Nurses and the First Hour of Birth: Supporting the Role of Nurses in Breastfeeding and Breastfeeding Supportive Practices

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Introduction:

As an undergraduate nursing student, I decided to do a poster presentation on the benefits and impacts of breastfeeding. There had been minimal information in my classes about breastfeeding beyond that it was important, but through my research I came to the presentation passionate about the importance of breastfeeding. I was presenting to a group of local nurses that were walking around the large boardroom. One nurse, in her mid to late 50s, came up to my table and asked me why breastfeeding was important. Excited and ready for this question, I answered with gusto! I discussed immunity, nutrition, eyesight, intelligence, healthy lifelong weight, and particularly the importance of breastfeeding preterm infants for about 5 minutes. When I finished my spiel the nurse was crying. She said, "If I had known all this, I would have breastfed my children. I didn't know." I was horrified that I had made this woman feel guilty about her feeding decisions of her now adult children, and all I could think to say was, "If it makes you feel any better, I wasn't breastfed." I learned several lessons from this interaction. I learned that breastfeeding is emotionally complicated and that mothers can have feelings of guilt 20 years later. I learned being a health professional doesn't mean you know or understand the current research, and finally, I learned that people really do want to make well-informed decisions.

With these three lessons in mind, I have created a project to bridge the gap between the evidence that affirms the benefits of early breastfeeding support and the lack of implementation of this support in many hospitals in the United States.[1] This project has two main components. The first is a review of the literature on the

Baby-Friendly Hospital Initiative that affirms the body of evidence showing that early breastfeeding supportive practices are effective in increasing the initiation and duration of breastfeeding. The second is a presentation for labor and delivery nurses employed in hospitals that are not currently developing baby-friendly policies.

Presentation Rationale:

This presentation is intended to increase the interest and basic knowledge of both breastfeeding supportive practices and the rationale for those practices for labor and delivery nurses, particularly nurses working in hospitals not currently engaged in developing Baby-Friendly policies and practices. It is designed to increase nurse's confidence in their ability to support breastfeeding to all women, regardless of their personal or cultural background. All labor and delivery nurses should be aware of several concrete breastfeeding supportive practices, as well as, positive communication techniques to support breastfeeding initiation.

Description of Need:

Currently in many hospitals around the United States maternity care is separated into two distinct areas, labor and delivery, and what is called "mother-baby". Women deliver their infant in one room and then are moved to another room for the rest of their stay in the hospital. Mothers and infants stay in the delivery room for their immediate post-partum care, usually for about one to two hours and then are transferred to the mother-baby unit. I visited one such hospital in North Carolina in the spring of 2014 to talk to a couple of labor and delivery nurses about their role in breastfeeding. The nurses I spoke to referred to the hospital having excellent lactation consultants and feeling like the focus really needed to be on prenatal education but that it was too late once a woman was in the hospital delivering her baby. When I asked about skin-to-skin, one nurse stated,

> "So, when we're getting ready to deliver we let them know, we can put the baby skin-to-skin but if you want the baby cleaned up first... and some of the mom's are like, no I want them skin-to-skin now and others don't want that immediately. They want that baby cleaned up some. So, if we push that on them, they don't like it" (Nurse at local hospital)

This hospital was not Baby-Friendly and in fact the nurses their described their understanding of Baby-Friendly to be mother unfriendly. I came away with the understanding that these nurses felt that supporting breastfeeding was mainly the role of the lactation consultant, they did not understand the evidence for early supportive practices, and they did not always feel comfortable explaining supportive practices to

new mothers. These responses are not surprising looking at the evidence comparing breastfeeding knowledge of nurses at hospitals that are baby friendly and hospitals that are not Baby-Friendly, but they are concerning. [2] The first hour after birth, when women are still with their labor and delivery nurses, is an extremely important time for breastfeeding. [3] Breastfeeding within the first hour can improve breastfeeding outcomes, which is why it is the fourth step in the 10 steps to become a Baby-Friendly Hospital. [4,5] Late breastfeeding initiation correlates with early termination of breastfeeding. [6] There are many hospital practices that are important to improve breastfeeding outcomes, such as keeping the mother and baby together, exclusive breastfeeding, and not giving free formula but this project is focused on the first minutes of life and setting the stage for these other practices to be successful. Labor and delivery nurses need to understand the need for breastfeeding support, the importance of their specific role in supporting breastfeeding, what they can do to support breastfeeding in their short time with mothers and infants, and finally how to communicate about breastfeeding and these practices with mothers.

The goals of this project closely align with those of the Nutrition Services Branch (NSB) of the NC Division of Public Heath to "protect, promote, and support" breastfeeding and particularly to " increase breastfeeding initiation and duration rates by positively influencing the breastfeeding climate." [7] In North Carolina the majority of women initiate breastfeeding however, according to our most recent Pregnancy Risk Assessment and Monitoring Survey, only about 54% were still breastfeeding at 8 weeks. [8] This may be due, at least in part, to a lack of breastfeeding supportive practices in hospitals across North Carolina. Only about

58% of infants were breastfed within the first hour of birth even though it is an evidence-based recommended practice.[8-10] In all these categories, breastfeeding initiation, breastfeeding at 8 weeks, and breastfeeding within the first hour of birth statistics on African American infants were at least 10 percent below that of white infants. Inadvertent racial bias of healthcare providers has been well documented and is considered a factor in health disparities.[11]

The Baby-Friendly Hospital Initiative originated in 1991 as a joint effort between the World Health Organization and UNICEF. It was created to establish guidelines that could apply to maternity care worldwide to be used as a standard to promote positive breastfeeding outcomes.[12] In the United States, the organization Baby-Friendly USA accredits birthing facilities as Baby-Friendly.[13] The benefits of being "Baby-Friendly" are well documented, particularly in showing increased breastfeeding initiation and perhaps even more importantly, increasing breastfeeding duration.[14] The evidence shows not only a difference in breastfeeding outcomes at Baby-Friendly hospitals, but also a difference in the knowledge of health care providers and nurses. [2] Currently, about 10 percent of infants born in North Carolina are born at facilities with a "Baby-Friendly" designation from Baby-Friendly USA.[15] These facilities have closely followed UNICEF's 10 steps to a Baby-Friendly Hospital.[16] This means that about 90 percent of the infants in North Carolina are born at facilities without the Baby-Friendly certification.[17]

One study performed at eight different state hospitals in Colorado used focus groups to compare the knowledge and practices of nurses at hospitals that were either designated Baby-Friendly or in the planning stages of becoming Baby-

Friendly and nurses at hospitals with no current intention of becoming Baby-Friendly. At the non-Baby-Friendly hospitals, staff reported being supportive of breastfeeding and performing skin-to-skin care but also discussed removing the infant from skin-to-skin to be weighed and often then wrapping the infant in a blanket before giving the infant back to the mother. One nurse was quoted as saying, "If I have a kid whose blood sugar is low... I can't put baby to breast and expect the blood sugar to be raised within the normal limits...but I can [expect an increase in blood sugar] from formula." [2] Nurses at hospitals on the path to Baby-Friendly or that were already Baby-Friendly were able to list many more evidence-based breastfeeding supportive practices such as delaying physical assessment or performing assessment while skin-to-skin is being performed, delaying the first infant bath, and encouraging unrestricted breastfeeding and use of breast milk only. [2]

Continuing education surrounding breastfeeding for midwives and nurses improves their knowledge, clinical skills, and counseling skills. Breastfeeding education for providers has also been shown to have a positive effect on a mother's perception of support from their health care providers. [18] Although a positive attitude is important, knowledge may be more predictive of implementing breastfeeding support practices than attitudes toward breastfeeding. [19] In a study of statewide hospitals in Alabama, where there are very low breastfeeding rates, it was found that training staff on breastfeeding had a statistically significant effect on increasing breastfeeding compared to hospitals with a Maternity Practices in Infant Care and Nutrition (mPINC) with a mPINC score that was lower than the state mean

score. The adjusted odds ratio for breastfeeding at a hospital where there was breastfeeding education for new nurses was 1.30 (1.01-1.69) and for a proportion of nurses receiving breastfeeding education in the past year was 1.35 (1.04-1.75). [20]

Hospitals that make policies changes towards Baby-Friendly help nurses to be educated about and feel supported when implementing evidence-based breastfeeding supportive practices. However, nurses have the autonomy in most hospitals to implement many evidence-based practices such as skin-to-skin without a written policy. Many nurses want to support breastfeeding, but need education to know exactly how to do so. [2] Early and quality skin-to-skin care is one of the main focuses of this project as it is a breastfeeding supportive practice that heavily relies on labor and delivery nurses to implement, and it has been shown to have a large impact on initiation of breastfeeding. [21] Educating nurses about how to incorporate skin-to-skin into their routines can help them to make this evidence-based practice a reality. Although encouraging hospitals to become Baby-Friendly is ideal for maternal and child health outcomes, the process is one that may take some time for some hospitals to adopt. Nurses who are well educated about the evidence may be able to become leaders to change hospital policy instead of potential barriers to implementation. [22]

Anecdotal reports of labor and delivery nurse behavior suggest that nurses are reluctant to encourage breastfeeding among African American mothers who report no intention to breastfeed. This presentation also attempts to address the large racial disparities relating to breastfeeding through promoting awareness of disparities; the promotion of cultural humility; the recognition of patients as unique

individuals; and an increased awareness of unconscious bias. Although much more research needs to be done in understanding how to best combat racism at the personal and structural level, research shows that awareness of the problem and an increase in empathetic and personal care can promote health equity. [11,23]

The nursing profession is one that recognizes the importance of lifelong learning and professional development. The American Nurses Association defines nursing professional development as, "the lifelong process of active participation by nurses in learning activities that assist in developing and maintaining their continuing competence, enhance their professional practice, and support achievement of their career goals." [24] All registered nurses in the state of North Carolina are required to complete at least 15 contact hours of continuing education every two years. [25] Most hospitals have their own continuing education requirements. Professional development in nursing is considered a responsibility of all nurses that enhances their own personal growth, advances the profession, and ensures the highest quality of care for patients. [26] This presentation can be used as continuing education for labor and delivery nurses, can help them to understand the importance of breastfeeding, their role in breastfeeding support, and strengthen their ability to communicate to a diverse patient base. This project fits into this gap between current breastfeeding implementation research that supports the Baby-Friendly hospital initiative and the lack of supportive practice in hospitals that are not involved in becoming Baby-Friendly.

