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## A study to promote breast feeding in the Helsinki Metropolitan area in Finland

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## ABSTRACT

**Objective:** the aim of this study was to assess the impact of providing intensified support for breast feeding during the perinatal period.

**Design:** a quasi-experimental design with non-equivalent control group.

**Setting:** three public maternity hospitals (two study, one control) in the Helsinki Metropolitan area in Finland.

**Participants:** a convenience sample of 705 mothers (431 in the intervention group, 274 in the control group).

**Methods and intervention:** in this study, families in the intervention group had access to intensified breast feeding support from midpregnancy, whereas those in the control group had access to normal care. Intensified support included lectures and workshops to health professionals, and families in the intervention group had access to more intensive support and counselling for breast feeding and a breast feeding outpatient clinic. Additionally, an internet-based intervention was only used in the intervention group, but not in the control group. Mothers in the control group received normal care from the midwifery and nursing professionals who were to continue their work normally. The data were analysed statistically.

**Findings:** altogether 705 women participated in the study. In the intervention group ( $n=431$ ), 76% of the women breast fed exclusively throughout the hospital stay, compared to 66% of the mothers in the control group ( $n=274$ ). In multivariate analysis, the likelihood of exclusive breast feeding at the time of responding (at hospital discharge or after that at home) was increased by the mother not being treated for an underlying illness or medical problem during pregnancy, being in the intervention group, having normal vaginal childbirth, high breast feeding confidence, positive attitude towards breast feeding, good coping with breast feeding, and 24-hour presence of the infant's father in the ward.

**Key conclusions and implications for practice:** the low exclusive breast feeding rates of newborns could be increased by using intensified breast feeding support. Mothers' health problems during pregnancy can decrease exclusive breast feeding.

Mothers with health problems or other than normal childbirth should receive extra breast feeding support, and the presence of fathers in the ward should be encouraged.

Intensified breast feeding counselling and support helps mothers to breast feed exclusively. This support should be available in a variety of forms, so that mothers can choose the type of support they need. As breast feeding counselling and support is intensified, more mothers succeed with exclusive breast feeding.

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### Introduction

Exclusive breast feeding for six months and continued breast feeding after introduction of solids until the infant is 12 months or older is recommended in Finland (Finnish Ministry of Social Affairs

and Health, 2004) due to the established health benefits of exclusive breast feeding (Ip et al., 2007). Breast milk is the predominant milk in the maternity ward given to 99% of the infants. However, 80% of the women recall their child being fed supplementary milk (donated breast milk or infant formula) in the maternity ward (Erkkola et al., 2010). The median duration of exclusive breast feeding is 1.4 months and that of total breast feeding 7.0 months (Erkkola et al., 2010). Exclusive breast feeding of children under one month has decreased from 60% in the year

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2005 to 47% in 2010 (Hasunen and Rynnänen, 2006; Uusitalo et al., 2012). In Finland, only 1% of infants aged six months are exclusively breast fed (Kyttälä et al., 2008), and this low rate gives cause for concern (National Expert Group for Breastfeeding Promotion, 2009).

Mothers' breast feeding attitudes and intentions during pregnancy are linked to whether they initiate breast feeding and how long they continue with it (Sittlington et al., 2007; Mossman et al., 2008). Good knowledge on breast feeding is associated with success and continuation of breast feeding (Tarkka et al., 1999) and high breast feeding self-efficacy with exclusive breast feeding (Dennis et al., 2011). Providing the infant access to skin-to-skin contact to begin his/her hand movements and sucking behaviour soon and often after childbirth empowers the infant to begin promptly meeting his/her immediate calorie needs and stimulating maternal prolactin levels, both leading to greater likelihood of successful exclusive breast feeding (Noel et al., 1974; Riordan and Auerbach, 1998; Hill et al., 1999; Matthiesen et al., 2001). Many Finnish mothers are unsure about their ability to assess the sufficiency of the infant's food intake (Tiili et al., 2011). Mothers with good health and a healthy lifestyle are more likely to breast feed than mothers who have health problems (Mezzacappa, 2004; Amir and Donath, 2007; Ip et al., 2007; Erkkola et al., 2010) or are overweight or obese (Oddy et al., 2006). Caesarean childbirth increases the risks for maternal complications (Pallasmaa et al., 2010), supplementation in the hospital and shorter duration of breast feeding (Erkkola et al., 2010). Caesarean childbirth and assisted vaginal childbirth increase the likelihood of supplementation in the hospital whereas initiation of breast feeding in the delivery room increases exclusive breast feeding (Parry et al., 2013).

