



## REVIEW ARTICLE

# Supporting women to achieve breastfeeding to six months postpartum – The theoretical foundations of a successful program



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## ABSTRACT

**Background:** Although the benefits of breastfeeding to six months are well-established, only about half of Australian women succeed. The factors associated with successful breastfeeding are rarely translated into effective interventions. A new educational and support program, called the Milky Way program has been demonstrated to be effective in supporting women to achieve prolonged breastfeeding. In the Milky Way program, breastfeeding is considered an embodied performance which requires an engaged combination of body, mind and spirit. This paper aims to explain how the two theories that informed the program were used to better enable women's long term breastfeeding success.

**Method:** The theory of self-efficacy is first described as a way to develop women's cognitive processes to organise and execute the course of actions to breastfeed for a longer period of time. Birth territory theory is then presented. This theory discusses women as embodied selves; an essential concept for breastfeeding success. Birth territory theory also describes the effects of the holistic environment on the woman and explores the effects of power that is used in the environment. This power can be used integratively to strengthen the woman's breastfeeding confidence and success or, disintegratively which reduces her confidence and undermines her success.

**Conclusion:** Strategies based on self-efficacy theory are helpful, but are not sufficient to promote breastfeeding to six months. Health educators also need to foster the woman's connection to, and trust in, her body and her baby's body to breastfeed spontaneously. Being aware of environmental impacts on how the woman and baby breastfeed; and using one's own power integratively is crucial to women being able to achieve prolonged breastfeeding.

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## 1. Introduction

This paper reports on the theoretical framework applied to practice in the Milky Way program which was associated with an increase in the rate of breastfeeding to six months.<sup>1</sup> Exclusive breastfeeding to six months has been prioritised by World Health Organisation (WHO) and United Nations International Children's Emergency Fund Australia (UNICEF) health as a lifesaving and health promoting activity.<sup>2,3</sup> The formal breastfeeding education that is provided by Australian health services includes antenatal

parenting classes in late pregnancy or ad-hoc advice giving by their care providers.<sup>4</sup> These interventions seem to be effective in promoting the initiation of breastfeeding; current rates are about 92%.<sup>5</sup> The advice of doctors, midwives and child health nurses seem, however, to be ineffective in prolonging breastfeeding for six months or beyond.<sup>6–15</sup> Indeed, the current rate of exclusive breastfeeding at six months is about 14% and the rate of any breastfeeding at six months is about 50%.<sup>5</sup>

Promotion of breastfeeding is a standard inclusion in antenatal education classes, yet a systematic review showed that these classes are ineffective in increasing breastfeeding rates at six months.<sup>16,17</sup> The explanation may partly be due to lack of continuity of care and the way that advice is given. There is some evidence that women feel they are not heard by health professionals who try to convince them into breastfeeding.<sup>18</sup> Women who are not intrinsically motivated to start breastfeeding

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may do so when they are under surveillance but they quickly give up once at home.<sup>19</sup> We posit that the main reason for the lack of success is the absence of a clear, woman-centred, theoretical framework that health professionals can use to effectively support women to continue to breastfeed until at least six months postpartum. The key terms for this paper are defined in Table 1.

The Milky Way theoretical framework was based on a review of theory and research that was used to guide the first author when she conducted the Milky Way program during her PhD. This PhD study had a pre and post-intervention design with two groups: primiparous women who intended to breastfeed either received standard care or the Milky Way intervention.<sup>1</sup> The Milky Way program comprised three antenatal education sessions and two postnatal phone calls. Standard care in terms of breastfeeding support involved the following components: breastfeeding conversation between the woman and her care provider, paid parenting classes that provided a 1-h breastfeeding session, postnatal education group sessions in the postnatal ward, a follow-up visit from child and family health care nurses and a referral to a lactation consultant if the women had breastfeeding problems. A small number of the women attended hospital parenting classes that involved a one-hour breastfeeding session, 12.6%, ( $n = 24$ ) from the Standard care group ( $p = 0.739$ ) and 11.2%

( $n = 17$ ) from the Milky Way group. Compared to standard care, women in the Milky Way group had higher rates of breastfeeding at one (83.7%,  $n = 144$  versus 61.3%,  $n = 119$ ,  $p < .001$ ), four (64.5%,  $n = 111$  versus 37.1%,  $n = 72$ ,  $p < .001$ ) and six months (54.3%,  $n = 94$  versus 31.4%,  $n = 61$ ,  $p < .001$ ). Assignment to the Milky Way intervention was associated with significantly higher overall rates of breastfeeding (three times more) compared with assignment to standard care ( $p < .05$ ).

