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MIDWIFERY BASICS: Infant feeding

The social context of infant feeding

Infant feeding: is the twelfth series of ‘Midwifery basics’ targeted at practising midwives. It aims to provide information to raise awareness of the impact of the work of midwives on women’s experience and encourage midwives to seek further information through a series of activities. In this fourth article Joyce Marshall explores the social context of infant feeding in the UK including sources of support for women whilst feeding their babies from health professionals, peer supporters and their family and social network.

Introduction

Infant feeding is much more than simply nutrition for a baby as it has cultural and social meaning as part of motherhood (Marshall *et al.* 2007). The choices women make in relation to infant feeding can be reinforced or constrained by social norms and expectations. Information and reactions from significant people within women’s social networks (including health professionals) can affect the way they feel – their emotions, attitudes and consequently their behaviour. The huge variation in breastfeeding initiation and continuation rates across different countries within Europe provides evidence for the effect of the social and cultural context within which infant feeding takes place. For example, in the UK only 25% of women are still breastfeeding at all when the baby is 6 months old, whereas in Sweden over 70% are still breastfeeding (Cattaneo *et al.* 2010).

The social environment in which people live shapes knowledge and the meaning given to infant feeding practices and other aspects of motherhood. This happens at a range of different levels – societal, immediate social networks and individual or family influences. A better understanding of the family situation and social network within which a mother is feeding her baby can help midwives and other health professionals to support her more appropriately. Rather than simply conveying ‘breast is best’ style messages, that can be perceived as ‘pressure’ to breastfeed, women may want help to find strategies to manage negative comments from family and friends or ways to find supportive breastfeeding allies.

Scenario

Sally has just arrived ‘home’ to her mother’s house from hospital with her partner Joe. They are staying with Sally’s mother for a few weeks before moving into their own house. Sally had wanted to have her baby at home as she hated hospitals but had to be transferred to hospital during labour. After baby Eva was born, Sally was distraught because she did not have the opportunity to breastfeed within the first hour (she had read that this was important) but she enjoyed the ‘special moment’ when she finally breastfed. Sally breastfed Eva a couple of times but was then struggling and asked for help from the midwives. A range of different suggestions were offered by midwives who were very willing to help but seemed very busy. None of the suggestions seemed to help and Sally had been left feeling confused and

upset. Sally is now feeling much more relaxed at home with her mother as she is confident her mother can help if needed as she has breastfed all of her children. Sally's partner Joe is supportive emotionally but has already suggested Sally should give Eva a bottle of formula.

Support for breastfeeding mothers

Mothers can receive support from a range of different sources, such as health professionals or lay/peer supporters and from their family and informal social networks. A recently updated Cochrane review drawing on data involving over 56,000 women from 21 countries found that extra support provided by either lay supporters or professionals or both helped women to continue to breastfeed for longer and helped them to exclusively breastfeed for longer (Renfrew *et al.* 2012). Face to face support had more effect than telephone support (Renfrew *et al.* 2012). Schmied *et al* (2011) carried out a metasynthesis of qualitative research papers to examine the components of support that women felt were important. They found that building rapport and a trusting relationship were key components and 'being there' for each woman, making them feel relaxed and comfortable rather than pressurised by feeling rushed by busy supporters. Within a trusting relationship and given time women felt much more able to ask questions. The same review also suggested that many women lack confidence and appreciate supporters who acknowledge how they are feeling and tell them when they are doing okay – that is they offer timely support that is appropriate to the woman's needs (Schmied *et al.* 2011).

A style of support that is facilitative and provides women with realistic information is appreciated including practical and personal aspects of breastfeeding – accurate information with sufficient detail (Schmied *et al.* 2011). Rather than oversimplified advice given in a didactic style, women often want a discursive two way exchange with practical help where they are shown rather than told and often they want to know why a suggestion might work in order to make sense of the situation.

Activity 1

Active listening is an important skill to use when supporting women to breastfeed. Using an internet search engine enter the words 'active listening quiz', choose one and use it to assess your active listening skills. How might this help you to support breastfeeding women? Do you always use open questions to encourage dialogue with women?

Infant feeding is a key part of the transition to motherhood and the support women need changes over time as they make this transition. It is therefore useful to consider this chronologically to explore the different factors have impact at different times in the infant feeding journey and the role of the midwife within this.

