

**Mothers' voices: results of a survey of public health nurse-led breastfeeding support groups.**

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# **Mothers' voices: results of a survey of public health nurse-led breastfeeding support groups.**

## **Abstract**

Previous research report dissatisfaction of mothers with breastfeeding support in the community and a consistent approach to breastfeeding support groups is needed. This study allows the mother's voice to be heard through examining their experience of public health nurse (PHN) led breastfeeding support groups in North Dublin, Ireland. A survey with open and closed questions was administered to N=177 mothers. N=96 returned the survey from 9 different support groups. Emerging themes included; Weighing babies at the group, PHN as group facilitator and Expressions of self efficacy. Results show that mothers valued support from the PHN at the early stages of breastfeeding whereas mothers preferred peer support as breastfeeding progressed. Social support gained was rated highly. The timing of the group, atmosphere and availability of refreshments were important. A more formal structured approach to support groups and the introduction of practice guidelines in this area is required to ensure a high quality and consistent experience for mothers in the community.

**Keywords:** Breastfeeding, facilitation, Lactation Consultant, Public Health Nurse, Self efficacy, Social support, weighing babies.

## **Introduction**

The health benefits of breastfeeding in the short and long term, for both mother and baby is evident in much research (Department of Health and Children, DOHC, 2005). The World Health Organization (WHO & UNICEF 2003) recommends that infants should be exclusively breastfed up to six months and beyond with complementary feeding. Babies who are not fully breastfed for the first three to four months are at greater risk from gastroenteritis, respiratory, ear and urinary tract infections, allergies and diabetes mellitus (Büchner et al., 2007). Breastfeeding also reduces the risks of obesity, breast and ovarian cancer and saves money on buying formula feeding (Büchner et al., 2007). Despite the health advantages, variations in breastfeeding rates exist. In OECD (Organisation for Economic Cooperation and Development) countries, on average, almost half of all infants 3 months of age are being exclusively breastfed. However, by the time infants are 6 months old, less than 25% are exclusively breastfed (OECD, 2009). Several studies have found low rates of breastfeeding, poor weaning practices and variability within and between countries, and there have been calls for a consistent approach to breastfeeding support across Europe (Nichol et al., 2002, WHO & UNICEF 2003, Cattaneo et al., 2005).

Breastfeeding in Ireland a Five Year Strategic Action Plan (DOHC, 2005) reports that Ireland has one of the lowest rates of breastfeeding in Europe. The policy aims to ensure that breastfeeding is the norm for infants and young children. The right of the mother to make an informed choice about how she chooses to feed her infant is a core principle within this policy (DOHC, 2005). The Policy has five goals, closely correlated with the aims of the Ottawa Charter for health promotion, goal three advocates that communities promote breastfeeding through empowerment of families, friendships

and community networks. Additionally, the policy advocates that evidence based standards are set for the effective facilitation of breastfeeding support groups to aim to increase the duration rate of breastfeeding (DOHC, 2005).

## **Background**

Irish Public Health Nurses (PHNs) have a remit in primary, secondary, and tertiary care for all age groups within a defined geographical caseload area, with older persons care and child health to school going age with a particular emphasis on breastfeeding promotion (Phelan, 2014, Tarrant et al., 2011, DOHC, 2000). The role of the PHN encompasses the principles of primary health care that include equity, accessibility, empowerment and self-determination (Hanafin, 1997).

