

## Overcoming challenges in Breast-feeding Support: Insights from midwives in a General Hospital setting

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### ABSTRACT

**Background:** As the primary carers in a general hospital, midwives play a crucial role in breastfeeding support. However, difficulties in providing effective support and confronting cultural beliefs can hinder breastfeeding practices. Understanding midwives' perspective on effective breastfeeding support is crucial for the development of targeted interventions and the improvement of breastfeeding support services.

**Aim and Objective:** The objective of this study was to analyze the various challenges faced by midwives in providing breastfeeding support within a typical hospital setting.

**Method:** In-depth interviews with midwives to gather valuable insights and experiences were employed. The data collected were analyzed using thematic analysis as a methodological approach to discern emerging themes and patterns with the help of ATLAS.ti software.

**Results:** The findings revealed two primary obstacles midwives encounter. First, insufficient personnel and time constraints which impeded their capacity to provide comprehensive support and education to the large number of women seeking assistance. Secondly, cultural beliefs about lactation posed additional obstacles. Misconceptions regarding the sufficiency of breast milk, concerns regarding breast appearance, and the importance of colostrum influenced mothers' ability to exclusively breastfeed. Cultural practices including the premature introduction of complementary foods and the discarding of colostrum impeded the promotion of exclusive

*breastfeeding.*

**Conclusion:** *The study showed that staffing and time constraints had a negative effect on provision of breastfeeding support by midwives while cultural norms prevented exclusive breastfeeding. Addressing these challenges by stakeholders' through increased healthcare funding and staffing of health facilities is necessary to ensure effective breastfeeding support, educating the community on the importance of colostrum and breast appearance to eliminate cultural myths, ultimately leading to a successful breastfeeding.*

**KEYWORDS:** Breastfeeding support, midwives, hospitals, challenges, cultural views, exclusive breastfeeding

## INTRODUCTION

Breastfeeding plays a crucial role in facilitating the health and overall welfare of infants, offering a multitude of advantages in both the immediate and distant future. Midwives play a crucial role in delivering breastfeeding support within the general hospital environment, serving as primary carers for both mothers and newborns<sup>1, 2</sup>. In spite of the acknowledged significance of breastfeeding, there exist several obstacles that can impede the delivery of adequate support, thereby potentially influencing the experiences and outcomes of breastfeeding for both mothers and infants<sup>3, 4</sup>. Gaining insight into the viewpoints and firsthand encounters of midwives about the provision of breastfeeding support is of paramount importance to recognize and effectively tackle the obstacles associated with this practice<sup>5</sup>. Midwives possess distinct perspectives on the factors that enable or hinder the provision of breastfeeding support, which can provide valuable insights for developing strategies to enhance support systems in general hospital settings. This study intends to investigate the difficulties faced by midwives when assisting mothers with breastfeeding in a general hospital context. Through an exploration of the experiences, perceptions, and strategies utilised by midwives, the objective is to acquire a deeper understanding of the current deficiencies

and ascertain potential remedies for improving breastfeeding support services. In a meticulous gathering and examination of comprehensive qualitative data, the study captures the intricate and nuanced experiences and viewpoints of midwives. This will provide a deeper understanding of the complex array of challenges they face and the various approaches they adopt to surmount these difficulties.

## METHODOLOGY

The research was carried out in General Hospital Ekpan (Fig. 1) Uvwie Local Government Area of Delta State, Nigeria. The study population was nurse-midwives from the antenatal, labour, and postnatal units/clinics of General Hospital Ekpan Uvwie in Delta State, Nigeria. The Chief Nursing Officers, and Nursing Officers with varying nursing experience levels were included. A phenomenological research design was employed to investigate the subjective experiences and nuanced interpretations of the provision of breastfeeding support. Comprehensive data was gathered by the research team through key informant interviews with nurse-midwives. To analyze the gathered data, a thematic analysis methodology was utilized, with the assistance of the software ATLAS.ti, to discern and categorize emerging themes and sub-themes.

## RESULTS

Demography of the midwives used as key informants in this study, presented in a tabular form.

