

Early Cessation of Exclusive Breastfeeding in New Zealand

By Julia Gilbert

Research Question

What are the influencing factors that prevent women in New Zealand starting and continuing to exclusively breastfeed their new born infant for the first six months?

Introduction

Exclusive breastfeeding is the term used for feeding your baby only breastmilk (either expressed or from the breast) and prescribed medications (Ministry of Health, 2016). It is recommended by the New Zealand Government that this is the best way to feed babies for the first 6 months of their lives (Ministry of Health, 2016). It is of great surprise to me that at 6 weeks only 55% of mothers are exclusively breastfeeding and only 19% of mothers in New Zealand continued to exclusively breastfeed for 6 months in 2016 (Plunket, 2018). I want to find out why breastfeeding statistics in New Zealand are so low at 6 weeks as well as why they decline dramatically by 6 months. My motivation for this research is so that I, as a soon to be Registered Nurse can better support mothers in New Zealand faced with this decision. I also want babies in New Zealand to be given the best opportunity to thrive, and breastfeeding is proven for optimal health (Armstrong, 2017).

Findings

- The perception that the infant is not getting a sufficient supply of milk is a factor that influences all demographics of women and so could be inferred as the most significant.
- Mothers want to know their baby is getting enough milk each feed but this is hard to measure from breastfeeding. This is why bottle feeding is appealing because the parents know exactly the volume of milk their baby is taking in.
- The lack of exclusive breastfeeding is not due to mothers in New Zealand lacking a desire or intention to breastfeed, it is instead the circumstances that arise that women perceive to be a barrier to them breastfeeding.

Recommendation

Nurses should put more time into educating pregnant women and new mothers on both the positive signs that the baby is feeding well, and the warning signs so that they can be confident and comfortable breastfeeding. Making this information accessible, available, acceptable, affordable and appropriate for mothers in New Zealand is the first step.

All clinical settings in New Zealand should follow UNICEF and WHO's 'Ten Steps to Successful Breastfeeding'. These steps highlight the importance of developing policy and training staff with the appropriate skills needed to support pregnant women and new mothers. Postnatal support is required not only in the hospital post-delivery but must be ongoing for mothers in the community (WHO, 1998).

Conclusion

The literature is clear that breastmilk is the best food for infants, it is also clear that for a variety of reasons most babies in New Zealand are not exclusively breastfed. The message is getting across to women that 'breast is best' but the support from nurses to enable mothers in this practice is lacking "Data from this study suggest that prenatal classes did not adequately prepare women for breastfeeding and that many women who subsequently experienced problems did not feel they received adequate advice and support in addressing problems" (McLeod, Pullon & Cookson, 2002). It is the role of the nurse in their practice to support mothers with pre-natal and post-natal education on the sufficiency of their breastmilk supply, as well as being available and accessible to assist women in managing breastfeeding problems that arise.

References

- Armstrong, L. (2017). Breasts, bottles and health promotion. In J. Bowden & V. Manning (Ed.), *Health Promotion in Midwifery Principles and Practice* (3rd ed., pp 121-138). Boca Raton, FL: Taylor and Francis Group.
- McLeod, D., Pullon, S., & Cookson, T. (2002). Factors Influencing Continuation of Breastfeeding in a Cohort of Women. *Journal of Human Lactation*, 18(4). Retrieved from <http://journals.sagepub.com/doi/abs/10.1177/089033402237906>
- Ministry of Health. (2016). Breastfeeding is perfect for you and your baby. Retrieved from: <https://www.health.govt.nz/your-health/pregnancy-and-kids/first-year/helpful-advice-during-first-year/breastfeeding-perfect-you-and-your-baby?icn=promo-breastfeeding&ici=text>
- Plunket. (2014). Annual breastfeeding statistics. Retrieved from: <https://www.plunket.org.nz/news-and-research/research-from-plunket/plunket-breastfeeding-data-analysis/annual-breastfeeding-statistics/>
- World Health Organisation. (1998). *Evidence for the 10 steps to successful breastfeeding*. Retrieved from: <http://www.who.int/nutrition/publications/evidencetenstepeng.pdf>

Rationale:

I chose to present my clinical issue from Assignment 1 in the form of a poster because the material was appropriate for this design medium. Poster presentations are effective and successful in transferring knowledge (Ilic & Rowe, 2013). This is the purpose of the poster, to transfer the knowledge from my literature review regarding early cessation of exclusive breastfeeding to pregnant women and new mothers in New Zealand as well as healthcare workers. Posters can be distributed in a wide variety of locations making them available and accessible for the public. Posters are not only cost effective but can be created in a short space of time. I believe the use of colour will draw people in to reading the information on the poster which will hopefully result in a positive health promotion opportunity. I used the international symbol for breastfeeding as the background for my poster since New Zealand is a multicultural society and I wanted it to be understood by everyone.

PICOT	Information relating to question:	Explanation:
Population	My population for this research is, mothers in New Zealand with newborn infants.	Breastfeeding is a part of parenting that is done by the mother.
Intervention	Exclusive or full breastfeeding of infants.	Exclusive breastfeeding is the best health outcome for newborns.
Comparison	Women who exclusively or fully breastfeed for six months, and women who never exclusively breastfed or stopped before six months.	I would like to find out why the statistics on women exclusively breastfeeding in New Zealand are so low so that I can be of support as a student nurse seeking to work with mothers and babies.
Outcome	Understanding of the factors that influence women in New Zealand continuing to breastfeed for six months.	With a new understanding of what factors prevent women exclusively breastfeeding, nurses can work to eliminate the barriers that exist.
Time	6 months	The Plunket annual breastfeeding statistics end at six months. Six months is the Ministry of Health's recommended period of time to exclusively breastfeed for.

References:

- Rowe, N., & Ilic, D. (2009). What impact do posters have on academic knowledge transfer? A pilot survey on author attitudes and experiences. *BMC Medical Education*, 9, 71-78. doi:10.1186/1472-6920-9-71.
- Whitehead, D. (2013). Searching and reviewing the research literature. In Z. Schneider,D. Whitehead, G. LoBiondo-Wood, & J. Haber (Eds.), *Nursing and midwifery research: Methods and appraisal for evidence-based practice* (pp. 35-53). Chatswood, Australia: Elsevier.