

ADDRESSING THE LONGEVITY OF BREASTFEEDING IN A WOMEN, INFANTS, AND CHILDREN (WIC) CLINIC

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INTRODUCTION

Background

- Exclusive breastfeeding for the first six months is recommended with continued breastfeeding until at least one year of age (American Academy of Pediatrics [AAP], 2012; World Health Organization [WHO], 2015)
- Breastfeeding rates in the U.S. remain low
 - 81.1% of newborns breastfed at birth, 51.8% at six months and 30.7% at 12 months (Centers for Disease Control and Prevention [CDC], 2016)
- Women enrolled in WIC have lower breastfeeding rates than the general population (McCann, Baydar, & Williams, 2007)
- WIC offers breastfeeding support utilizing the CDC's (2013) Best Start 3 Step Counseling Program
- The effectiveness of these interventions in increasing breastfeeding longevity among Boone County WIC participants had not been evaluated

Literature Review

Risk Factors



- single women, lack of support
- smokers
- lower socioeconomic status
- non-Hispanic Black mothers
- early return to work postpartum
- lower level of education completed
- enrollment in Medicaid and/or WIC (Brand, Kothari, & Stark, 2011).

Influences



- Personal and/or professional support for breastfeeding increases breastfeeding duration (Sikorski, Renfrow, Pindoria, & Wade, 2003).
- Participation in peer counseling by women enrolled in WIC increases breastfeeding initiation (Yun et al., 2009).

PICO

In breastfeeding women enrolled in the Boone County WIC program during the fiscal year 2015 (October 2014 - September 2015) (P), how will a needs assessment (I), identify key barriers to breastfeeding longevity; identify characteristics of women with longer breastfeeding duration rates; identify utilization of breastfeeding support services; and guide recommendations to WIC stakeholders to increase the duration of breastfeeding (O)?

Identify the most common reasons for the early cessation of breastfeeding among mothers who were breastfeeding and enrolled in WIC in 2015

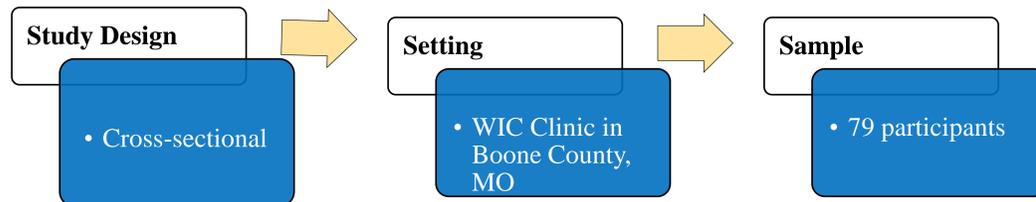
Identify the demographic trends and longevity of breastfeeding in 2015 to determine certain characteristics of women who have longer breastfeeding duration rates

PROJECT OBJECTIVES

Identify the utilization of WIC's breastfeeding services by WIC participants that supported breastfeeding longevity in 2015

Provide a recommendation(s) of evidence based intervention(s) that WIC can implement related to data identified through the needs assessment

MATERIALS AND METHODS



Implementation

Data from October 2014 through September 2015 was collected in February 2017 from WIC databases. Data collection included:

Reason for breastfeeding cessation, weeks gestation, and number of weeks breastfed

Participant demographics: race, date of birth, education level, and marital status

Contact with peer counselor and attendance of a WIC breastfeeding prenatal class

Data Analysis

- Descriptive statistics for demographic data
- Chi-Square Test of Independence, Point-bi serial, and the Independent *t* test using Cohen's *d* coefficient
- One-Way ANOVA using Least Significant Difference (LSD) for post hoc analysis
- The level of significance was set at $p \leq .05$

