

EARLY BREASTFEEDING INITIATION AMONG WOMEN IN LAO PDR: A QUALITATIVE STUDY ON THE CHALLENGES OF IN A HOSPITAL-BASED INTERVENTION

Xanxai Soryavong^{1*}, Duong Minh Duc², Dinh Thi Phuong Hoa²

¹Bokeo Provincial Hospital - Lao PDR

²Hanoi University of Public Health - 1A Duc Thang, Dong Ngac Ward, Bac Tu Liem Dist, Hanoi City, Vietnam

Received: 09/11/2024

Revised: 30/11/2024; Accepted: 08/12/2024

ABSTRACT

Background: Early initiation of breastfeeding within the first hour of life occurred in about only 39.6% of Laotian infants. This study is to assess the challenges of a hospital-based intervention supporting early initiation of breastfeeding among postpartum women in Bokeo Provincial hospital during 2022-2023.

Materials and Method: A descriptive qualitative study on health providers and postpartum women in Bokeo Provincial hospital was conducted. A total of 12 participants were involved in the study (1 focus group discussion with 7 health providers and 5 in-depth interviews with postpartum mothers and their relatives). All qualitative data were thematically analysed using Microsoft Word.

Result: The following themes were found: 1) Further support for early initiation of breastfeeding, 2) Shortage of exclusively breastfeeding follow-up, and 3) Shortage of feasible solutions. There was an emphasis on early initiation of breastfeeding, which was challenged by maternal exhaustion after delivery. Study participants reported poor follow-up on breastfeeding practice after initial counselling and reacting to adverse outcomes in lieu of adequate monitoring, with a reliance on mothers to follow-up on challenges. There was poor support for facility-based breastfeeding after initial counselling post-delivery, which revealed an overall neglect in hospital postpartum care for those considered to be in good health after initial assessment.

Conclusion: This study provides insight for further understanding of the challenges for an intervention on early breastfeeding initiation for women in Lao PDR. We recommend the development of indicators to track continued facility-based breastfeeding, identify vulnerable infants at-risk of feeding problems, and strengthening care in postnatal wards, which is currently as neglected component of maternity care.

Keyword: Early initiation of breastfeeding, maternal and child health care, qualitative study, hospital-based intervention, Lao PDR.

1. INTRODUCTION

The World Health Organization (WHO) recommends early initiation of breastfeeding within an hour after birth and exclusive breastfeeding for 6 months, followed by complementary feeding up to two years [1]. Following the WHO recommendations, increasing optimal breastfeeding practices to near universal levels are estimated to prevent over 800,000 child deaths each year in low- and middle-income countries (LMICs), corresponding to 13.8% of deaths under two years old globally [1]. As key to reducing child mortality, improving early health and nutrition, with life-long

impacts on long-term health, cognitive development and participation in society, optimal breastfeeding practices play an important role in achieving Sustainable Development Goals to end poverty and fight global inequality [1].

However, breastfeeding practices remain sub-optimal, with only 43% of newborns being breastfed within an hour of birth and 44% of infants under six months of age being exclusively breastfed and only 40.4 of 0-5 month old babies are exclusively breastfed [1]. In

*Corresponding author

Email: jxan.xai@gmail.com Phone: (+84) 983318912 <https://doi.org/10.52163/yhc.v65i13.1890>

People's Democratic Republic of Lao (Lao PDR), data collected in the 2011 Lao Social Indicator Survey showed that early initiation of breastfeeding within the first hour of life occurred among 39.6% of Laotian infants [2]. Avoidance of prelacteal feeds within the first three days of life occurred among 65% of Laotian infants, and was highest among ethnic Hmong and Khmer infants, and among those born in public versus private health facilities [2].

In Lao PDR, it is of concern that the rate of exclusive breastfeeding is decreasing. There is a gap in supporting mothers to continue breastfeeding exclusively. The purpose of this study is to explore the perspectives and experiences of health providers and women on the availability and content of postpartum breastfeeding support after delivery in Bokeo provincial hospital, Lao PDR.

2. METHODOLOGY

2.1. Study design and setting

This is a descriptive qualitative study on health providers and mothers experiences with breastfeeding support in Bokeo Provincial hospital during 2022-2023. The qualitative study was to better understand the availability and content of postpartum breastfeeding support with attention to early initiation of breastfeeding compared to post-initiation counselling. The interviews is a part of the intervention for breastfeeding amongst women in Bokeo Provincial hospital during 2022-2023.

We employed purposive sampling to recruit health providers engaged in decision-making or in providing neonatal care and supporting breastfeeding and mothers and their relatives. We purposively recruited nurses and clinicians working in maternal unit and in neonatal units, nurses in charge of the ward.

