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Factors associated with in-hospital formula supplementation in healthy term infants

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Background: The World Health Organization recommends that infants should not be given formula unless there is a medical indication. In-hospital formula supplementation has been associated with shorter breastfeeding duration. Despite this, in-hospital formula supplementation remains widespread. There are limited studies that look at the factors and reasoning behind in-hospital formula supplementation in breastfed infants.

Aim: To perform a clinical audit to find out what factors and reasons were associated with formula use in healthy term babies in an Australian Baby Friendly Hospital.

Methods: This clinical audit was based was at the Royal Women's Hospital in Melbourne. The medical records of 545 healthy singleton infant and mother pairs were retrospectively audited. Data was analyzed in Stata using univariate and multivariate analysis.

Results: Of the 511 women who initiated breastfeeding, 123 (24%) reported formula supplementation in hospital. Factors associated with formula supplementation were maternal BMI ≥ 25 (adjusted Odds Ratio [OR] =1.90; 95% confidence interval [CI] 1.20, 3.01), smoking at booking (OR=2.68; CI 1.22, 5.87), induced labor (OR=2.21, CI 1.33, 3.68), caesarean birth (OR=3.22; CI 1.48, 7.01), any infant resuscitation (OR=2.08; CI 1.13, 3.68) and time of first breastfeed later than 1 hour (OR=1.67; CI 1.05, 2.66). Infants who received formula were more likely than infants fully breast milk fed to have had their first breastfeed delayed: A mean difference 26 minutes (t test; p=0.009). The highest proportion of supplementation occurred in the 24 to 48 hour period after birth. The main documented reason for formula supplementation was maternal request.

Conclusion: These findings show that there are hospital practices that are predictors of formula supplementation that could be targets for intervention as a way of supportive breastfeeding in the hospital setting.

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