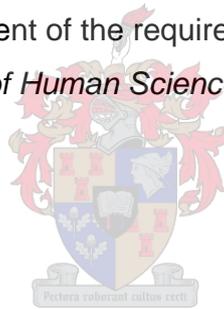


**The Perceptions and Experiences of Auxiliary Nurses regarding
Breastfeeding in a Pediatric setting of an Academic Hospital in the
Western Cape**

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Thesis presented in partial fulfillment of the requirements for the degree of *Masters of nursing in the Department of Human Sciences* at Stellenbosch University



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March 2011

Declaration

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof, that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Date: 03 March 2011

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Abstract

Breastfeeding is considered as the most preferable method of infant feeding to fulfill babies' nutritional needs important to the growth and development of babies. Unfortunately, there were babies not breastfed due to numerous reasons including infant illness and hospitalization. The purpose of this research was to describe the experiences and perceptions of nurses regarding breastfeeding in a pediatric setting of an academic hospital in the Province of the Western Cape. A descriptive study design with a qualitative approach was used to explore the experiences and perceptions of auxiliary nurses regarding breastfeeding. Purposive sampling was utilized to consciously select thirteen auxiliary nurses to participate in the study. Semi-structured interviews were used to collect data. Data analysis involved the transcribing of tape recorded interviews, the generating of themes and sub-themes, coding of the data, interpretation and organization of data and the drawing of conclusions.

According to the auxiliary nurses' perceptions, most of the babies in the pediatric setting were not being breastfed. Breastfeeding was being supplemented with formula milk when mothers chose not to breastfeed, experienced breastfeeding problems, were not with the baby or the baby was too sick to breastfeed. The babies' illness, the hospital environment and lack of resources were challenging auxiliary nurses when supporting breastfeeding mothers. Not all health professionals were supportive of breastfeeding. Interrelated factors including, shortage of staff, time constraints, heavy work-loads, auxiliary nurses' breastfeeding knowledge and experience, their confidence to support breastfeeding and communication regarding breastfeeding, influenced auxiliary nurses' ability to support breastfeeding babies and mothers. The research findings indicate that there was a need for breastfeeding promotion in the pediatric setting. Recommendations included a written breastfeeding policy, breastfeeding training for all health care professionals, better breastfeeding education and support for mothers, the maintenance and of breastfeeding during the babies' illness, adequate accommodation for breastfeeding mothers and the support of breastfeeding mothers who are HIV positive.

Opsomming

Borsvoeding is beskou as die mees verkieslike voeding metode vir babas om hul te voorsien aan die nodige voedingsbehoefte belangrik vir die groei en ontwikkeling van babas. Die doel van hierdie studie was om die ervarings en persepsies van verpleeg assistente met betrekking tot borsvoeding in 'n pediatriese instelling in 'n akademiese hospitaal in die Provinsie van die Weskaap te beskryf. 'n Beskrywende studie ontwerp met 'n kwalitatiewe benadering was gebruik vir die doel van die studie. Streekproeftrekking was gebruik om doelbewus drie assistent verpleegkundiges te selekteer om deel te neem aan die studie. Semi-gestruktureerde onderhoude was gebruik om data in te samel. Die data-analise behels die transkribering van band opgeneemde onderhoude, die opwekking van temas en subtemas onderverdeel, kodering van die data, interpretasie en organisasie van die data en die opstel van gevolgtrekkings.

Dit was bevind na gelang van die assistent verpleegkundiges se persepsies, dat meeste van die babas in die hospitaal was nie geborsvoed. Borsvoeding was aangevul met formule melk wanneer moeders verkies om nie te borsvoed, ervaar borsvoeding probleme, was nie met die babas, of die baba was te siek om te voed aan die bors. Baba siektes, die hospitaal omgewing en die gebrek aan hulpbronne was uitdagend vir assistent verpleegkundiges om borsvoeding moeders te ondersteun. Interafhanklike faktore insluitend, 'n tekort aan personeel, tyd beperkinge, swaar werk-vragte, borsvoeding kennis en ondervinding, die vertrouwe om borsvoeding te ondersteun en kommunikasie met betrekking tot borsvoeding, het die borsvoeding ondersteuning van assistent verpleegkundiges beïnvloed. Die navorsingsbevindinge dui daarop dat daar 'n behoefte was aan borsvoeding bevordering in die hospitaal. Aanbevelings sluit in 'n skriftelike borsvoeding beleid, borsvoeding opleiding vir alle gesondheidspersoneel, beter borsvoeding inligting en ondersteuning vir moeders, die instandhouding van borsvoeding tydens hospitalisasie, voldoende akkomodasie vir borsvoeding moeders and die ondersteuning van borsvoeding moeders wat MIV-positief is.

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I would like to express my appreciation to the auxiliary nurses who participated in the study.

Dedication

This research assignment is dedicated to my beloved grandfather, the late Gabriel Benjamin, who has always encouraged me to further my education. He always said “Geleerdheid is die beste”. I will always be grateful for the lessons he has taught me.

“The purpose of learning is growth, and our minds unlike our bodies, can continue growing as long as we live.” Mortimer Adler

I can do all things through Christ who gives me strength.

Phil 4:13

Abbreviations

WHO	World Health Organization
Unicef	United Nations Children's Fund
DOH	Department of Health
HIV	Human Immunodeficiency Virus
BFHI	Baby Friendly Hospital Initiative

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Chapter 1

Introduction and Objectives

1. Introduction

“Children have the right to adequate nutrition and access to safe and nutritious food, and both are essential for fulfilling their right to the highest attainable standard of health” (WHO, 2003:5). Breastfeeding is considered as the most preferred method of baby feeding to fulfill babies’ nutritional needs (WHO, 2003:7). Unfortunately there are babies not breastfed for numerous reasons including baby illness (Moodley, Saitowitz and Linley 1999, cited in Walker & Adam 2000:287). According to the South African Department of Health (DOH and UNICEF, 2000:15) breast milk is the safest baby feed and should be continued during illness. The breastfeeding family needs support from health professionals when the baby’s illness makes breastfeeding difficult or impossible (Riordan, 2005:541).

1.2 Rationale of the study

1.2.1 Global Breastfeeding Initiatives

Breastfeeding initiatives were adopted globally to protect, promote and support breastfeeding. It included the Ten Steps to Successful Breastfeeding, which were introduced in the Joint WHO/UNICEF statement of protecting, promoting and supporting breastfeeding in maternity services (WHO, 1989). In the early 1990’s the Baby-friendly Hospital Initiative (BFHI) was adopted (UNICEF & WHO, 2009:1). The BFHI involved the implementation of the Ten Steps of Successful Breastfeeding, which has been accepted as the minimum global criteria for attaining the status of a Baby-friendly Hospital (UNICEF and WHO, 2009:1).

The Ten Steps to Successful Breastfeeding (WHO, 1989)

Every facility providing maternity services and care for newborn babies should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their babies.
6. Give newborn babies no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in; allow mothers and babies to remain together twenty-four hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (dummies/soothers) to breastfeeding babies.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

1.2.2 South African Breastfeeding Initiatives

In 1990, the Ten Steps to successful Breastfeeding was adopted as South Africa's official breastfeeding guideline (DOH & UNICEF, 2000:8). The BFHI was launched in 1994 in Bloemfontein, South Africa (DOH, n.d.). The South African Breastfeeding Guidelines apply to all institutions and health professionals including auxiliary nurses, who are directly and indirectly involved in the health care of pregnant, and lactating women, newborns, babies and young children (DOH & UNICEF, 2000:9). Two guidelines were added to the Ten Steps to Successful Breastfeeding to address breastfeeding during illness and mother to child HIV transmission through breastfeeding (DOH & UNICEF, 2000:15). This indicates that although the BFHI focus on breastfeeding promotion in maternity services, the South African government also expects paediatric settings to promote, protect and support breastfeeding during illness.

Marais, Koornhof, Du Plessis, Naude, Smith, Hertzog, Treurnicht, Alexander, Cruywagen and Kosaber (2010:41) found that private hospitals in the Western Cape of South Africa performed poorly in some of the Ten Steps to Successful Breastfeeding.

1.2.3 Health outcomes of breastfeeding

Breastfeeding is associated with positive health outcomes of babies. Six million lives have been saved yearly by exclusive breastfeeding (UNICEF, 2005). One study conducted in Ghana, India and Peru, indicated that babies who were not breastfed had a 10-fold higher risk of dying of any cause and 3-fold-risk of being hospitalized of any cause, compared to breastfed babies (Bahl, Frost, Kirkwood, Edmond, Martines, Bhandan & Arthur, 2005:421). Victoria, Smith and Vaughan (1989, cited in Black, Morris and Bryce, 2003:2227) found that babies not breast-fed had an increased risk of dying from diarrhea and pneumonia than exclusively breastfed babies. Breastfeeding provides protection against illnesses such as childhood acute leukemia and lymphomas (Bener, Denic and Galadari, 2001:235), respiratory infections (Chantry, Howard & Auinger, 2006:428), enterovirus infections (Sadeharju, Knip, Virtanen, Savilahti, Tauriainen, Koskela, Akerblom, Hyoty and Finnish TRIGR Study Group, 2007:943) and asthma (Gdalevich, Mimouni & Mimouni, 2001:264). This is due to the breast milk's anti-infective properties, containing enzymes, immunoglobins and leukocytes that provide defense against disease (Riordan, 2005:111). Breast milk also contains nutritional properties, including proteins, fats, vitamins and minerals important for the growth and development of babies (Riordan, 2005:103).

1.2.4 Breastfeeding literature

Literature relating to breastfeeding in paediatric settings is limited (Wallis & Harper, 2007:50a). Most breastfeeding studies including Furber and Thomson (2007:142), Dillaway and Douma (2004:417) were conducted in maternity settings. This may be due to the fact that breastfeeding is initiated in maternity settings and midwives have a traditional role of helping breastfeeding mothers. According to Latto (2004:20) supporting breastfeeding has traditionally been regarded as exclusive to midwifery.

Breastfeeding mothers and babies may not receive the same quality breastfeeding support in paediatric settings as in maternity settings. Due to limited literature regarding breastfeeding in paediatric settings, the researcher found it was necessary to conduct a study that could make a valuable contribution to the protection, promotion and support of breastfeeding in paediatric settings.

1.3 Problem statement

Many times the researcher has observed how paediatric auxiliary nurses under difficult work situations resorted to formula feeding when mothers experienced breastfeeding problems. It is very difficult for auxiliary nurses to promote breastfeeding under such conditions without a breastfeeding policy that enables and guides breastfeeding promotion. Although some hospital staff tried their best to support breastfeeding, they did not have clear breastfeeding guidelines and the necessary resources, such as breastfeeding training, to support mothers with breastfeeding. This is an indication that the paediatric setting was not inline with current breastfeeding recommendations. The researcher found it necessary to conduct a research study regarding breastfeeding perceptions and the experiences of auxiliary nurses in the paediatric setting since it has been proven that breastfeeding has a major impact on baby health.

Breastfeeding recommendations, such as the initiation of breastfeeding and breastfeeding education during pregnancy are not relevant to the context of sick babies. Breastfeeding is usually initiated in the maternity setting. A feeding method was already established when babies were admitted to the paediatric setting. The researcher found while working in the setting that it was not always possible for mothers to be with their babies and that the babies' illness influenced the continuation of breastfeeding. This indicates that breastfeeding a paediatric setting is different from in breastfeeding in a maternity setting. Traditionally, global initiatives focus more on the protection, promotion and support of breastfeeding in maternity settings with healthy babies. In addition, the researcher found that there was limited research literature regarding breastfeeding in a paediatric setting compare to literature in maternity settings. Therefore, the researcher

found that there was a need for more knowledge to formulate a breastfeeding policy for this particular paediatric setting.

1.4 Research question

What are the experiences and perceptions of auxiliary nurses regarding breastfeeding in a paediatric setting of an academic hospital in the Province of the Western Cape?

1.5 Purpose of the study

The purpose of this research was to describe the experiences and perceptions of auxiliary nurses regarding breastfeeding in a paediatric setting of an academic hospital in the Western Cape Province.

1.6 Research objectives

The research objectives were to:

- Describe what auxiliary nurses and other health professionals currently do to support-breastfeeding in the paediatric setting.
- Describe the attitudes towards and perceptions of breastfeeding amongst auxiliary nurses in the paediatric setting
- Describe challenges auxiliary nurses experience in supporting breastfeeding.
- Describe the need for breastfeeding support in the paediatric setting.

The following is a synoptic overview of the research methodology. A detailed account of the research methodology is provided in chapter three according to the nursing division's research policy.

1.7 Research methodology

Research methodology is the steps taken to solve the research problem or to answer the research questions, including processes to collect, process and analyse data (Brink, 2006:191).

1.7.1 Research design

A descriptive study design with a qualitative approach was utilised to conduct the study. Descriptive studies are designed to gain more information about a phenomenon as it naturally occurs (Burns & Grove, 2003:200). According to Burns and Grove (2003:356) qualitative research describes the depth, richness and complexity inherent in a phenomenon and focus on understanding the whole.

1.7.2 Population

The research population is the entire set of individuals that meets the sample criteria of the study (Burns & Grove, 2003:233). The population for this study was all the auxiliary nurses working in the paediatric setting of the academic hospital in the Western Cape.

1.7.3 Sample

Thirteen auxiliary nurses participated in the study. Purposive sampling was selected for the study. According to Burns and George (2003:255), purposive sampling methods involve conscious selection of certain participants to gain insight or obtain in depth understanding of a complex experience or event.

1.7.4 Research instrument

A self-compiled structured interview schedule was used and the researcher did the interviews herself. The interview schedule covers the perceptions and experiences of auxiliary nurses regarding breastfeeding in a paediatric setting.

1.7.5 Data collection

Data collection is the precise and systematic collection of information that is relevant to the purpose, objectives, questions or hypotheses of the study (Burns & Grove, 2003:45). Data was collected using one to one semi- structured interviews.

1.7.6 Data analysis

According to De Vos et al (2005:333), data analysis is a process of bringing order, structure and meaning to the collected data. Content analysis was used to analyse and interpret the data.

1.8 Ethical considerations

Ethical approval to conduct the study was obtained from the paediatric setting and the Committee for Human Science Research of the University of Stellenbosch. The participants voluntarily participated in the research study. Written informed consent was obtained from auxiliary nurses to participate in the study. Collected data were kept confidential and participants remained anonymous.

1.9 Scope and limitations of findings

Interviews are time consuming and expensive (Brink, 2006:147). Due to funding and time constraints the study was limited to one setting and had a small sample size. Therefore findings may not be easily extrapolated to other settings.

1.10 Operational definitions

Enrolled nursing assistant (Auxiliary Nurse)

A person registered with the South African Nursing Council and educated to provide elementary nursing care in the manner and to the level prescribed by the regulation (Nursing Act 2005, Regulation 30, section 4).

Perception

Process by which an organism, detects and interprets the external world through its senses. Insight and intuition are gained by perception (Collins Concise dictionary 2001, 21st century ed. Glasgow).

Experience

Experience is the direct personal participation or observation of an incident or feeling that a person undergoes (Collins Concise dictionary 2001, 21st century ed. Glasgow).

Exclusive breastfeeding

Baby receives breast milk from mother's breast or expressed breast milk and no other liquids or solids with the exception of vitamins, mineral supplements and medication (Department of Health & UNICEF, 2000).

Breastfeeding

For the purpose of the study breastfeeding is defined as a feeding method through which babies receive breast milk from mother's breast.

Expressed breast milk

Breast milk expressed from breast either by hand or breast pump.

Maternity setting

For the purpose of the study maternity setting is defined as a facility providing health care services to pregnant women, women in labour and mothers and babies after birth.

Paediatric setting

For the purpose of the study paediatric setting is defined as a facility providing health care services to children.

1.11 Layout of thesis

Chapter one provides a brief introduction, background information, the rationale of the study, problem statement, purpose of the study and objectives. The chapter gives an outlay of the study as a whole which also includes research methodology and design.

Chapter two provides a discussion of the literature reviewed relating to auxiliary nurses experiences and perceptions with regards to breastfeeding in their practice.

Chapter three provides a discussion of the research methodology and design used in the study.

Chapter four provides a discussion and presentation of the results obtained from the study. It also discusses the analysis and interpretation of the data obtained.

Chapter five provides the discussion of the conclusion of study and includes recommendations for further study and practice related to breastfeeding support in the paediatric setting.

1.12 Summary

This chapter is an introduction to the study: *the perceptions and experiences of auxiliary nurses regarding breastfeeding in a paediatric setting in an academic hospital in the Western Cape*. The chapter provided a brief overview of the research problem and the methods used to conduct the research. Chapter two is the discussion of related literature review of auxiliary nurses' experiences and perceptions regarding breastfeeding.

Chapter 2

Literature Review

2.1 Introduction

A literature review is a thoughtful and informed discussion of relevant literature that builds a logical framework for the research that sets it within the context of relevant studies (De Vos, Strydom, Fouche & Delport 2005, 123). The process of reviewing literature involves finding, reading, understanding and forming conclusions about published research and presenting it in an organized manner (Brink 2006, 67). The library catalogue was utilised to locate library books on breastfeeding. Relevant research articles were accessed through databases, sabinet, medline, pubmed and the Cochrane library. Research articles were also accessed through electronic journals including Paediatrics, Journal of Human Lactation and Journal of Advanced Nursing. The internet was used to access journal articles and conference publications.

The keywords the researcher utilised were centralised around the research aim and objectives, namely the breastfeeding perceptions and experiences of auxiliary nurses. Initially the keyword auxiliary nurses, was used in searches. More literature was available when the keyword, health professionals was used. It was found that literature on health professionals included auxiliary nurses. The researcher used keywords such as breastfeeding experiences, breastfeeding in hospital, breastfeeding support, breastfeeding challenges, breastfeeding barriers, health professionals and breastfeeding, health professionals and breastfeeding support, to search for literature relevant to breastfeeding experiences of health professionals. Keywords such as health professionals' breastfeeding perceptions, health professionals' breastfeeding beliefs or attitudes were utilised to search for literature related to breastfeeding perceptions of health professionals. The literature search was restricted to the past ten years to ensure that the current research study was based on relevant and valid literature.

