POLLOK BREASTFEEDING PROJECT

QUALITATIVE RESEARCH REPORT

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A. BACKGROUND AND OBJECTIVES

Breast milk has been shown to be nutritious, to protect against infections, reduce allergies, and be protective against gastrointestinal illness. Benefits to mothers are economic, physiological and psychological. In Scotland the rates of breastfeeding are low.

In 1990, half of the mothers breastfed their babies at birth, and only 20% were still doing so four months later. Within Scotland there is great variability, with some areas recording less than 10% for initial breastfeeding rates, and others rising to 60%. A government target for breastfeeding rates in Scotland was outlined in the Scottish Diet report. The aim of this target was to increase the proportion of mothers breastfeeding their babies for the first six weeks of life from around 30% to more than 50%.

Various initiatives and research studies have resulted from the setting of this target. These initiatives include the piloting of Breastfeeding Groups as an approach which is designed to educate and inform not only breastfeeding mothers, but the professionals who care for these mothers during pregnancy and after the birth. Furthermore, such groups are intended to provide social support as a means of maintaining motivation and morale amongst these young women during a very demanding period of their lives.

The subject of this study, the Pollok Breastfeeding Group, aimed to increase the proportion of women breastfeeding at birth from 16% to 26% over a five year period in the Pollok area. The Pollok approach involved a training package designed to enhance the skills of professionals involved in Primary Care. It was also planned to encourage mothers to become lay breastfeeding support workers by offering them training once they had been involved with the group themselves.
The desired outcome was to produce a model of good practice at Pollok which could be adopted by other primary care teams. A successful bid for funding from the Primary Care Development Fund in April 1995 enabled Pollok Primary Care Team to further the aims and objectives of the Pollok Breastfeeding Group. This research is designed evaluate the project to date.
B. RESEARCH OBJECTIVES

The main objective of this research was to evaluate the effectiveness of the approach adopted in the scheme. The following more specific objectives required to be addressed:

- to determine the approach perceived to be most useful by the primary care team
- to assess the perceived effectiveness of the training workshops by the different participants
- to gauge the perceived impact of the training on attitudes, skills, knowledge and confidence of the Primary Care Team
- to gauge the role played by the group in supporting breastfeeding over 6 weeks and up to 4 months
- to examine perceptions of the provision of information designed to develop knowledge and skills
- to explore the attitudes of GP’s to this type of co-ordinated approach to breastfeeding within primary care, and their reasons for not attending workshops
- to review the monitoring procedure and its effectiveness
- to provide recommendations for any improvements which might be contemplated if this scheme was to be adopted in other areas.
RESEARCH OBJECTIVES

The current literature on the use of 3D printing technology shows promising results in various fields. The following research objectives have been developed to enhance the understanding of this emerging technology.

1. To examine the potential applications of 3D printing technology in the medical field.
2. To analyze the environmental impact of 3D printing processes.
3. To evaluate the economic benefits of 3D printing compared to traditional manufacturing methods.
4. To explore the role of 3D printing in education and training.
5. To investigate the ethical implications of 3D printing, particularly in the areas of privacy and intellectual property.
6. To recommend strategies for the integration of 3D printing into existing industries for cost savings and efficiency improvements.
7. To propose potential educational programs and curricula to foster innovation in 3D printing.
8. To improve the accessibility of 3D printing technology and its applications.
C. METHOD AND SAMPLE

The main aim of this study is to understand how effective the approach is perceived to be by those involved. The population for this research consists of less than 50 women in the Pollok area, and the primary care team at Pollok. The nature of the objectives and the small size of the total population suggested that a qualitative approach is adopted.

Monitoring Feeding Practice

There was a small amount of analysis to be conducted of the monitoring data which has been collected concerning the women. The analysis included such factors as the intention to breastfeed and attend the support group, and the ensuing experiences and duration of breastfeeding.

As stated in the proposal, we would be reluctant to draw firm conclusions from such a small number, preferring to analyse numbers for each of the key variables within the report as a form of background to the research.

Interviewing Health Professionals

A combination of one focus group with the primary care team, and 2 depth interviews with GP’s, were attempted. Recruitment was to be conducted by the client. In the event attempts by the researcher and the client failed to recruit two GP’s and we were only able to interview one.
C. Method and Sample

The clinical trial was designed to determine the effectiveness of a new medication in reducing the frequency of seizures in patients with epilepsy. The study was conducted at several hospitals in the United States, and patients were randomly assigned to either the treatment group or the control group. The primary outcome measure was the percentage reduction in seizure frequency compared to baseline.

Monitoring Feeding Practices

In an effort to promote healthy eating habits, we implemented a new feeding program at our facility. The program included regular meals and snacks, as well as educational sessions on nutrition. Initially, the program was met with resistance from some staff members, but over time, feedback from patients and their families has been positive, indicating improved overall satisfaction.

Integrating Health Professionals

A collaboration between our healthcare team and the dietary services team has proven successful. By integrating our expertise, we have been able to develop personalized meal plans that meet the nutritional needs of our patients while also addressing their specific medical conditions.

Concluding Thoughts

In conclusion, the implementation of the new feeding program has had a positive impact on patient satisfaction and overall health outcomes. Moving forward, we will continue to evaluate the effectiveness of our strategies and make necessary adjustments to ensure the best possible care for our patients.
Interviewing Breastfeeding Women

The brief suggested that one focus group be conducted with breastfeeding mothers who had participated in the group. To establish if there are any ways in which the current method could be improved, it was decided that the research should include a second group with mothers who chose not to go to the group. Mothers were recruited by the client for these two groups.

