BREASTFEEDING COUNSELING IN MATERNITY HEALTH CARE CLINIC: the mothers' experiences of support received from their spouses

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BREASTFEEDING COUNSELING IN MATERNITY HEALTH CARE CLINIC: the mothers' experiences of support received from their spouses
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Key words: Breastfeeding counseling, maternity health care clinic, mother experience, spouse support, breastfeeding support

Background of the study: Breastfeeding counseling is the process of counseling the women to exclusively breastfeed her child so as to enhance positive breastfeeding outcome. Information on breastfeeding received during pregnancy period influence the initial breastfeeding intentions resulting in the longer breastfeeding outcome. In Finland, the support and guidance received by mothers with the aim of encouraging breastfeeding is not steady but the duration of breastfeeding has been prolonged.

Research purpose: The purpose of this study was to find out the breastfeeding counseling in maternity care clinic and the mothers' experiences from the support that they had received from their spouses. This study tends to identify which breastfeeding issues were considered as important by the mothers/fathers and about which issues they got information from the maternal health care clinic.

Data collection and methods: The study areas were Kymenlaakso and Etelä-Savo, as breastfeeding rates were low in these areas. Data's were collected in 2009 by giving structured questionnaires to the parents through public health nurse and it took 5 weeks. A total of 769 questionnaires were sent and 108 responses were made, representing 23% response rate. The data in this study were analyzed with SPSS program using frequencies, percent, mean, median, mode and standard deviation.

Results: Generally, respondents were found eager and positive towards breastfeeding issues. Majority of them believed almost all the content of breastfeeding counseling as important and should be discussed in the Maternity Health care clinic. Though the participants consider all the issues to be important and discussed in maternity health care clinic very few participants only got the information on different issues. Majority of mothers identified providing pamphlets for reading at home followed by showing pictures and discussing about it, demonstrating the issues with pictures, providing information on breastfeeding from the viewpoint of babies as appropriate methods of breastfeeding counseling. Further, support

received from spouse and closed ones was taken very positively and regarded as an important support system by the mothers.

Conclusions and recommendations: All the contents of breastfeeding counseling are not discussed in the Maternity Health care clinic resulting in the poor breastfeeding outcome. Support provided from spouse and closed ones encourage mothers to breastfeed their child. This study reflects that all the health professionals who come into contact of pregnant women should be trained on breastfeeding counseling based as per the recommendation of WHO and the counseling should be started during pregnancy phase.

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Abbreviations

BCs= Breastfeeding Counseling Scale

BFHI= Baby-Friendly Hospital Initiative

CBT= cognitive-behavioral technique

CDD= Control of Diarrheal Diseases

CVI= content validity index

EPL= energy providing liquids

I-CVI= item level content validity index

IEC= Information, Education & Communication

IQ= Intelligence Quotient

MHCC= Maternal Health Care Clinic

NICU= neonatal intensive care unit

S-CVI/Ave= scale level content validity index averaging calculation method

UNICEF= United Nations Children's Fund

USA= United States of America

WHO= World Health Organization

1. INTRODUCTION

Breastfeeding counseling is the process of counseling the women to exclusively breastfeed her child so as to enhance positive breastfeeding outcome. Counseling does not mean to tell what to do or not. Instead it means helping her to decide what is best for both mother and child. Counseling is very important in developing confidence also. (World Health Organization; UNICEF 1993.) Breastfeeding is considered as the most effective way to guarantee the child health and survival. According to World Health Organization, if every infant is breastfed within an hour of birth and are only breastfed for first six months of life and continue providing breast milk with appropriate complementary food until child reaches 2 years, than about 800000 child lives would be saved every year (World Health Organization 2014a). Breast milk is considered as the ideal food for newborns and infants. The two most common childhood illnesses responsible for the primary cause of child mortality are diarrhea and pneumonia. Breast milk contains antibodies that help to protect infants from such infections and though is an effective means of reducing infant illness and mortality at the community level. Breast milk also helps in quick recovery in case of illnesses. (Wright et al. 1998 & World Health Organization 2013.)

Information on breastfeeding received during pregnancy period influence the initial breastfeeding intentions resulting in the longer breastfeeding outcome (Digirolamo et al. 2003). On the other hand if the counseling on breastfeeding is not done effectively then the breastfeeding outcome is also poor (Harlow 1998 & Dusdieker et al. 2006).

Breast milk contains appropriate amount of nutrition including protein carbohydrate, fat, minerals and vitamins required for the optimal growth of the infant (Leung & Sauve 2005). Along with short-term benefits, breastfeeding have some long–term benefits too. A systematic review conducted by WHO suggests that there is casual effect of breastfeeding on

Intelligence Quotient (IQ). Longer duration of breastfeeding may provide some protection against obesity and type-2 diabetes. (Horta et al. 2013.)

Exclusive breast-feeding means that the infant receives only breast milk and no other solid or liquid diet including water, with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines (World Health Organization 2014b). Exclusive breastfeeding has many benefits for mother too. It provides internal satisfaction, cheap and easily affordable and hence reduces the financial burden to the family. Breastfeeding also helps in spacing childbirth by providing natural amenorrhea (also known as lactational amenorrhea) and reduces the risk of ovarian cancer and breast cancer. (World Health Organization 2014c.) Breastfeeding also decreases the postpartum bleeding, helps in early involution of the uterus and helps in weight loss (Leung & Sauve 2005).

Globally, only less than 40% of under six months infant are exclusively breastfed (World Health Organization 2014a). A trend analysis conducted by UNICEF in 2006 showed that the exclusive breast-feeding with 43% is highest in East Asia/Pacific region whereas lowest with only 20% in Western/Central Africa. Despite the fact, that the rate of exclusive breastfeeding is not high, this study indicated that there has been a lot of improvement in exclusive breastfeeding in between 1990 to 2004. (UNICEF 2006.) Scenario of breastfeeding in Finland is quite different with the rate of exclusive breastfeeding of 50 percent at 3 months, which drops to only 1 percent at 6 months with the mean breastfeeding duration of 7 months (Imetyksen tuki ry 2011). From this data it is clear that the recommendations on breastfeeding is not achieved in Finland which is highly influenced by the socio-demographic determinants, feeding practices on the maternity wards, education level of parents and number of children (Erkkola et al. 2010). Similarly, factors like lower breastfeeding knowledge, attitudes towards breastfeeding and number of children also affected the confidence regarding breastfeeding among Finnish women (Laanterä et al. 2012).

The support on breastfeeding received from their spouse or closed ones had also been highly recommended. In addition, the mothers perceived fathers' emotional and physical supports during breastfeeding as a key role in the success of breastfeeding and their support was highly appreciated for the continuation, including encouragement and understanding especially when the mother encountered feeding challenges. (Nickerson et al. 2011 & Uusitalo et al. 2012.)

In Finland, study had suggested that the support and guidance received by mothers with the aim of encouraging breastfeeding is not steady but the duration of breastfeeding has been prolonged from 1990-2010 (Lagström 2012). Hannula et al. (2010), in her clinical guideline also identified that the support and guidance received by the mothers to encourage breastfeeding behavior in keeping with guideline is not consistent. According to the recent data, rate of exclusive breastfeeding of Finnish infant at the age of five to six month is only 9 percent. Parental smoking status, age, education level, number of child has a strong influence in the breastfeeding frequency. Parental smoking, young maternal age and lower education level had negative impact on breastfeeding frequency whereas higher education level, two or more previous deliveries, paternal support had the positive impact on breastfeeding frequency and duration. (Uusitalo et al. 2012.)

Though the breastfeeding has numerous benefits, practice of breastfeeding is still far away from the recommendation. It is very clear that there is a gap between the recommended exclusivity and duration of breastfeeding with its practice. The purpose of this study is to find out the breastfeeding counseling in maternity care clinic and the mothers' experiences from the support that they have received from their spouses. So it is possible to identify the suitable content and method of breastfeeding counseling that can be provided at the appropriate phase of pregnancy in the maternity health care clinic.

2. THEORETICAL BACKGROUND

2.1 Description of the data search

For deeper understanding, review of relevant literature was conducted concerning breastfeeding counseling in maternity health care clinic and mother's experience of support received from their spouses. The search strategy (Table 1) included research articles in electronic databases of PubMed, CINAHL and Cochrane. The included articles had all been published in English between 1995 and 2014. Similarly, some books and WHO & UNICEF guidelines were also examined during the process, regarding the key concepts and study methods related to the study. Most of the articles were published from 2000-2014 but very few articles that were published from 1995-2000 were also used.

If the same article was found in different databases then double reading was excluded. The article, which included all the key terms required for this study were only included in this study. The articles in other language were excluded and the articles in English were used in this study. All types of articles, like- reviews, quantitative studies, qualitative studies and meta-analysis were included in the search. In the beginning, abstract of the articles were read and if it was found relevant then the full article was read and the information was extracted for this study. A detail of Literature search is shown in Table 1.

Table 1. Search Strategy

Databases, 1995 - 2014	Search terms	#Titles and abstracts
CINAHL (EBSCO)	(breast-feeding counseling) AND ((maternity hospital) OR (maternity clinic) OR (maternity health care clinic) OR (maternity services)) ((mother experience) OR (mother knowledge) OR (mother understanding) OR (mother familiarity)) AND ((spouse support) OR (partner support) OR (father support) OR (husband support) OR (family support))	81 8
PubMed	(Breastfeeding counseling) OR (Breastfeeding support) OR (Breastfeeding advice) OR (Breastfeeding education) OR (Breastfeeding guidance) OR (Breastfeeding recommend) OR (Breastfeeding encourage) OR (Breastfeeding advocate) (Maternity care clinic) OR (Maternity health care clinic) OR (Maternity hospital) (mother experience) OR (mother knowledge) OR (mother understanding) OR (mother familiarity) (spouse support) OR (partner support) OR (father support) OR (husband support) OR (family support)	1258 13242 5376 3228
Cochrane	(Breastfeeding counseling) OR (Breastfeeding support) OR (Breastfeeding advice) OR (Breastfeeding education) (Maternity care clinic) OR (Maternity health care clinic) OR (Maternity hospital) (mother experience) OR (mother understanding) (spouse support) OR (partner support) OR (father support) OR (husband support) OR (family support)	39 8 75 150

2.2 Definition of breastfeeding and related concepts

Breastfeeding is simply the way of providing young infants all the required nutrients they need in the form of breast milk for their healthy growth and development (World Health Organization 2014b). All the nutrients required for an infant for first six months of life is present in the breast milk. Hence, to achieve optimal health, growth and development, WHO

recommends exclusive breastfeeding for first six months of life and provide complementary food afterwards, while continuing to breastfeed up to two years or beyond. (World Health Organization 2011b.) Though, breast milk is the ideal food for the infant, the widespread misconception that the breast milk is not sufficient compromises the mother and is one of the major barriers to exclusively breastfeed her child (World Health Organization 2009b, Kent et al.2011).

