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Breastfeeding initiation and support: A literature review of what women value and the impact of early discharge

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Key terms:

Breastfeeding, length of stay, early discharge, initiation or establish, postnatal care

Summary of relevance

Problem or Issue:

Length of stay in hospital following birth has been reduced across the world. The impact of early discharge on breastfeeding initiation and success is unknown.

What is already known?

Breastfeeding warrants promotion and protection regardless of women's length of stay in hospital. With shorter duration of hospital stay, hospital based midwives have less capacity to support breastfeeding.

What this paper adds:

There is consensus within the literature that early discharge promoted a comfortable environment to support breastfeeding initiation, however individualised care remains important. Wide variations in the definition of early postnatal discharge made it difficult to draw conclusions.

Introduction:

Since the 1940s when hospitalised childbirth became the 'norm', length of postnatal stay following vaginal birth has altered dramatically globally[1,2]. In the 1950s, staying six to 14 days was common practice following a normal vaginal birth [1,2]. This decreased to four days in the 1970s, then to less than 48 hours in the 1990s in some settings [2,3]. In the Australian setting in 1995, 4.5 days was the average postnatal length of stay and in 2014 it had reduced to less than less than 24-48 hours following uncomplicated vaginal birth [4-6].

Two reasons have been given for the reduction in length of postnatal stay; namely, reducing health expenditure and improving women's satisfaction [2,3]. Significant health budget cuts have occurred in Australia in recent years, and reducing length of hospital stay is one way of lowering health costs [7]. Early discharge is intended to improve maternal satisfaction by offering advantages such as autonomy, increased sense of belonging, promoting a feeling of responsibility and participation, and facilitating family support in a comfortable home environment [2,3,8,9].

A 2009 Cochrane review evaluated the safety, effectiveness and impact of early discharge policies, in terms of health outcomes for mothers and babies, postnatal satisfaction rates, costs to health care and broader impact on families [1]. Ten trials included in this review found no significant differences of infant and maternal readmissions and breastfeeding rates following early discharge [1]. Furthermore, substantial variations in defining early discharge and antenatal and postnatal services proved difficult to draw compelling conclusions [1]. The World Health Organisation [10] recommend exclusively breastfeeding infants until six months of age, with the Australian breastfeeding rate at six months only 14% [11]. It remains unknown whether or not there is an impact of early discharge on breastfeeding initiation, and maternal

satisfaction of breastfeeding support. A significant concern is women returning home before their milk production has established, and possibly receiving inadequate support. Once discharged from hospital women are left to rely on community based resources such as domiciliary midwives, maternal and child nurses, and peer support organisations such as Australian Breastfeeding Association or La Leche League. This may lead to early cessation of breastfeeding and potential for increases in future morbidity and mortality rates [2,12, p. 64].

The initial intent of this review was to examine literature surrounding maternal perception of breastfeeding initiation and support after early discharge within 24 hours of birth. Due to inconsistent definitions of early discharge worldwide and minimal literature using the 24-hour definition, research defining early discharge up to 72 hours postpartum is included.

The purpose of this review is to critically appraise the evidence about what women value relating to breastfeeding initiation and support, and the impact early discharge may have on these values and practices. The literature search strategy and critical appraisal approaches, collation of themes and discussion of the findings, limitations and conclusions of this integrative review will be addressed.

Literature review method

Search strategy and selection process:

A literature search was conducted identifying publications describing breastfeeding initiation and early discharge after birth. The search was completed during August and September 2015 and included four electronic databases predominately used to disseminate midwifery research; Cumulative Index of Nursing and Allied Health Literature (CINAHL),

Medline, Scopus and PsycINFO. The initial search focused on early discharge and breastfeeding as broad concepts. A second search focused on breastfeeding initiation and postnatal care. Key terms included: “Breastfeeding”, “Initiate/Establish”, “Length of stay – reduce/limit/decrease/short”, “Early discharge”, “postnatal/postpartum Care”, Domiciliary, Support/assist/help/education. Exclusion terms included articles with: “Neonatal Intensive Care”, “NICU”, “Preterm”, and “Premature to exclude irrelevant research in all search strategies.

All languages were included and publication period of 2005-current was used, as limited relevant research was available within a five-year period[13, p. 43]. As we were particularly looking for evidence of initiating breastfeeding in conjunction with the contemporary practice of early discharge, we limited to publications within the previous ten years. All research methods were eligible and only primary peer-reviewed articles were used. Additionally, a snowball search technique was applied to literature/systematic reviews. The outcomes for these two searches are shown in Appendix 1 and 2.

Titles and abstracts were screened for relevance, with 46 full text articles being read for search one and 52 full-text examinations in search two. The first search only elicited 12 articles relevant for the review and seven articles from the second search. Two further articles were coincidentally found after this, through the snowball screening of the reference lists, which brought the total number of articles reviewed to 21. The search process is summarised in Figure 1.

(Insert Figure 1)

A summary of the articles appears in Table 1.

(insert Table 1)

Critical appraisal:

Critical review guidelines for quantitative and qualitative studies adapted from Schneider et al[13, pp. 292, 303] were used to critically appraise the articles, to identify any strengths and weaknesses[14]. Summaries of these appraisals can be found in Tables 2 and 3.

(Insert tables here or link to online resources)

Quantitative studies require large sample sizes to reduce sampling error, increase generalisability and establish results of statistical significance[13, p. 187]. Five of the quantitative studies were considered strong due to large sample sizes, giving the results more power[13, p. 187,15-19]. Generalisability was decreased in two quantitative studies due to small sample sizes [20,21]. There was a significant discrepancy between two sample groups in Sjöström et al's[21] study, with 300 Swedish and 91 Australian participants. Despite the high overall response rates, a limitation of the study was the discrepancy between the response rate within each eligible group[21]. Both studies acknowledged the sample size as a limitation [20,21].

Four quantitative studies were strengthened by probability sampling, minimising selection bias [15-17,22]. The remaining nine studies did not randomise their samples, and hence may not be representative of the population[8,13, p. 211,18-20,23,24].

Although published within the ten-year period, four studies where noted to have older data [8,16,22,25]. Data collection periods ranged from 1998-2003, and involved two longitudinal cohort studies, one randomised control trial and one grounded theory study [8,16,22,25]. These studies remained in the review as they meet the publication date criteria and added value to the themes and discussion.

Following the critical appraisal, all 21 identified articles demonstrated appropriate rigour and remained in the review.

Analysis of literature

A thematic analysis process was used to synthesise the findings[14,26]. The selected articles were examined using coding techniques, and recurrent categories were grouped into themes[13, pp. 144-5]. Coding and category development was undertaken initially by one researcher (LJ) and subsequently presented and discussed with other team members until consensus of the themes was reached.

