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Breastfeeding support and opiate dependence: A think aloud study

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A R T I C L E I N F O

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A B S T R A C T

Objective: international guidelines recommend the promotion and protection of breastfeeding for the substance exposed mother and baby. Yet few studies have explored the facilitators, moderators and barriers to successful breastfeeding for women enrolled on opiate maintenance treatment, or suggested targeted support strategies. The aim of this study was to explore the views of women with opiate dependence on proposed elements for inclusion in a breastfeeding support intervention.
Design: a qualitative study using think aloud technique.
Setting: tertiary maternity hospital in the North-East of Scotland. Interviews conducted between November 2013 and March 2014.
Participants: 6 opiate dependent women within 6 months of giving birth. Participants were enrolled on opiate medication treatment during their pregnancy, had initiated breastfeeding and accessed in-hospital breastfeeding support.
Findings: an intervention founded on practical, informational and environmental elements was endorsed as supportive of continued breastfeeding of an infant at risk of Neonatal Abstinence Syndrome. Opiate dependent women were more receptive to strategies promoting a person-centered approach that were specific to their individualized infant feeding needs and delivered within an emotionally supportive environment. Barriers to the acceptability of breastfeeding advice included discouraging, prescriptive and judgemental healthcare actions and attitudes.
Key conclusions: there are distinct facilitators, modifiers and barriers to breastfeeding within the context of opiate exposure. Using this awareness to underpin the key features of the design should enhance maternal receptiveness, acceptability and usability of the support intervention.
Implications for practice: additional and tailored support interventions are required to meet the specific needs of breastfeeding an infant experiencing opiate withdrawal. The elimination of disempowering institutional actions and attitudes is imperative if a conducive environment in which opiate dependent women feel supported is to be achieved.

Introduction

The health, social and psychological value of breastfeeding is well-evidenced in healthcare literature and breastmilk is universally accepted as the optimum nutrition for infants (Renfrew et al., 2012). For the opiate exposed mother and baby there are additional advantages to be gained from breastfeeding over and above the generic benefits (Tsai and Doan, 2016). Yet statistics demonstrate that this is a population with significantly lower rates of breastfeeding initiation and continuation compared to national averages (McAndrew et al., 2012; Wachman et al., 2010). Reviews of clinical practice also reveal that within health services promotion and support for breastfeeding amongst women prescribed Opiate Maintenance Therapy (OMT) can be sub-optimal (Balain and Johnson, 2014; O'Grady et al., 2009).

Research indicates that breastfeeding is beneficial for the substance exposed mother and baby as it alleviates the severity of Neonatal Abstinence Syndrome (NAS); optimises opportunities for bonding; enhances parenting skills by limiting separation and may decrease maternal anxiety levels through the reductive effect of oxytocin on stress responses (Jambert-Gray et al., 2009; Jansson et al., 2008). Substantial evidence demonstrates that there is a lower incidence of NAS with the provision of breast milk containing opiate substitution medication (Logan et al., 2013). Breastfed infants experience a shorter duration and a milder course of withdrawal symptoms than their

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formula fed counterparts (Welle-Strand et al., 2013). They are also less likely to either require pharmacological treatment for NAS or they have a shorter course of treatment (Abdel-Latif et al., 2006). Additionally, neonates managed with supportive care -a tripartite package of breastfeeding; environmental modifications to minimise external stimuli from light, noise and activity and consolation strategies such as non-nutritive sucking and loose swaddling to aid self-soothing- have on average a shorter duration of hospitalisation compared to those undergoing pharmacological management (Dryden et al., 2009; Patrick et al., 2012). This body of evidence serves to substantiate the significant advantages in respect of improved health outcomes and the potential rationalisation of finite healthcare resources offered by increased breastfeeding in this cohort. Furthermore, included in a number of the studies is the recommendation that health services should be directed towards facilitating breastfeeding for the opiate dependent women and baby. They do not, however, offer suggestions as to how this can be achieved.

Various reasons have been forwarded for the limited breastfeeding success amongst substance dependent women. These range from negative attitudes towards breastfeeding and the prevailing socio-cultural norm of formula feeding within many disadvantaged communities, to a lack of information on the additional benefits of breastfeeding on NAS outcomes (Jones and Fielder, 2015). Barriers suggested for the premature discontinuation of breastfeeding include the physical feeding difficulties inherent of neonatal withdrawal; low maternal self-confidence and unsupportive institutional practices (Jansson and Velez, 2015).

