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A two-decade perspective on mothers' experiences and feelings related to breastfeeding initiation in Sweden [☆]

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ABSTRACT

Objective: The purpose was to examine mothers' experiences and feelings related to breastfeeding initiation from a two-decade perspective.

Methods: A repeated cross-sectional survey was conducted at a maternity ward before and after introduction of Baby Friendly Hospital Initiative (BFHI) and in a follow-up survey. Women participated in 1992 (n = 83), 1993 (n = 74) and 2011 (n = 94).

Results: The duration of time at the first suckling differed; in 2011, the baby sucked 24.4 minutes compared to 12.7 minutes in 1992 ($p < .001$) and 13.6 minutes in 1993 ($p < .001$). In 1992, 34.6% of the women reported using supplementary formula compared with 5.9% in 1993 and 9.3% in 2011 ($p < .001$). The mothers' contacts with the child or the father as well as their moods did not vary during the years. Mothers rated their feelings towards breastfeeding as being lower in 2011 than in 1992 and 1993 ($p = .008$). In 2011, mothers experienced breastfeeding as being more difficult and reported a higher degree of tension, insecurity and anxiety.

Conclusions: Supplementation was given to healthy newborn infants, which does not conform to BFHI intentions. Routines and support in relation to breastfeeding initiation need to be continuously evaluated in order to strengthen and sustain the BFHI.

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Introduction

Successful long-term breastfeeding depends on a successful start. With this in mind, the Baby Friendly Hospital Initiative (BFHI) was launched by UNICEF and the WHO in 1991 [1,2]. The initiative is a global effort to implement practices that protect, promote and support breastfeeding initiation in maternity services. The "Ten Steps to Successful Breastfeeding" is the underpinning framework of the BFHI and summarises the maternity practices necessary to support breastfeeding. The Swedish government decided in 1992 to encourage Swedish hospitals to participate in the BFHI, including the "Ten Steps to Successful Breastfeeding." In 1997, all maternity services were assessed and accredited as "baby-friendly." In the period following this implementation, breastfeeding rates increased on a national level, most likely resulting from adherence to the "10 Steps"

and a Baby Friendly climate. Today, the frequency of breastfeeding in Sweden is high. Almost 97% of infants born in 2010 were breastfed at the age of 1 week, and at 6 months, 62% were exclusively or partially breastfed [3]. The Swedish government's recommendation is that exclusive breastfeeding should be practised during the first 6 months [3]. Thereafter, breastfeeding should continue with the addition of complementary foods.

In Sweden, antenatal, intrapartum and postnatal care as well as breastfeeding support is primarily provided by midwives. If complications occur, they cooperate with obstetricians, under a shared-care model, where both midwives and obstetricians have the joint responsibility. Breastfeeding counselling is provided both individually and in parenting classes during pregnancy and postpartum. In the setting where this study was performed, antenatal care was conducted in healthcare centres in municipalities. Labour and maternity wards were situated at the hospital and midwives had a rotating schedule, which means that they alternate between both wards. During the last few decades, routines regarding normal childbirth have changed. According to standard labour routines in 1992, healthy newborns were swaddled in a blanket and placed on the mother's chest. The child was allowed to breastfeed for 5 minutes to minimise sores on the mother's nipples. At maternity wards, both single and four-bedded rooms existed. Nurseries were present and

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rooming-in at daytime was an option. Partners and siblings could visit the ward twice a day for 2–3 hours each time. The average hospital stay for mothers was 4–5 days. Before the introduction of BFHI, a training programme was designed and continuing education of health professionals was implemented. In 1993, all healthy newborns were placed skin-to-skin with their mothers as soon as possible after birth and remained there until the first suckling was established. The mothers stayed at the labour ward for at least 2 hours after birth. Maternity ward had single rooms, where partners and siblings had the opportunity to stay with the mother and the newborn. Rooming-in was common practise, and a written breastfeeding policy was developed. The family stayed for up to 72 hours after birth. In 2011, the same conditions were still in practise, but the average stay for women with normal birth had decreased to 2 days. In 1993 and 2011, parents and their newborn were invited to return to the maternity reception about 2–3 days after birth and to postnatal care 6–12 weeks after birth. There, they met a midwife who had experience in both postnatal care and breastfeeding. In addition, parents had regular contact with a nurse in child healthcare.

Based on the “Ten Steps to Successful Breastfeeding” [1,2], early initiation of breastfeeding is important, as it is associated with long-term breastfeeding [4,5]. Other factors which influence breastfeeding positively include: skin-to-skin contact [6], continuity of care [7], support from partner, family and health professionals [8–11], being exclusively breastfed in hospital [12,13] and breastfeeding on demand [14]. Additionally, rooming-in is recommended as it promotes mother-child interaction and the likelihood of long-term breastfeeding [15,16].

