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FEEDING METHOD AND EDUCATION IN MILITARY FAMILIES

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ABSTRACT
FEEDING METHOD AND EDUCATION IN MILITARY FAMILIES

by
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Introduction: The purpose of this study is to examine breastfeeding rates and provider lactation education received by Army families in the North Georgia area. The researchers hope to analyze breastfeeding rates and lactation education to provide a better understanding if lactation education is associated with increased breastfeeding rates among North Georgia Army families. With the decision to breastfeed, are Army families in the North Georgia area, who have had lactation education by any healthcare provider compared to those who have not, more likely to breastfeed?

Literature Review: 12 Peer reviewed research articles were reviewed and provide the background for this study.

Methodology: A survey method will be used via the Dahlonge Army Wives Facebook page. The survey will be voluntary and will remain open for two weeks. Exclusions include: male participants, anyone under the age of 18, not having children or having only adopted children. SPSS system utilizing Chi Square was used to analyze the collected data obtained from the survey.

Discussion of Results: Due to the small sample size (N=10), there was no relationship that was able to be acknowledged from the quantitative data. However, there was a few areas noted for future study. The first being that 40% of the respondents were not aware of the benefits with Tricare for breastfeeding mothers. Also an area to be considered for future research is the reasons as to why women choose one feeding method over another.

Conclusion: More research is needed to evaluate what is the most effective method of lactation education for mothers who are insured by Tricare to most effectively increase breastfeeding rates in this population.

Keywords: breastfeeding, Army, feeding method, breastfeeding education

FEEDING METHOD AND EDUCATION IN MILITARY FAMILIES

Introduction

Primary care providers are at the forefront of making efforts to meet the Healthy People 2020 breastfeeding goals. One of the goals includes increasing the rate of mothers who have ever breastfed. The purpose of this study is to examine breastfeeding rates and provider lactation education received by Army families in the North Georgia area. Army families in the North Georgia area are insured by an insurance called Tricare Prime Remote due to being so far away from any military installation with healthcare providers. Tricare Prime Remote allows Army families to choose their civilian primary care manager, as well as any specialists that need to be seen, such as obstetricians, lactation consultants, and other specialties related to childbirth. The research on breastfeeding and lactation education with participants that are seeking medical care on a military installation is limited and there is no research conducted on breastfeeding and lactation education when received by Army families from non-military healthcare providers.

Breastfeeding has many maternal and child benefits. Some of the benefits for infants that were breastfeed include a decrease in incidence of or in hospitalization for respiratory tract infections, otitis media, gastrointestinal tract infections, necrotizing enterocolitis, sudden infant death syndrome, obesity, diabetes, asthma, atopic dermatitis, and eczema (Schwarz, E. B., & Nothnagle, M., 2015). Breast milk provides the ideal nutrition for infants with the perfect combination of vitamins, protein, and fat necessary for a child to grow. Maternal benefits of breastfeeding include losing pregnancy weight faster because producing breastmilk requires more calories from the mother's body (Schwarz, E. B., & Nothnagle, M., 2015). Breastfeeding also releases oxytocin which

helps the uterus return to its pre-pregnancy size and decreases uterine bleeding after birth. Breastfeeding can also lower the risk of breast and ovarian cancer in women (American Academy of Pediatrics, 2011).

The researchers analyzed breastfeeding rates and lactation education in an aim to provide a better understanding to indicate if lactation education is associated with increased breastfeeding rates among North Georgia Army families. In particular, with the decision to breastfeed, are Army families in the North Georgia area, who have had lactation education by any healthcare provider compared to those who have not, more likely to breastfeed?

Literature Review

Several studies conclude that women with higher education are more likely to choose breastfeeding over formula feeding whether civilian or military (Artieta-Pinedo, Paz-Pascual, Grandes, Bacigalupe, Payo, Montoya, 2013; Mao et al., 2012; Rishel & Sweeney, 2005). All women of childbearing age, and certainly women with less education, should be subjected to thorough and consistent lactation education throughout pregnancy and the first year of the child's life. Lack of breastfeeding knowledge and inconsistencies in education could contribute to the low breastfeeding rates considering that many mothers reported that they viewed formula feeding as the normal way to feed infants (Radzysinski & Callister, 2016). Prioritizing breastfeeding as the normal and most beneficial feeding method, through appropriate and adequate breastfeeding education, is key to achieving the Healthy People 2020 goals.