2.2 The purpose of the literature review

A review of relevant literature was performed to form a basis for the current study, which is focused on *the perceptions and experiences of auxiliary nurses regarding breastfeeding in a paediatric setting in an academic hospital in the Western Cape*. The researcher reviewed literature to see which methodologies were used to determine the most suitable methodology for the current research. The purpose of the literature review was to prevent repetition of research and to identify gaps in the body of knowledge. The current research study described and highlighted the significance of breastfeeding in a paediatric setting. The researcher intended to identify how auxiliary nurses provide support and care when dealing with breast feeding mothers and babies in paediatric settings, as well as the challenges they experienced when supporting. It was therefore important for the researcher to complete a review of current literature before conducting the study.

2.3 Breastfeeding experiences of health professionals

The breastfeeding experiences by health professionals are important as it may influence health professionals' ability to support breastfeeding. Research cited showed that health professionals experienced barriers to supporting breastfeeding in hospitals, which included breastfeeding supplementation, time constraints, staff shortage, hospital routines and communication regarding breastfeeding among health professionals (Nelson 2007:34; Crenshaw 2005:44; Szucs, Miracle & Rosenman, 2009:36).

2.3.1 Formula supplementation in hospital

Research found that breastfeeding was often supplemented with formula feeding (Cloherty, Alexander & Holloway 2003; McInnes & Chambers, 2006). Breastfeeding mothers in some health care facilities in the Western Cape-, South Africa, reported that their babies had received food and drink other than breast milk (Marais, Koornhof, du Plessis, Naude, Smit, Hertzog, Treurnicht, Alexander, Cruywagen & Kosaber, 2010:43). Breastfeeding was supplemented or combined with formula feeding when babies were

unsettled, there was an inadequate milk supply, or babies lost weight (McInnes & Chambers 2006:23). Most mothers especially those who returned to their work experienced concerns regarding and social pressure to terminate breastfeeding (McInnes & Chambers 2006:23). Health professionals experienced that mothers may ask for formula supplementation even if it was not advised (Cloherty, Alexander & Holloway 2003:197; McInnes & Chambers 2006:25). In other instances midwives suggested supplementation to the mothers who experienced tiredness and distress (Cloherty et al., 2003:198). Vulnerable mothers for example, whom experienced tiredness and distress, were more likely to accept supplementation when suggested by the midwives (Cloherty et al., 2003:198). This is an indication that the midwives resorted to giving breastfeeding babies formula supplementation as a temporary solution to breastfeeding challenges. This practice may be detrimental to the success of breastfeeding. There was no guarantee that babies who received formula supplementation will return to breastfeeding (Crenshaw, 2005:45). Therefore the researcher assumed that formula supplementation may result in the cessation of breastfeeding and efforts should be made to prevent interruption of breastfeeding.

2.3.2 Breastfeeding in the paediatric setting

The above literature suggested that there were challenges to breastfeeding healthy babies in maternity settings with normal healthy babies. Environments with sick children had additional challenges including the condition of the baby, delayed onset of breastfeeding, difficulty in maintaining breastfeeding and situations with limited privacy and high anxiety levels (Wallace & Harper, 2007:48a). A hospitalised young child may refuse breastfeeding when separated from the mother and a baby may want to be held and breastfed exceptionally often (Riordan, 2005:550). Therefore, separation of the hospitalised baby from the family should be minimised to reduce the baby's stress (Riordan, 2005:551). The breastfeeding mother's anxiety regarding the baby's health can inhibit the release of oxytocin and result in poor milk supply (Wallis & Harper, 2007:32b).

Babies with gastroenteritis required more frequent feeding to prevent dehydration. Nausea and abdominal cramps accompanying gastroenteritis may cause poor feeding (Riordan, 2005:554). Babies with chest infections may have difficulty in breastfeeding due to difficulty in suckling, swallowing, breathing, coughing and nasal congestion caused by the infection (Riordan, 2005:550). Symptoms of respiratory distress may worsen during breastfeeding if the baby is moderate to severely ill (Riordan, 2005:555). Other illnesses, which result in poor feeding, include ear infection and meningitis (Riordan, 2005:550). Congenital abnormalities, which effect breastfeeding, include Down syndrome, hydrocephalus, congenital heart diseases and cleft lip and palate (Riordan, 2005:560). Babies with congenital heart diseases may feed longer with limited intake due to the need for pauses to rest, while severe cases present with increased heart rates, heavy breathing, sweating, and hypoxic spells. The baby who experiences uncomfortable procedures in and around the mouth such as suctioning, intubation and surgery may be reluctant to breastfeed (Riordan, 2005:543). The researcher realised that health professionals experienced the effect of the above illnesses on the success of breastfeeding.

The above literature indicated that a baby's illness and its severity affect breastfeeding that may lead to the cessation of breastfeeding. Mothers decide to stop breastfeeding when illness interferes with breastfeeding, experiencing breastfeeding problems and exhaustion and lacking breastfeeding knowledge, support and confidence to breastfeed (McInnes & Chambers, 2006:23). Breastfeeding problems experienced by mothers include sore nipples; engorge breast, mastitis and infections (McInnes & Chambers, 2006:29). There is generally no need to stop breastfeeding during child illness; however the severity of the illness such as those mentioned may temporarily impair the feeding capacity (Riordan, 2005:552).

2.3.3 Expressing breast milk in hospital

If an interruption in breastfeeding occurs, the nurse should help the breastfeeding mother to preserve lactation by breast pumping and breast expression (Crenshaw,

2005:47). Breast milk is expressed during baby's illness to stimulate and maintain mother's milk supply until the baby is able to feed at the breast (McInnes & Chambers, 2006:25). Mothers also encouraged expressing breast milk to cope with engorged breasts and milk leaking from the breast (McInnes & Chambers, 2006:26). In a study conducted in the Western Cape of South Africa, health professionals at 23 out of 26 health care facilities reported that the correct methods for expressing breast milk had been demonstrated to breastfeeding mothers and information of breast milk expressing was provided to the mothers (Marais et al., 2010:43). In contrast most of the mothers disagreed that they have been shown how to express breast milk (Marais et al., 2010:43). This indicates that health professionals did not always provide breastfeeding mothers with information regarding the expressing of breast milk. In such instances, the lack of such information can lead to a decrease in the mother's breast milk supply as well as sore, engorged breasts. This indicates that the support of health professionals is imperative to prevent unnecessary breastfeeding problems and subsequently the cessation of breastfeeding.

2.3.4 Breastfeeding support

According to Wallis and Harper (2007:33b) continued breastfeeding requires a committed mother, enthusiastic and supportive staff to overcome challenges of breastfeeding when babies are sick. When supporting breastfeeding mothers in the paediatric setting auxiliary nurses should take into account the following potential challenges; separation of mother and baby, delay in initiating lactation, expressing and transport of expressed breast milk, maternal anxiety leading to diminished lactation, prolonged expression of breast, baby's failure to tolerate feeding, maternal frustration at baby's condition and the mother's lack of confidence to breastfeed once discharged (Wallis & Harper 2007:34b). Breastfeeding support in a paediatric setting not only requires enthusiastic staff, but institutional support at all levels to ensure available resources, policies agreed and implemented and education provided (Wallis & Harper, 2007:50a).

Research studies indicated that breastfeeding support by health professionals contributed to the success of breastfeeding (Taveras, Capra, Braveman, Jensvold, Escobar & Lieu 2003:110; Taveras, Li, Grummer-Strawn, 2005:143). Although other research mentioned that paediatric settings are not always baby-friendly, therefore health professionals may find it difficult to provide appropriate support during breastfeeding (Wallace & Harper, 2007:48a). According to the researcher, factors, which may influence the success of breastfeeding, are for example time constraints, staff shortage, and hospital routines, as mentioned in a previous section. At the same time obstetricians and paediatricians were reported to encourage mothers to breastfeed and provide breastfeeding advice to mothers (Taveras, Li, Grummer-Strawn, Richardson, Marshall, Rego, Miroshnik & Lieu, 2004:286b). Maternal-child auxiliary nurses provided breastfeeding mothers with written material on breastfeeding, verbal information and advice, nonverbal information such as positioning the baby at the breast and interpersonal support such as listening to the mothers (Gill, 2001:404). Other studies also suggested that health professionals mostly support breastfeeding by educational methods, breastfeeding advice, written material and helping mothers with breastfeeding problems (Hannula, Kaunonen & Tarkka 2007:1138; Furber & Thomson: 2008:49).

2.3.5 Personal breastfeeding experiences

Nelson (2007:33) and Szucs et al. (2009:35) reported that auxiliary nurses based their breastfeeding support on their own personal breastfeeding experiences rather than on breastfeeding recommendations. Other research studies also found that health professionals give advice based on their personal experiences (Nelson 2007:33; Szucs, Miracle & Rosenman 2009:35; Tennant, Wallace & Law 2006:154; McInnes & Chambers 2006:42; Dillaway & Douma 2004:424). Personal breastfeeding experience of health professionals may be helpful in supporting breastfeeding, but may also be detrimental if it is inappropriate and contradicting breastfeeding recommendations, which is based on scientific evidence. It is also evident that a lack of personal breastfeeding also influences health professionals' ability to support breastfeeding.

Auxilliary nurses with no breastfeeding experiences rely on recommendations to offer breastfeeding support (Nelson, 2007:33). Health professionals without breastfeeding experience felt inadequate to support breastfeeding and therefore passed the responsibility on to other health professionals (Dillaway & Douma, 2004:424). When health professionals based their breastfeeding support on their different personal experiences, it may result in inconsistent breastfeeding support in hospital.

2.3.6 Inconsistent breastfeeding support

Tennant, Wallace and Law (2006:154), Nelson (2007:34) and McInnes and Chambers (2008:421) found that conflicting advice rendered by health professionals was a common problem. Health professionals also believed that mothers often receive conflicting baby feeding advice from other sources, including family and friends (Olson Horodyski, Brophy & Iwanski 2008:78; McInnes & Chambers 2008:421). Health professionals experienced a loss of trust from mothers who received conflicting baby feeding advice (Olson et al., 2008:79). According to health professionals it was difficult to correct inappropriate advice given by colleagues (Tennant et al., 2006:154). Auxilliary nurses justified inconsistent breastfeeding support by believing that there is no right or wrong way to provide breastfeeding support (Nelson, 2007:34). Mothers may perceive alternative approaches by several health professionals as inconsistent breastfeeding support (Nelson, 2007:34). According to the literature, health professionals found inconsistent breastfeeding support to be challenging and a barrier to the success of breastfeeding in hospital.

2.3.7 Institutional factors

The research cited indicates that institutional factors including hospital routines contribute to time constraints and heavy workloads of health professionals, which make it difficult for health professionals to support breastfeeding (Crenshaw 2005:44; Dykes 2004:245). Hospital routines and large number visitors interfere with auxiliary nurses' abilities to provide extended uninterrupted breastfeeding support to breastfeeding mothers (Crenshaw 2005:44; Nelson 2007:34). Midwives displayed a central and

instrumental preoccupation with completing tasks relating to hospital routines and procedures including observations and examinations, which contribute to time constraints (Dykes, 2004:245). Hospital routines contribute to midwives experiences of temporal pressure and inability to establish relationships with breastfeeding mothers Dykes (2005:250). Dillaway and Douma (2004:423) and Szucs, Miracle and Rosenman (2009:35) found lack of communication among health professionals. The lack of communication between health professionals adversely affect coordination of services and the breastfeeding support received by mothers (Szucs, Miracle & Rosenman, 2009:36). All these institutional factors may therefore limit the time available to health professionals to support breastfeeding.

2.3.8 Time constraints and staff shortage

Nelson (2007), Gill (2001), McInnes and Chambers (2006:42) and Dykes (2004:245), Taveras et al. (2004:286a) indicated that health professionals found breastfeeding to be time consuming. Shortage of staff and heavy workloads limit the time midwives take to support breastfeeding (Furber & Thomson, 2007:144). Health professionals are too busy, overworked or tired and lack time to assist mothers with breastfeeding problems (McInnes & Chambers, 2008:422). Midwives have found ways to multitask and prioritize their duties to cope with their heavy work load (Furber & Thomson, 2007:144). Staff shortages time constraints increase the pressure under which midwives have to work (Furber & Thomson, 2007:144; Dykes 2004:245). Dykes (2004:246) found that midwives working under pressure rushed breastfeeding assistance to assist another breastfeeding mother (Dykes, 2004:247). Midwives do not have time to ascertain the understanding of breastfeeding mothers and consequently mothers do not receive sufficient breastfeeding information (Dykes, 2004:247). Breastfeeding mothers' perceptions of busy health professionals may discourage them to ask for help when experiencing breastfeeding problems (McInnes & Chambers, 2008:422). When breastfeeding mothers do not asked for help, health professionals may be unaware of the assistance needed. This may increase breastfeeding problems and complications

which may subsequently require intervention and increase the workload of health professionals.

2.4 Perceptions and attitudes regarding breastfeeding

According to literature, health professionals perceive breastfeeding as the best baby feeding method based on the benefits of breastfeeding (Reifsnider, Gill, Villarreal & Tinkle, 2003:10; McInnes & Chambers, 2006:13). Hellings and Howe (2004:267) and Tennant, Wallace and Law (2006:153) found health professionals regard their role in breastfeeding as an important responsibility. The research literature indicates that when health professionals perceived breastfeeding as beneficial, they also expressed positive attitudes towards breastfeeding. Cricco-Lizza (2005:316) found nursing students with personal breastfeeding experience were more positive towards breastfeeding than those who grew up in a bottle-feeding culture. There were instances when health professionals were less passionate about breastfeeding. Some auxiliary nurses do not perceive promoting breastfeeding as their responsibility while other auxiliary nurses did offer breastfeeding support to interested mothers (Nelson, 2007:35). Some health professionals ascribed responsibility to support breastfeeding to others such the lactation consultants (Dillaway & Douma 2004:423; Szucs, Miracle & Rosenman, 2009:36). According to Bernaix (2000:207) auxiliary nurses' attitudes and subjective norms influences the breastfeeding supported they provided and breastfeeding is support by those with positive attitudes. It is therefore unlikely that those health professionals who are negative or neutral towards breastfeeding will support breastfeeding.

Literature cited also found that although health professionals are positive towards breastfeeding, they might express negative attitudes to the breastfeeding of mothers who are HIV positive. In a Tanzanian qualitative study interviews were conducted with 25 nurse counselors to describe the experiences and concerns of auxiliary nurses working as baby feeding counselors to mothers who are HIV positive (Leshabari, Blystad, de Paoli & Moland, 2007:1). Most auxiliary nurses believed that formula

feeding is suitable for babies of mothers who are HIV positive (Leshabari et al., 2007:7). In another qualitative study Koricho, Moland, and Blystad (2010:1) interviewed mothers who are HIV positive and nurse counselors to describe baby feeding choices and how they interpret breastfeeding and the risk of HIV transmission through breastfeeding. Koricho et al. (2010:14) found that mothers who are HIV positive did not adhere to feeding choice and expressed a fear of HIV transmission through breast milk. Nurse practitioners communicating feeding options often reflected fear, which is subsequently carried on to mothers who are HIV positive (Koricho et al., 2010:15). The nurse counselors expressed negative attitudes towards breastfeeding by mothers who are HIV positive which they justified as the prevention of mother to child HIV transmission (Koricho et al., 2010:17). Nurse counselors therefore often did not introduce all baby feeding options recommended to mothers who are HIV positive (Koricho et al., 2010:16). In a Malawian study, Piwoz et al. (2006:4) it was also found that health workers attitudes were a barrier to exclusive breastfeeding of babies to mothers who are HIV positive. Although health workers knew that exclusive breastfeeding is recommended for the first six months to mothers who are HIV positive, the health workers did not believe in the recommendation (Piwoz, Ferguson, Bentley, Corneli, Moses, Nkhoma, Tohill, Mtimuni, Ahmed, Jamieson, van der Horst, Kazembe, & the UNC Project BAN Study Team, 2006). These research studies demonstrate that health professionals' breastfeeding perceptions and attitudes influence their abilities to render breastfeeding support.

2.4.1 Perceptions regarding breastfeeding support

Gill, (2001:404) reports auxiliary nurses perceived their breastfeeding support as adequate and appropriate. However breastfeeding mothers were not satisfied with the breastfeeding support they received, that they wanted encouragement- and for auxiliary nurses to respect their requests related to baby feeding (Gill, 2001:407). Dillaway and Douma (2004:417) also conducted a study on discrepancies between health professionals' and mothers' perception of breastfeeding support in a paediatric practice.

Health professionals including doctors and auxiliary nurses believed that all their colleagues were supportive of breastfeeding (Dillaway & Douma, 2004:422). However, the mother perceived the health professionals' breastfeeding support as superficial and insufficient (Dillaway & Douma, 2004:423). The above literature indicates that health professionals and mothers have different perceptions regarding breastfeeding support. The literature also indicates that health professional's perceptions of the breastfeeding support they render may not be as adequate as perceived.

2.4.2 Breastfeeding knowledge

Spear (2004:181), OlaOlorun and Lawoyin (2006:191) and Spear (2006:335) found health professionals are more positive towards breastfeeding when knowledgeable. Bernaix (2000:206) found that breastfeeding knowledge was the best predictor of supportive behavior towards breastfeeding. Ekstrom, Widstrom and Nissen (2005:428) and Khoury, Hinton, Mitra, Carothers and Foretich (2002:457) demonstrated that health professionals' attitudes towards breastfeeding improved after breastfeeding training. When supporting breastfeeding mothers, auxiliary nurses require knowledge of the benefits of breastfeeding, physiology of lactation, positioning and attachment, breast assessment, breast pumps, and the handling and storage of expressed breast milk (Wallace & Harper 2007:32b). Auxiliary nurses are at the frontline of patient care and therefore must be competent in knowledge and skills to provide breastfeeding support (Eberson, Murphy, Paterno, Sauvager & Right, 2007:487).

