

OBSTETRICS

An intervention to extend breastfeeding among black and Latina mothers after delivery

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OBJECTIVE: The purpose of this study was to compare breastfeeding duration in mothers after delivery who were assigned randomly to a behavioral educational intervention vs enhanced usual care.

STUDY DESIGN: We conducted a randomized trial. Self-identified black and Latina mothers early after delivery were assigned randomly to receive a behavioral educational intervention or enhanced usual care. The 2-step intervention aimed to prepare and educate mothers about postpartum symptoms and experiences (including tips on breastfeeding and breast/nipple pain) and to bolster social support and self-management skills. Enhanced usual care participants received a list of community resources and received a 2-week control call. Intention-to-treat analyses examined breastfeeding duration (measured in weeks) for up to 6 months of observation. This study was registered with clinicaltrials.gov (NCT01312883).

RESULTS: Five hundred forty mothers were assigned randomly to the intervention ($n = 270$) vs control subjects ($n = 270$). Mean age was 28 years (range, 18–46 years); 62% of the women were Latina, and 38% were black. Baseline sociodemographic, clinical, psychosocial, and breastfeeding characteristics were similar among intervention vs control subjects. Mothers in the intervention arm breastfed for a longer duration than did the control subjects (median, 12.0 vs 6.5 weeks, respectively; $P = .02$). Mothers in the intervention arm were less likely to quit breastfeeding over the first 6 months after delivery (hazard ratio, 0.79; 95% confidence interval, 0.65–0.97).

CONCLUSION: A behavioral educational intervention increased breastfeeding duration among low-income, self-identified black and Latina mothers during the 6-month postpartum period.

Key words: breastfeeding, intervention, minority, postpartum, randomized trial

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Breastfeeding provides substantial health benefits for children and mothers; the American Academy of Pediatrics strongly recommends breastfeeding for the first year of life.^{1,2} The health benefits of breastfeeding are consequential and include a lower risk of infection rates, obesity, and postneonatal

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death among children and a lower risk of breast and ovarian cancer among mothers.^{1,2} Each additional week of breastfeeding confers benefit.³

Unfortunately, significant racial/ethnic disparities in breastfeeding initiation and

duration exist in the United States, with black women having lower rates of both, compared with white women.⁴ Although national data suggest that Latina women have breastfeeding rates similar to those of white women, significantly different patterns of breastfeeding continuation rates exist among certain low-income subgroups of Latina women.^{5,6} Culturally sensitive interventions that target groups with the worst breastfeeding outcomes are needed.⁶ We report results of a randomized trial that tested a behavioral educational intervention with the secondary aim of increasing breastfeeding duration among minority mothers.

MATERIALS AND METHODS

The primary aim of this randomized controlled trial tested whether a 2-step behavioral educational intervention reduced postpartum depressive symptoms among minority mothers; details have been published elsewhere.⁷ Here, we report results on the secondary aim of this trial: to examine whether this 2-step

