

Relationship Between Feeders and Exclusive Breastfeeding and Mixed Feeding During the First Month of Life : Advances in Neonatal Care

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Original Research

Relationship Between Feeders and Exclusive Breastfeeding and Mixed Feeding During the First Month of Life

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Advancement of Nursing Science (CANS).

All authors have no competing interests to declare.

Ethical Approval: This study has been approved by UConn Institutional Review Board (IRB) with protocol nos. H13-213, H13-220, and H13-221. The UConn IRB did not require consent.

Advances in Neonatal Care [23\(2\):p E30-E39, April 2023.](#) | DOI: 10.1097/ANC.0000000000001020

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Metrics

Abstract

Background:

The critical time to continue or stop breastfeeding is during the first month after hospital discharge. Mothers receive lactation and physical support by fathers and others bottle-feeding human or formula milk to their infants.

Purpose:

To describe the effect of feeders (mothers, fathers, and others) and different milk feeding on infants' weekly exclusive breastfeeding rates, from birth to 1 month after discharge.

Methods:

This study was a secondary analysis of a descriptive longitudinal study of mothers' (full-term: $n = 77$; late preterm: $n = 39$) breastfeeding experience, frequency of feeding, and infant feeding behaviors. Mothers completed a weekly questionnaire of who (mothers, fathers, and others) fed their infants human or formula milk by direct breastfeeding or bottle-feeding.

Results:

More than 60% of mothers reported fathers and others bottle-fed their infants. Exclusive breastfeeding rates were significantly higher when only mothers fed their infants at week 1 ($P < .001$), week 3 ($P < .05$), and week 4 ($P < .05$). Exclusive breastfeeding rates were negatively affected across time by bottle-feeding any human or formula milk for all feeders. When fathers bottle-fed their infants at week 1, the relative rates of exclusive breastfeeding at week 4 decreased to 52% (OR = 0.103; 95% CI, 0.26-0.404; $P < .0001$).

Implication for Practice:

Individuals providing early bottle-feeding adversely affect breastfeeding outcomes. Providers need to address maternal and paternal knowledge gaps about early breastfeeding practice.

Implications for Research:

Further research is needed to explore clinical standard of care for management of infant weight loss, early supplementation, and support of exclusive breastfeeding outcomes.

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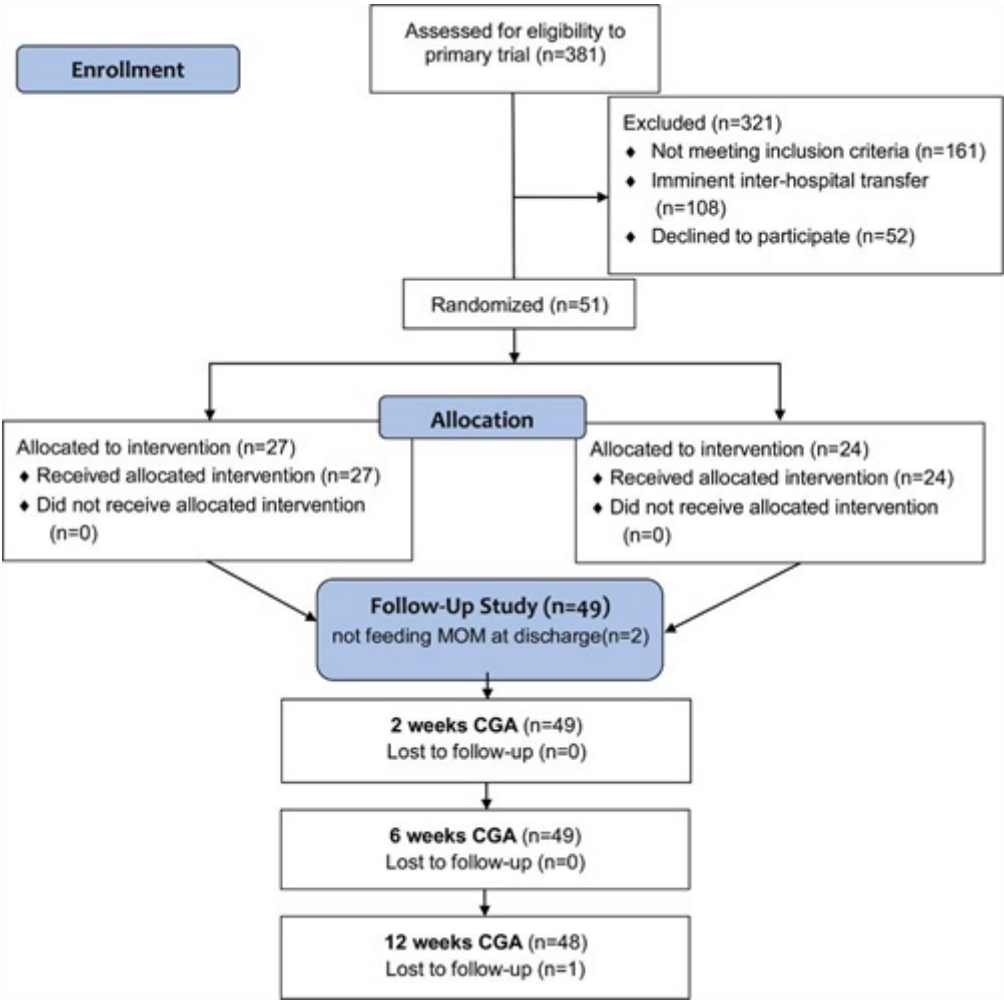
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0	Mouth care with human milk to 3 mL
1	6 to 10 mL
2	0 to 6 mL
3	15 to 30 mL
4	0 to 50 mL
5	10 to 30 mL
6	10 to 50 mL
7	48 to 60 mL
8	30 to 65 mL
9	25 to 60 mL
10	20 to 60 mL
11	10 to 55 mL
12-17	Nothing by mouth
18/postoperative day 3	1/3 volume feedings (20 mL every 3 h)
19/postoperative day 4	2/3 volume feedings (40 mL every 3 h)
20/postoperative day 5	Full-volume feedings (60 mL every 3 h)

