

Enhancing Exclusive Breast-Feeding Practices through Midwives Support

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Abstract

Background: *Sequel to low Exclusive Breast-Feeding practice rate, United Nations Children Fund and World Health Organization designed staff training as part of the ten steps to enhance exclusive breast-feeding practices in Baby Friendly Hospital Initiative programme aimed at supporting and encouraging mothers to exclusively breast feed the infants.*

Objective: *The aim of the study is to determine midwives' support towards enhancing the exclusive breast-feeding practices of lactating mothers at the Federal Medical Centre, Yenagoa. Bayelsa State, Nigeria.*

Methods: *The study employed cross-sectional descriptive research design. Population consists of all registered midwives working at Federal Medical Center. Sample for the study consisted of 200 participants selected by convenience sampling. Data were collected by means of structured questionnaire and analyzed using Statistical Package for Social Sciences (SPSS) version 21. Descriptive and inferential statistics were used to interpret the result.*

Results: *Findings revealed that most midwives have not been trained for exclusive breast-feeding support programmes. Reported challenges faced by the midwives include: Lack of exclusive breast-feeding support in-service training (36.0%), not being comfortable teaching exclusive breast feeding to lactating mothers 36(18.0%), not being opportune to render the needed support (8.5%) and that the hospital is not a baby friendly hospital (16.0%). There was statistical relationship between staff training and exclusive breast-feeding practice promotion and support ($p = 0.1 < 0.5$).*

Conclusion: *Finding from the study show that majority of the midwives are still oblivious of their expected role in the support of exclusive breast-feeding practices among lactating mothers.*

KEYWORDS: Enhancing, Exclusive Breast-feeding Practice, Midwives, Support,

Introduction

Adopted by all World Health Organization (WHO) member states, the Global Strategy on Infant and Young Child Feeding provides a basis for protection, promotion, and support of breastfeeding, which is a public health priority¹. More so, midwives' support of exclusive breastfeeding (EBF) in maternity wards has been proven to enhance lactating mother's breastfeeding experiences^{2,3}. Hence the need to educate, encourage and support lactating mothers to adopt EBF practice for the infants therefore is of paramount importance. The success of EBF revolves around its timely initiation and sustenance; and midwives play a cardinal role of timely initiation of EBF¹.

The practice of EBF depends on various factors related to both mothers and their environment, including the services delivered by midwives. It has been established that midwives' support is paramount; however, midwives' support through counseling can improve early initiation and total duration of breastfeeding practice, particularly exclusive breastfeeding. Lactating mothers' decisions are influenced by midwives' advice. Global research reports have consistently indicated that.⁴

Sequel to the need to support and encourage EBF practice, the WHO established staff training for healthcare worker to enable them deliver needed support to breastfeeding mothers, which will help in the promotion and enhancement of exclusive breastfeeding practices³. However, there is very little data available about midwifery practices in relation to the protection, promotion and support of breastfeeding practices in Bayelsa State.

In the 1991 when The Baby Friendly Hospital Initiative (BFHI) was launched by WHO and UNICEF, pregnant mothers were not allowed to come to the maternity facilities with apparatus for artificial formula feeding of the new born except medically indicated in BFHI designated health facilities¹². Then the EBF initiation rate was high and infant morbidity and mortality rates reduced drastically⁶. Presently, the previously recorded reduction in childhood mortality and morbidity rates reported in the early and late 1990s following increased rate of EBF practices has been

