Breastfeeding and Supplementation

Includes:
Literature Review

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Completed for:
Peterborough Regional Health Centre
Supervising Professor: Prof. Sharon Drew, Trent University
Trent Centre for Community-Based Education

Department: Nursing
Course Code: NURS 302H
Course Name:
Term: Winter 2005
Date of Project Submission: April, 2005

Project ID: 578

Call Number:

Breastfeeding culture in Canada has changed dramatically over the last decades. Whereas breastfeeding was not the social norm in the mid twentieth century, the shift now is to promote it as the best source of infant nutrition (World Health Organization (WHO), 2001, as cited in The Breastfeeding Committee for Canada 2002). This shift in breastfeeding ideology has included benefits for mothers, such as facilitation of maternal/child emotional bonding, and decreased risk of breast and ovarian cancer, and osteoporosis (Brophy & Venter, 2001). Lactation supports mothers' return to pre-pregnancy weights and can increase confidence levels regarding the care of her baby (Infant Feeding Action Coalition (INFACT), Canada, 2003; Earle, 2002). Another unique benefit of breastfeeding is the birth control method provided by lactational amenorrhea. This practice delays the return of ovulation and normal menstrual cycles and can be used under the following conditions. Breastfeeding must be the sole source of infant nutrition and occur on demand. Until a woman's menstrual cycle returns, the lactational amenorrhea method of birth control can reduce the risk of pregnancy by up to 97% if no pacifiers, artificial teats, or human milk substitutes are used (Family Health International, 2003). Infants benefit from breastfeeding with fewer upper respiratory infections, otitis media, and diarrhea, when they receive mothers' antibodies in breastmilk (Registered Nurses Association of Ontario (RNAO), 2003). Breastfed infants have better jaw formation, increased musculoskeletal development, and better response to immunization efforts (INFACT Canada). Breastmilk is especially important to the premature infant as it has all the required nutrients for optimal brain and neurological development, thereby optimizing a child's intellectual potential (Feldman and Eidelman, 2002). Although breastfeeding rates are increasing, we need to continue to develop improvements in supports and resources, in accordance with the recommendations presented by the WHO, the RNAO, the Peterborough City County Health Unit (PCCHU), and the Breastfeeding Committee for Canada.

The purpose of this paper is two-fold. Initially we will discuss breastfeeding practices in the Peterborough area, in terms of breastfeeding initiation and duration rates, by means of a secondary analysis of *the 2000/01 Peterborough Breastfeeding Survey*, (PCCHU, 2003). Evidence based practice guidelines, established by the RNAO will provide a framework for evaluating local breastfeeding trends. We will make recommendations to improve breastfeeding initiation and duration rates, with the use of social marketing in areas such as environmental changes, collaborative practice, and educational literature. Our goal is to be instrumental in collaborating with the maternal child services at the Peterborough Regional Health Centre (PRHC), in order to provide local health professionals, and families, with more effective breastfeeding support services.

The *Peterborough Breastfeeding Survey* (PCCHU, 2003) examines the breastfeeding culture of the local community. Currently, a high rate of breastfeeding initiation exists in our area (82-89%, n=246). Despite this high rate of initiation, 52 % of the study participants had stopped breastfeeding by six months. Significant times for breastfeeding cessation occurred at one month, four months, and six months. The primary reasons for cessation between birth and three months include lack of support, fatigue, and problems with the breast or baby. Reasons for breastfeeding cessation between four and six months were primarily mother's return to work and personal choice (PCCHU). Recommendations to improve breastfeeding initiation and duration rates should target these critical drop-off points. In a qualitative phenomenological study conducted by Mozingo, Davis, Droppleman, and Meredith (2000), women described similar reasons for breastfeeding cessation. Mozingo et al explain how women also expressed themes of disappointment with the reality of their breastfeeding experience, when compared with their idealized expectations for early parenthood in Western culture. Significant issues unaddressed by the *Peterborough Breastfeeding Survey* (PCCHU) concern the influence of postpartum

