Removing the Barriers to Teen Breastfeeding:

A Service Provider’s Perspective

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“Infants born to teenagers are more apt to experience adverse birth outcomes and die during their first year of life than are infants born to older women”

(Rotermann, 2007)

Infants born to teen mothers are at greater risk for infant morbidity, mortality, and developmental delays

(Wambach et al, 2010)
Infants of teen mothers are more likely to be hospitalized in the 1st year of life

(Strobino et al, 1992)

Especially for gastroenteritis, when compared to infants of older mothers

(Wilson et al, 1990)
“The social and economic disadvantages affecting many adolescent mothers can be offset by the positive contribution that breastfeeding and human milk can provide for mother and infant.”

(Wambach and Cole, 2000)
“Exclusive breastfeeding goes a long way toward canceling out the health difference between being born into poverty and being born into affluence.... in order to give the child a fairer start in life and compensate for the injustice of the world into which it was born.”

James P. Grant, former Executive Director, UNICEF
Conditions preventable by BF:

Hospitalization in the 1\textsuperscript{st} year?

Exclusive BF for $\geq 4$mos reduced risk for hospitalization in the 1st year by 72% (due to lower respiratory infections)

BF infants had a 64% reduction in gastroenteritis when compared to non-BF

(Ip et al., 2007)
“Breastfeeding and maternal and infant health outcomes in developed countries”

US Agency for Healthcare Research and Quality (AHRQ)

Ip et al., 2007
On January 20, 2011:

The US Surgeon General Regina M. Benjamin released

*The Surgeon General’s Call to Action to Support Breastfeeding*
Table 1. Excess Health Risks Associated with Not Breastfeeding

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Excess Risk</th>
</tr>
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<tbody>
<tr>
<td><strong>Among full-term infants</strong></td>
<td></td>
</tr>
<tr>
<td>• Acute ear infection (otitis media)</td>
<td>100 %</td>
</tr>
<tr>
<td>• Eczema (atopic dermatitis)</td>
<td>47 %</td>
</tr>
<tr>
<td>• Diarrhea and vomiting (gastrointestinal infection)</td>
<td>178 %</td>
</tr>
<tr>
<td>• Hospitalization for LRT diseases in the first year</td>
<td>257 %</td>
</tr>
<tr>
<td>• Asthma, with family history</td>
<td>67 %</td>
</tr>
<tr>
<td>• Asthma, no family history</td>
<td>35 %</td>
</tr>
<tr>
<td>• Childhood obesity</td>
<td>32 %</td>
</tr>
<tr>
<td>• Type 2 diabetes mellitus</td>
<td>64 %</td>
</tr>
<tr>
<td>• Acute lymphocytic leukemia</td>
<td>23 %</td>
</tr>
<tr>
<td>• Acute myelogenous leukemia</td>
<td>18 %</td>
</tr>
<tr>
<td>• Sudden infant death syndrome (SIDS)</td>
<td>56 %</td>
</tr>
<tr>
<td><strong>Among preterm infants</strong></td>
<td></td>
</tr>
<tr>
<td>• Necrotizing enterocolitis</td>
<td>138 %</td>
</tr>
<tr>
<td><strong>Among mothers</strong></td>
<td></td>
</tr>
<tr>
<td>• Breast cancer</td>
<td>4 %</td>
</tr>
<tr>
<td>• Ovarian cancer</td>
<td>27 %</td>
</tr>
</tbody>
</table>

*The Surgeon General’s Call to Action to Support Breastfeeding* (2011)
Strongest effects with Exclusive BF

BF also speeds postpartum healing & weight loss, delays ovulation

May lower depression

May increase child IQ

Economic, Environmental & Societal benefits
Maternal maltreatment:

Increased as BF duration decreased

4.8 higher odds in non-BF compared to infants BF >4 mos

2.6 OR once adjusted for confounding factors

(Strathearn et al, 2009)
Bonding and Attachment

The power of Oxytocin
Breastfeeding initiation:

