

Completed Project Summary

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The Use of Video Support for Infant Feeding after Hospital Discharge: A Feasibility Study

The use of remote video technology in healthcare is becoming an effective communication tool. As Scotland's breastfeeding rates are amongst the lowest in Europe we felt it was important to explore postnatal mothers' perspectives about the use of communication technologies in a remote and rural area of Scotland.

Aims: To assess the feasibility and acceptability of video support for infant feeding after hospital discharge and capture the general views of using other communication technology to support mothers.

How was the study done? This study used mixed research methods.

Questionnaires A sample of 403 women who gave birth over a three month period (Nov 06 – Feb 07) in NHS Highland were given a questionnaire at discharge from postnatal wards, 91 mothers responded. Questions included socio-demographic characteristics, parity and method of delivery, previous infant feeding experience, current and intended method of infant feeding, user experience of communication technology, acceptability of video

support and source and timing of support.

Four common postnatal scenarios were used in the questionnaire: having an uncomfortable / painful breast, correct positioning at the breast, making up bottles of formula milk and general health concerns following birth.

Mothers were asked to assess their likelihood of using different types of communication and technology (face-to-face, telephone, email, text, digital interactive TV and video support through either a mobile phone or computer) to seek help for themselves or their babies.

Qualitative Telephone Interviews

Twenty volunteers were purposively selected from the questionnaire responses using a sampling frame to maximise diversity for socio-demographic and feeding characteristics. In-depth semi-structured telephone interviews were conducted 6 to 8 weeks after birth using a topic guide. The interviews explored mother's views on ante-natal and postnatal experiences, specific aspects of infant feeding, attitudes towards the use and delivery of video support, issues of suitability / necessity of video support and general views on other communication technology.

Results: What factors influenced support for an infant feeding video link?

Two thirds of survey respondents had access to video communication technology and 86% supported the potential availability of an infant feeding video link to the NHS. This was dependent on reassurance that a video link would be timely, maintain continuity of care and be available from home any time of day or night.

However, less than 25% of survey respondents stated that they would “definitely” or “probably” use video via mobile or internet for advice on breastfeeding problems and would prefer continuity of care for specific feeding problems.

Could other communication technology be used to support mothers?

Although there was support for an infant feeding video link, face-to-face followed by telephone (which are the current methods available for women to communicate with health professionals) remain the preferred type of communication for all scenarios presented to mothers.

Willingness to use other types of communication technology such as email and text messaging services was greater than video for several of the feeding scenarios presented to women in the study.

Email and text messaging services would be easier to use, more accessible and may provide “instant” answers to feeding queries.

Digital interactive television was the least preferred option.

What about the impact on existing services?

Remote and rural respondents had reservations about the potential impact of video support on existing face-to-face services and concerns were raised about ensuring privacy and security of using video.

Key Findings:

Relatively high levels of access to video communication technology were reported, highlighting the ease of accessibility to video technology. However, this study highlights important issues to be considered in any future developments of communication technology to support mothers with infant feeding.

1. Any future video support should be an addition to care only, particularly for mothers in remote and rural areas.
2. No single technology solution suited all women; therefore any future innovations should be multi-faceted in terms of encompassing a range of means of communication.
3. There was no evidence to suggest that the support for a video link depended upon feeding method (breast / bottle / mixed) or experience. This study encourages all mothers to be included in future infant feeding research.

Further information can be obtained from:
Centre for Rural Health
The Centre for Health Science
Old Perth Road
Inverness
IV2 3JH

Tel 01463-255 892
www.abdn.ac.uk/crh