

A Pilot educational initiative to enhance student public health nurses' breastfeeding support competence

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Abstract

Breastfeeding is best for the health and well-being of mothers and babies and is recommended to continue for up to two years. The overwhelming evidence demonstrates its important contribution to public health in both developed and under developed countries and yet rates remain lower than the accepted norm. The determinants of breastfeeding are multifactorial and thus require varying supportive measures at many levels. Education is often perceived to be the key to success, however, applying breastfeeding education to practice for health care practitioners is complex, challenging and not easily translated. A competency framework which was developed to assess breastfeeding support was applied to a clinical educational package for student public health nurses.

This paper describes how this pilot initiative was developed, achieved and evaluated. The competency package was used during clinical practice placements, over an 8-month period, to capture indicators of breastfeeding support achieved at both awareness and generalist levels. Evidence of assessing breastfeeding in practice, supported by preceptor public health nurses or midwives was also recorded. Preliminary results indicate that student public health nurses positively evaluated this initiative. The ease of application of this intervention warrants further examination with a larger more diverse cohort of Health Care Practitioners and inclusion of breastfeeding outcome measures beyond the educators.

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Significance of breastfeeding as a public health issue:

The World Health Organization (WHO), recommends breastfeeding exclusively for 6 months and to continue for up to two years in conjunction with food to meet the nutritional demands of infants ⁽¹⁾. Breastfeeding is widely considered to be the best option for both mother and baby, promoting health and preventing disease. Increasing evidence demonstrates the health benefits for mothers and infants ⁽²⁾ and has significant economic implications. ⁽³⁾ The multifaceted protective benefits associated with breastfeeding include reducing childhood obesity. ^(4, 5) This is a major public health concern for Ireland as the WHO states that Ireland is progressing to becoming the most obese country in Europe. ⁽⁶⁾

Despite compelling evidence and recommendations as above, breastfeeding initiation rates in Ireland are the lowest in Europe ⁽⁷⁾ and among the lowest in the world, at 55.7% in 2010. ⁽⁸⁾ This is in stark contrast to breastfeeding rates of greater than 90% in the Nordic countries. There are many factors which contribute to why women decide not to breastfeed or stop earlier than planned, however it is widely acknowledged that support, in various forms is central to prolonged breastfeeding. Many women discontinue breastfeeding earlier than planned due to breastfeeding challenges rather than maternal choice. Evidence suggests that mothers discontinue breastfeeding earlier than planned due to

poor lactation support; insufficient knowledge about breastfeeding; low personal confidence (self-efficacy); perceived low milk supply; difficulties with latching and work/employment barriers. ^(9,10,11) In Northern Ireland, Alderdice *et al.* ⁽¹²⁾ found that women do not feel adequately supported to continue breastfeeding, particularly in the early postnatal period and this thus influenced their decision to stop breastfeeding.

Significance of the topic to PHN practice

Whilst there is acknowledgement within the health services in Ireland that breastfeeding rates are low and policies have been developed in response, there is still a lack of commitment in adequately resourcing those policies. ⁽¹³⁾ For example, the Irish Government continues to debate the reinstatement of withdrawn funding to support the achievement of Baby Friendly Hospital status by 2021 in all maternity units in the State ⁽¹⁴⁾. Nevertheless, in Ireland, midwives and public health nurses (PHN), as the main healthcare professionals (HCP) in the community, endeavour to promote and support mothers, as breastfeeding is a learned skill. ^(9,10)

Breastfeeding is a public health issue and thus of relevance to all of society and not just PHNs and HCPs. Due to early maternity hospital discharge, HCPs play a significant role in meeting breastfeeding support needs in the community. ^(15,16) The PHN undertakes a home primary visit ideally within 48 hours of hospital discharge and in

