



## Factors affecting breast-feeding initiation in Greece: What is important?

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### ABSTRACT

**Objective:** to investigate the association between breast-feeding initiation and socio-demographic, lifestyle-related, clinical and lactation-related factors in a sample of mothers living in Greece.

**Design:** cross-sectional study.

**Setting:** Tertiary University Hospital, maternity ward.

**Participants:** 428 mothers were interviewed (43.2% response rate) from February until December 2009, using a structured face-to-face questionnaire after at least 24 hours from childbirth.

**Measurements and findings:** 71.0% of mothers were Greeks and 29.0% immigrants; the mean age was 32.0 years. 44.4% initiated exclusive breast feeding, 7.9% artificial milk -feeding and 47.7% partial feeding. In the multivariate analysis, exclusive breast feeding was inversely related to maternal body mass index (BMI) at the beginning of gestation (odds ratio (OR)=0.93, 95% confidence intervals (95%CI)=0.89–0.98) and caesarean section (OR=0.54, 95% CI=0.35–0.84). Lactation-related factors which favourably affected exclusive breast-feeding initiation included previous breast-feeding experience (OR=2.29, 95% CI=1.39–3.78), information about breast feeding (OR=2.38, 95% CI=1.41–4.01) and rooming-in (OR=1.62 95% CI=1.03–2.54), whilst any breast feeding was favourably affected by encouraging women to breast feed (OR=5.42, 95% CI=1.90–15.50), providing information about breast feeding (OR=6.92, 95% CI=2.53–18.89), and rooming-in (OR=6.93 95% CI=2.01–23.88), and negatively associated with caesarean section (OR=0.11, 95% CI=0.03–0.39). Being an immigrant mother was also positively associated with any breast-feeding initiation (OR=7.97, 95% CI=1.02–62.19). Maternal age, education and income, as well as, smoking status, were not associated with any breast-feeding initiation.

**Key conclusions:** maternal BMI and immigrant status, information provided by midwives and encouragement, rooming-in and mode of childbirth (caesarean section), were found to be important for breast-feeding initiation in this study population. No other indicator of socio-demographic status was found to be associated with breast-feeding initiation.

**Implications for practice:** focus should be given to pregnant women with higher BMI at the beginning of pregnancy, and women who had undergone caesarean section. Breast-feeding information and encouragement should be provided to all women in the maternity ward, along with the dedicated practice of rooming-in, in order to promote and increase breast-feeding initiation rates.

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### Introduction

When the life-changing event of giving birth moved from the domestic environment to the hospital, mothers were attended by nurses and physicians in somewhat more restrictive surroundings (Leavitt, 1986; Spear, 2006), instead of being cared for by other

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women, family, and close friends in the more familiar setting of their home (Lothian, 2001). The consequent development of exclusive maternity wards contributed to the reclaim of a more family-centred attitude towards childbirth, which is now accepted as the prevalent approach in Western societies.

In this context, the psychosocial advantages of breast feeding began to emerge, along with significant nutritional, developmental, and immunologic benefits for the newborns, and additional health benefits for the mothers (American Academy of Pediatrics, 1997; Dennis, 2001). In parallel, it became evident that breast feeding was severely undermined by the marketing of breastmilk substitutes and that protection of breast feeding was crucial. Consequently, protecting, supporting and promoting breast feeding became a public health priority (Kimbrow, 2006). A number of international policies and initiatives were developed mainly by the World Health Organization and UNICEF, including the 'Innocenti Declaration on the Protection, Promotion, and Support of Breastfeeding' and the Baby-Friendly Hospital Initiative (WHO/UNICEF, 1992, 1990), and were endorsed by individual governments and professional associations throughout the world.

Thus, breast feeding is now universally accepted as the optimal way to nourish and nurture infants (Kruse et al., 2005), and it is recommended that infants are exclusively breast fed for the first six months of their lives (World Health Organization, 1989; American Academy of Pediatrics, 1997; U.S. Department of Health and Human Services, 2000; WHO/UNICEF, 2003). Although optimal breast-feeding practice is not completely determined by what happens in the maternity ward, exclusive breast feeding at discharge is considered a prerequisite for positive end-points (Kruse et al., 2005).