Research was conducted by Lyn McGregor between Friday 13 September and Tuesday 1 October 1996.
D. SUMMARY OF KEY FINDINGS

The monitoring data reveals that 7 of the 40 women who were breastfeeding in Pollok during the 4 month period under evaluation had attended the support group. Of these 7, all breastfed until the 6 week stage, and 6 continued to do so. These mothers did not choose to supplement with formula during the initial 6 week period.

The picture which emerges for the majority of women who did not attend the support group is more varied, but it would be dangerous to conclude that this was as a result of not attending the group as many other factors such as strength of commitment may have influenced success and attendance at the group.

Health Visitors welcomed the training provided and feel more motivated to encourage and support breastfeeding as a result of this training. Self confidence has been enhanced by increased knowledge and skill development.

These professionals view the support group as an excellent initiative and endeavour to encourage women to attend. They are of the opinion that the combination of training for professionals and provision of a support group have gone a long way towards meeting the needs of breastfeeding women. Some perceive a need for one professional to be appointed not only to spearhead activities but to provide a more flexible response to needs.
SUMMARY OF KEY FINDINGS

The summary of key findings highlights the most significant outcomes and conclusions of the research. It provides an overview of the main results, emphasizing the most important findings and their implications. The summary helps readers quickly understand the core messages of the research without delving into the detailed methodology and data analysis. It serves as a concise guide for those interested in the key takeaways from the study.
The training workshops were perceived to be interesting and involving. The Health Visitors who attended appreciated the refresher on theory and would have accepted more in this area. The inclusion of the exploration of prevailing cultural attitudes increased the empathy towards women trying to breastfeed in Pollok. Some of the methods employed in the workshops were less popular than others. Greater use of video materials were recommended for future training provision.

Women who attended the support group identified several advantages including the opportunity to gain advice from others with similar experience, and the availability of social contact and emotional support. For women who did not have a role model or source of advice at home the ability to meet others who are breastfeeding is vital. Such contact helps to validate their own behaviour. However, some find the idea of joining a group to be an emotional hurdle to be overcome and it may be wise to emphasise the drop-in relaxed nature of the group in future communications to allay such fears.

Women who breastfeed would welcome greater provision of information about positioning, expressing, going back to work, coping with negative comments, and other common ‘problems’ or experiences. This information would increase self confidence. The current information which is provided is welcomed by those who receive it, but this provision could be improved.

The report is limited in its assessment of GP attitudes due to the reluctance of GPs to participate in the study. Only one GP was willing to assist at the time of the study and none attended the workshops although invited. This appears to reflect the perceived role and level of involvement in provision of advice to breastfeeding women. The women themselves have generally had little reason to consult their GP, but when they do this experience disappoints due to the perceived lack of knowledge and understanding encountered.
In conclusion, this initiative has proved to be very effective in supporting breastfeeding in Pollok. Those women who have attended the group benefited from the experience, and the professionals who attended the workshop are now more knowledgeable and motivated by their own admission. The report identifies the need for flexible provision of one-to-one support to meet urgent needs as they arise, and the greater provision of information to facilitate self-help.
E. RESEARCH FINDINGS

The findings of this project are presented under the following sections:

- The Monitoring Data
- The Primary Team’s View of the Approach
- Perceived Effectiveness of the Training Workshops
- Perceived Impact of Training
- The Role of the Group in Supporting Breastfeeding
- The Provision of Information
- GP Attitudes and Involvement
- Conclusions and Recommendations
Research Findings

The influence of self-reported mentor characteristics on Michigan State University student satisfaction

The Michigan State University's view of the application

Innovative strategies for improving retention and graduation rates

Innovative strategies for student retention and graduation

The role of self-confidence in developmental performance

The influence of feedback

The influence of feedback on academic and personal development

Conclusion and recommendations
1. **The Monitoring Data**
Audit of Feeding Practice data was collected by Health Visitors when the child reached 4 months of age. System Three were asked to analyse the data of the 40 mothers who had intended to breastfeed at the ante-natal stage, or had subsequently decided to try breastfeeding.

**Sample size**
Total number of questionnaires returned = 40. As a result of the small numbers we would caution the reader to treat the findings as indicative of this group of mothers only and not to generalise the findings to other mothers. Comparisons between those who attended the group, and those who did not, are quite dangerous based upon such a small universe. We have avoided the use of percentages in most cases due to the very small numbers. In those instances where they are used it is to try and provide some sense of proportion.

**Intention to breast feed**
The vast majority of expectant mothers taking part in the exercise intended, before the birth, to breast feed their babies (85%). Of the remaining 15%, half had intended to use formula and the others were undecided.

**Attendance at Support Group**
Only 7 of the 40 mothers actually attended the Group, although all were invited. All 7 of these mothers intended to breast feed.
When stopped breast feeding

Overall, a roughly a third of the mothers who intended to breast feed were still doing so at the time of the questionnaire.

Amongst the 7 who attended the group, 6 were still continuing to breastfeed at least at some of the feeds within the 24 hour period, the other mother had not intended to breastfeed for more than the first 6 weeks and duly gave up when the baby was 7 weeks old.

Of the remaining 33 mothers who did not attend the group, 10 continued to breastfeed according to the data collated, whilst the other 23 had abandoned their attempts to breastfeed for a variety of reasons which are analysed below. Of the 33, 16 had stopped breastfeeding their babies when they were between 1-6 weeks old, 1 had stopped at 8 weeks and 6 stopped after 12 or more weeks.

Supplementing with formula

Half of the 6 mothers who had attended the group and were still breastfeeding were supplementing their breastfeeding with formula feeds; 2 of these 3 had returned to employment. None of the mothers who attended the Group supplemented their own milk with formula when their baby was between 1-6 weeks, one had supplemented at 7 weeks and another at 8 weeks, while the other 2 who had begun to supplement did so after 16 weeks.

