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## “One of those things the student is left to do”. Student midwives’ experience of infant feeding education. A phenomenological study

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### ABSTRACT

**Aim/Objective:** To explore final year student midwives’ experiences of breastfeeding education and clinical experience during their three year pre-registration midwifery degree course.

**Background:** Despite an increasing research base about what helps or hinders breastfeeding, there is a dramatic drop in breastfeeding prevalence within the first six weeks of birth. Breastfeeding support and education have been identified as influencing factors associated with breastfeeding prevalence, yet there is a paucity of evidence exploring infant feeding education for pre-registration student midwives.

**Design:** Qualitative data was gathered using semi-structured interviews with seventeen final year midwifery students in a Higher Education Institution in the North of England.

**Methods:** Interviews were audio recorded, transcribed verbatim, and analysed using thematic analysis.

**Results:** Three core themes were identified: The Mentor-Student Relationship, Midwives and student midwives’ attitudes towards breastfeeding and Theory-Practice Disassociation. University-based input provided them with underpinning knowledge but provided little opportunity to develop skills. Attitudes towards breastfeeding were predominantly negative, and these negative descriptions were frequently linked by students to time constraints and workload pressures. The relationship between students and mentors had a direct impact on students’ development of breastfeeding support skills and confidence: students who had mentors who were enthusiastic about their role in facilitating learning in clinical practice were confident in supporting women with infant feeding. However, many students described the hospital environment as too busy for infant feeding skills teaching and guidance.

**Conclusions:** Although few participants were dissatisfied with how their pre-registration midwifery education prepared them for clinical practice in general, the majority would have liked more opportunities to support women with infant feeding in complex and challenging cases, both in University and in clinical practice. There is a need for midwifery students to be provided with a variety of educational experiences such as theoretical classroom-based learning, simulation-based learning, peer learning, clinical care practice and direct service user engagement. These learning experiences need to include artificial feeding and breastfeeding.

### 1. Introduction

Breastfeeding is a key public health measure, conferring short-, medium- and long-term health benefits for women (Victora et al., 2016), health and developmental outcomes for infants (Horta et al., 2015a, 2015b), and societal and economic benefits (Rollins et al., 2016). World Health Organisation (2011) promotes exclusive breastfeeding of infants for up to six months. Despite an increasing research base about what helps or hinders breastfeeding, there is a dramatic drop in breastfeeding prevalence within the first six weeks of birth in the United Kingdom

(UK) (Public Health England, 2020). The data shows that the UK has significantly lower breastfeeding rates at 12 months of age in comparison to other high-income countries such as US, Norway, and Sweden (Victora et al., 2016). The reasons that mothers give for stopping breastfeeding in the UK suggest that few mothers give up because they planned to (Spencer and Fraser, 2018) with the causes for stopping breastfeeding more likely due to societal norms which discourage breastfeeding, lack of professional support and misconceptions surrounding the value of artificial milk (Unicef, 2016). This would appear to suggest that there is a gap between women’s experiences of

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breastfeeding and professional practice to promote, support and increase duration. Research into causes of breastfeeding cessation and infant feeding education has primarily focused on influencing factors associated with breastfeeding prevalence (Keevash et al., 2018) and improving qualified midwives' practices, resulting in a paucity of evidence exploring infant feeding education for pre-registration student midwives.

In the United Kingdom (UK), student midwives are required to complete a Nursing and Midwifery Council (NMC) approved pre-registration midwifery curriculum programme to attain the Standards of Proficiency for Midwives (NMC, 2019a) and gain entry onto the NMC register (NMC, 2019b). The academic model of learning in Higher Education Institutions (HEI) facilitates students to develop their skills and knowledge within a safe environment, transforming them into 'knowledgeable doers' (O'Connor, 2007). In contrast, it has been suggested that there is a theory-practice gap in students who are unable to adequately apply the theoretical knowledge they obtained in HEIs, into the clinical setting (Rehan et al., 2018) despite learning being split equally between placements and the classroom. Infant feeding education is a significant theme of the NMC (2019a) *Standards of proficiency for midwives* and the midwifery curriculum at this HEI, with infant feeding lectures, seminars and clinical skills workshops facilitated across all years of the programme, and competencies assessed within clinical practice. This study explored the views of one cohort of final year student midwives, regarding the breastfeeding education and clinical experience they gained during their pre-registration midwifery degree course and how they felt in terms of supporting women to breastfeed. This study contributes to ongoing evaluation and incorporation of student experience to our pre-registration midwifery provision and the potential gaps between theory and clinical practice.

