Teesside University

SUNDERLAND INFANT FEEDING: Participatory Action Research

SUMMARY REPORT

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SUMMARY REPORT

Recent reviews of maternity care have emphasised the importance of personalised care centred round the women, baby and family, and based around their needs and choices (National Maternity Review, 2016). This includes infant feeding options. Research has shown that breastfeeding contributes to infant and lifelong health and to the health of the mother (SACN, 2018) and it is recommended by the World Health Organisation (WHO) and the Department of Health that infants are breastfed exclusively for the first six months with breastfeeding to form part of a baby's diet up to two years of age. According to the latest nationally published figures (2018/19) 'baby's first feed breastmilk' in Sunderland was 48%, which is lower than the England average of 67.4% (PHOF, 2020). The percentage of mothers still breastfeeding 6-8 weeks after birth in Sunderland is 25.9%, which is lower than the national average of mothers still breastfeeding at 6-8 weeks of 46.2% (data period 2018/19, PHOF, 2019). When comparing Sunderland to the other local authorities in the North East, 'baby's first feed breastmilk' is ranked 9th amongst the 9 Local Authorities (LA) where data exists. When comparing breastfeeding prevalence 6-8 weeks after birth Sunderland remains bottom 8th amongst the 8 LAs where data exists.

Breastfeeding is often promoted as a natural way to feed babies, however it can often be challenging. Amongst the reasons given by mothers within the research literature for not continuing to breastfeed is that they felt that professionals had given them unrealistic expectations of it (Fox and colleagues, 2015). Consequently the parents-to-be felt aggrieved by what they felt was a lack of preparation for potential difficulties (Fox and colleagues, 2015).

The aims of this research were to:

- Examine and gather evidence from pregnant women and parents on infant feeding practices in Sunderland to further understanding of the complexities of this choice and the influences on this decision during pregnancy and post-delivery
- Use Participatory Action Research (PAR) methodology to provide the opportunity for a cohort of local women to draw upon their own knowledge and that of wider community networks in relation to the roles, relationships and choices which impact on infant feeding practices and to take a lead role in designing and producing research tools and in carrying out the research
- Enable the gathering of information to support individual and organisational decision-making processes which in turn could result in positive changes to local policy and practice and to the behaviours of the people involved in the research activity, in favour of breastfeeding.

Methods

This study adopted a Participatory Action research (PAR) approach, which is a "collaborative research, education and action approach used to gather information to use for change on social or environmental issues" (Pain and colleagues, 2012, p.2). It involves gathering people who are concerned or affected by an issue to take a leading role in the production of knowledge about that issue. PAR is an approach to research and therefore utilises many research methods in order to gather relevant

knowledge to learn about the issue at hand. In this case, pregnant women were recruited to be involved in the design of research tools and to gather evidence from their social circles.

This study was comprised of five Core Group PAR participants and six Research Group participants. The study was carried out in two phases, one concerned with recruiting participants, training them and the design of the research tools, and phase 2 comprised the fieldwork, data analyses and reporting

Data was collected from 392 respondents who completed the questionnaire; 3 PAR group sessions; 16 interviews carried out by PAR groups; 4 post-natal semi-structured interviews; and one diary.

Thematic analysis was used for the qualitative data using NVIVo 12. Questionnaire data was compiled using the Online Survey tool and analysed using SPSS 26 and Excel 2016.

Key findings

The results of both interviews and questionnaires are presented together by theme.

Use of Participatory Action Research (PAR) methodology: PAR was a bold choice by the commissioners. Though there were issues relating to recruitment, those that had taken part felt it to be a positive learning experience and would do it again should the opportunity arise. They were able to identify key priorities for pregnant women in Sunderland and this formed the basis and direction of this research study. All PAR group participants gained from the experience in terms of knowledge, understanding, new skills and confidence.

