PROGNOSIS

Unintentional pregnancy was associated with reduced intentions to breast feed

Dye TD, Wojtowycz MA, Aubry RH, et al. *Unintended pregnancy and breast-feeding behavior*. *Am J Public Health* 1997 Oct;87:1709-11.

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.

Intentions to breast feed in women with unintentional pregnancies

Pregnancy (number)	Rate	Adjusted odds ratio	95% CI
Any breast feeding			
Planned (19 604)	63.2%	Reference group	—
Unplanned (8096)	50.2%	1.15	1.09 to 1.22
Mistimed (6243)	52.0%	1.10	1.03 to 1.17
Unwanted (1853)	44.2%	1.35	1.22 to 1.50
Exclusive breast feeding			
Planned (19 604)	46.3%	Reference group	—
Unplanned (8096)	32.6%	1.29	1.21 to 1.37
Mistimed (6243)	33.7%	1.26	1.18 to 1.35
Unwanted (1853)	28.9%	1.41	1.26 to 1.57

Source of funding: New York State Department of Health.

For article reprint: Dr T D Dye, Division of Public Health Practice, Department of Community and Preventive Medicine, 601 Elmwood Avenue, Box 324, Rochester, NY 14642, USA. Fax +1 716 756 7656.

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.¹ 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.^{1 2}

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.

Soraya Meah, RGN, RM, MSc
Lecturer in Nursing/
Clinical Effectiveness Manager
University of Liverpool
Sefton Health Authority
Liverpool, UK

1 Enkin M, Keirse MJ, Renfrew M, et al. *A guide to effective care in pregnancy and childbirth*. Oxford: Oxford University Press, 1995:349-63.

2 Henschel D, Inch S. *Breastfeeding: a guide for midwives*. Hale: Books For Midwives Press, 1996:102-8.