Factors Influencing Breastfeeding Duration and Cessation Among U.S. Military Personnel: A Descriptive/Exploratory Electronic Survey

INTRODUCTION

BACKGROUND

“Employed women are less likely to initiate breastfeeding, and they tend to breastfeed for a shorter length of time than women who are not employed” (Center for Disease Control and Prevention, 2016). In the U.S., 54.2% of all non-institutionalized civilian mothers with children younger than 1 month are employed and of those 67.6% work full time (BLS, 2016). Breastfeeding is recommended for one year or longer as mutually beneficial for mother and infant, because health benefits for both continue throughout their lifespans (World Health Organization [WHO], 2013). Many barriers have been described in causing mothers to stop breastfeeding when returning to work including workplace policies, manager/co-worker support, time and physical environment, workplace culture and lack of time (Greene & Olson, 2008). There is a limited amount of research available on breastfeeding among women in military settings; a review of this research shows mixed results on the effect of military status on breastfeeding duration.

PURPOSE

The main purpose of this study is to address the national public health concern of breastfeeding initiation and sustainment in relation to evidence-based practice recommendations by identifying factors associated with the duration/cessation of breastfeeding in U.S. military settings. A secondary purpose of this study is to discuss the barriers to breastfeeding duration and perceived level of breastfeeding support in relation to 5 workplace factors: policies, manager support, coworker support, time and physical environment that are identified by military service members who breastfed in the past 2 years after returning to duty.

OBSERVATIONS

1. Identify the factors related to cessation and duration of breastfeeding in the U.S. Military population.
2. Describe the current level of breastfeeding support military women receive in their workplace environment.
3. Discuss barriers to breastfeeding that are identified by military women.

METHODS

Design

The study was a descriptive/exploratory design.

Sample

A convenience sample of 615 participants were recruited with the use of several internet-based methods. Participants were recruited with the use of social media pages and email invitations from the researcher, military affiliated breastfeeding support group Facebook pages (community veterans). Inclusion criteria were (a) current or prior service in the U.S. military, (b) current or prior breastfeeding experience during service term, and (c) breastfed or pumped milk for a child in the past two years.

Procedures

The 63-item electronic survey distributed was compiled with the use of software obtained with a student subscription to Survey Monkey, a survey administration service company. Access to the survey was created by use of an electronic hyperlink for mass electronic distribution, which was available on social media pages and email invitation.

The social media project post that was chosen to disseminate the hyperlink with survey access was Facebook. The authors created a Facebook page titled “Breastfeeding Study: A Doctor of Nursing Capstone Project” with details about the study, which only the primary researcher could access. The page included basic information and credentials of the researcher, information about the study, purpose of the study, and the electronic hyperlink with survey access.

Two military breastfeeding support group Facebook pages—Mom2Mom and Breastfeeding in Combat Boots—were contacted and agreed to share the project page post with hyperlink to increase participant recruitment. A detailed email about the social media project page with the electronic hyperlink to access the survey was distributed to local university and college veteran groups with help of a University Veteran Center representative. Upon completion of 60 days, the collection was closed and the project Facebook page was updated with the status of the study.

MEASURES

Internet-based data collection with use of a compiled 63-item electronic survey was accessible by use of electronic hyperlink available on social media project page and email invitation. The survey was composed of a combination of open-ended, close-ended, and Likert-type questions.

RESULTS

A total of 511 met inclusion criteria and 440 completed the electronic survey for an overall completion rate of 86.6% from participants who chose to disclose race (n = 502) the following categories were identified: (a) 0.80% American Indian or Alaskan Native, (b) 1.79% Asian, (c) 6.18% Black or African American, (d) 0.60% Native Hawaiian or Other Pacific Islander, (e) 81.67% White or Caucasian, (f) Other 1.79%, and (g) Multiple Race 54.16%. The results of this study suggest that breastfeeding cessation among military women is related to breastfeeding support policies and provide guidance on breastfeeding workplace support policies.

• Prioritize breastfeeding education by providing patients with factual information about breastfeeding support policies.
• Educate military leaders about the potential for breastfeeding disparities among enlisted and officer ranks and race in military settings.
• Promote public health education about breastfeeding, with a particular focus on breastfeeding support policies for employed women (WHO, 2009).
• Inform and educate all military beneficiaries of current federal, military and local base policies related to lactation.
• Advocate for lactation policy reform that includes the enforcement of military branch policies for a designated workplace space to be easily accessible for breastfeeding service members.

DISCUSSION

Overall, there are significant differences in breastfeeding duration based on rank and race among sample participants. This finding is consistent with prior studies as factors that impact breastfeeding (Landquez et al, 2015; Mao et al, 2012; Martin, Drake, Yoder, Gibson, Litke, 2015; Uriell et al, 2009). Participants of officer ranks breastfed approximately 1 month longer than those of enlisted ranks in the sample. Those participants who were provided a breastfeeding pump revealed an unexpected finding, as they demonstrated significantly shorter breastfeeding durations. Another unexpected finding revealed that manager support emerged significant with an expected change on breastfeeding duration, specifically for every one additional point on a 4-point Likert scale in manager support breastfeeding duration decreased by 1.5 months. Results that should be explored further include the finding that breast-pump provision decreases breastfeeding duration, as does higher levels of managerial support. The survey question related to physical environment, which inquired about a company-designated place for women to breastfeed or pump milk during the workday, revealed that 56.12% (243/435) of participants indicated “No”. Suggesting there was not a designated place to breastfeed at work for over half of the sample participants. This finding is consistent with results from the 2005 Navy Pregnancy and Parenthood Survey, as almost half of enlisted and more than one third of officers indicated they were not given a comfortable and secluded location for breastfeeding or pumping (Uriell et al, 2009).

IMPLICATIONS FOR PRACTICE

The results of this study suggest that breastfeeding cessation among military members may be related to the availability of a designated location to breastfeed or pump milk during the workday. This study, along with others that suggest that healthcare providers are positioned to evaluate how to improve breastfeeding rates among women who are likely to initiate breastfeeding and provide guidance on breastfeeding workplace support policies.

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REFERENCES


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Appendix A: Inclusion and exclusion criteria

Inclusion criteria were (a) current or prior service in the U.S. military, (b) current or prior breastfeeding experience during service term, and (c) breastfed or pumped milk for a child in the past two years

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