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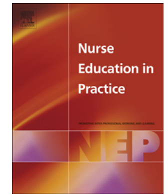

Midwifery education in practice

A comparison of breastfeeding women's, peer supporters' and student midwives' breastfeeding knowledge and attitudes

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ABSTRACT

In the United Kingdom over 90% of women do not breastfeed for as long as they would like, despite widespread knowledge of the benefits of breastfeeding. Negative attitudes and low levels of knowledge in staff supporting breastfeeding may be a contributing factor. This paper reports on the breastfeeding knowledge and attitudes in two key workforce groups; student midwives ($n = 19$) and Breastfeeding Network peer supporters ($n = 36$) and compares them with breastfeeding women ($n = 23$). All three groups had high knowledge and attitude scores, but peer supporters had significantly higher levels than student midwives or breastfeeding women. Student midwives' knowledge of breastfeeding was higher than breastfeeding women's but they had similar breastfeeding attitude scores. The higher knowledge and attitude scores in peer supporters may be attributed to the effectiveness of their training, which includes challenging their existing breastfeeding attitudes and debriefing their personal breastfeeding experience. It is suggested that midwives' breastfeeding attitudes are affected by their community culture and their personal experience of breastfeeding. It is proposed that midwifery training should continue to embrace a biopsychosocial model, including training to improve breastfeeding attitudes, particularly for professionals from areas where breastfeeding is not the cultural norm, or who have had negative personal breastfeeding experiences.

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Background

The benefits of breastfeeding for infants and their mothers are well established and widely published (Britton et al., 2009). Breastfed infants are at a reduced risk of respiratory, gastro-intestinal, ear and urinary tract infections, obesity and type 1diabetes and allergic diseases, such as eczema and wheezing (WHO, 2003). Mothers who have breastfed are at lower risk of ovarian and breast cancer and post menopausal hip fractures (Ip et al., 2007). Given the impact of breastfeeding on health status, exclusive breastfeeding is recommended for the first 6 months of life (WHO, 2001).

Despite these benefits being widely known among women (Bolling et al., 2007), breastfeeding initiation in Scotland is currently on average 74%, which is considerable lower than the United Kingdom (UK) average of 81% (Health & Social Care information Centre, 2012). Breastfeeding rates drop rapidly in the early weeks after birth and at the 6–8 week review the average exclusive breastfeeding rate was 26.2% in Scotland with some health board areas as low as 17.9% (Information Services Division (ISD), 2012). Discontinuing with breastfeeding over the early weeks can lead to regret for many women; 90% of whom say that they wished that they had breastfed for longer (Bolling et al., 2007).

A Cochrane review by Britton et al. (2009) concluded that professional breastfeeding support can be effective in extending the breastfeeding period, but may not be effective in enhancing exclusivity of breastfeeding. In contrast, lay support was found to be effective in promoting exclusivity, while no effect on duration could be established. This review concluded that combined lay and professional support was effective in both extending exclusivity and the length of time of breastfeeding.

Key national policy documents (National Institute for Health and Clinical Excellence's (NICE) Public Health Guidance 11 (PH11) Infant Maternal Nutrition, 2008, and the Scottish Government's Improving Maternal and Child Nutrition: A Framework for Action (IMCN), 2011) have acknowledged the importance of effective breastfeeding support. To offer this support, there needs to be a well trained and knowledgeable workforce. These policy documents state the requirement for a skilled workforce, both lay and

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professional, which should have an appropriate knowledge base and positive attitudes towards breastfeeding.

There are however reports that the professional workforce may not be adequately skilled. For example, McInnes and Chambers (2008), in a qualitative synthesis, found that health professionals' attitudes to breastfeeding varied considerably and that some women reported negative attitudes of health professionals to breastfeeding. Similarly, they found that conflicting advice or inconsistent information was also potentially unhelpful in the support for new mothers. Training in breastfeeding has been reported to often be "inadequate and fragmented" (Renfrew et al., 2005, p. 118). This is confirmed in a training-needs survey of 750 health care workers by Wallace (2008) which included midwives, health visitors and general practitioners. The author concluded that the workforce is ill prepared to offer the skilled support required by breastfeeding women.