87.5% National Average

81.5% in 2001

(Statistics Canada, 2009)
BF duration at 6 months

53.9% in Canada
21% in UK
43.1% in USA
72.4% in Sweden
80% in Norway

22.8% for Canadian teens 15-19yrs

(Chalmers et al., 2009)
EBF rate at 6 mos in Canada: 14.4%

Teen EBF @ 6 months: 5.1%

Supplements in the 1st week are high, especially in teens studied

21,500 teen births in Canada
435,436 in US
When do teens make infant feeding decisions?

Before and throughout entire pregnancy

Critical time for information and support from all levels
Determinants of BF choice:

Confidence and positive view of BF

1st Baby

BF knowledge

Intent to BF most influenced by the father of the baby

Having support of teen’s own mother
Reasons non-pregnant teens may choose to bottle feed:

Belief that BF causes embarrassment and pain

Bottle-feeding is perceived as more convenient

Others may feed the infant

BF perceived as tiring

Belief that mother may have no milk

(Wambach and Cole, 2000; Wambach & Koehn, 2004)
BF viewed as complex
Bottle feeding viewed as simple
Related to teen intent to combine breast and bottle feeding
Teens are less likely to seek help
(Wambach and Cole, 2000)
Being on the fence is OPPORTUNITY

Informed decision making
We no longer ask are you going to “breast or bottle feed”?

This aligns the two as equal options

“Tell me what you’ve heard about breastfeeding?”

“Who in your life would be supportive of you considering breastfeeding?”
It is possible to work or go to school while BF!

EBF is the goal, but BF is not "all or nothing"

Nurse baby when together and use bottles when apart

Pumped milk versus artificial milks
Get a solid start with BF 1st:

No bottles/pacifiers for 4-6 weeks

No supplements “unless medically indicated”

Early formula introduction is a social phenomenon

Any BF is better than none!
For teens who chose BF they describe:

- Increased self esteem
- Sense of control
- Relaxation
- Sense of accomplishment
- Empowerment
- Feelings of self-identity
- Feelings of connection with her child
- Enhanced social support
- Return to school
Motivators for teens:

Body Conscious:
Return to pre-pregnancy
Size more quickly

She can do for her baby
what no one else can

Cost savings
From the mouths of teens:

(Nelson & Sethi, 2005)
Deciding to BF in pregnancy:

“I was kind of iffy about it at first. Like, I would say, “Well, yeah, I’ll do it because it’s best for the baby.” But I couldn’t imagine, you know, having a baby hanging off with my chest and stuff.”

Jane, 18 years
Continuous commitment to BF

May try it for 1 week…
1 month…

Set subsequent timelines & goals

Sometimes it’s 1 feeding at a time
“I figured I’d do it for the first 6 weeks, and then I just loved it so I just couldn’t leave him and I said, “Okay, well, I’ll do it until he’s got teeth,” and then I said, “Okay, well, I’ll do it until he’s 9 months old,” and then I said, “Okay, I’ll do it until he’s a year.”

Jane, 18 years
Deciding to BF:

Seen as more convenient, don’t have to make bottles & “cheapness”

Advice from teens to providers:

Be personal and use down to earth language (not patronizing) but:
“...saying like all kinds of medical terms and stuff then it’s really hard to listen and then you kind of think it’s coming right out of a book, and they don’t know what it’s like.”

Georgia, 18 years
It gets easier!

“At 3 months, I guess, like it was really easy. You don’t have to think about it at all, you know.”

Helen, 18 years
The good things:

- Benefits to infants’ health
- A close relationship to their child
- Convenience: “Easier”
- Economic savings: “Cheaper”
- Personal changes and evolution
The **hard** things:

- BF pain
- Loss of freedom
- Changed relationships with male partners
- Public feeding/embarrassment
- Changes in future plans
What are BF barriers for teens?

