

Healthcare Providers' Perspective on Breastfeeding in Alaska

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Background

• Breastfeeding Benefits

- Infants and mothers have lower risk of obesity and Type 2 Diabetes¹, mothers have lower risk of breast and ovarian cancer², and infants have lower risk of Sudden Infant Death Syndrome³

• Breastfeeding Recommendations

- American Academy of Pediatrics and World Health Organization recommend exclusive breastfeeding for six months, addition of complementary foods around six months, and continued breastfeeding to year two and beyond as desired by lactating person and infant.

• In Alaska:

- 24% mothers DID NOT receive any breastfeeding information from doctors⁴
- 43% exclusively breastfed first six months⁵
- 96% infants ever breastfed⁵

Methods

• Recruitment flyers were emailed to known perinatal health professionals with continued snowball recruitment. Enrollment was completed online via REDCap survey

• Participants were healthcare providers who work with breastfeeding/lactation and/or perinatal nutrition in Alaska

• Virtual **Focus groups** included of one to four healthcare providers, one to two notetakers, and one facilitator

• Facilitators followed a semi-structured focus group question guide, with a mix of open-ended, exploratory questions to encourage discussion and follow-up questions to delve deeper into specific topics, while remaining flexible to adapt to the group's responses

• What are some factors that impact whether Alaskans decide to breastfeed or not?

• What are some factors that impact how Alaskans decide how long to breastfeed for?

• What are the supports that help people be successful with breastfeeding?

Support is most frequently described by healthcare providers as the most influential factor to breastfeeding in Alaska