Theoretical Basis for Training Approach

This project utilizes two main theories commonly used in nursing education and nursing practice. The first theory is a theory regarding what nursing is and the role of the nurse, The Theory of Nursing As Caring. The second is a theory that has been shown to create behavior change among healthcare professionals. Both these theories are important because this project is both grounded in who nurses are and their interaction with their patients, as well as, one that calls for change and recognizes the public health imperative for improved breastfeeding success.

The profession and discipline of nursing recognizes that individual nursing knowledge is made up of four areas: empirical or scientific knowledge, ethical knowledge, esthetic knowledge, and personal knowledge. [27] Educating nurses therefore builds on expanding these spheres of knowledge leading to growth in practice. [27] The Theory of Nursing As Caring recognizes all persons as unique and all persons as caring. Caring is defined essentially as humanness. In this theory all people are caring and they have the ability to grow in caring. This theory calls for nurses to have a unique role in caring where they recognize and affirm their patient as a caring person and address the situation in order to provide for optimal growth of the patient. Although all people are caring, nurses are intentionally caring and are seeking to understand and recognize how another person is caring and growing as well. This theory affirms the interconnectness of the nurse and the patient as well as anyone else in the nursing situation. This theory suggests that education in the four areas of knowledge be seen through this lens of caring. [28] This project fits

within this theory, recognizing nurses as human and unique, as well as acknowledging the uniqueness of every patient with whom the nurse interacts. It can be used to strengthen nurses' empirical knowledge of the evidence, ethical knowledge of the issues related to breastfeeding, and the aesthetic knowledge of their understandings and feelings towards their role in breastfeeding support. As nurses increase their knowledge, they also grow in their capacity for caring. [28]

When considering theories that increase the use of evidence based practices by health professionals, including nurses, we must first consider the level of health care at which an intervention is targeted. In the case of this project, it would be the individual or team level. At the individual or team level, action theories are useful to move persons from a desire to change to an actual change in behavior. [29] One such theory that has been used successfully in nursing practice is the Transtheoretical Model (TTM). [30] TTM has four main components: the stages of change, the decisional balance, self-efficacy, and the process of change. The stages of change bring someone from having no intention of making a change to changing a behavior for more than six months. The decisional balance weighs the pros and cons of changing. Self-efficacy believes in ones' ability to change and overcome obstacles of change. Finally, the process of change brings someone from an awareness of the need to change to recognition that society is supporting the change. [30] This project fits within the stages of precontemplation to contemplation: increasing knowledge of the pros and cons of the decision for nursing to implement breastfeeding supportive practices, increasing their awareness of the research that promotes the change, and increasing their confidence in their ability to change their behaviors.

Literature Review Matrix:

Two matrices were created using a PubMed search of "Baby Friendly Hospitals" and "Breastfeeding Initiation" and "Breastfeeding Duration". Based on these searches two tables were created. One that reflects studies of breastfeeding and health disparities and one that reflects breastfeeding and early maternity care practices.

Studies that reflect health disparities or reduction in health disparities in the US (8)

Title	Journal Citation	Method Used	Sample Size	Results	Comments
Compliance with the Baby-Friendly Hospital Initiative and impact on breastfeeding rates	Hawkins SS, Stern AD, Baum CF, Gillman MW. Compliance with the baby-friendly hospital initiative and impact on breastfeeding rates *Arch Dis Child Fetal Neonatal Ed*. 2014;99(2):F138-43. doi: 10.1136/archdischild-2013-304842 [doi].	Quasi-experimental, using PRAMS data	915 mothers who gave birth in four hospitals with a BFHI-accreditation or that became accredited and 1099 mothers from six matched non-BFHI facilities.	Among mothers with lower education, the BFHI increased breastfeeding initiation by 8.6 percentage points (adjusted coefficient, 0.086 [95% CI, 0.01 to 0.16]) and, independently, each additional breastfeeding practice was associated with an average increase in breastfeeding initiation of 16.2 percentage points (adjusted coefficient, 0.162 [95% CI, 0.15 to 0.18]).	This research suggests that baby friendly designation may increase breastfeeding initiation, particularly among mothers with lower education status.

				Among all mothers and mothers with higher education, there was no effect of the BFHI on breastfeeding rates.	
10 years after baby-friendly designation: breastfeeding rates continue to increase in a US neonatal intensive care unit.	Parker M, Burnham L, Cook J, Sanchez E, Philipp BL, Merewood A. 10 years after baby-friendly designation: Breastfeeding rates continue to increase in a US neonatal intensive care unit *J Hum Lact*. 2013;29(3):354-358. doi: 10.1177/0890334413489374 [doi].	Observational Study, trends monitored over time before and after initiation of baby friendly hospital practices	The total number of infants analyzed in 1999 was 117 and, in 2007, 142	Breastfeeding initiation increased from 74% in 1999 to 85% in 2009 (P = .04). Any breast milk at 2 weeks of age increased from 66% to 80% (P = .05), and exclusive breastfeeding at 2 weeks remained stable between 1999 and 2009. Breastfeeding initiation increased from 68% to 86% among black mothers from 1999 to 2009 (P = .01).	"We found the most dramatic increase in breastfeeding initiation after endorsement of Baby-Friendly policies in our NICU among black mothers, a group that has been shown to have the lowest breastfeeding initiation rates nationally."
Breastfeeding duration rates and	Merewood A, Patel B, Newton KN, et al. Breastfeeding duration rates and	Descriptive study using a random	350 infants	In multivariate logistic regression, the	This suggests that baby friendly

factors affecting continued breastfeeding among infants born at an inner-city US Baby-Friendly hospital	factors affecting continued breastfeeding among infants born at an inner-city US baby-friendly hospital *J Hum Lact*. 2007;23(2):157-164. doi: 23/2/157 [pii].	selection of medical records.		likelihood of breastfeeding at 6 months was decreased by presence of a feeding problem in the hospital (AOR 0.27; 95% CI 0.07-0.99), whereas the likelihood of breastfeeding at 6 months increased with maternal age (AOR 1.05; 95% CI 1.00-1.10) and for mothers born in Africa (AOR 4.29; 95% CI 1.36-13.5) or of unrecorded birthplace (AOR 3.29; 95% CI 1.38-7.85).	measures can help to combat socio-economic and racial disparities in breastfeeding.
Baby-friendly hospital initiative improves breastfeeding initiation	Philipp BL, Merewood A, Miller LW, et al. Baby-friendly hospital initiative improves breastfeeding initiation rates in a US hospital setting *Pediatrics*.	Descriptive study using medical records.	200 infants	Maternal and infant demographics for all 3 years were comparable. The breastfeeding	Much improvement was shown in all racial groups including US-born

rates in a US hospital setting	2001;108(3):677-681.			initiation rate increased from 58% (1995) to 77.5% (1998) to 86.5% (1999). Infants exclusively breastfed increased from 5.5% (1995) to 28.5% (1998) to 33.5% (1999). Initiation rates increased among US-born black mothers in this population from 34% (1995) to 64% (1998) to 74% (1999).	black mothers.
Breastfeeding by Hispanic Women	Gill SL. Breastfeeding by hispanic women *J Obstet Gynecol Neonatal Nurs*. 2009;38(2):244-252. doi: 10.1111/j.1552-6909.2009.01013.x [doi].	Literature Review	38 Research Articles	Breastfeeding initiation rates and length of breastfeeding duration of newly immigrated Hispanic women are higher and longer than Hispanic women who are more acculturated.	There is a need for supporting traditional Hispanic beliefs and practices in order to support breastfeeding in this population.

Race, Education, and Breastfeeding Initiation in Louisiana, 2000-2004	Chin AC, Myers L, Magnus JH. Race, education, and breastfeeding initiation in louisiana, 2000-2004 *J Hum Lact*. 2008;24(2):175-185. doi: 10.1177/0890334408316074 [doi].	Statistical Analysis of Louisiana Pregnancy Risk Assessment Monitoring Systems Data from 2000-2004.	3,515 women	After adjusting for variables black primiparous mothers of singletons were only 38% as likely to initiate breastfeeding as their white counterparts. Odds of initiation increased with increase in level of education.	Consideration of the interaction between race and education and its relationship with breastfeeding.

