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MIDWIVES AND THE NECESSITY FOR COMPREHENSIVE AND ACCESSIBLE BREASTFEEDING EDUCATION IN BULGARIA

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***Abstract:** The paper reviews existing challenges before midwifery care focused on breastfeeding and lactation. It also explores the need for comprehensive, evidence-based and modern education on breastfeeding medicine for future and for practicing midwives as evidenced by previous research. The aim of this study is to investigate the attitudes of midwives regarding the need for effective breastfeeding education, emphasizing the role of midwives in the puerperium period. The method applied includes a literary review and a survey that aims to clarify the self-assessment of the respondents. Conclusions point to the need for development of adequate and up-to-date training for postpartum care with a focus on breastfeeding and lactation, which is adapted to the specifics of a midwifery model of care founded on evidence-based medicine, is of utmost importance. The conducted study highlights the necessity to further explore obstacles to breastfeeding support and strategies to motivate Bulgarian midwives to invest more in it.*

***Keywords:** Breastfeeding, Lactation, Breastfeeding Education, Postpartum Care, Midwifery Care.*

INTRODUCTION

Breastfeeding and human lactation have been in the focus of research in recent years, leading to a plethora of new data and updated recommendations over the last decade. Undoubtedly, the process is an essential element of perinatal and postnatal care, making it integral to postpartum life. Thus, midwives, being the specialists who are the closest to women and families during this time, are key to optimal health results for mothers and babies, including the success of breastfeeding. Taking into consideration the WHO recommendations that state exclusive breastfeeding is optimal and necessary during the first 6 months of life, it is essential midwives are well versed in breastfeeding support and able to facilitate breastfeeding during the first weeks with a newborn. Still, many countries, including Bulgaria, face various challenges and don't have a satisfactory rate of exclusively breastfed children (Rangelova, L., et. al., National Centre of Public Health and Analyses, 2022). Notably, in Bulgaria most women initiate breastfeeding during their hospital stay but on hospital discharge the percentage of exclusively breastfed children dwindles and continues plummeting in the following months (Nedkova, V., Milanova, V., 2009). This calls for an in-depth investigation into what Bulgarian midwives need, so they can positively influence this process.

EXPOSITION

The Pivotal Role of Midwives for the Success of Breastfeeding

Exploring the role of the midwife in the strive for successful breastfeeding calls for a more in-depth investigation of statistical data for breastfeeding rates and national policies. An example for this is research that looks at the supporting role of Belgian midwives within the first two weeks after birth. It states that in Flanders, Belgium, 78.2% of the women exclusively breastfeed their babies following birth, but after three months just one third of those babies is breastfed

exclusively (Rm MS, Rn EW, Rn JL, Rm AB., 2019). The authors conducted a qualitative approach with an observational design and a focus group study and two of them performed non-participative observations in both hospital and primary healthcare settings (Rm MS, Rn EW, Rn JL, Rm AB., 2019). The authors found that the way the midwife provided breastfeeding support varied depending on the setting (hospital or primary health care) and on personal convictions of midwives and mothers (Rm MS, Rn EW, Rn JL, Rm AB., 2019). The study also showed the importance of providing individually tailored breastfeeding support answering to the specific mother (Rm MS, Rn EW, Rn JL, Rm AB., 2019).

Another study, looking at Australian midwives' experience of implementing the Baby Friendly Hospital Initiative, which is a golden standard in regard to breastfeeding care, found that Health services policy and practice need to consider ways to enable continuity of midwifery care and adequate time for midwives to support women to breastfeed their babies (Pramono A, Smith J, Bourke S, Desborough J., 2022). The authors come to the conclusion that improvements were required with communication skills and specific education in accordance with the WHO/UNICEF Breastfeeding Guidelines is detrimental for improving midwives' competence and confidence in supporting breastfeeding mothers (Dinwoodie et al. 2000; Wissett et al. 2000; Hall Moran et al. 2004), and should be promoted (Pramono A, Smith J, Bourke S, Desborough J., 2022). It is also pointed out support for midwives is crucial, especially in regard to improving their skills and knowledge, and maintaining them in practice (Pramono A, Smith J, Bourke S, Desborough J., 2022).

