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Abstract

Sources and Helpfulness of Breastfeeding Information and Support Accessed by Australian Women Before and After Caesarean Birth †

Sarah G. Abelha [1,2,3], Gloria Cheng [4,5], Jacki L. McEachran [1,2,3], Stuart A. Prosser [1,6], Diane L. Spatz [4,7], Donna T. Geddes [1,2,3] and Sharon L. Perrella [1,2,3,6,*]

1 School of Molecular Sciences, The University of Western Australia, Crawley, WA 6009, Australia; sarah.abelha@uwa.edu.au (S.G.A.); jacki.mceachran@uwa.edu.au (J.L.M.); stuart@westernobs.com.au (S.A.P.); donna.geddes@uwa.edu.au (D.T.G.)
2 ABREAST Network, Perth, WA 6000, Australia
3 UWA Centre for Human Lactation Research and Translation, Crawley, WA 6009, Australia
4 School of Nursing, The University of Pennsylvania, Philadelphia, PA 19104, USA; glocheng@wharton.upenn.edu (G.C.); spatz@nursing.upenn.edu (D.L.S.)
5 The Wharton School, The University of Pennsylvania, Philadelphia, PA 19104, USA
6 Western Obstetrics, Balcatta, WA 6021, Australia
7 Centre for Pediatric Nursing Research & Evidence Based Practice, Children's Hospital of Philadelphia, Philadelphia, PA 19104, USA
* Correspondence: sharon.perrella@uwa.edu.au; Tel.: +61-64881208
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Caesarean section (CS) birth is associated with higher rates of breastfeeding difficulty and has an increasing prevalence in Australia and globally. Therefore, it is important that breastfeeding education and support are optimized to support this group of women. Knowledge of breastfeeding resources accessed by women after CS births and ratings of their helpfulness can inform clinical care and maternal education. The aims of this study were to investigate the prevalence of access and perceived satisfaction with breastfeeding information and support services accessed before and after CS births. Secondary analysis was performed on data from an Australian study that aimed to understand women's experiences of establishing breastfeeding after CS birth. Ref. [1] Women who gave birth via CS within the previous 12 months completed an anonymous online questionnaire that included questions relating to elements of breastfeeding information and care accessed during pregnancy, during the hospital stay and in the first two weeks at home. For the latter period, participants rated the helpfulness of each accessed source using a Likert scale which ranged from 'very helpful' and 'helpful' to 'unsure', 'unhelpful', and 'very unhelpful' or 'not accessed'. A source was deemed helpful if 'helpful' or 'very helpful' had been selected. The sample consisted of 851 women, of which 435 (51.5%) were primiparous. Participants were 5.3 ± 3.6 months postpartum at the time of survey completion, with n = 689 (81%) still breastfeeding at that time; the remainder had stopped breastfeeding at 3.2 ± 2.8 months postpartum. There was a balanced representation of women who gave birth in public (n = 432, 51%) and private (n = 419, 49%) hospitals.

During pregnancy, the most commonly accessed sources of breastfeeding information were midwife (50%), online information (42%), and social media (36%). Half of the primiparous women accessed an antenatal breastfeeding class compared to just 13% of

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multiparous mothers, and 23% of multiparous women indicated that they did not access any of the listed breastfeeding information sources. Differences in antenatal access to breastfeeding information also differed by health care provider model; women who utilized a private care model were more likely to access an international board-certified lactation consultant (IBCLC) and obstetrician, while women who accessed public care were more likely to access a midwife.

During the postpartum hospital stay, overall, 77% of women accessed a midwife, 41% accessed an IBCLC, and 4% accessed their doctor for breastfeeding support. Compared to multiparous women, primiparous women were more likely to seek support (midwife: 88% vs. 66%, $p < 0.001$; IBCLC 54% vs. 28%, $p < 0.001$). Women who had a non-elective CS birth were more likely to seek breastfeeding support than those who had an elective CS birth (midwife: 83% vs. 73%, $p > 0.001$; IBCLC 47% vs. 37%, $p = 0.003$). Considering healthcare models, 52% of women utilizing private care obtained support from an IBCLC in hospital compared to 32% of those utilizing public maternity care.

In the first two weeks after discharge from hospital, the main sources of breastfeeding support accessed were the partner (97%), child health nurse (77%), and home visiting midwife (68%), while social media was accessed by 54%. Women who had a non-elective CS were more likely to access the home-visiting midwife than those who had an elective CS (73% vs. 64%, $p = 0.007$). Overall access and maternal satisfaction for social, professional, and community-based sources of breastfeeding support were highest for partner, hospital midwife, and IBCLC, respectively. Interestingly, the helpfulness of social media (78%) and midwifery support (hospital 81%, home visiting 79%) were similarly highly rated. The sources most frequently rated as unhelpful were the obstetrician (30%), paediatrician (42%), and Health Direct helpline (28%). Women who utilized private healthcare were more likely to access paid sources of support such as the obstetrician (64% vs. 33%, $p < 0.001$), paediatrician (48% vs. 21%, $p < 0.001$), and community-based IBCLC (58% vs. 46%, $p < 0.001$) for breastfeeding support compared to those utilizing public healthcare.

Women accessed a variety of breastfeeding information and support sources during pregnancy, the hospital stay and in the first few weeks at home, with greater access observed after a non-elective CS birth and in primiparous women. Across all time periods, the most commonly accessed sources of breastfeeding support were midwives and IBCLCs. While ideally placed to support breastfeeding, these sources vary widely with regard to continuity of care, adequacy of time for care provision, and availability of IBCLC services. Depending on healthcare facility staffing, staff workloads, and costs associated with private services, professional breastfeeding support is not readily or evenly accessible for all women. Obstetricians and paediatricians are present immediately after birth and in the early postpartum days, so they are well placed to influence breastfeeding. Given the participants' low ratings of their helpfulness, professional education on lactation and breastfeeding is encouraged for medical staff working in maternity care settings. Online sources and social media were widely accessed and should be utilised by healthcare providers to engage women and their partners in accurate, evidence-based breastfeeding information.

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