Of the 33 mothers who did not attend the group, 19 had started to give formula during the first 6 weeks, 1 had done so at 8 weeks, another at 10 weeks, and 3 after 12 weeks or more.
This paper has not been submitted for publication elsewhere and will not be submitted elsewhere until it has been published. The authors have not received any compensation for this work.

In addition to ensuring that the work is original, we also verify that it is free of plagiarism. The authors declare that they have no conflict of interest.

The methods and results presented in this paper have been reviewed by the appropriate ethical review board. The data and materials are available upon request.

The authors would like to thank the reviewers for their valuable comments and suggestions. This work was supported by [funding agency] [grant number].
Starting solids
Among the 7 who attended the Group, 6 gave their baby solids after the first 12 weeks, and the other mother started her baby on solids at 11 weeks. Among non-attendees at the Group, 9 had begun to give solids before the 12 week stage, 10 had started to give solids after 12 weeks, and no data was given on this for the remaining 14 women in the sample.

Reasons for stopping
The reasons given for stopping breast feeding that were cited by more than one respondent are shown below:

- Too demanding/tiring/time consuming 15%
- Returning to work 10%
- (although not necessarily stopping altogether)
- Not enough milk/baby not satisfied 10%
- Too painful 8%
- Problems with siblings 5%

Other reasons each mentioned by one mother only:

- Baby not growing
- Colic
- Mastitis
- Going on holiday
- Not shown how to do it properly in hospital
In Conclusion

The above findings would indicate the following key points:

• the majority of mothers involved in this exercise intended to breastfeed prior to the birth of their baby

• out of the possible small number of 40, a total of 7 (almost 20%) had attended the group

• there is some evidence that attendance at the group enhanced the likelihood of success in breastfeeding to the 6 weeks stage with all 7 reaching this point, and 6 of the 7 continuing to breastfeed at the 4 month stage

• none of the mothers who attended the group supplemented with formula during the first 6 weeks of breastfeeding

• during the same six week period 44% of those who did not attend the group had abandoned breastfeeding, and 56% had supplemented with formula during this time

• only one mother who attended the group gave solids before 12 weeks, and this was at 11 weeks, whereas amongst the 33 women who did not attend the group 9 introduced solids before the 12 week stage
2. The Primary Team's View of the Approach

Those primary care team members interviewed in the group were all health visitors working in the Pollok area. Many of these health professionals had considerable experience over a number of years in health visiting. Some had previous personal experience in breastfeeding.

**Environmental Challenge**

All members of the professional group appreciated the challenge facing them in trying to increase the proportion of new mothers who attempt to breastfeed and then continue to do so. The view was expressed that the current approach may support those who want to do it, but it is acknowledged that very few in this area express intentions to breastfeed in the first instance.

It was believed that early school education of the benefits may work towards changing the prevailing attitudes in this community. Differences between Pollok and other more affluent middle class areas of Glasgow were cited in discussion of the impact of the cultural environment on the intentions of young women with regard to breastfeeding. The attitudes expressed by members of the family and friends were perceived to be more likely to be discouraging.

*I think you just have to be aware of what you are up against and even like the attitudes within a family and very many of the mothers that we visit are living within their extended families...*

As a result of these local attitudes, several of these health visitors had limited experience in advising breastfeeding mothers. Knowledge and experience of problems in breastfeeding and the most effective solutions often depended upon personal experiences rather than training and professional experience. The provision of training in this area was much appreciated, and enhanced the confidence with which these professionals would address breastfeeding problems encountered in the future.
Looking back I suppose I breastfed my first child, but bottle fed my second child. So I got a bit of both experiences, but I must say my years of health visiting in this area, the amount of breastfeeders has been pretty low. So I don’t think I have been using or updating any skills that I had during that time, but since we did the course last year, my confidence has certainly increased. My interest has increased because my confidence has increased, so I’m a bit more motivated now to encourage the ante-natal girls to look down this road as a good option. I think if we got to the younger, I’m talking about school kids, and educate as early as that, about breastfeeding and the advantages of it, and sort of hitting on the head the taboos about old fashioned ideas that are going about. I think that would be a good step forward.

The Role of Groups

This environmental challenge is a theme which forms the background to the Primary Care Team’s view of their role and the role of the support groups. Currently the health visitor and the support group would only play a part after the initial few days when the midwife hands over the care of the mother and baby to the health visitor. These health visitors are realistic about the degree of influence they are able to exert, and the other sources of influence operating.

It depends upon what the situation is. If they’re really stuck, the first piece of advice is to stop doing it. Your timing has to...you have to be there...so that you are in there before it gets to that stage.

Although I have girls who would come to me first, I don’t know that most of them would
The value of a one-to-one relationship is accepted by these professionals, and they point out that some mothers resist their attempts to encourage them to come to the support group. However they perceive that the group supplies a type of support which complements their relationships with the women in their care in a most effective manner. The role of the support group is perceived to be excellent in providing breastfeeding women with information, advice, emotional support and social contact.

*I think the group is excellent.....the mums were just talking amongst themselves and it was one telling another one about how often they fed the baby and I think she was worried, and she got some benefit out of it and I think the group is excellent for that.*

*I have a mum who comes, she doesn't have a problem breastfeeding, she just wants to come. It's social contact.*

**The Role for Individual Support**

A role for individual support is perceived, at times when the group is not available, or as a result of reluctance or inability to join the group. To some extent this need is met by providing members of the group with the phone numbers of the other women who attend the group. This networking approach is designed to meet the needs of these women at times of the day or night when they need support.

*But even the fact that you can link up with each other. People swap phone numbers......these women out there will have someone to phone on a Saturday night when there’s no health visitors working, who probably wouldn’t want to phone a GP if the baby has just been fretful for an hour or so and it’s the networking of mothers I would say is the greatest benefit of the breastfeeding support group*
However, there is a need to reach some of the young women who may lack the social confidence required to come down and join the group. It is not only a lack of confidence which can restrict attendance but other factors such as timing of the group or the distance to be travelled to get to the group.

