

#### Breastfeeding Behavior and Sleep of New Mothers in a Predominantly Low-Income and Ethnically Diverse Sample

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### Learners' Objectives

- 1. Identify breastfeeding as a health behavior
- 2. Recognize disparity in breastfeeding behavior among populations in the United States (US)
- 3. Examine objective and subjective sleep variables in relation to breastfeeding behavior
- Apply research findings to promote breastfeeding for mother-infant dyads from vulnerable populations

#### **Conceptualization of Breastfeeding**

Breast: "a source of nourishment" "the center of affection and emotion" Feed: "to give food to," "to eat" and "to be nourished or supported."



**Breastfeeding:** providing and receiving food coming from mother's breast, center of affection and emotion

Doan (2009)

#### Breastfeeding is a Health Behavior

 ☆ Infants: optimal nutrition, metabolic/ neurological development, + nurturing
 ☆ Mothers: ↓ health risks, ↑ well-being
 → Economy: ↓ healthcare costs (\$13 billion/yr)
 → Ecology: ↓ global warming; no waste

#### $\Leftrightarrow$ Benefits $\leftrightarrow$ duration, exclusive breastfeeding

Exclusive breastfeeding (EBF) is defined as ONLY breast milk: NO solids, no water, and no other liquids

Kramer & Karuma (2012); Bartick & Reinhold (2010)

### **Disparity in Breastfeeding Behavior**

Breast- feeding	U.S. Target	Current U.S.	U.S. Rate by Income Ratio (%)			
Criteria	eria (%) National	Higher Low-income income, or		е		
			≥350% FDLP*	<100%	100%- 184%	185%- 349%
Ever	81.9	76.9	84.4	67.0	71.2	77.7
At 6 months	60.6	47.2	54.0	34.7	36.9	45.0
Exclusively through 3 months	46.2	36.0	41.1	25.0	31.7	36.0
Exclusively through 6 months	25.5	16.3	17.6	8.6	12.7	14.6

### **Disparity in Breastfeeding Behavior**

U.S. Breastfed	U.S.	Current	U.S. Rate by Income Ratio (%)			
supplemented with infant	(%)	National (%)	Higher income, or	L	.ow-incom	е
formula			≥350% FDLP*	<100%	100%- 184%	185%- 349%
Before 2 days		24.6	21.3	32.4	24.5	20.3
Before 3 months		36.9	35.6	42.0	33.8	33.9
Before 6 months		42.6	42.6	48.7	41.6	39.9

#### **Breastfeeding Behavior**

- Greatest ↓ in EBF occurs in 1<sup>st</sup> month postpartum
- Formula supplementation → early breastfeeding cessation
- A bottle (formula) at bedtime: Popular practice at night time
- Low-income, ethnically diverse women are more likely to supplement

Doan et al. (2007); Healthypeople.gov (2012); cdc.gov (2012)

#### **Research questions**

- Is there a difference in night-time sleep of new mothers who breastfed exclusively and mothers who used formula at night (9 pm to 9am)?
- 2) Are there differences in sociodemographic characteristics?

#### The setting

#### San Francisco Bay Area





#### Study Design & Method

- Longitudinal, comparative
- Part of a randomized clinical trial
- Recruitment from prenatal clinics and free childbirth preparation classes
- Target population: Low-income women

#### **Inclusion Criteria**

**English-speaking women** expecting first child, at least 18 years of age, not working night shift, not taking sleep medication, and no history of diagnosed sleep or affective disorder.

### Measures

**Breastfeeding Behavior** determined from infant sleep and feeding diary 9pm - 9am over 3 nights,

categorized as:

<u>Exclusive Breastfeeding (EBF):</u> 100% breastfeeding or breast milk feeding <u>Formula</u>: any formula

#### Measures, cont. Sociodemographic Characteristics:

Age Race Marital status **Relationship status** Education Monthly household income **Employment status** 

## **Sleep Measures**

- **Objective Measures of Sleep -** obtained by actigraph:
- total sleep time at night (TST-night) = average minutes of sleep between 21:00 and 08:59 over 3 nights,
- 2) total sleep time during the day (TST-day) = average minutes of sleep between 09:00 and 20:59 over 3 days,
- 3) wake after sleep onset (WASO) as % of TST

### Wrist Actigraphy

**Counts movements from an extremity Estimates acceleration of the movement** 

Uses movement and speed of movement to estimate total sleep time (TST) and wake time after sleep onset (WASO)

Under-estimates sleep in active sleepers Over-estimates sleep in sedentary persons

Less invasive than PSG Not able to discern stages (REM or nonREM) of sleep



#### Actigraphy Example: 4 weeks postpartum



## Data analysis

- Descriptive means and standard deviations (SD)
- Repeated measures analysis of variance (RMANOVA)
- Independent t-test
- Chi-square test