There is little evidence available on what a breastfeeding support group should encompass exactly. However, Leahy-Warren et al. (2009) examined factors influencing initiation and duration of breast feeding in Ireland of N=1715 mothers with children less than three years. They found that mothers valued breastfeeding support groups facilitated by PHNs and recommended an increase in the availability, timing, geographic spread and frequency of support groups. Hoddinott et al. (2006) conducted a breastfeeding peer coaching intervention study in Scotland using semi-structured interviews, focus groups and coaching group observations to explore intervention effectiveness. They found that groups were popular because they normalized breastfeeding in a social environment which improved participants' sense of well-being. Groups provided flexibility, a sense of control and plenty of visual images and experiences which assisted women to make feeding related decisions for themselves. Furthermore, groups offered a safe place to rehearse and perform breastfeeding in front of others in a culture where breastfeeding is seldom seen in public (Hoddinott et al., 2006). Similarly, Clifford and McEntyre (2008) found in their review of studies on breastfeeding support (BFS) that groups help to normalise the art of breastfeeding in the ordinary everyday social environment. However, Clifford and McEntyre (2008) point out that breastfeeding support groups are only effective if women attend, they are accessible, family and friends are aware

of the importance of breastfeeding and if health professionals receive effective training in supporting breastfeeding.

Guest and Keating (2009) in their study on a new parent group in Australia discuss the qualities of the nurse facilitator as the skilled helper. A partnership approach is used with the facilitator showing respect, humility, empathy, quiet enthusiasm, and personal integrity. Guest and Keating (2009) suggest that communication skills of attending and active listening are required as well as the nurse being readily accessible and open to questions. Mothers valued the partnership facilitative approach that afforded opportunity for plenty of open discussion and recognised each mother's contribution. The partnership model of working with mothers is more effective and acknowledges that parents also have expertise, knowledge and life experiences (Bidmead et al., 2002).

McInnes and Chambers (2008) reviewed several studies conducted between 1990-2005 that examined mothers and healthcare professionals' experiences and perceptions of breastfeeding support. Mothers tended to rate social support as more important than health service support which was described unfavourably with emphasis on time pressures, lack of availability of healthcare professionals or guidance, promotion of unhelpful practices and conflicting advice (McInnes and Chambers, 2008). This finding is consistent with Alexander et al. (2003) evaluation of a newly set up BFG using a questionnaire, in a socio-economic disadvantaged housing estate in Salisbury, UK. Sometime Mothers preferred to talk to other mothers about breastfeeding rather than health professionals and suggestions and opinions from other mothers on breastfeeding tips were seen as valuable while confidence gained from attending groups encouraged mothers to breastfeed for longer (Alexander et al., 2003).

Social support networks between mothers increase self esteem and self-efficacy, act as a buffer when parenting is difficult and can help reduce the risk of or reduce depression. (Kendall Tackett, 2010, Leahy-Warren and McCarthy, 2007). Kendall-Tackett's (2010) review found breastfeeding difficulties if not addressed early can increase risk of depression. Primary care settings for mental

health promotion that enhance protective factors include those that use skills improvement, and empowerment approaches such as working in partnership with families and community (Barry and Jenkins, 2007, DOHC, 2006).

The purpose of this study is to explore the experiences of breastfeeding mothers attending PHN led BFGs. This study seeks to provide recommendations to enhance the quality of delivery of BFGs across PHN teams in North Dublin by considering the mother's voice.

## **Methods**

A survey was designed specifically for this study by the Breastfeeding Support Research Group, North Dublin Committee who have advanced knowledge of breastfeeding and many of whom are lactation consultants. The committee contributes to the practice development of PHNs in the protection, promotion and support of breastfeeding in the community. The survey consists of 10 questions in total that include Likert scale questions, rating scales and open ended questions (See appendix 1). Parahoo (2006) suggests open ended questions allow the respondent to frame their answers in their own words.

### **Questionnaire pilot**

An initial pilot study with N=18 mothers from two groups resulted in adjustments to the survey. This involved including a 'non applicable' option to questions on specific breastfeeding issues.

### **Ethics**

Permission for the study to proceed was approved by the Directors of Public Health Nursing.

All participants were assured that privacy, anonymity and confidentiality would be maintained at all times. An information letter accompanied each survey and any returned indicated consent to participate.

