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Support needs of breast-feeding women: Views of Australian midwives and health nurses

Gayle McLelland, RM, RN, Med (I&CT) (Lecturer)*, Helen Hall, RM, RN, PhD (Lecturer), Carole Gilmour, RM, EdD (Lecturer), Robyn Cant, PhD (Research fellow)

School of Nursing and Midwifery, Monash University, Hastings Rd, Frankston, Vic. 3199, Australia

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ABSTRACT

Objective: to explore the views of midwives and maternal–child health nurses regarding factors that influence breast feeding initiation and continuation, focusing on how support for women could be improved to increase breast feeding duration.
Design: a focus group study.
Setting: hospital or domiciliary (home-visiting) midwives and community-based maternal and child health (MCH) nurses in one region of Victoria, Australia.
Methods: twelve MCH nurses and five midwives who provided supportive services to women in the immediate postnatal period attended one of three audio-recorded focus groups. Thematic findings were identified.
Findings: four key themes were: 'Guiding women over breast-feeding hurdles', 'Timing, and time to care'; 'Continuity of women's care' and 'Imparting professional knowledge'. Given the a pattern of hospital discharge of mother and infant on day one or day two after birth, participants thought the timing of immediate postnatal breast-feeding support was critical to enable women to initiate and continue breast feeding. Community-based MCH nurses reported time gaps in uptake of new mother referrals and time-pressured face-to-face consultations. Both groups perceived barriers to continuity of women's care.
Conclusions: health services subscribe to the Baby Friendly Health Initiative and government policies which support breast feeding, however providers described time pressures and a lack of continuity of women's care, including during transition from hospital to community services.
Implications for practice: there is a need to examine administration of service delivery and how domiciliary and community nurses can collaborate to establish and maintain supportive relationships with breast feeding women.

Introduction

Various policy initiatives aim to enhance breast-feeding initiation and continuation, underpinned by a National Breast-feeding Strategy for 2010–2015 (Australian Health Ministers' Conference, 2009). With breast-feeding initiation rates of 96%, the intention of most Australian women attending maternity services is to breast feed (Australian Institute of Health and Welfare, 2011). Many maternity hospitals have adopted the 'Ten Steps to a Baby Friendly Health Initiative' to encourage women to commence breast feeding (Amir et al., 2010) but once discharged from breast-feeding rates decline rapidly. Although an infant is recommended to receive breast milk exclusively until six months old, a maximum of 15% of Australian babies achieve this goal (Australian Institute of Health and Welfare, 2011). Thus suggesting there is a need to evaluate whether women are able to access adequate breast-feeding support including advice from professional services to not only initiate but also maintain breast feeding.

Most Australian women give birth in a hospital, whether publicly funded or else a private hospital (with fees rebated under an insurance scheme) (Consultative Council on Obstetric & Paediatric Mortality & Morbidity, 2011). During pregnancy and immediately after birth, women rely upon midwives for breast-feeding education. However, in the community usually women seek the services of maternal and child health (MCH) nurses for support and education (Amir et al., 2010; Sibbritt et al., 2013). Occasionally women will also refer to specialist infant feeding clinics facilitated by post-graduate-qualified lactation consultants or will consult with the Australian Breastfeeding Association but this is not the norm.

* Corresponding author.
E-mail address: Gayle.McLelland@monash.edu (G. McLelland).

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While initial rates may be high immediately after birth, clearly women encounter hurdles after leaving hospital. The reasons for cessation of breast feeding are complex with no single solution found to improve the duration of breast feeding. One randomised trial of extended postnatal midwifery support to including regular weekly home visits found no increase in breast feeding at six months (McDonald et al., 2010). While this study was on Sydney women with an already high participation in breast feeding rate, other studies in more at risk women reveal opposing findings. Another randomised study of Sydney disadvantaged mothers found positive benefits of a home visit programme included higher median breast-feeding rates (Wen et al., 2011). Perhaps the systematic review of 51 international studies performed by Renfrew et al. (2012) demonstrates the strongest evidence of the importance of support in the early postnatal period finding the assistance given by both professionals and lay champions had a positive impact on breast feeding outcomes thus increasing the duration of both exclusive and non-exclusive breast feeding.