Exclusive breastfeeding is now considered as the single most effective intervention, which helps to reduce the child mortality rate and also has a positive impact on mothers' health too (World Health Organization 2011a). A study published in 2009 showed that the mother who prefers formula-feed instead of breast milk experiences negative thoughts like guilt, anger and sense of failure and also received limited information and support from healthcare personnel. So, with all the physical benefit of breastfeeding it has mental benefit to the mother and makes more empowered. (Lakshman et al. 2009.) Whereas, the mother who exclusively breastfeed their child were found to be more confident in their ability to take care of their child including determining the baby was getting enough milk, comfortably breastfeeding the child in presence of family members and able to tell when the baby has finished breastfeeding (Loke & Chan 2013).

2.3 Barriers of breastfeeding

Traditional beliefs and practices also play an important role in not practicing exclusive breast-feeding in some countries or communities. A study conducted in Pakistan had identified various traditional beliefs affecting exclusive breastfeeding. And the local people were found to have more faith in traditional belief than local health workers. Beliefs like colostrums (first breast milk) were not good for baby so it should not be fed to the newborn were very strong which directly hampered the exclusive breastfeeding. Often, the mothers or family members perceived the symptom like- diarrhea, irritability and infection of infant as insufficiency of breast milk. Hence, start feeding the infant with bottle-feeding and some

solid food. (Rahman et al. 2012.) Another study conducted in Eastern Uganda identified that both mother and father viewed exclusive breastfeeding as not enough or even harmful to their child and hence should start giving other supplements to their child (Engebretsen et al. 2010).

Lack of family support was another important issue that hampered the exclusive breastfeeding. Resting time after delivery was found to be not so long in many communities and after resting for only around couple of months they have to return to their daily household chores. If these heavy workloads were shared among other family members then the mother work burden would be lessened and she could have more time to nurture her baby including the chance for exclusive breastfeeding. (Semega-Janneh et al. 2001 & Rahman et al. 2012.) Studies suggested some other reasons for not practicing exclusive breastfeeding were - lack of appropriate knowledge of exclusive breastfeeding in the family members, practice of providing water, traditional medicines before child reaches 6 month. Similarly, lack of support from family members and widespread misconception that mother's milk is insufficient to the child played an important role for not practicing exclusive breastfeeding. (Arts et al. 2011.)

Most common reason presented by mothers for not breastfeeding their child were – perceived low or non-existent breast milk supply, painful nipples, planning to go back to work, their usual practice of breastfeeding for only one month and baby's refusal to breastfeed (Tahir & Al-Sadat 2013). Many mothers also perceived breastfeeding as a negative event and were not able to find any level of satisfaction from it, which ultimately led them to go for alternative of breast milk (Razurel et al. 2011). Study conducted in rural area of Vietnam also showed that mother poor knowledge of the milk-production, concern having insufficient breast milk, return to basic chores early after delivery, feeling uncomfortable to breastfed the child in public place acted as an important reason for not exclusively breastfeeding their child (Duong et al. 2005). Cultural beliefs also played an important role in not breastfeeding the child. Cultural beliefs like- the mother's quality of milk was not good for child, mother's abdominal pain could be transmitted to the child through breastfeeding, mother harming her own child by providing insufficient or poor quality milk and strong belief that their mother and sisters

didn't had successful breastfeeding so they also do not have sufficient milk production were found to be deep rooted among Lebanese women which was discouraging them to breastfeed their child. (Osman et al. 2009.)

Feeding energy providing liquids (EPL) to the infant was seen common in some European countries like- Belgium, Germany, Italy, Poland and Spain. The more amazing thing is that it was provided at very early stage of life (even during their 1st month of life). The child who received EPL in their very early stage was found to have an earlier solid food introduction in their diet. Once the infant starts eating solid food their breastfeeding duration and frequency decreases and hence ultimately played an important role for ceasing breastfeeding. (Schiess et al. 2010.) Kuo et al. (2011) also identified that the mothers with lower education level and single parent also led to poor breastfeeding to child and early introduction of solid food in infant diet. Similarly, use of pacifier in infants is also not a new thing. A study conducted on Brazil identified that use of pacifier was found to be associated with the early termination of breastfeeding among poor children with unfavorable birth weight (Cunha et al. 2005).

Breastfeeding rate in Finland is low (Imetyksen tuki ry 2011). Multiple reasons were found to affect the breastfeeding in Finland. Factors like- health professional themselves had deficit in knowledge regarding breastfeeding and the ways to manage the breastfeeding related issues, lack of skilled counselor, lack of skills of counseling on health professionals and negative attitudes of health worker regarding breastfeeding were identified as the barrier of breastfeeding in Finland. (Laanterä et al. 2011.)

2.4 Breastfeeding practices in maternal health care clinic

Maternity health care practices play an important role in breastfeeding outcome. If the health care has very poor breastfeeding practice then the mothers might practice breastfeeding poorly and start artificial feeding. On the other hand, if the maternity health care has good

breastfeeding practice then it supports mother to breastfeed and it has more chance that mother might practice breastfeeding successfully. Maternity health care not only helps to initiate breastfeeding but also might be very helpful in establishing and continuing breastfeeding. (World Health Organization CDD Programme UNICEF 1993.) Many time hospital staffs were found to have no preference in between breast milk and formula milk. For example, Digirolamo et al. (2003) found that 42 percent hospital staff expressed no preference in between breast milk and formula milk; resulting the mothers less likely to breastfeed the child at six weeks. Study conducted on China also showed that though 100 percent health professionals knew that it's their responsibility to inform parents about the benefits of breastfeeding, only 18.5% asked mother about her breastfeeding pattern and 12.8% gave advice on feeding when asked by parents only. Their attitude towards breastfeeding was found to be discouraging. Many health professionals believed milk powder as a convenient and nutritious alternative for breast milk. (Ouyang et al. 2012.) Breastfeeding knowledge among health professionals was found to be poor. Though they knew that breastfeeding is beneficial to baby's health, only one third of them agreed on the fact that breastfeeding is beneficial for mothers' health too. (Ruiz et al. 2011 & Ouyang et al. 2012.) Study also suggested that the information received from the maternity hospital during antenatal visit is not adequate and lack in many dimension (Malata & Chirwa 2009). Similarly, mothers from Durham, North Carolina also admitted that there was gap in information they received from health professional as they perceived the information were unrealistic and incomplete (Kulka et al. 2013). Not only mothers but also a research conducted in Britain identified that health professional, they were in need of some training regarding the benefits of breastfeeding and the ways of managing the problems regarding breastfeeding. Due to lack of proper knowledge staffs were unable to promote or support breastfeeding. (Condon & Ingram 2011.)

Some birth facilities in USA also practiced of giving supplementary food to healthy, full-term, breastfed newborns with something other than breast milk within the postpartum stay at hospital. Also providing gift bags containing infant formula samples to the breastfeeding mother was very common. (Harlow 1998 & Centers for disease Control and Prevention 2008.) Similarly, another study conducted in America showed that even though the

pediatricians were more prepared to support breastfeeding than past years, their attitude and commitments had declined. Only few pediatricians believed that the benefits of breastfeeding compensate the difficulties or inconvenience faced during breastfeeding and most of them recommended the full-term infant mothers to discontinue breastfeeding for unnecessary reasons. (Feldman-Winter et al. 2008.) Most of the time, the first contact person during the pregnancy was their gynecologist. The attitude of the gynecologist also affected the breastfeeding outcome. If the gynecologists did not recommended exclusive breastfeeding and emphasized on breastfeeding then the mothers did not felt like breastfeeding the child and went for alternative. (Ruiz et al. 2011.)

A pregnant mother comes in contact with different health practitioners including nurse midwives, family practitioners and obstetric-gynecologists during her pregnancy. Although having frequent meeting with pregnant mother during her visits obstetric care providers were not able to promote breastfeeding in most of the prenatal practice setting, which ultimately resulted in poor breastfeeding outcome. (Harlow 1998 & Dusdieker et al. 2006.**)** Though many improvements in hospital plans and policies regarding breastfeeding have been carried out since last many years, there are no any drastic changes in breastfeeding status. Study conducted in Philadelphia suggested that there was gap in between policy making and implementing it into practice regarding breastfeeding (Crivelli-Kovach & Chung 2011).

Breastfeeding counseling is provided in Finnish maternal health center too. A study conducted in Finland identified that, though all the nurses working on well-baby clinic reported that they promote breastfeeding but only 60% of mothers reported receiving the advice on breastfeeding. Number of parity highly influenced the rate of providing information on breastfeeding. Mothers who were primipara were found to be counseled more in compared to the multipara mothers. (Hurre et al. 2007)

2.5 Dimensions of breastfeeding counseling

Multiple factors affect the exclusive breastfeeding. Many times mothers face problems while initiating breastfeeding. Giving delivery is a crucial experience for the mother and starting breastfeeding after delivery might become more challenging for the mothers. Hence, the mothers should be handled very carefully and sensitively. Before providing the counseling session, assessment of content of breastfeeding counseling is very important. To provide the complete information during the counseling session, WHO has provided the guidelines on suitable content of breastfeeding counseling that should be followed during counseling session by the maternity health care clinic. Well planned and appropriate counseling is very important to the pregnant mother as it helps them to decide the best feeding for their infant and overcome the anticipated problem. Also the study conducted on Sweden identified that if the process-oriented training was given to the antenatal midwives and postnatal nurses then it guaranteed the continuity of care by strengthening the maternal and infant relationship and they also enjoyed the breastfeeding process (Ekström & Nissen 2006).

2.5.1 Suitable content of breastfeeding counseling

Breastfeeding counseling is considered as a very powerful tool for improving the breastfeeding outcome. Counseling cannot be done randomly in any topic and hence counseling should contain some recommended guidelines which can be followed by the counselors and provide the specific counseling on breastfeeding. For this purpose WHO has published book named “Infant and young child feeding- Model chapter for textbooks for medical students and allied health professionals”. It encompasses all the content of counseling which should be covered during counseling session. Counselor should inform all the pregnant women regarding- benefits of breastfeeding, risk of artificial or mixed feeding, importance of skin-to-skin contact, exclusive breastfeeding, rooming-in, starting breastfeeding soon after delivery, importance of first breast milk (colostrums), how the milk

proceeds, how the baby acts, importance of demand feeding, showing mothers how to breastfeed and maintain lactation and pumping of breast milk. Similarly, information on effects of a pacifier, effect of bottle feeding, how to know when the baby is hungry, how often the baby eats, observation of latch and how to manage blocked duct should be provided during the counseling session. (World Health Organization 2009a.)

