

The Effect of Breast Feeding Intervening Program in the Non-Authorized Baby-Friendly Hospital

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TAIWAN



The breast feeding intervening program

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► **Learning Objectives:**

- 1. To understand the difference and influential factors between authorized and non-authorized baby-friendly hospital (BFH) in Taiwan.*
- 2. To find out the proper strategies for improving breastfeeding care quality and increasing breastfeeding rate in non-authorized BFH.*

► **Conflict of interest statement:** None

► **Employer:** Senior Instructor, School of Nursing, College of Medicine, National Taiwan University

► **Sponsorship:** Health Promotion Administration, Ministry of Health and Welfare. DOH97-HP-1204

Introduction - *Background*

- ▶ The breastfeeding benefit to maternal and baby's health.
- ▶ In 1991, the World Health Organization (WHO) / United Nations Children's Fund (UNICEF) launched the Baby-Friendly Hospital Initiative (BFHI) to promote quality breastfeeding care and to increase breastfeeding rate.
- ▶ Our government was initiated to award the BFH certification from 2001.
- ▶ The BFH gave fresh impetus to enhance the breastfeeding rate in Taiwan.

Introduction - Rationale

► The BFH and birth rate

Classification	BFH (%)
Academic Medical Center	100
Metropolitan Hospitals	100
Local Community Hospitals	41.5
OBGY Clinics	3.5

► Comparing the birth rate and breastfeeding rate between authorized BFH Vs. non-authorized BF

BFH	Birth rate (%)	Breastfeeding rate (%)
Authorized	52.1	96.5
Non-Authorized	47.9/ 32.5	?

The Aim

- ▶ To find out the proper strategies for improving breastfeeding care quality and breastfeeding rate of “non-authorized” BFH.— Study I
- ▶ To evaluate the effectiveness of the intervening strategies. — Study II

Methods

Study I

➤ **Design:** A cross-sectional study

➤ **Participants:**

1.the women who had delivered at “ Non- authorized”

BFH

Stratified random sampling—(Local community hospital 90/ Clinics 300; hospital location)

2.the nurses who were employees of “ Non-authorized”

BFH

Study I

➤ **Measurements:**

1.The women: 4 questionnaires

Demographic data, Knowledge of breastfeeding, Attitude of breastfeeding, Breastfeeding self-efficacy scale – short form (BSES-SF)

2.The nurses: 3 questionnaires

Demographic data, Knowledge of breastfeeding, Attitude of breastfeeding.

➤ **Data analysis: SPSS 16.0**

Descriptive analysis: mean, frequency and percentage.

t-test, Chi-Square test

Study I Results

1. The postpartum women

Response rate: 19.1% (n=605)

Table 1. Demographic data

Variable	%
Birth place	
community hospital	46.0
OBGY clinics	54.0
Educational years	
≤12 years	39.8
≥16 years	60.2
Prenatal education	
Yes	22.4
No	77.6

Variable	%/ M(SD)
Age	31.7 (4.2)
GA	
< 37 weeks	6
≥ 37 weeks	94
Birth weight	
< 2500 gm	7
≥ 2500 gm	93
Feeding methods in hospitalization	
Exclusive BM	16.5(46.4)
Mixed feeding	46.9(47.7)
Infant formula	35.2(6.9)

Results

Table 2. **The breastfeeding rates at 1, 4, and 6 months after childbirth**

Month	1 month	4 month	6 month
Feeding method			
Exclusive BM	42.7 (56.7)	22.0(34.3)	20.9(22.4)
Mixed feeding	39.7	36.6	28.9
Infant formula	17.6	41.4	50.2

Table 3. **The item mean score of knowledge/ attitude of breastfeeding, and BSES-SF**

Scale	Item score	M (SD)	M (SD) of pilot study
Knowledge 27 items (0~1)		0.5(0.3)	0.7(0.1)
Attitude 23 items (0~4)		3.6 (0.5)	3.8 (0.5)
BSES-SF 14 items (1~5)		3.0 (1.0)	3.3 (0.9)

► The maternal worried:

1. Information insufficiency –

ex: what is proper suck?; how to choice feeding position?; breast milk storage?; determine the baby get enough milk?

