Factors Affecting Onset of Lactogenesis II Within a Prospective Cohort

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Introduction
Lactogenesis II is the onset of copious breast milk volume
Delayed or failed achievement of lactogenesis (DLII) defined as >3 days following delivery
DLII contributes to early cessation of any and/or exclusive breastfeeding

Motivation
Evaluate association of delayed onset of lactogenesis II with delivery and postnatal characteristics

Methods
Prospective, pre-conception cohort of male-female couples
68 women gave birth 2012-2014
Completed survey 3 weeks following delivery
Multivariate logistic regression models used to estimate associations
Baby Friendly Score was calculated by asking mothers about Baby Friendly Hospital Initiative (BFHI) practices they experienced

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Conclusion
Among women delivering vaginally, DLII may be more likely among women with induced labor and augmented labor compared to spontaneous labor without augmentation
Older maternal age and higher infant birth weight may be protective
Policies and interventions should aim to support initiation and exclusive breastfeeding by mitigating risk factors

Perinatal and postpartum experiences among mother-infant pairs affects time to lactogenesis II

Reported Baby Friendly Practices
- Women were given a gift pack that did not include infant formula or coupons for infant formula
- Help mothers initiate breastfeeding within one hour of birth
- Show mothers how to breastfeed
- Practice rooming-in
- Encourage breastfeeding on demand
- Give no pacifiers or artificial nipples to breastfeeding infants
- Refer mothers to breastfeeding support groups on discharge from hospital or birth center

Results
15 (22%) women reported DLII.
Women with normal onset of lactogenesis delivered at mean 39.1 ± 1.7 gestational weeks compared to DLII delivering at 38.8 ± 2.1 gestational weeks (p=0.63).
Odds of DLII increased by 1.57 (95% CI 0.37, 6.78) for inductions and spontaneous labor with augmentation compared to spontaneous labor without augmentation, among vaginal deliveries (n=46).
A protective effect was observed for older maternal age (AOR 0.85, 95% CI 0.69, 1.05) and higher infant birth weight (AOR 0.68, 95% CI 0.34, 1.36).