depression, lack of breastfeeding support from the baby's father, marital status, parity, special needs of teenage mothers, lifestyle issues, and ethnicity. The *Peterborough Breastfeeding Survey* (PCCHU) explores the impact of socioeconomic status (SES), but does not address the significance of very low income (under $20,000 annually) on breastfeeding practices. Taveras et al. (2003) found significant negative correlations between SES, parity, depression, and breastfeeding duration. Other factors that negatively influenced breastfeeding duration included ethnicity and fathers' support of breastfeeding. Taveras et al. supports our opinion that further research on breastfeeding trends in our area should use increased sensitivity in its measures for data collection. A qualitative research study design would expand our knowledge and understanding regarding women's breastfeeding experiences and reasons for cessation in the Peterborough community.

The *Peterborough Breastfeeding Survey* (PCCHU, 2003) identifies the need for increased community supports for breastfeeding. Breastfeeding mothers rated community supports favorably, with hospital staff and midwives scoring the highest rating of 5/5 and physicians having the lowest rating at 4.5/5 on a questionnaire using a Likert satisfaction scale. *RNAO Breastfeeding Best Practice Guidelines (BBPG),* (2003) promote collaboration among community care providers to protect, promote, and support breastfeeding. *BBPG's* recommend that nurses who provide breastfeeding support should receive mandatory breastfeeding education. Guidelines also suggest that practice settings support the interests of breastfeeding through continued nurse education and policy development based on research findings. Several staff members at Peterborough Regional Health Center have shown excellent leadership skills over the last eighteen months in achieving lactation consultant designation. These nurses are available as support to both new mothers and other team members. Continued support of education and training initiatives will aid PRHC in their endeavor to support breastfeeding. To

that end, the RNAO has developed a tool kit for nurses to use when implementing best practice guidelines. *BBPG's* (RNAO) that address breastfeeding initiation include putting the baby to breast within the first half hour of life, preferably with skin-to-skin contact immediately following delivery. Breastfeeding should occur 8 to12 times every 24 hours to help initiate an early, sufficient milk supply. Newborns should not be given food or drink other than breastmilk unless medically indicated. Sinusas and Gagliardi (2001) support early initiation of breastfeeding within the first hour of life and provide evidence for delaying routine nursing tasks such as weighing the baby or applying prophylactic ointment until after breastfeeding has been established, or at least attempted, following delivery.

With respect to breastfeeding duration, the RNAO *BBPG's* (2003) include the need to provide a breastfeeding assessment, performed both pre and postnatally by the nurse, exclusive breastfeeding with complimentary food introduction after six months, and the need for nurses to advocate for breastfeeding friendly environments and policy. There is a positive correlation between breastfeeding duration rates and support levels (U.S.A. Department of Health and Human Services, 2001). Family, community, health care team members, breastfeeding clinics (private and public), and community support groups are advocates for breastfeeding support in our area (PCCHU, 2003). A collaborative effort exists between the Peterborough County-City Health Unit and Peterborough Regional Health Center to examine gaps in services and to identify opportunities for these services to create solutions (Goodge, 2004).

The Breastfeeding Committee for Canada (2002), the national authority for the WHO/UNICEF Baby-Friendly™ Initiative (BFI) guidelines also supports the previous recommendations for breastfeeding initiation and duration. In this document, the WHO recommends that breastfeeding support encompass the following recommendations:

WHO/UNICEF Baby-Friendly™ Initiative Guidelines

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 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Dennis, Hodnett, Gallop, and Chalmers (2002) conducted a study in the Greater Toronto area to understand the success in providing telephone peer support for primiparous breastfeeding mothers. The reasons mothers discontinued exclusive breastfeeding were concerns with milk supply, fussy baby, feeding problems, and their return to work. Dennis et al results indicate that all participants felt every new breastfeeding mother should receive telephone-peer-support. This significantly predicted (2.5x more likely) continued breastfeeding at all follow up points in the study (4,8 and 12 weeks post partum), when combined with continued professional support. Similar success was noted when the Hamilton-Wentworth Public Health Unit initiated a teen mom, telephone-peer-support group (Hiltrude Dawson RN., personal communication, February 8, 2004). Lactation consultants on the postpartum floor, refer teen mothers to the program where

they are paired with another teen according to their background and interests. Teen moms are encouraged to use the telephone, or get together to support each another in their new roles. In order to improve the care for breastfeeding families and ultimately increase breastfeeding initiation and duration rates, a continued collaborative approach is necessary. Collaborative community programs and integrating evidence from many areas of research, into practice, is necessary. A study of research partnerships between graduate nursing students and practicing nurses identifies barriers to the implementation of research into nursing practice as insufficient time, resources, or authority (Martin & Riley, 2001).

