mothers perceived employers as barriers to breastfeeding. They reported that follow-up support with employers was needed to encourage flexibility in allowing employees to breastfeed or pump breast milk and to ensure the use of a private space to breastfeed or express breast milk. A large proportion of mothers also believed that they did not produce adequate milk and that breast milk alone did not satisfy their baby. Several mothers reported that breastfeeding was stressful for them due to care for other children, multiple births, or returning to work.

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Read the full study here

Breastfeeding Interventions in Kansas: *continued*

DISCUSSION

There are many factors that influence breastfeeding. With this study's outcome, it appears that breastfeeding interventions make a difference particularly among low-income women residing in rural Kansas. Socio-economic status plays a key role in a mother's decision to start and continue breastfeeding. Consistent with previous research findings, this study reports that women who are older, more educated, and earn higher wages are more likely to breastfeed. Also, most women in this study lived in rural areas where access and availability of health care services is difficult. It may be concluded that women who are of lower socio-economic status and who live in rural areas are less likely to breastfeed than women of higher socio-economic status living in more urban areas. Nevertheless, the women who volunteered to participate in this study initiated breastfeeding at rates above the national average and continued breastfeeding beyond one month.

IMPLICATION FOR PUBLIC HEALTH IN KANSAS

This study's outcome has implications for breastfeeding interventions in Kansas. The following recommendations can be incorporated into breastfeeding interventions to enhance program services and delivery:

- Focus on one-on-one services provided by the breastfeeding support educator.
- Adopt a strategy to delay the introduction of other liquids and solid foods.
- Focus on establishing peer support groups.
- Incorporate mothers' social network when providing breastfeeding services.
- Focus on collaboration with local hospital when providing services.
- Incorporate an educational component into the program that focuses on women's perceptions of breastfeeding and previous experiences with breastfeeding.
- Focus on strategies to reduce stress due to care for other siblings, multiple births, etc.
- Work with employers in establishing a breastfeeding-friendly environment.

A Few Statistics About WIC Participation

Information from the WIC Participant and Program Characteristics 2012 survey was recently released. National data for 2012 shows 76.4 percent of the participants served were under age five with 23 percent of those served under one year of age. 10.1 percent of all participants were pregnant women. For the first time ever, the proportion of breastfeeding women exceeded that of non-breastfeeding postpartum women although only by a partial percentage point at 6.8 and 6.7 percent respectively. The median duration of breastfeeding was twelve weeks.

How does Kansas WIC participation compare? In Kansas, for calendar year 2012, 29 percent of all participants were infants and 71.5 percent of all participants served were under age five. For participating women, 18.4 percent served were pregnant, 5.5 percent breastfeeding and 5.7 percent were postpartum. The median duration of breastfeeding was between eight to twelve weeks.

In the News

- Public Citizen and Ban the Bags Research Report – Top Hospitals' Formula for Success: No Marketing of Infant Formula Read the full report.
- Read this - *Bad Eating Habits Start in the Womb* - "Researchers believe taste preferences that develop at crucial periods in infancy have lasting effects for life."
- New infographic from Office of Human Services available on supporting breastfeeding during a disaster. View it here.

Thought for the Day

"Given the health consequences of not breastfeeding, clinicians should not implicitly promote infant formula by providing venues for its advertisement. "
U.S. Surgeon General's Call to Action to Support Breastfeeding (2011)

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