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Pediatricians' experiences of working with breastfeeding: An interview study

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Abstract

Objective: The aim of the study was to investigate pediatricians' experiences of working with breastfeeding.

Method: Semi-structured interviews were conducted with 12 pediatricians working at hospitals in Stockholm County. The interviews were recorded, transcribed and analyzed using content analysis and an inductive approach.

Results: All pediatricians saw their role in working with breastfeeding as an important one, but their primary role as pediatricians was to ensure that infants received good nutrition. They delegated the practical aspects of breastfeeding to midwives, who were seen as experts, although the pediatricians believed they had a greater understanding of the necessity for supplemental feeding than did midwives. They also expressed the need for a common strategy regarding supplemental feeding and better teamwork with the midwives. Some respondents noted that it was difficult to advocate for breastfeeding without seeming critical of mothers who experienced problems with it or who did not want to do it. The results comprised a general theme, that breastfeeding is a genuine and difficult task, and five categories: factors decreasing breastfeeding, competence, roles of the professionals, supplemental feeding, the health-care system's responsibility.

Conclusions: Pediatricians have an interest in breastfeeding. However, they perceive inadequate communication with midwives and a need for better collaboration with them regarding breastfeeding. The study also identified a need for a national breastfeeding strategy and for improved conditions that create a breastfeeding-friendly environment.

Keywords: Pediatrician, breastfeeding, experience, communication

Introduction

Mothers are advised to breastfeed exclusively for six months by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), as doing so has proven positive effects for both mothers and children (1, 2). To protect, support and promote breastfeeding, the Swedish government has translated and adapted the international guidelines and WHO's *Ten Steps to Successful Breastfeeding*, which should be followed by all maternity and child health-care professionals (3). However, the breastfeeding rate in Sweden has declined since the mid-1990s. Currently, only 15% of infants are exclusively breastfed at 6 months of age, and only 19% still receive part of their nutrition from breastfeeding at age 1 or older (4).

Two factors important to a woman's developing a positive attitude toward breastfeeding are exposure to it during childhood and the support of people the closest to her. This support, along with knowledge and trust in her ability, are crucial to a woman's success in breastfeeding (5). People's attitudes and behavior are influenced by their upbringings and their life experiences, a mother's female role models are important determinants of whether she breast- or bottle-feeds her babies; however, the single most important factor is support and encouragement from the baby's father (6). Societies must take responsibility for promoting breastfeeding and maintaining an environment that is breastfeeding friendly (7).

Factors increasing the risk of a mother not exclusively breastfeeding her infant at the age from one to three months includes the mother having delivered by caesarean section or experienced breast problems and for the infant having received formula or glucose during the first week of life (8). Studies have shown that infants who received formula during the first days of life were subsequently breastfed to a lower extent than those who did not receive formula during this time (8, 9, 10). In addition, receiving formula increased the risk that an infant would not be exclusively breastfed at the age of two months by up to two-fold compared to infants who had not received formula (10). One explanation for this finding could be that the amount of milk produced increases the more the infant suckles, and an infant who receives formula suckles less, which could lead to the mother doubting her ability to produce breast milk and therefore choosing to feed using formula (11). When a mother is unable to produce enough breast milk, she may feel less competent at mothering (11, 12). If initiation of breastfeeding is difficult for a mother, it is known that caring support and competence around her are very important factors (13, 14), but in these cases, little is known about how pediatricians experience their role of supporting mothers.

An infant's pediatrician plays a key role in his or her first thousand days of life, providing curative health care and intervening to promote health, which includes educating health-care staff and parents on how to ensure adequate nutrition (15). In Sweden, all infants are examined by a pediatrician at least once before being discharged from the maternity ward (16). Before discharge, infants must have breastfed postpartum and must show appropriate breastfeeding behavior for their age. Among other things, the pediatrician must examine the infant's mouth and throat to identify any abnormalities that could affect his or her ability to breastfeed (17). The healthcare system and role of the pediatrician differ worldwide. In Sweden little is known about how pediatricians experience their work in supporting, protecting and promoting breastfeeding; therefore, the aim of the present study was to identify how Swedish pediatricians experience their role in facilitating breastfeeding among new mothers.