This report forms part of a mixed methods multi-phase study that explored resources and services available to women regarding the establishment and continuation of breast feeding who reside in an outer metropolitan region south east of Melbourne. The study was performed in region with a population of 68,641 people in an area of approximately 1281 square kilometres (Cardinia Tourism, 2011). The initial phase comprised women who had given birth in the year to February 2011 (Hall et al., 2014). Women responded by post to a survey with 170 participants reporting they had breast fed or were breast feeding and five others who chose to artificial feed. The median age of women was 32 years; most were Australian born and spoke English at home, were in a relationship with a partner and 75% held a post-secondary school educational qualification The women had attended any of five public hospitals and one private hospital for maternity care, all of which were located outside the women's actual residential region. This paper aims to explore the views of two maternity provider groups: midwives and MCH nurses.

Methods

In the first phase of research (Hall et al., 2014), eligible women had been recruited through maternal and child health centres and community services to respond to a questionnaire. Following the initial phase the women were invited to attend a focus group discussion leading to six focus groups exploring the women's breast-feeding experiences and further identify their perceived needs to assist continuation. They were asked about reasons for their infant feeding choice, the practice of breast feeding, sources of information and advice, current experience and how support for breast feeding might be improved. In this report of a second phase of research, we sought the views of providers about these issues. The women revealed that access to individual guidance from midwives and MCH nurses was critical to help them overcome breast feeding difficulties in the face of alternatives voiced when people suggested they wean (Hall et al., 2014). Simultaneously, in a parallel phase of the study, the views of health providers in the region were examined. All MCH nurses employed in 13 local clinics in the same region were invited to participate in two focus groups. Midwives who provided birthing services to the women (e.g. a hospital-based midwife or a domiciliary midwife) were also invited to attend focus groups. In focus groups, we sought their views regarding factors that influence breast-feeding initiation and continuation, with an emphasis on the supportive measures and strategies that could be undertaken to support postnatal women to increase breast-feeding duration. Conduct of all phases of the study was approved by the University Ethics Committee, with focus group participants providing individual written consent.

The maternity care model

Nearly all of 175 women in the primary survey sample gave birth in a hospital setting; 62% in a public and 34% in a private hospital (Hall et al., 2014). The maternity care model in Victoria is based on the objective of continuity of care for women. Women who have a normal birth are commonly discharged from public hospitals on postnatal day one or day two, with provision of follow-up home visits being the responsibility of the hospital until up to five days after the birth. The home visit would be provided by a hospital-based domiciliary midwife, some of whom may have a lactation consultant postgraduate qualification. Thereafter, care is formally transferred through referral to a MCH nurse who is based in the woman's local community, who schedules one or occasionally two follow up visits to the woman's home within two weeks of discharge from hospital. After the initial follow-up visit in her home, the woman will attend the MCH nurse at the clinic for at least ten 'key age and stage' consultations usually at two, four and eight weeks; four, eight, 12 and 18 months; and two and three and a half years of age. However, the MCH nurse can schedule other consultations according to her clinical judgement or parental concerns (State Government of Victoria, 2011). Policy differs for women birthing in a private hospital as there is no provision in law for women to receive any home follow-up (Forster et al., 2008). Some private hospitals do provide home visits from a domiciliary midwife (which may incur a fee). All women are eligible to attend the free MCH nurse-led clinics for subsequent follow up at regular intervals.

Local infant feeding policy

Public health policy in Australia supports the initiation and continuation of breast feeding for infants (Australian Health Ministers' Conference, 2009). All Victorian public hospitals are monitored by the Department of Health regarding the extent to which they are meeting the WHO Ten Steps of the Baby Friendly Health Initiative (BFHI) (State Government of Victoria, 2010). Of the five public hospitals utilised by women in the study region, all except one met at least nine of the ten steps with two being fully accredited. We ascertained that all the hospitals had breast-feeding policies based on the Ten Steps of BFHI, including that midwives undertake further education within six months of commencing employment and at a minimum of three yearly. Public hospitals also had clear breast-feeding procedures, providing guidance for midwives with expectations that this would reduce conflicting advice given to women.

Focus groups with Midwives and MCH nurses

The Midwife or MCH nurse focus groups aimed to explore their role in relation to breast feeding and to examine views on what hinders or assists postnatal women to establish and continue breast feeding. The focus groups were conducted by trained researchers at three sites, over an average 1.5 hours and each was audio-recorded for later analysis. A topic guide led focused discussions about perceptions of service delivery and experience of the continuity of women's care.

Analysis

Audio-records were transcribed in full. The resulting narratives were read and re-read, then interpreted by one author using a thematic analysis approach to identify and cluster recurring issues (Creswell, 1994). Several of the authors discussed the identified themes and the sub-themes in order to categorise the main thematic findings and to reach a consensus. The four themes