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'The midwives aren't allowed to tell you': Perceived infant feeding policy restrictions in a formula feeding culture – The Feeding Your Baby Study

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ABSTRACT

Objective: to explore the expectations and experiences of postnatal mothers in relation to infant feeding, and to identify how care could be improved.
Design: this study used a qualitative, exploratory, descriptive design. Data were collected through one to one in-depth semi-structured interviews and focus groups.
Setting: Tayside area of Eastern Scotland.
Participants: seven focus group interviews ($n=38$ participants) and 40 semi-structured one-to-one interviews with mothers with a range of infant feeding experiences i.e. exclusively breast fed; started breast feeding but changed to formula milk before 16 weeks; exclusively formula fed; or who concurrently breast and formula fed their infant.
Findings: a principal theme of 'Mixed and missing messages' emerged, incorporating 'Conflicting advice', 'Information gaps' and 'Pressure to breast feed' with a secondary theme of 'Emotional costs'. Several problems were identified with how women were given information, how infant feeding discussions were held, and the type of support available after the infant is born.
Key conclusions: there was a strong perception that some midwives are not 'allowed' to discuss or provide information on formula feeding, and the women reported feeling pressurised to breast feed. Current interpretation of guidance from the UNICEF UK Baby Friendly Initiative may be restricting antenatal discussions about infant feeding. The combination of this partial preparation antenatally and postnatal support that was often inconsistent seems to incur a counter-productive emotional cost.
Implications for practice: at strategic, policy and practice levels the infant feeding message needs to change to encourage a more woman-centred focus including discussions about the realities of all types of infant feeding. It is important that health providers continue to promote and support breast feeding; and that effective services are provided to women who wish to breast feed to help them to do so. However provision of information about all aspects of feeding is needed as well as support for women who do not wish to breast feed.

Introduction

The World Health Organization (WHO) recommends exclusive breast feeding for the first six months of life and that breast feeding should continue for two years or more alongside appropriate weaning foods (World Health Organization (WHO), 2003). There is clear evidence that breast milk provides the ideal nourishment for infants for the first six months of life, and exclusive breast feeding has positive short and long term health benefits for the mother, her infant and society (Kramer and Kakuma, 2004; Leung and Sauve, 2005; Ip et al., 2007; Duijts et al., 2010; Hauck et al., 2011; Renfrew et al., 2012). However, differences in breast feeding initiation and continuation rates persist globally (World Health Organization (WHO), 2012).

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In many developed countries achieving the WHO recommendation remains a challenge: in 2010 only 1% of UK infants were exclusively breast fed at six months (Health and Social Care Information Centre (HSCIC), 2012). In Scotland initiation rates have risen in recent years: currently 74% of infants are breast fed at birth (Information and Statistics Division (ISD) and NHS Scotland, 2011). However there is a rapid decline in the subsequent weeks (Information and Statistics Division (ISD) and NHS Scotland, 2011). The Scottish government set a health improvement target to increase exclusive breast feeding rates at 6–8 weeks from 26.6% in 2006/07 to 33.3% in 2010/11 (Scottish Government, 2007). Although a slight improvement in the most deprived areas was achieved – an increase of 4.2% at the 6–8 week review over the previous decade – there was no change in the overall exclusive rate by 2010/11 (Information and Statistics Division (ISD) and NHS Scotland, 2011).

Reported reasons for discontinuation of breast feeding during the early weeks include problems with the infant's ability to suckle, insufficient milk and/or painful breasts (Health and Social Care Information Centre (HSCIC), 2012). The ability and capacity of health professionals to provide support, help, advice and time can have a significant effect on maternal experience (Nelson, 2006; McInnes and Chambers, 2008). Family issues, social isolation, return to work and societal embarrassment can all discourage initiation and continued breast feeding (Stewart-Knox et al., 2003; Ogbuanu et al., 2009). Teenage women are more likely to disengage with breast feeding due to low self-esteem, body image issues and the negativity related to breast feeding in public (Dyson et al., 2010).

