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Laura Ingalsbe
St. Catherine University

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Blogging: A Baby-Friendly Tool to Provide Support after Discharge for Breastfeeding Mothers

Laura Ingalsbe

St. Catherine University

Abstract

Breastfeeding is the single most powerful and well documented preventive intervention to reduce the risk of common causes of infant morbidity. In response to the positive outcomes of breastfeeding for both mothers and infants, the American Academy of Pediatrics has declared that it is no longer a lifestyle choice, but a critical public health decision. A common method to promote breastfeeding is through support services provided by hospitals after discharge. Some hospitals have adopted the *Baby-Friendly* program, which is a part of a national coalition to promote higher breastfeeding rates across the country. Despite the coalition, a large percentage of post partum mothers remain misinformed regarding the importance of continuing breastfeeding after discharge from the hospital. Barriers such as fatigue, isolation, and fearing judgment from their health care provider inhibit some new mothers from seeking professional help. Blogging is an innovative method to promote education to breastfeeding mothers after discharge. Blogs, as an individually maintained webpage or online journal, provide health care organizations with a platform to promote education via the internet. Recommendations for health care organizations seeking to provide breastfeeding support within the community after discharge from the hospital are as follows: (a) incorporate an industry-affiliated blog as a form of patient education and support; (b) develop a policy in which to maintain the blog; (c) provide blog topics that will address barriers known to interrupt women in maintaining lactation beyond discharge; and (d) utilize the comments section by encouraging open-dialogue between the blog author and reader.

Background

In the last decade, when a mother gave birth, it was her choice to either breastfeed or formula feed her baby. However, there is growing support to require initiating breastfeeding at birth (Center for Disease Control, 2011; Healthy People 2020, 2012; The National Institute for Children's Healthcare Quality, 2012; World Health Organization, 2005). In 2007, 75% of mothers initiated breastfeeding, but only 13.8% continued exclusive breastfeeding through six months of age as recommended by the American Academy of Pediatrics (AAP, 2012, p. 828).

Breastfeeding is the single most powerful and well documented preventive intervention to reduce the risk of common causes of infant morbidity. In addition, significantly lower rates of diarrhea, otitis media, lower respiratory tract infections, Type 1 and Type 2 diabetes, childhood leukemia, necrotizing enterocolitis and Sudden Infant Death Syndrome occur among those who were breastfed (World Health Organization, 2005). Finally, research has found that women who breastfeed have a lower risk of developing breast cancer, ovarian cancer, and Type 2 diabetes (World Health Organization, 2007). Evidence also suggests that additional benefits of breastfeeding for women may include reduction in the risk for cardiovascular and other related diseases (Pan American Health Organization, 2002). In response to the positive outcomes of breastfeeding for both mothers and infants, the American Academy of Pediatrics (AAP) has revised its policy on breastfeeding, declaring that it is no longer a lifestyle choice but a critical public health decision (AAP, 2012).

The Center for Disease Control and Prevention declared that since the release of the first (breastfeeding) report card in 2007, there have been steady improvements in several indicators,

especially in three month and six month exclusive breastfeeding rates (CDC, 2011). However, changes in state and national rates are not attributed to any one factor. A woman's ability to reach her breastfeeding goals is affected by a host of factors including support from her family, community, employer, and health systems (CDC, 2011).

In the U.S., more babies than ever before are being born in facilities that have made special efforts to support breastfeeding. For instance, Baby Friendly is designated by UNICEF/WHO and promotes breastfeeding through ten steps (See Appendix A for *The Ten Steps to Successful Breastfeeding*). However, despite these efforts, "less than 5% of U.S. infants are being born in Baby-Friendly hospitals. The hospital period is critical for mothers and babies to learn to breastfeed, and hospitals need to do more to support them" (CDC, 2011). In addition to encouraging breastfeeding support in the hospital, Baby-Friendly endorses support for mothers after discharging from the hospital. One of *The Ten Steps to Successful Breastfeeding* recommends that hospitals make every attempt to foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic (Baby-Friendly, 2010). Current methods to promote this step include encouraging conversation with family and friends who have breastfeeding experience, and connecting mothers to Le Leche League, Woman Infant Child, lactation consultants, breastfeeding hotlines, and in-person breastfeeding support groups (Baby-Friendly USA, 2012; Dodgson, Allard-Hale, Bramscher, Brown, & Duckett, 1999; Tarrant et al., 2011).

