

Spring 3-11-2004

Attitudes of Expectant Fathers Regarding Breastfeeding And the Effect of the Expectant Father on the Expectant Mother's Intention to Breastfeed

Danielle M. Semling
Augsburg College

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Attitudes of Expectant Fathers Regarding Breastfeeding

And the Effect of the Expectant Father on the

Expectant Mother's Intention to Breastfeed

By

Danielle M. Semling

Thesis Submitted in Partial Fulfillment

Of the Requirements for the Degree

Of Master of Science

Physician Assistant Studies

Augsburg College

March 4, 2004

MASTER OF SCIENCE IN PHYSICIAN ASSISTANT STUDIES
AUGSBURG COLLEGE
MINNEAPOLIS, MN

CERTIFICATE OF APPROVAL

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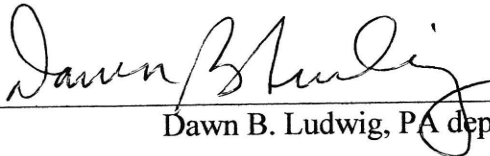
Danielle M. Semling

has been approved by the Thesis Review Committee for Master of Science in Physician Assistant
Studies degree

Date of oral defense: March 11, 2004



Heather K.T. Bidinger, thesis advisor



Dawn B. Ludwig, PA department chair

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Abstract

Background: Previous studies regarding breastfeeding have demonstrated the importance of the father in the infant feeding decision and shown that mothers were more likely to breastfeed if the father had a positive opinion of breastfeeding. Methods: This study intended to determine what attitudes fathers had regarding breastfeeding and if a positive view of breastfeeding by a father correlated to the intention of his partner to breastfeed. The subjects for the study were couples participating together in one of two birth and parenting classes. The mothers were questioned about their intended breastfeeding decision, their perceived support from their male partner and whether they would change their decision if their partner did not support it. The fathers were asked to rate a number of opinions regarding breastfeeding on a Likert scale. Results: Of the expectant fathers, 72% felt breastfeeding is better for the baby, 82% felt breastfeeding was natural, 76% felt breastfeeding was beneficial for the mother and 80% felt breastfeeding was better for the baby. Of the 50 expectant mothers, 82% intended to breastfeed exclusively and 14% planned to use a combination of breastfeeding and bottle-feeding with formula and 100% of the mothers reported support from their male partner. Of the mothers, 74% stated they would stay with their decision if their partner did not support it. Conclusions: From the results of the study, it was apparent that fathers with a positive attitude surrounding breastfeeding were more likely to have partners who intended to breastfeed than fathers with a negative attitude. This study found that a majority of the women stated they would stay with their feeding method if their partner did not support it. This is different from results of other studies that found a mother would choose the infant feeding method she thought her partner preferred. Including the expectant father in breastfeeding education may have a positive effect on breastfeeding incidence and duration, and the birth and parenting class provides an opportunity to do such.

Chapter One: Introduction

Introduction and Background

Breastfeeding is noted to be the best form of nutrition available to an infant in the first months of life up to the age of one year. The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for at least the first six months after birth. They also recommend continued breastfeeding up to twelve months of age, along with other forms of nutrition. The AAP (1997) stated that there were a number of advantages the infant, the mother, their families and society could gain from breastfeeding. Their policy statement, released in December 1997, listed the many health benefits an infant received from breastfeeding. These benefits included: advantages in growth and development; advantages in general health; and advantages in decreasing risks of a large number of acute and chronic diseases. In addition, the policy statement also indicated that breastfeeding had been shown to improve maternal health. These improvements included: less postpartum bleeding; more rapid uterine involution; a decreased risk of certain cancers; as well as an earlier return to prepregnancy weight. The AAP also contended that breastfeeding could benefit society by decreasing health care costs and reducing absenteeism from work for care attributable to child illness.

Breastfeeding has been the subject of a number of studies, many of which were done to investigate the decision to breastfeed and how that decision was influenced. The conclusion of these studies showed that the reasons to breastfeed or bottle-feed with formula were many and varied because such reasons were determined by the personal experiences and preferences of each mother. The investigators also learned that it was difficult to generalize about women who decided to breastfeed. Many of these studies focused on the people surrounding the expecting mother and how those people impacted her decision to breastfeed. Baranowski et al. (1982)

found that among Anglo-American mothers, the male partner was reported to be the most important source of support in promoting breastfeeding. While African-American mothers and Hispanic-American mothers reported their most important sources of support were from a best friend and maternal grandmother, respectively (Baranowski et al., 1982).

More recent investigations into the support networks of an expecting mother's decision to breastfeed have upheld findings that an important factor is the role of the father. During their study of results from previously performed studies, Sharma and Petosa (1997) found approximately 75% of mothers reported the father of the child was important to the breastfeeding decision. Another study indicated that the intention to breastfeed by a mother was more favorable if the mother and her significant other had a favorable attitude toward breastfeeding (Kessler, Gielen, Diener-West, Paige, 1995). While the support of the father has been shown to promote breastfeeding, the converse was also found to be true. When fathers were not supportive of breastfeeding, mothers were more likely to choose bottle-feeding with formula (Buckner, 1993). Bryant (1982) showed that even if the mother had only the belief that her husband disapproved of breastfeeding, it was sufficient motivation to use formula and bottle-feed their child.

Statement of the Problem

The United States government's Healthy People 2010 document included specific objectives regarding breastfeeding initiation and duration. This document suggested that breastfeeding was an important contributor to overall infant health. The objective, as seen in section 16-19 of the Healthy People 2010 publication, was to "increase the proportion of mothers who breastfeed their babies". This publication stated that in 1998, 64% of all mothers breastfed

their infants in early postpartum (Healthy People 2010). The writers of Healthy People 2010 sought to increase this percentage to 75% of all mothers.

Although the rates of breastfeeding have increased slightly in the past several years, particularly in early infancy, the percentage of women electing to breastfeed their babies is still below levels reported in the mid-1980s and well below the goals set in Healthy People 2010 (AAP, 1997). Researchers are working to find ways to promote breastfeeding initiation in response to these statistics. With the information that the father of the infant plays an important role in the decision to breastfeed and in support during breastfeeding, many of these researchers stressed the need to include the father in the prenatal care of the expecting mother (Bar-Yann, Darby, 1997; Freed, Fraley, Schanler, 1992; and Sharma et al., 1997).

Therefore, one goal of this study was to determine the attitudes expectant fathers had on the subject of breastfeeding. This information may then be utilized to determine what issues to focus on when discussing breastfeeding with expectant fathers. For this topic, the only variable studied was the attitudes of the expectant fathers and was therefore considered the dependent variable. A second goal of this study was to determine what role the expectant father played in the decision of the expectant mother to breastfeed. The investigator was looking to further support previous documentations that the expectant father played a primary role in the expectant mother's intention to breastfeed. In this portion of the study, the dependent variable was breastfeeding and the independent variable was the amount of the father's influence on the mother.

