Many factors can determine whether a woman continues to breastfeed: knowing that breastfeeding is good for the baby is important to mothers but breastfeeding in public continues to be a negative experience for some

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The challenges of breastfeeding

There is increasing good-quality evidence of beneficial long-, medium- and short-term health outcomes for both the mothers who breastfeed and their babies as well.¹⁻² In many developed countries, despite national and international health policy aspirations to increase breastfeeding, rates remain low, and few women breastfeed exclusively for the recommended 6 months.³ There is evidence that many women give up breastfeeding before they wish to, which is caused by a range of factors, including the following: clinical problems, the challenges of combining breastfeeding with women’s other roles and negative attitudes of families, friends and communities. The reasons that women face so many obstacles to breastfeeding are complex and include health service and socio-cultural barriers. It is unsurprising, therefore, that the randomised controlled trial, on which Forster and McLachlan’s study is based, found that two antenatal educational interventions aimed at women did not increase breastfeeding initiation, duration or exclusivity, compared to standard care.

Methodological challenges

This paper presents qualitative thematic analysis of two questions which were included in a telephone interview of women at 6 months postpartum. The 889 women were all participants in a randomised controlled trial of 2 antenatal education interventions designed to increase breastfeeding initiation or duration. The findings are presented in three broad categories: positive comments, negative comments and women’s statements about breastfeeding being best for the baby. Almost three quarters of participants made positive comments about breastfeeding, such as ‘worthwhile’ or ‘amazing’. The main themes for negative comments were difficulties breastfeeding or feeling uncomfortable about it. A predominant theme was women’s comments about breastfeeding in public. The authors conclude that there are numerous complex factors which influence breastfeeding and these factors need to be considered when designing and evaluating interventions to increase breastfeeding. It is methodologically challenging to do this work and incorporate women’s views; this paper demonstrates one approach to tackle the challenges involved.

The authors rightly acknowledge some of the limitations of this paper. It was based on only two broad questions, with little opportunity to probe or otherwise follow up women’s responses which would have furthered understanding of women’s views and experiences. Furthermore, these two questions were towards the end of a structured telephone interview which contained 60 questions. Although the authors do not state the length of the interviews, it is possible that some women would be fatigued, which in turn adversely affects their willingness to respond in depth. The structured nature of the previous questions may also have set the tone for women to give brief answers. It is important to note that the study included only first-time mothers who were conversant in English, and excluded those who did not speak, read and write English.

Complex challenges need complex interventions

This interesting paper provides a snapshot of a large sample of Australian women’s views and experiences of breastfeeding, building on what is already known. The findings are consistent with much of the literature in the field and confirm the complex, interrelated factors that underpin many women’s struggles with breastfeeding. Forster and McLachlan’s findings are consistent with previous in-depth studies exploring women’s experiences of breastfeeding in public.¹⁻² What is interesting about the paper is that it demonstrates the potential for qualitative methods to add value to randomised controlled trials by providing explanations for the effectiveness (or lack of) of interventions. It is significant that women’s experiences did not vary according to the arm of the trial to which they were allocated or by the length of time they breastfed. The evidence for strategies that might work to increase breastfeeding shows that interventions need to be multi-faceted, in order to address barriers at the individual, institutional and societal level.³ The main implication of the study findings is that there is indeed a need for studies focusing on the effectiveness of complex multi-faceted interventions that support women to initiate and continue breastfeeding.

Competing interests None.

References


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_Evid Based Nurs_ 2010 13: 93-94 originally published online June 14, 2010

doi: 10.1136/ebn1069

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