Materials and methods

Because the present study investigated pediatricians' experiences, it used a qualitative design, which included interviews, and an inductive approach, meaning that the study's analysis was not built on theories or hypotheses but rather used qualitative content analysis, as described by Graneheim and Lundman (18), to interpret the interviews.

Recruitment and participants

Participants were recruited by contacting the clinical heads of the maternity wards and neonatal intensive-care units (NICUs) in Stockholm County, who forwarded the requests for participants to the pediatricians. The selection criteria for participants included being a pediatrician or a doctor in specialist training and working actively in a maternity ward. Potential participants were informed of the aims and methods of the study, that participation was voluntary and that all data would be kept confidential. Those who chose to participate signed consent forms. Participants were recruited from all maternity wards in Stockholm County except one.

Data collection

The individual semi-structured interviews were booked continuously and conducted during 3 weeks in September 2016 at locations chosen by the participants. The interviews collected demographic information about participants, including their ages and the number of years they had been a physician. AM and PB attended all interviews, which were conducted in Swedish. The interviews varied in length from 22–55 minutes (medium length: 34 minutes) and were recorded in full and later transcribed verbatim.

Data analysis

The finished analysis unit included 88 pages containing 59,770 words. The first step in the analysis was to read the transcribed text several times to get a sense of the whole. Then, highlighting in various colors was used to mark core content in the text, potentially meaningful units and paragraphs that included important information. Next, these highlighted parts were reviewed and discussed among the researchers. Initially, the analysis unit yielded 210 codes, which were reduced to 168 by another review. Coding was achieved by printing the tables on paper and cutting out each meaningful unit, then grouping the units by subject and context, including both similarities and differences within subjects. Finally, these groups were reviewed and reduced to 6 categories, each of which included subcategories. Both categories and subcategories were given names. During the process of designing the result, units were moved and categories renamed.

To illustrate the competence of the analysis, quotes from the interviews are included below. In some quotes, the sequence of words has been adjusted to increase readability.

Ethical considerations

The first stage in the recruitment process was contacting the heads of the departments, who pointed out potential participants. Ethical consideration were followed before and during all steps in the study, which was performed in accordance with the Helsinki Declaration (19). According to the Swedish Ethical Board approval is not needed for a study at this level (20).

Study participation was voluntary and could be ended at any time without a reason. Participants were informed about the study both orally and in writing, and each

one signed a written consent form. All data were handled confidentially, and each respondent was assigned a fictitious name to prevent him or her from being identified in the results. In addition, the names of the clinics where the respondents work were deleted, further ensuring the participants' anonymity.

Results

The study included 12 pediatricians, six men and six women, who ranged in age from 33–68. Of the 12, two were undergoing specialist training, and the other 10 had worked as specialists for from 6–33 years.

Theme: Breastfeeding – a genuine and difficult task

When describing their approach and experiences in breastfeeding, all the pediatricians agreed that their role was important. They also expressed the belief that nearly all mothers have the desire to breastfeed. At the same time, they were surprised by the low rate of breastfeeding in Sweden, because their perception was that their workplaces were breastfeeding-friendly. As pediatricians, their role was first and foremost to ensure that the infants under their care received good nutrition. The respondents believed that they possessed excellent understanding of when supplemental feeding was necessary, and they expressed the need for better strategies regarding supplemental feeding. Some also expressed that it was difficult to advocate for breastfeeding without seeming to be critical of mothers who were experiencing problems doing it or who did not want to do it. Furthermore, the pediatricians delegated to midwives the responsibility for providing practical support to breastfeeding mothers, and the pediatricians expressed a need for better teamwork and communication between the two groups of professionals, because each group could learn from the other. Breastfeeding was seen as a genuine and difficult task.

Factors decreasing breastfeeding

Most respondents believed that their clinics were breastfeeding-friendly; therefore, they were surprised that the rate of breastfeeding was not higher. Their experience was that the majority of parents they met wanted their infants to be breastfeed and that the mothers had positive attitudes toward breastfeeding. They also believed that decisions regarding whether to breastfeed were made long before the birth and were difficult to change after giving birth, although some pediatricians noted that if health-care professionals knew the reasons behind parents' breastfeeding decisions, they would be better equipped to try to influence them.

Several pediatricians described various factors that they believed influenced mothers' decisions not to breastfeed or to stop after a few months, including mental health conditions, breast surgeries, the use of prescription drugs, social situations and socioeconomic conditions.