2.2. Data collection

Study staff approached health providers in person and/or by phone and asked for an interview after briefing them about the study. Mothers and family members involved in providing care to the infant were approached in the postnatal ward, neonatal unit or at visiting area outside the ward. We prioritized male partners and grandmothers as they are influential sources of information and support for new mothers. A total of 12 participants were involved in the study (1 focus group discussion with 7 health providers and 5 in-depth interviews with postpartum mothers and their relatives).

We used a semi-structured interview approach to allow participants to elaborate on their personal experiences. The principal researcher conducted face-to-face interviews. Data was collected between Jan and Mar 2023. After providing consent, interviews were conducted in secluded settings within the hospitals.

Health worker interviews were approximately 50–60 minutes in length while mothers' interviews were approximately 30–45 minutes.

2.3. Data analysis

Data were managed using Microsoft Word. We applied the thematic approach as developed by Braun and Clarke for analysis [3]. Preliminary analysis commenced during the data collection period through debriefs to discuss emerging issues with the data collection team and continued as audio recordings were transcribed verbatim. Principle researcher listened to the audio tapes and read the transcripts several times to familiarize himself with the data and then coded the interviews using the framework.

3. RESULTS

A total of 12 participants were involved in the study (1 focus group discussion with 7 health providers and 5 in-depth interviews with postpartum mothers and their relatives).

3.1. Further support for early initiation of breastfeeding

Health workers across cadres were well aware of early initiation of breastfeeding and highlighted its importance. There was a consistent message of initiating breastfeeding as soon as the mother and infant were stable, ideally within 30 minutes to an hour after delivery. Participants shared that early initiation was promoted so the infant benefits from receiving colostrum, the first milk produced immediately after delivery. Interviews from mothers and her relatives confirmed the emphasis on early initiation. Mothers reported that they were counselled to start breastfeeding soon after delivery.

"It did not take long after the baby was born... Just after the baby was born, it only took approximately fifteen minutes then they told me that the baby is supposed to exclusively breastfeed because when doing so, the uterus goes back to its position and it also helps the baby to be healthy." - Mother

The process of preparing a new mother to breastfeed included cleaning the mother up after delivery, HIV counselling for seropositive mothers, and counselling mothers to breastfeeding. This happened in the labour ward by midwives who facilitated the delivery. Counselling messages varied between health workers but often included information on the benefits and frequency of breastfeeding. Some health workers also mentioned counselling mothers on correct positioning, attachment, and hygiene. However, when asked by researchers in our study, mothers often recalled only basic messages of the counselling they received after delivery. Health workers also highlighted that mothers sometimes forgot the counselling they taught them.

3.2. Shortage of exclusively breastfeeding follow-up

Health workers highlighted a short two hour window of direct monitoring after delivery when the mother and infant were still in the labour ward before moving to the postnatal ward for recovery or another ward for further care in the case of complications. The average time to discharge after delivery for mothers and infants without complications was between 12–24 hours. Monitoring for breastfeeding practices lacked the urgency of health emergencies in the labour ward, such as maternal hemorrhage and neonatal resuscitation. While counselling and guidance to initiate may occur after delivery, there was a lack of routine monitoring and follow-up lacked observing breastfeeding practice.

“We have left the mother who is not bleeding, who is fine, the vitals are fine and is breastfeeding and you just take it for granted that everything is alright but we don’t know this. Is it (breastfeeding) really happening? Is the support the right one? Is it being done the right way” - Nurse

Some health workers shared that beyond early initiation to breastfeeding, a key challenge was understanding if infants were breastfeeding enough and emphasized that poor positioning and attachment may affect the effectiveness of breastfeeding practice. Poor breastfeeding practices increased the risk of adverse infant outcomes, which some health workers highlighted was remedied after teaching mothers to properly breastfeed. Due to a lack of regular monitoring of postnatal mothers and infants, health workers shared that they often had to react to adverse health outcomes rather than monitoring vital signs that would indicate emerging complications before they become severe, which may come too late for some as the narratives below reveal.

3.3. Shortage of support to overcome challenges

A reoccurring theme shared by health workers was human resource constraints that led to prioritizing emergencies in maternity rather than follow-up with mothers and infants assumed to be in stable condition. Health workers shared about numerous deliveries occurring daily at each of their health facilities, which posed challenges to adequately monitor vital signs and observe breastfeeding in practice for all patients, particularly at night when there was less staff on duty. Staff from the tertiary hospital reported 120 postnatal beds divided between six nurses to cover. At the district hospitals, staff reported on average 20 or more deliveries daily, covered by two nurses on duty during the day and one nurse during the night.

