March 2006

Breastfeeding Educational Resources

Mother/Infant Self-Reflection Guide for Nurses and Clinical Case Studies

Advanced Clinical/Practice Fellow
Laura Corbett-Crouse, RN

RNAO
Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

Based on the Registered Nurses' Association of Ontario Best Practice Guideline:

Breastfeeding Best Practice Guidelines for Nurses

Acknowledgement

The Registered Nurses' Association of Ontario (RNAO) and the Nursing Best Practice Guidelines Program would like to acknowledge the following individuals and organizations for their contributions to the development of *Breastfeeding Educational Resources—Mother/Infant Self-Reflection Guide for Nurses and Clinical Case Studies*.

- **Laura Corbett-Crouse, RN,** recipient of an RNAO Advanced Clinical/Practice Fellowship, who developed these educational resources as one of the outcomes of her Fellowship. This work has been adapted for web dissemination by the RNAO.
- Mount Sinai Hospital in Toronto, Ontario as the sponsor organization in support of this Fellowship,
- Joyce Ridge RN, MN, PNC(C), IBCLC, for her role as ACPF Mentor to Laura, and
- the RNAO *Breastfeeding Best Practice Guidelines for Nurses* development panel who developed the guideline on which this work is based.

Disclaimer

While every effort has been made to ensure the accuracy of the contents at their time of publication, neither the authors nor RNAO accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omissions in the contents of this work. Reference within this document to specific products or pharmaceuticals as examples does not imply endorsement of any of these products.

Copyright

The RNAO Advanced Clinical/Practice Fellowship Project is funded by the Government of Ontario.

Background: Reflective Practice and Breastfeeding Support

Reflective practice is an important concept for nurses as professionals. Our values, attitudes and beliefs have a profound impact on the way we approach our practice. To provide quality care to new families, health care professionals require certain knowledge, skills and attitudes. The RNAO guideline *Breastfeeding Best Practice Guidelines for Nurses (2003)* provides recommendations for practice (directed at the clinical practice of the nurse), education (the knowledge, skill, judgement and attitudes necessary for quality practice) and organization and policy (the structures required in a supportive practice environment as enabling factors for implementing practice change).

During the development of this guideline, it was pilot tested in a hospital and public health setting. A key strategy identified in implementation was the recognition that before a change in practice can be expected and guideline recommendations implemented, the attitudes, values and beliefs of staff about breastfeeding must be addressed. The use of reflective practice exercises, case studies and transformational learning approaches were key to the educational program developed for the implementation of this guideline. The *Mother/Infant Self Reflection Guide* and *Case Studies* that follow are examples of exercises that can be used to assist nurses providing breastfeeding support to mothers and infants.

Introduction

This self-reflection guide is an opportunity to illuminate your attitudes and beliefs about supporting breastfeeding mothers and their babies. It is intended as a tool for personal reflection and need not be evaluated or reviewed by anyone else.

The RNAO *Breastfeeding Best Practice Guidelines for Nurses* is available for free download from the RNAO website at **www.rnao.org/bestpractices**.

Mother/Infant Self-Reflection Guide

1. How important is it to you that a mother and baby achieve breastfeeding success?

☐ Not Important ☐ Somewhat Important ☐ Important ☐ Very Important

2. How important do you think it is to our patients to achieve breastfeeding success?

☐ Not Important ☐ Somewhat Important ☐ Important ☐ Very Important

3. How important do you think nursing care is in assisting a mother to achieve her breastfeeding goals?

☐ Not Important ☐ Somewhat Important ☐ Important ☐ Very Important

4. Describe your beliefs about breastfeeding. Do you think it is important for a mother to breastfeed? Do you think it is beneficial for a mother, her baby and their relationship? Do you think breastfeeding is easy or difficult for new mothers?

5. What are the sources of your beliefs and values about breastfeeding? Do they come from personal experience? Do they come from social or cultural beliefs? Do they come from your colleagues?