Early maternity care practices, practices that can occur within the first hour, and improved outcomes (8)

Title	Journal Citation	Method Used	Sample Size	Results	Comments
Baby-Friendly hospital practices and meeting exclusive breastfeeding intention	Perrine CG, Scanlon KS, Li R, Odom E, Grummer-Strawn LM. Baby-friendly hospital practices and meeting exclusive breastfeeding intention *Pediatrics*. 2012;130(1):54-60. doi: 10.1542/peds.2011-3633 [doi].	In the 2005-2007 Infant Feeding Practices Study II, women completed a prenatal questionnaire and approximately monthly questionnaires	(n = 1457)	Among women who prenatally intended to exclusively breastfeed, more than 85% intended to do so for 3 months or more; however, only 32.4% of mothers achieved their intended exclusive breastfeeding duration.	This suggests that early initiation (may) correlate with successful exclusive breastfeeding.

		through 12 months.		Beginning breastfeeding within 1 hour of birth and not being given supplemental feedings or pacifiers were associated with achieving exclusive breastfeeding intention. After adjustment for all other hospital practices, only not receiving supplemental feedings remained significant (adjusted odds ratio = 2.3, 95% confidence interval = 1.8, 3.1).	
Is Baby-Friendly Breastfeeding Support in Maternity Hospitals Associated with Breastfeeding Satisfaction Among Japanese Mothers?	Hongo H, Nanishi K, Shibanuma A, Jimba M. Is baby-friendly breastfeeding support in maternity hospitals associated with breastfeeding satisfaction among japanese mothers? *Matern Child Health J*. 2014. doi: 10.1007/s10995-014-1631-8 [doi].	Cross-sectional study	601 mothers completed questionnaires but only 363 were included in the analysis	Mothers who experienced early skin-to-skin contact with their infants were more likely to report breastfeeding satisfaction than those who did not. Among mothers without exclusive breastfeeding intention, those who were encouraged to feed on	Positive evidence for the importance of skin-to-skin

				demand were more likely to be breastfeeding without formula at 1 month (PR 2.66 [95 % CI 1.32, 5.36]) and to perceive breastfeeding as beneficial for their baby (regression coefficient = 3.14 [95 % CI 0.11, 6.17]) than those who were not so encouraged.	
Maternity care practices: implications for breastfeeding	DiGirolamo AM, Grummer-Strawn LM, Fein S. Maternity care practices: Implications for breastfeeding *Birth*. 2001;28(2):94-100. doi: bir094 [pii].	A longitudinal mail survey	1085 women	Only 7 percent of mothers experienced all five Baby-Friendly practices. The strongest risk factors for early breastfeeding termination were late breastfeeding initiation and supplementing the infant. Compared with mothers experiencing all five Baby-Friendly practices, mothers experiencing none were approximately eight times more likely to stop breastfeeding early.	Increased Baby-Friendly Hospital Initiative practices improved breastfeeding duration.

Impact of hospital policies on breastfeeding outcomes.	Rosenberg KD, Stull JD, Adler MR, Kasehagen LJ, Crivelli-Kovach A. Impact of hospital policies on breastfeeding outcomes *Breastfeed Med*. 2008;3(2):110-116. doi: 10.1089/bfm.2007.0039 [doi].	Cross-sectional descriptive study using a survey and hospital data	57 birthing hospitals	After controlling for institutional differences (by multivariate linear regression) we found that increases in overall hospital breastfeeding Support Scores were associated with increases in breastfeeding percentage at 2 days (p = 0.021) and at 2 weeks postpartum (p = 0.011).	Nurse Managers were surveyed.
Effect of maternity-care practices on breastfeeding.	DiGirolamo AM, Grummer-Strawn LM, Fein SB. Effect of maternity-care practices on breastfeeding *Pediatrics*. 2008;122 Suppl 2:S43-9. doi: 10.1542/peds.2008-1315e [doi].	This analysis of the Infant Feeding Practices Study II	*n* = 1907	Only 8.1% of the mothers experienced all 6 “Baby-Friendly” practices. The practices most consistently associated with breastfeeding beyond 6 weeks were initiation within 1 hour of birth, giving only breast milk, and not using pacifiers. Compared with the mothers who experienced all 6 “Baby-Friendly” practices, mothers who	Increased "Baby-Friendly" hospital practices, along with several other maternity-care practices, improve the chances of breastfeeding beyond 6 weeks.

				experienced none were ~13 times more likely to stop breastfeeding early.	
Factors associated with breastfeeding initiation time in a Baby-Friendly Hospital	Orun E, Yalcin SS, Madendag Y, Ustunyurt-Eras Z, Kutluk S, Yurdakok K. Factors associated with breastfeeding initiation time in a baby-friendly hospital *Turk J Pediatr*. 2010;52(1):10-16.	Descriptive Study	577 mothers	Of the 577 cases, 35.2% initiated breastfeeding within the first hour while 72.8% of them initiated breastfeeding within the first two hours of birth.	The hospital where this study took place was a certified Baby-Friendly Hospital
Baby-friendly hospital accreditation, in-hospital care practices, and breastfeeding	Brodribb W, Kruske S, Miller YD. Baby-friendly hospital accreditation, in-hospital care practices, and breastfeeding *Pediatrics*. 2013;131(4):685-692. doi: 10.1542/peds.2012-2556 [doi].	Observational study using surveys at both designated Baby Friendly and hospitals not designated as Baby Friendly.	Sample size was 6752 women that gave birth	"Four in-hospital practices (early skin-to-skin contact, attempted breastfeeding within the first hour, rooming-in, and no in-hospital supplementation) were experienced by 70% to 80% of mothers, with 50.3% experiencing all 4. Women who experienced all 4 hospital practices had higher odds of breastfeeding at 1 month (adjusted	Baby-friendly hospital accreditation, in-hospital care practices, and breastfeeding

				odds ratio 2.20, 95% confidence interval 1.78-2.71) and 4 months (adjusted odds ratio 2.93, 95% confidence interval 2.40-3.60) than women who experienced fewer than 4."	
Knowledge, attitude, and practices regarding early start of breastfeeding among pregnant, lactating women and healthcare workers in El-Minia University Hospital	Sallam SA, Babrs GM, Sadek RR, Mostafa AM. Knowledge, attitude, and practices regarding early start of breastfeeding among pregnant, lactating women and healthcare workers in el-minia university hospital *Breastfeed Med*. 2013;8(3):312-316. doi: 10.1089/bfm.2012.0040 [doi].	Interviews and Questionnaires of four distinct participant groups	120 mothers who either attended a birth, delivered a baby, or worked in Minia University Hospital who were selected by systematic random sampling.	Sixty percent of women delivered by spontaneous vaginal delivery and 16.7% of those delivered by cesarean section initiated breastfeeding within 30 minutes to 1 hour after birth. Forty percent of lactating women delivered by spontaneous vaginal delivery, 83.3% of lactating women delivered by cesarean section, and 36.7% of healthcare workers used prelacteal feed instead of early breastfeedin	Knowledge, attitude, and practices regarding early start of breastfeeding among pregnant, lactating women and healthcare workers in El-Minia University Hospital

				g initiation. The most important factors affecting the breastfeeding initiation were maternal illness followed by immediate skin-to-skin contact.	

Presentation Toolkit

Presenter:	A Qualified Nurse Educator or International Board Certified Lactation Consultant (preferably also a registered nurse)
Target Audience:	Labor and Delivery Nurses in North Carolina employed in Birth Facilities that have not achieved Baby-Friendly Hospital Designation
Supplies:	LCD Projector, Computer, Display Screen**,** and Laser pointer Printed Materials including: Post-test, and Feedback Survey

Presentation:

Time	0:20
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #1
	Introduction: Welcome and thank you so much for coming to this presentation. We are going to be discussing today the role of labor and delivery nurses for breastfeeding success. My name is [Insert name here] and my background is in [insert relevant background information].
For More Information	
Notes	

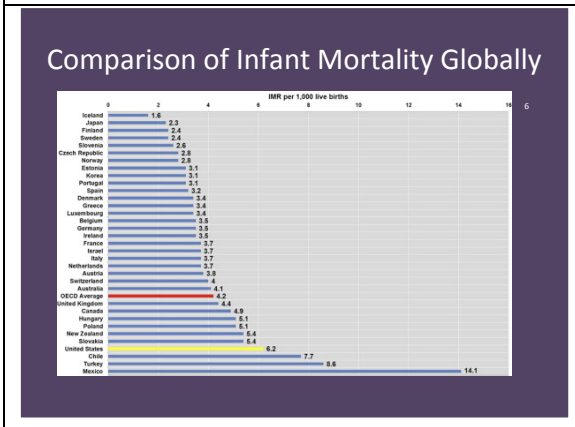
Time	0:30
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #2
	Today's presentation was created with multiple objectives. First of all to increase your overall knowledge about breastfeeding and the Baby Friendly Hospital Initiative. It is meant to help you to become more familiar with different practices that can all occur within the first hour of birth that support breastfeeding. And finally this presentation should be an encouragement that you have the tools and the ability to communicate effectively about these practices with mothers.
For More Information	
Notes	

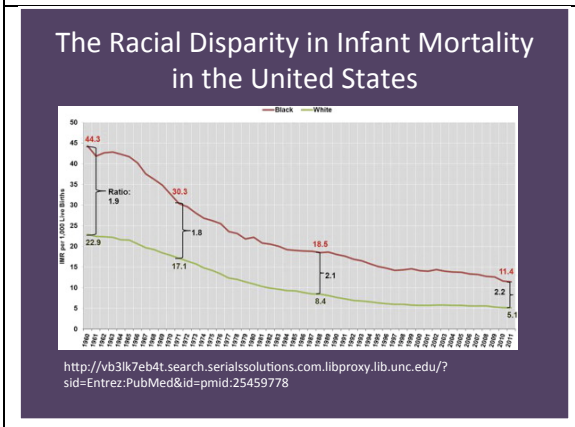
Time	0:20
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #3
	So you know what's ahead for today: first we're going to talk about the benefits of breastfeeding and the cost of not breastfeeding. We're going to introduce the Baby Friendly Hospital Initiative, discuss breastfeeding supportive practices within the first hour, discuss communication about breastfeeding, and then specifically talk about your role as a labor and delivery nurse.
For More Information	
Notes	

