

45TH ANNUAL SCIENTIFIC MEETING

ACROSS THE LIFECYCLE

1-3 AUGUST 2019 • MELBOURNE AUSTRALIA



WABA | WORLD BREASTFEEDING WEEK 2019

#WBW2019



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The #WBW2019 slogan “Empower Parents, Enable Breastfeeding” was chosen to be inclusive of all types of parents in today’s world. Focusing on supporting both parents to be empowered is vital in order to realise their breastfeeding goals. Empowerment is a process that requires evidence-based unbiased information and support to create the enabling environment where mothers can breastfeed optimally. Breastfeeding is in the mother’s domain and when fathers, partners, families, workplaces, and communities support her, breastfeeding improves.

We can all support this process, as breastfeeding is a team effort. To enable breastfeeding we all need to protect, promote and support it.



<http://worldbreastfeedingweek.org>



THE GLOBAL GOALS
For Sustainable Development



Breastfeeding in public: can urban design increase women's comfort?



the women's
the royal women's hospital
victoria australia

A/Professor Lisa Amir
Judith Lumley Centre

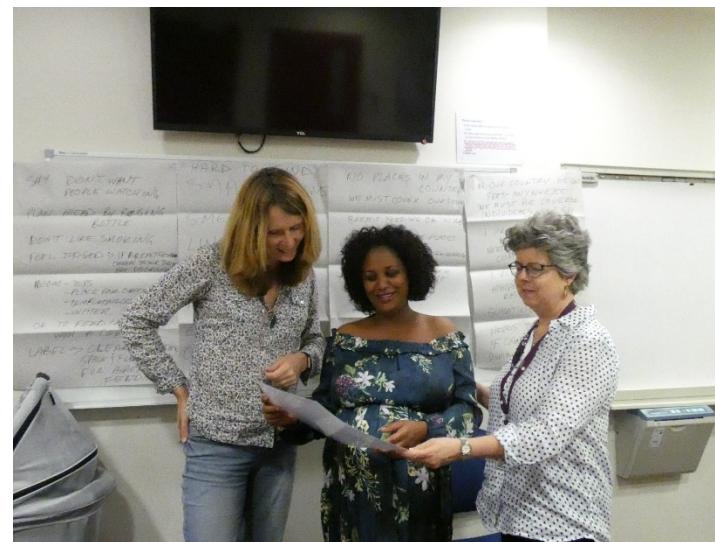


LA TROBE
UNIVERSITY

Team members

- La Trobe University, Australia
 - A/Prof Lisa Amir
 - Dr Julie Rudner
 - Dr Helene Johns
 - Ms Stephanie Amir
- University of Stirling, Scotland
 - Prof Pat Hoddinott
 - Dr Sinead Currie
- Australian Breastfeeding Association
 - Dr Miranda Buck
- Research assistant and Aboriginal advisor
 - Ms Cassandra West
- Inclusive Design consultant
 - Ms Jenny Donovan

Funding: Building Healthy Communities, Research Focus Area, La Trobe University



Breastfeeding in public

- Increasing breastfeeding rates is important for public health
- Many mothers do not meet their own breastfeeding goals
- Physical environments can either support or discourage breastfeeding in public
- Discomfort with breastfeeding outside the home may contribute to early breastfeeding cessation
- Breastfeeding is rarely considered in the design of public spaces



Our research projects

2016 project: City of Bendigo and City of Melbourne

2018 project: Royal Women's Hospital, Melbourne

- Part 1
 - Survey of attitudes towards breastfeeding in public
- Part 2
 - Focus groups and interviews focusing on experiences of the physical environment when breastfeeding in public
 - Targeting under-represented groups
 - Indigenous women
 - CALD women
 - Women with disabilities
 - Mothers of preterm infants





Hilary Walker Photography
in studio



Breastfeeding standees

Survey of attitudes towards breastfeeding in public (n = 425)

- 144 (34%) were staff members or hospital volunteers
- Most participants were:
 - female (74%)
 - aged ≤ 45 years (64%) and
 - had children (63%)
- Country of birth:
 - Australia: 255/414 (62%)
 - Other countries: 45 listed
 - Top 5:
 - India (n = 19), NZ (n = 18), UK (n = 16),
 - China (n = 6), Sri Lanka (n = 6)



“What do you think about women breastfeeding in public?”

Response categories:

Clearly support: *I think it's great.*

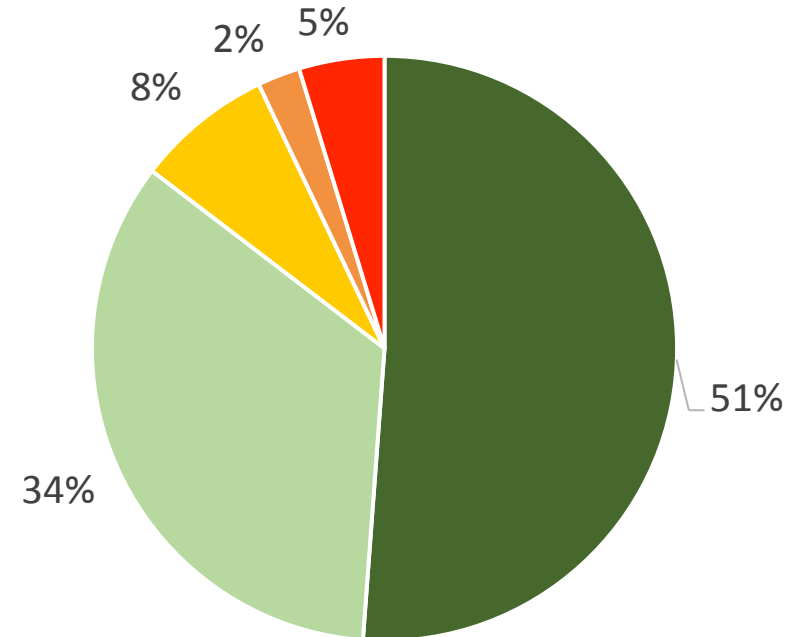
Weakly support or indifferent: *It doesn't bother me.*

