



'It's those first few weeks': Women's views about breastfeeding support in an Australian outer metropolitan region



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ABSTRACT

Objective: To examine factors that influence the establishment and continuation of breastfeeding among women living in a southern region of Victoria.

Method: Sequential mixed methods design including paper-based survey and focus group enquiry.

Finding: Women who had breastfed their infants ($n = 170$) reported reliance on midwives, lactation consultants and maternal and child health nurses for breastfeeding advice and support in the immediate and medium postnatal periods. Women who chose a private hospital appeared to receive less immediate postnatal support than those in a public hospital. Access to individual guidance from midwives and MCH nurses was regarded as critical to overcoming breastfeeding difficulties, in the face of the alternative suggested by people to 'give up'. They described themes of: 'Women's experience of nurses/midwives', 'Expectations versus reality', 'Not giving up despite difficulties', and 'Breastfeeding support'. Sources of lay support were not universal.

Conclusion: The duration of breastfeeding might be extended by early problem resolution. To enhance breastfeeding participation, further examination of the extent and timeliness of service provision by health service providers is necessary.

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1. Introduction

Despite consensus among professionals that exclusive breastfeeding should be encouraged for the first six months of life,^{1,2} initiation and continuation rates in Australia remain less than optimum. Initiation rates in the state of Victoria are 85%³ falling short of the national average 91%⁴ and this decreases within in days of birth.⁵ At three months, the state-wide average rate is 60%, although less in some areas.⁶ Currently, support services are provided by midwives, maternal and child health nurses (MCHN) and lactation consultants, who are funded by a mix of local and state government sources.⁷ Access to this support once discharged from hospital is provided via community-based clinics and less commonly, by specialist infant feeding clinics.⁸

This paper reports on a study that examined the factors that influence the establishment and continuation of breastfeeding among women living in a southern region of Victoria. Health care professionals (midwives, MCHN, general medical practitioners) and women who had given birth within the previous 12 months

were invited to participate in a multi-method study. This paper explores the women's views.

2. Literature review

Since the early 1990s in Australia, discharge from hospital earlier than five days postpartum has become the norm. Breastfeeding therefore usually becomes fully established in the home. In Victoria, The Maternity Services Enhancement Strategy⁹ was initiated to improve community based services for women including greater continuity of care and better access to breastfeeding support, yet the optimum breastfeeding rates remain elusive and there is a need for further improvement.

A complex variety of physiological, social and psychological factors influence new mothers' decision to breastfeed.¹⁰ The decision is strongly related to health inequalities and in particular, to socio-cultural issues, societal norms and public policy administered through provision of maternity care and support.¹¹ Many women have not seen breastfeeding women in their immediate family or social circle, hence artificial baby milk can be perceived as the norm.¹² This view can contribute to a lack of self-confidence should they choose to breastfeed.¹⁰ Furthermore, young women^{13,14} and women who were themselves artificially fed¹⁵ are less likely

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to breastfeed. Several studies also reveal why women who plan to continue to breastfeed, are sometimes unsuccessful. Common reasons they report include painful nipples and attachment problems, insufficient milk supply,^{16–19} early pacifier use¹³ and return to paid work.^{17,18}

Without professional help, women may feel pressured to artificially feed in order to resolve any difficulties experienced with breastfeeding.¹⁰ Previous research in Victoria found that the reasons for women's choices were complex.²⁰ A recent review of randomised trials in 21 countries found, however, that support given by both professionals and lay supporters had a positive impact on breastfeeding outcomes, increasing the duration of both exclusive and non-exclusive breastfeeding.²¹

3. Participants and methods

This study used sequential quantitative and qualitative methods including paper-based survey and focus group enquiry to explore women's views. Survey data provided a broad overview while focus groups enable a more in-depth understanding of issues underlying the subject of interest.²² The overall objective was to identify resources and services that might improve establishment and continuation of breastfeeding, along with factors that contribute to its cessation.

The study received ethics approval from Monash University Human Research Ethics Committee and conformed to the Statement on Human Experimentation by the National Health and Medical Research Council of Australia.