Findings:

This integrative search and critical appraisal of the literature identified 21 relevant articles. A narrative review was written using a thematic analysis approach to synthesise the data[26]. The review identifies inconsistent definitions of early postnatal discharge, and provides a thematic representation of the things women value relating to breastfeeding initiation and support.

Defining early discharge:

What constitutes as early discharge varies across countries as well as between hospitals. Hence, it is extremely difficult to define a standard length of hospital stay post birth which is known as 'early discharge' [1]. Currently there are variations in expected length of stay across Australia between different settings. For example at the Royal Women's Hospital in Melbourne women can expect to stay 48 hours, and at the Women's and Children's Hospital in Adelaide early discharge is within 24 hours of an uncomplicated vaginal birth[5,6].

It became evident that there is no standard definition with world-wide variations of what constitutes early discharge. Of the 12 articles discussing early discharge, only three

defined it as being within 24 hours of birth[20,22,27]. Two articles were set in Sweden, and both explored the experience of mothers or parents following early discharge and investigated breastfeeding as a complex phenomenon[20,27]. The third article evaluated advantages and disadvantages of early discharge by comparing factors, including breastfeeding, between early discharge of within 24 hours and conventional length of stay, 48 hours[22]. Early discharge was defined as discharge within 36 hours of birth in another Swedish article, which explored primiparous women's experience following early discharge[9]. Similarly, the only study to define early discharge within 48 hours of birth was a phenomenological study exploring the experience of initiating breastfeeding, also set in Sweden[28]. Hence, even within Sweden the definition of early discharge varies from less than 24 hours up to 48 hours following birth.

A Canadian cohort study investigating impact of type and timing of postnatal services, defined early discharge as length of stay less than 60 hours[16]. Whereas, another longitudinal cohort study conducted in Sweden comparing postnatal programs defined early discharge as 6-72 hours post birth, however it is noted their average length of stay was 44 hours[8]. In the United Kingdom. a national survey by Henderson and Redshaw[15] did not explicitly define early discharge, but rather explored ranges of length of stay (between less than 6 hours to more than 6 days) in relation to clinical factors associated with breastfeeding. This national survey aimed to describe maternity care from women's perspectives and identify concerns and changes in practice since 1995[15]. Hjälmhult and Lomborg [29] discussed early discharge as a concept, but provided no explicit definition, although do make reference to it as less than 48 hours. Two different studies defined early discharge as less than 72 hours[23,24]. Hence, varying definitions make drawing conclusions from the literature extremely difficult.

Things women value in relation to breastfeeding initiation and support:

Effective support is necessary following birth, as it is a life event which changes the mother and family physically, emotionally and psychologically, and everyone copes with these changes differently[30]. It is therefore not surprising over a dozen values in relation to breastfeeding support appeared throughout the literature examined. These values were grouped into seven common values: 1. Trust and security, 2. Consistent advice, 3. Practical breastfeeding support, 4. Breastfeeding education, 5. Comfortable environment, 6. Positive attitudes and emotional support, and 7. Individualised care. Each of the things women value is now discussed.

1. Trust and security

Three studies with dissimilar methods, all concluded women want to feel safe and secure in the postnatal period whilst establishing breastfeeding [9,20,29]. In one phenomenological study women discharged within 36 hours of birth did not receive domiciliary visits, but rather had access to an early discharge team (EDT) via telephone 24 hours a day [9]. These women valued the sense of security instilled in them by the EDT trusting their expertise. The women felt secure, demonstrated by two direct quotes "I knew I could get all the help I wanted" and "it felt good to have this extra check and a chance to ask questions. It gave me a sense of security"[9, pp. 325, 327]. They felt they could trust the support to establish breastfeeding at home from the EDT [9].

A retrospective case-control study by Askeldottir et al [20] used Parent's Postnatal Sense of Security Scale demonstrating women choosing early discharge and who received home visits, felt more secure and had greater positive experiences of midwives in terms of breastfeeding support, practical advice, education and encouragement, than those receiving the

conventional length of stay. However, it also highlighted those who did not choose early discharge had a greater sense of security in terms of decision-making [20].

It was identified in the Hjälmhult and Lomborg [29] grounded theory study, that women valued security, however did not necessary feel secure during their stay at the hospital. Due to lack of support and individualised care from staff, women felt confused and insecure, breastfeeding being a significant burden[29]. Initiating breastfeeding was expressed by 'balancing the unknown' in Palme et al.'s[28] study, whereby the unknown feelings surrounding breastfeeding brought forth insecurities in the mother. Insecurity gave rise to uncertainty to whether they could produce enough breast milk, leading to questioning one's ability to succeed in motherhood[28].

2. Consistent advice

New mothers need consistent information and practical advice from midwives to initiate and sustain breastfeeding[31]. One of the most significant things that women valued was receiving consistent advice about breastfeeding from midwives. This was evident in eight articles, more commonly identified as inconsistent advice provided to mothers [15,17,23,28,31-34]. An example of the inconsistencies in breastfeeding advice was expressed by Palme et al.[28, p. 6] as "...some of them said 'have him this way' and some said 'have him that way'...It was a little bit confusing with these opposite views all the time, especially when it is a short hospital stay...". The French observational study found inconsistent advice was associated with 9.6% of the participants[23]. A slightly higher percentage of mothers in the conventional discharge (more than 72 hours) group reported this, compared to the early discharge, however these reports did not reach significance[23].

Women frequently reported midwives providing contradictory advice, in some cases impacting breastfeeding initiation rates [15,17,23,28,31-33]. Walburg et al.[33] found France had significantly lower rate of breastfeeding initiation and cessation when compared with Germany. Contradictory advice was suggested as one factor that could account for the disparity[33]. Inconsistent advice was also suggested as a factor associated with women having ceased breastfeeding by 10 days postpartum in another study[17]. Women associated with the greatest percentage of cessation at 10 days were women discharged between 24-96 hours[17].

3. Practical breastfeeding support

The most prevalent thing women valued to help initiate breastfeeding was practical breastfeeding support. Ten articles described practical advice as helpful prior to hospital discharge, and dissatisfaction associated with breastfeeding support when this did not occur[9,15,17,19-21,24,29,31,32]. Lack of practical support may negatively impact on breastfeeding initiation. This is demonstrated in Henderson and Redshaw's[15] study, where exclusive breastfeeding at three months was 28% for women who reported receiving adequate practical support, compared to 15% of women who reported inadequate active support. In a different study by the same authors, one woman "...nearly gave up (breastfeeding)..." and another expressed her disappointment with the midwives' lack of "...time to sit and help me get my baby to latch-on or explain..."[32, pp. 22 & 25]. An American study exploring women's choices for not initiating breastfeeding found one reason to be lack of practical support from hospital staff to teach them to breastfeed [19].

