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## Maternity hospital practices and breast feeding self-efficacy in Finnish primiparous and multiparous women during the immediate postpartum period



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### ABSTRACT

**Objective:** to explore the relationship between maternity hospital practices and breast feeding self-efficacy.

**Design:** the data were collected using a cross-sectional survey. The study is a part of a larger longitudinal research and development project called 'Urban parenthood'.

**Setting:** three urban maternity hospitals in Southern Finland.

**Participants:** altogether 1400 questionnaires were given out and 573 primiparous and multiparous women completed the questionnaire within a week after childbirth. The response rate was 41%.

**Findings:** early and successful initiation of breast feeding, rooming-in and exclusive breast feeding during the hospital stay were associated with higher maternal breast feeding self-efficacy in both primiparous and multiparous women. The reason (medical or non-medical), frequency or method (bottle or cup) for supplementation was not associated with breast feeding self-efficacy.

**Key conclusion and implications for practice:** breast feeding experiences during the immediate postpartum period have an association with breast feeding self-efficacy. Mothers who are not able to initiate breast feeding within an hour after birth or whose infants are supplemented during the hospital stay may benefit from additional support and breast feeding counselling.

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### Introduction

Breast feeding provides all nutrients an infant requires during the first six months of life and is a significant part of healthy diet thereafter for at least one to two years. It supports infant's normal development and provides health benefits for the breast-feeding mother as well. Therefore exclusive breast feeding for six months and continued breast feeding with complementary foods thereafter is widely recommended (World Health Organization and UNICEF, 2003; EU Project on Promotion of Breastfeeding in Europe, 2004; American Academy of Pediatrics, 2012). Still in many countries these recommendations are not met. In European Union less than half of the infants receive any breast milk at six months of age (Harbers and

Cattaneo, 2008). Even though almost all Finnish mothers initiate breast feeding, exclusive breast feeding rates are relatively low and the duration of any breast feeding is shorter than recommended. In 2010, according to national statistics, 71% of newborns received supplementation in maternity hospital, 47% of infants less than one month were exclusively breast fed and 58% were still breast fed at six months age (Uusitalo et al., 2012).

The socio-demographic factors associated with early cessation of breast feeding are well known and include young maternal age, being unmarried, belonging to a minority group as well as low education and income level (Breastfeeding Support for Mothers and Families During Pregnancy and Birth and After Delivery. Nursing Guideline (online), 2010; Meedya et al., 2010; Uusitalo et al., 2012). Yet many mothers not belonging to these risk groups discontinue breast feeding prematurely. Therefore recognition of psychosocial factors related to breast feeding behaviour helps to identify individual mothers in need of additional breast feeding support.

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Maternal breast feeding self-efficacy during the first week after birth has been associated with continuation of exclusive breast feeding at four (Kingston et al., 2007; Gregory et al., 2008; McCarter-Spauldning and Dennis, 2010), eight (Wutke and Dennis, 2007), 12 (Alus Tokat et al., 2010) and 16 (Wutke and Dennis, 2007) weeks and any breast feeding at six months (Mossman et al., 2008; O'Brien et al., 2008; Wilhelm et al., 2008; McCarter-Spauldning and Dennis, 2010; Wilhelm et al., 2010). Breast feeding self-efficacy is a concept based on Albert Bandura's Social Learning Theory and is defined as a mother's perception of her ability to breast feed in a given situation (Dennis, 1999). The breast feeding self-efficacy is based on four sources of information: previous personal experience, observing others to breast feed, encouragement by others and physiological responses (Dennis, 1999; Dennis and Faux, 1999). The relationship between earlier breast feeding experience and breast feeding self-efficacy has been shown in several studies (Dennis, 2006; Wutke and Dennis, 2007; Gregory et al., 2008; Otsuka et al., 2008; Alus Tokat et al., 2010; McCarter-Spauldning and Dennis, 2010). Other factors related to breast feeding self-efficacy during the postpartum period include exclusive breast feeding (Gregory et al., 2008; Otsuka et al., 2008; McCarter-Spauldning and Dennis, 2010), social support from significant others (Dennis, 2006; Kingston et al., 2007; McCarter-Spauldning and Dennis, 2010), seeing pictures or videos of other mothers breast feeding (Kingston et al., 2007) and satisfaction with labour and childbirth care as well as postpartum care (Dennis, 2006).

