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Families NY



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Breastfeeding Conversations Between Home Visitors and Postnatal Enrollees Promote Breastfeeding Continuation

Overview

Healthy Families New York (HFNY) is a statewide home visiting program that aims to prevent child abuse and neglect, including promoting optimal maternal and child health. Breastfeeding is one behavior that has many health benefits for both babies (e.g., reducing risk of sudden infant death syndrome, infant mortality, asthma, autoimmune disease, type 2 diabetes, and obesity) and mothers (e.g., reducing risk of ovarian, breast, and thyroid cancers, as well as type 2 diabetes). Because of these benefits, and the recommendations of national and international health organizations, HFNY's goal is that 30% of target children will be breastfed any amount for at least 6 months; while some programs easily meet these expectations, others consistently struggle. Certain demographic groups are also less likely to breastfeed (whether at all or for this duration), such as women who are unmarried, have lower education or income, or were born in the U.S.

Previous research has shown conversations with home visitors about breastfeeding to impact breastfeeding initiation and continuation for families enrolled prenatally, but many HFNY families enroll postnatally and the impact on this group is not yet known. As such, we set out to examine whether a higher percentage of breastfeeding conversations with a home visitor promote breastfeeding continuation in postnatal enrollees.

Research Approach

The study included 1,422 mother-child pairs born between January 1, 2007 and March 31, 2019. Only pairs where the biological mother enrolled in HFNY in her first postnatal month, breastfed any amount, had valid 6- or 12-month follow-up data in the MIS, and signed written consent to allow her data to be used for research, were included. We also excluded mother-child pairs who could not breastfeed due to medical reasons/complications or who were missing data on any of the covariates in the final model.

We performed a series of analyses to examine the impact of breastfeeding conversations with a home visitor on the likelihood of breastfeeding continuation for 1 up to 2 months, 2 up to 3 months, 3 up to 6 months, and 6 months or greater; this brief focuses on that final interval. Since breastfeeding discontinuation for long periods makes it nearly impossible to resume, the analysis was restricted to women who at least breastfed in the preceding interval: as such, only women who breastfed for at least 3 months were included in the analysis of breastfeeding 6 months or more. The analyses included several covariates known to predict breastfeeding: maternal age, marital status, race/ethnicity, birthplace, education and employment status at intake, risk assessment score, and urbanicity. The total number of home visits, and the percentage of home visits with breastfeeding conversations, between the fourth and the sixth month were also included in the model.

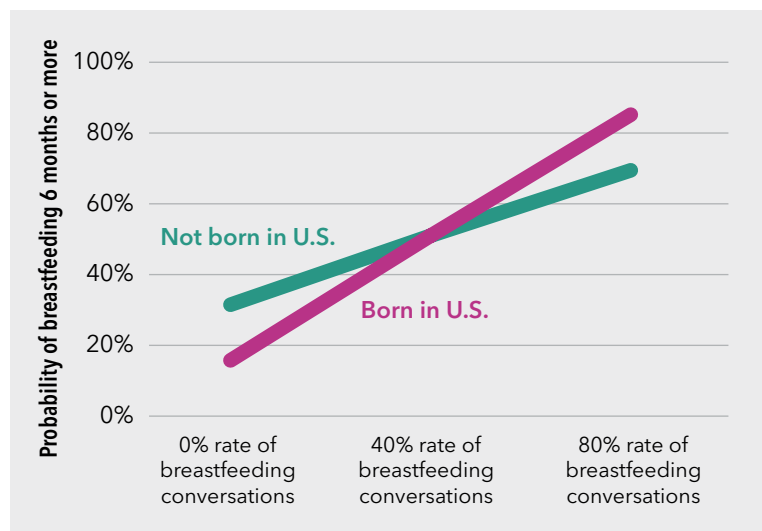
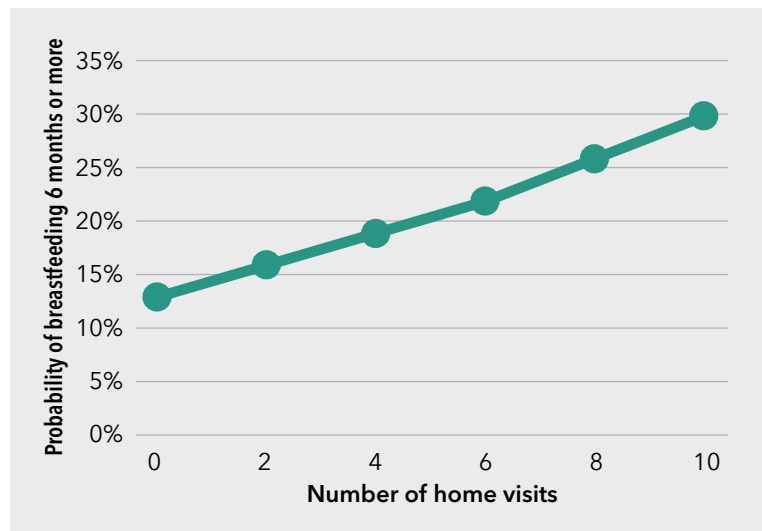
The probability, or likelihood, of breastfeeding 6 months or more was calculated from these analyses. This number is simply the percent of mothers in a noted category who breastfeed 6 months or more, or the probability that mothers in that category would breastfeed for 6 months or more.

Key Findings

First, **mothers who received more home visits between the fourth and sixth month were more likely to breastfeed for at least 6 months**: 13% of women who had no home visits breastfed 6 months or more (i.e., women with no visits had a 13% probability of breastfeeding), while 30% of those with at least 10 home visits breastfed 6 months or more.

Second, we found that the content of those home visits also impacted mothers' likelihood of breastfeeding continuation. **Mothers with more visits that included conversations about breastfeeding were more likely to breastfeed 6 months or more** than those who had lower rates of such conversations. **Further, the impact of these conversations on breastfeeding continuation was greater for U.S.-born mothers** than mothers born outside the US.

More specifically, when no home visits had breastfeeding conversations, mothers born outside the U.S. were significantly more likely to breastfeed for at least 6 months (~30% vs. ~15%). When 40% of home visits involved breastfeeding conversations, women born in and outside of the U.S. had similar probabilities of breastfeeding for 6 months. When 80% of home visits included breastfeeding conversations, mothers born in the U.S. were actually more likely to breastfeed 6 months or more (~85% vs. ~70%).



Notably, there were no further differences based on maternal race (or any other variables tested except maternal age): the effects were similar for non-Hispanic Black, Hispanic, and non-Hispanic White mothers of the same nativity.

Conclusions

These analyses demonstrate the impact of home visitors' visits and continued conversations about breastfeeding on breastfeeding continuation for 6 months or more, even among mothers enrolled postnatally. Mothers with a greater number of home visits were more likely to continue breastfeeding. And mothers who had more conversations about breastfeeding in those visits were more likely to continue breastfeeding. Such conversations were found to have a greater impact on women born in the U.S. than on women born outside the U.S., thus pointing to a potential mechanism to resolve one of the disparities seen in breastfeeding continuation research. Together, these findings show that home visitor efforts to encourage mothers to breastfeed have an important impact on this crucial health-promoting behavior.

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