Boosted breast feeding support provided by health care professionals increases exclusive breast feeding (Sikorski et al., 2003; Britton et al., 2007) and coping with breast feeding (Castrucci et al., 2006).

After giving birth, mothers need support, whereby positive outcomes on individuals' well-being are achieved with certain measures and behaviours (Tarkka, 1996; Ekström et al., 2003a). In addition to support given by health care professionals, mothers also need peer support given by people close to them (Ekström et al., 2003a, 2003b; Wolfberg et al., 2004; Pisacane et al., 2005; Swanson and Power, 2005). Spouse's knowledge should be increased already during pregnancy, as mothers' breast feeding rates have been shown to increase by education aimed at fathers during pregnancy (Wolfberg et al., 2004; Pisacane et al., 2005; Kaunonen et al., 2012). Family members benefit from instructions telling them how they can support the breast-feeding mother in a practical manner (Lavender et al., 2005; Grassley and Eschiti 2007). According to a Swedish study, fathers' longer presence with their families after childbirth also increased exclusive breast feeding and the duration of breast feeding among first-time mothers (Ekström et al., 2003a) and in Finland individual counselling in family rooms increased exclusive breast feeding (Hannula et al., 2006).

## Methods

This study is part of the 'Urban parenthood' project. 'Urban Parenthood' is a large collaborative longitudinal research project examining the welfare of families during the first year after childbirth (Salonen et al., 2008; Hannula et al., 2010; Tiili et al., 2011; Oommen et al., 2011; Salonen et al., 2011; Koskimäki et al., 2012; Koskinen et al., in press). The aim of this paper was to assess the impact of providing intensified support for parenthood, childcare and breast feeding during the perinatal period. The

intervention group had access to long-term intensified counselling, breast feeding and parenthood support before childbirth (through webpages), in maternity hospital, and after childbirth. The control group received normal counselling and support at maternity health care. Outcome measures were breast feeding initiation and exclusive breast feeding from birth and at the time of responding (at discharge or after that at home).

## Design

A quasi-experimental design with non-equivalent control group was used. The study was conducted as part of the larger 'Urban parenthood' project that offers additional support for infants' parents through interventions. Mothers were recruited to the intervention or control group depending on where they were to give birth. Randomisation of the mothers was not possible because the interventions were developed through multiprofessional collaboration in the study hospitals and the hospital personnel and all parents at the study hospitals were exposed to the interventions. Mothers who were to give birth in the two study hospitals were recruited to the intervention group during pregnancy and it was impossible to know in advance in which wards in these hospitals they were to be treated after childbirth (Salonen et al., 2011). Control group mothers were recruited at the control hospital.

The free and non-commercial web-based service [www.vauvan.kaa.fi](http://www.vauvan.kaa.fi) was developed as part of the project, aimed at providing the target group intensified support for parenthood, childcare and breast feeding from the 20th gestation week until the child was a year old (Hannula et al., 2008; Salonen et al., 2008; Salonen et al., 2011). The website was created by an editorial team of health care students, their teachers and a multidisciplinary group of health care professionals, and its final structure was organised around six themes: (1) for mothers; (2) for fathers; (3) your infant; (4) life as a couple and family; (5) what to do when you're in trouble and (6) support for the family. The page consists of articles, pictures, videos and an educational game. The final modifications were made on the basis of comments and suggestions from the content evaluation team. The articles were edited by a specialist in online communication. The development (Salonen et al., 2008), pilot testing (Hannula et al., 2010) and effectiveness (Salonen et al., 2011) of the website have been described previously.

## Settings

In Finland, maternity and child health care is organised by a network of public maternity and child health clinics and public hospitals specialising in obstetric and neonatal care. Antenatal childbirth and parenting education groups are available to all expectant families at maternity clinics. All normal vaginal childbirths are attended by midwives in the maternity hospitals, with obstetricians and anesthesiologists present in the case of more complicated childbirths. In 2008, the mean age for all women giving birth was 30.1 and the average length of hospital stay after childbirth was 3.2 days. According to national statistics 33% of pregnant women were overweight and 11% obese and the most common diagnoses for mothers during pregnancy causing visits to hospital or outpatient clinic in the year 2008 were gestational diabetes (19,259 visits), risk pregnancy (15,991 visits), premature contractions (9993 visits) or underlying maternal diseases that complicate pregnancy, childbirth or postnatal period (8201 visits) (National Institute of Health and Welfare, 2008, 2013).

The study was conducted in three public maternity hospitals in the Helsinki Metropolitan area of Finland. All three hospitals (two

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