Purpose of the Study

The purpose of this study was to identify attitudes expectant fathers have towards breastfeeding and to recognize what role the expectant father played in the decision of their

partner to breastfeed. The author used surveys given to expectant fathers and mothers at a birth and parenting class to identify those objectives. The survey questions for the expectant fathers consisted of several opinions regarding breastfeeding and required that the fathers rate their agreement with these opinions via a Likert scale. The survey for the expectant mother questioned them about their intended infant feeding method, their perceived support from their male partner and whether they would change their preferred feeding method if their partner did not agree with their decision.

The two main objectives of the study were to determine if the attitudes of the expectant fathers reflected knowledge or misconceptions about breastfeeding and to determine what impact the expectant father had on the expectant mother's intention to breastfeed. This study intended to identify attitudes of the expectant fathers in order to improve the education of expectant fathers in the prenatal period. An additional objective was to determine if a positive view of breastfeeding by an expectant father was correlated to the intention of the expectant mother to breastfeed. This study intended to further knowledge in the field of breastfeeding. It also intended to provide an added understanding of how expectant fathers influence the mother's decision to breastfeed. Final objectives of this study were to identify the feeding preferences of the expectant mothers and to determine if the expectant mothers perceived support from their male partners.

Definition of Terms

This section serves to define several of the terms that are used throughout the course of this paper. These include:

Attitude- Defined by Webster's Dictionary as "a mental position". The researcher will be using this word to describe the feelings or opinions the expectant father has about breastfeeding.

Bottle-feed- This phrase is used in this study to identify a method of infant feeding that uses commercial formula products provided to the infant in a feeding bottle with a nipple. This does not include providing the infant with breast milk via a bottle.

Dependent Variable- Defined by Riegelman as "...the outcome variable of interest...the outcome that one intends to explain or estimate". There were two separate dependent variables investigated in this study. One was the attitudes of the expectant fathers regarding breastfeeding and the other was the intention of the expectant mothers to breastfeed.

Expectant father- This study will refer to the expectant father as the biological father of the child or as a male partner who will be involved in the life of the infant as a primary caregiver.

Independent Variable- Defined by Riegelman as "the conditions under which the dependent variable is to be examined". The independent variable studied was the influence of the expectant father on the mothers intention to breastfeed.

Intention- Defined by Webster's Dictionary as "a plan of action". The author will be using this term as the mother's plan of infant feeding once the baby is born. The surveys for this study will be distributed prenatally, so the author can only speak of what the mother is planning on doing at the birth of the baby, not what actually occurred regarding the feeding method.

Mode- Defined by Bailey as "the most commonly occurring score". In this study, the researcher will use the mode to describe the responses that occur most frequently during the analyzing of the data.

Prenatal Birth and Parenting Class- This is a class, which is usually taught by hospitals, to prepare the expecting fathers and mothers for the birth of their baby.

Safe- Defined by Webster's Dictionary as "Not likely to cause harm". The author will use this term in the context of discussing whether or not breastfeeding is safe for a mother and her infant.

Variable- Defined by Riegelman as "...a characteristic for which measurements are made in a study". The variables in this study were the attitudes of the expectant fathers regarding breastfeeding; the intention of the mother to breastfeed or bottle-feed; and the impact of the expectant father on the mother's intention to breastfeed.

Assumptions and Limitations

The researcher is interested in this particular topic of research because of her own interest in the area of pediatric medicine. There is a bias from this researcher regarding the importance of breastfeeding. She believes that when it is safe for the mother and the baby, breastfeeding is the best source of nutrition for the infant. The researcher was hoping that the information gained from this study would assist any medical provider to further understand expectant parent's opinions on breastfeeding and areas where those providers could focus on when promoting breastfeeding in their own practices. A personal goal for the researcher is to be able to use the information from this study in her own practice when talking with parents about breastfeeding their infants. Through review of journal articles and her own experience, the researcher believes the father plays an important role in the decision of the mother to breastfeed and would like to determine the validity of that notion through this study.

A source of limitation for the study may have been from the subjects themselves. There was a chance that they were not completely honest in answering the survey questions. The possibility of the fathers having attitudes about breastfeeding other than those asked specifically on the questionnaire also existed. Another limitation of the study by the subjects was that in

their participating in a parenting class they may have been more willing to follow guidelines for breastfeeding or have different opinions regarding breastfeeding than the general public. The researcher intended to reduce bias in her site selection by using a site neutral to her. She is not affiliated with the hospital through school or occupation, and had no knowledge of the class participants who were used as subjects.

Summary

The choice of infant feeding method is a highly personal choice for a woman and her significant other to make when planning for the birth of their child. Statistics have shown that many women are not choosing to breastfeed their infants and there needs to be a concerted effort to increase the percentage of women who do breastfeed their children. As a source of excellent nutrition for the child, as well as providing health benefits to child and mother, the author feels breastfeeding is the superior method of infant feeding when it is safe for both the mother and child. Several investigations discovered that including the father in the prenatal education and decision-making surrounding breastfeeding may lead to an increased number of women who choose to breastfeed. The following chapter will discuss a number of these studies in more detail and identify main topics to support the investigator in this study.

Chapter Two: Literature Review

Introduction

The literature review is offered to provide a better understanding of the field of breastfeeding in our country. For this thesis, the literature review consisted of journal articles accessed through the college library. The initial review turned up a large number of articles regarding the topic of breastfeeding. The author was able to narrow the topic to those articles relating to the support network of the breastfeeding mother and the role of the expectant father in the decision of the expectant mother to breastfeed. The vast majority of these articles involved research that was performed after 1995, which provided the researcher with a very current view of the breastfeeding literature. Throughout the review of this literature, the researcher found one particular person to be a key player in the field of breastfeeding promotion. This person is Dr. Gary L. Freed. Much of this research project is based on a study done by Dr. Freed in 1992, and the researcher has contacted him during the process of this study. He has been involved in many studies, several times being the principal investigator, and has a wealth of knowledge in the area of breastfeeding promotion.

In the course of the literature review, several main topics emerged relating to the focus of both attitudes expectant fathers had concerning breastfeeding and how expectant fathers influenced the expectant mother's decision to breastfeed. First, appreciating the health benefits of breastfeeding is a crucial part in understanding the importance of breastfeeding promotion. Second, it is important to be aware of the factors that make a woman more likely to breastfeed, as well as the influences in her life on her decision to breastfeed. Next, encouraging breastfeeding requires one to understand the factors related to the termination of breastfeeding during the newborn period. The last topic relates to the role of the father as a major source of

support in the decision to breastfeed. This role will be more defined in the review of the literature to follow.