Primary objective:

- To describe student midwives' experiences of infant feeding education and clinical experience during their pre-registration midwifery degree course.

Secondary objective:

- To explore how final year student midwives felt in terms of supporting women to breastfeed
- To acquire knowledge to inform future curriculum planning

Of note: throughout this paper, the term mentor has been used by participants as a generic term for those supporting and assessing learning in practice; it was relevant to the data collection timeframe and the regulatory body context (NMC, 2008). More recent regulatory change (NMC, 2018a) replaces the term mentor with practice supervisor and practice assessor.

## 2. Methods

The study was performed in accordance with ethical principles outlined in the Helsinki Declaration (World Medical Association, 2001). Ethical approval for this study was obtained from XX University Research Ethics Committee, ID ER6056345. Participation was voluntary with written consent being obtained prior to data collection. Students were advised that non-participation or withdrawal from the study at any stage posed no risk to their education. Participants' identities were kept confidential with transcripts anonymised.

A phenomenological approach was utilised to explore the lived experiences of infant feeding education and clinical experience of final year student midwives. The philosophical underpinnings take the perspective from a Heideggerian (1962) approach that facilitates the exploration of participants' interpretations of their experiences.

In phenomenological research the researcher wishes to sample the expressions of lived experiences relevant to the phenomenon of interest (Green and Thorogood, 2018). Purposive sampling was employed, inviting all student midwives from one final year cohort to participate

via their University email address. A participant information sheet outlining the purpose of the study and what it involved was provided with the invitation email. If prospective participants were interested in discussing the study further / participating, they then contacted [researcher 1] directly using contact details on the participant information sheet.

The data collection involved semi-structured interviews, allowing the participants to lead the discussion and spontaneously raise topics of importance to them. The interview schedule covered a broad range of topics relating to students' experiences of infant feeding education in the University and whilst in clinical placements, including their personal or work experience of breast or formula feeding prior to starting on the midwifery course and the support they had received from their practice supervisors during the course. The interviews took place after all infant feeding University-based learning and teaching had been completed. The interviews were conducted in a quiet room in the University. Only one interview with each participant was undertaken, no interviews were repeated. Given Heidegger's belief in the relevancy of context, Smythe (2011, p41) suggests that to undertake a subsequent interview to explore the experience again may have altered the meaning or interpretation ascribed to that experience. All interviews (conducted by [researcher 2] and [researcher 3]) were digitally recorded and transcribed. [researcher 1] is an experienced qualitative researcher and experienced lecturer. [researcher 2] and [researcher 3] were newly appointed midwifery lecturers and had no clinical or educational involvement with the third-year pre-registration student group prior to data collection. Undertaking data collection in this way facilitated safeguards to prevent coercion and promoted anonymity as only [researcher 1] had the dual role of teacher and researcher and was known to the student group. Acknowledging that researching one's own students has the potential for ethical concerns (Brown, 2010), the importance of informed consent, that students did not feel coerced into taking part in the study and placing the students' educational needs above those of the study were considered critical. All researchers are female. All researchers are registered midwives.

Initially a sample size of 10–15 was identified, data collection continued until a perceived point of data / thematic saturation had been reached, when no more emergent patterns were appearing in the data. Data / thematic saturation is a variation for other qualitative methods. This concept is generally taken to mean that data should be collected until nothing new is generated (Green and Thorogood, 2018). A total of 17 interviews were conducted.

A thematic data analysis approach was employed to interpret the collected data. Thematic analysis was selected as it permits for the analysing, categorising and reporting of data, providing significance and interpretation to the information accumulated (Steen and Roberts, 2011). In addition, thematic analysis allows for a high degree of flexibility and rigor (Braun and Clark, 2006). Transcripts were coded initially by [researcher 1] using an inductive approach to draw out key themes emerging from the primary data (Rees, 2011). Transcripts were then re-read in more detail to refine these themes and coded further to produce higher level concepts emerging from the research. The interpretation of data was discussed during face-to-face meetings and agreed between members of the research team ([researcher 1], [researcher 2], [researcher 3]). Codes were cross-referenced to draw out common or contrasting examples and illustrative quotes to support the wider theories (Green and Thorogood, 2018). This type of analysis produces a rich qualitative description.

## 3. Findings

41 students were eligible to participate in the study and a total of 17 students volunteered. All 17 students were interviewed, at which point we believed we had reached a point of data / thematic saturation, when no more emergent patterns were appearing in the data. The population was all female with age ranges 21–43 years.

