Maternal Self-efficacy and Feeding Issues in Full Term Infants in an Inner-city Pediatric Practice

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Background: Maternal self-efficacy (MSE) is a woman’s perception of her ability to perform in the maternal role. Psychology research describes the relationship between self-efficacy and external experiences as bi-directional, with self-efficacy mediating competence. Infant feeding is central to the mother-infant relationship, yet little research has been done to explore the relationship of MSE to infant feeding behaviors.

Objective: 1) To describe perceptions of MSE in mothers of full term (FT) infants in the Pediatric Practice of Rainbow Babies and Children’s Hospital (PP-RBC). 2) To investigate the incidence of feeding issues in this population. 3) To identify any relationship between maternal self-efficacy and infant feeding issues.

Design/Methods: We interviewed a convenience sample of mothers (age≥18 yrs) in the PP-RBC 06/08-09/08 at their FT infants’ well care visits at one of the following age intervals: 0-1 mos, 4-6 mos, 8-10 mos, 18-22 mos. Study design was cross-sectional; demographic information and infant’s weight were documented. MSE was assessed using the Teti and Gelfand Maternal Self Efficacy Scale (MSES), completed by the mother, and expressed as an average score over all questions answered. Feeding issues were assessed with a study-designed (JM), investigator-administered, 8 item questionnaire with a 4 point Likert response scale (1=always, 2=most of the time, 3=sometimes, 4=never). Feeding problems were defined by 2 methods: as a dichotomous variable (comparing infants who scored a 1 or 2 on any questions vs all others) and as a continuous scale (calculated as the sum of all scores for feeding questions). MSES scores were compared to feeding issues using Wilcoxon rank sum tests for the dichotomous feeding outcome and Spearman’s rank correlation for the continuous feeding outcome.

Results: We interviewed 102 mothers (96%AA, 80% single marital status, mean (SD) age 24 (5.4), median parity 2 (range 1-13), and diverse educational background (22%<HS, 32%=HS/GED, 46>%HS). Enrollment in each age group was sufficient for data analysis. 22% of infants breastfed, 73% formula fed, 16% drank cow’s milk, and 58% ate solids. The mean (SD) MSE score was 3.6 (0.3). No observed demographic variable was significantly related to MSE score. 13 infants (13%) had a feeding issue as identified by the dichotomous scale. Using the continuous scale, the mean feeding score (SD) for liquids was 26 (1.8). Neither measure of feeding issues was significantly associated with MSE scores (p=0.14 for the dichotomous scale and p=0.39 for the continuous scale).
Conclusions: Mothers of FT infants seen in the PP-RBC report high levels of MSE. In this study, thirteen infants (13%) were identified as having feeding issues. We found no significant relationship between MSE and infant feeding issues. Further research is needed to 1) optimally define infant feeding problems and 2) identify additional measures to assess the impact of parenting and the mother-child relationship on infant feeding issues.
Maternal self-efficacy and feeding issues, growth and development in full term infants.

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INTRODUCTION

Maternal self-efficacy (MSE) is a woman’s perception of her ability to perform in the maternal role. It characterizes a woman’s overall judgment about her competence and effectiveness in raising her child. Research has shown that women with a sense of efficacy are more successful in their endeavors in child rearing. The authors hypothesized that women with a strong sense of efficacy would be more successful in raising their infants.

Psychological research describes the relationship between self-efficacy and external experience as bi-directional. Self-efficacy beliefs tend to be a product of a person’s actual performance in a particular situation. Self-efficacy also affects one’s actual performance in such situations. We would like to see how women handle situations that are not as common as those that are common in our society.

MATERIALS & METHODS

We recruited a convenience sample of 102 mothers, 30% of participants fed their infants breast milk for less than one week of life at one of three sites: Babies and Children’s Hospital, Rainbow Babies and Children’s Hospital (RBC) between June and September of 2008.


Maternal Demographics (n=102)

- Age distribution: 37 (0-1 mos), 29 (4-6 mos), 20 (8-10 mos), 16 (18-22 mos)
- Mean (SD) maternal age = 24 (5.4) years
- 22% <HS, 32% completed HS/GED, 45% >HS
- 80% single marital status
- 96% AA
- 22% were breastfeeding
- 73% were formula feeding
- 22% were breastfeeding
- 72% were taking over 4-5 pills

OBJECTIVES

- To identify any relationship between maternal self-efficacy and infant feeding behaviors and infant growth and development.
- To describe perceptions of maternal self-efficacy in mothers of full term infants in the Pediatric Practice of Rainbow Babies and Children’s Hospital.
- To investigate the incidence of feeding issues in this population of infants.
- To identify any relationship between maternal self-efficacy and infant feeding issues, growth and development.
- To investigate the incidence of feeding issues in this population of infants.

RESULTS SUMMARY

Maternal Demographics (n=102)

- 96% AA
- Mean (SD) maternal age = 24 (5.4) years (p = 0.39 and 0.14 respectively).

Maternal Self-Efficacy

MSE scores were high throughout the sample; mean (SD) MSE score was 3.6 (0.3).

Infant Demographics (n=102)

- Median (range) parity = 2 (1-13) children
- 80% single marital status
- 96% AA
- 22% were breastfeeding
- 73% were formula feeding
- 22% were breastfeeding
- 72% were taking over 4-5 pills

CONCLUSIONS

- We found a relationship between maternal self-efficacy and infant feeding behaviors.
- Maternal self-efficacy was associated with feeding issues.
- Maternal self-efficacy was a predictor of infant feeding behaviors.

REFERENCES