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Barriers and Facilitators of Adolescent Breastfeeding

by

Darci L. Pelland

Bachelor of Science, University of North Dakota, 2002

An Independent Study

Submitted to the Graduate Faculty

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Master of Science in Nursing

Grand Forks, North Dakota
May
2011

This independent study, submitted by Darci L. Pelland in partial fulfillment of the requirements for the Degree of Masters of Science in Nursing from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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Abstract

Human breast milk is the healthiest form of milk for human babies, which makes breastfeeding beneficial in so many ways. Breastfeeding promotes health for both the mother and infant, helps prevent disease, and reduces health care and feeding costs. With the superior qualities of breast milk becoming better-established in medical literature, breastfeeding rates have increased; however, many adolescents remain unaware of the role of breastfeeding in health promotion and disease prevention. This independent study identifies the barriers to breastfeeding in which adolescents face as well as strategies to facilitate breastfeeding among this population. The methodology includes a comprehensive review of literature on the barriers that exist with adolescent mothers and their infant feeding choice and ways to promote breastfeeding in order to meet the objectives outlined in this proposal. The outcome of this independent study is the development of an educational presentation to inform healthcare providers on strategies addressing breastfeeding promotion specifically tailored to meet the needs of the adolescent.

Introduction

Breastfeeding is well established as the optimum method for ensuring healthful infant nutrition. The World Health Organization (WHO) (2010) and the American Academy of Pediatrics (AAP) (2005) recommend that women breastfeed their infants exclusively for the first 6 months of life. According to the Centers for Disease Control and Prevention (CDC) (2009), breastfeeding rates have improved since 1999, but fall short of *Healthy People 2010* objectives regarding duration and exclusivity. Better infant feeding practice continues to be a national health goal with these objectives retained for *Healthy People 2020.* Healthy People objectives for breastfeeding in the early postpartum period, at 6 months, and 12 months are 75%, 50%, and 25%, respectively, and objectives for exclusive breastfeeding through 3 and 6 months of age are 60% and 25%, respectively (CDC, 2009). Among children born in 2006, 74% initiated breastfeeding, whereas 43% were breastfeeding at 6 months and 23% at 12 months of age. Adolescents have the lowest rates of breastfeeding in the United States as well as in other developed countries, and the rates have been declining since 2003 (CDC, 2009). According to Feldman-Winter & Shaikh (2007), in 2005, the breastfeeding initiation rate in adolescents was 50%, versus 68% for mothers aged 20 to 29, and 78% for mothers over 30 years old, with only 15% continuing to breastfeed at 6 months and 5% at 1 year. Adolescents are also less likely to exclusively breastfeed with 18% exclusively breastfeeding at 3 months and 7% at 6 months.

Adolescents face multiple social, economic, demographic, and legal factors that play a role in their decision to breastfeed. Education level, income, lack of prenatal care, depression, substance abuse, and influential individuals are all examples of challenges

related to an adolescent's infant-feeding choice. In 2006, the birth rate for teenagers 15 to 19 years of age rose 3% with 41.9 births per 1,000 females in this age group (Martin, Hamilton, Sutton, Ventura, Menacker, Kirmeyer, & Mathews, 2009). With the United States having the highest teen birth rate in the industrialized world, practitioners need to understand the adolescent in their decision-making process and the issues of adolescent parenting so that policies aimed at increasing the prevalence of breastfeeding in this population can be formulated.

Purpose

The purpose of this project is to conduct a comprehensive literature review to identify the barriers to initiating breastfeeding that are present in the adolescent population and to develop a presentation to educate primary care providers on strategies addressing breastfeeding promotion specifically tailored to meet the needs of the adolescent. By having more specific knowledge related to this population and their issues with making the infant-feeding decision, primary care providers will likely provide more breastfeeding education among pregnant adolescents as well as options that promote breastfeeding.

Significance

The majority of adolescents know that breastfeeding is "best" or healthy for the baby (Wambach & Koehn, 2004; Leffler, 2000); however, their breastfeeding rate is significantly lower than other groups of women. This vulnerable population comes with their own special attitudes, beliefs, and concerns about breastfeeding that health professionals need to be aware of in order to support and promote the health of the young mother and her newborn. Numerous barriers exist within the health care system, such as

the providers' lack of knowledge, nonsupportive attitudes, and inaccurate and inconsistent advice, which have all been cited as flaws within the health care system (Volpe & Bear, 2000). Other barriers exist within the mother themselves, such as fear of embarrassment while breastfeeding in public and fear of discomfort. The problem is in identifying the barriers that discourage adolescents from breastfeeding and identifying what strategies are most effective in improving breastfeeding rates among teenage mothers.

Theoretical Framework

The first framework utilized in conducting this project is based on the Adult Learning Theory, popularized by Malcolm Knowles, who believed that the single most important thing in helping adults to learn is to create a climate of physical comfort, mutual trust and respect, openness, and acceptance of differences (McEwen & Wills, 2007, p. 399). By providing resources required for learning and responding to a learner's needs, learning is facilitated. Presentations need to state exactly what the problem is and how to fix it for the teaching to be effective. Six assumptions have been identified by Knowles which facilitate adult learning, and they include the need to know, self-concept, experience, readiness to learn, orientation to learning, and motivation (McEwen & Wills, 2007, p. 399).

Adults are used to understanding what they do in life, the reason they need to learn something and how it will benefit them, as opposed to younger students simply learning what they are told. An adult's understanding on the importance of the knowledge is crucial in their learning process. Presenting the statistics of adolescent breastfeeding and the *Healthy People 2020* objectives will alert primary care providers on

the importance of identifying barriers and what they can do to increase the breastfeeding rates.