Research studies, however found that health professionals including auxiliary nurses, lack breastfeeding knowledge (Okolo & Ogbonna 2001:440; Crenshaw 2005:44; Shah, Rollins & Bland 2005:3; Szucs, Miracle & Rosenman 2009:33). Auxiliary nurses also expressed a lack of confidence in knowledge of HIV and baby feeding and breastfeeding skills (Leshabari et al., 2007:7). Health professionals lack structured opportunities to gain breastfeeding knowledge and skills training (Hellings & Howe, 2004:10; Wallis & Harper, 2007:50a). In a previous study, South African hospitals did not have specialised breastfeeding training for health professionals (Nikodem, Schelke,

Enraght-Moony & Hofmeyr, 1995:40). In the Western Cape, Marais, Koornhof, du Plessis, Naude, Smit, Hertzog, Treurnicht, Alexander, Cruywagen, and Kosaber (2010:42) found that breastfeeding training of health professionals was inadequate compared to the BFHI requirements. In a previous study, South African hospitals did not have specialised breastfeeding training for health professionals (Nikodem, Schelke, Enraght-Moony & Hofmeyr, 1995:40). Deficiencies in breastfeeding knowledge may result in inconsistent breastfeeding management of health professionals (Szucs, Miracle & Rosenman, 2009:33). Auxiliary nurses' lack of breastfeeding knowledge and experiences make auxiliary nurses unsure and less confident in helping breastfeeding mothers which may be unintentionally communicated to mothers and effect the mothers' ability to breastfeed (Wallis & Harper, 2007:50a).

2.5 Summary

Health professionals including auxiliary nurses, doctors, midwives and lactation consultants used different methods such as breastfeeding education, assistance with breastfeeding, and the provision of breastfeeding advice to support breastfeeding. Health professionals' breastfeeding experiences, perceptions, attitudes and knowledge influence their abilities to support breastfeeding mothers and babies. Breastfeeding experiences and knowledge may give health professionals the confidence to support breastfeeding mothers. Health professionals are challenged with factors including inconsistent breastfeeding management, time constraints, shortage of staff, hospital routines, the baby's illness when rendering of breastfeeding support in hospital. Although it is challenging to breastfeed in maternity settings, breastfeeding in a paediatric setting has additional challenges. However the literature found was mostly based on maternity settings. Literature found in paediatric settings was limited which highlight the significance of the current research study. Chapter 3 discusses the research methodology that was used to describe the breastfeeding experiences and perceptions of auxiliary nurses.

Chapter 3

Research Methodology

3.1 Introduction

This section describes the methods that were used to plan and conduct the research study: *the perceptions and experiences of auxiliary nurses regarding breastfeeding in a paediatric setting in an academic hospital in the Western Cape*. Research methodology comprises of the steps taken to solve the research problem or to answer the research questions, including processes to collect, process and analyse data (Brink, 2006:191).

3.2 Research design

A descriptive study design with a qualitative approach was used to describe the experiences and perceptions of auxiliary nurses regarding breastfeeding in a paediatric setting. A research design is a blueprint for conducting a study that increases the probability that the study findings are a true reflection of reality (Burns & Grove, 2003:195). Clues to the appropriate design are found in the research purpose, framework, research objectives, questions and hypothesis (Burns & Grove, 2003:195).

3.2.1 Descriptive design

Descriptive studies are designed to gain more information about a phenomenon as it naturally occurs (Burns & Grove, 2003:200). It is designed to develop theories, identify problems with current practices or determine what others in similar situations are doing (Burns & Grove, 2003:200). The research study was designed to gain more information to describe the perceptions and experiences of auxiliary nurses regarding breastfeeding in the paediatric setting. The researcher was interested in the auxiliary nurses' breastfeeding experience as it naturally occurred in the paediatric setting. There was no manipulation of variables. Therefore the researcher found that a descriptive design was the most suitable research design for the research study.

3.2.2 Qualitative research

Qualitative research describes the depth, richness, and complexity inherent in the phenomena and involves putting pieces together to understanding the whole (Burns & Grove, 2003:357). The qualitative approach are based on the world view that there is no single reality, perceptions differ from persons and over time and what is knows has meaning only within a given context (Burns & Grove, 2003:357). Diverse experiences of the different participants with different perceptions were put together to give a whole picture of how auxiliary nurses experienced and perceived breastfeeding in the paediatric setting. Different aspects including the breastfeeding practices breastfeeding challenges- and breastfeeding support to give a whole picture of the auxiliary nurses' breastfeeding experiences in the paediatric setting. The auxiliary nurses' personal breastfeeding perceptions and their perceptions on breastfeeding support gave a broader picture of how they perceived breastfeeding in the paediatric setting. All these different aspects were included to understand the need for breastfeeding support in the paediatric setting in totality. Due to the complexity of the phenomenon under study, data were difficult to quantify and therefore qualitative research was the mostly appropriate to answer the research question.

3.3 Research population and sampling

3.3.1 Research population

The research population is the entire set of individuals that meets the sample criteria of the study (Burns & Grove, 2003:233). Auxiliary nurses working in a paediatric setting were selected as the target population. Although all nursing categories were involved with breastfeeding support, only one nursing category was selected due to study limitations. The researcher found that auxiliary nurses were more at the bedside with mothers and their babies than any other nursing category. Therefore, the researcher assumed that auxiliary nurses would be the most suitable research population to meet the research purpose and objectives.

3.3.2 Research sample

Purposive sampling was utilised to select the research sample. A sample is a fraction of the whole population selected by the researcher to participate in the study (Brink, 2006:124). Research sampling involves the selection of the sample that can be a group of people, events, behaviors or elements (Burns & Grove, 2003:233). According to Burns and George (2003:255), a purposive sampling method involves conscious selection of certain participants to gain insight or obtain an in depth understanding of complex experiences or events.

The advantage to the purposive sample technique was that the technique allowed the researcher to select participants with different characteristics to gain rich data. However with this technique, the researcher's judgment may be a disadvantage to the selection of the most suitable participants. The researcher managed this disadvantage to the technique by providing a rationale for the selection of participants. It was required that participants need to be working for some time to ensure that participants have enough breastfeeding experiences in the hospital. However one participant with less than one year of working experience was included in the research study. This particular participant at the time was the only male participant available to participate in the study. The researcher found it was necessary to consciously select participants with different characteristics such as gender, age, breastfeeding experience, working experience and working in different wards to obtain in depth and rich insights of auxiliary nurses from their different perspectives.

The researcher formulated the sampling criteria to ensure that participants have characteristics to provide in depth and rich data for the purpose of the study. A sampling criterion, which comprised of inclusive and exclusive criteria, is a list of characteristics used by the researcher to include or exclude auxiliary nurses from the population. The sample criteria included auxiliary nurses working in areas in which patients were hospitalised for longer durations and have most contact with breastfeeding mothers and babies.

Inclusion criteria

- enrolled auxiliary nurses working in medical and surgical wards in the paediatric setting,
- participants needed to have worked at least one year to ensure that participants have enough experience with breastfeeding in the paediatric setting and can provide in depth information.

Exclusion criteria

- enrolled auxiliary nurses working in areas other than the medical and surgical wards in the paediatric setting,

3.3.3 Sample size

Due to study limitations, the researcher was restricted to a small study sample. Thirteen auxiliary nurses participated in the research study. Initially the researcher decided to include twelve participants in the research sample. Two auxiliary nurses were selected out of each of the six designated wards. Fifteen prospective participants were approached. Three auxiliary nurses refused to participate in the research study. An additional interview was conducted for data saturation.

3.4 Research setting

The research study was conducted in a natural setting. No manipulation or changes in the environment occurred. The study was conducted in an academic hospital in the Cape Metropole of the Western Cape, South Africa. It is a public hospital mostly serving low socio economic groups. The research was conducted in two medical wards, two surgical wards and 2 specialty wards in the paediatric setting. Patients with medical conditions including gastroenteritis, pneumonia, tuberculosis, meningitis and malnutrition were treated in medical wards. Surgical wards accommodated patients, which needed general surgery such as abdominal surgery and specialized surgery including organ transplants, neurosurgery, plastic surgery, cardiac surgery, and ear

nose and throat surgery. These wards were located on the, first, second and third floor of the hospital. Each ward has a high care for patients that needed to be closely monitored and six and two bed cubicles. Cots were provided for babies and young children. The total bed capacity total of the wards varied from about twenty-two to thirty patients. Patients' ages varied from a few days to thirteen years.

3.5 Pilot study

A pilot study is a smaller version of the proposed study and conducted to refine methodology (Burns & Grove 2003:43). A pilot study was conducted on one auxiliary nurse. The purpose of the pilot study was to identify problem with the research design and to give the researcher experience with participants, methodology and data collection. The researcher used a self-formulated interview schedule to collect the data. The pilot study occurred in the same setting and the same data collection and analysis techniques were used in the final study. During the interview the researcher found that some questions required clarification and the researcher had to reword some questions. The researcher found that the data obtained from the pilot study was suitable for the research study and that the measuring instrument could be used in the research study.

3.6 Measurement instrument

A form was used to collect demographic data from participants. The form contained no identification information. Items on the demographic data form included age, gender, language, marital status, breastfeeding experience, years of working experience and breastfeeding training. The form was developed with the assistance of the researcher's supervisor to ensure the appropriateness to the study.

A self-compiled structured interview schedule was used to guide interviews and to collect the data for the purpose of the research study (see Annexure A). An interview schedule is a set of key thematic areas used to guide interviews (De Vos, Strydom, Fouche & Delpont, 2005:296). During the preparation of the interview schedule the

researcher took time and reflected on what data she wanted to capture in the interviews. A review of literature and the research question, purpose and objectives guided the researcher in developing the interview schedule.

The interview schedule consisted of ten open-ended interview questions regarding perceptions and experiences of auxiliary nurses regarding breastfeeding in a paediatric setting. The open-ended interview questions allowed the participants to answer questions freely, which were important for the researcher to collect rich and in depth data. Four questions dealt with breastfeeding experiences and six with breastfeeding perceptions. Questions regarding breastfeeding experiences were used to describe what is done to support breastfeeding, the need for breastfeeding support, and to identify breastfeeding challenges. Perception questions were used to describe nurse's perceptions regarding breastfeeding in general and breastfeeding experiences and support in the paediatric setting.

The researcher thought about the difficulties that may be encountered with the interview schedule. These include that the questions might be ambiguous and might not be appropriately structured. The researcher consulted her supervisor, who is an experienced qualitative researcher, and had two breastfeeding consultations to determine whether the questions on the interview schedule were appropriate and well understood. Experience questions were asked first because the researcher assumed that it would be easier for participants to talk experiences than perceptions. The researcher also assumed that a recall of breastfeeding experiences in the paediatric setting would also help participants with their thoughts on their breastfeeding perceptions.

3.7 Reliability

According to Le Compte and Goetz (1982) cited in Brink (2006:118), reliability is concerned with the consistency, stability and repeatability of the informants accounts

and the researcher's ability to collect and record information correctly. Interview techniques, such as, paraphrasing, asking prompting questions, asking for clarification and avoiding asking leading questions, were utilised to ensure that the participants would give similar responses if the interviews were repeated. Interviews were tape recorded to ensure that all data was correctly recorded.

3.7.1 Dependability

Lincoln and Guba (1985, cited in De Vos et al., 2005:346) proposed dependability as an alternative to reliability, which is more appropriate for qualitative data. According to Lincoln and Guba (1985, cited in Brink, 2006:118), an audit is required to establish trustworthiness of the study. To ensure dependability, an experienced qualitative researcher supervised the data collection and the data analysis procedures to ensure that procedures used by the researcher were acceptable and dependable.

3.8 Validity

Validity in qualitative research addresses the issue of whether data in study reflects what the participant stated (Brink, 2006:163). During the interviews the researcher asked for clarifications and summarised interviews to ensure that responses were fully understood and that the interviewer had an accurate understanding of what they had said. Once the provisional analysis was done, the researcher went through all the interviews to check if her analysis was contradicted by any statements in the transcripts and to make sure that no key points were excluded. Lincoln and Guba (1985, cited in De Vos et al., 2005:346) proposed that credibility; transferability and conformability are alternative constructs to validity and are more appropriate for qualitative data.

3.8.1 Credibility

The goal of credibility is to demonstrate that the inquiry was conducted in such a manner that it ensures the subject was accurately identified and described (De Vos et al., 2005: 346). The following techniques were utilized to ensure credibility:

- Establishment of an appropriate research methodology: The researcher reviewed literature to view research methodologies used in other related studies, to determine the most appropriate research methodology for the research study. The researcher developed an appropriate research design based on the research purpose and objectives. The supervisor assisted the researcher to refine the research design, process of data collection and analysis.
- Debriefing sessions: The researcher had regular meetings with the supervisor who helped the researcher to describe decisions, question appropriateness of methods. The researcher had to provide a rationale for decisions regarding researcher process, and clarified interpretations. The supervisor's probing during debriefing sessions helped the researcher to describe biases, develop ideas, identify problems and describe alternative solutions to these problems.
- Participants' review: During the interviews the researcher summarised the participants' responses and checked these understandings with the participant to verify that the researcher correctly understood responses.

3.8.2 Transferability

Transferability is the degree to which results can be generalized to other settings (Brink, 2006:119). According to Lincoln and Guba (1985) cited in De Vos et al., 2005:346), transferability in qualitative studies is problematic and rests more on with the researcher who wish to make the transfer than the original researcher. The researcher provided a description of the researcher methodology; the research setting and participants were provided for other researchers to determine whether the study finding is transferable to another setting or context.

3.8.3 Conformability

Conformability is accomplished when findings, conclusions and recommendations are supported by data and there is agreement between the investigators' interpretation and actual evidence (Brink, 2006:119).

- The researcher made field notes on experiences and observations during interviews that were used to describe own feelings and experiences to prevent that the researcher's bias may influence data collection and analysis.
- Raw data from tape recordings were used for data analysis and tape recordings were transcribed verbatim to ensure conformability.
- The researcher examined research findings to ensure that it was consistent with interview transcriptions and field notes.

3.9 Data collection

Data collection is the precise and systematic collection of information that is relevant to the purpose, objectives, questions or hypotheses of the study (Burns & Grove, 2003:45). Interviewing is a method of data collection in which an interviewer obtains responses from a subject, and is used in exploratory and descriptive research (Brink, 2006:151). Thirteen semi-structured interviews were used for data collection. This method of data collection was appropriate to collect rich in depth data to describe the perceptions and experiences of auxiliary nurses regarding breastfeeding in the paediatric setting. The open-ended questions of semi-structured interviews allowed the participants to answered questions freely, provide new ideas and rich data. Semi-structured interviews allowed the researcher to ask for clarification and elaboration of data. Interviewing has limitations. The participants may be unwilling to share information and the questions may not evoke desired responses (De Vos et al., 2005:299). To deal with limitations the researcher selected participants who were willing to participate in the study. Before each interview the researcher explained to the participant the significance of the research study and the importance of the participants' data. The researcher used probing questions to encourage participants to talk. When participant did not give desired responses, the researcher rephrased questions in case the participants did not clearly understand the question.

Thirteen semi-structured interviews were used to collect data between April and the beginning of June 2010. Interviews were conducted in Afrikaans and English. The

researcher approached unit managers of designated wards once authorization was obtained to enter the setting. The study was introduced to the unit managers and the researcher got permission to approach auxiliary nurses. Lists of auxiliary nurses' names and information regarding auxiliary nurses' shift, gender and years of service were obtained from the unit managers. The researcher approached auxiliary nurses that met the sample criteria. When auxiliary nurses were approached, the researcher confirmed that the prospect participants meet the sample criteria. The researcher arranged the time and venue for the interviews with participants. Interviews were conducted in a private room in the ward where the participant works. One interview was conducted in the nursing hostel.

The researcher explained to participants their participation was voluntarily and they could withdraw from the study at any stage. An informed consent to the interview was completed and signed by participants and the researcher explained the interview process to the participant. Demographic data were collected before interviews. Participants completed a demographic data form. There was no identification information on the forms. The purpose of the demographic data was to describe the research sample, to ensure that participants met the sample criteria and that participants have diverse characteristics, for example participants fall into different age groups. The researcher used a self compiled an interview schedule to guide the interview. During the interview the researcher used probing questions to encourage the participant to elaborate on the topic. Interview skills such as clarification, probing and reflection were used during the interview to ensure that the researcher understood the responses. After the interviews, participants were given an opportunity to give additional information. The interviews were tape-recorded to ensure that all data were adequately and correctly captured. Field notes regarding the researcher's experience and observations during the interview were made directly after interviews.

3.10 Data management

The researcher transcribed interviews after each interview. Transcriptions and field notes were organised and stored in computer files. Backup copies of data were made for and put away to secure safekeeping. This was to ensure that data did not get lost or destroyed. Tape recordings were destroyed after data analysis. All research data including interview transcriptions and field notes was kept in a locked cupboard to ensure that unauthorised persons did not get access to the data. The researcher also ensured that she was the only person who had access to the computer used during the course of the research.

3.11 Ethical considerations

Human rights need to be protected during research. Researchers have an ethical responsibility to protect participants' human rights during research (Burns & Grove, 2003:166). During the research study the following ethical considerations were made to protect the rights of participants during the course of the research study.

3.11.1 Right to self-determination

Individuals have the right to self-determination, which means a person has the freedom of choice (Brink, 2006:32). In the study the participants had a choice whether or not to participate in the study without the risk of penalty. The participants were given the opportunity to withdraw at any stage of the study without any penalty or prejudicial treatment. Participants freely volunteered and consented to participate in the study.

3.11.2 Right to be protected from discomfort and harm

The right to no discomfort and harm were based on the ethical researcher of beneficence (Burns & Grove, 2003:175). The researcher needed to secure the well-being of the subjects and protect the subject from discomfort and emotional, spiritual, economic social and legal harm (Brink, 2006:32). The research study did not involve invasive interventions or treatments that may harm the participants. Studies that cause

temporary discomfort are considered as minimal risk studies (Burns & Grove, 2006:175). Participation in interviews was a mere inconvenience for the participants. The participants in the study may have experience temporary discomfort due to time lost to participate in the study and the answering of questions. No financial expenses, such as transport fees were required form participants to participate in the study. Although interviews were conducted in the work area it did not interfere with nursing duties of the participants and would not have jeopardised their work.