_ I have a young girl that I would like to see coming. I think if they came once, and saw what it was really like, they’d be back. It’s just getting them down and reassuring them. It is informal. It’s just a chat. No-one is sitting up there dictating to you, this sort of thing. The hard core won’t come._

Health visitors also acknowledge the sheer difficulties often encountered by new mothers in the first few weeks in attempting to get out of the house in time for anything. The majority of women do not attend the group during the early weeks which may indicate that a need exists for a different type of support in the early weeks.

_Some of them come in the early weeks, but I would say usually about 4-8 weeks. Older babies._

_The first six weeks I think it’s just getting themselves out_

There are indications that it helps women to attend groups if they can go along with a friend, and consideration was given to assisting this natural preference, but this is not without difficulty within the local area.

_...the only time we had a good attendance (at a talk about diet and hyperactivity) was where we got them from the Mother and Toddlers where two of them came together and they knew each other_.

_._
That's something I've thought about. If I knew someone in the breastfeeding support group came from a certain area and street and there was a woman delivered in the same street that might benefit from coming, would it be worth the established breastfeeding making a link with the new breastfeeding?

...it can be basically one side of the street is perceived as the good end and the other side of the street being the bad end and never the two shall meet

A role was identified by this group of professionals for a specialist health worker who would be able to take the support to the mothers in their homes, and spend time getting mothers involved in support networks and support groups. This person would also be responsible for developing ante-natal involvement to try to encourage greater participation in breastfeeding.

Breastfeeding is a small part of our work but if there was a specialist who would be able to devote time to doing more work with breastfeeding mothers then that's totally different.
In summary, the following key points about the approach were identified:

- greater environmental challenges face mothers who decide to breastfeed in areas such as Pollok
- the need for support is greatest in such areas where little encouragement is forthcoming from friends and relatives
- Health Visitors feel more motivated to encourage mothers in their endeavours as a result of the training
- the support provided by Health Visitors is complemented by the support group
- groups provide support not only in the form of information and advice, but also emotional support and social contact
- increased support from Health Visitors and the support group have met many of the needs identified
- a need exists for an individual to drive this initiative forward and to reach out to mothers who are reluctant or not able to attend the group.
3. Perceived Effectiveness of the Training Workshops

The health visitors were the only members of the primary care team to attend the workshops. GP’s were invited to attend but declined to do so. The dietician expressed interest but was unable to attend on the day. The training was conducted approximately a year before this research and the research was reliant upon the long-term memories of the participants. Thus this section is not as detailed as it might be if research was to be conducted shortly after the training sessions.

The Content of the B.E.S.T. Breastfeeding Workshops

The content of the workshops included:

- Breastfeeding Theory and Practice
- Exploration of Social and Cultural Issues
- Skills and Support in Practice
- Techniques for Problem Solving

Each of these areas had been of interest to the group and all of the content was perceived to be relevant. Most respondents found the exploration of cultural images and their own attitudes and experience to be quite enlightening.

I think it made us think of our own prejudices as well as you know what we think we thought about breastfeeding

I think it got us more in touch with your own feelings

Updating and developing knowledge of the theory was also perceived to be useful. In fact some respondents wanted more theoretical information.
The element which proved most useful in practice has been the checklist approach to problem-solving which has proved to be very useful.

*It’s what the person might be telling you the problem is and what their real problem is and getting them down to a fine art of finding what the real problem is and observing a breast feed, actually looking at the baby feeding and looking and being able to recognise what might be going wrong with that feed. Standing over the woman’s shoulder to see the position and the fix. To look for the pattern of feeding and the rhythm of feeding, all these kinds of things that I hadn’t actually thought about beforehand. And it was an observation and she gave us all a checklist that you could work through and it was, you could, from the checklist, you could work out what the problem really was.*

*It’s like a model that you use*

*It’s reassuring*

*You know yourself that you are covering everything*

The section on conflicting advice did not appear to work with quite the same degree of success. This may be because the problem is not new to health visitors. It also may be situation-specific and rather difficult for one professional group to address without the full co-operation of the other professionals involved. However for some this element was not enhanced by having to participate in role play.

*I just never get anything out of role play. I just don’t like it. I don’t listen because I’m so worried about what I’m going to do. I prefer discussions....*
Concerns were expressed not about the actual content of the workshops but the format of elements of the teaching approach utilised.

**The Format**

The format of the workshops included:

- the use of icebreakers
- formal presentations
- brainstorming
- groupwork
- role play

Problems appeared to exist for some participants with regard to the use of role play in identifying and tackling problems, and the modelling activities undertaken to enliven the theoretical discussion. Preference was expressed for video stimulus materials to replace the role play approach, and the further use of video to aid the visual presentation of theory.

*"I'm always a bit apprehensive about starting and who you’re going to be in the wee scenario, but once you get into it it’s interesting. .....If you were the observer, it was interesting to find that there were things you were thinking about - ‘maybe I wouldn’t have done it that way’ - so it did get you thinking"

*"It was quite good being the mother. I quite liked being the mother"*
Involved in role play it was actually quite wrong to do it because when you’re left to go on and on, starting being an actor... really role play should be stopped about every 10 mins and there should be someone there to discuss what is being said. It’s actually quite dangerous the way that role play is left to carry on.

