

Self Perceived Competency of Nurses After Implementation of Comprehensive Breastfeeding Resource Sheet

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Background

- The World Health Organization recommends exclusive breastfeeding for the first six months of life for optimal nutrition, decreased incidence of morbidities and increased immune support.
- Only 25% of infants in the United States are meeting that standard, which leads to 3 billion dollars in preventable healthcare costs annually.
- Nurses are on the front line of assisting new mothers and infants with breastfeeding, and are vital to setting the stage for a healthy breastfeeding relationship.
- Providing nurses with a breastfeeding quick reference sheet will better equip them to assist new mothers with breastfeeding and help establish effective feeding patterns for the infant.

Practice Change

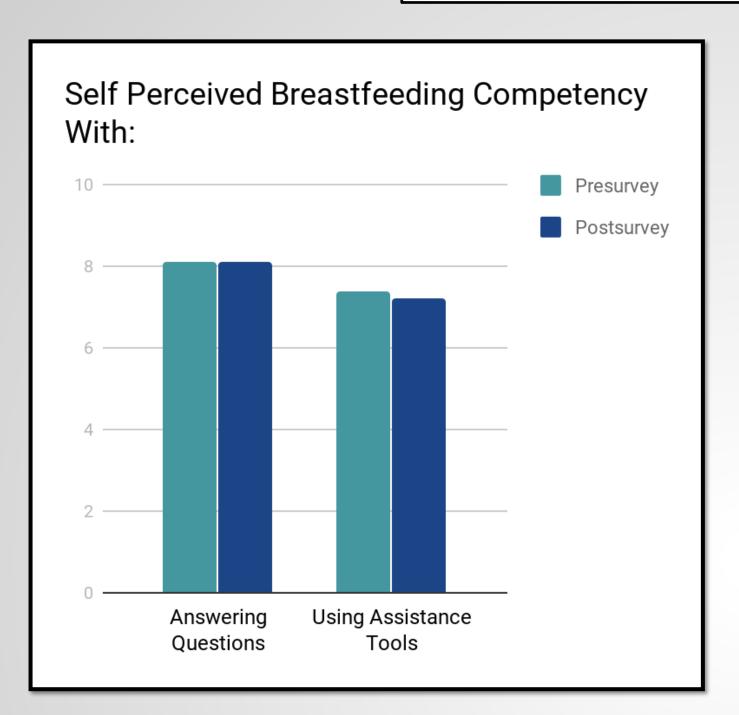
Increase registered nurse's (RN's) self perceived competency of assisting and educating moms regarding breastfeeding to increase the effectiveness of early breastfeeding attempts.

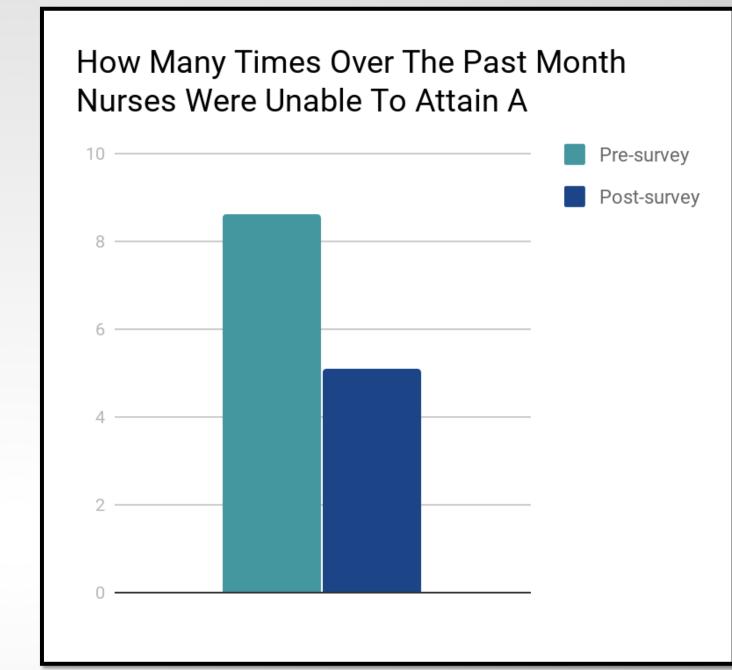
Methods

- Distribute the pre-breastfeeding reference sheet survey to registered nurses on Grant 7 and the NICU
- Dispense the Breastfeeding Quick Reference
 Sheet to each unit
- Distribute the post-breastfeeding reference sheet survey approximately one month following implementation of the reference sheet
- Determine the difference in perceived breastfeeding competency before and after the implementation of a breastfeeding reference sheet.