Pregnancy and decisions about infant feeding

During pregnancy women generally receive the message 'breast is best' whether this is from attending antenatal education sessions or from reading books or magazines. Midwives can play a significant role in the promotion of breastfeeding either when seeing women in antenatal clinics or when delivering

antenatal education sessions. Whilst women usually expect health professionals to promote breastfeeding this can sometimes be perceived as ‘pressure’ to breastfeed particularly if significant people in the mother’s life are either ambivalent or unsupportive of the mother’s decision to breastfeed (Marshall & Godfrey 2012). Recent research has suggested that women do not feel the antenatal information they receive prepares them well – that the reality is very different (Hoddinott *et al.* 2012). Murphy (1999) discusses the strong moral nature of infant feeding decisions and suggests that the statements women make during pregnancy are predictive of whether or not they will initiate breastfeeding. However, such decisions are complex and are influenced by partners, the way the mother’s own mother breastfed and can be affected positively or negatively by seeing others breastfeed or hearing stories about their experiences (Hoddinott & Pill 1999).

Activity 2

Consider how women in your area of work are introduced to breastfeeding. Is there opportunity for women to discuss their experiences and beliefs? Are visual experiences of a baby breastfeeding or discussions with a breastfeeding woman part of this?

Breastfeeding in the early days

Many women feel vulnerable and uncertain in the early days after birth and breastfeeding is often a major factor within this. Women often want to know they are ‘doing it right’ or to have ways of knowing that things are going well such as the baby feeding well and being content (Marshall & Godfrey 2012). In the hospital setting there is potential for midwives to support women with both the emotional and practical aspects of breastfeeding. However, time and structural constraints in the medicalised postnatal ward setting can mean that midwives are unable to build relationships with women and care can become routine meaning that contact with breastfeeding women becomes disjointed (Dykes 2006).

Women can have mixed feelings about going home from hospital, especially if they have encountered challenges breastfeeding. They are often excited to be going home but at the same time can be concerned because they recognise that professional help will not be so easily available. Building confidence at this time is crucial particularly with the practical and technical skills of breastfeeding but the emotional aspects are equally important (Marshall *et al.* 2007).

Activity 3

Consider your last interaction with a breastfeeding woman. Did you use open questions to encourage the woman to talk about how she was feeling? Consider the way you offer help to breastfeeding women. Do you always explain why you are offering a particular suggestion so that she can work it out herself next time? Do you involve partners in these interactions? Read or listen to the mixed feeling women have of going home at: http://www.healthtalkonline.org/Pregnancy_children/Breastfeeding

Continuing to breastfeed

Later in their breastfeeding experience women often become concerned about whether or not the baby is getting enough milk. Ways that women can ‘know’ that their baby is getting enough milk include: the

baby appearing healthy and having wet and dirty nappies, the way their breasts feel before and after a feed, their ability to express milk and the baby gaining weight. These can be considered to be ways of making the invisible visible and can increase women's confidence but a range of factors can undermine this confidence. People in women's social networks often make comments about babies' behaviour that cause women to question their ability to provide sufficient milk for their baby. Group-based peer support for breastfeeding mothers, as is provided at many Children's Centres or Baby Bistros can help, and is popular with mothers because this normalises breastfeeding in a relaxed social environment that helps to improve well-being (Hoddinott *et al.* 2006).

Activity 4

Where can breastfeeding women find mother-to-mother support in a group setting in your area? If you were to facilitate such a group how might you consider alleviating anxieties a mother might have when attending for the first time?

Reflection on the scenario

Sally felt uncomfortable in the hospital setting but once at home she felt much more relaxed. This scenario is based on a situation encountered in clinical practice as part of a research study (with all names changed). It demonstrates the how support from family can help to women to sustain breastfeeding but can also be rather mixed. Sally explained how her mother helped her to continue to breastfeed at home. However, like many women, Sally felt her partner did not know how to help. She described him as supportive but said – *"he doesn't really know what to do, ... he's been an absolute star as far everything else, looking after the baby goes, as far as being awake all hours doing all the changes, looking after her, playing with her, taking her out and what have you, he's been fine, but I don't think he could do much as far as breastfeeding is concerned. I mean he sits there and he kind of puts his arms around me, in a sort of like there, there, I know your nipples hurt, poor you. He is kind of emotionally supportive, but he hasn't got the foggiest idea how to breastfeed or where to begin helping somebody to breastfeed and I mean he was a lot more keen than me to just give her a bottle"*. Sally also had a good relationship with her community midwife who she trusted implicitly. How might the community midwife have involved Joe? Do you think it might have been helpful for him to attend antenatal education sessions? Do you think fathers and other family members always feel comfortable to attend? What more might be done to encourage this?

Conclusion

It is essential for midwives to try to find out and to understand the social context within which breastfeeding occurs for each woman in her care. Although it has been known for some time that extra support improves breastfeeding outcomes women still do not always feel well supported. Midwives have an important role to play in both supporting women with technical and emotional aspects of breastfeeding in the early days and helping women to mobilise other forms of support such as group-based peer support and/or family or informal social support later on.

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