Support conditionally: *No problem, as long as it's discreet.*

Ambivalent or uncertain: *I think it's fine, but people feel awkward about it.*

Not supportive: *It should be done in private.*

Attitudes towards breastfeeding in public at the Royal Women's Hospital in December 2018 (n=424)



- Clearly supportive
- Weakly supportive or indifferent
- Conditionally supportive
- Ambivalent or uncertain
- Not supportive

Support breastfeeding in public

Oppose breastfeeding in public

"It's great"

"It's fine"

"I don't care"

"It should be done in private"

"It's ok if it's discreet"

"I think it's ok but others don't"

Our survey results indicated that there was more consistency in responses between people who clearly supported or clearly opposed breastfeeding in public. The group in the "middle" was more diverse, comprising of:

- People who claimed to have no opinion
- People who were only supportive under certain circumstances
- People expressing ambivalent views

Seeing Breastfeeding Scale*

- Five statements each with five point Likert scale
- *I feel uncomfortable seeing this woman breastfeeding*
 - Disagreed/strongly disagreed (94%)
 - Unsure/agreed/strongly agreed (6%).
 - Older participants (over 45 years of age) more likely to agree with the item (10%) than younger participants (4%; $p < 0.01$).

*Hoddinott P et al. Seeing other women breastfeed: how vicarious experience relates to breastfeeding intention and behaviour. *Matern Child Nutr* 2010;**6**(2):134-46.

Focus groups and interview participants

- 28 participants: interviews and focus groups
- 7 interviews and 3 focus groups:
 - one with non-English-speaking mothers
 - one for Aboriginal families and
 - one open session
- Diverse sample:
 - Aged 20s to 50s
 - 60% born outside Australia
 - 5 from Aboriginal families
 - 4 with significant disabilities
 - With 1-4 children

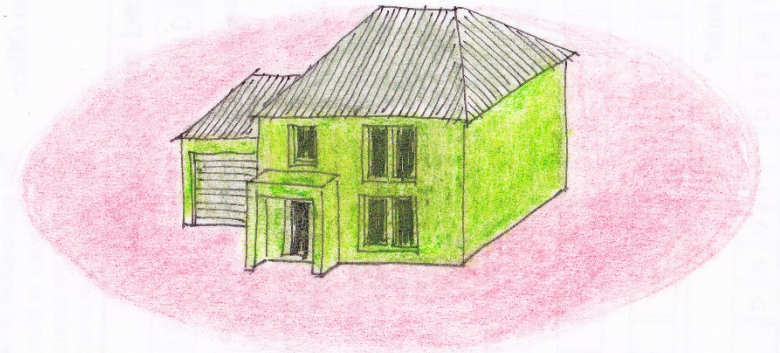


Findings: managing maternal bodies in public

Four typologies of how breastfeeding women engage with the physical environment:

- **“Homebody”** – avoid breastfeeding in public.
“I don’t want people looking at me. I’d be embarrassed!”
- **“A room of our own”** – seek a private space such as a parents’ room, or may return to their car to feed.
“I would find a safe place. One place didn’t have a baby room so I went to the disabled toilet.”
- **“A quiet nook”** – seek a semi-private space that allows for both privacy and social connection.
“I just find a corner where I can use the pram as a bit of a shield.”
- **“Out and about”** – feed anywhere, but still favour spaces/furniture that allow for physical comfort.
“I breastfed anywhere. Here in this café, the park, train, bus, literally anywhere that babies needed a feed. I had no qualms!”

“Homebody” – avoid breastfeeding in public



Interview

Mother: I don't want to [breastfeed outside the home] because I don't want people looking at me.

Researcher: Would you feel embarrassed?

Mother: Yes I'd be very embarrassed.

Partner: Yes, it's private.

Staff member: If you were out with your baby and the baby was hungry, what would you do? Would you use expressed milk or formula?

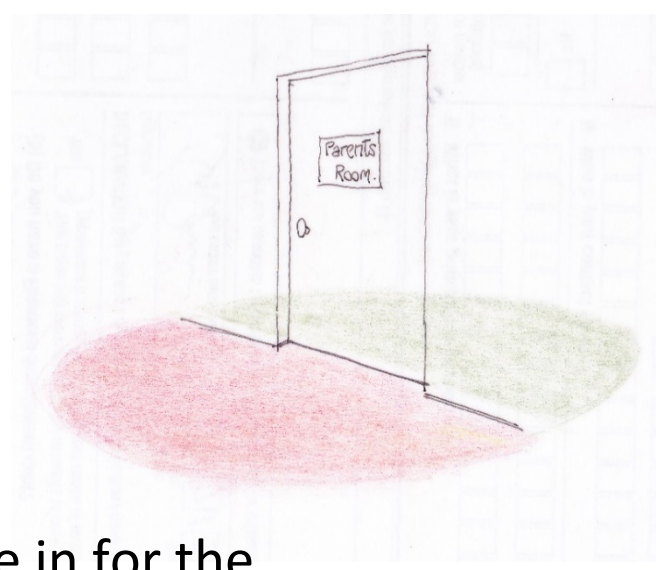
Mother: I prefer to feed just from the breast. Expressing is expensive equipment. I can't afford it. I've looked at it but it's too expensive. Maybe later [for the next baby].

When my breastmilk reduced I went to get formula.

