

Information and Social Support Regarding Breastfeeding: A Survey of Mothers in Seoul, South Korea

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Background. Pediatric societies throughout the world recommend breastfeeding as the optimal form of infant nutrition. This recommendation is based on extensive epidemiologic research that documents the health, developmental, psychological, social, economic, and environmental benefits to infants, mothers, families, and society. The purpose of this study was to examine breastfeeding information and emotional support received by mothers prenatally, hospital breastfeeding practices, and the relationship between information and support received and breastfeeding initiation and planned feeding method post discharge from the hospital.

Methods. A 36-item questionnaire was distributed during the Spring 2000 to mothers who delivered babies at maternity centers in Seoul, South Korea. A sample of 52 mothers was surveyed at the time of hospital discharge. The questionnaire was developed based on the literature and reviewed by experts including internationally board certified lactation consultants, a nutritionist, and perinatal nurses. The survey instrument consists of five components: sociodemographic information, breastfeeding information received by mothers prenatally, emotional support regarding the mothers' infant feeding choice, breastfeeding initiation and supplementation, and hospital breastfeeding practices.

Results. Fifty-two breastfeeding mothers at three hospitals completed the survey. The majority of the mothers were 26 to 35 years of age, college graduates, married, had uncomplicated vaginal or planned cesarean deliveries, and primiparas. Forty-nine mothers responded that they decided to breastfeed during their pregnancy. Mothers reported that the information they received during pregnancy was provided primarily by their mothers, or friends and other relatives. The majority of mothers reported that others influenced their infant-feeding decision. Forty mothers reported receiving emotional support for their infant feeding choice during their pregnancy with mothers or mothers-in-law and friends providing the greatest support.

Discussion. Women obtain information prenatally about breastfeeding from many sources-family, friends, written materials, prenatal classes, and health care professionals. There are benefits and drawbacks to information received from multiple sources. Additionally, research has shown that a woman's infant-feeding decision is affected by the type of professional and social support the mother receives. Postpartum professional support for new breastfeeding mothers encompasses multiple dimensions ranging from a follow-up telephone call from the hospital nursing staff to referral to a community resource. Prenatal breastfeeding education on a community-wide basis can provide essential information for future mothers, families, and community support networks. Additional research needs to be done exploring the impact of prenatal, postpartum, and post-discharge support for women on breastfeeding initiation and duration rates.

Keywords: Breastfeeding; Ten Steps; Prenatal Education; Breastfeeding Support; Breastfeeding

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INTRODUCTION

Pediatric societies throughout the world recommend breastfeeding as the optimal form of infant nutrition. This recommendation is based on extensive epidemiologic research that documents the health, developmental, psychological, social, economic, and environmental benefits to infants, mothers, families, and society (AAP, 1997). Benefits to the infant encompass overall health, growth, and development while protecting infants against many acute and chronic diseases. Benefits to the mother encompass both positive physiologic and psychological changes while benefits to the family and society are seen primarily as economic and environmental support (Neifert, 1998; Cunningham, Jelliffe, Jelliffe, 1991; USDHHS, 1994; Wilson et al., 1998).

One of the Year 2010 Health Objectives is to increase to 75 percent the proportion of mothers' breastfeeding their infants from birth to 3 months, 50 percent of mothers who continue breastfeeding until 5 to 6 months postpartum, and 25 percent of mothers who breastfeed their infants until 12 months of age (USDHHS, 1999).

Throughout the twentieth century, breastfeeding rates have consistently declined in the United States from a high in 1922, when 90 percent of all infants were breastfed at 12 months of age (Woodbury, 1922), to a low in 1968, when 18 percent of all infants were breastfed at hospital discharge (Meyer, 1968). Despite a resurgence of breastfeeding in the 1970s and early 1980s, formula feeding remains the cultural norm in the United States today. Since 1990, there has been consistent growth in both in-hospital and 6-month postpartum breastfeeding rates (Ryan, 1997). This growth parallels the global recognition of the importance of breastfeeding newborn infants as documented in the Innocenti Declaration (WHO, 1990) and the Baby-Friendly Hospital Initiative (UNICEF, 1992; Kyenkye-Isabirye, 1992). The Innocenti Declaration is a formal infant feeding policy, developed by government ministers from 32 countries and 10 United Nations agencies. The Baby-Friendly Hospital Initiative (BFHI), launched jointly by UNICEF and the World Health Organization (WHO) in 1991, is the only global health initiative that promotes breastfeeding within the hospital setting and is operationalized in the Ten Steps to Successful Breastfeeding.

