

# **Breastfeeding Promotion: Overcoming Barriers**

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# Healthy People 2010

- GOALS:
  - 75% of US women initiate breastfeeding
  - 50% at 6 months
  - 25% at 1 year
  
- ACTUAL:
  - 71% initiation
  - 36% at 6 months
  - 17% at 1 year

Guendelman S, et al. *Pediatrics*. 2009;123:e38-e46.  
Johnston ML, et al. *JOGNN*. 2007;36(1):9-20.

# Women More Likely to BF

- Older maternal age
- Married
- Higher education
- More affluent
- Non-smoking

Semenic S, et al. *Res Nurs Health* 2008;31:428-441

***We have the best  
“product” so why isn’t it  
the easiest sell?***

# Biggest Barriers to BF Promotion by LCs?

- Feeding method already decided at time of delivery.
  - Addressing concerns & needs during 1<sup>st</sup> trimester increases possibility that she'll choose to BF.
- Many factors addressing BF duration (maternal age, education level, income, & stability of marital status) not likely affected by professional support.

Shannon T, et al. *Nursing for Women's Health*. 2007;568-575.  
Noel-Weiss J, et al. *JOGNN*. 2006;35(3):349-357.

# ***What are the Barriers to Breastfeeding?***

# Barriers

- Employment status/return to work
  - Socio-economic status
- Culture/attitudes
  - Bottle culture
  - Lack of family support (bottle feeding for decades)
- Hospital practices
  - Prematurity
- Breastfeeding confidence/self-efficacy
- Generational influences/learning styles

# ***Barriers for the Working Mom***

# Working Women

- 70% of US women w/children <3 yrs work outside home
- Women planning to return to work full-time are less likely to even initiate BF.
- Women who believe that breastfeeding while employed requires considerable additional work and stress may not even consider breastfeeding.
- Many studies report difficulty in balancing being “good” mother and “good” employee.
- Inconsistency between BF recommendations & support

Shannon T, et al. *Nursing for Women's Health*. 2007;568-575.  
Greene SW, et al. *Breastfeeding Medicine*. 2008;3(3):159-163.  
Angeletti MA. *J Hum Lact*. 2009;25(2):226-232  
Stewart-Glenn J. *AAOHN Journal*. 2008;56(10):423-429.

# Maternity Leave

- FMLA allows for 12 weeks off
  - Paid vs. unpaid
- Length of maternity leave correlated with duration
  - $\leq 6$  weeks = 4 fold odds of not establishing BF or 3 fold odds of not continuing after return to work
  - 6-12 weeks = 2 fold odds of not establishing BF

Guendelman S, et al. *Pediatrics*. 2009;123:e38-e46.  
Moore ER, et al. *J Ped Health Care*. 2006;20:35-46

# BF Duration in Working Moms

- Breastfeeding rates decline between 3-5 months
- Breastfeeding rates among working mothers are much lower than those who are not employed
  - Initiation rates same, but continuation rates at 6 months are 9% lower in working moms
  - Suggests work climate may influence BF
- Type of job impacts duration rates
  - Inflexible job
  - Managerial vs. non-managerial

Guendelman S, et al. *Pediatrics*. 2009;123:e38-e46  
Johnston ML, et al. *JUOGNN*. 2007;36(1):9-20.

# Employer Perceptions

- In 2 reports, ~50% of employers thought formula-fed infants were as healthy as BF infants.
- One survey of 14 businesses found that employers did not believe breastfeeding was a workplace issue.
  - Felt that BF mothers would miss more work, choosing to stay home with their infants.
- Employers' focus group worried that coworkers would be jealous of special treatment for BF moms which would compromise morale.

Stewart-Glenn J. *AAOHN Journal*. 2008;56(10):423-429.  
Johnston ML, et al. *JUOGNN*. 2007;36(1):9-20.

# Beneficial Workplace Elements

- On site or near by child care has been shown to increase BF success.
  - Only ~9% of employers provide on-site child care
- Employer-sponsored lactation support programs have been shown to positively impact duration

Johnston ML, et al. *JOGNN*. 2007;36(1):9-20.

# ***Cultural Influences***

# Culture & Attitudes

- Fear of embarrassment
  - Not comfortable seeing BF in public but comfortable seeing bottle feeding in public
  - Breasts in American culture sexualized
- Fear of criticism from friends/family
  - Decades of bottle feeding in many families
- Fear that BF will “tie them down”
  - Particularly common among adolescents

# Intention to BF

- Large Canadian study 2008
  - Plans for exclusive BF
    - 35% 4 mos
    - 35% for 6 mos
    - 30% <4 mos
  - 61% BF for a shorter duration than planned
    - By 6 wks 34% no longer exclusively BF or weaned
    - Mean age no longer exclusively BF = 3 mos
    - Only 5% exclusively BF until 6 mos

# ***Hospital Practices***

# Practices Impacting BF

- Maternal-infant separation
- BF duration significantly shorter when infants were given formula during hospitalization.
- C-section delivery

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Johnston ML, et al. *JOGNN*. 2007;36(1):9-20.,