Practical breastfeeding support can be an individual preference, and requires a non-threatening approach. It was noted some women did not appreciate invasive 'hands on' approaches, without permission sought to touch the woman and thus should be avoided[21,32].

As exemplified by this quote “some staff even grabbed my breast and just pushed it inside my baby’s mouth. This did not teach me how to feed my baby, it was awful”[32, p. 26].

4. Breastfeeding education

Breastfeeding education in the antenatal and postnatal period was shown to be valuable when attempting to establish breastfeeding. In relation to antenatal classes, one woman described it “...was crucial to read as much as possible... I thought it helped me enormously”[9, p. 325]. In the Henderson and Redshaw [15] study, the most powerful explanatory factor influencing breastfeeding was antenatal intention to breastfeed. A strong association was also found between attendance at antenatal class, breastfeeding initiation, and continuation of exclusive breastfeeding [15]. Conversely, in another study one woman found breastfeeding information to be “unrealistic” and should include honest education such as “it takes...time to establish good feeding technique”[32, p. 24]. In the Walburg, Goehlich [33] study, 96% of German mothers initiated breastfeeding at birth compared to 67% of French mothers. It was hypothesised that a lack of antenatal education and inadequate postnatal education and support was a leading cause for the substantial disparity between the two settings [33].The Hildingsson [24] study linked dissatisfaction with postnatal care to lack of education on the ward in relation to multiple issues, including breastfeeding.

A cohort study compared breastfeeding experiences of Swedish and Australian women and identified factors for breastfeeding continuation [21]. Of the Swedish women, 88.3% were still breastfeeding at two months postpartum compared to 75.8% of Australian women. Swedish women reported receiving adequate breastfeeding information on the postnatal ward as the most important factor in continuing to breastfeed. While Australian women reported the most important factor was breastfeeding advice and support received during

the initial breastfeed [21]. Both groups of women valued breastfeeding education they received in the hospital setting [21]. In addition, the Hildingsson [24] study found breastfeeding education on the wards to be lacking. Askeldottir et al.[20] reported positive experiences in relation to education in the early discharge group.

5. Comfortable environment

The Australian Breastfeeding Association [35] state a private, comfortable space is a key element supporting breastfeeding. Six articles described a comfortable environment as an essential factor assisting breastfeeding initiation, whether in the hospital or home setting [9,22,24,25,27,29,32]. The majority of research demonstrated that women found their home a more comfortable environment compared to postnatal wards, as they were more relaxed, together with the father or family, and could start to get into their own routines [9,22,24,25,27,29,32]. Only two studies found the postnatal hospital environment to be positive[29,34]. Women whose length of stay was more than 48 hours enjoyed the professional breastfeeding support, and could not understand how mothers coped at home alone[29]. The Australian study with eight focus groups by Forster et al.[34] found many women, especially primiparous women, valued the hospital environment during the first few days postpartum until their milk production established. Some women feared going home early. They felt they needed constant professional support until they gained confidence breastfeeding and caring for their newborn, which many felt was better achieved in the hospital setting [34]. The article by McLachlan et al.[36] is the second publication derived from the same eight focus groups conducted in Australia[34], and henceforth details similar findings. It was the view of many first-time mothers that a postnatal hospital stay of one night following normal vaginal birth was inadequate [36].

However, these two articles produced both positive and negative experiences of postnatal care in the hospital setting.

Women described the postnatal ward as "noisy", "unfamiliar", "chaotic", "uncomfortable", "lacks privacy" and filled with "interruptions"[25,32 pp. 25-6,34,36]. The Spanish randomised control trial by Bueno et al.[22] found significant positive satisfaction responses for care provided in the home setting. Of the early discharge (less than 24 hours) group, 92% of the women preferred home visits over the hospital setting [22]. The grounded theory research by Beake et al.[25] exploring women's postnatal experiences of home and hospital settings reported overwhelming support for the home environment over hospital. Women expected their hospital stay to be a time for rest and breastfeeding support however found it was not conducive and breastfeeding support was difficult to obtain. One woman *explained "*I kept asking for help with feeding, but nobody would come and if they did it was like about a minute" [25 p. 82]. Similarly, some women found the hospital staff were often too busy or unavailable to adequately support them in the Forster et al.[34] study. Exemplified by this direct quote, "I got up there and they left me ... to myself. I had no idea about breastfeeding which was hurting... it took them two hours to get to me"[34, p. 6].

Those who returned home very early found the transition from birth to early parenthood easier and less stressful in their own home [25]. Some women did not understand why they were staying in the hospital at all "12 hours after he was born I just came home, I thought "I'm not staying here, I can do this better for myself at home"[25 p. 84]. A different study concurred, "we wanted to go home as early as possible...", "home is best"[27, p. 133].

The studies by Löf et al.[9], Beake et al.[25] and Hjälmhult et al.[29], highlight the importance of home visits. Women valued and appreciated visits in the home because it was peaceful and calm, convenient and could involve the partner and/or other family members[25,29]. Visits in the

home contributed to a sense of normality in a new situation, especially to assist overcoming breastfeeding challenges[25,29]. The Goulet et al.[16] study, focusing on the impact of type and timing of postnatal services, found a correlation between increased probability to find postnatal services useful and a visit at home within 72 hours. However, this was not associated with increased breastfeeding continuation [16].

Four articles highlighted that the home environment supports the new family dynamic[24,28,32,33]. Women were strongly displeased their partners did not have the opportunity to stay overnight [24,29,32,34]. In the home environment fathers could also receive advice which in turn he could utilise to support the mother with breastfeeding[29].

6. Positive attitudes and emotional support

Women valued positive attitudes and emotional support from midwives. A positive, affirmative attitude towards breastfeeding support empowered women's self-confidence and reassured normality [9,28,29]. Women longed for confirmation and encouragement, as breastfeeding is a complex phenomenon, both psychologically and physically demanding[9,17,20,28,29]. Breastfeeding rates were generally higher, in the study by Henderson and Redshaw [15], when the women felt emotionally supported, treated with respect and as individuals.

7. Individualised length of stay

It became apparent women wanted to be treated as individuals, and a standardised length of postnatal stay is maybe not the answer [18,24,28,32,36]. The Australian study by McLachlan et al.[36] explored the view of new parents in regards to alternate models of early postnatal care. The results showed individual women placed higher value on different aspects of postnatal care compared to other women, hence individualised, flexible care was deemed of utmost

importance [36]. In general women did not respond favourably to the new postnatal care models, with a major concern being shorter length of postnatal care. A common view was that there should be different care options offered to primiparous women compared to multiparous women [36].