2. Negative attitude of breastfeeding—

ex: frequent feeding; fatigue; inadequate lactation; baby's body weight loss; back to work

Summary: *The postpartum women cannot get enough information and educative instruction*

→ **less confidence, low breastfeeding rate**

Results

1.The“Non-authorized” BFH

Table 1.Basic characteristics
(n=84)

Variable	%
Community hospital	27.4
OBGY clinics	72.6
Hospital/ clinic location	
Urban	60.7
Rural	39.3

Variable	%
C/S rate	24.6
Feeding schedule	
demanding feeding	46.8
schedule feeding	53.2
Initial BF of NSD	
immediately after birth	19.4
within 2 hours	10.4
2~8 hours at ward	56.7
others	13.4
Initial BF of C/S	
immediately after birth	26.9
after 2 hours	22.4
after farting (≥24 hrs)	46.3
others	4.5

Results----

2.The nurse

Table 2. Demographic data (n=746)

Variable	M(SD)/ %
Age	31.3 (7.3)
Education level	
Junior college	43.5%
College/ university	56.5%
Certification	
RN	95.8%
Midwifery	4.2%
Clinical experience (months)	99.4
Childbirth experience	
Yes	42%
No	58%

Results

Table 2. The average scores of knowledge and attitude in breastfeeding

Scale	Score	M (SD)	M (SD) of pilot study
Knowledge	33 items (0~1)	23.2(4.8)	30.4(1.3)
$t = -6.5$ ($p < 0.01$)			
Attitude	44 items (0~5)	4.1(0.5)	4.5 (0.3)
$t = -2.8$ ($p < 0.01$)			

► The nurse passively promoting breastfeeding:

1. Concern infection controlling – *rooming in, inadequate space*
2. Concern NB health safety – *nutrition, BW loss*
3. Consumer satisfaction --

Study II

➤ **Design:** A prospective follow-up study

➤ **Setting:**

Control group -- 5 hospital/ clinics

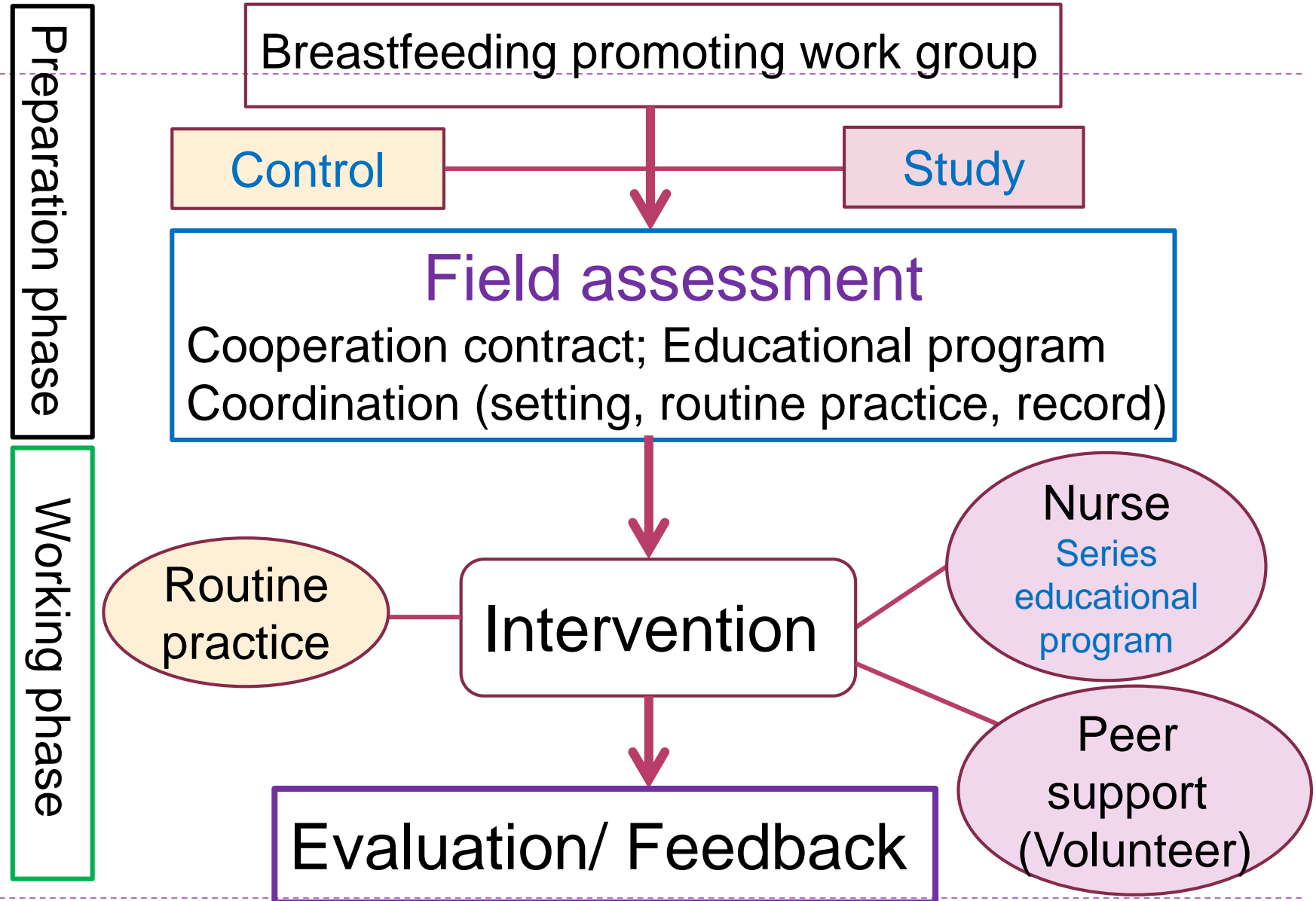
Intervening group -- 5 hospital/ clinics