The Gap in Breastfeeding Education

Regardless of the efforts made by many organizations to encourage breastfeeding support after discharge from the hospital, many mothers are still uninformed or misinformed regarding

the importance of initiating and continuing breastfeeding. In a 2006 study conducted in Ireland, of 228 patients who initiated breastfeeding after delivery, only 193 continued breastfeeding at discharge from the hospital. Moreover, only 131 of the participants continued to breastfeed after six weeks postpartum (Tarrant, Younger, Sheridan-Pereira, White, & Kearney, 2010, p.264). A study by Ahluwalia, Morrow, and Hsia, (2005) suggest many women discontinue exclusive breastfeeding before the recommended six months for issues that are often preventable or modifiable. These include but are not limited to maternal medication use, nipple soreness, inadequate milk supply, pumping difficulties, and returning to work or school (Ahluwalia et al., 2005; Ruowei, Fein, Jian, & Grummer-Strawn, 2008).

Education Barriers a Mother Faces

Barriers such as fatigue, isolation, and fear of judgment from health care providers can inhibit some new mothers from seeking professional help. A 2009 study evaluating young parents' perceptions of barriers to antenatal and postnatal care revealed that low self-esteem and young age can prevent attendance to prenatal education courses. These courses may include breastfeeding education (Smith & Roberts, 2009, p. 625). This study included 37 mothers, but only 25 of them attended prenatal classes and five mothers participated in postnatal education.

Barriers which prevented mothers from attending postnatal support groups included:

- not being told about the support;
- having no time to be bothered;
- already having support;
- not thinking they needed support;
- having to work;

- having low confidence;
- having an inconsolable baby;
- being too far away;
- not having anyone to attend class with;
- not having a partner;
- feeling uncomfortable and out of place by attending class (p. 623).

Even though hospitals offer antenatal and postnatal support to women, these barriers often prevent women from seeking face-to-face professional support.

Blogs: A Baby-Friendly Tool That Supports the Self-Directed Breastfeeding Mother

One way to promote education to breastfeeding women after discharge is through the use of blogging. Blogs are a method of education that is appearing in nursing education literature and is a convenient platform for patient education that reaches breastfeeding mothers in the privacy of their own home. It is a strategy that is appropriate for any hospital or could be used in conjunction with the Baby-Friendly Initiative. As Baby-Friendly hospitals and other health care organizations seek to promote breastfeeding support in the community, an industry-affiliated blog can reach out to breastfeeding mothers who are fatigued, sleep deprived, or merely too busy or embarrassed to seek in-person professional support, thereby educating a greater number of mothers. Heinig, (2010) recommends using “web-based educational resources to mothers upon discharge” to help promote higher breastfeeding rates (p. 232). Since adult learners are self-directed, an industry-affiliated blog is a logical alternative for education to support breastfeeding women.

Purpose Statement

The purpose of this scholarly project is to discuss ways the professional nurse educator can use blogging as a strategy to encourage breastfeeding education as well as support the Baby-Friendly's *The Ten Steps to Successful Breastfeeding*. Furthermore, recommendations to organizations looking to enhance breastfeeding education through the use of blogging will be presented.

Theoretical Framework

As the utility of industry-affiliated blogs as a form of breastfeeding support is discussed, Knowles' adult learning theory provides the foundation to self-directed and problem-centered learning. Knowles argued that adult learners are self-directed and motivated and therefore do not need traditional education to stimulate their learning (Knowles, 1974, p. 41). In contrast to traditional education in a formal classroom setting, Knowles suggests adults have the capability to learn in informal settings. He states the purpose of learning is to understand information regarding developmental phases in their roles as workers, spouses, parents, organization members, and leaders as well as in leisure time (Knowles, 1973, p. 47). In addition, he claims an individual must have some experience in a particular area before they develop the readiness to learn about that topic. As Knowles' adult learning theory ties to blogging as a form of breastfeeding support, it is understood that mothers will not seek breastfeeding education until they are ready to learn, based on their developmental shift from a woman to a breastfeeding mother.

