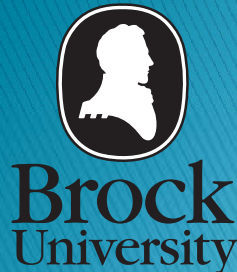


Focused Implementation of RNAO Breastfeeding Best Practice Guidelines Based on Mothers' Breastfeeding Experiences

Lynn Rempel & Lynn McCleary
Brock University

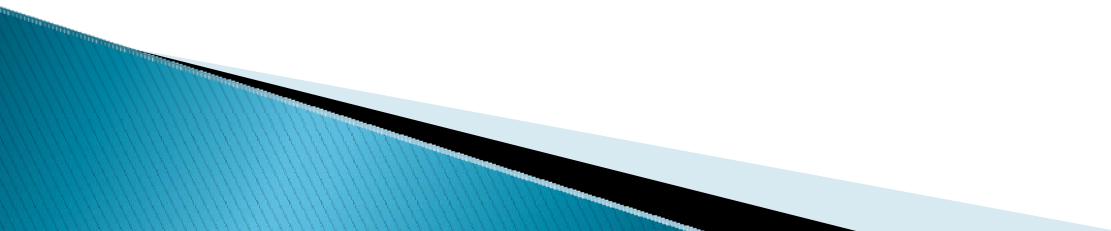
Gloria Morris, Colleen Flynn, Mary Lou DeCou, & Catherine Lowes
Niagara Region Public Health Department

Research funded by the Registered Nurses Association of Ontario



Method

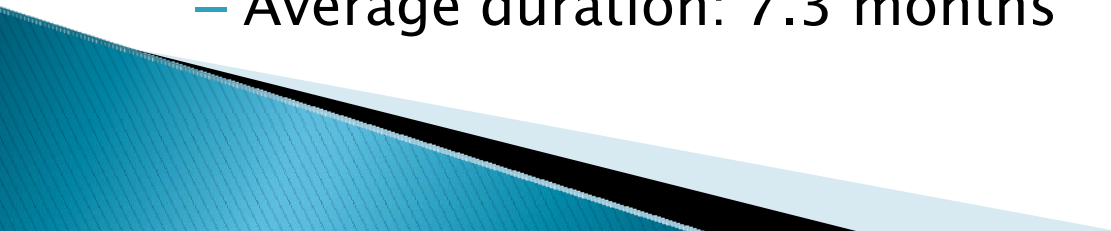
▶ Recruitment

- 3 week cohort (September to October, 2007)
 - Public Health Nurses and midwives informed mothers about study
 - Permission for contact by Research Assistant at 2 weeks postpartum
 - 90 participants
- 

Data Collection

- 48 hours post discharge
 - Standard PHN telephone contact
 - Breastfeeding status
 - Breastfeeding problems
- 2 weeks postpartum
 - Breastfeeding status
 - Breastfeeding intentions
 - Postpartum breastfeeding experiences
 - Perceived breastfeeding problems
 - Sources of breastfeeding information and help
- 2 months postpartum
 - Reassessed breastfeeding status and experiences
 - Breastfeeding satisfaction
 - Maternal Breastfeeding Evaluation Scale (MBFES)

Participants

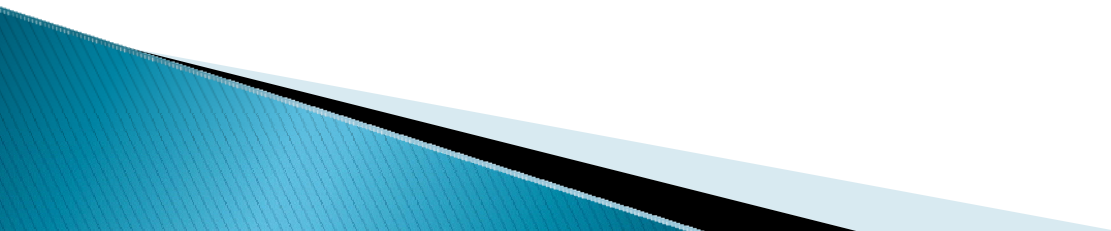
- Average age: 28 years (17 to 40 years)
 - Average education: 2.8 years post secondary
 - Working prior to birth: 79%
 - Plan to return to work: 91%
 - Modal age for return to work: 12 months
 - Married or living in common law: 91%
 - Median annual income: \$60,000 – \$80,000
 - Born in Canada: 78%
 - English as first language: 87%
 - Multiparas: 52 %
 - Previous breastfeeding experience: 94%
 - Average duration: 7.3 months
- 

Prenatal Preparation

- ▶ Prenatal class attendance: 56%
- ▶ Sufficient prenatal breastfeeding information: 70%



Hospital Experiences

- ▶ Breastfed within 30 minutes of birth: 43%
 - ▶ Baby usually remained with mother: 84%
 - Cared for by nurse to allow mother to rest: 58%
 - ▶ Soother in hospital: 49%
 - Use encouraged by health care professional
 - 52% of mothers using soother
 - ▶ Free formula on discharge: 29%
- 