3.11.3 Right to privacy

The individual has the right to determine time, extent, general circumstances and information shared (Burns & Grove, 2003:171). The researcher negotiated time and venue of interviews with participants that were convenient to the participant. Interviews were conducted in private rooms.

3.11.4 Right to anonymity and confidentiality

Anonymity exists when the subject cannot be linked to the data collected (Burns & Grove, 2003:172). Confidentiality is the management of the data shared by the subject (Burns & Grove, 2003:172). No names or personal details of the participants appeared on tape recordings and transcribes. Unauthorised persons did not have access to data. Data were kept in a lock cupboard and the researcher was the only person which had access to the computer used during the course of the research study.

3.11.5 Right to fair treatment

The right to fair treatment is based in the ethical treatment of justice, which is the fair treatment of people and receiving what is due to them (Burns & Grove, 2003:174). All participants were selected by the selection criteria and not because of preference.

3.11.6 Authorisation to conduct research

Ethical approval to conduct the study was obtained from the Committee for Human Science Research of the University of Stellenbosch (see Annexure B). Approval to conduct the study was also obtained from the hospital authorities; the nursing manager and the hospital superintendent (see Annexure C and D).

3.11.7 Informed consent

Informing is the transmission of essential information regarding the research from the researcher to the subject (Burns & Grove, 2003:177). Consent is the subject's agreement to participate in the research (Burns & Grove, 2003:177). The researcher approached prospective participants to introduce self and the study. The prospective participants were given a few days to consider participation in the study. A copy of the information leaflet and a consent form was given to the prospective participant to read (see Annexure E). Once a subject agreed to participate, the time and venue was arranged for the interview. Before each interview the researcher ensured that the participants understood the contents related to the study and their rights. Participants signed a written informed consent to participate in the study and for the interview to be tape-recorded.

3.12 Data analysis

According to De Vos et al (2005:333), data analysis is a process of bringing order, structure and meaning to the collected data. Data were evaluated for usefulness, centrality and to test emergent understandings. A computer program Atlas was used to assist with the data analysis. The following steps were taken during the data analysis process:

Step 1: Management of data.

- The computer program Atlas/ti was used to facilitate with research analysis. A transcribing computer program, Express Scribe V5.01 was used to transcribe

recorded interviews verbatim by the researcher (see Annexure G). The researcher repeatedly listened to tape recordings to ensure that all data was correctly captured. Field notes were utilised to recall the researcher's observations and experiences.

Step 2: Reading of data.

- Transcriptions read and reread to become familiar with the data and get sense of an interview as a whole. Reading the interview in its entirety helped the researcher to get a general idea of how the participant perceived and experienced breastfeeding in the paediatric setting.

Step 3: Classification of data

- Through the coding of data, the researcher identified recurring ideas and patterns. Similar ideas were grouped together. Data were broken down into smaller pieces, which made it more manageable for the researcher to analyse the data. Each theme was broken down into subthemes which reduced the data to a small manageable set of themes. Themes and subthemes were labeled, describing the data. Each emerging theme was compared to the existing themes to determine whether it fits into existing themes or whether was a new theme. This helped the researcher to sift data into the most suitable themes.

Step 4: Coding of data.

- A coding scheme was applied to themes and subthemes. The researcher used a coding scheme to facilitate the identification of similar ideas. Abbreviations were used to code data. Codes were derived from the data covered in the interviews. Codes were defined to ensure consistency in the coding of the data. Data was coded line by line to ensure that all data was coded. The computer program Atlas/ti was utilised to track coded data. Refer to annexure F for the code sheet used in the data analysis.

Step 5: Interpretation of data

- Connections were made between themes and subthemes. The themes and connections were used to explain findings. Meaning, significance and conclusions were drawn from the finding, which were used to write the final report.

Step 6: Displaying of data

- The researcher used direct quotes under each theme and subtheme to indicate how assumptions and conclusions were drawn from the participants' responses. Direct quotes were placed between quotation marks. The researcher used different line spacing for the quotes to be distinguished from the rest of the text. Demographic data were displayed in a table.

3.13 Summary

A descriptive research design with a qualitative approach was used for the study. Auxiliary nurses were selected as the target population. Purposive sampling was used to select the sample. The researcher selected thirteen participants according to a self-formulated sampling criteria. A pilot study was conducted prior to the research study. Semi-structured interviews were conducted to obtain data from participants. Participants voluntarily participated in the study and had the opportunity to withdraw at any stage. Informed consent was obtained from the participants to participate in the study and for the interviews to be taped recorded. Interviews were transcribed by the researcher. A computer program Atlas was used to assist with the data analysis. An in depth description of data analysis and interpretation is given in the following chapter.

Chapter 4

Research Analysis

4.1 Introduction

In this chapter the collected data is analysed, presented and discussed. Research analysis involve drawing together and comparing discussions of similar themes, and examining how these relate to the variation between individuals and groups (Barbour & Kitzinger, 1999:16 cited in De Vos, et al., 2005:312). According to De Vos et al. (2005:311) the aim of research analyses is to look for trends and patterns that reappear within a single focus group or among various focus groups. Data was analysed to describe the perceptions and experiences of auxiliary nurses regarding breastfeeding in a paediatric setting in an academic hospital in the Western Cape.

4.2 Demographic data of participants

The researcher used demographic data for analysis, for example the participants' breastfeeding training may indicate if there is a need for breastfeeding training in the paediatric setting.

Gender		
01	Male	1
02	Female	12

Figure 4.1: Gender

Languages		
01	English	1
02	Afrikaans	8
03	Xhoza	4

Figure 4.2: Language

Age		
01	20-30	1
02	31-40	2
03	41-50	5
04	51-60	5

Figure 4.3: Age

Marital Status		
01	Single	5
02	Married	5
03	Divorced	3

Figure 4.4: Marital status

Years of working experience		
01	9 months	1
02	1- 4 years	3
03	5- 10 years	1
04	11- 20 years	3
05	21- 30 years	5

Figure 4.5: Years of working experience

Breastfeeding experience- No of babies breastfed		
01	0	3
02	1	2
03	2	5
04	3	2
05	4	1

Figure 4.6: Number of babies breastfed

Breastfeeding training		
01	Formal	0
02	Workshop	2

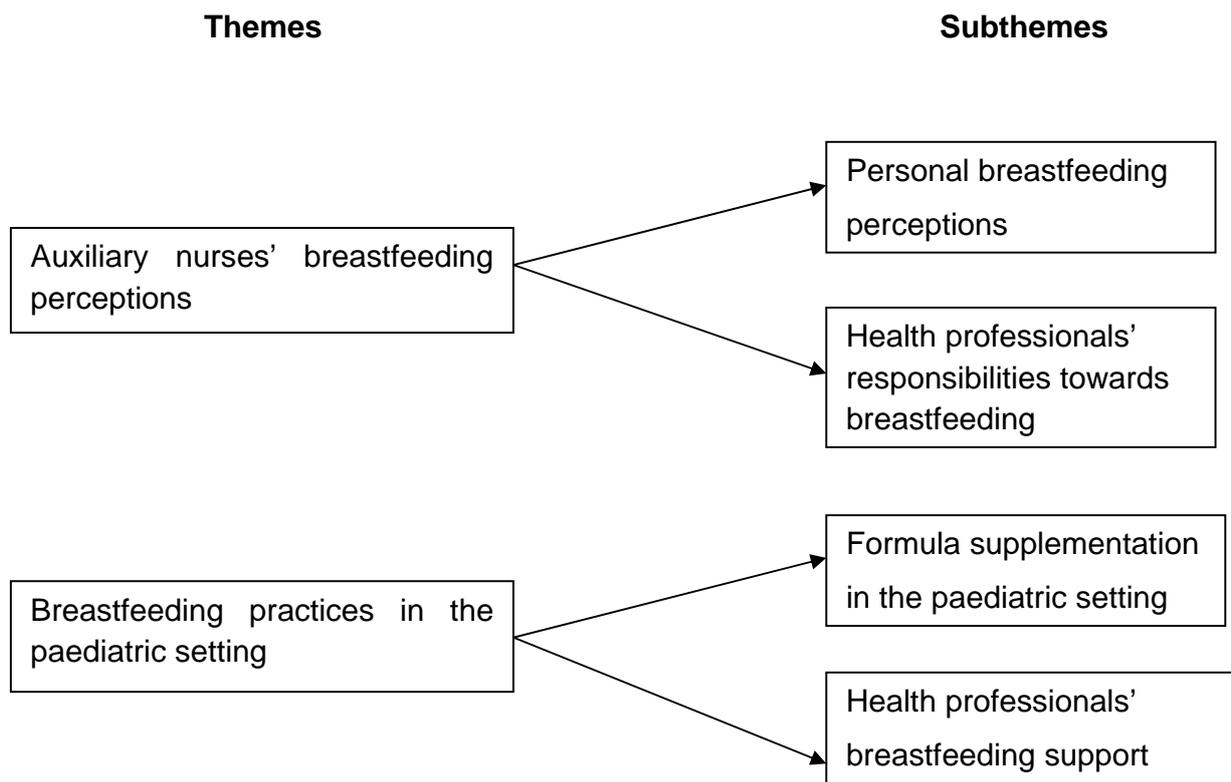
Figure 4.7: Breastfeeding training

Participants in designated		
01	Medical wards	5
02	Surgical wards	4
03	Specialty wards	4

Figure 4.8: Wards where participants were located

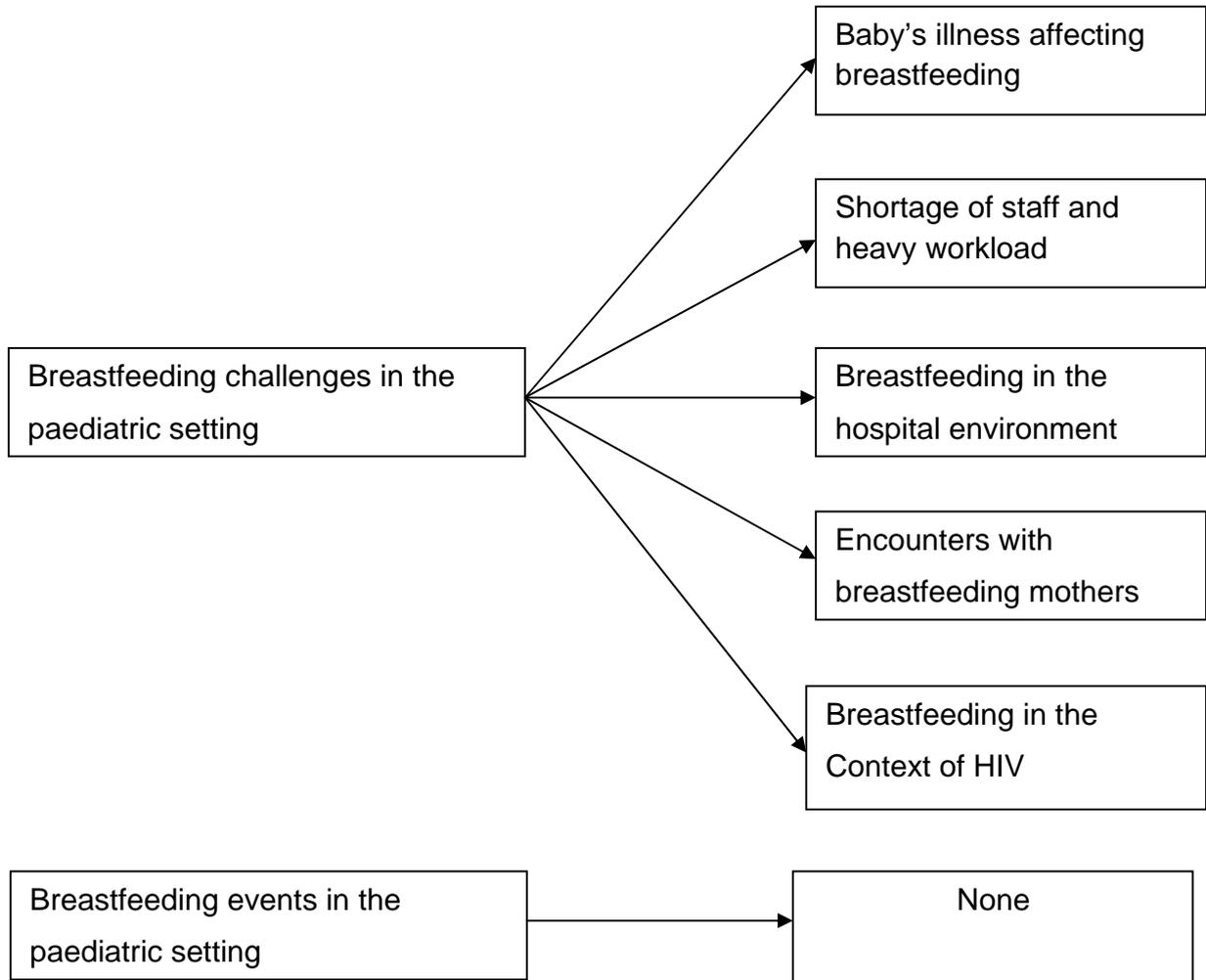
4.3 Themes and subthemes

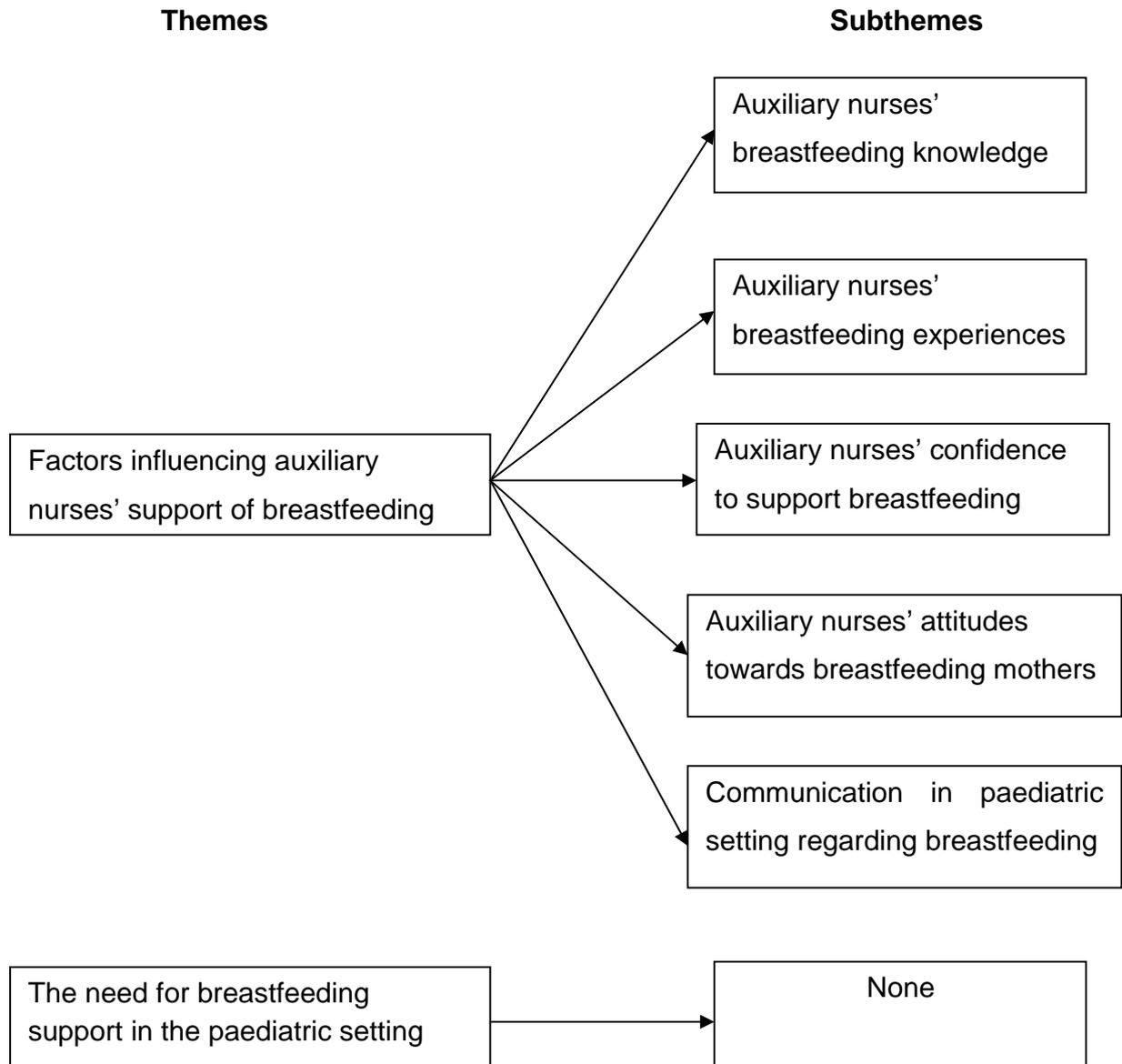
Data were categorized into six themes. Themes centralised around the study aim and objectives were generated through the data analysis. Subthemes were generated under themes. Two of the themes had no subthemes.



Themes

Subthemes





4.4 Auxiliary nurses' breastfeeding perceptions

The data collected indicated how the participants personally perceived breastfeeding. Participants also gave their view on who they think is responsible of supporting breastfeeding in the hospital. Research studies such as Koricho et al. (2010:16) found that the perceptions of health professionals regarding breastfeeding influenced their

attitudes towards breastfeeding and the support they rendered to breastfeeding mothers and babies. The researcher concluded that the auxiliary nurses' perceptions regarding breastfeeding may also influence the support to breastfeeding in the paediatric setting.

