

A Comparison of Advice About Breast-Feeding Given by Community Midwives in Swansea (UK) and Shahrekord (Iran)

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ABSTRACT

The most common reason for women ceasing breast-feeding were lack of support and appropriate advice. To explore the advice about breast-feeding given by community midwives and compare and contrast their advice in Swansea (UK) and Shahrekord (Iran). Data collected through semi-structured interview with a sample of 12 community midwives, 6 from each country. Purposive sample was selected as capable of giving a wide range of responses. Following transcriptions of the interviews, data were analyzed using a content analysis approach. Within Education, Support, Antenatal and Postnatal Advice Themes, categories and sub-categories emerged from the data. Participants were generally aware of their role in supporting women in the process of breast-feeding. The knowledge obtained through research and education should be shared with women so that informed decision of feeding method can be made. More training staff might produce better outcome.

INTRODUCTION

It is widely known that breast-feeding is the healthiest method of feeding. These claims have extensive support from the scientific literature (1). Breast-feeding is an important professional issue, because the mothers need information to make an informed choice. Within this context, breast-feeding promotion becomes an important practice issue and must be placed as a primary area of health promotion.

Promoting the health of babies by supporting breast-feeding has long been the responsibility of midwives. Midwives have the potential to improve breast-feeding education, having a positive impact on maternal and child health, and they can also support the achievement of the "Healthy People" objectives.

Knowing advice is important, because sometimes the difference between success and failure results simply from a little support and advice at the crucial time.

Since much of the decline in breast-feeding rates seems to occur after leaving hospital, it seemed worthwhile to study the advice that mothers receive.

Many midwives do not actively promote breast-feeding in fact, they may actually provide incorrect advice when problems develop. The current situation and trends in breast-feeding reveals that the majority of mothers experience a wide range of breast-feeding complications. This leads to a loss of breast-feeding skills and as a consequence fewer mothers breast-fed.

The purpose of undertaking this study is to explore the breast-feeding advice that is given by community midwives to mothers in Swansea (UK) and Shahrekord (Iran). This study focuses on the identification of some of the factors that influence advice giving.

The research took place in GPs surgeries in both countries and a semi-structured interview was chosen as the most appropriate method of exploring the advice given about breast-feeding. As a

result of this study, it is hoped to establish a comparative study that could be further developed. It would also provide a focus for the midwives in both Swansea and Shahrekord to consider their own practices, to identify issues of training and further development needed in order to more effectively promote breast-feeding. Such raised awareness will also benefit pregnant women who receive advice and support from these midwives. Therefore,

the challenge for health professionals as a whole, and for midwives in particular, is to find ways to support and empower mothers to perform breast-feeding successfully.

The importance of the midwife's role in promoting breast feeding, and the recognized need for mothers to receive accurate, consistent information and advice were identified by the International Confederation of Midwives (14).

The UK and Iran adopted this policy, which clearly defined the midwife's responsibility for infant feeding.

Continuing education and regular updating of breast-feeding knowledge and skills would improve the support given to breast-feeding mothers. One of the biggest problems in midwifery education is the theory-practice gap. In order to promote breast-feeding, midwives must understand the factors that influence the choice and duration of breast-feeding. This is particularly important where the social customs, language or beliefs of the women are unfamiliar. Several studies reported that women make their feeding choices based on cultural customs and personal beliefs (17) and this decision is strongly influenced by their previous experience (10) or the attitude of relatives. Too many mothers are left feeling disappointed or inadequate, due to their failure to continue breast-feeding because of minor problems, which can be overcome in advance by warning mothers about the types of difficulties they may encounter and

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what preventative steps to take. The quality of advice given to women who are breast-feeding has a significant influence on the outcome of their feeding. During the antenatal period midwives need to give research-based information to women on both the benefits of breast-feeding and the hazards of formula feeding. Promoting breast-feeding by midwives can not be separated from its political context. Policies relating to breast-feeding in maternity units have changed considerably in recent years. For example, the policy of placing a mother and child in different wards, a practice that decreased the frequency of feeding has been replaced with rooming-in. There has been research on the evaluation of the health professionals' role in giving information and supporting women who are breast-feeding (5,13).

