Unintentional pregnancy was associated with reduced intentions to breast feed


**Question**
Will women who have an unintentional (mistimed or unwanted) pregnancy be less likely to breast feed their children?

**Design**
Cohort of women who had a live birth.

**Setting**
23 hospitals with maternity units in 15 counties in central New York State, USA.

**Participants**
All women who had a live birth from 1 January 1995 to 31 July 1996 (n = 33,757) were eligible and 27,700 (82%) women provided data on breast feeding status and intentions of pregnancy.

**Assessment of prognostic factors**
Women were interviewed before discharge from hospital using the [New York State Perinatal Data Systems interview protocol]#. The pregnancies were reported to be planned (n = 19,604) or unintentional (n = 8096). Unintentional pregnancies comprised 6243 mistimed (the woman wanted to be pregnant at a later date) and 1853 unwanted pregnancies. Other variables ascertained were age, education, race, Medicaid coverage, infant death, neonatal intensive care unit admission, viral infection including sexually transmitted diseases, alcohol and tobacco use during pregnancy, and drug use during pregnancy (cocaine and crack, heroin, marijuana, and methadone). Women who intended to become pregnant were considered to be the reference group (odds ratio 1.0).

**Main outcome measures**
Intention to breast feed their infants was divided into 4 categories: breast feeding only, bottle and breast feeding, bottle feeding only, and unsure.

**Main results**
Stepwise logistic regression analysis was used to adjust for significant variables (high school graduation, maternal age < 20 y, black race, Medicaid coverage, and any tobacco use during pregnancy). Unplanned pregnancies and the subcategories of mistimed and unwanted pregnancies were associated with the mothers deciding not to breast feed exclusively or not to partially breast feed (table).

**Conclusions**
Women who had an unintentional pregnancy were less likely to exclusively or partly breast feed their infants. The results were similar when unintentional pregnancies were analysed as being mistimed or unwanted.

*Information supplied by author.

<table>
<thead>
<tr>
<th>Pregnancy (number)</th>
<th>Rate</th>
<th>Adjusted odds ratio</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any breast feeding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planned (19,604)</td>
<td>63.2%</td>
<td>Reference group</td>
<td>—</td>
</tr>
<tr>
<td>Unplanned (8096)</td>
<td>50.2%</td>
<td>1.15</td>
<td>1.08 to 1.22</td>
</tr>
<tr>
<td>Mistimed (6243)</td>
<td>52.0%</td>
<td>1.10</td>
<td>1.03 to 1.17</td>
</tr>
<tr>
<td>Unwanted (1853)</td>
<td>44.2%</td>
<td>1.35</td>
<td>1.22 to 1.50</td>
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<tr>
<td>Exclusive breast feeding</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Planned (19,604)</td>
<td>46.3%</td>
<td>Reference group</td>
<td>—</td>
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<tr>
<td>Unplanned (8096)</td>
<td>35.6%</td>
<td>1.29</td>
<td>1.21 to 1.37</td>
</tr>
<tr>
<td>Mistimed (6243)</td>
<td>33.7%</td>
<td>1.26</td>
<td>1.18 to 1.35</td>
</tr>
<tr>
<td>Unwanted (1853)</td>
<td>28.9%</td>
<td>1.41</td>
<td>1.26 to 1.57</td>
</tr>
</tbody>
</table>

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**Commentary**

The findings by Dye et al that women with unplanned or unwanted pregnancy are less likely to breast feed will come as little surprise to most practitioners. Nevertheless, the study adds credence to existing evidence which indicates that most women who decide to breast feed make their decision before or in early pregnancy. The authors highlight the fact that women with an unplanned or unwanted pregnancy are a vulnerable group who may warrant special attention in relation to breast feeding. However, current evidence fails to identify the most effective means of developing strategies to promote breast feeding. The literature also suggests that efforts to promote breast feeding will prove futile until women are supported in breast feeding their infants for as long as they wish. It is noteworthy that the study has a public health perspective and consequently has a population based focus. The methods reported, although academically robust, have limitations. As the authors point out, information about breast feeding intent at discharge fails to take into account actual breast feeding behaviour which may differ from what is reported. Although the authors attempt to account for some important confounding variables such as age and education, no attention is paid to other important factors known to influence breast feeding, such as the presence of a supportive partner, employment, and culture.

The study informs health and maternity care providers of a group of women who warrant greater attention. Unfortunately, more work needs to be done before any direction can be offered about the most effective means of meeting the needs of these women. The findings of this study also emphasise the importance of strategies to promote preconceptual advice and care for all women.

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