



Infant feeding in Eastern Scotland: A longitudinal mixed methods evaluation of antenatal intentions and postnatal satisfaction—The Feeding Your Baby study[☆]

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ABSTRACT

Background: breast-feeding initiation rates have improved in Scotland, but exclusive and partial breast-feeding rates fall rapidly for several reasons. We aimed to examine whether antenatal feeding intention was associated with satisfaction with infant feeding method; and to explore the similarities and differences in infant feeding experience of women with different antenatal feeding intention scores.

Method(s): antenatal questionnaire assessment of infant feeding intentions, based on the theory of planned behaviour; two-weekly postnatal follow-up of infant feeding practice by text messaging; final telephone interview to determine reasons for and satisfaction with infant feeding practice.

Results: 355 women in eastern Scotland were recruited antenatally; 292 completed postnatal follow up. Antenatal feeding intentions broadly predicted postnatal practice. The highest satisfaction scores were seen in mothers with no breast-feeding intention who formula fed from birth, and those with high breast-feeding intention who breastfed for more than 8 weeks. The lowest satisfaction scores were seen in those with high intention scores who only managed to breast feed for less than 3 weeks. This suggests that satisfaction with infant feeding is associated with achieving feeding goals, whether artificial milk or breast feeding. Reasons for stopping breast feeding were broadly similar over time (too demanding, pain, latching, perception of amount of milk, lack of professional support, sibling jealousy). Perseverance appeared to mark out those women who managed to breast feed for longer; this was seen across the socio-economic spectrum. Societal and professional pressure to breast feed was commonly experienced.

Conclusions: satisfaction with actual infant feeding practice is associated with antenatal intention; levels are higher for those meeting their goals, whether formula feeding from birth or breast feeding for longer periods. Perceived pressure to breast feed raises questions about informed decision making. Identifying those who will benefit most from targeted infant feeding support is crucial.

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Introduction

Breast feeding has long been a global policy target (WHO/UNICEF, 2009), but while initiation rates have improved in many countries (Ryan et al., 2002; Li et al., 2003; UNICEF, 2009), exclusive and even partial breast feeding tails off rapidly for a variety of socio-economic, cultural and personal reasons (Hoddinott et al., 2008; NHSIC, 2011). In Scotland the rate falls

from 74% at birth to 47% at 10 days, and 37% at 6 weeks (ISD, 2011). Data from the rest of the UK (Bolling et al., 2007), Europe (WHO, 2010) and the USA (CDCP, 2011) show a similar pattern.

The reasons for stopping breast feeding earlier than planned include pain or discomfort, perceived insufficiency of milk supply, and emotional or infant-related reasons (Bick et al., 1998; Schwartz et al., 2002; Ahluwalia et al., 2005; Hauck et al., 2011). The woman's response to these factors may be mediated by her attitude to and intentions regarding breast feeding, which are largely formed during or even before pregnancy (McInnes et al., 2000; Forster et al., 2008a). Some studies have tried to explore and predict breast-feeding practice using the Theory of Planned Behaviour (TPB) (Ajzen, 1988, 1991), which holds that attitudes, perceived control over behaviour, and subjective norms

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influence people's actual behaviour (Stockdale, 2001; Swanson and Power, 2005; McMillan et al., 2009).

There are claims that breast-feeding promotion such as the Baby-Friendly Hospital Initiative (WHO/UNICEF, 2009) is sometimes moralistic, if not paternalistic (Axel-Lute, 2009; Lee, 2011). Some are said to initiate breast feeding despite not being fully committed to it (Bailey et al., 2004). This raises questions of choice, pressure to conform, maternal feeding intention, and actual experience, which may affect satisfaction levels. Optimising satisfaction levels, an important barometer of the care process (Hoddinott and Pill, 2000), is a key component of clinical governance (Scally and Donaldson, 1998; RCOG, 2008).

As part of a longitudinal study examining infant feeding intentions and practices, we sought (1) to examine whether antenatal feeding intention (as assessed by the TPB) was associated with postnatal satisfaction with feeding method; and (2) to compare the infant feeding experiences of women with different feeding intentions, and contrast infant feeding experiences of women with different feeding intentions. This is in the context of anticipating and meeting breast feeding support needs.

Methods

This community-based study was set in a city in eastern Scotland. Community midwives asked women attending routine antenatal appointments if they were prepared to be contacted by a researcher (1) to complete an antenatal survey of feeding intentions, and (2) to be followed up postnatally. Follow-up consisted of fortnightly text messages to establish actual infant feeding practice, and a final telephone interview.