Unlike many developed countries, breastfeeding rates in Korea have gradually declined since the 1970s, reach-

ing its lowest level of 16.9% in 1994 (Lee, Park, & Sohn, 1994). Unlike the trends found in the United States, the declining rates seen in Korea are among better-educated women. Education, formula advertising, professional knowledge and attitudes, hospital practices, and occupational and environmental supports are critical elements in promoting breastfeeding worldwide among all women. Health care professionals play a vital role in promoting breastfeeding as the cultural norm throughout the world. This is accomplished not only through information provided to mothers but also through their support networks. Ecological research emphasizes the importance of the social environment within which an individual functions.

Barriers to breastfeeding include social and cultural factors, influences during pregnancy, and hospital-based practices during delivery and the early postpartum period. Some of these barriers include a lack of consistent and accurate information about breastfeeding given to breastfeeding mothers and the effect of professional attitudes and support for breastfeeding. Research has demonstrated a lack of knowledge about breastfeeding management among health care professionals and the resulting attitudes regarding its importance to the health of both mothers and infants (Guise & Freed, 2000; Kim, 1996; Freed, Clark, Lohr et al., 1995; Freed, Clark, Sorenson et al., 1995). Barriers to successful in-hospital breastfeeding include inconsistency in the information given to mothers and nursery practices related to breastfeeding management and promotion (Patton, 1996; Humenick, Hill, Spiegelberg, 1998).

The social and cultural environment within which a woman operates strongly influences her infant feeding decision. The social framework includes the emotional (trust and caring), instrumental (tangible help), informational (advise and information), and appraisal support (feedback) she receives from those influencing her infant-feeding decision (Heany & Israel, 1997). The effect of professional support for breastfeeding mothers is evidenced by higher breastfeeding initiation and duration rates (Porteous, Kaufman, Rush, 2000; Moreland & Coombs, 2000; Kim, 1997; Serafino-Cross & Donovan, 1992). The support of family and friends impacts a woman's prenatal intention to breastfeed (Kim, 1998; Sciacca et al., 1995; Bentley, 1999; Humphreys, Thompson & Miner, 1998; Mahoney & James, 2000) while peer support more strongly influences the duration of breastfeeding (Morrow et al., 1999; Milligan et al.,

2000; Sikorski & Renfrew, 2000). Overall, reviews of the breastfeeding literature have highlighted that breastfeeding is a complex decision today, influenced by demographics combined with psychosocial factors (Scott & Binns, 1999; Raj & Plichta, 1998).

METHODS

This study explored breastfeeding information and emotional support received by mothers prenatally, hospital breastfeeding practices, and the relationships between information and support received and breastfeeding initiation and planned feeding method post discharge from the hospital. The project was reviewed and approved by the appropriate committees at the participating hospitals.

Sample

A 36-item questionnaire was distributed during the Spring 2000 to mothers who delivered babies at maternity centers in Seoul, South Korea. The hospitals represented basic and specialty perinatal care and were located near major academic medical centers. A sample of 52 breastfeeding mothers was surveyed at the time of hospital discharge.

Instrument

A questionnaire was developed based on the literature and reviewed by experts including internationally board certified lactation consultants, a nutritionist, and perinatal nurses. The survey instrument consists of five components: a) sociodemographic information about the mothers, b) the source and type of breastfeeding information received by mothers prenatally, c) emotional support regarding the mothers' infant feeding choice, d) breastfeeding initiation and supplementation in the hospital, and e) hospital breastfeeding practices. Closed-ended and open-ended questions were used throughout the questionnaire. The breastfeeding information and emotional support components included several questions that allowed mothers to give multiple responses. These were then coded as dichotomous (yes/no) responses to each choice offered. Open-ended questions were used primarily in the information and support sections of the questionnaire to examine the type of information received, who was most influential in helping mothers make decisions and the type of emotional support mothers received. Finally, mothers were asked about hospital

breastfeeding practices, problems they encountered breastfeeding, and questions they had which were not addressed during their hospital stay. The section that examined hospital practices used a five-point Likert scale asking the mothers to agree or disagree with a series of statements about breastfeeding practices they observed during their hospital stay.