Another commonality is that even when breastfeeding initiation rates are high the continuation of breastfeeding through at least six months of age has a rapid decline.

Support for breastfeeding mothers is imperative during the prenatal period and that it continues with the postpartum mother and child (Lumbiganon, Martis, Laopaiboon, Festin, Ho, Hakimi, 2012). Extended breastfeeding rates will not increase if there is a consistent lack in lactation support for postpartum mothers (Artieta-Pinedo, Paz-Pascual, Grandes, Bacigalupe, Payo, Montoya, 2013; Bell & Ritchie, 2003; Dumphy, Thompson, and Clark 2016). Multiparous mothers do not choose breastfeeding as often as first time mothers but that they do tend to breastfeed for extended periods of time (Mao et al., 2012). Again, education is key. Education on the benefits of breastfeeding to mother and infant should be emphasized to increase the decision to breastfeed with not only the first child but also those that come after (Walton, Shaffer, Heaton, 2015). Breastfeeding has nutritional benefits, emotional benefits and monetary benefits amongst many other benefits and none of these benefits should be left out in the education process (Rishel & Sweeney, 2005; Radzyminski & Callister, 2016; Recame, 2013). Though valuable information has been obtained through multiple studies on both military and civilian women it is not possible to formulate a solution to the question on Army wives and decision to breastfeed or formula feed in relation to lactation education in the North Georgia Area because there have been no studies on this specific group of women.

Methodology

In order to address the choice of feeding method and lactation education of a specific group of women at Camp Merrill in the North Georgia area a voluntary survey was developed. The Dahlonega Army Wives Facebook page was utilized. All participants of the study were voluntary female mothers in the North Georgia Area that are wives of soldiers stationed at Camp Merrill in Dahlonega, GA. Exclusions included

male participants, the researcher who meets inclusion criteria, anyone under the age of 18, not having children or having only adopted children. The survey consisted of ten survey questions and was made available for a two-week period. The survey included no identifying data. The survey included questions related to demographic variables such as age and education but also included questions related to feeding method and whether or not a support system was identified. SPSS system utilizing Chi Square was used to analyze the collected quantitative data. IRB permission and approval was given through the University of North Georgia's IRB. This project is a current study with the University of North Georgia's IRB.

Discussion of Results

The survey obtained both qualitative and quantitative data. The Chi-square test, through SPSS, was utilized to assess if there is a relationship between observed values. Due to the small sample size (N=10), the data collected was not able to depict a significant relationship in breastfeeding education and decision to breastfeed or formula feed. From previous research it was expected that the higher the level of education the more apt the mother would be to breastfeed. From the survey results it shows that overall 50% of mothers with at least a twelfth grade education chose to breastfeed exclusively and 40% of those mothers chose to breastfeed and formula feed which leaves only 10% of the mothers that chose to formula feed exclusively. However, there is not much of a relationship between twelfth grade education and five years of college. Out of the mothers that were given breastfeeding education, 30% breastfed exclusively, 40% did both, and 10% formula fed exclusively. 20% of the mothers surveyed were not given breastfeeding education and still chose to breastfeed exclusively.

An interesting result was that 40% of the mothers that filled out the survey were not aware of the Tricare benefits for breastfeeding. Even though those mothers were not aware of the benefits, none of them exclusively formula fed; 30% exclusively breastfed, and 10% both breastfed and formula fed. 60% of the mothers were aware of the Tricare benefits and 10% of them decided to formula feed exclusively, 30% did both, and 20% breastfed exclusively. Education needs to be provided about insurance benefits for breastfeeding mothers, particularly with special populations such as Tricare Remote Army families. These families see civilian providers who may not be as familiar with the benefits provided by Tricare.

Limitations

A limitation of this study was the small sample size (N=10) due to the specific population chosen in North Georgia. Only 10 surveys were obtained. The small sample size leaves limited results and may not be a true representation of the population.

Conclusion

In order to meet the HP2020 goal of increasing the amount of mothers who have ever breastfed, research must be done on the most effective way of educating mothers on breastfeeding and also why mothers stopped breastfeeding or did not breastfeed at all. Education also needs to be provided about insurance benefits for breastfeeding mothers particularly with special populations such as Tricare Remote Army families. In our study 40% of mothers were not aware of the breastfeeding/lactation benefits with Tricare which includes manual or electric breast pumps, power adaptors and tubing for breast pumps, bottles, bottle caps, breast shields for pump, and storage bags. Tricare will also cover lactation consultation, up to 6 visits (Defense Health Agency, 2015).