reported by UNICEF/WHO¹⁵ to be reversed following the resent resistance of lactating mothers (LMs) to EBF practices. Incidentally, the chief investigator was amazed by observation of some midwives on duty following several visits to maternity wards of three hospitals (two secondary and one primary health care facilities, within the study location). Newborns were observed, and were being feed with infant formula, within seventy-two hours of birth, instead of mother's breast milk. Further inquiry from the lactating mothers 'caregiver revealed that the newly delivered mothers were not lactating within twenty-four hours of delivery and so breast milk substitute had to be provided to feed the newborns. The most shocking part of those scenarios was that the midwives on duty encouraged the concerned families to provide baby formula to feed the newborn since breast milk was not forthcoming. This scenario prompted this study to determine the kind of support that the midwives render to newly delivered mothers for enhancing EBF practices, in Federal Medical Center (FMC) Yenegoa, Nigeria. It could be recalled that Surgeon General Call lamented that, the role of health workers on the promotion and support of exclusive breast feeding is poorly highlighted and that often, some health care workers are at loss of their role in enhancing the practice of EBF⁶, hence the need for this study.

The aim of the study was to determine midwives' support towards enhancing exclusive breast feeding (EBF) practices among lactating mothers at the FMC, Yenagoa, Bayelsa State, Nigeria. Hence the following specific objectives guiding this study were to: determine the proportion of EBF-trained midwives; determine the kinds of EBF practice support given by midwives to lactating mothers; and identify the challenges associated with giving EBF support by midwives at the FMC, Yenagoa.

Materials and Methods

A cross-sectional descriptive study was adopted to determine Midwives' support towards enhancing the EBF practices, carried in FMC Yenagoa, Bayelsa State in south-south region of Nigeria.

Materials and Methods

A cross-sectional descriptive study was adopted to determine Midwives' support towards enhancing the EBF practices, carried in FMC Yenagoa, Bayelsa State in south-south region of Nigeria. The study population comprised 200 Registered Midwives working in the antenatal, maternity and postnatal wards in FMC, as at the time of study. The study employed convenient sampling technique to recruit study subjects. Data were collected by means of self-administered questionnaire. Face and content validity of the instruments were established by experts (five Registered Midwives that had valid licenses and are working at the Faculty of Nursing Sciences, Niger-Delta University). Reliability was established by use of split-half method by administering the questionnaire to 25 Midwives working in General Hospital Amassoma. Reliability co-efficient of 0.98 was obtained, using Cronbach Alpha method. Therefore, instruments were deemed appropriate for use for the data collection⁷.

Questionnaires were self-administered to the respondents during working hours after due permission and consent. The number of questionnaires for each registered midwife working in each ward were distributed to the head of the department, with the help of two (2) research assistants who also were workers in the facility, (a total of 235 questionnaires). Distributed questionnaires were collected back

after three weeks to give opportunity to midwives that were on annual leave and those on off-duties to participate in the study. At the end of three weeks, 210 responded questionnaires were collected back, accounting for approximately eighty-nine percent (89.4%) return rates. Returned questionnaires were sorted out and 200 were properly filled and were used for data analysis. The data collection process took a period of six (6) weeks.

Data collected were analyzed by means of a statistical package (SPSS), showing both descriptive and inferential statistics. Descriptive statistics of simple frequencies and percentages were used to analyze data, while chi-square statistical technique was used to analyze association between formal EBF support training and Midwives support for newly delivered mothers to initiate and sustain EBF practice.

Results

The findings of the study are presented in tables as follows: Table 1 contains the Socio-demographic data of respondents, Table 2 contains Kinds of Midwives' Support for EBF Promotion, Table 3 contains challenges towards support and promotion of EBF, Table 4: Chi-square measure of association between EBF support training and teaching of Lactating Mothers on how to initiate EBF, and Table 5 presents Chi-square measure of association between EBF support training and follow-up of Lactating Mothers to sustain EBF practice.