Staff member: Did you wait to get home to feed, so that reduced your milk?

Mother: Yes!

“A room of our own” – seek a private space



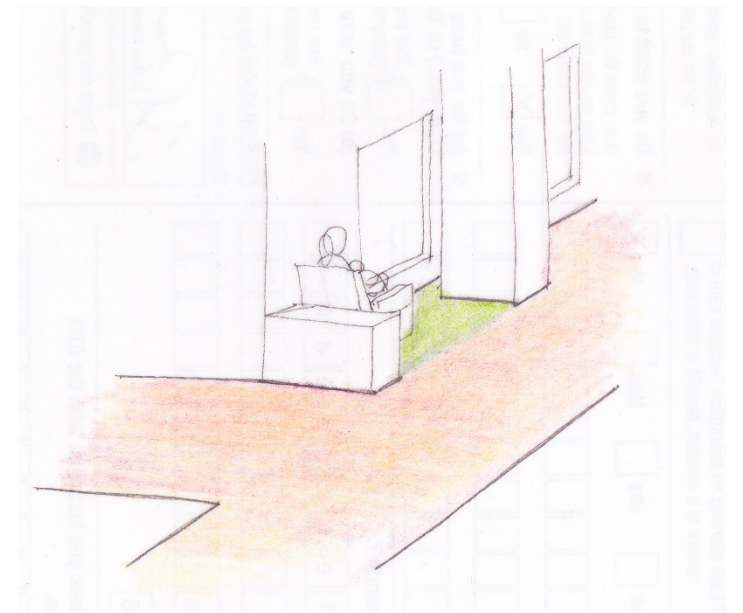
Focus group

- New mother: “I struggle in this hospital, figuring out how to feed. I’ve come in for the breastfeeding clinic. I have had troubles with him, tongue-tie. And it’s just like [indicates big open window]. It’s a big window with people walking past [waiting area for Breastfeeding service on Level 4]. It’s not the greatest breastfeeding there. It’s like they don’t want people to breastfeed there. It’s not very obvious or well promoted around there. I guess there’s chairs, but there’s no designated area.”
- Visiting health professional: “I haven’t seen anything designated here for feeding, no. What they’ve got in NICU is nice – the big wide chairs they’ve got.”
- Another mother [referring to Lower Ground Floor]: people come in because they’ve been bleeding, or whatever and there’s all sorts of people there. People across the spectrum!

Another focus group

- Mother: I have breastfed there [breastfeeding room]. The chair was a bit difficult to breastfeed in. It was a bit awkward. [indicates the height of the armrest] And I left the door open because I didn’t want to miss my name being called. It was quite a small space.
- Another mother: You’ve got a pram now, so you take up this much space wherever you go.

“A quiet nook” – seek a semi-private space

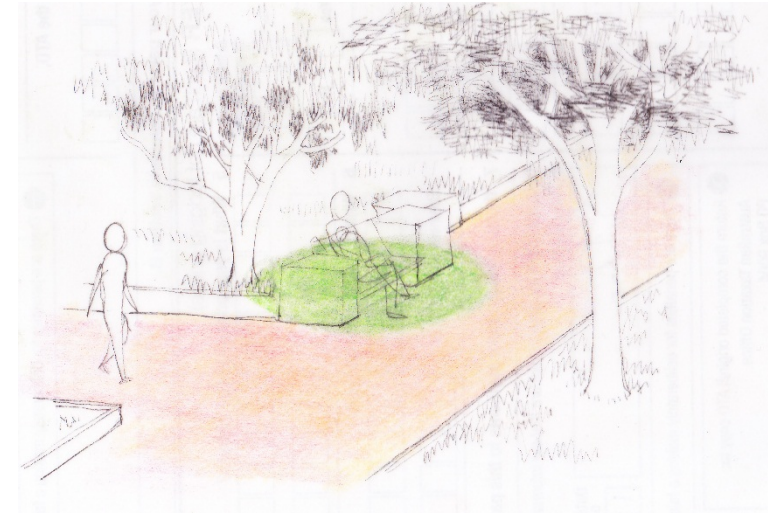


Focus group

One mother: I'd sit there [in the corner furthest from the door]. In a restaurant you look for the quiet corner.

Another mother: You want privacy to feed, but if I'm just sitting by myself all day... [sighs] it's kind of boring. I'd usually choose the semi-private space.

“Out and about” – feed anywhere



Focus group

- One mother: I'd like to feed in a park but all the tables are out in the open with no shade. A bit of shadecloth would be good.
- Second mother: I think you get used to not being provided for, so when you are provided for it stands out! I was near the social work office here downstairs
- *Researcher: The Women's Welcome Centre?*
- Second mother: Yes it was great! There was a nice chair and someone put something under my feet.

Interview

- Mother: [When I was at the hospital for appointment with newborn] I just sat in front of the elevators and fed [younger baby] in a really uncomfortable chair.

