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# Passive resistance: Early experiences of midwifery students/graduates and the Baby Friendly Health Initiative 10 steps to successful breastfeeding

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## KEYWORDS

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## Summary

*Passive resistance:* Early experiences of midwifery students/graduates and the Baby Friendly Health Initiative (BFHI) 10 steps to successful breastfeeding.

*Research question:* What factors, in relation to the BFHI 10 steps to successful breastfeeding, influence the development of breastfeeding support practice for beginning practitioner midwives?

*Procedures:* Newly graduated midwives about to commence a Graduate Midwifery Program (GMP) were recruited from two South Australian universities and one Western Australian hospital to participate in the study.

*Methods:* This qualitative longitudinal study used critical incident technique for a series of three semi-structured interviews with each participant. The theoretical framework of the project was Bandura's Social Learning Theory with Boyatzis' Data driven approach used to thematically analyze the data.

*Findings:* Participants highlighted experiences such as time pressure and the established clinical practices of experienced midwives that undermined their commitment to the BFHI 10 steps. Outdated practices by senior midwives and passive resistance to the BFHI 10 steps were commonplace even in participating hospitals which are BFHI accredited.

*Conclusions:* The clinical working environment has a major impact on the way newly graduated midwives integrate the BFHI 10 steps into their breastfeeding support practice. Commitment to the BFHI 10 steps should not be taken for granted just because a hospital achieves BFHI accreditation. Many experienced midwives are continuing with outdated practices that confuse breastfeeding mothers and newly graduated midwives alike.

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## Introduction

Breastfeeding provides many benefits for newborns yet current Australian rates of breastfeeding at 6 months of age are well below the target set by the National Health and Medical Research Council Dietary Guidelines.<sup>1,2</sup> Midwives are in a position of influence such that their professional support can impact on the successful establishment of breastfeeding. However, a culture of inconsistent and conflicting advice has been identified in many areas of clinical practice.<sup>3–6</sup> The Baby Friendly Health (formerly Hospital) Initiative (BFHI) 10 Steps to successful breastfeeding<sup>7</sup> was formulated in an attempt to reduce the conflicting advice and inconsistent practices of organizations that support new mothers to establish breastfeeding. The BFHI 10 steps are listed in Table 1. A review of the literature was conducted using databases such as CINAHL; Cochrane Collaboration; Blackwell Synergy; Elsevier; Ebscohost and keywords such as graduate; midwives; education; breastfeeding and support. The review revealed many studies investigating the initiation and duration of breastfeeding and the importance of professional advice and support<sup>3–6</sup> but little research about how newly graduated midwives develop their practice in relation to breastfeeding support.

The aim of the study was to fill this gap in the literature by investigating the factors that influence the development of the practice of breastfeeding support provided by newly graduated midwives for breastfeeding mothers. One of the findings that emerged from the data concerned attitudes to the BFHI 10 steps that participants have encountered in clinical practice. The BFHI 10 steps have been used as a framework to compare some of the experiences of the participating graduates.

## Literature review

The literature regarding the benefits of breastfeeding is well documented. The World Health Organization (WHO) and United Nation's Children's Emergency Fund (UNICEF) issued

a joint statement containing guidelines for 'Protecting, Promoting & Supporting Breastfeeding'.<sup>8</sup> The guidelines outlined ten steps to successful breastfeeding that maternity services should provide to comply with the BFHI<sup>7,13</sup> (see Table 1).

Breastfeeding success is dependant on many factors. First time mothers may experience difficulties in the initiation of breastfeeding that can be ameliorated by skilled and experienced professionals who provide support and encouragement.<sup>9</sup> Research has shown that the influence of a midwife in the establishment of breastfeeding can impact either positively or negatively on how women cope with any difficulties they encounter.<sup>3,6</sup>

Conflicting advice from health professionals is seen as a barrier to the successful initiation of breastfeeding.<sup>5,6</sup> A lack of knowledge by healthcare professionals can be damaging to breastfeeding success when women receive inconsistent, inaccurate and/or inadequate breastfeeding information.<sup>9</sup> The Director of UNICEF UK Andrew Radford, has stated that health professionals' lack of knowledge is the biggest barrier to the effective support of breastfeeding.<sup>10</sup> A recent Australian study found that some midwives who help and give advice to breastfeeding women, have received little breastfeeding education and that breastfeeding knowledge was predominantly gained on the job or through personal experience.<sup>3</sup>