Semenic S, et al. *Res Nurs Health* 2008;31:428-441

# Role of Early Feedings in Success

<b>Hours to successful breastfeeding</b>	Baby put to breast within 1 h of delivery	Baby put to breast after 1 h from delivery
Mother given no analgesia or given < 1 h before birth (less uptake by infant)	6.4 hours	49.7 hours
Analgesia given >1 h before birth	50.3 hours	62.5 hours

# Prematurity

- Balancing need for nutritional support with promoting of BF
- Need to “measure” intake
- First feed bottle feed vs. BF
- Bottle feeding to “discharge home sooner”
- Separation from baby

# ***Maternal Confidence***

# Breastfeeding Self-Efficacy

- Of 11 demographic & psychological variables on BF duration, BSE was strongest predictor
- BSE increased over time in mothers who reported fewer BF problems.
  - Also perceived more BF informational support
- BSE decreased from baseline in those who experienced BF difficulties.

Noel-Weiss J, et al. *JOGNN*. 2006;35(3):349-357

Johnston ML, et al. *JOGNN*. 2007;36(1):9-20.

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Moore ER, et al. *J Ped Health Care*. 2006;20:35-46

# ***Generational Influences***

# Understanding the Generations

- Boomers (45-71 yrs old)
  - Came of age when few breastfed
  - May influence children or grandchildren
  - Prefer traditional teaching methods/interactions
- Gen X (29-45 yrs old)
  - Many are separated from families and lack social support available to Gen Y or Boomers
  - More likely to prefer shorter, efficient, well-supported messages
  - Swayed most by those they know and trust

# Understanding the Generations

- Gen Y (15-28 yrs old)
  - More likely to have social support at home than Gen X
  - Want informal communication/coaching styles
  - Respond to blogs, podcasts, videos
  - Highly networked (Facebook, MySpace, Twitter)
  - Highly democratic in approach to social learning
    - May perceive group agreement as evidence
  - May believe latest popular blogger or Web-base quiz over credentialed health professional
  - Globally and socially aware
    - May be more motivated by messages that support the environmental/societal aspects of BF

# ***Breastfeeding Promotion: Overcoming Barriers***

# Get 'em Early!

- Prenatal intervention & promotion
  - Prenatal classes result in significantly higher BF rates at 6 months
  - Hands-on demonstrations positively affect duration
  - Structured prenatal classes increases continuation of BF to at least 2 mos.
  - Ensure consistent & realistic message
- Allows working moms to think about barriers ahead of time and to work with lactation consultant on solutions.

Noel-Weiss J, et al. *JOGNN*. 2006;35(3):349-357.  
Rosen IM, et al. *MCN*. 2008;33(5):315-319  
Guendelman S, et al. *Pediatrics*. 2009;123:e38-e46.  
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Moore ER, et al. *J Ped Health Care*. 2006;20:35-46.

# Current Education

- Infant feeding methods are presented as equal
  - Lifestyle choice vs health promoting behavior
- Lack of support for BF from health care providers
- Conflicting advice about addressing BF problems
- Many HCPs have limited skills to troubleshoot BF concerns or problems
  - Provide tools to health educators, triage nurses, etc. to provide practical advice

# Maternal Perceptions

- Studies have shown maternal perceptions that lactation consultants have been:
  - Too aggressive
  - Providing advice in a “powerful” way without listening to the mother’s concerns
  - Exposing the mothers’ breasts to observe feedings
  - Touching their breasts without asking permission
- Remember...one’s perception is her reality.
- Then how do we get the message across?

Moore ER, et al. *J Ped Health Care*. 2006;20:35-46

# Understand Your Client

- Motivational Interviewing
  - Perceived control over behavior
- Develop collaborative relationship
  - Start with their goals
  - Nudge a little more as appropriate
- Avoid “All of Nothing”
- Avoid judgment
- Practical applications

Moore ER, et al. *J Ped Health Care*. 2006;20:35-46  
Wilhelm SL, et al. *JOGNN*. 2006;35(3):340-348.

# ***Overcoming Barriers for Working Moms***

# Key Elements

- Elements of supportive workplace environment
  - Private space with locking door (other than bathroom stall)
  - Time to express milk at work
  - Adequate refrigeration
  - Employer/manager support
- Other factors that promote breastfeeding
  - On-site or near-by childcare
  - Manager who has breastfed or had previous employees that have breastfed

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# Educating Working Moms

- Encourage taking maximum maternity leave possible
  - Establish BF; plan for future
- Share that research shows women providing breastmilk miss fewer workdays caring for sick infants.
- Encourage moms to explore alternative work schedule options
- Assist moms in obtaining appropriate breast pump and determining pumping schedule
- Educate on proper storage of expressed milk

Shannon T, et al. *Nursing for Women's Health*. 2007;568-575

Ryan AS, et al. *Women's Health Issues*. 2006;16:243-251

Greene SW, et al. *Breastfeeding Medicine*. 2008;3(3):159-163

Angeletti MA. *J Hum Lact*. 2009;25(2):236-232.

Guendelman S, et al. *Pediatrics*. 2009;123:e38-e46.