Parents feeding choice: There were significant differences between what mothers stated in regard to how they thought they would feed and what they actually did ($p<0.001$). Fifty-nine percent of those who thought they would breastfeed actually breastfed, 34% exclusively and 25% mix feeding. Of the mothers who thought they would bottle feed, 83% actually bottle fed, the rest either breastfed (9%) or mixed fed (8%). According to the questionnaire results, mothers in the 30-39 age group were more likely to breastfeed (43%) than younger (29%) or older mothers (32%).

The majority of mothers interviewed reported making a decision on how to feed their baby during pregnancy. Reasons for their choices were mixed. For some, this was following on from discussions with midwives. For others, they felt that they had always known how they wanted to feed their baby. Some of this was based on past experience, the experiences of friend and family or information provided to them.

Involvement of partners: The involvement of partners/husbands in decisions about infant feeding was varied and important. Some interviewees reported keeping them informed of the choice made and others having discussed options with them and asking for their views. While happy to discuss options, the final decision was often left to the pregnant mother-to-be. Some men reported that while they were involved they were happy for their partner to decide. The vast majority (83%) of men responding to the questionnaire stated that they were involved in the decision on how to feed their baby. Men were more likely to state that the best way to feed their

baby was formula feeding (56%) compared with 31% stating breastfeeding and 13% mixed feeding.

Men reported knowing little about available support for dads-to-be. While they would have liked to know about any support that would be available for them, there were no strong views that they would actually access it. Some expectant mothers felt that more should be done to engage partners during antenatal appointments. Some respondents felt that their partners were not actively engaged in these appointments and that midwives could take the opportunity to ask if the fathers-to-be had any questions or concerns or provide some practical advice on how they can support their partners throughout the pregnancy and after the birth.

Information sources and influences: As mentioned above the decision about how to feed a baby is not always inherent or predetermined. When asked what sources of information they trust the most, questionnaire respondents stated the most trusted source was the NHS website. Healthcare professionals were also very highly trusted with midwives, hospital consultants and health visitors as the most trusted individuals.

The evidence also supports that the advice and information provided by midwives is taken on board by many respondents when making decisions. Attendance at infant feeding classes was also identified by a small number of participants as having influenced their decision. However, some respondents also reported that personal experience played a role in influencing future decisions and in those instances midwife input was less influential. There was a view of some respondents that midwives advocated for mothers to breastfeed their baby. Some respondents reported feeling pressured to make breastfeeding their choice by midwives.

Partners and family members were identified by respondents as potential influencers in the decision on how to feed their baby. However, their involvement appears to have been airing their views and perspectives on various feeding methods. Mothers were the main source for advice and information as well as partners/husbands who were seen as needing to support whatever decision made.

When asked about whether they trust information accessed through various sources of media including social media, respondents were least likely to trust media sources such as TV soaps and reality TV (0%), general social media such as Twitter (6%) and Facebook (10%). Media that was specific to pregnancy, babies and parenthood fared better. The vast majority of respondents trusted the information in the Bounty Pack (90%), pregnancy books (86%), pregnancy apps (85%) and leaflets (84%).

The main concern about written information (particularly around breastfeeding) was that it did not provide an accurate picture of the difficulties and issues that can arise and how to work through them. Many respondents reported not knowing what was happening in some cases because the information they had did not include things like difficulties latching, pain, tongue-tie, infections and mastitis. Much of the information provided focused on the benefits of breastfeeding, why it is good for the baby and the mother but is lacking in practical information. Interview respondents highlighted the need for practical advice and information. They wanted to

understand what problems may occur and felt strongly that this should be made available to them by midwives.

Supporting parents: When asked whether pregnant mums and dads need to be supported around feeding options the vast majority of questionnaire respondents (89%) stated that they did. Support to switch feeding method so that they don't feel like they have failed was most popular (93%) as well as 92% wanted health professionals to be available and have the time to talk with them.

