



HOITOTYÖN TUTKIMUSSÄÄTIÖ

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## **BREASTFEEDING SUPPORT FOR MOTHERS AND FAMILIES DURING PREGNANCY AND DELIVERY AND AFTER DELIVERY**

### **– A clinical practice guideline**

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The health benefits and other benefits of breastfeeding are well known. International and national guidelines emphasise the significance for health and well-being of exclusive breastfeeding for six months and partial breastfeeding for at least up to one year of age. In Finland, the support and guidance that mothers receive with the aim of encouraging breastfeeding behaviour in keeping with the guideline are not consistent.

The purpose of this clinical practice guideline is to improve the quality of breastfeeding support to pregnant mothers and families with young infants and to make breastfeeding-related counselling practices more consistent. With the aid of the guideline, clients will receive individual breastfeeding support that is based on up-to-date research data. The clinical practice guideline is intended as a national guideline, especially to be used in practical work in primary health care and hospitals. Those in charge of nursing, maternity care and paediatric services in different sectors must make sure that the guideline can be implemented.

## **A. ENSURING INDIVIDUAL BREASTFEEDING SUPPORT**

### **1. Education is needed on breastfeeding and breastfeeding support**

Good, consistent basic education and continuing education on breastfeeding and breastfeeding counselling received by healthcare professionals promotes breastfeeding. (B) Education aimed at peer supporters also promotes breastfeeding and the skills of peer support mothers. (C)

- Healthcare professionals taking part in the care of parents during pregnancy and after delivery must have appropriate, consistent education on breastfeeding support.
- Breastfeeding support courses that comply with the Baby Friendly Initiative of WHO and Unicef are an efficient way of training staff.
- Professionals' own attitudes have an impact on mothers' breastfeeding behaviour. Professionals must recognise the significance of their own attitudes.
- Breastfeeding support education received by healthcare professionals increases mothers' satisfaction with the guidance they receive.
- Breastfeeding support training aimed at healthcare professionals must be continuous, and it should not be solely based on individual interest or voluntariness. The quality of breastfeeding counselling education must also be assessed.

- Peer supporters benefit from training: they become more self-confident and empowered.
- In educating peer supporters, training programmes that have already been designed should be utilised and educational and counselling material streamlined so as to be more consistent.
- Mothers prefer breastfeeding support groups led by a trained professional to house calls by an untrained peer supporter.

## **2. Individual ways of implementing breastfeeding support**

Breastfeeding support is implemented individually according to the needs of the mother and the family using various means and methods. Written guidance alone is not sufficient. (A) Peer support is also provided in a variety of ways. Breastfeeding is supported by cooperation between healthcare professionals and peer supporters. (B)

- Breastfeeding counselling supports mothers' coping and their breastfeeding self-efficacy. Mothers who feel that they are coping well with breastfeeding and have faith in their ability to breastfeed are more likely to breastfeed for at least four weeks.
- Breastfeeding counselling must not give rise to a sense of guilt. The mothers who stop breastfeeding also need guidance and support.
- Breastfeeding counselling is most effective when various different methods are used.
- Written information, such as leaflets or web pages, are not on their own effective in promoting breastfeeding.
- Breastfeeding support provided jointly by experienced, trained peer supporters and professionals makes more mothers initiate and continue with breastfeeding and is important for low-income mothers. The new contacts provided by the group are appreciated. Peer support without any professional support is not sufficient.
- Boosted breastfeeding support provided by a healthcare professional increases exclusive breastfeeding.
- Individual face-to-face counselling is an effective way of supporting breastfeeding.
- Breastfeeding is supported by house calls.
- Phone support can be given by healthcare professionals or peer supporters.
- Not all mothers use peer support even when it is available.
- Small group meetings led by a trained professional that start during early pregnancy and continue after the baby is born improve mothers' perception of the breastfeeding information they have received and recognising the infant's needs.
- Information and support can be provided via Internet to mothers who breastfeed in exceptional circumstances.