The study by Palme et al.[28] highlighted women's concerns relating to individualised care, including length of postnatal stay. A major theme was 'having the entire responsibility' encapsulating the sense of burden and loneliness some mothers feel when initiating breastfeeding [28]. The discussion provokes the idea not all women would enjoy being "left alone" with the responsibility of breastfeeding with a short hospital stay [28, p. 7].

Two qualitative Swedish studies both found maternal dissatisfaction was associated with postnatal length of stay either being too short (less than 24 hours) or too long (≥5 days)[18,24]. Those with length of stay less than 24 hours felt there was inadequate time for active breastfeeding support and encouragement to initiate breastfeeding successfully[18,24].

Similar views were echoed in the English study whereby some women preferred to leave earlier and others preferred to stay longer in the hospital[32]. Those who felt their stay was too short were concerned breastfeeding was not established, and felt they were not psychologically ready to be discharged. On the contrary, some mothers in the same study decided to go home on the day of birth due to lack of support and the standard of care being so low "...felt neglected. No help⁄advice given about breastfeeding⁄baby care"[32, p. 28]. This highlights the differing opinion on ideal length of stay.

Discussion:

The literature highlighted early discharge does not have a standardised definition, and ranges anywhere within six to 72 hours following birth [15,24]. The literature also provided insight into the seven things women value and deem essential to establish breastfeeding. The evolving question is - does early discharge impact these factors?

It seems several values, namely trust and security, practical breastfeeding support, breastfeeding education, positive attitudes and emotional support, and consistent advice, are not strongly impacted upon by early discharge policies, but rather by individual midwifery practice. In particular, instilling a sense of 'trust and security' and providing adequate 'practical breastfeeding support' and 'positive attitudes and emotional support' are less about discharge policies, and more about the individual midwives' attitude and approach to breastfeeding support. The midwife should possess the ability to establish rapport, empower and encourage women, in addition to the skills to effectively teach breastfeeding techniques [37]. Some women reported midwives on the postnatal ward lacked time to actively support them[32,34]. It could be hypothesised returning home sooner could improve this, as the midwife has an opportunity to spend one-on-one time with the woman, as opposed to the number of women and babies they 'juggle' on the ward.

Similarly, providing consistent breastfeeding advice is most directly impacted upon by midwifery as a profession, being informed and delivering education in a uniform manner. This is an area identified for improvement in the Australian Health Ministers' Conference [11] *Australian National Breastfeeding Strategy 2010-15*. Likewise, it could be hypothesised that early discharge could improve inconsistent advice by alleviating the number of different

midwives caring for women shift-to-shift, "...each change of shift saw different advice, I found this very distressing"[32, p. 24].

Breastfeeding education and promotion play a significant role in informing women and families about breastfeeding [11]. This is known to assist with maternal intention to breastfeeding, shown to be one of the main explanatory reasons to initiate breastfeeding [11,15]. Early discharge policies are not associated with antenatal education, thus is unlikely to impact breastfeeding initiation. Only one study mentioned breastfeeding education in the context of early discharge [20]. The early discharge group (12-24 hours) compared with conventional discharge reported greater positive experiences towards midwives in relation to breastfeeding education received in the first week [20].

The value found to be most impacted upon by early discharge was 'comfortable environment'. The literature highlighted early discharge can promote a comfortable environment for women, assisting breastfeeding initiation, assuming they had secure accommodation to return to. By discharging women home sooner, some women found greater sense of well-being and comfort, and valued the breastfeeding support from midwives more, and felt the father could be more easily included in the home setting [9,24,25,29,32]. However, two studies presented an opposing view to this [34,36]. Women in these studies felt leaving hospital early was detrimental, and felt they required a longer length of stay to gain confidence with caring for the newborn and establishing breastfeeding [34,36]. The 'individualise care' value links to implications for practice. Some women wanted to leave hospital as soon as possible, and others found the thought of early discharge lonely and distressing [25,27,28,36]. Several studies showed maternal dissatisfaction associated with postnatal length of stay being either too short or too long [18,24,32]. These results neither

promote nor negate early discharge, but rather emphasises the importance of individualising care, over allowing policies to dictate postnatal length of stay.

As with all studies there are often limitations. The lack of a consistent definition of early discharge is the main limitation of this review, as it has restricted the ability to draw conclusions. For instance, in one study women discharged within 36 hours of birth experienced a lack of active breastfeeding support [9]. However, for the same value, the women discharged with 12-24 hours of birth in Askeldottir et al.'s [20] study were found to have positive experiences. For this reason, it is difficult to determine whether early discharge, as a concept, promotes or negates this key element for breastfeeding initiation. The second limitation is the inclusion of four studies which collected their data between 1998 and 2003, as these may be considered outdated [8,16,22,25].

Conclusion:

The purpose of this review was to explore what women value in relation to breastfeeding initiation and support, and investigate the impact early discharge can have on these values. We found that the definition of early discharge fluctuates country-to-country, setting-to-setting, varying between six to 72 hours of birth. Seven key values in relation to breastfeeding initiation and support were identified. Of these, five values were most influenced by individual midwives' practice rather than early discharge. Although two hypothesises were made from this suggesting early discharge could promote the values of 'practical breastfeeding support' and 'consistent advice'. Most studies showed early discharge promoted a comfortable environment to support breastfeeding initiation. The literature suggests individualised postnatal lengths of stay could be beneficial. There is limited research

focused on initiating breastfeeding and support following early discharge within 24 hours of birth. Further research is required to address this gap in knowledge.

