Registered Nurses’ Role in Promoting Breastfeeding

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Survey Methodology

• Online survey of ARNNL members
• Survey questions developed and reviewed by members of the Baby-Friendly Council (BFC)
• Total of 334 RNs invited to participate
  – area of responsibility is maternal/newborn
  – individual RNs in community health and management identified and included in the sample
Survey Methodology

• 137 responses received (41.1%)

• Survey Limitations
  - self-selection/non-responder bias
  - Primary Area of Responsibility is self-reported on ARNNL renewal form
  - survey reviewed for face validity but no other validity/reliability testing took place
Region of Employment

- Eastern, 56.1
- Western, 22.2
- Central, 14.6
- Lab-Grenfell, 7.3
Years of Nursing Experience

- <5 years: 7.1%
- 5-9 years: 12.7%
- 10-14 years: 12.7%
- 15-19 years: 19.8%
- 20+ years: 47.6%
Primary Area of Responsibility

- Labour & Birth: 47.4%
- In-Patient Postpartum: 42.9%
- In-Patient Antepartum: 41.4%
- Community Health: 27.1%
- NCIU: 16.5%
- Out-patient antepartum: 11.9%
- Other: 10.9%
Primary Employment Position

- Majority of respondents (80.3%) provide direct care to pregnant women and/or breastfeeding families
- 12.4% employed in management/administration
- 7.3% in “other” positions
  - primarily education (nursing education; prenatal education) and policy
RESULTS
Nurses need to portray a positive, non-judgmental attitude towards breastfeeding. The client’s perceptions of clinicians’ opinions on breastfeeding are directly correlated with breastfeeding duration.
Breastfeeding is the normal way to feed a baby

Women who are uncertain regarding infant feeding decisions should be encouraged to breastfeed their babies

Breastfed babies are healthier than formula fed babies
Women who initially chose to formula feed their babies should be informed of the risks of not breastfeeding.

There are real differences in health between babies who are breastfed and babies who are formula fed.

Formula fed babies are at greater risk for sub-optimal health outcomes than breastfed babies.
Attitudes Towards Breastfeeding

- Formula and breastmilk offer the same nutritional benefits to babies
  - Mean Score: 1.96
- Formula and breastmilk offer the same health benefits to babies
  - Mean Score: 2.16
Risks of Not Breastfeeding

Nurses need to provide clients with accurate, consistent and evidence informed information on the benefits of breastfeeding and the health consequences for mother and baby of not breastfeeding.

Nurses need additional knowledge, skill, and support to learn how to deliver risk and benefit messages regarding infant feeding.
Discuss Risks of Not Breastfeeding

- Always, 41.3%
- Sometimes, 46.2%
- Never, 10.6%
Discuss Risks of Not Breastfeeding

• Barriers to discussing risks:
  – decision has been made
  – prefer to focus on benefits of breastfeeding
  – time/workload
Workload Challenges

RNs should advocate for and support implementation/availability of...supportive practice environments to address workload challenges noted to interfere with the nurses ability to provide comprehensive breastfeeding support.
Experienced Workload Challenges

Yes, 69.2

No, 30.8
Nurses interacting with pregnant women and families must avail of opportunities for education and self-learning on breastfeeding.
79 respondents estimated the percentage of their annual professional development that is focused on breastfeeding.

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
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<tbody>
<tr>
<td>None</td>
<td>11</td>
</tr>
<tr>
<td>Less than 10%</td>
<td>15</td>
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<tr>
<td>10-20%</td>
<td>35</td>
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<tr>
<td>25-35%</td>
<td>16</td>
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<tr>
<td>40-50%</td>
<td>11</td>
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<tr>
<td>More than 50%</td>
<td>10</td>
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Nurses employed in areas responsible for pregnant women and breastfeeding families should have comprehensive education that reflects the core content of the WHO/UNICEF 20 hour breastfeeding course for maternity staff.
Completed WHO/UNICEF 20 Hr Breastfeeding Course

- Yes, 76.0
- In Progress, 22.1
- No, 1.9
Professional Development

• At least 7-in-10 respondents in each area of responsibility have completed the course.

• Most likely to have completed course:
  – Community Health/Health Centre (92.6%)
  – Labour and Birth (81.1%)
Professional Development

• 94% of those who have completed or are completing the course were completely funded by their employer/organization

• only 4.8% had to cover the costs themselves
WHO Code

Nurses involved with breastfeeding families have a responsibility to know and support the principles of the WHO International Code of Marketing of Breastmilk Substitutes and all relevant World Health Assembly resolutions.
Familiarity with WHO Code

- Not at all: 7.8%
- Somewhat: 51.2%
- Very: 41.1%
WHO Code

Formula Feeding

<table>
<thead>
<tr>
<th>Percent</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotional Materials</td>
<td>28.7</td>
<td>70.5</td>
<td>0.8</td>
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<tr>
<td>Funding from Formula Companies</td>
<td>2.3</td>
<td>58.1</td>
<td>39.5</td>
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WHO Code

• Funding from formula companies:
  – 6-in-10 (61.4%) felt that attendance by health care professionals at formula sponsored education events is a breach of the WHO Code.
  – Majority who reported they are somewhat (53.8%) or very (79.2%) familiar with the Code were of the opinion that it is a breach.
Nurses should advocate for the implementation of all 10 Steps in the Baby-Friendly Initiative within hospitals and community health services.
Baby-Friendly Initiative

**Familiarity with BFI**

- Not at all: 1.6%
- Somewhat: 25.0%
- Very: 73.4%
• Three-quarters (76.2%) reported that their organization has a breastfeeding policy that addresses all 10 steps of the BFI.

• Nearly eight-in-ten (78.2%) indicated they were oriented to their organization’s policy.
Baby-Friendly Initiative

Implementation of 10 Steps

- Some, 67.5
- All, 28.5
- Don't Know, 4.1
Baby-Friendly Initiative

Transition from Hospital to Community

- Yes: 50.4% Seamless, 68.3% Efficient, 68.0% Support Continuity of Care
- No: 15.1% Seamless, 14.4% Efficient, 22.4% Support Continuity of Care
- Don't Know: 16.7% Seamless, 17.9% Efficient, 22.4% Support Continuity of Care
Baby-Friendly Initiative

• Barriers to seamless transition
  – timing of discharge from hospital
  – conflicting information provided to families (hospital, community health, OB, GP)
  – lack of community supports in some areas
  – communication between hospital and community (referrals)
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