

Editorial

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A fascinating study from Sweden shows that what providers think about breastfeeding influences mothers' breastfeeding success (Ekström & Thorstensson, 2015). Even if providers say all the right things, what they actually believe creeps through. In this study, 585 mothers were randomly assigned to either an intervention or control group. In the intervention group, healthcare providers (midwives and child health nurses) were given process-oriented training. Before training, they completed the Breastfeeding Attitude Scale. This scale measured four factors.

1. The **Regulating** attitude focused on providers of actively managing mothers' breastfeeding experiences.
2. The **Facilitating** attitude made it easy for mothers to manage their own breastfeeding.
3. The **Disempowering** attitude included giving advice and disregarding the needs of the mother.
4. The **Breastfeeding Antipathy** attitude included insufficient, basic breastfeeding knowledge and aversive reactions to breastfeeding.

The training was 7 days of lectures that focused on participants' breastfeeding experiences, their attitudes about breastfeeding, practical counseling skills, and collaborating and communicating with antenatal and child health centers. It included problem-solving, self-reflection, and decision making. The training portion focused on evidence-based breastfeeding practices and how to provide parental support. In addition, this training included time for the practitioners to reflect on their own breastfeeding experiences and what it was like for them to provide breastfeeding support. These were individual reflection and group seminars with discussion. The researchers made the following statement.

In order to improve attitudes, both fact and reflection are needed.

In other words, providers need to have accurate information, *and* they need to get rid of their own junk regarding breastfeeding. If they had negative experiences, they were provided with opportunities to process those in order to provide good care. Providers in the control group

provided usual care. Mothers were blinded to the treatment condition of their healthcare providers.

Outcomes included providers' changes in attitude and the mothers' experiences. The mothers were assessed at 3 days, 3 months, and 9 months. The mothers' questionnaires assessed their experiences with professional and social support, their breastfeeding experiences, and their self-reported feelings about their babies.

One year after the intervention, healthcare providers in the intervention group had reduced their scores on the Regularity scale and increased their scores on the Facilitating scale. This improvement affected the mothers in several important ways.

Mothers' Perceptions of Support

The mothers in the intervention group had more positive perceptions about the professional support that they received, and it appeared to create a halo effect to include people who were not in the original study. They had more positive beliefs about support during their pregnancies if they had cesareans. They also perceived more support from Labor and Delivery (L&D) staff, even though the L&D staff were not part of the intervention. They also reported more help from other mothers.

Improved Breastfeeding Outcomes

The more interesting findings were the intervention's effects on breastfeeding outcomes.

Mothers in the intervention group reported better breastfeeding support. This was translated into improved breastfeeding behaviors, including earlier initiation, higher frequency during the first 24 hours, and less use formula in the hospital and after discharge. After mothers left the hospital, they were more satisfied and had fewer breastfeeding problems, such as insufficient milk, and longer breastfeeding duration. These mothers also reported more positive feelings about their babies than mothers in the control group.

Conclusion

It's interesting to consider that this study took place in Sweden, a country with one of the highest breastfeeding rates in the world. Even there, some healthcare providers

have incorrect information and negative attitudes about breastfeeding. I believe this intervention would be much more powerful here.

In this country, we focus so much on educating the mothers about breastfeeding; we sometimes forget how much providers bring to the table. As I described in a previous editorial, pediatricians are experiencing a crisis of confidence when it comes to breastfeeding. They say all the right things, but only slightly more than half believe that breastfeeding will work. We know that this lack of belief influences mothers in negative ways. How could it not? So many of our providers have had negative breastfeeding experiences and experienced terrible professional support. How realistic is it for us to then expect that they will provide excellent care when it was not modeled for them? Some of them do, but at what personal cost?

These findings suggest that if we are going to move the needle on our breastfeeding rates, we can't just focus on education. Yes, we need to train providers on evidence-based practices. That's important. But we also need to give them a chance to process and reflect on their own experiences. Providers who have had a chance to get rid of their junk are much more effective. Mothers feel

supported, and their breastfeeding outcomes, at every time point, reflect this improved level of support.

Even if there are no large-scale interventions like this in your community, you can start small. Have a conversation with providers in your town and listen to their experiences. That's an important step toward their healing. And you if you had a negative experience, find someone you can share that with. We live in an imperfect world. All of us have junk from the past. Having someone to share it with will make you a better provider and make the experience of providing lactation care more satisfying.

Thank you for all you do to provide care in an imperfect world. One by one, you are making a difference.

Kathleen Kendall-Tackett PhD, IBCLC, RLC, FAPA

Editor-in-Chief

Reference

Ekström, A. C., & Thorstensson, S. (2015). Nurses and midwives professional support increases with improved attitudes - design and effects of a longitudinal randomized controlled process-oriented intervention. *BMC Pregnancy and Childbirth*, 15, 275. <http://dx.doi.org/10.1186/s12884-015-0712-z>



Kathleen Kendall-Tackett, PhD, IBCLC, RLC, FAPA, is a health psychologist and IBCLC, and the Owner and Editor-in-Chief of Praeclarus Press, a small press specializing in women's health. Dr. Kendall-Tackett is Editor-in-Chief of two peer-reviewed journals: *Clinical Lactation* and *Psychological Trauma*, and a Fellow of the American Psychological Association in Health and Trauma Psychology.