MATERIALS AND METHODS

A qualitative research approach was used in this study, as a recommended method of researching data about the individuals subjective experience, view and perceptions (3, 12). To the best of the author's knowledge, the advice community midwives gave to mothers has not previously been comparatively studied in both countries. As a result of limited information regarding the research area, an exploratory design, using content analysis was chosen for the study.

The participants in this study were twelve community midwives from Swansea and Shahrekord. Comparing Wales, a European country with a low breast-feeding rate, and Iran, a Middle East country with a comparatively high breast-feeding rate, may help reveal the factors influencing breast-feeding practice. The researcher considered criteria for choosing the sample. These respondents were chosen, because of their accessibility to the researcher at the time of the study, as well as being community midwives who had significant experience at working in the community. One of the six participants from each group was chosen at random to form a pilot study. In a qualitative study, the quality of the responses are more important than the numbers of respondents (6).

The sample design for this study was a purposive sample. The researcher decided during the interview what questions to ask and how to formulate them to help uncover, new perspectives. Prior to the commencement of this study, the Local Research Ethics Committees in both cities gave permission to conduct the research. The participants were contacted and informed consent obtained verbally, followed by a formal consent.

The most appropriate data collection method for this study was semi-structured individual interviews. Questions in this study focused on four areas including midwives education and training as student, continuing education and training after qualification, advice in antenatal and postnatal period.

Semi-structured interviews were selected because they are well suited for the exploration of the perceptions and opinions of respondents and they can provide responses that allow comparison between respondents.

The first pilot study was undertaken in Sharekord (Iran). The second pilot study was undertaken in Swansea (UK). The pilot study interviews were transcribed, and an analysis conducted on their content. This enabled the researcher to analyze the richness of the interview content and make appropriate amendments to the interview format.

The researcher transcribed each interview. To ensure the credibility of the study the researcher had decided to request another researcher to verify the categories in an attempt to minimize bias and to check any threats to reliability and validity which would weaken the results of research (9).

Ethical approval and permission to undertake the study was obtained. The analysis of data obtained from semi-structured interview, content analysis was used to identify themes. In order to facilitate the reliability and validity of the study and to facilitate generalizability, two colleagues independently reviewed the transcripts, to confirm the categories and to estimate the degree to which data bits of high similarity truly reflected the categories that had been grouped together.

RESULTS

The findings will be discussed in relation to the four themes that is education, support, antenatal and postnatal advice. Within each theme a number of categories have emerged from the data. An overview of the results is presented in chart.

Generally, the participants from both countries did not feel that midwifery education programs prepared them for work in community. Lack of clinical teaching was one of the most striking findings in this study. One of the important reasons for poor support in training is that most health workers have not acquired the relevant knowledge and skills in their basic training (11). To facilitate training for health workers WHO and UNICEF have developed training packages for health workers with different needs (16).

Despite the fact that information, education and training about breast-feeding are essential for midwives, the lack of emphasis on breast-feeding in midwifery education is highlighted by researchers. In view of the increasing evidence of the health benefits of breast-feeding to the population and the WHO/UNICEF recommendation for training, quality breast-feeding education needs to be provided. Midwifery education departments are well placed to provide this for students and qualified midwives.

All Iranian community midwives were familiar with educational

material that was available for them and they thought it was applicable in practice. The sources of material education were different between two groups. In the Swansea group midwives gain their knowledge from a professional body while in the Shahrekord group the Health Authorities only provides this.

Almost all the midwives from both countries reported increased knowledge after the study day and all the midwives reported that they taught at the workshop.

All midwives were familiar with recommended practices, summarized in the "Ten Steps to Successful Breast-feeding", which form the basis for the Baby Friendly Hospital Initiative promoted by UNICEF and WHO.