Support services: Perceptions of the midwifery and health visiting services were largely positive. Breastfeeding support in the hospital was reported as dependent on how busy staff were and the time baby was born. However, the fact that wards were busy was acknowledged and accepted as a reason for this. Perceptions of breastfeeding support services delivered in the home were varied. Some respondents reported really positive experiences of their support but it is not always easily accessible resulting in inequity of services.

There was also a view from breastfeeding mums (both questionnaire and interview respondents) that when a problem occurs, the advice from professionals is often to give the baby formula. Some felt this was the easy option – a quick fix – but did not always fit with the mum's wish to continue to breastfeed.

Challenges with the chosen feeding method: The questionnaire was designed to provide respondents with opportunities to freely comment using their own words about their experiences and thoughts about infant feeding choices. The vast majority of respondents had commented. Some respondents were very brief and stated that they didn't have any issues feeding their baby (both breast feeders and formula feeders), others provided details and comments throughout the questionnaire. The most frequent comment made by respondents focused on issues they had with latching on. Very few interview respondents reported immediate successful latching and many new mothers reported needing substantial support to achieve successful latching but once this is accomplished, the breastfeeding experience becomes positive and for many, easier.

For some the issues with latching also included comments about tongue-tie and sore or cracked nipples. Others commented about issues such as milk supply, baby's weight loss and cluster feeding. Latching issues were identified as one of the main reasons given for mothers changing from breastfeeding to other feeding methods. Many mothers commented about delays in their milk supply as reasons they changed their feeding method. There was little understanding about milk supply and the types of things that can affect it.

Some parents felt they were failing their child because of their inability to settle baby with breastmilk or continue breastfeeding and for some this was upsetting. Feelings of guilt at not being able to give their baby the best start were prominent among respondents. The evidence across this study clearly supports that breastfeeding is not an easy option for many mothers.

Returning to work was also a problem for some mothers if they wished to sustain breast feeding. While some organisations provide facilities for expressing such as a

private room and fridge, others do not and mothers reported consequently stopping breastfeeding.

Coping with challenges: Some questionnaire and interview respondents reported having no issues with feeding but many reported difficulties Some of the questionnaire respondents provided details as to what they did to overcome the issues they encountered. Whilst some persevered and used devices such as nipple shields, many said that they coped by either switching entirely to formula feeding or mixed feeding where formula is used as a reprieve or 'top up'.

Local culture: The historical culture of Sunderland as a strongly working class area with longstanding generational attitudes, in addition to the socioeconomic challenges experienced locally, could be affecting attitudes and take up of breastfeeding. PAR group members identified that many of their parents did not like the idea of breastfeeding generally and that some of them had been quite obstructive and sometimes quite directive when they had been making their feeding choices.

It was also apparent that one of the main issues for males of the older generation was the idea of breastfeeding in public. Many of the interview respondents recognised that things had changed significantly since they were children. Fathers are becoming much more actively involved in their children's upbringing and care.

There was a view that the culture within Sunderland was changing but that this was a slow-moving change. More and more fathers are becoming more actively involved, particularly in terms of childcare and family time, whether by choice or necessity. However, the views held by older generations within the area have been very slow in changing and that those views are still present and spoken about when younger members of their families begin to have children of their own.

Conclusion

The message of breastfeeding being the best option in terms of health and nutrition for baby and mother was well known across the respondents. For some it was the guiding influence on their choice of feeding their baby and many respondents in this study identified breastfeeding as their preferred choice for feeding their baby. The decision on feeding methods is not based on a single discussion and may change during pregnancy or when experiencing difficulties after the birth of the child/ren. Difficulty with latching on appeared to be the single most influence on mothers switching to formula or expressing. Further timely support and advice aimed at better educating pregnant women and their families in terms of expectations and coping solutions is needed to maintain and improve breastfeeding rates.

While most people would agree that breastfeeding was best for baby and mother, our study shows that for some this was not enough for them to actually do it. Breastfeeding is not something everyone will want to do. For mothers that choose to breastfeed, some had a wonderful experience, for others, the reality was a very different experience to the one portrayed in information.