RESULTS

Demographic Information: Fifty-two breastfeeding mothers at three hospitals completed the survey. The majority of the mothers were 26 to 35 years of age ($n=44$, 85%), college graduates ($n=34$, 65%), married ($n=52$, 100%), had uncomplicated vaginal ($n=27$, 52%) or planned cesarean deliveries ($n=17$, 33%), and were primiparas ($n=30$, 58%) (Table 1). Eighteen mothers (35%) reported that they had breastfed other children; 12 (67%) breastfed up to 3 months and the remaining 6

Table 1. Demographic Characteristics of Mothers in Seoul, South Korea ($N = 52$)

Category	N (%)
Hospital	
Samsung	20 (38.5)
Cha	15 (28.8)
Cheil	17 (32.7)
Insurance	
Company provided	28 (54)
Government funded	14 (27)
No response	10 (19)
Age	
21 - 25	4 (7.7)
26 - 30	31 (59.6)
31 - 35	13 (25.0)
36 - 40	4 (7.7)
Education	
High School Graduate	13 (25.0)
College Graduate	34 (64.4)
Graduate School	3 (5.8)
No Response	2 (3.8)
Marital Status	
Married	52 (100)
Type of Birth	
Vaginal, Uncomplicated	27 (51.9)
Vaginal, Complicated	1 (1.9)
Cesarean, Planned	17 (32.7)
Cesarean, Unplanned	7 (13.5)
Breastfed Other Children	
Yes	17 (32.7)
No	6 (11.5)
This is first child	29 (55.8)

(33%) breastfed from 4 to 12 months postpartum. Ten (19%) mothers planned to return to work within 2 months following birth and 9 (90%) of those mothers stated that their work status directly affected their decision not to breastfeed their babies. The primary reason given for not breastfeeding was that “it is not easy to express milk at work”.

Breastfeeding Intention and Plan Following Hospital Discharge: Forty-nine (94%) mothers responded that they decided to breastfeed during their pregnancy. The reasons given for their choice included overall health of the baby and mother, good nutrition, and antibodies found in breastmilk (Table 2). When asked how they planned to feed their baby following discharge, 37 (71%) mothers responded breastfeeding only or breast-

feeding mostly with an occasional bottle containing expressed breastmilk (Table 3). The remaining mothers chose some form of supplemented breastfeeding or bottle-feeding with one or two nursings a day.

Breastfeeding Information: Mothers reported that the information they received prenatally was provided primarily by their mothers (n=30, 58%) or friends and other relatives (n=28, 54%). When asked what type of information they received, most mothers cited verbal information provided by relatives and friends (n=38, 73%) and information from books and magazines (n=37, 71%) (Table 4). Thirty-five (67%) mothers reported that others influenced their infant-feeding decision; 25 mothers commented that their mothers (36%), friends (20%), and other female relatives (20%) were most influential.

Table 2. Prenatal Breastfeeding Intention (N = 52)

Category	N (%)
When you were pregnant, did you think about how to feed your baby?	
Yes	48 (92.3)
No	1 (1.9)
Not Sure	3 (5.8)
Did you want to breastfeed your baby?	
Yes	49 (94.2)
No	2 (3.8)
Why did you choose to breastfeed your baby? (Comments N = 46)	
Good for the baby's health	34 (73.9)
Good for the mother's health	7 (15.0)
Good for the baby's emotional development	13 (28.0)
Provides faster recovery after birth	6 (13.0)
Good nutrition	5 (10.9)
Provides antibodies for the baby's immune system	6 (13.0)
Natural	5 (10.9)
Increases Intelligence	1 (2.2)
More convenient	1 (2.2)
Husband's strong recommendation	1 (2.2)

Table 3. Breastfeeding Plan Following Hospital Discharge (N = 52)

Category	N (%)
Breastfeed only	14 (26.9)
Breastfeed mostly with an occasional bottle with expressed breastmilk	23 (44.2)
Breastfeed mostly and supplement with 1-2 formula bottles per week	2 (3.8)
Breastfeed mostly and supplement with 1-2 formula bottles per day	6 (11.5)
Breastfeed and bottlefeed equally	5 (9.6)
Bottlefeed mostly with 1-2 nursings per day	1 (1.9)
Not sure	1 (1.9)

Table 4. Breastfeeding Information Received by Mothers Prenatally (N = 52)

