Making an Impact Through Participation in an Innovative Breastfeeding Program for Young Women: Evaluating Self-Efficacy

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Objectives

• To describe the results of the breastfeeding (BF) self-efficacy (SE) evaluation
• To discuss implications for practice
• To identify future research questions

Background

• Rates of exclusive BF at hospital discharge
  - 51.2% (<20 years of age)
  - 65% (30-34 years)

(Objective 2013-2014 data)

(Best Start Resource Centre, 2015a)

Background

Significant predictors of quitting BF prior to 28 days postpartum
  ◦ 15-19 year olds with low post-natal BF SE were 3.63 times more likely to quit (p = 0.001)
  ◦ Smokers were 2.26 times more likely to quit (p = 0.02)
  ◦ Planned to breastfeed < 3 months were 2.97 more likely to quit (p = 0.011)

(Mosiman et al., 2008)
Background cont’d

- Higher levels of BF SE
  - Observing role models (p<.01)
  - Receiving praise (p=.07)
- Lower levels of BF SE
  - Experiencing physical pain (p=.02)
  - Receiving professional assistance (p=.02)
- Combination of education and counselling provided by a lactation consultant and peer counsellor team significantly improved BF initiation & duration
  (Kingston, Dennis & Sword, 2007)

Objective

- To evaluate BF self-efficacy following participation in a youth-friendly program designed to increase BF rates in young women
- Definition of Breastfeeding Self-Efficacy
  “a mother's confidence in her ability to breastfeed her infant”
  (Dennis, 1999)

Setting

St. Mary’s Home
Ottawa, ON

Design

Pre-Post Intervention

Recruitment
- Young pregnant or parenting women
- 14-24 years of age
- Attending Prenatal BF Class and/or BF Peer Support Program

Data Collection
- Self-administered questionnaire

Analysis
- Descriptive & inferential statistics

Questionnaire

Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF)
14 items, each were a 5 point Likert-type scale
- 1= “not at all confident”
- 5= “always confident”

Cronbach’s alpha coefficients were high
- .84 for the antenatal assessment
- .93 for the post-natal assessment

High BF self-efficacy defined as BSES-SF score ≥ 52
  (Dennis et al., 2008; Mossman et al., 2011)

Table 1. Prenatal Breastfeeding Class

<table>
<thead>
<tr>
<th>Age (years) Mean(range)</th>
<th>All (n= 26)</th>
<th>Complete Pairs (n= 16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.6 (15-24)</td>
<td>20.5 (15-24)</td>
<td></td>
</tr>
<tr>
<td>Partnered</td>
<td>18 (72.0%)</td>
<td>11 (68.8%)</td>
</tr>
<tr>
<td>Parenting</td>
<td>6 (24%)</td>
<td>4 (25%)</td>
</tr>
<tr>
<td>BF Experience (yes)</td>
<td>2 (8%)</td>
<td>1 (6.3%)</td>
</tr>
<tr>
<td>BSES-SF Pre Scores Mean (range)</td>
<td>45.7 (14-70)</td>
<td>47.1 (26-70)</td>
</tr>
<tr>
<td>BSES-SF Post Scores Mean (range)</td>
<td>54.8 (34-70)</td>
<td>57.9 (34-70)</td>
</tr>
</tbody>
</table>
Change in Breastfeeding Self-Efficacy Scores Following Prenatal Breastfeeding Class

Discussion

• Groups demonstrated an overall increase in BF self-efficacy after each intervention

• Postpartum women had higher self-efficacy scores

Table 2. Peer Support Program

<table>
<thead>
<tr>
<th></th>
<th>All (n=20*)</th>
<th>Complete Pairs (n=3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years) Mean(range)</td>
<td>19.3 (16-24)</td>
<td>20.6 (17-24)</td>
</tr>
<tr>
<td>Partnered</td>
<td>12 (70.6%)</td>
<td>2 (66.7%)</td>
</tr>
<tr>
<td>Parenting</td>
<td>10 (58.8%)</td>
<td>2 (66.7%)</td>
</tr>
<tr>
<td>BF Experience(yes)</td>
<td>7 (41.2%)</td>
<td>1 (33.3%)</td>
</tr>
<tr>
<td>BSES- SF Pre scores</td>
<td>50.0 (29-68)</td>
<td>42.0 (29-54)</td>
</tr>
<tr>
<td>BSES- SF Post scores</td>
<td>60.0 (29-70)</td>
<td>58.3 (55-64)</td>
</tr>
</tbody>
</table>

* Missing demographic data in 3 participants

Implications for Practice

• Determining BF self-efficacy is important
  ▫ Antenatal scores can predict BF initiation
  ▫ Antenatal & postnatal scores can predict duration & exclusivity to 4 weeks postpartum

• Conclusive cut-off for low BSES-SF has not been established
Future Research

- What degree of change is clinically significant?
- Continued testing of the St. Mary's BF Program
  - Increase sample size
  - Strengthen outcome measures
  - Funding received from The Ottawa Hospital Academic Medical Organization Innovation Fund

Conclusions

- Prenatal education & peer support adapted to the specific needs of this population appear to increase BF self-efficacy
- Availability of one-stop services increases resource utilization
- Further research is needed

References


Questions? Comments?
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