Based on the thematic data analysis, three core themes were identified relating to the participants clinical experience and preparedness for practice. These were identified as: The Practice Supervisor -*Student Relationship*, *Midwives and student midwives' attitudes towards breastfeeding* and *Theory-Practice Disassociation*.

### 3.1. The practice supervisor - student relationship

This theme concerns the relationship between students and practice supervisors and the impact that relationship has on students' development of breastfeeding support skills and confidence. In this study some students reported having supportive practice supervisors who facilitated learning and enhanced their knowledge and experience of providing breastfeeding support to mothers.

'Erm like I say it depends what mentor you get really but the best mentor I have had was really good at like orientating me to where we kept the you know the pumps for expressing the teaching me about hand expressing...then also with breastfeeding support my mentor was really good at teaching my trusts guidelines and you know with regards to hands on and hands off that kind of thing so I felt I had really good support'. [Participant F]

'I feel it depends what mentor you have... I think it depends on your mentor really in terms of what you learn from them'. [Participant A]

Other students experienced practice supervisors who did not facilitate their learning, where they were regarded as workers rather than learners, and were left facilitating infant feeding for women without supervision or support.

'I think my clinical skills have been let down even though we had workbooks to complete in practice around infant feeding usually they (mentors) will just sign them off and not actually come and watch you give support to someone'. [Participant J]

'I think sometimes midwives, if you are a student, want you to kind of do it rather than do it themselves'. [Participant H]

Those students that discussed supportive practice supervisors also stated that they were confident in supporting women with breastfeeding.

'Last year I had a mentor that was really hot on providing breastfeeding support and she wouldn't leave the room until the baby had latched on so then I really gained confidence in breastfeeding support'. [Participant F]

'You have lots of discussion with your mentor, you watch your mentor support women and give advice and then the more confidence you get over the three years then you feel a bit more confident starting to do it and it's kind of like learning on the job and you see a lot of different women go through different experiences and I feel like most of my learning comes from discussion and observing mentors and other midwives'. [Participant E]

### 3.2. Midwives and student midwives' attitudes towards breastfeeding

This theme concerns the articulation of breastfeeding attitudes reported by students. In this study, descriptions of breastfeeding by students and attitudes towards breastfeeding reportedly expressed by qualified midwives were predominantly negative.

'it's like very rare that a woman gets on with breastfeeding...usually everyone struggles with the latch, or the positioning or they say you haven't got enough milk or baby's not settling...it can get really stressful, for the midwives as well'. [Participant C].

These negative descriptions were frequently linked by students to time constraints and workload pressures:

'some midwives don't [like supporting women with breastfeeding] because it's quite time consuming'. [Participant E]

'a lot of the midwives I've worked with are relieved when the woman says she's going to formula feed because it's taking an element of the work out of what they've got to do to support the woman and they can concentrate on other things'. [Participant D]

As can be seen from the quote above, formula milk feeding was conceived as preferable to breastfeeding by some of the qualified midwives due to its perceived relative ease on the midwife's workload. Several students talked about the early introduction, by hospital staff, of formula milk.

'Some midwives are really into it [breastfeeding] and they really will give you support, and some midwives would rather go 'here's a bottle'. [Participant N]

'I feel like it's something that midwives sometimes don't have the time to do so that affects their attitude to it, be a bit like [exasperated sigh] you know, one of those things, it's going to take loads of time, the baby's going to take loads of time, it's going to be really hard to feed that baby, feel like she just needs to give it a bottle but that's obviously not ideal and not what we wanna be doing [pause]'. [Participant O].

The hospital environment was described by many students as exceptionally busy and stressful. This made some students feel that breastfeeding support was not as important or significant compared to other issues and priorities and influencing their learning experiences, leading to a focus on task completion rather than linking theory to practice. Student's perceived that qualified midwives avoided supporting women with breastfeeding themselves, prioritising other tasks.

'I often feel like it's one of those things the student is left to do'. [Participant O].

Several students identified that ward-based midwives deferred to designated infant feeding healthcare workers instead of supporting women with breastfeeding themselves.

'the midwives are quite firm to say we'll get breastfeeding support workers in ...they [ward-based midwives] aren't the most supportive of going in and doing it themselves'. [Participant B].

'mainly they pass you off to the infant feeding coordinator'. [Participant H].

Students described undertaking infant feeding support with little support or supervision from their practice supervisors who one student described as "*disinterested*". These descriptions of a lack of support with infant feeding from qualified midwives were solely connected to the hospital environment.