As people mature, Knowles also emphasizes that adults resent and resist situations in which they feel others are imposing their wills on them. Teachers need to avoid talking down to the adult learner and instead move them away from their old habits and into new patterns of learning as they become self-directed, taking responsibility of their own learning and the direction it takes. A teacher must provide information that enhances the adult's ability to solve problems as well as encourage independence (McEwen & Wills, 2007, p. 399).

The role of experience is one assumption in andragogy that states as an individual matures they have an expanding reservoir of experience that cause him/her to be a rich resource for learning and a broad base to relate new learnings (Knowles, 1973, p. 45). Adults have a wide base of knowledge from experience, especially primary care providers who have worked with adolescent mothers, and these need to be incorporated into the learning process. Adults want to use what they know and want to be acknowledged for having that knowledge. Some providers may have formulated methods based on their own experience to encourage an adolescent's infant feeding choice, and these should be integrated into the presentation as a learning experience for everyone.

Knowles also assumes that adults become ready to learn when the need to learn it helps them cope with real-life tasks or problems. Because of the developmental roles adults are approaching in their roles as workers, leaders, parents, etc., they are ready to learn when they need to learn (Knowles, 1973, p. 47). Adults are life, task, or problem-centered in their orientation of learning and want to see how what they are learning

applies to their life, a task they need to perform, or to solving a problem. Most primary care providers have and will take care of pregnant adolescents, and by learning about the barriers adolescents face with breastfeeding as well as what they can do as a provider to overcome those barriers will enhance their readiness to learn. It is well accepted that the physician's recommendation to breastfeed increases breastfeeding initiation and duration rates (AAFP, 2010).

Finally, motivation to learn is stimulated by internal priorities rather than external. Increased job satisfaction, self-esteem, and quality of life are incentives that give adults a reason to learn. Primary care providers know that human breast milk is the healthiest form of nutrition for an infant, and if they can facilitate more adolescents to breastfeed, there is a sense of accomplishment which only helps motivate them to continue this practice.

The intended outcome of delivering a presentation to primary care providers is that they in turn will educate and facilitate more adolescents to breastfeed. Because adolescents are the final recipients of the information presented, the expectation is adolescents will make their infant-feeding decision based on the information available to them. The second theory utilized in this project is the Theory of Planned Behavior, developed by social psychologists Icek Ajzen and Martin Fishbein, and explains the relationship among beliefs, attitudes, intentions, and behavior (McEwen & Wills, 2007, p. 318).

A key factor in the Theory of Planned Behavior is the individual's intention to perform a given behavior, and the stronger the intention, the more likely that behavior will be performed. In addition, the behavior is strongly influenced by one's confidence in

their ability to perform it (Ajzen, 1991). For instance, if you have two pregnant adolescent females both with equally strong intentions to breastfeed their infants, and both try to do so, the person who is confident that she can master breastfeeding is more likely to persevere than is the person who doubts her ability. Knowledge about breastfeeding is one factor that primary care providers can modify and increase the adolescent's likelihood of breastfeeding.

Other determinants of intention include attitude, which is the degree to which a person has a favorable or unfavorable evaluation of the behavior in question, and subjective norm, which refers to the social pressure to perform or not to perform this behavior (Ajzen, 1991). It's important to investigate the adolescent's attitudes towards breastfeeding, as well as understand the social pressures they are experiencing in order to overcome any barriers that may impede the behavior. In general, the more favorable the attitude and subjective norm, the greater and stronger one's intention to perform the behavior will be (McEwen & Wills, 2007, p. 321).

Definitions

Adolescence, as defined by Mosby's Medical Dictionary (2009), is the period in development between the onset of puberty and adulthood. It usually begins between 11 and 13 years of age and terminates between 18 and 20 years of age. During this period, an individual undergoes extensive physical, psychological, emotional, and personality changes.

Breast milk, the natural first food for babies, provides all the nutrients and energy an infant needs for the first months of life, promotes sensory and cognitive development, and protects infants against infectious and chronic diseases (WHO, 2010). Exclusive

breastfeeding, based on the definition of the World Health Organization (2010), was defined as the feeding of breast milk without any other liquids or foods with the exception of vitamins and medications. To enable mothers to establish and sustain exclusive breastfeeding for 6 months, WHO recommends initiation of breastfeeding within the first hour of life along with feeding on demand, night and day, without any use of bottles or pacifiers (2010). Breastfeeding contributes to the health of both the mother and the infant, with exclusive breastfeeding reducing infant mortality due to common childhood diseases such as pneumonia or diarrhea and aiding in a quicker recovery.

Process

This project involved conducting a comprehensive review of literature in order to identify barriers adolescents face in their infant-feeding decision as well as facilitators to promote breastfeeding among this population. Once identified, this information was used to develop a presentation to educate healthcare providers on strategies addressing breastfeeding promotion specifically tailored to meet the needs of the adolescent. On completion of the project, the presentation was reviewed by Dr. Cindy Anderson and recommendations made. The primary focus of the presentation included the importance of educating pregnant adolescents and discussing their fears about breastfeeding long before delivery as a means to improve breastfeeding rates.

Comprehensive Review of Literature

Databases searched to obtain studies for review included: (a) PubMed, (b) CINAHL, and (c) the Cochrane Library. Keywords for all databases included: (a) infant feeding, (b) breastfeeding, (c) adolescence, (d) teenagers, (e) barriers to breastfeeding, and (f) breastfeeding promotion. Additional articles were also found through review of

bibliographies from related articles. Results were the largest using keywords infant feeding or breastfeeding combined with adolescence, and compared from each database to exclude duplicates. Studies included in this review were selected based on their analysis regarding adolescents' attitudes towards breastfeeding as well as the barriers adolescents experience with breastfeeding, with most studies published within the past 10 years. One study included was published in 1993 but was relevant to the review. Many studies concerning adolescents and breastfeeding have been performed and contributed significantly to the knowledge in this area; however more research is needed to better tailor interventions for this population to increase breastfeeding initiation.