Effects of mother medicine in breast milk, how to prevent and manage problems like breast engorgement and sore or cracked nipples, physiology of lactation and how to maintain it should be informed during the counseling session. Also the feeding issues like- how to know if baby receives enough milk, time for additional milk, measures to increase lactation, kinds of equipment needed in breastfeeding and measures to follow in case of oversupply of breast milk/insufficient milk supply should be covered. (World Health Organization & United Nations Children's Fund, 1989 and World Health Organization 2009a.) Information on the mother's previous breastfeeding experience (if multipara), mother's wish to breastfeed, mother's goal for how long she wants to breastfeed and preconception of parents towards breastfeeding should be asked during the counseling session (World Health Organization & United Nations Children's Fund, 1989). Importance of support system is also increasing and hence breastfeeding support group are also formed and they are the integral part of the breastfeeding counseling (World Health Organization & United Nations Children's Fund, 1989, World Health Organization 2002 & World Health Organization 2009a).

Though all maternity health care clinics should provide the counseling covering all the above-mentioned information, study conducted in India suggests that only one third of women were counseled on whole breastfeeding issues and also only about 70% of Information, education and communication (IEC) materials were used during the counseling session (Banerjee 2009).

2.5.2 Suitable phase of breastfeeding counseling

Many factors come into action to affect the exclusive breastfeeding. A study carried in Nigeria concluded that the factors like young mother, less education and working mothers hamper in practicing exclusive breastfeeding (Qureshi et al. 2011). Similarly the factors affecting mother's decision for breastfeeding included- mother's knowledge and attitude, ethnic and cultural background, socio-economic and employment status of mother, urbanization and availability of breast milk substitutes (Davies-Adetugbo and Adebawa 1997, Diaz Rozett and Garcia Fragoso 2010 & Rojjansasrirat and Sousa 2010**).** Though many women are aware of the benefits of breastfeeding, they feel multiple challenges will come in their way for continuing breastfeeding and hence become uncertain of continuing breastfeeding after returning to work (Rojjansasrirat and Sousa 2010). Studies also suggested that the mother who didn't had enough confidence couldn't breastfeed their child for longer time and multiparas were found to have more breastfeeding confidence in compared to primiparas. So, counseling on breastfeeding should be given during their pregnancy. Breastfeeding physiology and ways of managing breastfeeding problem if occurred should be informed during their pregnancy phase only. This knowledge helps the mother to gain confidence in breastfeeding. Also, the mothers with higher breastfeeding knowledge levels were found to have stronger confidence in breastfeeding in compared to mother with less breastfeeding knowledge. (Laanterä et al. 2012.)

Study conducted on Turkey suggested that antenatal education on breastfeeding was very beneficial, as they were already mentally prepared for it and could carry breastfeeding successfully (Serçekus and Mete 2010). A study conducted on tertiary hospital of India also focused on the importance of breastfeeding counseling during pregnancy. Breastfeeding support after delivery only was not effective enough. Among the mothers who were counseled during pregnancy period, 78% knew that exclusive breastfeeding should be

continued for 6 months whereas the mothers who were not counseled during prenatal phase, only 22% were aware of that fact. (Dhandapany et al. 2008.)

Study conducted on Sweden, identified that process-oriented breastfeeding training given to antenatal and postnatal staffs were beneficial for improving the attitudes of staffs regarding breastfeeding. It also identified that more positive effect was seen in postnatal nurses compared to the midwives. (Ekström et al. 2005.) Studies also support that the interventions like education and support from well-trained professionals that are expanded from pregnancy, intra-partum to postnatal phase were more effective in compared to those interventions that were focused on short duration (Hannula et al. 2008, Wambach et al. 2010 & Imdad et al. 2011).

2.5.3 Suitable methods of breastfeeding counseling

Sometimes mothers may face problems while initiating breastfeeding. So, appropriate counseling is very important to the pregnant mother as it helps them to decide the best feeding for their infant and overcome the anticipated problem. Many studies were carried out to identify the appropriate way of reaching the mother to encourage them for exclusive breastfeeding. Some simple measures during postpartum period like showing film regarding exclusive breastfeeding followed by discussion and distribution of related pamphlets to mothers and fathers increased their knowledge regarding breastfeeding which subsequently increased the breastfeeding duration and exclusivity. (Susin et al. 1999 & Guise et al. 2003.)

Before starting the counseling, counselor should identify and address the particular information and skill needs of primipara, immigrants, adolescents, single mothers, less educated women and others that are least likely to breastfeed, including mothers with previous difficult and unsuccessful breastfeeding experience. To provide the intended information to the recipients, development of different types of IEC materials is very

important. Such IEC material should contain clear, accurate and coherent information, consistent with national and regional policies and recommendations. But these IEC materials should not be provided alone; instead it should be combined with other interventions to support breastfeeding. It should include the information like- importance of breastfeeding, basis of breastfeeding management, ways of dealing common problems and contact details for expert assistance if needed. (Cattaneo 2005.)

Peer counseling and health education during antenatal period were found to be more effective method than routine care for initiating breastfeeding (Nankunda et al. 2010, Lumbiganon et al. 2012 & Dyson et al. 2014). Mother who received peer counseling were found to be more satisfied. The friendlier nature, being women and providing support in a familiar and relaxed way were identified as an influencing characteristic of peer counselor. (Nankunda et al. 2010.) Systematic review revealed that peer counseling helps to improve the rates of breastfeeding initiation, duration and exclusivity. It also helped in decreasing the incidence of infant diarrhea both in developed and developing countries. (Champan et al. 2010.)

Also, study conducted in different neonatal intensive care unit (NICU) of United States identified that health professional find peer counselor as a very important person and have more detailed knowledge regarding breastfeeding then they had. Counselors not only support the breastfeeding mother but also provided emotional support to the mothers. Similarly, peer counselor liaised with other health professionals for all lactation care. (Rossman et al. 2012.) Peer counselor should be given appropriate training before they start counseling so that they can sort out simple complications related to breastfeeding. The IEC material used for training should be interactive lectures, group discussions, role-plays and practical sessions for hands-on experience in the hospital antenatal clinic and maternity ward. (Nankunda et al. 2006.)

Nowadays, use of telephone in counseling is very common and increasingly used for breastfeeding counseling too. According to Tahir & Al-Sadat (2013) use of telephone counseling had shown marked increase in exclusive breastfeeding at one month but had not shown remarkable effect for exclusive breastfeeding at 4 and 6 months. Though some studies suggested that breastfeeding support provided from telephone might increase the

breastfeeding duration, still there is no strong evidence for it and further studies is needed. (Lavender et al. 2013, Tahir & Al-Sadat 2013.)

Studies suggested that the face-to-face breastfeeding counseling which extended from pregnancy to post partum period brings out significant changes in the rate of exclusive breastfeeding. Hence, the counseling session should be started during prenatal phase and continued throughout postnatal phase so as to bring significantly positive breastfeeding outcome. (Albernaz & Victora 2003.) Some studies also suggested that multiple channels were more effective for breastfeeding outcome than single method. Repeated counseling by using the multiple channels like- home visits and immunization session, brought out the positive outcome in breastfeeding. If in every contact of mother with local health worker or professional health worker for various purposes like immunization or regular visits, counseling on breastfeeding was given then it brings positive impact on both exclusivity and duration of breastfeeding. (Bhandari et al. 2005.)

Training the maternity staff on "Ten Steps to Successful Breastfeeding" had also shown a marked improvement in breastfeeding. A study conducted on Pakistan showed that mother took the counseling provided by staffs trained on "Ten Steps to Successful Breastfeeding" more positively and breastfeeding outcome could be improved. (Khan & Akram 2013.) Similar kind of study was also conducted in Brazil. The health professionals were trained according to the Baby-Friendly Hospital Initiative (BFHI) to provide counseling. The rate of exclusive breastfeeding was found to be high with 70% exclusive breastfeeding compared to only 21 % previously during postpartum hospital stay. But, within 10 days the high rate of exclusive breastfeeding dropped to 30 % and in one month with only 15 % infants exclusively breastfeed, though the Health professionals provided them counseling according to BFHI. (Coutinho et al. 2005.) In the country where breastfeeding initiation is low, intervention like- group-based, one-to-one coaching for pregnant women and breastfeeding mothers could effectively increase the rate of breastfeeding initiation and its duration too (Hoddinott et al. 2006).

To encourage mother for exclusive breastfeeding, various support system are developed and provided. Very common support systems are face-to-face counseling, peer-counseling and telephone counseling. Though all sort of external support provided to the mothers help in increase in breastfeeding duration (including partial and exclusive breastfeeding), face-to-face counseling alone was found to have greater positive effect in compared to either telephone counseling or mixed telephone and face-to-face counseling. This external support provided by either lay or professionals, ultimately had positive breastfeeding outcome. (Renfrew et al. 2012.) Many developing or under-developed countries are not able to afford professional health counselor to every pregnant women. Studies suggested that recruiting and mobilizing lay health workers (voluntary or paid) in counseling mothers brings out positive breastfeeding outcome. This can be very beneficial in the countries where there is lack of professional counselor or professional health manpower. It not only brings positive outcome in breastfeeding but it might be very helpful in reducing infant illnesses through well designed maternal support including early intervention and repeated contact. (Morrow & Guerrero 2001 & Lewin et al 2010.)

Usually, multiple factor comes into action and indirectly affects exclusive breastfeeding. Studies suggested in the setting where many factors are affecting exclusive breastfeeding, individual counseling only is not sufficient and counseling session should include family's influential members too. Hence, the incorporation of cognitive-behavioral technique (CBT) in a backward district of Pakistan where literacy rate was very low was found to be more useful, feasible and culturally acceptable. (Rahman et al. 2012.)

2.6 External support from spouse and closed ones

Breastfeeding is a very crucial time period for any mother and has its own impact for them especially if it's for the first time. Handling breastfeeding alone might be difficult for the mother and require external support. Active support is very important for establishing and sustaining breastfeeding as it provides positive impact on the breastfeeding mother. (Ekström et al. 2003, Britton et al. 2007 & World Health Organization 2012.) Husband or closed ones

were considered as a source of practical support after the child birth by the mothers. If the husbands were allowed to be bedside during her postnatal hospital stay, it increased the mother's sense of security also. (Persson et al. 2011.) A study conducted in Brazil also identified that the adolescent mother found the support received from their mother and grandmother as very important. Mothers and grandmothers were found to be very supportive and helped the adolescent mother during their postnatal phase and throughout the breastfeeding experience. (Monteiro et al. 2014.)

Mother's intention of breastfeeding was highly influenced by the support they received from the family or closed ones. If the closed ones did not supported breastfeeding then mother also didn't feel like breastfeeding and go for alternatives like formula milk. Usually, in these cases closed ones or family members were highly influenced by the publicity of commercial infant formulas. (Ruiz et al. 2011.) Study conducted in Pakistan also concludes lack of family support as one of the important issue that hampered the exclusive breastfeeding. Usually, resting time after delivery was not so long (around 40 days) for many women and after that they had to return to their daily household chores. If those heavy workloads were shared among other family members then the mother work burden would be lessened and she could have more time to nurture her baby including the chance for exclusive breastfeeding too. (Rahman et al. 2012.)