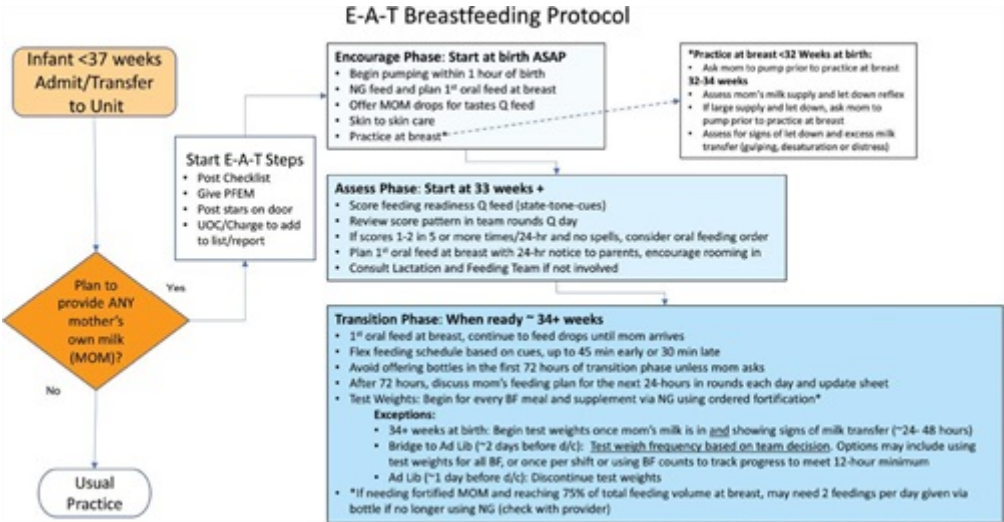
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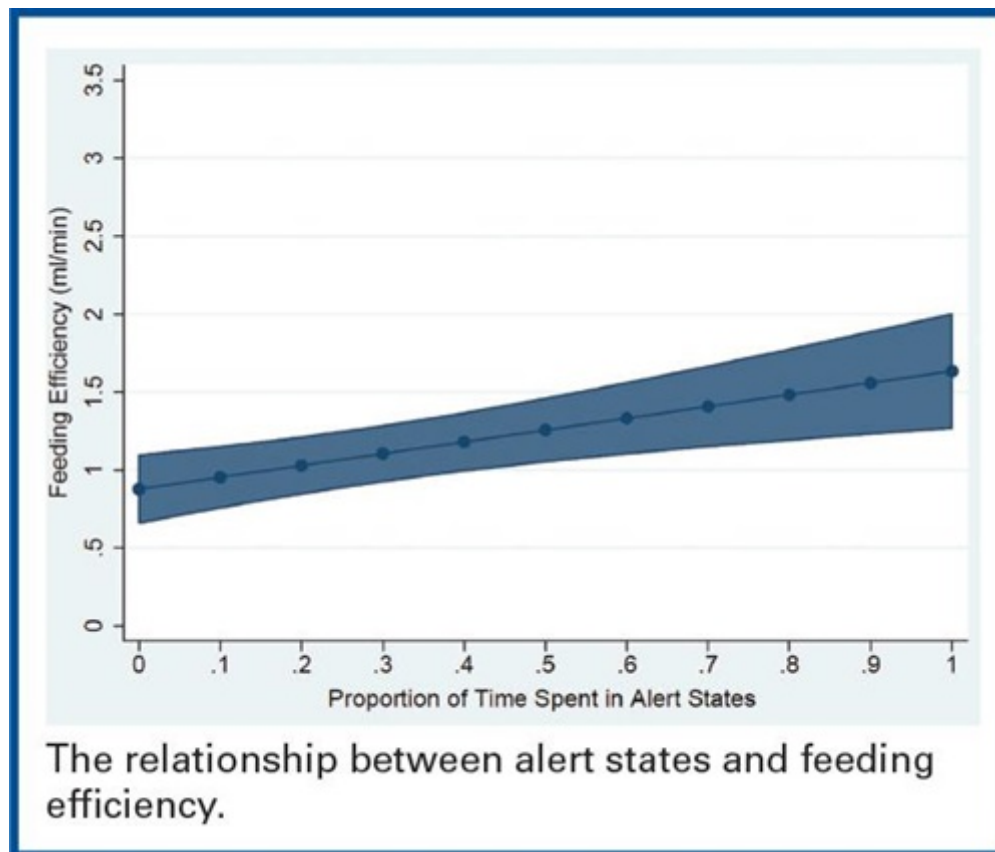
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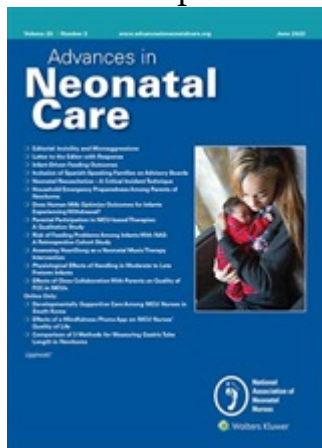
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