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consultation with the mother, draws up an individualised plan of care, including liaising with other professional and voluntary breastfeeding supports as appropriate.⁽¹⁷⁾ PHNs in the course of their education undertake an accredited 20-hour breastfeeding training programme approved by UNICEF/WHO, as support from trained professionals increases the likelihood of continuation and maternal satisfaction with breastfeeding.⁽¹⁶⁾ A recent Cochrane review⁽¹⁸⁾ concludes that extra breastfeeding support is beneficial to increase the duration and exclusivity of breastfeeding with scheduled, face to face and tailored support being more effective. Therefore, there is a need to match the global and local promotion on the benefits of breastfeeding with the support and advice on the actual skill of breastfeeding. These include the HCP, taking a full breastfeeding history from the mother and observing and assessing a mother breastfeeding her infant.

The use of The Breastfeeding Observation Assessment Tool (BOAT) is a resource developed for PHNs to complete when a mother is being observed and assessed breastfeeding her baby by the PHN at the primary visit.⁽¹⁹⁾ The BOAT clearly delineates indicators both of effective feeding or observations suggestive of a problem for which a care plan can be developed. This informs the PHN of normal breastfeeding patterns and highlights any breastfeeding challenges and suggest further corrective action to support and maintain a mother-infant breastfeeding.

Outline of the BF competency support initiative

The proposal to introduce a breastfeeding support competency initiative into the curriculum of the Postgraduate Diploma in Public Health Nursing (PGDPHN) in University College Cork was initially discussed with the programme stakeholders at the annual board of studies meeting. Following approval from these clinical, academic and practice development PHN personnel, one of the authors (HM) who is module leader for the clinical practicum module designed a pilot student competency pack based primarily on the framework developed by Gallagher *et al.*⁽²⁰⁾ This competency pack is comprised primarily of the framework devised by Gallagher *et al.*⁽²⁰⁾ and the BOAT tool. Support was sought from the co-ordinator of the 20-hour breastfeeding training workshop. The framework as outlined by Gallagher *et al.*⁽²⁰⁾ is organised around the knowledge, skills and behaviours to achieve breastfeeding support competency. It is structured according to three levels of competency i.e. awareness, generalist and specialist which are to be achieved incrementally. The breastfeeding support competency pack as designed is utilised by the student for assessment and documentation. The two levels of breastfeeding competence considered appropriate to PHN practice are awareness level competencies and generalist level competencies.⁽²⁰⁾ Completion of the pack would firstly require each student to reflect on criterion and assessment cues for each knowledge, skill and behaviour and

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self-report evidence that they had achieved it. Each section would then be co-signed by a preceptor PHN or midwife.

It was considered vitally important that student PHNs would have an opportunity to assess a breastfeed and be supported by a preceptor in doing so. There is evidence from the literature that HCPs do not sufficiently observe breastfeeding,⁽²¹⁾ and that they overestimate their competence in providing support to mothers.⁽²²⁾ The implications for designing the breastfeeding support competency pack were that generalist competencies could be further enhanced by student PHNs observing, assessing and documenting a mother breastfeeding during clinical practice under the supervision of a preceptor. Completion provides evidence in relation to the skills domain of breastfeeding support competence. It was decided to use the Breastfeeding Observation Assessment Tool (BOAT)⁽¹⁹⁾, as it was already being used in one Community Healthcare Organisation (CHO) in Ireland.⁽¹⁹⁾ Therefore, students would be required to observe a breastfeed under the supervision of a preceptor midwife or PHN and complete an anonymised BOAT tool included in the competency pack.

Integration of the breastfeeding support competency initiative within the PGDPHN programme was achieved by an introductory orientation by the Module leader to the concept of the breastfeeding support competency assessment prior to students attending the 20-hour breastfeeding workshop in semester 1. Completion of the

breastfeeding support competency pack was also facilitated by the module leader prior to the students' first clinical placement. In addition, orientation to the breastfeeding support competency pack was then provided to PHN and midwife preceptors by the module leader in the course of regular preceptorship training workshops. This pack is managed and stored by student PHNs as part of their usual clinical competency booklet. The plan was to assess awareness level in Clinical Practice 1 (CP1) and if deemed competent to move to assessing generalist level competence in Clinical Practice 2 (CP2).

