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It's more than just luck: A qualitative exploration of breastfeeding in rural Australia

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ABSTRACT

It's more than just luck: A qualitative exploration of breastfeeding in rural Australia
Problem: Despite significant public health benefits, breastfeeding for six months continues to be challenging for women.
Background: In the Mid North of South Australia, healthcare professionals were concerned that breastfeeding rates were lower than the national average and that a collaborative approach was needed to promote breastfeeding.
Aim: To explore the experiences of women and health professional in the Mid North, to inform interventions to improve breastfeeding longevity.
Method: Two focus groups were conducted to examine breastfeeding experience in the region. Focus group one included nine mothers who had breastfed more than six months and focus group two consisted of ten health professionals from the Mid North. Thematic analysis was used to analyse the data.
Findings: Two overarching themes were identified; 'breastfeeding: It's more than just luck' represented the voices of the mothers and 'breastfeeding: It's everybody's business' captured the discussion between the health professionals. Women described themselves as lucky while acknowledging that their own persistence, as well as positive support was vital. Health professionals identified education and support as key foci, and a need for a holistic approach to improve breastfeeding rates.
Discussion: Breastfeeding should be understood as a relationship, in which broadly applied solutions do not necessarily influence longevity, particularly in rural communities. Strategies should also reflect a realistic picture of breastfeeding and safeguard against idealistic expectation of the experience.
Conclusion: A holistic approach to improve breastfeeding rates is imperative. One of the most promising antidotes to the breastfeeding dilemma is the provision of midwifery continuity of care.

Statement of significance

Problem or issue

Breastfeeding rates in rural Australia are lower than the national average.

What is already known

Breastfeeding for the first six months is recommended to achieve optimal growth, development and health, yet few women breastfeed for this duration. Living in rural areas has been shown to limit access to appropriate breastfeeding support.

What this paper adds

The findings demonstrate a need to support local initiatives to improve breastfeeding rates and longevity. Strategies should reflect a realistic picture of breastfeeding and safeguard against idealistic expectation of the experience. One of the most promising antidotes to the breastfeeding dilemma is the provision of midwifery continuity of care.

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1. Introduction

Breastfeeding is a public health strategy with significant health benefits to mothers, infants and the wider community.[1] The World Health Organisation (WHO) recommends exclusive breastfeeding for the first six months to achieve optimal growth and development.[2] Despite significant public health benefits, breastfeeding for six months continues to be challenging for many women in Australia.[3] The Longitudinal Study of Australian Children provides the most extensive national data on breastfeeding in Australia where from a 92% breastfeeding initiation rate, there was a sharp decline in both fully and any breastfeeding with each month post-birth. By one month old 71% of infants were fully breastfed, 56% at three months, 46% at four months, and only 14% at six months.[4] According to the National Infant Feeding Survey, South Australia (SA) has the lowest rates of exclusive breastfeeding at six months of all the Australian states and territories (14.6% in South Australia versus a range of 14.8–21.7% nationally).[5] For this reason the promotion of breastfeeding and provision of targeted support is highlighted as a priority within two key South Australian reform agenda documents: *Eat Well Be Active Strategy for South Australia 2011–2016*[6] and the *Primary Prevention Plan 2011–2016*.[3]

Support and promotion of breastfeeding is recommended to occur at a population level, with recognition for the need to provide targeted support to those who are most vulnerable due to economic and social factors.[7] For instance, some population groups are less likely to breastfeed than others including; low socioeconomic groups, younger mothers, and Aboriginal women living in urbanised areas.[8] Living in rural areas has also been shown to limit access to appropriate breastfeeding support services which may have an impact on breastfeeding rates, particularly those relating to exclusive breastfeeding until six months of age.[9,10] Literature relating to breastfeeding in rural and remote areas is limited. A study by Fallon et al.[11] in rural Queensland provided support for the effectiveness of a telephone-based support intervention for increasing the duration of exclusive breastfeeding, while another highlighted that the number of mothers breastfeeding at three months (55%) in Lower Eyre Peninsula compared poorly with South Australia (62%) and nationally (63%).[9] While midwives and general practitioners were identified as the main sources of support, in the latter study, 25% of women who had an identified need did not seek help. In regional towns, facilities to breastfeed were rated poor or non-existent and anecdotal evidence suggests that women living within the Mid North also experience similar issues in relation to breastfeeding.