Midwife	Age	Marital Status	Religion	Qualifications	Role
Midwife 1	53	Widow	Christian	RN, RM, B.Sc. Nursing	Chief Nursing Officer (CNO), Labour Ward
Midwife 2	47	Married	Christian	RN, RM, B.Sc. Nursing	Chief Nursing Officer (CNO), Antenatal Unit
Midwife 3	30	Single	Christian	RN, RM	Nursing Officer (NO), Maternity Ward
Midwife 4	50	Married	Christian	RN, RM, B.Sc., M.Sc. Nursing	Chief Nursing Officer (CNO), Maternity Ward
Midwife 5	32	Single	Christian	RN, RM, B.Sc. Nursing	Nursing Officer (NO), Antenatal Unit
Midwife 6	35	Married	Christian	RN, RM, B.Sc. Nursing	Nursing Officer (NO), Labour Ward

50% of the midwives were married, while the other 50% comprised of singles and widowed, and highly educated. Christians suggested possible convergence in viewpoints shaped by these demographics. In all, the varied socioeconomic and demographic profiles would enable gathering rich, multi-faceted qualitative data to address the research questions from different standpoints.

These dedicated midwives bring their unique expertise to various units, ensuring quality care for expectant mothers and newborns.

All respondents reported that they were facing some challenges as they performed their job with breastfeeding women. About

90% of the midwives said "they didn't have time to eat while at work because of a shortage of personnel and so many clients". They feel that in their current number, they were unable to work effectively to help mothers, nurture them, and educate them about breastfeeding. The midwives stated that aside from system challenges, they blamed cultural and societal influences on mothers' behaviours. Some of the midwives were disappointed with the efforts they put in place, yet mothers disregarded their teachings and accept what society teaches them. Some of those myths are postulated that, breastfeeding a child as a young girl makes the breast sag while other traditional practices promote the act of giving newly born babies liquid such as water immediately after breastfeeding because the breast milk alone will not satisfy the

baby and also the act of expressing the first milk (colostrum) and discarding because it is not pure.

*“We don't have enough staff to give breastfeeding support or education to these women. So, we are limited on the number of women are much So, you cannot expect one midwife to be talking to over 100 women and give these women the adequate support. You will not get good results. The number is much but we are not enough. So, it's a major challenge we face with educating and supporting these women. And the facilities to also do these things are not readily available. There's no time to to talk to them in detail. So, time is one major challenge we face with these women. And another thing is that their number is so much, so it's difficult to reach out to them like every one of them, because it's more like an individual thing to an extent. So, you cannot reach out to them individually because of their large number”.*

#### **Respondent 2 (antenatal unit)**

*“okay, cultural practices is a big challenge to the midwife. One, the culture believe that the breast milk is not enough for the child. Another challenge is that they feel that there is no way you will eat and you are not going to be taking water. So, for your food to digest, they want you to take water. When you are not taking water as a mother, they feel that you are a wicked person. So why you are telling your subject to breastfeed exclusively without water? They tend not to take it because of the belief they've gotten. And also, some people believe that when you breastfeed exclusively, your breast will sag as a mother. Which is not true, because whether you breastfeed or not, the breast will still sag. So that is another challenge. Another challenge is that they believe that when you are doing exclusive breastfeeding, you don't leave your child for a very long time. By the time you leave the child, maybe for 2 - 3 hours, by the time you come back, even for a day, they believe that you can no longer continue breastfeeding your baby. I think those are some of the cultural challenges that we face. Then there is another challenge we face too. The issue of the first breast milk that comes out at the onset of lactation. We call it colostrum. And they believe that, that colostrum is not good for the child. And they advise the mother to express it out*

*and throw it away. But little do they know that this colostrum they are pressing and throwing away helps the child's brain to develop development, so they believe that it's not good for the child. And once they throw that away they are missing a lot for the baby brain development”* **Respondent 3 (labour ward).**

**The challenges faced by midwives can be categorized as follows:**

#### **Time Constraints**

- **Shortage of Personnel:** Midwives are overwhelmed due to a high number of clients and a lack of sufficient staff, leading to situations where they don't have time for breaks or meals.
- **Inadequate Time for Education:** The limited number of midwives makes it challenging to provide detailed breastfeeding support and education to each mother.

#### **Cultural/Societal Influences**

- **Misconceptions about Breastfeeding:** Cultural beliefs that breast milk alone is not sufficient for the baby and that water or other liquids are necessary.
- **Stigma around Breastfeeding Practices:** Societal pressure and myths, such as the belief that exclusive breastfeeding leads to sagging breasts, which is not necessarily true.