Category	Yes (%)
Source of breastfeeding information provided during pregnancy ¹ :	
Doctor	8 (15.4)
Midwife	0
Nurse	15 (28.8)
Mother	30 (57.7)
Husband/Boyfriend	7 (13.5)
Friend/Other relative	28 (53.8)
No information received	8 (15.4)
Type of information provided during pregnancy ¹ :	
Printed information, breastfeeding organization	6 (11.5)
Printed information, formula company	9 (17.3)
Printed guidelines, doctor or midwife	6 (11.5)
Verbal information, doctor or midwife	5 (9.6)
Verbal information, relatives and friends	38 (71.2)
Information from books and magazines	37 (71.2)
Videotapes	5 (9.6)
Received no information	8 (15.4)
Did people influence your infant-feeding decision (N = 52):	
Yes	35 (67.3)
No	11 (21.2)
No response	6 (11.5)
Most influential person (N = 25):	
Mother	9 (36.0)
Friends	5 (20.0)
Relatives	5 (20.0)
Husband	3 (12.0)
Self	2 (8.0)
Nurses	1 (4.0)
Books and magazines	4 (16.0)

1. Numbers and percentages do not add up to 52 and 100% due to multiple responses to these questions. All percentages are based on N = 52.

Breastfeeding Support: Forty (77%) mothers reported receiving emotional support for their infant feeding choice during their pregnancy with mothers or mothers-in-law (75%), husbands (70%), and friends and other relatives (48%) cited as providing the greatest support. Notably, health care professionals were cited infrequently as providing support (Table 5). When asked to describe the emotional support received during their pregnancy, mothers reported that (a) people told them breastfeeding is best (32%), (b) it is good for the health of both mother and baby (27%), (c) it provides a faster recovery for the mother (24%), and (d) it creates an emotionally stable relationship between mother and baby (24%) (Table 5).

Breastfeeding Initiation and Supplementation: Forty-seven (90%) mothers reported breastfeeding their babies in the hospital; 6 (13%) mothers breastfed immediately following delivery. The remaining mothers initiated breastfeeding either 3 to 8 hours following delivery (n=16, 41%) or 9 to 50 hours postpartum (n=31, 59%). Twenty-nine (56%) mothers reported their babies received supplemental feedings in the hospital. The prima-

ry reason given for the supplementation was that the mother did not have enough milk or that the breastmilk would not come out (71%) (Table 6).

Hospital Breastfeeding Practices: Twenty-five (48%) mothers reported having problems breastfeeding in the hospital and 17 (33%) stated they had breastfeeding questions that were not addressed. Of the problems cited, 10 (42%) mothers commented that not enough breastmilk came out and 7 (29%) stated that the baby had sucking problems (Table 7). When asked about breastfeeding practices related to the Ten Steps to Successful Breastfeeding, most mothers agreed or strongly agreed that the staff were knowledgeable (n=47, 90%), supportive (n=42, 81%), explained why breastfeeding is good (n=35, 67%), demonstrated breastfeeding (n=41, 79%), did not give the baby a pacifier (n=40, 77%), and provided an environment conducive to successful breastfeeding (n=42, 81%) (Table 8). In contrast,

Table 5. Emotional Support Received by Mothers Prenatally (N = 52)

Category	Yes (%)
Emotional support received prenatally	40 (76.9)
Who provided the support ¹ ? (N = 40)	
Doctor	3 (7.5)
Nurse	5 (12.5)
Mother/Mother-in-Law	30 (75.0)
Husband/Partner	28 (70.0)
Friend/Relatives	19 (47.5)
Breastfeeding Support Group	5 (12.5)
Staff at Clinic	0
Type of support received ^{1, 2} (N = 37)	
Breastfeeding is best	12 (32.4)
Overall is good for both mother and baby	10 (27.0)
Provides emotional stability for mother and baby	9 (24.3)
Provides faster recovery for mother after delivery	9 (24.3)
Provides antibodies for a strong immune system	8 (21.6)
Good nutrition	3 (8.0)
Supported me in decision to breastfeed (trusted my choice)	3 (8.0)
Economic savings	2 (5.4)
More convenient	1 (2.7)
Increases intelligence	1 (2.7)

1. Numbers and percentages do not add up to 52 and 100% due to multiple responses to this question.

2. Emotional support was described in terms of encouragement from others on the benefits of breastfeeding to the mother and baby.

