

# An Integrative Review of Breastfeeding Duration and Influencing Factors Among Women Serving Active Duty in the U.S. Military

Andrea L. Farwell

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## Correspondence

Andrea L. Farwell, FNP-BC,  
107 Cypress Meadows Dr.,  
Wentzville, MO 63385.  
[alfarwell1125@gmail.com](mailto:alfarwell1125@gmail.com)

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## ABSTRACT

**Objective:** To determine what is known about breastfeeding duration among active-duty servicewomen and to identify factors related to military employment that facilitate or inhibit breastfeeding

**Data Sources:** Literature searches using CINAHL and MEDLINE were conducted with the keywords *military* and *breastfeeding* for articles published from January 2000 through May 2016.

**Study Selection:** Abstracts and full-text research articles were retrieved and analyzed that met the inclusion criteria: English language, U.S. active-duty military personnel, peer-reviewed, and identified facilitators and/or barriers to breastfeeding.

**Data Extraction:** Eight studies were analyzed for quality and content; analysis was guided by Cooper's five stages of review synthesis processes.

**Data Synthesis:** Findings indicated that although breastfeeding initiation rates are similar to those for civilians, military women may discontinue sooner. Perception of military work as a barrier is associated with shorter duration, and enlisted personnel were less likely to breastfeed to 12 months than commissioned officers. Military women experienced work-related barriers: lack of proper facilities for pumping, pressures and obligations related to rank, conflicts between mother/soldier demands, physical fitness/weight standards, concerns related to exposure to hazardous material, and prolonged separations from their infants.

**Conclusion:** Most women in the military serve during their childbearing years when they may want to breastfeed. Strategies to promote breastfeeding include advocacy for policy changes, education of servicewomen and supervisors/ commanders, and implementation of a breastfeeding class that addresses military-specific factors.

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Andrea L. Farwell, FNP-BC,  
is a doctor of nursing  
practice student in the  
College of Nursing,  
University of Missouri—St.  
Louis, St. Louis, MO.

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Breast milk is the optimal nutrition for infants (American Academy of Family Physicians, 2014; American Academy of Pediatrics, 2012; World Health Organization, 2015). The American Academy of Pediatrics (2012) recommended exclusive breastfeeding for 6 months, followed by breastfeeding from age 6 months to 1 year as complementary foods are introduced, and then continued breastfeeding as mutually desired by mother and infant. Infants experience many health benefits from breast milk, including decreased risk of respiratory illness, ear infections, gastrointestinal infections, and allergies (Ip, Chung, Raman, Trikalinos, & Lau, 2009). Evidence also suggests that breastfeeding decreases the risk of sudden infant death

syndrome, obesity, diabetes, childhood leukemia, and childhood lymphoma (Ip et al., 2009). In terms of the mother's health, researchers identified immediate health benefits, such as faster postpartum uterine involution and postpartum weight loss, and lifelong benefits, such as decreased risk of breast and ovarian cancer, diabetes, and coronary heart disease (Ip et al., 2009). Breastfeeding may also be associated with an attenuated stress response and lower incidence of depression and anxiety (Mezzacappa, 2004).

Despite the known benefits of breastfeeding, and endorsements of its superior value by health experts, breastfeeding rates in the United States

## Women who serve in the military and want to provide their infants with the many benefits of breast milk need to integrate breastfeeding with their employment.

fall short of the Healthy People 2020 goals (Centers for Disease Control and Prevention, 2014). For infants born in 2011, 79.2% of mothers reported ever breastfeeding, 49.4% reported breastfeeding at 6 months, and 26.7% reported breastfeeding at 12 months; the Healthy People 2020 goals are 81.9%, 60.6%, and 34.1% respectively. Exclusive breastfeeding, meaning no supplementation with formula, was 40.7% at 3 months, compared with with a goal of 46.2% and 18.8% at 6 months, compared with a goal of 25.5% (Centers for Disease Control and Prevention, 2014).

In addition to factors such as maternal age, race, socioeconomic status, education level, and social support, participation in the workforce has been shown to influence breastfeeding duration (Augustin, Donovan, Lozano, Massucci, & Wohlgemuth, 2014). Female presence in the workforce has been steadily increasing, and data from the U.S. Department of Labor, Bureau of Labor Statistics (2014) indicate that 57% of women ages 16 years and older participated in the workforce and that women accounted for 46.8% of the total working population. Within that female working population, 57.1% had children age 1 year and younger (U.S. Department of Labor, Bureau of Labor Statistics, 2015). Given the significant number of women who return to the workforce during the first years of their children's lives, attention to employment and lactation is needed. In an effort to boost breastfeeding exclusivity and duration among women, the Maternal and Child Health Bureau of the Health Resources and Services Administration created a guide for businesses to establish worksite lactation programs. *The Business Case for Breastfeeding* the (U.S. Department of Health and Human Services, n.d.) includes guidelines to implement lactation support and suggests a return on investment through decreased absenteeism, decreased health care costs, and improved job satisfaction and retention.

Although women in the military continue to be a minority and account for just 16.2% of the total military population, their proportional presence continues to increase. Since 1973, the share of women among enlisted personnel has increased

sevenfold from 2% to 14%, and the share of women among commissioned officers has quadrupled from 4% to 16% (Patten & Parker, 2012). This shift in demographics makes women's health care an increasingly important focus for the wellness of the defense community as a whole. More than 65% of active-duty personnel are younger than 30, and 25.6 is the average age at birth of a first child; therefore, it is clear that active-duty military women are having children while they serve (Office of the Deputy Assistant Secretary of Defense, 2013). Servicewomen who intend to breastfeed as recommended by the American Academy of Pediatrics must combine lactation with military service. Military policies on postpartum leave varied across branches until 2016, and each branch has established its own lactation policy (see Table 1). In addition to the challenges associated with the lack of universal policies, other military-specific challenges, such as physical readiness standards, irregular schedules, a male-dominated culture, and assignments that can include periods of separation from their infants, may affect women's intention and ability to combine lactation and military service. The purposes of this integrative review were to show what is known about breastfeeding duration among active-duty servicewomen and identify factors related to military employment that facilitate or inhibit breastfeeding.

## Methods

This literature review was guided by Cooper's (1984) five stages of review synthesis, which includes problem formation followed by the collection, evaluation, analysis, and presentation of data. Searches using CINAHL and MEDLINE were conducted using the keywords *military* and *breastfeeding* for articles published from January 2000 through May 2016. Thirty-four articles were retrieved via CINAHL and 35 via MEDLINE; after duplicates were removed, 15 articles remained. Abstracts for these 15 articles were reviewed against the inclusion criteria: written in English, included U.S. active-duty military personnel, were peer-reviewed research, and identified facilitators and/or barriers to breastfeeding. This screening resulted in 10 articles remaining for full-text retrieval; however, two articles were unpublished dissertations that were not available for review, which left a total of eight articles for review.

Of the articles included, two were reports from a single study. In the first report, researchers

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