Importance of Breastfeeding

Breastfeeding is considered the most beneficial form of infant nutrition for at least the first 6 months of an infant's life (AAP, 1997). It contributes many health advantages to the infant in terms of their overall health, growth and development, cognitive development, as well as significantly decreasing their risk for a number of acute and chronic diseases (AAP, 1997). The mother also gains health benefits from breastfeeding. Some of these benefits are less postpartum bleeding, more rapid uterine involution, earlier return to prepregnancy weight, improved bone remineralization postpartum with reduction in hip fractures in the postmenopausal period and reduced risk of ovarian cancer and premenopausal breast cancer (AAP, 1997). In addition, breastfeeding can contribute to significant social and economic benefits, including reducing health care costs and reduced absenteeism for care attributable to child illness (AAP, 1997).

The national goals set in the Healthy People 2010 report included increasing initiation of breastfeeding to at least 75% of mothers and infants, and increasing duration of breastfeeding to six months postpartum for 50% of mothers and infants (AAP, 1997 and Healthy People 2010). Despite the proven benefits of breastfeeding, it is not an overwhelming choice of women in the United States. Data from Freed, Clark, Lohr, and Sorenson (1995) suggested that only half of mothers in the United States initiated breastfeeding, and less than 20% maintained breastfeeding throughout the first 5-6 months of life, which was far from the 50% goal of the Healthy People 2010 report.

The above information presents the lack of breastfeeding as a problem in our country that needs to be addressed. The overall goal in the majority of research done in the field was to increase the incidence of breastfeeding. A good number of articles have indicated that the father played an important role in the breastfeeding decision (Bar-Yann et al., 1997; Freed et al., 1992; Littman, Medendorp, Goldfarb, 1994; Scott, Binns, Aromi, 1997; and Sharma et al., 1997). These articles supported the need for further research in this area. Studies that focus on the role of expectant fathers in the decision to breastfeed could offer a new avenue, not only for research, but also for the promotion of breastfeeding in general. The father may be a resource to help promote breastfeeding that has not been focused on in the past. If providers can educate fathers about the benefits of breastfeeding and encourage their involvement in the prenatal care, perhaps the incidence of breastfeeding rates could be increased in this country.

Influences on the Mother to Breastfeed

Over the years, there have been many studies implemented in order to determine what factors influenced a mother to breastfeed. Starbird (1982) found that women who had education beyond high school were more likely to breastfeed. In addition, she found women who participated in prenatal classes were also more likely to breastfeed. However, women who had anesthesia during pregnancy, delivered premature babies, or had delayed contact with their newborn were less likely to breastfeed (Starbird, 1982). Researchers have documented increased rates of breastfeeding among married mothers (Baranowski et al., 1982 and Bick, MacArthur, Lancashire, 1998), with high incomes, college education, greater than 30 years of age and living in the Pacific and Mountain regions of the United States (Ryan, 1997). The prevalence of breastfeeding varied among differing racial groups as well: 9.2% of Black Americans, 22.6% of Hispanic Americans and 43.5% of Anglo-Americans (Baranowski et al., 1982).

It was found that, among Anglo-American mothers, the male partner was the most important source of support in making the decision to breastfeed (Baranowski et al., 1982). In that same study, African-American mothers reported a best friend as their major source of support. Hispanic-American mothers reported the maternal grandmother of the infant as being the most important source of support in their making the decision to breastfeed (Baranowski et al., 1982). In a study done by McLorg and Bryant (1989), it was found that one-third of both black and white mothers reported having a boyfriend or husband who tried to persuade them to adopt certain feeding practices. The white mothers reported a somewhat greater influence of their partner on their decision of infant feeding (McLorg et al., 1989). This study also found that other sources, such as a grandmothers of the infants, sisters and sister-in-laws, were considered more as a source of reinforcement of the decision already made and as a source of support with infant care rather than influencing the decision to breastfeed (McLorg et al., 1989).

This study did not ask for demographics of the population for the study, however, it was possible to make some associations between the attendance at a prenatal class and the incidence of breastfeeding, such as those Starbird (1982) found. The researcher was more interested in the expectant mother's perceived support from the expectant father in her decision about breastfeeding and whether or not she would change her decision based on the support from the father.

Factors Related to Termination of Breastfeeding

It had been reported that most women made decisions regarding breastfeeding before the third trimester of pregnancy (Howard, Fred, Weitzman, 1993). Although, the actual initiation and continuation of breastfeeding was strongly influenced by the assistance and education they received in the hospital immediately postpartum (Bruce, Khan, Olsen, 1991). Some factors

associated with the early termination of breastfeeding included the mother's lack of confidence in breastfeeding, the mother being less than 20 years of age, a woman who had not previously breastfed and the mother's belief that the baby preferred the bottle (Ertem, Volto, Leventhal, 2001). Early formula supplementation was clearly associated with diminished duration of breastfeeding as well (Howard et al., 1993). Plans regarding return to work or school, as well as anticipated length of breastfeeding, were also found to be important prenatal factors associated with breastfeeding duration (O'Campo, Faden, Gielen, Wang, 1992). Bryant (1982) indicated that the most economically disadvantaged women from her study recommended breastfeeding as the best method for early infant feeding. However, many of these same women stated that breastfeeding was impractical or too demanding for mothers who worked or went to school, and they felt it was better for the mother to enjoy her time feeding the infant with a bottle than to feel resentful and nervous during breastfeeding (Bryant, 1982).

Many of the factors that lead women to terminate breastfeeding are preventable with the proper prenatal and postnatal education. One factor that has been shown to be significant was the role of the father of the infant. The father can support the breastfeeding mother and promote the continuance of breastfeeding. Prenatal education programs, lactation consultants and pediatricians should encourage the involvement of the father in the breastfeeding decision and help educate the father about their role in providing support to the breastfeeding mother.

Role of the Father in Breastfeeding

Past efforts to increase the incidence of breastfeeding have focused solely on the pregnant mother and produced only modest results (Sharma et al., 1997). This may be due to the fact that the focal point has been the expectant mother as the exclusive decision maker regarding breastfeeding rather than broadening that focus to include others around the mother. The study

by Sharma et al. (1997) also reported that, in a summary of several studies, 75% of the expectant mothers identified the father as important in their decision to breastfeed. Researchers have outlined specific patterns of attitudes and demographics connected to women who breastfeed, but the most reliable variable was the support of the expecting father (Sharma et al., 1997). Bar-Yann et al. (1997) found that fathers were a greater influence than physicians, nurses and lactation consultants on the mother's intention to breastfeed. In addition to the influence of the father on the decision to initiate breastfeeding, Voss, Finnis and Manners (1993) documented that the father's knowledge of breastfeeding positively influenced the duration of breastfeeding.

Studies have demonstrated that the expectant mother need only think that the expectant father preferred a certain feeding method in order to prefer that feeding method herself (Freed, Fraley, 1993 and Scott et al., 1997). In a study done by Scott et al. (1997), it was found that women who perceived their partner had a definite preference for breastfeeding were ten times more likely to initiate breastfeeding than those women who perceived their partner preferred bottle-feeding. However, Freed et al. (1993) showed that mothers did not have an accurate view of what attitudes and knowledge their partner had about breastfeeding, and thus, may have been basing their decision on erroneous inferences of the expectant father's opinion. Both of these articles concluded that it was essential to include the father in the prenatal care and education, and offered the prenatal class as a good opportunity to do such.