Time	1:30
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #4
	We know that breastfeeding is important. We know that breastmilk is the optimal source of nutrition for infants with just the right mixture of proteins, fats, and sugars for their age and stage of development. [31] We also know that breastmilk carries the mother's immunity to diseases with it providing the child with that immunity for as long as the child is breastfed. [32] Studies have shown many health benefits of breastfeeding for breastfed children including decreased risk of both acute illnesses, such as ear infections, respiratory tract infections, and gastrointestinal infections as well as reduced risk of chronic diseases such asthma, type 1 and type 2 Diabetes, and leukemia. Breastfed babies also have a lower incidence of Sudden Infant Death Syndrome. [33-35] We know that the hormones released in mothers when they are breastfeeding can help to facilitate attachment between mothers and their infants, increase feelings of confidence and decrease feelings of anxiety. [36] Beyond this however there are health benefits for the mother, both short term and long term, such as decreased risk of hemorrhage after giving birth, decreased risk for developing type 2 diabetes, reduced risk of breast and ovarian cancer. Breastfeeding also can contribute to delaying her next birth because exclusive breastfeeding prior to onset of menses during the first six months after

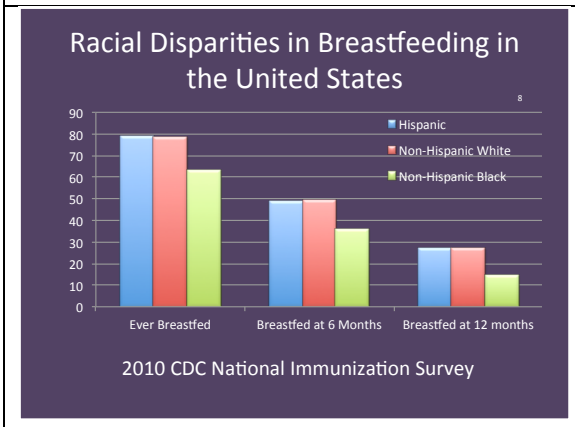
	giving birth is a method of family planning, and is more than 95% effective in preventing pregnancy. [37-39]
For More Information	
Notes	

Time	0:45
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #5
The Cost 90% exclusive breastfeeding for 6 months = Over **900** infant deaths prevented 80% exclusive breastfeeding for 6 months = Over **700** infant deaths prevented [5]	There are many health benefits to breastfeeding but what about the cost of not breastfeeding? One study by the Cambridge Health Alliance and Harvard Medical School showed, "If 90% of US families could comply with medical recommendations to breastfeed exclusively for 6 months, the United States would save $13 billion per year and prevent an excess 911 deaths, nearly all of which would be in infants ($10.5 billion and 741 deaths at 80% compliance)." [40]
For More Information	
Notes	

Time	0:35
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #6
	Many people do not realize that the United States with all the resources and technology we have to save babies lives compared with other developed countries our infant mortality rates tend to be the one of the highest. This graph shows that of countries in the OECD (the Organization for Economic Cooperation and Development) the United States was ranked 31st in 2011, after countries that included Hungary, Slovenia, and Israel.[41]
For More Information	
Notes	

Time	0:30
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #7
	Obviously our infant mortality rate overall is of concern but when you break down our infant mortality in the United States by race we also see a disturbing trend that has been apparent for the past fifty years. In the United States, African American infants die at about twice the rate of white infants.[41] This represents a concerning health disparity.
For More Information	
Notes	

Time	0:20
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #8
	Healthy People 2020 explains health disparities in this way, "Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion." [42]
For More Information	
Notes	

Time	3:00
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #9
	In considering the problem of infant mortality in the United States and the disparity of race, we know that not all infant deaths are due to a lack of breastfeeding but we know that many of the causes of infant mortality can be mediated through breastfeeding. [34] The recommendation from The American Academy of Pediatrics is for women to breastfeed their infants exclusively until they are six months old and then to continue breastfeeding along with giving supplemental foods until at least one year. [43] From this chart showing results from the CDC's National Immunization Survey you can see that although most women are initiating breastfeeding, very few women are able to successfully meet breastfeeding recommendations. [44] Beyond this, fewer African Americans are initiating breastfeeding and are much less likely to be breastfed at 6 months and 12 months. [44]
For More Information	
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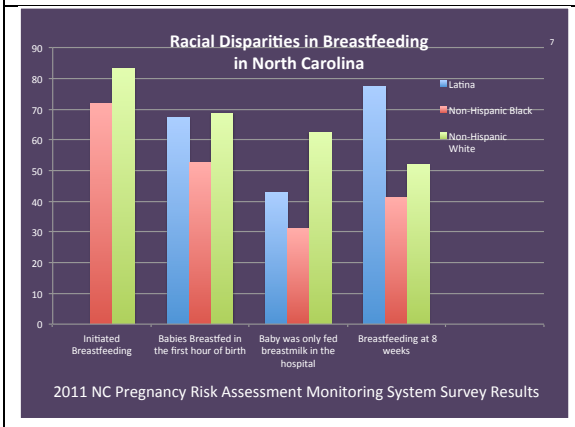
Time	3:00
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #10
	When we look at which groups on average are breastfeeding in North Carolina and which groups are breastfeeding for longer amounts of time, inequalities are apparent. The most recent Pregnancy risk assessment monitoring system survey (PRAMS) data we have is from 2011 and shows many racial disparities related to breastfeeding. This chart is a visual representation of several pieces of this data. In 2011, of the women surveyed, 83.3% of the white women initiated breastfeeding compared to only 71.9% of Black women. This is a difference of over 10 percentage points! When considering whether infants were breastfed within the first hour, a topic we are going to return to soon, 68.7% of White participants, and 67.3% of Latina women reported breastfeeding within the first hour compared to 52.8% of Black survey participants. Considering that the American Academy of Pediatrics recommendation [43], the lack of successful duration of breastfeeding to eight weeks is concerning for both White and Black infants. At the same time, the trend continues with 41.1% of Black infants still breastfeeding at 8 weeks compared to 52.1% of White infants. [8] I know that was a lot of numbers thrown at you, but there are two take home points here. One is that in all of these categories African American women and babies are at a disadvantage. Also for the most part we seem to be having difficulty supporting successful breastfeeding across the board.

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Time	0:50
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #11
Other Disparities in Breastfeeding in North Carolina 2011 NC Pregnancy Risk Assessment Monitoring System Survey Results: **Prevalence of Breastfeeding Initiation** 7 YES / NO Non-Medicaid Recipients: 359 (89.9%) / 40 (10.1%) Medicaid Recipients: 449 (77.5%) / 123 (22.5%) Married Women: 491 (89.3%) / 63 (10.7%) Non-Married Women: 278 (73.1%) / 100 (26.9%)	This chart reveals further disparities related to the initiation of breastfeeding that are associated with social support, social acceptance, and economic status. 89.9% of non-Medicaid recipients initiated breastfeeding compared to only 77.5% of those receiving Medicaid benefits and 89.3% of married women initiated breastfeeding compared to only 73.1% of unmarried or "other".[8] These statistics are particularly concerning when recognizing that a lack of breastfeeding initiation may further the disadvantage of infants that are born into families with potentially less social or financial support. Hospitals, obstetrics units, and nurses have the ability to increase equity in breastfeeding initiation.[7,45,46]
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Time	0:40
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #12
	How can hospitals, obstetric units, and nurses increase breastfeeding, decrease disadvantages and improve the health of the population? One way is through The Baby-Friendly Hospital Initiative. The Baby-Friendly Hospital Initiative originated in 1991 as a joint effort between the World Health Organization and the United Nation Children's Fund to establish guidelines that could apply to maternity care worldwide to be used as a standard to promote positive breastfeeding outcomes.[12] In the United States the organization Baby-Friendly USA accredits birthing facilities as Baby-Friendly.[13] Many studies have been done to evaluate whether Baby-Friendly Hospitals actually have higher rates of breastfeeding prevalence and they have been shown to be successful overall.[47]
For More Information	
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Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #13

The Baby-Friendly Hospital Initiative emphasizes ten steps in order to become designated as a Baby-Friendly Hospital. These steps include educating staff, educating, mothers, and many evidence based practices that support breastfeeding and the overall health of mothers and infants including keeping mothers and infants together, only giving infants breastmilk, encouraging breastfeeding on demand instead of scheduled feeding and providing information about breastfeeding support after discharge from the hospital. [48 4]

Of these ten steps that assist in the creation of a healthcare environment that facilitates breastfeeding and optimal infant health there is one step that provides a particular opportunity for labor and delivery nurses to shine.

