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Supporting breast-feeding women from the perspective of the midwife: A systematic review of the literature

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ABSTRACT

Introduction: In 2003 the World Health Organization (WHO) recommended that infants should be fed exclusively with breast milk until the age of six months. However, breast feeding rates remain lower than recommended. The crucial period for breast feeding support is the first two weeks after birth. During this period breast feeding support from the midwife is needed. The aim of this paper is to gain an in-depth understanding of the role of midwives in their support of breast-feeding women, from their own perspective.

Methods: Two researchers independently conducted a systematic and comprehensive literature search. Studies needed an empirical qualitative research design (1), had to focus on the role of the midwife in the support of the breast-feeding woman from the midwife's perspective (2), and had to be published between January 2005 and December 2014 (3) in order to be included. Language restrictions were English, Dutch, German and French. Eight qualitative research studies were included, using mainly focus group and in-depth interview studies, which were reported in 11 papers representing 231 midwives and 24 maternity nurses. All but one study concerned midwives working in hospital settings. A critical appraisal was performed of each study.

Findings: Midwives value breast feeding education and breast feeding support as a significant part of their role as a postnatal midwife. However, the ways in which a midwife approaches and supports the breast-feeding woman vary. We distinguished two perspectives: 'the midwife as technical expert' and 'the midwife as a skilled companion'. The 'technical expert' midwife is mainly breast centred, focuses on techniques, uses the hands on approach and sees a woman as a novice. The 'skilled companion' midwife is woman centred, focuses on the mother – infant relationship and uses a hands off approach during the breast feeding support.

The midwives working in a hospital setting face many barriers when performing breast feeding support, such as time restraints, which makes it difficult for them to carry out their preferred role as a 'skilled companion'. These barriers can influence the breast feeding support negatively. Supporting factors, such as evidence based breast feeding guidelines, have a positive influence on the breast feeding support.

Conclusion: On the basis of findings of a synthesis of qualitative research studies, we conclude that the majority of the midwives provide breast feeding support as a technical expert and a minority as a skilled companion. Midwives prefer to be a skilled companion but face many barriers in their working contexts.

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Introduction

In 2003 the World Health Organization (WHO) recommended that infants should be fed exclusively with breast milk until the age of six months. Ideally, breastfeeding should be continued as an important component of the infant's nutrition for up to two years of age and beyond (Dykes, 2005b; Renfrew et al., 2012; Fu et al., 2014). A Systematic Cochrane Review (Renfrew et al., 2012) demonstrates that compared to artificial milk, breastfeeding promotes important health benefits for both the mother and child, including a reduction of infant mortality and morbidity. The meta-synthesis of Schmied et al. (2011) confirms these findings. Together with the WHO, the United Nations International Children's Fund (UNICEF) encourages breastfeeding as the most optimal feeding worldwide. In 1991 the Baby Friendly Hospital Initiative (BFHI) was launched with the aim of giving clear guidelines to improve breastfeeding rates. But even with these strategies, breastfeeding rates and, in particular, exclusive breastfeeding rates, remain lower than recommended (Schmied et al., 2011; Burns et al., 2012). In Flanders, 76,0% of women start with exclusive breastfeeding. On day six, a decrease to 63,9% is shown, and after three months only 30,1% of the infants are breastfed exclusively (Kind en Gezin, 2014).

The most critical time period for breastfeeding is the first two weeks after birth. During this time, reasons for breastfeeding cessation are insufficient milk, breastfeeding difficulties (problems with attachment), insufficient weight of the infant and cracked nipples (Gross et al., 2011). Poor breastfeeding support can also lead to early cessation. During this period, breastfeeding support from a healthcare professional, mainly the midwife, is mostly needed (Gross et al., 2011; Burns et al., 2012; Hall et al., 2014). This support has a considerable impact on the breastfeeding experience and the choices that the mother makes.

(Dykes, 2005a; Nelson, 2007; Schmied et al., 2011, Hall et al., 2014). The meta synthesis from Schmied et al. (2011) revealed that the woman is not always satisfied with the breastfeeding support she receives from the midwife during the first weeks after birth. This dissatisfaction is particularly seen in the hospital setting and less in the home care setting, possibly because of fragmented care. The midwife or lactation consultant often fails to provide the support that the woman desires (Dykes, 2005a; Rayner et al., 2008; Schmied et al., 2011; Renfrew et al., 2012). Women want an authentic presence of the midwife with a facilitating approach. This means that the midwife has to be available when needed, take time to listen and sit with women, observe the breastfeeding and offer tips and practical help. Women also want to have the opportunity to build a relationship with the midwife through interaction and dialogue, to share experience and to receive reassurance and encouragement (Schmied et al., 2011; Renfrew et al., 2012).

Earlier research demonstrated which support is most valued by breastfeeding women and what they expect from the midwife (Dykes, 2005a, 2005b; Schmied et al., 2011; Renfrew et al., 2012). Research about the opinions, beliefs, values and insights of midwives on their role as breastfeeding supporter, is rather limited. Therefore, the aim of this paper is to gain an in-depth understanding of the role of the midwife in supporting breastfeeding women from the midwife's perspective. Specific research questions to answer are:

1. How does the midwife experience her role in the support of the breast-feeding woman?
2. What kind of support does the midwife provide to the breast-feeding woman, from the midwife's perspective?
3. What are the supporting factors and barriers the midwife experiences in her support of the breast-feeding woman?

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