I believe there is a connection between socioeconomic conditions and low incomes; we've seen lower breastfeeding rates in low-income areas [...] family-related stress and life situations could be reasons for choosing the easy way. (Kalle)

The pediatricians also noted that many babies in Stockholm are born via caesarean section, which they believed could complicate breastfeeding. In addition, they described the contemporary lifestyle in Sweden as requiring mothers to delegate infants' feeding to others because of their activities, which would explain the choice to bottle feed. Respondents thought that breastfeeding for more than one year was not compatible with

the predominant current lifestyle, even though breastfeeding is allowed in workplaces. They also expressed a belief that the decline in breastfeeding in Sweden could be influenced by the social climate.

It's a tough climate for young people and young families today. The demand for standard of living and comfort has increased [...] it takes more work to earn more money [...] I believe that the social structure is unsupportive of breastfeeding. (Agnes)

The pediatricians believed that attitudes toward and the symbolism of the female breast were also factors affecting breastfeeding, and some described mothers who had had difficulty breastfeeding in public.

Several pediatricians also shared their experiences of meeting families in which the mother wanted the father to be more involved in feeding the infant or in which the father demanded to be involved in feeding the infant. They believed that these desires influenced the decision of these couples not to breastfeed so as to enable more equality in parenting. Some pediatricians expressed the fathers' demands to feed as extreme.

For the father to be engaged in the decision: no, we want to have an equal relationship, I wish to feed as well [...] I think it's bizarre. (Bernard)

Competence

The pediatricians noted that their educations had focused more on the physiological function of the mammary glands and the hormones involved in lactation than on the practical aspects of breastfeeding. They also noted that their focus was on infants' nutrition and not on the breastfeeding process. Their knowledge of this process was acquired during their clinical work or through their personal experience, and they indicated their belief that the existence of interest increased the level of knowledge.

It was not much, there was something about the mammary gland as an organ and that breast milk contains different macronutrients, fat, protein and carbohydrates [...] Then I have three children; I've learned about breastfeeding through my own experiences. (Bernard)

Pediatricians thought that some of their colleagues focused on infants' nourishment to the detriment of attending to how that nourishment was obtained. They also perceived midwives as having insufficient knowledge regarding nutrition and suggested that they could increase their knowledge by rotating between working in the delivery ward and the NICU.

There have been times with hypoglycemic infants where believing that the mother has food is more important than the fear that the infant will not get enough food. (Esther)

Some pediatricians expressed dissatisfaction with working with midwives who did not share their concerns for infants who were in the hypoglycemic danger zone.

These pediatricians perceived midwives as being mainly interested in the mothers, even though their responsibility encompassed both the mothers and the infants.

If I've ordered that an infant get supplemental feeding, pretty often that hasn't happened because the midwife doesn't consider it to be important [...] that's a problem to me because then I don't know how to signal when I think it's really, really important. (Johan)

Some pediatricians expressed concerns about early discharge for first-time mothers, because their experience had taught them that the need for breastfeeding support was most important during the second day. They also recommended an exchange of knowledge between pediatricians and midwives that would achieve a broader base of common knowledge.

There is new and important knowledge about breastfeeding [...] here I believe that pediatricians as a group could benefit from simple, basic, robust knowledge that's been updated. (Frida)

Pediatricians characterized communication with midwives as lacking, and although several expressed a request for team rounds, they also acknowledged that midwives do not have the time to attend them. They thought that inexperienced pediatricians could learn from experienced midwives and that newly graduated midwives could learn from experienced pediatricians. They also thought that increased teamwork would enable discussion of each individual infant and his or her family while also increasing the mutual understanding and trust of the two groups of professionals. This would provide midwives with a larger perspective and enable individually based, custom-made care. The respondents believed that interdisciplinary meetings and communication were desirable because they could improve the collaboration around newborns.

When I started doing rounds in 1983, the pediatrician and midwife always did everything together. They heard the same things, they saw the same things and they could discuss the care given. (Esther)

However, the respondents noted that the work structure during rounds is problematic and that the main reason they do not talk about breastfeeding more is the lack of time.

Roles of the professionals

The respondents' views differed regarding their role in breastfeeding. Some believed breastfeeding to be intuitive and that their responsibility was to promote it and provide support that would decrease parents' concerns and stress. They noted that they were more involved with breastfeeding in the NICU than in the maternity ward for healthy infants.