Since the BFHI was introduced worldwide, several studies have evaluated its impact on breastfeeding rates from a healthcare perspective [17,18]. However, as far as we know, evaluation of the mothers' perspective of the breastfeeding initiation is limited. Therefore, the aim of this study was to examine mothers' experiences and feelings related to breastfeeding initiation from a two-decade perspective. Specific research questions were: Are there any differences in mothers' experiences of breastfeeding when comparing results from 1992, 1993 and 2011? Are there any differences in mothers' feelings about breastfeeding when comparing results from 1992, 1993 and 2011?

Methods

A hospital in the south-east of Sweden was BFHI accredited in 1993. The hospital is an academic teaching hospital serving primarily middle class families. A repeated cross-sectional survey was conducted in 1992 and following the implementation of BFHI in 1993. In 2011, we repeated the survey once again.

Participants

Inclusion criteria for the study were: women with a normal vaginal birth, vacuum extraction for maternal indication and breech birth, having given birth to a full-term, healthy singleton infant, Apgar score of 9–10 after 5 minutes, good understanding of the Swedish language and being able to fill in a questionnaire. All women who fulfilled the inclusion criteria were invited to participate. In 1992, 83 women agreed to participate; in 1993, 74 women; and in 2011, 94 women. The women were recruited for 10 weeks in 2011. Response rates were 85.5% in 1992, 71.8% in 1993 and 89% in 2011.

Study design and questionnaire

The procedures for the surveys in all three studies were similar. All women received oral information about the study. Those women who gave informed consent were given written information and a

questionnaire at the maternity ward the day after the birth. The completed questionnaire was returned in an enclosed envelope when they left the maternity ward.

A questionnaire was developed based on “Ten Steps to Successful Breastfeeding.” The questionnaire was constructed to evaluate the BFHI at the hospital. Results from the questionnaires that were collected in 1992 and 1993 have not been published until now. In the 2011 version, a group of staff members involved in providing breastfeeding support affirmed the content validity. They evaluated which questions were still relevant. A pilot study was performed among 16 mothers at a maternity ward in order to achieve face validity. They were asked to assess the questionnaire and indicate if they had any difficulty in responding to the questionnaire or if there were any cases of ambiguity. This resulted in minor corrections. From the questionnaire, 32 items were presented in this study. They are grouped into four areas: 1) six questions relating to background characteristics; 2) five questions about the first suckling occasion at the delivery ward; 3) three questions about their experiences of breastfeeding during their first day at the maternity ward; 4) mothers' feelings related to the breastfeeding initiation were rated using the Alliance Scale [19] psychometric, which was tested in 2010.

The scale had been used previously [20] but had not been tested for reliability and validity until 2010 [19]. At that point, it was named “Alliance Scale” due to its ability to rate mothers' relation to their child and to the father. The scale takes only a few minutes to complete, which makes it easy to use. It has 18 items covering five dimensions concerning: mothers' contact with child (four items), mothers' contact with father (four items), mothers' feelings towards breastfeeding, comfort (two items), mothers' feelings towards breastfeeding, calm (five items) and mothers' mood (three items) (Table 1). A semantic differential scale with response alternatives ranging from 1 to 7 was used with extreme expressions at each end; no figures were given. The endpoint sometimes represented a positive assessment and sometimes a negative assessment, thus, avoiding routine-like responses. Reliability coefficients were satisfactory (>.7) in all dimensions. Cronbach's alpha was as follows: mothers' contact with child was .79, mothers' contact with father was .91, mothers' feelings towards breastfeeding, comfort was .68, mothers' feelings towards breastfeeding, calm was .87 and mothers' mood was .83.

Table 1
Dimensions and included items.

<i>Contact with child</i>
Distant–Close
Cold–Warm
Insecure–Secure
Difficult–Easy
<i>Contact with father</i>
Distant–Close
Cold–Warm
Insecure–Secure
Difficult–Easy
<i>Mother's feelings towards breastfeeding, calm</i>
Insecurity–Self-confidence
Have to learn–Self-taught
Difficult–Easy
Tension–Relaxation
Anxiety–Calm
<i>Mother's feelings towards breastfeeding, comfort</i>
Constraint–Freedom
Discomfort–Pleasure
<i>Mother's mood</i>
Sad–Cheerful
Unhappy–Happy
Gloomy–Elated

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