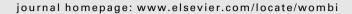


available at www.sciencedirect.com







'Too scary to think about': First time mothers' perceptions of the usefulness of antenatal breastfeeding education

Heather J. Craig a,1, Elaine Dietsch a,b,*

Received 14 December 2009; received in revised form 14 April 2010; accepted 16 April 2010

KEYWORDS

Breastfeeding; Health education; Self-efficacy; Midwifery

Summary

Background: The purpose of this pilot study was to uncover the perceived usefulness of a contemporary antenatal education strategy for mother's experience of breastfeeding initiation. *Research question*: How useful do first time mothers perceive an antenatal education strategy to be for initiating breastfeeding?

Participants and methods: This was a simple descriptive pilot study with ten first time mothers as participants; all of whom were booked into an Australian private maternity unit for antenatal breastfeeding education, labour, birth and postpartum care. Semi-structured interviews were transcribed verbatim and thematically analysed.

Findings and discussion: Antenatal education was beneficial for informing first time mothers of the practical skills required to positively initiate breastfeeding. However, this antenatal education strategy was not enough to reduce anxiety and foster the participants sense of self-confidence in their ability to breastfeed their newborns.

Implications for practice: Recommendations are made to focus antenatal breastfeeding strategies on first, a strength based model that builds confidence in women's ability to successfully breastfeed. Second, in the interests of fully informed consent, women are to be advised about the physiological connection between pregnancy, labour, birth and breastfeeding and the impact that interventions such as synthetic oxytocin, caesarean section and epidural anaesthesia are likely to have on the initiation of breastfeeding.

© 2010 Australian College of Midwives. Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd). All rights reserved.

Background and introduction

Women once learnt about breastfeeding through their extended family and being with breastfeeding women and their infants. However, the evolvement of nuclear families in

^a School of Nursing, Midwifery and Indigenous Health, Charles Sturt University, NSW 2678 Australia

^b Centre for Inland Health, Charles Sturt University, NSW 2678 Australia

^{*} Corresponding author at: School of Nursing and Midwifery and Indigenous Health, Charles Sturt University, Locked Bag 588, Wagga Wagga, NSW 2678 Australia. Tel.: +61 02 69332782; fax: +61 02 69332866.

E-mail address: edietsch@csu.edu.au (E. Dietsch).

¹ Current address: The Salvation Army THQ, Cantonments, Accra, Ghana, West Africa.

Breastfeeding education 161

western countries has reduced these spontaneous learning opportunities for women. When spontaneous and shared learning does occur in the community, it is considered subjective and of less value than authorised education presented by health professionals, especially when that education occurs in the context of a medicalised hospital environment. Women's breastfeeding knowledge deficit and lack of effective antenatal education, usually referring to formalised health education strategies are seen as reasons why numbers of first time mothers wishing to breastfeed in western countries are in decline. $^{3-10}$

This study will be used to explore women's perception of the usefulness of an antenatal breastfeeding education strategy (2.5 h breastfeeding workshop) to assist them with initiating breastfeeding. A brief review of the literature will be followed by a discussion of the methods used to obtain data from first time mothers ('private patients') accessing antenatal breastfeeding education prior to their birthing in an Australian private hospital maternity unit. Findings and discussion have been deliberately integrated to ensure the women's perception of the usefulness of the breastfeeding workshop remains pivotal to the discussion related to the study's findings. Recommendations and implications for midwifery practice are outlined.

Literature review

An initial database search was made utilising the CINAHL, PubMed and the Cochrane Database of Systematic Reviews. Keywords used for the search included breastfeeding in combination with antenatal education; breastfeeding education and breastfeeding initiation. The search was limited to human research articles published between 2003 and 2009 and written in the English language. 497 articles were originally identified but duplicates were deleted and the remaining abstracts read to ascertain relevance before reviewing the full text. Further investigation of primary sources cited in the accessed literature and sourcing of World Health Organization (WHO) and government reports resulted in a total of 72 articles and reports being identified as potentially useful to the project.