Similar to other areas in the UK, support for breast feeding in Scotland has included implementation of the Baby Friendly Initiative (BFI) (World Health Organization (WHO), 1981; UNICEF, 2010) as well as multifaceted evidence based approaches across different National Health Service Boards (Renfrew et al., 2005; European Union, 2008). However these tactics may not be universally effective and do not appear to individualise choice or acknowledge the lived reality of infant feeding for mothers (Knaak, 2006; Lee, 2007; Wolf, 2011; Williams et al., 2013).

To help develop and improve services it is important to ask service users to reflect on their experiences. Although several studies and analyses of the literature have reported women's infant feeding experiences (e.g. Lee, 2007; Burns et al., 2010; DaMota et al., 2012), at the time our study began there was limited information relating to Scotland (Hoddinott et al.'s (2012) research was concurrent with our own). Given the lack of progress in improving rates of breast feeding continuation in Scotland despite various initiatives (Scottish Government, 2011a), there was a compelling need to explore women's infant feeding expectations and experiences.

The study

At the time of this study, within the Tayside area in Scotland 56% of infants were breast fed at birth and 26% were still breast feeding when reviewed by the health visitor at 6–8 weeks (Information and Statistics Division (ISD) and NHS Scotland, 2011). In the context of low rates of breast feeding and the challenge of achieving the government target for an improvement in exclusive rates of breast feeding at 6–8 weeks, the 'Feeding Your Baby' study funded by the Chief Scientist Office of Scotland set out to explore women's attitudes and plans for infant feeding, their actual feeding experience and the factors underpinning these from late pregnancy through to the postnatal period. A two-phase study was planned: a quantitative longitudinal predictive study of infant feeding intentions and practices (Donnan et al., 2013) was followed by a qualitative phase. The qualitative phase allowed an in-depth exploration of women's infant feeding experiences and greater understanding of the factors influencing women's decisions about infant feeding, including the care and support received from health professionals.

In this paper, we focus on qualitative findings: women's reflections on their infant feeding expectations and experiences and their views on how care could be improved.

Methods

Setting and participants

The study was undertaken within the Tayside area of Eastern Scotland where the local maternity hospital (but not the community service) was awarded Stage 2 BFI (staff training) during the data collection period of this study and full BFI accreditation just after the end of the study. Participants in the quantitative longitudinal phase of the study were asked at the exit point about taking part in a focus group discussion or one to one interview. Women were eligible for the qualitative phase regardless of their chosen method of infant feeding and were only excluded if their infant was under the care of social services or still in hospital. Researchers were alerted in the event of a stillbirth or neonatal death so that postnatal contact was not initiated. Those who expressed an interest were sent a participant information leaflet and opt-in form. If they returned the reply slip confirming their interest they were contacted by the researcher (BML) by telephone to arrange either a focus group discussion or one-to-one interview. Purposive sampling using the information about infant feeding from the quantitative phase ensured that sufficient variation was present in the sample, in terms of infant feeding method. The focus groups took place in a central location and were kept homogenous in terms of infant feeding method: exclusive formula, changed from breast feeding to formula feeding, and exclusive breast feeding. Women who opted for a one-to-one interview were given the choice of having the discussion in their own home or at the university. Their feeding practices mirrored those represented in the focus groups, with the addition that mixed feeding was often recorded. Ethics approval was granted by Tayside Committee on Medical Research Ethics.

Data collection

Focus groups and interviews took place between May and September 2010. Broad open-ended questions asked women to reflect on their infant feeding plans, expectations; their feeding experiences; and their thoughts about how care could be improved. The facilitator of the interviews and focus groups (BML) encouraged participants to express their own views by keeping the interview style informal, allowing the discussion to follow a natural course and probing for greater detail when necessary using prompts like 'what and why' to explore and gain a deeper insight into their infant feeding expectations and experiences (Joubish et al., 2011).

To increase the credibility and validity of the study, understanding was checked both during and at the conclusion of each interview/focus group with participants. All discussions were digitally recorded and transcribed verbatim by an experienced independent transcriber. The interviewer checked each transcription against the recordings and then read them for accuracy. Emergent themes from the transcripts were used as triggers for subsequent interviews and focus group discussions. Field notes were also made in order to increase the depth of the data.