## **Sample**

A total of 20 out of 26 community BFGs listed on Breastfeeding.ie (2014) in North Dublin are managed by the Health Service Executive (HSE) PHN service. A sample of nine groups were included from three HSE, Local Health Office (LHO) areas. Four groups were randomly selected and five groups were chosen due to their large sample size and geographical location.

## **Data collection**

N=177 anonymous questionnaires were administered to the selected groups including postage to 41% (n=65) of whom were ex attendees. All mothers were asked to complete the survey at home and post back in the stamped addressed envelope. N=96 (61%) of mothers responded to the survey.

## **Data analysis**

Data was entered in Excel and descriptive statistics were produced. Open question responses were transcribed verbatim and a thematic data analysis was carried out using Braun and Clarke's (2006) phased guide. Emerging themes were identified, defined and named.

## **Results**

Emerging themes included; Weighing babies at the group, PHN as group facilitator and Expressions of self efficacy.

### **Timing of the group**

Mothers demonstrated a high satisfaction rate (69.7%, n=67) regarding the timing of the groups. However, some mothers complained about early start times with one mother reporting 'a shade early start at 10.30am'. Another mother felt that time given to the group was 'not long enough' while another mother responded, 'I would like the group to be twice weekly'.

### **General atmosphere**

Many mothers described a positive atmosphere at the BFGs stating that it was 'friendly,' 'relaxed' or just that it had a 'great atmosphere'. The general atmosphere of the group was rated at 77% (n=74) satisfaction rate. Seven mothers reported a negative atmosphere that seemed to be 'very busy', 'disorganised', and even 'chaotic' with 'too many mothers, too few nurses' to support the groups' needs.

### **Venue and refreshments**

Twenty one mothers reported negatively that the room was 'too small', 'hot', 'overcrowded', and 'uncomfortable with no refreshments' or the venue being 'just not suitable' with some suggesting that the floors were 'filthy'. The number of no replies or 'not applicable' to the question on venue and refreshments was just 6 out of 96. This indicates that mothers view this issue as very relevant to their BFG experience. The venue and refreshments for the groups were rated at 55.5 % (n=54) and 41.6% (n=40) respectively.

### **Weighing babies at the group**

Eleven mothers commented that 'getting the baby weighed' was one aspect they appreciated most about the group. The process of getting babies weighed was reported by other mothers as causing disruption to the BFG. One mother described disliking the emphasis on weighing the baby' while three others described how 'the group was large and busy when babies were being weighed' and 'the weighing time is too long'. Two mothers said that weighing the baby interfered with their group being a support group with one mother stating 'there is a lack of actual support group and more of getting babies weighed it's more about weighing the baby and socialising'.

One mother reported having a baby 'check' as well.. This might suggest that the PHN facilitator had to be away from the group in order to do this and that some mothers may be availing of a routine baby clinic visit while at the group.



### **Learning to breastfeed**

More than half of mothers 58.3% (n=56) said they 'agreed' or 'strongly agreed' that 'learning to breastfeed' was the most important reason they attended the BFSG, with 14.5% (n=14) of mothers neither agreeing or disagreeing and 23.9 % (n=23) disagreed or strongly disagreed.

### **Learning and group organisation**

Six mothers reported their group being 'unorganised', 'lacking in any direction' with 'little time spent on breastfeeding issues'. Five mothers were surprised that there were no formal talks on breastfeeding education, no speakers or discussions on different topics regarding breastfeeding. Three mothers suggested that 'more information on weaning' was needed and that 'a different topic each week' would be beneficial.

### **PHN as group facilitator**

Many mothers described positive characteristics of their PHN group facilitator as being 'helpful', 'kind', 'encouraging', 'supportive', 'friendly', 'praising', 'thorough', 'expert', 'committed'. One mother described her PHN as 'having a balance of knowledge and support that was just right'. Another PHN was described as 'very thorough and committed'. Five mothers described poor PHN group facilitation where there was little interaction with or involvement with the group, the facilitator was either in another room or did not introduce new mothers. Two mothers reported not having a facilitator at all and commented that the 'support group term was misleading'.