Health staff (general practitioners, child and youth health (CYH) nurses and midwives) in the Mid North (Booleroo, Jamestown, Orroroo, Peterborough, Crystal Brook, Laura, Port Broughton and Port Pirie) of South Australia, raised concerns that anecdotally breastfeeding rates were low and declining, and that specific strategies were needed to promote breastfeeding and reduce barriers. They identified that there were limited data available regarding breastfeeding initiation, continuation rates or the experiences of women breastfeeding in this area of South Australia. The aim of this study therefore, was to determine the breastfeeding rates and explore the experiences of women and health professionals in the Mid North in order to inform interventions aimed at raising rates and improving women's experience. The significance of this study lies in determining local need and, in consultation with regional stakeholders identifying the most appropriate interventions for improving breastfeeding rates. It is evident from the literature that where local communities are able to identify and address barriers specific to their area, that progress is made toward improving rate and duration of breastfeeding.[12]

2. Participants, ethics and methods

In consultation with regional stakeholders a two-staged mixed method design was employed for this study. Drawing on both quantitative and qualitative data enabled the researchers to not only determine breastfeeding rates in the Mid North but to also explore the experience of mothers and health professionals from the local communities.

2.1. Stage one

A modified version of the Australian National Infant Feeding Survey (ANIFS)[5] was implemented to establish baseline breastfeeding rates and an understanding of feeding practices in the Mid North. Findings from stage one are reported in a separate paper.

2.2. Stage two

A Mid North Regional Breastfeeding Support Working Party/Mother's, Babies and Families Health Research Group Consultation was formed that consisted of community groups including CYH and a variety of representatives from the Mid North Health Units. The working party assisted with distribution of the ANIFS, as well as providing women with information sheets about a focus group for mothers. Women who participated in the survey were able to self-select to participate in the focus group and completed a nomination form at the same time. Mothers were then contacted by a representative from the working party to provide further information and clarification, and to be provided details of the focus group session. The Mothers' focus group was held in a community centre in Port Pirie, consisting of a convenience sample of nine mothers from the surrounding districts. All mothers provided written consent to participate and have the discussion audio-recorded. Notably all mothers were breastfeeding. A researcher from the collaborating university facilitated the focus groups. Prompt questions were used to encourage participants to share their feeding experiences, both positive and negative, along with describing the support they received and any other comments.

Health professionals working with new mothers were also invited to participate in a separate focus group and to discuss challenges and strategies for supporting breastfeeding. The health professional focus group was held in Port Pirie and ten health professionals from the surrounding districts attended, representing midwifery, speech pathology, general practice, and dietetics. The midwives in attendance held various roles including hospital-based midwife, family health clinic midwife, breastfeeding midwife and domiciliary midwife. All participants received a written information sheet prior to the focus group and all provided written consent to participate and for audio-recording. A researcher from the collaborating university facilitated the focus groups using prompt questions to encourage participants to highlight issues regarding breastfeeding that they faced in their practice and strategies they had used to deal with those issues.

2.3. Data analysis

The focus groups were recorded, noted and transcribed verbatim and analysed using thematic analysis to identify consistent themes. The analysis followed the six steps outlined by Braun and Clarke[13] namely, familiarity with the data, generating initial codes, searching for themes, and reviewing, defining and naming themes. Each data set was read by the co-researcher and research assistant to identify initial codes and to search for themes. Themes were then reviewed by the lead researcher and defined

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