Inclusion criteria: English-speaking women aged 16 years and above, over 30 weeks gestation, and booked to deliver in a Scottish maternity unit; access to telephone (preferably mobile).

Of 639 women who agreed to be contacted between November 2009 and June 2010, 355 (56%) were recruited, at which stage written consent and socio-demographic data were obtained. A paper questionnaire assessed breast-feeding attitudes and intentions using a 13-item measure informed by the TPB. The Baby Friendly Hospital Initiative guidelines 'strongly recommend that pregnant women are not merely asked a closed question about how they plan to feed their baby' (UNICEF, 2011: 13), and this can be taken to indicate that women should not be asked about feeding intentions during pregnancy. However, permission was granted by UNICEF to do so. Four questions relating to intentions, plans, and consideration of likelihood of breast feeding were summed to form an intention sub-scale. Results from these showed a bi-modal distribution creating three distinct categories: 'High intention to breast feed', 'No intention to breast feed', and 'Undecided'. A detailed predictive analysis of this tool is being prepared for publication. The hospital database provided details about gestation, birth weight, gender, in-hospital infant feeding, and neonatal unit admissions.

At 2 weeks postnatally all mothers were sent this automated text message: 'The Feeding Your Baby Team asks, what infant feeding method R U using at present? Pls reply O, F or B, where O=Only Breast, F=Formula, and B=Both'.

Automated reminder texts were sent 24 hours later if no response was obtained. To ascertain on-going infant feeding method, those still breast feeding at least partially received text messages 2-weekly until 16 weeks or until breast feeding was discontinued, whichever was sooner. In total, 80.4% of text messages received a reply (2,372/2,952); this represented 92.7% of responders (329/355).

Four weeks after the last text message we administered a telephone questionnaire. This included Leff et al.'s (1994) 12-item

satisfaction with infant feeding tool, which has demonstrated good psychometric properties, and has been used elsewhere (Hoddinott et al., 2009). Open questions asked about mothers' reasons for their current feeding practice, and about any infant feeding problems, concerns, and support mechanisms. Responses were transcribed, and subjected to a simple thematic analysis (Braun and Clarke, 2006).

Because of the 2-weekly data collection time points we could not determine precisely which day mothers stopped breast feeding, unless this was before discharge from hospital. For pragmatic reasons, then, we labelled the feeding categories as never (i.e. formula fed from birth); breast fed up to 3 weeks; breastfed from 3–8 weeks; breastfed more than 8 weeks. When using quotes for those mothers who ceased breast feeding the number of known completed weeks is given (except when the in-hospital summary identified the exact day). The category 'Breastfed' included exclusive breast feeding, and mixed breast/formula feeding, as this is an increasingly common option (ISD, 2011). We used the Kolmogorov–Smirnov test for normality of distribution on outcome data (Z scores, with significant *p* values where appropriate, are given), and appropriate parametric and non-parametric tests were used to analyse these (SPSS v18 used). Ethical approval was obtained from the local National Health Service research ethics committee.

Findings

Of the 355 women recruited antenatally, 292 (82%) completed the postnatal questionnaire.

Possible bias introduced by partial follow-up is discussed in the section 'Limitations'.

Quantitative findings

The TPB intention sub-score categories ('No breast-feeding intention', 'Undecided', and 'High breast-feeding intention') were broadly predictive of feeding practice (Table 1).

Given that socio-demographic data did not affect the relationship between infant feeding intention and practice, intention scores related to socio-demographic data are not presented. Satisfaction scores were normally distributed but negatively skewed (Table 2).

Those with high intention scores and who breastfed for over 8 weeks, and those who did not intend to breast feed and who formula fed from birth, had the highest scores. The lowest scores were seen in those with high breast feeding intentions but who breastfed for less than 3 weeks (Table 3).

Satisfaction scores for those with 'No breast-feeding intention' were normally distributed ($Z=.980$; $p=.292$), but the trend by feeding practice was not statistically significant (only six mothers in this group breastfed at all). However, scores for those with 'High breast-feeding intention' were both normally distributed ($Z=1.065$; $p=.207$), and showed a statistically significant trend by feeding practice (Anova; $F=3.91$; $p=0.023$). These findings suggest a possible quantifiable difference between those who broadly achieve their feeding goal, and those who do not, for whatever reason. The qualitative analysis explores this further.

Parity and type of birth showed no trend or statistical significance with feeding category. Those formula feeding or breast feeding 0–3 weeks were younger than those breast feeding for longer. Those living on their own or with parents were much more likely to formula feed from birth (Table 4).

Mothers in the two least deprived quintiles were most likely to breast feed for over 8 weeks, and those in the two most deprived quintiles were most likely to formula feed from birth (Table 5).

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