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**Increasing OB/GYN Clinic Nursing Staff Knowledge and Comfort Level in
Providing Breastfeeding Education**

Executive Summary

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DNP Project/ NURS 695

Executive Summary

Introduction to the Problem

Research has shown the benefits of breastfeeding for both mother and child, yet the support from providers during prenatal visits is not consistent nor well-documented (Demirci et al., 2013). The American College of Obstetricians and Gynecologists (ACOG) recommends that providers address breastfeeding during early prenatal visits (2021). When a patient has the first prenatal appointment after conception is when breastfeeding education should begin (ACOG, 2021). This project focused on a "Baby Friendly" hospital-based urban Obstetrics and Gynecology (OB/GYN) clinic in St. Louis, Missouri that serves approximately 7,996 prenatal patients annually. Many prenatal patients served by this clinic are marginalized women of color and low socioeconomic status, meeting the criteria for Medicaid coverage. The clinic statistics demonstrate a low rate of breastfeeding mothers in the first six weeks of life based on reported method of feeding at postpartum visit. The project's goal was to increase staff knowledge and comfort providing education and resources surrounding breastfeeding to be used to increase discussion of breastfeeding during prenatal visits.

Literature Review

Current Guidelines for Breastfeeding Education

A study by Schreck et al. (2017) concluded that there is a need for comprehensive breastfeeding education and support in prenatal and postpartum visits by their providers to promote breastfeeding and increase breastfeeding rates in low-income women at a hospital-based clinic in Detroit. Typical prenatal appointments can last for a duration of 15 minutes or less and providers can see over twenty patients daily, leaving little time for each patient (Schreck, 2017). This is based on national guidelines of routine prenatal care schedules. The ACOG

recommended prenatal schedule is every 4 weeks until 28 weeks, every 2 weeks until 36 weeks and weekly until delivery (ACOG, 2018). During prenatal appointments, the focus is on the health of the pregnant person and fetus, rarely focusing on the immediate postpartum period (National Institute of Health, 2017). A qualitative examination of breastfeeding education discussions at prenatal appointments in hospital-based clinics in Hong-Kong indicated that most clinicians had a standard repertoire that did not deviate significantly from between patients (Wong et al., 2014). Standardized provider script does not allow for individualized education based on patient needs.

Baby Friendly Initiative

The Baby-friendly Hospital Initiative (BFHI), developed in 1991, is a crucial component of the World Health Organization/United Nations Children's Fund Global Strategy for Infant and Young Child Feeding (Baby-Friendly USA, 2023). The BFHI assists hospitals and birthing centers in giving mothers the information, confidence, and skills necessary to initiate and continue breastfeeding their babies successfully and gives special recognition to the hospitals and birth centers that have done so (Baby-Friendly USA, 2023).

The “*Ten Steps to Successful Breastfeeding*” are the broad framework that guide the BFHI. Hospitals and birthing facilities must adhere to the Ten Steps to receive, and retain, a Baby-Friendly designation. The listed steps are as follows:

- 1 a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
- 1 b. Have a written infant feeding policy that is routinely communicated to staff and parents.
- 1 c. Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence, and skills to support breastfeeding.

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breast-fed newborns any food or fluids other than breast milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, artificial nipples (teats) and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

The “*Ten Steps*” are endorsed and promoted by the major maternal and child health authorities in the United States, including a few such as: ACOG, American Academy of Pediatrics (AAP), Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN), Centers for Disease Control and Prevention (CDC) (Baby-Friendly USA, 2023). ACOG’s position statement on BFHI is that “Ten Steps to Successful Breastfeeding” should be integrated into maternity care to increase the likelihood that a birthing person will initiate and sustain breastfeeding and achieve their personal breastfeeding goals (ACOG, 2018). This project’s site is considered a hospital-based clinic, therefore falls under the category of hospital by BFHI classification. The project focused on implementing steps 2 and 3 which can be implemented in the outpatient hospital setting. These steps are, “Ensure that staff have sufficient knowledge,

competence, and skills to support breastfeeding” and “Discuss the importance and management of breastfeeding with pregnant women and their families” (Baby-Friendly USA, 2023).

Breastfeeding Barriers in Minorities

Significant barriers to breastfeeding that influence an individual’s desire and ability to breastfeed are varied and include individual parent considerations, practitioner influences during prenatal care, hospital barriers, societal factors such as workplace and parental leave policies, access to lactation support and social support of their breastfeeding goals (ACOG, 2018). An individual’s racialized experience in the world can also affect their ability to meet their breastfeeding goals. Historical factors, such as predatory marketing of infant formulas in the 1950s, might play into breastfeeding decisions made by Black American parents today. People of color are more likely to live in under-resourced areas where access to breastfeeding support is less available than in well-resourced areas (ACOG, 2018). Implementations to improve breastfeeding barriers could include hospitals caring for postpartum women to require all units to have standardized counseling sessions and, to the extent possible, offering help to overcome barriers to continued breastfeeding for individual families. The hospitals might also implement the “Ten Steps to Successful Breastfeeding” to overcome barriers recommended by BFHI (Jones, 2015).