4.4.1 Personal breastfeeding perceptions

Overall participants considered breastfeeding as the most preferable baby feeding method. Over the course of the interview, participants would frequently make positive statements. In general the participants validated their perceptions by mentioning the benefits of breastfeeding. Most frequently participants mentioned the different health benefits of breastfeeding for the baby. Participants believed that breastfeeding kept the baby healthy and prevented illness. One participant mentioned that breastfeeding mothers do not need water and clean utensils to prepare breast milk in contrast with formula fed babies that may get gastroenteritis if safe and clean water and sterilised bottles were not used to prepare the formula milk. Occasionally participants differentiated between the breastfeeding babies and a formula fed babies and believed that breastfeeding babies are healthier and recover quicker from illness than formula fed babies. One participant believed breastfeeding is accessible, easy, and convenient. Some participants believed that breastfeeding creates a bond between the mother and her baby. Several participants mentioned that breast milk is free and is especially financially beneficial for mothers who cannot afford formula milk. The following quotations support the above information:

“For me personally, I think breastfeeding is actually the best a baby can have. It’s helping with the baby’s development. It’s healthy. The risk of infections is much lower than babies with bottles. The babies do not get like diarrhea very often as baby with bottle feeding, because of all the germs and stuff.”

“Its healthy you see, even when you look at the children, the breastfeeding children is different to those who are not breastfeeding. They are healthy all of them.”

“Breastfeeding is good. You do not need time to go and make milk for the child. You just give the child the breast and the child suck.”

“It’s (breastfeeding) increasing the bonding, the bonding between the child and the mother”. “Some mothers are unemployed. Therefore we need to tell them because there’s no money to buy formula milk when they go home. Give your child breast milk, it’s free and help you child to be a healthy baby.”

It was evident that the participants viewed breastfeeding in a positive light. Other research studies also found that health professionals perceive breastfeeding as the best baby feeding method based on the benefits of breastfeeding (Reifsnider, Gill, Villarreal & Tinkle, 2003:10; McInnes & Chambers, 2006:13). The researcher assumed that when auxiliary nurses believe that breastfeeding is beneficial for babies’ health, they would support breastfeeding to prevent ill health of the babies.

4.4.2 Health professionals’ responsibilities towards breastfeeding

Several participants believed that all hospital staff responsible for the care of the sick breastfed babies in hospital, is also responsible for supporting breastfeeding. The researcher assumed that these perceptions were based on the fact that health professionals worked within a multi disciplinary team that functioned together.

All of us are important, not just the dietician, or this person or that person, all of us personally working with the child, personally working with the parent or personally working with the patient, we all responsible for breastfeeding in hospital.”

Some participants believed auxiliary nurses were responsible for supporting breastfeeding because they have close contact with breastfeeding mothers and babies. Participants believed they have an important responsibility to support breastfeeding. Most of the participants had the same perceptions of what their breastfeeding roles entails. Participants believed that supporting breastfeeding involves encouraging breastfeeding mothers to breastfeed; providing mothers with breastfeeding information and assisting breastfeeding mothers with breastfeeding. Some participants mentioned that auxiliary nurses need to make mothers comfortable with breastfeeding.

“I think the nurses (referring to breastfeeding responsibility), if the breastfeeding mother is breastfeeding, because the nurses are always around”

“Encourage the mothers to put the child frequently to the breast. If the mother is going to breastfeed and she sit there, make her more comfortable, give her a cushion to make the baby more comfortable.”

“The nurses can only support the mothers in breastfeeding. Tell the mother what to do. Tell the mother why she must breastfeed. It keep you child healthy.” It is our support that enables the mother and she will get use to breastfeed.”

Participants perceived breastfeeding as beneficial also agreed that the support of breastfeeding were important. Other research studies also found that health professionals regard their role in breastfeeding as an important responsibility (Hellings & Howe, 2004:267; Tennant, Wallace & Law, 2006:153). Based on the study findings the researcher concluded that there is relationship between the participants perception that breastfeeding is beneficial and their perceptions that it is their responsibility to support breastfeeding in the paediatric setting. These perceptions will encourage the auxiliary nurses to support breastfeeding.

4.5 Breastfeeding practices in the paediatric setting

Participants reported on their experiences of breastfeeding practices in the paediatric setting. According to some participants' experiences, breastfeeding were not well practiced in the paediatric setting. Participants gave reasons babies were not breastfed in the paediatric setting. The participants also gave an account on how auxiliary nurses and other health professionals support breastfeeding in the paediatric setting. Participants also expressed their feelings towards the breastfeeding support rendered by auxiliary nurses and other health professionals.

4.5.1 Formula supplementation in the paediatric setting

Considering the health benefits of breastfeeding it was alarming to learn from several participants that most of the babies and even some breastfeeding babies were not being breastfed in the paediatric setting. There were times when participants found it challenging when mothers who were able to breastfeed refused to breastfeed their babies. Participants gave scenarios when babies were not breastfed in the hospital. According to a few participants babies were not breastfed when mothers choose not to breast-feed, but felt that these decisions were made based on inadequate information and support. Some believed mothers refusing to breastfeed may lack breastfeeding knowledge and experience and therefore do not know the importance of breastfeeding. Other participants believed it is the mother's personal choice not to breastfeed her baby and therefore it is not the place for auxiliary nurses to persuade mothers to breastfeed their babies.

“It's few mummies that come and breastfeed. Most of them do not breastfeed at all. They take formula milk.

“99% of our children in the ward are on formula feeds. We only got at the moment one baby that is on breast milk, so it's very, very few babies on breast.

In some instances mothers interested to breastfeed stopped when experiencing breastfeeding problems. The doctor or dietician prescribed formula feeds if the mother does not have enough breast milk. Breastfeeding was replaced or topped up with formula milk after the mother has breastfeed. In these instances formula supplementation was a temporary solution to breastfeeding problems. However, this could lead to the cessation of breastfeeding if breastfeeding problems were not managed.

“Sometimes they haven't got enough milk, then they leave what they have and then the dietician said we can add on like Similac (type of formula feed), whatever, Special care (formula feed). She works out the calories, nutritional wise, we can add only when the mother is not here, mostly overnight.”

Babies were separated from their mothers if the mothers needed to be at home with other family members or some were working and could not be present to breastfeed their babies. Breastfeeding babies separated from their mothers were then given formula feeds. If the expressed breast milk that was not enough, then the babies were given formula feeds.

“Some mothers are working or they went home and then they were not here to breastfeed during the day or maybe the night. Then we were forced to give the baby formula milk.”

Participants also mentioned that babies from mothers who are HIV positive were mostly formula fed. One participant believed that breastfeeding mothers gave their babies formula milk because it is freely available in the hospital. Another participant believed mothers want to fit into the modern times of the formula feeding culture. A few participants mentioned that young mothers were concerned with their figures and fear that breastfeeding will spoil their breasts.

“Sometimes there is this HIV so the mothers cannot breastfeed most of the time”.

“Some of the mothers are still young maybe at the age of 18 or 19 so they do not want to breastfeed. Because I remember my other cousin said, “I do not want to, I like my breast to be ok, I do not want to breastfeed”. You see, they are still young so they think about that, they do not think about the importance of the child”.

Other researchers found that breastfeeding were often supplemented with formula feeding (Cloherty, Alexander & Holloway 2003; McInnes & Chambers, 2006). Like in this study, other research studies' findings also indicated that breastfed babies receive formula feeds when challenges to breastfeeding problems occurred (Cloherty et al, 2003:198). Although auxiliary nurses and other health professionals perceived breastfeeding as beneficial, they may allow breastfeeding babies to be formula fed due to the barriers to breastfeeding which may result in the cessation of breastfeeding.

4.5.2 Health professionals' breastfeeding support

According to the researcher's knowledge, auxiliary nurses were responsible for the elementary care of patients, including the feeding of patients. The dieticians and doctors are mainly involved in the decision making regarding breastfeeding. According to some participants the dieticians were the most involved with breastfeeding and occasionally participants mentioned what dieticians do to support breastfeeding mothers. One participant mentioned that the dieticians were not always in the wards to help mothers with breastfeeding. Participants had different experiences regarding the health professionals' support of breastfeeding. Some participants experienced health professionals to be supportive of breastfeeding. In one instance, a participant perceived that doctors are supportive of breastfeeding although the doctor has passed responsibility to a nurse to assist the mother with breastfeeding.

"Most of the nurses will encourage the mother to continue with breastfeeding because we will tell the mother why breastfeeding is important for the baby."

"The doctors they feel the mother must breastfeed, especially the patient that's maybe when the baby is four days old. The doctors are very helpful. They believe the child must have breast milk, "nurse, please help the mother to can breastfeed."

Several participants experienced that only some health professionals were supportive of breastfeeding and take real interest. Some participants noted that it is usually the new nurses and nurses from the agencies that do not support breastfeeding mothers. It is not clear why new nurses or nurses from the agency were not supportive of breastfeeding. The researcher assume that it may be that the new nurses do not have much breastfeeding experience in the hospitals and the agency nurses may not have a sense of responsibility or belonging like the permanent nurses.

"Sometimes the mother gets the person that can help. Other times they do not... Well, the doctors I will say, I do not think the doctors give enough input, because if they focus more on breastfeeding I think something can be done".

“We get a lot of new people that come in, people from the agency maybe, they won’t tell the mother “mom do you not think it is better to breastfeed, your child is just one week old or your child is only two weeks old. You and I will do it, but the other one won’t do it and then mother will think “it’s not necessary for me to breastfeed because I get milk free.”

Due to participants’ perception that breastfeeding is not well practiced in the paediatric setting, the researcher concluded that it is important for health professionals to support breastfeeding to improve breastfeeding practices in the paediatric setting. Research studies indicated breastfeeding support by health professionals contributed to breastfeeding success (Taveras et al., 2003:110). The findings above indicated that participants experienced that not all health professionals in the paediatric setting were supportive of breastfeeding. It was previously mentioned that barriers may influence a persons’ likelihood to take a health related action. Therefore, it can be assumed that health professionals did not support breastfeeding due to the barriers to breastfeeding and may themselves constitute a barrier to breastfeeding.

4.6 Breastfeeding challenges in the paediatric setting

The above findings indicated that babies received formula feeding when there were barriers to breastfeeding. Although participants believed that breastfeeding was more beneficial than formula feeding, it was often difficult for them to support breastfeeding when experiencing challenges against it in the paediatric setting. According to the interview responses, auxiliary nurses’ breastfeeding experiences in the paediatric setting involve the baby’s illness, shortage of staff, the hospital environment, encounters with breastfeeding mothers and breastfeeding in the context with HIV.

4.6.1 Baby’s illness affecting breastfeeding

According to some participants experienced, the babies’ illness is a major challenge for mothers to breastfeed their child and for auxiliary nurses in supporting breastfeeding mothers. Participants explained how the babies’ illness affects breastfeeding in the

hospital. Some mothers were anxious and concerned that their babies were too sick to breastfeed, which was, then in some cases true.

“Because the baby is sick the mother would decide not to breastfeed the baby because she thinks the baby is sick.”

Severely sick babies were not allowed to be breastfed. In case of chest infections like pneumonia, the baby has difficulty in breathing and was too distressed to feed at the breast. The mother will then express her breast milk to prevent engorged breasts and to maintain her milk supply. Breast milk is given through the feeding tube also called a naso-gastric tube when the baby is too sick to feed directly from the breast. The dietician or doctor may prescribe tube feeding which will run continuously via a pump machine. The mother may breastfeed once the child's condition improves.

“Sometime a baby with a chest infection, pneumonia type of thing, it's difficult to breastfeed a baby, because the baby can't breathe properly, so obviously if he had to suck he would not be able to breathe properly so for that I will so say ok, but then I will encourage the mother to express while she is not breastfeeding.”

One participant mentioned that mothers were sometimes afraid to pick up their babies to breastfeed after an operation. According to the participant in certain cases like brain surgery the baby had to lie flat for a certain length of time, but for most operations these restrictions did not apply. If the mother was not allowed to pick up the baby after the operation then mother had to position herself to breastfeed her baby.

“Especially if they had operations, they are a bit frightened to handle their children. The children must lay flat for seventy-two hours or forty-eight hours if they got in a shunt (surgical procedure that involve placement of a passage that divert cerebrospinal fluid in the brain). Then they showed the mother how to climb in the cot to breastfeed the child.”

Mothers terminated breastfeeding when they feared that their babies were too sick to feed. McInnes and Chambers (2006:23) also found that mothers decide to stop breastfeeding when illness interfered with breastfeeding. The mother's fear that their babies were too ill to breastfeed was grounded. The auxiliary nurses' experiences in the

paediatric setting indicated that the babies' illness influenced their abilities to breastfeed. Other breastfeeding literature, by Riodan (2005:555) also indicated that the babies' illness and the severity of the babies' condition is a threat to breastfeeding.

4.6.2 Shortage of staff and heavy workload

Occasionally participants reminisced how it used to be in the past when they had extra time to spend with the patients and their parents. Nowadays the auxiliary nurses' time is very limited to support breastfeeding babies and mothers. Participants mentioned the factors such as more sick children, full wards and a shortage of staff contributed to the heavy work-load auxiliary nurses were experiencing in the hospital. Some participants mentioned that even when the auxiliary nurses were busy some have made time in between their routine work to quickly assist the mother with breastfeeding. Another participant checked up breastfeeding mothers when passing them by. But even with this assistance as one participant mentioned, auxiliary nurses felt rushed when assisting a mother with breastfeeding to move on to the next mother.

“Well, we are very busy in this ward. You can't see to everything like you want to, you can't regularly sit with that mother because there are very few nurses and you really want to but you can't spend much time, you have to rush by and see how you can help. But at least we try our best to see what we can do for the mother. We won't leave the mother. And then we have to go to the next person.”

The participants had previously time to support breastfeeding mothers when there were enough time and more staff. Therefore the researcher concluded that shortage of staff and heavy workloads influenced auxiliary nurses' abilities to support breastfeeding. McInnes and Chambers (2008:422) and Furber and Thomso (2007:144) also found that health professionals were too busy, overworked or tired and lacking time to assist mothers with breastfeeding problems.

4.6.3 Encounters with breastfeeding mothers

Generally participants talked a lot regarding their experiences with breastfeeding mothers. Frequently participants mentioned the different breastfeeding problems that mothers experienced in the hospital. According to one participant, breastfeeding problems were reported to the doctor and dietician who will then make decisions regarding interventions. Some participants also mentioned how they have assisted mothers experiencing breastfeeding problems. Mothers who did not have enough milk were frequently mentioned. Some participants encouraged mothers to continue putting the baby to the breast. Sometimes the doctors have also prescribed tablets for the mother that facilitates milk production. A participant gave breastfeeding mothers advice to stay relaxed and drink enough fluids to facilitate milk production.

“The only problem that I do experience is that they will tell you that they do not have enough milk but if they tell you, there are tablets available that they can give to the mother, and they would encourage the mother to drink a lot and they would encourage the mother also to rest and also to put the baby on the breast.”

Sometimes when a baby was sick or oral feeding was delayed, the baby’s ability to suck was impaired. When the baby doesn’t want to suck on the breast, one participant will check if the nipples are fine to breastfeed, the baby is correctly positioned and the baby is correctly latched on the breast. Another participant mentioned that mothers of babies with sucking problems received therapy from a speech therapist, because the oral motor skills involved in speaking are also involved in feeding.

“Sometimes the child do not want to suck, mostly, that’s all that I know of, the child do not want to take the breast then you will support them, help and show them how to put the baby on a cushion, stay relaxed and talk to you baby while feeding, encourage to put the breast in the mouth. We show her the techniques.”

“The speech therapist also come and tries to help the child to suck.”

Mothers who were not breastfeeding or expressing breast milk experienced painful engorged breasts. A few participants advised mothers to apply warm compresses such

as warm cloths to full and sore breasts and to express breast milk to empty the breasts. Mothers with sore cracked nipples found breastfeeding to be painful. And those with inverted nipples have difficulty in breastfeeding their baby. One participant advised mothers to apply “Vaseline” to the nipples to massage it out when they have inverted nipples. It is evident that some breastfeeding problems could have been prevented if precautions were made or the timing of the interventions was right.

“When the breast is hard and sore, we will always tell them to put warm compresses on their breast to open the milk glands, they are usually closed when the baby doesn’t suck, because when you apply warm compresses the milk flow and the baby regularly suck the breast.” (Applying warm cloths to the breast help emptying full breasts and regular feeding prevents breasts from becoming full and engorged).”

“Yes the cracking of the nipples, and especially, the first time the mothers with the first baby, got the problem with the sucking because it’s sore, so when the baby sucks it cracks and most of the nipples is in, that’s why we must teach them how to massage that nipple and try and pull it out. Actually especially with the breast pump, it’s better to use the breast pump to pull out.”

Several participants mentioned that mothers lack breastfeeding experience and knowledge. Participants believed that it is a reason mothers do not breastfeed. One participant mentioned that mothers do not know the importance of breastfeeding. Mothers do not know how to position and latch the baby during breastfeeding.

“I think that a lot of our mothers are not well informed and also for how long you can keep breast milk in the fridge, because if you tell them you can freeze your milk, it’s like you tell them something new.”

“They are not going to breastfeed their child because they do not know why they must breastfeed”

Some participants mentioned that it is usually the young mothers that were inexperienced and lacked breastfeeding knowledge. Mothers were as young as 14 and 15 years old. Another participant mentioned that it is sometimes the older, experienced mothers that also did not know how to breastfeed. This is an indication that all

breastfeeding mothers, regardless of their age or experience, need breastfeeding support in hospital.

“Especially the new mothers are struggling with breastfeeding, how to position the child, how to latch the child to the breast, and all those things. And a lot of them are struggling, especially young mothers.”

A few participants have a problem with some breastfeeding mothers' attitudes towards auxiliary nurses. One participant mentioned that some breastfeeding mothers refused the help auxiliary nurses offered. Even if mothers need help some mothers believed they do not need help from auxiliary nurses. Another participant also mentioned that some breastfeeding mothers did not co-operate when auxiliary nurses were assisting them with breastfeeding. For some participants the co-operation of mothers is important for them to support breastfeeding.

“Some parents have attitudes. You get those parents; we cannot show them because they know how (referring to breastfeeding), and then they are still doing it wrong. Then we just leave them.”

According to a participant it is usually uncertain how long a baby will be hospitalised. Periods of hospitalization can vary from weeks to months. During these long periods mothers did not get enough sleep and rest. One participant found it difficult to wake up a tired mother to feed her baby on demand. Another participant mentioned the hospital provided accommodation for mother from up country, mothers with very sick children in the intensive care unit and breastfeeding mothers. Mothers could go and rest in the rooms when they were tired. Unfortunately these rooms are sometimes fully booked.