Table 6. In-Hospital Breastfeeding Initiation and Supplementation (N = 52)

Category	N (%)
Breastfed baby during hospital stay	
Yes	47 (90.4)
No	2 (3.8)
Not Yet	3 (5.8)
Initiate Breastfeeding in Labor and Delivery	
Yes	6 (11.5)
No	39 (75.0)
If no, number of hours postpartum before initiation	
3 - 8 hours	16 (41.0)
9 - 20 hours	6 (15.4)
21 - 30 hours	6 (15.4)
31 - 40 hours	4 (10.3)
41 - 50 hours	7 (17.9)
Breastfeeding Supplementation	
Baby received supplements	
Yes	29 (55.8)
No	18 (34.6)
Not Sure	5 (9.6)
If yes, what was given?	
Formula	26 (89.7)
Glucose water	1 (3.4)
Other	2 (6.9)
Why was the baby given a supplement ¹ ? (N = 21)	
Not enough milk/breastmilk did not come out	15 (71.4)
Cesarean delivery	5 (23.8)
Nipples too small/inappropriate shape	2 (9.5)
Baby did not suck	1 (4.8)
Baby sick	1 (4.8)

1. Percentages do not add up to 100% due to multiple responses to this question.

most mothers did not agree that they were encouraged to exclusively breastfeed, had skin-to-skin contact, or were told how to contact a lactation consultant or support group.

Chi-square tests were performed to examine the relationships between information and emotional support

received and breastfeeding initiation and planned feeding method post discharge from the hospital. Since, the majority of mothers in this sample chose to breastfeed their babies prenatally ($n=49$, 94.2%) and following discharge ($n=45$, 86.5%), no significant relationships were found.

Table 7. Mothers Reporting Having Problems Breastfeeding in the Hospital (N = 52)

Category	N (%)
Reported Problems Breastfeeding	
Yes	25 (48.1)
No	22 (42.3)
No Comment	5 (9.6)
Problems Encountered ¹ (N = 24)	
Baby did not suck well	7 (29.2)
Not enough milk	5 (20.8)
Breastmilk did not come out	5 (20.8)
Baby was sick or had jaundice	3 (12.5)
Nipples were too small	2 (8.3)
Did not know what to do	2 (8.3)
Breasts too engorged	1 (4.2)
Not sure if baby was really eating	1 (4.2)
Time consuming	1 (4.2)
Breastfeeding Questions not Addressed	
Yes	17 (32.7)
No	29 (55.8)

1. Percentages do not add up to 100% due to multiple responses to this question.

Table 8. Hospital Breastfeeding Practices Related to the Ten Steps to Successful Breastfeeding (N = 52)

Question	Strongly Agree/ Agree (%)
1. Staff knowledgeable about breastfeeding techniques	28/19 (90.3)
2. Staff supportive of breastfeeding	27/15 (80.7)
3. Staff explained benefits of breastfeeding	23/12 (67.3)
4. Staff demonstrated breastfeeding techniques	31/10 (78.8)
5. Encouraged to exclusively breastfeed	13/11 (46.2)
6. Instructed to breastfeed on demand	19/14 (63.4)
7. Shown how to express breastmilk	26/ 8 (65.4)
8. Had skin-to-skin contact after delivery	19/ 4 (45.1)
9. Nipples examined during hospital stay	11/ 4 (29.4)
10. Mother and baby not separated unless requested	30/ 3 (66.0)
11. Baby not given a pacifier	36/ 4 (76.9)
12. Baby not given formula at hospital discharge	22/ 5 (55.1)
13. Informed how to schedule follow-up appointment	27/ 8 (71.4)
14. Told how to contact a lactation consultant/support group	9/ 7 (30.8)
15. Hospital environment was conducive to breastfeeding	29/13 (80.8)

DISCUSSION

Today, women obtain information prenatally about breastfeeding from many sources-family, friends, written materials, prenatal classes, and health care professionals. There are benefits and drawbacks to haphazard types of information exchange. Myths and misinformation can be passed along from family and friends who have never breastfed or tried it and stopped (Bentley et al., 1999). Some written materials available in obstetricians' offices are published by formula companies and include free samples of formula (Kim, 1998). Health care professionals have preexisting attitudes, formed by varying experiences that influence not only whether or not they discuss breastfeeding but also what their recommendation will be (Kim, 1996; Freed et al., 1995). Results of this study indicated that Korean mothers reported receiving prenatal breastfeeding information primarily from their mothers, friends and other relatives. The majority of mothers reported that others influenced their decision to breastfeed and that the most influential people were their mothers with friends and other relatives second. Of the health care providers, nurses more often than doctors provided information to mothers. The most frequently cited form of information received was either verbal information from mothers, friends and relatives or printed information from books and magazines.

