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Towards the implementation of breastfeeding-related health services in community pharmacies: Pharmacists' perspectives

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ABSTRACT

Background: The scope of community pharmacy practice has expanded over the years. Pharmacists are now involved in the provision of a range of professional services. Pharmacists have regular contact with breastfeeding women, and are perceived as easily accessible, trusted health advisors. There is limited information on factors needed to be considered when implementing breastfeeding-related services in pharmacies to meet the needs of this population group.

Objective: This study aimed to explore community pharmacists' perspectives on the implementation of breastfeeding-related services, the factors to consider and the required implementation strategies in community pharmacies.

Methods: The study involved semi-structured interviews with 30 community pharmacists practising in Western Australian. Interviews were audio-recorded and transcribed verbatim to facilitate analysis. NVivo[®] Version 10.0 was used to aid organisation of qualitative data and thematic analysis. Responses to closed-ended questions were summarised using the descriptive approach.

Results: Participants' perceptions about their role in providing breastfeeding-related services in community pharmacies were generally favourable. Participants reported receiving regular enquiries from the public about the use of various medicines during breastfeeding, in particular non-prescription medicines. Most of their knowledge regarding the use of medicines in breastfeeding and breastfeeding in general was a culmination of day-to-day work experience, self-directed continuing professional development, personal or close-contact breastfeeding experience, and university training. Multifaceted efforts including public and professional education, research and development, and government initiatives were identified as essential to facilitate quality use of medicines in breastfeeding, and to increase pharmacists' support of breastfeeding women.

Conclusion: Based on the needs and demand, appropriate training and continuing development is warranted so that pharmacists are well-equipped with knowledge regarding the use of medicines in breastfeeding, and breastfeeding in general. There appear to be opportunities for pharmacists to expand their professional services and contribute towards improved care and support of breastfeeding women at primary care level.

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1. Introduction

In Australia, as is the case internationally, pharmacy practice is continuously evolving and the scope of community pharmacy practice has expanded beyond the conventional medication dispenser and advisor role. There has been a shift towards holistic

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patient-centred care delivery which requires knowledge and skills necessary to conduct professional services, for example sleep apnoea programs, health checks, healthy living and weight loss programs. Whilst acknowledging existing barriers, McMillan et al.¹ recognised the potential for Australian community pharmacies to be a “health hub destination of the future”.

A 2009 report by the Australian government entitled *Primary Health Care Reform in Australia: Report to Support Australia's First National Primary Health Care Strategy*, called for healthcare reform with the aim of achieving an improved healthcare system. This report included a call for primary healthcare to be provided by a range of community healthcare providers, thus relieving pressure and costs on general practitioners (GPs).² It stated that “primary healthcare is

more than the provision of services by a GP through Medicare, and also includes specialists, nurses, pharmacists and other allied health workers, providing publicly and privately funded services". The current and potential future roles of pharmacists as part of the primary healthcare team were also highlighted.² According to the Pharmacy Guild of Australia,³ "A key focus for Australia's healthcare reform is to create a stronger primary healthcare system through the better integration and coordination of care for consumers. Community pharmacy can play a pivotal role in this model as one of the most frequently accessed primary healthcare services."³ In keeping with the healthcare reform agenda, integration of a range of professional services such as disease-specific management programs and medication reviews is becoming common practice of many pharmacies.⁴

Community pharmacists are at the forefront of healthcare. There is evidence that community pharmacists have regular contact with breastfeeding women and that they are perceived as easily accessible and trusted health advisors.^{5–8} Many initiatives including the *Australian National Breastfeeding Strategy 2010–2015*⁹ are in place to support and promote breastfeeding in the community. In particular, pharmacists are listed as one of the breastfeeding support staff in the aforementioned strategy. Despite this, there are currently limited published data exploring pharmacists' views regarding their role in providing breastfeeding support and advice, and their perspectives on the implementation of breastfeeding-related services in the community pharmacy setting.