“They are difficult when they here for such a long time. Look, you are tired, and you not in the mood, maybe that is why they find it difficult sometimes to breastfeed.”

“During the nights when they are tired we have to patient to them to wake them up to breastfeed their babies”.

“I know mothers are booked in so that they can get some rest and sleep. It is not always because there are mothers from far or whose children are very sick in ICU, then it is full, so it is very difficult to get them in”.

Occasionally concerned participants explained how difficult breastfeeding was when some mothers did not have enough food to eat to maintain their milk supply. A participant believed the food supplied by the hospital is not enough for breastfeeding mothers. One participant mentioned that the nurses sometimes asked the social workers for meal coupons for the mothers (meal coupons are handed in at the hospital's cafeteria for a sandwich and coffee).

“Some of them they, they do not have milk, because they do not get food you know so the milk, doesn't, you see...cause they stay in the hospital so there is no food. Sometimes there is food for the mothers, but it is not enough food for the mothers.”

Auxiliary nurses also found encounters with breastfeeding mothers difficult especially when mothers refused to breastfeed, experience breastfeeding problems and has negative attitudes towards auxiliary nurses. The findings suggested that it is difficult for mothers to breastfeed as much as it is difficult for auxiliary nurses and other health professionals to support breastfeeding in the paediatric setting. According to the participants' experiences the breastfeeding relationship is threatened when the mothers lacked breastfeeding knowledge, have negative attitudes towards breastfeeding, experience breastfeeding problems and anxiety and lacked resources.

4.6.4 Breastfeeding in the hospital environment

According to a few participants, monitor probes, drip lines, chest drain tubes, oxygen tubing and any other connections to the sick baby made it very difficult for mothers to breastfeed. These may leave the mother feeling that it is not possible to breastfeed. One participant put tubing together and positioned the mother to make breastfeeding easier for the mother. The hospital's highly technological environment with many connections to the baby and monitor alarms may be foreign and frightening to the mother sitting at her baby's cot side. One participant mentioned that a mother might not feel relaxed to breastfeed in such an environment.

“Some mothers when they breastfeed feel that they cannot pick up the child because the child have too many tubes and lines, but then I will tell

them, no lets put everything together and then you sit there and put up the cushion.”

I further key problem that was mentioned that some wards do not have a private place for mothers to breastfeed or express their breast milk. One participant said their ward didn't have enough screens to put up while the mothers were breastfeeding or expressing breast milk. Mothers had to breastfeed in front of other parents and visitors. Some mothers did not have a problem exposing their breasts in the wards, but most mothers felt shy, uncomfortable and embarrassed to breastfeed in front of others.

“In the ward, you see, others do not want to expose their bodies and we have not enough screens in the ward. I think that's the problem of us to those who are breastfeeding. They are so shy to take out their breast in front of others, because they are mixed with the men in the ward.”

According to Cloherthy et al., (2003:198) and Furber and Thomson (2007:144) some research studies also indicated that there were challenges such as formula supplementation and shortage of staff in maternity setting. The findings of the research study indicated that auxiliary nurses had similar experiences regarding breastfeeding in the paediatric setting. However the above findings suggest that that the paediatric setting environment has more challenges to breastfeeding. According to Wallace and Harper (2007:48a), environments with sick children had additional challenges including the condition of the baby, delayed onset of breastfeeding, difficulty in maintaining breastfeeding and situations with limited privacy and high anxiety levels.

4.6.5 Breastfeeding in the context of HIV

A few participants explained how babies were fed in the context of the HIV virus. Most mothers who are HIV positive were formula feeding their babies. A minority believed that it is better to give formula feeds to babies of mothers who are HIV positive to prevent the risk of HIV transmission from mother to child through breastfeeding. Some participants knew breastfeeding babies, of mothers who are HIV positive, should not have any other fluids except breast milk.

“They say if you HIV positive you do not have to breastfeed your child. But it’s this part where they say you can breastfeed until six months without giving any other solids or you only give breast, but the others they do not want to take chances they say no they rather not breastfeed at all. So I also think well if you do not breastfeed at all because you never know. Because they say any fluid of you is also having the HIV so I think it’s better if you do not breastfeed at all, because I do not know, you never know.”

One participant didn’t think it is a problem to feed babies of mothers who are HIV positive in hospital. The babies of mothers who are HIV will just continue with whatever feeds he or she had at home, whether it was exclusively breastfeeding or exclusive formula feeding.

“If a baby does come to the ward, the dietician or the doctors will know beforehand if the baby should be on breastfeeding. If the child come from home and the child has been on formula feeds at home so they will not implement breastfeeding then because they do not want to mix feed, but if a child comes from home on the breast and is diagnosed in the hospital HIV positive, they will encourage that mother to continue with breastfeeding, you see, but if a child comes from home sick, has been on formula than they won’t put him on the breast.”

Another participant mentioned that some breastfeeding mothers refused to continue breastfeeding when their babies were diagnosed HIV positive in hospital, even if the mother was advised to continue breastfeeding. According to one participant’s experience, it is challenging when mothers who are HIV positive were not present to breastfeed and there is not enough expressed breast milk to feed the baby. It left auxiliary nurses no choice but to give the baby formula feeds. This is unfortunate because mixed feeding increases the risk of HIV transmission from mother to child through breastfeeding.

“Because the mother was in the ward, they encourage her to breastfeed, but after she heard that the baby is HIV positive she was considering putting the baby on to formula and, but they still encouraged her because the mother started off with breast so they said she must continue but unfortunately she went home, she didn’t leave us any breast milk so now the baby is, what’s actually happening here the baby is getting mix feeding. So at present the mother is not in the ward, she went home.”

In another incident, one mother who was HIV positive wanted to continue breastfeeding her baby and rejected the advice of health professionals. In another incident a mother who is HIV positive rejected the health care professional's advice to formula feed her baby. It may be detrimental if health professionals and mothers, who are HIV positive, have different opinions regarding the babies feeding methods and it results in mix feeding. It is unclear whether enough measures were taken to prevent the mixed feeding. This indicates breastfeeding education and support to HIV infected mothers is important to ensure sufficient breast milk supply, prevent mix feeding, and encourage mothers to comply with exclusive breastfeeding.

"I found a mother here the doctor said she was not suppose to breastfeed the child anymore, but she did it on her own, she did it, but than I caught her, I asked her, "didn't the doctor said that you must not," "Yes the doctor said that to me but I feel I want to do it and I'm going to do it", that mother said. So I said, "Well if you feel so strong about it then come let's talk again to the doctor before you do the stupid things".

The findings above indicated that auxiliary nurses sometimes found it challenging to support breastfeeding mothers who were HIV positive. Some participants believed that babies of HIV mothers should be formula fed. The participants' perceptions regarding the breastfeeding babies of mothers who were HIV positive may have influenced their supportive behavior towards these mothers. The uncertainty amongst participants reflects a lack of clarity among health professionals of whether or not exclusive breastfeeding is the best option. Conflicting advice given to HIV positive breast feeding mothers generates confusion among these mothers. Research studies indicated that health professionals, who believed that mothers who were HIV positive should formula fed, were not supportive to breastfeeding mothers who are HIV positive (Koricho ett al., 2010:14; Piwoz et al., 2006:4).

4.7 Breastfeeding events in the paediatric setting

Rarely did participants share their breastfeeding experiences in hospital. In some cases breastfeeding went well for mothers who were committed to breastfeeding their babies.

Participants experienced the positive effect their support had on breastfeeding mothers. Participants persuaded mothers to breastfeed that did not want to breastfeed. In some cases the cessation of breastfeeding was prevented. The auxiliary nurses felt good when they were assisting the breastfeeding mothers and when breastfeeding mothers appreciated their help. Positive outcomes of breastfeeding events encouraged auxiliary nurses to support breastfeeding. These events show how important breastfeeding support is to breastfeeding mothers and their babies.

“Ok one mother with a small baby. The baby refused to suck on her breast, but then myself and one of the nurses said no she must leave the baby for a while like wash the breast and check if the nipple was fine, keep the baby properly and then you know put the mouth on the nipple and then the baby start to drink.”

“We recently had a mother that did not want to breastfeed. She cried because she did not want to breastfeed. She could breastfeed but she did not want to but we talked to her. You need to use tactic not to be too hard on them so that they can understand what it is to breastfeed. And after all they get by and say, thank you nurse that you helped me with the breastfeeding. Then they’ll continue breastfeeding.”

Participants were reluctant to talk about events with negative breastfeeding outcomes. One participant who tried to encourage mothers to breastfeed were disappointed when mothers did not take note of the advice and refused to breastfeed their babies. This may be the reason other participants did not want to talk about negative breastfeeding events.

“Some young mothers of sixteen, eighteen years came here, then we ask them, did you breastfeed your baby? Then they said no nurse why, why do I have to feed the child? I did not think it’s necessary for the child, and then most of them were smokers. And then she said no, I did not, because I’m smoking, my mother at home said I could not feed the child if I’m smoking and some of them were still taking a drink, they knew it’s not good for the baby, but they still did it.”

The above findings suggested that the participants’ experiences regarding breastfeeding influence their ability to support breastfeeding. The findings indicated that participants were encouraged to support breastfeeding when they have successfully

supported breastfeeding mothers. The researcher assumed that the positive breastfeeding experiences of auxiliary nurses will enhance their confidence to support breastfeeding in the paediatric setting. At the same time one may assume that negative breastfeeding events may discourage auxiliary nurses from supporting breastfeeding in the paediatric setting.

4.8 Factors influencing auxiliary nurses' support of breastfeeding

It was previously indicated that participants experienced challenges to breastfeeding in the paediatric setting. However from the findings, the researchers also found that there were also other factors, which influenced the participants' abilities to support breastfeeding in the paediatric setting. These factors included the auxiliary nurses' breastfeeding knowledge, experiences, confidence, attitudes and communication regarding breastfeeding.

4.8.1 Auxiliary nurses' breastfeeding knowledge

Historically auxiliary nurses did not have breastfeeding training in their curriculum. All participants reported that they have received no formal breastfeeding training. However providing patients with nutritional support is one of the elementary responsibilities within nurses' scope of practice. Two participants had attended breastfeeding workshops at the hospital and the church. The participants mentioned that the breastfeeding knowledge they gained at the workshops helped them to assisted breastfeeding mothers.

"I went to an update about breastfeeding. They told us why the mother should breastfeed. I can tell the mother today, cause I do not have any experience about breastfeeding, so I can tell the mother you not going to pay any money if you must breastfeed your baby, the temperature of the milk is right, it's always ready, you can take it our anywhere, if the baby wants to drink you can drink at any place, it's always ready, you bond with your little baby, the baby will feel your heartbeat. That is what I have learned so I can tell the mother why I think she should breastfeed.

In a few instances participants gave wrong breastfeeding information. One participant said that breast milk should be discarded after expressing. The participant was not

aware that expressed breast milk could be stored in a fridge or freezer. One participant did not know when a breastfeed baby can start on solid foods and asked the researcher when solid feeds can be introduced. It was evident that some participants lacked breastfeeding knowledge. Health professionals who are not knowledgeable can provide wrong breastfeeding information to mothers with negative consequences.

“Maybe there is a mother as I said with full breast that can come up quickly to where they can express and clean the pump and throw the milk away.”

The above findings suggested that participants lack the necessary knowledge and skills to provide breastfeeding mothers with support. Other researchers also found that health professionals including nurses, lacked breastfeeding knowledge (Okolo & Ogbonna 2001:440; Crenshaw 2005:44; Shah, Rollins & Bland 2005:3; Szucs, Miracle & Rosenman 2009:33). In a Western Cape of South Africa Marais et al., (2010:42) found that breastfeeding training of health professionals was inadequate compared to the BFHI requirements. Another research study found that nurses' lack of breastfeeding knowledge and experiences made them unsure and less confident in helping breastfeeding mothers (Wallis & Harper, 2007:50). The researcher assumed this might be another reason why some health professionals did not support breastfeeding in the paediatric setting.

4.8.2 Auxiliary nurses' breastfeeding experiences

Several participants' referred to their own personal experiences when they talked about their experiences regarding breastfeeding in hospital. Participants gained their breastfeeding knowledge through personal and professionals breastfeeding experiences. The breastfeeding support, auxiliary nurses give to mothers, is based on their personal breastfeeding experiences. Participants without personal breastfeeding experience based their breastfeeding support on what they have learned in their work situations. One participant believed that some auxiliary nurses might not be supportive of breastfeeding due to a lack of breastfeeding experience. Another participant

mentioned that auxiliary nurses based their advice on personal experience, may be incorrect information. Participants have different breastfeeding experiences, which mean that auxiliary nurses can give breastfeeding mothers contradicting breastfeeding advice. Auxiliary nurses with negative breastfeeding experiences may pass it on the patients.

“I did also breastfeed. It’s nice to bond with your child, it’s easy.”

“I usually take things how I have done it because I have breastfed three children.”

“I’ve never breastfed, but from the experience here, working here. What I’ve learned how to handle a small baby and how to breastfeed, you know.”

“We will say, we’ve done it (breastfeeding) like that, but might be not the right way.”

The breastfeeding support and advice the participants gave breastfeeding mothers were mostly based on the personal breastfeeding experiences. Other researchers also found that health professionals gave advice based on their personal experiences (Nelson 2007:33; Szucs, Miracle & Rosenman 2009:35; Tennant, Wallace & Law 2006:154; McInnes & Chambers 2006:42; Dillaway & Douma). The researcher concluded from the study findings and other research literature that auxiliary nurses and other health professionals resorted to their personal breastfeeding experiences when lacking the necessary breastfeeding knowledge to support breastfeeding.

4.8.3 Auxiliary nurses’ confidence to support breastfeeding

Some participants showed confidence in helping breastfeeding mothers while others were less confident. Participants who attended breastfeeding workshops showed some confidence to support breastfeeding. Most of the participants with personal breastfeeding experience showed confidence in supporting breastfeeding. One participant with personal breastfeeding experience, but no breastfeeding training, was not confident to support breastfeeding. Another participant stopped breastfeeding her

babies after experiencing breastfeeding problems. This participant did not express confidence to support breastfeeding mothers.

“We do not have problems in the ward here with us that can cause any problem. The nurses are good in that.”

“We know how to (breastfeed). We are all adults”

In the current study it was also found that those participants with breastfeeding experiences and those who acquired basic breastfeeding knowledge at the workshops were more confident to support breastfeeding mothers. The above findings also indicated that the participant's breastfeeding experiences affected the confidence to support breastfeeding. The researcher concluded that the confidence to support breastfeeding is influenced by breastfeeding perceptions, knowledge and experiences.

4.8.4 Auxiliary nurses' attitudes towards breastfeeding mothers

At times participants believed that mothers do not want to breastfeed because they were lazy. One participant believed mothers took the easy way out to formula feed their babies when they experienced breastfeeding problems. Occasionally participants made judgments towards young mothers and believed that younger mothers were not competent to breastfeeding their babies.

“It makes it difficult, if the mothers is like that, they always complain, because some of them, I think is just lazy. And the lazy ones is the outgoing mothers, u see, or sometimes, it understanding when the child is like four months.”

“I will help because some of them are very young and incompetent.”

These statements were based on judgments and not truths. The mother might have had a valid reason for not breastfeeding her baby. According to Bernaix (2000:207) nurses' attitudes and subjective norms influenced the breastfeeding support they provided. Therefore the researcher concluded that if auxiliary nurses had negative attitudes towards breastfeeding mothers, it might have hindered their support of these mothers.

Auxiliary nurses might not supported breastfeeding mothers if they believed that their breastfeeding support would not benefit mothers.

4.8.5 Communication in hospital regarding breastfeeding

According to responses it appeared as if there was a lack of communication between parents and health professionals regarding breastfeeding. One participant mentioned that mothers did not communicate with the health professionals when they experienced breastfeeding problems.

“As I said that we do not mention that every time about breastfeeding because when you come in to hand over and continue with the job.”

“The young mothers aren’t interacting so well and they do not want us to tell us, even about the breastfeeding.”

Another participant mentioned that the nursing staff does not talk about breastfeeding. A few participants were not aware what other health care professional did to support breastfeeding in the hospital.

“Nobody really shows them how (breastfeeding). Sometimes the bottle will just be put down (next to patient), while we could have talked to the mother (regarding breastfeeding).”

“I can say anything about them now, no I do not know. (Referring to other health professionals’ breastfeeding support).”

This study also found that there was a lack of communication regarding breastfeeding among health professionals and between health professionals and parents. Dillaway and Douma (2004:423) and Szucs, Miracle and Rosenman (2009:35) also found a lack of communication regarding breastfeeding among health professionals. According to Szucs, Miracle and Rosenman (2009:36) a lack of communication between health professionals might adversely affect coordination of services and the breastfeeding support received by mothers. The researcher concluded that a lack of communication is detrimental to the support and promotion of breastfeeding.

4.9 The need for breastfeeding support in the paediatric setting

Over the course of each interview impressions were given that all participants were exposed to breastfeeding mothers and babies and knew what is needed to improve breastfeeding in the hospital. Several participants mentioned that there is a need for breastfeeding support in the hospital.

“Sometimes the child has to breastfeed, because like I said our hospital caters for underprivileged people. All our clients here are not so privilege, some are unemployed, and some are single parents, so it will be good if we promote it.”

“At the moment I do not see that much is done about it. I am sorry to say it like that. No one is promoting it (breastfeeding).”

“There’s definitely, there’s definitely, (referring to the need for breastfeeding promotion) because how many bottles of milk do we give to children that’s one week old, two weeks, three week old children that is here in the ward that drink bottle feeds that was never put to the breast.”

Participants identified the resources needed to support breastfeeding in the hospital. Most participants wanted in-service breastfeeding training for health professionals. Some participants believed that acquiring breastfeeding knowledge would improve their support towards breastfeeding mothers. Participants also wanted breastfeeding information sessions for parents. One participant made a very vital point when stating that nurses should educate breastfeeding mothers to prevent the cessation of breastfeeding.

