

Body Image and Breastfeeding Self-Efficacy: How is this moderated by Partner Support?

Background

The WHO (2023) recommends exclusive breastfeeding for the first 6 months of life, however less than half of children under 6 months are exclusively breastfed.

Breastfeeding self-efficacy (BSE) - one's confidence in own ability to breastfeed (McGovern et al., 2024)

- BSE is significantly related to breastfeeding duration, initiation, and exclusivity (Blyth et al., 2008).
- BSE is positively impacted by partner support and negatively impacted by body image (Uludağ & Öztürk, 2020; Kapa et al., 2022).

We should consider how these factors interact

Research hasn't explicitly explored whether partner support mitigates the effect body image has on BSE. Additionally, there is a lack of research investigating specific behaviours that appear to be supportive to breastfeeding parents.

Methodology

Online survey recruiting breastfeeding parents aged 18+ who are in a romantic relationship

Questionnaires:

Body Image-Acceptance and Action Questionnaire (BI-AAQ; Sandoz et al., 2013)

Adapted Postpartum Partner Support Scale (PPSS; Dennis et al., 2017)
Breastfeeding Self-Efficacy Scale Short Form (BSES-SF; Dennis, 2003)

Qualitative questions (short-answer questions):

"Please tell us about things that have made you feel supported/unsupported during your breastfeeding journey, and how this has affected your overall breastfeeding experience."

"What other things would make you feel supported during your breastfeeding journey?"

"How have you/your partner responded to your changing body during pregnancy and breastfeeding?"

- Data collection is currently ongoing (see Table 1)

How does body image affect breastfeeding confidence, and how does partner support impact this relationship?

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What behaviours are perceived as supportive and unsupportive by breastfeeding parents?

Table 1: Example quotes of answers to the short-answer questions about supportive and unsupportive behaviours

Supportive	Unsupportive	What next?
"I had phone calls from a breastfeeding support group"	"Negative comments from strangers"	"Healthcare professionals to be more experienced"
"Meeting likeminded individuals"	"Social media pitting breastfeeding and formula fed mothers against one another"	"More widespread acceptance in public places"

Discussion

Standardisation in medical education - compulsory breastfeeding training is only provided in approximately 85% of medical schools across the UK. On top of this, 93% of students requested additional breastfeeding education due to a lack of confidence (Biggs et al., 2020).

Public breastfeeding spaces - initiatives should be in place to encourage breastfeeding in public spaces. Boyer (2018) suggests that spaces should be made more comfortable for breastfeeding parents through seating areas and lighting changes. Included in this should be signage for breastfeeding-friendly areas which in turn may start to change societal attitudes.

Education and support groups for parents - education has shown to increase breastfeeding rates in parents. Additionally, support groups are beneficial to gain advice from parents who have had similar experiences.

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