The data suggest that continuing education provides midwives with essential knowledge and skills that was not provided at initial training for sufficient experience of practice. Their acknowledgment of negative feelings may indicate that the informants had insight into a need for advanced knowledge and skills.

Most of the participants have recognized that it is not always possible to give women all the time and help they may need. They should seek more expert help if it is beyond their capabilities.

Compared with the Swansea group, Midwives in the Shahrekord group talk about a breast-feeding counselor and Counseling Center in one of the clinics.

All the participants in the Shahrekord group talk about the mother's intention to breast-feed.

Swansea group generally agreed that breast-feeding should be encouraged if a woman is undecided about feeding issues, but they were less definite concerning active encouragement of breast-feeding to women who had made another feeding choice. In this study community midwives generally had experience of supporting women in their decision about their feeding method. Women with previous breast-feeding experience may rely on their own attitudes, and skills when making the infant feeding decision than on advice from midwife. They also agreed that family members appear to play some role in the infant feeding decision.

In both groups, midwives commented that support and information helps continued success in breast-feeding and the professional organizations could provide ways of meeting this need.

However, it seems the best start for both groups is asking the mother's concerns and then educating her about the benefits of breast-feeding.

Six out of ten midwives from both countries were concerned about mother's nutrition and gave general advice. In this study, no participants reported that they had given advice or discussed with mothers who had past negative breast-feeding experience during the antenatal period. However, lactation problems with the previous child is one of the factors that should be recognized by midwives in order to promote maternal lactation and stop the same problems occurring again. Although, different intervention approaches based on women's previous breast-feeding experience may be beneficial, in practice, according to the

findings of this study there are no separate antenatal classes and educational materials for these women.

The participants reported that the time they generally spent on discussing infant feeding in antenatal clinic is not more than a few minutes and emphasized antenatal classes. They felt advice should be given following delivery.

All the participants confirmed that even normal feeding requires a technique that has to be learned specially with the first baby. With regards to advice on mixed feeding (Combined breast and bottle) midwives differed greatly.

The documents from both countries (4,2) demonstrated that a pattern of combining breast and formula feeding is becoming more prevalent. The period of exclusive breast-feeding, is usually short. Even in countries like Iran where infants are traditionally breast-fed over a long period, supplementary fluids are given already in the first few weeks of babies' life. Despite the emphasis on promoting exclusive breast-feeding, in which any kind of liquid or solid feeds are not allowed except for vitamins drops and medicine, some of the midwives from both countries may not promote exclusive breast-feeding. Serious efforts should be made by midwives to achieve optimal maternal and child health by enabling women to practice exclusive breast-feeding. Furthermore, health education interventions are needed in both countries to promote exclusive breast-feeding and later appropriate complementary feeding practices.

Midwives discuss with the mother issues such as demand feeding, night feeding, correct positioning and care of breasts, etc.

There is a significant difference in the location and number of postnatal visits. In UK, community midwives visit delivery mothers at home, while in Iran, there is no home visit. Their study shows that a midwife's home visit and individual health education to mothers, reduces the prevalence of infants' health problems and enables the mothers to take action more often when an infant's health problem is identified. It seems postnatal care at home is positive and appreciated by women.

In the UK, midwives working as a team provides the full range of midwifery care and the main aim of the team midwifery is continuity of care for women. The midwives are able to get to know their women well during the pregnancy through home booking, antenatal clinics, and parentcraft classes. This seems to be appreciated by the mothers who see a familiar face at the time of labour and postnatal follow-up. In Iran mothers receive a routine visit at 10 days and 40 days after a normal delivery. The chances of successful breast-feeding would be improved if mothers were visited more or called a day or two after discharge from the hospital and not 10 days after delivery. However, mothers are more likely to receive inconsistent advice from different midwives visiting on different days, unless midwives are aware of the advice given by other members of team to mothers.

Similarly, midwives in both countries follow a check up form during postnatal care.