Information, education and tailored support are the key areas for improvement. Information needs to be balanced and practical. Pregnant women feel strongly that they need to know the benefits and pitfalls of their infant feeding choices to be able

to make the right decision for them in different circumstances, as they felt ill prepared when issues arose.

The majority of services provided to women in Sunderland (antenatal and postnatal) are reported as good although there was a view that some support services need to be increased. Overall most services were viewed positively. The majority who accessed breastfeeding support (particularly in the home) felt it was a good service but that it is not always easily accessible.

The culture within Sunderland with regard to infant feeding, particularly breastfeeding is longstanding but shows some signs that it is beginning to change. The involvement of partners/husbands in feeding choices highlighted some changes to historical and generational viewpoints and indications that gendered parental roles and responsibilities were changing albeit slowly.

Breaking down cultural attitudes is a challenge but improving information and looking at ways to normalise breastfeeding in the area may break down some of the cultural barriers.

PAR was a bold choice by the commissioners. Though there were issues relating to recruitment, those that had taken part felt it to be a positive learning experience and if they were given the option, they would do it again. Through their discussions we were able to identify key priorities for pregnant women in Sunderland. This formed the basis and direction of this research study. All PAR group participants gained from the experience in terms of knowledge, understanding, new skills and confidence. However, the involvement of pregnant women for a project of this nature did restrict recruitment to the PAR Group. For future studies, the recruitment criteria could be relaxed to include pregnant women and parents of children under three years recruited through the Children's Centres.

Recommendations

Based on the evidence from this study, we make the following recommendations:

Locally:

- Ensure feeding assessment including latching is established beyond first latch and prior to discharge or arrangements made for home support in place and agreed with mother
- Intensive support in the first few days from breastfeeding support worker to ensure latching is established and baby is feeding well after discharge from hospital
- Routinely offer tongue-tie checks whilst still in hospital to ensure babies do not leave hospital with undiagnosed tongue-tie
- Regular, proactive, visits from Breastfeeding Support Worker in first few weeks as women report being in a very fragile state and unlikely to reach out for extra help
- Antenatal classes to include information on tongue-tie, mixed feeding, late arrival of milk supply and reasons for these factors affecting milk production, cluster feeding

- Increase available antenatal classes as classes seem to reduce during holidays and over summer
- Explore holding antenatal classes at weekends and evenings to accommodate working parents to attend and also using community venues e.g. children's centres
- Health visitors and midwives should engage more with partners at appointments so men feel more involved and address their questions and concerns
- More support for dads – specific information for dads on how they can support their partner through the infant feeding journey and know where external support is available
- More balanced information about breast and formula feeding including benefits and potential problems
- Ensure infant feeding information includes practical tips and advice on how to overcome potential feeding issues
- Produce a 'myth busting' factsheet and/or infographic for parents
- Produce a FAQ sheet of commonly asked questions to be given to women just prior to the birth.
- Consistent verbal information with a wide range of options and suggestions to overcome any potential difficulties faced including feeding options for premature babies
- Consider breastfeeding as a whole family issue – provide tools and update knowledge of other members of the family so they can support the breastfeeding mum
- Midwifery and health visitor training to include evidence informed practice regarding breastfeeding and how to respond and support women experiencing problems in the first 6-8 weeks.

Nationally:

- Explore feasibility of introducing an incentive scheme to further encourage pregnant women to sustain breastfeeding at least to 6-8 weeks using evidence from South Tyneside pilot study
- Consider creating an education pack about breastfeeding for schools to support the visibility and acceptability from a younger age
- Develop a breastfeeding programme for younger mothers-to-be (possibly with the Family Nurse Partnership)
- Better focus on achievements to date for mothers to reduce feelings of guilt and failure when they cannot breastfeed/no longer continue to breastfeed
- Show more positive role models of breastfeeding in public
- Examine the potential for improved flexible working/family friendly hours for partners to enable more effective shared childcare responsibilities

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