



# COMPARE-PHC

CENTRE FOR OBESITY MANAGEMENT & PREVENTION RESEARCH EXCELLENCE IN PRIMARY HEALTH CARE

## What are the opportunities for promoting healthy infant feeding practices in mothers of low educational attainment?

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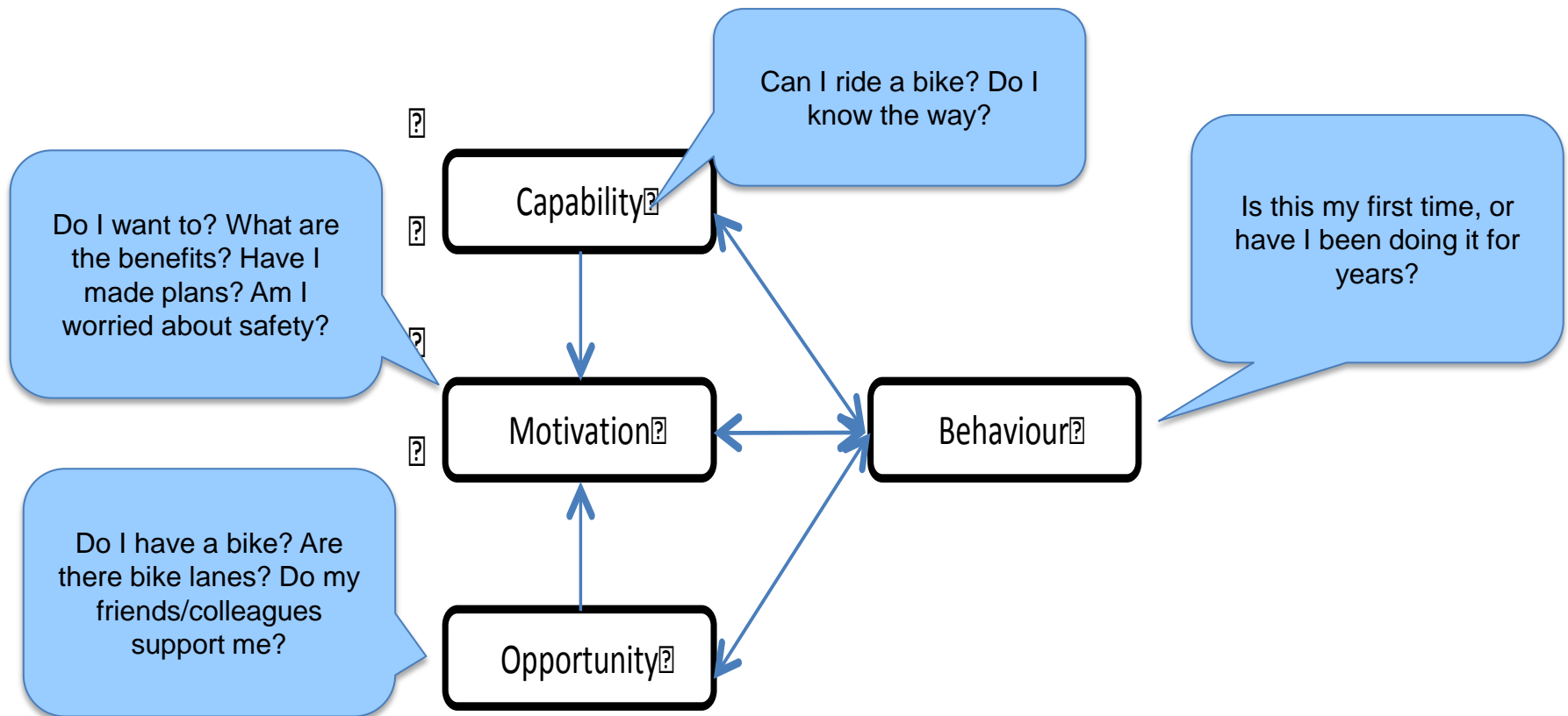


# How can we design effective interventions in this group?

- a. Identify important behaviours.
- b. Identify what is needed in order for those behaviours to occur in the target population.
- c. Map these to appropriate Behaviour Change Techniques.

# COM-B Framework (Michie et al)

Why will the target behaviour or a competing alternative occur?



# Methods

Interview guide developed around COM-B framework.

Qualitative, one-on-one semi-structured interviews.

5 infant feeding practices.