Another qualitative, exploratory study based on grounded theory principles set in two maternity hospitals in the north of England explored the experiences of English midwives' during their breastfeeding support role (Furber CM, Thomson AM., 2008). It found that breastfeeding education that encourages midwives to develop effective skills in ascertaining mother's needs, but also encourages mothers to effectively participate in their care, should be provided (Furber CM, Thomson AM., 2008).

According to yet another study, midwives value breastfeeding education and breastfeeding support as it is key to their role as a postnatal midwife (Swerts M, Westhof E, Bogaerts A, Lemiengre J., 2016). The authors, however, find that the ways in which a midwife fulfils this role may vary and distinguish two perspectives: 'the midwife as technical expert' and 'the midwife as a skilled companion' (Swerts M, Westhof E, Bogaerts A, Lemiengre J., 2016). They further reveal that the 'technical expert' midwife is mainly breast centred, focuses on techniques, uses the hands-on approach and sees a woman as a novice and the 'skilled companion' midwife is woman centred, focuses on the mother – infant relationship and uses a hands-off approach during the breast feeding support (Swerts M, Westhof E, Bogaerts A, Lemiengre J., 2016). The research also states that midwives working in a hospital environment face many barriers when caring for breastfeeding women, which hinders their preferred role as a 'skilled companion' (Swerts M, Westhof E, Bogaerts A, Lemiengre J., 2016). The authors conclude supporting factors, such as evidence-based breastfeeding guidelines, have a positive influence on the breastfeeding support (Swerts M, Westhof E, Bogaerts A, Lemiengre J., 2016).

Breastfeeding Education for Midwives – Challenges and Possible Strategies

A systematic review aiming to explore and critically analyse the available information in order to evaluate the effects of midwife breastfeeding training programmes on the midwives' knowledge, attitude, and practice towards breastfeeding and breastfeeding initiation, duration and rates among postpartum women showcased positive results ($p < 0.05$) (Wang T, Shang M, Chow KM, 2023). The meta-analysis from the same review demonstrated that breastfeeding training programmes significantly improved midwives' breastfeeding-related knowledge and skills, and also influenced their attitude towards breastfeeding ($p < 0.05$) (Wang T, Shang M, Chow KM, 2023). This begs the question if such programmes are possible and valuable for Bulgarian midwives and if they are the key to optimizing breastfeeding and lactation care in the country. A

review of the education focused on breastfeeding available for midwives in Bulgaria currently shows the following data:

Table 1. Outline of the options for breastfeeding education available for Bulgarian midwives

| No | During BSc programmes | After graduation |
|----|--|--|
| 1 | Within the cycle of Specialised Midwifery Care Modules (esp. Postpartum Care Discipline) | Online courses by BAHPN (free of charge, but not comprehensive or regular) |
| 2 | Within the Obstetrics Curriculum (mainly anatomy of the breast, physiology of breastfeeding, benefits) | Breastfeeding trainings from NGOs, engaged in Breastfeeding support (paid, not regular, application process necessary) |
| 3 | Within Clinical Practice – Postpartum Ward (a few weeks, not all themes cover breastfeeding and lactation) | Specialisation, offered in Medical Universities (tuition may be covered by employer or with a state grant if eligible) |
| 4 | Elective courses (not available in every University, comparatively new phenomenon) | IBCLC certification (paid, eligibility criteria check, not in the native language) |

As outlined, a comprehensive and accessible course on breastfeeding and human lactation is not readily available for Bulgarian midwives. This surely affects maternity care in this regard, not allowing for conditions which foster sustainable strategies to protect, promote and facilitate breastfeeding and especially exclusive breastfeeding. The current situation calls for investigating ways to develop and offer breastfeeding training programmes which are both comprehensive, covering theoretical, practical, ethical and all other aspects of breastfeeding support, and easily accessible for midwives and for student midwives. A descriptive survey deployed online to midwifery programs listed by the American College of Nurse-Midwives, with a response completion rate of 44.7% draws the conclusion that no programs report using standardized lactation clinical competencies, 29.4% of programs offer 3 to 4 hours of lactation content, 35.3% report 5 to 8 hours of content, and 11.8% provide at least 10 hours of content (Webber E, Wodwaski N, Busch D., 2022). This points us to a deficit that is probably present worldwide.