This research identified several considerations for future studies. As identified in the qualitative information obtained in this study, some considerations include why mothers choose to either breastfeed or formula feed that involve “medical reasons, time, milk drying up, or difficult with baby latching.” All of these considerations may give further insight into why the breastfeeding rates still remain below recommendations provided by the American Academy of Pediatrics and further supports the need for appropriate breastfeeding education by healthcare providers to families. The researchers recommend future studies include an evaluation of the effectiveness in pre and post-provider breastfeeding education on breastfeeding rates within Tricare Remote Army families.

Appendices

Table I. Education Level and Feeding Choice Crosstabulation						
			fdg			Total
			breast only	formula only	both	
educ	12.00	Count	0	0	1	1
		% within educ	0.0%	0.0%	100.0%	100.0%
		% within fdg	0.0%	0.0%	25.0%	10.0%
		% of Total	0.0%	0.0%	10.0%	10.0%
	13.00	Count	1	0	0	1
		% within educ	100.0%	0.0%	0.0%	100.0%
		% within fdg	20.0%	0.0%	0.0%	10.0%
		% of Total	10.0%	0.0%	0.0%	10.0%
	14.00	Count	2	1	1	4
		% within educ	50.0%	25.0%	25.0%	100.0%
		% within fdg	40.0%	100.0%	25.0%	40.0%
		% of Total	20.0%	10.0%	10.0%	40.0%
	15.00	Count	1	0	0	1

		% within educ	100.0%	0.0%	0.0%	100.0%
		% within fdg	20.0%	0.0%	0.0%	10.0%
		% of Total	10.0%	0.0%	0.0%	10.0%
	17.00	Count	1	0	0	1
		% within educ	100.0%	0.0%	0.0%	100.0%
		% within fdg	20.0%	0.0%	0.0%	10.0%
		% of Total	10.0%	0.0%	0.0%	10.0%
	18.00	Count	0	0	2	2
		% within educ	0.0%	0.0%	100.0%	100.0%
		% within fdg	0.0%	0.0%	50.0%	20.0%
		% of Total	0.0%	0.0%	20.0%	20.0%
Total		Count	5	1	4	10
		% within educ	50.0%	10.0%	40.0%	100.0%
		% within fdg	100.0%	100.0%	100.0%	100.0%
		% of Total	50.0%	10.0%	40.0%	100.0%

Table II. Breastfeeding Education and Feeding Method Crosstabulation

			Feeding Method			Total
			breast only	formula only	both	
bredu	breastfeeding education	Count	3	1	4	8
		% within bredu	37.5%	12.5%	50.0%	100.0%
		% within fdg	60.0%	100.0%	100.0%	80.0%
		% of Total	30.0%	10.0%	40.0%	80.0%
	no breastfeeding education	Count	2	0	0	2
		% within bredu	100.0%	0.0%	0.0%	100.0%
		% within fdg	40.0%	0.0%	0.0%	20.0%
		% of Total	20.0%	0.0%	0.0%	20.0%
Total	Count	5	1	4	10	
	% within bredu	50.0%	10.0%	40.0%	100.0%	
	% within fdg	100.0%	100.0%	100.0%	100.0%	

	% of Total	50.0%	10.0%	40.0%	100.0%
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Table III. Vaccine Status and Feeding Method Crosstabulation

			fdg			Total
			breast only	formula only	both	
vacc	immunizations up to date	Count	4	1	4	9
		% within vacc	44.4%	11.1%	44.4%	100.0%
		% within fdg	80.0%	100.0%	100.0%	90.0%
		% of Total	40.0%	10.0%	40.0%	90.0%
	immunizations not up to date	Count	1	0	0	1
		% within vacc	100.0%	0.0%	0.0%	100.0%
		% within fdg	20.0%	0.0%	0.0%	10.0%
		% of Total	10.0%	0.0%	0.0%	10.0%
Total		Count	5	1	4	10

	% within vacc	50.0%	10.0%	40.0%	100.0%
	% within fdg	100.0%	100.0%	100.0%	100.0%
	% of Total	50.0%	10.0%	40.0%	100.0%