# Educating Employers

- 20 states + D.C. have legislation related to BF in the workplace
  - National Conference of State Legislatures provides an online summary of state BF laws
- Establishing employer sponsored lactation programs.
  - *The Business Case for Breastfeeding*
    - Focuses on employee, management, and organizational roles for BF friendly worksite
  - Employer cost savings due to reduced turnover, absenteeism, & healthcare costs along with higher morale, productivity, & company loyalty.

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# Advocating in the Workplace

- ~20-25% of workplaces or schools offer a lactation room; >50% willing to establish an area.
- Encourage moms to discuss workplace policies with supervisor or HR.
- Help identify potential motivators for employers to offer breastfeeding support
  - Wellness strategy
  - ↓ absenteeism due to maternal/child illness
  - Recruiting/retaining employees

Johnston ML, et al. *JOGNN*. 2007;36(1):9-20  
Dabritz HA, et al. *J Hum Lact*. 2009;25(2):182-193..

# Culture

- Research among college students shows that exposure to BF in public or among family/friends is associated with positive attitudes toward BF.
- Spouse support had biggest impact followed by maternal grandmother.
  - Provide education to fathers and grandmothers
  - Reassure their ability to bond without feeding

Marrone S, et al. *J Hum Lact.* 2008;24(2):186-192.:  
Moore ER, et al. *J Ped Health Care.* 2006;20:35-46

# ***Changing Hospital Practices***

# Initiating BF in the Hospital

- Make breastfeeding part of the actual birth experience
- Skin to skin as early as possible
- Most healthy, term babies nurse within 1-1.5 hours after birth
- Sucking reflex peaks within first few hours of life; reflex appears to be less acute if this time is missed
- Baby placed skin to skin will crawl to breast and often self latch

# Hospital Staff Interventions

- Evaluate use/timing of analgesia
- Weighing, measuring, foot printing can wait
- Physical assessments & bathing in mom's room
- Room-in
- Eliminate routine formula supplementation

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# Post Discharge Support

- BF support rather than just post partum support
- Consider alternative methods for reinforcing the message

Semenic S, et al. *Res Nurs Health* 2008;31:428-441

# Prematurity

- Balancing need for nutritional support
  - Utilize breastmilk as “base” whenever possible
- Need to “measure” intake
  - Consider pre- and post-BF weights to quantify
- First feed bottle feed vs. BF
  - Baby stable enough to bottle feed can BF
- Bottle feeding to “discharge home sooner”
  - May need to bottle feed, but include some BF
- Separation from baby
  - Skin to skin

# BF Confidence/Self Efficacy

- Research suggests a benefit of shifting from interventions aimed at increasing maternal knowledge and managing early problems to increasing maternal confidence and addressing maternal beliefs about infant preferences.
- Specific BF support rather than general PP support is found to improve BSE.

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# ***Alternative Teaching Styles***

# Traditional BF Promotion

- Lecture style classes
- Printed materials to encourage & support BF
- Quote studies & medical experts

# Interactive/Multi-Media Classes

- May require a shift in the educator's thinking
  - What are your own biases/preferences?
- Games
- Electronic response recorders
- DVD clips (short, targeted advertisement-type messages)
- Invite “graduates” to share positive parenting/BF experiences.

# Peer/Support Groups

- NICU Mother's Milk Club
- Leche League
- Trained peer counselors
  - Texas WIC Example
    - Peer counselors received 20 hrs of training (BF basics, counseling skills, referral for issues outside normal BF)
    - Increased rates by 71-74% between 1991-2008
- Focused sessions
  - Lactation consultant leads with focused message
  - Participants are asked to share their suggestions

# Use Web to Our Advantage

- Hospital, clinic, or private practice website
  - Short educational messages
  - Interactive tools
  - Link to reputable outside sites
    - [breastfeeding.com](http://breastfeeding.com)
    - [LLLI.com](http://LLLI.com)
    - [www.fns.usda.gov/wic/breastfeeding/breastfeedingmainpage](http://www.fns.usda.gov/wic/breastfeeding/breastfeedingmainpage)
    - [cdc.gov/breastfeeding](http://cdc.gov/breastfeeding)
    - [webMD.com](http://webMD.com)
    - <http://www.womenshealth.gov/pub/BF.General.pdf>

# Social Media

- Facebook
- MySpace
- Twitter
  - Send out “tweets” with targeted messages
  - Encourage using :) to find tweets with a positive message
- Blogs or Tumblr

# E-mail Messages

- Send daily or weekly brief tips to those enrolled
- Use e-mail for follow up and support
- Regular lactation newsletters
- Check hospital/clinic policy regarding e-mail

## Other “Advertising”

- Stickers with slogans on items such as water bottles, lunch bags, food items, etc.
- Subtle promotions such as art showing women breastfeeding.

# Summary

- Many different factors influence the decision to BF and duration of BF.
- As HCPs, we must evaluate current interventions and seek opportunities to change.
  - Is what we are currently doing working?
  - Stepping outside our comfort zone/usual routine
  - How can we as individuals make a difference?

# What We Eat May Determine Who We Can Be!

