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Barriers to breast-feeding in obese women: A qualitative exploration

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ABSTRACT

Objective: to explore the factors that influence breast-feeding practices in obese women who had either stopped breast-feeding or were no longer exclusively breast-feeding 6–10 weeks following the birth of their babies, despite an original intention to do so for 16 weeks or longer. Specifically (i) to identify the barriers to successful breast-feeding and reasons for introducing formula and/or stopping breast-feeding, and (ii) to explore the women's views and experiences of current breast-feeding support services.
Design: descriptive, qualitative study comprising semi-structured face-to-face interviews. Interviews were audio recorded and transcribed. The data were analysed using thematic analysis.
Setting: participants recruited from one large maternity unit in Scotland and interviewed in their homes.
Participants: 28 obese women at 6–10 weeks following birth.
Findings: three major themes emerged from the data analysis: the impact of birth complications, a lack of privacy, and a low uptake of specialist breast-feeding support. Impact of birth complications: 19 of 28 women had given birth by caesarean section and some felt this led to feeling 'out of it' post-operatively, a delay in establishing skin-to-skin contact, and in establishing breast-feeding. Lack of privacy; several women described reluctance to breast feed in front of others, difficulties in achieving privacy, in hospital, at home and in public. Low uptake of postnatal breast-feeding support; despite experiencing problems such as physical difficulties during breast-feeding or a perception of low milk supply, breast-feeding support services were underused by this sample of women. A small number of the women in this study used breast-feeding clinics and reported finding these useful. A further small number felt they benefitted from the support of a friend who was successfully breast-feeding.
Conclusion and implications for practice: midwives should be mindful of the presence of additional factors alongside maternal obesity, such as caesarean delivery, physical difficulties when breast-feeding, poor body image, and lack of confidence about sufficient milk supply. Scope for innovation within hospital policies with regard to both the facilitation of early skin-to-skin contact and privacy in postnatal accommodation could be explored in future research. Women should be provided with information about the provision and specific purpose of breast-feeding support groups and services and encouraged to access these services when appropriate. Future research could assess the usefulness of sustained breast-feeding support by health professionals, as well as partner involvement and formal peer support for this group of women. The education and training needs of health professionals in terms of supporting this group of women to breast feed may also usefully be explored.

Introduction

Despite sustained health promotion campaigns over many years, breast-feeding rates in the UK remain low compared with the rest of Europe (McAndrew et al., 2012). A number of high quality studies have explored women's infant feeding practices and experiences within the general childbearing population (Murphy, 1999, 2000; Avishai, 2007). Many of these have focused

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on social and cultural factors which influence women's experiences and decision-making with regard to breast-feeding. Findings from these studies suggest that breast-feeding is experienced as a complex and demanding task by many women, who may encounter difficulties or negative experiences (Murphy, 2000; Avishai, 2007). The evidence from previous research highlights that many women feel under-prepared for the challenges involved in establishing and maintaining breast-feeding (Murphy, 2000), that pregnancy and birth events can have a major impact on the establishment of breast-feeding (Avishai, 2007), and that both formal and informal support networks may be important factors in determining longer term breast-feeding success (Britton et al., 2007).

As the prevalence of maternal obesity has increased in the past two decades, it has emerged as an important determinant for breast-feeding uptake and duration (Department of Health, 2004). In addition to increased risk of pregnancy and birth complications (Denison et al., 2014), obese women are less likely than normal weight women to initiate breast-feeding and are more likely to stop breast-feeding earlier (Amir and Donath, 2007; Wojcicki, 2011). One recent study found that among first time mothers in Denmark, maternal obesity was associated with nearly double the risk of early cessation of exclusive breast-feeding (Kronborg et al., 2012). This is a concern not only due to the potential health benefits of breast-feeding for both the mother and the baby but also because of the complex associations between maternal and offspring obesity (Heslehurst, 2011). It has recently been acknowledged that strategies for interventions to support obese breast-feeding mothers are urgently needed (Mellor et al., 2013). In a mixed-methods study, conducted in France, which included a telephone interview at one and three months post partum, Mok et al. (2008) found that early introduction of formula milk to supplement breast milk was more common among obese women. The authors compared weight gain in the first three months of life of babies of obese and non-obese mothers. They found more obese women reported feeling uncomfortable breast-feeding in public, more obese women perceived their milk supply to be inadequate and fewer sought specialist support with breast-feeding. The telephone interviews were structured and the authors concluded that further research is required to better understand the perceptions of obese mothers regarding infant feeding. To address this gap, we undertook a qualitative investigation using face-to-face, semi-structured interviews to explore the views and experiences of obese women who initiated breast-feeding when their babies were born, and intended to continue exclusively breast-feeding until at least 16 weeks later, but who were no longer exclusively breast-feeding, or had stopped breast-feeding 6–10 weeks later.