Table IV. Tricare Benefits and Feeding Method Crosstabulation

			fdg			Total
			breast only	formula only	both	
tribeni	yes	Count	2	1	3	6
		% within tribeni	33.3%	16.7%	50.0%	100.0%
		% within fdg	40.0%	100.0%	75.0%	60.0%
		% of Total	20.0%	10.0%	30.0%	60.0%
	no	Count	3	0	1	4
		% within tribeni	75.0%	0.0%	25.0%	100.0%
		% within fdg	60.0%	0.0%	25.0%	40.0%
		% of Total	30.0%	0.0%	10.0%	40.0%
Total		Count	5	1	4	10
		% within tribeni	50.0%	10.0%	40.0%	100.0%

	% within fdg	100.0%	100.0%	100.0%	100.0%
	% of Total	50.0%	10.0%	40.0%	100.0%

Table V. Support Source and Feeding Method Crosstabulation

			fdg			Total
			breast only	formula only	both	
supp	healthcare provider	Count	5	1	4	10
		% within supp	50.0%	10.0%	40.0%	100.0%
		% within fdg	100.0%	100.0%	100.0%	100.0%
		% of Total	50.0%	10.0%	40.0%	100.0%
Total		Count	5	1	4	10
		% within supp	50.0%	10.0%	40.0%	100.0%
		% within fdg	100.0%	100.0%	100.0%	100.0%
		% of Total	50.0%	10.0%	40.0%	100.0%

Table VI. Parity and Feeding Crosstabulation

			fdg			Total
			breast only	formula only	both	
parity	1.00	Count	2	0	0	2

		% within parity	100.0%	0.0%	0.0%	100.0%
		% within fdg	40.0%	0.0%	0.0%	20.0%
		% of Total	20.0%	0.0%	0.0%	20.0%
	2.00	Count	3	1	2	6
		% within parity	50.0%	16.7%	33.3%	100.0%
		% within fdg	60.0%	100.0%	50.0%	60.0%
		% of Total	30.0%	10.0%	20.0%	60.0%
	3.00	Count	0	0	2	2
		% within parity	0.0%	0.0%	100.0%	100.0%
		% within fdg	0.0%	0.0%	50.0%	20.0%
		% of Total	0.0%	0.0%	20.0%	20.0%
	Total	Count	5	1	4	10
% within parity		50.0%	10.0%	40.0%	100.0%	
% within fdg		100.0%	100.0%	100.0%	100.0%	
% of Total		50.0%	10.0%	40.0%	100.0%	

Table VII. Survey

Feeding Method and Education in Army Families

Hello, we are Brenna Gibson, Natasha Garritson, and Melissa Myrick. We are Masters degree students in the family nurse practitioner program at the University of North Georgia. We are conducting research on breastfeeding and education in Army families. You are being contacted because we would like to ask you questions about your experiences breastfeeding and the education you received about breastfeeding. The survey should take no more than 15 minutes. Your responses are confidential and are not able to be linked back to you. There is no more risk in taking this survey than what is encountered in your everyday life. The benefits of this survey are to gain information on the effective types of breastfeeding education in Army families.

If you have any other questions later on and/or you would like to copy of our findings you can contact Brenna Gibson at blgibs51722ung.edu. Also, if you have any concerns about this research you can contact the IRB of the University of North Georgia under

Dr. Lisa Jones-Moore

IRB Chair

E-mail: irbchair@ung.edu

Phone: 706-864-1866

By completing this survey you are providing consent to participate in this research. Please only complete the survey once.

Please respond to all questions to the best of your knowledge.

1. Are you 18 years of age or older?

Yes/No

2. What is the highest level of education you have completed?

3. Please list your children's ages and sex below:

4. Were your children breastfed or formula fed for the first year of life? Breastfed exclusively

Formula fed exclusively

Formula and breastfed

Other (please specify)

5. What was your reasoning for breast and/or formula feeding your children?

6. Did you vaccinate your children?

Yes, my children are up to date on their vaccinations.

No, my children have not had any vaccinations.

My children are on an alternative vaccination schedule. Other (please specify)

7. Did you receive education on breastfeeding from any healthcare provider?

Yes/No

8. Who did you look to for advice on breast or formula feeding? (Select all that apply)

Mother

Friend

Spouse

Healthcare Provider

Other family member Other (please specify)

9. Did you feel supported, by healthcare providers, in your infant feeding choice decision while in the hospital?

Yes/No

10. Are you aware of the benefits provided through Tricare for breastfeeding mothers and children?

Yes/No

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