



Breastfeeding initiation for Aboriginal and Torres Strait Islander women in Victoria: analysis of routinely collected population-based data



Helen L. McLachlan^{a,b,*}, Touran Shafiei^a, Della A. Forster^{a,c}

^a Judith Lumley Centre, La Trobe University, Melbourne, Victoria, Australia

^b School of Nursing and Midwifery La Trobe University, Melbourne, Victoria, Australia

^c The Royal Women's Hospital, Parkville, Vic, Australia

ARTICLE INFO

Article history:

Received 9 December 2016

Received in revised form 2 February 2017

Accepted 10 February 2017

Keywords:

Breastfeeding

Infant feeding

Aboriginal

Population-based

ABSTRACT

Background: Increasing breastfeeding rates is one way of improving the short and long term health of Aboriginal and Torres Strait Islander children (hereafter referred to as Aboriginal). Despite the benefits of breastfeeding and recommendations for strategies to increase breastfeeding among Aboriginal people, there is a lack of available population data.

Aim: To use population-based data from Victoria, Australia to compare breastfeeding initiation for Aboriginal and non-Aboriginal women and to explore factors associated with breastfeeding initiation of Aboriginal women.

Methods: Routinely collected infant feeding data obtained from the Victorian Perinatal Data Collection (VPDC) was used. The VPDC is a mandatory, population-based system where maternal and infant data on all Victorian births are collected.

Findings: Compared with non-Aboriginal women, Aboriginal women were less likely to attempt to breastfeed their baby (87.2% vs 95.3%; $p < 0.001$); more likely to give formula in hospital (39.6% vs 30.6%; $p < 0.001$) and less likely to give the last feed prior to discharge exclusively from the breast (64.4% vs 75.0% $p < 0.001$). For Aboriginal women, factors associated with not initiating breastfeeding were being single, multiparous, smoking and length of stay. Infant factors were gestation less than 37 weeks and low birthweight (<2,500 g).

Conclusion: In Victoria, breastfeeding initiation is lower for Aboriginal women compared with non-Aboriginal women. Further research is needed to explore the effectiveness of interventions that may increase breastfeeding for Aboriginal women.

© 2017 Australian College of Midwives. Published by Elsevier Ltd. All rights reserved.

Statement of significance

Problem or issue

There is a lack of available population data regarding breastfeeding initiation of Aboriginal women.

What is already known

Increasing breastfeeding is one way of improving the short and long term health of Aboriginal children. Aboriginal

people have higher rates of acute and chronic illnesses, for many of which breastfeeding is protective.

What this paper adds

Routinely collected Victorian population-based infant feeding data showed that breastfeeding initiation is lower for Aboriginal women compared with non-Aboriginal women. Further research should explore ways of increasing breastfeeding for Aboriginal women.

1. Introduction

Increasing breastfeeding is an important way of improving the short and long term health of Aboriginal and Torres Strait Islander

* Corresponding author at: Judith Lumley Centre, School of Nursing and Midwifery, La Trobe University, 215 Franklin St, Melbourne 3000, Australia.

E-mail address: h.mclachlan@latrobe.edu.au (H.L. McLachlan).

children.¹ Indigenous Australians' life expectancy is 11 years shorter for males and 10 years shorter for females compared with the non-Indigenous population and avoidable mortality rates are three times as high.¹ Low birthweight, preterm birth, and perinatal death are all substantially higher for Aboriginal babies.² Aboriginal people also have higher rates of acute and chronic illnesses, for many of which breastfeeding is protective, such as infections, diabetes, heart and circulatory disease, renal disease, asthma, and hearing loss/ear disease.³ For example, recurrent otitis media in Aboriginal children is much higher than in the general populations and recurrent ear infections can lead to hearing loss, which can lead to learning difficulties and impaired social and emotional development. The Australian Government inquiry into the benefits of breastfeeding concluded that given the very strong evidence of the protection breastfeeding provides against otitis media, "for this reason alone, breastfeeding should be encouraged in Indigenous populations".⁴ p. 118

A number of recent Australian government reports have focused their attention on increasing breastfeeding uptake and maintenance among Aboriginal communities to protect the health of future generations. A Victorian Government report on strategic directions for Aboriginal health 2012–2022 includes increasing breastfeeding for mothers of Aboriginal babies as a key priority.⁵ The Australian Parliamentary inquiry into breastfeeding recommended that leadership is needed in the area of monitoring, surveillance and evaluation of breastfeeding initiation and duration and practices in Aboriginal populations in both remote and other areas.⁴ Likewise, the Australian Government's Office for Aboriginal and Torres Strait Islander Health and Healthy Public Policy Unit commissioned two reports as part of a strategy to encourage longer breastfeeding.⁶ Improved breastfeeding outcomes are also a priority for Aboriginal communities and their health providers. The Victorian Aboriginal Community Controlled Health Organisation's (VACCHO) report on early childhood nutrition lists improving breastfeeding outcomes as a priority⁷ and this is also included in their 2009–2014 strategy to close the nutrition gap between Aboriginal and non-Aboriginal people.⁸

