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A Mother's Self-Efficacy to Breastfeed Really Does Matter

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Introduction

- Breastfeeding provides optimal nutritional, immunological, and emotional benefits to infants and toddlers. (Health Canada, 2012).
- Health Canada recommends exclusive breastfeeding for the first six months with continued breastfeeding and appropriate complementary foods up to two years of age and beyond. (Health Canada, 2012).

Breastfeeding Rates

In Ontario, the Maternity Experiences Survey (2006/2007) indicated:

- 90.4% of women intended to breastfeed
- 90.6% of women initiated breastfeeding
- Breastfeeding:
 - At 3 months: 69.1%
 - At 6 months: 54.0%
- Exclusive breastfeeding:
 - For 3 months: 52.5%
 - For 6 months: 15.6%

Background

- A mother's intention to breastfeed is one of the strongest predictors for breastfeeding duration.
- Intention to breastfeed can be challenged within the first few weeks postpartum.
- The most commonly stated reason for stopping breastfeeding is not enough breast milk.

Background

- Lack of breast milk is often a perception by the mother rather than a fact. (Health Canada, 2012).
- A mother's perception of an insufficient milk supply can be related to her self-confidence in being able to meet her infant's needs.

Background

As a mother masters breastfeeding skills and develops her ability to problem solve, confidence and self-efficacy is enhanced.

What Can Be Done?

- Information alone is not enough to increase duration rates.
- Mothers need to have reassurance that their infant is breastfeeding well and growing normally.
- The **way** in which support is provided can have an impact on a mothers breastfeeding self-efficacy.

What Can Be Done?

- Public Health Nurses that provide support at community Well Baby/Child and Breastfeeding Clinics have a unique opportunity to offer interventions that can enhance a mother's self-confidence.
- The **approach** to providing support is critical.

Fundamental Theories

- Client-Centered Care
- Family system capacity building help-giving practices
- Social cognitive breastfeeding self-efficacy

Registered Nurses Association of Canada (RNAO), 2006.
Dunst & Trivette, 2009; Kingston, Dennis, & Sword, 2007.

Client-Centred Care

Unites concerns experienced by client and the manner in which health education and support is delivered.

PHNs create a respectful relationship that:

- supports the mother's ability to identify her own personal needs
- ensures that information is given at the appropriate time
- and is relevant to her own decision making

Capacity Building Help-Giving Practices

Family-Systems Intervention Model

- Incorporates capacity building and help-giving practices.
- Demonstrates the **way** help is provided makes a difference by increasing self-efficacy (self-confidence) which impacts outcomes.

Dunst & Trivette, 2009; Kingston, Dennis, & Sword, 2007

Capacity Building Help-Giving Practices

Two clusters of help-giving practices that have capacity building influences

Relational help-giving practices

- Focuses on the help-giver relating to the client.
- Includes active listening, compassion, empathy, respect, help-givers positive beliefs about the families' strengths and capabilities.
- Associated with good clinical practice.

Capacity Building Help-Giving Practices

Participatory help-giving practices

- Creates a supportive environment which empowers the client to participate in the interaction.
- Practices are individualized, flexible, responsive to family concerns and priorities.
- Involves active participation with the mother to enhance her ability to express her needs.

Cognitive Breastfeeding Self-Efficacy

Self-efficacy

- Belief in ability to perform specific behaviours.
- Successful acquisition of a skill contributes to an increase in self-efficacy.

High intention to breastfeed combined with self-efficacy to breastfeed increases the likelihood of breastfeeding to 6 months

Wilhelm, Rodehorst, Stepan, Hertzog & Berens, 2008; Kingston, Dennis, & Sword, 2007)

Cognitive Breastfeeding Self-Efficacy

- Knowledge about how to deal with various breastfeeding situations.
- Confidence in her ability to carry out problem-solving interventions.
- Believe infant will respond to her efforts.
- Believe that significant others will support her efforts.

Integration of Theoretical Perspectives

Integrating the theoretical perspectives into practice leads to an increase in the mother's self-efficacy and breastfeeding self-efficacy which in turn will lead to an increase in breastfeeding duration.

Proposed Program Theory



Well Baby/Child & Breastfeeding Clinics

- Provide face-to-face professional breastfeeding support and well baby assessments through a CCC approach within a supportive environment.
- PHNs help to empower a mother with the skills and confidence she needs to problem solve and access appropriate supports and resources.

Guiding Principles

- We believe in a client-centered approach to care that is nonjudgmental, flexible, and sensitive to the unique needs of every individual.
- We are committed to ensuring families have the knowledge necessary to make evidence-based, informed decisions related to breastfeeding.

Guiding Principles

- We believe that breastfeeding is an important public health priority to individuals, family and community.
- We are committed to providing nurse-client interactions that offer reassurance and validation that will enhance a parent's sense of empowerment and self-efficacy.

Nursing Process

Assessment of the Client

- Needs, aspirations, and priorities.
- Ability to access available supports and resources.
- Existing and new strengths.

Nursing Diagnosis

- Focuses on the mother's needs at the time rather on professionally identified needs.

Nursing Process

Planning

- Help-giving practices emphasize competency enhancement.
- Collaborative planning and mutual goal setting enhance mother's self-efficacy and ability to gain skill and a sense of mastery.

Intervention

- How to interpret baby's cues; distinguish cues for hunger and cues for other needs such as contact and rest.

Nursing Process

Evaluation

- Evaluation of Well Baby/Child & Breastfeeding Clinics in progress.
- Focus is on mother's satisfaction with the services and program quality. (client perceptions of help-giving practices)

Implications for Nursing Practice

Gain a sense of mastery

- Skill building and empowerment should be the goal of intervention.
- Creating opportunities for her to acquire the knowledge and skill she needs to better manage breastfeeding.
- Focus on mothers strengths.
- Support focuses on increasing breastfeeding and parenting self-efficacy (confidence).

Implications for Nursing Practice

The way information, help, and support are offered is cornerstone to the mothers' perception of the support she received

- Listen carefully to the mother's needs & tailor interventions accordingly.

- Facilitative approach is suggested:
 - enable her to ask questions,
 - discuss concerns
 - practice breastfeeding techniques

Conclusion

Evoking a sense of empowerment and confidence in the mother's own ability to problem-solve and successfully breastfeed leads to increased breastfeeding duration rates.

The **way** in which help and support are provided has an impact on a breastfeeding woman's self-efficacy and confidence.

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