“During the day, we have six nurses and three during the night and they are two postnatal wards, 120 beds in total” - Nurse

Health workers reported coping with demands on their attention by relying on caregivers to monitor and seek

help when challenges arise. Responsibility for care was conceptualized to be the role of the mother and her accompanying relatives, which was shared by both health workers and caregivers alike

“If the baby is not breastfeeding, as a mother I have to notify the doctor about my situation. So they look for a way to help the child for it to start breastfeeding” - Mother

4. DISCUSSION

Our research with health workers and caregivers on facility-based breastfeeding support after delivery revealed an emphasis on early initiation of breastfeeding but a gap in continued medical staff support. Health worker monitoring, correction of inappropriate breastfeeding practices and personalized support was rare after the mother and infant moved from the labour ward into the postnatal ward. In the postnatal ward, follow-up that the baby was breastfeeding and emergence of adverse complications relied on self-report by caregivers.

While several caregivers and health workers in our study described providing and receiving postnatal breastfeeding counselling immediately after delivery, participants also highlighted challenges in how much of the information was retained. One issue may be that mothers are tired after delivery and unable to retain information. A study of 160 postpartum women in the United States found the more exhausted a mother reported feeling, the more she also reported frustrations and difficulties in breastfeeding [4]. Clinical explanations of technical details such as attachment and positioning may be difficult to understand and remember, particularly if mothers are fatigued in the early postpartum period.

Our study revealed that while support of a mother’s relatives was invaluable, they may have different ideas on breastfeeding and postpartum care. In particular, grandmothers may encourage alternative practices and mothers may not have decision-making power [5]. This builds on findings that found mothers were more likely to initiate breastfeeding if grandmothers had a positive attitude, yet if grandmothers had negative attitudes towards breastfeeding [6]. There was some indication of competing concepts of care as health workers described how grandmothers devoted time to infants to show love and allow mothers to rest, but reduced opportunities for breastfeeding. Though family support was helpful given limited staffing, family dynamics also need to be considered, particularly with young mothers.

A stark gap emerged in our research on the follow-up of postpartum mothers at health facilities. A facility assessment of the quality of newborn care available in rural district hospitals in Lao PDR found that hospitals largely met current standards of care for early and

exclusive breastfeeding with little improvements needed, but there were no questions on supporting the maintenance of breastfeeding practice beyond early initiation [7, 8]. This speaks more broadly to a gap in postpartum care in general. Health workers in our study spoke about the need to focus on the next delivery, and follow-up of mothers and their infants in the postpartum ward was neglected. Exclusive breastfeeding could be increased through enhancing and investing in health facility capacity to support breastfeeding with continuity from antenatal care, counselling for early initiation, follow-up until hospital discharge and postpartum care visits.

5. CONCLUSION AND RECOMMENDATION

This study provides insight for further understanding of the challenges for an intervention on early breastfeeding initiation for women in Lao PDR. The following themes were found: 1) Further support for early initiation of breastfeeding, 2) Shortage of exclusively breastfeeding follow-up, and 3) Shortage of feasible solutions. There was an emphasis on early initiation of breastfeeding, which was challenged by maternal exhaustion after delivery. Study participants reported poor follow-up on breastfeeding practice after initial counselling and reacting to adverse outcomes in lieu of adequate monitoring, with a reliance on mothers to follow-up on challenges. There was poor support for facility-based breastfeeding after initial counselling post-delivery, which revealed an overall neglect in hospital postpartum care for those considered to be in good health after initial assessment. We recommend the development of indicators to track continued facility-based breastfeeding, identify vulnerable infants at-risk of feeding problems, and strengthening care in postnatal wards, which is currently as neglected component of maternity care.

REFERENCES

- [1] World Health Organization, Protecting, Promoting and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services. 2017, World Health Organization,: Geneva.
- [2] Kounnavong, S., et al., Key determinants of optimal breastfeeding practices in Laos. *Food and Nutrition Sciences*, 2013. 4(10A): p. 61.
- [3] Braun, V. and V. Clarke, Using thematic analysis in psychology. *Qualitative research in psychology*, 2006. 3(2): p. 77-101.
- [4] Phillips, K.F., K.F. Malig, and L. De Pue, The influence of quiet time on exclusive breastfeeding rates at discharge. *International Journal of Nursing Didactics*, 2015. 5(7): p. 01-06.
- [5] World Health Organization, A month-long World AIDS Day celebration in Lao People's Democratic Republic. 2019; [Cited 2019 February1]. 2019.
- [6] Wallenborn, J.T., et al., Urban-Rural Gaps in Breastfeeding Practices: Evidence From Lao People's Democratic Republic. *Int J Public Health*, 2021. 66: p. 1604062.
- [7] Lee, H.M., et al., A qualitative study on the breastfeeding experiences of first-time mothers in Vientiane, Lao PDR. *BMC Pregnancy Childbirth*, 2013. 13(1): p. 223.
- [8] Putthakeo, P., et al., Factors influencing breastfeeding in children less than 2 years of age in Lao PDR. *Journal of Paediatrics and Child Health*, 2009. 45(9): p. 487-492.

