



## State of the Science for Practice to Promote Breastfeeding Success Among Young Mothers



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### ABSTRACT

A literature review and synthesis of qualitative and quantitative studies was conducted to evaluate the role of breastfeeding attitudes, beliefs, and support as they relate to young mothers. A search of CINAHL and PubMed was conducted for articles published from 2008–2013 using the terms breastfeeding and adolescents and duration; breastfeeding and adolescents and success; and breastfeeding and adolescents and support. Of several hundred papers identified, those articles selected for in depth review examined breastfeeding attitudes, beliefs, support, and practices. Factors contributing to breastfeeding success or failure were identified. Among them, participant descriptions reflected paradoxical factors such as: 'breast is best', 'breastfeeding as not the norm', convenience, privacy, sexuality, body image, healthcare provider support, family and peer support, and other barriers to breastfeeding. These factors were described to have both positive and negative effects on breastfeeding, at times in the same study.

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### Breastfeeding Success Among Young Mothers: State of the Science

Human breast milk has been identified as the ideal source of infant nutrition by numerous health organizations such as the World Health Organization<sup>1</sup> and the American Academy of Pediatrics,<sup>2</sup> which recommends exclusive breastfeeding (EBF) for the first six months of life. It has been determined that if 90% of all families in the United States (US) adhered to this recommendation, an estimated \$13 billion in healthcare and other costs and 911 excess deaths would be avoided annually,<sup>3</sup> due in part to the known protective health factors of human breast milk for both mother and infant.<sup>4</sup> The most recent national rates from the 2008 birth cohort show that only 14.6% of infants were exclusively breastfed for a minimum of six months, with an even lower rate among infants of mothers under the age of 25<sup>5,6</sup> (see Table 1 for complete breastfeeding rates).

Forste and Hoffman<sup>7</sup> presented a picture of the woman most likely to initiate breastfeeding (BF). This woman is a college graduate, married, 30 or more years old, not participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and lives in the Western region of the US and identifies as being either Hispanic or non-Hispanic White. These characteristics were also associated with BF at six and twelve months and exclusive breastfeeding for six months. In few instances did subgroups of women meet or exceed the Healthy People 2010 goals that were in place at the time of the study.<sup>7</sup>

### State of the Science

Two previous meta-syntheses looking at BF support were completed in 2010 and 2011.<sup>8,9</sup> In a synthesis of 18 articles published between 2000 and 2009, the author identified the social support needs of adolescent mothers and provided a script that could be used by healthcare practitioners (HCPs) to help provide the appropriate support and in the case of network support, assess and evaluate the adequacy of the young mother's network support when at home with her newborn.<sup>8</sup> The five types of support identified are informational, instrumental, emotional, appraisal, and network. Informational support involves providing factual, foundational information about BF. This could include dispelling BF myths. Instrumental support involves practical and tangible information such as providing verbal and, if desired by the mother, hands on help with positioning and latch. Emotional support involves conveying empathy and trust. This could include acknowledging the complexity of BF for adolescents and being present to listen to their concerns. Appraisal support involves offering affirmation and positive feedback. Network support involved informal, from friends and family, and formal, from HCPs, support and this was especially important once the young mother was at home.<sup>8</sup>

In a review of 31 articles published between 1990 and 2007 looking at women's perceptions of healthcare care providers/professionals who provided BF support, two support continuums were identified.<sup>9</sup> The first continuum of support ranged from authentic presence at one end to disconnected encounters at the other. The second continuum of support styles ranged from a facilitative approach to a reductionist approach.<sup>9</sup> The positive forms of support, authentic presence and facilitative approach included themes of being there, having a genuine relationship and empathy

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**Table 1**  
Comparison of Healthy People 2020 Goals and Actual Breastfeeding Rates.

|                                      | Healthy People 2020 Goals | 2008 Breastfeeding Rates (Infants of all mothers) | 2008 Breastfeeding Rates (Infants of mothers ages 12–17 years) | 2008 Breastfeeding Rates (Infants of mothers ages 18–24 years) |
|--------------------------------------|---------------------------|---|--|--|
| Ever breastfed                       | 81.9%                     | 74.6%   | 42.4%  | 58.5%  |
| Exclusive breastfeeding for 3 months | 46.2%                     | 34.3%   | 11.3%  | 20.8%  |
| Exclusive breastfeeding for 6 months | 25.5%                     | 14.6%   | 3.3%   | 6.8%   |
| Breastfed for 6 months               | 60.6%                     | 44.4%   | 11.3%  | 21.5%  |
| Breastfed for 12 months              | 34.1%                     | 23.4%   | 3.9%   | 8.9%   |

LEGEND: Adapted from data reported by Health Indicators Warehouse,<sup>5</sup> and Healthy People 2020.<sup>6</sup>

(authentic presence) and providing realistic and accurate information, providing encouragement and practical support (facilitative approach).<sup>9</sup> The unhelpful or detrimental forms of help were associated with themes that included conflicting information and advice, standard not customized information, and providing the information in a didactic, talking at approach (reductionist approach) and undermining maternal efforts or blaming the women for their lack of success, along with rushed, preoccupied, physically invasive help.<sup>9</sup> The authors highlighted the limitations of the current institutionalization of perinatal healthcare and the need to make conscious effort to negate these institutional barriers.<sup>9</sup> A summary of these two meta-syntheses is reported in Table 2.