Qualitative findings – physical space

- Great diversity in women's approaches and preferences
- Needs may change over time
- Need for comfortable chairs or other furniture
- Physical amenity
- Meeting the needs of families with older children
- Challenges with signage and navigation to spaces
- Lack of spaces to feed at RWH

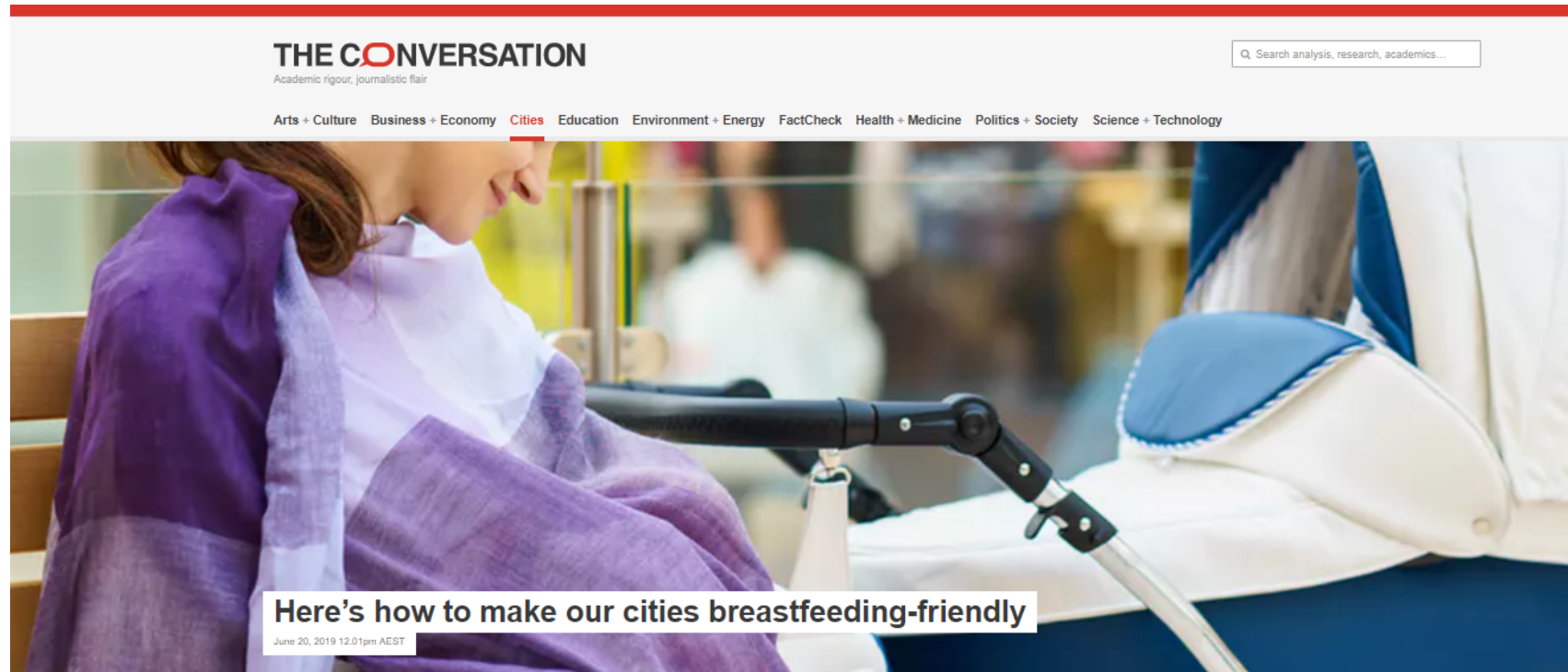


Qualitative findings – social factors

- Desire for semi-private spaces
- Fear of negative comments may exceed negative experiences
- Defending right to breastfeed in public
- Desire to feel safe
- Use of breastfeeding covers
- Cultural differences
- Support from friends, family and peers



Urban design: to make our cities more breastfeeding-friendly



Here's how to make our cities breastfeeding-friendly

June 20, 2019 12:01pm AEST

The more comfortable women feel about breastfeeding in public, the better for both babies and society. Maxim Krivonos/Shutterstock

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Seen through the eyes of new mothers, our towns and cities can often seem like uncomfortable and uninviting places to breastfeed. Although the physical characteristics of a place are not the only factors that influence how a woman feeds her child, they can be important. The physical surroundings can sway the balance of influences that may deter women from breastfeeding, bring it to a premature conclusion, or compel women to isolate themselves in their own houses so they might continue to breastfeed.

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Inclusive Design
Creating places where people thrive.



<https://theconversation.com/heres-how-to-make-our-cities-breastfeeding-friendly-110176>

A breastfeeding unfriendly environment



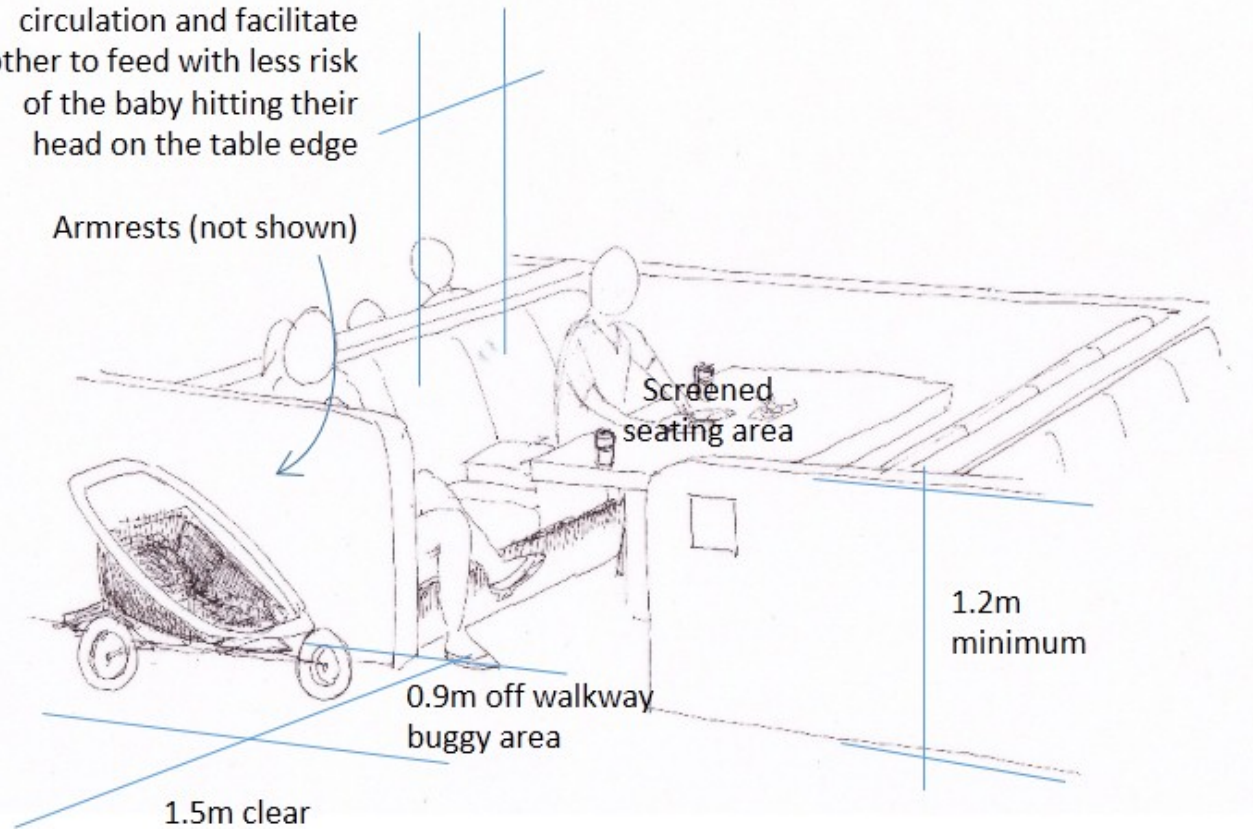
A consistently friendly breastfeeding environment