RESULTS

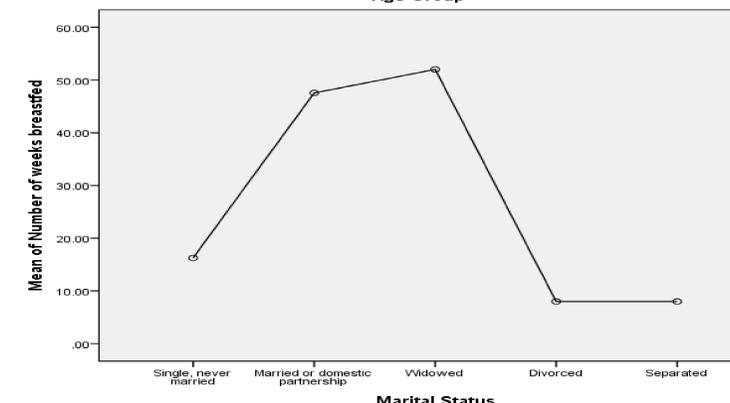
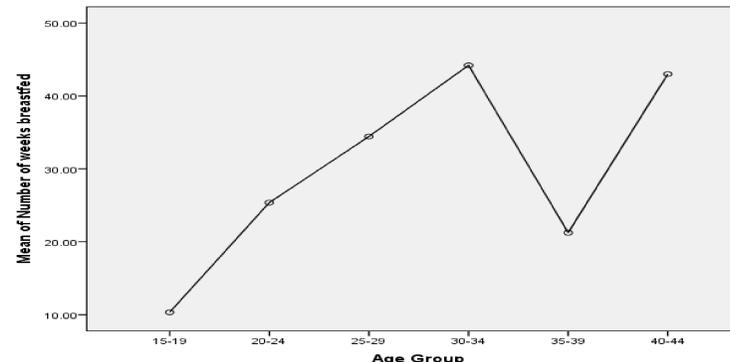
- The mean length of breastfeeding for the participant group was 27.8 weeks
- Statistical Significance**
 - Marital status and the number of weeks breastfed ($F(4, 74) = 6.03, p = .00$)
 - Married individuals ($n = 29$) breastfed longest ($M = 47.6$ weeks)
 - Differences between maternal reasons for breastfeeding cessation, $F(6, 72) = 2.21, p = .05$
 - The mean number of weeks breastfed for mom's personal goal or preference and breast problems ($M = 34.4, p = .02$), as well as mom's personal goal or preference and low milk supply ($M = 28.2, p = .02$)
 - Positive, weak correlation between maternal age group and attending a WIC prenatal class ($p = .03$)
- Clinical Significance**
 - Peer counseling participation ($n = 58$) led to a small to moderate increase in number of weeks breastfed ($M = 31.5$) compared to women who did not participate ($n = 21$) ($M = 17.5$) ($t(77) = 1.75, p = .08, d = .04$)

CONCLUSIONS

- Objective 1 Met:** Identification of the most common reasons for breastfeeding cessation with statistically significant differences between reasons for breastfeeding cessation and number of weeks breastfed
- Objective 2 Met:** Successful breastfeeding mothers in WIC were married and participated in WIC peer counseling
- Objective 3 Met:** 46 participants (45.6%) utilized the WIC prenatal breastfeeding course and 58 participants (73.4%) utilized the breastfeeding peer counseling services

RESULTS

Patient Demographics	N	Mean Weeks Breastfed
Age	15 - 19	N = 15 Mean = 10.33
	20 - 24	N = 24 Mean = 25.38
	25 - 29	N = 25 Mean = 34.44
	30 - 34	N = 10 Mean = 44.20
	35 - 39	N = 4 Mean = 21.25
	40 - 44	N = 1 Mean = 43.00
Race	Asian	N = 1 Mean = 33.00
	AA	N = 29 Mean = 21.10
	White	N = 46 Mean = 32.87
	2 or More Races	N = 3 Mean = 12.67
Marital Status	Single	N = 45 Mean = 16.27
	Married	N = 21 Mean = 47.55
	Widowed	N = 1 Mean = 52.00
	Divorced	N = 3 Mean = 8.00
	Separated	N = 1 Mean = 8.00
Education	7th Grade	N = 1 Mean = 64.00
	9th Grade	N = 3 Mean = .33
	10th Grade	N = 4 Mean = 24.00
	11th Grade	N = 10 Mean = 9.00
	12th Grade	N = 41 Mean = 27.78
	1 Year College	N = 4 Mean = 29.25
	2 Years College	N = 4 Mean = 40.00
	3 Years College	N = 4 Mean = 63.00
4-5 Years College	N = 11 Mean = 42.27	



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RECOMMENDATIONS

Continue current breastfeeding services offered

Consider identification and documentation of mother's breastfeeding goals

Address issues related to the most common reasons for breastfeeding cessation, mother's goal or personal preference

Identify mother's at increased risk for early breastfeeding cessation

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