A number of international studies have associated breast-feeding initiation with various socio-demographic and lactation-related parameters and conditions (Dennis, 2001; Swanson and Power, 2005; Heck et al., 2006; Bolling et al., 2007; Kimbro et al., 2008; Henderson and Redshaw, 2011). Different trends in infant feeding practices may be present, either in the same country, or between countries with similar societal composition (i.e. multiculturalism in the USA versus the UK) (Kelly et al., 2006; Merewood, 2006).

Previous studies in Greece have also identified a number of important parameters for the initiation of either exclusive or any breast feeding. These include (a) socio-demographic characteristics, such as maternal age, maternal education and employment, and population density at home, (b) clinical factors, such as mode of childbirth, and multiparity, (c) lactation-related factors such as breast-feeding information, breast-feeding experience and demand-feeding, and (d) hospital practices such as baby-friendly characteristics, rooming-in and infant-to-breast contact in less than 24 hours (Pechlivani et al., 2005; Theoflogiannakou et al., 2006; Bakoula et al., 2007). Among these factors, younger age and lower educational level of the mother, multiparity, breast-feeding information and experience, rooming-in, early infant-to-breast contact, demand feeding, and baby-friendly characteristics of the maternity hospital were found to be positively associated, whereas maternal employment, increased number of people living at the same house, and caesarean section negatively associated with exclusive breast feeding (Pechlivani et al., 2005; Bakoula et al., 2007). Initiation of any breast feeding, on the other hand, was favourably affected by higher maternal education, and negatively influenced by caesarean section (Theoflogiannakou et al., 2006).

The aim of the present study was to investigate the potential association between socio-demographic, lifestyle-related, clinical and lactation-related factors with breast-feeding initiation, primarily exclusive, in a sample of mothers in Greece. The identification of potentially modifiable parameters among these factors could increase the respective breast-feeding initiation rates.

## Methods

### *Study setting and participants*

The study was conducted in the maternity ward of a tertiary University Hospital from February until December 2009. The hospital provides gynaecological and maternity services to women belonging to the Prefecture of Attica, and monitoring of high-risk pregnancies at a nationwide level. During that period, women, who had delivered a child and met the eligibility criteria (permanent inhabitants of Greece and basic understanding of the Greek language) were approached by the first author after 24 hours from childbirth, when the mother was expected to be in good condition to withstand an interview, and before she was discharged from the hospital (the average nationwide in-patient stay in the maternity ward is four days), and asked to participate in the study.

The final sample size was primarily determined by time restrictions, as it was mandatory to complete the recruitment within the aforementioned time period, and include as many mothers as possible. From a total of 990 women, who were initially approached, 428 women agreed to participate in the study. Nevertheless, information, albeit limited, was also provided from the mothers who refused to participate in the study.

The study protocol was approved by the Ethics Committee of the University of Athens. All participants were asked to sign an informed consent form before being enrolled in the study.

### *Data collection*

Information about the initiation of breast feeding or other modes of infant feeding, as well as potentially related characteristics/factors was collected through a structured questionnaire by means of a face-to-face interview. The study questionnaire consisted of five sections: (a) a section associated with the lactation status of the specific newborn/s (seven items), (b) a section associated with the gestation/childbirth of the specific newborn/s (eight items), (c) a section related to the past medical/gynaecological history of the mother (two items), (d) a section for general information (three items), and (e) socio-economic characteristics (12 items).

The selection of the variables included in each section was based on prior knowledge derived from respective studies investigating a similar research hypothesis, as well as on our intention to explore further the respective parameters in the Greek setting. The questionnaire included both open-ended and closed questions and the interviews typically lasted for about 30 minutes. Basic information was also collected from the mothers who refused to participate in the study, to allow comparison with those agreeing to participate.

### *Definition of infant feeding*

Three categories of infant feeding were defined: exclusive breast feeding, artificial milk feeding and partial breast feeding. Exclusive breast feeding was considered to take place when an infant was receiving only breastmilk (or expressed breastmilk) and no other liquids or solids, with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines. Artificial milk feeding consisted of the delivery of liquid food to an infant from a bottle with a nipple/teat. Newborns receiving either a combination of breastmilk and artificial milk, or additional liquids such as tea, infusions, and oral rehydration salts were classified as belonging to the partial breast-feeding category (World Health Organization, 1991). The initiation of breast feeding (exclusive or partial) was considered as positive if the mother had

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