The confidence and skills necessary to provide breastfeeding support to new mothers can be influenced by many factors including:

- participants' own experiences of breastfeeding either personally or through family and friends,
- formal educational experiences during their midwifery university course through practicum support or the theoretical component of the curriculum,
- incidental educational experiences such as in-service education or courses run by the Australian Breastfeeding Association or International Board Certified Lactation Consultants (IBCLC).<sup>3</sup>

Modeling is an important concept for midwifery graduates in the development of their practice and relies on an experienced preceptor or mentor to teach new graduates the principles of breastfeeding support.<sup>11</sup> Bandura argues that learning occurs by observing other people's behaviour and its consequences for them.<sup>17</sup> When experienced midwives expose students and graduates to practices that are not evidence based, they add to the dilemma of conflicting and confusing advice and create what Lange and Kennedy refer to as 'the greatest stumbling block' for new midwives.<sup>12, p.71</sup>

The dilemma between expected and actual experiences in the clinical setting has the potential to do immense harm to any profession, 'this potential gap can be linked to a decrease in professional power and self-esteem, potentially leading to professional demise'.<sup>12, p. 72</sup>

## Method

The Graduate Midwifery Program (GMP) is a structured program that supports and supervises new graduates through their first year of practice as a midwife. All 2004 graduating

**Table 1** BFHI 10 steps

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice rooming in – allow mothers and infants to remain together – 24 h a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital.

midwifery students at two universities in South Australia and all graduates commencing their GMP at a hospital in Western Australia were eligible to participate in the study ( $n = 43$ ), 19 consented however two did not proceed with the project, leaving a cohort of 17 participants in the study. Participating graduates had undertaken a Bachelor of Midwifery or Graduate Midwifery Degree at either of the South Australian universities and Western Australian graduates had completed a Post Graduate Diploma of Midwifery at one university in Perth. Before the study commenced ethics approval was sought and granted from each of the universities' Human Research Ethics Committees in South Australia and the Ethics Committee of the GMP hospital in Western Australia. Written consent was obtained from each participant before being interviewed.

Semi-structured interviews were conducted with the 17 midwifery graduates. The intention of the interviews was to discover the perceptions, feelings and thoughts of newly graduated midwives about breastfeeding support and to determine what factors enhance, or impede the development of their knowledge, confidence and skills. Interviews were held in various settings, five of the participants were interviewed in their own home, 5 were interviewed via telephone and seven were interviewed in a private office at their GMP venue. Interviews lasted between 35 and 55 min and each participant was interviewed three times; at the commencement, half way through and at the end of their GMP.

All participants completed three interviews each, giving a total of 51 interviews. The interviews used critical incident technique (CIT) to identify experiences in relation to breastfeeding support. CIT has been used extensively by the nursing profession as a means to 'facilitate the process of developing reflective practice'.<sup>14, p. 131</sup> It provides a framework for reflection by asking participants to consider situations (incidents) where the practice in question – namely breastfeeding support – was a positive/negative experience, and to reflect on that incident. The researcher can then ask specific questions about the incident to add depth to the data. By using sequential interviews, the researcher has been able to re-examine issues over time with each of the participants. It also helps the researcher to develop a rapport and builds trust with the participants.<sup>15</sup> Using sequential interviews also allows the researcher to confirm the findings with other participants to determine if the experiences identified are common amongst participants or peculiar to the individual raising the issue.

All interviews were audio-taped and transcribed. Confidentiality was ensured by using pseudonyms for participants on all paperwork and tapes. All computer files were password protected. Data collected from the interviews was coded and thematically analyzed using Boyatzis' Data-driven approach, which emphasizes the importance of developing a useful and meaningful code. Codes include a label; definition; description of how and when it occurs; description of any qualifications or exclusions; and includes examples both positive and negative.<sup>16</sup> Further, Boyatzis states that 'a good thematic code is one that captures the qualitative richness of the phenomenon'.<sup>16, p. 31</sup> Stages of analysis include reducing the raw information; identifying themes; comparing themes; creating the code; and determining the reliability of the

code.<sup>16</sup> QSR NVivo 2.0 was used to assist with data management.

