Opportunities for OT in breastfeeding promotion: environmental & contextual interventions

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**Participant learning objectives:**
- Describe the role of occupational therapy in breastfeeding promotion
- Identify environmental & contextual factors that present barriers to occupational engagement in breastfeeding
- Develop interventions that support engagement in the co-occupation of breastfeeding

**The benefits of breastfeeding**
- **Infant**
  - Protective against disease
  - Developmental benefits
- **Mother**
  - Decreased risk of chronic disease
  - Protective against postpartum depression
- **Society**
  - Reduced healthcare costs
  - Decreased workplace absenteeism

Bartick & Reinhold, 2010; Ip et al., 2007; USDHHS, 2011

**Recommendation:**
exclusive breastfeeding for 6 months
- World Health Organization
  - *Innocenti Declaration of 1990*
  - Baby Friendly Hospital Initiative
- American Academy of Pediatrics
  - *Breastfeeding and the Use of Human Milk*
- Healthy People 2020


**WHAT IS THE SCOPE OF PRACTICE OF OCCUPATIONAL THERAPISTS IN BREASTFEEDING PROMOTION?**

Co-occupations are shared occupations that involve two or more individuals
- Eating & feeding
- Comforting
- Settling for sleep

AOTA, 2003; Olson, J. A., 2004
Image retrieved from www.bing.com/images/
Occupational therapy: a natural fit

- Balancing roles
- Occupational engagement
- Knowledge of child development
- Activity demands
- Performance skills
- Client factors
- Environmental & contextual factors

AOTA, 2008; Chandler & Yun, 2006; Forsyth & Kalthoffe, 2013

Practice settings for breastfeeding promotion

- Neonatal intensive care unit
- Early Intervention
- Outpatient pediatrics
- Community programs
  - Breastfeeding support groups
  - Birth preparation programs
  - Primary care? Others?

AOTA, 2008; Chandler & Yun, 2006; Forsyth & Kalthoffe, 2013

WHAT IS KNOWN ABOUT THE RELATIONSHIP BETWEEN CONTEXTUAL FACTORS & BREASTFEEDING?

Sociodemographic factors = personal, cultural, temporal contexts

- Race/ethnicity
  - Country of origin or years of acculturation
- Socioeconomic status
  - Income
  - Education
- Age
- Marital status
- Health status
  - Postpartum depression
- Geographic region

Bai et al., 2010; Byrd, Balcazar, & Hummer, 2001; Dennis & McQueen, 2006; Grummer-Strawn & Shealy, 2006; Li et al., 2003; Li et al., 2006; McDonald et al., 2012; Merewood et al., 2007

The social environment

- “Is constructed by presence, relationships, and expectations of persons, organizations, populations.”
  - Availability & expectations of significant individuals
  - Relationships with individuals, groups, or organizations
  - Relationships with systems that influence norms, roles, & social routines

AOTA, 2008, p. 645

Work factors

- Prenatal work
- Availability of family medical leave
- Work schedule
  - Full or part time
  - Flex time or breaks
- Lactation support
  - Expression/pumping or nursing room
  - Milk storage

Bahlani et al., 2011; Broad et al., 2009; Friedman et al., 2009; Johnson & Espada, 2007; Li et al., 2006; Li et al., 2009; Image retrieved from www.visualphotos.com
Child care factors

- Provider
  - Family or non-family
- Setting
  - Home or center
- Days & hours of care
- Support for breastfeeding

RESULTS FROM A STUDY OF CONTEXTUAL FACTORS THAT IMPACT ENGAGEMENT IN EXCLUSIVE BREASTFEEDING

Problem/Significance

- Given the evidence for the health benefits of breastfeeding & recommendations for exclusive breastfeeding for 6 months, why don’t mothers in the United States achieve this life course health development behavior of exclusive breastfeeding?

Life course perspective & breastfeeding

- Rethinking MCH: The Life Course Model as an Organizing Framework
  - USDHHS, 2010
- The Life Course Health Development (LCHD) framework
  - Halfon & Hochstein, 2002

The LCHD framework

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Research questions

- Which life course health development factors describe mothers who breastfeed exclusively for the recommended duration of at least 4 months?
- What are the differences in the life course health development factors of mothers who breastfeed exclusively for at least 4 months compared with mothers who breastfeed exclusively, but not for the recommended 4 months?
Methods

- Secondary analysis of subset of data from IFPS II (Fein et al., 2008); women (n = 1226) who were EBF infant at discharge from hospital
  - Sub-analysis of women (n = 410) who returned to work at month 3 postpartum
- Application of LCHD framework to data to examine factors which may impact EBF
- Outcome of interest is EBF for at least 4 months
- Independent factors include postpartum depression, work, & child care
- Bivariate analysis (Chi Square or t-test) used to examine relationships

LCHD contexts

Physical contexts

- Social, Culture, & Policy contexts
  - Physical context
    - Live in Midwest or west
  - Health care context
    - PNC in first trimester
  - Not be WIC participants

Health care system

Family

Psychological

Results:

Mothers who EBF for at least 4 months were more likely to be:

- Social, culture, & policy context
  - White
  - 25-29 years old
  - College graduates
- Physical context
  - Live in Midwest or west
- Health care context
  - PNC in first trimester
  - Not be WIC participants

Results: Mothers who return to paid work at month 3 postnatal & EBF for at least 4 months:

- Planned to return to work between 7-12 weeks postnatal
- Mother’s pay contributed to less than half of family income
- Worked 1-19 hours per week
- Worked in an office setting
- Child care provider supportive of BF

Limitations

- Bias due to IFPS II sampling frame of consumer panel
- Work & child care variables are complex and interact with multiple contexts of LCHD

Discussion

- The first 4-6 months of life is a critical period for accessing the life course health benefits of EBF
- Mother’s age, level of education, marital status, and life course factors of parity, experience breastfeeding other babies, & risk of postpartum depression are related to EBF for at least 4 months
- Prenatal work, contribution of mother’s pay to family income, and other work factors impact on exclusive breastfeeding for at least 4 months
- Health care reform needs to include analysis of current social & health policies to identify barriers & supports to LCHD
OPPORTUNITIES FOR OT INTERVENTION TO SUPPORT BREASTFEEDING

Example #1: Client experiencing difficulties with client factors, activity demands, or performance skills for breastfeeding

- Intervention:
  - Positioning
  - Establish skills
  - Instruct in use of baby care equipment
    - Boppy pillow
    - Swaddling with receiving blanket
  - Modify space demands
  - Modify physical environment

Example #2: Client experiencing difficulty with breastfeeding due to environment or contextual factors

- Interventions for physical environment:
  - Alter/modify built environment
- Interventions for social environment & contexts:
  - Advocacy for policy change
  - Education/health promotion
  - Therapeutic use of self
  - Cognitive behavioral strategies
  - Establish habits & routines

Questions & comments?

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References


References