Martin and Riley (2001) describe this collaborative approach to implement the benefits of research findings as mutually beneficial. It pairs nursing student-researchers with staff nurses in an effort to provide realistic clinical experiences for students and enhance nurses' readiness to incorporate new procedures into their everyday practice. Collaboration also enhances partnerships between staff and management. Nursing students work with a staff research committee to help bridge the gap between research-based best practice guidelines, and nursing practice. Staff members can use research committee members as resources for information, and as a sounding board for their concerns when working with nursing student-researchers or implementing change (Martin & Riley). Participants are equals, contributing ideas within a supportive team environment. Nurses cannot readily implement changes in practice unless they understand the reasons for those changes. Empowering nurses with knowledge enables them to become change agents rather than feeling controlled by change (Kanter, 1999). It is commendable that PRHC and the Trent Centre for Community Based Education are currently participating with Trent University's Nursing Program, and collaborating in their efforts to promote research utilization and dissemination at the hospital. This initiative is a result of creative leadership forming strong partnerships.

Mischenko (2002) conducted a literature review regarding relationships between leadership styles and nurse empowerment. Mischenko found a positive correlation between empowerment and job satisfaction, and suggested that changes from management alone will not guarantee changes in policy delivery. Knowledge can bring the empowerment needed to internalize changes, own them, and welcome them into everyday nursing practice (Mischenko; Kanter 1999). PRHC has provided the opportunity for nurses to participate in decision-making processes for individual units through the newly implemented Partnership Council Model (Hartwick, 2004). This model allows nurses to feel empowered as active participants in change by giving them the authority to make decisions on their unit.

The RNAO (2003) has introduced an action plan template in the *Implementation of Clinical Practice Guidelines Toolkit* document. It states the importance of a group facilitator as project leader and the need to identify all participating stakeholders when implementing change. The RNAO guidelines also recommend utilizing identified, available intervention strategies, including social marketing, media releases, interactive educational meetings, art and graphics design, and posters on the unit, for promotion and behavior change activities (RNAO). Rycroft-Malone et al (2002) describe a multi-dimensional implementation of evidence-based practices.

Environmental, cultural, and motivational factors all influence the success of change implementation. An organization valuing learning, team decisions, and self-monitoring, creates a work culture where staff feel supported and valued. This improves motivation to incorporate change and innovation into practice (Rycroft-Malone et al., 2002). Effective leadership is instrumental in motivating and challenging staff, and in creating a flexible environment, that supports change (Simpson & Knox, 1999). Whether it is best to start with environmental changes that lead to cultural belief changes, or work the problem from the other direction, remains unclear, and likely insignificant, if the end-result is the desired change itself (Rycroft-

Malone et al.). Either way, understanding the present consumer perspective is a preliminary necessity. Knowing mothers' desires, cultural values, expectations, attitudes, and behaviors about breastfeeding and infant care, can facilitate the designing, packaging, and placement of services to fit their needs (Bryant, 2000). Health practice changes, using social marketing is consumer oriented and involves five key concepts (Bryant).

Changes in Health Practices: Social Marketing's Key Concepts

1. The product (health behavior being promoted)
2. The competition (the risk behavior currently being practiced)
3. The price (social, emotional, and monetary costs exchanged for products' benefits)
4. The place (where the target behavior is practiced)
5. The promotion (activities used to bring about the exchange).

Successful social marketing relies on the marketer believing in the importance of the product to the consumer, and the product being something the consumer needs and truly desires (Bryant, 2000). Utilizing strategies that best emphasize the qualities of breastfeeding can maximize consumer appeal and set breastfeeding apart from bottle-feeding in a positive way. Directing a comprehensive marketing strategy to the health care team, mothers, and their support persons, may effect changes in the environmental and cultural domains that lead to increased motivation to initiate and continue breastfeeding.

