Infant Feeding Decision: What New Mothers Have Told Us

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Purpose

- Explore the health decisions and behaviors of new mothers as it specifically relates to their choice for infant feeding.
Conceptual Framework

Pender’s Model of Health Decisions

- Past experience/history
- What they are willing to expend
  - Relative value vs. individual’s cost
- Decision becomes behavior
Research Questions

- What is the prevalence of the infant feeding choice [breastfeeding vs. formula] by new mothers?
- Is there a difference in prevalence level according to ethnicity?
- What are the sources of information available to the new mother to make infant feeding decisions?
- What is the decision process that the new mothers use in making their choices regarding infant feeding?
Instrument

Central Jersey New Mother Survey

- Adaptation of *A Survey of Mothers in North Dakota 1996 & 1999*
- 19 item pencil & paper questionnaire
- Recruitment tool for qualitative study:
  - Semi-structured telephone interviews
Quantitative Methodology

- Central Jersey New Mother Survey used to collect epidemiological data on the incidence of the targeted health behaviors
- Distributed to new mothers on the postpartum unit
- Convenience sample of new mothers who have given birth at participating hospitals in the central NJ region.
  - Sample: $N = 394$ participants
Qualitative Methodology

- Ethnonursing approach to explore the health decision process of the participating new mothers.
  - Convenience sample of new mothers willing to participate in semi-structured telephone interviews, especially of Non-WIC eligible, African-American Mothers
  - Sample: N = 13 mothers
Multi-Center Regional Study

N = 394

# of respondents

N = 394
Race/Ethnicity

- White: 71%
- Black: 8%
- Hispanic: 5%
- Asian: 6%
- Not reported: 8%
Statistical Analysis

All survey data was coded into nominal data

Statistical Program Social Sciences (SPSS)

- Frequencies
- Correlations
- Cross tabs
- Mann Whitney U Test
Maternal Interviews

- 8 African-American
  - 5 Non-WIC Eligible
  - 3 WIC Recipients
- 5 White Women
  - 3 Non-WIC Eligible
  - 2 WIC Recipients
Qualitative Analysis

- Ethnonursing Methodology
  - Completion of interviews until saturation of responses were achieved.
  - Data limited to the women who agreed to participate in the interviews.
  - Need to seek out the voice of women in health promotion planning.
Breastfeeding Decision

Mann Whitney U, no significant difference
Influence on Feeding Choice

- Myself
- FOB
- Provider

N = 88
Barriers to Breastfeeding

- Don't Want to: 18%
- Work/Schl: 2%
- No Milk: 4%
- Tried: 6%
Qualitative Data

- Benefits for baby
- Family support
- “My own decision”
- Little, if any, discussion with provider
- “Not for me”
- Too Much Time
Recommendations

- Continue efforts to support woman’s choice through education.
- Provide factual information regarding “naturalness” of breastfeeding.
- Don’t make breastfeeding an all or none issue.
- Encourage providers to discuss benefits for mother as well as baby.
Prenatal Provider Discussions

- Tobacco: 70
- Sleep: 50
- Depression: 30

Breastfeeding: NONE
Qualitative Findings

- Main source of information
  - Written materials from provider
  - Books & Media

- Providers should spend *more time* discussing “women’s health issues”

- “I’ve never read more than I did when I was pregnant.”
Health Policy Implications

- Preconceptional health messages must be given to *all women of childbearing age* in the context of general health promotion.

- Health providers must become more active in providing comprehensive and accurate information.

- We should ensure that high quality, culturally and linguistically appropriate client information is readily available.
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The New Mothers
Questions

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