➤ **Participants:**

1.the women who had delivered at “ Non- authorized” BFH, and had an intent on completing 4 times data collection.

2.the nurses who were employees of “ Non-authorized” BFH

Intervening protocol



Field assessment/ Education Program

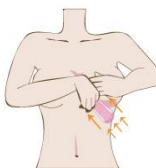
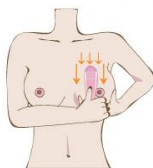


使用方式

1. 以姆指按於T型止滑處，手握疏乳棒棒身。
2. 手部舉高，從腋下副乳腺處向乳暈方向疏去，至乳暈前停止。

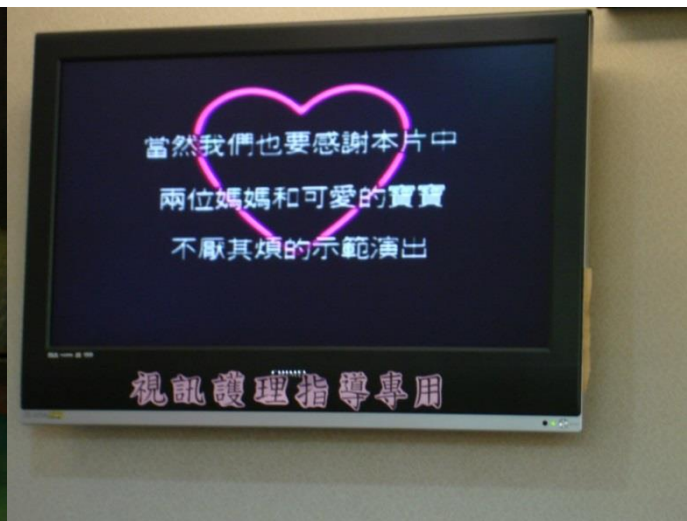


3. 以一手輕托起乳房，一手持疏乳棒由乳房底部輕輕向乳暈方向疏去，至乳暈前停止。





Peer support: volunteer recruit, training, participant Prenatal/ postpartum consult.