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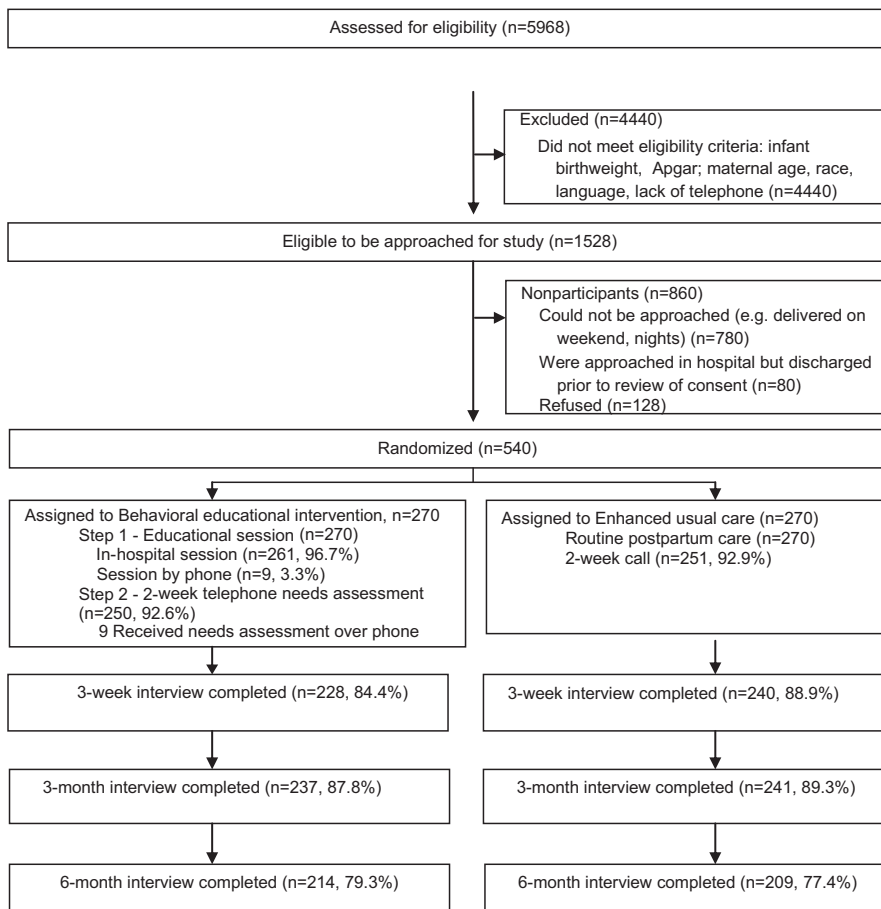
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FIGURE 1
Participants' flow through the study

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intervention extended the duration of breastfeeding during the 6-month postpartum period.

Eligibility

We enrolled 540 self-identified black and Latina women who had delivered at a large tertiary hospital located in New York City between April 2009 and March 2010. The Icahn School of Medicine at Mount Sinai Program for Protection of Human Subjects approved this study. The patient sample was identified through an electronic documentation system for the labor and delivery unit. Eligible participants were black/African American or Latina/Hispanic, 18 years old, and had infants with birthweights ≥ 2500 g and 5-minute Apgar scores ≥ 7 . Maternal race/ethnicity, maternal age,

infant Apgar scores, and infant birthweight are contained in the electronic system. Bilingual clinical research coordinators asked additional questions related to race and ethnicity. Mothers were eligible if they self-identified as black/African American or Latina/Hispanic, spoke English or Spanish, and had a working telephone. Mothers who were recruited during their postpartum hospital stay gave consent, underwent a baseline interview, and were assigned randomly to intervention vs control.

Intervention and control

The behavioral educational intervention that aimed to prepare and educate mothers about postpartum symptoms and experiences (including tips on breastfeeding and breast/nipple pain)

and to bolster social support and self-management skills included an in-hospital educational session with a social worker, educational materials, and a 2-week follow-up call. Mothers who were assigned randomly to the intervention arm were given a 2-step intervention. The first step occurred in the hospital when a masters-trained bilingual social worker reviewed an education pamphlet and partner summary sheet with each mother. Education materials included information on breastfeeding, breast/nipple pain, cesarean delivery, site pain, episiotomy site pain, urinary incontinence, back pain, headaches, hair loss, hemorrhoids, infant colic, and depressive symptoms. Additional information was provided on social support. A partner summary sheet spelled out the typical pattern of experience for mothers after delivery in an effort to normalize the experience. During the second step, which was the 2-week postdelivery call, the social worker assessed patients' symptoms, skills in symptom management, and other needs. Patients and the social worker created action plans to address current needs that included assessment of community resources. Enhanced usual care participants received a list of community resources and received a 2-week control call.⁷

The intervention was tailored culturally. The intervention was revised based on the results of a pilot-test with 50 diverse mothers during the postpartum period and a review with obstetricians, psychiatrists, and social workers. The intervention was further revised based on feedback from focus groups with black and Latina mothers during the postpartum period and our community action board. All materials were translated into Spanish and back-translated for accuracy and consistency of meaning. Content, pictures, wording, and length were revised according to these sources.⁷

Assessments

Data were collected in person at baseline and by telephone during follow-up interviews by bilingual clinical research coordinators who were blinded to intervention status. Interviews occurred by

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