

Abstracts

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feeding. Obstacles possibly susceptible to support interventions include fear of pain, lifestyle issues, and lactation process concerns.

28. PREVALENCE OF TYPE OF DELIVERY AND TYPE OF INFANT FEEDING IN A HOSPITAL

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Background: The Baby Friendly Hospital Initiative (BFHI) recognizes that hospital practices for labor and delivery and the type of delivery can interfere with breastfeeding initiation in the hospital.

Objective: Identify the prevalence of type of delivery and the prevalence of type of feeding in a hospital during the period between March and September 2007.

Methodology: The study design was transversal descriptive. Random sampling was done among mothers who delivered vaginally and mothers who delivered by cesarean section, for a total of 530. The instrument collected data about type of feeding (exclusive breastfeeding, formula, and combined) and duration in the hospital.

Results: Type of delivery varied from 39% to 61% for both vaginal deliveries and for cesarean sections, but the difference was not statistically significant ($p = 0.66$). It was found that mothers who birthed vaginally chose breastfeeding in a significantly higher percentage than mothers with cesarean delivery ($t_{12} = -3.09$; $p = 0.009$). Partial breastfeeding was significantly higher among mothers with a cesarean section than among mothers who birthed vaginally ($t_{12} = 2.35$, $p = 0.037$), and exclusive use of formula was more prevalent among mothers who had a cesarean section, although the difference was not statistically significant. Duration of breastfeeding in the first 2 days was higher among mothers who birthed vaginally than among mothers who had a cesarean section.

Conclusions: In order to achieve certification as a Baby Friendly Hospital this institution must work in the reduction of its cesarean section rate and towards humanization of labor. This will allow for full compliance with BFHI's fourth step and the new recommendations for humanization of labor.

29. RELATION BETWEEN SUPPORT FROM FATHERS AND INITIATION AND DURATION OF BREASTFEEDING

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Background: The decision to breastfeed is influenced by the culture, opinion, and attitudes of significant persons, the most important being that of the infant's father.

Objective: Investigate the relation between the support provided by the infants' fathers and the initiation and duration of breastfeeding in a group of parents whose children participate in the WIC Program.

Design/Methods: An exploratory, correlational descriptive design was used. The sample was non-probabilistic, composed of 126 fathers of infants participating in the WIC Special Supplemental Nutrition Program, who were healthy,

full term, aged 1–180 days. Data analysis was done by descriptive and inferential statistics, and cross tables.

Results: Fathers' age ranged from 21 to 29 years. Family income was = \$1,000.00/month for 52.5% of the participants. 87% of the infants were being breastfed or had been breastfed. Fathers who indicated greater self-efficacy with the breastfeeding process showed greater support for initiation of breastfeeding of their children ($p \leq .005$). No correlation was found between attitudes and initiation of breastfeeding ($p = 0.310$). Fathers whose children were exclusively breastfed had significantly higher correct knowledge of breastfeeding ($p = 0.024$) and significantly more positive attitudes towards breastfeeding ($p = 0.010$). No correlation was found between attitudes, beliefs, and knowledge and breastfeeding duration.

Conclusions: Breastfeeding initiation can be affected by self-efficacy, beliefs, and knowledge of fathers regarding breastfeeding. On the other hand, exclusive breastfeeding is positively affected by fathers' attitudes and beliefs and their knowledge about breastfeeding.

30. MEDIATING FACTORS IN THE RELATIONSHIP BETWEEN ETHNICITY AND INFANT FEEDING INTENTIONS

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Background: Demography, including race-ethnicity, is associated with breastfeeding (BF) in the United States. African-Americans have the lowest BF rate, even adjusting for other risks.

Objective: To determine if modifiable factors mediate the association between race-ethnicity and BF.

Design/Methods: 485 primiparous women at 34–40 weeks gestation were interviewed for previous exposure to others' BF, comfort with ideas of BF and formula feeding (FF), and BF self-efficacy. The Infant Feeding Intentions Scale measured exclusive BF intention. Effect of these variables on feeding intention was evaluated via cumulative odds logistic regression model using SAS version 9.1.

Results: Subjects were 42% white, 23% Hispanic, 16% black, 13% Asian, and 6% mixed. In the logistic regression model with education, adjusted OR (AOR [95% CI]) of higher infant feeding intention were 0.55 (0.32–0.93) for black versus white women (no other significance between ethnicities). Black women had higher FF comfort (1.94 [1.13–3.31]) but similar BF comfort (1.33 [0.74–2.38]). Increased exposure to BF predicted higher BF comfort and BF self-efficacy and lower FF comfort ($p < 0.0001$ each). FF comfort, BF comfort, BF self-efficacy, and education level explained 42% of variation in intention ($p < 0.0001$), with FF comfort the strongest predictor: AOR of higher infant feeding intention category tripled (300% increase) with each successive decrease in FF comfort, while it only decreased 20% with successive decreases in BF comfort. Ethnicity was not significant in this model.

Conclusions: Potentially modifiable factors mediate the association between race-ethnicity and infant feeding intention. Campaigns stressing risks of FF versus benefits of BF may more effectively increase BF rates.

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