A PROSPECTIVE CROSS-SECTIONAL STUDY OF THE TIMING OF INFANT FEEDING DECISIONS AMONGST PREGNANT MOTHERS, ASSOCIATED FACTORS AND BREASTFEEDING SELF-EFFICACY

Jordan S Lim[1], Sowdhamini Wallace[2], Ashley Joshi-Patel[3]

[1] Baylor College of Medicine, Department of Pediatrics, Hospital Medicine
[2] Baylor College of Medicine , Pediatrics, Hospital Medicine
[3] Baylor College of Medicine , Pediatrics , Hospital Medicine

Background: The health benefits of breastfeeding for mothers and infants are well established and have led to many efforts to understand and improve breastfeeding rates in the United States. While previous studies have characterized factors associated with breastfeeding initiation and duration among women, little data is known on when pregnant women make the decision of feeding modality for their infants and how this relates to their future breastfeeding self-efficacy. We hypothesize that a large proportion of women may make the decision during pregnancy and opportunity could exist for healthcare providers to influence decision-making. In this study, our primary aim was to evaluate the timing for the decision on infant feeding modality and the factors associated with decisions made before pregnancy, during pregnancy, or after delivery. Secondarily, we aimed to determine how prenatal breastfeeding self-efficacy is influenced by the timing of the decision in women who choose to breastfeed exclusively.

Materials/Methods: We conducted a prospective cross-sectional study via a survey of pregnant women >= 35 weeks gestation presenting for outpatient obstetrical care from October 2021 through spring of 2022. The survey instrument included questions from the validated Infant Feeding Practice Study II instrument in addition to novel questions adapted from the literature. The survey instrument was further revised through content expert review, readability assessment via the Fry Method, cognitive interviews, and piloting in the outpatient setting. Covariates collected include demographics, maternal health, social and medical care factors. The primary outcome was the timing of a mother's infant feeding decision. The decision could be exclusive breastfeeding, formula, or mixed feeding modalities. The timing of the decision was categorized as either prior to pregnancy, during pregnancy (1st trimester, 2nd trimester, 3rd trimester), or undecided. Undecided women were presumed to make decisions very close to delivery or afterward. The secondary outcome, prenatal breastfeeding self-efficacy, was adapted from the modified 14 item Breastfeeding Self-efficacy Scale (BSES-SF). Logistical regression modeling was used to evaluate for associations between covariates and the timing of feeding modality decisions.

Results: Results pending secondary to ongoing data collection.

Conclusions: Conclusions pending complete data collection and analysis.

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