The articles previously discussed support the importance of involving the father in the decision to breastfeed. They also stated that the father's feelings about breastfeeding may be negative or flawed, and he may influence the mother to bottle-feed rather than breastfeed based on these attitudes. A number of studies have been done to investigate the attitudes of expectant fathers regarding breastfeeding. Several of these studies have found that the expectant fathers

preferred bottle-feeding because they had negative feelings towards breastfeeding. Bryant (1982) indicated that many women reported their husband or boyfriend disapproved of breastfeeding because: it would disrupt intimate relations; it was old fashioned; and it meant the woman may be exposing her breasts in public. Another study reported several fathers commented that they felt left out and envious of the special bond between a mother and an infant when breastfeeding (Voss et al., 1993). These fathers felt that the same chance to bond with the baby could be had if the father bottle-fed the baby (Voss et al., 1993). Jordan and Wall (1990) noted that many fathers felt breastfeeding reinforced the father's feelings of inadequacy and inability to bond with the baby, which may have led to the resentment of the infant and the mother by the father.

In Freed et al.'s study of expectant fathers in 1992, a significant number of fathers who reported negative feelings toward breastfeeding were anticipating the expectant mother was going to bottle-feed. Some of the negative feelings these fathers had included: breastfeeding was not natural; it was less attractive; it was bad for breasts; and it interfered with sex. Kessler et al. (1995) had similar findings. These authors found that fathers who preferred bottle-feeding also felt it was easier and more convenient than breastfeeding for the mother (Kessler et al., 1995). In the study by Freed et al. in 1992, their results suggested that fathers who anticipated the mother breastfeeding had a much more positive view of breastfeeding. In general, this group felt breastfeeding was better for the baby, it helped with bonding and the fathers had respect for women who breastfed (Freed et al., 1992). The results of the study done by Kessler et al. (1995) were consistent with these findings, stating breastfeeding was preferred by the significant other who believed it was more healthful for the baby, it promoted better bonding between the infant and mother and it was a more natural form of infant feeding.

Conclusion

This research intended to recognize the attitudes expectant fathers had pertaining to breastfeeding, as well as identify some of their misconceptions. It also attempted to determine if the expectant father had an impact on the expectant mother's intention to breastfeed. Because the father has been identified as a major contributor to the decision of breastfeeding an infant, it is important they contribute with opinions based on fact rather than fiction. Review of the literature on this topic of the father and his role in the breastfeeding decision suggested that much more education of the father needs to be done, and the father must have a realistic view of breastfeeding in order to encourage and promote the practice in his partner.

Chapter Three: Methodology

Description of Methodology Selected

This research project was a qualitative descriptive study that used surveys to gather data regarding an expectant father's perception of breastfeeding. The surveys also addressed the expectant mother to determine her opinion of the influence the expectant father had on her intention to breastfeed their baby. Surveys were distributed to the subjects during a prenatal birth and parenting class. Through this style of research, the data collected may assist in gaining insight into the expectant fathers' attitudes surrounding the issue of breastfeeding, as well as what role the expectant father played in the decision to initiate breastfeeding in their newborn.

Design of the Study

The basis of this research was adapted from a study done by Dr. Gary L. Freed, J. Kennard Fraley and Dr. Richard J. Schanler in 1992. Their study focused on the attitudes of expectant fathers regarding breastfeeding, and they surveyed fathers during a prenatal birth and parenting class. For this study, the researcher adapted the format of the study done by Freed and his colleagues to survey both expectant fathers and expectant mothers, rather than just the expectant father. The objectives of the study were to recognize fathers' attitudes concerning breastfeeding and to identify the mothers' opinion of the influence the father had on their decision to breastfeed their child. In addition, the author wished to determine the infant feeding preferences of the expectant mothers and if there was a correlation between the expectant father with overall positive views of breastfeeding and the expectant mother intending to breastfeed.

The study worked with two sets of variables. For the first research question, which was regarding the attitudes of the expectant father, the only variable was the attitudes themselves. These attitudes were considered the dependent variable for that question. The second research

question was regarding whether or not the expectant father influenced the expectant mother's intention to breastfeed. In the analysis of this collected data, the dependent variable was breastfeeding and the independent variable was the amount of the father's influence on the mother. The nature of the data allowed the researcher to determine the mode of the responses, as well as any trends that may have occurred. Additionally, the researcher was able to determine if there was a correlation between a positive attitude of the expectant father regarding breastfeeding and the intention of the expectant mother to breastfeed her child.

The subjects for this study were selected because of their participation in prenatal birth and parenting education classes offered at a local hospital. The preference of those prenatal classes as a population was because the expectant mother and expectant father were in the same place at the same time, which facilitated the distribution and completion of the surveys. The response rate was expected to be much higher with this design than with a mailed survey. The survey that was used for the expectant fathers was chosen because of its similar use in the study by Dr. Freed. In addition to that survey, a survey for expectant mothers was also used. The researcher did not find a survey used in a similar manner in the studies of the literature review, so a new survey was developed to determine the influences on an expectant mother's intention to breastfeed or bottle-feed. The participants of the two prenatal classes were asked to fill out one survey in the course of the class. They were given the opportunity to do this during one of the breaks in the all day session.

Sample and Population

The population used in this research project were participants enrolled in one of two, eight-hour, prenatal birth and parenting classes, which took place twice a month on Saturdays at a hospital in Minneapolis. Permission was given by the organizers of the class, as

representatives of the hospital, as seen in Appendix A. Each class had a maximum participation of 28 families for a total attendance of 56 people. The surveys were distributed only to couples who participated together as expectant mother and expectant father. This may have excluded some participants of the class. Therefore, it was anticipated that at least 40 surveys would be distributed per class, one for each expectant father and one for each expectant mother participating together, for a total of 80 surveys between the two classes. If the return rate for the surveys was at a minimum of 50%, the investigator would have had an adequate sample from which to analyze the data.

Instrumentation

Two surveys were used during the collection of data in the prenatal classes. One of the surveys was for the expectant fathers only (Appendix B). Dr. Gary L. Freed developed this survey for use in his study of expectant fathers in 1992. The design of this current study was adapted from the study done by Dr. Freed, and permission was obtained from him in order to use his survey with some modifications. The questionnaire was designed to require no more than 15 minutes to complete. Application of the Gunning-Fogg Index placed Dr. Freed's survey at the 4.7 grade level (Freed, Jones, Schanler, 1983). That survey was also verified for validity by giving 25% of the respondents a follow-up questionnaire that had the same attitudinal questions with a different rating scale (Freed et al., 1983). It was found that each subject changed an average of 25% of their responses, and the number of respondents who changed their response to a particular question ranged from 0-40% with an average of 20.8% (Freed et al., 1983).