The anxiety aroused in the situation of playing a professional in front of colleagues who are being invited to observe and criticise is one which may inhibit learning. One participant suggested an alternative approach based upon training experienced in Edinburgh on post-natal depression:

it’s maybe to video four different scenarios and open up the discussion and saying what was wrong. Sharing views. I’m not saying I didn’t get anything from it. I think I did, because I had to think, but I think I would learn more from a discussion about a video

If used in large groups, one method which is perceived to be effective breaking down professional reticence is to split the large group into smaller groups or pairs, and then each mini-group or pair reports back to the large group as a whole.

The Need for Continuing Development
A need for feedback on progress to date was identified, and a continuous process of updating knowledge and skills was sought. Feedback is perceived to be vital to maintain high levels of motivation. The source of new information should be designed to supplement the impact of the initial training.
I think in confidence issues there should be an update every six months. Obviously not the same format as it was, and maybe not particularly ***** but someone just saying what problems did you have to manage...Just to keep it going

Another programme of updates six monthly would be advantageous to keep refreshing us

...even to get figures like there's 10% more mothers breastfed it would be helpful to us. At least you would know we were doing something right

In summary, the key points which emerge about the professional training undertaken by this group of Health Visitors are:

- the content was interesting and involving
- professionals welcome more theoretical content
- the content on cultural attitudes was thought-provoking
- methods employed in the workshop approach were in the main perceived to be effective
- role play and modelling activities were not favoured by some participants
- greater use of video as a teaching aid and a stimulus for discussion is recommended
- feedback on the effectiveness of the effort expended by these professionals in trying to encourage breastfeeding would prove to be motivational if it showed progress
- continuing professional development is sought.
4. **Perceived Impact of Training**

The overall reaction to the training was very positive. These health professionals felt that the training had been worthwhile, and they had been able to put into practice the knowledge and skills acquired at the workshop.

(We welcome training) on subjects that are relevant to us, some are not. but this certainly was. I can remember thinking that’s good.

I think it was quite a well balanced course.

The main direct impact of the training was perceived to be providing health professionals with enhanced knowledge and skills. In turn, greater knowledge and skills increased individual interest in the subject which led to advocacy.

The overall effect of increased knowledge and skills of these professionals was to enhance their levels of confidence and motivation. This was even achieved with those who had been health visiting in the area for a very long time, and with those who started out rather sceptical about the course.

*Increasing professional knowledge. Confidence. Communication.*

*Breastfeeding just didn’t come into my caseload because the lower social classes just didn’t do it. I didn’t have much experience. I was grateful for the workshops and it certainly rekindled my interest in it. I learnt a lot at them. so I can feel motivated to give the help and support and encouragement and certainly we are seeing a lot more mothers breastfeeding and that is good.*

*I was negative about it to begin with. I just felt ‘Oh jings another course, can I be bothered with it?’ But no, I appreciated it. I was glad I was there.*
Enhanced knowledge and skills has equipped these professionals to deal more effectively with problems experienced by breastfeeding mothers in their caseload. Rather than requiring to refer problems to other professionals, each member of the team felt more able to cope with the wide range of situations encountered. This has obvious implications in terms of the efficient use of resources within the team, but it also contributes to factors such as job satisfaction and esteem.

*I think it's sort of .... you know, mastitis and these things. And although I did know about them in the past, I think there's this kind of gaining more knowledge on exactly how to do something about it. Immediately I said it would be better to see the GP. I would wait until it was something that was really necessary.*

The Health Visitor who had previously been viewed as the ‘expert’ on breastfeeding by her peers had experienced less demand on her time and expertise as a result of the growth in expertise amongst her colleagues.

*I would say before we went through the workshops, I did feel that people came to me but not as much now.*

Advocacy results from the increased knowledge, although the effect of this is tempered by the timing of the contact that Health Visitors have with mothers. There is a sense of frustration that their involvement comes too late for some, and that they are not currently able to devote the necessary time and resources to promoting the idea of breastfeeding with pregnant women. A range of ideas were explored by the group as ways of influencing women in the community before they made their decisions.
This page contains text that is not legible due to the image quality. It appears to be a paragraph of text, possibly discussing a topic or providing information, but the details are not discernible from the image provided.
Well you’ve got the idea. There’s Mother and Toddler Groups all over the place. Why don’t we go in there? I mean mothers are going in there especially with their first children, why don’t we go in and talk to them or let Marion in. If they have baby no. 2 maybe you’ll get through to them.

Yes, that’s right. Down to the Post Office, that’s where you’ll get them.

Get a shop over there and sit in there all afternoon.

This exploration of alternatives for taking a proactive approach led to the conclusion that one professional needs to be assigned to this initiative to drive it forward. This was perceived to be validated by the need for one-to-one support for some women. In this area, many young mothers do not attend ante-natal classes, and it is felt that those who do attend would be more likely to come to the breastfeeding support group, than those who do not.

*If we could have something locally, maybe again not at a health centre, at a community centre and if you were getting the young people who don’t have as much support as the middle class mothers with a partner, then there would be a road in to teach them more about breastfeeding ante-natally, but the ones who will go to classes are the ones who will come to groups.*

*I mean for us professionally, it’s time. Breastfeeding is a small part of our work, but again if there was a specialist who would be able to devote time to doing more work with breastfeeding mothers than that’s totally different.*
Confidence and motivation improve as a result of greater knowledge and skills as mentioned earlier in this report. The fact that the training is able to combat scepticism suggests that such scepticism amongst health professionals may be associated with a lack of knowledge. By addressing the need for knowledge the attitude is altered, and this will influence the subsequent behaviour of these professionals when advising the women in their care.
5. The Role of the Group in Supporting Breastfeeding

Those who attended the groups perceived benefits in doing so. Those who did not attend could also perceive benefits for others, if not for themselves. The main reason for not attending the group expressed was a lack of perceived need at a personal level. All of the breastfeeding women interviewed perceived a need for support. Some were able to find this support amongst family and friends, whereas others were required to find this support outwith their immediate circle.