**Table 2**  
Summary of Prior Evidence Reviews on Breastfeeding Success.

| Author & Year:                       | Purpose of study   | Findings   |
|--------------------------------------|--|--|
| Grassley JS (2010) <sup>8</sup>      | <p>“To define aspects of social support that adolescents need from nurses when initiating BF in the early postpartum” period (p. 713)</p> <p>Design<br/>Synthesized review of literature that was published 2000–2009</p> <p>Sample<br/>18 articles that were located searching PubMed and CINAHL with the subject terms adolescent mothers and BF, adolescent mothers and BF support, and BF and adolescent mothers and attitudes. Articles were further narrowed down to articles that identified support as conceptualized by House (1981).</p> | <p>Supportive behavior that nurses can provide in the early postpartum period includes: informational, instrumental, emotional, appraisal (as conceptualized by House) and network support as identified by one of the articles reviewed (Hall et al., 2007).</p>  |
| Schmied V et al. (2011) <sup>9</sup> | <p>“to examine women’s perceptions and experiences of BF support to illuminate the components they deem “supportive”. A secondary aim was to describe any differences between components of peer and professional support” (p. 50).</p> <p>Design<br/>A meta-synthesis using meta-ethnographic methods</p> <p>Sample<br/>31 articles published between 1990 and 2007 that matched analysis interest and demonstrated appropriate rigor.</p>  | <p>Comments<br/>No critique of literature being reviewed.</p> <p>Findings<br/>Supportive behavior that nurses can provide in the early postpartum period includes: informational, instrumental, emotional, appraisal (as conceptualized by House) and network support as identified by one of the articles reviewed (Hall et al., 2007).</p> <p>Comments<br/>Positive support included authentic presence and facilitative style. Ineffective support included reductionist approach and disconnected encounters. Support fell along spectrums between these extremes.</p> |
|                                      | <p>Comments<br/>Authors selected articles that did not contain major methodological errors.</p>  |  |

To identify new evidence since the meta-syntheses were published, we searched the literature once more to identify newly published research on the topic, focusing on articles published from 2008 to 2013. A search of CINAHL and PubMed completed in fall of 2013 using the terms *breastfeeding and adolescents and duration*, *breastfeeding and adolescents and success*, and *breastfeeding and adolescents and support* yielded several hundred hits with many duplicates. Articles for this review were limited to those published in English between 2008 and the present. From these results, articles about BF attitudes, support, and practices were selected. Most articles focused on young mothers, defined as 30 or more years of age, or reported findings by ages of the participants. As they echoed problems faced by younger mothers, a few articles selected looked exclusively at BF success among women older than 30.

A substantial amount of BF literature exists focusing at initiation, duration, or support. Little is known, however, about how women, especially younger, sustain BF beyond a few days or weeks. A summary table of quantitative studies is presented in Table 3 and a summary of qualitative studies is presented in Table 4.

#### *Attitudes Towards and Beliefs about Breastfeeding*

Young mothers often have conflicting attitudes and beliefs about BF, affecting BF initiation and duration. In general having a positive attitude toward BF was more likely to be associated with BF initiation<sup>10,11</sup> and served as a predictor of maternal intention to exclusively breastfeed.<sup>12</sup>

#### *Breast is Best*

Mothers often report that BF is portrayed as the best, as well as being natural, easy, and mutually enjoyable for mother and infant.<sup>13,14</sup> Breast is best was an almost universal slogan repeated by young mothers<sup>15,16</sup> who often cited infant health as the number one benefit of BF and, along with maternal-infant bonding, the reason they initiated BF.<sup>11,15,17,18</sup> With some exceptions,<sup>19</sup> young mothers report internalizing the idea that breast is best and that to be a good mother means to breastfeed, with them often spending time and emotional capital rationalizing their decision to supplement with formula, wean, or never initiate BF.<sup>13,14,20</sup>

#### *The Norm*

In contrast, the concept of moral norm was the single most important predictor of infant feeding method.<sup>19</sup> In general, younger mothers do not perceive BF as the normal, culturally expected behavior and, instead, see formula feeding as what is expected.<sup>19</sup> Healthcare professionals also report that they see this as a reason women do not breastfeed.<sup>21</sup>

Young mothers who have prior exposure to BF, were breastfed themselves, or believe that their partners were breastfed are more likely to initiate and continue BF longer than young mothers without these normalizing experiences.<sup>10,11,22</sup> Even among non-parenting adolescents, having been breastfed as an infant or having previous exposure to BF women was correlated with intention to breastfeed among girls and to provide BF support and encouragement to their partners among boys.<sup>23</sup> In a study examining the Theory of Planned Behavior and its usefulness in predicting exclusive BF, subjective norm was a predictor of exclusive BF for six months.<sup>12</sup> The ideas of ‘breast is best’ and ‘BF not being the norm’ is one of many paradoxes in infant feeding literature that require further study to be able to reconcile these disparate ideas and understand how they exert pressure on infant feeding decisions among young mothers.

#### *Convenience*

Formula feeding is often perceived as being more convenient, allowing others to feed the infant, easing maternal/infant separation for school, work, or other reasons, and allowing mothers to stop or

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