Not only mothers, father had also acknowledged that they should endorse their partner decision for breastfeeding and also provided practical and emotional support (Laanterä et al. 2010, Dutta et al. 2012). They were also interested in breastfeeding and wanted to be involved broadly in the process of preparation and supporting of breastfeeding (Laanterä et al. 2010 & Sherriff and Hall 2011). Partner influence to breastfeed also encouraged mother to breastfeed their child (Brodribb et al. 2007). A study conducted in United States also concluded that male partners were also very positive regarding breastfeeding as they identified breast milk to be healthier for the baby and they also wanted their partner to breastfeed their child (Sipsma et al 2013).

A study conducted in Nigeria had showed that poor support from the husband was the leading constraint for practicing exclusive breast feeding, signifying the importance of support for breastfeeding mothers from their spouse or partner (Agunbiade and Ogunleye 2012). Similarly, lack of support from family and friends was identified as the barrier for practicing breastfeeding in Durham, North Carolina (Kulka et al. 2013). While some fathers felt they can do nothing if the infant is breastfeed but if the child is bottle-fed then they can also be involved in feeding their child and assist them to bond with infant and hence preferred bottle-feeding in compared to breastfeeding (Sheriff & Hall 2011).

Another qualitative exploratory study conducted in Australia identified that fathers not only wanted to be involved in the breastfeeding process but also seek the relevant information regarding it prior to the delivery of child. Also the mother expressed, the role-played and encouragement provided by father made a lot of difference and helped them to breastfeed the child. (Tohotoa et al. 2009.) Not only this father filtered the gathered information and did the self-search regarding the recommended feeding pattern for infants and supported the mother to take the decision regarding the breastfeeding (Anderson et al. 2009). To do the exclusive breastfeeding means to do the demand feeding and the infant might demand feeding in the public places also. Support from partner played an important role in feeding the infant in public place. (Hauck 2004.)

Concept of peer father has also evolved. A pilot study of 'Father-to-Father Breastfeeding Support' was conducted in Texas. In the beginning peer father were equipped by providing appropriate training and used as peer counselor to provide information on breastfeeding and parenting the infants. This concept was very successful as most of the fathers found this very important as it empowered them and they could help their partner in breastfeeding and be better fathers. (Stremler & Lovera 2004.)

2.7 Summary of the theoretical background

Breastfeeding counseling played an important role in improving breastfeeding outcome and meeting the WHO guidelines for breastfeeding. Maternal health care clinic were considered to be the central part for providing the counseling regarding breastfeeding. There were many international and national guidelines and policies regarding breastfeeding counseling and its content. Advantages of breastfeeding for infant, mothers and society were well emphasized and the role of father as a supporter had also been identified and included in it.

Different factors were identified which were responsible for poor breastfeeding outcome and hampered the normal breastfeeding process. Contents of breastfeeding counseling should be well understood by the counselor and give equal importance to all the points while providing counseling to the pregnant and breastfeeding women. In reality, practice of breastfeeding counseling was found different. Health professionals are key personnel for providing counseling but they were not well equipped for providing breastfeeding counseling in a proper way and they felt need for some training before providing counseling to the pregnant or breastfeeding mothers.

Literature review indicated that breastfeeding support provided throughout pregnancy, delivery and postpartum phase were found to be more effective in compared to the breastfeeding support that focused short duration. Different methods are used for breastfeeding counseling including face-to-face counseling, telephone counseling, peer counseling, group counseling. Among different methods face-to-face counseling was found to be more effective with the proper use of different IEC material. Mother's decision of breastfeeding is highly influenced by the support they receive from their spouse and family members. Hence, the support from spouse and family members were highly recommended for positive breastfeeding outcome. The theoretical background is summarized in Figure 1.

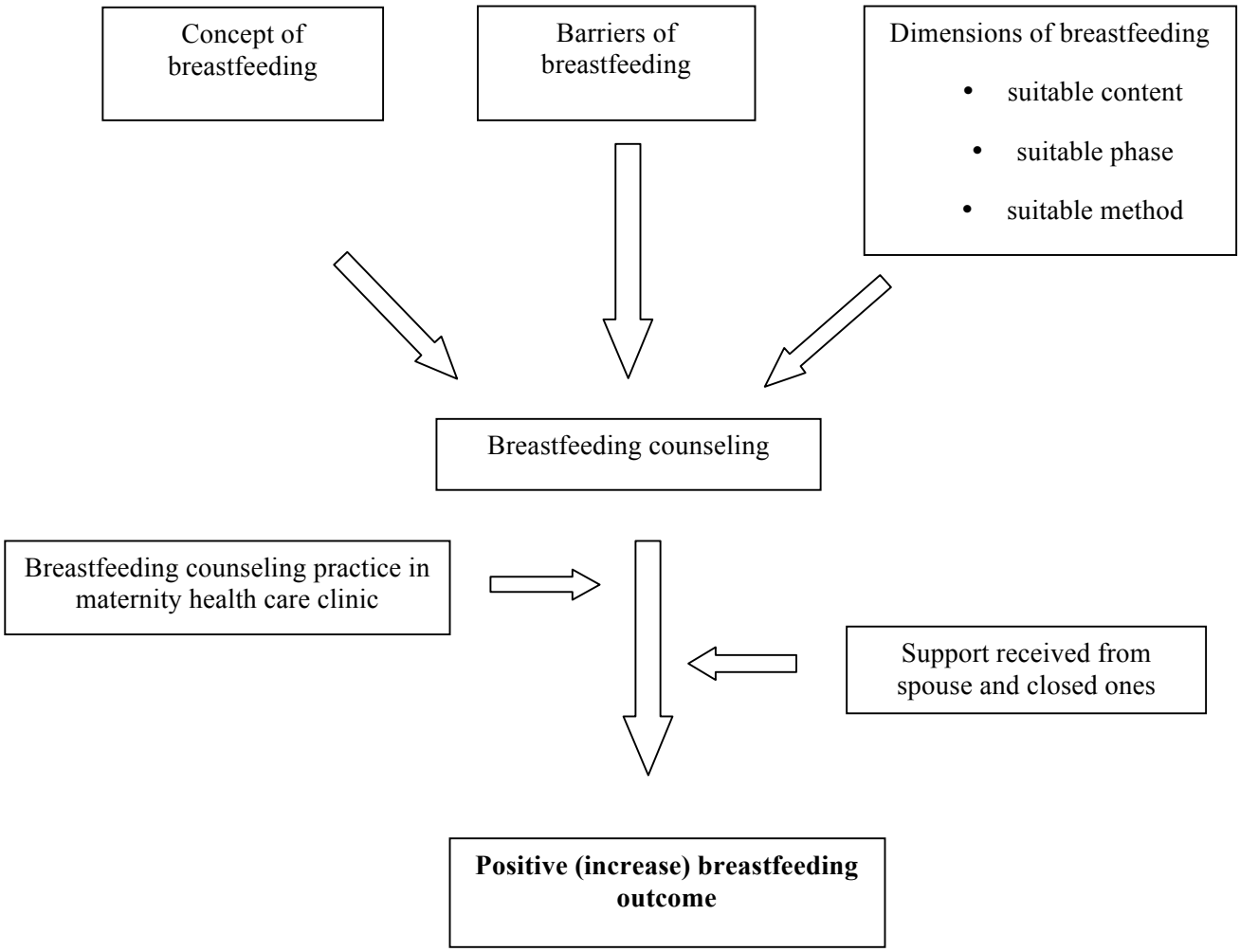

Figure 1: Summary of the theoretical background

This conceptual model predicts that concepts of breastfeeding, barriers of breastfeeding and dimensions of breastfeeding (suitable content, suitable phase and suitable method) altogether affect the whole process of breastfeeding counseling. The breastfeeding counseling should be well supported and provided by maternity health care clinic from the trained health professionals. Even if, all above-mentioned issues are given priority and maintained well, but

it lacks the support from spouse and closed ones then the breastfeeding outcome does not improve much. Hence, proper support from spouse and closed ones were found to be very important for the positive/ increase breastfeeding outcome.

3. PURPOSE, AIMS AND RESEARCH QUESTIONS

3.1 Purpose

The purpose of this study was to find out the breastfeeding counseling in maternity health care clinic and the mothers' experiences from the support that they had received from their spouses. Firstly, this study tends to identify which breastfeeding issues were considered as important by the mothers/fathers and about which issues they got information from the maternal health care clinic. Secondly, this study tried to find out the suitable method and phase for providing breastfeeding counseling. And finally identify the mother's experience regarding the support received from their spouse and closed ones regarding breastfeeding.

3.2 Aim

The aim of this study was to identify the suitable content for prenatal breastfeeding counseling from the viewpoint of parents and how and in which phase it should be implemented in maternity health care clinic, so that it can be used during the counseling session in Maternity health care clinic in order to increase breastfeeding outcome.

3.3 Research questions

The main research questions were:

- Which breastfeeding issues are important from the viewpoint of a respondent?
- What information related to breastfeeding issues they got when they visited maternal health care clinic during their pregnancy?
- What are the suitable method and appropriate phase for the breastfeeding counselling?
- What are the experiences of mothers regarding the support received from spouse and closed ones?

4. RESEARCH METHOD

4.1 Study design

This study was designed to identify the breastfeeding counseling received in maternity health care clinic from the viewpoint of parents and mother's experience of the support that they have received from their spouses. Timely and well-planned counseling and support received from spouses has shown positive breastfeeding outcome (Brodribb et al. 2007 & Tohotoa et al. 2009). Therefore, improving breastfeeding outcome requires exploring and identifying the counseling provided in maternity health care clinic and experiences of support received from their spouses. It focused on breastfeeding counseling in maternity health care clinic using web-based survey among the parents who had one-year-old child or a younger.

4.2 Study Scale and its reliability

The measurement that was used to collect the information for this study was developed on the basis of the previous studies and guidelines. The measurement was divided into sub-parts, which included certain set of questionnaire so that detailed information could be collected. Each part was based on different previous studies. In order to obtain the respondents opinions some demographic variable like gender, age, marital status, number of children, education level, financial status, smoking habit and how long did they breastfeed the child was collected. These questionnaires (background information) were based on the studies like- Dulon et al.2001, Dennis 2002, Lande et al. 2003, Di Napoli et al. 2006, Giglia et al. 2006 & Thulier & Mercer 2009. The second section focused on content of breastfeeding counseling which were based on the different national and international guidelines like- World Health Organization & United Nations Children's Fund 1989, World Health Organization 2002, Social Affairs and Health 2004, Cattaneo 2005 and Social Affairs and Health 2007. In the questionnaire, respondents were asked to assess the important content of breastfeeding

counseling in the maternity care clinic. Third part was based on the specified information mentioned above. Similarly, last part was based on the measurement developed by Anette Ekström (Ekström et al. 2003 & Ekström et al. 2006) focused on identifying the experience of support received by mothers from their spouses and closed ones. This was a Swedish measurement so at first it was translated in Finnish and used in this study. Data were collected in Finnish and later on collected data was translated to English.

