



Family members' infant feeding preferences, maternal breastfeeding exposures and exclusive breastfeeding intentions



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ABSTRACT

Background: Maternal breastfeeding intentions are strongly associated with breastfeeding exclusivity and duration. Factors that affect new mothers' exclusive breastfeeding intentions have not been adequately examined.

Objective: The purpose of this study was to examine the association between family member's infant feeding preferences, breastfeeding exposures, and women's exclusive breastfeeding intentions.

Methods: 1277 breastfeeding mother-infant pairs were recruited from four public hospitals in Hong Kong. We used multiple logistic and linear regression models to explore the impact of the family members' infant feeding preferences and breastfeeding exposures on exclusive breastfeeding intentions.

Results: 78.1% mothers reported an intention to exclusively breastfeed, and the median intended duration of exclusive breastfeeding was 26 weeks. The husband's preference for breastfeeding (aOR = 1.67; 95% CI 1.20–2.31), previous breastfeeding experience (aOR = 1.56; 95% CI 1.10–2.23) and attendance at an antenatal breastfeeding class (aOR = 2.09; 95% CI 1.45–3.02) were all strongly associated with higher maternal intention to exclusively breastfeed. For every additional family member who preferred breastfeeding, the odds of intending to exclusively breastfeed increased by 32% (aOR 1.32; 95% CI, 1.13–1.55). Similarly, the proportion of participants intending to exclusively breastfeed increased progressively with more breastfeeding exposures.

Conclusions: Including fathers and other significant family members in antenatal breastfeeding education can help to maximize breastfeeding support for the new mother and encourage new mothers to exclusively breastfeed.

Introduction

The benefits of breastfeeding, particularly exclusive breastfeeding, have been well recognised (Victoria et al., 2016). Breastfeeding reduces the risk of hospitalisation and morbidity related to diarrhoea, otitis media, and respiratory infections (Victoria et al., 2016). Breastfeeding may also decrease the risk of childhood and adult obesity in persons breastfed for more than 6 months (Scott et al., 2012; Victoria et al., 2016). Breastfeeding improves cognition, and children who have been breastfed have higher scores in IQ tests and improved school performance (Horta et al., 2015). In addition, a longer period of breastfeeding is associated with reduced incidence of breast and ovarian cancer (Chowdhury et al., 2015).

The World Health Organization (WHO) and the United Nations Children's Fund have set an objective to increase breastfeeding rates to 75% in early infancy, to 50% at 6 months and to 25% at 1 year of age

(WHO, 2002). However, only a limited number of mothers comply with these recommendations. In Hong Kong, over 88% of mothers now initiate breastfeeding, up from 50% in 1999 and 74% in 2008 (Baby Friendly Hospital Initiative Hong Kong Association, 2016). However, only 2.3% of mothers exclusively breastfeed for 6 months, which is somewhat higher than the UK (1%) and Singapore (1%) but significantly lower than United States (US) (16.4%) and Australia (15%) (Department of Health, 2014). Therefore, the majority of infants in Hong Kong and other countries do not meet the World Health Organization (2002) recommended 6 months of exclusive breastfeeding.

While studies have shown that a proportion of mothers who breastfeed are unable to achieve their intended duration of breastfeeding (Odom et al., 2013), breastfeeding intentions are a significant predictor of breastfeeding initiation and duration (Donath et al., 2003; Meedy et al., 2010; Mueffelmann et al., 2014; Odom et al., 2013). One

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US study found that of participants who intended to exclusively breastfeed, 34% exclusively breastfeed for at least 3 months compared with only 3% of participants who did not intend to exclusively breastfeed (Nnebe-Agumadu et al., 2016). Other studies examining factors associated with intention to exclusively breastfeed have found that perceived support from mothers' social networks was influential (Mueffelmann et al., 2014). Within a breastfeeding mother's support network, her partner is the primary source of social support. The partner's breastfeeding support improves exclusive breastfeeding rates (Su and Ouyang, 2016), while a preference for infant formula is associated with earlier breastfeeding cessation (Bai et al., 2016). Findings from the Infant Feeding Practice Study (IFPS) II in the US showed that the odds of intending to exclusively breastfeed were higher if the husband and maternal grandmother preferred exclusive breastfeeding (Mueffelmann et al., 2014).

Within families, the practices and experiences of female relatives affect the incidence and duration of breastfeeding (Meyerink and Marquis, 2002). In Hong Kong, like other Confucian-based societies, it is important to maintain harmonious relationships and minimize conflict with others, especially family members (Chen, 2001). In addition, Chinese women adhere to a postnatal ritual of "doing the month" in the first month postpartum, which includes staying at home and eating prescribed foods (Leung et al., 2005). Following this practice can create an isolating environment for the new mother and increase the influence of family member's infant feeding preferences.

