INFANT FEEDING PRACTICES AMONGST LOW-INCOME MOTHERS IN GOVERNMENT PROGRAMS

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BACKGROUND AND INTRODUCTION

- Early infant feeding practices are crucial for infant growth, development, and long-term prevention of obesity and cardiometabolic conditions. **3**
- Recommended guidelines promote sole breastfeeding in early infancy and introducing solid foods around 6 months of age. **1**
- Low-income mothers are more likely to face barriers that negatively impact their feeding. **2**
- Maternal-child government-funded programs are available that aim to provide these women with education/resources.
- However, disparities in feeding persist in low-income communities. **2**

The purpose of this research was to examine feeding practices among these low-income mothers and identify key factors that influence their decisions to examine potential interventions.

METHODS & DATA ANALYSIS

- Conducted a descriptive qualitative study.
- Participants (N=10) enrolled in government-funded community support programs.
- Mothers also completed a brief survey to assess demographics, breastfeeding, bottle/formula feeding, timing of introducing solid foods, experiences, and opinions on support they received within community programs.
- Participants participated in an individual interview to describe their experiences feeding their infant.
- Percentages were calculated to determine various feeding rates and the introduction of solid foods.
- Additionally, mothers' responses were qualitatively analyzed to derive major themes to determine gaps/areas in need of improved interventions.

SOCIOECONOMIC AND STRUCTURAL BARRIERS SHAPE INFANT FEEDING DECISIONS IN MOTHERS

RESULTS

Quantitative Findings

Out of the 10 mothers surveyed, in the first few weeks postpartum...

- **50%** exclusively breastfed.
- **10%** exclusively formula-fed.
- **40%** incorporated mixed feeding (both breastmilk and formula).
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When it came to the timing of solid foods...

- **20%** of the mothers introduced solids before the recommended 6-month guideline.

Table 1: Participant Characteristics (n=10)

Variable	N	%
Maternal Race		
White	1	10%
Black	5	50%
Other/Mixed	4	40%
Married/Living as marri	4	40%
Single/Separated	6	60%
Work		
Full-time	2	20%
Part-time	2	20%
Stay-at-home / No wo	5	50%
Student	1	10%

Variable	M ± SD	Range
Age of mothers, years	34.1	23–39

Qualitative Findings and Themes

- Infant cues influenced feeding patterns/decisions.
- Inadequate or limited education during *and* post-hospitalization.
- Situational barriers (such as work, inadequate milk supply) limited sustained breastfeeding.
- Wide variation in informational sources - Social media, medical and other professionals, family members, etc.

"MY BABY WOULD NOT STAY FULL FROM BREASTFEEDING, SO I HAD TO MIX BREAST AND FORMULA."

"SHE NEVER ACCEPTED THE FORMULA. I TRIED, BUT NO."

"I FEEL LIKE THERE SHOULD BE MORE THAN JUST THE FIVE-MINUTE SPEECH AT THE HOSPITAL. I WISH, EVEN WHILE I WAS PREGNANT, I COULD HAVE TAKEN MAYBE A CLASS ON BOTH BOTTLE AND BREASTFEEDING"

"I LEARNED ABOUT THE HUNGER CUES AND STUFF. LIKE, WHEN THEY BALL THEIR FISTS, IT TYPICALLY MEANS THEY'RE HUNGRY OR WHEN THEY'RE ROOTING AND SUCH"

Overall Patterms

- Variability in feeding practices in low-income communities.
- Inconsistent timing and structure when introducing solids.
- Early transition from breastfeeding to formula.
- Consensus on insufficient feeding education and resources.

DISCUSSION & CONCLUSIONS

- Socioeconomic and structural barriers heavily influenced feeding practices
- Some of these influences include **work-related constraints**, **financial stressors**, **family/other caregiver influences**, and **inadequate education/lack of education**.
- Limited support may lead to misaligned practices with recommended guidelines.
- Highlights a need for targeted, low-cost, culturally sensitive interventions to enhance support from these government-funded programs.

Potential Program Support and Interventions

- Enhanced breastfeeding support (on-site or virtual access) to lactation consultants.
- Improved, clearly written feeding education to give to mothers before discharge. Including multilingual resources.
- Education on navigating work and breastfeeding. Including guidance on pumping at work, teaching how to combine work schedules and breastfeeding effectively, and promoting breastfeeding-friendly spaces in work environments.

Limitations

- Small sample size limits our generalizability.
- Data was self-reported, which may lead to recall or social desirability bias.

REFERENCES & ACKNOWLEDGMENTS