



# Planned Home Birth and Breastfeeding

Clare Quigley, Cristina Taut, Lina Zgaga



# Introduction

- **Breastfeeding is widely regarded as the optimal form of infant nutrition**
- **Improved breastfeeding outcomes have been sporadically reported for infants delivered at home in developed countries**
- **Home birth available in Ireland under National Home Birth Service (HSE) for low-risk healthy mothers**



# Methods

- **Study population: GUI Infant cohort**
- **Research question:**
  - Breastfeeding history
  - Planned place of birth
  - Covariates
    - *Socio-demographic Characteristics*
    - *Psychosocial Characteristics*
    - *Lifestyle-related Characteristics*
    - *Obstetric History, Pregnancy and Birth Characteristics*
- **Inclusion: Planned home and hospital births**
- **Exclusion: High risk hospital births**
- **Analysis: Unadjusted and adjusted multivariate linear regression**

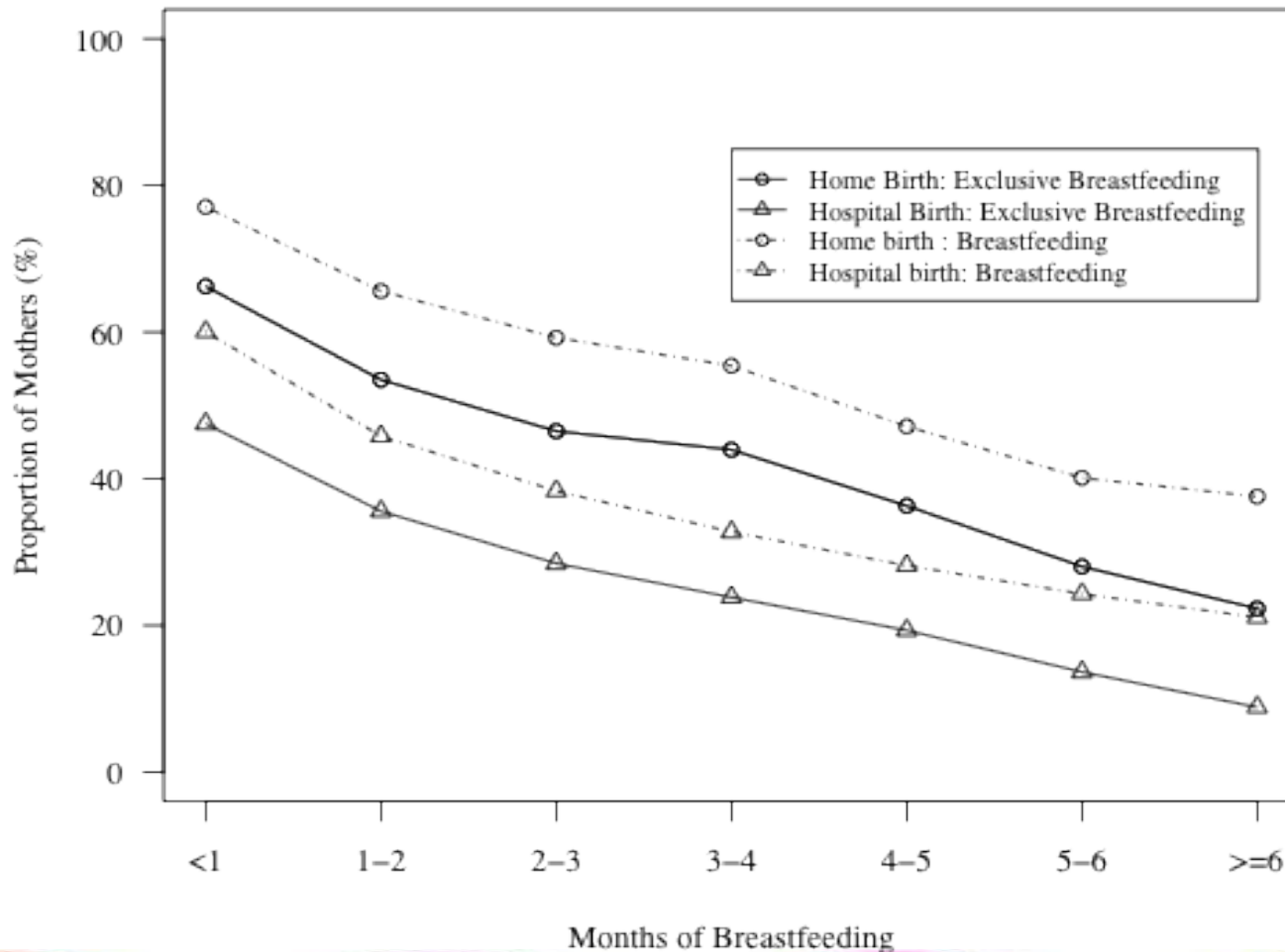


# Results

- **10,604 mother-infant pairs**
- **10,447 hospital births (99%)**
- **157 planned home births (1%)**
- **n=6,427 (61%) of mothers began to breastfeed**
- **n=2,292 (22%) of mothers continued to breastfeed for at least 6 months**
- **n=968 (9%) breastfed for 6 months exclusively**