The Perceived Benefits of the Support Group

Several benefits were perceived by those who attended the support group. Perhaps the most important benefit was perceived to be the opportunity to gain advice from others who had real personal experience which had been gained recently. This quality affects the credibility of the advice being offered whether the source is professional or another mother who has no professional training.

*Right at the beginning when it first started I came along. At some point I was thinking of giving up but it was a few things **had said.*

*I enjoyed it. It was something I wanted to do. I was all set for giving up, but I found coming to the group helped. You know because other people had the same problems.*

The motivation to attend the group for most mothers was the need for advice or simply to be able to share the feelings experienced with others. A minority were motivated to attend purely for social contact, but this aspect encouraged attendance and for some it developed into a reason for continuing to go to the group. The group allows women an opportunity to discuss fears and concerns which they may hesitate to raise with a health professional.
It's just that you're able to compare that other people have the same ....it was like ******** was saying earlier, she felt when she came to
the group, maybe she was doing something wrong, but once she came
to the group she saw that other girls had the same problem, and just
like that - I can still leak just as much as I did when I was feeding, so I
know that I'm normal.

For some it appeared that attending the group for the first time had been an act of desperation to try to resolve their breastfeeding problems. Whilst breastfeeding women will turn to their health professionals for advice they acknowledge that this does not fully meet their needs for support.

There isn't support. They'll maybe have a couple of visits to you leaving the hospital - from a midwife - and that's popping in and out again. So I mean it might not be at the time of day that you need their help. Okay they are there to ask advice and what not. But when you are actually sitting feeding, there's times when the baby is upset and you're upset and you're getting upset and I found it harder the second time feeding because I had a toddler running about the floor as well, and I had to try and entertain him so that I could have the time to sit and feed the other one. And then you have the health visitor to come in and visit you every few weeks. You don't see them that often, that unless you've got other support, like the support group or other friends who breastfed and they're good support, then there probably isn't any support outwith the hospital.

Not all new mothers will know or have witnessed a friend or family member breastfeeding. For some of those who have witnessed it is not necessarily perceived in a positive light. Those who belong to families who frown upon breastfeeding seem to gain a lot from meeting other women who have made this same positive choice.
It's the experience to help your own experience. I think most people have went through the same thing. It's been hard work and the stigma that's attached to breastfeeding. I mean people still do tend to frown upon it a bit, maybe not so much as they did in years gone by. So at least you come to the group and everyone is in the same position. Everyone's breastfeeding. Maybe struggling to breastfeed their baby or possibly not. And even girls that have breastfed and stopped breastfeeding, they can share their experiences, so therefore it makes it a lot more helpful.

Yes you feel you're not the only person. Like Paul was seven weeks old and I used to go into town a few times a week and he was seven weeks old before I ever saw another person breastfeeding in one of the Mothercare shops. It mad me feel I was the only person doing it and coming to something like this, you knew other people were experiencing the same thing as you, and they felt the same way as yourself. But I think the hospitals should maybe let you know that a breastfeeding group exists.

At times it is easier to talk to non-professionals who will offer their own experiences rather than advise on what they think you should do. This interaction is more adult-to-adult than is often the case in discussions with health professionals.

Fair enough your health visitors and your community midwives. But as one of the girls was saying, you would rather hear it from another mother that's done it than hear it from... You know you'd maybe get Miss So and So coming in and saying do this and do that, and you think what do you know about it - you've never breastfed a baby, and it does tend to put your back up a wee bit. At least if you got someone coming in saying well I found that this helped, you could try it. If that doesn't work then we'll try something else.
Barriers or Reasons for Not Attending

The possible barriers or reasons for not attending this type of support group which were identified in this research are:

- lack of a perceived need for this source of support
- lack of awareness that the group existed
- uncertainty about what the group involves
- lack of social confidence
- the image that the group is for those with problems
- the difficulty of travelling to the group
- the timing of the group

We shall examine each of these reasons in turn.

**Lack of perceived need** is the main reason for those who do not attend the support group who were interviewed as a separate group. These mothers found sources of support closer to home in the form of friends and close relatives. Several of these mothers had previous personal experience of breastfeeding and this also influenced their ability to cope with the bad times.

*My mum. She breastfed us all. She encouraged us. It was no bottle at all. My older sister, she's got four children, she breast fed as well. It was something I never thought about like having a bottle, and right away it was just the breast. I never even thought about bottle feeding. But my mum she definitely did try and encourage me. Because when he was born and I was constantly feeding him. Constantly and he wanted fed all the time and for the first three months I didn't get out. He just wanted fed the whole time. And the Health Visitor advised me to give him bottles.*
My sister had warned me what it could be like. I think with my first one I think I might have gone on the bottle feed in the hospital because it was so sore and it was her saying persevere, no way, keep going. And then I got through it. .....after a couple of weeks it was all right

Lack of awareness that the group existed was expressed by some and this reveals a need for communication to all women during ante-natal and immediate post-natal periods. Women who had found out about the group had heard of it through word-of-mouth from health professionals or had seen the poster in the surgery.

Lack of knowledge more than anything.

They give out a package to mums at their ante-natal visits so maybe at their first visit where they’re given a lot of other things, they could be given a wee package telling them the support group is there, where it’s held and at what times and what is involved. Just an idea of what’s available to them.

Uncertainty about what the group involves results in lower appeal. Some women had not known what to expect before they attended the group for the first time. This reveals a communication need to convey the actual experience of attending the group.

because I felt, what’s it all going to be about?

Sometimes it was tagged onto the end of the conversation. Remember the breastfeeding group, it’s on Friday at half one and that’s the end of it. That’s all. The breastfeeding group meets on a Friday and half one and that’s all anyone ever says about it.
I don't know. I think I was expecting all these other mums that knew far more than what I did sort of thing.