In both countries there is an increase in the number of women returning to work that in turn affects their choice of feeding method. Midwives need to offer information to mothers about various options open to them when returning to work.

Participants from both groups in the "Education" theme reported that they did not feel that midwifery education programs prepared them for work in the community. However, the policy is to promote breast-feeding in both countries, the result of which is that there are the WHO/UNICEF breast-feeding training courses for health care staff.

On many topics, the advice likely to be offered by the two groups was different. The midwives in Swansea generally followed the Royal College of Midwifery while in Shahrekord the Health Authorities have a greater influence over community midwives. Midwives in Shahrekord must attend compulsory monthly classes to keep up to date, while in Swansea, midwives have to attend study days at least once a year.

Having compared the two groups, it was apparent that the main difference between the two groups was in the "Support" theme. As far as, "Support Organization" is concerned, in Iran, there is no voluntary organization and Health Authorities provide breast-feeding counselors for each clinic or organizes' the mother to mother support for women. The cultural factors appeared to be an important determinant of baby-feeding methods in both countries, with breast-feeding being a traditional custom in Iran, and bottle feeding being more acceptable in Wales.

With regard to "Antenatal advice" theme, all the midwives emphasized on the health benefits of breast-feeding. Similarly, in both groups midwives relied on antenatal classes to give advice to mothers, but they did not give much advice to mothers because of lack of time. Almost all the midwives in the Swansea group reported that they would ask women about their intention on infant feeding, then, based on mothers' decision, they gave little advice. Conversely, none of the Iranian midwives asked women about their intention to breast-feed due to the religious and breast-feeding culture in Iran.

With regard to "postnatal advice" theme, both groups recognized the value of supporting women postnatally. There is a significant difference in the location and number of postnatal visits between both countries. The main advice given to mothers was to feed their babies for the first 4 to 6 months exclusively on breast milk was quite different.

Another similarity revealed in this study was in regard to the views of midwives about working mothers, and their advice to mothers was the same, despite different legislation for working mothers.

Overall, results have shown that mothers in both countries received more advice in the early postnatal period than the

antenatal period. Although general guidelines can be given, mothers are very individual in their needs so that any advice must necessarily be in very general terms. Breast-feeding advice might be more effective if it took local customs into account, rather than trying to lay down a completely new set of guidelines in tat culture.

Findings indicated that breast-feeding advice was shaped by the knowledge and experience of community midwives. Some of them based their breast-feeding advice on their own experience.

The assumption that midwifery practice should be based on research-based evidence is universally accepted, yet practices based on tradition, or ineffective and unproven assumptions continue (15).

The importance of research to inform and educate mothers in making an informed choice about their favoured feeding method has been recognized by participants of this study. The implications of these findings for practice are that support education and anticipatory guidance by health practitioners for breast-feeding should be implemented.

There are encouraging signs that today's midwives are well motivated to implement research finding (8). It seems that there is an awareness amongst participants of this study of the importance of research to inform mothers and guide practitioners.

The findings suggest that similar categories and themes were developed during the analysis of qualitative data whether using English or Farsi. Besides, the comparison of data demonstrates achieving an understanding of different cultural groups' perceptions of breast-feeding advice.