Table 1: Socio-demographic Data of Respondents

<i>Socio-demographic Data of Respondents</i>	<i>Frequency (f)</i>	<i>Percent (%)</i>
Age:		
21-25	40	20.0
26-30	61	30.5
31-35	27	13.5
36-40	20	10.0
41 and above	52	26.0
Marital Status		
Single	98	49.0
Married	98	49.0
Divorced	4	2.0
Rank:		
Nursing Officer II	70	35.0
Nursing Officer I	40	20.0
Principal Nursing Officer	21	10.5

<i>Socio-demographic Data of Respondents</i>	<i>Frequency (f)</i>	<i>Percent (%)</i>
Asst. Chief Nursing Officer	6	3.0
Chief Nursing Officer and above	63	31.5
Level of education:		
School of nursing	127	63.5
University	16	8.0
School of Midwifery	57	28.5
Gender:		
Male	63	31.5
Female	137	68.5
Religion:		
Christianity	170	85.0
Traditional religion	27	13.5
Islam	3	1.5

Table 1 shows the socio-demographic data of respondents. About a third (30.5%) were aged between 26-30 years; also, majority (63.5%) of respondents had their nursing training at schools of nursing, while majority (68.5%) are female nurses

Table 2: Midwives Support for EBF Promotion

<i>Statement/Question</i>	<i>Frequency (f)</i>	<i>Percent (%)</i>
1. Have you had any formal training on promotion and support for EBF practice?		
Yes	95	47.5
No	105	52.5
2. Have you ever given any of the under listed support to EBF mother?		
a. Education on the benefits of EBF?		
Yes	176	88.0
No	24	12.0
b. Education on the possible problems associated with EBF?		
Yes	164	82
No	36	18
c. Demonstrations of proper positioning for EBF?		
Yes	95	47.5
No	105	52.5
3. Have you counseled any woman on exclusive breast feeding in the last one month:		
Yes	164	82
No	36	18
4. Have you taught any woman on how to initiate exclusive breastfeeding:		
Yes	165	82.5
No	35	17.5
5. Have you been involved in the promotion of complementary feeding for the Newborn?		
Yes	83	41.5
No	117	58.5
6. Have you given any woman any financial support to encourage exclusive breastfeeding?		
Yes	38	19.0
No	162	81.0
7. Have you taught women on how to position and ensure proper lactation during exclusive breast feeding?		
Yes	143	71.5
No	57	28.5

Table 2 above shows the number of midwives who had gone for WHO/UNICEF recommended EBF training programme and kinds of breast feeding supports rendered to lactating mothers: 95(47.5%) have undergone training on promotion and support of EBF, 24(12.0%) will not promote EBF in the hospital, 164(82%) midwives have counseled women on EBF, 83(41.5) have been involved in the promotion of complementary feeds, 38(19.0%) have given mothers financial support to encourage EBF, 149(74.5) have educated mothers in the past one month on the benefits of EBF, while 143(71.5%) have taught women on how to position and ensure proper lactation during EBF practices.

Table 3: Challenges towards Support and Promotion of Exclusive Breastfeeding

<i>Statement/Question</i>	<i>Frequency (f)</i>	<i>Percent (%)</i>
No formal/special training for EBF support:		
Yes	72	36.0
No	128	64.0
Not comfortable teaching exclusive breast feeding to mothers:		
Yes	36	18.0
No	164	82.0
Not my area of specialty:		
Yes	17	8.5
No	183	91.5
My hospital is not baby friendly:		
Yes	32	16.0
No	168	84.0
It's the duty of hospital management board alone to provide EBF support:		
Yes	9	4.5
No	191	95.5

Table 3 above shows the challenges toward support and promotion of exclusive breast-feeding among midwives. 72(36.0%) reported not going for EBF support in-service training, 36(18.0%) reported not comfortable teaching exclusive breast-feeding to LMs, 17(8.5%) reported not opportuned to render the needed support, 32(16.0%) reported that the hospital is not a baby friendly hospital, while 9(4.5%) reported that it's the duty of the hospital management board alone to organize and promote EBF.