Example of semi-private space in cafe

Table set back 300mm from screen to allow for circulation and facilitate mother to feed with less risk of the baby hitting their head on the table edge

Armrests (not shown)



Screened seating area

1.2m minimum

0.9m off walkway buggy area

1.5m clear walkway circulation zone

Example of semi-private space at the Women's Hospital

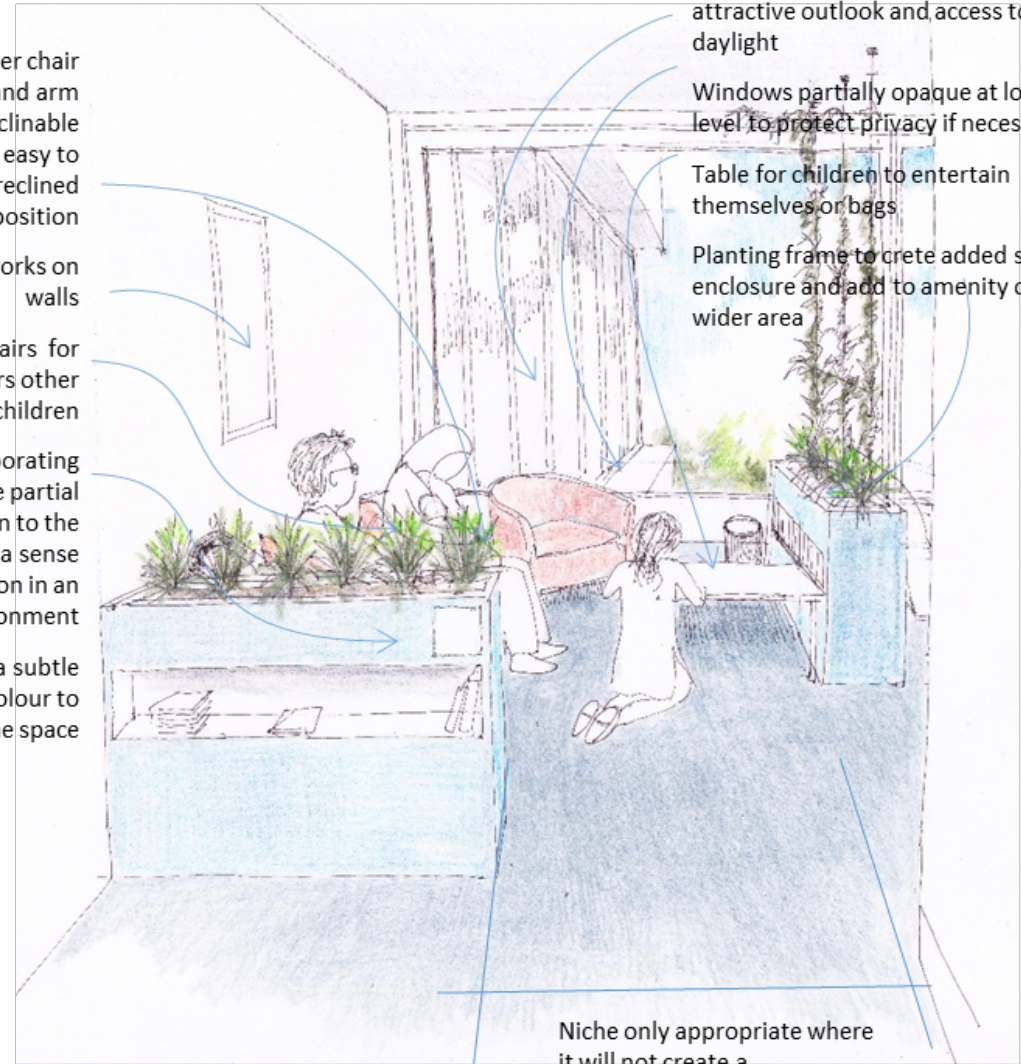
Reclinable or glider chair with high back and arm rests. If reclinable mechanism to be easy to operate in the reclined position

Paintings or artworks on walls

Other movable chairs for friends, partners other children

Cabinet incorporating planting to provide partial screen, definition to the space and create a sense of seclusion in an attractive environment

