

# Background

- Many health organizations recommend exclusive breastfeeding as the primary feeding method in first 6 months of life\*
- Health outcomes differ significantly with mixed vs. exclusive feeding
- Exclusive breastfeeding hard to measure accurately

\*WHO, AAP, ADA, APHA

# Background

- Common measuring methods
  - Retrospective method: (Mom recalls after already stopped exclusively breastfeeding)
  - Cross-sectional method: (Mom reports at one specific point in time)
- Longitudinal method: Keeps track of feeding information over time

# Objective

- To compare reported rates of "exclusive breastfeeding" collected by 2 different methods in the same infants at 4 months
- Compared cross-sectional data with longitudinal data

## Methods

- We enrolled eligible mother-infant dyads within 72 hours of birth from 2008-2010
- Infants: healthy, term, AGA, singleton
- Mothers: English or Spanish speaking, eligible to breastfeed
- Urban Boston population
- Nested cohort from a larger study on breastfeeding and obesity

## Methods

- Longitudinal data: Ongoing data collection from birth thru 4 months
- Cross-sectional data:Via a telephone survey question at 4 months
- Exclusive breastfeeding defined as only breast milk (no formula)

#### Methods: Longitudinal data collection

- All feeds in week 1 of life—hospital feeding record, maternal feeding log
- Phone call to mother weekly in month I
- Phone call to mother monthly in months 2, 3, and 4

# Methods: Cross-sectional data collection

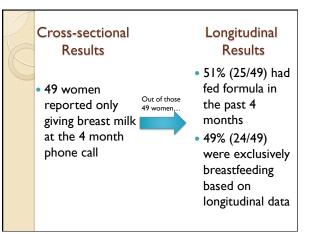
 In a phone call at 4 months we asked,
"What did you feed your baby in the past 24 hours?"

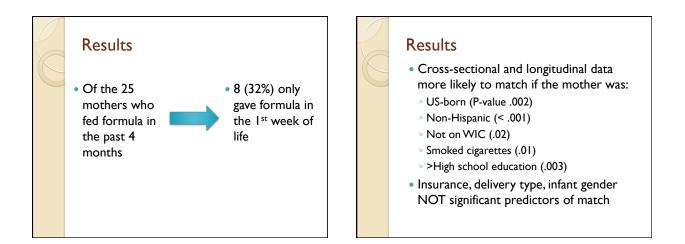
# Methods: Cohort selection

- Data collected for a cohort of >300 women in a larger study on breastfeeding and obesity
- Only mothers who reported feeding breast milk exclusively at the 4 month phone call selected for this study

### Results

- 49 mothers reported feeding only breast milk at 4 month call
- Demographics:
  - 6% African American; 73% Hispanic; 16% White
  - 63% ≤High School Education
  - 74% on WIC
  - 16% Cesarean delivery





### Discussion

• Cross-sectional data reported twice the rate of exclusive breastfeeding when compared to longitudinal data

## Discussion

- Overstating of exclusive breastfeeding has major implications:
- True exclusives will be misclassified together with mixed fed infants
- Health outcomes may be biased towards the null

## Limitations

- Not all feeds were recorded; more babies may have received formula before 4 months
- Small sample size limits generalizability of demographic findings
- Our definition of exclusive breastfeeding only looked at breast milk and formula, not other solids or liquids

# Conclusion

- A one-time question at 4 months found double the exclusivity rate of data collected over 4 months
- Cross-sectional questions are likely to exaggerate exclusivity
- Researchers should beware of using cross-sectional questions, and health based outcomes need to be questioned when this method is used

