

# Personal Infant Feeding Experiences of Postpartum Nurses Affect How They Provide Breastfeeding Support

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## Keywords

breastfeeding support  
nurses' breastfeeding  
experiences  
nurses' personal experiences  
postpartum nurse  
breastfeeding practice

## ABSTRACT

**Objective:** To describe the experiences of postpartum nurses when feeding their own infants and explore how these experiences influence the breastfeeding support they provide to new mothers.

**Design:** Qualitative research with interviews using dialogic data generation and analysis.

**Setting:** Large academic women and children's hospital in the Southern United States.

**Participants:** Nine postpartum nurses who gave birth and breastfed, formula-fed, or mixed-fed infants at any time in the past.

**Methods:** Individual, semistructured, face-to-face interviews.

**Results:** Participants described breastfeeding experiences similar to those of other women: some were positive, some negative. Most participants reported that they received less breastfeeding support than they needed during the maternity hospitalization. They attributed this to the fact that they were nurses. The infant feeding experiences of participants led them to promote breastfeeding in a more personal way and establish deeper connections with the mothers in their care. The practice of all participants changed because of their desire to prevent other mothers from experiencing the physical or psychological pain they experienced with breastfeeding.

**Conclusion:** Personal infant feeding experiences shaped the breastfeeding practice of participants in unique and unpredictable ways. Nurses may benefit from increased breastfeeding education and support during their own maternity hospitalizations. Additionally, the inclusion of reflective narrative processes in breastfeeding education could encourage nurses to explore their personal, empirical, and clinical knowledge and construct an approach to breastfeeding practice that integrates these sources of information.

*JOGNN*, ■, ■-■; 2018. <https://doi.org/10.1016/j.jogn.2018.02.011>

Accepted February 2018

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The authors report no conflict of interest or relevant financial relationships.



Advancement of exclusive breastfeeding is an important facet of quality care for hospitals that provide maternity services (Centers for Disease Control and Prevention, 2014; The Joint Commission, 2015). Exclusive breastfeeding during the maternity hospitalization is important for several reasons. During the first 72 hours of life, exclusive breastfeeding enhances the growth and protection of the gastrointestinal tract (Petherick, 2010; Stockinger, Hornef, & Chassin, 2011), prevents the intake of excessive volume (Dewey, Nommsen-Rivers, Heining, & Cohen, 2003), and provides the mother's breasts with the stimulus necessary to program adequate milk production for the course of lactation (Kent, Gardner, & Geddes, 2016).

Postpartum nurses are chiefly responsible for the provision of breastfeeding support during the maternity hospitalization. Mothers desire technical instruction and emotional support with breastfeeding (Brahmoh & Davies, 2014; Burns, Schmied, Sheehan, & Fenwick, 2010; Hinsliff-Smith, Spencer, & Walsh, 2014; McInnes & Chambers, 2008; Schmied, Beake, Sheehan, McCourt, & Dykes, 2011) that is provided within the context of an authentic, empathetic relationship (McInnes & Chambers, 2008). Mothers especially appreciate hearing about the personal experiences of the person offering support. Schmied et al. (2011) and Dennis (1999) indicated the value of hearing the breastfeeding stories of others and explained that this could

## Little research exists on the personal infant feeding experiences of postpartum nurses and the influence of those experiences on breastfeeding practice during the maternity hospitalization.

build a mother's breastfeeding self-efficacy. Greater breastfeeding self-efficacy is associated with increased breastfeeding duration (Blyth et al., 2002; Nichols, Schutte, Brown, Dennis, & Price, 2009).

The quality of knowledge required to provide this type of holistic care is broader than clinical or technical knowledge. Nursing knowledge develops from clinical and personal experience (Chinn & Kramer, 2015) and is the interface of objective knowledge and an individual's awareness and subjective perspective on personal experience (Bonis, 2009). Consistent with these perspectives, health care providers cited personal breastfeeding experience as an important source of breastfeeding knowledge (Brodribb, Jackson, Fallon, & Hegney, 2008; Nelson, 2007).

Although there is a body of research on women's infant feeding experiences, we could find none specific to postpartum nurses. Additionally, there is a lack of research with regard to how postpartum nurses' personal infant feeding experiences influence their nursing practice in relation to breastfeeding. Thus, the aim of our qualitative study was to describe the personal infant feeding experiences of postpartum nurses and understand how those experiences influenced their breastfeeding nursing practice.

## Methods

### Setting

The setting for our qualitative study was the postpartum unit at a large academic women and children's hospital in the Southern region of the United States. The hospital was nearing completion of implementation of the *Baby-Friendly Hospital Initiative's (BFHI) Ten Steps to Successful Breastfeeding* (2012). All perinatal nurses had recently completed the requisite 20 hours of breastfeeding education. The university affiliated with the study site granted institutional review board approval for this study.

### Participants

We used a purposive recruitment strategy. Nurses who were currently practicing in postpartum units and who had given birth and breastfed,

formula-fed, or mixed-fed infants at any time in the past were eligible for participation. After institutional review board approval, a nursing director sent an e-mail to all 94 postpartum nurses at the enrollment site to inform them of the study and the inclusion criteria and asked interested nurses to contact the first author (A.W.) via e-mail. Once contacted, the first author provided an overview of the study, answered questions, and obtained written informed consent from participants. Eleven nurses responded to the e-mail, and nine consented to be interviewed.

### Procedure

We were both leaders at the study site, and although neither had leadership responsibility for postpartum nurses, we were involved with implementation of the BFHI. This was a consideration in the choice of a method to minimize researcher bias and decrease possible power differentials. Thus, we used Carspecken's (1996) methodology for dialogic data generation and analysis. His methods were designed to give "participants a voice in the research" (p. 155) and avoid the production of results that were dominated by the values of the researcher. To accomplish this, Carspecken recommended that discussions be facilitated in a supportive environment to enable participants to "explore issues with their own vocabulary, their own metaphors, and their ideas" (p. 155). For this methodology, he called for the use of a semistructured interview process with four items included in the interview protocol: (a) two to five topic domains, (b) one concrete lead-off question per domain, (c) a list of covert categories to explore for each domain, and (d) possible follow-up questions for each domain.

The first author conducted an individual, face-to-face interview with each participant in a private office at the study site. Although nurses were permitted to participate during their shifts, most donated their personal time. Each interview was audiorecorded and transcribed verbatim. A semistructured interview guide was used to investigate four domains: how participants decided how to feed their infants, participants' experiences with infant feeding, participants' reflections on infant feeding decisions and experiences, and participants' experiences of working with breastfeeding mothers. For each domain, the interviewer began with a broad lead-off question and then used follow-up questions to explore the covert categories associated with that domain. For example, to gather information about a participant's experiences with infant feeding, the

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