The original survey from Dr. Freed included a section of demographics, which was omitted for this study. While there has been research correlating certain demographics to the incidence of breastfeeding, the literature review for this study did not indicate that demographics

would be a statistically significant variable when correlating the attitude of an expectant father regarding breastfeeding to the intention of his female partner to breastfeed. The researcher was aiming to streamline the surveys as much as possible and including demographics appeared to have the potential for creating an abundance of data that would perhaps divert the attention of the researcher from the objectives of this study. The expectant father survey consisted of 11 statements about breastfeeding, such as “Breastfeeding is natural”, “Breastfeeding does not interfere with a couple’s sex life” and “Breastfeeding helps protect a baby from diseases”. Each statement was assessed through a Likert scale in order to gauge the attitudinal response of the father and contained no open-ended questions requiring written words for response.

The second survey was for the expectant mothers only (Appendix C). The author developed this survey. It was designed to determine several issues, including: the mother’s intention to breastfeed her newborn; whether she felt her decision was supported by the expectant father; whether she felt that the expectant father held the same opinion regarding infant feeding; and whether she would change her mind about her preferred feeding method if she felt the expectant father did not support her decision. This survey was designed to take less than ten minutes to complete and contained no open-ended questions requiring written words for response.

A pilot study was done for the mother’s survey, as the investigator developed this with her thesis advisor for use in this study. A group of seven expecting mothers completed the surveys and provided written comments to the investigator. The comments were taken into consideration and portions of the survey were revised based on these remarks. In general, the group of pilot subjects found the study to be clear, concise and was completed in less than ten minutes time for all of the subjects. The pilot study provided content validity and

appropriateness for use in this study. The Augsburg College Institutional Research Board (IRB) gave their approval of the study (Appendix D), and this approval number was indicated on each survey.

Data Collection and Data Analysis

Instructors of the prenatal education class distributed the surveys to the subjects. The researcher introduced the research study to the class participants, and the surveys were made available on a volunteer basis. The surveys were distributed in pairs, each with a mother's survey and a father's survey. A number was placed on the bottom of each of the surveys in order to connect the couple's responses and facilitate correlation of the data during analysis. During the course of the eight-hour class, the subjects were encouraged to complete a survey while on a break from instruction. The surveys contained a cover letter, which served as the consent form to the study (Appendix E). Consent to participate was implied when the subjects returned the survey to the class instructors. A table was set up to hold the surveys, as well as a return envelope for all of the completed questionnaires.

The class instructors kept the raw data and extra surveys in their office after each class. The data was collected from the instructors after the completion of the two classes. At that time, the raw data was entered into a computer software package, the Statistical Package for the Social Sciences, and analyzed. The data from the father's survey was considered ordinal data and was analyzed for the frequencies within the data set. The mother's survey had data ranked in both ordinal and nominal categories, and this data was analyzed for the frequencies as well. With all of the data, the researcher looked at identifying any trends in the data and was able to perform bivariable analysis to determine if there was a statistical significance and/or correlation between variables.

The researcher was looking to determine if there was a correlation between the attitude of the expect father regarding breastfeeding to the intention of the expectant mother to breastfeed. She was able to do this by looking at the overall opinion of the expectant father regarding breastfeeding, determining whether their answers reflected a favorable or unfavorable opinion of breastfeeding and subsequently comparing the corresponding mothers survey answer to the question regarding her intention to breastfeed. The researcher will keep the raw data in her possession until August 2004, at which time it will be destroyed. The results of the study will be published, and a copy will be kept at the Augsburg College library and by the researcher herself.

Chapter Four: Results

For the majority of the participants, this was their first pregnancy and first parenting class. The surveys were distributed during two separate sessions of a day long birth and parenting class. The first class had 27 participants with a total of 26 participants completing surveys. The second class had 26 participants with 26 surveys returned, however, one survey could not be used because it was considered incomplete as it was returned with only a mother's survey. Therefore, a total of 50 surveys were returned and the total response rate between the two classes was 94%.

Figure 1 summarizes the responses from the surveys completed by the expectant fathers. A majority of the male respondents strongly agreed or agreed that breastfeeding did not look painful, it was natural, it protected the baby, it was beneficial to the mom, it was better for the baby and it helped the mom feel closer to the baby. Fifty-four percent of the male partners felt breastfeeding did not interfere with a couple's sex life, and 60% of them reported they thought highly of women who breastfeed. Fifty-eight percent of the male partners felt that breastfeeding changed breasts, and 28% of the respondents reported they would be more attracted to their partner if she breastfeeds. When asked if they thought their partner would be more likely to breastfeed if she knew they supported it, 68% of the male partners agreed or strongly agreed with this statement. The division of responses regarding the issue of breastfeeding being acceptable in public was more equally distributed than any of the other 13 questions; 40% of the fathers strongly agreed or agreed that breastfeeding was acceptable in public, while 32% strongly disagreed or disagreed, and almost one-third remained neutral on this subject.

Responses from the expectant mothers are summarized in Table 1. For 98% of the moms, this was their first pregnancy and none had prior personal experience with breastfeeding. Of the subjects, 82% planned to exclusively breastfeed, 14% planned to use a combination of

breastfeeding and bottle-feeding with formula, 2% planned to exclusively bottle-feed with formula and 2% reported being unsure of the planned feeding method. The majority of the mothers, 98%, reported that their partner was aware of their decision, and 100% of the participants reported the father was supportive of their planned decision. Eighty-eight percent of the subjects felt that their partner preferred their planned feeding method as well, while 12% were unsure what their partner preferred. A majority of the mothers, 74%, felt that they would stay with their decision regardless of support from their partner, but 26% of the subjects were unsure what they would do if they did not have support from their partner.

Overall, the expectant fathers whose partners intended to breastfeed exclusively or use a combination of breastfeeding and bottle-feeding with formula had a more positive view regarding breastfeeding. The author used several responses from the expectant father survey to develop a statistic that portrayed a positive view of breastfeeding. All of the responses were given a numerical value of 1-5 with the “strongly agree” response scored as 1 and the “strongly disagree” scored as 5. Responses to questions 1-9, 12 and 13 were added together to calculate a total score. These questions were chosen as they described a positive perspective of breastfeeding. If the father strongly agreed or agreed with these responses, his score was in the range of 11-22. With an average score less than 22, the father was considered to have a positive view of breastfeeding. A total of 25 expectant fathers had an average score of 22 or less. All of those 25 expectant fathers had partners who planned to use breastfeeding either exclusively or in combination with bottle-feeding using formula. As stated above, 48 of the expectant mothers indicated an intention to exclusively breastfeed or use a combination of breastfeeding and bottle-feeding with formula. Therefore, a total of 52% of the expectant mothers who intended to breastfeed in some manner had partners with a positive view of breastfeeding.

