



Review article

Breastfeeding initiation and support: A literature review of what women value and the impact of early discharge



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ABSTRACT

Problem: Early discharge following birth has become an emerging phenomenon in many countries. It is likely early discharge has an impact on the establishment of breastfeeding.

Objective: To critically appraise the evidence on what women value in relation to breastfeeding initiation and support, and investigate the impact early discharge can have on these values.

Method: A literature search was conducted for publications since 2005 using the following databases: Cumulative Index of Nursing and Allied Health Literature (CINAHL), Medline, Scopus and PsycINFO; 21 primary articles were selected and included in the review.

Findings: There is no standard definition for 'early discharge' worldwide. Due to inconsistent definitions worldwide and minimal literature using a 24 h definition, research defining early discharge as up to 72 h postpartum is included. Seven key factors in relation to breastfeeding initiation and support following early discharge were identified, namely trust and security, consistent advice, practical breastfeeding support, breastfeeding education, comfortable environment, positive attitudes and emotional support, and individualised care.

Conclusion: The findings suggest individualised postnatal lengths of stay may be beneficial for the initiation of breastfeeding. Five values were not impacted by early discharge, but rather individual midwives' practice. There is consensus in the literature that early discharge promoted a comfortable environment to support breastfeeding initiation. Wide variations in the definition of early postnatal discharge made it difficult to draw influential conclusions. Therefore, further research is required.

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Statement of significance

Problem or issue

Length of stay in hospital following birth has been reduced across the world. The impact of early discharge on breastfeeding initiation and success is unknown.

What is already known

Breastfeeding warrants promotion and protection regardless of women's length of stay in hospital. With shorter duration of hospital stay, hospital based midwives have less capacity to support breastfeeding.

What this paper adds

There is consensus within the literature that early discharge promoted a comfortable environment to support breastfeeding initiation, however individualised care remains important. Wide variations in the definition of early postnatal discharge made it difficult to draw conclusions.

1. Introduction

Since the 1940s when hospitalised childbirth became the 'norm', length of postnatal stay following vaginal birth has altered dramatically globally.^{1,2} In the 1950s, staying six to 14 days was common practice following a normal vaginal birth.^{1,2} This decreased to four days in the 1970s, then to less than 48 h in the 1990s in some settings.^{2,3} In the Australian setting in 1995, 4.5 days was the average postnatal length of stay and in 2014 it had reduced to less than 24–48 h following uncomplicated vaginal birth.^{4–6}

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Two reasons have been given for the reduction in length of postnatal stay; namely, reducing health expenditure and improving women's satisfaction.^{2,3} Significant health budget cuts have occurred in Australia in recent years, and reducing length of hospital stay is one way of lowering health costs.⁷ Early discharge is intended to improve maternal satisfaction by offering advantages such as autonomy, increased sense of belonging, promoting a feeling of responsibility and participation, and facilitating family support in a comfortable home environment.^{2,3,8,9}

A 2009 Cochrane review evaluated the safety, effectiveness and impact of early discharge policies, in terms of health outcomes for mothers and babies, postnatal satisfaction rates, costs to health care and broader impact on families.¹ Ten trials included in this review found no significant differences of infant and maternal readmissions and breastfeeding rates following early discharge.¹ Furthermore, substantial variations in defining early discharge and antenatal and postnatal services proved difficult to draw compelling conclusions.¹ The World Health Organisation¹⁰ recommend exclusively breastfeeding infants until six months of age, with the Australian breastfeeding rate at six months only 14%.¹¹ It remains unknown whether or not there is an impact of early discharge on breastfeeding initiation, and maternal satisfaction of breastfeeding support. A significant concern is women returning home before their milk production has established, and possibly receiving inadequate support. Once discharged from hospital women are left to rely on community based resources such as domiciliary midwives, maternal and child nurses, and peer support organisations such as Australian Breastfeeding Association or La Leche League. This may lead to early cessation of breastfeeding and potential for increases in future morbidity and mortality rates.^{2,12 (p64)}

The initial intent of this review was to examine literature surrounding maternal perception of breastfeeding initiation and support after early discharge within 24h of birth. Due to inconsistent definitions of early discharge worldwide and minimal literature using the 24h definition, research defining early discharge up to 72 h postpartum is included.

