





Abstract

Navigating Change: Midwives' Readiness for the Infant Feeding Discussion Page in the West Australian Handheld Pregnancy Record [†]

Shanae K. Paratore ^{1,2}, Kate A. Buchanan ^{1,2}, Sharon L. Perrella ^{3,4,5}  and Sara Bayes ^{1,2,*} 

¹ School of Nursing and Midwifery, Edith Cowan University, Joondalup, WA 6027, Australia; s.paratore@ecu.edu.au or shanae.paratore@health.wa.gov.au (S.K.P.); k.buchanan@ecu.edu.au (K.A.B.)

² Fiona Stanley Hospital, Murdoch, WA 6150, Australia

³ School of Molecular Sciences, The University of Western Australia, Crawley, WA 6009, Australia; sharon.perrella@uwa.edu.au

⁴ ABREAST Network, Perth, WA 6000, Australia

⁵ UWA Centre for Human Lactation Research and Translation, Crawley, WA 6009, Australia

* Correspondence: s.bayes@ecu.edu.au; Tel.: +61-6304-2967

[†] Presented at Australian Breastfeeding + Lactation Research and Science Translation Conference (ABREAST Conference 2024), Perth, Australia, 15 November 2024.

Keywords: midwife; West Australian Handheld Pregnancy Record; midwifery; breastfeeding; prenatal care; antenatal care; Infant Feeding Discussions

In Western Australia (WA), women accessing public maternity care services are given a West Australian Handheld Pregnancy Record (WAHPR) booklet that includes pages where health care professionals record the pregnancy care and education provided. The latest revision of the booklet, implemented in November 2023, included a new “Infant Feeding Discussion” page that requires the sharing of infant feeding information at six antenatal time points and an updated breastfeeding information page where women are asked to identify lactation risk factors such as previous breast/nipple surgery or piercing, diabetes or a previous difficult breastfeeding experience, and invited to discuss these with their midwife, lactation consultant or peer supporter. In WA, it is midwives who predominantly provide antenatal information and education on infant feeding matters. Women and other birthing people’s infant feeding decisions are strongly influenced by the “preference, advice and practice” of the health professionals they encounter [1], so research to explore those phenomena is appropriate. Additionally, the WAHPR represents a practice change, and it is well known that in healthcare, myriad “context readiness” challenges can hinder the successful implementation of changes such as this [2]. These challenges broadly exist at the micro- (individual), meso- (group), and macro- (wider institutional) levels [3].

The aim of this study was to understand the attitudes and readiness of midwives working in WA with pregnant women to lead the discussions about infant feeding and breastfeeding required of them in the new WAHPR. A convergent mixed methods design was employed to determine the responses of WA-based midwives who regularly use the WAHPR when providing antenatal care. Recruitment was conducted through social media, specifically Facebook community pages for WA midwives and the Australian College of Midwives community, with a direct link to an electronic survey. Participants provided informed consent before completing a 12-item online anonymous survey with quantitative and qualitative items that took <20 min to complete.

Responses were received from $n = 23$ midwives, of which 15 (65%) had ≥ 5 years of midwifery experience. Ten (43%) reported that breastfeeding education is a key part of



Academic Editors: Nicolas L. Taylor and Debbie Palmer

Published: 16 January 2025

Citation: Paratore, S.K.; Buchanan, K.A.; Perrella, S.L.; Bayes, S. Navigating Change: Midwives' Readiness for the Infant Feeding Discussion Page in the West Australian Handheld Pregnancy Record. *Proceedings* **2025**, *112*, 19. <https://doi.org/10.3390/proceedings112010019>

Copyright: © 2025 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

their role, and eighteen (78%) indicated that this was a very important part of their role. In relation to the WAHPR “Infant Feeding Discussion” and “Breastfeeding Information” pages ten (43%) of midwives felt quite confident to have these discussions, whilst only seven (30%) felt extremely confident. Of the 17 participants who provided qualitative feedback, 5 (29%) indicated that a barrier to adequate discussion was antenatal appointment time constraints. Of those who did not feel confident in conducting infant feeding discussions, the need for further training in breastfeeding was a commonly cited theme. Twenty (86%) midwives felt some professional development would be helpful, allowing them to work with the Infant Feeding Discussion and Breastfeeding Information Pages in the WAHPR. Fourteen (60%) midwives would prefer the format of this professional development to be a mix of some taught content and some self-directed study, whilst thirteen (56%) preferred self-directed study.

Midwives value the importance of infant feeding discussions and generally feel confident but face challenges such as time constraints and lack of training related to using the new Infant Feeding Discussions protocol. Most supported additional professional development, favoring a combination of taught and self-directed learning to enhance confidence and effectiveness in using the new WAHPR infant feeding and breastfeeding pages. The study findings support the development of flexible, professional development programs, addressing time constraints, and providing updated resources. Further study is required to monitor the integration of the WAHPR’s Infant Feeding and Breastfeeding Information pages and suggested changes to enhance midwives’ confidence and effectiveness in antenatal care.

Author Contributions: Conceptualization, S.L.P. and S.B.; methodology, S.K.P., K.A.B., S.L.P. and S.B.; software, S.K.P. and S.B.; formal analysis, S.K.P. and S.L.P.; investigation, S.K.P., K.A.B., S.L.P. and S.B.; resources, S.B.; data curation, S.B.; writing—original draft preparation, S.L.P. and S.K.P.; writing—review and editing, K.A.B. and S.B.; supervision, K.A.B. and S.B.; project administration, S.K.P.; funding acquisition, S.B. All authors have read and agreed to the published version of the manuscript.

Funding: This research was funded by Edith Cowan University. S.L.P. is supported by an unrestricted research grant from Medela AG, administered by The University of Western Australia. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki. The study was approved by the Human Research Ethics Committee at Edith Cowan University (2023-04947-PARATORE), with recognition of prior ethics approval provided by The University of Western Australia, and conducted in accordance with the relevant guidelines and regulations.

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: Restrictions apply to the availability of some, or all data generated or analyzed during this study. The corresponding author will, on request, detail the restrictions and any conditions under which access to some data may be provided.

Acknowledgments: We thank all of the participants for their help with this research.

Conflicts of Interest: S.L.P. is supported by an unrestricted research grant from Medela AG, administered by The University of Western Australia. The funder had no role in the design of the study; in the collection, analysis, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results. All other authors declare no conflicts of interest.

References

1. Matriano, M.G.; Ivers, R.; Meedya, S. Factors that influence women's decision on infant feeding: An integrative review. *Women Birth* **2022**, *35*, 430–439. [[CrossRef](#)] [[PubMed](#)]
2. Nilsen, P.; Bernhardsson, S. Context matters in implementation science: A scoping review of determinant frameworks that describe contextual determinants for implementation outcomes. *BMC Health Serv. Res.* **2019**, *19*, 1–21. [[CrossRef](#)] [[PubMed](#)]
3. Squires, J.E.; Graham, I.D.; Santos, W.J.; Hutchinson, A.M.; ICON Team. The Implementation in Context (ICON) Framework: A meta-framework of context domains, attributes and features in healthcare. *Health Res. Policy Syst.* **2023**, *21*, 81. [[CrossRef](#)] [[PubMed](#)]

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.