Target Population

Stakeholders in this project include pregnant adolescent females, physicians, physician assistants, nurse practitioners, nurse midwives, nurses who care for pregnant and postpartum adolescents, public health facilities, and lactation consultants. The target population for this independent study includes all pregnant adolescent females who are seeking routine medical care in the United States. The information obtained from this independent study will be utilized by primary care providers, including physicians, advanced practice nurses, and physician assistants, as well as nurses, when caring for pregnant and postpartum adolescent females.

Review of Literature

Benefits of Breastfeeding

Breastfeeding provides significant health and economic benefits for infants, their mothers, as well as society at large. Human milk is made uniquely for the infant and far superior to substitutes by providing optimal nutrition, disease prevention for both mother

and infant, and decreasing health care costs (Keister, Roberts, & Werner, 2008). Infants who are breastfed have a decreased risk of asthma, Hodgkin's disease, hypercholesterolemia, leukemia, obesity, diabetes, respiratory tract infections, and sudden infant death syndrome. Breast milk provides immunologic benefits, decreasing the incidence of bacterial meningitis, bacteremia, diarrhea, late-onset sepsis, necrotizing enterocolitis, otitis media, and urinary tract infections. Premature infants who are exclusively breastfed have improved developmental outcomes compared to those who are formula fed. Mothers who never breastfeed have higher rates of breast and ovarian cancer, slower return to prepregnancy weight, and increased postpartum bleeding. Economically, breastfeeding can decrease annual health care costs by $3.6 billion, decreasing costs for public supplementation programs such as WIC, and decreasing patient costs (Keister, Roberts, & Werner, 2008).

Due to the numerous benefits breastfeeding offers, the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), and the American College of Obstetrics and Gynecology (ACOG) strongly support breastfeeding by having policy statements that reflect the understanding of these benefits. The AAFP (2010) recommends that all babies, with rare exceptions, be breastfed and/or receive expressed human milk exclusively for the first six months of life and should continue as long as mutually desired by both mother and child. They also state family physicians should have the knowledge to promote, protect, and support breastfeeding (AAFP, 2010). The AAP (2005) also endorses the recommendation for exclusive breastfeeding for the first six months of life and strongly adheres to the position that breastfeeding ensures the best possible health, developmental, and psychosocial outcomes for the infant. Health

care professionals should recommend breastfeeding for all infants in whom it's not contraindicated (AAP, 2005). Identified as the preferred method of feeding for newborns and infants, ACOG (2003) also strongly supports breastfeeding and states health professionals caring for women and their infants, as well as hospitals and employers, should support women in choosing to breastfeed their infants.

Breastfeeding is healthy for the baby and provides "closeness" between the baby and mother. A descriptive study involving a convenience sample of 25 African American adolescent mothers between the ages of 15 and 21 years conducted to define the barriers to breastfeeding in the inner city African American adolescent mother found that most of the women agreed that breastfeeding increases bonding, results in less illness in the baby, and that breast milk provides optimum nutrition (Brownell, Hutton, Hartman, & Dabrow, 2002). Another descriptive study to describe attitudes and subjective norms of adolescent males and females toward breastfeeding discovered that adolescents appear to know the advantages of breastfeeding and have positive attitudes towards it, finding that females found it more important than males that the mother feels close to her baby, that the baby is protected against illnesses, and that the baby is fed in the best way possible (Goulet, Lampron, Marcil, & Ross, 2003). Hannon, Willis, Bishop-Townsend, Martinez, & Scrimshaw (2000), conducted a qualitative study using semi-structured ethnographic interviews & focus groups involving 35 Latina & African-American girls in Chicago between the ages of 12 & 19 years to explore minority teen mothers' perceptions of breastfeeding and the influences on infant feeding choices. Teens in this study recognized that breastfeeding offered many benefits including facilitating maternal–child bonding and promoting the baby's health, but concern was raised regarding a potential

for excessive attachment between teen mother & baby. Results from another qualitative study performed in Hilo Hawaii involving 33 young mothers between the ages of 16 & 27 years old also found that participants were very knowledgeable about the benefits of breastfeeding, which included the health of the baby, the convenience, and lowered cost (Morrison, Reza, Cardines, Foutch-Chew, & Severance, 2008). In Nelson's 2009 exploratory, qualitative study of low-income, largely minority pregnant & postpartum females ≤19 years old enrolled in a young parents outreach program at an inner city health center, the only belief agreed upon by all participants was that breastfeeding was beneficial or healthy for the infant; some believed it helped lose "baby fat" and others believed it brought the mother and infant "closer". A qualitative study by Nelson and Sethi (2005) using grounded theory method investigated the first-time breastfeeding experiences of teenage mothers aged 15 to 19 years. Participants identified good things about teen breastfeeding which included baby's health, closeness, enjoyable experience, and convenience and cheapness. Robinson, Hunt, Pope, & Garner (1993) performed a descriptive study consisting of 84 adolescent mothers ages 14 to 19 years who were participants in WIC in Louisiana with the majority (n=65) agreeing that breastfeeding is the healthier feeding method and also perceiving the closeness of the nursing relationship as an advantage to breastfeeding. Wambach & Cohen's 2009 qualitative, descriptive study examining the breastfeeding experiences of 23 urban adolescent mothers found adolescents who chose to breastfeed did so mainly for infant health reasons, closeness and bonding. In another study by Wambach & Koehn (2004), qualitative research using focus groups was done involving a convenience sample of 14 pregnant adolescents. All groups stated that breastfeeding was healthy for the baby. A critical review done by

Wambach & Cole (2000) on articles published between 1980 & 1999 on breastfeeding, infant feeding, and adolescence found in many studies adolescents view breastfeeding as the healthy and natural way to feed infants.