Using the variable created by the author that reflected a positive view of breastfeeding and the variable reflecting the mothers intention to breastfeed, a Pearson correlation was performed (Table 2) to determine if there was a relationship between the intention of the mother to breastfeed (scored as a number 3 or higher) and a positive attitude of the expectant father regarding breastfeeding (scored as a number of less than 22). At a value of $-.524$ this correlation was considered significant to the 0.01 level. It indicated an inverse relationship between the father's variable and the mother's variable, meaning as the mother's variable became higher indicating an intention to breastfeed, the father's variable became smaller indicating a positive view of breastfeeding. The Pearson correlation was chosen because it shows the strength of the relationship between two variables. This correlation has a range of possible values of -1 to $+1$ with zero indicating no relationship and values close to -1 or $+1$ indicating a stronger relationship. This supported the theory of the author that mothers who intended to breastfeed had partners who had an overall positive attitude toward breastfeeding. For the two expectant mothers who reported their intention as exclusively bottle-feeding with formula or unsure of their planned feeding method, neither of their partner's responses were calculated as having a positive view of breastfeeding.

As the surveys of the expectant mother and expectant father were analyzed as one, the author was able to identify trends between the expectant mother's intended feeding method and individual responses from the expectant father's survey (Figure 2). For the group of mother's who intended to breastfeed exclusively, 72% of their partners strongly agreed and agreed that breastfeeding protected the baby; 82% felt that it was natural; 76% felt that it was beneficial to the mom; 78% felt it helped the mom to feel closer to the infant; and 80% felt that it was better for the baby. These statistics supported the belief of the author that mother's who intended to breastfeed had partners who had positive attitudes regarding breastfeeding.

Figure 1: Responses to Expectant Father Survey

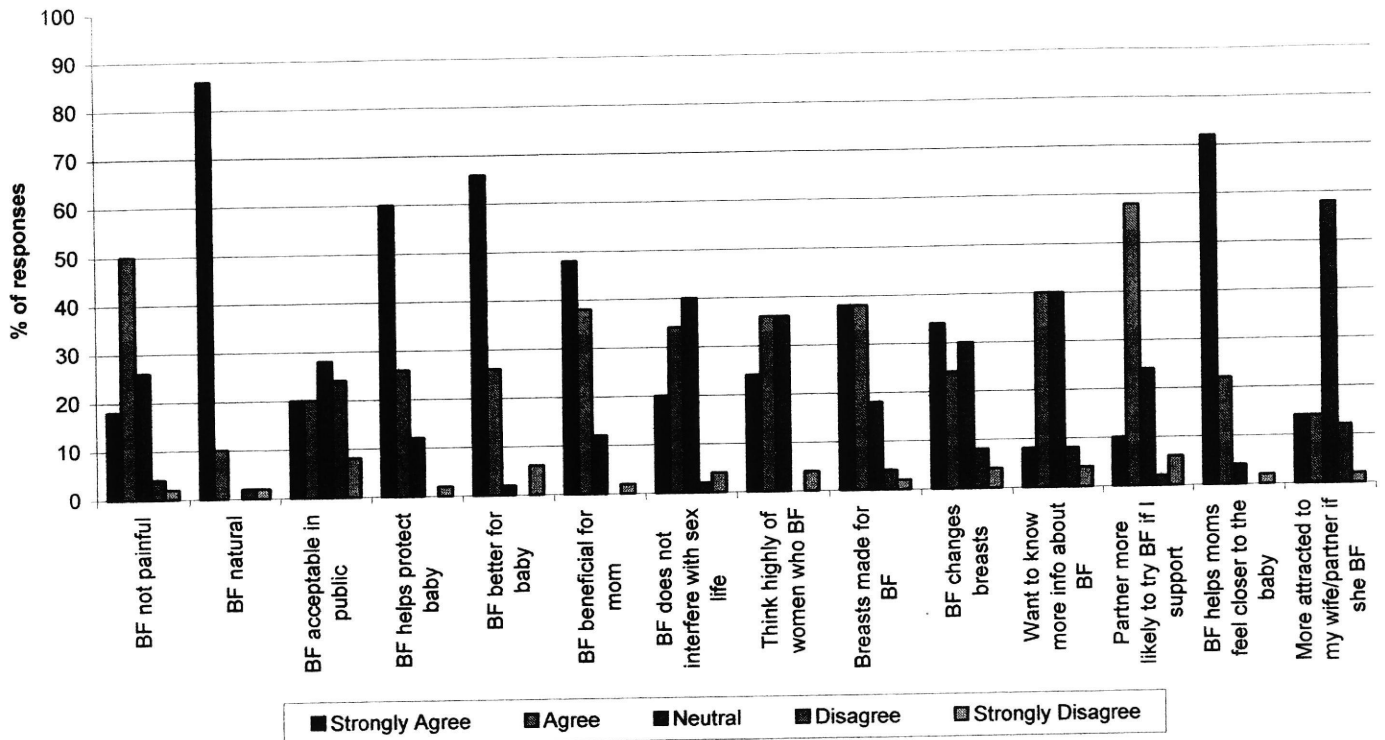


Table 1: Responses to Expectant Mother Survey

Variable	No.	%
First pregnancy	49	98
Previously breastfed	0	0
Plan to breastfeed	41	82
Plan to use combination of breast and bottle-feeding	7	14
Plan to bottle-feed/unsure	2	4
Male partner aware of decision	49	98
Male partner supports decision	50	100
Male partner prefers decision	44	88
If partner does not support, I would stay with this decision	37	74

