Breastfeeding Support in the Information Age – MAVINS for the NICU

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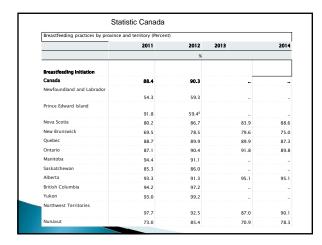


Objectives

- Review Canadian breastfeeding rates
- Discuss challenges to providing breast milk/breastfeeding to infants pre and posthospital discharge
- Mavins Project

Burden of illness

According to the World Health Organization (WHO) and UNICEF about 1.5 million babies die every year because they were not breastfed. In many parts of the world, not breastfeeding means the difference between life and death.



_	2011	2012	2013	201
Exclusive breastfeeding				
Canada	27.8	24.2	_	
Newfoundland and Labrador				
		17.11		
Prince Edward Island	,			
Nova Scotia				
	26.51	20.15	34.5	30.
New Brumwick				
	20.91	27.3	21.54	15.
Quebec				
Ontario	22.6	16.1	23.4	23
	27.3	22.4	33.3	27
Manitoba	37.0	21.94		
Saskatchewan	25.8	36.6		
Alberta				
	27.1	27.8	33.0	30
British Columbia	41.4	40.3		
Yukon	,	46.0¢		
Northwest Territories				
	,	,	34.8"	41.
Nunavut	28.5°	,	28.7	

women who breastfed or trie by province/territory,		
Province/territory	96	95%CI
Newfoundland and Labrador	22.7	17.8-27.6
Prince Edward Island	17.2	13.5-21.0
Nova Scotia	27.7	23.2-32.3
New Brunswick	22.0	17.6-26.5
Quebec	20.3	17.9-22.6
Ontario	22.1	20.2-24.0
Manitoba	19.2	15.2-23.1
Saskatchewan	17.6	13.8-21.4
Alberta	22.4	19.2-25.6
British Columbia	18.1	15.1-21.2
Yukon	12.3	8.4-16.3
Northwest Territories	13.2	9.1-17.2
Nunavut	17.8+	11.7-24.0
Canada	21.0	20.0-22.1
CI - confidence interval.		
+ Coefficient of variation between	16.6% and 33.	8%.



Benefits of Breastfeeding

Outcome	Excess Risk* (%)
Among full-term infants	
Acute ese infection (otitis media) ³	100
Eczetna (atopic drematitis) ²¹	47
Diarrhea and vorniting (gastrointestinal infection) ^a	178
Hospitalization for lower respiratory tract diseases in the first year	257
Asthma, with family history ^a	67
Ardima, no family history?	35
Childhood obesity ²	32
Type 2 diabenes mellitus ^a	64
Acute lymphocytic feukemia ²	25
Acute myelogenous leukemia ⁵	18
Sudden infant death syndrome ²	56
Among preterm infants	
Necrotizing enserocolisis ²	138
Among mothers	
Present contines	4
Ovarian cancer ²	27

Other benefits of Breastfeeding Psychosocial effect Economic effect Environment effect Cognitive effect

ORIGINAL ARTICLE

Breastfeeding and Child Cognitive Development

New Evidence From a Large Randomized Trial

Michael S. Kramer, MD; Frances Abend, PhD; Elena Mironova, MS;; Frina Vamillevich, MD, MS; Robert W. Flatt, PhD; Libia Mitrok, MD, MS; Serger Igamow, MD; PhD; Fric Fomboure, MD; Stallat Roglamovick, MD, MS; Therry Dactura, King, Lone Paul Colle, May DiPH; Reverby Calmarer, DS; PhD; Elien Hobbert, PhD; Serger Davslevsky, MD, MS; Gleg Shugurevsky, MD; PhD; Oleg Troffmorth, RS; Ludmila Redout, RS; Stalley Shapiter, PhS; for the Premistro of Reinstagling Internations Trail (PRISIT) Study Group.

Score, Mean (SD)		n (SD)		Cluster-Adjusted Mean Differenc
Outcome	Experimental Group	Control Group	ICC	(95% CI)
Vocabulary (n=13 838)	53.5 (11.6)	46.9 (11.4)	0.28	+4.9 (+0.4 to +9.3)
Similarities (n=13 836)	56.6 (9.9)	50.7 (11.7)	0.29	+4.6 (+0.2 to +9.0)
Block designs (n=13840)	57.2 (9.4)	54.6 (10.3)	0.21	+1.9 (-1.7 to +5.5)
Matrices (n=13 841)	52.8 (10.1)	50.9 (9.9)	0.20	+1.8 (-1.9 to +5.5)
Verbal IQ (n=13.828)	108.7 (16.4)	98.7 (16.0)	0.31	+7.5 (+0.8 to +14.3)
Performance IQ (n=13836)	108.6 (15.1)	104.8 (15.4)	0.24	+2.9 (-3.3 to +9.1)
Full-scale IQ (n=13824)	109.7 (15.4)	101.9 (15.8)	0.31	+5.9 (-1.0 to +12.8)

Abbreviations: CI, confidence interval; ICC, intraclass correlation coefficient.

