Student: Katelyn Thorn

Title: Breastfeeding in Primary Care: The experience of mothers who seek breastfeeding support

Supervisors: Dr Geraldine Wilson and Janetta Skiba

Sponsor: Rural Canterbury Primary Health Organisation (RCPHO)

Introduction:

Breastfeeding has widespread benefits for infants, mothers and society and helps to support a healthy start in life. Although it is often thought to be 'natural' and 'normal', for many mothers it can feel quite the opposite. The importance of giving appropriate support and advice to those mothers with breastfeeding challenges is vital to help them to reach their own personal breastfeeding goals, as well as national and international recommendations. Mothers who have had difficulties breastfeeding and received further support are the target of this research.

Aims:

The major aims of this study are to identify and understand the barriers and facilitators to breastfeeding and what influences a mother's decision to continue to breastfeed or not, in the subgroup of women who have received breastfeeding support. It will also evaluate mother's intentions for the duration of breastfeeding, and see if their antenatal goals were met. Finally it will assess what breastfeeding supports and education mothers identify as being integral to the continuation of breastfeeding.

Methods:

A questionnaire was developed using information from a literature review and consultations with local lactation consultants, mothers who had recently breastfed and Māori health advisors. The questionnaire was then piloted, and ethics approval was obtained from the University of Otago. Following this, the questionnaire was distributed to 449 mothers who had recently accessed the Rural Canterbury Primary Health Organisation (RCPHO) Community Lactation Service. Of these, 384 were sent an online questionnaire via email and the remaining 65, who did not have verified email addresses, were sent the same survey by post. The data from the online and postal surveys was then collated and descriptive statistical analysis was performed.

Results:

A total of 138 of 449 surveys were returned, giving an overall response rate of 31%. The median age of mothers was 33 years. It appears that the majority of women in the survey had breastfeed for at least 6 months as 105 (76%) mothers were still breastfeeding at the time of the survey and the average age of the babies in the survey was 7.77 months.

39% (54) of participants planned to exclusively breastfeed until baby was around 6 months old (i.e following World Health Organisation (WHO) recommendations). Of those participants, 48% (26) managed to achieve this goal and one other mother was on her way to achieving this.

From prior research, it has been found that a mother's decision to breastfeed is often made in the antenatal period. In this study, the biggest influences on the mother's pre-natal decision to breastfeed or not were awareness of breastfeeding benefits (94% of participants) and supporting the health of my baby (83%).

The main facilitators of breastfeeding in this group were having help from lactation consultants (84%) and having supportive healthcare professionals (69%). Some mothers commented that they particularly liked having personalised help and practical advice for breastfeeding techniques.

Barriers to breastfeeding were grouped into three separate categories of 'maternal issues', 'baby issues' and 'other issues'. Nipple pain and self-reported insufficient breast milk supply were the two most common maternal issues affecting breastfeeding duration. Interestingly, in regards to baby issues in this subgroup of mothers, it was more common to have an issue such as latching difficulties or tongue tie than to have no issues at all. From the 'other issues' category, receiving conflicting advice about breastfeeding and returning to work were ranked top equal for other factors that affected breastfeeding duration. Returning to work was also one of the main reasons commented by the mothers that felt the WHO recommendation for 2 years of partial breastfeeding is unrealistic. Receiving conflicting advice on breastfeeding was also regularly expressed by the women in various comment boxes.

Self-reported lack of breast milk supply was by far the top reason given by mothers for stopping breast feeding (61%). This was also the main reason why many mothers used formula feeding.

Canterbury offers a wide range of community breastfeeding services. If the participant had accessed one of these services, they were asked to rate how effective they found the service to be. Lactation consultants were rated the highest, followed by midwife or other lead maternity carer. However, this group of women had all received support from lactation consultants. Interestingly, social media (e.g. Facebook groups) was ranked the third most effective source for breastfeeding information and support. Many mothers commented that they felt the help they received was often too late and would have been better earlier. Some mothers also commented that they found there was not enough support for bottle feeding from any breastfeeding service.

Nearly every participant said they would have liked more support from at least one service in regards to breastfeeding. Over half of all participants said they would have liked more support from their maternity hospital, and approximately 40% of participants wanted more support from antenatal classes and midwives. However, it is important to remember that the participants are only a subset of women who have received support for breastfeeding problems. Although General Practitioners (GP) were ranked as the least effective source of breastfeeding support and information, only 22% of participants would have liked more support from them. Throughout the survey, women commented on a range of experiences with breastfeeding support services; both positive and negative.

Conclusion:

This study has shown that a mother's decision to breastfeed is highly influenced by the knowledge of breastfeeding benefits, in particular supporting their baby's health. During breastfeeding, help from lactation consultants and healthcare professionals were deemed to be the most important facilitators to breastfeeding.

It appears that self-reported lack of breast milk supply is a common problem for this group of mothers. Consistent and ongoing education around what is considered 'normal' or 'sufficient' breast milk supply is vital to enable more women to reach their breastfeeding goals. Latching difficulties and the increase in recognition of tongue-tie in babies is another important issue that needs to be addressed by all breastfeeding services. It is also evident that conflicting advice plays a major role in mothers' frustrations with breastfeeding. It is vital to have consistency in advice between services, as well as access to support services earlier in the breastfeeding period. Social media groups (e.g. Facebook) may also be another avenue that should be explored for delivering breastfeeding support.

It is hoped that the results of this study will now help to enhance the delivery of breastfeeding services, especially to those mothers who seek support. The ultimate outcome is to improve a mother's experience of breastfeeding, thereby increasing population participation rates and extending the duration of breastfeeding.