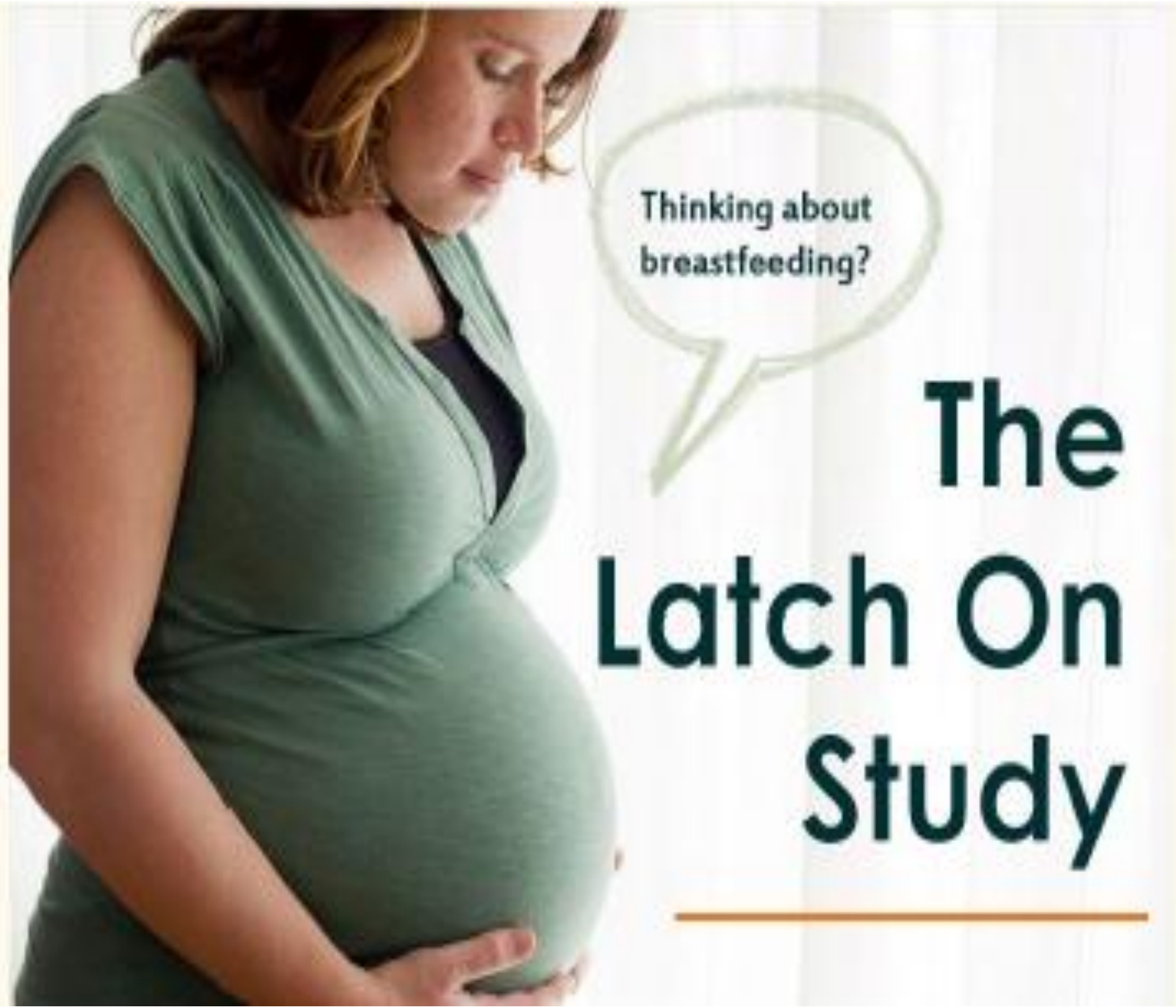




A qualitative analysis of stakeholder experience of the Latch On RCT

Dr. Catherine McNestry¹, Ms. Niamh Donnellan¹, Prof. Fionnuala McAuliffe¹, A/Prof. Sharleen O’Reilly²
On behalf of the Latch On Collaboration

1. UCD Perinatal Research Centre, Dublin, Ireland
2. School of Agriculture and Food Science, UCD, Dublin, Ireland

Introduction

Breastfeeding is known to have multiple health benefits for both mother and infant,¹ and women with overweight and obesity are at risk of reduced breastfeeding success.² This is a qualitative analysis of stakeholder experience of intervention delivery, and participation in the Latch On breastfeeding support RCT. The trial took place in Ireland from June 2019-June 2022, and continued despite the arrival of the COVID-19 pandemic and the challenges posed.³

Participant Experience Themes

Timely, accessible, multifaceted breastfeeding support is essential

“There’s so many people that start breastfeeding. And then, they stop when they go home, because they don’t have the support” (Intervention Participant 17)

Current publicly provided breastfeeding support is letting women down

“my GP never once addressed breastfeeding, and equally my Public Health Nurse actually never visited and um she vocalised that she didn’t have the knowledge and that she wasn’t really able to support me with breastfeeding” (Control Participant 3)

COVID-19 protected the fourth trimester, and had varying effects on breastfeeding experience

“it gave you that lovely time to sort of bond without pressures of people visiting” (Control Participant 7)

“You definitely lose a lot trying to have a breast-feeding consultation on Zoom” (Control Participant 10)

“I’m just really incredibly grateful that I got to be a part of it. I think it had a huge positive impact on, on breastfeeding and breastfeeding has just been like this total joy for me” (Intervention Participant 15)

Staff Intervention Normalisation

- NoMAD surveys⁴ were completed by intervention delivery staff pre- (n=7) and post- intervention (n = 5)
- Intervention familiarity increased over time (Z = -2.03, p = 0.04), but identifying the intervention as part (Z = -1.473 p =0.14) or becoming part of normal work did not (Z = -1.58 p = 0.13) [Wilcoxon Signed Rank test used to compare groups].
- NPT analysis⁵ found that intervention normalization resulted in continuation of follow-up breastfeeding services in two study centres where it was previously not available.

Staff vs. Participant Experience of Midwifery Support

“in hospital consults to women...the IBCLCs are actually seeing people that are referred by the midwives on the ward... they were very well looked after by the midwives” (Staff Member 2)

“They have posters up all over the hospital to breastfeed, but when it comes to it, because the support is so bad...I just don’t think they have the training” (Intervention Participant 16)

Conclusion

We found that breastfeeding support services in Ireland need to be improved. Barriers to this may be difficulty in differentiating new types of support from routine, and staff’s ability to identify areas that need improvement. Some positive lessons can be drawn from the experiences of women who breastfed during the COVID-19 lockdown and used to improve services in the future.

Methods

- Non-blinded randomized controlled trial of a breastfeeding support and education intervention versus usual care
- 224 primiparous women aged over 18, with BMI ≥25kg/m², carrying a singleton pregnancy and without contraindication for breastfeeding were recruited and randomized
- Semi-scripted exit interviews were held for participants (N = 24)
- Focus group was held for intervention delivery staff on study completion (N = 5)
- Reflexive thematic analysis by 2 independent researchers was used for analysis of the participant interviews
- Mixed methods normalisation process theory framework³ was used to analyse the focus group data

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