



Infant Feeding Beliefs and Day-to-Day Feeding Practices of NICU Nurses

Roberta Cricco-Lizza, RN, PhD, MPH*

University of Pennsylvania, Philadelphia, PA

Received 13 May 2015; revised 16 October 2015; accepted 17 October 2015

Key words:

Beliefs;
Breastfeeding;
Ethnography;
Infant feeding practices;
NICU nurses;
Participant observation

Purpose: The purpose is to examine the infant feeding beliefs and day-to-day feeding practices of NICU nurses with the goal of identifying ways to improve breastfeeding promotion.

Design and Methods: An ethnographic approach incorporated 14 months of participant observation and interviewing. General informants consisted of 114 purposively selected NICU nurses from a northeastern, level-IV NICU, pediatric hospital. From this group, 18 nurses served as key informants. There was an average of 13 interactions with each key informant and 3.5 with each general informant. Audio taped interviews and observational field notes were gathered for descriptions of beliefs and practices. Data were coded and analyzed for patterns and themes with the aid of NUD*IST.

Results: 1. The nurses identified health benefits of breastfeeding, but spoke in greater detail and with more emotion about day-to-day challenges of breastfeeding in the NICU. 2. Formula feeding evoked less emotion and most nurses viewed it as safe and convenient. 3. Despite infant feeding challenges in the NICU, nurses who had breastfeeding continuing education and/or some positive experiences with breastfeeding: identified evidence based breastfeeding benefits for mothers and babies; emphasized the health-based differences between breast milk and formula; and were more committed to working through difficulties with breastfeeding.

Conclusions: Breastfeeding promotion interventions should include every NICU nurse and incorporate both evidence-based and affective components to overcome day-to-day feeding practice challenges.

Practice Implications: Breastfeeding promotion interventions must address conflicting and emotionally evocative infant feeding beliefs of NICU nurses. Effective interventions must be integrated within the realities of bedside feeding practices.

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BREASTFEEDING IS THE recommended feeding method for infants (American Academy of Pediatrics Section on Breastfeeding, 2012; Association of Women's Health, Obstetric, and Neonatal Nurses, 2015). The unique qualities of breastfeeding/breast milk feeding are especially important for vulnerable infants in the neonatal intensive care unit (NICU) (American Academy of Pediatrics; Ip et al., 2007). Breast milk provides particular protection against infections (Ip et al., 2007), and necrotizing enterocolitis (Sullivan et al.,

2010) and has also been linked to enhanced neurodevelopmental outcomes for these high risk infants (Vohr et al., 2006). In addition, Lucas (2005) has indicated that breast milk feeding has long term consequences that can positively influence cardiovascular, bone, and cognitive function in adulthood. Breastfeeding can also reduce later risk of obesity and diabetes (Ip et al., 2007).

Despite these health outcomes, breastfeeding/breast milk feeding rates are low for NICU infants in the United States (Lee & Gould, 2009; Merewood, Brooks, Bauchner, MacAuley, & Mehta, 2006). Complex maternal, neonatal, staff, and hospital factors influence NICU breastfeeding rates (Lessen &

* Corresponding author: Roberta Cricco-Lizza, RN, PhD, MPH.
E-mail address: rcricco@nursing.upenn.edu.

Crivelli-Kovach, 2007; Renfrew et al., 2009). NICU nurses can play significant roles in promoting and supporting breastfeeding, despite the unique challenges facing high risk babies and mothers (Callen & Pinelli, 2005). Indeed, nursing leaders have played critical roles in the promotion of breastfeeding in United States' NICUs (Meier, Patel, Bigger, Rossman, & Engstrom, 2013; Spatz, 2010). Wheeler, Chapman, Johnson, and Langdon (2000) found that nurses positively affected breastfeeding initiation in the NICU by supporting mothers with breastmilk expression and early contact with the breast. Breastfeeding duration has been associated with assistance from NICU nurses (Lessen & Crivelli-Kovach, 2007), although mothers have also reported limited support for breastfeeding by NICU nurses (Cricco-Lizza, 2006). Breastfeeding beliefs, knowledge, and attitudes have been related to breastfeeding support from maternal child health nurses (Bernaix, 2000; Ouyang, Xu, & Zhang, 2012; Spear, 2004). Renfrew et al. (2009) have called for additional research about NICU professionals' views about breastfeeding and recommended that studies should investigate their specific beliefs and attitudes as a basis for staff training.