Although a number of studies have examined the effect of family members on mothers' overall breastfeeding intentions (Meyerink and Marquis, 2002; Rollins et al., 2016), few have examined the effect of family members on maternal intentions to exclusively breastfeed, and data is especially limited in Asian populations. Mueffelmann et al. (2014) examined the effect of family members preferences in an US population and Jiang et al. (2012) examined the broader determinants of intended exclusive breastfeeding in Chinese mothers, but they did not examine the effect of family members' preferences. In addition, intention is strongly predictive of initiation and duration, provided that the context is supportive (Kervin et al., 2010). However, we were unable to find any studies examining the effect of breastfeeding exposures on exclusive breastfeeding intentions. Given high rates of breastfeeding initiation but short duration of exclusive breastfeeding in most developed countries, and because intention is strongly predictive of subsequent breastfeeding behaviour, further study of maternal exclusive breastfeeding intention is necessary. The purpose of this study was to examine the relationship between family member's infant feeding preferences, maternal breastfeeding exposures and intention to exclusively breastfeed.

Methods

Design and participants

This study was part of a large prospective cohort study investigating the impact of free infant formula supplied to hospitals and mothers on breastfeeding duration and exclusivity. Detailed study methods are described elsewhere (Tarrant et al., 2015). Briefly, we recruited 1287 mother-infant pairs admitted to the obstetric units of four public hospitals in Hong Kong from October 2011 to July 2012. There are 8 public and 10 private hospitals that deliver obstetric care in Hong Kong. In 2015, public hospitals accounted for 66% of all births to Hong Kong mothers (Baby Friendly Hospital Initiative Hong Kong Association, 2016). Participants were recruited in the immediate postnatal period. The following criteria were used for study participant selection: (1) intention to breastfeed; (2) singleton pregnancies; (3) Cantonese speaking; (4) Hong Kong residents for more than one year; and (5) no serious medical or obstetrical complications. Participants were excluded from the study if they failed to meet these criteria and/or if their baby: (1) was born before 37 weeks' gestation, (2) had an Apgar

score of less than eight at five minutes, (3) had a birthweight of less than 2500 g, (4) was born with any severe medical conditions or congenital malformations, (5) was placed in the special care nursery for more than 48 hours after birth, or (6) was placed in the intensive care nursery after birth.

Data collection

Basic socio-demographic such as education, income, employment and breastfeeding support information such as intention to exclusively breastfeed and family members' infant feeding preferences were self-reported by participants during their postpartum hospitalization. Maternal and birth data were also collected by trained research nurse during the postpartum hospitalization.

Variable descriptions

The outcome variable was the participants' self-reported exclusive breastfeeding intentions. During the postpartum hospital stay, participants were asked whether they planned to exclusively breastfeed (no/yes/unsure), and if so, for how many weeks. Only participants who answered 'yes' were recorded as intending to exclusively breastfeed. The predictor variables were participants' family members' (husband/partner, participant's own mother, and mother-in-law) infant feeding preferences (exclusive breastfeeding, no preference, and infant formula or mixed feeding) and whether there was a domestic helper and/or another family member living in the home (no/yes). In addition, we measured three breastfeeding exposure variables: participant breastfed as a child (no/yes), knowing someone who had breastfed for ≥ 1 month (no/yes), and attendance at an antenatal breastfeeding class (no/yes). Because breastfeeding experience is strongly associated with breastfeeding practices in subsequent children (Bai et al., 2015), we did not include it as an exposure but included it in the multivariable model as a confounding variable. Additionally, we measured well-known confounding variables including maternal age, education level, family income, previous breastfeeding experience, and returning to work postpartum (Tarrant et al., 2010; Thulier and Mercer, 2009).

Data analysis

We used chi-square statistics to compare the characteristics of the sample according to participants exclusive breastfeeding intentions. We used adjusted logistic regression to explore the independent effect of family members' infant feeding preferences, living circumstances, and breastfeeding exposures on maternal exclusive breastfeeding intentions. We also used linear regression to examine the association between the above variables and the intended duration of exclusive breastfeeding. All variables were entered into the models as well as the potential confounders of maternal age, education, family income and returning to work. We computed adjusted odds ratios (aORs) in the logistic regression model and adjusted regression coefficients in the linear regression model along with 95% confidence intervals (CIs). To further explore the relationship between family members' infant feeding preferences and breastfeeding exposures on exclusive breastfeeding intentions, we computed the total number of family members who preferred exclusive breastfeeding (ranging from 0 to 3) and the total number of breastfeeding exposures (ranging from 0 to 3). We used adjusted logistic regression with the number of supportive family members and the number of breastfeeding exposures entered into separate models as continuous variables. Both models were adjusted for all the other variables examined in the study. The Hosmer-Lemeshow test was used to assess the adequacy of the logistic models (Hosmer et al., 1997). The 0.05 level of significance was used throughout the statistical analysis. All data analysis was conducted using Stata version 14.2 statistical software (Stata Corp, College Station, TX) (StataCorp, 2015).

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