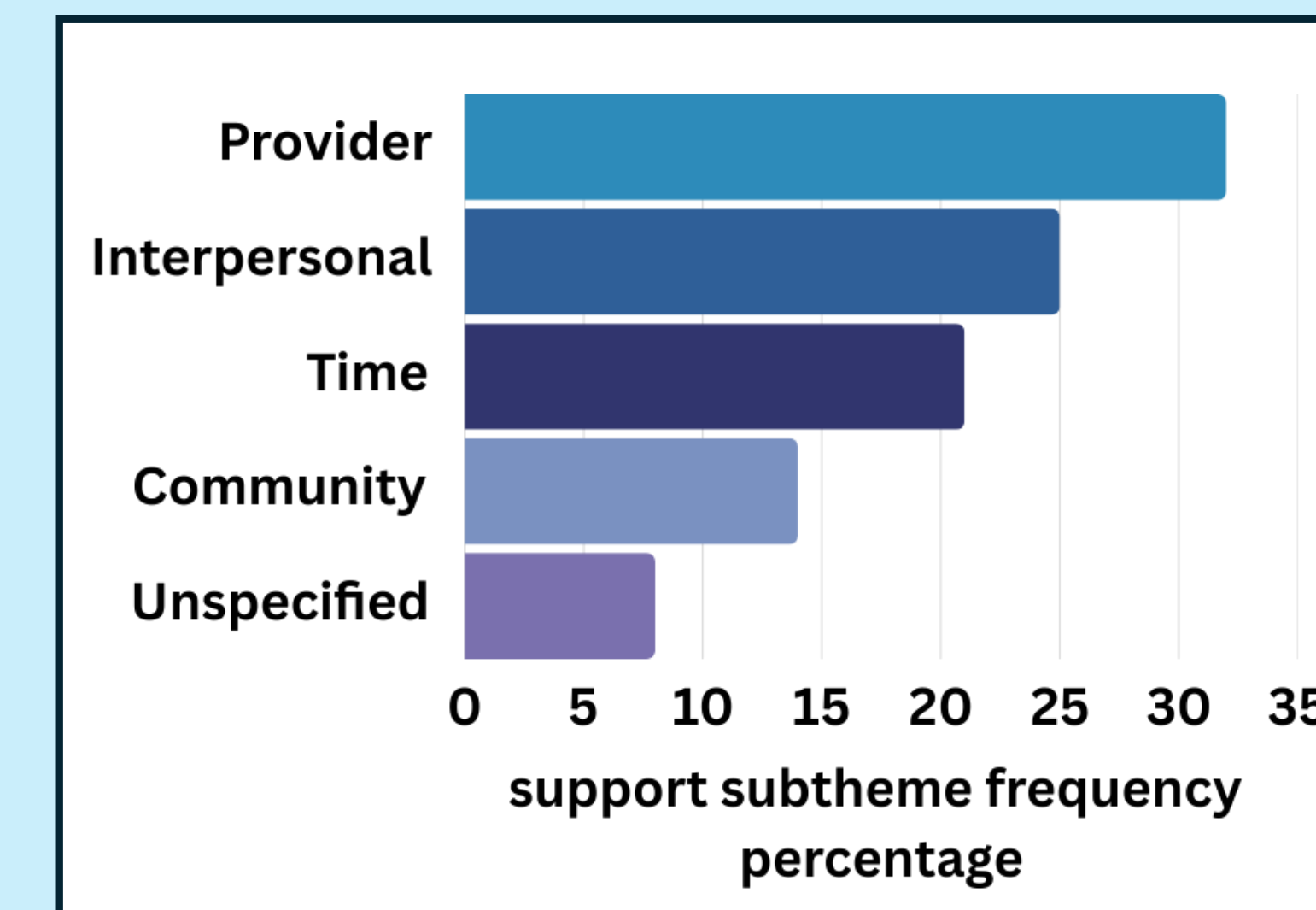


Figure 2

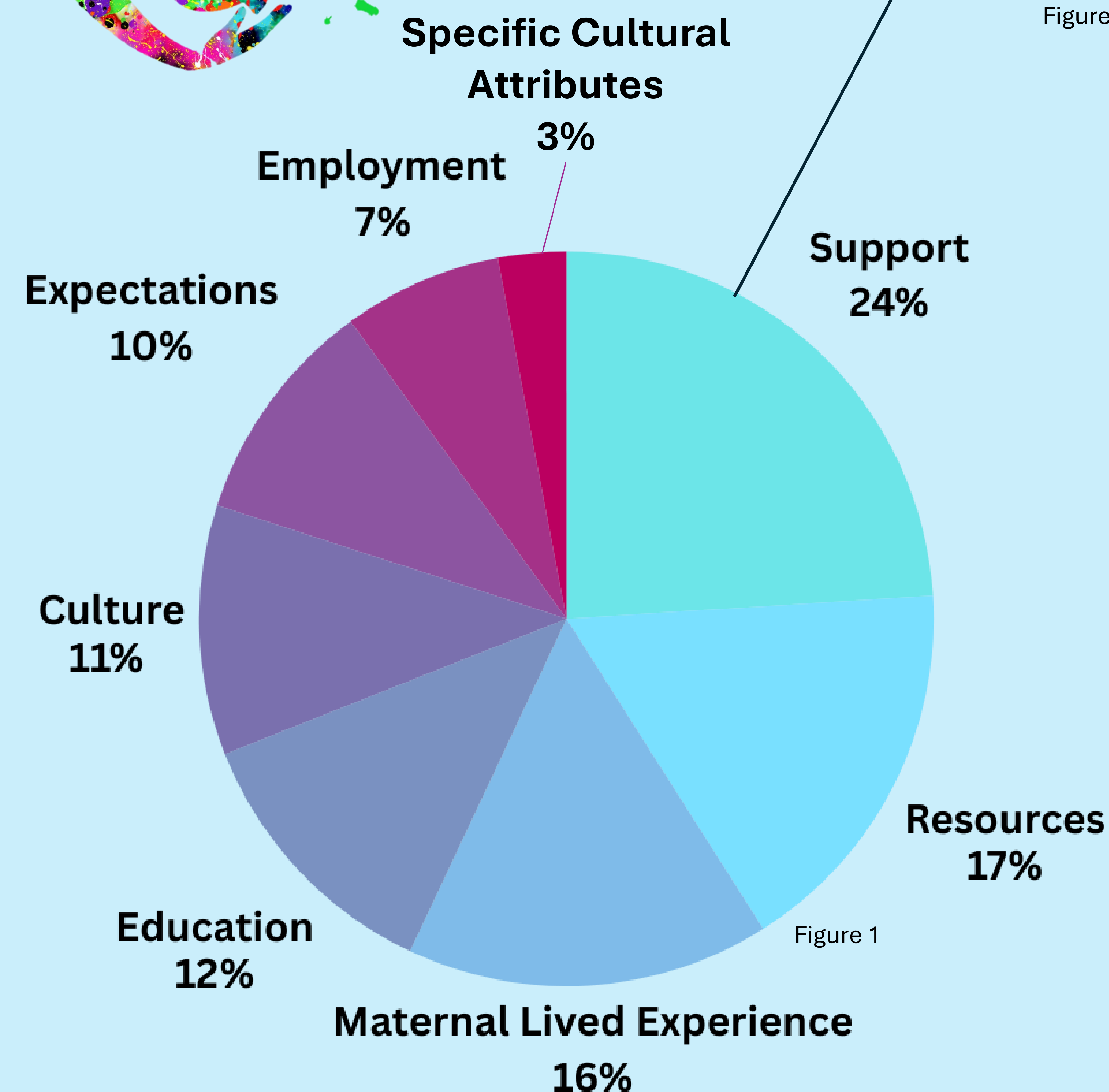


Figure 1

Methods (cont.)

Note Questions about perinatal nutrition were also asked to participants after questions about breastfeeding but were not included in this analysis

• Note-takers transcribed participant responses.

• **Descriptive Inductive coding** technique used

• Inductive coding involves identifying common themes and sub-themes from data (called codes) and categorizing them rather than having pre-existing categories to sort the data into

• 53 Unique codes identified

• Frequency tallies of n=465 comments coded and percentages derived from prevalence of themes mentioned out of 465 codes

• Codebook and final analysis were refined by comparing coding between two independent coders in an iterative process

Results and Key Findings

• 8 unique themes identified (see figure 1)

• Within the theme “Support” 5 sub-themes identified (see figure 2)

1. **Provider:** doctors, nurses, doulas, etc.
2. **Interpersonal:** friends, family, partners, etc.
3. **Time:** timeliness of provider or mother's availability
4. **Community:** support from wider community/society
5. **Unspecified:** when a participant did not specify the kind of support

• Key findings

• **Provider support** was mentioned most frequently followed by **interpersonal support**