An adult learner also necessitates learning because they are experiencing some inadequacy in coping with the current life problems (Knowles, 1973, p. 48). Since there is immediacy to

learning, it is referred to as problem-centered orientation. Knowing that adult learners are problem-centered, it can be assumed that mothers may not seek breastfeeding education and support until there is an immediate problem with their breastfeeding. For the purpose of understanding the use of blogging in patient education, particularly for breastfeeding women, Park, Heo and Lee, (2011) state:

blogging is a significant factor in making informal learning more enriching and fulfilling for adults. Adults learn more efficiently if learning can be self-directed, practical, and reflection-oriented and blogging helps adults to have that kind of learning materialized more easily in their lives (p. 159).

Literature Review

What is a Blog?

A blog is an individually maintained webpage or online journal that is divided into three main parts: the header, narrative posts, and a sidebar (Dearstyne, 2005, 2007; Lenhart & Fox, 2006; Park et al., 2011). The header typically contains the title, description, and topic of the blog (Lenhart & Fox, 2006). Narrative blog posts include a hierarchy of text, images, media objects, hyperlinks, and data which is arranged in reverse chronological order (Lenhart & Fox, 2006; Park et al., 2011). The sidebar on a blog features commonly include archives (previous posts, typically grouped by month and year), a blogroll (a list of recommended blogs), and a reader comment section (Lenhart & Fox, 2006; Miller & Pole, 2010, p. 1514). Individual blog posts act as a publication where ideas can stand without interference (Dearstyne, 2005, p. 39).

The commentary section distinguishes a blog from a wiki or other website. This section is typically located at the end of each blog post. In the commentary section, the author and

readers can reciprocate messages of encouragement, questions, support, and guidance. Health care bloggers can foster an environment of a supportive group through the comments section of each post that can mimic the interaction one would experience face-to-face. Fahy, (2003) indicates that supportive groups in online settings are marked by the presence of polite greetings and references to others' comments, which is similar to what you find in face-to-face settings. Reporting about one's own behavior may motivate others to change and may encourage dialogue, whereas simply providing information could be viewed as traditional one-way pushing of information which was common in previous generations of web-based teaching approaches. Therefore, blog postings that encourage open dialogue with a carefully constructed commentary section can encourage a learning environment of knowledge and support for any health-related topic.

Dearstyne (2005) argues that blogs derive their power from several sources. They are relatively inexpensive and easy-to-use and maintain. Blogs also provide a means of collection and organizing fresh insight and can appeal to readers who may not fully trust official corporate or traditional mainstream media since they are unfiltered and unedited. Blogs also can be used to share information instantaneously with viewers and can include links to other blogs and websites, providing readers with quick, easy means of pursuing additional information, giving them the capacity to share and spread information quickly (Dearstyne, 2005, p. 40).

Types of Blogs

There are many categories of blogs. The first is for an individual's personal information. This type of blog can be in the form of a journal and is set up to share news about one's life, family, personal development and expression. A second type of blog includes news,

commentary, and journalism, providing interpretation and commentary on the media.

Advertising, marketing, and customer service blogging is a third type that helps promote products and services or communicate with potential customers. The fourth type of blog includes business commentary and insight. It may include commentary by CEOs, professional opinions, results of research projects, and even to particular topic areas such as law or education. These are also known as industry-affiliated blogs as they may represent the ideas from a professional organization (Dearstyne, 2005; West et al., 2011). Industry- affiliated blogs:

function nearly like an ongoing white paper or keynote speech- as if to impart sage wisdom to others who, for example, need or want to know what the state of the subject is, where it's going, and what stands to be gained or lost with or without proper action (Smuddle, 2005, p. 35).