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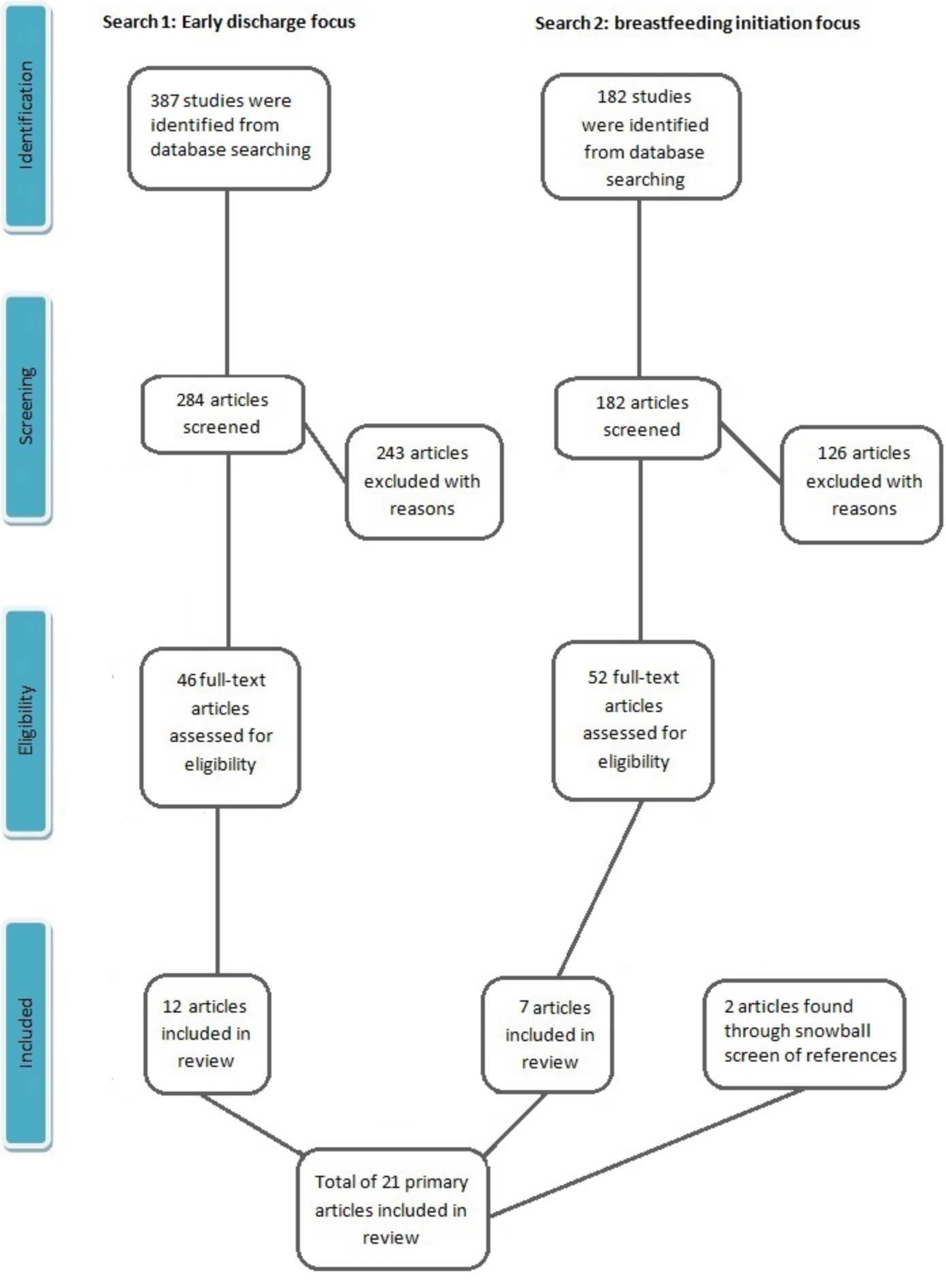
Figure 1: PRISMA 2009 flow diagram adapted from Moher et al. (2009)



Appendix 1: Early discharge concept – database search one:

Early discharge concept – database search one									
Search number	**Key term**	Scopus	Psycinfo	**Search number**	**Key terms**	Medline	**Search number**	**Key terms**	CINAHL
1	"breast feed*" or breastfeed* or breast-feed*	50,370	4,073	1	(MH "breast feeding") or breastfeeding or breast-feeding	37,919	1	(MH "breast feeding") or breastfeeding or breast-feeding	12,307
2	("Length of stay" or (decreas* or reduc* or limit* or short*) proximity/3 stay*))	129,342	5,020	2	"length of stay" or "patient discharge"	81,083	2	(MH "length of stay") or (MH "patient discharge")	24,706
3	Earl* proximity/2 discharg*	5,712	387	3	Search 1 AND 2	386	3	Search 1 AND 2	197
4	Search 2 OR 3	133,081	5,355	4	(Earl* proximity/2 discharg*)	3,923	4	(MH "Early patient discharge"	734
5	Search 4 AND 1	623	36	5	("Length of stay" or (decreas* or reduc* or limit* or short*) proximity/3 stay*))	17,838	5	"Early discharge" or (MH "patient discharge")	8,888
6	NICU or "neonatal intensive care" or preterm or premature	228,192	16349	6	Search 4 OR 5	21,300	6	"Length of stay" or (decreas* or reduc* or limit* or short*) proximity/3 stay*)	3,388
7	Search 5 NOT 6	420	**19**	7	Search 3 AND 6	210	7	Search 4 OR 5 OR 6	12,438
8	Limit publication years 2005-current	**191**	-	8	NICU or "neonatal intensive care" or preterm or premature	174,964	8	Search 3 AND 7	177
				9	Search 7 not 9	159	9	(MH "Infant, premature") or "premature or preterm" or NICU or "neonatal intensive care"	16,964
				10	Limit publication years 2005-current	**55**	10	Search 8 NOT 9 Limit publication years 2005-current	**122**

Appendix 2: Breastfeeding initiation concept – database search two:

Breastfeeding initiation concept – database search two								
Search number	**Key term**	Scopus	**Search number**	**Key term**	Medline	**Search number**	**Key terms**	CINAHL
1	"breast feed*" or breastfeed* or breast-feed*	50,789	1	"breast feed*" or breastfeed* or breast-feed*	38,331	1	(MH "latching, breast feeding") or (MH "breastfeeding") or (MH "breastfeeding promotion") or "breast feeding" or breastfeeding or breast-feeding	15,102
2	Initiat* or establish*	2,970,955	2	Initiat* or establish*	1,297,817	2	Initiat* or establish*	112,225
3	Search 1 AND 2	5,548	3	Search 1 AND 2	4,551	3	Search 1 AND 2	1,737
4	(postnatal or "post natal" or post-natal or postpartum or domiciliary) proximity/3 care	10,396	4	(postnatal or "post natal" or post-natal or postpartum or domiciliary) proximity/3 care	6,184	4	(postnatal or "post natal" or post-natal or postpartum or domiciliary) proximity/3 care	3,593
5	Search 3 AND 4	302	5	Search 3 AND 4	231	5	Search 3 AND 4	98
6	NICU or "neonatal intensive care" or preterm or pre-term or premature	228,594	6	NICU or "neonatal intensive care" or preterm or pre-term or premature	178,010	6	NICU or "neonatal intensive care" or preterm or premature	31,520
7	Search 5 NOT 6	275	7	Search 5 NOT 6	212	7	Search 5 NOT 6	91
8	Support* or assit* or help* or educat*	8,028,637	8	Limit publication years 2005-current	93	8	Support* or assit* or help* or educat*	716,083
9	Search 7 AND 8	59	9	Support* or assit* or help* or educat*	9,499,655	9	Search 7 AND 8 Limit publication years 2005-current	**71**
10	Limit publication years 2005-current	**31**	10	Search 8 AND 9	**80**	10	-	-

***Appendix two: Critical review guidelines for <u>qualitative</u> studies** (adapted from Schneider et al. 2013, p. 292)*

Match the study number to the order in your summary table, and add first author initials. Use Y (yes) or N (No) or NS (Not sure) in the box to respond.