Cabinets rendered a subtle but distinctive colour to help define the space



Niche located where it can enjoy an attractive outlook and access to daylight

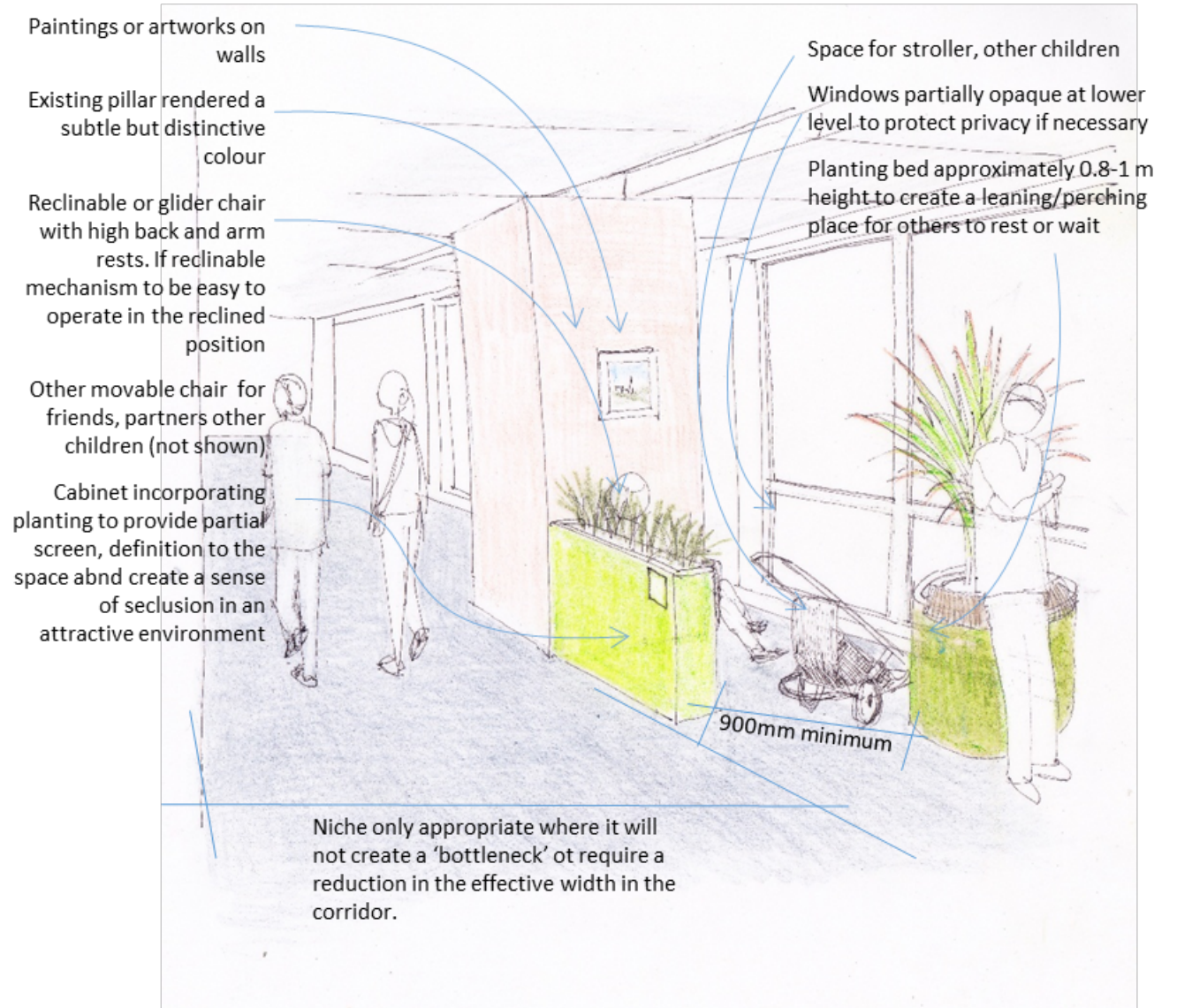
Windows partially opaque at lower level to protect privacy if necessary