PROBIT Trial - Promotion of breastfeeding intervention trial

Table 2. Provisional Breastfeeding Rates Among Children Born in 2007*

Sociodemographic Factor	Ever Breastfed (%)	Breastfeeding at 6 Months (%)	Breastfeeding at 12 Months (%)
United States	75.0	43.0	22.4
Race/ethnicity			
American Indian or Alaska Native	73.8	42.4	20.7
Asian or Pacific Islander	83.0	56.4	32.8
Hispanic or Latino	80.6	46.0	24.7
Non-Hispanic Black or African American	58.1	27.5	12.5
Non-Hispanic White	76.2	44.7	23.3
Receiving WIC [†]			
Yes	67.5	33.7	17.5
No, but eligible	77.5	48.2	30.7
Ineligible	84.6	54.2	27.6
Maternal education			
Not a high school graduate	67.0	37.0	21.9
High school graduate	66.1	31.4	15.1
Some college	76.5	41.0	20.5
College graduate	88.3	59.9	31.1

*Survey limited to children aged 19–35 months at the time of data collection. The lag between birth and collection of distanced length of the collection of the beautifully initiation as well as calculating the duantion of breatificidity.

"WIC «Special Seportmental Nutrition Program for Women, Indians, and Children; U.S. Department of Agriculture. Sources Centers for Disease Control and Prevention, National Immunitation Survey.⁴³

Key barriers to breastfeeding:

Lack of Knowledge

While breastfeeding is considered a natural skill, some mothers may need education and guidance. Providing accurate information can help prepare mothers for breastfeeding.

Lactation Problems

Without good support, many women have problems with breastfeeding. Most of these are avoidable if identified and treated early, and need not pose a threat to continued breastfeeding.

Poor Family and Social Support
Fathers, grandmothers, and other family members strongly influence mothers' decisions about starting, continuing, and accommodating breastfeeding.

Social Norms

Many people see breastfeeding as an alternative rather the routine way to feed infants.

Key barriers to breastfeeding:

Embarrassment

The popular culture's sexualization of breasts compels some women to conceal breastfeeding. Improving support for women to breastfeed can help them better accommodate the demands of everyday life while protecting their infants' health.

Employment and Child Care

Employed mothers typically find that (1) returning to work and (2) lack of maternity leave are significant barriers to breastfeeding.

Health Services

Health care systems and health care providers can improve mothers' breastfeeding experiences by pursuing and obtaining the training and education opportunities they need in order to fully support their patients.

Breastfeeding challenges facing mothers of Preterm infants



Why Do Women Stop Breastfeeding? Findings From the Pregnancy Risk Assessment and Monitoring System Indu B. Ahluwalia, Brian Morrow and Jason Hsia Pediatrics 2005;116;1408-1412

TABLE 2. Reasons for Breastfeeding Cessation According to Length of Time That Infants Were Breastfed: PRAMS, 2000-2001

Reason*	<1 wk (n = 1105), % (95% CI)	1-4 wk (n = 4687), % (95% CI)	>4 wk (n = 5617), % (95% CI)
Sore/cracked/bleeding nipples	34.9 (30.0-39.8)	30.2 (27.8-32.6)	12.9 (11.4-14.5)
Not producing enough milk	28.1 (23.7-32.6)	38.8 (36.3-41.3)	37.1 (34.8-39.3)
Sick/couldn't breastfeed	7.0 (4.4-9.5)	7.9 (6.5-9.3)	5.5 (4.6-6.5)
Baby had difficulty	48.4 (43.3-53.4)	34.0 (31.5-36.4)	15.3 (13.7-16.9)
Baby not satisfied with breast milk	22.2 (18.1-26.3)	38.6 (36.1-41.1)	42.4 (40.1-44.7)
Baby not gaining enough weight	9.8 (6.6-12.9)	10.4 (8.9-11.9)	8.8 (7.4-10.2)
Baby sick/couldn't breastfeed	3.9 (2.0-5.8)	3.4 (2.5-4.2)	3.1 (2.4-3.9)
Too many other responsibilities	8.0 (5.3-10.8)	11.4 (9.8-13.0)	12.5 (11.0-14.0)
Right time to stop	4.3 (2.2-6.5)	8.2 (6.8-9.7)	21.8 (19.8-23.7)
Work/school	7.3 (4.7-9.9)	14.2 (12.4-16.0)	35.0 (32.8-37.2)
Partner wanted to stop	2.8 (1.0-4.6)	1.6(0.9-2.2)	1.7 (1.1-2.3)
Someone else to feed the baby	8.5 (5.7-11.4)	0.0 (8.4-11.3)	10.7 (9.3-12.0)
Othersk	29.3 (24.7-34.0)	25.2 (22.1-27.4)	26.2 /22.2 27.21

New Ideas!



Next Step Current project: Online Interactive Breastfeeding Support Clinic





Mavins Project -	- Objectives
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 Providing professional and lay peer support to breastfeeding mothers online, will increase maternal satisfaction with the breastfeeding experience and 6 month-exclusive breastfeeding rates.



Mavins- Methods



Mavins- Methods

Project Evaluation

- Quantitative data analysis
 - 1 and 6 month questionnaire to ascertain BF rates
- Qualitative Data Analysis
 - Maternal satisfaction and sense of BF support

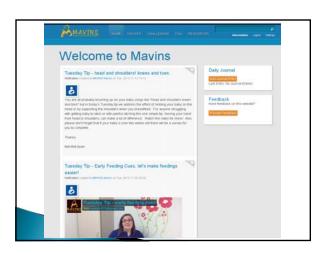


Mavins project - Relevance

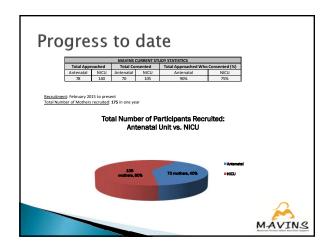
- Assess effectiveness of a breastfeeding online support intervention on improving breastfeeding outcomes;
- Examine maternal satisfaction with the intervention; and
- Potential public health benefits



https://mavins.lhsc.on.ca/home











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