Breastfeeding beliefs do not occur in a vacuum, and a broad scale approach is important to explore the context of infant feeding in the NICU. The current report is part of a larger study that examined multiple contexts for infant feeding for nurses within one NICU. Previous publications from this large investigation have revealed individual, familial, and institutional contexts of infant feeding for these same NICU nurses. These nurses described formula feeding norms during their early years and acknowledged inadequate exposure to breastfeeding during their nursing school education (Cricco-Lizza, 2009a). An additional report delineated the infrastructural and human resource development efforts for breastfeeding promotion in this NICU and found that differences in breastfeeding knowledge and experience among the nurses, formula company marketing, and uneven support from other health professionals served as sources of conflicting breastfeeding messages (Cricco-Lizza, 2009b). An examination of NICU values demonstrated that nurses confronted uncertainty through firm control of care, reliance on technology, and strict time efficiency, but that these values also posed challenges to nursing efforts to promote breastfeeding (Cricco-Lizza, 2011). Furthermore, this demanding work exacted high levels of emotional labor from the NICU nurses which was largely unrecognized (Cricco-Lizza, 2014). It is within these contexts that this current report should be considered.

Exploring how breastfeeding is viewed within the context of the actual bedside feeding practices in the NICU can lead to a more nuanced understanding of the NICU feeding culture. The purpose of this study is to examine the infant feeding beliefs and day-to-day feeding practices of NICU nurses.

Method

An ethnographic approach can capture ideational and material aspects of a culture (Fetterman, 2010). This qualitative design used interviewing and participant observation and allowed for

personal interactions embedded within the NICU culture. Over this 14 month investigation, general informants were selected to provide a broad overview of beliefs and practices in the unit. From this group, key informants were followed more extensively to obtain an in-depth view. Both key and general informants were purposively selected for a maximal variety of infant feeding beliefs and practices (Patton, 2015). These informants were observed and formally or informally interviewed to obtain rich details about infant feeding in the NICU. Participant observation facilitated the gathering of information about their actual infant feeding practices while informal and formal interviews allowed for exploration of their specific beliefs. This study was conducted in a level-IV NICU in a free standing, children's hospital in the northeastern United States. The nursing and medical directors granted permission for data collection in this NICU, and the nurses were informed about the study through the intranet, staff meetings, and face-to-face interactions in the NICU. University- and hospital-based human subjects committees allowed ethical approval for this investigation with the stipulation that nurses provide written informed-consent for the formal tape-recorded interviews.

Sample

There were 250 nurses employed in this NICU and they were predominantly White women. In this study, 114 general informants were selected at the bedside based on their varied interactions during infant feeding and nursing care. All but one were women, 96 were White, 9 African American, 8 Asian, and 1 Hispanic. Approximately 30% of the general informants had taken a 16-hour, hospital-developed breastfeeding course.

More detailed demographic information was obtained about the key informants. There were 18 key informants who were selected from the group of 114 general informants. They were identified during participant observation as being knowledgeable and articulate about varied infant feeding beliefs and practices and agreed to in-depth follow-up. Their ages ranged from 22 to 51 with an average age of 33 years. Among this group of key informants, 17 were women, 16 were White and 2 were African American. Eleven key informants were childless and 7 were parents. Two had nursing diplomas, 1 had an associate's degree, 14 had bachelor's degrees and 1 had a master's degree in nursing. They were fairly well divided among the hospital's four ascending clinical skill levels from novice nurses to clinical experts. About 50% of these key informants had taken the hospital breastfeeding course and almost 25% were on the NICU breastfeeding committee.

Data Collection

Participant Observation

A key part of ethnography is using participant observation to explore everyday life (Pink, 2012). Fieldwork in the NICU was conducted during 1 or 2 hour sessions on varying days, times, and shifts over a 14 month period. The sole investigator

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