“Well if the nurses know more, get more information about breastfeeding, then they will get more involve, but in the mean time nobody is involve when the mother is breastfeeding. It’s a certain nurse that will now go and help when the mother is struggling.”

“We can have like a group session. If we have like five breastfeeding mothers in the ward, just to spend a fifteen minutes or so every second day, just so that they do not go home and stop the breastfeeding.”

Several participants wanted more peoplepower to help support breastfeeding in the hospital. A few participants said they would like to have a trained and experienced

person such as a breastfeeding consultant to do rounds in the wards to show nurses how to help breastfeeding mothers and assist breastfeeding mothers. One participant said because auxiliary nurses have limited time to spend with mothers it would help if there can be volunteers that can help with supporting breastfeeding mothers. Another participant said it would make breastfeeding support easier if the hospital employ more auxiliary nurses.

“If there is somebody like pain control, a sister that will come around and explain to the nurse, “listen if there is a mother that is breastfeeding, you can teach her this and that, because some of us, u know, also do not know about breastfeeding.”

“Like the work quality is these days, it’s so busy that the nurses have hardly time to spend. If they can get volunteers that come in and spend time with parents to see that they breastfeed. That can help.”

Several participants wanted a private place for mothers to breastfeed and express their breast milk. It was previously mentioned that mothers felt embarrassed to breastfeed in front of other parents and visitors. One participant also wanted more meals for breastfeeding mothers.

“Give food to the mothers, even something like drinks, if the mother does not have enough milk.”

“They can get a, you know like that time, maybe it’s not my place to say, a room where the mothers wants to express.”

The above findings indicated that there is a need for breastfeeding support in the paediatric setting. It was previously mentioned that participants lack breastfeeding knowledge, which were an indication that auxiliary nurses needed for breastfeeding training. The participants were also aware of the need for breastfeeding training. The researcher noticed that there were a link between what participants perceived to be challenging to breastfeeding, and their perceptions to what is needed to promote breastfeeding in the paediatric setting. In the above findings participants mentioned resources needed for breastfeeding mothers. Findings indicated participants found it challenging when breastfeeding mothers do not have the necessary resources, for

example participants suggest breastfeeding education for mothers who lacked breastfeeding knowledge.

4.10 Summary

In the study, breastfeeding were perceived as the best feeding method, as it is beneficial for babies. Auxiliary nurses believed they were responsible for supporting breastfeeding in the paediatric setting. Although auxiliary nurses expressed positive attitudes towards breastfeeding, they experienced breastfeeding support in the paediatric setting to be challenging. Challenges including the hospital environment, shortage of staff, heavy workloads, the babies' illnesses, difficult encounters with breastfeeding mothers, made it difficult for auxiliary nurses to support breastfeeding. Factors such as the auxiliary nurses' breastfeeding knowledge, experiences, attitudes and confidence to support breastfeeding also influenced auxiliary nurses' abilities to support breastfeeding. The study indicated that the auxiliary nurses' perceptions and experiences regarding breastfeeding played an important role in their support of breastfeeding in the paediatric setting. Based on the auxiliary nurses' perceptions and experiences it was concluded that there were a need for breastfeeding support in the paediatric setting. Recommendations were made in chapter 5 to address the need of breastfeeding support in the paediatric setting.

Chapter 5

Conclusion and Recommendations

5.1 Introduction

Based on the research findings this qualitative descriptive study described the experiences and perceptions regarding breastfeeding in a paediatric setting. The study was in particular seeking to find what auxiliary nurses do to support breastfeeding in the paediatric setting, to see what challenges they have to face when providing breastfeeding support to breastfeeding babies and mothers and to determine the need for breastfeeding support in the paediatric setting. Recommendations were made based the study purpose, objectives and study findings.

5.2 Conclusions

The study found that auxiliary nurses experienced that most babies were not breastfed in the paediatric setting. The hospital environment, the babies' illness, breastfeeding problems and mothers breastfeeding attitudes were challenges to the breastfeeding relationship. Resources including accommodation, food, privacy and breastfeeding education were not adequate for breastfeeding mothers. Although breastfeeding is not going well in the paediatric setting, auxiliary nurses who participated in the study expressed positive attitudes towards breastfeeding. They believed that breastfeeding is the best baby feeding method and is beneficial for mothers and babies.

Auxiliary nurses have a role to play in the support, protection and promotion of breastfeeding. However according to the findings auxiliary nurses lack the necessary knowledge and skills, which may have contributed to some of the auxiliary nurses' lack of confidence in supporting breastfeeding. Many auxiliary nurses also lack breastfeeding knowledge to support breastfeeding mothers who are HIV positive, and their babies. Other health professionals such as doctors, dieticians, speech therapists and other nursing categories are also involved with breastfeeding support in the

hospital. Doctors and dieticians have the most control over breastfeeding decisions. However, results indicated that only some health professionals were supporting breastfeeding.

Auxiliary nurses' breastfeeding support included assisting mothers with breastfeeding techniques, breastfeeding problems and providing mothers with breastfeeding advice. Their breastfeeding support and advice were based on their personal and professional breastfeeding experiences. This study's results indicated that the auxiliary nurses' breastfeeding experiences were insufficient to support breastfeeding. There is also the danger of the nurses providing incorrect advice. Auxiliary nurses need breastfeeding training to be better equipped to support breastfeeding in the paediatric setting. Auxiliary nurses have to support breastfeeding under difficult situations with limited breastfeeding knowledge and skills. In their every day work auxiliary nurses were faced with a shortage of staff, time constraints, heavy workloads and difficult encounters with breastfeeding mothers.

Breastfeeding became a lower priority when the auxiliary nurses' experiences indicated that other serious matters; such as the babies illness took higher priority. Therefore it is not surprising that auxiliary nurses experienced health professionals resorted to formula feeding when faced with breastfeeding challenges in the paediatric setting. The crux of the matter is that auxiliary nurses often experienced that many babies who were able to breastfeed received formula feedings. This finding indicated that there was a need for breastfeeding support in the paediatric setting. According to the perceptions and experiences of auxiliary nurses regarding breastfeeding in the paediatric setting, there is a need for the institution's authorities to make resources available for breastfeeding mothers. Resources were also needed to equip health professionals with the necessary knowledge and skills to support breastfeeding mothers and their babies.-

The study's findings indicate that there is a great need for breastfeeding support, protection and promotion in the paediatric setting. Resources are needed to improve

breastfeeding in the hospital. While the auxiliary nurses are well placed to provide this support they need training and support themselves, particularly in terms of having time allocated for them to spend with mothers who need assistance. There is a need for a qualified person such as a breastfeeding consultant that can assist auxiliary nurses with breastfeeding in the hospital. Breastfeeding mothers need resources including private places to breastfeed, enough food and adequate accommodation to rest.

5.3 Implications of the study

Research on breastfeeding in the paediatric setting is limited. This research study adds information to the body of knowledge. The study yields important insight on what resources auxiliary nurses' need in the paediatric setting that will enable them to support breastfeeding mothers. The research study may determine the conditions of the particular paediatric setting. Therefore, this study provides the paediatric setting with valuable information that can be used to draw up a breastfeeding policy. A written policy promotes awareness of the importance of breastfeeding among nurses in the paediatric setting. Based on the research findings recommendations can be made to promote, protect and support breastfeeding in a paediatric setting.

5.4 Recommendations

The following recommendations were made to address breastfeeding challenges in the hospital. Recommendations were based on the auxiliary nurses' experiences and perceptions regarding breastfeeding in the paediatric setting. The following recommendations also draw on the South African breastfeeding guidelines for health care workers, which also entails the Ten Steps of Successful Breastfeeding (DOH & UNICEF, 2000:10). Recommendations also include the resources participants have identified to improve breastfeeding in the paediatric setting.

5.4.1 Written breastfeeding policy

This recommendation address breastfeeding challenges and the need for breastfeeding support in the paediatric setting. A written breastfeeding policy should be formulated and routinely communicated to all health professionals in the setting. The policy should be displayed in different official languages throughout the hospital. A procedure manual need to be drawn up in accordance with the national breastfeeding guidelines taking into accounts the child's illness and medical treatment. The procedure manual should be readily accessible for hospital staff when needed. Breastfeeding practices should be based on national breastfeeding recommendations and not the hospital staff's personal breastfeeding experiences. A breastfeeding policy will ensure consistency of breastfeeding management of hospital staff. This would support the role that auxiliary nurses seek to play in supporting breastfeeding and would support this role being incorporated formally into their work role.

5.4.2 Staff training

All health professionals need to be trained to implement breastfeeding policy. The research study found that auxiliary nurses were not trained in breastfeeding although it is their responsibility to support breastfeeding. Health professionals need to understand the importance of breastfeeding and its benefits. The hospital staff also needs to acquire the necessary knowledge and skills to assist mothers with breastfeeding problems and to give appropriate advice to mothers. Participants also identified the need for breastfeeding training for staff. Dependent on experience alone or incidental additional training is insufficient for this crucial role. The acquired breastfeeding knowledge will also give hospital staff confidence to support breastfeeding. Breastfeeding training will result in knowledgeable staff with positive breastfeeding attitudes and the confidence to support breastfeeding.

5.4.3 Education and support for breastfeeding mothers

All health professionals including all nursing categories, doctors, dieticians, speech therapists, occupational therapists, and physiotherapists should be able to educate and support breastfeeding mothers. Participants in the study also recommended breastfeeding education for mothers. It is therefore crucial for all health professionals, including all nursing categories, doctors and dieticians to acquire breastfeeding knowledge needed to educate and support breastfeeding mothers. Mothers may be more interested to breastfeed when they are educated regarding breastfeeding and understand the importance of breastfeeding for their babies.

5.4.4 Maintenance of breastfeeding

Breastfeeding should be continued during hospitalization. The findings of the study revealed that the baby's illness and separation from the mother resulted in an interruption of breastfeeding. Health professionals should help mothers to maintain lactation and milk supply of breastfeeding during hospitalization and separation from their babies. Hospital staff needs to help mothers with the expressing of breast milk. All staff should adhere to the hospital's guidelines of the handling and storage of expressed breast milk. All hospital staff needs to be aware of the importance of adhering to these guidelines.

5.4.5 Room-in and lodging

The study found that mothers were allowed to stay with babies, but sometimes there is no accommodation available for the breastfeeding mothers. The study found that mothers wanted privacy to breastfeed and needed space to rest when not feeding or caring for their children. Therefore it is recommended that breastfeeding mothers must have adequate accommodation and enough food to make breastfeeding easier in the hospital. Some mothers feel uncomfortable to breastfeed in front of others and therefore private places in the hospital need to be created for mothers to breastfeed and express their breast milk.

5.4.6 Mother to child HIV transmission through breastfeeding

Mothers who are HIV positive should be assisted to make an informed decision regarding her babies feeding method. Mothers who choose to breastfeed should be supported to exclusively breastfeed their babies. Mothers who are HIV positive should receive ongoing support to prevent giving babies formula feeds while breastfeeding. Formula feeding should be recommended when mothers who are HIV positive received adequate information on HIV.

5.5 Limitations

Interviews are time consuming and expensive (Brink, 2006:147). Due to funding and time constraints the study is limited to one setting and has a small sample size. This together with the qualitative approach used means that the findings may not be easily extended to other settings. The study involves only one group of health professionals, although there are also other health professionals responsible for breastfeeding in the particular setting. Due to time constraints and funding it was not possible to include other health professionals.

5.6 Strengths

This study gives a good focused account of the nursing profession. It draws subjects from a major paediatric setting in Africa. The study also provides significant information that can be added to the body of knowledge. It also provides information that is needed to promote breastfeeding in the particular setting.

5.7 Further research

Further research in the particular paediatric setting is recommended. Due to financial and time constraints the study was limited to a small sample and on health care professional category. There are other nursing categories and health professionals involved in the care for breastfeeding babies. Research is recommended to explore the experiences and perceptions of other health professionals in the paediatric setting. It will

also be beneficial to explore the breastfeeding perceptions and experiences of breastfeeding mothers in the paediatric setting. Further research is recommended to evaluate the breastfeeding policy and its implementation status. Research studies may also include the prevalence of breastfeeding at other paediatric settings. A case control study can be conducted to determine the impact breastfeeding has on a patient's recovery in hospital. Finally some interventions studies looking at the recommendations made in this study would constitute an important step forward.

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Annexure A:

Interview schedule

1. Tell me about the breastfeeding practices the ward?

What is done to support breastfeeding in the ward?

Tell me how are the breastfeeding problems managed in the ward?

How do nurses support breastfeeding?

How do other health professionals support breastfeeding?

2. How do you feel about the breastfeeding practices in the ward?

Do you agree/disagree with it?

3. Tell me about any good or bad breastfeeding experiences you had in the ward?

Do you have successful breastfeeding experiences with mothers and babies?

Do you have unsuccessful breastfeeding experiences with mothers and babies?

4. What make breastfeeding difficult in the ward?

What makes it difficult for nurses to support breastfeeding?

What makes it difficult for mothers to breastfeed in the ward?

What challenges do you experience in supporting breastfeeding?

5. What do you think will make breastfeeding easier in the ward?

What can the hospital do to make breastfeeding easier in the ward?

What can the nurses do to make breastfeeding easier in the ward?

Are there any resources nurses need to make breastfeeding easier?

6. What do you think about breastfeeding?

How do you personally feel about breastfeeding?

7. How do you feel about breastfeeding sick children in hospital?

8. Who do you think is responsible for breastfeeding support in the hospital?

Give reasons

9. What do you think should be the role of nurses in supporting breastfeeding?

What should nurses do to support breastfeeding?

10. Do you think there is a need for breastfeeding promotion in the hospital? Give reasons.

Afrikaans interview questions

1. Vertel my van die borsvoeding pratyk in die saal?

Wat word in die saal gedoen om borsvoeding te ondersteun?

Vertel my hoe word die borsvoeding probleme gehanteer in die saal?

Wat doen verpleegsters om borsvoeding te ondersteun?

Wat doen ander gesondheids werkers om borsvoeding te ondersteun?

2. Hoe voel u oor die borsvoeding praktyk in die saal?

Stem jy met of teen dit?

3. Vertel my van enige goeie en slegte borsvoeding ondervindinge in die saal?

Het jy al enige suksesvolle borsvoeding ondervinding met moeders en hul babas?

Het jy al enige onsuksesvolle borsvoeding ondervinding met moeders en hul babas?

4. Wat maak borsvoeding moeilik in die saal?

Wat maak dit moeilik vir verpleegsters om borsvoeding te ondersteun in die saal?

Wat maak dit moeilik vir moeders om hul babas te borsvoed in die saal?

Watter uitdagings ondervind verpleegkundiges met die bevordering en te ondersteuning

van borsvoeding in die hospital?

5. Wat dink u kan borsvoeding in die saal makliker maak?

Wat kan die hospital doe om borsvoeding makliker te maak in die saal?

Wat kan die verpleegsters doe om borsvoeding makliker te maak in die saal?

Watter hulpbronne het verpleegkundiges nodig om borsvoeding te ondersteun en bevorder?

6. Wat dink u van borsvoeding?

Hoe voel u persoonlike oor borsvoeding?

7. Hoe voel u oor die borsvoeding van siek kinders in die hospital?

8. Wie dink u is verantwoordelik vir die ondersteuning van borsvoeding in die hospital? Verstrek redes

9. Wat dink u moet die borsvoeding rol van verpleegsters wees?

Wat dink u moet verpleegsters doen om borsvoeding te bevorder?

10. Dink u daar is 'n behoefte aan borsvoeding bevordering in die hospital?

Verstrek redes.

Annexure B:

Ethical approval to conduct study



UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot · your knowledge partner

08 March 2010

MAILED

Ms M Joseph

Dear Ms Joseph

The experiences and perceptions of health professionals regarding breastfeeding in a paediatric setting of an academic hospital in the Western Cape

ETHICS REFERENCE NO: N10/02/059

It is a pleasure to inform you that a review panel of the Health Research Ethics Committee has approved the above-mentioned project on 8 March 2010, including the ethical aspects involved, for a period of one year from this date.

This project is therefore now registered and you can proceed with the work. Please quote the above-mentioned project number in ALL future correspondence. You may start with the project. Notwithstanding this approval, the Committee can request that work on this project be halted temporarily in anticipation of more information that they might deem necessary.

Please note a template of the progress report is obtainable on www.sun.ac.za/rds and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly and subjected to an external audit.

Translations of the consent document in the languages applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372
Institutional Review Board (IRB) Number: IRB0005239

The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

Please note that for research at primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health (healthres@pgwc.gov.za Tel: +27 21 483 9907) and Dr Hélène Visser at City Health (Helene.Visser@capetown.gov.za Tel: +27 21 400 3981). Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

Approval Date: 8 March 2010

Expiry Date: 8 March 2010

08 March 2010 09:06

Page 1 of 2



Fakulteit Gesondheidswetenskappe · Faculty of Health Sciences



Verbind tot Optimale Gesondheid · Committed to Optimal Health
Afdeling Navorsingsontwikkeling en -steun · Division of Research Development and Support
Posbus/PO Box 19063 · Tygerberg 7505 · Suid-Afrika/South Africa
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Yours faithfully

MS CARLI SAGER

RESEARCH DEVELOPMENT AND SUPPORT

Tel: +27 21 938 9140 / E-mail: carlis@sun.ac.za

Fax: +27 21 931 3352

08 March 2010 09:06

Page 2 of 2



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Verbind tot Optimale Gesondheid • Committed to Optimal Health

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Annexure C:

Request letters for consent to conduct research

10 March 2010

The Medical Superintendent

Dear Sir

Request for access to conduct research

Hereby, I, Margo Joseph, request approval to conduct a research project at your institution. I am currently registered with the Stellenbosch University for the Masters Degree program. It is required that a study should be completed in order for the degree to be conferred.

The purpose of the study is to determine how enrolled nursing assistants perceive and experience breastfeeding in a paediatric setting. Interviews will be conducted over one month. I am seeking ethical approval from the Committee for Human Science Research at the University of Stellenbosch. I will abide by the ethics committee's rules and regulations.

