The Importance of Breastfeeding Self-Efficacy on Duration and Exclusivity

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Breastfeeding Rates

Good News!

- Breastfeeding rates continue to rise in the UAE
- 98% of UAE mothers initiate breastfeeding
- 25% are also exclusively breastfeeding to 6 months

However…

Only 1 in 4 mothers are achieving WHO recommendations
Dose-Response Effect

- Breastfeeding has a dose-response effect
- ↑ benefits are proportionate to ↑ duration and exclusivity
- Suboptimal breastfeeding = mothers and their infants are not receiving the maximum health benefits

*Breastfeeding Saves More Lives Than Any Other Preventive Intervention!*
Many health professionals have targeted mothers at high risk to prematurely discontinue breastfeeding based on non-modifiable characteristics:

- Education level
- Socioeconomic status
- Ethnicity
If health professionals are to \textit{effectively improve low} breastfeeding exclusivity and duration rates

\textdownarrow

We need to \textit{reliably assess} high-risk mothers and identify \textit{risk factors} that are \textit{amenable to intervention}
How can we reliably identify mothers early who are at high-risk to prematurely discontinue breastfeeding?

One possible *modifiable* variable is:

Breastfeeding Confidence
Breastfeeding Confidence

- The saliency of breastfeeding confidence has been demonstrated consistently:
  - Initiation
  - Duration
  - Exclusivity
Breastfeeding confidence is also associated with maternal perceptions of insufficient milk.
How Do We Assess Confidence?

Self-efficacy theory → common framework in a number of situations to determine perceived confidence
Self-Efficacy:
cognitive process in which an individual evaluates their perceived ability to perform a specific task or behaviour

(Bandura 1977)
What is Breastfeeding Self-Efficacy?

A mother’s confidence in her perceived ability to breastfeed her infant (Dennis 1999)
Breastfeeding Self-Efficacy Theory
(Dennis, 1999)

ANTCEDEENTS  BREASTFEEDING SELF-EFFICACY  CONSEQUENCES

Sources of Information  Confidence  Response
1. Performance Accomplishment
2. Vicarious Experience
3. Verbal Persuasion
4. Physiological/Affective States

1. Initiate Breastfeeding
2. Effort and Persistence
3. Thought Patterns
4. Emotional Reactions
1. Performance Accomplishments

- Personal experiences are often the most immediate and powerful source of efficacy information
  - Successful performances = \(\uparrow\) self-efficacy
  - Repeated failures = \(\downarrow\) self-efficacy

- The impact of a previous successful breastfeeding experience on breastfeeding outcomes

- Self-efficacy is modified by individuals’ interpretations of their performance
  - Attention to improved aspects = \(\uparrow\) self-efficacy
  - Attention to unsuccessful aspects = \(\downarrow\) self-efficacy
2. Vicarious Experience

• Other individuals’ performances (e.g. live, recorded, or printed) provide a common source of information about skills and abilities

• Observational learning = powerful impact on perceived self-efficacy, especially in the absence of previous experience

• Women who have seen friends or family members successfully breastfeed are more likely to initiate breastfeeding

• Women who have never seen an infant breastfed have reported that breastfeeding evokes feelings of awkwardness
Individuals often accept the appraisals from others as valid assessments of their own abilities

- Directing attention to the successful aspects of a breastfeeding session and praising new breastfeeding skills = ↑ self-efficacy

However…

- The more credible the individual providing verbal persuasion, the greater the potential to ↑ self-efficacy
The ever-growing research highlights the importance of FATHERS in improving breastfeeding outcomes
4. Physiological and Affective States

- Individuals make inferences about their abilities from emotional arousal and other physiologic cues experienced while enacting a behaviour or anticipating its enactment.
  - Positive interpretations (excitement, satisfaction) = ↑ self-efficacy
  - Negative interpretations (pain, fatigue, anxiety) = ↓ self-efficacy

- These interpretations have been shown to influence self-efficacy and the breastfeeding process.
Consequences of Breastfeeding Self-efficacy

- Breastfeeding self-efficacy predicts:
  1. Whether a mother chooses to breastfeed
  2. How much effort she will expend and whether she will persevere until mastery is achieved
  3. Whether she will have self-enhancing or self-defeating thought patterns
  4. How she will respond emotionally to breastfeeding difficulties
How Do We Measure Breastfeeding Self-Efficacy?