'I think some people [midwives] prefer it and some people [midwives] don't because it's quite time consuming. But generally I've had quite positive experiences...especially in community settings when you've got a bit more time'. [Participant E].

Witnessing a dearth of infant feeding support being provided by hospital-based qualified midwives resulted in one student identifying that she did not envisage herself undertaking infant feeding support when she qualified.

'I'd say knowing that then I'm going to go out and be a midwife that's going to be on a busy ward I don't know how much time I, as a qualified midwife, I would have to allocate to that'. [Participant D].

### 3.3. Theory-practice disassociation

The majority of students perceived there to be a disconnect between the infant feeding education in University, compared to the education

gained within clinical practice. Student midwives in the study identified that they had not received as much education on artificial feeding as they had on breastfeeding, resulting in difficulties in supporting women in clinical practice who wished to artificially feed their babies.

'I think in terms of formula feeding, um, we didn't get as much education, um, probably because there isn't as much to teach, so I think it might have been better to have more on that side of things, sterilisation and things'. [Participant E]

'It was very much targeted at breastfeeding and we didn't get many lectures towards erm artificially feeding and particularly towards like making up feeds how much baby should have just basic things like that'. [Participant H]

Descriptions of a lack of artificial feeding knowledge is often linked to students being unsure about the promotion of BFI standards and how that relates to supporting women who choose to formula feed.

'When we made the bottles up that was really good, and we did have a session on it, but I think to be able to give women a lot of information on it I don't think I'd be able to do. But then again I suppose that's all because of the BFI'. [Participant N]

Students reported that theoretical breastfeeding education in University was heavily limited to the first year of study with an excess of theoretical knowledge pertaining to the anatomy and physiology of breastfeeding. However, students reported a lack of practical education until the facilitation of clinical placement.

'obviously things being very theory based obviously that but it doesn't necessarily help you when you go into practice and you have a woman who maybe in front of you that you've then got to try and get to feed. I feel like in my mind a lot of it was anatomy and physiology based and like was difficult to try and do anything that was practical in the university setting'. [Participant D]

'The education was really good for underpinning theory, but I don't think there's a massive amount of preparation on how to advise women on approaches, on how often their baby should be feeding, especially what to do when a baby's constantly feeding. I don't necessarily know how to advise mums how to tackle that'. [Participant M]

Students identified that University provided an absence of practical advice on how to support mothers in their infant feeding choices, and identified that they needed additional technical and relational skills development opportunities in University, such as simulations and attending breastfeeding support groups to aid with communication skills and dealing with and challenging bad practice:

'you know, in terms of positioning and attachment I think I'm quite a visual learner so uhm until I've then gone out into practice and I've seen it in practice it didn't really make sense'. [Participant A]

'say in the real world everyone's different shapes and sizes, in University it's all very clinical, it's not as, it's not as realistic so yeah, that you can only find out, well, when you're faced with it'. [Participant C]

#### 4. Discussion

The findings from this study indicate that students who stated they were confident in supporting women with breastfeeding often had practice supervisors who supported and facilitated learning opportunities and openly shared their knowledge and experience. The findings also indicated that some students felt they were left with little supervision from those they were allocated to work alongside when supporting breastfeeding mothers. These findings are consistent with other studies (Donaghy, 2016) in which students reported feeling unconfident,

frustrated, and exploited by the lack of supervision they received. Practice Supervisors who lack the ability to facilitate learning and provide poor supervision run the risk of leaving students feeling anxious and underprepared for the demanding role of a midwife. The influence and effect practice supervisors and practice assessors have on students' learning, attitudes and skills is likely to influence the professional midwifery practitioner they become and equally impact on the midwifery care women receive (Dewar et al., 2020).

The lack of practice supervisor support to both mothers and students that was reported by several students in this study is concerning, especially as all the practice learning partner trusts are Baby Friendly Initiative (BFI) accredited. Previous studies (Reddin et al., 2007) have shown that student midwives have witnessed outdated practices and a lack of commitment by midwives in BFI accredited hospitals and concluded that commitment to breastfeeding support should not be presumed because a hospital has BFI accreditation.

A recognised aspect of infant feeding behaviour is that individuals frequently replicate beliefs and behaviours (Earle, 2002). It has been noted that students change their behaviours to fit in with the prevalent culture (Jack and Wibberley, 2014). Our study echoes these viewpoints with students replicating the negative attitudes towards breastfeeding that they witnessed of qualified midwives. This is of particular concern as students learn physical, communication and caring skills through role modelling (Kenyon et al., 2015). Midwives' lack of belief in women's ability to breastfeed leads to the adoption of a technocratic model of care and an over-reliance on problem solving (Spencer and Fraser, 2018).