In one study, the uses of industry-affiliated blogs were compared to personal blogs regarding the perceived barriers and benefits of breastfeeding. Attitudes about breastfeeding, discussion of perceived barriers and benefits of breastfeeding, provision of behavioral cues, conscious raising efforts, and the use of praise were all significantly higher in industry- affiliated blogs, compared to private or personal blogs. Posts on private and personal blogs were significantly longer, but comments were significantly more delayed, often meaning that at least one day had elapsed between the post and the comment (West et. al., 2011, p. 109). Findings also suggest that behavior support is being communicated via blogs and almost half of comments contain things such as praise, behavioral cues, and attitudes toward breastfeeding (p. 110). Knowing that industry- affiliated blogs uphold a higher amount of discussion, education, and feedback within the commentary section, it may be more useful for breastfeeding women compared to referring to personal blogs for information and education.

Who Uses Blogs?

In one study that looked at the demographics of people who used blogging for informal learning, 57.2% of bloggers were between the ages of 30-39 and 28.6% between ages of 20-29. Most blogged to share or receive information (61.4%), for personal interest (40%), and for self-expression, maintaining social relationships, and developing expertise (all 37% respectively) (Park, et al., 2011, p. 153-154). Learners who view industry-affiliated blogs are likely to be strangers to the author. This may be because the feeling of anonymity associated with industry blogs could help the post and comment authors express their feelings more freely and without fear of embarrassment (West et al., 2011, p. 111). Therefore, learners who are too embarrassed to seek professional guidance and education through a formal learning environment can direct their learning through the use of blogs rather than in person. Knowing that women of childbearing age fit into the demographics of those who are likely to use blogs, it makes blogging a useful form of education for this patient population.

Blogs for Health Education

Blogging can be useful for sharing various kinds of knowledge and information, describing and expressing thoughts and views, and can help the learner to engage actively in fields of interests (Park, et al., 2011, p. 156). As a form of informal and self-directed learning, blogging has been the most useful in knowledge-acquisition for the pursuit of general information (p. 156). “Blogging is a significant factor in making informal learning more enriching and fulfilling for adults. Adults learn more efficiently if learning can be self-directed, practical, and reflection-oriented and blogging helps adults to have that kind of learning materialized more easily in their lives” (p. 159). Park et al. (2011) suggest that many aspects of

blogging can strengthen adult informal learning and can be seamlessly embedded to adult informal learning environments (p. 159).

Bloggging is already being used in health care settings. Health care customers, patients, and caregivers use the internet to search for information about diagnoses, physicians, treatment options, and medications. Since health practitioners already rely on the internet to search for information and to communicate with patients and colleagues, bloggging has the potential to foster an online support network between caregivers and patients (Miller & Pole, 2010, p. 1514). Health professionals who use bloggging can generate real-time discussions about health news or policy, extend social and political mobilization efforts, and offer providers another forum in which to collaborate and consult (p. 1514).

There are a variety of health professionals who use bloggging within the healthcare industry. Miller and Pole (2010) were able to collect information on the demographics of 951 blogs. These demographics included the percentage of blogs established by year, gender, age, education level, and occupation of health blogggers, blog topics, and the bloggger's perspective. Of note, many of the health care blogggers were female (56.8%), were between the age of 30-39 (42.9%) and obtained a Doctoral degree in their profession (45.5%). Of the 56.7% of health professionals who were not physicians, 19.9% worked in nursing, 8.7% in health counseling, 5.4% in counseling, 4.7% in research, 3.1% in emergency response, 2.0% in administration, and 1.8% as a paraprofessional (p. 1516). Additionally, 42.6% of the blog topics focused on health care needs such as disease and disability experience. The blogs also included content on health policy (17.1%) and research/news (15.1%). Of the health care blogs evaluated, 54.3% of the blogs were from the professional standpoint and 37.7% were from the patient perspective.

The use of health blogging can also benefit the health care consumer. Blogging and reading blogs for those suffering with chronic and stigmatizing health conditions is very therapeutic and provides a form of social support (Peterson, 2010). Support from blog readers through health blogging is not dependent upon existing strong-tie relationships, but those without family and friend support can equally benefit in terms of acquiring blog reader support (Rains & Keating, 2011, p.530). Therefore, blogs can provide social and emotional support for those with health conditions who do not have a strong family support system and for those who fear to consult within their family due to embarrassment about their health condition. Knowing that an increased sense of social support can promote better health outcomes (Uchino, 2004; Smith, Fernengel, Holcroft, Gerald, & Marian, 1994), it appears that using health blogs may be an effective tool for those with health concerns who do not have strong ties for social support.