Review Criteria		**Study number**									
		2	**5**	**7**	**11**	**12**	**13**	**14**	**17**	**18**	**20**
1.	Title and abstract										
i.	Is the title of the research paper concise, clear and congruent with the text?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
ii.	Were the aims and/or objectives stated?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
iii.	Did the abstract contain sufficient information about the stages of the research process (e.g. aims, research approach, participants, data collection, data analysis, findings)?	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
2.	Identifying the phenomenon/phenomena of interest										
i.	Is the phenomenon relevant to nursing, midwifery and/or health?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
3.	Structuring the study										
i.	Is it clear that the selected participants are living the phenomenon of interest?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
ii.	Is the literature cited current, relevant and comprehensive?	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
iii.	Does the research methodology (i.e. grounded theory/phenomenology etc.) fit the aim of the research?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
iv.	Are the research procedures (data collection/analysis etc.) appropriate for the research methodology?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
4.	Participants										
i.	Are sampling strategies clear (participants and setting)?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
ii.	Are ethical issues (confidentiality, privacy, informed consent etc.) addressed in the study?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
5.	Data collection and analyses										
i.	Are data collection and analysis procedures explained in enough detail?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
ii.	Is there evidence that the researcher's interpretation captured the participants' meaning?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
iii.	Did the researcher say how the criteria for judging the trustworthiness of the study were maintained in terms of credibility, auditability, fittingness and confirmability?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
6.	Describing the findings										
i.	Are the results clearly and completely stated?	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
ii.	Does the researcher indicate how the findings are related to theory?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
iii.	Did the researcher mention the implications of the study for healthcare?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
v.	Are the limitations or gaps in the study stated?	Y	Y	Y	N	Y	N	Y	Y	Y	Y
7.	Researcher's perspective										
i.	Are the biases of the researcher reported (e.g. researcher/participant expectations, researcher bias and power imbalance)?	Y	Y	Y	N	Y	N	Y	Y	N	Y
ii.	Are recommendations suggested for further research?	Y	Y	Y	N	N	Y	Y	Y	N	Y

***Appendix three: Critical review guidelines for <u>quantitative</u> studies** (adapted from Schneider et al. 2013, p. 303)*

Match the study number to the order in your summary table, and add first author initials. Use Y (yes) or N (No) or NS (Not sure) in the box to respond.

Review criteria		**1** BA	**3** JB	**4** GC	**6** LE	**8** LG	**9** JH	**10** IH	**15** LO	**16** CO	**19** KS	**21** UW
1.	**The title and abstract**											
i.	Is the title of the research paper concise, clear and congruent with the text?	Y	Y	Y	Y	Y	Y	NS	Y	Y	Y	Y
ii.	Were the aims and/or objectives clearly stated?	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
iii.	Did the abstract contain sufficient information about the stages of the research process (e.g. aims, hypothesis, research approach, sample, instruments and findings)?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
2.	**Structuring the study**											
i.	Is the motivation for the study demonstrated through the literature review?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
ii.	Is the literature cited current, relevant and comprehensive?	Y	Y & N	Y	Y	Y & N	Y	Y	Y	Y	Y	Y
iii.	Does the research methodology (i.e. cohort study/RCT etc.) fit the aim of the research?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
iv.	Are the research procedures (data collection/analysis etc.) appropriate for the research methodology?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
3.	**The sample**											
i.	Is the sample described?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
ii.	Is the sample size large enough?	N	NS	NS	Y	Y	Y	NS	Y	Y	NS	Y
iii.	Is it clear how the sample size was determined?	Y	Y	N	Y	Y	Y	N	Y	Y	Y	Y
4.	**Data collection**											
i.	Are the data collection procedures clear (i.e. questionnaires or other data collection tools)?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
ii.	Are the data adequately described?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
iii.	Are the instruments adequately described?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
iv.	Were the data collection instruments validated?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
v.	Were ethical issues discussed?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
vi.	Were issues of rigour (internal and external validity) discussed and resolved?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
5.	**Data analysis**											
i.	Are descriptive and/or inferential statistics reported?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
ii.	Were tests used to analyse the data clear?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
iii.	Was the outcome of each statistical analysis, and it's meaning, explained?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
6.	**Findings**											
i.	Are the results clearly and completely stated?	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y
ii.	Are the limitations or gaps in the study stated?	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
iii.	Were suggestions for further research made?	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y
iv.	Did the researcher mention the implications of the study for healthcare?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Appendix one. Summary table of articles

