Breastfeeding and the responsibilities of GPs

A qualitative study of general practice registrars

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The most recent National Health Survey[1] reports that more than 80% of women initiate breastfeeding, while recent studies[2–4] describe initiation rates of more than 90%. Yet fewer than 50% of women continue to breastfeed for 6 months or longer.[1] This is at odds with National Health and Medical Research Council recommendations that 80% of infants be exclusively breastfed for the first 6 months of life.[5]

Women are more likely to initiate and continue to breastfeed if their doctor supports and encourages them to do so.[6,7] Conversely, women perceive a neutral attitude by doctors toward breastfeeding to be similar to a negative attitude.[8] Therefore, while doctors may not perceive their support or encouragement to be a determining factor in a woman's breastfeeding decisions, women often place great emphasis on their GP's attitude to breastfeeding[9,10] and are much more likely to think that information provided by a doctor is important.[11]

No previous research in Australia has addressed the issue of how GPs perceive their roles and responsibilities regarding breastfeeding. As part of a larger research project investigating the breastfeeding skills and knowledge of general practice registrars, this article reports the results of qualitative interviews with eight general practice registrars and their views and beliefs about GPs' responsibilities to breastfeeding women.

Method

The larger research project uses mixed methods and triangulation of data. The collection of qualitative data in this exploratory part of the project was guided by the interpretive paradigm. Purposive sampling of eight registrars from southern Queensland was undertaken so that each participant had a unique combination of gender, age (<34 or ≥34) and breastfeeding experience (self or spouse had breastfed/no breastfeeding experience) to capture a diversity of views and experiences and to increase the transferability of the results. Information obtained from semistructured interviews included the role of GPs in encouraging and supporting breastfeeding women. Other demographic variables included years since graduation, years in training, and whether the registrars had children who had been breastfed.

The registrars were recruited via the Rural and Regional Queensland Consortium and from personal contacts of the researcher. Written consent was obtained. Interviews were conducted between October 2005 and April 2006 and took a mean of 28 minutes (range 21–36 minutes). All interviews were recorded and transcripts of the interviews were sent to the participants to verify their accuracy before analysis began. Content analysis of each interview was undertaken and emergent themes were identified from each interview as well as from across all eight interviews.

Ethics approval was obtained from the Behavioural & Social Sciences Ethical Review Committee, University of Queensland.

Results

There were four male and four female participants with a mean age of 35 years (range 28–43 years). Four of the eight participants were parents (two male, two female). All four had positive breastfeeding experiences with their children. Years since graduation varied from 2–14 (mean 7.5 years) although all were enrolled in the general practice training program (mean 1.7 years). Seven of the eight participants lived in regional or rural areas.

Three themes emerged following content analysis: attitudes about breastfeeding, breastfeeding and general

practice, and skills and knowledge. Because of space limitations this article will only address the results of a subtheme of breastfeeding and general practice: the responsibilities of GPs. This subtheme was divided into five separate areas: providing information, being neutral about mothers' feeding decisions, 'being there', asking about breastfeeding and referring appropriately.

Providing information

Providing unbiased, evidence based information so that women can make informed decisions about infant feeding was seen as an important duty of a GP. However, this disussion usually occurred postpartum because the doctor's concern about the pregnancy was paramount before the birth. As one participant stated: '... during the pregnancy I'm more focused on making sure the routine ultrasound scans are done, antenatal type bloods are collected, and trying to detect any problems that may be developing...'

Being neutral about mothers' feeding decisions

The GP was not expected to sway the mother's decision making process beyond providing information, nor did the participants consider it necessary for a GP to ensure a mother had sufficient information to make an informed decision: 'The role of the GP is not necessarily to try and change how they think, [but to] support what they want to do.'

Even participants who felt strongly that breastfeeding was the most appropriate method of infant feeding were reluctant to share their professional opinion with mothers.

'Being there'

All participants acknowledged that GPs play a role in 'being there' for mothers: listening, supporting, encouraging, reassuring, reinforcing positive messages and providing advice. This encourages women to continue breastfeeding when they might otherwise have weaned: 'Some women [who] become poorly tolerant of it [breastfeeding]... just need some encouragement and advice on how to persevere and perhaps things they can do and certain treatments so they can continue to breastfeed or otherwise they might give up in an easier fashion if they're not encouraged by the GP.'