• Combined initiation and continuation breastfeeding data shown in figure 1. Comparing comments *between* initiation and continuation revealed highly similar themes, with the largest difference being that *culture* was talked about 8% more in breastfeeding initiation than continuation

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References

- ¹Mantzorou, M., Pappadimitriou, D., Vasios, G. K., Pavlidou, E., Antasouras, G., Psara, E., Taha, Z., Poullos, E., & Giagris, C. (2022). Exclusive Breastfeeding for at Least Four Months Is Associated with a Lower Prevalence of Overweight and Obesity in Mothers and Their Children after 2–5 Years from Delivery. *Nutrients*, 14(17), 3599. <https://doi.org/10.3390/nu14173599>
- ²Stordal, B. (2022). Breastfeeding reduces the risk of breast cancer: A call for action in high-income countries with low rates of breastfeeding. *Cancer Medicine*, 12(4), 4616–4625. <https://doi.org/10.1002/cam4.5288>
- ³Hoon, R. Y., & TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. (2016). SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant Sleeping Environment. *Pediatrics*, 138(5), e20162940. <https://doi.org/10.1542/peds.2016-2940>
- ⁴Alaska PRAMS. (n.d.). Retrieved January 28, 2025, from <https://alaska-dph.shinyapps.io/PRAMS/>
- ⁵ONPAO Data, Trends and Maps: Explore by Location | CDC. (n.d.). Retrieved January 28, 2025, from https://nccd.cdc.gov/onpao_data/rdPage.aspx?rdReport=ONPAO_DTM.ExploreByLocation&rdRequestForwarding=Form