Midwifery training in the UK is overseen by the Nursing and Midwifery Council (NMC) who produce standards for midwifery education. The curriculum must contain academic and clinical practice components and requires midwives to have developed a wide range of competencies in order to meet the level of expertise required to enter onto the NMC's register of midwives. These include being able to: "understand and share information that is clear, accurate and meaningful at a level which women, their partners and family can understand" (p.1). This includes the requirement to apply "in-depth knowledge of the physiology of lactation to practical situations" (p.4). These competencies are also included in the IMCN action plan (Scottish Government, 2011), which recommends that training programmes should include "current, consistent, evidence-based education" (p.65).

The importance of a positive attitude in health professionals has been addressed in the same action plan, which states that training "must promote positive attitudes and challenge negative attitudes towards maternal & infant nutrition" (p.66). This is in turn addressed in the key competencies for midwives (NMC, 2007), but how this should be achieved or measured is not detailed. The key competencies state that midwives should "ensure that personal judgements, prejudices, values, attitudes and beliefs do not compromise the care provided" (p.4), as a negative attitude may compromise women's confidence in breastfeeding (McInnes and Chambers, 2008).

Peer supporters have been identified as a key part of the breastfeeding workforce (Scottish Government, 2011). The Breastfeeding Network (BfN) has been training breastfeeding peer supporters in the UK for the past 15 years. This training comprises two training courses: breastfeeding peer supporter training at levels 1 and 2. All BfN training is delivered by qualified peer support trainers who themselves have extensive experience as breastfeeding peer supporters. Both courses embrace a biopsychosocial approach and use a variety of learning methods including didactic input, group discussion, small group tasks, experiential learning, debriefing personal experience, active visual tasks and individual study, to accommodate a variety of learning styles (Purcell and Hawtin, 2010).

The BfN level 1 training course is specifically designed for women, who have breastfed their children, to extend their knowledge and skills and enable them to give practical and emotional breastfeeding support to other breastfeeding women in their community. The course usually takes about 24 h and is accredited by the Open College Network (OCN) with six credits at OCN level 2. The training has been found to improve mothers' levels of knowledge and attitudes (Kempenaar and Darwent, 2013). Training addresses these by;

- Providing evidence based, up-to-date breastfeeding knowledge.
- The skills to apply these ideas in practice.
- Acquiring the skills to source and evaluate evidence based knowledge.
- Reflecting on the mother's own breastfeeding experience.
- Challenging negative or incorrect attitudes towards breastfeeding.

Level 1 training is the entry level course for a peer supporter and does not include training in the management of complex breastfeeding issues. This is addressed within the BfN's level 2 training which provides mothers with more advanced listening skills, expertise in managing more complex breastfeeding issues, such as weight gain and low milk supply issues and managing mastitis and thrush. When using the term 'peer supporter' in the context of this paper, these are women who have undertaken level 1 training.

A number of studies have investigated breastfeeding workers' knowledge and attitudes (e.g. Brodribb et al., 2008; Ingram, 2006; Scott et al., 2003) and several have investigated breastfeeding women's breastfeeding knowledge (e.g. Dungy et al., 2008) and attitudes (e.g. McCann et al., 2007; Scott et al., 2006) and their association with breastfeeding outcomes. One study from Pakistan was found which compared mother's knowledge of breastfeeding policy with doctors and other health professionals (Hanif et al., 2010). However, no UK studies could be found which compared breastfeeding women's breastfeeding knowledge and attitudes with those health professionals who support them. The aim of this study was, therefore, to compare the breastfeeding knowledge and attitudes of breastfeeding women with two of these groups, namely peer supporters and student midwives, who offer them breastfeeding support.

Materials and methods

Design

This study used a cross sectional design to compare the breastfeeding attitudes and knowledge of breastfeeding women attending BfN community support centres, BfN peer supporters (level 1) and final year student midwives. A questionnaire (online and paper-based) was used to survey participants.

Ethics

Ethical approval for the study was provided by the Directors of the BfN and by the University whose midwifery students participated in the research. All participants were provided with participant information sheets. All were informed that participation was voluntary. Women supported by the BfN were assured that participation or refusal to participate would not affect the services they received. Student midwives were informed that their decision would not affect their training nor would individual results be shared with their course tutors. Anonymity and confidentiality was guaranteed to all participants. Participants who were recruited 'face to face' were given the opportunity to ask questions and invited to sign the informed consent form. When students were recruited by email, consent was assumed if participants completed and submitted the questionnaire. Data was stored in accordance with the Data Protection Act (1998).

Recruitment

Breastfeeding women were invited to take part in the research while attending BfN community breastfeeding centres. The breastfeeding centre coordinator asked the women attending the centre if they agreed for the researcher (LK) to attend the centre to inform them about the research and to invite them to take part in

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