

The Importance of Motivational Interviewing Technique in Providing Breastfeeding Motivation in the Postpartum Period

Postpartum Dönemde Emzirme Motivasyonunun Sağlanması İçin Motivasyonel Görüşme Tekniğinin Önemi

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ABSTRACT

The breastfeeding process is an important period in terms of mother and infant health. In this process, it is important for the mother to start and maintain breastfeeding as soon as possible after birth in order to benefit from breast milk at the maximum level. The effects of physiological, psychological, social and motivational factors are important in initiating, maintaining and sustaining breastfeeding. If the mother experiences any breastfeeding problem during the breastfeeding process, her breastfeeding motivation may decrease. In recent studies, it is seen that breastfeeding trainings are carried out with individual, encouraging, self-efficacy and motivational techniques. Motivational interviewing is one of these current techniques. Motivational interviewing is a client-centered evidence-based practice that enables the individual to discover and resolve contrasting / conflicting emotions and gain intrinsic motivation for change. In breastfeeding education, motivational interviewing technique is used by nurses and midwives for supportive purposes such as determining mothers' attitudes towards breastfeeding, increasing their compliance with the breastfeeding process, eliminating their lack of knowledge, reducing their concerns about breastfeeding, increasing their confidence and intrinsic motivation. In this article, the importance of motivational interviewing technique in providing breastfeeding motivation in the postnatal period is explained.

Keywords: Breastfeeding, Mother, Motivation, Motivational Interviewing, Nurse and Midwife

ÖZ

Anne ve bebek sağlığı açısından emzirme süreci önemli bir dönemdir. Bu süreçte anne sütünden maksimum düzeyde yararlanabilmek için annenin doğumdan hemen sonra mümkün olan en kısa sürede emzirmeye başlaması ve emzirmeyi sürdürebilmesi önem taşımaktadır. Emzirmenin başlatılması, devamlılığının sağlanması ve sürdürülmesinde fizyolojik, psikolojik sosyal ve motivasyonel faktörlerin etkisi önem taşımaktadır. Annenin emzirme sürecinde herhangi bir emzirme sorunu yaşamaması durumunda onun emzirme motivasyonu azalabilmektedir. Son zamanlarda yapılan araştırmalarda emzirme eğitimlerinin; bireysel, teşvik edici, öz yeterliliği ve motivasyonu artırıcı tekniklerle yapıldığı görülmektedir. Motivasyonel görüşme bu güncel tekniklerden biridir. Motivasyonel görüşme; bireyin zıt / çelişen duygularını keşfederek çözmesini, değişime yönelik içsel motivasyon kazanmasını sağlayan danışan merkezli kanıta dayalı uygulamadır. Emzirme eğitiminde motivasyonel görüşme tekniği, hemşire ve ebe tarafından annelerin emzirmeye yönelik tutumlarını belirleme, emzirme sürecine uyumunu artırma, bilgi eksikliklerini giderme, emzirme ile ilgili endişelerini azaltma, güvenlerini ve içsel motivasyonlarını artırma gibi destekleyici amaçlarla yapılmaktadır. Şimdiye değin yapılan literatür taramasında emzirme eğitiminde motivasyonel görüşme tekniği ile yapılan çalışmalar sınırlı sayıda. Bu makalede, doğum sonu dönemde emzirme motivasyonunun sağlanmasında motivasyonel görüşme tekniğinin önemi açıklanmıştır.

Anahtar Kelimeler: Anne, Emzirme, Hemşire ve Ebe, Motivasyon, Motivasyonel Görüşme

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INTRODUCTION

Breastfeeding is a natural feeding method that has short and long-term positive effects on the health of mother, child, family and society. Breast milk is a unique food that meets all nutritional needs of babies in the first six months of life, is easily digestible and contains protective components against diseases (1). The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend that infants should be exclusively breastfed for the first six months after birth and then breastfed for two years or longer with appropriate complementary foods (2). According to the latest data published by UNICEF in 2022, the rate of breastfeeding within the first hour after birth is 46% and the rate of exclusive breastfeeding in the 0-5 months period is 48% (3). In Türkiye, according to the Turkish Demographic and Health Survey (TDHS) 2018 data, the rate of exclusive breastfeeding in infants younger than six months is 41%, the median duration of exclusive breastfeeding is 1.8 months, and the rate of infants breastfed within the first hour after birth is 71% (4). As can be seen from these national and international data, the rates of mothers' first breastfeeding, continuity of breastfeeding and exclusive breastfeeding for the first six months are not at the desired level in the world.

