



Original Research - Qualitative

Normalising breastfeeding within a formula feeding culture: An Irish qualitative study

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ABSTRACT

Background: Breastfeeding rates in Ireland are among the lowest in Europe. Breastfeeding groups can provide support, information, and friendship for women. However, there is little research exploring community breastfeeding groups led by Public Health Nurses providing universal maternal and child care to all postnatal mothers in the community in Ireland.

Aim: The aim of this study was to explore breastfeeding women's experiences of a Public Health Nurse led support group.

Methods: A qualitative descriptive design to explore women's experiences of a community breastfeeding support group was conducted. Data were collected using one to one interviews with breastfeeding women (n=7) in a primary healthcare setting. Transcripts were analysed using Burnard's thematic content analysis.

Results: The overall theme identified was 'normalising breastfeeding' which emerged from the subthemes 'socialising and sharing', 'information and support seeking', 'building confidence', 'overcoming embarrassment', 'negative perceptions of others', and 'promoting breastfeeding to others'. **Discussion:** Women who attended the PHN led breastfeeding support group found it to be a cocoon of 'normality', whereas breastfeeding was considered almost something to be ashamed of in other circumstances. Many women attributed their success with breastfeeding to the support group.

Conclusion: Facilitating a sense of normalcy for breastfeeding women at individual, community and societal levels was essential in promoting breastfeeding. The community support group was influential in normalising breastfeeding for a sample of women, by minimising the potential for embarrassment, promoting social interaction and sharing, building confidence and knowledge. This buffered the effects of negative attitudes of others and personal feelings of shame.

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Statement of significance

Problem or issue

Breastfeeding rates in Ireland are low, childhood obesity is on the increase and it is predicted that Ireland will become the most obese country in Europe in 2030. One intervention

known to influence breastfeeding is support groups, however, there is a lack of research on community breastfeeding support groups led by Public Health Nurses.

What is already known

Many women feel embarrassed or encounter negative attitudes towards breastfeeding. Breastfeeding support groups can provide social support, encouragement and confidence for breastfeeding women.

What this paper adds

A PHN-led support group promoted a sense of normality regarding breastfeeding and reduced embarrassment. The positive effects of the support group were linked to the social atmosphere, information sharing, and confidence building,

Abbreviations: PHN, Public Health Nurse; UK, United Kingdom; UNICEF, United Nations Children's Emergency Fund; WHO, World Health Organisation.

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and buffered the effects of negative attitudes of others and personal feelings of shame. Some women acted as role models by promoting breastfeeding to family or friends.

1. Introduction

Breastfeeding is widely considered to be the best option for both baby and mother, promoting health and preventing disease. Increasing evidence demonstrates the health benefits for infants including enhanced immunity¹ higher intelligence scores² and reduced risk of certain health problems, including childhood obesity.^{3–5} This is of particular importance as the World Health Organisation (WHO) states that Ireland is on course to become the most obese country in Europe by 2030.⁶ Therefore, policies have been developed recommending that babies be breastfed exclusively up to 6 months of age, with continued breastfeeding up to 2 years of age. Additionally, the Ten Steps to Successful Breastfeeding Initiative advocates for the development of support groups in the community.⁷ Yet despite national and international breastfeeding policies, breastfeeding initiation rates in Ireland are the lowest in Europe⁸ and among the lowest in the world, at 55.7% in 2010.⁹ These figures stand in stark contrast to breastfeeding initiation rates of 81% in the UK and 90% in Scandinavian countries.⁸

The low breastfeeding rates are also of concern as Ireland has the second highest fertility rates in Europe.¹⁰ Furthermore, Irish breastfeeding continuation rates are low. A study of Irish women demonstrates that 40% had ceased breastfeeding by 4 weeks and only one was still exclusively breastfeeding at 6 months.¹¹ Notably, Irish breastfeeding rates increased by 7% from the year 2005 to 2010.⁹ However this increase may be due to the changing characteristics of women in Ireland, such as the greater number of Eastern European mothers for whom breastfeeding is the cultural norm.¹²

