



Why women breastfeed...or don't – A health psychology view of breastfeeding behavior.

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Brief Biography

I have been an IBCLC since 1994.

In this function, I have established counseling centers in different institutions in Switzerland. Currently I work at the University Hospital in Basel, counsel mothers on the in-patient and ambulatory units and teach breastfeeding promotion topics to midwives, nurses, physicians, breastfeeding counselors in-training, mother advisors in-training and medical students. Moreover, I am on the Board of Trustees and a member of the Expert Commission of the Swiss Foundation for the Promotion of Breastfeeding.

Goals

The lecture aims at recognizing the various factors influencing both breastfeeding and breastfeeding behavior and analyzing them on the basis of the social-cognitive process model of health action (Health Action Process Approach = HAPA)

Abstract

Humanity would not have survived if mothers had not breastfed their infants. For many millennia, breastfeeding was the norm for infant feeding – only in the 20th Century did breastmilk substitutes for infants become so popular that the breastfeeding culture and traditional knowledge about breastfeeding threatened to disappear. As a result, in the last 40 years some programs have been launched to promote breastfeeding again; both the WHO and many professional societies recognize the advantages of mother's milk feeding and recommend that mothers breastfeed their babies. Despite these efforts, many women in most industrialized nations breastfeed their babies for much less time than recommended.

Health care professionals are frequently confronted with breastfeeding problems when they care for mothers and their infants. These make the early period after birth more or less stressful. Thereby it is noticeable that some mothers invest an unbelievable amount of strength and energy in breastfeeding, successfully master the initial problems and ultimately achieve their goal. By contrast, others give up more quickly and do not breastfeed their babies. So, where does the difference lie? Could a health psychology view answer this question?

In this lecture the influences on breastfeeding will be examined on the basis of the social-cognitive process model of health action (Health Action Process Approach = HAPA). Thereby the model serves as a map which accompanies the logical sequence of the analysis. The research for this literature supported work took place between May and October 2009.



Results

The factors influencing breastfeeding behavior can be very easily analyzed with the social-cognitive process model. All of the significant known influences can find a place there in a logical, comprehensible sequence.

The decision for or against breastfeeding is already made before the birth, frequently even before the pregnancy. Motivational programs, pictures and information on breastfeeding should be able to target girls and very young women. Professionals who offer courses for expectant parents play a significant role in breastfeeding promotion. They have the possibility of preparing mothers and fathers for breastfeeding. Their work has a proven influence on breastfeeding.

A particularly interesting aspect of this analysis is the influence of self-efficacy and breastfeeding self-efficacy on breastfeeding practice. Some studies have shown that women who exhibit a higher self-efficacy (in general) or a higher breastfeeding self-efficacy (in particular) are more successful in dealing with initial problems and breastfeed significantly more than women with lower scores. The analyses on the basis of the HAPA model give clear answers to the initial question. A study of breastfeeding on the basis of the social-cognitive process model at our latitudes would be desirable and should produce more knowledge which could prove to be helpful both for breastfeeding promotion and for the support of mothers and babies.

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