

## The Best for Baby Card: An Evaluation of Factors That Influence Women's Decisions to Breastfeed

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### ABSTRACT

A two phase project was designed to: 1) test an intervention [Best for Baby Card, (BBC)] designed to motivate women to breastfeed, and 2) examine factors related to women's decisions to breastfeed. In Phase I, the efficacy of the BBC (N = 122) was tested and factors related to the choice to breastfeed examined. In Phase II an additional group of mothers (n = 46) was interviewed to expand on findings in Phase I. Quasi-experimental and descriptive qualitative methods were used. In Phase I, 120 pregnant women (36 received the BBC, 84 did not) participated. They responded to an investigator designed questionnaire one day post-delivery. In Phase II, a semi-structured interview guide was used to collect data. No significant associations between receipt of the BBC and decision to breastfeed [ $\chi^2$  (1, n = 120) = .30, P = .58] were found. Significant associations were found between women who breastfed and those who did not for 12 factors of interest. For example, a significantly higher proportion of women who breastfed made their decision prior to pregnancy [ $\chi^2$  (1, n = 120) = 66.56, P < .001]. Five themes identified in Phase II were: 1) timing of infant feeding decisions, 2) available support systems, 3) accurate information regarding breastfeeding, 4) financial concerns, and 5) convenience. Compatibility of breastfeeding with work environment was a major factor. Findings of this project suggest that multiple factors lead to decisions regarding breast feeding. Nurses' role is one of encouragement and support. They can 1) provide the BBC, 2) discuss feeding choices with women before and/or during pregnancy, and 3) provide appropriate information regarding the benefits of breastfeeding. In addition, women who breastfeed tend to make their decision prior to pregnancy and need to find it enjoyable, convenient and socially acceptable.

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Available evidence strongly suggests that breastfeeding supports health and well-being for both mothers and infants. Given the health benefits of breastfeeding, this approach to infant feeding is also economically sound. For example, women who breastfeed are less likely to develop acute or chronic illnesses, thus diminishing costs for the healthcare system.<sup>1,2</sup> It is estimated that if 90% of women in the United States breastfed their infants exclusively for six months following birth, a savings of thirteen billion dollars would result.<sup>3</sup>

In 2012, the American Academy of Pediatrics reaffirmed their recommendation that exclusive breastfeeding begin at birth and continue for at least six months.<sup>3</sup> Continuing breastfeeding as other foods are introduced is also recommended.<sup>3</sup> The Healthy People 2020 report strongly supports raising the percentage of women who breastfeed during their hospital stay from 76.9% to 81.9% nationally.<sup>4</sup> This recommendation has implications for hospitals in relation to nursing practice on labor and delivery units. In 2010 the *Ten Steps to Successful Breastfeeding* were developed by the World Health Organiza-

tion (WHO) and United Nations Children Fund (UNICEF) describing how facilities can encourage women to breastfeed.<sup>5</sup> These steps however may be too late if women have decided not to breastfeed before coming to the hospital to deliver their infants. How and when women make their decision may be important factors in their decision-making.

### Background

Research suggests that several factors are associated with women's decisions to breastfeed. Scott, Landers, Hughes, and Binns<sup>6</sup> found that age, employment, partner support, and timing of the decision to breastfeed influenced women's decision making. Women who were older, had supportive partner(s), and made the decision to breastfeed prior to pregnancy were more likely to do so. Employed women were less likely to breastfeed than non-employed women. Another factor, women's knowledge about breastfeeding, has also been positively associated with both an intent and decision to breastfeed.<sup>7,8</sup> Swanson and Power<sup>9</sup> found that nurses were second in importance to partners in terms of influencing women's decision-making regarding breastfeeding. In addition, during hospitalization, five practices have been shown to positively influence mothers' decisions to breastfeed. These

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practices include: placing babies skin-to-skin on mothers, breastfeeding in the first hour of life, ensuring infants receive breast milk only while in the hospital, keeping babies in the same room as mother, and not giving a pacifier in the hospital.<sup>9</sup> The presence of a lactation consultant on the unit is also thought to positively influence mothers to breastfeed.<sup>10</sup> While these hospital-based interventions may assist some women to make the decision to breastfeed, if women have clearly made their decision not to breastfeed prior to hospitalization or even pregnancy, they may not be open to changing their decision at the time of delivery.