Project Methods

This project's purpose was to increase staff knowledge and comfort providing education and resources surrounding breastfeeding to be used to increase discussion of breastfeeding during prenatal visits, based on the BFHI “Ten steps” 2 and 3. “Ensure that staff have sufficient knowledge, competence, and skills to support breastfeeding” and “Discuss the

importance and management of breastfeeding with pregnant women and their families” (Baby-Friendly USA, 2023).

The intervention began with a requested pre-survey (Appendix A) administered a few minutes prior to intervention. The intervention included a PowerPoint presentation created by the researcher discussing the BFHI, specifically steps 2 and 3 of the “Ten Steps”. The project also focused on breastfeeding recommendations and managing common breastfeeding complications. The identical post-survey (Appendix A) was then immediately administered to the participants after the intervention. Participants were all nurses and included 1 office nurse manager, 1 assistant nurse manager, 1 staff educator, 1 triage nurse, 9 staff nurses and 5 nurse practitioners. These staff members have direct patient contact and will most often be the ones providing breastfeeding education to patients. The questions were in a 3- or 4-point Likert scale and yes/no format. The questions addressed familiarity of the Baby Friendly Health Initiative and management of common breastfeeding concerns. There was space at the end of the survey for additional questions and comments for qualitative data collection.

Evaluation

After pre/post surveys were collected, analysis was conducted. A single pre-test, post-test design compared the effectiveness of education on the participants level of knowledge and comfort providing education and resources surrounding breastfeeding. After participating in the intervention, participant post-test scores increased in the understanding of BFHI and level of comfort with discussing breastfeeding at antenatal appointments. Pre-Survey results indicate that 66% of participants were either “Very” or “Somewhat” familiar with the “10 steps to successful breastfeeding” and Baby Friendly Initiative. 100% of participants felt “Very” familiar with the “10 steps to successful breastfeeding” and The Baby Friendly Health Initiative on the post-test.

The majority of participants, 77% also indicated that they did not feel there was enough time during appointments to devote to breastfeeding mothers, by indicating “Never” on the question “Are you able to devote enough time to breastfeeding mothers during appointments”. Qualitative comments were included on 10 out of the 18 surveys. Review of the qualitative comments were positive and support the intervention’s impact on future practice. One participant wrote “I learned a lot. I feel more prepared if I have to help a patient navigate through breastfeeding complications, or at least who to refer them to for help.” Another wrote “This was helpful, I knew we were considered a Baby Friendly Hospital, but I didn’t know what that meant.” The limitations of this project include the sample size of 18 participants due to the small office staff size.

Impact on practice

There was positive feedback from staff regarding the educational intervention. Results from the post survey were used to support the need for additional time with patients. Subsequently the length of prenatal and postpartum appointments was changed to 30-minute appointments from 15-minute appointments in this clinic. The initial OB appointment is now an RN visit that allows time to educate on expectations with prenatal care and discuss future feeding plans. These time changes allowed for the providers and nurses to have more time to focus on patient education during visits.

Conclusion

Early education and support can help prepare patients for what to expect in the immediate postpartum period and the following months. Women need education about breastfeeding so that their expectations do not cause them to fail when complications arise (CDC, 2020). Educating

staff to support patients is important to examine the positive effects an increase in breastfeeding education can have on breastfeeding initiation, exclusivity, and confidence in mothers. OB/GYN clinic staff can be the bridge between a frustrated mother and her successful breastfeeding experience, leading to a healthier mother-baby population. To bring change, mothers need proper resources to guide and encourage them in the process of breastfeeding.

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Appendix A

Staff Knowledge and level of comfort providing breastfeeding education

Pre/Post quiz

1) Does your hospital have a written policy on breastfeeding?

Yes

No

2) Are you familiar with the “10 steps to successful breastfeeding” & WHO baby friendly initiative?

Very

Somewhat

Not at all

3) Do you discuss breastfeeding during prenatal visits?

Always

Sometimes

Never

4) If a mother intends to formula feed, do you discuss breastfeeding as an alternative?

Always

Sometimes

Never

5) Approximately for what length of time do you usually recommend continuation of breastfeeding?

- a) Don't recommend
- b) 4 months
- c) 6 months
- d) One year

6) How confident are you in your ability to manage common breastfeeding problems?

- a) Very confident

- b) Confident
- c) Neutral
- d) Not confident

- 7) How confident are you that you can teach a breastfeeding mother positioning and attachment?
- a) Very confident
 - b) Confident
 - c) Neutral
 - d) Not confident

- 8) Are you able to devote enough time to breastfeeding mothers during appointments?

Always

Sometimes

Never

- 9) Are you aware of how to refer patients to our breastfeeding support groups?

Yes

No

- 10) Are you aware of how to refer patients to our breastfeeding/lactation counselors?

Yes

No

Additional questions/comments/concerns

Thank you for your time!

This survey is modified from the "Clinical Practice Survey tool"

Scott, Jane & McInnes, Rhona & Tappin, David & Guthrie, Eleanor. (2003). Breastfeeding opinions, knowledge, management practices and training of Scottish midwives. 10.13140/RG.2.1.3754.6480.