### **PHN and breastfeeding support**

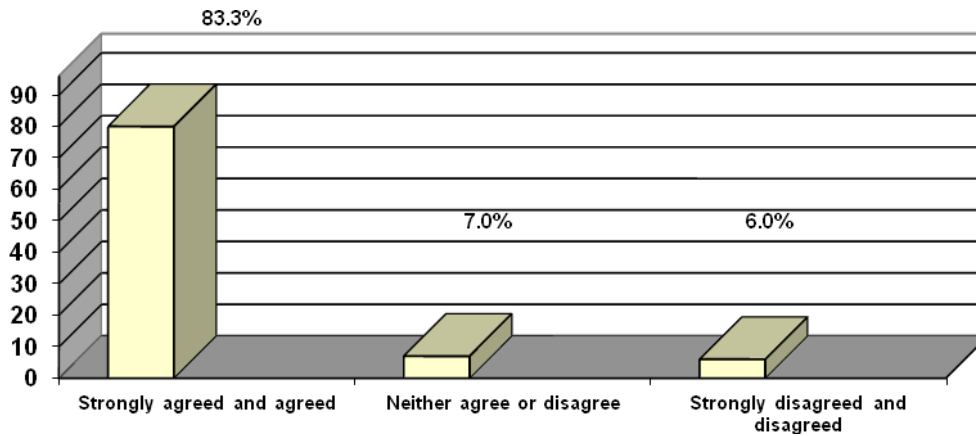
Mothers reported high satisfaction with advice and support from the PHN at 67.7% (n=65) satisfaction on positioning and attachment, followed by 54.1% (n=52) on cracked nipples, and their

lowest satisfaction rates of 47.9% (n=46) on advice on mastitis and weaning. Some mothers reported higher satisfaction rates in levels of advice and support provided by other mothers rather than by PHNs regarding expression of milk at 62.5% (n=60) satisfaction rate, versus 55.2% (n=53) from PHNs. Advice and support on storage of milk was more valuable coming from other mothers at 56.2% (n=54) satisfaction rate versus 50% (n=48) from PHNs. Weaning had a satisfaction of 51% (n=49) from other mothers, versus 47.9% (n=46) from PHNs.

### **Meeting and socialising with other mothers.**

Most mothers (83.3%, n=80) (See Figure 1) said that meeting and socialising with other mothers was the most important reason they attended the BFSG compared with 58.3% (n=56) who reported learning to breastfeed as being the most important. Mothers described the social aspects within a BFSG as what they liked most about the group. They enjoyed the exchange of breastfeeding experiences such as 'sharing breastfeeding problems', providing 'advice and tips'. Some commented on how the BFSGs allowed them to 'make friends' and that having 'the support of other mothers' was helpful. For one mother the feeling of group support provided her with the knowledge that she was 'not alone' and 'gave the motivation to continue'.

<p>'Meeting and Socialising with other mothers is the most important reason I attend the group' (n =96 mothers)      <b>Figure 1</b></p>
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## Mothers experiences of breastfeeding since joining their group

A total of 67.7% (n=65) of mothers reported that their breastfeeding experiences had changed since joining, whilst 21.8% (n=21) reported no change. Just 6.2% (n=6) said they didn't know and n=3 mothers reported not applicable and n=1 mother gave no response.

### Expressions of self-efficacy

Since joining eleven mothers commented on how the group 'normalised breastfeeding'. Mothers described feeling 'more positive', 'confident' and relaxed as a result of 'being able to get help at a difficult time'. Others described a change in confidence as a result of attending the BFSG stating that the 'group gave me the belief I could do it' and one mother now felt 'more confident breastfeeding in public'. Two mothers said the group enabled them to breastfeed further children 'I breastfed my first baby, now twins, only possible because of amazing nurses'.