DISCUSSION

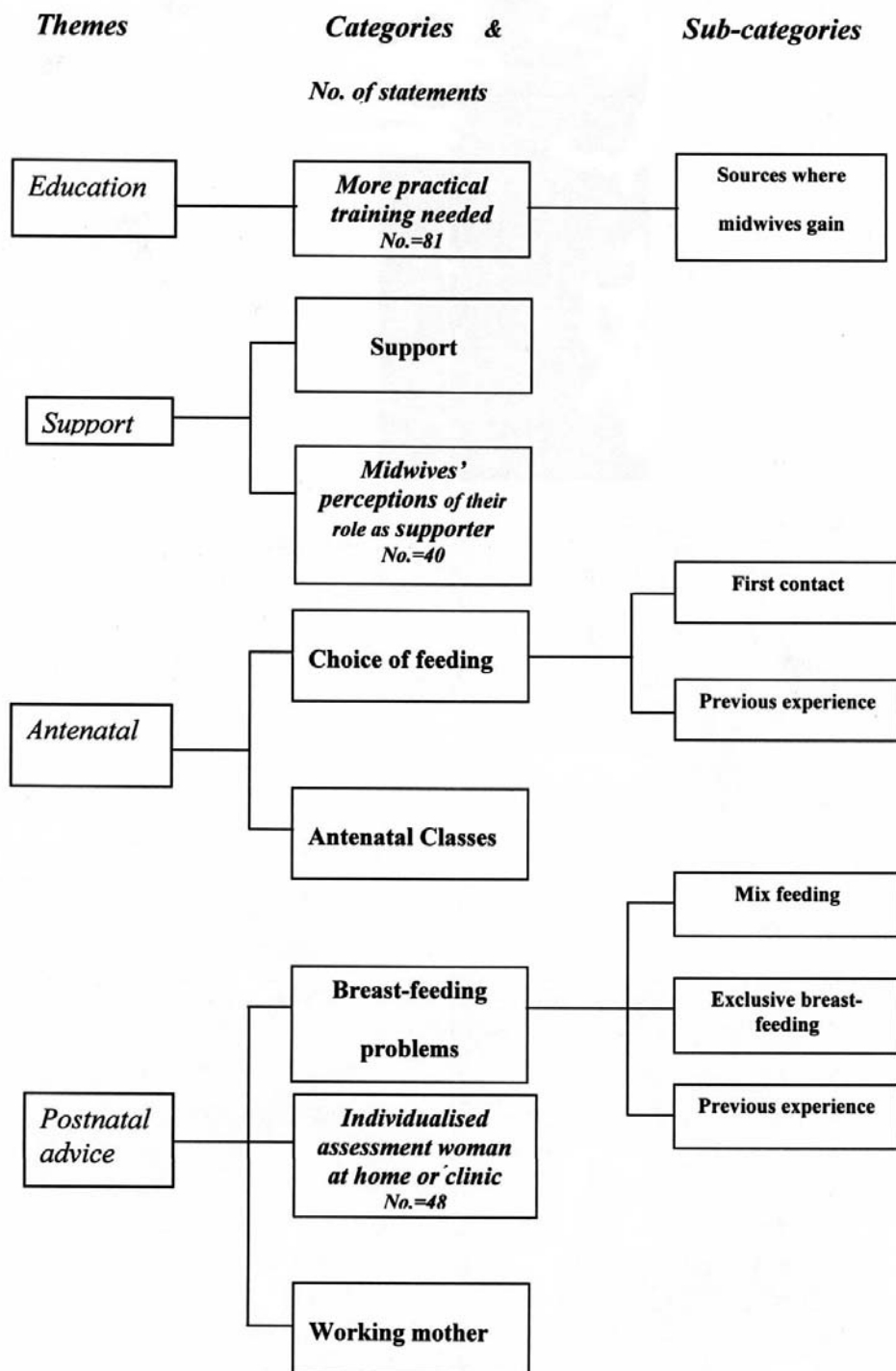
The research set out to explore the breast-feeding advice given by community midwives, and compare and contrast the advice given in the Swansea and Shahrekord groups and to consider factors influencing that advice.

Midwives have a responsibility as health promoters to provide research based information to help mother make an informed choice about infant feeding, along with the giving of support to women who choose to breast-feed.

One important aspect of this study was the examination of any similarities and differences between feeding practice in both countries. Findings from this study demonstrate how the social, cultural and economic environment in each country influences breast-feeding practice.

While attitudes and behavior in relation to infant feeding are highly influenced by the woman's social and cultural environment, midwives need to involve themselves at a local and national level in an endeavor to restore a culture in which breast-feeding women feel valued.

Fig. 1. Overview of analysis



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