# Results Contd

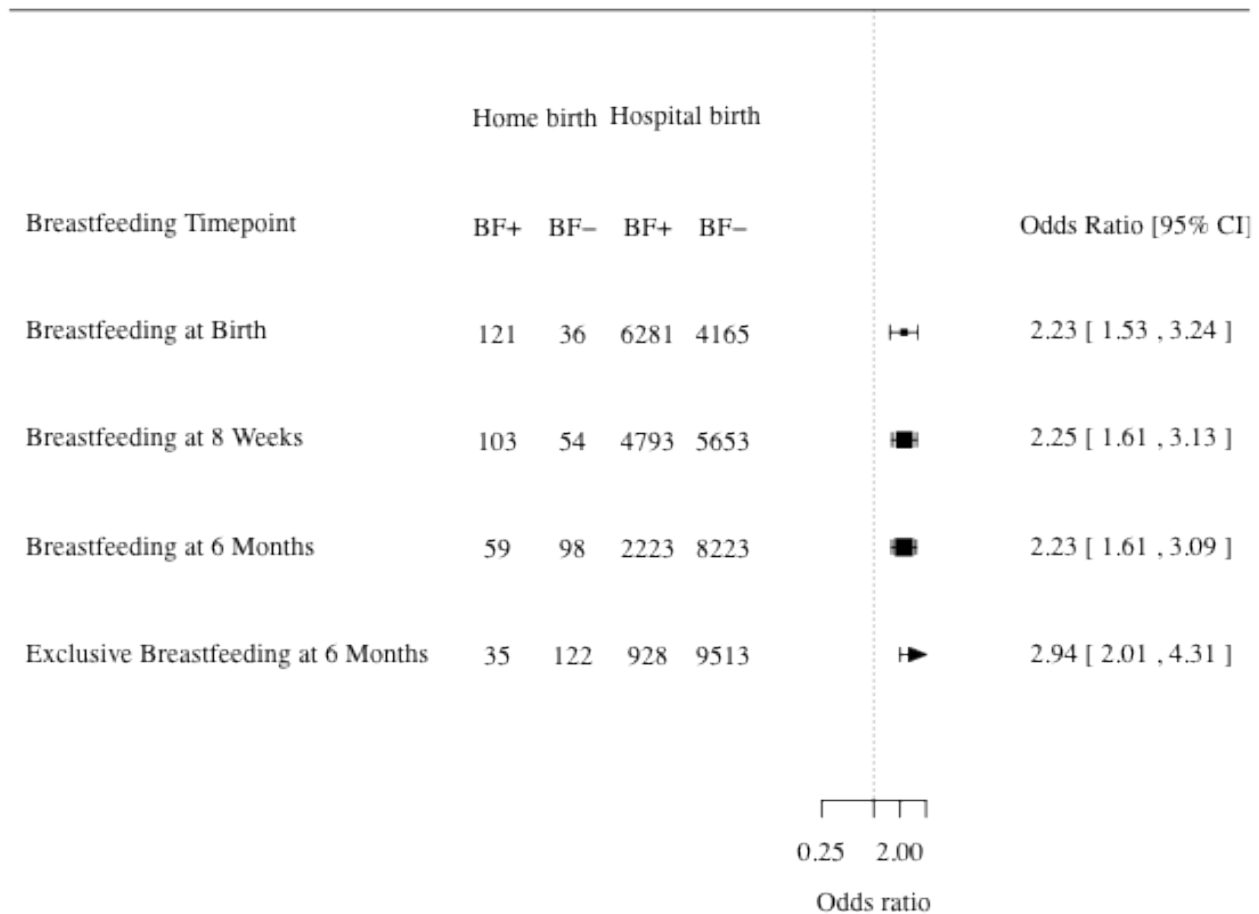
**Breastfeeding and Place of Birth: GUI**