Breastfeeding is universally recommended as the infant feeding method of choice by global agencies, governments and in the academic literature. The WHO recommends breastfeeding as the ultimate health promoting, disease preventing action a new mother can do to protect her newborn baby and herself. Breastfeeding is the catalyst to not only increase the health status of neonates and their mothers but also to decrease the health costs of not breastfeeding. The estimated yearly costs of not breastfeeding in New South Wales (NSW) is \$20–40 million for illnesses such as gastroenteritis, lower respiratory infection, otitis media, eczema, and necrotising enterocolitis.

Education is argued to have a positive impact on breast-feeding and formal programs are recommended to expectant parents. ^{15,16} The importance of breastfeeding education as a tool to increase breastfeeding incidence was emphasised by the Australian Government pledging \$8.7 million in a 2007—2008 budgetary initiative. ¹⁷ The Australian Breastfeeding Association (ABA) concur that: 'During pregnancy, women should be well-informed about the benefits of breastfeeding for both the infant and mother. Knowledge about breastfeeding

empowers women to succeed'. 18 However, what is not known is the woman's baseline knowledge nor whether all antenatal breastfeeding education is beneficial.

Antenatal breastfeeding education and postnatal breastfeeding assistance influences a mother's decision to initiate and maintain breastfeeding. ¹⁹ However, it is not known whether this is due to the education strategy or whether women with a predisposition towards breastfeeding are also more likely to attend antenatal education.

Ho and Holroyd argue that effective and suitable antenatal breastfeeding education is crucial in optimising breastfeeding outcomes. ²⁰ Antenatal breastfeeding education is proposed as a useful strategy to reduce problems with attachment, nipple damage, confusion and pain while initiating breastfeeding. Problems contribute to a reduction in confidence, increase anxiety and may mean that some women artificially feed, believing that breastfeeding is too hard. ²¹ However, knowledge about the benefits and practice of breastfeeding alone is argued to be inadequate to ensure a woman initiates breastfeeding. Psychological influences such as anxiety during pregnancy have a demotivating effect on breastfeeding initiation. ^{4,5}

The way a mother feeds her baby is a matter of informed choice²¹ and Robertson argues that the role of the educator is to ensure women receive the education and support they need to successfully breastfeed. In the interests of informed choice and refusal, antenatal breastfeeding education must include information on the impact of Caesarean section, synthetic oxytocin and analgesia/anaesthesia including opiates and epidural use during labour and birth, on initiating, establishing and maintaining breastfeeding. There is a growing body of evidence demonstrating that difficulty with breastfeeding often results from obstetric intervention during labour or birth. The depth and therefore usefulness of antenatal breastfeeding education will be enhanced by information relating to the impact of obstetric interventions on breastfeeding.

Formalised antenatal breastfeeding education strategies are not the sole source of women's knowledge. More women are using the internet for their education on breastfeeding.²² However, a study on breastfeeding websites revealed the quality, readability level, variability and the usability of the information were questionable.^{22,23} Out of the thirty web sites reviewed by Dorman and Oermann only five were considered suitable to recommend to women.²³ Their study emphasised the dangers associated with women just 'surfing the net' obtaining potentially inaccurate information on breastfeeding and recommend suitable websites be given to prospective parents during their prenatal visits and to new mothers, post-partum.²³

This review reveals a lack of studies on the perceived usefulness of antenatal breastfeeding education by women. The role of the perceived impact of antenatal education on first time mother's breastfeeding initiation has not been previously published. There are inconsistencies in the international literature both between and within research articles, as to what the benefits of breastfeeding education strategies are for first time mothers in their experience of breastfeeding initiation. Some report positive results others have positive results but with the caveat that sociodemographic factors are more important than education strategies. 4,5,25 The impetus for this pilot study is to uncover

Download English Version:

https://daneshyari.com/en/article/2636323

Download Persian Version:

https://daneshyari.com/article/2636323

<u>Daneshyari.com</u>