It is a quantitative research method and secondary data was used in this study, which was collected in 2009. The data was collected with structured electronic questionnaires. In it mother/father were asked their view on suitable content of breastfeeding counseling and the appropriate phase and suitable method of breastfeeding counseling. Answers were selected from a semantic scale of 1-6 option (1= I find it very important and 6= I find it not important), semantic scale of 1-7 option (1= I don't agree and 7= I totally agree) and likert scale of 1-5 option (1=well appropriate, 2= quite appropriate, 3 = quite inappropriate, 4= inappropriate and 5= I don't know)

The degree to which an instrument measures what it is supposed to be measuring is known as validity. Likewise, the consistency with which an instrument measures the attribute is known as reliability. (Polit & Beck 2006.) Breastfeeding Counseling Scale (BCs) was used in this study. This instrument has been used in other studies and has been found to be valid. The items used in this study were evidence-based and suitability of this scale in Finnish culture was assessed carefully. The mean item level content validity index (I-CVI) and scale level content validity index averaging calculation method (S-CVI/Ave) were 0.98, indicating the high content validity. Face to face validity has been used before data collection.

4.3 Research site and data Collection

The study areas were Kymenlaakso and Etelä-Savo, which was chosen by nonprobability sampling because the breastfeeding rates were low in these areas (Hasunen & Ryynänen 2006). The pretest was done and no changes were made in the questionnaire. At first public health nurse who worked in the child health care clinic (n=8) of Kymenlaakso and Etelä-Savo were contacted and requested them to give a cover letter to all families who had a one year old child or a younger and who visited the child health care clinic during the data collection period. If the family did not have a computer at home, then they were given a paper form. A "poster" of this study was put on the wall of the clinic so that the families would be informed about the study in addition to the public health nurses' invitation.

Researcher phoned once a week to the public health nurses and asked if there was any problem or something they wanted to ask. More cover letters were sent in case they needed. The data collection took 5 weeks and then over 100 responses were received. After the data collection was completed, all the child health care clinics (n=8) were visited and the cover letters and envelopes that were left were collected. There was a paper version and an electronic version of the form. Only one mother filled in a paper form but she was not in the target group and thus her answers need to be rejected. When her answers are not included we have a data, which consists of 108 parents' answers. They all have filled in the electronic form. After collecting data public health nurses were asked, what kind of comments the families had towards the study, did the public health nurses had problems while they gave the cover letters and whether there were families without internet. Some public health nurses did not save the cover letters and thus it was not possible to check the number of the cover letters. There was a paper version and an electronic version of the form.

According to the documentation, the cover letter was given to 392 families. Fifteen of them were single-mothers and 377 were couples. There could be altogether 769 responses. We got 108 responses, 16 fathers and 92 mothers. The response activity was 108/769=14% (of all). The response activity of the mothers was 92/392=23%. The response activity of the fathers was 16/377=4%. On the basis of the birth dates the response activity of the families was

93/392=24% (It means that they wrote 93 different birth dates). One father filled in the form and wrote a birth date that none of the women had written in their forms (20.12.2008), which means in that family only the father filled in the form. The mother did not answer to this form.

4.4 Data analysis

The data collected in electronics form were transferred to Statistical Package for Social Sciences (SPSS) 19. Then quantitative data in this study were analyzed with SPSS program using frequencies, percent, mean, median, mode and standard deviation.

The frequencies and number of answers were given priority. In the background information, variables like age, education, and duration of breastfeeding were considered and classified. The mean scores were computed for the items in each sub-area. In the process of analyzing semantic scale and likert scales following measures were taken. The semantic scale, which ranged from 1-6 option (1 as 'I find it very important' and 6 'I find it not important') was divided into two parts by combining 1-3 option as 'I find it important' and combining 4-6 option as 'I did not find it important'. And the frequency and percent was calculated between these two groups respectively. Also, the semantic scale that ranged from 1-7 options (1= 'I don't agree' and 7= 'I totally agree') was divided into three parts: combining 1-3 options, as 'I don't agree', combining 5-7 options as 'I agree' and option 4 as 'neutral' (don't know). Similarly, likert scale of 1-5 option (1= well appropriate, 2= quite appropriate, 3 = quite inappropriate, 4= inappropriate and 5= I don't know) was divided into 3 parts: combining 1-2 option as 'appropriate', combining 3-4 option as 'inappropriate' and option 5 as 'neutral' (don't know).

4.5 Ethical consideration

For this study, ethical approval was taken from all the organizations where the data collection was conducted. This survey was conducted anonymously and so the participants cannot be recognized. Voluntary filling and returning the form was constructed as provision of consent to participate in the study (Kuula 2006). Also, the cover letter included the required ethical facts of the study. The voluntary participation and consequences are stated in the medical research act. Additionally, public health nurses were provided with written instructions at the onset of the study on how to react if an individual refused to participate in the study. The instructions were given in a non-based manner; no attempt to persuade was made i.e. the parents freely participated. The parents were informed that refusing to take part in the study would not have any negative consequences for the care they would receive.

This study may cause some psychological discomfort to those multiparas who had negative previous breastfeeding experiences, as they will be recalled during this study. Nevertheless, the research scenario may evoke similar feelings (i.e. joy, anger, disappointment and sometimes even shame) as encountered in everyday life (National Advisory Board on Research Ethics 2009). In addition, the parents received the information from the health professionals and hence they had a possibility to discuss their feelings with these individuals at the same time.

5. RESULTS

5.1 Description of the respondents

A total of 108 respondents participated in this study, among them 92 (85,2%) were females and 16 (14,8%) were males. 41,7% of total respondents belong to 26-30 years age group. More than half (63,9%) responded were married whereas 34,3% were in living-together relationship and only 1,9% were divorcee. Most of the respondents (61,1%) were from Etela-Savo and the other 38,9 % from Kymenlaakso. Almost 64 % respondents were on maternity leave. Half of the respondents (50%) had a higher vocational diploma or some academic degree. Nearly half (49,1%) of the respondent had 1 children followed by 29,6% with 2 children. Among all 70,4% of respondent monthly income was more than 1000 Euros.

Regarding their own breastfeeding history, 82,4% respondents didn't knew whether they were breastfed during their childhood and only 12% agreed they have been breastfed when they were child. Regarding the breastfeeding duration of their oldest child, only 7,6% of respondents had breastfed their child over a year and almost half of them (57,1%) had breastfed for 1-12 months. Details of respondents' background are shown in Table 2.

Table2. Descriptions of the participants

Demography	Frequency	Percent
Gender n=108		
Female	92	85,2
Male	16	14,8
Age (Years) n=108		
≤20	2	1,9
21-25	20	18,5
26-30	45	41,7
31-35	28	25,9
≥36	13	12,0
Marital status n=108		
Married	69	63,9
Cohabiting without marriage	37	34,3
Divorced	2	1,9
Region of living n=108		
Etela-Savo	66	61,1
Kymenlaakso	42	38,9
Working status n=108		
Employed	15	13,9
Unemployed	2	1,9
Stay at home mother or home husband	22	20,4
On maternity leave	69	63,9
Education level n=108		
Passed comprehensive school	8	7,4
Passed matriculation	8	7,4
Passed vocational qualification or special vocational qualification or college-level training	36	33,3
Passed higher vocational qualification	34	31,5
Passed academic degree	22	20,4
Personal income per month in euro n=108		
0 – 500	11	10,2
501 - 1000	20	18,5
1001 - 1500	36	33,3
1501 - 2000	19	17,6
2001 - 2500	14	13,0
2501 – 3000	3	2,8
3001 or more	4	3,7
Smoking n=108		
Yes	13	12,0
Occasionally	11	10,2
No	84	77,8
Spouse smoking status n=108		
Yes	27	25,0
Occasionally	8	7,4

No	71	65,7
Question not for me	2	1,9
Have been breastfed n=108		
Yes	13	12,0
No	6	5,6
I don't know	89	82,4
Number of children n=108		
1	53	49,1
2	32	29,6
3	17	15,7
4	5	4,6
5 and above	1	,9
Breastfeeding duration of oldest child n=105		
Not breastfed at all	1	1
Less than a month	5	4,8
For 1-12 months, specify months	60	57,1
Over a year	8	7,6
Oldest child still receives breast milk	29	27,6
I don't know/remember	2	1,9
Breastfeeding duration of youngest child n=54		
Less than a month	3	5,6
For 1-12 months, specify months	11	20,4
Youngest child still receives breast milk	39	72,2
I don't know/remember	1	1,9

5.2 Important breastfeeding issues according to respondent

In the second section of questionnaire, important breastfeeding issues from the viewpoint of respondents were assessed. Almost all (99,1%) respondent feel that effects of mother's medicines on breastfeeding, how to know when the baby is hungry, when additional milk is needed and what to do if there is insufficient milk supply were the most important breastfeeding issues which should be discussed in the maternity health care clinic.

Similarly, more than 95% of total respondents feel that issues like- mother's wish for breastfeeding, how lactation proceeds, benefits of breastfeeding, importance of skin contact, how the milk amount proceed, rooming-in, how the baby acts, how the father can support, mother's sensitive mood, how often the baby eats, observation of latch, how to know if the

baby receives enough, how to increase lactation, what to do if breastfeeding hurts, what to do if a duct is blocked, what to do with cracked nipple, what to do in oversupply of breast milk and how the life is with a baby were very important and should be discussed during their visit in maternity health care clinic. Whereas, almost 40% of total respondent feel that father's wish of the baby's nutrition habit was the least important issue to be discussed in maternity health care clinic. Further details can be found in Table 3.