Breastfeeding Self-Efficacy Scale
Instrument Development

Construction Phase
- Literature review
- Generate items
- Select format
- Establish content validity

Quantitative Phase
- Pilot test
- Item analysis
- Revise

Validation Phase
- Large Study
- Item analysis
- Revise
Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF)

- 14 items
- Stem for each item is “I can always…”
- 5-point Likert scale
- 1 = not at all confident
- 5 = always confident
- Item scores are summed
- Range from 14 to 70 with higher scores indicating higher levels of breastfeeding self-efficacy
Many other methodological studies have been published where the scale has been translated into diverse languages and tested with different maternal populations.

In total, over 1000 researchers and health professionals from over 30 different countries have requested the use of BSES-SF.
Evaluate with Diverse Populations

**Ethnic Samples**
- Chinese
- Arabic
- Spanish

**Maternal Populations**
- Adolescent
- NICU
- Low-Income

**Perinatal Time Periods**
- Antenatal
- Postnatal
In these studies, BSES-SF scores in the early postpartum period have consistently predicted breastfeeding duration and exclusivity across the postpartum period.

Results provide good evidence that the BSES-SF is a reliable and valid measure to assist in identifying high-risk mothers.
Clinical Implications

1. **Identification tool**: to recognize which mothers require additional assistance

2. **Assessment tool**: to individualize interventions

3. **Evaluation tool**: to determine the efficacy of various supportive interventions and guide program development
Women Who Are Breastfeeding: Increasing Self-Efficacy to Improve Outcomes (WISE Trial)

• A multi-site randomized controlled trial
• To evaluate the effect of a breastfeeding self-efficacy enhancing intervention on breastfeeding exclusivity among primiparous mothers
• N = 1200 women
Clinical Implications
Using Breastfeeding Self-Efficacy to Improve Breastfeeding Outcomes
Prenatal Care

1. Administer BSES-SF – provide verbal persuasion based on scores

2. Review any previous breastfeeding experience → defuse negative emotional responses, such as fear and anxiety, and by correct misinformation

3. Provide opportunities to talk to other mothers who have successfully breastfed (vicarious experience)
Mothers should be:

- encouraged to initiate breastfeeding immediately after birth
- given multiple opportunities to breastfeed during their hospital stay

Performance Accomplishments

A knowledgeable health professional should:

- observe all initial breastfeeding attempts

Verbal Persuasion
Self-Efficacy Enhancing Strategies

• Attention should be given to the successful or improved aspects of the breastfeeding performance.

• Procedures done well should be targeted for positive reinforcement with decisions made about how to improve the breastfeeding performance in the future.
Administer BSES-SF

- Provides important information regarding the individualized needs of a new breastfeeding mother

  - **Low scoring items** (<4) could be used to identify areas to promote self-efficacy enhancing strategies

  - **High scoring items** could be identified as strengths warranting recognition and reinforcement
During such a review, note whether the mother is experiencing:

- discomfort
- anxiety
- frustration
- sense of failure
Postpartum Depression and Breastfeeding

Postpartum Depression

Most frequent form of maternal morbidity following childbirth

- 50% of cases missed through informal surveillance
- Administer the **Edinburgh Postnatal Depression Scale** (EPDS)
- Especially if mother is experiencing ++ breastfeeding problems
- Very high risk to prematurely discontinue breastfeeding
Edinburgh Postnatal Depression Scale

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - As much as I always could
   - Not quite so much now
   - Definitely not so much now
   - Not at all

2. I have looked forward with enjoyment to things
   - As much as I ever did
   - Rather less than I used to
   - Definitely less than I used to
   - Hardly at all

3. I have blamed myself unnecessarily when things went wrong
   - Yes, most of the time
   - Yes, some of the time
   - Not very often
   - No, never

