

**THE MODERATING EFFECTS OF INCOME LEVEL ON THE
RELATIONSHIP BETWEEN SUPPORT DENSITY AND
SUSTAINED BREASTFEEDING:
A PILOT STUDY**

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The **purpose** of this pilot study was to investigate the moderating effects of income level on the relationship between support density and breastfeeding outcomes. Low-income women have been shown to have greater barriers to breastfeeding and are more likely to wean earlier and exhibit greater negative health outcomes in general. Support density was operationally defined as the number of friends, family, and co-workers who have breastfed their infant in the past three years. Humenick, Hill, Thompson, and Hart (1998), reported women who identified “none” or “low” support density at higher risk for earlier weaning of their infants than women who were able to identify higher numbers of support density resources. The significance of the lack of sustained breastfeeding cannot be overlooked because according to the Department of Health and Human Services (1999), childhood obesity and related illnesses are decreasing child health and increasing the health care cost burden. This pilot examined the feasibility of conducting a larger study that will study the effect of income in the risk prediction equation. By identifying women who are at risk for low or nonexistent support density, health care providers can provide additional breastfeeding follow-up and enhanced support services to help women sustain breastfeeding for longer periods of time. **Methods:** This pilot study was an observational, descriptive, longitudinal design n = 24 women, with 11 women being of low-income and 13 women being not of low income. Low-income was defined as being WIC* eligible or participating (WIC-Special Supplemental Nutrition Program for Women, Infants, and Children is funded through the U.S. Department of Agriculture). The setting for this pilot study was a Mid-Atlantic 317-bed licensed hospital with a yearly birth rate of 2200. Participants were asked four questions regarding support density at 24 to 48 hours after a birth experience with no complications to mother or infant. Survey data was obtained using the pilot study questions and a demographic data form. A follow-up phone call at six weeks completed the study data collection and addressed the outcome variable of sustained breastfeeding. **Results:** A total of 22 mothers completed the survey at six weeks postpartum. Of the 12 mothers who identified themselves as not WIC eligible, 7 (58%) reported “low” support density but only two of them were no longer breastfeeding at six weeks post-partum. Of the 5 (38%) who three who reported “Many” or “Most” support density, two continued to breastfeed at six weeks leaving a total of 7 (58%) who were still breastfeeding. Of the 10 WIC eligible women, 9 (90%) reported “Low” or “None” level of support density. However, seven (70%) of these mothers were breastfeeding at six weeks post partum with 5 exclusively breastfeeding. **Discussion:** This pilot study demonstrated that a larger study is feasible to examine the effect of income status on support density and sustained breastfeeding. The pilot suggests less initial available support density from family and friends for WIC eligible mothers, but provides little evidence that breastfeeding was impacted differently by income or support density. Current support of neither family, friends nor professionals was measured in this pilot.