



available at www.sciencedirect.com



journal homepage: www.elsevier.com/locate/wombi



Building capacity of maternity staff to discourage the use of sunlight therapy in the post-partum period and infancy

Susan G. Devine*, Simone L. Harrison, Petra G. Buettner

School of Public Health, Tropical Medicine and Rehabilitation Sciences, James Cook University, Townsville, Queensland 4811, Australia

Received 3 December 2007; received in revised form 30 May 2008; accepted 30 May 2008

KEYWORDS

Sun exposure;
Maternity staff;
Education;
Infancy;
Post-partum period

Summary

Purpose: To describe the development, implementation and evaluation of an educational intervention that addresses risky beliefs held by midwives and nurses working in maternity areas and new mothers about therapeutic sun exposure.

Procedure: In 2002–2003, 59 midwives and nurses from a hospital in northern Queensland participated in an educational intervention to discourage mothers from exposing themselves and their infants to sunlight for therapeutic reasons. Intervention staff attended an educational workshop and/or received educational resources. Resources (posters, pamphlets and bookmarks) were developed for the staff to use for educating mothers. Process evaluation of the quality and usefulness of the workshop and resources was conducted immediately after the workshop and 12 months later.

Findings: Intervention staff indicated that the workshop was relevant to their work, and increased their knowledge and confidence in talking to mothers about sunlight exposure. Ninety percent of the 59 participants indicated they had used the workshop information in their interactions with post-partum mothers. Of the resources, pamphlets and bookmarks were used most often.

Conclusions and implications for practice: The educational intervention was successful in developing the knowledge of midwives and nurses to provide sound advice to new mothers about therapeutic sun exposure and in developing resources to support them in their education. Although workshops and resources are useful in the short term, they are impractical to sustain. To improve sustainability, content on this topic needs to be incorporated into midwifery and nursing curricula across Australia.

© 2008 Australian College of Midwives. Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd). All rights reserved.

Introduction

Australia has the highest incidence rates of skin cancer in the world^{1,2} with the greatest problem in Queensland, where the

* Corresponding author. Tel.: +61 7 47816110; fax: +61 747815254.
E-mail address: sue.devine@jcu.edu.au (S.G. Devine).

incidence of non-melanocytic skin cancer (NMSC),³ cutaneous malignant melanoma (CMM)⁴ and pigmented moles^{5,6} are all extremely high. Because the development of CMM and pigmented moles are both related to early childhood sun exposure,^{5,7,8} sensible sun protection should begin at birth in at-risk populations.

Although sun protection is now almost universally recommended, our research has shown that inappropriate beliefs about the perceived therapeutic benefits of sun exposure prevail in Australia both in health professionals and in post-partum women.^{9,10} There is evidence that a considerable proportion of the health professionals working in tropical Australia who care for women in the immediate post-partum period not only believe in the therapeutic value of sun exposure but also recommend it to post-partum women.^{9–11} There is also evidence that parents may be intentionally exposing their infants to sunlight for a range of health reasons, including treatment for newborn infants who have mild neonatal jaundice or nappy rash. Some mothers also expose themselves to sunlight to treat cracked nipples from breastfeeding on the advice of midwives and other nurses.^{9–11}

Nurses are recognised as one of the most trustworthy groups of health professionals in Australia,¹² and it is essential that they are able to provide accurate and consistent advice and information to post-partum women and the staff with whom they work. Our previous research shows that post-partum women depend on midwives and nurses to provide them with safe, consistent and explicit evidence-based advice about a wide spectrum of health issues in the immediate post-partum period.⁹ Given the potential for one-on-one education with new mothers, it is important that midwives and nurses have access to the latest available evidence about the risks associated with therapeutic sun exposure in infancy, together with high quality resources that support and reinforce the advice they give to new mothers.

Although health education resources on general skin cancer are abundant, no specific resources relating to therapeutic sun exposure were found prior to developing this intervention. It was clear that developing resources about therapeutic sun exposure would be useful in supporting education given by midwives and nurses.

This paper describes the development, implementation and process evaluation of an educational intervention to address the issue of 'inappropriate' beliefs and practices about sun exposure held by midwives and nurses working in maternity areas and post-partum women in tropical North Queensland.

Methodology

Study design

Ethical approval was granted by the James Cook University Human Ethics committee on 01.03.02 (No. H1333) prior to conducting an educational intervention with midwives and nurses involved in maternity care in North Queensland. All participants in the study provided written informed consent and all data was de-identified to ensure confidentiality.

Midwives and nursing staff of the maternity units of the three largest public hospitals situated on the coast, north of the tropic of Capricorn (Cairns 16°51'S, population (pop)

131,000; Townsville¹³ 19°16'S, pop 146,000 and Mackay lat 21°10'S, pop 78,000) were recruited into a settings-based educational intervention designed to correct inappropriate beliefs about therapeutic sun exposure during the post-partum period and infancy. In 2005 there were 2648 deliveries in Cairns, 1394 in Mackay and 2134 in Townsville.¹⁴ The Townsville Hospital is a level 5/6 tertiary referral centre for North Queensland. One hospital was assigned to the intervention group, and the other two hospitals were assigned to the control group.

The intervention consisted of two main parts. Part one was the development and delivery of an educational intervention that aimed to provide hospital-based midwives and nurses working in maternity areas with: (1) relevant information about the risks of recommending therapeutic sun exposure; (2) suitable treatment alternatives for dealing with common ailments which occur in the immediate post-partum period and in infancy for which therapeutic sun exposure might inappropriately be advised (e.g. mild neonatal jaundice; nappy rash; cracked nipples; acne; wet wound healing). The second part was the development of health education resources to be used by staff in discussions with parents regarding sun exposure. The development of the educational intervention and resources was informed by aspects of the Communication-Behaviour Change Model¹⁵ (Fig. 1).

Educational intervention with midwives and nurses

In the intervention hospital all 68 midwives and nurses who worked in maternity areas (birth suite, antenatal clinic and post-natal ward) were invited to participate in an educational intervention. The intervention consisted of a 1 h workshop (or a one-on-one educational session for those who could not attend the workshop) and distribution of an accompanying resource package, entitled "The Myths and Facts of Therapeutic Sun Exposure." A total of seven in-service workshops and eleven individual educational sessions were conducted over a one-month period (19 February–19 March 2003).

The content of the educational workshop and the resource package was developed in consultation with a paediatrician and a skin cancer epidemiologist (SLH). All participants received the resource package which included: (1) a detailed background paper based on current published literature complete with references to provide the staff with the relevant material to inform their understanding of the issues; (2) a one-page fact sheet that covered the key facts without extraneous information for those who wanted less in-depth information; (3) a copy of the health education resources to be used with new mothers.

Maternal health education resources

Written materials including pamphlets, bookmarks and posters were developed to reinforce the verbal information provided to new mothers by midwives and nurses. Such materials have been found to be useful instructional tools and also allow post-partum women to refer to them at a later stage to reinforce the content.¹⁶ In line with recommendations made by Paul et al.,¹⁷ the target group were active

Download English Version:

<https://daneshyari.com/en/article/2636862>

Download Persian Version:

<https://daneshyari.com/article/2636862>

[Daneshyari.com](https://daneshyari.com)