Maternity hospital practices are shown to have important impact on initiation and establishment of successful breast feeding. The practices based on the Baby-Friendly Hospital Initiative (BFHI) by World Health Organization (WHO) and UNICEF are an effective way to support breast feeding (DiGirolamo et al., 2001; Kramer et al., 2001; Murray et al., 2007; Breastfeeding Support for Mothers and Families During Pregnancy and Birth and After Delivery. Nursing Guideline (online), 2010). The key practices of the BFHI include immediate skin-to-skin contact after birth, early initiation of breast feeding, exclusive breast feeding, rooming-in and avoidance of the use of pacifiers or feeding bottles. All mothers should also be given information about the benefits and management of breast feeding both pre- and postnatally (World Health Organization and UNICEF, 2009). The early experiences of breast feeding can be assumed to affect maternal breast feeding self-efficacy especially in primiparous women but the relationship between maternity hospital practices and breast feeding self-efficacy has not been explored.

In Finland practically all deliveries take place in hospitals. Normal births are attended by midwives and postpartum care is provided mainly by midwives and practical nurses. At the time of the study the average hospital stay after childbirth was 3.2 days (National Institute for Health and Welfare (THL), 2009). To date five of the 32 maternity hospitals have received Baby Friendly Hospital certification. No national data is available on the compliance of practices in Finnish maternity hospitals with the BFHI.

The aim of this study was to explore the relationship between maternity hospital practices and breast feeding self-efficacy. The objectives of the study were (1) to describe maternity hospital practices, (2) to describe maternal breast feeding self-efficacy and (3) to examine factors associated to breast feeding self-efficacy in Finnish primiparous and multiparous women during the first week after the childbirth.

## Methods

### Study settings

The data were collected using a convenience sample in three urban maternity hospitals in Southern Finland between November

2007 and September 2008. The hospitals had at the time between 3300 and 5800 births per year. One of the three hospitals is a university level hospital in which mothers with high risk pregnancies are taken care of.

The hospitals did not have a written breast feeding policy at the beginning of the study, but a common breast feeding policy based on the BFHI was signed by the management of all three hospitals in December 2007. Almost all nursing staff, i.e. midwives and practical nurses, had received basic 18 hour course on breast feeding counselling either offered by employer or during their education. None of the hospitals had received the Baby Friendly Hospital Certificate at the time of the study and the practices described in the Ten Steps to Successful Breastfeeding were not met in any of the hospitals. Especially supplementation of the newborns was common. Even though supplementation was not offered to every mother it was a common practice to offer supplementation for example if the infant was breast feeding frequently or the mother was feeling tired. The supplementation was also given on maternal request.

### Sample

This study was a part of larger longitudinal research project 'Urban parenthood' which examined the welfare of families during the first year after childbirth. The data collection points for the project were at birth and six weeks as well as six and 12 months after childbirth. In two hospitals mothers were recruited during routine mid-pregnancy ultra-sound scan and in a third hospital on the post-natal ward after childbirth. This difference was due to the delay in research approval process in the third hospital (Hospital C).

Mothers were eligible for the study if they were willing to participate, at least 18 years old, healthy, could communicate in Finnish, had singleton pregnancy without major obstetrical complications and gave birth to a healthy infant with no congenital abnormalities. Both primiparous and multiparous women were included in the study. Mothers who gave birth before 37 gestational weeks were excluded from the study. The data were collected by questionnaires which were distributed to mothers on the postnatal ward on discharge by hospital personnel. Mothers were instructed to return completed questionnaires either in the hospital or within a week by mail. Mothers were included in the study if the child was seven days old or younger at the time when the questionnaire was completed. Altogether 1400 questionnaires were given out to the mothers and 573 mothers (41%) were included in the study. The second questionnaire was sent at six weeks after childbirth to all mothers who had completed the first questionnaire. Altogether 339 (59%) returned the second questionnaire.

### Instruments

All data were collected with self-report questionnaires. Breast feeding self-efficacy was measured with The Breastfeeding Self-Efficacy Scale—Short Form (BSES—SF) which is a 14-item self-report instrument (Dennis, 2003). All statements in the scale begin with the phrase 'I can always' and are presented positively. The mothers respond to every statement with 5-point Likert scale where 1 = not at all confident and 5 = always confident. The scores are summed to produce a range from 14 to 70, with higher levels indicating higher breast feeding self-efficacy. The scale was translated from English to Finnish using back-translation method. The Finnish version of the scale was piloted in June 2007.

The internal consistency of the Finnish version BSES—SF in this study, using Cronbach  $\alpha$  coefficient, was 0.93. Construct validity was measured by comparison of contrasted groups. According to Bandura (1997, p. 80) previous experience of the behaviour has strong influence on self-efficacy. Therefore it can be assumed that multiparous women with earlier breast feeding experience have

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