Adolescents appear to know that breastfeeding can enhance bonding and is the healthier feeding method for infants, but still may not be aware of all the tremendous benefits it carries for the mother as well. It is essential that discussion of the benefits of breastfeeding to infants, mothers, and families is addressed during prenatal care, as well as any potential risks or contraindications. Although education about breastfeeding benefits may influence attitudes and behavior, it may not be enough to increase breastfeeding rates alone as it fails to recognize other influences on one's infant-feeding decision, such as social pressure and perceived barriers.

Barriers & Facilitators to Breastfeeding

There are several recognized barriers to breastfeeding that impact a new mother's decision on her infant-feeding method. Labbok & Taylor (2008) cite several obstacles and constraints having an impact on initiation and duration of breastfeeding that involve many areas that need attention, including the health care system and providers, social, economic, and political factors, and media and marketing practices. Labbok & Taylor (2008) reported that there are insufficient numbers of providers skilled in both clinical and social breastfeeding support, and limited community, political, legislative, and regulatory awareness of the public health impact and concomitant limited attention to action. Mothers have misconceptions and fears due to lack of societal awareness and support, and these misperceptions are only enhanced with the aggressive marketing of formula to mothers through hospitals, clinician's offices, and media representation.

There is a lack of workplace support, paid maternity leave, and limited third party payment for sufficient support, and outside of WIC, public health programming in support of exclusive breastfeeding is rare. Negative attitudes, or reasons for choosing to bottle feed, include the inconvenience of breastfeeding, exclusive feeding in which the mother feels tied down and run down, body image factors such as breast disfigurement and embarrassment, fear of pain, and just not liking the idea of breastfeeding in general. Other barriers to breastfeeding identified include problems with returning to school or work, restrictions on activities, not being able to smoke, limited birth control options, and lack of knowledge on breastfeeding.

Labbok & Taylor (2008) identified gaps and areas for potential changes and identified interventions to support exclusive breastfeeding. Their recommendations include raising awareness of the issue among providers and the general public, development of breastfeeding-specific clinical and counseling skills, attention to and planning for family and social support and work accommodations needed to reach a tipping point to establish exclusive breastfeeding as a normative behavior, funding for research to elucidate how best to support exclusive breastfeeding for all mothers in all settings, protection of the public from misinformation and the misconception that "some" formula carries no risks, and attention to development of self-regulation and/or governmental regulation of advertising, marketing, and media practices (Labbok & Taylor, 2008). Adequate evidence indicates that interventions to promote and support breastfeeding increase the rates of initiation, duration, and exclusivity of breastfeeding (USPSTF, 2008).

Barriers to Adolescent Breastfeeding

There are common themes related to barriers to breastfeeding or factors that influence the adolescent's infant feeding decision, including embarrassment and/or maintaining privacy in public, pain or discomfort with breastfeeding, loss of freedom, time, or sleep, work or school responsibilities, fear of breast changes, and lack of knowledge or confidence. Brownell et al. (2002) combined demographic questionnaires with interviews and summarized the positive and negative factors impacting infant feeding decision. The most frequently reported reasons for not breastfeeding were related to embarrassment, perceived pain, and lack of interest. Dykes et al. (2003) conducted focus groups yielding 5 themes related to barriers of breastfeeding: feeling watched and judged (embarrassment), lacking confidence (unsure of producing enough milk), tiredness, discomfort, and sharing accountability (involving the partner in feeding and reduce the feeling of being tied down). Qualitative data and content analysis determined that fear of pain, embarrassment with public exposure, & unease with the act of breastfeeding acted as barriers for teenagers who were considering breastfeeding (Hannon et al., 2000).

Goulet, Lampron et al., (2003) investigated breastfeeding beliefs among 203 males and 236 females in grades 7 to 11 randomly selected from 4 high schools. During class time, the subjects were given questionnaires that used a Likert scale to measure the level of beliefs regarding breastfeeding and their consequences. Females more strongly rejected the inconveniences of breastfeeding, such as it ties them down, it's painful, and the difficulty of maintaining privacy in public. Questionnaires using a Likert scale were also utilized in the study by Robinson et al. (1993). Embarrassment about breastfeeding was expressed by 36 of the 84 teens in the study. Twenty-nine participants agreed with

the common belief among teens that breast-feeding will cause breast disfigurement, and 35 thought they did not know enough about breastfeeding.

Morrison et al. (2008) found that because of the little support to breastfeed in public, some mothers chose to breastfeed to facilitate public infant feeding, while others were resistant to feeding in public or in front of their friends, making bottle feeding a better choice for them. Some felt bottle feeding made it easier to receive help from other family members and allow the male partner to bond with the baby. Fear of having sagging breasts was one of the main factors that discouraged young women in the focus group from breastfeeding.

Nelson (2009) used focus groups that were audio taped and led by an experienced facilitator to interview participants about their attitudes, beliefs and concerns regarding breastfeeding. Interviews consisted of open-ended questions analyzed by transcribed audiotapes using content analysis techniques. Many participants reported hearing that breastfeeding hurt. All agreed that the opinion of others shouldn't matter because whether or not to breastfeed is the mother's choice. Another prevalent attitude was that "the baby comes first". Concerns included the need to watch their diet, not smoke while breastfeeding, "doing it right", "breast changes", "having enough milk", privacy issues, the frequency of feeding required, and it leading to dependency.

In Nelson & Sethi's 2005 study, a demographic questionnaire was completed in addition to an informal interview format which was then transcribed, coded, and analyzed using constant comparative method. Hard things about teen breastfeeding included breastfeeding difficulties, feeding in public, loss of freedom, time, and sleep, changed relationship with male partner, & altered future plans.

Spear (2006) utilized a mixed method design to identify recurring comments and themes regarding breastfeeding experiences & related behaviors of adolescent mothers after discharge from the hospital. Participants found prenatal and postpartum education about breastfeeding to be limited. Many indicated that they were not plainly informed about the superiority of breast milk and the health advantages of breastfeeding, and hindrances to breastfeeding included inadequate milk supply, sore nipples, and responsibilities related to school and employment.