In summary, social marketing to improve breastfeeding initiation and duration should reflect the needs and desires of the community. Health care policies should be developed and implemented to reflect the best practice guidelines of the Registered Nurses Association of Ontario and the Breastfeeding Best Practice Guidelines. It is essential to have collaborative efforts between empowered stakeholders in order to achieve a smooth integration and assimilation of change.

Tool Kit Proposal

Breastfeeding Support Literature

We feel the present booklet handed out at prenatal classes, and to mothers in the hospital, is an excellent teaching and resource tool, presented in a user-friendly format. It will be necessary to review and update the booklet to include new information and breastfeeding best practice guidelines at least every two years. The recently updated booklet uses a realistic picture of a breastfeeding mother on the cover, a clear example of a social marketing strategy to promote breastfeeding in a visually appealing format to the consumer. We would like to see information either added to the booklet or made available in pamphlet format, which would keep production costs to a minimum. Concepts to include should be the importance of skin-to-skin contact after birth and during breastfeeding to promote bonding. The importance of exclusive breastfeeding for the first four to six weeks (except when supplements or glucose water are medically indicated), and avoidance of pacifier use should be emphasized, to establish an adequate milk supply for baby's needs. A paragraph explaining how long it normally takes to breastfeed should help mothers anticipate and understand their new role. Information on birth control methods including oral or injectable contraceptives, barrier methods, and lactational amenorrhea should be available.

Currently mothers receive this booklet as part of prenatal classes or on admission to the post partum floor. Since only 30% of primaparas attend prenatal classes, it would be beneficial to have the booklet available at pre-admission as well. Having information in hand and available to read before the baby arrives, initiates the learning process, allowing mothers to make educated

choices concerning the best feeding practices for their baby. This allows time for processing the information and asking questions when mothers are on the postpartum floor.

Environmental Changes to Facilitate Breastfeeding

There are cubbyholes on the hall side of the nursing station, that presently hold literature available for families visiting the unit. Clear signage and labels would improve the cubbyholes' aesthetic appeal and indicate that parents can help themselves to the pamphlets. We suggest the cubbyhole area be spruced up with an appealing color scheme, or if that is not feasible, at least with the use of colorful, inexpensive stickers, available at local dollar stores. Signs and labels should be inviting and have larger print. Cubbyholes should hold current information based on best-practice guidelines, information about community resources, and no commercial, promotional materials. There should be information on mothers' rights to breastfeed when employed and strategies to overcome common roadblocks encountered when returning to work. The Peterborough City-County Health Unit, and possibly the Peterborough Family Resource Centre, or Health Canada, may offer some appropriate resources. Restocking the cubbyholes could be a task assigned to nursing students to improve their understanding of community agencies and literature available to families.

Incorporating popular culture in media, such as poster presentations, pamphlets, and videos, can attract interest, because it allows identification with the media source (Kirkpatrick, Brown, Atkins & Vance, 2001). For this reason, we would like to search out or develop large posters, promoting breastfeeding, to hang in the patient hallways, common areas, and local community agencies where young families frequent. PRHC could make better use of currently available posters by spreading them throughout all the units on the fifth floor. Families could better utilize

