Breastfeeding and Education

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Abstract

Breastfeeding education is the promotion to learn and initiate the act of breastfeeding. Breastfeeding is recommended and educated as the best form of nutrition for all newborns. Breastfeeding aids in the increase of health for mothers and infants of all ages. The World Health Organization highlights the need to promote breastfeeding with the goal to increase the national average of initiation and duration of breastfeeding mothers. The need to figure out the most accurate way to increase breastfeeding rates is essential. A review of literature is performed to assess for the difference in prenatal education for breastfeeding rates and comparing to the absence of no prenatal education of breastfeeding. Eligible candidates are all pregnant women. Three articles in the review of literature focus on prenatal education with different methods performed for each research study. The purpose of this study is to review the effects of prenatal education on breastfeeding versus no prenatal education for the initiation and duration of breastfeeding.

*Keywords*

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 Studies show with infants who are breastfed exclusively will perform better in academics, have a higher prevalence to be healthy, and will less likely report to have diabetes. Mothers are less likely to have ovarian cancer and breast cancer. Breastfeeding (World Health Organization, 2016). The World Health Organization (WHO) states “that increasing breastfeeding to near-universal levels could save more than 800 000 lives every year, the majority being children under 6 months” (2016). The supporting criteria to save infant lives with increasing breastfeeding rates, the rate for breastfeeding remains “fewer than 1 in 5 infants are breastfed for 12 months in high-income countries and only 2 out of 3 children between 6 months and 2 years receive any breast milk in low- and middle-income countries” (WHO, 2016). With breastfeeding rates continually being lower than average, the lack of support for breastfeeding education remains to be the hypothesis for decreased breastfeeding rates. The purpose of this paper is to provide a review of literature and show evidence using a PICO format question; how does prenatal education on breastfeeding effect the initiation rate of breastfeeding mother’s as compared to no education on breastfeeding?”

 In searching for literature, multiple articles were found using databases such as Cochrane library, CINAHL, Medscape, and PubMed. The keywords used in the search included breastfeeding, initiation, and prenatal education. Cochrane found two articles, CINAHL found 18 articles, PubMed showed 41 articles, Medline found 37 articles. Of all the research articles, three articles were chosen, all of which were published in the last five years and all three articles chosen are level two research articles.

 The first research article, published in 2012 is, “Antenatal breastfeeding education for increasing breastfeeding duration” (Lumbiganon, et al., 2012).This level two research study performed a randomized control trial to show whether prenatal education is a necessary tool for the initiation and duration of breastfeeding, how different teaching strategies is effective and underlying outcomes of mother and baby (Lumbiganon, et al., 2012). The research provided high evidence prior to the study how the significance of breastfeeding infants contributes to the overall health of mother and infant. Multiple positive health factors include; “lower rates of gastrointestinal and respiratory, otitis media and allergies, better visual acuity, and speech and cognitive development” (Lumbiganon, et al., 2012, p. 3). Other changes noted in health speak of diabetes, sudden infant death syndrome, cancer, obesity, and cardiovascular problems (Lumbiganon, et al., 2012). The article also provided statistics proving breastfeeding rates are decreasing even though the overall health of maternal and child can be increased. The article also cites recommendation of infants to breastfeed up until six months exclusively and then up to two years or further with the intermission of other generic foods. Six million women and infants are saved each year due to exclusive breastfeeding (Lumbiganon, et al., 2012). Rationale is also supported in the article through research promoting education as a means to educate women on the benefits of breastfeeding. A study performed and published in New Zealand showed breastfeeding rates were decreased due to the absence of prenatal education (Lumbiganon, et al., 2012).

 The 19 studies provided a clear understanding for when education on maternal routine care of breastfeeding is done, and found an increased rate of initiation to breastfeeding. The interventions provided on education did not show any difference in initiation. It was reported at a six month mark there was a slight increase in the rate of breastfeeding when a booklet and video were provided (Lumbiganon, et al., 2012). Regardless of the type of education, whether it is a book, lactation consultant, pamphlet, videos or other educational tools, prenatal education is proven to promote the initiation and duration of breastfeeding infants.

 The next article published in 2015, “The effect of lactation educators implementing a telephone-based intervention among low-income Hispanics: A randomized trial” (Efrat, Esparza, Mendelson, & Lane, 2015). This study is a level two study which utilized a two group randomized control trial “was used to evaluate the efficacy of an intervention consisting of lactation educator-implemented prenatal and postpartum phone-based breastfeeding education and support versus a non-intervention control group” (Efrat, Esparza, Mendelson, & Lane, 2015, p. 426). Background of evidence was provided prior to the study highlighting the improvement of health outcomes with breastfeeding and which the USA statistically shows 36% of women are breastfeeding at three months. Of these women, Hispanics are showing a lower rate of breastfeeding. The purpose provided for the study follows: “can a prenatal and postpartum phone-based breastfeeding intervention delivered by trained lactation educators who are not CLHCPs nor have had prior breastfeeding experience influence 6-months-exclusive-breastfeeding rates among low-income Hispanic women?” (Efrat, Esparza, Mendelson, & Lane, 2015, p. 426).

 The study used 289 Hispanic mothers of which were divided into two groups, a control and intervention group (Efrat, Esparza, Mendelson, & Lane, 2015). The interventions for the intervention group was provided general education on breastfeeding with additional phone-based breastfeeding support. As the control group was provided general education on breastfeeding. The results showed the intervention group to sustain breastfeeding for a longer duration than the control group. Among the longer duration in breastfeeding, cost control was maintained with the intervention group (Efrat, Esparza, Mendelson, & Lane, 2015).

 The last article, published in 2016 is “The Impact of a Prenatal Education Video on Rates of Breastfeeding Initiation and Exclusivity during the Newborn Hospital Stay in a Low-income Population” (Kellams, et al., 2016). This study used a randomized control trial of 522 low-income women. Background information suggests women initiate breastfeeding stand at 79.2% in the Unites States (Kellams, et al., 2016). Other information included the World Health Organization recommendation to provided prenatal education to increase breastfeeding rates with barriers including “adequate provider training, time constraints, lack of reimbursement, and the wide array of other topics” (Kellams, et al., 2016, p. 153)

 The result of the study provided no difference in the initiation of breastfeeding between the control and intervention group. There were no other significant change in breastfeeding rates between the intervention and control group for further duration of breastfeeding. The study also suggests the need to provide education at facilities who promote breastfeeding. Another finding suggests the need for earlier and more consistent breastfeeding education other than the one video provided during pregnancy and a video which is shorter in duration (Kellams, et al., 2016).

Conclusion

 The studies provided clear randomized control studies applying prenatal breastfeeding education to promote initiation and duration of breastfeeding. All studies focused on some form of prenatal breastfeeding education. The studies all recommend further studies implicating further need for prenatal education for breastfeeding. The last study showed no significant change and also recommended more education than one video. Overall, the consensus is prenatal education provides an initial step in promoting breastfeeding initiation and duration.

Reference

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