Breast milk is stated to be the best food source in infant nutrition. Breastfeeding not only contributes to neonatal, infant and child health but also provides important benefits for the protection, development and promotion of maternal, family and community health (1, 5). These benefits continue not only during breastfeeding but also in all life stages and are too high to be compared with other food groups (6). Breast milk is produced specially for each mother's own baby and varies from mother to mother. In addition, the content of breast milk may vary according to the needs of the baby, the chronological age of the baby, the gestational week and the time period during the day. The content of breast milk consists of water, protein, fat, carbohydrate,

electrolytes, immunoglobulins, many minerals and vitamins (6, 7).

During the breastfeeding process, some mothers may experience difficulties due to reluctance to breastfeed, lack of knowledge or belief in the importance of breastfeeding, lack of motivation, low self-efficacy, psychosocial and other reasons (6). In addition, the mother's breastfeeding process may be affected by her previous breastfeeding experiences, the support she receives from her environment for breastfeeding, the examples she sees in others during the breastfeeding process and her psychological status. In this context, mothers are one of the priority groups that should be supported and motivated by midwives and nurses in terms of education in the initiation and maintenance of breastfeeding in the postnatal period. In order to support breastfeeding, interventions such as individual counselling, support practices, group interactions and education will increase the motivation of mothers in the breastfeeding process (8).

Motivation and Breastfeeding

Breastfeeding is an important period in terms of maternal and infant health. In order to benefit from breastmilk at the maximum level during the breastfeeding process, it is important for the mother to start and maintain breastfeeding as soon as possible after birth (9, 10). In this process, physiological, psychological, social, motivational and economic factors have an effect on the continuity and maintenance of breastfeeding. Especially primiparous mothers experience many emotions and states such as anxiety, stress and worry together in this process (11, 12). During the breastfeeding period, the mother's desire and motivation to breastfeed may decrease due to reasons such as experiencing any breastfeeding problem (insufficient breast milk, nipple cracks, etc.), not being able to cope with these breastfeeding problems, low belief that she will be successful in breastfeeding, lack of social support, and not receiving enough

support from health professionals such as midwives, nurses and physicians (13-16). On the other hand, if the mother's intention towards the breastfeeding process is positive, if she believes that she will experience a sense of satisfaction or pleasure with breastfeeding and if she values breastfeeding, mothers will want to breastfeed their babies more and thus will be motivated to breastfeed (17). The success and continuity of breastfeeding in the postnatal period may depend on many factors including the level of motivation for breastfeeding, access to support systems and accurate information sources (18, 19). In order to ensure continuity of breastfeeding in the postnatal period, one of the most modifiable factors in the mother by health professionals is her motivation (13, 20). In this context, health professionals should screen mothers in terms of motivation before providing breastfeeding support. In the literature, it has been reported that mothers with a high level of autonomous motivation are more likely to continue breastfeeding and mothers with a high level of controlled motivation are less likely to continue breastfeeding (11, 17, 21). In some studies, it has been reported that some mothers start breastfeeding because they really believe that breastfeeding is important for the health of their babies, while others start breastfeeding to avoid social stigmatization or guilt as a result of not breastfeeding (18, 22, 23).

Breastfeeding motivation is important in the continuity and maintenance of breastfeeding (13). Conditions such as the mother's perspective on breastfeeding, self-efficacy, self-confidence, emotional state, family and environmental factors affect the mother's motivation to breastfeed (16, 18). In this context, breastfeeding motivation of mothers should be evaluated by health professionals during pregnancy and postnatal period and practices supporting autonomous motivation of mothers should be planned and implemented (11). Since the conditions affecting the motivation of each mother differ, practices aimed at increasing breastfeeding motivation may differ. Interventions such as individual counselling, support practices,

group interactions and education will increase the motivation of mothers in the breastfeeding process (22- 24). The success of the mother whose motivation increases will increase in breastfeeding and thus, successful breastfeeding will contribute to the adoption of maternal roles by increasing the mother's self-confidence (22, 24). It is possible to increase breastfeeding self-efficacy and motivation of mothers by improving breastfeeding skills, drawing attention to the positive aspects of breastfeeding, and emphasizing the positive skills of the mother instead of the problems experienced in breastfeeding in breastfeeding education applied in the postnatal period (15, 22). Mothers in the postnatal period are one of the priority groups that should be supported and motivated by midwives and nurses in terms of education in the breastfeeding process. In order to prepare the mother for the breastfeeding process, there are many individual or group trainings such as pregnant education classes, childbirth preparation classes, breastfeeding classes, breastfeeding counselling and baby-friendly, mother-friendly hospital practices (9, 25). There are also many breastfeeding education practices (such as tell what you have learned, family-centered breastfeeding education, online, group, etc.) that support mothers to be competent in the breastfeeding process and encourage them to breastfeed (10, 26, 27). One of these breastfeeding education practices is motivational interviewing technique.