Pharmacists' potential roles in supporting breastfeeding have been explored in studies conducted in the United States (US).^{10,11} Edwards¹¹ created and pilot-tested a short online tutorial about breastfeeding in a total of 264 pharmacy students from three universities in the US. The study demonstrated that pharmacy students perceived the provision of information and support to breastfeeding women as an important role, albeit training and education would need to be in place to facilitate this role. To improve breastfeeding support by pharmacists at primary care level, Edwards¹⁰ recommended four aspects for consideration, namely: i) pharmacists to present as active breastfeeding supporters, ii) pharmacists and pharmacy students to be educated about breastfeeding more broadly, iii) professional pharmacist organisations to adopt policy and position statements on breastfeeding, and iv) research into interventions aimed at improving pharmacists' support of breastfeeding to be conducted. Whilst it has been established that pharmacists are commonly approached by breastfeeding women,¹² a study conducted by Ronai et al.¹³ in the US highlighted the importance of pharmacists having a consistent approach when identifying women who may be breastfeeding and when accessing resources to guide their recommendations regarding the use of medications while breastfeeding.

There is limited information on the factors to consider when implementing breastfeeding-related health services in pharmacies to meet the health needs of this population group, especially in the Australian context. In order to facilitate successful implementation of such services in line with the Australian government's healthcare reform, it is important to first establish if there is a need or demand, consider pharmacists' information-seeking behaviour and resources available, explore strategies to enable service provision, and the continuing professional development (CPD) pharmacists would need to upskill and maintain competencies to meet the health needs of breastfeeding women. It would also be useful to explore pharmacists' perspectives on the use of medicines whilst breastfeeding, focusing on non-prescription medicines, as mothers might self-diagnose and the sale and supply of these medicines do not require involvement of another healthcare professional and are readily available from pharmacies.

This study aimed to explore Australian community pharmacists' perspectives on the implementation and provision of

breastfeeding-related health services in community pharmacies. Specifically, the study objectives were to:

- identify the commonly requested medications or products by breastfeeding women and the kind of information typically requested, and how often, to establish the needs and demand,
- investigate pharmacists' information-seeking behaviour, the common resources or references used in their practices for information related to the safety of non-prescription medicines (both conventional and complementary medicines (CMs)) in breastfeeding, and information related to other aspects of breastfeeding,
- explore pharmacists' views on providing advice and support to breastfeeding women, and the provision of breastfeeding-related services in community pharmacies,
- identify whether there is a need for CPD or training in this area and the topics considered to be useful and practical for pharmacists.

2. Methods

The study design involved semi-structured interviews with pharmacists practising in Western Australian community pharmacies. This study was approved by a Human Research Ethics Committee (PH-24-12). An interview guide was developed considering the relevant literature and findings from previous studies.^{5,12,14,15} The interview guide was initially circulated amongst academic colleagues to obtain feedback. Advice and suggestions were considered and the interview guide amended following discussion with the research team. The amended interview guide was then pilot tested on three community pharmacists to ensure the questions were clear and that the research objectives were met. The interview guide comprised eight sections (Table 1), each with a mix of closed and open-ended questions.

2.1. Participant recruitment and data collection

Firstly, a complete list of 557 community pharmacies in Western Australia and their contact details was obtained from the Pharmacy Registration Board of Western Australia register.¹⁶ The pharmacies were divided, based on their postcodes and geographical areas, into North metropolitan, South metropolitan and regional categories, and subsequently sorted into random orders, with the aim of recruiting pharmacists practising in the different regions. To further maximise the variation in sampling, participants from varying banner groups or practice settings were recruited. Banner groups refer to groups of community pharmacies operating in a manner similar to franchise groups. Pharmacies trading under a specific banner group are independently owned, but they often participate in joint promotion and advertising, and may have a similar practice focus (i.e. provision of professional services versus a discount model), processes and procedures, layout and branding of products.

Telephone calls were made to the randomly selected pharmacies (starting from the top of the random list) and the proprietor or pharmacist on duty in each pharmacy was invited to participate in the study, until the required number of pharmacists to reach data saturation was recruited. All participants were provided with a participant information sheet and a consent form prior to being interviewed. The interviews were conducted by the same interviewer (TFS) to ensure consistency between the interviews, either face-to-face at a mutually agreed time and place or via telephone (where face-to-face interviews were considered impractical due to the locations of the participants).

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