Table 3. Important breastfeeding issues

	N	Frequency	Percent	Mean	Std. Deviation
Previous breastfeeding experience	103	88	85,4	2,17	1,344
Mother's wish if she wants to breast feed	107	105	98,1	1,55	,780
Father's wish	108	64	59,3	3,31	1,526
Mother's goals	105	102	97,1	1,99	,935
Preconceptions	108	100	92,6	1,84	1,034
The suitability of the mother's breasts	108	86	79,6	2,53	1,343
How lactation proceeds	107	102	95,3	1,93	,865
Effects of mother's medicines	108	107	99,1	1,46	,729
Benefits	108	106	98,1	1,49	,717
Skin contact	108	104	96,3	1,76	,874
The first breastfeed	108	101	93,5	1,61	1,012
How the milk amount proceeds	108	106	98,1	1,60	,796
Rooming-in	108	103	95,4	1,67	,843
How the baby acts	108	106	98,1	1,48	,755
How the father can support	108	104	96,3	1,68	,863
Mother's sensitive mood	108	105	97,2	1,44	,752
How to know when the baby is hungry	108	107	99,1	1,55	,766
How often the baby eats	108	106	98,1	1,55	,802
Observation of latch	108	104	96,3	1,75	,918
Positions	108	100	92,6	1,80	1,083
How to know if the baby receives enough	108	106	98,1	1,45	,702
When additional milk is needed	108	107	99,1	1,55	,728
How to increase lactation	108	103	95,4	1,62	,894
What kind of equipments	108	97	89,8	2,22	1,017
Pumping	108	101	93,5	2,18	,884
Effect of a pacifier	108	99	91,7	2,22	1,062
Effect of bottlefeeding	107	99	92,5	2,04	1,063
What to do if hurts	108	105	97,2	1,49	,767
What to do if a duct is blocked	108	103	95,4	1,45	,802
What to do with cracked nipple	108	104	96,3	1,50	,803
What to do in oversupply of breast milk	108	105	97,2	1,50	,755
What to do if there is insufficient milk supply	108	107	99,1	1,39	,667
Breastfeeding support groups	108	91	84,3	2,31	1,226
How is life with a baby	108	103	95,4	1,51	,891

5.3 Breastfeeding issues discussed in maternal health care clinic

This section deals with the information received by the respondents from the maternal health care clinic. 61,3% of total respondent got the information about the benefits of breastfeeding in maternal health care clinic. More than 40% of total respondent also stated that they also got the information about the issues like the importance of skin contact, previous breastfeeding experience and mother's sensitive mood after delivery. Most of the respondent (almost 70%) stated that the issues like- mother's wish for breastfeeding, how lactation proceed, effects of mother's medicines to breastfeeding, the first breastfeed, how the milk amount proceeds during the first day, rooming-in, how baby acts during first days, observation of latch, what to do if there is cracked nipple and what to do in case of oversupply of breast milk were not discussed in the maternity health care clinic. Whereas, less than 20% of total respondent got the information on the issues like preconceptions of parents regarding breastfeeding, suitability of mother's breasts for breastfeeding, how father can support the breastfeeding spouse, how to increase lactation, effect of pacifier on breastfeeding and breastfeeding support groups. (Table 4)

Table 4. Information received from maternal health care clinic

	N	Frequency	Percent	Mean	Std. Deviation
Experience (=exp.) previous breastfeeding experience	50	25	50	3,40	1,278
Exp. mother's wish	104	34	32,7	2,78	1,407
Exp. father's wish	106	8	7,5	1,53	,958
Exp. mother's goal	105	27	25,7	2,44	1,372
Exp. preconceptions	106	16	15,1	2,11	1,174
Exp. suitability of the breasts	106	9	8,5	1,75	1,049
Exp. how lactation proceeds	106	30	28,3	2,67	1,307
Exp. mother's medicines	106	29	27,4	2,52	1,354
Exp. benefits	106	65	61,3	3,86	1,276
Exp. skin contact	106	46	43,4	3,09	1,540
Exp. first breastfeed	106	34	32,1	2,88	1,572
Exp. how the milk amount proceeds	105	31	29,5	2,83	1,383
Exp. rooming-in	105	31	29,5	2,78	1,487
Exp. how baby acts	106	29	27,4	2,66	1,440
Exp. how father supports	106	20	18,9	2,32	1,356
Exp. mother's sensitive mood	105	46	43,8	3,35	1,232
Exp. how to know when the baby is hungry	105	38	36,2	2,90	1,293
Exp. how often the baby eats	105	40	38,1	3,04	1,293
Exp. observation of latch	105	34	32,4	2,70	1,381
Exp. positions in breastfeeding	105	28	26,7	2,57	1,307
Exp. how to know if the baby receives enough	105	40	38,1	2,93	1,332
Exp. when additional milk is needed	105	23	21,9	2,61	1,252
Exp. how to increase lactation	105	16	15,2	2,30	1,176
Exp. equipments	105	22	21,0	2,45	1,256
Exp. pumping	106	24	22,6	2,37	1,347
Exp. effect of pacifier	105	19	18,1	2,30	1,232
Exp. effect of bottlefeeding	106	27	25,5	2,44	1,243
Exp. what to do if breastfeeding hurts	106	24	22,6	2,45	1,296
Exp. what to do if there is a blocked nipple	106	28	26,4	2,59	1,472
Exp. what to do if there is a cracked nipple	106	33	31,1	2,72	1,446
Exp. what to do in oversupply in breast milk	106	34	32,1	2,70	1,442
Exp. what to do if there is insufficient milk supply	106	18	17,0	2,30	1,220
Exp. support groups	105	14	13,3	2,13	1,225
Exp. life with a baby	106	38	35,8	2,99	1,356

5.4 Suitable method and appropriate phase for the breastfeeding counseling

Giving pamphlets for reading at home was identified as the most suitable method of breastfeeding counseling with the mean value of 1,55. Almost 80% of total respondents considered demonstrating the issue with pictures, telling about breastfeeding from the viewpoint of the baby, exploring and discussing the content of the pamphlets with the public

health nurse and discussing about breastfeeding were other suitable methods that can be used for the breastfeeding counseling.

Whereas, 70% of respondents found exploring the websites concerning breastfeeding with public health nurse was the least suitable method for breastfeeding counseling. Similarly, around 60% of respondent considered writing a previous breastfeeding experience, lectures, demonstration where simulation is used and use of an artificial breast as unsuitable method for breastfeeding counseling. (Table 5)

Table 5. Appropriate method for breastfeeding counseling

	N	Frequency	Percent	Mean	Std. Deviation
Giving pamphlets	108	97	89,8	1,55	, 702
A folder of breastfeeding	108	78	72,2	2,39	1,674
A knowledge test of breastfeeding	108	49	45,4	3,11	1,935
Writing of a previous breastfeeding experience	107	46	43,0	3,35	2,232
Demonstrating the issue with pictures	108	86	79,6	2,03	1,469
Virtual slide show	108	69	63,9	2,63	2,072
Lectures	107	47	43,9	2,88	1,351
Telling about breastfeeding from the viewpoint of a baby	108	88	81,5	2,15	1,838
Explore of the pamphlets and discussion with public health nurse	107	86	80,4	1,95	1,269
Explore the websites with public health nurse	107	35	32,7	3,16	1,776
Discussion about images	108	91	84,3	1,97	1,417
Discussion about breastfeeding experiences that the family has heard from their acquaintances	107	66	61,7	2,65	1,807
Video	107	82	76,6	2,29	1,694
Demonstration	108	40	37,0	3,19	1,944
Use of a doll	108	48	44,4	3,32	2,283
Use of a artificial breast	108	42	38,9	3,44	2,341
Meeting a family with a baby	108	66	61,1	2,88	2,287
Meeting of a peer supporter	108	78	72,2	2,51	2,240

Similarly, for appropriate phase for breastfeeding counseling, 62% of total respondents felt the appropriate phase for counseling was in the end of the pregnancy (from gestation week 29 to the labour). Also the counseling given in the middle and end of pregnancy was appropriate. Whereas, according to respondents, counseling which was given in the beginning of pregnancy, middle of the pregnancy or in the beginning and end of the pregnancy all were least appropriate for effective breastfeeding. Detailed information on appropriate phase of breastfeeding counseling is shown in Table 6.

Table 6. Appropriate phase for breastfeeding counseling

Phases of pregnancy	Frequency	Valid Percent
In the beginning of the pregnancy	2	1,9
In the middle of the pregnancy	2	1,9
In the end of the pregnancy	67	62,0
In the beginning and end of the pregnancy	2	1,9
In the middle and end of the pregnancy	29	26,9
In the beginning, middle and end of pregnancy	5	4,6
There is no need to discuss breastfeeding during pregnancy in my opinion	1	,9
Total	108	100,0

5.5 Experiences of mothers regarding the support from spouse and closed ones

Almost 70% of mothers felt their spouses were very supportive and they received good support from their spouses in day-to-day life. Their support made them feel very safe. Spouse also provided much affection to them during pregnancy and breastfeeding phase. Almost

60% of total mothers stated that their husband helped them in domestic chores. Also, 44% of mothers were satisfied with the advice given by their spouse regarding breastfeeding.

Support received from family and closed ones were also taken very positively. More than 75% of total respondents experienced their family or closed ones role very supportive. More than half of total respondents were satisfied from the breastfeeding advice given by closed ones. Almost 60% respondents were affected positively from the advice they received from the closed ones and spouses. In Table 7, number of people (Frequency and Percent) who have given positive answers like- supportive, safer, nearer, does a lot of home works, economically safer and correct are considered in the table. Details can be found in Table 7.

Table 7. Support received from spouse and closed ones

	N	Frequency	Percent	Mean	Std. Deviation
111. support 1=much support, 7= no support	90	62	68,9	2,92	1,800
112 a, 1= very good support, 7= no support	89	65	73,0	2,81	1,705
112b, 1= unsafe, 7= safe	89	79	88,7	6,01	1,662
112c, 1= near, 7= far away	88	66	75,0	2,55	1,959
112d, 1= no affection, 7= much affection	90	68	75,5	5,06	1,610
112e, 1= does a lot of home works, 7= does not do the home works	90	53	58,9	3,38	1,846
113 economic situation, 1= unsafe, 7= safe	91	67	73,7	5,20	1,572
114 support from families, 1= not at all 7= very much	91	70	77,0	5,38	1,540
115 support from mother 1= not at all 7= very much support	88	66	75,0	5,34	1,825
118 a satisfied with advices from spouse 1= incorrect, 7= totally correct	91	40	44,0	4,34	1,714
118b, satisfied with advice from relatives and friends 1= incorrect, 7= totally correct	91	47	51,7	4,40	1,705
118c, satisfied with advice from health care providers 1= incorrect, 7= totally correct	92	65	70,6	5,17	1,795
118d, advice were consistent 1= incorrect, 7= totally correct	92	49	53,2	4,52	1,901
118e, advice affected me positively 1= incorrect, 7= totally correct	92	53	57,7	4,99	1,607
118f, I have not asked advice on breastfeeding 1= incorrect, 7= totally correct	91	59	64,8	2,75	2,053

5.6 Summary of the results

Among total 108 respondents, 85,2% were female and 14,8% were male respondents. Majority of respondents (63,9) were married and only 1,9% were divorcee. Nearly half (41,7%), of respondents belonged to 26-30 years age group. Almost all (more than 95%) respondent agreed effect of mother's medicine on breastfeeding as very important issues to be discussed in maternity health care clinic followed by issues like mother's wish for breastfeeding, the first breastfeed, how the milk amount proceeds during the first day, rooming-in, how the baby acts during the first days, observation of latch, what to do if breastfeeding hurts, what to do if a duct is blocked, what to do with cracked nipple and what to do in oversupply of breast milk. Though more than 95% of respondents agreed above-mentioned issues as very important to be discussed in maternity health care clinic, only around 30% of respondents got the information about it during their antenatal visits in maternity health care clinic.