Being closely relevant to public health and vulnerable groups, it is sensible such education is financed by the state, so that midwives and clinics are not burdened with more expenses. In this case financial aid from companies is an ethical problem as it may create co-dependencies that undermine breastfeeding help. It should by all means be avoided such initiatives are supported by companies within the scope of the WHO Code – companies that produce and trade with any breastmilk substitutes, bottles and teats, teas and water targeted at babies 6 months or younger (Ching, Constance et al., 2021).

Breastfeeding Education for Midwives – The Survey

A survey has been designed aiming to evaluate the midwives` attitudes towards breastfeeding training programmes. A questionnaire formulated for doctoral research was used, consisting of 18 questions, of which 15 closed (including 4 with scaled answers), 2 semi-closed and 1 open question, aimed to study midwives` knowledge and attitudes regarding exclusive breastfeeding and the role of the midwife in supporting it. For the present paper, some of these questions were used, 6 in total, 2 of them exploring demographic data and a scaled question. The survey, conducted in person from September to December 2025, through an anonymous questionnaire, covered 67 midwives working in the following wards: Labour Ward, Postpartum

Ward, Neonatal Ward. The hospitals which were selected for this research are as it follows: UMHAT Kanev, Ruse; MHAT Shumen, Shumen; Medical Centre “d-r Shterev”, Sofia.

Table 2. Profile of the surveyed Bulgarian midwives by age group and experience as a midwife

| Age group | Percentage | Number, n= |
|----------------------------------|------------|------------|
| 25 – 30 years of age | 29,9% | 20 |
| 31 – 39 years of age | 13,4% | 9 |
| 40 – 49 years of age | 22,4% | 15 |
| 50 + years of age | 20,9% | 14 |
| 60 + years of age | 13,4% | 9 |
| Years of experience as a midwife | Percentage | Number, n= |
| 1 – 5 years | 25,4% | 17 |
| 5 – 10 years | 6% | 4 |
| 10 – 15 years | 16,4% | 11 |
| 15 – 30 years | 25,4% | 17 |
| 30 + years | 26,9% | 18 |

The combined demographic profile of the respondents correlates to a middle-aged midwife with a comparatively extensive experience in the profession. This data gives the opportunity to attach deeper understanding to the demonstrated tendencies when it comes to the respondents' expressed opinions and attitudes.

Probably the most important question that should be taken into consideration is if Bulgarian midwives think they need breastfeeding education. The following figure gives some insight on this topic.

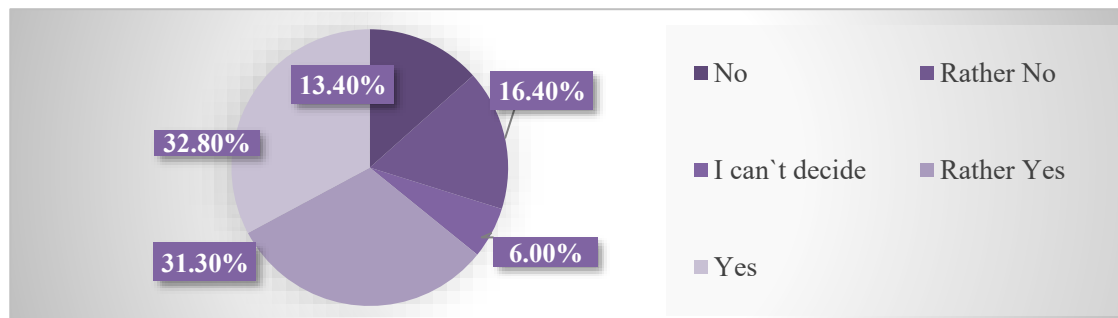


Fig. 1. Do you think you need more education to support exclusive breastfeeding?