Wambach & Cohen (2009) used a combination of focus groups & semi-structured interviews of 14 to 18 year olds in which about half were currently breastfeeding and the others had weaned their babies within the last 6 months. Barriers to continued breastfeeding included perceptions of insufficient milk supply, nipple/breast pain, time demands of work or school, problems with pumping, and feeling frustrated and overwhelmed.

The aim of Wambach & Koehn's (2004) paper was to report influencing factors in disadvantaged urban pregnant adolescents' decision-making about infant-feeding choices. Focus group interviews were conducted with the Theory of Planned Behavior guiding the questioning. This theory, developed by Ajzen & Fishbein in the late 1960s, assumes that attitudes toward the behavior, subjective norms with respect to the behavior, and perceived control over the behavior are usually found to predict behavioral intentions with a high degree of accuracy (Ajzen, 1991). Barriers to breastfeeding included concern for embarrassment, self-consciousness, and fear about others looking at them when feeding in public. Pain with breastfeeding was also a concern, along with the mother's diet and medication use while breastfeeding. Going back to work or school and having to

pump or suffer the consequences of being sore all day was also an issue. The recurrent message: breastfeeding was complex and bottle feeding was simple.

Wambach & Cole's (2000) critical review concluded the most common negative attitude towards breastfeeding was that it was a private behavior, should not be done in public or in the presence of males, and caused embarrassment. Some studies in this review also reported that a lack of knowledge about breastfeeding was a barrier to choosing this method.

The perceptions and experiences of adolescents concerning breastfeeding have elements in common with those of adult mothers as well as unique elements specific to this population. Identifying the barriers adolescents have towards breastfeeding raises the awareness that there are areas amenable to intervention.

Strategies that Facilitate Adolescent Breastfeeding

Making the decision to breastfeed is one most mothers make some time during their pregnancy. Wambach & Cohen (2009) found that some teens think about this decision over time prenatally, getting informed through reading and classes as well as talking with family, friends, and health care providers. Those who continued breastfeeding after the infant was 3 months of age had made early pregnancy decisions, and among those who had weaned by 3 weeks postpartum, only one had made an early pregnancy decision and four made their decision between 5 and 8 months of pregnancy. Nelson & Sethi (2005) also found that mid- to late-pregnancy decisions were prominent among those who weaned by 4 weeks and early decisions were prominent in long-term breast feeders.

Most adolescents recognize the benefits of breastfeeding and value the protection from disease, bonding, and other benefits breastfeeding offers. Hannon, et al. (2000) and Nelson & Sethi (2005) found that a major reason for breastfeeding was for infant health reasons, suggesting that ways to expose adolescents to information about breastfeeding benefits during pregnancy may increase the likelihood of them making this choice. Volpe & Bear's (2000) results supported their hypothesis that adolescents who attend specific breastfeeding education classes are more likely to initiate breastfeeding. Spear (2006), Hannon et al. (2000), and Nelson & Sethi (2005) all reported problems with breastfeeding that adolescents encountered, such as discomfort and embarrassment with feeding in public, which suggest additional prenatal educational is needed to help them in averting preventable problems and addressing their concerns. The United States Preventive Services Task Force (USPSTF, 2008) recommends structured breastfeeding education and behaviorally oriented counseling programs to increase breastfeeding initiation and maintenance.

Those close to and supportive of the adolescent can be very influential in their infant feeding choice. Adolescents' mothers were found to be the most influential on choosing breast or bottle (Hannon et al., 2000; Morrison et al., 2008; Robinson et al., 1993; Wambach & Cole, 2000; Wambach & Koehn, 2004). The majority of these studies found the baby's father exerts some influence on the decision. Dykes et al. (2003) and Wambach & Cohen (2009) found that adolescents needed a combination of emotional, esteem, instrumental, informational, and network support to continue breastfeeding.

Implementation in Clinical Practice

In order for health care providers to provide education and support to adolescent mothers, they must first understand the adolescent in their decision-making process in regards to infant-feeding and the unique barriers and concerns they are faced with. Adolescents focus on the present, are concerned with their body image, and strongly identify with their peer group, and these developmental characteristics influence their infant-feeding decision. Moreland & Coombs (2000) describe how the family physician, or one's primary care provider, can significantly influence a mother's decision to breastfeed and the importance of discussing breastfeeding and its concerns at all prenatal visits. They also discuss how another important factor in one's decision is the patient's support person and including them in breastfeeding promotion efforts at every visit as well.

The findings reported from this review of literature clearly demonstrated that adolescents hold both positive and negative attitudes toward breastfeeding that influence their decision-making. Lack of knowledge on breastfeeding is a significant problem within the health care system, and is one barrier health care providers can change. With this and other common barriers to breastfeeding identified as well as some breastfeeding experiences described, clinicians must have interventions specifically tailored to the pregnant adolescent to increase their breastfeeding rate. Volpe & Bear (2000) showed that pregnant adolescents who attended specific breastfeeding education classes were more likely to initiate breastfeeding, but there is still a gap in the literature as to what interventions will increase the likelihood for this population to breastfeed. It is the responsibility of health care providers not only to perform a medical history focused on

breast health and breastfeeding and a physical examination of the breast, but also to educate pregnant women on the benefits of breastfeeding and discuss other issues that may make them reluctant towards breastfeeding (Creasy & Resnik, 2009).

The Academy of Breastfeeding Medicine develops clinical guidelines that may impact breastfeeding success. Their recommendations include that health care providers create a breastfeeding-friendly office, take a detailed breastfeeding history, and incorporate breastfeeding as an important component of the initial prenatal breast examination. Recommendations also include integrating breastfeeding promotion, education, and support throughout prenatal care, discussing breastfeeding at each prenatal visit, and utilizing the Best Start Three-Step Counseling Strategy should be considered in doing so (Wood, Hineman & Meyers, 2009).