The use of blogging for those who are obese can provide invaluable computer-mediated social support in four ways: It allows for empathy; it ensures accountability to others; it provides an outlet for frustration and advice seeking; and it shares validation of one's weight loss experience (Sanford, 2010). Like obesity, many aspects of breastfeeding are stigmatizing and very personal. Sanford's findings in regard to the benefits of using blogging may carryover for people who have many personal health concerns, such as breastfeeding.

Blogs and Breastfeeding Support

As breastfeeding is a very personal topic, there are many psychosocial barriers women face in order to receive education and support. Whereas traditional counseling techniques have not been effective at overcoming many psychosocial barriers to breastfeeding, behavior support delivered via blogs may be an effective strategy for tailoring approaches aimed at addressing

common psychosocial determinants (West et al., 2011, p. 107). Additionally, utilizing online social networking mediums such as blogging may provide new and more efficient strategies as well as increased accessibility for providing this type of breastfeeding behavior support (p. 107).

Breastfeeding education is one area in which industry- affiliated blogging may be of great support. Mothers of young children fit the demographic of frequent internet users, especially in developed nations where gender usage disparities are minimal (West et al., 2011, p. 110). In addition, access to high speed internet through computers, tablets, and mobile phones is increasing every year. If health decisions such as breastfeeding are made in one's own home or another location and not in clinical or group settings, then support of those decisions through the use of an industry-affiliated blog can be provided in the setting where the decisions will actually be made and carried out (p. 110). Knowing that breastfeeding women struggle with barriers such as lack of time, lack of family support, fatigue, stress, and physical complications of breastfeeding (Ahluwalia, et al., 2005; Heining, 2010; Rouwei et al., 2008; and West et. al., 2011), obtaining credible information through industry-affiliated blogs within the comfort of one's own home can provide another means of support after discharge from the hospital as recommended by Baby-Friendly's step ten.

Recommendations

The first recommendation for any health care organization seeking to support mothers after discharge from the hospital is to incorporate the use of an industry-related breastfeeding blog as one of many forms of patient education and support. A breastfeeding blog will align with Baby-Friendly's tenth step in *The Ten Steps to Successful Breastfeeding*. Blog posts would ideally include posts from Lactation Consultants, Clinical Nurse Specialists, staff nurses, and

even guest writers give the organization that sponsors the blog an increased level of credibility. Web based behavior change is most effective if targeted specifically toward blogs that have an industry affiliation, versus personal blogs. Creating an industry- affiliated blog has the potential to bridge the gap between the health consumer and health professionals, which is necessary if social networking is to be effective at disseminating information (West et al., 2011).

The next recommendation is to establish rules and guidelines when forming an industry-affiliated blog. It is necessary for a health care organization to address issues such as developing blog policies, developing training courses for employees to learn how to contribute to the blog, and integrating blogs with other aspects of records and information management. Dearstyne (2007, p. 30) suggests that policies must be developed to determine the following questions:

- How much metadata or other detail should be captured for retrospective analysis of who-contributed-what?
- Is there a need to refer back to the information in the application as it was on a specific date in the past?
- How should a blog deal with copyrighted material?
- How should a blog deal with the hyperlinks (including the situation where the linked website changes or becomes defunct)?
- How long should a blog retain information on its site?

By developing a policy for the organization and content of an industry-affiliated blog, it will maintain professionalism for the blog's entirety, even in months and years after the blog is

initiated. Such policies and procedures to maintain the blog should be decided before the site can be accessed by health consumers.

Once an industry-affiliated blog is initiated, the next step is to educate the greater community regarding topics that will encourage women to continue breastfeeding. Ahluwalia et al. (2005) suggest the reasons why women discontinue exclusive breastfeeding before the recommended six months are preventable or modifiable. Reasons for discontinuing breastfeeding include but are not limited to maternal medication use, maternal diet preferences, nipple soreness, the perception of having a low milk supply, pumping difficulties, and going back to work or school (Ahluwalia et al., 2005; Ruowei, et al., 2008). These topics can be addressed in the form of blogging so that breastfeeding women can become more informed of their capabilities while breastfeeding during these circumstances. Therefore, a mother who encounters one of these challenges can quickly access a breastfeeding support blog and learn to overcome them, rather than giving up breastfeeding altogether.