Table 4: Relationship between having formal training on exclusive breast-feeding and teaching newly delivered mothers EBF practices

<i>Variable/Question</i>	<i>Have you taught mothers on how to initiate exclusive breast feeding?</i>		<i>c²-value</i>	<i>Df</i>	<i>p-value</i>	<i>Comment</i>
Have you had a formal training on exclusive breast feeding?	Yes	No	1.825	1	0.000	Statistical significant influence
	Yes	13				
	No	23				

Table 4 above shows the association between formal training on exclusive breast feeding and teaching mothers on initiation of exclusive breast-feeding. There was statistically significant association ($\chi^2=1.825$, $p=0.000$) between formal training on EBF and the teaching of mothers on initiation of EBF

Table 5: Relationship between having formal training on exclusive breastfeeding support and follow-up of LMs to sustain EBF practice.

<i>Variable/Question</i>	<i>Have you ever undertaken follow-up of LMs to sustain EBF practice?</i>		<i>χ²-value</i>	<i>Df</i>	<i>p-value</i>	<i>Comment</i>
Have you had a formal training on exclusive breast feeding?	Yes	No				
Yes						
No	49	46				
	11	96	40.124	1	0.000	Statistical significant relationship

Table 5 above shows the association between formal training on EBF support and follow up for EBF practice sustenance. There was statistically significant association ($\chi^2=1.825$, $p=0.000$) between EBF support training and respondent's follow-up for EBF practice sustenance.

Discussion

Many studies have reported that good knowledge promotes best practices in support of breastfeeding; while others reported lack of knowledge specifically about newborn feeding behaviour and best practice principles to assist mothers exclusively breastfeed.^{8,9,10}

In this study, only 95(47.5%) midwives have had the WHO/UNICEF recommended EBF staff training program and other breast feeding supports training to promote and support of EBF practices. Therefore, it is expected that their role in the EBF practice support should have been well known⁹. The finding of this study revealed that majority of midwives had between 5 and 15 years of midwifery experience and therefore were expected to be experienced in breastfeeding practices as to support and encourage the lactating mothers to practice EBF.

The nature of the support given by the midwife also depends on a number of factors including the institutional policies, culture of mothers and their environment¹⁰. It is known that support and counseling by health professionals can improve early initiation and total duration of

breastfeeding, particularly exclusive breastfeeding⁴. Mothers' decisions are influenced by health professionals' advice⁸. In this study, midwife support refers to counseling women on EBF, financial planning support to encourage EBF, health education on the benefits of EBF, proper positing for latching and ensuring adequate lactation during EBF practices. These will definitely encourage the lactating mothers to practice exclusive breast feeding.

Midwives working in a hospital setting encounter numerous challenges as regard their roles during EBF support. The challenges reported by midwives in this study as regard EBF support include: lack of training, not being comfortable teaching exclusive breast feeding to lactating mothers, not being opportune to render the needed support, and assumptions that hospital is not a baby friendly hospital. However, a study reported midwives challenges as time restraints, staff levels, frustrations regarding poor inter-professional collaboration, personal experiences, negative beliefs in breastfeeding policies which make it

difficult for midwives to carry out their preferred role to promote and support breastfeeding¹¹. These challenges are experienced because most midwives believe that it is the duty of the Hospital Management Board to organize and promote EBF support programmes. These challenges made it difficult for the midwives to carry out their EBF support roles.

Conclusion

The findings of the study revealed that majority of the respondents were oblivious of the need to support lactating mothers to practice EBF. The results indicated that as much as half of the midwives had not had formal training on EBF support although most of them were involved in the promotion and support of mothers to practice EBF. There is therefore need for formal training of the midwives on the skills of EBF support to enhance the practice of exclusive breast feeding practices among lactating mothers.

Recommendations

Based on the findings of the study, the following recommendations were made: all midwives should be trained on the promotion and support of EBF as stipulated in EBF policy to enhance its adoption and practice, the midwifery curriculum and training should lay more emphasis on skills and training required for support and promotion of EBF practices among Lactating Mothers, all health facilities that give maternity services should be designated "Baby Friendly" (BFHI) in line with the recommendations of UNICEF/WHO, regular seminars and workshops should be organized for updates on EBF promotion and supports; and that Midwives should be encouraged and empowered for home visiting to follow-up on Lactating Mothers for monitoring of EBF practice sustenance.

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