Asking about breastfeeding

Most participants specifically asked women in the immediate postnatal period about their method of infant feeding and whether they were having any difficulties. Responses to these basic questions would prompt other questions if problems emerged: '...like when I first see them after [birth] I ask how it's all going and if it's not a problem for them, that's sort of all I've left it at.'

Only one participant had a specific list of questions she used to assess how well breastfeeding was progressing. She was not a mother herself, but had a specific interest in women's health and had developed this list of questions from her professional experience.

Referral

Referring breastfeeding women to others with expertise and knowledge in the area was frequently mentioned as a means of providing women with the best help available. The participants admitted they were not able to manage all breastfeeding problems and questioned whether it was necessary for them to do so, especially if expert help was available: 'I've got access in my clinic to a breastfeeding expert... and also in town we've got other experts available, so I would probably feel more comfortable referring women on to these easily accessible experts than me trying to remember all of [it].'

Discussion

The literature suggests that mothers expect doctors to be proactive in encouraging and helping women breastfeed by asking pertinent questions; providing accurate and practical information in a timely manner without prompting; giving positive comments and feedback to the mother; ensuring there is a positive attitude to breastfeeding within the medical practice; and referring appropriately.[11–13] While many of these issues were raised during the interviews, the participants' views about GPs' responsibilities to breastfeeding women were often different to those of the mothers themselves.

For example, most study participants waited until after the baby's birth to raise the issue of breastfeeding or provide evidence based information and discuss infant feeding decisions with a mother. Most women, however, make their infant feeding decisions before or early in pregnancy.[14,15] Discussion and provision of relevant information should therefore occur during the first trimester. Moreland and Coombs[16] and Meyers[17] recommend that family physicians begin providing breastfeeding education at the first antenatal visit and that this should be reinforced at subsequent visits. Information should include the health effects of breastfeeding and formula feeding, common barriers to breastfeeding, and anticipatory guidance to the mother for the early postnatal period.[16–18] While time constraints may limit the amount of information a GP can provide, raising the subject early in pregnancy and referring the mother for appropriate antenatal breastfeeding education ensures that this excellent opportunity to educate women and promote informed decision making is not missed.

Many women and their infants have cause to visit a GP a number of times in the first 6 months postpartum.[19] They expect doctors to ask appropriate and pertinent questions about breastfeeding and to not rely on the mother to broach the subject. This is at odds with study participants who – beyond a routine question about infant feeding – expected the mother to raise any concerns.

Women are less likely to ask questions until they are confident as mothers[12] and problems may be overlooked if a mother does not know or understand worrying signs or symptoms. However, mothers sometimes raise concerns about behaviours or situations that are within normal limits. Often all that they are seeking is acknowledgment of their concerns and appropriate support, reassurance and encouragement from the GP.

When women presented with breastfeeding problems beyond their ability, this cohort of general practice registrars considered referring them to experts in the field. Other studies of both mothers and doctors show similar results.[11,17] Additionally, the ability to make referrals influenced how the participants perceived their need to develop further knowledge and information about breastfeeding. Those with easy access to referrals tended to be satisfied with their level of breastfeeding knowledge.

One of the limitations of this study is that it draws on a small sample of general practice registrars from a limited geographic region. The views and ideas of this sample group may not represent those of general practice registrars in general or the practices of GPs.

Implications for general practice

- General practitioners have a responsibility to provide support and advice for breastfeeding women.
- Breastfeeding should be discussed with pregnant women at the first antenatal visit, and at other times throughout the pregnancy to reinforce positive attitudes, provide information and offer encouragement, even if most of the breastfeeding education is conducted elsewhere.
- General practitioners should ask all postpartum mothers a small number of targeted questions – such as determining the number and length of breastfeeds, the baby's urine and faecal output and whether there are nipple or breast problems – to ascertain whether breastfeeding is progressing normally.
- General practitioners should be able to provide a list of infant feeding referral resources but must also have the skills to initially assess any problems.

Conflict of interest: none declared.

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