

The Voices of Breastfeeding Resource Nurses

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ABSTRACT

Objective: To describe and evaluate the Breastfeeding Resource Nurse (BRN) role and program at The Children's Hospital of Philadelphia (CHOP).

Design: The primary study was a multimethod study including a survey and key informant interviews to meet the study's objectives: to describe how the BRN implements his or her role at the unit level throughout the hospital, to describe the successes and challenges of the BRN role, to provide data on how BRNs may be better supported in their roles, and provide data for the translation of the BRN program to other institutions. We present the qualitative descriptive component from the primary study.

Setting: The Children's Hospital of Philadelphia enterprise.

Participants: Eighteen BRNs within the CHOP enterprise.

Methods: Semistructured interviews were conducted with the BRN participants. The data were analyzed with conventional content analysis.

Results: Four major themes emerged from the BRN interview data: *Empowering through evidence, Advocacy, Going the extra mile, and Personal connections to breastfeeding.*

Conclusions: Compelling stories illustrated the role of the BRN as patient advocate and educator for staff and families. Knowing the evidence about lactation and breastfeeding empowered the BRN to be successful in his or her role. The BRNs derived great personal and professional satisfaction from their roles. The BRN program can be easily adapted to other pediatric care centers and will enable improved breastfeeding outcomes at the point of care.

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Human milk is the preferred form of nutrition for all infants (American Academy of Pediatrics Section on Breastfeeding [AAPSB], 2012). Infants who receive a predominant human milk diet are at less risk for developing respiratory tract infections, otitis media, gastrointestinal infections (including necrotizing enterocolitis), sudden infant death syndrome, allergic diseases (including asthma, atopic dermatitis, and eczema), celiac disease, inflammatory bowel disease, obesity, and diabetes (American Academy of Pediatrics Section on Breastfeeding, 2012). Furthermore, a human milk diet is associated with improved neurodevelopmental outcomes (AAPSB, 2012). Ensuring that infants receive human milk should be a priority for health professionals working with families who have hospitalized infants (U.S. Department of Health and Human Services [USDHHS], 2011). Although breastfeeding initiation rates are on the rise in the United States with 79.2% of women trying breastfeeding at least once, continuation rates

remain alarmingly low (Centers for Disease Control and Prevention [CDC], 2014). The American Academy of Pediatrics and the World Health Organization recommend a minimum of one year of breastfeeding and an exclusive human milk diet for the first 6 months. Presently in the United States, a mere 18.8% of infants are exclusively breastfed for the first 6 months and only 26.7% of women breastfeed for the first year (CDC, 2014). Healthy People 2020 includes goals to increase the proportion of infants who are ever breastfed (81.9%), breastfed at 6 months (60.6%), breastfed at one year (34.1%), breastfed exclusively through 3 months (46.2%), and breastfed exclusively at 6 months (25.5%) (AAPSB, 2012; CDC, 2014; USDHHS, 2014). Infants who are hospitalized may be at high risk for not breastfeeding or receiving human milk due to mother/infant separation.

Current researchers advocate for the expansion of lactation support to all health care professionals

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Ensuring that infants receive human milk is a priority for health professionals working with families who have infants in the NICU.

who may encounter a breastfeeding family (USDHHS, 2011). Bedside nurses play a critical role in caring for the breastfeeding family within the hospital setting (Spatz, 2010). However, little is known about how nurses integrate breastfeeding support and care into daily clinical practice.

Methods

The parent study was a multimethod study including a survey and interviews to meet the following objectives: to describe how the Breastfeeding Resource Nurse (BRN) implements his or her role at the unit level throughout the hospital, to describe the successes and challenges of the BRN role, to provide data on how BRNs may be better supported in their roles, and to provide data for the translation of the BRN program to other institutions. In an article focusing on the quantitative data from the parent study, the authors demonstrated that if nurses are provided with research-based knowledge surrounding the use of human milk and breastfeeding, they can and will integrate breastfeeding support into daily clinical practices (Spatz, Froh, Flynn-Roth, & Barton, 2015). The purpose of this article is to use qualitative data from the parent study to describe the experience of BRNs and make a compelling case for nurses to receive specific tailored education based on the type of mother/infant dyads for whom they care.

Setting

The study was conducted at the Children's Hospital of Philadelphia (CHOP), a free-standing children's hospital with a special delivery unit (SDU) and Center for Fetal Diagnosis and Treatment (CFDT). The CHOP SDU and CFDT work together to treat infants requiring prenatal fetal intervention and provide postnatal care for mothers and infants with complex congenital anomalies. In addition to the more than 500-bed main hospital facility, CHOP has an extensive network of primary care and specialty care outpatient centers. Throughout the CHOP enterprise, the BRN program is offered to any nurse as an optional educational program to improve and enhance the nurse's knowledge regarding the use of human milk, breastfeeding, and lactation, with the exception of the CHOP neonatal intensive care unit

where the BRN program is mandatory for all bedside nurses. The BRN program is focused on the nurse working in pediatrics.

Participants

The study population consisted of the BRNs within the CHOP enterprise. To recruit participants for the study, an e-mail was sent to all currently employed BRNs. This e-mail elicited voluntary participation for the qualitative arm of the primary study. Inclusion criteria were limited to BRNs with active CHOP e-mail addresses, English as the primary language (due to the research methodologies), and age parameters of 21 years or older. Exclusion criteria were specific to exclude BRNs who had left the organization and therefore had inactive e-mail accounts and BRNs who no longer were responsible for direct patient care. Purposive sampling methods were used to achieve maximum variation in the sample by work area and involvement with breastfeeding-related activities (Coyne, 1997). Enrollment and interviews ceased when the research team determined data saturation (Sandelowski, 1995).

Study Design

Following Institutional Review Board approval, participants were enrolled in the study. Informed consent was obtained, the participant self-selected a pseudonym to protect her identity, and basic demographics were collected. The semistructured interviews were conducted in a private office or via telephone, and an interview guide designed by the research team was used to meet the objectives of the research study. The interviews were conducted by the first and second authors. The first three interviews were done together to ensure a methodically sound approach to the interviews. Interviews were conducted primarily in person ($n = 15$) and also via telephone ($n = 3$). All interviews were digitally recorded and transcribed verbatim by a professional transcriptionist and checked for accuracy by the first author.

The methodology for analysis was conventional content analysis (Downe-Wamboldt, 1992; Elo & Kyngas, 2007). The recorded audio data were professionally transcribed and checked by the first author prior to being uploaded to Atlas.ti 6.0. Once the transcripts were uploaded, the first author completed first-level coding on the data (Elo & Kyngas, 2007). These first-level codes were compiled into categories and subcategories by the research team. The data were then examined for

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