Giving pamphlets for reading at home followed by exploring and discussing the content of the pamphlets with the public health nurse, demonstrating the issues with pictures were identified as the most suitable method of breastfeeding counseling. Whereas, exploring the websites concerning breastfeeding with public health nurse was identified as the least suitable method for breastfeeding counseling in maternity health care clinic. Also the appropriate phase for breastfeeding counseling was found to be in the end of pregnancy (from gestation week 29 to the labour).

Role of spouse and closed ones were considered to be very supportive by the mothers and it had affected positively in their day-to-day life. Spouse presence had made the mothers feel safe physically, mentally and financially too. Breastfeeding mothers also found the role of their mother to be very supportive regarding breastfeeding. Mothers were found to be more satisfied with the advice received on breastfeeding from their closed ones and relatives in

compared to the advice received from their spouses. The advice received from spouse, family and closed-ones has affected the mothers positively regarding breastfeeding.

6. DISCUSSION AND RECOMMENDATION

The purpose of this study was to find out the breastfeeding counseling in maternity care clinic and the mothers' experiences from the support that they have received from their spouses. Importance of exclusive breastfeeding for infant and mother are well known facts in today's world. Even though, breastfeeding rate is not as per recommendation. Simply counseling with appropriate method can increase the breastfeeding rate. Every maternal health care clinic conducts counseling session for pregnant mothers. Exclusive breastfeeding rate is very low in Finland (Imetyksen tuki ry 2011). Assessing the respondent's point of view about important breastfeeding issues and appropriate phase for counseling provides the information, which if utilized will help in increase the breastfeeding rate in future.

6.1 Main findings and literature comparison

In this study, parent's view and their experiences on suitable content of breastfeeding counseling in maternity care clinic was identified. According to the result, respondents were very eager and positive towards breastfeeding issues. No any article was found regarding contents of breastfeeding counseling. Hence, the results are compared with WHO guidelines only. Majority of them believed almost all the content of breastfeeding counseling as important and should be discussed in the Maternity Health care clinic. Though the participants consider all the issues to be important and discussed in maternity health care clinic very few participants only got the information about different issues. Almost all respondents (99,1%) feel that they should get information about the effects of mother's medicine on breastfeeding during their counseling session on Maternity Health care clinic but only 27,4% of total respondents got information about it during their visit to maternity health care clinic. Similarly, 99.1% of total respondents feel that they should get the information on what to do if there is insufficient milk supply but only 17% of total respondent got the information regarding it. Almost 70% of respondents did not get any information on the process of lactation, rooming-in, ways to increase lactation, effect of bottle-feeding and how

to manage minor breastfeeding problems like- blocked nipple or cracked nipple. Hence, it is clear that the WHO recommendations for breastfeeding counseling are not met (World Health Organization 2009a).

More than half (62%) respondent found that the appropriate phase for breastfeeding counseling was at the end of the pregnancy. Besides end of pregnancy, this study also support, counseling can be started from the middle of pregnancy and should be continued to the end of pregnancy too. According to majority of respondents, counseling which is given in the beginning of pregnancy (gestation weeks 1-13) is least appropriate. Laanterä et al. (2012) identified pregnancy as the appropriate phase for breastfeeding counseling as breastfeeding physiology and ways of managing breastfeeding problem if occurred can be learned during their pregnancy phase that helps to enhance confidence in breastfeeding.

Similarly, Serçekus and Mete (2010) identified pregnancy as appropriate phase to counsel the mother to breastfeeding as pregnant women will become mentally prepared for it and carryout the breastfeeding process successfully. Also Dhandapany et al. (2008) identified that the knowledge on breastfeeding is higher among the women who are counseled during their pregnancy phase in compared to the women who are counseled only after delivery.

In contrast, Hannula et al. (2010) and Imdad et al (2011) suggested that, the breastfeeding counseling should be provided throughout all the phases including prenatal, intra-partum and postnatal phase. They argued intervention focused on longer duration brings out more positive outcome than the interventions focused on short duration. Ekström and Nissen (2006) also support counseling for longer duration starting from pregnancy to postnatal phase which guaranteed the continuity of care and strengthen the maternal and infant relationship.

This study highlights the importance of use of different methods for breastfeeding counseling which are appropriate in maternity health care clinic. Majority of mothers identified

providing pamphlets for reading at home followed by showing pictures and discussing about it, demonstrating the issues with pictures, providing information on breastfeeding from the viewpoint of babies as appropriate methods of breastfeeding counseling. Similarly, Cattaneo (2005) also focused on the importance of using multiple IEC material for providing information on breastfeeding counseling instead of single method. The respondents also took meeting with a peer supporter during counseling positively. This is consistent with the study by Nankunda et al. (2010), Lumbiganon et al. (2012) & Dyson et al. (2014). Study done by Lumbiganon et al (2012) had identified peer counseling and health education during antenatal period to be more effective method then routine care for initiating breastfeeding.

Further, support received from spouse and closed ones was taken very positively and regarded as an important support system by the mothers. Spouse presence made them feel very safe emotionally and financially also. The breastfeeding mothers also took supports received from their mothers positively. Spouse helped them in their daily household chores and also provided more affection during their pregnancy period. This result is consistent with the study conducted by Ekström et al. (2003), Persson et al. (2011) & Laanterä et al. (2012). Ruiz et al. (2011) identified the importance of support received from the family or closed ones as the study concluded the mother who does not receive support from their family or closed ones don't feel like breastfeeding and go for alternatives like formula milk.

This study identifies that the support provided by the spouse are taken very positively by almost all mothers but only about less than half (44%) of them are satisfied by the advice they receive on breastfeeding from their partners. whereas, more than half (51,7%) of the mothers are satisfied by the advice given by their friend or relatives. This result is consistent with the study done by Anderson et al. (2009) where Anderson identified that the fathers gathering and filtering the information on recommended feeding pattern for infants and supports the mother to take the decisions on breastfeeding. Tohota et al. (2009) has also found that father want to be involved in the breastfeeding process and also seek the relevant information about breastfeeding.

6.2 Reliability of the results

Validity and reliability were considered according to research process. The degree to which an instrument measures what it is supposed to be measuring is validity. Likewise, the consistency with which an instrument measures the attribute is reliability**.** Both of these cannot be interchanged, as the time, population and setting will differ in each measurement. (Burns & Grove 2005)

In this study, breastfeeding counseling scale was developed on the basis of previous studies. This scale was developed by the nursing Department of University of Eastern Finland which has been tested and found to be valid. The items were evidence-based and their suitability in Finnish culture was assessed carefully. This study was conducted in only two areas of Finland, and hence there may be some variations in result if conducted in some other countries or in different areas in Finland. The respondents were young parents of one or less than one year child. So the older members may have different views regarding the subject. The response rate of this study was very low of only 14% with 108 responses.

6.3 Implications for nursing practice

This study indicated that there is a gap between recommended guidelines for breastfeeding counseling and its implementation. Majority of health professionals know the importance of breastfeeding, but very few actually use this knowledge in their daily practice, which results in the poor breastfeeding outcome. Breastfeeding importance is growing day by day. Therefore, more attention should be given to the training of all the health professionals who come into contact with pregnant mothers on appropriate ways of counseling the mother using recommended methods. Also the regular supervision should be done so as to check the quality of it.

Both primipara and multipara parents needs various information regarding breastfeeding like- current recommendation for infant feeding, process of lactation, how to increase lactation and needs of additional milk/food. For providing this information during counseling, the counselor should also be updated with current recommendation. Hence, time-to-time in-service education might be beneficial for counselors. Also the breastfeeding may be more difficult from the primipara in compared to multipara. So, the counselor should address their need accordingly.

This study indicates that less than half mothers are only satisfied with the breastfeeding advice given by the fathers, which shows that there is gap in the knowledge of breastfeeding on fathers. So if fathers are supporting their wives then they also need the counseling on breastfeeding so that they can provide correct and relevant information to their wives. Counseling which includes the family members might be more effective than counseling provided to the mothers only.

6.4 Recommendations for future research

The following recommendations are made with a view of future research:

- The result of this study indicates that all the health professionals who come into contact of pregnant women should be trained on breastfeeding counseling. This counseling session should be based as per the recommendation of WHO.
- There is a need to conduct similar kind of studies in large scale so as to generalize the result and relevance of it to other Nordic countries.
- This study identifies the father as the important support system for breastfeeding. More studies are needed to determine if all the mothers from different countries have the same aspect as Finnish women.

- This study identifies the breastfeeding counseling should be started during pregnancy being end of the pregnancy as more appropriate phase. Further research should be conducted to find out this fact so that it can be generalized in future.
- A web-based survey with only structured quantitative questionnaire was a practical option for data collection but the combination of it with qualitative research method may yield deeper knowledge in breastfeeding counseling field.

7. CONCLUSION

- All the content of breastfeeding counseling is not discussed in the Maternity Health care clinic resulting in the poor breastfeeding outcome.
- Breastfeeding counseling including different IEC materials like pamphlets, videos, pictures, discussion and all forms of counseling and peer groups support are considered as the appropriate method of breastfeeding counseling that enhance the breastfeeding outcome.
- Appropriate phase for breastfeeding counseling is the end of pregnancy (from gestation week 29 to the labour), which even can start from the middle of pregnancy until the end of pregnancy.
- Support provided from spouse and closed ones are very positive and encouraging mothers to breastfeed their child.

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APPENDIX- Questionnaire

A QUESTIONNAIRE OF BREASTFEEDING COUNSELING IN MATERNITY HEALTH CARE CLINIC AND THE MOTHERS' EXPERIENCES FROM SUPPORT FROM THEIR SPOUSES

Please read the below questions and the response choices. Write the response to the empty space or circle the suitable response choice.

BACKGROUND INFORMATION

1. Gender

1 woman
2 man

2. Your year of birth _____

3. Marital status
1 single
2 married
3 cohabitation without marriage
4 divorced
5 widow

4. The region your are living
1 Etelä-Savo
2 Kymenlaakso
3 else_____

5. Are you now
1 in working life
2 unemployed
3 a fulltime student
4 a stay at home mother or a househusband
5 in military service or in non-military service
6 on maternity leave

6. Your education level (declare the highest diploma that you have been passed)
1 I have passed the comprehensive school.
2 I have passed matriculation.
3 I have passed vocational qualification or special vocational qualification or college-level training.
4 I have passed higher vocational qualification.
5 I have passed academic degree.

If You find it difficult to decide where your diploma is classified to or You want to specify information, please write your answer to this space

_____

7. How much do you earn in a month (the available earned income and income from capital where the taxes have been excluded)?