## Demographic information

Participants were aged between 20 and 50 years old with an average age of 31.8 years. Twelve participants completed the Bachelor of Midwifery 3 year degree and 5 were Post Graduate Registered Nurses who completed a 1-year full time degree or diploma. All participants were female as there were no male students in the particular cohort of students from which recruitment took place. Regarding previous experience of breastfeeding, eight participants had breastfed their children while nine participants had never breastfed.

## Results

The following findings relate to the first round of interviews which took place within one month of participants starting their GMP. Areas investigated included whether the graduates perceived their education relating to breastfeeding to be adequate and encompassed practical as well as theoretical education. The GMP model in the participating hospitals rotates midwifery graduates through antenatal/postnatal wards, labor ward and special care or level two nurseries. Some of the graduates had had little breastfeeding support exposure during the early stages of their program. The following responses reflect the experiences of the graduates during their time as midwifery students as well as early in their GMP. The responses are specific to the BFHI 10 steps and reflect the situations faced by midwifery graduates when trying to reconcile the theory they had learnt and the practice they experienced in the participating GMP hospitals. The majority of the GMP hospitals attended by participants were BFHI accredited. Graduates were assigned preceptors or mentors throughout their GMP however a positive attitude to BFHI was not always encountered from those in the preceptorship role. Comments from participants included, 'there is a huge gap in lots of people's practices . . . I think adhering and believing are two very different things' (Carmel). Leah was even more scathing, 'literally every midwife approaches breastfeeding in a different way here . . . it was monumental absolutely monumental the difference between the breastfeeding support' (Leah). Besides the difference in attitude by experienced staff, there was also an attitude that midwifery students could look after the breastfeeding because they had more time, Wendy reported that she was often told, 'you deal with the breast' as if the midwife was getting rid of the breastfeeding problem and the student at one time.

### Steps 1–3

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding

Participants attended eight different hospitals for their GMP. Only one of the participating hospitals was not BFHI

accredited and all had a written breastfeeding policy that was communicated to health care staff. Participants indicated that during the orientation process at all participating hospitals, through the use of lectures and online learning packages, they were encouraged to implement the organization's breastfeeding policy. All participating hospitals conducted some form of antenatal education classes for their clients and participants commented that most of the women they had encountered had some breastfeeding knowledge. The hospital that was not yet BFHI accredited also had specific antenatal breastfeeding classes for their clients.

#### Step 4

##### Help mothers initiate breastfeeding within a half-hour of birth

The requirement to initiate a breastfeed within half an hour of birth proved to be problematic in participating hospitals. The following comments reflect the experiences of graduates during their time as midwifery students as well as when they had commenced their GMP.

Participants highlighted a culture of getting women out of labor ward as soon as possible after the birth of their baby and not allowing the women to spend time with their newborn. Comments such as, 'here it is, like [sic] you've had your baby, that's it, it's time to get out' (Hannah), reflect an attitude that labor ward staff have completed their part of the process and now it is time for the postnatal staff to take over. This is further highlighted by Joanne:

I think when you work in one area like labor and delivery your focus is on the labor and delivery...if...the baby doesn't suck you sort of think well don't worry about it, we will feed it when it goes to postnatal. (Joanne)

It appears that staff in labor ward do not consider breastfeeding support as part of their role and would prefer to abdicate responsibility for it onto postnatal staff. Labor ward staff seem to have other priorities, as one participant suggested:

Because of time management...we are really having to get to grips with is [sic], once the baby is born, to get all the paperwork and computer work done, all the "important stuff"...I think that breastfeeding hasn't quite made it onto that more important than getting the paperwork done (sic) list just yet. (Moir)

Many of the participants felt that senior staff were unhappy with them when they 'wasted time' with the women. This sense of frustration is mirrored in comments such as:

Mum and baby were fine and there was no reason for them not to be feeding...other things were more a priority...what she was saying to me [sic] that I wasn't being efficient...I just wanted to point to her [sic] the business about feeding within the first hour but I thought no, just bite my tongue. (Naomi)

Midwives fail to fulfill the BFHI criteria for accreditation if breastfeeding is not initiated within half an hour of birth. Paperwork and other tasks should never take precedence over the needs of the mother and baby regarding the establishment of breastfeeding.

#### Step 5

##### Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants

Perhaps the reluctance to spend time with the women helping them to learn to breastfeed is not limited to the first half hour after birth. The mandate to educate women regarding how to breastfeed (even after the designated first half hour), reveals a reluctance by some midwives to be involved.