the information on posters if it were presented in a more eye-catching format. Displays and presentations could include culturally inclusive photos of mothers' breastfeeding, reasons why breastfeeding is a benefit to mother and baby, a list of community agencies and resources, and/or a top-ten list to make your breastfeeding experience successful. Other posters could target fathers, support persons, grandmothers, and grandfathers. Hanging a framed city map on the unit, including bus routes, and breastfeeding and family support agency locations, would show families where to access community services they may require later. Other subtle changes in the environment and nursing practices on the maternal child unit may also lead to positive changes in the current breastfeeding culture. PRHC follows the World Health Organization directive (Breastfeeding Committee for Canada, 2003) regarding posters displaying advertisements or promotional materials from Canada's infant food industries, by not hanging them in patient areas. PRHC does not use bassinet identification cards supplied by infant formula manufacturers anymore and now produces their own in the hospitals printing facility. The *Peterborough Breastfeeding Survey* (PCCHU, 2003) identified significant reasons for breastfeeding cessation between four and six months as mother's personal choice and their return to work. Breast pump information and helpful user tips should be available in the cubbyholes for mothers to take home. Breastfeeding pumps and kits should be readily offered and available to breastfeeding mothers who need or wish to use them during their postpartum stay. Literature outlining women's employee rights and employer obligations, and responsibilities to provide breastfeeding mothers time and an area to pump their breastmilk, may help ease mothers' anxiety regarding their transition back to work and encourage them to continue breastfeeding. PRHC is presently designing a "passport binder" that will be given to parents during their prenatal visit. The binder will be used pre and postnatally to collect and organize information about hospital and community resources for quick reference. Parents will be able to develop their passport

according to their own, individual needs. Any parents not attending prenatal classes or pre-registered at the hospital can receive their passport binder from the nurse's station during their post partum stay. We saw many unique ideas incorporated into a *Baby Friendly™ Initiative* hospital that may work at PRHC, to increase breastfeeding initiation and duration rates.

It may be feasible to incorporate some of the Hamilton, St. Joseph Maternal/Infant Unit's ideas into the new Peterborough hospital. Having seasonal display cabinets and small artificial plants, in strategic areas, helps an institutional setting feel more welcoming. Open concept, central nursing stations make nurses more visible and accessible to the patients and their families. Small "bunk-rooms", available to breastfeeding mothers whose babies remain in the neonatal intensive care unit (NICU), as well as for mothers preparing to take their premature infants home, offer much needed support from the neonatal nurses who are close by, and facilitate the transition for mothers as they learn to care for their babies themselves. The plans for the new Peterborough hospital include three semi-private rooms to accommodate these families. Mothers stay with their infants 24 hours a day and fathers can come for the daytime during the transition from the NICU to home. Another interesting concept was the St. Joseph's "Celebration of Life Suite". This collaborative effort between local businesses and the hospital brings "home to the hospital" by allowing the father (and siblings) the comfort and privacy to be with the mother and new baby in a large comfortable room with a full queen-size bed. Empowered fathers can embrace their new role and support their partners and her breastfeeding, by being there to help care for the baby through the night. A plaque on the suite's door recognizes the donations made from area businesses. Patients can rent the suite by the day, for a fee of one hundred dollars above private insurance coverage. Consumers welcome this alternative to traditional hospital room accommodations and the proceeds from the suite rentals provide extra funds for the maternal/child unit. Extra funds could offset the costs of programs to

improve breastfeeding initiation and duration rates in our community. Nurses' reports indicate maximum capacity use of the suite and that is does not hamper or increase nursing workload. This accommodation is available to healthy postpartum mothers and babies immediately following vaginal delivery, or for mothers delivering by cesarean section, once they are able to ambulate and care for their babies independently.

Other hospitals offer an up to date video library and viewing room, as a resource providing information to families. Video topics should include breastfeeding and parenting information and other current topics that are relevant to the clients and families accessing the maternal/child unit. Present space limitations at PRHC do not allow for a separate viewing room, but a portable television can be wheeled from room to room. The new hospital will have televisions in every room available to all patients for education purposes.

Application of Breastfeeding Best Practice Guidelines to Nursing Care

According to the research (RNAO, 2003; Sinusas & Gagliardi, 2001), it is important to put the baby to the breast within the first one-half hour of life. Labor and delivery nurses at PRHC support this evidence-based practice by delaying the application of prophylactic eye ointment and weighing of the infant, until after the mother has had a chance to hold and breastfeed her baby. The nurse can cover both mother and baby with a warm flannel to reduce heat loss. It is important to promote skin-to-skin contact during breastfeeding in the birthing suite, and on the post partum floor.

