

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

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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.

OBJECTIVES

- 1) 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
- 2) To determine how prenatal breastfeeding self-efficacy is influenced by the timing of the decision in women who choose to breastfeed exclusively.

METHODS

- Study population: pregnant women \geq 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 instrument¹ in addition to novel questions adapted from the literature.
- Survey development included content expert review, readability assessment via the Fry Method², 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 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)³.
- Logistical regression modeling will be used to evaluate for associations between covariates and the timing of feeding modality decisions.

| | Value (%) |
|---------------------------------------|--------------|
| Median Age in Years (range) | 31 (22 – 46) |
| Ethnicity | |
| White | 11 (52%) |
| Asian or Pacific Islander | 2 (10%) |
| Black | 1 (5%) |
| Filipino | 0 |
| Hispanic | 3 (14%) |
| American Indian | 0 |
| Other | 4 (19%) |
| Education | |
| High School | 1 (5%) |
| Some college | 4 (19%) |
| College | 6 (29%) |
| Graduate School | 10 (48%) |
| Partnered or have support person | 20 (95%) |
| Presence of chronic health conditions | |
| Overweight | 1 (5%) |
| None | 20 (95%) |
| Enrolled in WIC program | 2 (9%) |

Table 1: Demographics of pregnant women \geq 35 weeks gestation presenting for outpatient obstetrical care.

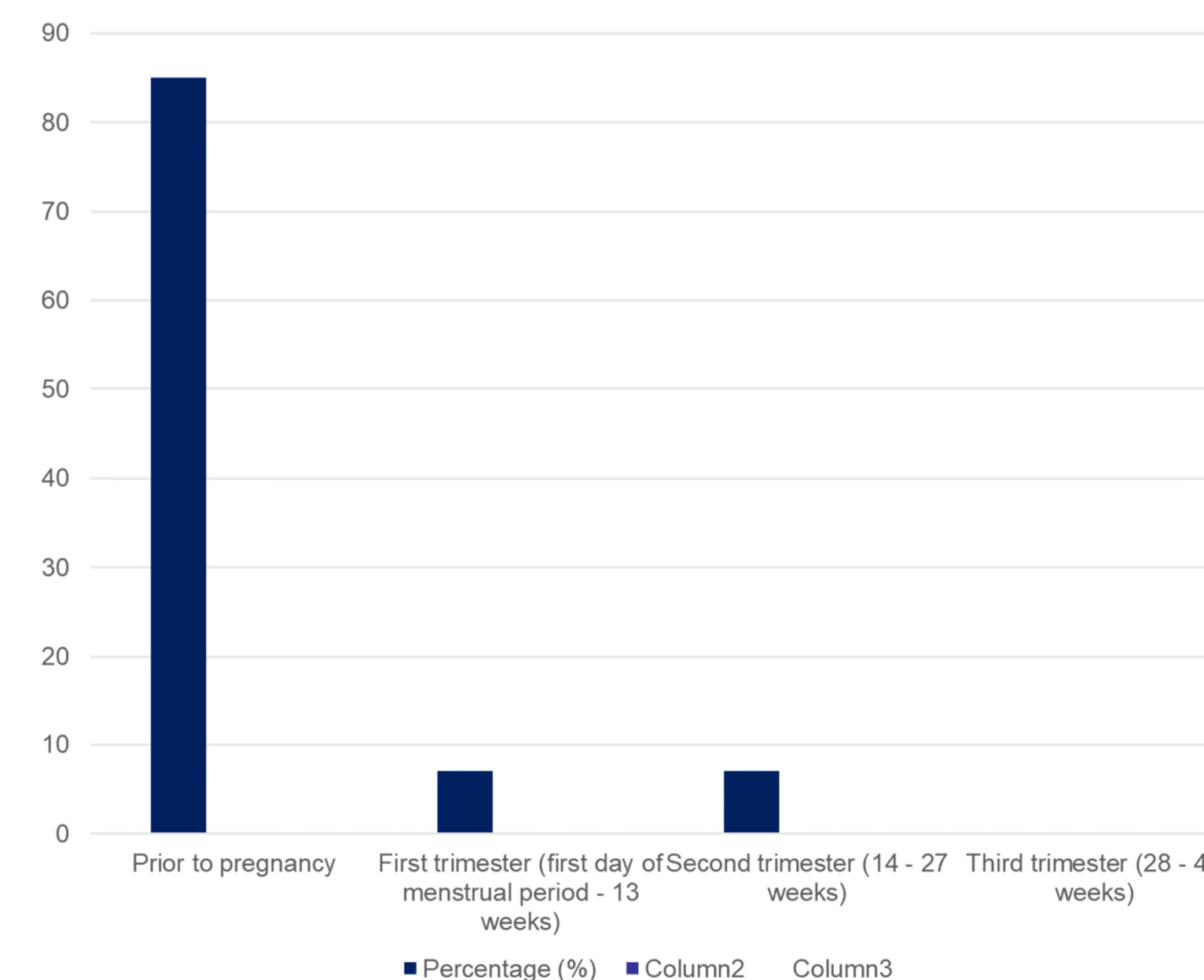


Fig 1: Timing of decision for infant feeding modality among pregnant mothers.

QUANTITATIVE RESULTS

- Final results pending secondary to ongoing data collection
- 30 women have completed the survey
 - 29 English speaking
 - 1 Spanish speaking
- Of the 30 women, currently, 78.6% plan to exclusively breastfeed upon delivery
- 85.2% of women made this decision prior to pregnancy
- 72% of women stated they have given birth before
 - 94% of these women breastfed for some duration during their previous pregnancies
 - 61% of these women stated they did not breastfeed for as long as they intended during previous pregnancies

QUALITATIVE RESULTS

- Participants were asked to describe what factors contributed to their infant feeding decision
 - 57% of women provided responses
 - All women responding cited health benefits of breastfeeding as a factor
 - Other mentioned themes include cost, convenience and specific health concerns during the pandemic

CONCLUSION

Final conclusions pending secondary to ongoing data collection; however, based on current data, most women make the decision on infant feeding prior to pregnancy. This is contrary to our hypothesis. Most qualitative statements provided in the data suggest social influence of family and friends as key drivers in this decision.

Next steps in this study include completion of data collection, full data analysis. We hope the data from this study can further inform health care teams and quality improvement measures to support maternal and infant health through the promotion and support of breastfeeding.

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