



DISCUSSION

The Milky Way educational and support programme: Structure, content and strategies



Shahla Meedya^{a,*}, Kathleen Fahy^b, Jenny A. Parratt^b

^a School of Nursing, University of Wollongong, Australia

^b School of Nursing and Midwifery, Southern Cross University, Australia

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ABSTRACT

Background: Health professionals have put much effort into supporting women to continue breastfeeding up to six months and beyond. The majority of those efforts have not been successful for primiparous women. Primiparous women who engaged in the Milky Way Programme had an improvement in breastfeeding rates of almost 50% at six months when compared to women in a control group.

Purpose: To provide details of the Milky Way Programme including the educational structure, content and strategies as well as the process of postnatal telephone support.

Overview: The details of the Milky Way Programme are presented including a summary of literature review that was used to design the programme. The structure and content of the programme is then presented. Finally, the strategies with some practical examples are outlined in more detail.

Conclusion: The programme is evidence-based, theoretically informed and woman-centred. This paper provides the necessary information to health professionals who are trained to educate and support breastfeeding women to implement similar programmes in their workplaces.

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Summary of Relevance:

Problem

- Health professionals have put much effort into supporting women to continue breastfeeding up to six months and beyond. The majority of those efforts have not been successful for primiparous women.

What is Already Known

- There are three major antenatal factors that can influence prolonged breastfeeding: women's breastfeeding intention, self-efficacy and support.

- The Milky Way Programme was tested in a clinical experimental study and was shown to successfully modify women's breastfeeding intention, self-efficacy and support. Engagement in the Milky Way Programme was associated with increased breastfeeding rates at one, four and six months. At one month rates were increased nine times; at four months rates were four times higher and; at six months the breastfeeding rates were tripled for women who engaged in the programme.

What this Paper Adds

- Details of the Milky Way intervention including the educational programme structure and content and the process of postnatal telephone support are provided. This paper gives guidance to midwives, nurses and other health professionals so that they can replicate an evidence-based intervention that has been shown to be successful in helping primiparous women achieve breastfeeding to six months

* Corresponding author at: School of Nursing, University of Wollongong, Northfields Avenue, Wollongong, NSW 2522, Australia. Tel.: +61 02 4221 3205.
E-mail address: smeedya@uow.edu.au (S. Meedya).

1. Problem

Supporting and promoting breastfeeding have been prioritised as a lifesaving health initiative.¹ The United State Centers for Disease Control and Prevention, for instance, sets a goal of a rate of 60 percent of any breastfeeding at six months.² In the United Kingdom and Australia, supporting and promoting breastfeeding is an important national health reform.^{3,4} Many women still stop breastfeeding early in the postpartum period.^{3,5,6} In the UK and USA, the breastfeeding initiation rate was reported to be low with a marked decline in breastfeeding within the first few weeks after initiation.^{6,7} In Australia, there is a high breastfeeding initiation rate (90%), but only slightly more than half of these women continue breastfeeding until six months.^{5,8} The rate of any breastfeeding at six months for primiparous women is particularly concerning as it is only about 30% in some studies.^{9,10} A review of the literature, however, found that the efforts of midwives, lactation consultants, nurses and doctors, directed at teaching and guiding women to continue breastfeeding to six months have not generally been successful; particularly for primiparous women.

2. Background

There have been two main reasons for the lack of success in supporting primiparous women to breastfeed to six months postpartum: (1) lack of theory that describes, explains and predicts how to effectively provide woman-centred support; and (2) absence of details about evidenced based educational and support programme that focuses on women's breastfeeding. Meedya et al.¹² have now provided the theoretical base for the Milky Way Programme. This programme has been demonstrated to be effective in supporting primiparous women to continue breastfeeding to six months.⁹

