

Nurturing Newborns and New Mothers: Either/Or or Both/And?

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Measures

Edinburgh Postnatal Depression Scale (EPDS): Self-report scale which consists of 10 items in Likert format, with possible total scores ranging from 0-30. A score of 13 or above has been demonstrated to indicate a high probability for a major depressive disorder (Matthey, Henshaw, Elliott, & Barnett, 2006). Scores between 10 and 12 may indicate that a woman is experiencing minor depression (Cox, Holden, & Sagovsky, 1987). This was measured at baseline, 3 weeks, 3 months and 6 months postpartum. Analysis of the relationship between breastfeeding and depression used EPDS both as a continuous variable and as a categorical variable based on clinical significance of risk.

Breastfeeding Occurrences: At 3 weeks, 3 months and 6 months postpartum, respondents reported how many times the infant had been fed over the past 24 hours, and how many of each of the feedings were: at the breast, breastmilk via bottle, formula via bottle or other. Breastfeeding occurrences then was calculated as the number of times an infant was breastfed in the previous 24 hours.

Previous history of depression: Self report at baseline

WIC status: Eligibility for WIC, self-report at baseline

Mode of delivery: vaginal or Cesarean birth, self-report at baseline

Treatment/intervention groups:

1. Control: usual care, a phone call from an LC within first few weeks after birth
2. Intervention I: 4 standardized electronic messages/week from discharge to 6 months postpartum. Content included infant care, maternal self-care and inspirational messages.
3. Intervention II: Same messages, but two each week included an offer for a nurse contact

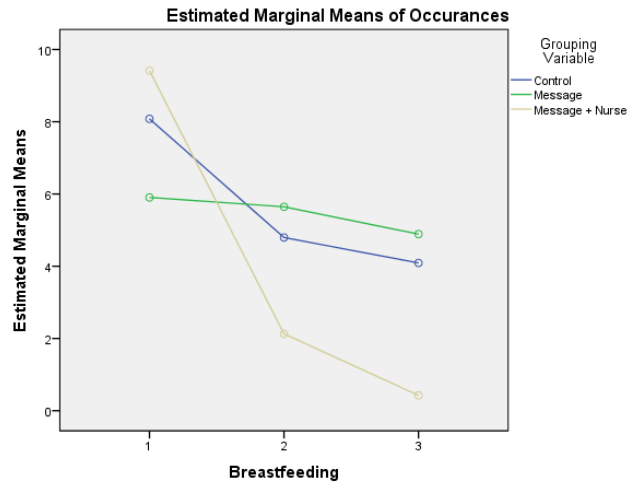
Results

Depression. Respondents receiving treatment (medication, counseling, or other) for depression had higher averages of breastfeeding across all three time periods compared to their non-treated counterparts. However these averages were not statistically significant, most likely due to attrition over all three time periods.

WIC status: There was no difference between breastfeeding frequencies between WIC eligible and non-WIC eligible mothers. Though not statistically significantly, WIC eligibility had lower breastfeeding occurrences at time 1 (3 weeks) than non-eligible mothers, but increased average by time 3 (six months) compared to non-eligible mothers.

Mode of delivery: There was no statistically significant differences in breastfeeding occurrences across all time periods and interventions.

Treatment/Intervention: In exploring interventions, there was no difference between the treatment groups over time in average breastfeeding occurrences. However, when the co-variate depression treatment was modeled, the treatment, Intervention II (messages + nurse), showed decreased levels of breastfeeding occurrence from 3 weeks to 6 months ($F=10.684$; $p=0.014$).



Covariates appearing in the model are evaluated at the following values: Did you receive any treatment (medication, counseling, other) for depression? = 1.64

Limitations: Key limitation of the study was attrition of participants from baseline to 6 months.

Selected references:

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