Why mothers stop breastfeeding before discharge from hospital: a quality review

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1. INTRODUCTION

Routine audit in this rural general hospital indicated that some women who initiated breastfeeding were not breastfeeding at all on discharge 48-72 hours later. Examining why this fall-off occurred was important for our quality goals and to maintain standards as a Baby Friendly hospital. A review was conducted to help determine the possible factors that influenced mothers to stop breastfeeding prior to discharge from hospital.

2. METHOD AND SAMPLE

The computerised Maternity Information System was used to identify all the births in one month (2013) and to calculate how many mothers initiated breastfeeding and stopped breastfeeding prior to discharge from hospital. Feedback via a service user comment form was also reviewed.

The audit team manually went through the 22 charts to extract data in relation to demographic variables, antenatal factors, clinical issues in relation to the woman and their baby, hospital practices and postnatal factors.

3. RESULTS

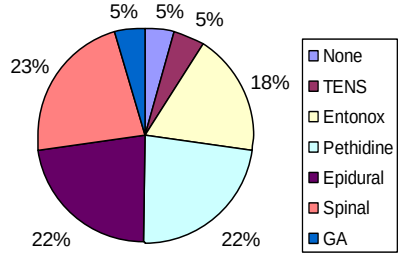
In the month examined, 102 babies initiated breastfeeding and 80 went home breastfeeding either exclusively or partially; 22 babies that initiated breastfeeding had totally stopped breastfeeding prior to discharge from hospital. These 22 mothers are the focus of this report.

Irish-born women formed the dominant nationality in the audit (85%).There were no teenage mothers in the sample and the majority of mothers fell into the 31-35 age groups (36%). Seven mothers were Primigravida and were breastfeeding for the first time. The other 15 mothers were multigravida, 11 mothers had breastfed previously, two mothers breastfeed for the first time and for two mothers it was unknown if they had breastfed before. At least 50% of the sample had some prior breastfeeding experience.

Although 55% of the mothers in the audit had a spontaneous vaginal delivery, the remaining 45% had some form of intervention in the form of an instrumental delivery or caesarean section. The mode of delivery was consistent with the rates for the Unit overall.

Only 5% of the sample took no analgesia in labour, 22% took non-opiate type analgesia (TENS, Entonox) and 73% had opiates in labour (Pethidine, epidural, spinal, general anaesthetic) *Figure 1.*

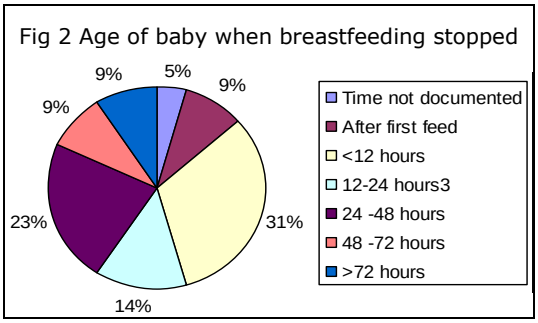
Fig. 1 Analgesia use during labour

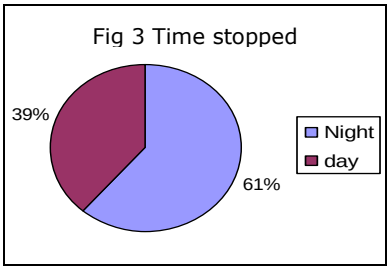


The majority of the infants in the audit were healthy term infants (n=18, 91%) and the reminder of the infants (n=4, 18%) were under the care of the Special Care Baby Unit (SCBU) that adjoined the postnatal area.

At least 86% of the infants were documented as having skin-skin contact. The audit looked at how many infants were given supplements (36%), however the audit did not look to assess if these supplements were informed choice or clinically indicated.