XX| 婦幼母乳哺育志工服務任用/退出規則

壹、任用規則

一、加入條件

1. 凡年滿18歲-65歲以下，國中以上教育程度，國、台語親談流暢，具有愛心及耐心，身心健康者。
2. 每週可提供至少4小時固定時段來院服務，且必須能持續一年以上的時間。

二、加入管道

1. 現場預約報名：請於本院門診時間至衛教室填寫報名表，安排面談時間。
2. 電話預約報名：請於白天門診時間，來電至衛教室預約面談時間。

三、實習及教育訓練

1. 報名者經錄取為新進志工，必須遵守新進志工的意願及需服務的時間。
2. 新進志工需接受專業護理衛教師的輔導與訓練，實習時間至少4小時/週。
3. 成為正式志工
 - <1>新進志工實習滿3個月，期間請假次數不得超過2次，且經臨床評估整體服務表現合格，則晉升為正式志工。
 - <2>正式志工應按照本院規定持續參加各類型志工教育訓練，並一同參加院內所舉辦之母乳教育相關課程。

四、續聘條件

- 實習志工晉升為正式志工後，服務期間無不適任之狀況，且熱忱持續參與，得以續聘。



Study II

➤ **Measurements:**

1. The nurses: 3 questionnaires

Demographic data, Knowledge of breastfeeding, Attitude of breastfeeding.

2. The women: 4 questionnaires

Demographic data, Knowledge of breastfeeding, Attitude of breastfeeding, Breastfeeding self-efficacy scale – short form (BSES-SF)

➤ **Data analysis: SPSS 16.0**

Descriptive analysis, t-test, Chi-Square test

Results

Demographic and clinical characteristics

- ▶ No difference between study and control group in the nurse
average age: 30.8(6.9)
educational level: college/ university (51.2%)
marriage status: single (56.5%)
- ▶ No difference between study and control group in postpartum women
age, educational level, delivery type,
child number

Table1.Comparing the knowledge and attitude scores between study and control group in the nurse

Time Group Scale	Pre-test		Post- test	
	Knowledge	Attitude	Knowledge	Attitude
Control group	0.6 (0.3)	3.9(0.2)	0.7(0.2)	4.1(0.8)
Study group	0.7 (0.3)	3.8(0.7)	0.9(0.1)	4.3(0.6)

Table2.Comparing the knowledge and attitude scores between hospital and clinics in study group

Time Group Scale	Pre-test		Post- test	
	Knowledge	Attitude	Knowledge	Attitude
Hospitals	0.8 (0.1)	4.1(0.5)	0.9(0.1)	4.3(0.6)
Clinics	0.6 (0.2)	3.5(0.7)	0.8(0.2)	4.2(0.6)

Table 3. The trend of breastfeeding rate at hospitalized, 1 ,4, and 6 months after delivery.

Items Time	T ₀	T ₁	T ₂	T ₃
Study group	n = 120	n = 120	n = 107	n = 92
Exclusive BM	25.0 (30)	30.8 (37)	24.3 (26)	21.7 (20)
Mix feeding	75.0 (90)	54.2 (65)	52.3 (56)	27.2 (25)
Formula	0.0	15.0 (18)	23.4 (25)	56.5 (52)
Control group	n = 120	n = 120	n = 90	n = 85
Exclusive BM	12.5 (15)	17.5 (21)	12.2 (11)	10.6 (9)
Mix feeding	54.2 (65)	44.2 (53)	26.7 (24)	18.8 (16)
Formula	33.3 (40)	38.3 (46)	61.1 (55)	70.6 (60)

1. Professional education/ support intervention
 —————→ Positive effect on breastfeeding rate
2. Mix feeding rate is still high

Table 4. Evaluating and comparing the effectiveness of intervening protocol in postpartum women.

Group Scale Time	Intervening			Control	Group comparing
	Pre	Post	t-test	Pre	
Knowledge	0.5 (0.1)	0.6 (0.2)	-2.9 ($p < 0.01$)	0.6 (0.1)	$t = -1.9$
Attitude	3.4 (0.5)	3.4 (0.5)	-1.8	3.5 (0.5)	$t = -1.1$
BSES-SF	2.9 (0.8)	3.1 (0.7)	-0.4	2.7 (0.8)	$t = 0.3$

Discussions

- ▶ Enhancing breastfeeding practice and knowledge is important for care quality
- ▶ Nurse's care quality will effect on the postpartum mother's breastfeeding duration
- ▶ Peer support will be a valuable resource for promoting continuing breastfeeding

Limitation

- ▶ Policy change need time in non- authorized BFH
- ▶ Educational program focus on postpartum women in this study
- ▶ Formula company provide commercial products



Question and Comment

*Thank you for
your attention!!*