The Best Start Three-Step Counseling Strategy is a communication technique which facilitates an informed decision about infant feeding and serves as an effective strategy for promoting breastfeeding through helping woman overcome their perceived barriers to choosing breastfeeding (Westdahl & Page-Goertz, 2006). It has been found to increase breastfeeding initiation rates in all settings where it has been implemented. Step one determines underlying concerns about breastfeeding by asking open-ended questions of the adolescent mother. Step two acknowledges the woman's worries and affirms that their concern is normal, helping to build trust. Step three of the strategy is the targeted education that is directed by the specific concerns expressed, which generally can be categorized into one of the following categories: 1) lack of confidence in ability to breastfeed, 2) lack of support for breastfeeding, 3) lifestyle issues perceived to preclude breastfeeding such as early return to work or school, 4) concerns about dietary and health

practices perceived to be harmful for a breastfed infant, 5) embarrassment, and 6) fear of pain (Westdahl & Page-Goertz, 2006). It's important to address any concerns and dispel misconceptions at each prenatal visit.

The Best Start Three Step Counseling Strategy was selected as a model as it incorporates the primary strategies of discussing breastfeeding early in the pregnancy, educating the mother on breastfeeding benefits, and addressing breastfeeding concerns, all of which enhance breastfeeding success in adolescents. By preparing health care providers with information on this topic, it is anticipated that breastfeeding education of pregnant adolescents will improve. Fears of discomfort, embarrassment, loss of freedom and other issues can be discussed antenatally, when mothers are most likely to decide on their infant-feeding method, and hence they would be better informed to make the best choice for them and their baby. Providers in the clinical setting need to have strategies that are evidence-based and user friendly considering the time constraints they are faced with. Increasing breastfeeding rates would have beneficial clinical and practical effects for mothers, infants, and everyone involved in health care.

Conclusions

A majority of studies investigating adolescents and breastfeeding are over 10 years old, and the most recent studies have largely been conducted outside of the United States. The studies in this review included those recently performed in the United States as well as some in other countries, with a greater part of the research qualitative and descriptive in nature. With the age of most of the research and the foreign settings, this limits the generalizability of findings to the current U.S. adolescent population.

The overall body of evidence suggests that adolescents viewed breastfeeding as the healthy method to feed infants, which is consistent with findings reported by previous researchers. Also consistent with previous findings is that many adolescents are concerned with physically exposing themselves while breastfeeding and find it embarrassing, and what they hear from others may impact their infant-feeding decision. Among the studies in this review, there are several similarities in the findings which reinforce the validation and significance of the results. Many studies found there to be the same barriers to breastfeeding presented among the adolescent population, such as breastfeeding is painful, time-consuming, causes breast changes, limits freedom, interferes with work/school, and some adolescence didn't have the knowledge or confidence to breastfeed.

While the descriptive evidence supports the idea that adolescent mothers have specific attitudes, beliefs, and concerns related to breastfeeding, there is less research in describing breastfeeding experiences from the teen's perspective. As Wambach & Cohen (2009) state, having the evidence related to adolescents' breastfeeding experiences can help design and tailor interventions to assist teens in breastfeeding decisions and support.

As with all studies, limitations exist and must be addressed. One weakness of many studies is the small sample sizes, which limits the generalizability of the findings. Small sample sizes are subject to larger sampling errors in missing the mean population and the lack of generalizability is a disadvantage to both qualitative and quantitative research (Macnee & McCabe, 2008). Many of the samples also were made up of specific ethnic or minority groups, and thus findings cannot be generalized to all teenage mothers or to those with different demographic characteristics. Also, because many participants

were recruited by convenience sampling, the studies may suffer from selection bias, and in some studies, participants were audio-taped, which may have prevented them from being forthright or frank in their responses.

Discussion

Adolescent mothers are not meeting the national goals set for best infant feeding practice and so the purpose of this project was to identify barriers and facilitators of adolescent breastfeeding. Findings synthesized from this project are presented in a PowerPoint presentation, which can be viewed in Appendix A. The presentation is an educational production based on current evidence, developed to inform healthcare providers on the barriers adolescents are faced with and the breastfeeding promotion strategies to acknowledge these concerns and/or misconceptions. Statistics show adolescents have the lowest rates of breastfeeding in the United States, and this problem needs to be communicated to those taking care of adolescents prenatally. The presentation reinforces the recommendations from the AAP, AAFP, WHO, ACOG, and the USPSTF, as well as the objectives for *Healthy People 2020,* and alerts providers on the importance of this knowledge. Adolescents are more likely to breastfeed if infant feeding education and underlying concerns are discussed early in the pregnancy. Utilizing the Best Start 3-Step Counseling Strategy is one way health care providers can address the adolescent's concerns prenatally as it provides a framework that helps providers cope with real-life problems. With the motivation to help increase breastfeeding initiation rates among this population, health care providers are stimulated to learn methods that facilitate adolescents to breastfeed.

Outcome

The presentation regarding the barriers and facilitators of adolescent breastfeeding was delivered to healthcare professionals, including local registered nurses and physicians, at Rainy Lake Medical Center clinic campus in International Falls, MN. Positive feedback was given in regards to the organization of the material, as well as the information presented. Many of the professionals were unaware of the low breastfeeding statistics and the *Healthy People 2020* objectives, and appreciated the new information. Since several of our family physicians deliver prenatal care in our community, they felt the presentation was beneficial and will impact how they educate pregnant adolescents on breastfeeding as well as address their concerns earlier in the prenatal period. Some providers admitted that they don't discuss infant feeding method until late in one's pregnancy, when there is less time to inform the mother about the many benefits of breastfeeding and overcome perceived barriers.

