

Increasing breast feeding in a community

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SUMMARY A second survey of infant feeding practice was carried out by questionnaire among patients discharged from one maternity ward at the John Radcliffe Hospital, Oxford, in the winter 1974/75. In comparison with the first survey in the winter of 1972/73, significantly more mothers went home breast feeding (52% compared with 37%); these mothers breast fed their babies for a significantly longer period (43% at 5 months compared with 23%), and introduced mixed feeds significantly later (17% at 2 months compared with 64%). Information was also collected on the difficulties the mothers had experienced with breast feeding. The changing patterns in infant feeding practice in Oxford may relate to changes in advice given by health visitors and community health personnel.

A survey of infant feeding practice was carried out by sending questionnaires to mothers discharged breast feeding, without formula complements, from a single maternity ward at the John Radcliffe Hospital, Oxford, in 1974/75. The results of this survey were compared with a similar survey of mothers discharged from the same ward 2 years earlier (Sloper *et al.*, 1975). Each survey included mothers leaving hospital between November and March. Mothers were asked about the duration of breast feeding, time of introduction of formula feeds and mixed feeds, and the occurrence of difficulties with breast feeding. The present survey was made in July 1975. The χ^2 test was used for all tests of significance.

Results

Over a 17-week period in the winter of 1974/75, 400 mothers were discharged from the hospital ward, of whom 172 (43%) were feeding by bottle alone, 20 (5%) by breast with formula complements, and 208 (52%) by breast alone (i.e. with only water complements if any). 167 of the 208 breast-feeding mothers replied to the questionnaire (a reply rate of 81%), and are the subject of this paper. Over this 17-week period a similar incidence of breast feeding was found for the whole hospital (576 out of 1064 mother: 54%) indicating that the ward chosen was representative. Social class distribution of mothers replying to the questionnaire did not differ from that of the previous survey, with an over-representation of social classes I, II, and III.

Time of stopping breast feeding. Of the 167 mothers who left the hospital ward breast feeding, 92% were still breast feeding at 2 weeks after delivery, 78% at 1 month, and 43% at 5 months. The rate of decline of breast feeding (Fig. 1) was similar to the 1972/73 survey for the first 2 months after delivery, but between 2 and 5 months post partum significantly more mothers continued to breast feed in the 1974/75 survey ($P < 0.05$). 51 out of the 69 social class I and

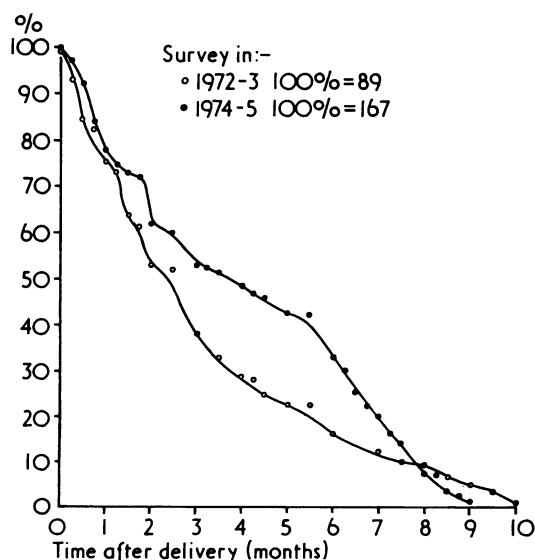


Fig. 1 Proportion still breast feeding as a percentage of the number of replies at each postnatal age.

II mothers (74%) were still breast feeding at 2 months after delivery, compared with 25 out of 49 women in class III (51%) and 5 out of 15 women in social classes IV and V (33%) ($P < 0.001$). (Only 133 women replied to the question asking father's occupation.)

Introduction of mixed feeds. Mixed feeds (defined as any solids given to the baby) were given by 3% of the mothers in the first month, 17% by 2 months, and 59% by 3 months (Fig. 2). Introduction of solids was

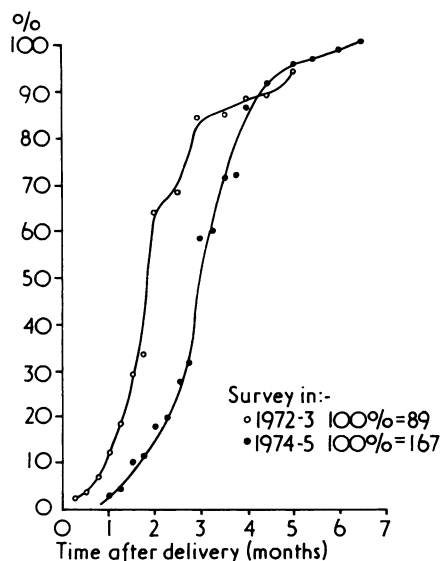


Fig. 2 Proportion who had introduced mixed feeds.