Breastfeeding Information

- ▶ Received *Breastfeeding: Getting it Right*. 58%
- ▶ Consistency of information between health care providers
 - Very consistent: 53%
 - Not at all consistent: 3%



Public Health Agency of Canada

Breastfeeding Experience: 48 hours

- ▶ 66 participants (73% of total sample)
- ▶ Formula since birth: 64%
 - Formula only: 10%
 - Formula and breastmilk: 38%
- ▶ Breastmilk only: 56%
 - Breast and bottle: 18%
 - Bottle only: 3%
- ▶ Current breastfeeding problems: 53%
 - Sore nipples, latch, milk supply, engorgement

Breastfeeding Experience: 2 weeks

- ▶ 90 participants
- ▶ Breastfeeding terminated: 11%
- ▶ Previous 7 days
 - Breastmilk and formula: 29%
 - Breastmilk only: 60%
 - Breast and bottle/lactation aid: 30%
 - Bottle/lactation aid only: 8%
- ▶ Soother introduced since left hospital: 33%

Breastfeeding Difficulties: 2 weeks

- ▶ Nipple pain: 66%
- ▶ Sleepy baby: 52%
- ▶ Engorgement: 50%
- ▶ Jaundice: 50%
- ▶ Latch/suck: 47%



Breastfeeding Information: 2 weeks

- Sources of help and information
 - Books, videos, pamphlets: 76%
 - Public Health Nurse telephone call: 67%
 - Public Health Nurse home visit: 32%
 - Doctor: 27%
- Topics discussed by health care providers
 - Least frequent
 - Effects of medication
 - How long to breastfeed
 - Most frequent
 - Sources of help and information
 - Latching
 - Breastfeeding problems

Breastfeeding Intentions: 2 weeks

- ▶ Average planned duration: 8.6 months
- ▶ Range: 2–24 months



Breastfeeding Experience: 2 months

- ▶ 74 participants
 - 90% of mothers breastfeeding at 2 weeks
- ▶ Breastfeeding: 72%
 - 68% of total original sample
 - Exclusive breastfeeding: 27%
 - Breast and bottle/lactation aid: 33%
 - Bottle/lactation aid only: 7%
 - Formula in previous 7 days: 31%

Breastfeeding Difficulties: 2 months

- ▶ Any difficulty since 2 weeks: 95%
 - Fussy baby
 - Insufficient milk
 - Engorgement
 - Nipple pain
- ▶ Sources of help and information
 - Books, videos, pamphlets: 43%
 - Doctor: 33%
 - Public Health Nurse: 33%

Breastfeeding Problems and Breastfeeding Outcomes

- ▶ Problems at 48 hours post-discharge
 - More feeding formula & breastmilk vs. breastmilk only at 48 hours
 - Lower satisfaction at 2 weeks
 - Earlier cessation



Breastfeeding Problems and Breastfeeding Outcomes

- ▶ **Problems in first 2 weeks**
 - **Latch/suck**
 - Less likely breastfeeding at 2 months
 - **Insufficient milk**
 - Less likely breastfeeding at 2 weeks and 2 months
 - **Too much milk**
 - More likely feeding breastmilk only at 2 weeks
 - **Colicky baby**
 - More likely feeding formula at 2 weeks
 - **Nursing Strike**
 - More likely feeding formula at 2 weeks, stopped by 2 months
 - **Thrush**
 - Less likely breastfeeding at 2 months

Feeding at Breast and Breastfeeding Outcomes

- ▶ Fully feeding at the breast at 2 weeks
 - 100% still breastfeeding at 2 months
 - More satisfied with breastfeeding experience
 - Positive evaluation of breastfeeding (MBFES)
 - Infant growth and satisfaction subscale
 - Maternal enjoyment and role attainment subscale

Health Care and Breastfeeding Outcomes

- ▶ Hospital postpartum practices
 - No statistically significant relationships
- ▶ Prenatal class attendance
 - More likely feeding only breastmilk at 48 hours
 - More likely breastfeeding at 2 months
 - Positive evaluation of breastfeeding (MBFES)
 - Infant growth and satisfaction subscale

Breastfeeding Information and Breastfeeding Outcomes

- ▶ Received *Breastfeeding: Getting it Right*
 - Stronger breastfeeding duration intentions
 - More positive breastfeeding evaluation (MBFES)
 - Maternal lifestyle and body image subscale
- ▶ Health care provider discussed benefits of breastfeeding
 - Less likely breastfeeding at 2 months
- ▶ Consistency of breastfeeding information
 - No statistically significant relationships

Actions and Recommendations

- ▶ Improved, accessible written resources
 - Breastfeeding pamphlet
 - Breastfeeding passport
 - Breastfeeding email newsletter
- ▶ Increase use of peer support
 - Meetings of Public Health Nurses and La Leche League leaders
- ▶ Baby Friendly™ Community Initiative
 - Partner with hospitals to change practice
 - Advocate for supportive community policies