#### **Myths**

- **Colostrum Misunderstanding:** The false belief that colostrum, the first breast milk, is impure and should be discarded, not recognizing its crucial role in brain development.
- **Breastfeeding Absence Myth:** The misconception that a mother cannot resume breastfeeding if she leaves her child for a few hours.

These challenges highlight the need for increased staffing, better education to dispel myths, and cultural displacement to support effective breastfeeding practices.

## DISCUSSION

The insights provided by the midwives elucidate the difficulties they encounter in delivering assistance for breastfeeding. Respondent 2 (labour ward) identifies the primary obstacle as the insufficiency of personnel to provide adequate support and education to the considerable amounts of women seeking assistance with breastfeeding. Given the constraints of limited resources and time, midwives encounter challenges in delivering personalized support and education to every individual mother. The presence of this constraint has the potential to impede the efficacy of interventions aimed at providing breastfeeding support, thereby influencing the overall outcomes. Respondent 3 (postnatal ward) highlights cultural practices as an additional noteworthy obstacle. The presence of cultural beliefs about breastfeeding can give rise to obstacles and misunderstandings that impact the inclination of mothers to engage in exclusive breastfeeding. Certain cultural beliefs propose that exclusive breastfeeding may not adequately meet the nutritional needs of infants, prompting mothers to introduce supplementary foods or water prematurely.

Moreover, the belief that exclusive breastfeeding leads to breast sagging is a fallacy that discourages mothers from adhering to exclusive breastfeeding protocols. There exist misconceptions surrounding the significance of colostrum, the initial viscous milk secreted by lactating mothers, which are also prevalent within specific cultural ideologies, resulting in the disposal of this vital substance that nourishes the brain by some mothers. The aforementioned cultural obstacles highlight the necessity of implementing focused educational interventions aimed at

rectifying misconceptions and fostering the dissemination of accurate information about breastfeeding. The midwives from postnatal wards/clinics expressed frustration when mothers disregarded their teachings due to societal influences and emphasized the need for community education to address myths and rumours. These research findings validate the study carried out by Vogel *et al.*<sup>3</sup>, which derived midwives' experiences of providing maternity care in low-resource settings. The research also highlighted challenges encountered by midwives because of limited staffing and client overcrowding, which affected their ability to provide the necessary support and education. Similarly, Hunter *et al.*<sup>5</sup> identified and reported challenges bedeviling breastfeeding mothers, including physical discomfort, inadequate support, and negative societal attitudes.

Additionally, Sarfraz *et al.*<sup>6</sup> validated the difficulties midwives face in delivering quality care to breastfeeding mothers in line with the limited resources at their disposal. They further highlighted the impact of overworking pressures and limited resources on the ability of midwives to provide effective lactation support and education to breastfeeding mothers. Similarly, Clark<sup>7</sup>, investigated cultural influences and breastfeeding practices, highlighting how cultural beliefs and misconceptions influence mothers' perspectives on breastfeeding. This is in line with the midwives' (postnatal ward) responses in this research about cultural challenges, including beliefs about breast milk sufficiency and the effects of exclusive breastfeeding on breast appearance. Furthermore, Kakute *et al.*,<sup>8</sup> carried out research focused on the impact of cultural norms and best practices on breastfeeding. Zhang and Jin<sup>9</sup> found that the statements

made by midwives (antenatal unit) regarding cultural obstacles and beliefs about breastfeeding exhibit a high level of consistency. Several research findings, among others, corroborate the notion that cultural factors significantly impact breastfeeding practices and pose difficulties for midwives in delivering efficient support and education

## CONCLUSION

The study showed that staffing and time constraints had a negative effect on provision of breastfeeding support by midwives while cultural norms prevented exclusive breastfeeding. Addressing these challenges by stakeholders' through increased healthcare funding and staffing of health facilities is necessary to ensure effective breastfeeding support, educating the community on the importance of colostrum and breast appearance to eliminate cultural myths, ultimately leading to a successful breastfeeding. Hospital administrators and legislators must provide enough funding and staff (midwives) to provide high-quality breastfeeding support. A welcoming breastfeeding environment requires a continuous orientation program, proper guidance, and cultural awareness.

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## DECLARATION OF INTEREST

The authors declare that they have no known conflicts of interest. The findings are based exclusively on the data collected, analyzed, and professional interpretation of the authors.

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