It was the intention of two mothers only to give the first breastfeed (9%) , 31% stopped within 12 hours of delivery, with a further 14% stopping before 24 hours. At least 54% stopped breastfeeding during the first 24 hours. During the period 24 to 72 hours, 41% stopped breastfeeding. *Figure 2.*

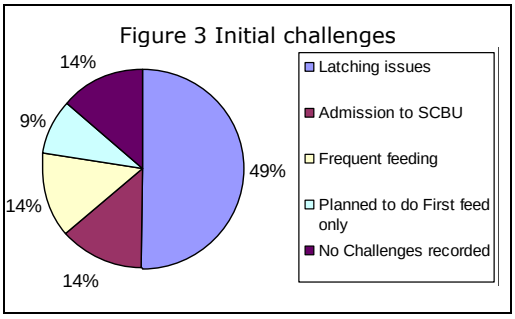




The audit also highlighted that at least 50% of the mothers ceased breastfeeding during the night-time and 32% during the day (unable to determine when the remainder of the sample ceased breastfeeding) *(Figure 3).*

** This figure is based on a sample size = 18 (4 were removed as it was not known when the mother stopped breastfeeding).*

The main challenges among those who stopped all breastfeeding before hospital discharge were in relation to latching issues attributed to sore nipples as a result of a tongue-tie, inverted nipples and engorgement. Other latching issues were attributed to reluctance by the baby to latch or inability to maintain latch for effective milk transfer. *Figure 3*



Comments from the service user responses indicated contributing factors to breastfeeding difficulties were staff shortage or staff not having the time to support breastfeeding, with suggestions from the mothers who submitted comments to increase the hours that specialist midwives (IBCLC) were available and to give more focused individual assistance with skills of breastfeeding. Those mothers who did see the one of the two specialist midwives (who share one post) rated the support as excellent.

4. CONCLUSION & RECOMMENDATIONS

This review highlighted the need to take action. A detailed action plan for quality improvement was developed arising from this review to:

1. Encourage more pregnant women to attend the free hospital antenatal breastfeeding class with a specific focus to further encourage pregnant women that had a previous difficult breastfeeding experience.
2. Review what information is given in the antenatal classes and by staff in the antenatal clinic regarding how to avoid or minimise the need for interventions in labour as these may have a possible impact on the baby's ability or willingness to feed as well as the mother's ability to cope with breastfeeding.
3. Provide extra support to mothers when their baby has to be admitted into SCBU. Though the SCBU unit is next to the postnatal ward, separation and anxiety levels may interfere with the establishment of effective breastfeeding. Support may take the form of extra re-assurance regarding milk supply and encouragement with expression if needed.
4. Complete an audit on the use of supplements in breastfeeding babies, especially in terms of whether attempts were made to give the mother's own milk first, how the supplement was given and whether the supplement was given with true informed maternal choice.
5. Improve support for mothers at night as a high percentage of cessation of breastfeeding had occurred at night.
6. Highlight the importance of time and good communication skills between staff and mother as a key aspect of effective strategies to address breastfeeding difficulties
7. Educate staff on what is the role of the specialist midwives (IBCLC) and that all midwives need to assist breastfeeding and not deflect routine assistance to the specialist midwife

Since the quality review the visiting times for the maternity unit were subsequently assessed for suitability with feedback sought from the maternity staff as to whether visiting should be restricted. Visiting now is restricted to evening time only on week days, with day and evening visiting at week-ends. Restricted visiting will help to foster rest for new mothers and improve mothers' ability to cope with night-time feeding.

There has been a slight increase in the number of mothers attending the antenatal breastfeeding classes from 107 (5.7% of births) in 2013 to 112 (6.4%) in 2014, with more pregnant women that had a previous difficult breastfeeding experience also coming to the classes.

The percentage of mothers who stopped breastfeeding in 2014 remains the same as in 2013 (9%). The CMS in Lactation is currently working with the CMM2 in SCBU to see how we can enhance information and support for mothers expressing for their baby in SCBU. The audit planned for 2015 will look at the supplementation rate and aim to reduce unnecessary supplements to breastfeeding infants if a high supplementation rate is identified.

The unit is committed to ensuring quality care through regular audits and detailed action plans to promptly address any standards that fall below standards.