Aims and objectives

The aims of the study were: to explore the factors that influence breast-feeding practices in obese women who had either stopped breast-feeding or were no longer exclusively breast-feeding at 6–10 weeks despite an original intention to do so for 16 weeks or longer. Specifically (i) to identify the barriers to successful breast-feeding and reasons for introducing formula and/or stopping breast-feeding, and (ii) to explore the women's views and experiences of current breast-feeding support services.

Methodology

An interpretive qualitative approach was used (Rubin and Rubin, 1995). The data analysis process was iterative, taking place alongside data collection. This allowed for the exploration of themes which emerged during data collection (Mason, 2002) enabling interview questions and sampling to be revised as the study progressed. This is described in further detail below.

Semi-structured interviews were chosen for this study as these afforded the flexibility needed to gain an in-depth understanding of women's personal experiences and decision-making (Brett-Davies, 2007), including issues which might be unforeseen at the study's outset. In addition, one-to-one interviews afforded privacy, to encourage the women to discuss sensitive issues.

Recruitment and sampling

Inclusion criteria for the study were: any woman who had given birth to a single baby at >37 weeks gestation, breast-feeding at first feed but no longer exclusively breast-feeding at 6–8 weeks' postnatal, and BMI at the start of pregnancy of >30 kg/m^2 (defined as obese). Exclusion criteria were: any woman whose baby had been admitted to the neonatal unit, any woman not being discharged home with her baby (as separation from the baby presents challenges in establishing breast-feeding which were beyond the focus of this study), age <18 years old, multiple pregnancy or inability to give informed consent.

Participants were selected purposively in order to achieve a sample that was broadly representative of childbearing women in Scotland in terms of age and social class, as breast-feeding initiation and duration is associated with social class (Kelly and Watt, 2005) and age (Hodinott et al., 2006). Maternal demographic information was checked via electronic maternity notes prior to approaching participants.

The women's babies were 6–10 weeks old at the time of the interviews. Figures from the Scottish NHS Information Services Division (ISD Scotland) identify 6–8 weeks following birth as a time by which many babies are no longer exclusively breast fed, and for this reason it was decided to conduct our interviews at this time, or as soon as possible after eight weeks.

Recruitment to the project commenced on 5th January 2011 and was completed on 20th March 2013. A break in recruitment and data collection occurred between January and November 2012 as the research midwife took maternity leave. Women were approached on the postnatal ward and provided with a participant information sheet and, if they agreed, completed a screening questionnaire. They were asked if they would be willing to be contacted via telephone at a later date to discuss taking part in the study. Those who agreed were then telephoned 4–6 weeks later to discuss their current infant feeding method and whether or not they would be willing to take part in an interview. In all, 55 women were successfully followed up via telephone during the initial phase of qualitative data collection. Women were recruited to the qualitative study in two phases. During the initial phase of qualitative data collection, 17 obese women were recruited to participate in one-to-one semi-structured interviews. Of the 38 women who did not participate at this stage, 23 were still exclusively breast-feeding at the time they were contacted and therefore ineligible, two had moved away from the area and a further 13 declined to participate. During phase two, 30 women were followed up via telephone; of these 11 were exclusively breast-feeding when contacted, five declined to participate and one further woman agreed to participate but was not in when the interviewer called at her home and did not answer follow-up phone calls. A further 11 participants were recruited at this stage.

Data collection

Interviews took place in participants' homes between March 2011 and April 2013. The interviews were informed by a topic guide which was developed to address the study aims and in light