Several strategies designed to encourage women to breastfeed are reported in the literature. These strategies are: conveying information regarding the benefits of breastfeeding, conducting workshops on the topic, providing pregnant women with written materials or DVDs related to breastfeeding, and having conversations with women who are considering breastfeeding their babies.<sup>11,12</sup> Many interventions designed to provide information regarding breastfeeding require the expenditure of time and resources on behalf of both the mother and health care providers however; the effectiveness of these interventions remains unclear.

In response to the literature and the Center for Disease Control directive,<sup>2</sup> this two phase project was designed to 1) test an intervention designed to motivate women to breastfeed, and 2) develop an understanding of factors that contribute to a women's decisions to breastfeed. In Phase I, a quasi-experimental design was used to examine an intervention (BBC) that could motivate women to

breastfeed. In addition, data on women's views regarding breastfeeding were collected. Based on findings from Phase I, a qualitative descriptive approach<sup>13</sup> was implemented in Phase II to examine women's decision-making processes in relation to how and when they made their infant feeding choice.

## Phase I

### Methods Phase I

#### Design Phase I

A quasi-experimental design was used to evaluate the effectiveness of a pocket sized laminated card (BBC) (see Fig. 1) containing factual information regarding benefits of breastfeeding. Women from two out of five obstetrical practices associated with the hospital received the BBC laminated cards. Women from the other three practices constituted the control group. A questionnaire, the Baptist Health Lexington Breastfeeding Questionnaire (BHLBQ) was administered that identified whether or not participants had received the BBC. The BHLBQ also asks respondents to answer questions related to their infant feeding choice as well as their attitudes and behaviors towards breastfeeding (See Table 1).

#### Sample and Setting Phase I

Both Phases of this project were conducted at a 383-bed Magnet® re-designated community hospital. Approximately 4000 deliveries

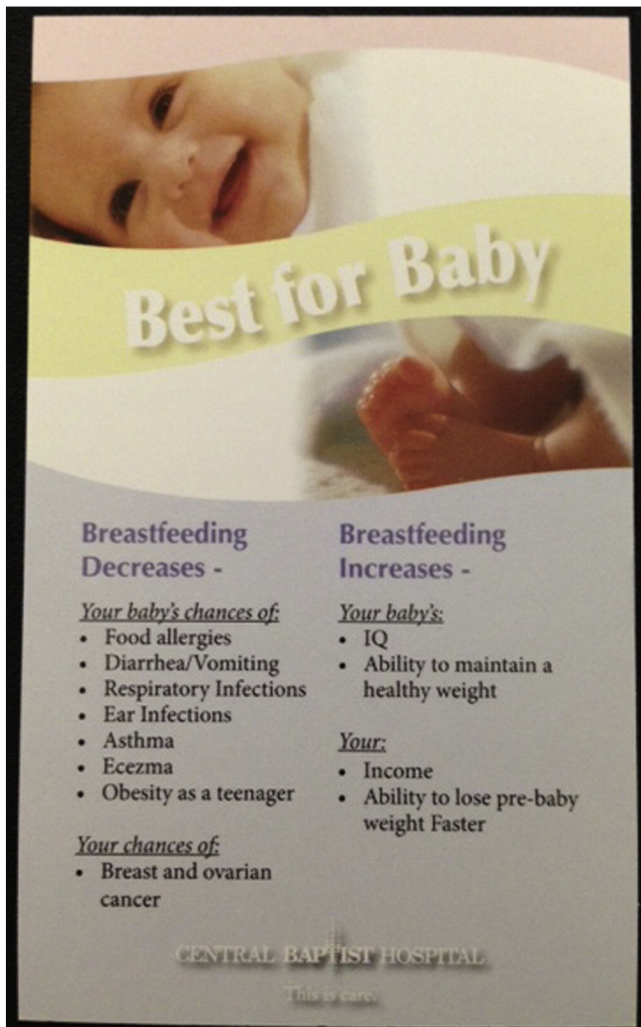


Fig. 1. Best for Baby Card.

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