A number of questions were raised pertaining to local support for breastfeeding mothers and how we as professionals can make a difference. There is a definite need for a lactation consultant and increased resources for those mothers who once discharged from the hospital may need more assistance with breastfeeding. Although initially breastfeeding rates may be higher in the early postpartum period, these rates decline as the infant ages. With increased support for breastfeeding mothers, problems can be encountered prior to weaning.

Implications for Nursing

Practice. With breastmilk proven to provide the best nourishment for humans at the start of life, as well as disease protection and health promotion, all of today's

healthcare providers are required to have a basic understanding of breastfeeding. Educating pregnant adolescents on the benefits of breastfeeding and discussing other concerns that may make them reluctant towards breastfeeding is the responsibility of their primary care provider. With many participants in the studies feeling unprepared to breastfeed their babies, it's understandable why they didn't feel confident in their ability, were concerned about privacy issues, embarrassed about breastfeeding in public, and frightened about pain. The development of a presentation and delivery of it will aid primary care providers in caring for pregnant adolescent females in making infant-feeding decisions. Primary care providers will have the knowledge to address specific issues adolescents view as barriers to breastfeeding and provide them with options that promote breastfeeding. Breastfeeding is available to nearly 100% of millions of babies born every year in America and can positively impact not only the mother and the infant, but also the community and health care costs. Breastfeeding reduces the risk of many major national health concerns, including asthma, cancer, cardiovascular disease, diabetes, and obesity, which certainly impacts the health of almost every future citizen.

Education. With the United States having the highest teen birth rate in the industrialized world, and *Healthy People* objectives continuing to publish the need to increase the proportion of mothers who breastfeed their infants, the need for education of healthcare providers is important. All members of the health care team working with mothers and infants, including physicians and nurses, should possess basic skills in breastfeeding management and facilitate breastfeeding among their patient population. Educating those who care for pregnant adolescents on the barriers to breastfeeding as well as strategies to promote breastfeeding, will expectantly increase education on

breastfeeding to pregnant adolescents as well as increasing the rate of breastfeeding among adolescents. Therefore, it's important for healthcare organizations to provide education and training for their members who offer services to women of childbearing age in providing breastfeeding education to mothers. The American Academy of Pediatrics, American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists all recommend that pregnant women receive breastfeeding education and counseling.

Research. This project has lead to the discovery of gaps in research that exist regarding adolescents and breastfeeding. These include the need for more research on pregnant adolescents and breastfeeding in the United States that can be generalized to a larger population, as well as additional research to study the interventions utilized and their effects on promoting breastfeeding among this population. More qualitative research that examines women's experiences with breastfeeding over time is also needed to gain a better understanding of the challenges mothers face as their babies develop.

The findings of this comprehensive review and subsequent educational presentation for primary care providers will likely improve breastfeeding rates among adolescents. However, the decision to breastfeed is a dynamic process and there are multiple influences on teen mothers' infant feeding choices, so further research is needed to identify the extent that these insights into infant feeding decisions exists in larger samples of adolescent mothers. Teens may need additional support and education due to their age and place in life, and although some work has been done in describing the breastfeeding experiences of teen mothers, more research is needed in this area as this is important in tailoring interventions for this vulnerable population.

Policy. With increasing information on adolescents' decision-making process and the issues they face with parenting, policies aimed at increasing the prevalence of breastfeeding in this population can be formulated. One common barrier among adolescents is embarrassment and/or maintaining privacy in public. In 1998, U.S. Representative Carolyn Maloney introduced legislation (The Right to Breastfeed Act, H.R. 1848) to protect a woman's right to breastfeed on federal property where she and her child have a right to be, however, many women still do not feel comfortable nursing their children in public places. Policy development and legislation regarding discreet areas for mothers to nurse their babies in public places such as shopping malls, restaurants, and work places, is needed.

With lack of knowledge also listed as a reason adolescents choose not to breastfeed, policies aimed at health insurance plans offering prenatal classes on breastfeeding to all their members should be encouraged. Breastfeeding classes offered at no charge may appeal to pregnant adolescents who may not have financial security.

Summary

There are many influences on teen mothers' infant feeding choices and having more knowledge in relation to an adolescent's breastfeeding understanding, attitudes, intentions and practices, in addition to the influential factors in their life, can only benefit those who care for them during pregnancy and in the postpartum period. Solutions regarding concerns of breastfeeding in public and fear of discomfort may need to go beyond a simple suggestion and provide further information that may have a desirable impact on the decision to breastfeed. Teens appear to express more positive attitudes towards breastfeeding when strategies to counter these barriers are addressed (Hannon, et

al., 2000). For health professionals supporting breastfeeding adolescents, the insights from this independent project may assist in reflection on their practices and in the development of appropriate strategic initiatives that may support this specific group of mothers.

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Barriers and Facilitators of Adolescent Breastfeeding

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Breastfeeding Recommendations

- World Health Organization (WHO), American Academy of Family Physicians (AAFP), & American Academy of Pediatrics (AAP) recommend that:

WOMEN EXCLUSIVELY BREASTFEED THEIR INFANTS FOR THE FIRST 6 MONTHS OF LIFE

Healthy People 2020 Objectives

- Increase to 75% the proportion of mothers who breastfeed their babies in the early postpartum period
- Increase to 50% who breastfeed through 5 to 6 months of age
- Increase to 25% who breastfeed through the end of the first year
- Exclusive breastfeeding: 60% for first 3 months and 25% for 6 months.

Adolescents

- Lowest rates of breastfeeding in the U.S. with rates have been declining since 2003
- U.S. has highest teen birth rate in industrialized world and rising!
- 2007 breastfeeding rates:
  - Initiation 50%
  - 6 months 15%
  - 1 year 5%
  - Ex. BF at 3 months 18%
  - Ex. BF at 6 months 7%

Challenges Faced by Adolescents

- Education Level
- Income
- Lack of Prenatal Care
- Depression
- Substance Abuse
- Influential Individuals

PROBLEM

- Adolescent breastfeeding rates are significantly lower than other groups of women
- Flaws in the health care system
- Fears of the mother
- Lack of support

Benefits of Breastfeeding

- Optimal nutrition
- Disease prevention for mother & infant
- Decreased health care costs (potentially by $3.6 billion annually)

Policy Statements

- AAFP: Family physicians should have the knowledge to promote, protect, & support breastfeeding.
- AAP: Health care professionals should recommend breastfeeding for all infants in whom it's not contraindicated.
- ACOG: Health care professionals should support women in choosing to breastfeed their infants.

