OBSTETRICAL PRACTICES IN A GROUP OF MOTHERS ATTENDING A BREASTFEEDING CLINIC
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Obstetrical practices have been reported to exert an effect on breastfeeding initiation and maintenance, with excessive medication turning into a significant barrier. The authors practice in a heavily overmedicalized obstetrical milieu and have established as a priority the research into these practices and their effect on breastfeeding. The objective of this study is to describe the obstetrical practices undergone by a group of mothers attending our breastfeeding clinic. It is an exploratory study of 88 mothers who came to the clinic seeking advice for breastfeeding problems. Descriptive statistics and logistical regression with enter modality were used. In the population studied, 51.7% delivered vaginally and 48.3% by cesarean section. Among mothers who delivered vaginally 87.1% had electronic fetal monitoring and 80.5% had restriction of movement during labor, 75.9% did not have a choice in choosing the position for delivery and were delivered in the lithotomy position, 81.4% had an episiotomy, 44.8% had regional anesthesia, 56% had received pain medications, 50.6% had induction of their labor and 49.4% had pharmacologic stimulation of labor contractions. Seventy percent of the mothers had the baby’s father present during labor and in 23% of deliveries the baby stayed with mother for the first hour postpartum. A significant association was found between the use of the fetal monitor and cesarean delivery (β=2.75, p=0.05). Restriction of maternal movement during labor was associated with cesarean delivery (β=1.78, p=0.05). Non-use of regional anesthesia was associated with vaginal delivery (β=4.01, p<0.001). Absence of the baby’s father during labor was associated with cesarean section (β=2.09, p=0.038). Our results are compatible with the obstetrical literature, with medical interventions such as cesarean section, use of the electronic fetal monitor, restriction of maternal movement, lack of family support and presence during labor and regional anesthesia during labor as risk factors for initiation and maintenance of successful breastfeeding. With generalized tendencies in many countries towards greater medicalization of the reproductive process, the promotion, support and protection of breastfeeding face yet another potentially damaging situation.

THE USE OF AN OFFICE INTERVENTION BASED ON A HEALTH BELIEF MODEL TO IMPROVE BREASTFEEDING RATES IN A MEDICALLY UNDERSERVED COMMUNITY.
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Breastfeeding rates in low-income and minority women remain far below Healthy People 2010 objectives. The infant feeding method choice is a complex decision based on many personal cultural and social factors as well as individual health beliefs. The specific aim of this ongoing study is to promote breastfeeding in the obstetric and pediatric office settings of a medically underserved community by elucidating each patient’s health beliefs, addressing breastfeeding barriers on an individual basis and providing personalized breastfeeding support within the context of routine outpatient care. The research setting is an urban community health center providing obstetric and pediatric care to a predominantly minority and low-income population. At initial presentation for prenatal care or within the first 20 weeks of pregnancy, patients complete the Breastfeeding Attitude Prediction Tool (BAPT), which is a detailed questionnaire that delineates knowledge, attitudes, beliefs and plans regarding breastfeeding. The questionnaire is scored and the results are summarized for inclusion in the patient’s outpatient chart. At subsequent prenatal visits, breastfeeding education and support are offered based on the specific responses made by the patient, using the score sheet in the medical record as a guide. The intervention also includes environmental modifications to the clinic to create a pro-breastfeeding atmosphere, the availability of a breastfeeding information library, a referral to the WIC lactation Service, and a pediatric prenatal visit which includes a breastfeeding promotion component as well as standard infant care recommendations. Outcome measures are breastfeeding initiation rates, breastfeeding continuation rates to two months and change in maternal knowledge, attitudes and beliefs. Chart review at two points in time was performed to establish baseline rates and trends for demographic variables, breastfeeding initiation and continuation rates, and maternal and infant factors related to breastfeeding. The clinic population is about 85% African-American and nearly 100% medical assistance. Breastfeeding initiation rates were about 30%, with a decline to 17% at two weeks and 8% at two months. To date, 25 patients (1/3 of total) have been enrolled and