Measures and Results

Survey Results





Breastfeeding Reference Sheets

How to initiate a latch: Place infant skin to skin Hand express milk from the breast before the baby has latched so baby can taste it (c-shape around areola, pull back toward ribs, compress, relax) Massage nipple around infant mouth to stimulate opening reflex Angle of mouth - bring infant toward mom's breast with chin reaching out first. Most of the baby's mouth should be on the areola underneath mom's nipple. This will allow the nipple to reach the back of the baby's mouth. With the chin pointed outward, when the baby opens his mouth, bring the upper portion of the baby's head and nose up and above the nipple, ensuring that most of the mouth remains underneath the nipple. Attachment: The key to successful breastfeeding

- Listen for audible swallowing. If infant is not sucking while at breast try tickling the baby, moving her arms or legs, talking to her or removing blankets from between her and the mother if not already skin to skin.

 Rhythmic sucking should feel like a tug as if it were a pump, not a painful pinch.
- IF INFANT DOES NOT HAVE SUCCESSFUL, EFFECTIVE FEEDS (for Healthy, Term Infants):
- Skin to skin until feeding does occur.
 Keep infants with their face at the breasts so they can smell food and encourage
- hunger cues. Allow the infant to move toward the breast (the breast crawl).
 Continue to stimulate the breast every 2-3 hours and give whatever colostrum is expressed (electric pump, hand pump and hand expression), including using a gloved finger or parents finger to give any colostrum collected in the phalange.
 As long as blood sugars are stable and weight loss doesn't exceed 7-10%,
- kangaroo care and expression is sufficient in healthy, full term infants. Supplemental formula is NOT a necessity if blood sugars are stable and weight loss is not excessive, and if mom is agreeable to keep baby skin to skin and at the breast.
- If blood sugars or weight are unstable and mother is unable to express any milk by any method and formula is indicated, start with approximately 10mls, typically via syringe, to not overfeed the baby.
- Positioning The Infant
 Pillows 5 or 6 for n
 - Pillows- 5 or 6 for moms and newborns
 Bring baby to breast, not breast to baby
 - Infant's stomach should be facing mom "tummy to mummy"
 Food is in the breast, not the nipple- wide open mouth when latching is important.
 - Infant mouth at wide angle with under nipple filling most of mouth, causing nipple to go into the back of infant mouth.

BREASTFEEDING Shallow latch: can lead to cracking, bleeding, mastitis. Encourage a deep latch with the infant's mouth wide open. Assist mother with EVERY feeding to ensure no shallow latches. Start mother using lansinoh ointment and gel pads between feedings. Mother must rinse nipples after wearing a gel pad before infant latches. She does not need to rinse following lansinoh ointment. Encourage the mother to let her nipples air dry and stay open to air after feeding. Alternating breasts does not matter in the first few days- if one nipple is very tender, use the other for a Sleepy baby- Wake them up using stimulation, diaper change, cold wipes, burping or tickling the infant. Place the infant skin to skin with their face near the breasts in order to encourage feeding. If no latch is achieved, stimulation must continue to be every 2-3 hours by pump, hand pump, hand expression. Flat nipples- Use the hand pump to attempt to draw out and shape the nipple before attempting to latch. Instruct the mother on rolling her nipple to make it more everted. If a nipple shield is necessary, ensure that the mother pumps after EVERY feeding to prevent incomplete emptying and mastitis.

Don't worry about switching sides before milk comes in

Stimulate every 2-3 hours

Summary/Discussion

Next Steps:

- Create and implement a breastfeeding protocol
- Follow and track patient who stopped breastfeeding and determine if beneficial breastfeeding education was provided to them
- Continue to provide education to RNs working in the clinical setting

Barriers of this Study:

- People unwilling to learn, change their practice or utilize the reference sheet
- Staff giving conflicting information regarding topics and guidelines on the reference sheet to patients
- Nurses not participating in pre and post surveys
- Time constraints of the study that limited the use of the resource sheet

Conclusion

- Our research showed that a breastfeeding resource sheet did not have significant benefits in regard to nurse's ability to educate mothers on breastfeeding assistance tools and answering common questions.
- However, our data shows a decrease in the amount of times that a nurse was unable to help a mother successfully latch her infant, leading them to use an alternative method of feeding.
- We suggest that further training take a more hands on approach to educate RNs on breastfeeding assistance.

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