The final recommendation for any hospital looking to provide ongoing breastfeeding support as outlined in Baby-Friendly's *Ten Steps Toward Successful Breastfeeding* is to create a blog site that encourages open dialogue among readers through use of the comments section. Open dialogue will support social networking and be effective for supporting and maintaining breastfeeding behavioral change as cited in West et al., (2011). It will also bring a community of mothers together to share experiences and elicit support for change through the encouragement of a professional educator. By doing so, it will avoid merely forcing information to the learner. Finally, if an honest dialogue is provided in commentary after blog posts, breastfeeding mothers who experience embarrassing and uncomfortable setbacks can express their feelings more freely and without fear of embarrassment (see Appendix B for a recommendations summary).

Due to increased national efforts to promote breastfeeding, there is a drive for more hospitals to work towards the Baby-Friendly recognition (National Institute for Children's Healthcare Quality, 2012). As hospitals strive to implement *The Ten Steps to Successful Breastfeeding*, policies, procedures, and education plans are being developed so that there is support after discharge for breastfeeding mothers. Due to the physical and psychosocial barriers mothers face while breastfeeding, it can be challenging for them to seek in-person professional support. Therefore, in supplementation to current educational resources, an industry-affiliated blog sponsored by a health care organization would make a great addition for breastfeeding education and provide support to mothers after discharge from the hospital. Breastfeeding mothers fit the demographic of blog users and are likely to seek learning through a blogging platform as they are problem-centered self-directed learners. As a part of Baby Friendly's national coalition to support breastfeeding, incorporating blogging can enable mothers to overcome challenges that might prevent them from accomplishing their breastfeeding goals.

Appendix A

The Ten Steps to Successful Breastfeeding

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 one hour of birth
5. Help mothers learn how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice “rooming in”—allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic (Baby-Friendly USA, 2010).

Appendix B

Recommendations for Baby- Friendly Hospitals and Other Health Care Organizations Seeking to
Support Breastfeeding Mothers after Discharge from the Hospital

Recommendations	Related Considerations
Establish an industry-affiliated blog to promote breastfeeding education and support for women after discharge	<ul style="list-style-type: none"> • Authors can include Lactation Consultants, Clinical Nurse Specialist, Nurse Educator, staff RN, and guest writers. • Web-based behavior change is most effective through industry-affiliated blogging compared to personal blogging. • An industry-affiliated blog can bridge the gap between the health care consumer and nurse educator.
Before launching a blog, consider establishing professional guidelines and policies	<p>Questions to address include:</p> <ul style="list-style-type: none"> • How much metadata or other detail should be captured for retrospective analysis of who-contributed-what? • Is there a need to refer back to the information in the application as it was on a specific date in the past? • How should a blog deal with copyrighted material? • How should a blog deal with the hyperlinks (including the situation where the linked website changes or becomes defunct)? • How long should a blog retain information on its site? (Dearstyne, 2007).
Blog post should include topics that address barriers known to interrupt mothers in maintaining lactation beyond discharge	<p>Reasons mothers prematurely discontinue exclusive breastfeeding before the recommended six months include:</p> <ul style="list-style-type: none"> • maternal medication use; • maternal diet preferences; • nipple pain and soreness; • the feeling of low milk supply; • pumping difficulties; • and going back to work or school (Ahluwalia et al., 2005; Ruowei, et al., 2008)
Blog authors should utilize the comments section in each post	<ul style="list-style-type: none"> • Open dialogue between the blog author and reader through the comments section supports behavioral change. • Utilizing the comments section will encourage social networking between breastfeeding women. • If the author (frequently) responds to the reader comments, it fosters a supportive educational setting rather than merely forcing information toward the learner. • Breastfeeding women can freely and anonymously post embarrassing questions in the comments section without fear of judgment.

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