CONTINUING BREASTFEEDING EDUCATION: NURSES AND MIDWIVES CAN MAKE A DIFFERENCE!

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Background

• Breastfeeding has many benefits for both mothers and babies. Not being breastfed is associated with reduced cognitive development and a significantly higher risk of disease in childhood and in adulthood.1-3
• Women are strongly influenced by the advice of nurses and midwives in their decision to breastfeed.4-6
• Breastfeeding knowledge and both continuing and undergraduate education of nurses and midwives is inadequate.7,8
• The Baby Friendly Health Initiative (BFHI), created by the World Health Organization (WHO), involves improving hospital policy and the skills and practices of health professionals.9
• Compliance with the BFHI leads to improved breastfeeding outcomes and reduced rates of disease.10
• Health professional training is a key recommendation of the BFHI.11

Research process and aims

Sixteen studies were reviewed to answer the question: Does continuing breastfeeding education for nurses and midwives improve their knowledge, attitudes, skills and practices and improve breastfeeding outcomes?

Results

Continuing education for nurses and midwives improves:

• clinical skills and practices related to breastfeeding,
• knowledge and attitudes towards breastfeeding,
• counselling skills and supportive behaviour towards breastfeeding mothers,
• BFHI compliance,
AND
• reduces unnecessary supplementation with foods and liquids other than breastmilk.

BUT:

There are limitations on how much of a difference continuing education for midwives and nurses alone can make as:

• nurses and midwives are constrained by hospital policy and the practices of other health professionals,
• all health professional need to be trained to improve the rates and duration of exclusive and total breastfeeding,
• antenatal interventions are more important than postnatal interventions in improving initiation of breastfeeding.

Conclusions and recommendations

Continuing education programs for health professionals alone are important, but not sufficient to bring about a large change in breastfeeding outcomes. A multi-faceted approach is required to ensure a change in cultural practices to increase the perception of breastfeeding as the normal way to feed an infant and improve initiation, length and duration of breastfeeding.

• Eighteen hours of breastfeeding education for all health professionals who work with mothers and babies should be the minimum standard.
• The optimum time to run refresher courses to update the knowledge and skills of existing staff and train new staff to make sure changes are sustainable should be the focus for future research.

Governments must provide incentives to ensure:

• comprehensive undergraduate education for all health professionals based on BFHI education standards,
• full implementation of the BFHI in both maternity units and community health care settings,
• improved pre-conception and antenatal education,
• improved maternity leave and breastfeeding friendly workplace initiatives,
• improved breastfeeding promotion and increased public awareness of the dangers of formula feeding and not breastfeeding.

Acknowledgements:

This poster was funded by the Flinders University of South Australia School of Nursing and Midwifery. Thankyou to the mentoring project team, Dr. Lindy King, Dr. Jane Nell, Mali Zander and Kristan Phillips, clinical mentor for advice and proofreading. Special thanks to Jen Byrne, academic mentor for time, advice and support. Thankyou to Dierdrie Cullen, Jen Byrne, Lindsay Giannakos and Calico Studios for permission to use photographs.

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References
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