This paper begins by summarising the research literature concerning the antenatal modifiable factors that affect the duration of breastfeeding. Then the paper introduces the theoretical foundation of the Milky Way program. The theoretical foundation underpins the intervention's success and demonstrates a philosophical agreement between the theories and the major modifiable factors influencing women's decision to continue breastfeeding. The aim of this paper is to describe the theoretical framework of the programme so that other health professionals can use the same principles to develop similar program.

### 1.1. Antenatal modifiable factors

There are many factors that can influence women's decision to breastfeed, but not many of them are modifiable.<sup>17</sup> A review of the

**Table 1**  
Glossary of key terms.

Glossary of key terms	
Breastfeeding	An infant-feeding method where the child receives some breast milk and can also receive any food or liquid including non-human milk. <sup>53</sup> Thus the term <i>breastfeeding</i> includes exclusive, predominant and complementary breastfeeding.
Breastfeeding self-efficacy	A woman's perceived ability to breastfeed her newborn. <sup>54</sup>
Breastfeeding territory	Breastfeeding territory has been extracted from the theory of Birth Territory and Midwifery Guardianship, it is defined as a woman's territory whenever and wherever she wants to breastfeed. <sup>1</sup>
Disintegrative power	An ego-centred power that disintegrates other forms of power within the environment. <sup>50</sup>
Embodied ego	An embodied power of ego <sup>55</sup> that reflects a rational, reflective, self-defining, value-based power of embodied self. <sup>49</sup>
Embodied self	An integrated whole body/soul/mind who is continually changing depending on the various contexts of existence. Encompasses the lived experiences of a person as a sexual, spiritual, embodied being. <sup>49</sup>
Emotion	A cognitive, physiological and behavioural component that involves a subjective conscious experience, bodily arousal and expression of characteristics. <sup>43</sup>
Integrative power	A power that aims to support a woman to respond spontaneously and expressively to her bodily sensations and intuitions. <sup>50</sup>
Intention	A plan that has been formulated to achieve a particular goal stated through certain instrumental actions. <sup>56</sup>
Intrinsic power	The power of inner self in relation to embodied; and a non-rational spontaneous power that is experienced in the current moment which influences future knowing, action and power. <sup>49</sup>
Jurisdiction	The power to do as one wants within the birth environment. <sup>47</sup>
Living body	A uniquely experienced diverse biological organism that grounds existence of the self as a being who is embodied. <sup>49</sup>
Midwifery Guardianship	A sub-concept of integrative power; promotes the use of integrative power by women during childbearing. <sup>50</sup>
Optimised psychophysiological wellbeing	The experience of mind, body and soul working seamlessly together in a way that is most advantageous to the embodied self. <sup>49</sup>
Performance accomplishments	Corrective reinforcement towards the perfection of skills through cognitive, behavioural and self-regulatory efforts. <sup>21</sup>
Physiological responses	Physiological and emotional reactions that impact on people's self-efficacy beliefs. <sup>21</sup>
Power	An energy that enables a person to do or obtain what the person wants. <sup>44</sup>
Self-efficacy	People's beliefs in their capabilities to organise and execute the course of actions required to produce given attainments. <sup>21</sup>
Social support	A woman's perception of supportive behaviours from others in her social network that she believes will ultimately be beneficial to her. Women experience support when they receive care, concern, respect, understanding, advice, encouragement and practical help. <sup>57</sup>
Soul	The experienced spiritual part of self. <sup>58</sup>
Spirit	The power that drives the world and the cosmos. <sup>49</sup>
Spiritual being	The spiritual part of self as an indivisible part of universal energy in a human being. <sup>49</sup>
Terrain	The physical, geographical and dynamic features of individual childbirth space that affects women and babies. <sup>47</sup>
Theory	A theory presents a systematic view of phenomena by specifying the interrelationships between concepts using definitions and propositions with the purpose of explanation and prediction. <sup>59</sup>
Verbal persuasion	Other people's expression of trust and confidence in one's capabilities to perform a behaviour that increases one's sense of efficacy. <sup>21</sup>
Vicarious experience	Observational learnings where individuals search for role models and observe the effective skills and strategies that the role models apply to manage environmental demands. <sup>21</sup>

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