It is step number four, "help mother initiate breastfeeding within the first hour". "This step is now interpreted as: Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognize when their babies are ready to breastfeed, offering help if needed." [49, p. 11]

The rest of this presentation should be thought about with this step in mind and how labor and delivery nurses specifically can meet this step and help pave the way for successful breastfeeding, a healthy mother, and a

	healthy baby.
For More Information	
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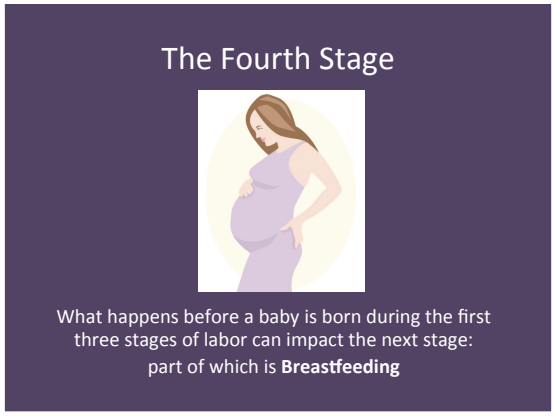
Time	0:20
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #14
	Breastfeeding is considered an important part of the fourth stage of birth because it helps a woman's body to adjust back to a relaxed, pre-labor state. When the natural processes of hormonal cascades are interrupted by medical intervention it can affect breastfeeding and the rest of the fourth stage that includes neonatal and maternal stabilization. [10]
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Time	1:00
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #15
	In this next section we are going to discuss the role of nursing, specifically of labor and delivery nurses, in supporting breastfeeding. The term "labor and delivery" reminds you of how much you have been through with a woman. You have been there with her both through her labor and then through her delivery. You are a witness to new humans joining the world and women becoming mothers, or if she is already a mother, gaining a new child. When an infant is born, it is the start of a new life. We can celebrate by providing evidence-based care that will set this infant on a path of health and can empower a mother that she has the ability to provide a healthy environment and the best nutrition possible for her new baby. In these first few moments you can show this woman, who just did an amazing thing by bringing a new person into the world, that she has the power to make healthy choices that will have a beneficial impact on her new infants life.[50]
For More Information	
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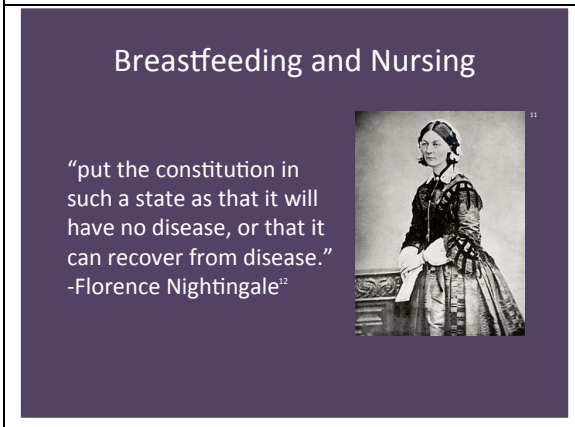
Time	0:30
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #16
	Florence Nightingale, the mother of modern day nursing, stated that the role of nursing is to "put the constitution in such a state as that it will have no disease, or that it can recover from disease." [51] This is exactly what breastfeeding does! The Surgeon General, the United States Centers for Disease Control and the American Nurses Association all confirm that nurses have an important role to play in promoting, protecting, and supporting breastfeeding. [39,50,52] That being said, what is the role of the labor and delivery nurse when it comes to breastfeeding?
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Time	1:00
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #17
	In this slide we'll talk quickly about some things you can do to support breastfeeding, some of these we'll go into detail later. When an infant is born, quickly dry him or her and then ensure that they are quickly placed naked on the mother's bare skin or "skin-to-skin".[9] If the mother had a cesarean section and is not stable, another family member can hold the infant skin-to-skin while the mother is being stabilized. As soon as possible the infant should be placed on the mother. When the infant is skin-to-skin with the mother it will often slowly work its way to the breast and attempt to latch on its own.[9] This is a natural process and we can facilitate this by educating family members to allow the infant to remain skin-to-skin with the mother and encouraging the mother to allow the infant to take its time in finding the breast.[5] Throughout this process explain what you are doing to the mother and any support persons in the room and give room for questions and concerns they may express.[53]
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Time	0:20
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #18
	Skin-to-skin contact that is both immediate and continuous has been shown to improve the health status of infants and helps them adjust to life outside the warm protection of the uterus. It reduces their risk for hypothermia, it assists to stabilize their respiratory status, it lowers their risk for hypoglycemia, and it assists in stabilizing their heart rate. [10]
For More Information	
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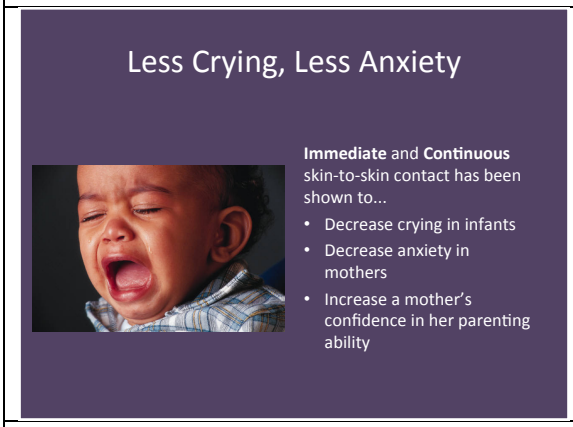
Time	0:20
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #19
	Immediate and continuous skin-to-skin contact has also been shown to decrease crying in infants, decrease anxiety in mothers, and increase a mother's confidence in her parenting abilities. [10]
For More Information	
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Time	0:30
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #20
	A clownfish and a sea anemone are a well-known example of a symbiotic relationship. The sea anemone stings predators of the clownfish and the clownfish chases away organisms that like to eat sea anemones. A somewhat lesser known example is a mother who has just given birth and a newborn baby. For the mother the smell and feel of her newborn baby increases her oxytocin, which will help her uterus to contract. The smell and feel of the mother for the baby signal the baby to knead the breast and find the colostrum. The kneading and nuzzling of the breast continues to increase the maternal oxytocin, helping her colostrum to let down. When the baby starts suckling the baby is able to receive colostrum. All of this is physically satisfying to both the baby and the mother which will help them to feed frequently and successfully which can assist in the prevention of two very common problems for the infant, weight loss and jaundice. Early skin-to-skin is good for everyone and very good for successful breastfeeding. [10]
For More Information	
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Time	
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #21
	As the nurse you can assess both the mother and the infant while they are skin-to-skin and provide any routine procedures such as giving a Vitamin K shot, or performing eye care while the infant is on the mother. [9,10] North Carolina Law requires healthcare professionals to abide by CDC guidelines. The CDC guidelines suggest instilling the prophylaxis into both eyes of all neonates within one hour of birth. Also according to their guidelines, this prophylaxis should be done with mother and baby skin-to-skin. Giving Vitamin K to newborns is an important intervention that can prevent bleeding and should be given within the first six hours of birth. It can be administered during or after the first feeding. Giving this shot during the first feeding can actually help the baby to stay calm and comfortable. [10]
For More Information	
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Time	
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #22
	It may feel odd at first, to provide this care while the baby is skin-to-skin on the mother if this is not what you're used to. Do you remember how odd it felt to check the dilation of a cervix for the first time? It takes doing things a few times before you are comfortable with them but eventually they can become routine. Performing this care while skin-to-skin doesn't have to take any extra time and because mom can see what's going on you can explain what you are doing more quickly and easily and she can see that this care isn't really bothering her baby. Any procedures that would separate the mother and baby should be delayed if possible until the baby has had his or her first breastfeeding. [49]