Considerable efforts have been invested in attempting to change attitudes and behaviours amongst health care professionals in the UK (BFI) that were counter to the promotion of breastfeeding. It is unlikely that the negative attitudes described by the students in our study of clinical midwives in hospital towards breastfeeding are unique. The environment in which students apply theory to practice must be designed to support breastfeeding if students are to become confident and compassionate breastfeeding promoters (Natan et al., 2018).

Postnatal services including breastfeeding support in the UK have been reported as inadequately resourced, with many women reporting that they had received conflicting information about their care and as a result felt confused, and at times pressurised (National Maternity Review, 2016, Care Quality Commission, 2015). The negative or sceptical attitudes towards breastfeeding described by students in our study has implications, particularly in regard to social learning (Bandura, 2004) whereby students (and mothers) model their behaviour on the live, verbal, and symbolic norms surrounding them.

Our findings imply a disconnect between current undergraduate education provision and education within clinical practice in this setting. Furthermore, it identified a disparity between artificial feeding and breastfeeding education. This resulted in a lack of confidence in supporting women's choices, which is disconcerting considering a significant role of the midwife is to respect and be advocates for individuals' choices (NMC, 2018b, 2018c).

The participants discussed receiving a comprehensive level of theoretical education albeit heavily weighted to deliver in the first year, however perceived a lack of practical clinical skills training and a difficulty in linking theory to practice. Students were apprehensive in the provision of care for individuals with challenging and complicated cases. This finding is consistent with findings from a recent study undertaken in Jordan where student midwives displayed a lack of knowledge and skills in the management of breastfeeding difficulties. The lack of knowledge reported in this study was believed to be due to inadequacies within the Midwifery curriculum (Altwalbeh, 2021). Healthcare educators have a pivotal role in the provision of efficient theoretical and practical knowledge, including the facilitation of effective diverse learning experiences, to aid the learning and development of skills and competent practitioners (Mountford et al., 2006). Simulated practice learning does not replace clinical practice experience within midwifery education. However, the NMC (2018c) confirms that

simulation can enhance knowledge, actions, and skills within student midwives. The results of this study emphasise the need for students to be provided with a blended learning approach to address specific infant feeding learning requirements. These needs can be met through a variety of educational experiences such as theoretical classroom-based learning, simulation-based learning, peer learning, clinical care practice and direct service user engagement. A recent literature review of education and training courses on breastfeeding support for health professionals found that online learning had the potential to increase positive attitudes towards breastfeeding amongst its learners (Navarro, Soriano and Laredo, 2021).

## 5. Strengths and limitations

A strength of this research lies in the qualitative interview approach which allowed participants to speak confidentially, revealing perspectives that may not otherwise have been disclosed. Although the interviewees had no clinical or educational involvement with the third-year pre-registration student group prior to data collection, the interviewees were known as part of the midwifery lecturing team to the participants. This may be a limitation due to the possibility of participants responding with social desirability bias (King and Bruner, 2000), reporting what they believe the researchers want to hear. This study was limited to one HEI setting.

## 6. Conclusions

Our findings suggest that student midwives' attitudes towards supporting women with infant feeding, and their confidence in this role, reflects the attitudes of the health care professionals they have worked alongside during their years on the programme. Descriptions of disparity between breastfeeding and artificial feeding education were reported, in addition to a difficulty in linking theory to practice. University-based input provided them with underpinning knowledge but provided little opportunity to develop skills. Students suggested a need for increased educational provision in relation to complex and challenging cases and relational skills development, both in University and in clinical practice.

Our findings suggest that there continue to be challenges and scope for improvement in the education of student midwives, to improve their knowledge and skills in providing breastfeeding support. There is also need for more research to identify how to effectively address these challenges.

## Ethical approval

Approval was granted by Sheffield Hallam University Research Ethics Committee [Ref: ER6056345].

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## Clinical trial registry and registration number (if applicable)

Not applicable.

## CRedit authorship contribution statement

Researcher one - Rachael Louise Spencer: Conceptualization, Methodology, Data curation, Validation, Supervision, Writing – original draft, Writing – review & editing. Researcher two - Jane Stephenson: Investigation, Formal analysis, Writing – original draft, Writing – review & editing. Researcher three - Chantelle Thomas: Investigation, Formal analysis, Writing – original draft, Writing – review & editing.

## Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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