4. I have been anxious or worried for no good reason
   - No, not at all
   - Hardly ever
   - Yes, sometimes
   - Yes, very often

5. I have felt scared or panicky for no very good reason
   - Yes, quite a lot
   - Yes, sometimes
   - No, not much
   - No, not at all

6. Things have been getting on top of me
   - Yes, most of the time I haven't been able to cope at all
   - Yes, sometimes I haven't been coping as well as usual
   - No, most of the time I have coped quite well
   - No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all

8. I have felt sad or miserable
   - Yes, most of the time
   - Yes, quite often
   - Not very often
   - No, not at all

9. I have been so unhappy that I have been crying
   - Yes, most of the time
   - Yes, quite often
   - Only occasionally
   - No, never

10. The thought of harming myself has occurred to me
    - Yes, quite often
    - Sometimes
    - Hardly ever
    - Never

0 to 3 points/item, 10+ is probable Postpartum Depression.

Encourage Breastfeeding Goals

Nervous about meeting your long-term breastfeeding goal? Break it down into smaller, more achievable goals. Take it one feeding at a time. You're doing a great job, Mama.

itsmorethanmilk.com
facebook.com/itsmorethanmilk
Anticipatory Guidance

• Through the provision of **anticipatory guidance**, the tendency to experience difficulties, pain, and fatigue should be explicitly acknowledged and normalized while strategies for controlling these states should be taught.
Vicarious Experience

- Excellent opportunities for efficacy enhancement through observational learning exist:
  - mother-to-mother support groups
  - breastfeeding clinics
  - public nursing areas
  - high-quality videos
Peer Support

- New mothers can learn by observing breastfeeding and by listening to other mothers recount their breastfeeding experiences.
- Develop a simple telephone peer support program where new mothers are matched with experienced mothers in the same community.
- A link between mothers in the community and health professionals.
Underlying Mechanisms of Peer Support

- Peer support can:
  - Increase social networks
  - Reinforce help-seeking behaviours
  - Decrease barriers to care
  - Encourage effective coping
  - Promote social comparisons
  - Increase self-efficacy
• The promotion, protection, and support of breastfeeding takes on a different type of engagement with the health system

• It is not a typical intervention
  – not a pharmaceutical product to be purchased or distributed
  – not a practice dependent on a facility or health provider

Breastfeeding is a social behaviour not a medical practice
Social Marketing

- Social marketing is an approach used to develop activities aimed at changing or maintaining people’s behaviour for the benefit of individuals and society as a whole.

- Mass media behaviour change campaigns can target all of society including mother-in-laws or families from diverse cultures.
THE LANCET BREASTFEEDING SERIES CONFIRMS:
EACH YEAR OF BREASTFEEDING
decreases a woman’s chance of developing
INVASIVE BREAST CANCER BY 6%
Need to Target Exclusive Breastfeeding

- Previous social marketing = “Breast is Best”
- Focused on the benefits of breastfeeding
- Resulted in \( \uparrow \) initiation and duration

**Little impact with exclusive breastfeeding**

- Poor job conveying the message:
  
  **Exclusive breastfeeding is better than ‘Any’ breastfeeding**
Summary

• While the majority of women initiate breastfeeding, many mothers prematurely discontinue due to difficulties they encounter rather than maternal choice.

• Health professionals have identified high-risk breastfeeding women based on non-modifiable variables but to guide the development and evaluation of effective interventions, prediction of high-risk mothers should be based on modifiable variables.

• One modifiable factor is breastfeeding confidence.
Mothers develop their self-efficacy expectations based on:

1. past experiences and performances
2. vicarious experience
3. verbal persuasion, and
4. their present physiological and emotional states

Founded on these sources of information, health professionals can incorporate self-efficacy enhancing strategies into their general practice.
• The Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF) has been developed to measure a mother’s confidence in her ability to breastfeed and may be used as an assessment tool to:

1. identify at-risk mothers
2. individualize care
3. evaluate health care interventions

• There are numerous research initiatives currently underway to advance the evidence underpinning breastfeeding self-efficacy
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