

Professional advice on common breastfeeding problems: a primary care study

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SUMMARY

This study investigated the advice given on breastfeeding problems by community health professionals involved with breastfeeding mothers in the Huntingdon area. A questionnaire on 10 common breastfeeding problems was used, and had a significant educational effect on the GP and health visitor groups.

Keywords: breastfeeding; questionnaire.

Introduction

MANY women breastfeed happily without problems. However, there are times when breastfeeding can be a trying experience for even the most motivated of mothers. Sore breasts, tiredness, or a feeling that they are not producing enough milk are common problems. United Kingdom statistics show that 64% of mothers start breastfeeding, but that only 39% are still breastfeeding at six weeks (OPCS Survey 1990), i.e. 25% have given up in the early weeks. Most of these mothers need not have stopped, given adequate support and evidence-based advice at crisis points.¹ When problems do arise, the majority of mothers do seek professional advice. It is unfortunate that the advice they receive can sometimes be conflicting, and can contribute to the cessation of breastfeeding rather than to its continuance.

Our study involved sending a written questionnaire to every general practitioner (GP), health visitor, community midwife and breastfeeding counsellor in the Huntingdon district. The aim of this study was to determine what advice was being given to breastfeeding mothers on 10 common problems by each professional group, and to ascertain the effect of educational intervention.

Method

A questionnaire was devised concerning 10 common breastfeeding problems (inverted nipples, cracked nipples, mastitis, jaundice, when to use clear fluids, colic, frequent feeding, poor

growth, common cold, when to 'test weight'); this was pilot-tested, and then refined with the help of various counsellors, midwives and breastfeeding specialists from outside the district. The validity of the questions and marking scheme was tested by using two scoring systems differing in the weighting given to each part. There was no significant difference in the final scores for each question. This suggests that the weightings given to the answers enabled valid conclusions to be drawn. The questionnaire was then sent to all the 79 GPs, 30 health visitors, 20 community midwives and 10 breastfeeding counsellors in the Huntingdon district. Non-responders were traced by an anonymous numbering scheme and encouraged to reply.

The questionnaires were returned to the health professionals approximately one month later with copies of the correct answers. One year later the questionnaires were distributed again, and the scores reassessed to measure the effect of the educational intervention. The scores were assessed separately for each professional group, and the data analysed for statistical significance using the Students' *t*-test.

Results

The initial mean scores were lower for GPs (46%) and health visitors (54%) than for the midwives (67%) and counsellors (72%). There was a huge range of responses, which reflected inconsistent advice for each question. There was a very encouraging and statistically significant rise of 14% in the scores for the GP group and of 11% for the health visitor group after educational intervention, despite the one-year interval (Table 1).

Discussion

The improvement in the scores among the GPs (by 14%) and health visitors (by 10%) after educational intervention shows that the questionnaire (and answers) were good at improving knowledge in some of these areas.

There were a few areas where gaps in knowledge were particularly obvious and important. For example, nearly all health visitors and about half of the midwives advised supplementary fluids despite substantial evidence² that this is of no benefit to the baby and reduces the production of breastmilk. Similarly, the

Table 1. Mean scores for each professional group at both study times.

	GPs (55)		Health visitors (20)		Midwives (18)		Counsellors (6)	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Time 1	46.2	12.8	54.6	12.7	66.7	15.2	71.9	6.4
Time 2	59.9	14.5	65.2	12	68.9	14.9	74.4	7.4
t-test score		-5.04		-2.81		-0.39		-0.71
P value		0.00008		0.0077		0.7000		0.4900

Numbers responding in brackets; SD = standard deviation.

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questions on frequent feeding and poor growth showed that about half of health visitors and some midwives advised supplementary artificial feeding or early weaning, despite evidence³ that this leads to twice as many mothers giving up breastfeeding by six weeks. Test weighing was also commonly practised despite this being inaccurate and unhelpful.⁴

Conclusion

A greater understanding of breastfeeding by GPs and health visitors would help breastfeeding mothers. Knowledge can be improved significantly with the help of a questionnaire followed by detailed explanatory answers.

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