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Time	0:30
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #23
	Nurses everywhere know the feeling of too much to do and too little time. Discussing the tasks involved in supporting successful breastfeeding can feel fairly overwhelming. It is easy to get caught up in being task oriented and hope that everyone else out there is doing their part to provide breastfeeding support because you are overwhelmed or you don't have the time. We know that breastfeeding should be discussed during prenatal care and it's easy to understand the role that lactation consultants and mother-baby nurses play in breastfeeding support. [14] It is understandable to feel that the short amount of time you spend with mother and baby doesn't really affect their future but that is far from the case. The way you support breastfeeding matters. In fact, one study found that if mothers feel that the hospital staff is even just neutral towards breastfeeding instead of actively positive they are less likely to breastfeed beyond 6 weeks! [14,54]
For More Information	
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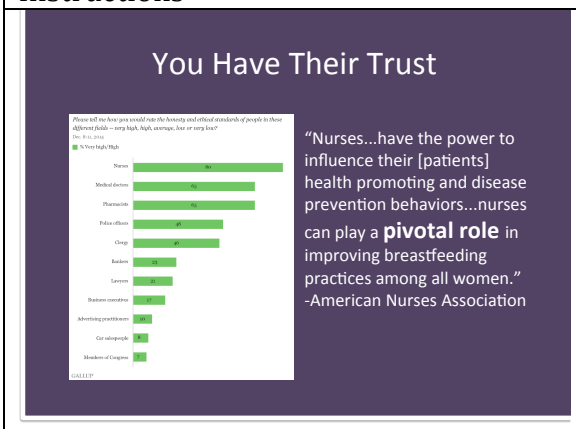
Time	0:35
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #24
	Why you? You have been there with mom through her labor and have developed rapport with her. She trusts you. In fact, everyone trusts you! Gallup, the polling organization, performs a survey every year comparing the perception of trustworthiness in different professions. Nurses have been shown to be the most trusted profession for the past 10 years! [55] The American Nurses Association states, "Nurses...have the power to influence their [patients] health promoting and disease prevention behaviors...nurses can play a pivotal role in improving breastfeeding practices among all women." [39]
For More Information	
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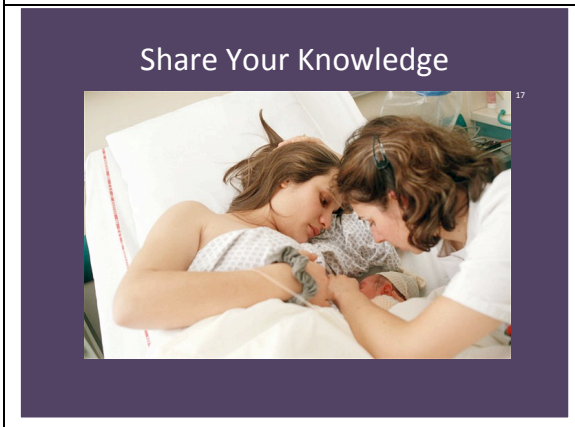
Time	0:25
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #25
	Mothers not only trust you but are also **expecting** you to guide and educate them. An integral part of the role of the nurse is to provide patient education.[56] This education should be accurate, compassionate, and consistent.[14] First time pregnant women prior to giving birth were surveyed to understand what they feel is the role of the nurse during labor and delivery. Many women reported that they expected the nurses to provide information, answer questions, and advise them during labor and delivery.[57] Patients are looking to nurses as educators who will empower them in their decision-making with information based on the evidence.
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Time	0: 25
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #26
	Mothers may resist a new idea at first but with education, breastfeeding supportive practices are often enjoyable for mothers. When skin-to-skin was implemented at one mid-western hospital mothers were reported as saying, "I forgot about my pain and the baby's color got better." "It was wonderful, even though the baby was goopy." [21, p. 227] These quotes emphasizes mothers perception of two different breastfeeding supportive practices that go hand in hand, skin-to-skin and delaying the infant bath. We're also going to talk about how you can increase a mother's confidence by explaining how to hand express colostrum.
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Time	0:30
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #27
	Skin-to-skin is simple, free, and evidence-based. It's good for babies and it's good for mothers.[10] According to the Cochrane review "early skin-to-skin contact begins ideally at birth and involves placing the naked baby, head covered with a dry cap and a warm blanket across the back, prone on the mother's bare chest."[58] It is believed that this contact helps the baby to initiate behaviors that help it to survive, such as breastfeeding. Skin-to-skin contact not only supports breastfeeding but it also has been shown to decrease crying, reduce pain, and benefit the infant's cardio-respiratory status compared to babies that do not receive skin-to-skin.[58, 59] Placement skin-to-skin is beneficial for infants even if a mother is not planning on breastfeeding but early skin-to-skin for the first hour of life has been shown to improve breastfeeding success.[3,5,10]
For More Information	
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Time	0:44
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #28
	So how do you facilitate skin-to-skin contact? When placing an infant skin-to-skin you want to use ventral placement. [9] This means that the baby's abdomen is on the mother's abdomen or "belly to belly". It's perfectly fine and actually good if the umbilical cord is still attached as the cord length should allow for this type of placement and the evidence is clear that the cord should not be cut until it stops pulsing, for at least a minute and up to five minutes after birth. [3,60] Delayed cord clamping can improve an infant's hemoglobin levels, increase their iron stores, and improve their cardiac and pulmonary functioning. [10,60] You can cover the baby and the mother with a thin blanket and you can put a cap on the baby's head to help retain heat. The infant does not need a diaper yet because he or she hasn't eaten anything yet! [61] The mother and infant should remain skin-to-skin at least until the first feeding occurs or if the mother is not breastfeeding then for at least an hour. [10,49]
For More Information	
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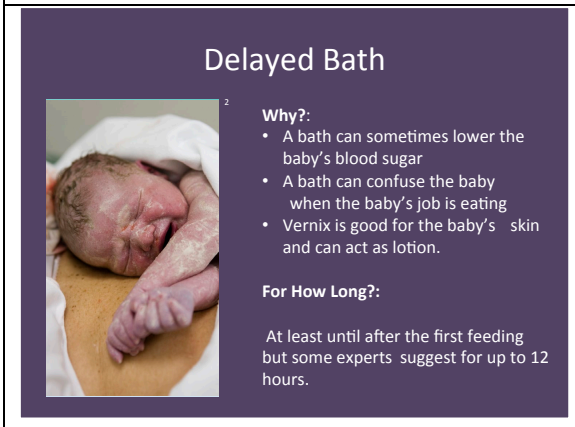
Time	0:25
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #29
	Some mothers may want you to wash their baby right away but this is problematic for several reasons beyond potentially interrupting the baby's first instincts to breastfeed. You can explain to the mother that vernix can act as a natural lotion and that if you bathe the baby immediately it may lower the infant's blood sugar and body temperature.[62] It is better to bathe the infant after the first feeding has occurred.[9]
For More Information	
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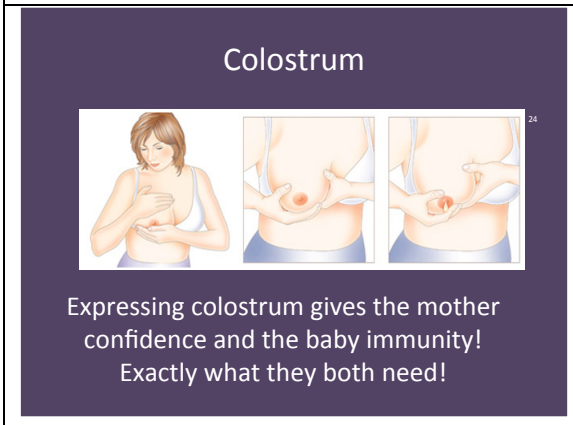
Time	0:40
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #30
	Some women may not believe that they have any "milk" to feed the baby or they may be surprised that it is yellow. A woman not planning to breastfeed her infant long term may be open to feeding colostrum for the first few days. You can help a woman to hand express a few drops of colostrum and explain how it can not only provide nutrition for the baby but it contains a large amount of antibodies to help the baby in fighting infection. It also has properties that help the infant's intestines and stomach to adjust to life outside the uterus. [31] Showing a mother that she actually has something to feed her baby can increase her confidence in her body. Research has shown that increased confidence in her ability to breastfeed can improve a woman's breastfeeding outcomes. [63] The Carolina Global Breastfeeding Institute suggests these steps for hand expression starting after a woman has washed her hands and has a clean collection container for her milk. "Gently massage the breasts. Massage using circular movements with light pressure. Place the fingers and thumb on either side of the dark skin (areola) in a rounded shape (like a "C" or a "U" or upside down "U"). The fingers should be on the breast tissue and back from the areola about an inch. The nipple should be in a straight line between then thumb and pointing finger. Gently push back toward the chest wall, then compress the breast and release. In other words, press

