"Continuity of care helps women to start breastfeeding and feel good about it. However, care provision is always limited. Therefore, care providers should also facilitate a peer network to make sure women receive continuity of care and support for a much longer period of time. This will help them to continue breastfeeding".

Marlies Rijnders

Midwifery Researcher and Consultant Dutch Centering Foundation, Netherlands

Biography

Marlies Rijnders graduated as a midwife in 1989 and subsequently worked as an independent midwife in the Netherlands for 10 years. In 1999 she started working as a midwifery researcher at TNO in Leiden, a nationwide institute for applied research.

She conducted several research projects in Dutch midwifery care, with a focus on interventions in primary care which contribute to physiological pregnancy and birth (f.e. ECV, amniotomy at home to induce labour in post-term pregnancy), postpartum care, group antenatal care and women's experiences. In 2011 she obtained her PhD.

In 2011 Rijnders introduced group antenatal care and group youth health care in the Netherlands and is the initiator of and now consultant for the Dutch Centering foundation which aims to further implement, develop and evaluate group care. She is active in several (inter-) national research collaborations and board member of the Group Care Global foundation.

Continuity of care; breastfeeding support as a key component in transition to community care

Wide variations exist in breastfeeding rates between countries and among subgroups of populations. Breastfeeding is found to be associated with maternal and infant characteristics such as education, smoking habit, and infant birthweight, as well as with health-system-related factors, such as rooming-in, and psychosocial and cultural factors such as intention to breastfeed, and social support. Associations, however, are not consistent.

In the Netherlands, 80% of mothers initiate breastfeeding and although this seems high after six month's only 39% of the mothers still offer exclusive breastfeeding while 11-13% offer a combination of breastmilk and formula milk. Longer duration of breastfeeding is mostly found amongst higher-educated, non-smoking women.

There are several policies in place within antenatal and postnatal care to optimize the start and continuation of breastfeeding based on continuity of care.

Postnatally, a maternity care assistant is present at the woman's home for approximately 49 hours within the first 8 days to take care of the mother and baby. An important task of the maternity care assistant is to provide information on how to (breast)feed the newborn and offer practical support and assistance.

Another successful approach is antenatal group care. Instead of individual prenatal care, an integrated approach of health assessment, interactive education, and facilitation of peer support and community building is provided by the midwife to a group of 10-12 women. This approach has been proven to increase breastfeeding rates. One of the topics in the group sessions allowing women to prepare and think about it, gain information and discuss expected difficulties. Furthermore, peer support seems extremely helpful postnatally.

References: See page 31