Please find enclosed letter of approval and research proposal to be undertaken.

Thank you in anticipation.

Yours Sincerely
MS. Joseph (miss)

Cell: 079 6141449
(W):021 658 5052
E-mail: mjoseph@pgwc.gov.za

17 March 2010

The Nursing Manager

Dear Madam

Request for access to conduct research

Hereby, I, Margo Joseph, request approval to conduct a research project at your institution. I am currently registered with the Stellenbosch University for the Masters Degree program. It is required that a study should be completed in order for the degree to be conferred.

The purpose of the study is to determine how enrolled nursing assistants perceive and experience breastfeeding in a paediatric setting. Interviews will be conducted over one month. I am seeking ethical approval from the Committee for Human Science Research at the University of Stellenbosch. I will abide by the ethics committee's rules and regulations.

Please find enclosed letter of approval and research proposal to be undertaken.

Thank you in anticipation.

Yours Sincerely
MS. Joseph (miss)

Cell: 079 6141449
(W):021 658 5052
E-mail: mjoseph@pgwc.gov.za

24 March 2010

The Medical Superintendent

Dear Sir

Request for access to conduct research

Thank you for responding to my letter. Here the following information you requested.

I obtained permission from the nursing management to conduct my study. I'm planning to conduct interviews April. Auxiliary nurses in the medical and surgical wards will be included in the study. The study will not interfere with the nurses' duties. Interviews may occur, in the ward, in the nurses home or at their homes. The interviews may be conducted during lunch hour, after work or off days. Once nurses consented to participate, appropriate venues and times will be arranged. All data collected will be kept confidential. The anonymity of the institution and participants will be ensured during and after the research.

Yours Sincerely

MS. Joseph (miss)

Cell: 079 6141449

(W):021 658 5052

E-mail: mjoseph@pgwc.gov.za

Annexure D

Letters of approval to enter research setting



Departement van Gesondheid
Department of Health
iSebe lezeMpilo



Verwysing:
Reference:
Isalathiso:

Navrae:
Enquiries: **Mrs S.E. Roodt**

Datum: **29 March 2010**

Telefoon:
Telephone: **(021) 658 5187**
Ifowuni:

Fax: **(021) 658 5326**

RE : RESEARCH

Dear Ms Joseph

Your letter dated 17 March 2010 refers.

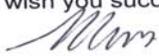
I support your request to conduct research at this institution. I note in your letter from the Ethics Committee that you were also referred to the Department of Health, contact person Claudette Abrahams for approval.

The following conditions must be adhered to:

- research to be conducted in your off duty time;
- your research must not impact on Operational activities;
- a copy of your research results to be made available to the Nursing Department;
- confidentiality of Nursing Department to be maintained.

As agreed you will commence in April and interview staff from the wards only.

We wish you success in your endeavours.


MRS S.E. ROODT
NURSING MANAGER



Departement van Gesondheid

Department of Health

iSebe IezeMpilo



Verwysing:
Reference: RESEARCH
Isalathiso:

Navrae:
Enquiries: Dr. T. Blake

Datum:
Date: 11 February 2010

Telefoon:
Telephone: (021) 658 5383
Ifowuni:

Fax: (021) 658 5166

Email: Tblake@pgwc.gov.za

Dear Ms M Joseph,

I acknowledge receipt of your letter requesting permission to conduct research at our institution.

Kindly note the error in the date on your Ethics Approval form. Expiry date: 8 March **2010**.

As your study will involve nurses, permission will have to be sought from the Nursing Management.

You need to indicate when and where you intend interviewing the nurses – the interviews cannot occur during working hours.

Yours sincerely,

Dr. T. Blake
Senior Medical Superintendent

Annexure E:

Informed consent

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE RESEARCH PROJECT:

The Perceptions and Experiences of Nurses regarding Breastfeeding in a Paediatric setting of an Academic Hospital
in the Western Cape

REFERENCE NUMBER: 15580091

PRINCIPAL INVESTIGATOR: MS. Joseph

ADDRESS: Division of Nursing

Stellenbosch University

P.O Box 19063

Tygerberg

7505

CONTACT NUMBER: 0796141449

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the investigator any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Committee for Human Research at Stellenbosch University and will be conducted according to the ethical guidelines and researchers of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

10 auxiliary nurses will be recruited to participate in the study. An in depth study will be conducted to describe your breastfeeding perceptions and experiences in your current working area. You can provide valuable information regarding nurses' breastfeeding experiences in the paediatric setting.

A 30-40 minute interview will be conducted with you. It will be required of you to respond to open ended questions asked by the investigator. Please answer all questions to the best of your ability. The interview will be tape-recorded. The purpose of the tape-recording this interview is to ensure that all data are adequately and correctly captured. The information collected will be treated as confidential and you will remain anonymous. Only the research investigator and monitors will have access to the information.

There are no personal benefits for participating in the study. The paediatric setting may benefit from the study. Research findings can be used to draw up a breastfeeding policy and recommendations can be made regarding breastfeeding promotion in a paediatric setting. There are no risks involved in you taking part in this research. You will not be paid to take part in the study. There will be no costs involved for you, if you do take part.

You can contact the Committee for Human Research at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed by your study investigator. You will receive a copy of this information and consent form for your own records.

Informed consent for the taping of the interview

The purpose of the tape-recording this interview and the use, storage and final destruction of the tapes has been explained to me and I understand the explanation. I have been offered to answer any of your questions concerning the procedures involved in the recording of the interview and I have been given a copy of this form to keep.

If verbal consent is provided, the interviewer must sign below in the presence of the participant and a witness.

.....
(Signature of Interviewer certifying that
informed consent has been given verbally
by participant). *Date*

.....
(Signature of witness certifying that
informed consent has been given verbally
by participant). *Date*

Declaration by participant

By signing below, I agree to take part in a research study entitled: The perceptions of health professionals regarding breastfeeding in a Paediatric setting of an Academic Hospital in the Western Cape.

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*)

.....

Signature of participant

Signature of witness

Declaration by investigator

I (*name*) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter. (*If an interpreter is used then the interpreter must sign the declaration below.*)

Signed at (*place*) on (*date*)

.....

.....

Signature of investigator

Signature of witness

Annexure F: Code Sheet

Qualitative Codes

The Perceptions and Experiences of Nurses Regarding Breastfeeding in a Paediatric Setting of an Academic Hospital in the Western Cape

1. Breastfeeding Perceptions	
1.1 PEBI Breast is best	DEFINITION- Any statements that breastfeeding is good, best/ better than formula feeding.
1.2 PEBB Breastfeeding benefits	DEFINITION- Any mentioning of the benefits of breastfeeding
1.3 PEBH Breastfeeding in hospital	DEFINITION- Any perceptions of breastfeeding sick children in hospital, and any perceptions regarding current breastfeeding practices in hospital.
1.4 PEBR Breastfeeding responsibility	DEFINITION- Perceptions of who is responsible for breastfeeding, self, nurses, health professionals, mothers.
1.5 PENR Nurses roles	DEFINITION- Any perception regarding what nurses should do to support breastfeeding.
2. Breastfeeding Practices	
2.1 BPFS Formula supplementation	DEFINITION- any practices where breastfeeding babies were given formula milk
2.2 BPBE Expressed milk	DEFINITION- breast milk was expressed to feed baby
2.3 BPPM Problem management	DEFINITION- any experiences of breastfeeding problems and how breastfeeding problems are managed in hospital.
2.4 BPBS Breastfeeding support	DEFINITION- Any explanation of how breastfeeding are supported in hospital by self or others.

3. Breastfeeding Challenges	
3.1 BCIB Illness of baby	DEFINITION- Any challenges nurses experience related to child's illness, any statements that indicate babies were unable to breastfeed, illness, continuous feeding, naso-gastric tube feeding, separated from mother, nil per mouth, baby in ICU
3.2 BCM Mother's personal factors	DEFINITION- Any challenges related to mothers, which block or restrict breastfeeding or prevent nurses from supporting breastfeeding; attitudes, choices, problems, physical state, etc
3.3 BCHIV HIV/Aids	DEFINITION- Any challenges related to HIV, block/restrict breastfeeding.
3.4 BCBP Breastfeeding problems	DEFINITION- breastfeeding problems experienced by the mother that can block or restrict breastfeeding- not enough breast milk, positioning of baby, baby's not sucking well, inverted nipples, cracked nipples, full /engorge breast
3.5 BCHF Hospital factors	DEFINITION- any factors in hospital that block or restrict breastfeeding, shortage of staff, time limitation, hospital routines, patient overturn, lack of privacy.
4. Breastfeeding Events	
4. BE Breastfeeding events	DEFINITION- Any specific breastfeeding events experienced in hospital.
5. Breastfeeding Needs	
5.NBP Need for breastfeeding promotion	DEFINITION- Any evidence of nurses' needs to support and promote breastfeeding, mothers needs to be supported, need for breastfeeding promotion in hospital

Annexure G:

Example of a transcription of an interview

I: Investigator

R: Participant

I: Tell me about the breastfeeding practices in the ward?

R: Most of the patients that comes to the ward are, I mean most of the patients that is in the ward are on formula feeds but if we admit a mother with a baby that is on the breast and because the baby is sick the mother the mother would decide not to breastfeed the baby because the think is sick, but then we will encourage the mother still to continue with breastfeeding because it will also help the baby to respond better and get well quicker.

I: Tell me do all nurses do that?

R: Ja, I think so, all the nurses, most of the nurses will encourage the mother to continue with the breastfeeding because we will tell the mother why is breastfeeding important for the baby.

I: And the other health professionals?

R: Like the sisters?

I: Any of the health professionals?

R: They would also, but it mostly comes through the dietician and we the nurses will also encourage the mother to continue with the breastfeeding.

I: Tell me how are breastfeeding problems managed in the ward?

R: The problems?

I: Yes.

R: Problems like what?

I: Does the mothers experience any breastfeeding problems in the ward?

R: The only problem that I do experience is that they will tell you that they do not have enough milk but if they tell you, there are tablets available that they can give to the mother, and they would encourage the mother to drink a lot and they would encourage the mother also to rest and also to put the baby on the breast.

I: How do you feel about the breastfeeding practices in the ward?

R: I think it is very good for the baby. It is not a costly thing, seeing that formula milk is so expensive so if we could encourage more mothers to continue breastfeeding and keep the baby on breast I think it will be good.

I: Are you satisfied with the breastfeeding practices in the ward?

R: hundred percent.

I: Tell me about any good or bad breastfeeding experiences you had in the ward.

I: Do you have any successful breastfeeding experiences?

R: We had a baby recently, baby was sick, one of a twin, and then the mother was having all kinds of reasons why she doesn't want to breastfeed, but at the end she was actually happy to have the baby back on to the breast and the baby was sucking well, instead of going to the shop and buy milk.

I: Ok, unsuccessful breastfeeding experiences?

R: Unsuccessful?

I: When it didn't go that well.

R: When it didn't go that well?

I: Ja

R: Not recently. ..We have a mother now that is, that is considering, she doesn't know what to do, whether to breast or whether to put the baby on formula because there is a, because of her status and the baby's status. So she's like between those two.

I: So what is the baby currently on?

R: The baby is currently, because the mother was in the ward, they encourage her to breastfeed, but after she heard that the baby is like HIV positive she was considering putting the baby on to formula and, but they still encourage her because she started off with breast so they said she must continue but unfortunately she went home, she didn't leave us any breast milk so now the baby is, what's actually happening here the baby is getting mix feeding. So at present the mother is not in the ward, she went home.

I: So actually telling me is that HIV also influences breastfeeding support?

R: Uhm, If it's not well understood, because if the baby is HIV positive and the mother

started with breast they tell the mother to continue with the breastfeeding, but some of the mothers will stop and, because they think, I do not know what they think but they will stop breastfeeding, they do not want to breastfeed anymore.

I: Does the nurses understand that well?

R: Yes. Most of the times, I think if the mother doesn't, we explain to the mother why breast is the best for the baby, but if she, but we wont force her to breastfeed the baby.

I: What makes breastfeeding difficult in the ward?

R: Is when the mother doesn't want to breastfeed.

I: Is there anything else. What makes it difficult for the nurses to support breastfeeding mothers? You mentioned if they do not want to. Can you think of any other factors that make it difficult for nurses to support breastfeeding mothers?

R: Uhm

I: Are there any challenges to support breastfeeding mothers?

R: Is there challenges? Yes, sometimes, because say, we feed babies or mothers will feed according to what the dietician is giving us. So if the mother decide not to breastfeed, say that is over a weekend, than is were the challenge come in, because what are we going to give the baby now, if the dietician has prescribe exclusive, u see, that is one of the challenges we face sometimes, but at the end of the day we cannot take the baby and put the baby on the breast, we will say ok but the child needs to be feed so we will and then well will leave it to the dietician again to discuss it with the mother.

I: So most of the time the dietician is making the feeding decisions.

R: She's doing all the feeding in the ward, everything, from the baby, toddlers, all the bigger children, she does all that.

I: What makes it difficult for mothers to breastfeed in the ward?

R: There's nothing really difficult, because. I do not think there is anything that can make it difficult for them, unless they do not want to, there's nothing that makes it really difficult for a mother not to breastfeed the baby.

I: How do you feel about breastfeeding?

R: For me personally, I think breastfeeding is actually the best a baby can have. It's

helping with the baby's development. I mean there is no cost involved, it's always ready, it's like, and it's very healthier. Sometimes your bottles not always clean, properly cleaned at home, so with the breast you can just put the baby on. It's healthy. The risk of infections is much lower than babies with bottles. The babies do not get like diarrhea very often as baby with bottle feeding, because of all the germs and stuff.

I: How do you feel about breastfeeding sick children in hospital?

R: It depends, cause sometime if it's a baby with like a chest infection, pneumonia type of thing, it's difficult to breastfeed a baby, because the baby can't breath properly, so obviously if he has to suck he wont be able to breath properly so for there I will so say ok, but then I will encourage the mother to express while she is not breastfeeding.

I: So you say the baby's condition makes breastfeeding difficult in the hospital, however you can manage it with still giving the breast milk through expression.

R: You can, ja you can, if the baby is too sick, if the baby is too sick to suck, the mother can express and then we can still feed the baby the expressed EBM.

I: Who do you think is responsible for breastfeeding support in the hospital?

R: I think us, all of us.

I: Which include?

R: Everybody, all the nursing staff should.

I: Can you give reason?

R: because it's the best, we must encourage breastfeeding more often, unless there's real, real where a mother can not breastfeed the baby, like a, a baby that is, the mother is HIV, the baby is negative, in that case otherwise we should encourage breastfeeding. We living in times where there are financial difficulties and all that so we got access to this immediately.

I: Ok, free access.

I: What do you think should be the role of nurses in breastfeeding support?

R: Uhm, first of all I think we should have the understanding, a very good understanding about and then we should like, with the understanding and the knowledge that you have about breastfeeding that's the only way you, you can, uhm, you can educate the mothers about breastfeeding.

R: But if I do not have an understanding of breastfeeding, I won't know how to educate a mother and telling her the importance of breastfeeding.

I: So what you actually mean is, if the nurses do not that breastfeeding knowledge...

R: Yes a proper understanding then.

I: Ok, is there anything that the nurses need, any resources that they need to support breastfeeding in the hospital?

R: I think they need more education of breastfeeding.

I: Do you think there is a need for breastfeeding support in the hospital?

R: There is a great need, if they could have like a little, say uhm, like support groups where mothers can get together and explain to them and also like if we have like, if they can have the difference between the baby that is not breast and the baby that is not on breast, u know, that will also encourage the mothers, something like that.

I: Ok. So educate the mothers about the importance.

I: Can you repeat what you just told me?

R: Must I repeat it?

I: Yes, what you just told me.

R: I said like 99% of our children in the ward are on formula feed, we only got at the moment one baby that is on breast milk, so it's very, very little amount of babies on breast. But even for that one we will still encourage to breastfeed the baby. So the experience for us about breastfeed is not very, it's very, it's not vague, but we have a little, but not that much experience, because we do not have a lot of mothers in the ward that is breastfeeding.

I: Are you implying, that is making breastfeeding difficult in the ward, or how does it influence breastfeeding?

R: It's not making, it's because most of the babies, like in the medical ward were I'm working, most of the babies that's in the ward, is HIV positive, so the mothers is exclusive, is formula, u see, they do not breastfeed their babies, that is why they do not breastfeed at all, because most of our babies is HIV positive.

I: So there is little that breastfeed. Does that influence how nurses support breastfeeding?

R: Not at all, because if a baby does come to the ward, the dietician or the doctors will know beforehand if the baby should be on breast. If the child come from home and the child has been on formula feeds at home so they will not implement breastfeeding then because they do not want to mix feed, but if a child comes from home on the breast and is diagnosed in the hospital HIV positive, they will encourage that mother to continue with the breast, u see, but if a child comes from home sick, has been on formula than they won't put him on the breast.

I: Ok, So actually it doesn't matter whether a child is HIV positive or negative, once a child is breastfeeding, it's getting the same support.

R: Yes

I: The support nurses give the breastfeeding mother, is it based on their personal knowledge or their personal experience?

R: I think so, most of the time. Like I went to an update about breastfeeding so they told us why the mother should breastfeed, so on that I can tell the mother today, cause I do not have any experience about breastfeeding, so I can tell the mother you not gonna pay any money if you must breastfeed your baby, the temperature of the milk is right, it's always ready, you can take it our anywhere, if the baby wants to drink you can drink at any place, it's always ready, you bond with your little baby, the baby will feel your heartbeat. You know that type of thing. That is what I have learned so with that I can tell the mother why I think she should breastfeed.

I: Was it at a workshop?

R: It was at a workshop yes, at the hospital. We did like breastfeeding.

I: Is it an annual or regular thing, the workshops?

R: We had like, uhm; it was called the update which was running over 6 months so we did all those things, so one of the things was breastfeeding. So I've learned and I've remembered and that is what I'm doing now.

I: Is there breastfeeding in-service training currently in the hospital?

R: I really do not know, I do not think so, but I think that is because it's a children's hospital, maybe there is which I do not know of. That is also a good thing we should have like in-service for breastfeeding, more in-service training.