significantly delayed compared to the 1972/73 survey ($P < 0.001$ at 2 months post partum). However, by 4 months after delivery 90% of the mothers had introduced mixed feeds. The time of introduction of mixed feeds was not shown to be affected by socio-economic class.

Difficulties with breast feeding. Difficulties were experienced during breast feeding by 71% (120) of the 167 mothers who replied to the questionnaire. The 175 difficulties reported by these mothers were as follows: 61 (35%) reports of sore nipples, 47 (27%) unsatisfied babies, 27 (15%) maternal fatigue, 5 (8%) breast infections, and 32 miscellaneous difficulties. In answer to a separate question 175 reasons were given by 117 women for stopping breast feeding. The reasons are shown in Fig. 3 and related to the time after delivery at which lactation ceased. One mother gave pregnancy as the reason for stopping lactation one month after delivery. Presumably this is incorrect; however, we have reported the answer as it

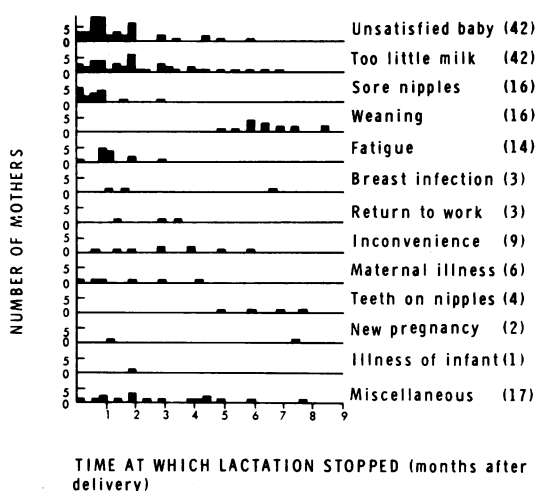


Fig. 3 Reasons for stopping breast feeding and time at which lactation stopped.

was given. No mother mentioned taking the contraceptive pill as the reason for failure of lactation; we omitted to offer this as a specific option on the questionnaire.

Discussion

The incidence of breast feeding at discharge from this hospital rose from 37% in a survey of babies born in the winter of 1972/73 to 52% in the 1974/75 winter survey. We previously suggested that infant feeding methods could be influenced in hospital by changes in nursing staff attitudes. In 1974 one of us (J.D.B.) and Dr. Paul Harker (Area Community Physician for Child Health) discussed the merits of continued breast feeding with the area health visitors and midwives. Their advice may well have played an important part in increasing the average length of lactation during the period between surveys. Similar influences probably contributed to the changing pattern of the introduction of mixed feeds.

The proportion of women who admitted to difficulties with breast feeding (71%) is less than in a survey in Newcastle (Hyttén *et al.*, 1958) where all but 2 of 106 breast-feeding women interviewed had difficulties. Fatigue seemed to be a significant factor in that survey as the 2 mothers with no difficulties had few domestic responsibilities apart from feeding. In our survey, 18 years later, fatigue is still felt to be an important factor often leading to the cessation of breast feeding within the first 2 months after delivery. But the commonest reasons for stopping breast feeding during this time were 'too little milk' and

'unsatisfied baby'. The actual situations covered by these statements are not further defined and may include the difficult breast-fed baby (quoted by Hytten *et al.*, 1958) who cries frequently despite satisfactory weight gain but may stop crying if changed to bottle feeds. However, they probably also include the baby who, for one reason or another, is not receiving sufficient milk from his mother for adequate growth (Davies and Evans, 1976). It is perhaps surprising that so few mothers stop breast feeding because of a return to outside work, though expectations of working may have been important as a factor preventing mothers from attempting to breast feed in the first place.

Conclusions

The present survey has shown an increase in successful lactation over the 2 years 1972/73 to 1974/75 in

association with a policy of encouraging breast feeding in the hospital and in the community. We believe that a change in attitude among the hospital staff and the community health personnel has been important in influencing the incidence and duration of breast feeding.

References

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