No.	Author & Year	Title	I. Methodology II. Study Design III. Data collection methods IV. Data analysis	Participants (sample + setting)	Aim	a. Key findings **b.** Definition of early discharge
1	Askeldottir, B Lam-De Jonge, W Edman, G and Wiklund, I. 2013	'Home care after early discharge: Impact on healthy mothers and newborns'	I. Quantitative II. Retrospective case-control III. Questionnaires: The Alliance Scale; The Parents' Postnatal Sense of Security (PPS) Scale IV. Telephone calls	96 women with single, uncomplicated pregnancies and births, and their healthy newborns. Country: Sweden	To compare early discharge, within 12-24 hours of birth, to traditional discharge, 24-48 hours. Focus was on the mother's sense of security, family dynamics, emotions towards breastfeeding and breastfeeding duration.	a. The main factors influencing the women's choices and experiences were their sense of security, support from partner and professional follow-up they could trust. b. Early discharge is 36 hours.
2	Beake, S, McCourt,C, Bick, D, 2005	'Women's views of hospital and community-based postnatal care: the good, the bad and the indifferent'	I. Qualitative II. Grounded theory III. Semi- structured interviews IV. ?	22 women were interviewed as part of a larger study in the late 1990s Country: United Kingdom (UK)	In order to highlight what is important to them, the research explored the postnatal care experiences of women, in hospital and home settings.	a. Most women thought their stay in hospital would be a time for rest, breastfeeding and emotional support and basic care of the newborn. However most found the environment to be not conducive with this and rather the home was more relaxing and comfortable. b. Average length of stay was three days.
3	Bueno, JAS Romano, MR Teruel, RG Benjumea, AG Palacı´n, AF Gonza´lez, CA Manzano, MC 2005	' Early discharge from obstetrics-pediatrics at the Hospital de Valme, with domiciliary follow-up'	I. Quantitative II. Randomised Controlled Trial (RCT) III. Non-experimental with observational and clinical follow-up; Telephone consultations IV.	430 cases (213 ED, 217 control) Country: Spain	To evaluate advantages and disadvantages of an early discharge within 24 hours of birth program, comparing it to a traditional length of stay, >48 hours.	a. No differences were found between the groups in terms of maternal or neonatal disease or rehospitalisation rates, maternal fatigue or mental health. Early discharge was found to be most cost effective, higher maternal satisfaction rates and lower breastfeeding cessation rates compared to the traditional length of stay group. 92.4% of mothers in the early discharge group found home visits better than hospital care. b. Early discharge within 24 hours.
4	Cambonie G, Rey V, Sabarros S, Baum T, Fournier-Favre S, Mazurier E, Boulot P Picaud J 2010	'Early postpartum discharge and breastfeeding: An observational study from France'	I. Quantitative II. Observational Study III. Questionnaires IV. Shapiro–Wilk test – statistical analysis	135 women Country: France	To compare breastfeeding outcomes between early discharge and conventional care programmes.	a. No significant differences in feeding outcomes between the two groups. Satisfaction with support for breastfeeding and reasons for switching to mixed or bottle feeding were comparable in the two groups. Both groups reported receiving contradictory breastfeeding advice. b. Early discharge defined as <72 hours.
5	Cross-Barnet C, Augustyn M, Gross S, Resnik A Paige, D 2012	'Long-term breastfeeding support: failing mothers in need'	I. Qualitative II. Phenomenology III. In-depth, semi-structured interviews IV. ?	75 women enrolled in a Women, Infant Child (WIC) program Country: USA	To gain greater understanding of how new mothers perceive breastfeeding education and support during antenatal period through the first year of the child's life.	a. Mothers often felt breastfeeding education and support was inadequate, and received inconsistent information. b. Mothers were unhappy with support and attitudes from midwives other health practitioners.
6	Ellberg, L,	'Comparison of Health Care	I. Quantitative	773 women and 782	To describe the utilisation of postnatal	a. No significant difference between satisfaction of

Appendix one. Summary table of articles

	Lundman, B, Persson, M, Hogberg, U, 2005	Utilization of Postnatal Programs in Sweden'	II. Longitudinal cohort Study III. Questionnaires, registry data, and medical chart notes. IV. ?	newborns Country: Swedish	care programs (maternity ward, family suite or early discharge) for mothers and newborns following discharge.	breastfeeding support among various types of care, home and hospital-based, and lengths of stay, including discharge between 6-72 hours post birth. b. Early discharge was defined as 6-72 hours post birth however the average length of stay was 1.8 days with early discharge.
7	Forster D, McLachlan H, Rayner J, Yelland J, Gold L, Rayner S 2008	'The early postnatal period: Exploring women's views, expectations and experiences of care using focus groups in Victoria, Australia'	I. Qualitative II. Descriptive exploratory III. ? IV. ?	52 participants including eight pregnant women (seven were primiparous), 42 recent mothers and two male partners Country: Australia	To gain greater insight into the women's experiences, views and expectations of postnatal care. NB: The data from the eight focus groups is used in a second publication by McLachlan et al. 2009 is included in this literature review.	a. Anxiety and fear can lead to perceived need for constant professional support. Many valued their time on the postnatal ward for breastfeeding support and to improve confidence caring for a newborn, especially for primiparous women. However, some women had negative experiences on the postnatal ward. b. ?
8	Goulet L, D'Amour D, Pineault, R 2007	'Type and Timing of Services Following Postnatal Discharge: Do They Make a Difference?'	I. Quantitative II. Cohort Study III. Structured phone interviews IV. Chi-square tests	2583 women uncomplicated vaginal births in Québec, Canada Country: Canada	To investigate if maternal and neonatal outcomes, breastfeeding duration and maternal assessment of services is impacts by the type and timing of postnatal services.	a. Neither the type nor the timing of the postnatal services was associated with improved breastfeeding continuation up to one month postpartum. 91.7% of women seen at home within 72 hours of discharge considered the services they received to be sufficient. b. Discharge within <60 hours.
9	Henderson, J Redshaw, M 2011	'Midwifery factors associated with successful breastfeeding'	I. Quantitative II. National Survey III. Questionnaire IV. Univariate data analysis and logistic regression employed	4800 women in England Country: England	To determine the effects of factors such as socio-demographic and midwifery clinical influences on breastfeeding. NB: The data from the national survey aimed to describe maternity care from women's perspective and identify any concerns and changes in practice since 1995. A second publication derived from the same survey also included in the literature review was by Redshaw and Henderson, 2011.	a. The most significant explanatory factor was antenatal intention to breastfeed. Also important was maternal age, clinically uncomplicated neonates and short postnatal hospital stay. Breastfeeding was strongly associated with receiving consistent advice, practical help and/or active support and encouragement from midwives. Women were most likely to initiate breastfeeding in the first few days who had length of stay between 6-12 hours (statistically significant).
10	Hildingsson, I 2007	'New parents' experiences of postnatal care in Sweden'	I. Quantitative II. Questionnaires III. ? IV. ?	294 new mothers and 280 new fathers Country: Sweden	To research the satisfaction levels of new parents regarding postnatal care, and to estimate the proportion of fathers allowed to stay on the postnatal ward.	a. More than one woman in three were dissatisfied with postnatal care, largely associated with this was inadequate practical breastfeeding support and the environment on postnatal wards. Negative attitudes and behaviour from staff associated with dissatisfaction. Early discharge was not associated with dissatisfaction. Dissatisfaction for some around length of hospital stay was either too short or too long. b. Early discharge is <72 hours.
11	Hjälmhult E Lomborg K, 2012	'Managing the first period at home with a newborn: a grounded theory study of mothers' experiences'	I. Qualitative II. Grounded theory III. 7 focus group discussions IV. ?	26 mothers Country: Sweden	To use grounded theory to explore the early experiences of motherhood at home.	a. Women were concerned with retaining their control and integrity in a new situation and prioritised newborn care. Some women felt they were not treated as an individual at the hospital, and did not receive the practical and emotional