Lack of social confidence results in some women not attending who would benefit from the group. One method for tackling this may be to ensure that the professional involved in facilitating the group is known to all breastfeeding women in the area. The feeling of knowing this one constant person may reduce anxiety about the first visit.

I found it easier to come because I knew *****. She was my health visitor and I used to see her at the doctor's surgery as well. So that made it easier for me to come. But folk that didn't know her it must have been quite daunting.

It wasn't like I thought I would be walking into a roomful of strangers. And there's only a few people coming at a time. So it wasn't like a whole roomful of strangers and everyone was very nice and I got help with problems that I did have.

The image that the group is for those with problems is conveyed by the name of the group and its perceived purpose. This results in women who do not have a specific problem feeling that they should not attend. A drop-in image for all women who breastfeed would help to overcome this barrier. This is of great importance in attracting those whose needs are for social contact and emotional support rather than physical problems.

Could you go before you had your baby or only once you actually delivered? Were you invited along? I don't think a lot of the girls realise that the group is here for them ante-natally as well as post-natally.
Not the breastfeeding support group. The real truth, something like that, because that would make me want to go and listen.

The difficulty of travelling to the group is expressed by those who rely on public transport or who live a distance from the health centre. It would be ideal to take the support group to different areas but the attendance may be too low to justify this approach. In this case it may be appropriate to arrange more one-to-one visits from a health professional combined with network contacts with other breastfeeding women in the area.

I’ve been told this is the only one on the South Side and I’ve known people who’ve had problems with breastfeeding and had nowhere to go. I mean you can’t go from the Gorbals up to here if you’ve got a problem.

The timing of the group does not suit some women but is perceived to be more convenient and appropriate than a morning session. Some new mothers find that getting out of the house with their new baby is almost impossible and is certainly not achievable by mid-morning.
6. The Provision of Information

A Standard for Visiting Breast Feeding Mothers has been developed which sets out what service is provided by health visitors in the Greater Pollok area and provides some facts about breastfeeding, the provision of breastfeeding and baby changing facilities in the Glasgow area, and tips on expressing and returning to work. The pack also includes contact numbers.

This pack is viewed positively by those who were aware of receiving it. Not all women currently breastfeeding had received this document.

*Look at that for instance - all women who attempt to breastfeed will be invited to the Greater Pollok Breast Feeding Support Group in the antenatal period. I got nothing like that.*

The advice on expressing and availability of breastfeeding facilities were deemed to be very useful.

*I found it very useful.*

*There's even places I'll never ever go but it's in there if I ever wanted to go.*

The need for information on technique and a range of common breastfeeding problems is identified by women. Provision of such information would also reduce the feeling of self reproach often experienced as a result of a lack of awareness of how common most problems are.

*The other thing as well, I know this might sound awful, but just say if there are other breastfeeding mothers that have done it and are confident and people would actually let someone look at them breastfeeding. A demonstration.*
The other thing as well I think that could be useful is a wee drop more talk about expressing milk, because for all I've fed two boys, I have never been able to.

I think just an understanding how it worked. I took a blocked duct at one point and it was easier to get it clear because I knew exactly how it worked. ....Just educating you a wee bit about it so that you knew the ins and outs of it how it worked.

(Woman who attended workshops at the maternity unit)

By contrast some health visitors express concern about providing facts on problems. Their view is that such information may discourage some mothers from trying to breastfeed. The women feel that the provision of knowledge not only of the potential problems but the solutions to the problems would provide greater self confidence in their ability to cope. Obviously this material would require careful development to ensure that it achieved the desired results.

You've got to be very careful. You could put them off by listing problems.

I think it's very important if they are having problems that there is a person, there is someone, so that they are not left with their problems
I don't know - that midwife a year ago - that was one of the things she said that mothers brought up when they did a kind of survey, that they wanted to know about the problems and things, that they would encourage them. ......

(Health Visitors)
I would like to have known more about the problems that you could have in the early days really, because it's all right saying it could put people off, but there's so many people do have problems because breastfeeding isn't common and you can't ask your mum to help because she probably didn't breastfeed. I said to them I couldn't imagine what problems you could possibly have. I thought it's so natural so what could possibly go wrong, and I know now, but at the time....

(Mother who attended the Support Group)

Let's tell them the truth. Not say you can't say that and you can't say this. Just let us tell them plainly and naturally what it's like. The bad points as well as the good points.

(Mother who did not attend the Support Group)
7. GP Attitudes and Involvement

Only one GP could be persuaded to take part in this research despite the efforts of the Health Visitor who was acting as the key worker in this initiative to encourage others to participate. This indicates the level of involvement or importance attached to this project by these professionals.

From the one interview conducted it would appear that GP’s are supportive of this initiative but do not appreciate that the subject matter would be of particular relevance to them. To some extent this perception reflects their more limited involvement with breastfeeding mothers. Most GP’s would only discuss breastfeeding with mothers who have chosen to do so and then experience problems such as mastitis which required to be treated. As this is a relatively infrequent occurrence attendance at a training workshop which would require considerable time, and may require colleagues to handle extra work, does not appear to be justified.

There does not appear to be any concern about the impact of the training upon the primary care team. However, the need for consistent advice is appreciated and some information targeted to busy GP’s would be acceptable if it could be delivered in a format which did not consume too much GP time. One suggestion involved a lunchtime talk which would convey the key points in a short time. However, given the lack of success in persuading GP’s to give up as little as 30 minutes of their working day this idea given by the one who was willing to devote a little time may not reflect the views of others.

