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'Healthy Kiwi Programme': The outcomes and experiences of a brief parental education programme on the introduction of complementary foods to infants and infant feeding cues in New Zealand

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Abstract

New Zealand infants are being started on complementary foods earlier than is currently recommended by the World Health Organisation (WHO) (Royal New Zealand Plunket Society, 2017; Simons, 1999, World Health Organisation, 2003). The untimely introduction of complementary foods to infants has been associated with a number of possibly preventable health issues (Dell and To, 2001; Gdalevich, Minoumi & Minoumi, 2000; Kemp and Kakakios 2004; Forsyth, Ogsion, Clark, Florey & Howie, 1993; Popkin, Adair, Akin, Black, Briscoe & Flieger, 1990). Parental infant feeding decisions, such as when to introduce complementary foods are complex and influenced by multiple personal, social, environmental and behavioural factors. Many developing and developed countries have found parental education interventions on the introduction of complementary foods to infants beneficial for increasing parental knowledge and adherence to the current WHO recommendations. In New Zealand the no such study or implementation of a similar parental education intervention has been completed.

This study utilised a case study design to explore the perceptions, outcomes and experiences of four first-time parents from New Zealand who participated in a parental education intervention on the introduction of complementary foods to infants. This programme was called the 'Healthy Kiwi Programme' (HKP). The study gathered both qualitative and quantitative data to enable a more holistic and comprehensive exploration of parental perceptions, outcomes and experiences.

The mothers perceived that they were exposed to mixed messages regarding infant feeding from a range of sources and that the current infant feeding supports in New Zealand are inadequate. Three out of the four mothers who participated in this study showed positive outcomes in terms of their knowledge on infant feeding following their participation in the parental education programme. Another key outcome from this study was that all four mothers identified the education they received on identifying and interpreting infant feeding cues as the most valuable thing they learnt. The mothers identified several of aspects of the HKP which facilitated their participation in the programme such as the programme being home-based, the inclusion of practical activities and them developing an effective working relationship with the interventionist. These findings indicate that the current public service being provided to parents to support them with infant feeding is insufficient and further exploration of parental education interventions on this topic in New Zealand is recommended.

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