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Smoking and ethnic group, not epidural use determine breast feeding outcome

We read with interest the article by Wilson and colleagues [1]. We would like to congratulate the authors on a well-conducted, randomised, controlled study which supports the growing body of evidence that epidural analgesia is not an independent factor associated with initiation or duration of breastfeeding. We have conducted a retrospective review of our maternity database to determine factors affecting mothers' intention to breastfeed at the time of discharge from hospital. There were 13714 deliveries during the 27 months review period (July 2007 to October 2009). Breastfeeding intention at discharge was recorded in 13320 mothers. 5652 mothers intended to breastfeed their babies or use breastfeeds with some form of complement feeds. 7668 intended to use artificial feeds solely. Statistical analysis was performed with MINITAB 15.1 Statistical Software. Factors affecting intention to breastfeed at discharge were analysed using binary logistic regression. Odds ratios (OR) with 95% CI were calculated for each variable. A p value of <0.05 was considered significant. Our results showed that epidural uptake is not an independent factor affecting intention to breastfeed following discharge from hospital after childbirth ($p = 0.319$), supporting the work of Wilson. Our analysis included smoking, a variable not considered in the Wilson paper. Apart from ethnic group (OR 5.06; 95% CI 3.94 – 6.44, $p < 0.001$), non-smoking (OR 3.11; 95% CI 2.47 – 3.92, $p < 0.001$) was strongly associated with intention to breastfeed. The multiplicative effect of the model suggests that a non-smoker ethnic woman is estimated to have $5.06 \times 3.11 = 15.73$ times the odds of intending to breastfeed compared to a woman who is non-ethnic and smoker. For analysis, we defined non-ethnic group as mothers belonging to White-Scottish, White-British, White-Irish and other White-British background. Ethnic group included African/Caribbean-Black, Chinese, Indian, Pakistani, non-British White and Asians of unspecified origin. Advancing age was associated with an increased intention to breastfeed (OR 1.12; 95% CI 1.10 – 1.14, $p < 0.001$). Factors that had a negative impact on intention to breastfeed were multiparity (OR 0.57; 95% CI 0.47 – 0.70, $p < 0.001$), caesarean delivery (OR 0.75; 95% CI 0.59 – 0.96, $p = 0.023$) and opioid use during labour (OR 0.82; 95% CI 0.69 – 0.97, $p = 0.022$). Obesity ($p = 0.992$) and gestation at delivery ($p = 0.729$) showed no effect. This retrospective study of over 13 000 women shows no link between epidural use and intention to breastfeed. Instead smoking and not belonging to an ethnic group were the main factors associated with not intending to breast feed. No external funding and no conflicts of interest declared.

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Reference

- 1 Wilson MJ, Macarthur C, Cooper GM, Bick D, Moore PA, Shennan A; on behalf of the COMET Study Group UK. Epidural analgesia and breastfeeding: a randomised controlled trial of epidural techniques with and without fentanyl and a non-epidural comparison group. *Anaesthesia* 2009; 65: 145-53.