## **3. Recognising the need for support and targeting breastfeeding support**

Awareness of the groups at risk of discontinuing breastfeeding makes it easier to identify problems and target support according to mothers' individual needs. Recognising the groups at risk of discontinuing breastfeeding (B) and targeted support aimed at those increases the duration of breastfeeding (C).

- Mothers at risk of early weaning must be recognised. They include mothers who are young, have poor education and poor economic status, belong to minority groups, mothers who smoke, mothers who were delivered by a caesarean section, mothers with a complicated delivery and mothers who are only planning to breastfeed for a short period of time. Mothers who felt that they did not cope well with breastfeeding and who had problems with breastfeeding in the maternity hospital or who have experience of an insufficient amount of milk or insufficient breastfeeding support are also among those at risk of discontinuing breastfeeding. Early return to work or studies increases the risk of early weaning.
- Mothers who wean their infants earlier than they had originally planned due to breastfeeding problems need special support.

- Targeted breastfeeding support for those at risk:
  - The number of those who initiate breastfeeding and continue with it for six months is increased by counselling and individual guidance during pregnancy, frequent contacts with the mother and house calls, if needed.
  - Providing psychosocial support and practical breastfeeding counselling during house calls supports exclusive breastfeeding and continued breastfeeding.
  - Tailored peers support groups for high-risk (young mothers with low education and low income) and low-risk (older mothers with high education and high income) mothers increase mothers' satisfaction with the breastfeeding experience. Mothers benefit from group counselling with others in the same life situation.
  - Especially mothers living in an environment where breastfeeding is not prevalent benefit from the example provided by breastfeeding peer supporters.
  - Combining professional support and peer support at breastfeeding clinic or in support group increases breastfeeding among immigrants.
  - The cultural background of the mother must be taken into account in the counselling.

#### **4. Involving family members in breastfeeding education**

Family members, such as the child's father or mother's spouse and the child's grandmothers, are taken into account as potential supporters of breastfeeding. (B) Family members' breastfeeding awareness may be increased with parenting education and house calls, for example.

- The views on breastfeeding of the spouse and grandmother, especially maternal grandmother, have an effect on mothers' decision to breastfeed.
- It is a good idea to arrange education for spouses during pregnancy; even a single session increases breastfeeding.
- Those who take part in the family's everyday life are involved in breastfeeding education. They benefit from instructions telling them how they can support the breastfeeding mother in a concrete manner.
- The duration of breastfeeding is lengthened by a combination of professional support and peer support that takes into account the father, other family members and friends.

### ***B. BREASTFEEDING SUPPORT DURING PREGNANCY AND DELIVERY AND AFTER DELIVERY***

#### **5. Uninterrupted breastfeeding support from antenatal care to child welfare clinic**

Breastfeeding support is initiated at the antenatal clinic, and it proceeds in a consistent manner in the maternity hospital and child welfare clinic. (B) Professional support is complemented by peer support at all stages. (B)

- Breastfeeding support that starts during pregnancy supports exclusive breastfeeding and breastfeeding during the first few weeks.
- The prevalence of breastfeeding is increased by consistent nursing practices that support breastfeeding in hospitals and primary healthcare.
- One-off interventions in maternity hospital or antenatal clinic are not effective; what is needed is versatile and continuous support.
- Individual support provided by a peer supporter after delivery is not effective, unless boosted support is offered during pregnancy and in maternity hospital.
- Peer support must be available throughout pregnancy until weaning.

## 6. Breastfeeding support during pregnancy

Breastfeeding support during pregnancy strengthens knowledge about breastfeeding and promotes positive attitudes towards it. (B) Breastfeeding support during pregnancy is implemented through individual visits and house calls or in small interactive groups. (C) Support based on single sessions exclusively during pregnancy does not promote continued breastfeeding. (B)

- Flexible support during pregnancy aimed at increasing knowledge about breastfeeding and promoting positive attitudes increases breastfeeding and improves early mother-child interaction.
- Information about the most common breastfeeding problems should be given during pregnancy. It should also be pointed out that life will change after the baby is born.
- Breastfeeding is supported by house calls and individual counselling.
- Ante- and postnatal house calls are not effective without guidance given in hospital.
- Group counselling of short duration consisting of lectures exclusively during pregnancy does not result in more mothers initiating or continuing with breastfeeding.
- Interactive group counselling during pregnancy may increase breastfeeding.
- The involvement of a trained peer supporter in group counselling that is led by a professional, starts during pregnancy and takes risk groups into account increases the duration of exclusive breastfeeding and satisfaction with the breastfeeding experience.
- Peer support during pregnancy increases breastfeeding in maternity hospital, but its impact is no longer seen six weeks after discharge.