Figure 2: Attitudes of Expectant Fathers whose Partners Intend to Breastfeed

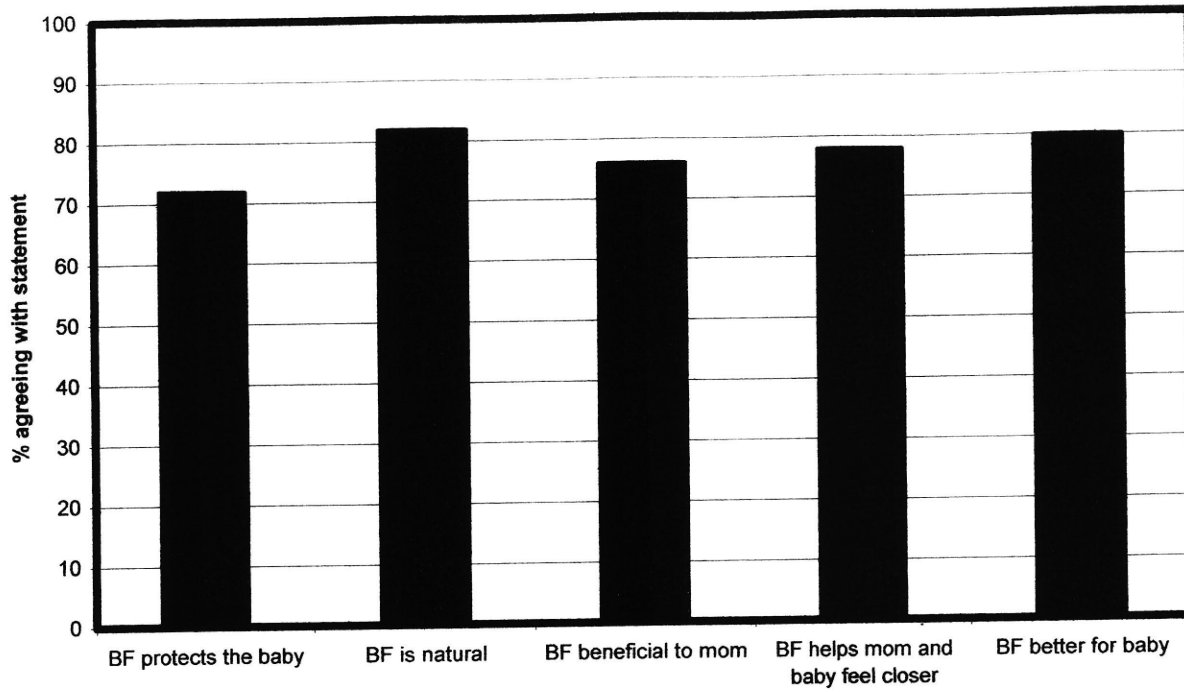


Table 2: Correlation of Positive Attitude of Breastfeeding and Mom Intention to Breastfeed

	Mom Intention to Breastfeed
Dad Positive Attitude of Breastfeeding	-0.524

expectant mothers and expectant fathers who were conveniently gathered together, and offered the possibility of an increased response rate when compared with mailed surveys or surveys completed during clinical visits. The author was under the presumption that expectant fathers who attended these classes would have greater involvement in the preparation for their new infant than the overall general population. In addition, both the expectant mothers and fathers were presumed to be informed health care consumers as evidenced by their attendance at such a class. The results from this study can therefore be considered as a “best-case” depiction.

An overwhelming majority of the expectant mothers anticipated breastfeeding their infant either exclusively or in combination with bottle-feeding. Forty-nine of the mothers stated their partner was aware of their decision regarding infant feeding and 44 reported their partner preferred this method as well. In addition, 100% of the expectant mothers reported their spouse supported their intended decision of infant feeding. These statistics indicated that the couples had discussed infant feeding prior to the birth and parenting class. In general, the majority of fathers had a positive view of breastfeeding. The couples with mothers who intended to breastfeed exclusively or use breastfeeding in combination with bottle-feeding with formula were analyzed separately and were found to have male partners whose attitudes supported breastfeeding. The small group of mothers who intended to bottle-feed or were unsure of what type of feeding method they intended to use for their child did not have corresponding male partner answers that supported breastfeeding. The results found a correlation between a positive attitude of the expectant father and the intention of the mother to breastfeed.

Conclusions

The data from this study suggested that the incidence of intention to breastfeed might be on the rise when compared to previous studies. One conclusion could be that a higher number of women in prenatal birth and parenting classes intended to breastfeed than compared to the general population. It was also apparent that mothers and fathers discussed the various infant feeding methods together and made a decision together as well. The theory of the author that a positive view of breastfeeding by an expectant father was correlated to the intention of the mother to breastfeed their child was supported by the research from this study. However, there were a large number of expectant mothers who said they would stay with their decision even if their partner did not support this. This could be indicative that the women used resources for their information about breastfeeding, such as mothers, friends or health care providers, to gain information about breastfeeding that the fathers would not normally seek out, and thus felt they had more information to support breastfeeding than their male partner had to not support it. The finding that a male partner with a positive attitude regarding breastfeeding was likely to have a female partner who intended to breastfeed could be purely coincidence, but not likely. It was more likely that the participants in this study represented educated health care consumers who share information gathering and decision-making regarding the birth of their child.

The general opinion regarding breastfeeding in the male partners from this study was a positive one. A good number of them appeared well-informed about the benefits of breastfeeding and had a positive outlook on breastfeeding in general. Again, the subjects of this study were felt to have an active role in the prenatal preparation and health care planning of their new child and may not be representative of the entire male population.

The findings from this study are similar to those of the study done by Freed et al. in 1992. Their study determined that fathers who anticipated their partner's feeding method as breastfeeding had overall positive views of breastfeeding when compared to those whose partner's feeding method was strictly formula feeding, which was similar to this study. The results were also consistent with the study done by Scott et al., 1997, which found that women with the perception that their partner preferred breastfeeding were 10 times more likely to breastfeed. This study, however, may be contradictory to previous studies such as those of Sharma et al., 1997, and Baranowski et al., 1982. These studies found the expectant father played a major role in the intention of the mother to breastfeed, and many of the mothers in this study stated they would stay with their decision regarding feeding method despite the expectant father not supporting this decision.

Recommendations

One objective of this study, as stated in the first chapter, was to determine the impact an expectant father had on the expectant mother's decision to breastfeed. The author was intending to make a comparison of her results with those in the literature review that stated fathers played a more important role than maternal grandmothers, family members or friends on the mother's intention to breastfeed. Unfortunately, the author was not able to assess this directly through her survey questions of the expectant mother. One recommendation for improvement in this study would be to question the expectant mothers directly regarding what individuals influenced her intended decision for infant feeding. A second recommendation that would allow comparison with previous studies would be to include a demographics section on the surveys. The author believed that the objectives for this particular study did not require statistics regarding

demographics and, in an attempt to simplify the statistical analysis portion of the research, elected to omit this section from the surveys.

For further research on this topic, the author believes it would be beneficial to survey mothers and fathers of several birth and parenting classes to obtain a greater number of surveys. In addition, further studies that involve same sex partners would be valuable as well, as there appears to be a lack of information regarding same sex couples and their decision regarding infant feeding methods. Gathering information regarding intended infant feeding method and opinions from both the expectant mother and expectant father could be done through an interview style rather than with surveys. This may allow future researchers to better understand individual attitudes more clearly by allowing them to further explore those attitudes while collecting data. The parenting classes were used by this researcher as a convenient way to survey a large number of expectant mothers and expectant fathers at one time. However, as stated before, this was considered a “best-case” depiction as the subjects were thought to be more proactive and informed regarding their healthcare than perhaps the average population. The fact that the expectant father was participating in the class with the mother may have created a bias on the study as well. Interviewing couples whose partners play a less active role in the pregnancy would be an area for further research.

From the findings of this study, it was evident that the expectant father does play a role in the decision of what type of feeding method for an infant, but it may be variable as to how much of a role they play. Currently, many hospitals and clinics encourage expectant fathers to support their partner in the decision to breastfeed their child, however, many fathers will not be instinctively aware of the benefits of breastfeeding. Most hospitals offer both prenatal birth and

parenting classes, as well as separate courses on breastfeeding, yet many of the breastfeeding courses only “strongly encourage” both the expectant mother and father to attend.