The midwives surveyed do not unanimously agree with the statement that more in-depth training on breastfeeding is necessary for them to be able to provide adequate care in this regard. Of all the respondents (n=67), 31.30% (n=21) are absolutely convinced that they need such training in order to engage in breastfeeding support. Another group of 32.80% (n=22), which is the biggest percentage, state they would rather say the need breastfeeding training for midwives. Together those two groups constitute the majority of the surveyed midwives, or 64.10% (n=43) of all the respondents. Only 13.4%, (n=9), claim that they do not need to build on breastfeeding education in more depth, and another 16.4%, (n=11), believe that they rather not need such training initiatives. Those who hesitate are 6%. It could be concluded that the majority of respondents recognize the importance of the topic and will feel more prepared and confident to work in support of breastfeeding after additional and more in-depth training. Still, it has to be

thoroughly studied why a considerable part of the surveyed midwives do not feel the need to engage in such courses. As evident by the survey criteria, all of them work in wards where breastfeeding is an essential to the care they provide.

Meanwhile, the gap between recommendations and reality for Bulgarian postpartum care in regard to enabling breastfeeding is clearly demonstrated by the practices currently implemented. To illustrate this, a question was included, aiming to survey what midwives observe considering initiation of breastfeeding.

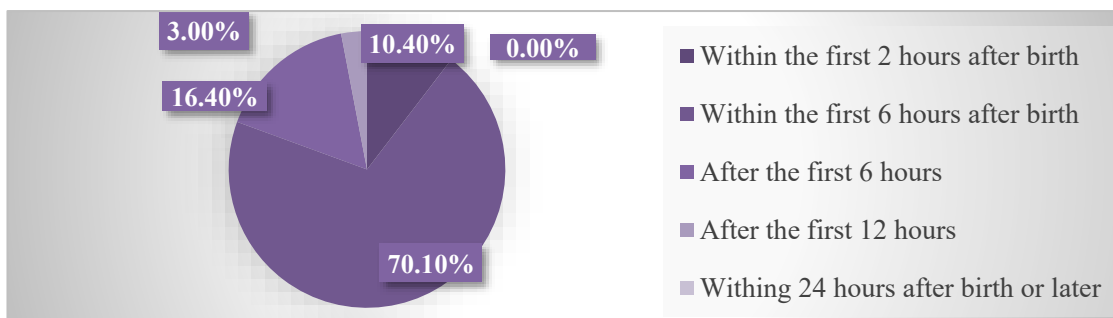


Fig. 2. Time of breastfeeding initiation within the wards surveyed

Evident by the results, only 10.4% of the respondents claim breastfeeding in the wards they work at is initiated in accordance with recommendations. As a well-known fact, modern standards of care point us to facilitating skin to skin contact between mother and baby and supporting her to start breastfeeding within the first two hours right after birth, as this guarantees optimal health outcomes for both mother and baby (WHO, 2018; Moore ER, Bergman N, Anderson GC, Medley N., 2016; Popivaniva, A., 2016). It is traditional for Bulgarian maternity hospitals to separate mothers and newborns: while the woman is carefully monitored for two hours postpartum, the baby is taken by the neonatal nurses and monitored in a different place. This and the set belief that the mother needs rest away from baby, sabotages the recommended bonding and breastfeeding within the first hours of life. Better understanding of the late onset of initiation of breastfeeding and its implications should be included in midwives' education, as it affects the health outcome long term (Smith JW, Tully MR., 2001). The physiological hormonal fluctuations sequence and harmonisation in the dyad should be studied by midwives (Popivaniva, A., 2016), so they can confidently support women and advocate for skin to skin contact when possible, rooming in and early initiation of breastfeeding baby (WHO, 2018, Moore ER, Bergman N, Anderson GC, Medley N., 2016).

In regard to midwives' views and preference how to attain breastfeeding training, they have varying opinions as evident by the results in the following figure.