At the neonatal unit, where we have infants who learn how to breastfeed over several weeks, as a pediatrician, I can be much more involved in the discussion from day to day. (Harriet)

The respondents noted that their main task was to conduct examinations to determine whether each infant was healthy and to detect anatomical abnormalities that could affect breastfeeding. They described themselves as being health promoters without taking any medical risks. They did not see their role as supporting breastfeeding as much as verifying that the breastfeeding process was in place, thereby ensuring nutrition. This is why they delegated the practical aspects of breastfeeding to the midwives, who were seen as experts in it.

Supplemental feeding

The interviews also revealed that the pediatricians had a more positive attitude toward formula than did midwives, which could be caused by their divergent experiences.

I see infants who later are in need of intensive care [...] the midwives get the selected group of infants who get unnecessary supplemental feeding. (Johan)

Some pediatricians noted that if supplemental feeding was not discussed between the two groups of professionals, it could be ordered when it was not needed. Some said that experienced pediatricians more often question the need for supplemental feeding and that inexperienced ones prescribe it more often because they lack trust in breastfeeding.

The respondents noted the importance of informing parents and midwives from the start that supplemental feeding would be temporary. They also noted that follow-

up was often insufficient and lacked a schedule for tapering off supplemental feeding. One respondent emphasized the need to establish such schedules during the infant's first day of life if supplemental feeding had been prescribed.

In my experience, you have to remind them to make a tapering-off schedule; it's hard for some of the co-workers to see that within 12–24 hours you may have to re-evaluate the situation. (Agnes)

Only one respondent's clinic had a written schedule for tapering off from supplemental feeding that parents could take home from the maternity ward; however, all respondents noted that it is best to use the mother's own expressed breastmilk for supplemental feeding.

Some respondents noted concerns about using formula for supplemental feeding unless there was a medical reason for doing so, and they believed that formula is too often used at the parents' request. Their experience was that infants received formula because they were crying. There was a perception among the pediatricians that non-Swedish women in the maternity ward were more likely to ask for formula.

If an infant has been given formula, I often ask the parents why, and a very common answer is that the baby was crying [...] It is almost always a question of the normal hunger of the newborn baby. (Frida)

The health-care system's responsibility

Nearly all the pediatricians described mothers who were unprepared for the task of breastfeeding because they did not know that it could be difficult and time consuming. Furthermore, they emphasized that the health-care system must provide increased support and information to those for whom breastfeeding does not work for various reasons.

At a previous clinic, I was more accustomed to the kind of care that made it a priority to work with families, and I learned an approach in which you don't just order things, you include the parents in the decision-making. (Louise)

Some pediatricians noted that parents often asked why their infant was crying, and they believed that parents need help and support during the first days to learn how to interpret their infant's signals. They believed that parents need help to understand differences in the lactation period and suspected that this had not been sufficiently explained to them.

In the NICU, the main focus was breastmilk.

You try to tube-feed them while they're breastfeeding [...] they get to taste some as well, even the most critical infants, to get to know the mother's breast milk. (Johan)

Several of the respondents were emphatic that every drop of breastmilk is important to an infant. The respondents perceived that, despite their hard work, fewer mothers in the NICU succeed in breastfeeding exclusively today. The respondents also noted that it is difficult to advocate for the importance of breastfeeding without seeming to be critical of mothers who are having problems with it or who do not want to do it. Some respondents noted that the health-care system should be able to provide nutritional alternatives to breastfeeding without judging or blaming and emphasized the importance of respecting the family's and the mother's choices.

We are talking about the breastfeeding mafia here in Sweden. If they cannot breastfeed, the women are made to have a guilty conscience and we are part of it [...] The mother's will must be respected, and I personally feel that that is not being done. (Doris)

Other respondents referred to a baby-friendly hospital initiative (BFHI) and noted the need for a national breastfeeding strategy. The interviews revealed that some hospitals have a breastfeeding clinic to which parents can take breastfeeding problems and that respondents believed that where such clinics exist, they are not sufficiently promoted. Respondents also believed that much of the responsibility after discharge falls on the child-care centre and that there might be shortcomings in the process of transferring.