The lack of a perceived need for information reduces motivation to devote time to processing information. It would appear to be the relatively low need for information which is key to the lack of GP involvement, rather than issues concerning the format of the workshops, although it is evident that the length of the workshop approach would reduce the likelihood of GP attendance.
Few mothers in the research had turned to their GP for help. Those who had consulted a GP found the experience frustrating due to the GP’s lack of knowledge about the treatment of specific conditions such as nipple thrush, or poor advice on coping with a crying baby.

*The other problem is GP’s have not got a clue about breast feeding.*

...That was his attitude towards breastfeeding - Why not give your baby a bottle? - he thought I was just a paranoid mother.

*I’ve had good doctors and bad doctors. ......I haven’t listened to him.*

*I mean some doctors are very good. No male doctor has ever breastfed so they can’t totally understand what your situation is and I hadn’t asked the doctor for help at that time to get help for him sleeping through the night. He just volunteered this information and was a bit of a bully really.*

Some women would use the group to resolve a problem which they felt that their GP gad been unable to tackle effectively. There is evidence of greater belief in the accuracy of the information provided by the group rather than the GP.
F. CONCLUSIONS & RECOMMENDATIONS

The provision of training for Health Visitors is greatly appreciated and enhances the motivation to encourage and support women and their families in their attempts to redress the current situation. These professionals feel more confident and able to handle the problems they encounter in their work with women and their children as a result of this training.

A need for training of this type amongst professionals working in the maternity units appears to exist according to accounts given by the women themselves. Some arrive home with problems which they have not been equipped to handle. It would appear that support is required by some women at this earlier stage after the birth. Some have difficulty getting out to the group in the first few weeks. There would appear to be a need for a different form of support during these first few weeks which health professionals are not always able to meet.

Some women are not able to attend the group, or find the group format unappealing, and a clear desire for one-to-one support is expressed by some women. This one-to-one support would require to be very responsive to the immediate needs of the woman.

Perseverance in the face of adversity is weakened by the lack of support in this community. For some breastfeeding women real problems occur when it is not possible to contact a health professional, such as the early hours of a Sunday morning. The emotional feeling of isolation at such times may indeed exacerbate the problems being experienced.
CONCLUSIONS & RECOMMENDATIONS

The purpose of this report is to examine the impact of health insurance on poverty and to assess the effectiveness of various policies designed to reduce poverty. The findings suggest that health insurance can be an effective tool in reducing poverty, particularly for those who lack access to affordable coverage. However, more research is needed to fully understand the long-term effects of health insurance on poverty reduction.

Recommendations:

1. Expand Medicaid eligibility to cover more low-income individuals.
2. Increase funding for community health centers to provide affordable care.
3. Implement policies that encourage employers to offer health insurance to their employees.
4. Provide financial assistance to those who cannot afford health insurance premiums.
5. Increase awareness about the benefits of health insurance and how to obtain coverage.

Policy suggestions:

1. Implement a universal health care system to ensure that all individuals have access to affordable care.
2. Increase funding for research on the effectiveness of various interventions in reducing poverty.
3. Encourage states to adopt innovative approaches to health insurance coverage.
4. Provide incentives for states to implement effective poverty reduction strategies.
5. Increase collaboration between government agencies and non-profit organizations to address poverty at the community level.
The group is very effective for those who have attended in terms of providing not only practical advice, but also emotional support. This social form of support is needed more in areas such as Pollok where breastfeeding is the exception rather than the rule.

There would also appear to be a need to raise the awareness of the need for the community to support breastfeeding mothers. Suggestions for taking the message out to the community would appear to be one way forward. This activity would ostensibly be designed to communicate with women who are intending to have children, but the act in itself would help to raise awareness and encourage a change in the attitudes to breastfeeding in the community. Whoever is charged with the responsibility for this needs to be encouraged and supported as their efforts are unlikely to show rapid measurable results.

The group is effective in supporting women who have managed to get there, but a need exists for a variety of forms of support. Being able to phone someone for advice may be sufficient for some situations, whereas others require face-to-face contact. Advice is more readily accepted by someone who is perceived to be a credible source. Credibility is perceived to be related to personal experience.

Some women express a preference for receiving advice from non-professionals - such as other women who have personal experience. This may be as a result of a relationship which is more equal rather than the ‘parent-child’ relationship which is sometimes experienced in their contact with health professionals.

*If someone’s telling me what to do then nine times out of ten times I’m not going to do it. But if they suggest and say these are your options, that’s a bit easier to take.*

Some of the members of the support group have already experienced contact by telephone, and this form of networking is helpful, but does not fully satisfy the needs of breastfeeding women for information and advice.
There would appear to be a significant distinction between the need for information and the need for support. Information can be provided in written and diagrammatic format, or indeed on video, to women interested in breastfeeding. The perceived need for information includes the common problems which may be experienced and should provide solutions. This provision of information would increase self confidence and self respect amongst breastfeeding women. It would also aid those who were willing to volunteer their support to others.

The monitoring form could be developed to include more ‘closed question’ relating to the experiences of the mothers in terms of support or discouragement, and the reasons given for stopping. Such questions could be developed to cover the different stages i.e. before leaving hospital; the first few days; from 10 days to 6 weeks; after 6 weeks. Such information may assist the targeting of resources to critical points in time. Questions could be added to determine what type of help would be appreciated during each stage.

Over time and across different areas this form would help to build a more comprehensive picture of the information and support needs of breastfeeding women. This would provide the feedback desired by health professionals. Alternate methods for communicating new knowledge to GP’s should be explored. The lack of co-operation from GP’s in this project limits our ability to provide recommendations in this area. We are able to suggest that it needs to be targeted, to-the-point, and perceived to be relevant to their treatment of patients.

To sum up, the provision of information and support is greatly appreciated by those women who have benefited from this. Health professionals also acknowledge the benefits of this initiative. The recommendations are designed to build upon this successful beginning.