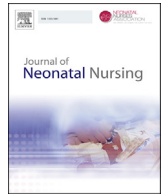




Contents lists available at ScienceDirect

Journal of Neonatal Nursing

journal homepage: [www.elsevier.com/jneo](http://www.elsevier.com/jneo)

## Original Article

# Evaluation of an intervention to increase clinician knowledge and confidence to support breastfeeding, kangaroo care and positive touch within neonatal units

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## ARTICLE INFO

## Article history:

Received 6 June 2017

Received in revised form

29 September 2017

Accepted 12 October 2017

Available online xxx

## Keywords:

Intervention

Knowledge

Confidence

Breastfeeding

Kangaroo care

Neonatal

Positive touch

Clinician

## ABSTRACT

Breastfeeding and kangaroo care rates in neonatal units across the United Kingdom vary despite evidence for the clinical benefits. Clinicians have reported a need for evidence-based training to support parents with these practices. The aim of this study was to evaluate the Small Wonders Change Programme (SWCP), an intervention that aims to increase clinician knowledge and confidence to support parents in neonatal units to undertake breastfeeding and kangaroo care. Two neonatal intensive care units participated and 47 clinicians completed the Neonatal Unit Assessment Tool (NUCAT) pre and post-intervention. 18 of these clinicians also participated in a semi-structured interview to further explore the impact of the intervention on clinician's practice. Both clinician knowledge ( $t(46) = 4.61, p \leq 0.000$ ) and confidence (pre  $t(46) = 4.82, p < 0.000$ ) significantly increased following the intervention. Analysis of the interviews revealed that clinicians directly attributed subsequent individual and unit-wide change in practice to an increase in knowledge and confidence as a result of the intervention. This study suggests that a clinician focussed intervention can lead to positive changes in clinician confidence, knowledge and practice in supporting parents to undertake breastfeeding and kangaroo care in neonatal units.

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## Introduction

Each year, 15 million births worldwide are preterm (World Health Organisation, 2015) and in the UK, over 80,000 infants are admitted to neonatal units due to prematurity or sickness (Bliss, 2015). Neonatal Intensive Care Units (NICU) are optimally designed to promote survival of critically ill, premature infants. Hospitalization of premature neonates in NICUs may lead to the family feeling isolated from their child, which can impact on parental-neonatal attachment (especially for mothers). Furthermore, factors, such as the technological complexity of facilities within NICUs and the neonates' appearance may lead to hesitation in family members and a lack of confidence in participating in

feeding and caring for their baby while in the NICU (Cockcroft, 2012; Riper, 2001). Moreover, parents report that they would like more information and support with non-clinical issues like breastfeeding, breast milk expression and kangaroo care (POPPY Steering Group, 2009).

Formula feeding remains common despite significant evidence supporting substantial benefits of breast milk feeding for premature and sick infants. Breast milk can reduce the risk of; infection (Levy et al., 2009; Ip et al., 2007; Schanler, 2011), suboptimal neurodevelopment (Roze et al., 2012) cognitive deficits (Anderson et al., 1999; Beaino et al., 2011), and developing type 2 diabetes (Horta et al., 2007). Breast milk feeding can also lead to earlier discharge from hospital (Shah et al., 2006) and improve security of attachment, greater interaction and well-being (Tharner et al., 2012) and has been linked to verbal IQ (Isaacs et al., 2010). Infants admitted to neonatal intensive care units may not experience kangaroo care, a method of caring for premature babies outside of

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the incubator. Kangaroo care has been shown to enhance parent-child attachment (Athanasopoulou and Fox, 2014) and is associated with reduced risk of mortality, nosocomial infection/sepsis and hypothermia, reduced length of hospital stay (Conde-Agudelo and Diaz-Rossello, 2014) and longer and more exclusive breastfeeding (Hake-Brooks and Anderson, 2008).