Something that has a bearing on the decrease in breastfeeding is that we are not a certified BFHI any longer; there is no national strategy for breastfeeding. (Gustav)

Discussion

The main findings of this study can be summarized by the theme ‘breastfeeding - a genuine and difficult task’, which pediatricians are interested in promoting on a daily basis in their work. However, pediatricians differ on when and how to promote this task, and all agree to leave practical breastfeeding in the hand of midwives.

Pediatricians believe that most mothers have a desire to breastfeed their infants, even though they have also observed that formula feeding has become more common. The pediatricians interviewed by the present study noted various factors affecting mothers’ decisions not to breastfeed or to stop breastfeeding early, including mental health conditions, the use of prescription drugs, and socioeconomic conditions are known to be factors associated with shorter breastfeeding duration, as are depression, anxiety, low educational levels, low income levels and smoking (21, 22). In addition, high body mass index (BMI) and obesity have been associated with shorter breastfeeding duration (21, 23). Several respondents in the present study also noted that mothers choose formula feeding, either as a complement to or instead of breastfeeding, so that their partner can be more involved. Studies have shown that partner support influences mothers’ decisions about whether or not to breastfeed (24).

In the present study, the respondents noted that the increasing rate of caesarean sections might have an impact on breastfeeding, and this was supported by recent research that showed that infants delivered by caesarean section had delayed initiation of breastfeeding and that the mothers of those infants were less likely to have a successful first breastfeeding (25). The same study also showed that women who delivered by means of a planned caesarean section were more likely to discontinue breastfeeding before 12 weeks postpartum than those who had delivered vaginally (25).

The present study also found that pediatricians perceived their communication with midwives to be lacking and wanted to improve it, along with increasing their collaboration with midwives, which they believed would lead to care that was more adapted to individual patients and that included both parents in the decision-making. More direct communication between pediatricians and midwives was discussed in an article in a Swedish journal for physicians (26, 27), and the authors identified the need for a common approach and common vocabulary to be used during rounds in maternity wards.

The majority of the pediatricians interviewed during the present study agreed that formula is used too often and often without medical indication. Studies have shown that infants who are formula-fed during their hospital stays are exclusively breastfed for a shorter period by both nulliparas and primiparas (28, 29). Therefore, it is the pediatricians’ responsibility to sustain accurate knowledge about the need for supplemental feeding and engaging professionals in a dialog to maintain a holistic view of the mother and infant to prevent unnecessary formula feeding (11, 30).

The results of the present study indicated that napping-bottles were also used to a large extent in maternity wards. Two studies have shown that late-premature infants fed by cup in the maternity ward and NICU had significantly higher rates of exclusive breastfeeding at discharge and at three months and six months of age compared with infants who were bottle-fed (31, 32).

All pediatricians noted that an infant's non-separation from and rooming-in with the mother promote breastfeeding. Ekström (28) found that infants who had been breastfed within the first hour after birth were breastfed for a longer period than those who were separated from their mothers.

Pediatricians interviewed in the present study also mentioned BFHIs and supported the need for a national breastfeeding strategy, things that Hofvander (33) proposed more than 10 years ago. Hofvander proposed that every maternity ward should have a breastfeeding strategy on which all personnel based their work and a rooming-in strategy that would encourage breastfeeding based on the infants' signals. However, since Hofvander's proposals, breastfeeding rates have continued to decline (3), and as the present study indicates, pediatricians are still requesting a national breastfeeding policy.

After 12 interviews, no new material appeared. Two researchers participated in all interviews, which ensures the credibility and transparency of the study.

The present study had a few potential limitations. First, four of the interviews were conducted in a public space, which could affect the integrity of the responses. However, as these locations were chosen by the respondents, the authors do not believe that the locations influenced the responses. In addition, two of the three authors attended each interview, which could be perceived as intimidating by the interviewees. However, as the interviewees were specialists in their profession and the authors were students, the authors do not believe that the interviewees were intimidated.

Conclusions

Pediatricians have an interest in promoting breastfeeding as part of infants' nutrition, and they believe their responsibility is to provide information about the advantages of breastmilk and breastfeeding. They perceive a lack of communication with midwives and the need for better cooperation with them regarding breastfeeding. Pediatricians also believe that a common base of knowledge and interdisciplinary discussions between members of the two professions would improve their ability to work as a team to promote breastfeeding.

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