1 0-500 €
2 501-1000 €
3 1001-1500 €
4 1501-2000 €
5 2001-2500 €
6 2501-3000 €
7 3001 € or more

8. Do you smoke?

1 yes, daily
2 occasionally, not every day
3 no

9. Does your spouse smoke?

1 yes, daily
2 occasionally, not every day
3 no
4 this question is not for me

10. Have you been breastfed as a child?

1 yes
2 no
3 I don't know

11. How many children do you have? _____

14. How long did your oldest child receive breast milk?

1 breast milk was not given to the child
2 less than a month
3 for 1-12 months, define how many months _____
4 over a year, define how many months_____
5 my oldest child still receives breast milk
6 I don't know or I don't remember

The questions 17 are meant for people who have two children or more. If You have one child, please go to the question number 18.

17. How long did your youngest child receive breast milk?

1 breast milk was not given to the child

2 less than a month

3 for 1-12 months, define how many months _____

4 my youngest child still receives breast milk

6 I don’t know or I don’t remember

ASSESSMENT OF THE SUITABILITY OF CONTENT OF BREASTFEEDING COUNSELING TO THE MATERNITY HEALTH CARE CLINIC

Please assess on the scale 1-6 how important you find that the following issues are discussed in <u>maternity health care clinic</u>.

1= I find that the issue is very important to discuss in maternity health care clinic
6= I find that the issue is not important to discuss in maternity health care clinic

	is very important					**is not important**
18. the previous breastfeeding experience if the mother has already a child	1	2	3	4	5	6
19. mother's wish if she wants to breastfeed	1	2	3	4	5	6
20. father's wish of the baby's nutrition habit	1	2	3	4	5	6
21. mother's goals how long time she would like to breastfeed	1	2	3	4	5	6
22. the preconceptions that the parents have towards breastfeeding	1	2	3	4	5	6
23. the suitability of the mother's breasts to breastfeeding	1	2	3	4	5	6
24. how lactation proceeds	1	2	3	4	5	6
25. effects of mother's medicines to breastfeeding	1	2	3	4	5	6
26. benefits of breastfeeding and breast milk	1	2	3	4	5	6
27. skin contact	1	2	3	4	5	6
28. the first breastfeed	1	2	3	4	5	6
29. how the milk amount proceed during the first days	1	2	3	4	5	6
30. rooming-in	1	2	3	4	5	6
31. how the baby acts during the first days	1	2	3	4	5	6
32. how the father can support the breastfeeding spouse	1	2	3	4	5	6
33. mother's sensitive mood after delivery	1	2	3	4	5	6
34. how to know when the baby is hungry	1	2	3	4	5	6
35. how often the baby eats	1	2	3	4	5	6
36. observation of latch	1	2	3	4	5	6
37. positions in breastfeeding	1	2	3	4	5	6
38. how to know if the baby receives enough breast milk	1	2	3	4	5	6
39. when additional milk is needed	1	2	3	4	5	6
40. how to increase lactation	1	2	3	4	5	6
41. what kind of equipments are needed in breastfeeding	1	2	3	4	5	6

42. pumping of breast milk	1	2	3	4	5	6
43. effect of a pacifier to breastfeeding	1	2	3	4	5	6
44. effect of bottle feeding to breastfeeding	1	2	3	4	5	6
45. what to do if breastfeeding hurts	1	2	3	4	5	6
46. what to do if there is a blocked duct	1	2	3	4	5	6
47. what to do if there is a cracked nipple	1	2	3	4	5	6
48. what to do in oversupply of breast milk	1	2	3	4	5	6
49. what to do if there is insufficient milk supply	1	2	3	4	5	6
50. breastfeeding support groups	1	2	3	4	5	6
51. how the life is with a baby after returning home from hospital	1	2	3	4	5	6

EXPERIENCE FROM THE BREASTFEEDING COUNSELING IN MATERNITY HEALTH CARE CLINIC

Assess how or how much the following issues were discussed in the maternity health care clinic during the latest pregnancy.

1= I did not have information about this issue or this issue was not discussed

6= I got much information about this issue or this issue was discussed very much

How the following issues were discussed in the maternity health care clinic during the latest pregnancy?

1= the issue was not discussed 6=the issue was discussed very much

53. the previous breastfeeding experience (if this question does not concern you, please go to the question 54)	1	2	3	4	5	6
54. mother's wish if she wants to breastfeed	1	2	3	4	5	6
55. father's wish of the baby's nutrition habit	1	2	3	4	5	6
56. mother's goals how long time she would like to breastfeed	1	2	3	4	5	6
57. the preconceptions that the parents have towards breastfeeding	1	2	3	4	5	6
58. the suitability of the mother's breasts to breastfeeding	1	2	3	4	5	6

Please assess how much information You got from the following issues from the maternity health care clinic.

59. how lactation proceeds	1	2	3	4	5	6

60. effects of mother's medicines to breastfeeding	1	2	3	4	5	6
61. benefits of breastfeeding and breast milk	1	2	3	4	5	6
62. skin contact	1	2	3	4	5	6
63. first breastfeed	1	2	3	4	5	6
64. how the milk amount proceed during the first days	1	2	3	4	5	6
65. rooming-in	1	2	3	4	5	6
66. how the baby acts during the first days	1	2	3	4	5	6
67. how the father can support the breastfeeding spouse	1	2	3	4	5	6
68. mother's sensitive mood after delivery	1	2	3	4	5	6
69. how to know when the baby is hungry	1	2	3	4	5	6
70. how often the baby eats	1	2	3	4	5	6
71. observation of latch	1	2	3	4	5	6
72. positions in breastfeeding	1	2	3	4	5	6
73. how to know if the baby receives enough breast milk	1	2	3	4	5	6
74. when additional milk is needed	1	2	3	4	5	6
75. how to increase lactation	1	2	3	4	5	6
76. what kind of equipment's are needed in breastfeeding	1	2	3	4	5	6
77. pumping of breast milk	1	2	3	4	5	6
78. effect of a pacifier to breastfeeding	1	2	3	4	5	6
79. effect of bottle feeding to breastfeeding	1	2	3	4	5	6
80. what to do if breastfeeding hurts	1	2	3	4	5	6
81. what to do if there is a blocked duct	1	2	3	4	5	6
82. what to do if there is a cracked nipple	1	2	3	4	5	6
83. what to do in oversupply of breast milk	1	2	3	4	5	6
84. what to do if there is insufficient milk supply	1	2	3	4	5	6
85. breastfeeding support groups	1	2	3	4	5	6
86. how the life is with a baby after returning home from hospital	1	2	3	4	5	6

THE MOST IMPORTANT CONTENT, COUNSELING METHODS, TIMING

88. Please write three issues that You find the most important things relating to breastfeeding that needs to be told during pregnancy.

The most important thing in my opinion is…

The second…

The third…

How appropriate the following counseling methods are in breastfeeding counseling in maternity health care clinic?

1 = I think this is well appropriate
2 = I think this is quite appropriate
3 = I think this is quite inappropriate
4 = I think this is inappropriate for breastfeeding counseling in maternity health care clinic
9 = I don't know

89. giving pamphlets for reading at home	1	2	3	4	9
90. a folder about breastfeeding	1	2	3	4	9
91. a knowledge test of breastfeeding	1	2	3	4	9
92. writing of a previous breastfeeding experience	1	2	3	4	9
93. demonstrating the issue with pictures	1	2	3	4	9
94. slide show with computer	1	2	3	4	9
95. lectures	1	2	3	4	9
96. telling about breastfeeding from the viewpoint of a baby	1	2	3	4	9
97. explore of the pamhlets and discussion of the content with a public health nurse	1	2	3	4	9
98. explore of the web sides concerning breastfeeding with a public health nurse	1	2	3	4	9
Discussion with a public health nurse					
99. about images that the family has relating breastfeeding	1	2	3	4	9
100. about breastfeeding experiences that the family has heard from their acquaintances	1	2	3	4	9
101. video	1	2	3	4	9
102. demonstration where simulation is used	1	2	3	4	9
103. using of a doll	1	2	3	4	9
104. using of a artificial breast	1	2	3	4	9
105. meeting of a family with a baby in the maternity health care clinic	1	2	3	4	9
106. meeting of a peer supporter in the maternity health care clinic	1	2	3	4	9

110. In which phase of the pregnancy the breastfeeding counseling should be discussed?

1 in the beginning of the pregnancy (gestation weeks 1-13)
2 in the middle of the pregnancy (gestation weeks 14- 28)
3 in the end of the pregnancy (from gestation week 29 to the labor)
4 in the beginning and middle of the pregnancy
5 in the beginning and end of the pregnancy
6 in the middle and end of the pregnancy
7 in the beginning, middle and end of pregnancy
8 There is no need to discuss breastfeeding during pregnancy in my opinion.

The following questions are only for women. Men can go to the question 122.

SUPPORT FROM SPOUSE AND CLOSE-ONES

If You are a single-mother or a question is not for You, please pass it.

111. How do You find the support from your spouse in the everyday life? Please choose a response choice that describes the best your conception.

Very much support	1	2	3	4	5	6	7	No support

112. Next there are five questions about the different areas of life. Please assess how your spouse affects in your everyday life. Assess what kind of support you receive in different life areas. Choose a response choice that describes the best your conception.

very good support	1	2	3	4	5	6	7	no support
unsafe	1	2	3	4	5	6	7	safe
near	1	2	3	4	5	6	7	far away
no affection	1	2	3	4	5	6	7	much affection
does a lot of home works	1	2	3	4	5	6	7	does not do the home works

113. How do You find your economic situation?

unsafe	1	2	3	4	5	6	7	safe

114. How do You find the support You have received from your familiars?

not at all	1	2	3	4	5	6	7	very much

115. How do You find the support You have received from your mother?

not at all (support)	1	2	3	4	5	6	7	very much (support)

118. Next there are some questions concerning the breastfeeding advice you have got. Please choose a response choice that describes the best your conception.

I am satisfied with breastfeeding advice that I got from my spouse.

It is incorrect	1	2	3	4	5	6	7	It is totally correct

I am satisfied with breastfeeding advice that I got from my friend or from my relatives.

It is incorrect	1	2	3	4	5	6	7	It is totally correct

I am satisfied with breastfeeding advice that I got from health care providers.

It is incorrect	1	2	3	4	5	6	7	It is totally correct

I have got consistent breastfeeding advice.

It is incorrect	1	2	3	4	5	6	7	It is totally correct

The breastfeeding advice has been positively affected me.

It is incorrect	1	2	3	4	5	6	7	It is totally correct

I have not asked advice on breastfeeding.

It is incorrect	1	2	3	4	5	6	7	It is totally correct

123. The date when you filled in the questionnaire.

_____

Please check that you have answered all questions that were meant to You.