

# Breastfeeding Preterm Infants at a Neonatal Care Unit in Rural Tanzania

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## ABSTRACT

**Objective:** To describe the breastfeeding experiences of mothers with preterm and low-birth-weight infants in a neonatal unit in Tanzania.

**Design:** A qualitative research design.

**Setting:** A neonatal unit at a referral hospital in rural Tanzania.

**Participants:** Convenience sample of 10 new mothers with preterm infants. Additionally, to triangulate the data, five nurses affiliated with the neonatal unit were interviewed.

**Methods:** A semistructured interview guide was used for data collection. All interviews were audiotaped and transcribed verbatim. Data were analyzed with inductive qualitative content analysis.

**Results:** One main category, *The mother has to adapt to the new situation to make breastfeeding natural*, and three generic categories, *The challenges of breastfeeding a premature infant*, *Enhancing the feeding situation*, and *The need for support*, were used to describe breastfeeding challenges. Challenges consisted of the perception that the infant was different than healthy infants and the infant's and mother's health problems and needs. To improve the feeding situation, mothers learned how to feed their infants using timing strategies. Confidence and security were achieved with support from family and friends, the other mothers, and the health care staff.

**Conclusion:** Mothers perceived breastfeeding as natural but needed support to overcome the challenges of breastfeeding preterm infants. Through support and education they were empowered, adapted to their new situations, and felt confident with breastfeeding.

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AWHONN

Almost two thirds of the world's preterm births and more than 75% of neonatal deaths occur in sub-Saharan Africa and South Asia. More than 80% of these premature infants are born between 32 and 37 weeks gestation and die needlessly because of a lack of essential care, such as warmth and feeding support. Initiation of early and exclusive breastfeeding is even more important for preterm infants (Lawn et al., 2013). Nurses could help new mothers adapt to their situations and to cope with breastfeeding challenges (Lugina, Johansson, Lindmark, & Christensson, 2002).

## Background

Researchers found that breastfeeding is normative in Tanzania, as in all sub-Saharan Africa (Leshabari, Blystad, & Moland, 2007). Statistics from 2008 through 2012 showed that 49% of mothers in Tanzania initiated early breastfeeding, 50% breastfed exclusively for 6 months, and 50% still

breastfed after 2 years (United Nation's Children Fund [i.e., UNICEF], 2014). Early breastfeeding initiation, exclusive breastfeeding for 2 months, and predominant breastfeeding for 4 months were described by mothers from the same area as the present study (Agnarsson, Mpello, Gunnlaugsson, Hofvander, & Greiner, 2001). Research from western and southern Tanzania shows that the practice of giving colostrum and the duration of exclusive breastfeeding differ according to the knowledge of the mother and the support she receives from hospital staff, family, and society (Agnarsson et al., 2001; Mrisho et al., 2008). Because the health of the mother is essential for the health of the infant, antenatal care visits are vital to ensure the mother's health, prepare her for birth, and educate her about breastfeeding (Walley & Gerein, 2010). The HIV/AIDS epidemic has had a great effect on the health of Tanzanian women and children and has also affected breastfeeding rates (Leshabari et al., 2007).

## There is limited research from sub-Saharan Africa on how mothers experience barriers and facilitators to breastfeeding preterm infants.

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Exclusive breastfeeding is the ideal nourishment for infants during the first 6 months because breast milk contains all nutrients an infant needs for healthy growth and development (UNICEF, n.d.; World Health Organization [WHO], n.d.). The colostrum is rich in antibodies and provides immunologic protection. Breastfeeding should thus be initiated within the first hour after birth (WHO, n.d.). Preterm infants who breastfeed have improved neurodevelopmental outcomes and lower risk of neonatal infection (Lawn et al., 2013). Because the coordinated suck-and-swallow process starts at 34 weeks gestation (Lawn et al., 2013), newborns between 32 and 36 weeks gestation may need to be fed by the mother's expressed milk given by cup, spoon, or gastric tube. Newborns younger than 32 weeks gestation usually need to be fed by gastric tube or by intravenous fluids (WHO, 2009). Cup feeding can be used as early as 30 weeks gestation, because the newborn needs only to lap and does not need to coordinate swallowing and breathing. This has long been practiced in developing countries, primarily to avoid unsanitary bottles and rubber nipples (Dowling et al., 2002; Flint, New, & Davies, 2007).

The WHO (n.d.) maintains that virtually all mothers can breastfeed if they receive accurate information and support from their families, the health care system, and society at large. Breastfeeding is described as much more than nutrition; it fosters a relationship and a delicate interaction between mother and child physiologically and emotionally (Kylberg et al., 2014). The Baby-Friendly Hospital Initiative's "Ten Steps to Successful Breastfeeding," developed by UNICEF and WHO (WHO, 1989), was adapted to neonatal intensive care by Nyqvist et al. (2013) because preterm and sick infants and their mothers need special support, especially related to breastfeeding. These authors stressed the importance of informing pregnant women of the risk of preterm birth; the management of lactation and breastfeeding; and the need for early, continuous, and prolonged mother-infant skin-to-skin contact. Health care professionals need to have the knowledge and skills to give mothers breastfeeding support.

To the best of our knowledge, there are no studies from sub-Saharan Africa about mothers' experiences of breastfeeding preterm infants. In studies

from more economically developed countries (MEDCs), researchers described mothers' perceptions of facilitators and barriers to breastfeeding in a neonatal unit. Worry about the infant's health, the mother's own health, breast problems and lack of milk, the unfamiliar setting, and the routines at the hospital can be obstacles (Flacking, Ewald, Nyqvist, & Starrin, 2006; Wheeler, 2009). Unease in a public environment and lack of privacy (Sisk, Quand, Parsson, & Tucker, 2010) and discomfort when touched on the breasts by health care staff in breastfeeding situations were also mentioned by mothers (Weimers, Svensson, Dumas, Naver, & Wahlberg, 2006). Facilitators were family-centered care; allowing parents free access to the unit; skin-to-skin contact; and support from other mothers, family, and health care staff (Lawn et al. 2013; O'Brien et al., 2013). In a study by Benoit and Semenic (2014), health care staff also mentioned parent-infant separation, staff workload, and gaps in knowledge and skills as obstacles.

The transition into motherhood and adaptation to and coping with breastfeeding are facilitated by nurse and family support, information, and education (Ospina Romero, Munoz de Rodrigues, & Ruiz de Cárdenas, 2012). Empowerment is a basic element in health promotion (WHO, 1984) and is defined as a partnership and a helping process with the aim of developing confidence in oneself and taking an active role in the care to change a situation (Rodwell, 1996). Ericson and Flacking (2013) concluded that successful breastfeeding is an empowering experience for a mother and suggested that more breastfeeding counseling and support on neonatal care units is needed.

The aim of our study was to describe breastfeeding experiences in a neonatal unit in Tanzania. We use the term *breastfeeding* to describe all means of feeding an infant with the mother's breast milk, that is, directly from the breast or by giving expressed milk by cup or tube.

## Methods

### Study Design, Setting, and Participants

A qualitative design of interviews with mothers and health care staff was used to obtain a detailed understanding of the breastfeeding experience of mothers on a neonatal unit (Polit & Beck, 2012). The study was carried out in a neonatal unit at a referral hospital in the Tabora

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