Despite evidence for improved outcomes among pre-term infants receiving breast milk and skin-to-skin contact, the rates of breastfeeding and kangaroo care in neonatal units in the UK vary. 46%–80% of infants reported to receive some breast milk at discharge from hospital (Neonatal Audit Programme, 2014). In addition, around half of parents report having as much kangaroo care as they wanted although this ranged from 22% to 79% across units (Howell and Graham, 2011). Within the UK there is a strong emphasis on the family centred care within NICUs. Family centred care focuses on placing the needs of the infant in the context of the family and acknowledging the parents role in care provision, planning and decision making (Higman and Shaw, 2008). It is recognised that appropriately skilled clinicians within neonatal units have a key role to play in the provision of family centred care and more specifically in supporting parents to initiate and maintain breastfeeding and kangaroo care (Renfrew et al., 2012). Recent studies have highlighted that nursing staff recognise that supporting breastfeeding is central to their role, and recognise breastfeeding as positive for both mother and baby (Myers and Rubarth, 2013; Wallace et al., 2013). However they report a poor understanding of the evidence base behind best practice and low confidence to support parents to breastfeed (Wallace et al., 2013). Similarly, lack of evidence based staff education (Higman et al., 2015) and clear guidance (Seidman et al., 2015) have been reported as key barriers for clinicians to support kangaroo care.

The Small Wonders Change Programme (SWCP) is multi-faceted designed to support parents of premature and sick babies to engage in their baby's care. The intervention was designed to achieve this both through a component for parents and a component for clinicians. The focus of this paper is on the clinician component of the intervention; designed to increase knowledge and confidence among clinical staff working on neonatal units (including neonatal nurses, nursery nurses, midwives, support workers & consultants), with a focus on breastfeeding practices, kangaroo care and positive touch. The aim of this study was to evaluate whether the SWCP intervention increased clinician knowledge, confidence in their knowledge and confidence in their practice to support parents to engage in these practices.

## Method

### Ethical approval

Ethical approval for the study was obtained (reference no P31784).

### Setting

The evaluation was undertaken in two neonatal units; Liverpool Women's Hospital (LWH) and Guy's and St Thomas Foundation Trust (GSTT).

### The small wonders change programme intervention

The SWCP is a complex intervention designed to support parents of premature and sick babies to engage in their babies' care. The clinician intervention comprises a DVD, workshop and the involvement of a SWCP facilitator. The DVD content was developed with families and experts in neonatal care, child development and

nutrition and comprised of a series of short films that follow fourteen families on their journey from birth to one year. Topics covered by the DVD include the birth, first hours, expressing breast milk, holding the infant, the hospital stay, feeding independently, preparing for home, first months at home, twins/triplets and bereavement. Expert advice and examples of practice were included to build parental confidence. The DVD acted as a source of reference for nursing, medical and midwifery clinicians within the neonatal unit and as an educational tool for supporting parental engagement with their infant's care.

The DVD also formed the basis of a clinical training workshop aimed at driving changes in practice. The one day workshop was developed to provide enhanced education for multi-disciplinary clinicians and clips from the DVD were shown to highlight key learning points around the evidence for, and practicalities of, supporting parents to express, transition to the breast as well as undertake kangaroo-care and positive-touch. The workshop also involved a series of hands-on activities, whereby clinical participants had the opportunity to practice what they had observed on the DVD through role-play. The workshop was an evolution of a one-day workshop that had been developed by the Yorkshire and Humber Health Innovation Education Cluster (HIEC) during the piloting of the Small Wonders DVD.

Each unit receiving the intervention also had a SWCP facilitator (a trained neonatal nurse). The facilitator's role was to cascade the learning following the workshops and to continually encourage clinicians to implement the knowledge and skills developed as well as distribute the core messages of the programme to current and new clinicians.

### Design

The staff evaluation study was a pre-post cohort intervention study. The data presented in this paper uses a within group design (matched pairs). This study utilised a long term follow-up (3 years).

### Procedure

The SWCP workshops were delivered to clinicians between April 2012 & November 2012. Pre-intervention data was collected between December 2011 and April 2012 and post-intervention data between March 2015 and June 2015. All clinical staff (estimated at 117 at GSTT and 171 at LWH) were invited to take part in the evaluation study by the SWCP facilitator based at each hospital site. Clinicians completed pre- and post-intervention (3 years later) assessment of knowledge and confidence using the web-based Neonatal Unit Clinician Assessment Tool (NUCAT). All participants at post-intervention were invited to take part in a semi-structured interview to explore how clinicians had applied the practices supported by the intervention into routine practice as well as their personal experience of the programme.

### Participants

This study relates to the Forty-seven clinicians (see Table 1) that completed both pre and post-intervention NUCAT and therefore remained in the SWCP environment for the duration of the study period. Of these 47 clinicians, eighteen also took part in a follow-up semi-structured interview.

### Measures

The Neonatal Unit Clinician Assessment Tool (NUCAT, developed by Health Behaviour Research Limited in collaboration with Best beginnings) is an online tool that assesses clinician's knowledge

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