## 7. Breastfeeding support in maternity hospital

Compliance with the nursing practices in accordance with the Baby Friendly Initiative (immediate skin-to-skin contact and early breastfeeding within one hour of birth, exclusive breastfeeding in hospital, 24-hour rooming-in, breastfeeding on demand, no dummies) increases exclusive breastfeeding and the duration of breastfeeding. (B) Family-centredness in the maternity hospital increases exclusive breastfeeding at home. (C)

- Initiating breastfeeding within one hour of birth increases exclusive breastfeeding and usually the duration of breastfeeding.
- Exclusive breastfeeding in hospital is associated with exclusive breastfeeding at home and longer duration of breastfeeding.
- Full-time rooming-in and breastfeeding on demand increase the prevalence of exclusive breastfeeding and the duration of breastfeeding.
- Not using dummies in the hospital is related to exclusive breastfeeding and longer duration of breastfeeding.
- Operation in accordance with the Baby Friendly Initiative increases the duration of breastfeeding. Implementation of all the steps of the Initiative increases the duration of breastfeeding and exclusive breastfeeding, both with the child in question and the next child.
- Expert breastfeeding support in maternity hospital increases coping with breastfeeding; this is especially true of groups of mothers among whom breastfeeding is less common than average.
- Exclusive breastfeeding is increased by the use of single rooms or family rooms and a designated nurse.
- Verbal ('hands-off') counselling aimed at mothers during actual breastfeeding in the hospital decreases breastfeeding problems and increases exclusive and partial breastfeeding for at least up to six weeks.
- Peer support as part of the hospital's Baby Friendly Initiative is effective. A breastfeeding support group led by a trained peer supporter and lending breast pumps for home use support breastfeeding.

## 8. Breastfeeding support after hospital discharge

During the first weeks, breastfeeding support given by healthcare professionals prevents breastfeeding problems and is of significant importance for successful breastfeeding. (B).

After discharge from hospital, support from healthcare professionals should be easily available, as individual help ensures continued breastfeeding (B). The role of peer support is emphasised as breastfeeding continues (B), and mothers and families are guided towards peer support.

- Combination of complementary breastfeeding interventions, such as professional support and peer support, increases breastfeeding. Peer support may be beneficial both in terms of initiating breastfeeding and its duration.
- Individual and targeted counselling after delivery promotes continued breastfeeding.
- Breastfeeding support given during the first few weeks after delivery prevents breastfeeding problems.
- Mothers need quick and expert help with their breastfeeding problems. What they need in particular is that they are listened to and supported in adapting to problematic situations.
- Providing psychosocial support and practical breastfeeding guidance during house calls supports exclusive breastfeeding and continued breastfeeding.
- Expert breastfeeding counselling and support over the phone after delivery increases exclusive breastfeeding among highly educated mothers. Low-income mothers need other types of breastfeeding support as well.
- A breastfeeding clinic operating as part of primary health care is a form of support that deserves consideration. In a breastfeeding clinic, professional support and peer support can be combined.
- Breastfeeding is increased by a breastfeeding support group arranged jointly by a healthcare professional and a trained peer supporter.
- Exclusive breastfeeding and the duration of breastfeeding is increased by a combination of support provided by a public health nurse and a peer supporter that is initiated during hospital stay and continues at home.
- Phone support by trained peer supporters promotes continued breastfeeding after delivery.
- Breastfeeding is increased by support on the part of spouse and peers. Breastfeeding is increased for up to two months by interventions involving professional support, while the effect of peer support last longer.