Motivation Concept and Self-Determination Theory Related to Motivation

Motivation is the state of effort, energy and willingness of an individual to achieve a specific goal (28). In other words, motivation is the mobilizing force that enables the individual to continue on the way to reach his/her goals and to cope with the difficulties encountered on this path (28, 29). Each individual has different levels of motivation. A person who is reluctant to take action to realize a situation is referred to as

unmotivated, while a person who is more eager and energetic is referred to as motivated (23, 30)

There are theories explaining the types of motivation of individuals. The theory developed by Deci and Ryan in 1975 as "Self-Determination Theory" is one of them (31). Self-determination theory was developed by Deci and Ryan in 1975 and is a theory for understanding the behaviors and motivations of individuals (32). In the self-determination theory, motivation types are formed by focusing on the reasons that accelerate the individual to act (12). In this theory, motivation is handled in two main categories. These are intrinsic and extrinsic motivation (33). Intrinsic motivation is the actions that the individual performs with an inner sense of pleasure, interest, success, excitement, satisfaction and happiness. Intrinsic motivation is the forces that mobilize the individual from birth (11, 34). Extrinsic motivation, on the other hand, is to perform behavior in order not to feel guilty, to get approval or to be appreciated for the behavior or actions that the individual plans to do in order to achieve his/her goals and objectives (33, 35).

According to the Self-Determination Theory, autonomous motivation consists of situations involving the behaviors that the individual attaches importance to and the individual performs the behavior voluntarily. For this reason, it is stated that individuals with high autonomous motivation act faster and are successful while performing the behavior. In controlled motivation according to Self-Determination Theory; Since it consists of behaviors such as social pressure, causality and individuality, it is stated that individuals who act with this controlled motivation cannot continue that behavior for a long time (33-35).

Motivational Interview Technique

Motivational interviewing is a client-centered counselling method that helps individuals resolve their ambivalence about health behavior change by creating intrinsic motivation and strengthening commitment

(37). It is also defined as a patient/individual-centered guiding method aiming at resolving ambivalence, strengthening motivation and change (37, 38). The main aim of motivational counselling is to stimulate intrinsic motivation for change in individuals who have conflicting emotions or are reluctant to change, to increase motivation for change and to ensure active participation of the individual in the change process (38-40). Motivational interviewing technique was first used by William Miller in 1983 in patients with alcohol dependence. In time, as the positive effects of the technique started to be observed, its application area expanded (41, 42). Since the early 1990s, it is a widely used method to cope with many health problems such as obesity, hypertension, diabetes, substance addiction (such as smoking, alcohol, etc.), cardiovascular diseases, hyperlipidemia, obsessive-compulsive disorders, depression and eating disorders (41, 43-45).

Characteristics of Motivational Interview Technique

The general features of the motivational interview technique are stated below:

- Client-centered. The interviewer focuses on the problems stated by the client.
- The person who is the expert in the interview is the client. The counsellor is not in the role of the knower and therefore the therapist does not impose his/her own thoughts but focuses on the client's problems.
- Motivational interviewing accepts the client without judgement and reveals the client's desire for change.
- It is more of a partnership than a therapeutic relationship.
- It helps the client to understand the reasons for change or not to change. If the client does not make any decision for change, solutions cannot be offered.
- Resistance and denial are not seen as client characteristics and are considered as feedback to the counsellor's behavior. Resistance is resolved through reflective listening.

- Ambivalent feelings are solved by the client, not by the therapist.

- Aggressive confrontation, direct persuasion and discussion are not included in the process of motivational interviewing technique.

- Counsellor's communication skills, body language and the atmosphere of the counselling environment can be determinative in the effectiveness of counselling (39, 41, 45-48).