As one participant states:

They just give the mother the baby and say "breastfeed it," and half the time that is when the blistered nipples occur because...there is no one there to help...the midwife is...too busy to supervise a breastfeed. (Joanne)

It may be that some midwives feel they are not skilled in this area:

I worked with a labor ward midwife...and she said "I am not very good at breastfeeding stuff and I do not really like it much so I just walk out of the room and leave the woman to work it out for herself". That was her approach to supporting women to breastfeed. (Leah)

Participants expressed frustration that the care they observed was not as women-centered as they had expected from their theoretical education, for example:

She [senior midwife] didn't seem to care and went back to the line that "I know some midwives like to do that, but we had other things that we should be doing," I thought well she is obviously very task oriented and not so much women and family and breastfeeding oriented. (Naomi)

Lack of time appeared to be a major issue to the point that some midwives abdicated responsibility for breastfeeding support to students, (who had limited knowledge and experience of breastfeeding), because they were supernumerary and had the time to stay with the women to encourage and support their efforts to initiate breastfeeding. Several participants made comments such as:

The midwives get the students to handle the breastfeeding...it was kind of like a job for the students because after the birth they would be busy with the paperwork and the student can help the mother with their attachment and it was considered a lesser job or something. (Wendy)

This type of attitude was identified by most of the participants and was experienced in almost all of the GMP participating hospitals. This abdication of responsibility devalues breastfeeding and sends a message to inexperienced staff and new mothers alike, that it is not important to put time and effort into successfully establishing breastfeeding.

#### Step 6

##### Give newborn infants no food or drink other than breastmilk, unless medically indicated

This step appeared to be readily ignored for the slightest reason, particularly in the special care nurseries where the term 'medically indicated' was regularly used to justify giving a baby a formula feed. While this may be necessary

in many circumstances, there were equally many occasions where participants reported that the use of formula was not only unnecessary but that the mothers had indicated that they did not want their babies to be given formula feeds.

Participants felt helpless when senior midwives told women:

“But if you give your baby a top up now it will have a good sleep and then everybody will be happy”...that is a huge clash between what is meant to happen and the intent of the place [sic] what actually happened. (Carmel)

Another example of ignoring mothers’ wishes came from Wendy:

They gave her [baby] formula without permission...she said “please wake me when she wakes for a feed so I can breastfeed”...and they didn’t wake her, and she found out in the morning it [sic] had been given formula...so she was really upset about that. (Wendy)

One of the participants felt that:

Some midwives have lost their patience with supporting breastfeeding itself, in that if it is just too hard or mum has not arrived yet [from theatre after a caesarean section] “Oh! Just give him some formula”...what if mum really wants to breastfeed and wants to avoid the formula. (Valerie)

While some GMP participating hospitals require the mother to sign a consent form before giving formula feeds to infants, it was not the case in all participating hospitals. Giving formula to infants especially without the mother’s permission is not only against BFHI but raises legal and moral issues as well. The loophole of medically indicated used in each of the special care nurseries appears to be used to justify the use of formula for the convenience of staff as much as for the benefit of the baby.

## Step 7

### Practice rooming-in – allow mothers and infants to remain together – 24 h a day

Rooming-in was practiced at all the GMP participating hospitals however circumstances such as use of phototherapy treatment and care of the baby following caesarean section met with some variations:

I see a lot of people like [sic] over use of phototherapy and getting separated from their baby and that stuffs up their breastfeeding...she [the midwife at clinical placement] was a bit upset that the mother and baby were separated in recovery after a c-section...[she said to recovery staff] “it is part of accreditation that you do not separate them and I am here to help the woman breastfeed” and they said “theatre doesn’t come under it [BFHI]”. (Wendy)

Most of the GMP participating hospitals try to keep mothers and babies together even if the baby requires phototherapy or the mother has had a caesarean section. However, pressure of limited staff and increased workload in specialized areas make it more difficult for staff to comply with the BFHI requirements.

## Step 8

### Encourage breastfeeding on demand

This aspect of the 10 steps was mentioned in a positive manner by all participants as all participating hospitals encouraged demand feeding as standard practice. Demand feeding appears to fit in with hospital routines, and practices such as timed or scheduled feeds have been restricted to specialized areas such as special care nurseries.

