

# Evidence to support targeted investment in breastfeeding education among families of low socioeconomic status

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## Implications for practice and research

- ▶ Healthcare providers should focus on improving knowledge around breastfeeding guidelines and the benefits of breast feeding for mothers in low socioeconomic status (SES) groups.
- ▶ Focusing research on breastfeeding intention (rather than rates) in low SES groups may help to improve breastfeeding outcomes as breastfeeding intentions are a significant predictor of breastfeeding initiation.

## Context

Breastfeeding sets the foundation for healthy growth and development, with many recognised benefits for both infant and maternal health. Thus, socioeconomic disparities in breastfeeding—which are widely reported in the USA and many other Western countries<sup>1</sup>—contribute significantly to socioeconomic health disparities across the lifespan. Breastfeeding intentions are an established predictor of breastfeeding outcomes, yet most studies focus on measurable breastfeeding outcomes rather than the preceding intentions. Kopp *et al* focus on the latter in their new study about the impact of social determinants of health on breastfeeding intentions.<sup>2</sup>

## Methods

Kopp *et al*<sup>2</sup> conducted a case-control study of 421 women delivering at a single maternity centre in Cincinnati, Ohio. Participants had relatively low SES; they were primarily single and low income with high school or lower education. Although it may limit generalisability, capturing a vulnerable and underrepresented group of mothers is a strength of this study. A broad range of social determinants of health were explored, including some routinely captured (eg, healthcare access) and others rarely studied in this context (eg, joy and resilience, neighbourhood crime, social support). Notably, the primary outcome of breastfeeding intention was not measured using a validated scale such as the Infant Feeding Intentions Scale (IFIS)<sup>3</sup>—possibly because the IFIS focuses primarily on exclusive breast feeding, something Kopp *et al* did not address despite this being the recommendation of the American Pediatrics Association and the WHO.

## Findings

Breastfeeding intention was relatively low in this study population, with only 35% intending to breastfeed for at least 6 months, and just 15% for 1 year. The strongest predictor of breastfeeding intention was accurate knowledge of breastfeeding recommendations (reported by just 52% of participants), associated with a sixfold higher intention to breastfeed to 12 months. Those who intended to breastfeed were also more likely to perceive adequate familial support of breastfeeding and have access to a healthcare provider. Importantly, these factors are modifiable and link directly to three key determinants of health: social support networks, education and access to health services.<sup>4</sup>

## Commentary

Kopp *et al*<sup>2</sup> uniquely report on breastfeeding intentions (rather than rates), which is an under-researched area, particularly among mothers with lower SES. A novel finding from this study is that nearly half of participating mothers did not have accurate knowledge of breastfeeding recommendations, and lacking this knowledge was strongly associated with having low breastfeeding intention. This challenges the widely held perspective that most women know they 'should' breastfeed and intend to do so, but often lack the support to actualise their intentions.<sup>5</sup> Notably, this perspective is based on research in primarily higher SES populations that may have experienced knowledge saturation, where investing in breastfeeding education may not yield worthwhile returns. However, the new findings from Kopp *et al* suggest that targeted investing in breastfeeding education for lower SES mothers (and their families) could help improve breastfeeding intentions, and possibly breastfeeding rates, in this vulnerable population.

These findings highlight the need to develop effective strategies for improving breastfeeding knowledge among low SES families. Likely, a combination of approaches at the individual, family, community and population level will be required. Prenatal care visits offer prime opportunities to educate mothers, but broader approaches (eg, public campaigns, school-based programmes) are needed to reach other family members. Targeting education programmes and increasing exposure to breastfeeding through curricular programming in secondary schools is a commonly discussed option to increase knowledge in youth; however, this type of educational programming is transdisciplinary in nature and does not lend itself well to traditionally siloed healthcare and education delivery models.

This research has key implications for practice, indicating that healthcare providers should prioritise breastfeeding education for low SES mothers. In addition, ensuring access to a healthcare provider and engaging family members to encourage and support mothers to breastfeed may help increase breastfeeding intentions in this population.

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