The purpose of this review is to critically appraise the evidence about what women value relating to breastfeeding initiation and support, and the impact early discharge may have on these values and practices. The literature search strategy and critical appraisal approaches, collation of themes and discussion of the findings, limitations and conclusions of this integrative review will be addressed.

2. Literature review method

2.1. Search strategy and selection process

A literature search was conducted identifying publications describing breastfeeding initiation and early discharge after birth. The search was completed during August and September 2015 and included four electronic databases predominately used to disseminate midwifery research; Cumulative Index of Nursing and Allied Health Literature (CINAHL), Medline, Scopus and PsycINFO. The initial search focused on early discharge and breastfeeding as broad concepts. A second search focused on breastfeeding initiation and postnatal care. Key terms included: "Breastfeeding", "Initiate/Establish", "Length of stay – reduce/limit/decrease/short", "Early discharge", "postnatal/postpartum Care", domiciliary, support/assist/help/education. Exclusion terms included articles with: "Neonatal Intensive Care", "NICU", "Preterm", and "Premature" to exclude irrelevant research in all search strategies.

All languages were included and publication period of 2005-current was used, as limited relevant research was available within a five-year period.^{13(p43)} As we were particularly looking for

evidence of initiating breastfeeding in conjunction with the contemporary practice of early discharge, we limited to publications within the previous ten years. All research methods were eligible and only primary peer-reviewed articles were used. Additionally, a snowball search technique was applied to literature/systematic reviews. The outcomes for these two searches are shown in Appendix 1 and 2.

Titles and abstracts were screened for relevance, with 46 full text articles being read for search one and 52 full-text examinations in search two. The first search only elicited 12 articles relevant for the review and seven articles from the second search. Two further articles were coincidentally found after this, through the snowball screening of the reference lists, which brought the total number of articles reviewed to 21. The search process is summarised in Fig. 1.

A summary of the articles appears in Table 1.

2.2. Critical appraisal

Critical review guidelines for quantitative and qualitative studies adapted from Schneider et al.^{13(pp292, 303)} were used to critically appraise the articles, to identify any strengths and weaknesses.¹⁴ Summaries of these appraisals can be found in Tables 2 and 3.

Quantitative studies require large sample sizes to reduce sampling error, increase generalisability and establish results of statistical significance.^{13(p187)} Five of the quantitative studies were considered strong due to large sample sizes, giving the results more power.^{13(p187),15–19} Generalisability was decreased in two quantitative studies due to small sample sizes.^{20,21} There was a significant discrepancy between two sample groups in Sjöström et al.'s²¹ study, with 300 Swedish and 91 Australian participants. Despite the high overall response rates, a limitation of the study was the discrepancy between the response rate within each eligible group.²¹ Both studies acknowledged the sample size as a limitation.^{20,21}

Four quantitative studies were strengthened by probability sampling, minimising selection bias.^{15–17,22} The remaining nine studies did not randomise their samples, and hence may not be representative of the population.^{8,13(p211),18–20,23,24}

Although published within the ten-year period, four studies were noted to have older data.^{8,16,22,25} Data collection periods ranged from 1998 to 2003, and involved two longitudinal cohort studies, one randomised control trial and one grounded theory study.^{8,16,22,25} These studies remained in the review as they meet the publication date criteria and added value to the themes and discussion.

Following the critical appraisal, all 21 identified articles demonstrated appropriate rigour and remained in the review.

2.3. Analysis of literature

A thematic analysis process was used to synthesise the findings.^{14,26} The selected articles were examined using coding techniques, and recurrent categories were grouped into themes.^{13 (pp144–145)} Coding and category development was undertaken initially by one researcher (LJ) and subsequently presented and discussed with other team members until consensus of the themes was reached.

2.4. Findings

This integrative search and critical appraisal of the literature identified 21 relevant articles. A narrative review was written using a thematic analysis approach to synthesise the data.²⁶ The review identifies inconsistent definitions of early postnatal discharge, and

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