



Assessing the knowledge and confidence to perform breastfeeding practices in the neonatal unit – A case study of the use of the Neonatal Unit Clinician Assessment Tool (NUCAT) in Coventry, England

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Training needs;
Supporting parents

Abstract The evidence that breast milk feeding reduces mortality and morbidity among premature and small babies is well established, but breastfeeding rates in neonatal units in the UK remain low. We present a case study of how a tertiary hospital unit in Coventry, England assessed staff training by interviews and undertaking the Neonatal Unit Clinician Assessment Tool (NUCAT), an on line objective knowledge test with ratings of confidence and knowledge in breastfeeding support skills. Fifty-one medical and nursing clinicians completed NUCAT. More staff scored better on the practical than knowledge domains. Doctors, those with more neonatal experience and more years since qualifying were not more knowledgeable than other clinicians overall. But senior clinicians knew more about physiology of lactation and why breastfeeding is beneficial. As prior training and experience, self assessed knowledge and confidence in practice, are not reliable predictors of knowledge, we recommend objective assessment is used to target training to individual needs. © 2013 Neonatal Nurses Association. Published by Elsevier Ltd. All rights reserved.

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Introduction

Whilst there is evidence that breast milk feeding reduces mortality and short and long-term morbidity among premature and small babies born in the UK (Morley et al., 2004; Schack-Nielsen and Michaelsen, 2006), breastfeeding rates in neonatal units in the UK remain low (Renfrew et al., 2009). This may be due to the high demands of patient care and because it is often difficult for NICU nurses to provide consistent breastfeeding support (Nelson, 2007).

The importance of initiating breastfeeding and supporting breast milk expression within NICU is well known (Jones and Spencer, 2007), and for clinically stable, very low birthweight babies, kangaroo care has also been shown to influence the duration of breastfeeding (Renfrew et al., 2009; Nyqvist and Kylberg, 2008). Importantly, involving parents in these practices is also an opportunity for staff to discuss any other problems parents may be experiencing and offer support and advice. Clear communication skills and good relationships between staff and parents are key to promoting a culture of breastfeeding on NICU; and increasing maternal self-confidence has been shown as an important predictor for breastfeeding duration (Weimer et al., 2006; Isler, 2007).

Moreover, the specialised knowledge needed to provide support to parents and babies in NICU might not have been part of a nurse's education or their NICU training. Educational interventions designed to improve knowledge, attitudes and beliefs of NICU nurses have been designed to empower nurses thereby enabling them to better support lactation. However, studies of training interventions in neonatal units have not provided robust assessment of clinician's knowledge and skills. For example a study by Siddell et al. (2003) measured attitudes rather than knowledge, and only post training. Jones (2004) conducted a pre-post training knowledge survey but provided no information on how the knowledge was tested. Pineda (2006) provided an educational intervention for clinicians but did not test their knowledge. A study in the USA used a non-validated knowledge test before and after a four hour breastfeeding training programme for neonatal nurses and achieved significant improvements in knowledge, although these were not sustained 3 months later (Bernaix et al., 2008).

In maternity and community services there is an objective assessment of clinicians' knowledge, the Coventry University Breastfeeding Assessment (CUBA) (Wallace et al., 2009, 2011a, 2011b) which

has been used to assess training interventions and to establish training needs. The child health charity Best Beginnings commissioned Coventry University and Health Behaviour Research Limited to create NUCAT as part of a larger evaluation that Best Beginnings commissioned Coventry University to do of the Small Wonders Change Programme (Farnworth and Baum, 2012). This study reports the first use of this tool; a new method of assessing both knowledge and confidence in four skills to engage parents in the care of their baby in neonatal units.

The aims of the study were to:

1. Objectively assess the knowledge and measure self assessed confidence in knowledge and practice in kangaroo care, positive touch, breast milk expression and establishing breastfeeding in the neonate, along with underpinning knowledge of the physiology of lactation and the benefits of breastfeeding sick and premature neonates. This paper reports on the breastfeeding knowledge domains.
2. Assess if the confidence in knowledge and practice changes as result of completing knowledge test and receiving their resulting scores.
3. Evaluate the response of clinical staff to the NUCAT system as a means of assessing their knowledge and training needs.

Method

Setting

The Neonatal unit in the Coventry and Warwickshire Hospitals NHS Trust is a tertiary centre with around 600 admissions per year and approximately 100 clinical staff. In the year 2011–2012 53% of the total babies admitted to the unit were breastfeeding at discharge, whilst the figure for those born before 33 weeks gestation is lower at 35%.

The study was approved by Coventry University Ethics Committee and the Research Governance team of the NHS Trust.

Measures

The Neonatal Unit Clinician Assessment Tool (NUCAT) in the form used in this study consisted of an on line measure with 11 personal descriptive questions covering gender, job type, qualifications, recent relevant training. There are 8 confidence items using a 10 point scale covering confidence in knowledge and confidence in practice related to the topics assessed in the

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