Principles of Motivational Interviewing Technique

In motivational interviewing technique, four basic principles of motivational interviewing are used to create behavioral change in the individual and to motivate him/her (39). These are;

- Showing empathy
- Identification of contradictions
- Solving resistance
- Supporting self-efficacy - self-efficacy (38, 45)

Showing empathy

It includes an approach that respects and supports the individual's feelings, point of view and thoughts without judgement, contrary to criticism (45). The fact that the counsellor does these does not mean that he/she completely accepts the individual or agrees with him/her. Here, it is not the individual who is not approved, but only the problematic behavior (38, 39).

Identification of contradictions

The principle of revealing contradictions is to reveal the contradictions that exist between the individual's current behavior and his/her goals in his/her own mind and to enable the individual to see these contradictions (49, 50). For this purpose, attention is drawn to the contradiction between where the individual is and where he/she wants to be. The individual is helped to be motivated for change by making him/her realize the contradictory and non-supportive areas (39, 49).

Resolving resistance

Motivational interviewing technique is not a war between the client and the counsellor (39). There is no winner or loser in the process. The goal of the therapist is not to bring new goals to the individual, but to provide the individual with an up-to-date approach to change and to gain a new perspective in behavior change (41). At this stage, the counsellor should avoid a persistent attitude, should not try to persuade, and should enable the individual to produce solutions (28, 43).

Self-efficacy - supporting self-efficacy

Supporting the self-efficacy of the individual in motivational interviewing is important for behavior change (44). During the motivational interview, the counsellor should increase the self-efficacy of the individual and ensure the belief that the individual can overcome the difficulties that may be experienced with change (50).

Basic Techniques of Motivational Interviewing

Five basic techniques are used in the motivational interview process (50). The first four basic techniques are asking open ended questions, affirmations, reflective listening and summarizing. These are abbreviated as OARS (open ended questions, affirmations, reflective listening, summarizing) in English (40, 50). QARS are the most frequently and widely used techniques since the first emergence of motivational interviewing. The fifth technique is eliciting change talk. This method integrates the other four methods (42).

Asking open-ended questions

One of the basic techniques of motivational interviewing is to ask open-ended questions. Asking open-ended questions prevents the development of resistance in the client, reveals the individual's thoughts on the subject and enables the person to evaluate his/her views from a wide perspective (50, 51). It includes questions whose answer is not yes or no. The individual gives detailed answers to

the questions. Open-ended questions allow the counsellor to express himself/herself freely and without fear, thus helping to enrich communication. It also prepares the ground for the counsellor to empathize (30). Example: “*How do you feel about your breastfeeding?*” (50).

Supporting

It is to make the client aware of his/her strengths, to highlight his/her achievements and behaviors in the direction of change. Supporting should be realistic and compatible (50). The belief that the individual has the possibility to change is an important source of motivation (51). Example: “*I can see that you are very determined about this*” (50).

Reflective listening

Reflective listening is to understand what the client says and to reflect what the client says to himself/herself. The aim here is for the client to continue talking and thinking about change (50, 52). In reflective listening, the counsellor does not say anything new, what the client says is repeated to him/her and thus the resistance shown by the client is broken (44). Example: Mother: “*I want to feed my baby only with breast milk*”, Counsellor: “*You want to give your baby only breast milk*” (50).

Summarization

Summarizing aims to collect and reflect the information in the interview process. With this method, it is possible to complete the missing information and misunderstandings, if any (39). Summaries should be used in the middle of the interview when moving on to another topic or to clarify both sides of the client's contradictory thoughts (38, 40).

Revealing the exchange speech

Change talk enables the individual to defend his/her views in the change talk (49). Revealing the change talk is important throughout the motivational interview and can be used as a constant reminder of the reasons for commitment to change (37). In order for individuals to accept the change process, an evaluation is made about the point reached and the problem and change are supported by

using the summarizing method. The counsellor can provide information and suggestions to the individual when necessary (39).

Use of Motivational Interviewing Technique in Breastfeeding Process and Nursing Approach

Breastfeeding education and support are important in ensuring that breastfeeding is initiated and maintained as soon as possible in the postnatal period (27). It is important for mothers to have qualified information about breastfeeding, to make informed decisions in this process, and the role of breastfeeding education and support in initiating and maintaining breastfeeding (53-55). Breastfeeding trainings are applied to encourage mothers to breastfeed during the breastfeeding process, to support them to feel competent and strong in this process, and to increase their self-efficacy and motivation in breastfeeding, adapted according to their individual needs (56).

