

Determinants of Success in Breastfeeding Initiation and Duration in Portugal

- the impact of maternal knowledge and maternity-care practices -



14 WORKSHOP “Educação pela Ciência”

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Introduction

Breastfeeding (BF) is recognized by its health benefits for children and also for the mothers who breastfeed^{1, 2}. Nevertheless, BF rates in Portugal remain under WHO recommendations of exclusive breastfeeding during the first 6 months of life^{3,4}. Many studies suggest that promoting the mother's knowledge about BF and maternity-care practices are two effective ways of improving BF. While the knowledge of the infant's health benefits is pointed as a main reason for sustaining the decision to breastfeed⁵, it has been suggested that the awareness of mother's own advantages is associated with longer BF periods⁶. On the other hand, the Baby-Friendly Hospitals Initiative (BFHI) consists of a list of practices that has been showed to improve BF rates⁷⁻⁹. However, the influence of these factors on BF in Portugal remains unknown. This study **aims** to evaluate the association between the initiation and duration of BF and **1) mothers' level of knowledge about BF**; and **2) maternity-care practices on BF promotion**.

Methods

- Observational, longitudinal study;
- National sample of 494 women randomly selected from a national registry of all children born (Rastreio Nacional de Doenças Metabólicas do Instituto de Genética Médica Jacinto de Magalhães);
- Telephone questionnaire applied to all mothers at 3 and 6 months postpartum;
- Collected data included socio-demographic, biomedical, hospital-related, and psychosocial factors described as associated with the initiation and the duration of BF;
- Percentage of children who were ever breastfed, exclusively breastfed at ages 0 to 6 months was calculated;
- BF promotion in maternities was analyzed based on the BFHI list of practices and 2 other practices not included but identified in literature as associated with BF success
- Multivariate logistic regression was used to identify successful BF factors at 3 and 6 months.

Results

- The 494 mothers analyzed were aged 31.0±5.2 yrs (mean±sd) and had 13±4.2 yrs of school attendance, 53.4% were primiparous and 44.3% referred at least one previous experience of BF.
- Most of the mothers (95.8%) initiated BF, and 56.7% and 42.1% were still BF their babies at 3 and 6 months, respectively. Moreover, exclusive BF was practiced by 33.2% of the mothers at 3 months, and decreased to 0.9% at 6 months.

Table 1. Prevalence of referred baby and personal advantages of BF.

Baby's advantages		Mother's advantages	
	N %		N %
Immunological	364 77.1	Physical Recuperation	223 51,9
Nutritional	275 58.3	Contraception	1 0,2
Obesity Prevention	2 0.4	Psychological	69 16,1
Prevention of Diabetes	2 0.4	Mother-baby relationship	176 40,9
Psychological	22 4.7	Economical	127 29,5
Mother-baby relationship	107 22.7	Decreases Risk of Gynecological Neoplasias (Breast, Uterus, Ovary)	55 12,8
Others	42 8.9	Others	95 22,1

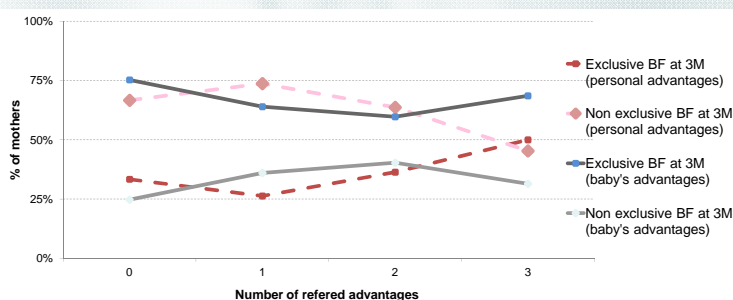


Figure 1. Association between number of referred baby and personal advantages and exclusive BF at 3 months.

Table 2. Prevalence of maternity-care practices of BF promotion.

Maternity-care practice	Prevalence*	
	N	%
Inform about BF's benefits	208	42.1
Inform about BF's difficulties	189	38.3
BF initiation within 30 min	201	44.1
Show how to breastfeed	367	74.9
Show how to maintain lactation even if separated from baby	222	46.0
Only breast milk given	283	58.4
Rooming-in	479	97.6
BF on demand	436	89.9
Give no artificial teats or pacifiers ^a	268	54.5
Provide information on BF support groups ^b	42	8.5
No publicity of artificial milk given	401	83.5

* n = 494; a – question asks whether a pacifier was given to the newborn and if the mother answers “yes” if it was given while in maternity. The variable is coded as yes if the mother didn't give a pacifier or if she gave it after maternity discharge; b – question asks if mother received being information about BF support groups or services in the maternity – if so practice coded as yes

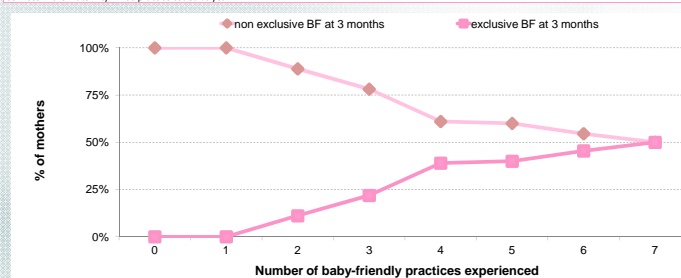


Figure 2. Association between number of practices experienced and exclusive BF at 3 months.

Conclusions

- Although rates for any BF at 3 months were very high, exclusive breastfeeding remained behind the national and WHO goals of 50%.
- Almost all mothers (99.4%) were able to identify at least one infants' benefit of BF, and 89.1% also identified at least one mothers' advantage. There was a positive association between the knowledge of mother advantages and baby's advantages and the exclusive BF at 3months (Figure 1).
- There were great differences regarding the prevalence of the maternity-care practices, which ranged from 8.5% to 97.6% (Table 2). A positive association between the number of maternity-care practices experienced and exclusive BF at 3 months was found (Figure 2).
- The mentioned knowledge explained 10.4% and practice of exclusive BF at the maternity explained 2.7% of the BF rates at 3 months. Together, knowledge and practices are responsible for 11.8% of BF at 3 months.
- Further analysis will be conducted to confirm these results, which are relevant to design effective intervention strategies.

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Credits:

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