While the research from this study may not point to the father as playing as significant of a role in the initial decision of the mother to breastfeed as the author believed prior to the study, the support of the father is considered necessary to provide an overall support to the mother. Prenatal birth classes and breastfeeding classes are the best opportunities to get expectant fathers involved in the preparation for their new infant. By recruiting fathers more aggressively, perhaps the attendance at these classes would be higher. In addition, adding to the curriculum of these courses to include more information about the role the expectant father can play to support the mother when she is breastfeeding and how they can be involved in the feeding process is necessary. Including a component of the classes that encourages the expectant mother and father to discuss the pros and cons of feeding methods would be a significant addition. Many hospitals already have established prenatal classes and adjusting the content of the programs to include the fathers would be simple and could have a large impact on breastfeeding initiation and duration.

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ABBOTT
NORTHWESTERN
HOSPITAL
ALLINA HEALTH SYSTEM

January 8, 2003

Dept. Of Physician Assistant Studies
Augsburg College, Campus Box #149
2211 Riverside Ave.
Mpls., MN 55454

To Who It May Concern,

Dani Semling, a student in your Physician Assistant Studies program, has asked the Parent Education Dept. at Abbott Northwestern Hospital to help her in gathering information for her thesis.

We have given her permission to introduce her survey to the families attending two of our Breastfeeding Classes located on the hospital's campus. She plans to attend these classes in March or April, 2003.

If you require more information, feel free to call me at 612-863-3599.

Sincerely,

Dorothy Walden-Woodworth
Clinical Nurse Manager
Birth Center, Abbott Northwestern Hospital

Infant Feeding Survey for Expectant Male Partners

Please circle the number below that best describes how you feel about the statement according to the table below:

	Strongly				Strongly
	Agree	Agree	Neutral	Disagree	Disagree
	1	2	3	4	5
1. Breastfeeding does not look painful.	1	2	3	4	5
2. Breastfeeding is natural.	1	2	3	4	5
3. Breastfeeding is acceptable in public.	1	2	3	4	5
4. Breastfeeding helps protect a baby from diseases.	1	2	3	4	5
5. Breastfeeding is beneficial for the mother.	1	2	3	4	5
6. Breastfeeding is better for the baby.	1	2	3	4	5
7. Breastfeeding does not interfere with a couple's sex life.	1	2	3	4	5
8. I think highly of women who breastfeed.	1	2	3	4	5
9. Breasts were made for breastfeeding.	1	2	3	4	5
10. Breastfeeding changes breasts.	1	2	3	4	5
11. I want to know more about breastfeeding.	1	2	3	4	5
12. If my partner knew I supported breastfeeding, my wife/partner would be more likely to try it.	1	2	3	4	5
13. Breastfeeding helps mothers feel closer to their babies.	1	2	3	4	5
14. I will be more attracted to my wife/partner if she breastfeeds.	1	2	3	4	5

Thank you for participating in this survey!
Please place your survey in the envelope provided.

Adapted from a survey developed by Dr. Gary L. Freed

Infant Feeding Survey for Expectant Mothers

Please pick one choice per question by placing an X or check mark on the corresponding line.

1. Is this your first pregnancy?

- yes
 no

2. If you have previously given birth to a child, did you breastfeed any of your children?

- yes
 no
 N/A

3. Regarding infant feeding:

- I plan to breastfeed
 I plan to bottle feed with formula
 I plan to use a combination of both breastfeeding and formula feeding
 I am unsure of my preferred method of infant feeding

4. Regarding your male partner's awareness of your above decision:

- He is aware of my decision
 He is unaware of my decision
 I am unsure if he is aware of my decision

5. Regarding the support of your male partner in your above decision:

- He supports my decision
 He does not support my decision
 I am unsure if he supports my decision

6. If your male partner supports your decision, do you feel:

- He prefers that decision also
 He would prefer you use another infant feeding method
 You are unsure what he would prefer

7. If your male partner does not support your decision, would you:

- Stay with that decision
 Change your decision to that of your male partner
 Unsure of what you would do

Thank you for participating in this survey!
Please place your survey in the envelope provided.

Institutional Research Board
Augsburg College
Box 107

February 28, 2003

To: Dani Semling

From: Norma C. Noonan, Chair



I am pleased to inform you that the IRB has approved your application the project: **The Attitude of Expectant Fathers Regarding Breastfeeding and the Effect of the Expectant Father on the Expectant Mother's Intention to Breastfeed+**

as submitted

as revised

with the following conditions:

Your IRB approval number which should be noted in your written project and in any major documents alluding to the research project is as follows:

2003-14-2

I wish you success with your project. If you have any questions, you may contact me: 612-330-1198 or noonan@augsborg.edu.

c. Heather Bidinger

CONSENT FORM
Infant Feeding Study

You are invited to be in a research study regarding breastfeeding and how a male partner impacts the decision of the mother to breastfeed. You were selected as a possible participant because you are currently pregnant and enrolled in a parenting class with your male partner. A male partner is considered your spouse or a male who is going to be involved in the life of the infant as a primary caregiver. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Danielle Semling as part of my master's thesis in Physician Assistant Studies at Augsburg College.

Background Information:

The purpose of this study is to identify what type of preconceptions men may have regarding breastfeeding, and to find out if a male partner has an impact on whether the mother intends to breastfeed her child.

Procedures:

If you agree to be in this study, I would ask you to do the following things: Fill out your survey, which should take approximately 10-15 minutes to complete. You can skip a question if you do not want to answer it, however, it would be beneficial to my study if you could provide an answer to all of the questions. When you are finished, place the survey in the envelope provided by the instructors of the class.

Risks and Benefits of Being in the Study:

The risk of participating in this study is: A possible invasion of your personal thoughts and opinions.

The direct benefits to participation are: There are no direct benefits to you for participating in this study.

Indirect benefits to participation are: 1) Furthering the knowledge about breastfeeding decisions and what type of influence a male partner has on the expecting mother; 2) Improvement in programs related to breastfeeding education and prenatal care.

If you feel you would like to talk with someone about psychological issues you feel were brought about from this study, please call the Hennepin County Crisis Line at 612-347-3161.

Confidentiality:

The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify you. Research records will be kept in a file cabinet at my home; only my thesis advisor and I will have access to the records.

(a) Raw data will be destroyed by August 30, 2004.

Voluntary Nature of the Study:

Your decision whether to participate will not affect your current or future relations with Augsburg College or Abbott Northwestern Hospital. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

Contacts and Questions:

The researcher conducting this study is Danielle Semling. If you have questions later, you may contact me at Augsburg College Physician Assistant Program.

Phone: 612-330-1399, email: semling@augsborg.edu

Thesis Advisor: Heather Bidinger, MMS, PA-C

Phone: 612-330-1592, email: bidinger@augsborg.edu

Statement of Consent:

I have read the above consent. I understand my returning the survey is my consent to participate in this study.

Augsburg College
Lindell Library
Minneapolis, MN 55454