We have investigated the possibility of using a no-rinse bathing solution for the babies' first baths on the post partum unit. This practice would promote the fathers' bonding, his participation in early infant care, and self-confidence in his new role. It may decrease nursing

workload, thereby providing increased time for nurses to support mothers' breastfeeding efforts. An inexpensive alternative to commercial bath-in-a-bag products could be made by using rinse-free bathing solution and baby towelettes that are presently available on the unit. They could be saturated and placed in zippered plastic bags, and warmed before the bath.

All mothers are encouraged to keep their babies with them in their rooms 24 hours a day to promote demand feeding and early milk production. Nursing staff could encourage a support person, preferably the father, to help care for the infant while the mother sleeps. PRHC provides chairs in the semi-private rooms that fold out into cots for fathers to use overnight. Rooms in the new hospital will be larger and better able to accommodate overnight support people for breastfeeding mothers.

The World Health Organization (2003) requires that all hospitals have a breastfeeding policy in place. It is our understanding that the breastfeeding policy at PRHC is currently under review. We hope that the revised breastfeeding policy will be presented as an in-service to present employees, included in prospective employee packages, and posted in high traffic locations for patients and families to read. It is important to offer ongoing breastfeeding support training and in-services to all healthcare providers and hospital support staff. A copy of the RNAO's *Breastfeeding Best Practice Guidelines* (2003) should be available for reference in hard copy, at the nursing station and in the hospital library. PRHC should incorporate these guidelines in training sessions and orientation for all new staff on the unit.

Collaborative Practice Suggestions

Our community has an active nursing and massage therapy student population. Nursing students participate in the postpartum care setting as part of the clinical requirements for their education. Third year B.Sc.N. students are currently caring for postpartum mothers and babies.

As part of the nursing program requirements, students could increase involvement and participation in health promotion in this unit, by providing breastfeeding information workshops and ongoing development of supportive literature. Massage therapy students, in their final year of study, could teach infant massage workshops in the hospital setting. Infant massage can improve bonding for all parents and is especially effective for high-risk families (Wong, Perry, & Hockenberry, 2002, p.494).

Continued community and academic collaboration through agencies such as the Trent Center for Community Based Education (TCCBE) can offer valuable learning opportunities for students, as well as providing the hospital with current research information and innovative ideas for change. While this learning model is still in its infancy here, it is used effectively in the United States to promote university-community partnerships (Freeman, 2004).

Media coverage can positively influence the breastfeeding culture in the Peterborough community. The recent media blitz by PCCHU, promoting World Breastfeeding Day and Galaxy Theatre's get together for breastfeeding families, was designed to help mothers feel more comfortable breastfeeding in public (Goodge, 2004, personal communication). It also increased public awareness of breastfeeding and encouraged dialogue about breastfeeding. The construction of the new hospital building would provide an excellent opportunity for PRHC to promote breastfeeding, by covering stories regarding the changes made to the maternal/infant care unit. Incorporating a "Celebration of Life Suite" into the building plan is a way to show how businesses are supporting positive family experiences in childbirth.

Last summer's SARS outbreak required very restrictive hospital visitation. Families and nurses were able to realize the benefits of restricted visitation on the postpartum unit. These restrictions have been lifted, but the public needs to be reminded to respect a new mother's need for her rest after childbirth. Using the media in creative ways to increase public awareness of

breastfeeding and suggesting alternatives to traditional baby gifts, may better serve the needs of new mothers and their babies. People in North American culture have traditionally congratulated the family by bringing gifts for the new baby and flowers to the mother in hospital. A new breastfeeding mother may better receive family and friends at home after she has rested during her short hospital stay, and has had a chance to get to know her baby and his or her feeding cues. The reality of childbirth and parenthood is often overwhelming in the first few weeks. Offering coupons for meals, movies, public transportation passes, massages, or house cleaning, or delivering a casserole dish and salad for dinner, would provide breastfeeding mothers with practical and appreciated support.

The Perinatal Managers group is a collaborative effort between the PCCHU and PRHC that has identified gaps in services for breastfeeding mothers and developed plans to meet their needs (Beth Goodge RN., personal communication, March 5, 2004). The local public health unit and the Peterborough Woman's Health Centre offer ongoing support services for breastfeeding mothers in our community. The local chapter of the La Leche League also runs regular programs including a support group for mothers with breastfeeding toddlers. Other peer support groups have been successful in increasing the duration rates of breastfeeding.