	back into the breast (making sure that the skin around the nipple isn't tightening) then squeeze the breast, making sure to not roll the fingers down toward the nipple. Then relax and repeat." [10]
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Time	1:00
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #31
	Have you ever heard, "you're a nurse, how do you not know that?" from a friend or family member? It's a frustrating phrase for multiple reasons; partially because as health professionals we want to know current health information, partially because they are belittling the amount of knowledge we do have, and partially because being a nurse generally has very little to do with knowing the exact number of fire ant bites that will result in death, or whatever random piece of health knowledge you do not know. Everyone has gaps in their knowledge. We need to become comfortable with the idea of communicating the evidence as well as what we are doing and why, to our patients. [64] It's annoying to us when people assume we know things that we may not know and it can be detrimental to our patients if we assume they know things that they may not know.
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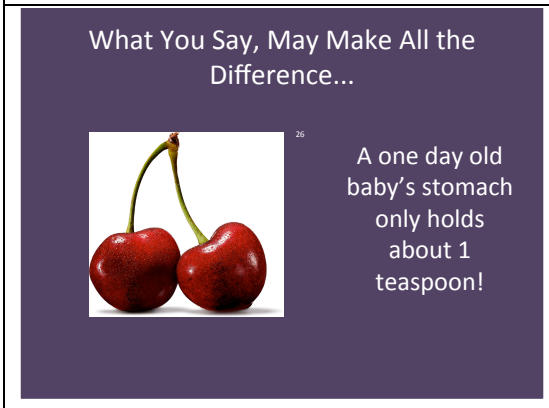
Time	0:20
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #32
	Information as simple as letting a new mother know that her infant's stomach is about the size of a cherry and only holds about 1 teaspoon of colostrum at a time [65] can help her to understand she has exactly the right amount of nutrition for her newborn baby.
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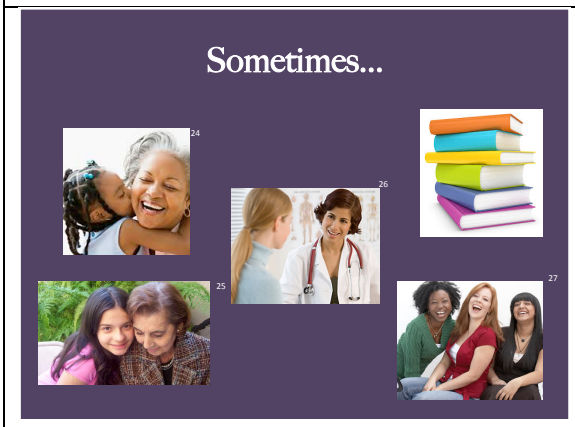
Time	0:20
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #33
	Sometimes a woman has read all the books on pregnancy, birth and breastfeeding. Her partner or significant other is encouraging her to breastfeed. All her friends have breastfed successfully. She has support from her mother and grandmother that both breastfed. She has been well informed about breastfeeding by her provider during her prenatal care.
For More Information	
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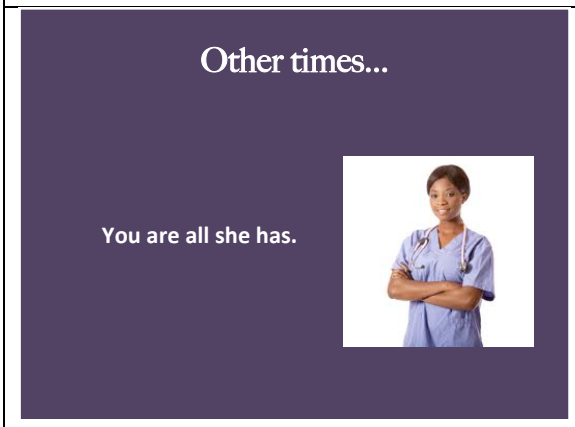
Time	0:15
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #34
	Other times, you are all she has. (Pause) Perhaps she didn't grow up around breastfeeding and she may know that it is optimal nutrition for infants but may not know much more than that. She is depending on you to provide her with both support and information about these first few moments with her newborn. [57]
For More Information	
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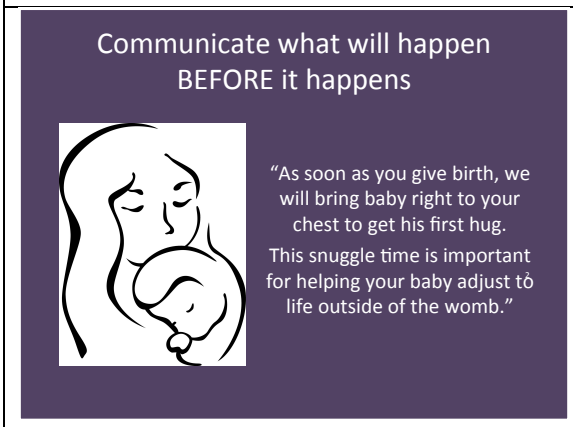
Time	1:15
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #35
	Mothers, partners, and support persons need to be prepared for early interventions such as skin-to-skin or delaying the bath in order to help them adjust to what will happen and allow time for them to ask questions. During labor you can prepare a woman when she is between contractions that the baby will immediately be put naked on her stomach and that the baby may look a little different than what she is expecting. You can say things like, "As soon as you give birth, we will bring baby right to your chest to get his first hug. This snuggle time is important for helping your baby adjust to life outside of the womb." [10] and/or "When you see your baby for the first time, she may look very messy. The vernix on her skin helps to keep her warm and fight off bacteria. That's why we try to avoid a bath for at least six hours." [10] Communicating what will happen is important so that a woman does not feel upset or confused when the time comes for these important interventions and helps you to not feel worried about her acceptance of these practices. You've already talked about it! She knows what will happen.
For More Information	
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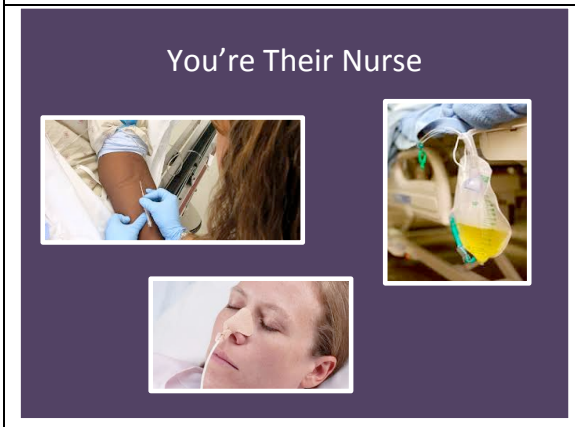
Time	2:00
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #36
	Patients rarely want to have an IV, an NG tube, or a urinary catheter but patients often receive these treatments willingly after an initial refusal. Why? Many times it is because their nurse explains why these interventions are important or needed. How many times have you explained that once an IV is in place nausea and pain medication will be able to be given more easily and start working more quickly than other routes? In this same way, if we explain why we are doing what we are doing when we put an infant skin-to-skin or we delay a bath a mother can take a more active role in the care you are giving her that is beneficial for both her baby and for her. If we do not explain why we are doing what we are doing she may feel violated and that is not how we want a new mother to feel and not a feeling we want her to associate with nurse, hospitals, or breastfeeding supportive practices.
For More Information	
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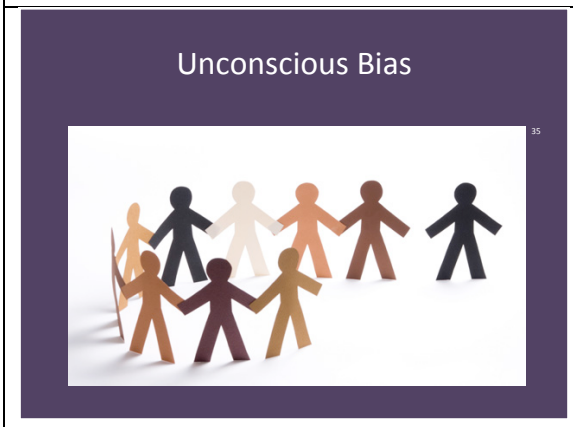
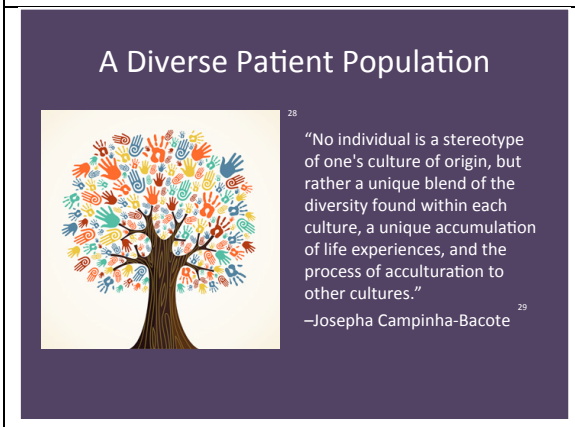
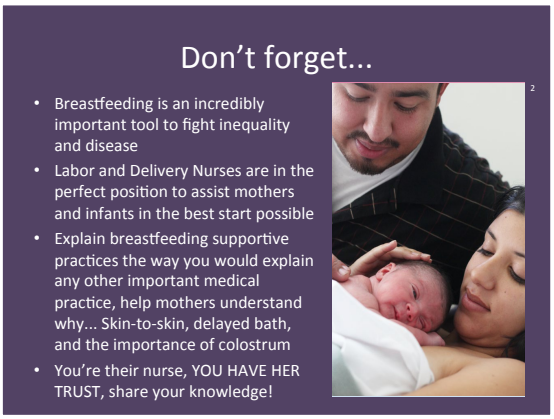
Time	2:00
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #37
	Research shows that although there is less overt racism practiced in the United States today, unconscious biases and treatment are a reality. This is just as true among healthcare workers as the rest of the population. When we are not aware of our biases we are unable to do anything to prevent the damage they can do.[11] [Before I understood how naturally biased people are, and I am, I would have told you that I always treat my patients equally. After learning more about issues of health disparities however and reflecting on my practice I can think of times when I did not. Specifically I remember one time when a young African American mother brought her child to the Emergency Room with a fever of 104. When asked if she had given the child antipyretics such as acetaminophen or ibuprofen she said she had not because she wanted us to know how high the fever was when the child got to the ED. I knew I should educate her on the importance of giving antipyretics to young children with high fevers to relieve their symptoms and to prevent febrile seizures. Sadly I didn't. I had many reasons for not educating her, mainly I did not think she would receive the information well. I was worried she would feel judged and frustrated, and possibly think I was judging her ability to parent. I was also busy and I knew that if I did provide this piece of