Table for children to entertain themselves or bags

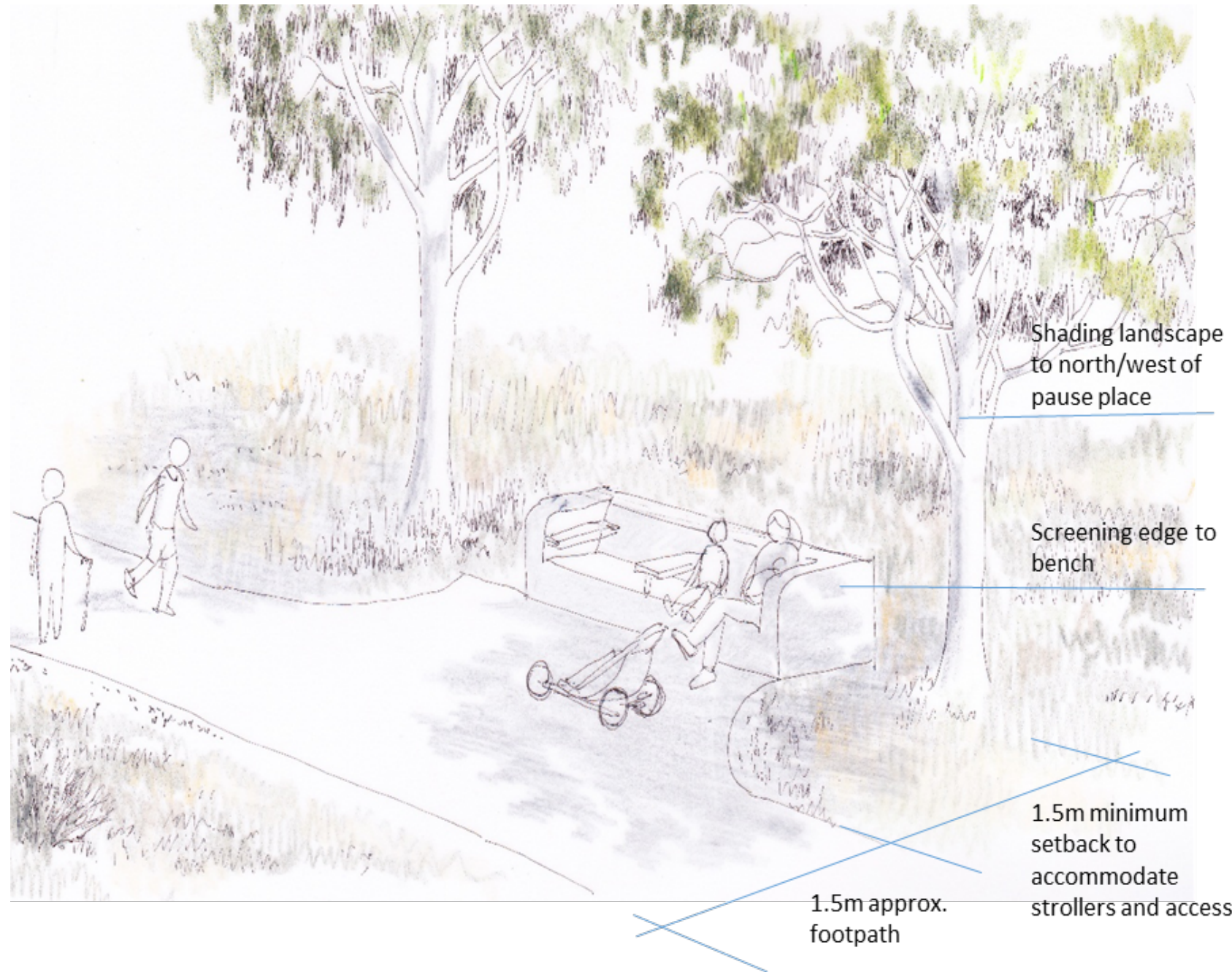
Planting frame to create added sense of enclosure and add to amenity of the wider area

Niche only appropriate where it will not create a 'bottleneck' or require a reduction in the effective width in the corridor.

Example of niche at the Women's Hospital



Example of
pause-space in
a small park



Example of breastfeeding space in larger park

Shade landscaping
Informal play area/sculptural feature that will provide an interesting and inviting setting for play for older children as well as providing a sculptural feature that is visually appealing for adults to look at

Other nearby seating arrangements for other supervising parents/nursing mothers/children



Welcome signage

Secure fencing and gate to conform to relevant Australian standards

Screening wall/edge to play area, constructed of a material and to a design that makes it a defining feature and of the design

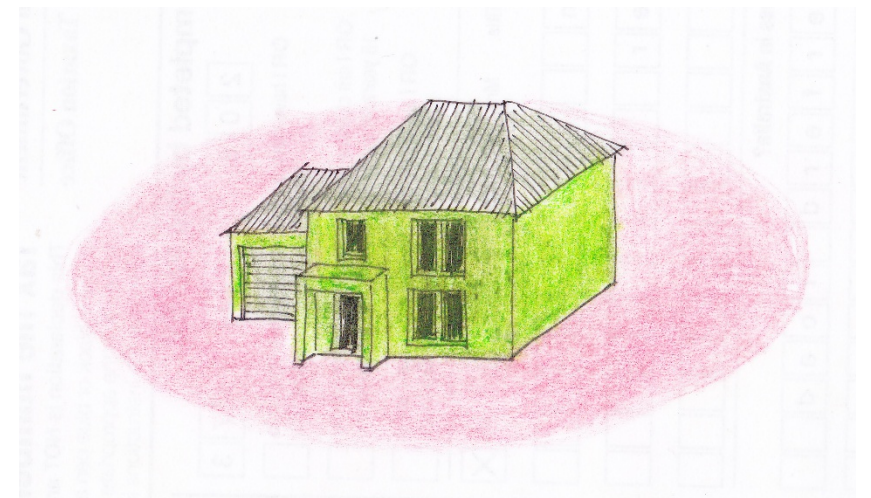
Seats arranged behind screen wall, slightly higher (see detail drawing) with high backs. Seating area divided by screens 1.5m high every 1.5m linear length to provide alcoves that can be used for feeding where the feeding will be largely invisible but the mother can still see out and supervise any children

Shade landscaping, preferably deciduous tree to allow shade in summer and allow sun through in winter. Relationship of tree to seating area such that people will have the choice to sit in the sun or shade as they wish

Creating public spaces to reduce barriers to breastfeeding

“Homebody”

