

If doctors previously breastfed their own children, they were more likely to routinely discuss advantages of breastfeeding, and refer their patients to a community support group for breastfeeding problems ($p < .01$)

Female obstetricians were not likely to routinely discuss the advantages of breastfeeding in their office, check for normal breast changes of pregnancy, explain how to position the baby for a comfortable breastfeeding, as well as how to maintain breastfeeding if the mother is employed or a student.

The doctors who had children themselves claimed to discuss the normal breast changes of pregnancy ($p < .05$), screen for previous history of breastfeeding problems ($p < .01$), flat, inverted, or retracting nipples ($p = 0.039$), refer to a breastfeeding class given by the hospital ($p < .01$), as well as a community support group ($p < .05$) more so than doctors without children.

Discussion: While most obstetricians claimed to refer for breastfeeding support and discussed infant feeding with the mother the timing of these discussions and source of support varied. The discrepancy in time and support may imply that some mothers are being given information, or in fashion, that may be sub optimal to encourage a decision and commitment to breastfeed. Obstetricians' personal experiences, such as having children or previous breastfeeding, contribute positively toward breastfeeding advice. ●

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FUTURE PUERTO RICAN FATHERS: BELIEFS, ATTITUDES AND INTENTION TOWARD BREASTFEEDING SUPPORT

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Several studies have shown the importance of the father's support in the initiation and duration of breastfeeding. The objective of the study was to identify the beliefs, attitudes and intention toward breastfeeding support in future Puerto Rican fathers. It was an exploratory study with a transversal-correlational design. One hundred future fathers were selected through a snowball sample technique. A self-administered questionnaire was used to collect the data. This questionnaire was designed based on Social Learning Theory. The Institutional Review Board at the Medical Sciences Campus approved the study. Descriptive and Inferential statistics were used for data analysis. 88.9% of the participants had

incorrect beliefs toward breastfeeding. However, 81.6% presented positive attitudes toward sexuality and breastfeeding. Also, 92.0% showed excellent or good dispositions to provide support to the mother during breastfeeding. The prospective fathers that had excellent or good dispositions had significantly better beliefs toward breastfeeding ($p = 0.04$) and more positive attitudes toward sexuality and breastfeeding ($p < .05$). It is necessary to develop educational programs that improve beliefs toward breastfeeding among this group. ●

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COMPARISON BETWEEN MOTHERS WHO REQUIRE A RELACTATION MANAGEMENT PLAN VERSUS MOTHERS REQUIRING OTHER INTERVENTIONS

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Strategies for relactation are frequently needed in our environment for mothers who were subject to barriers which hindered the successful initiation and maintenance of breastfeeding. The purpose of this study was to describe the variables associated with the management of labor and delivery, hospital practices and self-efficacy in a group of Puerto Rican mothers who attend our breastfeeding clinic. It is an exploratory study of 88 mothers who came to the clinic seeking advice for breastfeeding problems. Descriptive statistics and Fisher exact test and Spearman correlation were used. Relactation was suggested to 45.5% of study participants. Twenty percent of participants reported significantly lower self-efficacy towards breastfeeding in public, as well as their capacity to breastfeed without supplementation. Thirty one percent reported low self-efficacy on their capacity to breastfeed their baby. Among women whose care plan included relactation their self-efficacy was significantly lower than in those women with different care plans ($r_{spearman} = -0.351$, $p = 0.01$). Likewise, those mothers whose partners were not present during the labor and delivery process presented significantly greater problems with a recommended relactation care program, than those women whose partners had been present. Those mothers with a recommended relactation plan felt significantly less secure of their capacity to breastfeed satisfactorily than those mothers not on a relactation plan. The authors conclude that mothers in need of a relactation care plan should receive, together with their partners intervention strategies to improve their self-efficacy. ●

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WHERE DO MOTHERS OF SINGLETONS AND MULTIPLES RECEIVE USEFUL BREASTFEEDING INFORMATION?

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Background: It is not well documented if mothers receive useful information about breastfeeding from physicians or from other sources.

Objectives: To determine where mothers of singletons (MOS) and mothers of multiples (MOM) receive useful information about breastfeeding.

Design/Methods: Approximately equal proportions of mothers of singletons and multiples (twins or triplets) were randomly selected from a 1999 birth certificate database ($n = 686$). Participants were sent a mailed survey of questions regarding sociodemographic characteristics, perinatal outcomes, provision of breast milk, and influences on maternal infant feeding choices. Mothers were asked if they received useful information about breastfeeding from each of the following sources: their pregnancy and/or delivery doctor, the infants' doctor, someone from the nursing staff, a lactation consultant, and friends and family. Only data from mothers who ever fed breast milk to their infant(s) were used in this analysis.

Results: Of the 686 introductory letters sent, 358 (52.3%) women agreed to participate. The questionnaire was completed by 160 MOS and 185 MOM. Seventy percent of MOS and 68% of MOM fed at least some breast milk to the infant(s) born on the identified date. MOS were most likely to receive useful breastfeeding information from lactation consultants (73%), followed by the nursing staff (58%), the infants' doctor (44%), friends and family (41%), and their pregnancy and/or delivery doctor (25%). MOM also reported that lactation consultants provided useful breastfeeding information the most often (79%), followed by the nursing staff (43%), the infants' doctor (37%), friends and family (34%), and their pregnancy and/or delivery doctor (16%). The percentages of MOS and MOM receiving useful information was statistically the same for each source except for the nursing staff ($p = 0.03$).

Conclusions: Breastfeeding mothers in this study received useful information most often from lactation consultants. Less than half of all mothers reported receiving useful information about breastfeeding from their 'infants' doctor, and less than one quarter said they received useful information from their 'pregnancy and/or delivery doctor.' Although lactation consultants may have better training and more