	education in a way she would accept it would take more time for me to communicate carefully. I did not think that my decision had anything to do with her race or age but honestly, without realizing it at the time, I'm sure it did.] In the next slide we are going to talk about ways that we can provide education and intervention for all of our patients with less bias.
For More Information	
Notes	Speaker can use his or her own personal story of bias.

Time	1:30
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #38
	The Association of Women's Health, Obstetric, and Neonatal Nurses affirms that women who give birth have both the right to culturally sensitive and culturally appropriate information about breastfeeding as well as the right to be fully informed of the benefits breastfeeding has to offer in order to make a fully informed decision. [66] You may not always feel equipped to provide culturally appropriate care. In nursing school we learn a lot about cultural competency and this seems to mean learning facts about certain groups of people. We cannot easily navigate another person's culture. Particularly because, as Josephina Campinha-Bacote states, "No individual is a stereotype of one's culture of origin, but rather a unique blend of the diversity found within each culture, a unique accumulation of life experiences, and the process of acculturation to other cultures." [67] Over 25% of the US population is made up of racial and ethnic minorities compared to only about 9% of the nursing workforce. [68] The number of minority nurses is rising and that is important to improve the health of our nation but it is not rising fast enough for us to meet the cultural needs of all our patients. So what do we do? We can have humility. We need to know our own

	culture, our personal biases, and ourselves. This can help us to understand what we expect of ourselves, of our patients, and of life. [69] We need to remember that we are all learning and that we are all human. Refusing to acknowledge, appreciate, and celebrate the differences we have with our patients is not helpful in improving our patient's health. [67] Respectfully and carefully we can enter into communication about breastfeeding with our patients, as a joint endeavor, learning from one another. Being worried we might offend our patient doesn't excuse us from our job as educators and our job as educators never gives us the right to judge or coerce our patients. [64] It can be a difficult balance but we are nurses and difficult balances are something we achieve every day.
For More Information	www.implicit.harvard.edu
Notes	

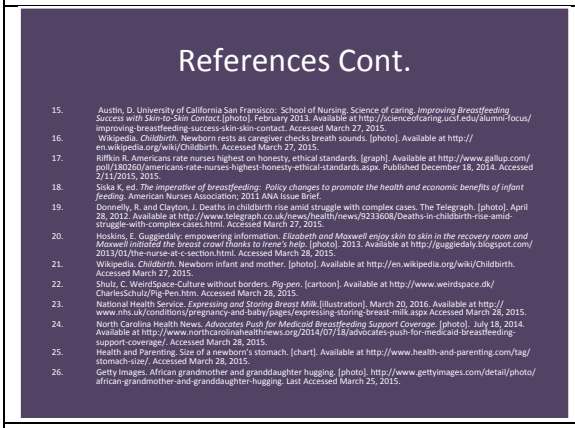
Time	0:25
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #39
Talking Points  	
For More Information	
Notes	Read Slide

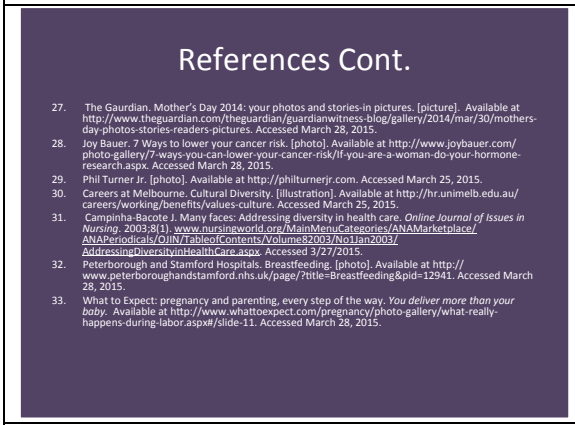
Time	0:20
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #40
Talking Points 	In conclusion, you are the perfect person to support breastfeeding within the first hour after birth. You are in a great position to educate mothers and give an infant the absolute best start possible. You have the power to change the world, one baby at a time. Thank you for what you do and what you will continue to do.
For More Information	
Notes	

Time	5-10 minutes
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #41
Questions? Reflection... • Is it common at your facility for mother and baby to initiate breastfeeding in the first hour? • Have you ever had a negative experience supporting breastfeeding or attempting to implement skin-to-skin? • Does your hospital have a policy on breastfeeding or breastfeeding supportive practices? • Are there any barriers to breastfeeding at your facility? • Do you feel comfortable discussing breastfeeding and supportive practices with your patients? • What role can you play in changing the breastfeeding culture at your hospital?	
For More Information	
Notes	First field any questions that presentation has brought up. Be prepared for some nurses to feel uncomfortable with some aspects of the presentation and have questions about the research and about patient autonomy. Be prepared for questions about post C-section breastfeeding and skin-to-skin. Allow other nurses to answer questions if some have suggestions or answers from their personal practice. Answer questions thoroughly and with acknowledgement of the difficulties nurses raise. After question time read reflection questions and allow a minute or so for reflection to these questions. Facilitate discussion based on reflection questions. Take this time to discuss more BFHI steps and potential hospital policy change or establishment.

Time	0:20
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #42
For More Information **Organization** / **Website** **Surgeon General's Call to Action to Support Breastfeeding** — http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf **United States Breastfeeding Committee** — www.usbreastfeeding.org/HealthCare **Cochrane Review** — www.cochrane.org **CDC** — http://www.cdc.gov/breastfeeding/pdf/actionguides/Nurses_in_Action.pdf **AWHONN** — https://www.awhonn.org/awhonn/index.do **Carolina Global Breastfeeding Institute** — http://breastfeeding.sph.unc.edu/ **Reducing Health Disparities Among Children** — http://www.nihcm.org/pdf/HealthDisparitiesFinal.pdf **Eliminating Racial & Ethnic Health Disparities** — http://www.cdc.gov/omhd/About/disparities.htm **Healthy People 2020** — www.healthypeople.gov **National Partnership for Action to End Health Disparities** — http://www.minorityhealth.hhs.gov/npa/	
For More Information	
Notes	Allow audience to read slide for themselves. Allow for questions about these resources

Time	0:05
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #43
Talking Points References 1. The International Breastfeeding Symbol. *Home*.[symbol]. 2015. Available at http://www.breastfeedingsymbol.org/.Accessed March 27, 2015. 2. Carolina Global Breastfeeding Institute, ed. *Breastfeeding-friendly healthcare: A guide for maternity care providers.* Carolina Global Breastfeeding Institute; 2011. 3. Amma Parenting Center. *Breastfeeding*. [photo]. 2015. Available at http://ammaparentingcenter.com//breastfeeding/. Accessed March 27, 2015. 4. Simcoe Muskoka: District Health Unit. *Skin to Skin Contact*. [photo] December 1, 2014. Available at http://www.simcoemuskokahealth.org/Topics/Breastfeeding/breastfeedingbasics/Skintoskincontact.aspx.Accessed March 27, 2015. 5. Womenshealth.gov: Office on Womens Health, US Department of Health and Human Services. *It's Only Natural*. [banner]. April 15, 2013. Available at http://womenshealth.gov/itsonlynatural/. Accessed March 27, 2015. 6. Bartick M, Reinhold A. The burden of suboptimal breastfeeding in the united states: A pediatric cost analysis. *Pediatrics*. 2010;125(5):e1048-E1056. doi: 10.1542/peds.2009-1616. 7. Willis E, McManus P, Magallanes N, Johnson S, Majnik A. Conquering racial disparities in perinatal outcomes. [charts] *Clin Perinatol*. 2014;41(4):847-875. doi: 10.1016/j.clp.2014.08.008 [doi]. 8. Breastfeeding: NIS data	DNPAO	CDC http://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-socio-dem-2010.htm. Accessed 4/1/2015, 2015. 9. 26. 2011 north carolina pregnancy risk assessment monitoring system survey results, breastfeeding initiation. SCHS: North Carolina State Center for Health Statistics Web site. http://www.schs.state.nc.us/schs/prams/2011/BF_INIT2.html. Updated 2013. Accessed 2/13/2015, 2015. 10. Baby-friendly USA. http://www.babyfriendlyusa.org/. Accessed 3/14/2015, 2015. 11. North Carolina Division of Public Health: Nutrition Services Branch. *North Carolina Maternity Center Breastfeeding-Friendly Designation Program*. [symbol]. March 5,2015. Available at http://www.nutritionnc.com/breastfeeding/breastfeeding-friendly.htm. Accessed March 27, 2015. 12. AWHONN: Promoting the health of women and newborns. Pinterest. [photo]. 2014. Available at https://www.pinterest.com/pin/456693836962037 38/. Accessed March 27, 2015. 13. Wikipedia. *Florence Nightingale*. [portrait]. March 24, 2015. Available at http://en.wikipedia.org/wiki/Florence_Nightingale. Accessed March 27, 2015. 14. Florence nightingale 1898 : Notes on nursing what it is, and what it is not. http://www.nursingplanet.com/Nightingale/. Accessed 2/13/2015, 2015.	
For More Information	
Notes	Show this slide.

Time	0:05
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #44
	
For More Information	
Notes	Show this slide.

Time	0:05
Training Methods	PowerPoint Presentation
Supplies	Laser Pointer
Instructions	Slide #45
	
For More Information	
Notes	Show this slide.

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Appendix A: Quiz

1. Name three benefits of breastfeeding for infants

2. Name two benefits of breastfeeding for mothers of infants

3. What step of the 10 Steps to Baby-Friendly are labor and delivery nurses perfectly equipped to carry out?

4. What are two breastfeeding supportive practices that can be performed whether or not a mother is planning to breastfeed?

5. What is the name of a database where you can find out about current evidence based practices?

6. Can you place an infant skin-to-skin while the umbilical cord is still attached?

7. Are there other benefits of skin-to-skin care besides successful breastfeeding?

8. What is the average size of a 1-day-old newborn's stomach?

9. How does supporting and promoting breastfeeding fit in with Florence Nightingale's ideas on the nursing profession?

Appendix B: Evaluation

1. The presentation has made me feel better equipped to have a conversation with a mother about breastfeeding supportive practices (skin-to-skin, colostrum, delayed bath, etc.)?

- **Strongly Agree**
- **Agree**
- **Undecided**
- **Disagree**
- **Strongly Disagree**
- **(OPTIONAL) Please explain more:**

_____

2. The message of the presentation was relevant to my role as a L&D nurse

- **Strongly Agree**
- **Agree**
- **Undecided**
- **Disagree**
- **Strongly Disagree**
- **(OPTIONAL) Please explain more:**

_____

3. I better understand the role of breastfeeding in combatting infant mortality and health disparities.

- **Strongly Agree**
- **Agree**
- **Undecided**
- **Disagree**
- **Strongly Disagree**
- **(OPTIONAL) Please explain more:**

_____

4. This presentation was engaging and informative.

- **Strongly Agree**
- **Agree**
- **Undecided**
- **Disagree**
- **Strongly Disagree (OPTIONAL) Please explain more:**

_____