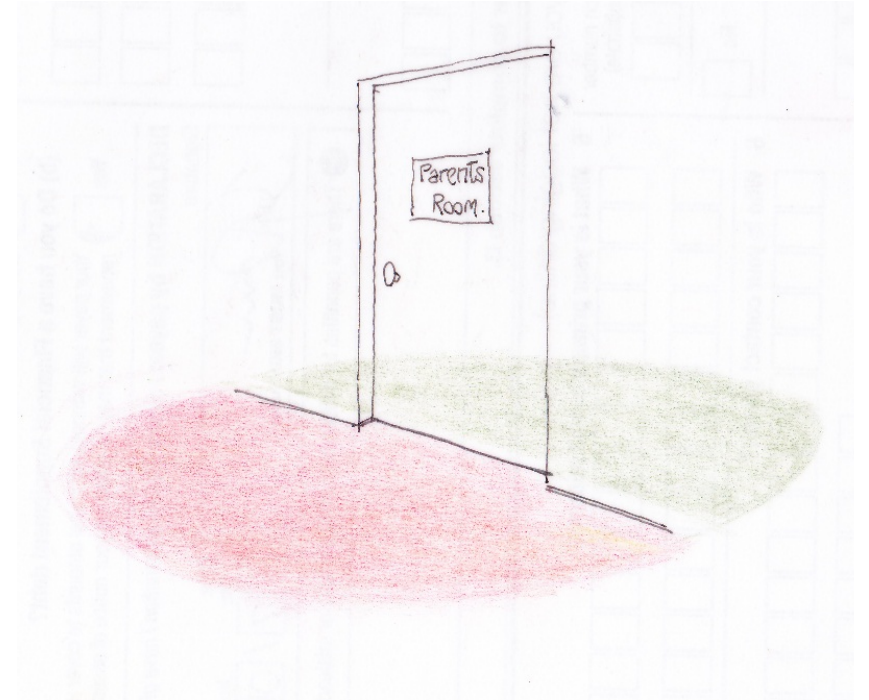
- organisational policies and actions to support women to breastfeed outside the home if they want to
- education for staff and the general public that is legal for women to breastfeeding anywhere



Creating public spaces to reduce barriers to breastfeeding

“A room of our own”

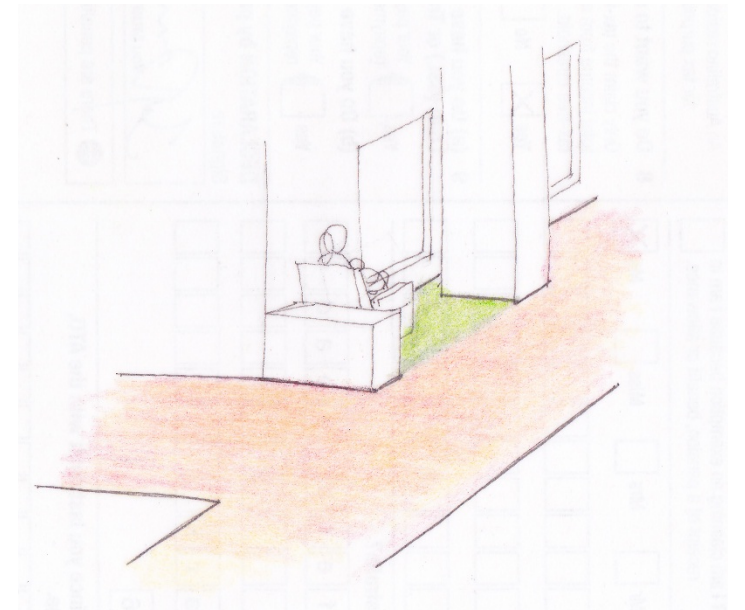
- parent rooms with good amenity and facilities
- improve signage to inform everyone about location of these rooms



Creating public spaces to reduce barriers to breastfeeding

“A quiet nook”

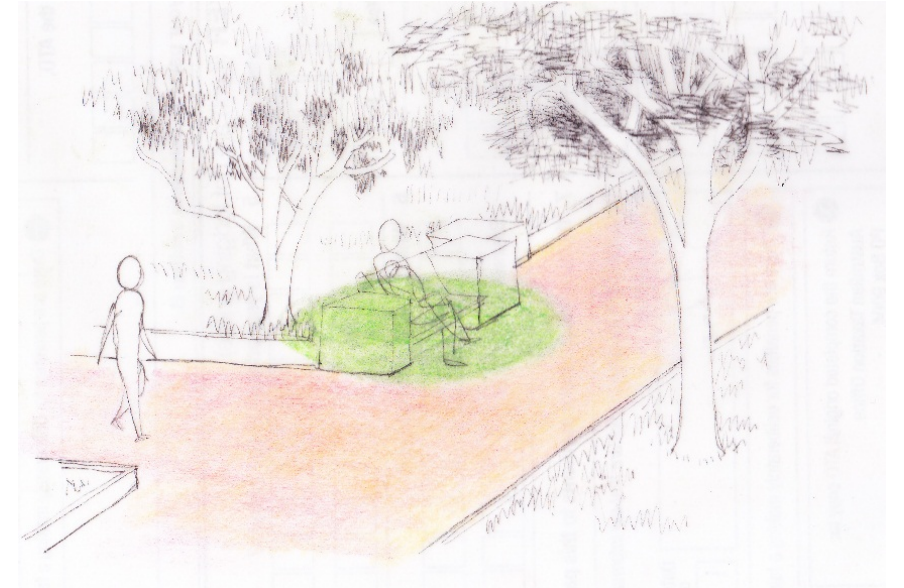
- create indoor and outdoor semi-private spaces such as nooks, booths and quiet corners
- design signage to label these as spaces for breastfeeding mothers



Creating public spaces to reduce barriers to breastfeeding

“Out and about”

- increase availability of comfortable chairs for feeding, with space for prams, considering the needs of older siblings
- create a lounge area with mothers can gather to relax



Conclusions and next steps

We should consider needs of breastfeeding women in urban design

→ Provide options for semi-private spaces, as well as private spaces

Next steps

- Publish our findings; present at conferences
- Work with institutions/councils to set up spaces
- Multi-method evaluation (users, other community members, etc)
- Aim for needs of breastfeeding women to be included in planning guidelines



Breastfeeding in public

Thematic Series

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Let us work together to
empower parents and enable breastfeeding,
now and for the future!



<http://worldbreastfeedingweek.org>



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