## Step 9

### Give no artificial teats or pacifiers to breastfeeding infants

Participants in all clinical areas experienced an almost universal ambivalence by staff towards the use of teats and dummies, ‘as far as dummies and things like that go, every midwife I see is happy to stick a dummy in a baby’s mouth’ (Joanne).

The practices’ of midwives regarding the use of dummies added to the confusion of the graduates because many felt the staff that encouraged the use of teats and dummies were out of touch with BFHI and evidenced based practice, but were not open to discussion about such matters.

The midwife [she was working with] is quite unapproachable and...I was taking a cup to feed the baby and she said “what have you got that for” and went and got a bottle and I just left it at that because I wasn’t the woman’s midwife and I didn’t really feel it was my place to say anything. (Bethany)

Participants also expressed frustration that the women who were trying to establish their breastfeeding, according to the 10 steps that they had been taught during their antenatal education, were also being undermined by inconsistent practices:

I had a woman that I had birthed with as a student...who had a very difficult birth and I followed her up...she was sitting sobbing as she was finger feeding her baby...and the afternoon shift midwife had said “you can’t finger feed for more than 20 min, after that you give him a bottle”, and I knew she [the mother] had consciously kept her baby away from having a bottle...and that midwife walked in when she was feeling really vulnerable and she ended up giving the baby the rest...in a bottle...it totally undermined the woman. (Leah)

The practices of staff at the GMP participating hospitals must comply with the BFHI to maintain accreditation however it is clear that some of the BFHI steps are being undermined by staff that are unwilling to change outdated practices.

## Step 10

### Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital

According to participants, all GMP participating hospitals had information available for women to take home, which included phone numbers of appropriate support groups regarding breastfeeding. Several of the GMP participating

hospitals had dedicated breastfeeding clinics for women to visit and access advice and support.

## Discussion

All hospitals attended by participants professed BFHI compliance, with seven already BFHI accredited and the eighth working towards accreditation. As mentioned previously WHO have put in place the 10 steps to 'protect, promote and support breastfeeding'<sup>8</sup> however, the experiences of the participants indicate that BFHI practices often take a back seat to the time pressures and increased workload faced by many midwives. Participants felt they had learnt the most in relation to breastfeeding support during their clinical or practical educational experiences as midwifery students. The quality of the clinical experiences gained by the participants was influenced greatly by the midwife assigned to supervise them during each shift. It seems that most midwives will comply with BFHI if time and workload allow, however it is just another stress when the pressure is on. BFHI accreditation should be a guarantee that women will have the best available care in establishing breastfeeding but participants were dismayed at the attitudes of many experienced midwives that felt breastfeeding was just a chore to get over and done with.

Time pressures on staff and heavy workloads are amongst the barriers for not only the graduates but experienced staff who are trying to comply with the BFHI 10 steps. The comments of participants' raise concerns about commitment to BFHI beyond accreditation in all organizations represented in the study. Processes and practices that compromise BFHI need to be addressed at the grassroots level where the impact is greatest. As new graduates, the participants feel they are not empowered to voice their opinions and have shared that this discrepancy between what they are being taught, and what they are experiencing in practice is disconcerting. Administration staff at the various GMP participating hospitals appear to be committed to BFHI and achieving accreditation however ongoing support in regard to time and staff allocation may need to be addressed if real change in BFHI breastfeeding support is to be achieved.

## Limitations

There were only 17 participants involved in the study. These findings represent the feelings and perceptions of midwifery students/graduates in relation to their personal experiences in clinical practice. Participants were invited to share an issue using critical incident technique and semi-structured interviews so the data collected reflects the information the participants wanted to share i.e. what was particularly important to them at that time. The findings above are from the first round of interviews that were conducted within a month of the graduate program commencing. Information provided by participants therefore, reflect some experiences encountered when they were midwifery students, when perhaps issues are more black and white and the discrepancy between what they are taught and what they experience in practice is more obvious to them. Over time this discrepancy may be reduced.

## Conclusions

BFHI is an important tool in promoting, protecting and supporting breastfeeding. Even in hospitals that are accredited BFHI hospitals, there are time pressures and out of date practices that impact on adherence to the 10 steps and thereby fail to provide women with the best possible care in relation to breastfeeding. It is evident from the comments made by participants that commitment, or lack thereof, to BFHI by experienced midwives has a major impact on breastfeeding mothers and newly graduated midwives seeking to develop their breastfeeding support skills.

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