3.1. Sample and administration

A convenience sample of women who had given birth between February 2010 and February 2011 and resided in a local government region southeast of Melbourne was recruited. In February–March 2011, surveys for mothers were distributed the MCHN centres with an explanatory statement and a reply paid envelope for return to the researchers. A total of 627 surveys were distributed and 175 completed surveys were returned, giving a response rate of 28%. The women were also invited to give their contact details to participate in a focus group discussion. Women who responded were contacted and provided with a range of dates for focus groups at three local community centres. Consent forms were distributed prior to the start of the focus groups, to 19 women who attended one of the five sessions.

3.2. Instrumentation

The survey was adapted from one used previously.²³ The survey comprised three sections including a demographic section, a section for women who had only artificially fed and a section for women who had commenced breastfeeding. Questions asked about reasons for breastfeeding choice, history and practice of breastfeeding, sources of information and advice and what factors would assist continuation of breastfeeding. The majority were multiple choice questions although several comprised response scales and there was opportunity to provide open-ended comments. The responses informed questioning for focus group discussions, in which similar questions were used that were intended to uncover more detailed information.

4. Analysis

Analysis of the quantitative survey data was conducted using SPSS version 19 (SPSS Inc, Chicago, 2007). Descriptive statistics were used to describe the characteristics of the population and interval data and *t*-tests were used to identify between-group

differences. Recorded focus group discussions were transcribed verbatim and subjected to thematic analysis.²⁴ Several of the authors discussed the identified themes and sub-themes in order to reach a consensus on the thematic findings.

5. Results

Of 175 women who responded to the survey, 170 commenced breastfeeding and five did not breastfeed. At the time of the survey, the babies' ages ranged from two weeks to 8.5 months old, with over half (105; 60%) still being breastfed either partially or exclusively. Of the 65 women who had breastfed but were no longer giving breast milk, 31 (18%) reported having ceased breastfeeding by 12 weeks.

The majority of women were Australian-born (86%), spoke English at home (98%) and had a post-secondary education qualification (75%). The average maternal age was 32 years (range 18–47) reflecting the age of mothers birthing in Victoria (2008: mean 31 years²⁵). It was noted, however, that response from younger mothers <20 years old was lacking (*n* = 1). Most women were married (78%) or in a de facto relationship (17%). Almost half the women (46%) had one child and 30% had two children (range 1–4). Nearly all women gave birth in a hospital, 62% in a public hospital, 34% in a private hospital and five (3%) in a birth centre. The hospitals were either in an outer metropolitan suburb or in a rural city outside the women's residential locality.

5.1. Public versus private hospital maternity care

When examined by public or private maternity service user groups, there appeared to be a socio-economic distinction. The 59 women who chose private services were significantly older (by two years), more likely to be married and had achieved a higher educational level than the 106 women who chose public services (all: *p* = <.05). There was no significant difference in family size, type of birth or length of hospitalisation. Most babies were reported to be discharged home on day one (68; 40%) or day two (43; 25%), although 37 (21%) stayed until day five and 22 (13%) stayed longer (range 1–23 days).

After hospital discharge, for 70% of the women maternity care included a home visit by a hospital/domiciliary Midwife within days of hospital discharge, with provision of between one and three visits for most. However, home follow-up was more consistent for women who birthed in a public hospital. In the private hospital group, where domiciliary care is not obligatory¹⁵ and may attract a fee, half the women received no follow-up visit or phone call.

The timing of the first contact with the MCH nurse averaged 14 days over both groups with no difference in the number of home visits. By 14 days after discharge, 88% had seen a MCH nurse either at home or at a local clinic (60% by day 10). However, 13% had not seen a MCH nurse by 21 days following discharge.

5.2. Choice of infant feeding

Five women who had chosen to artificially feed responded to the survey. Their reasons for choosing artificial feeding included that it was endorsed by friends and the woman's mother, was easiest or else that no other way was considered.

Women were asked why they chose to breastfeed (from a list of 11 options). Nearly all stated that it was the 'best nutrition' and that it was 'natural'. Others agreed it was good for mothers and good for the environment (Fig. 1). According to the women there was little pressure from friends, partners, mothers or relatives. Women who chose public or private maternity services shared largely the same views.

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