# Results Contd

## Unadjusted Analysis: Planned Home birth and Breastfeeding





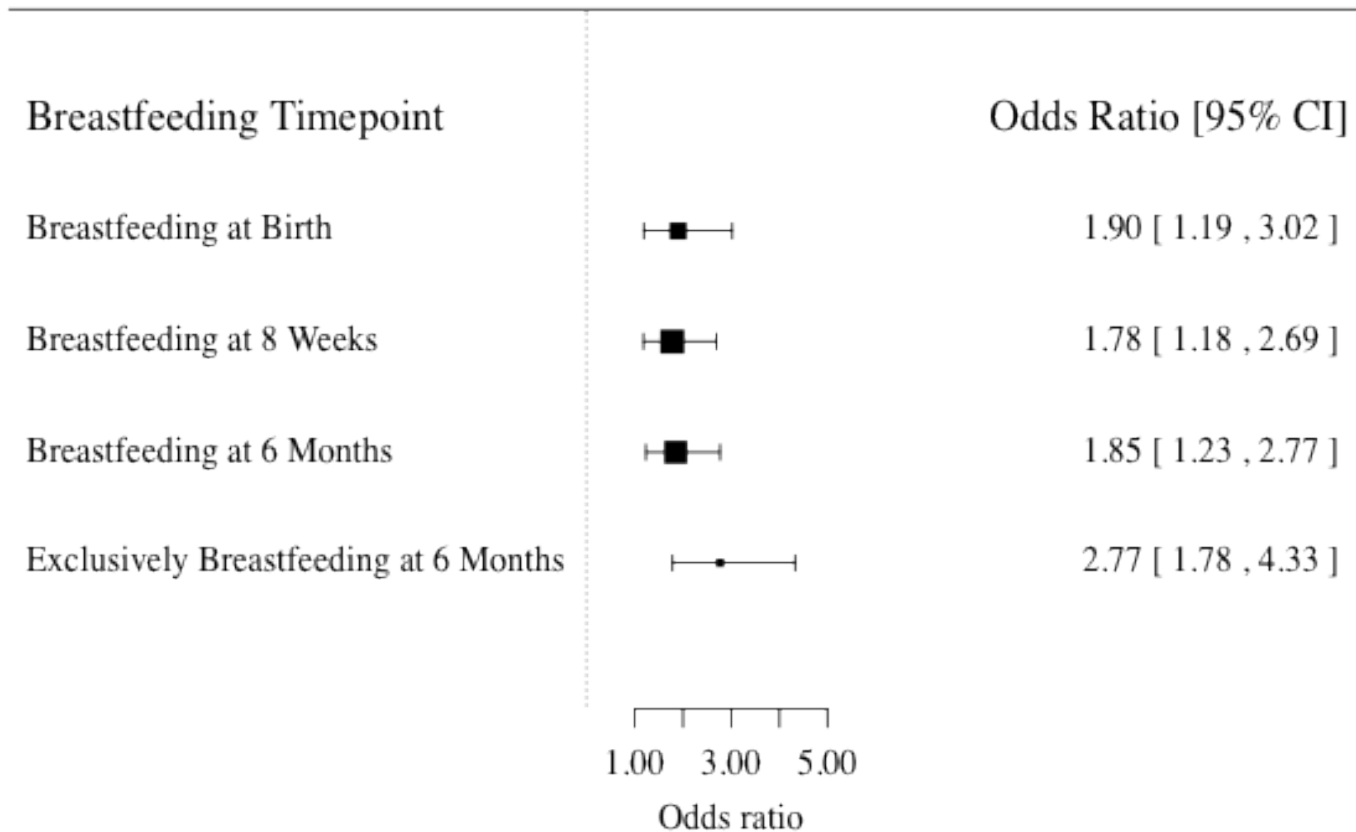
# Results Contd

- **Other covariates associated with breastfeeding:**
  - Older maternal age
  - Higher education level
  - Later timing of return to work
  - Less support perceived or needed
- **Covariates with inverse association with breastfeeding:**
  - Maternal Irish ethnicity
  - Smoking status: smoker
  - Raised BMI
  - Caesarean mode of delivery



# Results Contd

## Adjusted Analysis: Planned Home Birth and Breastfeeding







# Discussion

- **Sustained breastfeeding was consistently observed to be associated with planned home birth**
- **Planned home birth infants more than twice as likely as planned hospital birth infants to be exclusively breastfed for 6 months**
- **Rate of home birth in GUI (1.4%) higher than government-published data (0.2% [ESRI, 2013])**



# Discussion Contd

- **Maternal supports**
  - No association with co-parent
  - Inverse association with perceived supports
- **Psychological experience of home birth**
  - Two-directional effects: stress-birth complications, breastfeeding
- **Inherent differences between the two groups of Mothers**
  - Adjusting for covariates: capturing unmeasured variables
  - Canadian Old Order Mennonite population (Norris et al, 2013)
  - RCT (Dowswell, 1996)
- **Formula in hospital**
  - One-to-one support
  - Ward environment



# Study Strengths and Weaknesses

- +
  - Detailed covariates adjusted for
  - Exclusion of high risk hospital births
- -
  - Unmeasured factors which exclude home birth
    - Distance from hospital
    - Inadequate facilities at home
  - Response rate in GUI of 58%



# Policy Implications

- **Birth services**
  - Centralised units
  - Physician-led versus Midwife-led
- **Intrapartum factors**
  - Electronic Foetal Monitoring (EFM)
  - Active management of third stage of labour
- **Breastfeeding in hospital**
  - Formula marketing
  - Staff training



# Acknowledgements

- **Thank you Alan Kelly, GUI team**



# Thanks for Listening

- **Comments?**
- **Questions?**
- **[quigleyclare@gmail.com](mailto:quigleyclare@gmail.com)**