The assessment of breastfeeding support competence at both awareness and generalist levels would be supported by midwife preceptors in the maternity unit as well as PHN preceptors in the community. It was the student's responsibility to maintain the breastfeeding support competency pack and ensure that it was fully completed. Completion of the breastfeeding support competency pack was to be countersigned on two occasions by preceptors and the pack examined by the module leader following completion of CP1 and CP2 in semester 1 and semester 2. An online discussion board was open for students to share experiences and trouble shoot problems with each other and the module leader for the duration of the initiative on BlackBoard (the virtual learning environment package used by the programme).

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Evaluation of the pilot initiative

Sixteen student PHNs received their mandated 20-hour breastfeeding programme in the autumn of 2017 and commenced using the breastfeeding support competency pack under the guidance of the module leader. All students completed the pack in full by June of 2018. In terms of the process during the year, 14 students engaged with the discussion board to describe their experiences with using the pack. Thus all eligible students successfully engaged with the pilot initiative.

They described the competency pack as motivating, in that they had deadlines to meet in completing it. Thus they sought as much exposure to learning opportunities as possible. This resulted in some challenges, for example where midwives were too busy or where there were too few breast feeding mothers in a community placement situation. However, students reported taking initiatives to address these challenges by making arrangements themselves to spend time with lactation consultants, accompanying them on their rounds and attending hospital or community breastfeeding support groups.

The BOAT tool was considered very helpful in guiding a methodological assessment of a breastfeed. It was described as '*a good reference point to work through a problem with*' or '*troubleshoot breastfeeding issues*'. In describing their experiences, students gave many instances of working/ discussing/ completing *with* (author emphases) their

preceptor. One stated '*together with my preceptor we helped some [mothers] work through some challenges*'. Over the course of the pilot study, the module leader concluded that the students demonstrated incremental learning and increased self-confidence in supporting breastfeeding. Students reported on the BlackBoard discussion board that they found the pack useful to consolidate their breastfeeding education and training and sought out opportunities to implement the skills they had learnt. It was evident from completion of the various sections of the pack that students were able to distinguish evidence relating to the knowledge, skills and behaviours inherent in breastfeeding support competency. Suggestions were sought from students by the module leader regularly how the pack could be improved and the only recommendation made was in relation to providing more space on the documentation for recording evidence.

As a result of this pilot study, this initiative will be developed further for the coming year. The pack will be integrated within the clinical competency booklet and reformatted to provide more space for documentation. The discussion boards will be continued to gather more data from a larger cohort of students.

Conclusion

Breastfeeding rates globally, not just in Ireland are poor. Despite many HCPs receiving appropriate breastfeeding education and training there are deficiencies

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in breastfeeding support in terms of self-assessed competence and confidence. This paper is a description of an educational initiative designed to enhance the support that student PHNs provide to breastfeeding mothers in a community setting. This pragmatic intervention was designed to encourage student PHNs to reflect on the knowledge, skills and behaviours required to provide breastfeeding support in the clinical setting. Furthermore, they were required to observe and assess a breastfeed under supervision, identify problems and suggest a plan of care. This pilot educational initiative required the active support of the preceptor PHN or midwife to help students comply with their requirements. The evaluation thus far is very positive and warrants further extension of this initiative both locally and

nationally. There is acknowledgement that the evaluation to date is qualitative and brief. Nevertheless, the ease of application of this pilot intervention deserves further examination with a larger more diverse cohort of HCPs, and inclusion of breastfeeding outcome measures beyond the educators. For example the effect of enhanced breastfeeding support on breastfeeding duration and prevalence of breastfeeding complications could be measured. Given the complexity and multifactorial nature of breastfeeding support, the authors believe that sharing the experience of this pilot has the potential to influence other interested parties in the international sphere to replicate the pilot in other jurisdictions and cultures.

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