Whilst this gives valuable insight into the suspected challenges to breastfeeding for this group, there is limited research on the views of OMT women themselves, regarding the facilitators, modifiers and barriers which inform their breastfeeding decisions. Demirci et al. (2015) conducted interviews with pregnant OMT women exploring breastfeeding initiation and further focus groups with 4 postpartum mothers on their breastfeeding experience. The findings reported a perceived lack of support from hospital based clinicians, misinformation and undermining practices regarding breastfeeding support and management. Tsai and Doan (2016) systematically reviewed the literature on infant feeding and opiate dependence and identified a need for qualitative studies to explore maternal views in order to develop appropriate breastfeeding promotional and support interventions. The lack of qualitative evidence may be reflective of the status of this group as hard to access and reluctant engagers of research. Several authors have encountered difficulties recruiting and retaining participants from the substance dependent population. Chaotic lifestyles, illiteracy and limited concentration have all been cited as negatively impacting on the suitability of traditional research methods to accommodate these barriers (Chandler et al., 2013; Murphy and Rossenbaum, 1999).

The use of illicit and prescription addictive substances is a major public health issue and is considered to have reached epidemic proportions (Allegaert and van den Anker, 2016). Davies et al. (2015) conducted a cross-country comparison of the prevalence of NAS in England, USA, Australia and Canada and a growing trend was noted in the number of infants at risk of neonatal withdrawal. The UK demographic data revealed that substance exposed infants were born to women with an age range of 25–34 and who were mainly resident in areas of high deprivation. This points to a group who are highly likely to already be subject to health and social inequality and would benefit from the protective properties of breastfeeding.

Yet, in order to develop and improve services, it is imperative to gain an authentic understanding of the needs of the target group. This study used Ericsson and Simon's (1992) think aloud technique as a method of addressing the complexities of research with OMT mothers. This technique involves short, focussed sessions using models or examples of potential intervention elements. Think aloud promotes a person-based approach by canvassing the perspective of those with personal experience of a phenomenon and the benefit of their understanding can be incorporated into the development process. Subsequently, this approach has gained credence within healthcare research as accommodating user's views prior to pilot testing can optimise efficacy, acceptability and minimise time and resource expenditure (Hoddinott, 2015; Yardley et al., 2015). Specifically, for this population group, the process enables respondents to express their thoughts in a fragmented manner which avoids the need for social verbalisation. Thus, it is an ideal medium to overcome issues with illiteracy, articulation or memory impairment (Koro-Ljungberg et al., 2012). In our study the participants were prompted to consider their breastfeeding experience and support needs whilst they engaged with pictorial representation of intervention components or concepts. They were encouraged to verbalise their thoughts, or 'think aloud' about the functionality of the components to support breastfeeding. Whilst think aloud technique has not been used with this study population before, to the author's knowledge, this method has been successfully used to study decision making in previous healthcare research(Briscoe et al., 2015; Lundgren-Laine and Salantera, 2010). Furthermore, it was considered as an approach sensitive to the unique needs of those with a substance use disorder.

Within the plethora of breastfeeding literature, the studies concerned with infant feeding and substance dependence predominantly focus on the impact of neonatal withdrawal outcomes. There is a conspicuous lack of research exploring the breastfeeding experiences of OMT mothers or determining ways in which to facilitate this group achieve their infant feeding goals (Kelly et al., 2016). Given the significant health and social advantages of breastfeeding for this group there is a compelling need to undertake research which may aid practitioners and policy holders to both develop and deliver targeted support strategies. In this paper we report on think aloud sessions undertaken as part of a mixed method feasibility study to inform, design and test a theoretical and evidence based breastfeeding support intervention. The focus of this phase was to explore the views of opioid dependent women on the acceptability and usability of the prospective intervention.

Methods

Procedures

The feasibility study adopted a pragmatic approach with a mixed methods design including qualitative think aloud sessions. This technique used pictorial representations of intervention elements as prompts symbolised practical assistance; one-to-one dedicated sessions; emotional support; person-centred care and environmental modifications and consolation equipment (Table 1). The choice of intervention components was informed by a systematic review of existing literature (MacVicar and Kirkpatrick, 2014); recommendations from local stakeholders and international good practice guidelines for the care of infants at risk of NAS (World Health Organization, 2014).

Setting and participants

The research was conducted in the main regional tertiary level maternity hospital. This facility provides a combined obstetric and substance misuse clinic and specialist neonatal services and has an estimated 100 admissions per annum of women enrolled on OMT (Black et al., 2013). Criteria for participation were women within 6 months' post birth; opiate maintained during pregnancy; initiated breastfeeding; roomed-in with their baby in the postnatal area; spoke English language and were 16 years of age or over. Exclusion criteria were positive HIV status and known concurrent use of psychoactive drugs as this can result in physical/psychological or pharmaceutical impairment affecting ability to fully comprehend informed consent. Potential candidates were identified by their hospital direct care team,

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