Appendix one. Summary table of articles

						breastfeeding support from staff. Some felt confused and insecure in the hospital and wanted to return home quickly. Some women who stayed longer in hospital >48hrs had good experiences. Breastfeeding was an essential element of motherhood for many women. b. Early discharge is <48 hours.
12	Johansson K, Aarts, C Darj E 2010	'First-time parents' experiences of home-based postnatal care in Sweden'	I. Qualitative II. Explorative design III. Focus groups & Interviews IV. ?	21 parents who have given birth to their first child after a normal pregnancy and normal vaginal birth, the parents cohabited Country: Sweden	To obtain a greater understanding of the experience of first-time parents following early discharge from hospital within 24 hours of birth.	a. Three main themes: 1) The family's strategy – expectations of postnatal care compared to the reality of their experiences. Many wanted to leave early, and some who planned to stay longer decided to leave early. 2) Self-reliance and strength – exploration of parent's feelings including insecurity, uncertainty, freedom, independence and responsibility. Breastfeeding was found to be the most significant learning process. 3) Professional support in the home – home visits received positive feedback from all participants. b. Early discharge is within 24 hours.
13	Löf ,M, Svalenius E, Persson E, 2006	'Factors that influence first-time mothers' choice and experience of early discharge'	I. Qualitative Study II. Phenomenology III. Interviews IV. ?	The nine participants from the Maternity Department at a University Hospital in Sweden. Country: Sweden	To explore factors influencing primiparous women's choices and experience during first week postpartum following early discharge, without domiciliary visits.	a. The main factors influencing the women's choices and experiences were their sense of security, support from partner and professional follow-up they could trust. b. Early discharge is 36 hours.
14	McLachlan H, Gold L, Forster D, Yelland J, Rayner J Rayner S 2009	'Women's views of postnatal care in the context of the increasing pressure on postnatal beds in Australia'	I. Qualitative II. Descriptive exploratory III. Eight focus groups and four interviews. IV. ?	52 participants including eight pregnant women, 42 recent mothers and two male partners Country: Australia	To explore the views of new parents in regards to alternate models of early postnatal care.	a. The participants did not respond favourably to new alternate models of care, with shortened postnatal hospital stay the main concern. The participants felt individualised care was important. In particular, type of postnatal care for primiparous women compared to multiparous women.
15	Oakley L, Henderson J, Redshaw M Quigley M 2014	'The role of support and other factors in early breastfeeding cessation: an analysis of data from a maternity survey in England'	I. Quantitative II. Correlational design III. National survey IV. Logistic regression & Population attributable fractions (PAFs)	5,333 women participated in a national survey in 2009 Country: England	To determine factors associated with breastfeeding cessation at ten days and six weeks postpartum, and the role breastfeeding support.	a. No significant difference in initiation rates between lengths of stay. Longer hospital postnatal stay was associated with higher rates of cessation. Inconsistent advice, lack practical help, active support and encouragement was associated with higher rates of breastfeeding cessation by six weeks.
16	Ogbuanu C, Probst J, Laditka S, Liu J, Baek J, Glover S,	'Reasons why women do not initiate breastfeeding: A South-eastern State Study'	I. Quantitative II. Cross-sectional survey III. ? IV. ?	2,917 women who did not initiate breastfeeding Country: USA	To explore reasons women decided to not initiate breastfeeding and examine any correlations to maternal or hospital characteristics.	a. Those who did not initiate breastfeeding reported lack of practical support, education and resources, did not room-in with their babies and also received a formula gift pack.

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	2009					
17	Palme L, Carlsson G, Mollbery M Nystro, M 2010	'Breastfeeding: An existential challenge - women's lived experiences of initiating breastfeeding within the context of early home discharge in Sweden'	I. Qualitative II. Phenomenology III. Interviews IV. ?	Eight Swedish women interviewed within two months of birth (two primiparous, and six multiparous women) Country: Sweden	To explore the experience of mothers initiating breastfeeding following early discharge within 48 hours of birth.	a. Five main experiences were described: 'fascination in the first breastfeed', 'balancing the unknown', 'devoting oneself and enduring the situation', 'seeking confirmation in the unique' and 'having the entire responsibility'. To assist with initiating breastfeeding mother need help to overcome insecurities, to have individualised care, including length of postnatal hospital stay and to have health professionals understand breastfeeding as psychological process, not only a physiological one. b. Early discharge within 48 hours of birth.
18	Redshaw M Henderson, J 2011	'Learning the hard way: expectations and experiences of infant feeding support'	I. Mixed methods II. Data from a large-scale national survey of women's experience of maternity care III. ? IV. ?	2,966 women responded to the survey, 534 responded to infant feeding questions Country: England	To understand what is required to assist women to initiate and continue breastfeeding.	a. Main themes included the difference between expectation and reality, emotional reactions, staff attitudes and behaviour and finally the organisation of care and facilities. Individualised length of stay is important.
19	Sjöström K, Welander S, Haines H, Andersson E, Hildingsson I 2013	'Comparison of breastfeeding in rural areas of Sweden and Australia – a cohort study'	I. Quantitative II. Cohort Study III. Questionnaires IV. ?	300 Swedish Women and 91 Australian Women Country: Sweden and Australia	To compare Swedish and Australian breastfeeding experiences and to establish factors which are associated with breastfeeding at two months postpartum.	a. Swedish women had higher rates of breastfeeding at two months compared to Australian women (88.3% to 75.8% respectively). Swedish women were less satisfied with breastfeeding support and education on postnatal wards. The most important factor for Australian women was adequate help during the first breastfeed. Primiparity was negatively associated with breastfeeding amongst the Australian women.
20	Walburg V, Goehlich M, Conquet M, Callahan S, Schölmerich A Chabrol, H. 2010	'Breastfeeding initiation and duration: comparison of French and German mothers'	I. Mixed-methods II. Questionnaires & Semi-directive interviews III. ? IV. Descriptive statistics	126 French women 80 German women All primiparous Country: France and Germany	To compare breastfeeding initiation and cessation at 3 months rates between French and German primiparous mothers.	a. German women have higher breastfeeding initiation rates and lower cessation rates at 3 months compared to the French women. Lack of antenatal education and routine postnatal home visits is thought to contribute to the lower breastfeeding initiation and higher cessation rates in France.
21	Waldenström U, Rudman A Hildingsson, I 2006	'Intrapartum and postpartum care in Sweden: women's opinions and risk factors for not being satisfied'	I. Quantitative II. Longitudinal cohort study III. Questionnaires IV. ?	2,686 Country: Sweden	To investigate maternal satisfaction of intrapartum and postnatal care and risk factors associated with dissatisfaction.	a. Women were more satisfied with intrapartum care than with postpartum care – discussion – expectations. Dissatisfaction was associated with poor support from midwives, birth environment and encouragement. Length of postpartum stay, both of very short and very long duration, was associated with being less satisfied with postpartum care.