Decisions on infant feeding methods are complex and influenced by socio-demographics, psychosocial, health and cultural factors.¹³ In Ireland socio-demographic factors associated with breastfeeding include third level education,^{11,14} previous breastfeeding experience, 2 or more postnatal Public Health Nurse (PHN) visits, and having a positive attitude towards breastfeeding.¹⁴ In contrast, factors associated with low initiation and continuation rates include: lower socio-economic backgrounds, tiredness, frequent feeding, perceived inadequate milk supply, poor support from partners and family, embarrassment, poor cultural acceptance of breastfeeding and pressure to give formula.¹¹ Correspondingly, women who attend breastfeeding groups are generally older and higher income earners.¹⁵ Pressure to formula feed is particularly concerning as the financial investment for formula promotion is up to 100 times greater than that spent on breastfeeding promotion in Ireland.¹⁶

Breastfeeding supports valued by women in Ireland include one to one support, chat rooms and blogs, drop-in baby clinics and PHN breastfeeding support groups.¹⁷ However, it has been established that initiatives must be directed at the antenatal period, as 50% of women decide whether to breastfeed before pregnancy/birth¹⁷ and women with ante-natal intention continue to breastfeed for longer.¹³ Furthermore these initiatives should be inclusive of partners and relatives, and should be directed at the entire population to promote more positive perceptions of breastfeeding on a societal level.¹³

Most breastfeeding support is required in the first few weeks from community midwives or Public Health Nurses (PHN), as breastfeeding is a learned skill. Additionally, this is the time when most women cease breastfeeding.^{11,13} These professionals have a

particularly important role as earlier hospital discharges increase breastfeeding support needs in the community.¹⁸ In Ireland, the PHN is the health professional that provides breastfeeding support to women and their babies in the home with a first visit ideally within 48 h of hospital discharge. The PHN formulates an individualised plan of care in partnership with the woman¹⁷ and links women with professional and voluntary breastfeeding support services in the community.¹⁹

All PHNs require accredited breastfeeding education in order to effectively promote breastfeeding.¹⁹ The 20 h breastfeeding UNICEF/WHO course meets the necessary criteria and should assist in addressing conflicting advice. This is of great importance as breastfeeding support from well trained professionals, has been shown to increase breastfeeding continuation rates and maternal satisfaction with breastfeeding.¹⁸

The WHO has advocated for the development of breastfeeding support groups in the community to support breastfeeding women⁷ and it is the role of the PHN to develop and facilitate such groups.²⁰ Yet PHNs rarely evaluate breastfeeding support groups¹⁷ and research into professional and lay breastfeeding support groups is limited.¹⁵ Nevertheless a study on drop-in clinic attendees demonstrated positive breastfeeding outcomes as women (n=80) described how the group supported them to continue breastfeeding.²¹

Peer support has demonstrated positive breastfeeding outcomes^{18,22} although not always consistently.²³ However an element of peer support delivered pre and postnatally may add to the success of a programme.¹⁸ Therefore, it can be a useful component of, or adjunct to other initiatives. Evaluation of peer-led groups in socially deprived areas found positive breastfeeding outcomes, with their success attributed to their focus on local cultural norms.²⁴

Scottish research findings indicated that women preferred breastfeeding support groups over one-to-one support due to the interactional, verbal, visual, and emotional benefits of a group atmosphere.²⁵ Therefore professional-led support groups appear effective in supporting breastfeeding women and work best when peer and professional support are combined, as demonstrated in a systematic review of 36 papers.¹⁸ The evidence suggests that culturally sensitive breastfeeding support groups with peer support are most successful, particularly with women from lower socio-economic groups.^{18,24}

A cluster randomised control trial in the UK¹⁵ which aimed to evaluate nurse led breastfeeding support groups in deprived areas, increased the number of local breastfeeding support groups from 10 to 27 groups (n=1310 mothers). However, results demonstrated no significant differences in breastfeeding outcomes.¹⁵ A follow up study revealed that professional communication problems and poor organisational support hindered the success of this initiative and thus concluded that breastfeeding support groups require positive organisational support to be effective.²⁶ Lack of organisational support for breastfeeding in the community is a recurring theme, particularly in the Irish setting and should be addressed with increased resources and policy.^{14,17,19,26}

In Ireland, over half of PHNs facilitate breastfeeding support groups in their areas, but less than 50% of mothers indicated that they attended such groups.¹⁷ Whilst 37% of those attending reported being 'very satisfied', 22.5% were 'not at all satisfied'.¹⁴ Despite these varying results, findings indicated that women who attended breastfeeding support groups breastfed for as long as they had planned.¹⁴ No data were provided in these Irish papers on the women's experiences and perceptions of attending a PHN-led breastfeeding support group. Therefore the aim of this study is to explore women's experiences of attending a PHN-led breastfeeding support group in a formula feeding culture.

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