# The infant feeding behaviours

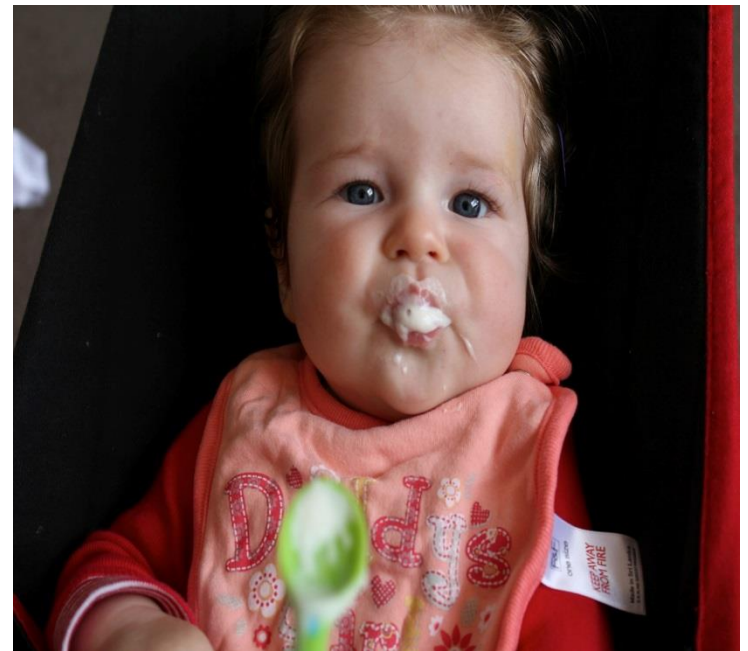
Target Behaviour	Competing Alternative
Initiating breastfeeding	Initiating formula feeding
Prolonging duration of breastfeeding	Replacing breast milk with formula
Introducing solids later (~6 months)	Introducing solids early (~4 months)
Responsive feeding (to appetite)	Non-responsive feeding (for reasons other than hunger)
Introduce healthy first foods	Introduce unhealthy first foods
Best-practice formula feeding	Sub-optimal formula feeding

# Participants

29 mothers living in NSW/ACT

Had not completed a University degree

13 girl infants, aged 2-11 months (M=6.5 months)



# Results

- Psychological Capability (skills & knowledge)
- Social Opportunity (interpersonal influences)
- Reflective Motivation (plans, evaluations)

...were important determinants of the behaviours.



# Psychological Capability - Examples

- Mental toughness to get through early breastfeeding challenges.
- Confidence in knowing when is the right time to introduce solids.
- Knowledge about benefits of breastfeeding.
- Skills and knowledge in settling baby.
- Skills and knowledge in recognising and interpreting baby's hunger/satiety cues.





# Social Opportunity- Examples

- Emotional support from family and friends to breastfeed.
- Social pressure to stop breastfeeding before baby is “too old”.
- Paucity of information from credible sources on how to formula feed well.
- Lack of emotional support from health professionals for formula feeding.
- Conflicting advice on when to introduce solids.

# Reflective Motivation- Examples

- Plans and intentions to breast- or formula-feed.
- Belief that there are no negative consequences for the baby in introducing solids earlier.
- Planning to feed baby healthy first foods.
- No plans or intentions made on how to settle.

However the **relative importance** of each COM-B element varied with each feeding practice

## Earlier/later introduction of solids

C: some awareness of 6 month recommendations

O: received inconsistent advice

M: motivated to introduce solids  
**earlier**

**Motivation** is important

## Best practice/suboptimal formula feeding

C: few skills & poor knowledge in the beginning

O: good advice is unavailable

M: motivated to feed well

**Opportunity** is important

## **Prolonging breastfeeding/introduce formula**

C: high skills & knowledge

O: little advice/support

M: plans, goals & beliefs about  
consequences

Motivation is important

## **Responsive/non-responsive feeding**

C: low skills in settling without  
food/milk

O: little advice on consequences  
of feeding to settle

M: motivated to feed to settle

Capability, Opportunity and  
Motivation are important

# Linking to BCTs

To affect mothers' **Capability** (knowledge/skills) use BCTs of *Education* or *Training* (e.g. demonstrate how to settle without using milk).

To affect mothers' **Motivation** use BCTs of *Persuasion* or *Education* (e.g. educate mothers about possible health consequences of introducing solids earlier).

To affect **Social Opportunity** use *Enablement* (e.g. behavioural support from health professionals about formula feeding well).

# Key messages

It is important to understand where behaviour change interventions should be targeted: motivation, capability or opportunity?

Different strategies may be needed for different infant feeding practices.

Behaviour change techniques can be mapped to the unique determinants of each of the infant feeding practices to improve the success of interventions.

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