USPSTF

Recommends structured breastfeeding education and behaviorally oriented counseling programs to increase breastfeeding initiation and maintenance.

Barriers to Adolescent Breastfeeding

- Embarrassment/Maintaining privacy in public
- Pain or discomfort with feeding
- Loss of freedom, time, or sleep
- Work and/or school responsibilities
- Fear of breast changes
- Lack of knowledge or confidence

Strategies to Facilitate Adolescent Breastfeeding

- Earlier decision in pregnancy usually means longer breastfeeding duration.
- Prenatal education
- Breastfeeding education classes
- Support!!!

Role of the Primary Care Provider

- Significant impact on initiation & maintenance of breastfeeding
- Positive messages about breastfeeding
- Breastfeeding-friendly environment
- Provide literature
- Discuss at first & subsequent prenatal visits

Best Start 3-Step Counseling Strategy

- Step 1:Introduce topic with open-ended statement:
  - "Have you thought about how to feed your baby?"
  - "What have you heard about breastfeeding?"
- Step 2: Affirm the concern(s) expressed.
  - "Lots of my patients tell me that."

History and Physical

- Examine the breasts to either reassure patient or identify potential problems
  - The prenatal breast exam is an opportunity to affirm a woman's ability to lactate.

Sample Prenatal Breastfeeding Promotion Checklist

- Past breastfeeding history
  - ❑ Length of time each baby was breast fed
  - ❑ Length of time each baby exclusively breast fed
  - ❑ Initial problems: sore nipples, sleepy baby
  - ❑ Subsequent problems: early weaning, nipple confusion
  - ❑ Family history of breastfeeding problems

Sample Checklist cont.

- Current Pregnancy
  - ❑ Concerns of mother (embarrassment, pain, work)
  - ❑ Knowledge base of mother (benefits of BF)
  - ❑ Plans for work or school
  - ❑ Plans for pumping breasts
  - ❑ Plans for supplementation
  - ❑ When, if at all, patient plans to introduce bottle
  - ❑ Name(s) of support persons
  - ❑ Promote prenatal lactation classes
  - ❑ Record breastfeeding problems on chart with plan for referral and follow-up

Addressing Concerns Using the Best Step Strategy: Step 3

- LACK OF CONFIDENCE
  - "Your body is doing a great job of growing the baby. Trust your breasts to do their work too."
  - "There are people who can help you if things aren't going just right."

Good practices support successful breastfeeding

- Teach your clients to breastfeed ASAP, room-in, avoid pacifiers, breastfeed on cue & often, ask for help.
- Teach signs of infant hunger & satiety.
- Teach signs of milk transfer.
- Teach routines that stimulate sufficient milk supply.

Lifestyle Issues: Return to Work/School/Freedom

"Many women continue breastfeeding after return to work/school."

- Assess workplace support for breastfeeding (place/time to pump, milk storage)
- Assess child-care support

"It's OK to pump your milk."

- Provide information about pumps & routines, as well as milk storage information

"Breastfeeding does not have to tie you down."

- Plan feeding around the mother's or family's activities.
- Teach how to breastfeed discreetly.
- Introducing supplements if preferred.

"You can't spoil a new baby by holding her too much."

- Breastfeeding is a way to meet a variety of the baby's needs…helping an infant to become more independent & secure.

Embarrassment

"Breastfeeding does not have to be embarrassing."

- Teach women how to nurse discreetly.
- It is OK to bottle feed on occasion if they prefer.

Fear of Pain

Teach women:

- How to position baby at the breast.
- How to help baby latch-on
- How to prevent nipple pain
- How to prevent engorgement and treat engorgement
- To ask for help if pain persists

Lack of Social Support

"There are many ways for other people to feel close to the baby."

- Bring family members to their visits to learn more about breastfeeding
- Tell loved ones there are lots of ways to learn to love their baby (cuddling, reading, singing, rocking, bathing) and everyone can do these things, not just mother.

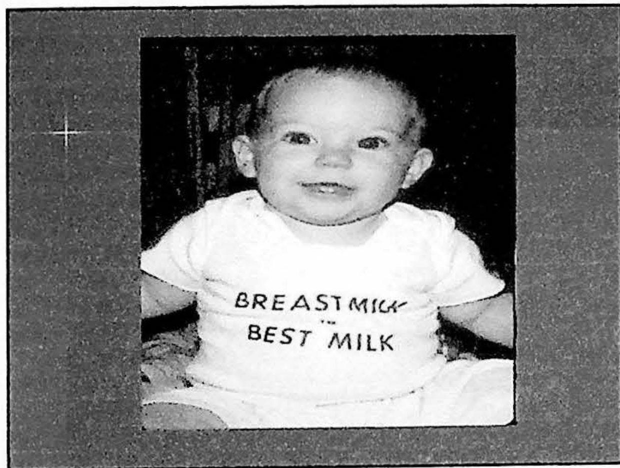
"There are lots of places to find breastfeeding support."

- Let women know who to call for help & questions about feeding.
- Where to find lactation support services within the community.

In Conclusion…

- Breastfeeding is available to nearly 100% of millions of babies born every year.
- Positively impacts the mother, the infant, the community, and health care costs.
- Reduces the risk of many national health concerns.

LET'S MAKE A DIFFERENCE!!!


BREAST MILK
BEST MILK

Thesis / Independent Study

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