Nurses and other health professionals who are in constant communication with mothers during the breastfeeding process have an important role in the quality and successful management of this process (26). Although nurses do not receive a separate training under the name of motivational interviewing technique in the vocational education process, the basic knowledge and skills of motivational interviewing are mostly included in the basic nursing education curriculum (40, 42). Nurses have important roles in creating behavioral change in the mother during the breastfeeding process and ensuring the continuity of breastfeeding (26, 27). In this context, nurses can receive training on motivational interviewing technique, which is a short and effective method, and use it both in the breastfeeding process and in other areas of health services (15, 18, 57).

Motivational interviewing is a therapeutic approach that increases the internal motivation of individuals and prepares them for change. Mothers may encounter physical and emotional difficulties during breastfeeding (58). Motivational interviewing

is important for these mothers to cope with their difficulties. Motivational interviewing has a supportive role in helping mothers to adapt to the breastfeeding process, to determine their attitudes towards breastfeeding, to address their lack of knowledge about breastfeeding and their concerns about this process, to increase their confidence and intrinsic motivation about breastfeeding, and to continue breastfeeding by helping behavioral change when necessary (52). In the literature, there are national and international studies on breastfeeding training with motivational interviewing technique in supporting breastfeeding. In 2017, in a randomized controlled study conducted by Cangöl and Şahin, a significant increase was found in the mean score of self-confidence level in the breastfeeding process of mothers in the experimental group of motivational interviewing, which started during pregnancy and continued in the postpartum period, compared to the control group (18). Franco-Antonio et al. (2021) found that a short motivational interview conducted with 88 mothers who had vaginal delivery in the immediate postpartum period (between the first and second hours after delivery) increased the breastfeeding self-efficacy of mothers (56). In a study by Bekmezci and Meram (2023) in which primiparous mothers who had cesarean delivery were given breastfeeding training based on motivational interviewing a total of four times in the postpartum period, it was found that breastfeeding self-efficacy increased their confidence and competence levels in breastfeeding (52). Naroe et al. (2020) found that motivational interviewing applied in four 45- to 60-minute sessions with 140 primiparous women was effective in

increasing mothers' breastfeeding self-efficacy and the number of breastfeeding days (15). Zunza et al. (2023) found that the motivational interview they conducted to encourage HIV-positive mothers who gave vaginal delivery to breastfeed contributed to increase the rate of exclusive breastfeeding in the twenty-fourth week after delivery (59). In a randomized controlled trial conducted by Addicks and McNeil (2019) using motivational interviewing technique to improve breastfeeding outcomes, it was found that the level of confidence and competence of mothers in the breastfeeding process increased (20). In Brazil in 2021, Dodou et al. examined the effect of motivational interviewing trainings on the breastfeeding self-efficacy score of mothers on the 7th, 30th, 90th and 150th days after birth with 240 mothers and found that the breastfeeding self-efficacy score of the mother in the postpartum period was higher in the experimental group than in the control group (60). In a doctoral thesis study conducted by Palancı Ay (2024), it was found that breastfeeding education given by a nurse to primiparous mothers with motivational interviewing technique in a total of 4 sessions increased the value given to breastfeeding, self-efficacy and midwife support sub-dimensions of breastfeeding motivation (19). As can be understood from all these study findings, breastfeeding education given with motivational interviewing technique has a positive effect on breastfeeding outcomes such as breastfeeding self-efficacy and motivation. The quality of breastfeeding education protects and improves maternal, newborn and family health and increases the quality of postpartum midwifery and nursing care.

CONCLUSION AND RECOMMENDATIONS

As a result, it is seen that the motivational interviewing technique can increase the motivation of mothers in the breastfeeding process, their positive intentions towards breastfeeding, their self-efficacy and contribute to the most effective continuation of the breastfeeding process by creating

behavioral changes in the mother. In addition, the baby of the mother whose breastfeeding motivation increases with the motivational interview technique will benefit more from breast milk and the baby will be more successful in social relationships throughout his/her life and become an emotionally

satisfied individual. The mother protects and improves the mental health of the newborn. In addition, it increases the quality of postpartum nursing and midwifery care. With this review, it is recommended that motivational interviewing technique should be used more widely in breastfeeding trainings given by nurses and midwives in the provision of breastfeeding support necessary to increase

breastfeeding motivation of mothers in the postpartum period. In addition, in-service trainings should be given to healthcare professionals, especially nurses and midwives, in order to increase their awareness of the motivational interviewing technique and their participation in motivational interviewing technique trainings should be supported.

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