Are Fathers Underused Advocates for Breastfeeding?

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Abstract

Fathers know base and attitudes influence breastfeeding practice. We aimed to evaluate if Irish fathers felt included in the breastfeeding education and decision making process. A questionnaire, which assessed their role in the decision to breastfeed, knowledge regarding the benefits of breastfeeding and attitude towards breastfeeding was distributed to new fathers. Antenatal classes were attended by 38 (56.7%); 59 (88.1%) discussed breastfeeding with their partners and 26 (38.8%) felt that the decision was made together. Twelve (48%) of formula feeding infants were unaware that breastfeeding was better for their baby. Most fathers (80.8%) felt that breastfeeding was the mothers decision and most (62.1%) felt that antenatal information was aimed at mothers only. Irish fathers remain relatively uninformed regarding the benefits of breastfeeding. This may contribute to their exclusion from the decision to breastfeed. Antenatal education should incorporate fathers more, and this may result in an improvement in our breastfeeding rates.

Introduction

Breastfeeding has been shown to provide a number of benefits for the infant, including a reduction in diarrheal illnesses, lower respiratory tract infections and otitis media. Additional benefits for the preterm infant include a reduced incidence of necrotising enterocolitis. Observational studies have shown, in the longer term, a modest protection against obesity, type 1 and type 2 diabetes, childhood leukaemia, hypertension and hypercholesterolaemia in adulthood. As a result, the World Health Organisation recommends exclusive breastfeeding until the child is 6 months of age, as well as continued breastfeeding until 2 years or more. Despite the overwhelming evidence supporting breastfeeding, the rate of breastfeeding initiation in Ireland remains low, at 30-50% with a higher rate of 79% among Irish material classes in Ireland. Studies in the United Kingdom have shown that a rapid cessation in breastfeeding occurs in the first few weeks, with 12% stopping within the first 4 days, 22% by 2 weeks, and 37% by 6 weeks. This pattern is likely to be replicated in Ireland. Thus, in order to increase the prevalence of breastfeeding, it is important to target both the breastfeeding initiation rate and to put structures in place to promote the continuation of breastfeeding once it has begun.

Many international studies have identified fathers as an important role both in the decision to breastfeed, and the support process in maintaining a high breastfeeding rate. Educational measures to ensure that fathers are aware of the health benefits of breastfeeding to the mother and baby have been successful, as have skills teaching regarding managing breastfeeding difficulties that the mother may have. Thiel et al showed that a 2-hour class for fathers on infant care and breastfeeding almost doubled the rate of breastfeeding initiation. They showed that teaching fathers how to provide support by preventing and controlling lactation difficulties resulted in higher rates of full breastfeeding at 6 months. These studies have shown that fathers can play an important role in breastfeeding initiation and continuation. However, little is known regarding the attitudes of fathers towards breastfeeding in Ireland. The aim of this study was to assess the role, knowledge and attitudes of Irish fathers in relation to breastfeeding, with the intention of identifying whether Irish fathers could contribute towards increasing breastfeeding rates in Ireland.

Methods

This study was performed in Cork University Maternity Hospital over a two-week period. New fathers were provided with questionnaires in the postnatal wards within 2 days of the delivery of their child. We developed a questionnaire that focused on three key areas. Firstly, fathers were asked regarding their perceived role in the decision to, or not to breastfeed. The second component of the questionnaire assessed the fathers knowledge regarding the benefits of breastfeeding for the baby and mother. The third part of the questionnaire assessed the fathers attitude towards breastfeeding.

Results

All 67 fathers asked to complete this questionnaire agreed. The results are summarised in Table 1. Thirty-five (52.2%) were first time fathers, while 32 (47.8%) had other children. Just over half of the fathers attended at least one antenatal class. Most said they had discussed breastfeeding with their partners. However, only one third of fathers felt that it was the breastfeeding the baby, yet almost all of those who had attended antenatal classes had discussed breastfeeding.

Discussion

Many factors affect the decision to breastfeed. Understanding the health benefits for the baby and mother, and support from the mothers social network are positive influences. Negative influences on the decision include embarrassment, inconvenience, previous unsuccessful breastfeeding experiences and lack of knowledge and support. Fathers have consistently been shown to be a positive influence on this decision, and can have an important role increasing breastfeeding rates. We have shown that Irish fathers don't appear to be aware of the benefits of breastfeeding, with only half of the fathers of formula feeding babies knowing that breastfeeding is better for their baby and only half believing that they have sufficient information regarding breastfeeding. This lack of information, coupled with the feeling that antenatal information is directed mainly at the mother, may contribute to fathers' lack of confidence in their contribution to the decision regarding mode of feeding. In fact, one quarter of fathers of formula feeding infants would have liked their child to be breastfed, yet almost all of these felt that this was the mothers decision.

The two key areas in which fathers can influence breastfeeding rates are through contributing to the decision to breastfeed, and providing continued support during the breastfeeding process over the first few months. Over two thirds of fathers in this study reported that the decision of whether or not to breastfeed was made together. Similarly, when antenatal advice is perceived by over three quarters to be directed at mothers only, the opportunity of the father learning supportive techniques to facilitate breastfeeding is missed. The small number of fathers included. As this study was performed in one hospital, it may not reflect the reality of knowledge, and attitudes of fathers throughout the country. It also does not address the possible differences between Irish fathers and immigrant fathers.

Despite these limitations, many of these results are similar to findings from previous studies. It is already known that lack of information, and the fathers of formula feeding infants in this study were also less aware of the benefits. Similarly, the issue of embarrassment by breastfeeding in public, felt by one quarter of our fathers, is well recognised. This study identifies potential areas for improvement that may be useful for those involved in the promotion of breastfeeding. The lack of antenatal breastfeeding information provided to fathers is probably widespread. Irish fathers are an underused resource in Ireland when it comes to breastfeeding promotion. We recommend that educational materials and antenatal consultations ensure that fathers are included. Evidence suggests that this will result in an improved rate of breastfeeding initiation and better support in order for the process to continue.

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