In summary, the Milky Way Programme was a pre and post interventional study which was implemented in a tertiary hospital in Australia. The programme introduces a new scheme of woman-centred education and support that has been demonstrated to be effective in increasing breastfeeding rates among primiparous women while they felt self-efficacious and stronger to breastfeed for a longer period.¹² Women in the Milky Way group had higher rates of any 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%, $n = 61$, $p < .001$). The rate of exclusive breastfeeding at six months among the Milky Way group was three times more than the standard care group (19.1%, $n = 18$ versus 6.6%, $n = 4$).⁹ After including the most common confounders like age, education, intention and smoking status, assignment to the Milky Way Programme increased the likelihood of breastfeeding by nine times at one month, four times at four and three times at six months ($p < .05$).⁹ Although there was no difference in antenatal breastfeeding intention and confidence between the groups, breastfeeding women in the Milky Way Programme developed a higher breastfeeding self-efficacy ($t(261) = 3.55$, $p = .001$) and stronger intention to breastfeed postnatally.¹² For instance, more women in the Milky Way group reported increased breastfeeding intention at one month compared to the standard-care women who reported a decreased breastfeeding intention ($p = .002$).

This paper addresses what is still missing i.e. the details of how health professionals can replicate the theory and evidence-based Milky Way Programme in their own settings. First we describe how the programme was designed by summarising the pertinent research and theoretical literature upon which the programme was based.

3. Method

The first step in designing the Milky Way Programme was to identify the major modifiable antenatal factors that influence long-term breastfeeding. An online literature search was conducted in 2010 and repeated in 2014; databases used were Medline, CINAHL, Maternity and Infant Care and Cochrane Databases of Systematic Reviews. Studies were limited to those in English and published since 1990. A full detail of this literature review has been published separately.¹³ The literature was reviewed from three areas: (a) modifiable factors that can influence women's decision to prolong breastfeeding; (b) interventional studies that effectively increase breastfeeding rates up to six months; and (c) theoretical framework that demonstrates philosophical agreement with the modifiable factors. Based on this literature review, the modifiable factors that influence women's breastfeeding decisions for longer periods of time are: breastfeeding intention, breastfeeding self-efficacy and social support.^{9,13}

The second step in designing the programme was to identify any effective strategies directed at professions that can influence women's intention, self-efficacy and support to prolong breastfeeding. As the aim of the Milky Way Programme was to focus on professionally driven interventions, those interventions that were at the system-level, such as Baby Friendly Health Initiatives (BFHI) and staff training by the World Health Organisation (WHO), were not included in the review. The following strategies were considered in designing the Milky Way Programme: providing early antenatal education sessions for pregnant women with their support people which can influence women's intention to breastfeed; using multifaceted antenatal interventions and avoiding written material; arranging hands on activities, problem solving roleplays and breastfeeding videotapes and pictures which can increase women's breastfeeding self-efficacy; and supporting and connecting women to their social, lay and professional support services from antenatal to postnatal periods.^{12,13}

Only systematic reviews, randomised controlled trials and high-quality non-randomised controlled trials were reviewed and critically analysed to identify any specific effective intervention in increasing breastfeeding rates at six months. The results of this literature review demonstrated that there was no intervention study that simultaneously addressed women's intention to breastfeed, women's breastfeeding self-efficacy and support.⁹ At the same time, no rigorous intervention study was found to report a successful result at six months for primiparous women in a country like Australia where the breastfeeding initiation rate is high.¹²

Experimental studies that were ineffective in increasing breastfeeding rates at six months either stressed mainly antenatal education^{14–16} or only postnatal interventions.^{17,18} Whereas, the interventions that included both antenatal and postnatal components did have a positive influence on breastfeeding rates at six months.¹⁹ For instance, a quasi-experimental study by Olson et al.¹⁹ among 990 American women (including multi- and primiparous) demonstrated effective results; the intervention consisted of intense antenatal educational home visits and postnatal home visits with weekly phone calls for the first few weeks and monthly phone calls up to six months. Women in the intervention group were six times more likely to breastfeed at six months compared to the standard-care group ($p = .008$).

4. Theoretical framework

The last step in designing the programme was to identify theories that would provide a theoretical framework from which to develop new strategies to enhance women's intention, self-efficacy and support. Theories of 'Birth Territory and Midwifery Guardianship'

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