Hamilton's lactation consultants hold breastfeeding clinics in accessible and popular places of interest, such as shopping malls. This type of venue provides excellent exposure for the service, and increases the public awareness of breastfeeding as a normal healthy way to feed infants. Peterborough's Family Resource Centre offers breastfeeding support groups and programs for fathers and babies as well.

Summary

Cultural changes can invoke a cautionary resistance in people. Developing new policies, practices, and beliefs around our breastfeeding culture in Peterborough, may have the same effect. Our recommendations for change at PRHC and within the community are based on current research and best practice guidelines. We hope these recommendations open the lines of communication between nurses on the unit, management, families, and community, and provide a basis for discussion and collaboration. Team building occurs most effectively when a common goal for the betterment of all parties is the purpose. Strong communication skills, input from all stakeholders, and collaborative efforts are essential to promote positive outcomes. Hamilton's St Joseph Hospital's Breastfeeding Friendly Initiative designation was the result of a vision. That vision required twelve years of dedication, leadership, determination, and hard work with collaborative team members, to become reality. Recognizing the need for change and the development of a vision are the first steps in change initiation. PRHC has accomplished this task and based on our evaluation is facilitating positive changes in the breastfeeding practices and culture in our community. This has been a rewarding experience for us as B.Sc.N. students and novice researchers. We hope the partnership between our program and PRHC continues in nursing research and that our recommendations will further the goal to increase breastfeeding initiation and duration rates in our community.

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Breastfeeding Initiation and Duration

A Collaborative Community Approach

Corinne Cook & Barbara Longland

Then and Now

- Breastfeeding (BF) not the social norm
- BF as best source of infant nutrition (INFACT, 2003)
- Social acceptability of BF has increased
- Anytime, Anywhere
- BF needs to be promoted
- Attitudes and ideas need to evolve

Breastfeeding Benefits

- *Maternal Benefits:* Return to pre-pregnancy weight, reduced risk of ovarian cancer, breast cancer, and osteoporosis, facilitation of maternal-infant bonding, increased confidence levels for new role as a parent
- *Infant Benefits:* Optimal physical and cognitive development, breastmilk provides complete source of nutrition for baby, decreased risk of infections

Here in Peterborough…

- Increased awareness of BF promotion
- Peterborough City-County Health Unit (PCCHU) sponsored *Peterborough Breastfeeding Survey* (2003)
- Development of BF committees and policy at Peterborough Regional Health Centre (PRHC)
- Incorporation on *Breastfeeding Best Practice Guidelines (BBPG's)* (RNAO, 2003)into practice

Peterborough Breastfeeding Survey (PBS) (PCCHU, 2003)

- Quantitative study design
- High rate (89%, n=246) of BF initiation in the Peterborough community
- 52% cessation rate by 6 months
- Cessation peaks at one month, four months, and six months
- Identified factors contributing to cessation

PBS Cont'd
Reasons For BF Cessation

- Birth to 3 months - lack of support, fatigue, and problems with breast (concerns with milk supply) or baby (fussy, feeding problems
- 6 months - return to work and personal choice
- Disappointment with reality of BF when compared to idealized expectations (Mozingo, Davis, Droppleman & Meredith, 2000)

PBS cont'd

- Significant issues unaddressed by survey include:
  - influence of postpartum depression
  - lack of support from baby's father
  - marital status
  - parity
  - special needs of teenage mothers

Significant issues cont'd

- lifestyle issues
- ethnicity
- impact of SES, especially < $20, 000/year
- need for increased sensitivity in research measures (Taveras et al., 2003)

Breastfeeding Best Practice Guidelines (BBPG's) (RNAO, 2003)

- Provide BF education for nurses
- Practice settings should support BF through cont'd education and policy development based on research
- PRHC currently has 5 lactation consultants
- RNAO developed a toolkit for BBPG's
- BF should occur 8-12 times/24hrs to initiate early and sufficient milk supply

BBPG's cont'd

- Initiate BF within first hour of life
- Delay weighing and application of prophylactic eye ointment until after BF has been attempted (Sinusas & Gagliardi, 2001)
- Nurse should perform prenatal & postnatal BF assessment and refer to lactation consultant as necessary

BBPG's cont'd

- Exclusive BF for 6 months
- Avoid use of pacifiers or supplements unless medically indicated
- Complimentary food introduction after 6 months
- Advocate for BF friendly environments and policy

WHO/UNICEF Baby Friendly ™ Initiative

(Breastfeeding Committee for Canada (BBC), 2002)

- 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.