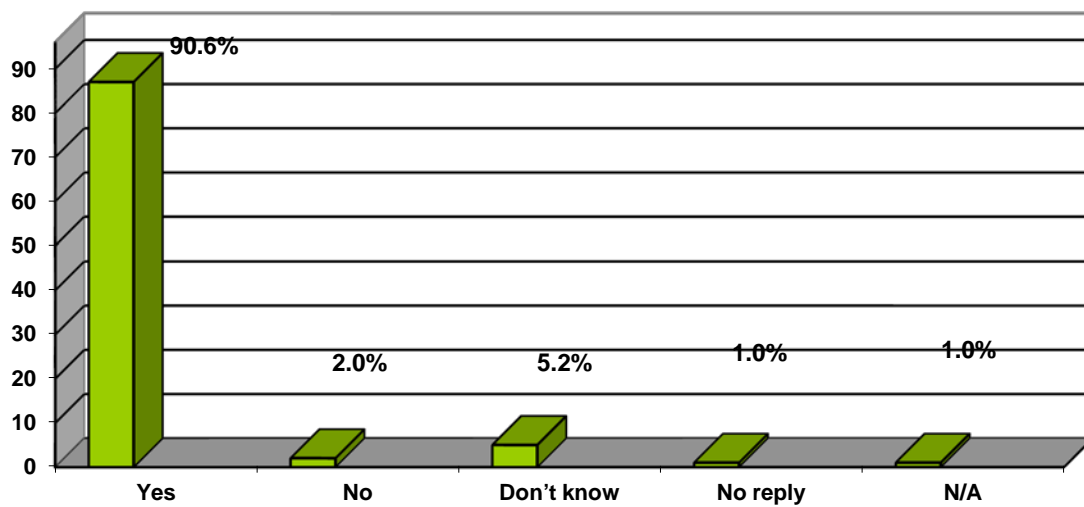
## How mothers heard about the group

A total of 75% (n=72) of mothers heard about the group from the PHN or community nurse. Just 5.2% (n=5) heard from the hospital midwife while 3.1% (n=3) heard from the GP or practice nurse, another 2% (n=2) heard from family and friends. A further 12.5% (n=12) heard from more than one of these sources including just four mothers who got the information from a website.

### Mothers who would recommend their group to a friend.

A total of 91% (n=87) of mothers said they would recommend their group to a friend, with just 2% (n=2) reporting they would not. A total of 5.2% (n=5) said they didn't know, while one mother gave no reply and another replied not applicable (See Figure 2).

Would you recommend your group to a friend? (n=96) Figure 2



### Discussion

The mother's voice in this study has demonstrated the value of attending BFGs led by PHNs. However, findings indicate that PHNs facilitators' knowledge and skills ranged from expert to being unavailable to the group. Additionally, some group support processes and structures were poor. This included overcrowded venues, lack of refreshments and too few facilitators available. Schmied et al. (2011) in their meta-synthesis described some mothers experiences as having disconnected encounters with professionals where services were busy, fragmented and relationship avoidant, this

influenced breastfeeding confidence. Despite these barriers, mothers in this study said that they had breastfed for longer than they would have had they not attended the group and that the group normalised their breastfeeding experience. These findings are in line with national and international breastfeeding policy that aims to increase the duration rate of breastfeeding and strengthen community action through the development of community BFGs that help to make breastfeeding the norm (WHO, 2003, DOHC, 2005).

Findings in this study support previous research by McInnes & Chambers (2008) that indicates how mothers tend to rate social support as more important than health service support. The findings also demonstrate the value of adopting a partnership approach and reflect how much help mothers give and receive from each other whilst learning to breastfeed. It is important to note that although mothers may view social support as more important than health professional support, social support may be undermined if there is a lack of breastfeeding knowledge or experience within the support group (Mc Innes & Chambers, 2008).