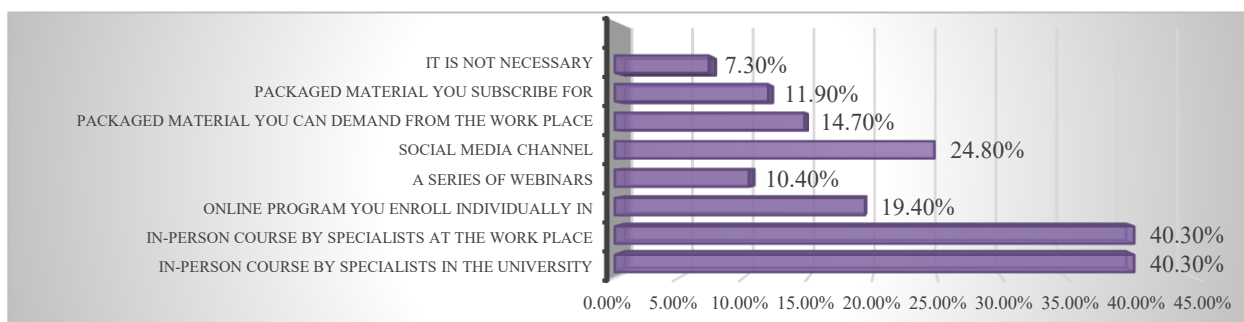


Fig. 3. The most preferred forms of breastfeeding education according to the midwives surveyed

The midwives' responses indicate that more traditional forms of training are still leading in their preferences, although the respondents, for the most part, belong to a generation that freely and often takes advantage of technological progress. The top three most popular training options indicated by the respondents are as follows:

- ✓ A face-to-face course led by breastfeeding specialists at a university – in first place with 40.3% preference;
- ✓ A face-to-face course led by breastfeeding specialists in the workplace – in third place with 40.3% reported preference.

It is striking that the options that reflect the expected favourites of contemporary midwives – were not chosen with a clear preference. The option to follow a channel on social media (TikTok, Instagram, Facebook) was chosen as a preferred option by only 24.8%, webinars were popular for this purpose only among 10.40% of the surveyed midwives, and among those surveyed, only 19.4% indicated that they would choose an individual online program. It is significant that 7.3% of the midwives expressed the opinion that such initiatives were not needed. These data provide grounds for considering the possibilities of creating appropriate educational content that would meet midwives' and mothers' needs for better and more comprehensive breastfeeding care.

CONCLUSION

It is necessary for adequate and up-to-date training for postpartum care with a focus on breastfeeding and lactation to be developed. It should be adapted to the specifics of a midwifery model of care founded on evidence-based medicine. Modern, effective and flexible training methods that will motivate midwives are essential, as quality postpartum care guarantees optimal health outcomes with cost effectiveness. The conducted study highlights the necessity to further explore obstacles to breastfeeding support and strategies to motivate Bulgarian midwives to invest more in it. Updating students' curriculum, organising regular courses for practicing midwives and encouraging specialisation and certification for midwives who work in postpartum clinics or consultations has the potential to make a great difference. Midwife breastfeeding training programmes could greatly improve mothers' experiences, breastfeeding rates and midwives' satisfaction and therefore should be considered as a priority within healthcare education. Modern training programmes focused on human lactation should incorporate counselling skills alongside breastfeeding knowledge and skills training, so they allow for adequate facilitation and optimal care for the lactating parent and the newborn baby.

REFERENCES

- Nedkova, V., Milanova, V., (2009). *Benefits of Breastfeeding*. (**Оригинално заглавие:** „Ползи от кърменето“, MedInfo), <https://www.medinfo.bg/spisanie/2014/2/statii/polzi-ot-kyrmeneto-1631>. (Accessed 15 April 2025)
- Popivaniva, A., (2016). *Skin to Skin Contact or About the Continuous Contact Between Mother and Baby*. National Association Support for Breastfeeding (**Оригинално заглавие:** Контакт „кожа до кожа“ или за непрекъснатия контакт между майката и бебето след раждането). НАПК, URL: <http://www.podkrepazakarmene.com/early-contact-878.html> (Accessed 15 April 2025)
- Rangelova, L., Duleva, V., Chikova-Iscener, E., Dimitrov, P., National Centre of Public Health and Analyses, (2022). *Risk Factors for the Health of Children at the Age of 1-6 Years*. Bulgarian Journal of Public Health, Vol. 14, Book 2 Special Edition, p. 11-30 (**Оригинално заглавие:** Рискови фактори за здравето на децата на 1-6 години) (Accessed 14 April 2025)
- Ching, Constance et al. (2021). “Old Tricks, New Opportunities: How Companies Violate the International Code of Marketing of Breast-Milk Substitutes and Undermine Maternal and Child Health during the COVID-19 Pandemic.” International journal of environmental research

and public health vol. 18,5 2381. 1 Mar. 2021, doi:<10.3390/ijerph18052381> (Accessed 16 April 2025)

Dinwoodie K., Bramwell R., Dykes F., Lang S. & Runcieman A. (2000) *The baby friendly breast-feeding management course*. *British Journal of Midwifery* 8, 362–366. (Accessed on 16.04.2025).