WHO/UNICEF Baby Friendly ™ Initiative (BBC, 2002) Cont'd

- 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 hours a day.

WHO/UNICEF Baby Friendly ™ Initiative (BBC, 2002) Cont'd

- 8. Encourage breastfeeding on demand.
- 9. Give no artificial teats or pacifiers (dummies or soothers) to breastfeeding infants.
- 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Breastfeeding Supports

- Telephone-peer-support for primiparas significantly (2.5x) predicted continued BF at 4, 8, 12 weeks postpartum (Dennis, Hodnett, Gallop, & Chalmers, 2002)
- Staff lactation consultants available 24/7
- Prenatal breastfeeding classes at PCCHU

Breastfeeding Supports cont'd

- Collaborative community supports for BF :

  PRHC, PCCHU,

  Women's Health Care Centre,

  La Leche League,

  Peterborough Family Resource Centre,

  Kawartha Community Midwives,

  Private lactation consultants

Building The Future

- Continue collaboration between nursing staff and student nurse researchers (Martin & Riley, 2001)
- This process enhances learning for both partners, i.e. practical experience for students and research dissemination for staff
- Creative leadership for team-building

Building the Future cont'd

- Team-building fosters empowerment for all
- Empowered nurses become change agents instead of being controlled by change (Kanter, 1999)
- The Partnership council model at PRHC supports this concept
- Multi-dimensional changes in environment, cultural beliefs, expectations, attitudes, and behaviors needed

Cultural Change, Where Do We Start?

- Social marketing as key to implementation of change
- Bryant (2000) IDs 5 key areas to target
  1) Product (health behavior)
  2) Competition (risk behavior)
  3) Price (cost for product benefit)
  4) Place (where target behavior is practiced)
  5) Promotion (activities used to bring change)

Recommendations For Patient Education

- Ensure mothers receive BF Booklet before birth
- Give no supplements unless medically indicated
- Avoid pacifier use in first 6 weeks
- Provide information re: BF expectations
- Revise BF booklet bi-annually
- Provide birth control literature

Recommendations For Patient Education Cont'd

- Improve aesthetic appeal and visibility of cubbyholes and display areas
- Provide clear legible labels and signage
- Recruit literature sources: posters & pamphlets
- Rearrange current poster resources (displays)
- Provide info re: return to work and BF
- Provide breast pumping tips and info

Recommendations For Environmental Changes

- Include seasonal displays and/or cabinets, and artificial plants
- Include a 'Celebration of Life' suite
- Increase number of care by parent facilities
- Provide current and accessible videos
- Provide comfortable, private BF facility in SCN
- Provide city map and identify support services

Recommendations For Nursing

- Provide BF orientation for new staff
- Make BF in-service training mandatory
- Consider involving father in bathing baby
- Encourage 24 hr/day rooming-in
- Increase support persons rooming-in overnight
- Incorporate current revised BF policy

Recommendations For Collaborative Practice

- Utilize 3rd year B.Sc.N. students for health promotion and literature development
- Provide opportunities for massage therapy students to provide and teach infant massage
- Continue research initiative with TCCBE
- Incorporate media in promotion of BF
- Raise public awareness re: visitation and support necessary for families

Recommendations For Collaborative Practice Cont'd

- Continue Perinatal Manager initiative, and extend initiative to include problem-solving
- Promote currently available community supports i.e. La Leche League, Women's Health Care Centre, Peterborough Family Resource Centre
- Explore the concept of peer-support for BF
- Consider offering BF clinics in public areas (i.e. shopping malls)

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