

with weight change and health outcomes 12 years later.

Methods: The Australian Longitudinal Study of Women's Health is a prospective study of factors shaping the health and well-being of Australian women. These analyses used data from the mid cohort, at survey two (aged 47–52 years) (1998) and survey six (2010). Weight cyclers were defined as those women who lost or gained 5 kg three times or more. The other outcomes investigated were: CESD-10 scores and the mental health and physical component scores from the SF36 questionnaire. Generalised linear modelling was used to investigate percentage weight change and health variables by weight cycling group.

Results: The prevalence of weight cycling was 14.6%. 'Weight cyclers' on average had a higher BMI. Weight cyclers on average gained less percentage weight than those who had never lost weight over 12 years (mean difference -1.7 (-2.5 to -0.9). There was no difference in the association of overall mental health scores by group. However in the 'Weight Cyclers' group there were higher odds of women having depressive symptoms at survey six (OR 1.27 95% CI 1.04 to 1.55) than non dieters. There were significant higher odds of having lower physical component scores 12 years later in the dieters compared to all other groups.

Conclusions: The prevalence of weight cycling was low and was associated with less percentage weight loss 12 years later. There was some evidence to suggest an association with weight cycling and greater depressive symptoms 12 years later.

compared to healthy weight women. Differences between overweight and healthy weight women's experience of specific breastfeeding-related problems and reasons for use of formula have not been systematically investigated. The present study compared self-reported breastfeeding problems in healthy weight and overweight mothers and the main reasons reported by mothers for use of infant formula during the first month postpartum. 477 Australian women enrolled in the New Beginnings: Healthy Mothers and Babies Study self-reported breastfeeding problems and reasons for use of infant formula during the first month postpartum. Pre-pregnancy BMI was calculated based on self-reported pre-pregnancy weight and measured height. Binary logistic regression analyses were used to compare pre-pregnancy weight groups ('healthy' [BMI <25 kg/m^2] and 'overweight' [BMI ≥ 25 kg/m^2]) on self-reported breastfeeding problems and reasons for use of infant formula. Analyses were adjusted for covariates that differed between groups ($P < .1$). Frequency of breastfeeding problems was similar across weight status groups. 'Not enough milk' was the predominant reason for giving infant formula and predicted breastfeeding cessation. Overweight women were more likely than healthy weight women to agree that infant formula was as good as breastmilk and less likely to agree that medical advice was important in the decision to use infant formula. Guidance regarding indicators of adequate milk supply and the potential risks of using infant formula may be important in supporting exclusive breastfeeding, particularly for overweight women.

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254

Self-reported breastfeeding problems, use of infant formula and early cessation of breastfeeding: Similarities and differences between healthy and overweight mothers



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Women who enter pregnancy above a healthy weight tend to have poorer breastfeeding outcomes

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