Furber CM, Thomson AM. (2008) *Breastfeeding practice in the UK: midwives' perspectives*. *Matern Child Nutr.* 2008 Jan;4(1):44-54. doi: 10.1111/j.1740-8709.2007.00094.x. PMID: 18171406; PMCID: PMC6860633. (Accessed on 16.04.2025).

Hall Moran V., Dykes F., Edwards J. & Whitmore M. (2004) An evaluation of the breastfeeding support skills of midwives and voluntary breastfeeding supporters using the Breastfeeding Support Skills Tool (BeSST). *Maternal and Child Nutrition* 1, 241–249. (Accessed on 16.04.2025).

Moore ER, Bergman N, Anderson GC, Medley N. (2016). "Early skin-to-skin contact for mothers and their healthy newborn infants." *Cochrane Database of Systematic Reviews* 2016, Issue 11. Art. No.: CD003519. <DOI: 10.1002/14651858.CD003519.pub4> (Accessed 12 April 2025)

Pramono A, Smith J, Bourke S, Desborough J. (2022) "We All Believe in Breastfeeding": *Australian Midwives' Experience of Implementing the Baby Friendly Hospital Initiative*. *J Hum Lact.* 2022 Nov;38(4):780-791. doi: 10.1177/08903344221106473. Epub 2022 Jul 6. PMID: 35792378. (Accessed on 16.04.2025).

Rm MS, Rn EW, Rn JL, Rm AB. (2019) *The supporting role of the midwife during the first 14 days of breastfeeding: A descriptive qualitative study in maternity wards and primary healthcare*. *Midwifery.* 2019 Nov;78:50-57. doi: 10.1016/j.midw.2019.07.016. Epub 2019 Jul 15. PMID: 31357116. (Accessed on 16.04.2025).

Smith JW, Tully MR. (2001) *Midwifery management of breastfeeding: using the evidence*. *J Midwifery Womens Health.* 2001 Nov-Dec;46(6):423-38. doi: 10.1016/s1526-9523(01)00206-9. PMID: 11783690. (Accessed on 16.04.2025).

Swerts M, Westhof E, Bogaerts A, Lemiengre J. (2016) *Supporting breast-feeding women from the perspective of the midwife: A systematic review of the literature*. *Midwifery.* 2016 Jun;37:32-40. doi: 10.1016/j.midw.2016.02.016. Epub 2016 Mar 4. PMID: 27217235. (Accessed on 16.04.2025).

Wang T, Shang M, Chow KM. (2023) *Effects of breastfeeding training programmes for midwives on breastfeeding outcomes: a systematic review and meta-analysis*. *BMC Pregnancy Childbirth.* 2023 Apr 18;23(1):262. doi: 10.1186/s12884-023-05540-6. PMID: 37072728; PMCID: PMC10111770. (Accessed on 16.04.2025).

Webber E, Wodwaski N, Busch D. (2022) *Breastfeeding and Human Lactation Curriculum Survey of Midwifery Programs in the United States*. *J Midwifery Womens Health.* 2022 Sep;67(5):635-643. doi: 10.1111/jmwh.13367. Epub 2022 May 6. PMID: 35522123. (Accessed on 16.04.2025).

WHO, (2018). "WHO recommendations: intrapartum care for a positive childbirth experience.", ISBN 978-92-4-155021-5. <URL: http://apps.who.int/iris/bitstream/handle/10665/43633/9241591544_eng.pdf?sequence=1> (Accessed 12 April 2025)

Wissett L., Dykes F. & Bramwell R. (2000) *Evaluating the WHO/UNICEF breast-feeding course*. *British Journal of Midwifery* 8, 294–300. (Accessed on 16.04.2025).