The partnership approach helps to increase mothers own self esteem and self-efficacy as a parent knowing their contributions within the group are valued. This can help in the promotion of good mental health (Leahy Warren et al, 2011). In this study, an emerging theme, expressions of self-efficacy demonstrated increased levels of confidence in mothers as a result of attending the group. Tarrant et al. (2011) suggest positively addressing psychosocial challenges that impact on breastfeeding mothers will help to increase the duration rate of breastfeeding.

Interestingly, in this study differences were seen in mothers' satisfaction on the types of support provided by the PHN in comparison to other mothers at the group. Mothers reported their highest satisfaction rates from the PHNs on positioning and attachment. This finding highlights mothers need for one to one professional support in early postnatal days and it is reflected in previous research by Leahy-Warren et al. (2009) and Tarrant et al. (2011). Mothers gave higher satisfaction ratings on advice from other mothers' than from the PHN in expression of milk, storage of milk and

weaning. However, this may reflect the effectiveness of the support group and thus mothers' empowerment through peer support. There is a need to improve PHNs knowledge and skills to enhance breastfeeding support and increase satisfaction rates of mothers. Standardised international training for staff such as the WHO/UNICEF training is important for consistency and accuracy of information using the most recent evidence for supporting mothers to initiate and continue breastfeeding (Rossmann 2007). This training has recently been updated and revised (WHO & UNICEF 2009).

Many mothers reported that learning to breastfeed was the most important reason they attended the group, yet many reported their group being disorganised, with little time spent on breastfeeding issues. Facilitator acknowledgement of adult learning styles may further enhance mothers learning experiences.

Variation in mothers' opinion on weighing of babies at groups was evident in this study, this may be because in Irish society weight gain is a cultural indicator of baby's health. Sixteen (16.6%) of mothers surveyed preferred having the option of weighing their baby at meetings. Other mothers suggested that weighing babies resulted in a busy, even chaotic atmosphere. It would seem reasonable that if the facilitator is weighing a baby then they are absent to the group and hampering good facilitation and breastfeeding learning. This practice also gives the message that weight is a central measurement of progress in a breastfeeding infant, and may create anxiety in mothers. Weight gain is only one of a number of indications that baby is thriving on mother's milk and should not be used in isolation of other indicators such as frequency of feeding, urination and defecation (RCN, 2001). Again the importance of one to one support for mothers in early postnatal days is reinforced by these findings. Mothers and PHNs perceptions on weighing babies at breastfeeding support groups require further exploration.

### **Implications for practice**

Mothers may benefit where groups are nurse lactation consultant led with the novice PHN/midwife as co-facilitator that include formal structured education sessions. This approach may improve breastfeeding support for mothers through mentorship learning of PHNs in effective support group facilitation.

There is a need to move from overcrowded health centres to large rooms in community centres at earlier stages of group development. Health service executive policy advocates that adequate physical infrastructure is vital for care at primary health care level (DOHC, 2006).

This study may benefit other geographical areas, nationally and internationally in developing support groups to improve breastfeeding duration rates.

### **Limitations**

A random selection of groups surveyed may have allowed more generalisable findings, but may have returned less data as many groups were small. The age of mothers and babies was not sought and may have limited the scope of the findings. The Likert questions were phrased positively which may have introduced acquiescence response bias. Additionally, Question 8 may have created bias, as it did not allow mothers who entered 'no' about a change in their breastfeeding experience to comment further using an open question.

### **Conclusion**

This study adds to previous research which demonstrated the value of breastfeeding support groups to mothers in empowering mothers to breastfeed via peer support and PHN support. Issues relating to lack of formal breastfeeding education, poor facilitation and poor venue infrastructures were highlighted. Social support in the context of learning to breastfeed was rated highly. Mothers expressed feelings of self efficacy as a result of attending the support groups and that the group normalised the breastfeeding experience. Mothers and PHNs perceptions surrounding weighing babies requires further exploration. A more formal structured approach to support groups and the

introduction of practice guidelines in this area is required to ensure a high quality and consistent experience for mothers in the community.

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