Common misconceptions and old wives' tales
Nutrition Status

“No differences in quality or quantity have been associated with maternal age” Dr. Ruth Lawrence

"Lactation may actually protect a teenager's bone health. This finding, coupled with the known health benefits both baby and mother receive from breastfeeding, clearly underscores the overall advantage for both mother and baby in choosing breastfeeding over formula.”

Caroline Chantry, UC Davis Assistant Professor of Pediatrics
Smoking

Immune/living properties of human milk outweigh contaminants of tobacco

Arguably need the protection of BF even more! (asthma & respiratory infections)

Harm reduction (95-minute ½ life)

SIDS
Linked to early weaning
More likely to cut back or quit and have success
Alcohol

1 drink takes 2-3hrs to metabolize

It’s possible to “pump and dump”
Marijuana

Linked to SIDS

May decrease milk supply

THC is fat soluble and accumulates

May affect motor development @ 1 year, LT effects not known  
(Astley & Little, 1990)
Local resources:

A positive attitude and societal support is one of our greatest natural resources (apart from the breastmilk itself!)

Supportive (on-site) childcare and school environments
Accommodations for teen mothers
Healthy Baby Healthy Start groups
Prenatal classes
Public health nurses
Breastfeeding clinics
LLL groups or phone line
Breastfeeding hotline/Health Links

Partner/boyfriend/Grandmas on side!

BF friendly Communities
Seven Point Plan
For the protection, promotion and support of breastfeeding in Community Health Care Settings

Have a written breastfeeding policy that is routinely communicated to all health care staff.

Train all staff involved in the care of mothers and babies in the skills necessary to implement the policy.

Inform all pregnant women about the benefits and management of breastfeeding.

Support mothers to initiate and maintain breastfeeding.

Encourage exclusive and continued breastfeeding, with appropriately-timed introduction of complementary foods.

Provide a welcoming atmosphere for breastfeeding families.

Promote co-operation between health care staff, breastfeeding support groups and the local community.
Resources:

Plethora of written materials and pamphlets

INFACT Resource:

“Instead of formula feeding for this amount of time... you could have bought this”
How do we normalize breastfeeding?

Reinstate it as the social and biological norm?
Nova Scotia promotes, protects, and supports breastfeeding!

It is our policy to promote, protect, and support breastfeeding, and to respect the decision each mother makes about how to feed her baby.

We pledge to help you and your baby breastfeed – in hospital, at home, and in the community.

Breastfeeding is the normal, natural, and best way to feed your baby and toddler. It's the first step in a lifetime of healthy eating.

In hospital...
1. It is normal for mothers and fathers to be together when their baby is born. If your hospital has a policy about nursers, it is normal for the nursery to be available for you.
2. The first breastfeed is within 1 hour of birth and should last 15-30 minutes.
3. If you cannot breastfeed your baby, it is normal for it to be offered formula.

In the community...
1. We will respect your decision about how you will feed your baby.
2. We will offer educational classes to help your baby breastfeed at home.
3. We will offer a free breast pump for your baby.

For more info: <insert contact info>
www.breastfeedyababy.org:

Rap video for African American teens
“Unlike bottles and pacifiers, nipples don't fall on the floor.”

“Breastmilk is always the perfect temperature and available at two locations near you.”
Be a star campaign, UK

HOW I FEED MY BABY
WITHOUT SHOWING MY BOOBS

Kerry, 24
from Blackburn, Rotherham

LOOK AT MY DAUGHTER. SHE’S A STAR

because she’s breastfeeding, my granddaughter is getting all the goodness she needs, straight from her mum. And because I know breastfeeding isn’t always easy, I’m just so proud of her for giving it a go.

My daughter might not be a film star or a famous singer, but look at her breastfeeding... she’s a star.

Starring Vicky and Baby Sian
from Carlisle

breast feed be a star

National Breastfeeding Helpline
0300 100 0212 9:30am-9:30pm

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