## Results



## Sample characteristics by type of nighttime feeding

VARIABLE (Mean±SD) or n(%)	EBF at night (N = 66)	FORMULA at night $(N = 54)$
Age in years *	$\textbf{27.9} \pm \textbf{6.1}$	$24.9 \pm 6.7$
Race ** African American:13% Asian: 32% Caucasian: 24% Latina: 22% Mixed/ Other: 9%	5 (33%) 19 (49%) 23(79%) 14 (54%) 5 (45%)	10 (67%) 20 (51%) 6 (21%) 12 (46%) 6 (55%)
Currently married	20 (30%)	18 (33%)
In relationship**	59 (89%)	40 (74%)

\* t-statistic significant (p= 0.01)
\*\* Chi-square significant (p< 0.05)</pre>

# Sample characteristics by type of nighttime feeding

VARIABLE (Mean±SD) or n(%)	EBF at night (N = 66)	FORMULA at night $(N = 54)$
Completed college	27 (41%)	16 (30%)
Household income <\$2,000/month	41 (65%)	34 (71%)
Working at 36 weeks pregnant**	14 (21%)	4 (7%)
Working at 1 month postpartum**	0	4 (7%)

**\*\***Chi-square significant (p < 0.05)

## Sample characteristics by type of nighttime feeding

VARIABLE	EBF at night	FORMULA at night
(Mean±SD) or n(%)	(N = 66)	(N = 54)
Intention to breastfeed **	66 (100%)	50 (93%)
Duration in months	8.8 ± 3.8	8.2 ± 4.9
Help with infant care every night **	13 (20%)	19 (35%)
Assigned to intervention group	41 (62%)	40 (74%)

**\*\*** Chi-square significant (p < 0.05)

## Comparison of sleep quantity & quality by time and night feeding group

VARIABLE	EBF at night	FORMULA at night
TST-night* (minutes)	<u>N=66</u>	<u>N=52</u>
last mo. pregnant	$407\pm85$	$418 \pm 88$
1 mo. postpartum	$386\pm66$	$356\pm67$
TST-day (minutes)	<u>N=63</u>	<u>N=51</u>
last mo. pregnant	$79\pm61$	$86\pm60$
1 mo postpartum	$90\pm 64$	$90\pm73$

\* Time, F(1,116)= 28.4, p<.001, η2= .197 \* TxG, F(1,116) = 6.8, p=.01, η2= .055

## Comparison of sleep quantity & quality by time and night feeding group

VARIABLE	EBF at night	FORMULA at night
WASO%*	<u>N=66</u>	<u>N=53</u>
last mo pregnant	$\textbf{21.1} \pm \textbf{11.6}$	$\textbf{20.3} \pm \textbf{13.5}$
1 mo postpartum	$\textbf{26.7} \pm \textbf{9.8}$	$\textbf{28.7} \pm \textbf{10.3}$
GSDS Score**	<u>N=66</u>	<u>N=54</u>
last mo pregnant	$46.5 \pm 15.6$	$\textbf{42.9} \pm \textbf{16.9}$
1 mo postpartum	$49.7 \pm 15.5$	$51.1 \pm 15.4$
last mo pregnant 1 mo postpartum GSDS Score** last mo pregnant 1 mo postpartum	$21.1 \pm 11.6$ $26.7 \pm 9.8$ $\underline{N=66}$ $46.5 \pm 15.6$ $49.7 \pm 15.5$	$20.3 \pm 13.5$ $28.7 \pm 10.3$ $\underline{N=54}$ $42.9 \pm 16.9$ $51.1 \pm 15.4$

\*Time, F(1,117) =33.9, p<.001, η2=.225 \*\*Time, F(1,118) =12.8, p<.001, η<sup>2</sup>=.098

# Total sleep time at night by time and feeding group



#### Conclusions and Implications for Practice

- Exclusive breastfeeding first-time mothers averaged 30 minutes more nocturnal sleep than women who used formula at night.
- New mothers should be encouraged to breastfeed exclusively since breastfeeding may promote sleep during postpartum recovery

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#### References

- 1. Doan, T. (2009). Breastfeeding behavior and related factors in predominantly lowincome & ethnically diverse dyads: A dissertation study.
- 2. Kramer, M.S., & Kakuma R. (2012). Optimal duration of exclusive breastfeeding. *Cochrane Database.* PMID: 22895934
- 3. Bartick, M., & Reinhold, A. (2010). The burden of suboptimal breastfeeding in the United States: A pediatric cost analysis. *Pediatrics*, 2010;125;e1048. DOI: 10.1542/peds.2009-1616
- HealthyPeople.gov (2013). Healthy People 2020 Summary of Objectives -Maternal, Infant, and Child Health. http://healthypeople.gov/2020/topicsobjectives2020/pdfs/MaternalChildHealth.pdf.
- 5. Centers for Disease Control and Prevention (2012). *Breastfeeding among U.S. children born 2000-2009, CDC National Immunization Survey.* <u>http://www.cdc.gov/breastfeeding/data/NIS\_data/index.htm</u>
- 6. Doan, T., Gardiner, A., Gay, C.L., Lee, K.A. (2007). Breastfeeding increases sleep duration in new parents. *Journal of Perinatal & Neonatal Nursing*, 21(3):200-206.