Despite the benefits of breastfeeding and the recommendations for strategies aimed at increasing breastfeeding initiation and duration among Aboriginal people, there is a lack of available population data. The 2012–2013 National Aboriginal Health Survey reported that 83% of Indigenous children aged 0–3 years had ever been breastfed compared with 93% of non-Indigenous children and Indigenous children aged 0–3 were 2.3 times as likely as non-Indigenous infants to have never been breastfed (17% compared with 7%).⁹ However these data were obtained from surveys that had issues including poor response rates and poor recall.⁹ Given the limitations of previous studies, the aim of this study is to present state-wide routinely collected population data from Victoria, Australia to compare breastfeeding initiation for infants of Aboriginal and non-Aboriginal women and to explore factors associated with breastfeeding initiation for infants of Aboriginal women.

2. METHODS

The study aimed to explore breastfeeding outcomes of Aboriginal women, using three routinely collected breastfeeding outcome data items (i.e. 'breastfeeding attempted', 'formula given in hospital' and 'last feed before discharge taken exclusively from the breast'), compared to non-Aboriginal women.

Routinely collected breastfeeding outcome data obtained from the Victorian Perinatal Data Collection (VPDC) was used for this study. The VPDC is a population-based surveillance system that collects and monitors data on the health of Victorian mothers and infants. Data collection is mandatory under section 46 of the Public

Health and Wellbeing Act 2008.¹⁰ Approval was sought and obtained from the Victorian Consultative Council on Obstetric and Paediatric Morbidity and Mortality to access the VPDC data. The dataset received from the VPDC included data collected from 2009 to 2011; 2009 being the first year breastfeeding outcomes started being routinely collected, and 2011 being the most recent and complete available year at the time of this study. Comparative data for non-Aboriginal women for the same variables were also collected. The VPDC collects hospital infant feeding outcome data in three ways – whether or not breastfeeding was initiated; if formula was given in hospital and if the last feed before discharge was taken exclusively from the breast.

The VPDC requires health facilities to record the Aboriginal status of every admitted mother and baby. For every admitted birth episode, hospital staff are required to enquire about the newborn's Aboriginal status from a parent or guardian.

2.1. Data collection and analysis

Data were obtained from the VPDC for all livebirth 'confinements' from 2009 to 2011. Confinements are defined by the VPDC as 'the number of women who gave birth to one or more live births and/or stillbirths (regardless of plurality) with a pregnancy of 20 weeks gestation or more'. Data were collected on maternal characteristics (Indigenous status, age, marital status and smoking at more than or equal to 20 weeks, smoking at less than 20 weeks), pregnancy and birth outcomes (parity, gestational age, birthweight, method of birth, analgesia for labour, maternal length of stay), breastfeeding outcomes (breastfeeding attempted, formula given in hospital, last feed before discharge taken exclusively from the breast) and Indigenous status of the infant. Data were excluded if there had been a termination of pregnancy, a stillbirth, infant death or an infant was transferred from the hospital of birth (as data would be incomplete).

Data were provided as group data; that is stratified and collated by the requested variables. Raw data were not able to be provided by the VPDC; thus only univariate analyses could be performed. Stage one of the analysis involved comparing the three infant feeding items by maternal Aboriginal versus non-Aboriginal status. The same analyses were also undertaken based on Indigenous status of the baby.

To further explore factors related to breastfeeding outcomes among Aboriginal women, we assessed differences in background characteristics, pregnancy and birth outcomes of those who attempted breastfeeding compared with those who did not. Similarly, factors associated with 'formula given in hospital' and 'last feed before discharge taken exclusively from the breast' were explored.

Analysis used descriptive statistics, including frequencies and percentages. Odds ratios and 95% confidence intervals were then derived to assess differences between groups. Statistical analyses were undertaken in STATA, version 14¹¹ and SPSS Version 19.¹²

Ethical approval to conduct the study was granted by La Trobe University Faculty Human Ethics Committee on 11th November, 2013 (FHEC13/157).

2.2. Findings

2.2.1. Background characteristics

Overall, from 1st January 2009 to December 31st 2011, there were 2,423 livebirth confinements in the dataset for Aboriginal mothers and 206,857 for non-Aboriginal mothers. Aboriginal mothers were more likely to be less than 20 years of age (13.1% vs 1.9%; $p < 0.001$), single (43.9% vs 11.5%; $p < 0.001$), have a preterm birth (17.4% vs. 13.1%; $p < 0.001$) and to have a low birthweight (<2,500 g) baby (9.0% vs 4.7%; $p < 0.001$) (Table 1). Aboriginal

Download English Version:

<https://daneshyari.com/en/article/5565965>

Download Persian Version:

<https://daneshyari.com/article/5565965>

[Daneshyari.com](https://daneshyari.com)