Social Support

Research has shown that the influences on a woman's infant-feeding decision are culturally-based. Baranowski et al. (1983) examined the correlation between the breastfeeding decision and social support and which individual(s) provided the greatest support. Among young, triethnic, undereducated women, ethnicity, marital status, and head-of-household were strongly associated with the breastfeeding decision. Among Anglo-American mothers, the male partner was the most important support source and friends were second; for African-American mothers, only best friend support was predictive of breastfeeding while the mother was the pri-

mary support for Mexican-American mothers. Bentley et al. (1999) showed grandmothers opinions as being very influential for African-American mothers while those of friends and other relatives were much less significant. The father's influence and that of health care providers were separate from the female influence and not as strong.

Bryant (1982) examined the impact of kin, friends, and neighbors on infant feeding practices among Cuban, Puerto Rican, and Anglo women in Florida. The nuclear family was found to be the most important source of social support for all three groups. In Puerto Rican families, the husband played a significant role in the woman's choice of infant feeding method while in Anglo families husbands participated equally but were not as influential in the decision making process. Social influence was seen in the attitudes surrounding breastfeeding versus bottlefeeding. Most women see breastfeeding as more beneficial for the baby. However, attitudes of individuals within the social network strongly influenced the woman's final choice of feeding method.

Results of this study showed that most Korean mothers received emotional support for their infant feeding choice with their mothers and mothers-in-law and husbands respectively providing the greatest support. Health care professionals were mentioned infrequently as providing support. The type of support that mothers described focused more on informational support in that the mothers listed the benefits of breastfeeding to both the baby and the mother as being primary sources of support that they received. Three mothers commented that their husbands and family "trusted them and would support whatever feeding decision they made".

Breastfeeding Initiation and Supplementation

Mother-infant separation is the most important barrier to breastfeeding, and hospital routines that separate mother and infant, delay nursing after birth, and supply supplementary bottles are associated with breastfeeding for shorter periods of time (Schubiger et al., 1997; Strachan et al., 1990; Houston & Field, 1988; Freeman & Lowe, 1993; Righard & Alade, 1990). Results of this study showed that only 13% of the mothers initiated breastfeeding immediately following delivery and that for a large percentage of Korean mothers, breastfeeding was not started for at least 9 hours following delivery. Similarly, over half of the mothers reported that their babies received supplements while in the hospital. The pri-

mary reason given for supplementation was a lack of milk or the breastmilk not coming out. Results of a study of hospital practices in South Korea showed that even when mothers initiate breastfeeding immediately following delivery, some mothers breastfeed for very short periods of time (Kovach & Kim, 2000).

Hospital Breastfeeding Policies

Changing hospital policies and practices to create an environment that promotes breastfeeding and supports the new mother-infant dyad is an integral component in the Ten Steps to increase breastfeeding initiation and duration rates worldwide. Hospital maternity centers are the critical environment within which the goals of the Baby-Friendly Hospital Initiative can be realized. Successful implementation needs administrative and staff support and commitment. Several researchers have examined hospital policies and organizational change in the United States (Levitt et al., 1996; Wright, Rice & Wells, 1996; Rosenberg et al, 1998; Perez-Escamilla et al., 1994; Kovach, 1997). These studies have identified key areas as being staff education, breastfeeding initiation and supplementation, rooming-in and prenatal/postpartum/post-discharge support. Results of this study show that mothers agreed that the staff was knowledgeable and that mothers and babies were not routinely separated unless requested. However, breastfeeding initiation rates within one hour of birth were low, although 90% of the mothers breastfed at some point during their hospital stay, and supplementation of breastfed babies was high. Most mothers were not encouraged to exclusively breastfeed nor given adequate information regarding community-based support. Supplementation of babies in the hospital coupled with a lack of professional support following discharge from the hospital can create problems for breastfeeding mothers who encounter difficulties once they are home.

Postpartum support for new breastfeeding mothers encompasses multiple dimensions ranging from a follow-up telephone call from the hospital nursing staff to referral to a community resource. Research (Saunders & Carroll, 1988) has shown that each dimension of postpartum support has a positive effect on breastfeeding duration. Four ways hospitals can provide support for the breastfeeding mother following discharge include: (a) making follow-up phone calls, (b) referring mothers to community support groups, (c) providing postpartum breastfeeding classes, and (d) conducting breastfeeding support

groups on the hospital premises and/or using peer counselors. In addition, prenatal breastfeeding education on a community-wide basis can provide essential information for future mothers, families, and community support networks. Additional research needs to be done exploring the impact of prenatal, postpartum, and post-discharge support for women on breastfeeding initiation and duration rates.

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