

Environmental Scan of Breastfeeding Resources in Canadian Neonatal Intensive Care Units

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ABSTRACT

We conducted an environmental scan using a mixed methods approach to determine the types and frequencies of breastfeeding resources available to mothers of infants in Canadian NICUs. Through interviews with key informants, we identified six categories of resources: breastfeeding-friendly layout, breastfeeding support personnel, breastfeeding education for mothers, breast pump-related resources, coordination of postdischarge breastfeeding support, and breastfeeding-related policies. Findings from this national study indicate that a wide range of breastfeeding resources were reportedly available in Canadian Level 3 NICUs. NICU professionals are encouraged to connect with other units across Canada to facilitate the exchange of breastfeeding resources and best practices.

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Researchers have found substantial evidence that breastfeeding (i.e., human milk consumption by any means) provides several short- and long-term health benefits for infants (Association of Women's Health Obstetric and Neonatal Nurses, 2015; Eidelman & Schanler, 2012), with additional and profound advantages for infants in the NICU (Callen & Pinelli, 2005; Rodriguez, Miracle, & Meier, 2005). In Canada, approximately 11% of infants are admitted to NICUs for specialized medical care and monitoring, and 67% stay for more than 24 hours (Fallah et al., 2011). This NICU population is predominantly composed of infants who are preterm (i.e., born at <37 weeks completed gestation), have low birth weight (i.e., born weighing <2,500 g), and/or are critically ill at birth (Canadian Neonatal Network, 2016).

Researchers have shown that preterm and low-birth-weight infants who were breastfed had lower rates of sepsis (Furman, Taylor, Minich, & Hack, 2003), meningitis (Hylander, Strobino, & Ramasubbareddy, 1998), and necrotizing enterocolitis (Quigley & McGuire, 2014) than their formula-fed counterparts. In addition, breastfeeding provides infants in the NICU with numerous gastrointestinal (Cong et al., 2017;

Dritsakou, Liosis, Valsami, Polychronopoulos, & Skouroliakou, 2016), physiologic (Chen, Wang, Chang, & Chi, 2000), and cognitive (Isaacs, Fischl, Quinn, Chong, & Gadian, 2011; Koo, Tank, Martin, & Shi, 2014) benefits.

Breastfeeding also supports the psychological health of mothers with infants in the NICU. For example, it can foster a sense of purpose and worth, particularly after difficult and often emotionally turbulent births (Boucher, Brazal, Graham-Certosini, Carnaghan-Sherrard, & Feeley, 2011). Breastfeeding has also been found to support the establishment of the maternal role through the development of a secure mother-infant attachment bond (Flacking, Ewald, & Starrin, 2007; Sweet, 2008).

In Canada, it is recommended that all infants be exclusively breastfed (i.e., consume only breast milk unless medically necessary) from birth until 6 months of age (Health Canada, 2015; World Health Organization, 2017). Although 89% of women in the general population initiate breastfeeding shortly after birth, only approximately one fourth breastfeed exclusively for the recommended period of 6 months or more (Gionet, 2013). Despite this recommendation and the

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Little is known about the availability of breastfeeding supports and resources in Canadian NICUs.

many benefits associated with breastfeeding, the prevalence of breastfeeding among mothers of preterm infants is consistently lower than that among mothers of healthy, full-term infants (Craighead & Elswick, 2014; Donath & Amir, 2008; McDonald et al., 2013; Merewood, Brooks, Bauchner, MacAuley, & Mehta, 2006).

Furthermore, infant admission to the NICU has been identified as an independent risk factor for suboptimal breastfeeding (Al-Sahab, Lanes, Feldman, & Tamim, 2010; Scott, Binns, Graham, & Oddy, 2006). For example, in a Canadian study of 5,615 women, researchers found that mothers of infants who were not admitted to the NICU were 51% more likely to breastfeed exclusively at 6 months compared with mothers of infants admitted to the NICU (Al-Sahab, Lanes, Feldman, & Tamim, 2010). Poor breastfeeding outcomes in mothers with infants in the NICU may be the result of numerous challenges experienced in this setting, including physical separation from the infant, lack of privacy, the infant's physically compromised status, and milk expression concerns (e.g., nipple and breast soreness; Alves, Rodrigues, Fraga, Barros, & Silva, 2013; Callen, Pinelli, Atkinson, & Saigal, 2005; Lucas, Paquette, Briere, & McGrath, 2014).

Two systematic reviews were conducted to examine the effectiveness of interventions designed to improve the prevalence of breastfeeding in the NICU environment (McInnes & Chambers, 2008; Renfrew et al., 2009). In their review of 18 studies, McInnes and Chambers (2008) found strong evidence to indicate that trained interpersonal support (peer or professional) and skin-to-skin care interventions were associated with improved breastfeeding outcomes. Similarly, on the basis of 48 studies, Renfrew and colleagues (2009) concluded that postnatal breastfeeding education for mothers, trained interpersonal support, breastfeeding-friendly NICU policies and environments, and skin-to-skin care were most strongly associated with an increased likelihood of breastfeeding in the NICU.

Despite the evidence from these reviews, few studies have provided information about the availability of such resources in clinical

environments. To date, only two studies have been conducted related to breastfeeding support practices in NICU settings; analysis of these studies provides national snapshots of the resources available in Denmark (Maastrup, Bojesen, Kronborg, & Hallström, 2012) and Spain (Alonso-Díaz et al., 2016). In Canada, little is known about what breastfeeding supports and resources are offered to mothers with infants in the NICU.

The purpose of this study was to determine, via key informant interviews, the types and frequencies of postnatal breastfeeding resources available to mothers of infants in Canadian NICUs. With the findings from this national environmental scan, we add to the international literature and provide an evidence-based overview of the resources available to support and promote breastfeeding in NICUs across Canada. A breastfeeding resource was defined as any initiative or practice (excluding galactagogue use, specific milk expression strategies, and alternative feeding methods) available to mothers with infants in the NICU designed to facilitate successful breastfeeding outcomes. Given the lack of consensus around the definition of breastfeeding for the NICU population (Meier, Engstrom, Patel, Jegier, & Bruns, 2010), a broad and inclusive definition was adopted that aligns with suggestions advanced by Renfrew et al. (2009). Specifically, *breastfeeding* was defined as an infant receiving his or her mother's own milk by any method and the mother attempting to express milk by any method, working toward and including nutritive sucking at the mother's breast.

Methods

Design

Our study was descriptive in nature, and we used an interview-based environmental scan approach. Despite origins in a business context, an environmental scan is defined as a tool for gathering information to enable strategic action (Choo, 2001; Graham, Evitts, & Thomas-Maclean, 2008). Within the areas of health care and nursing specifically, environmental scans are used to collect information about the current activities and structure of organizations such as hospitals and clinics (e.g., Bakhru, Wiebe, McWilliams, Spuhler, & Schweickert, 2015; McPherson et al., 2014; Stacey et al., 2014). Specifically, environmental scans are suitable for the identification and synthesis of evidence about existing resources, organizational processes, barriers and facilitators

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