6. Reflect on the last time that you cared for a breastfeeding mother and her baby. Describe the nurse patient relationship you had. Describe what happened during your interactions and how your attitudes, values and beliefs did or didn't have an impact on the mother's breastfeeding experience.

The Breastfeeding Committee of Canada as part of the WHO/UNICEF Baby-Friendly™ Hospital Initiative has identified the following as the knowledge and skills health care providers require to assist breastfeeding mothers and their babies. For each one, please indicate whether you are competent or require more education or practice.

Knowledge

I feel I am competent to:

- ☐ Identify factors in mother's health, prenatal history and labour and birth experience that potentially affect breastfeeding.
- ☐ Identify the factors in baby's health history, labour and birth experience that affect breastfeeding.
- ☐ Identify the impact of social support on breastfeeding.
- ☐ Identify the constituents of comfortable positioning and effective latch.
- ☐ Identify the signs of effective feeding behaviour.
- ☐ Recognize baby's need to be close to mother in order for her to recognize feeding cues.
- ☐ Identify expected pattern of infant weight loss and gain.
- ☐ Understand the concept of nipple confusion.
- ☐ Describe alternate feeding techniques.
- ☐ Understand the principles of moist wound healing for damaged nipples.
- ☐ Understand the principles of increasing and decreasing milk supply.
- ☐ Describe the benefits of human milk and the risks of formula.
- ☐ Identify when supplementation is needed and the most appropriate substance to use.
- ☐ Identify the advantages of exclusive breastfeeding for the first six months.
- ☐ Identify factors leading to premature weaning.
- ☐ Identify when referral to other health care and community resources is appropriate.
- ☐ Identify barriers within the community.
- ☐ Recognize the effects of attitudes on breastfeeding success.

Skills

I feel I am competent to:

- ☐ Incorporate a counseling style that enhances mother's confidence and self esteem.
- ☐ Complete an assessment of mother and baby relative to breastfeeding and lactation. Assessment includes:
  - ▶ Health history and emotional status of mother
  - ▶ Social support and awareness of community resources
  - ▶ History of pregnancy, birth, early postpartum experience of mother and baby
  - ▶ Mother's breasts and nipples
  - ▶ Feeding history
  - ▶ Observation of a feeding
  - ▶ Visual inspection of baby
  - ▶ Naked weights of babies
  - ▶ Infant behaviours
- ☐ Plan care cognizant of basic principles:
  - ▶ The need for mother's informed decision making
  - ▶ The need to establish maternal milk supply
  - ▶ Need for infants to learn to breastfeed
  - ▶ Infant's need for milk
- ☐ Assist mothers to achieve effective position and latch.
- ☐ Help mothers develop effective plans to overcome breastfeeding difficulties.
- ☐ Effectively refer mother to other professional and community resources.

Breastfeeding Best Practice Guidelines for Nurses Clinical Case Studies

Case 1

Janet is a 32 year old mother who delivered her second baby at 4pm yesterday by emergency caesarean section. The baby is now 36 hours old. You know from report that Janet has a two year old at home and that he was breastfed for 2 weeks before he was switched completely to formula. The newborn record indicates that Janet has been breastfeeding approximately every 3 to 4 hours and no supplement has been given.

Janet's husband, who is staying with her for the night in the hospital, has just come to the nursing station requesting a bottle of formula for the baby. He states that the baby "isn't settling" and has been breastfeeding off and on for the past 2 hours. He states "Janet is exhausted, she needs to get some sleep".

1. What other information will be useful for you to have before you address this request?

2. How might you help Janet and her husband cope with this situation?

3. Assuming there is no medical indication for supplementation with formula, how might you help Janet and her husband make an informed decision about whether to give their baby formula at this time?

4. What information needs to be included in your documentation regarding this situation?

Case 1 – Potential Responses

1. What other information will be useful for you to have before you address this request?

- Janet's goals for breastfeeding, how her husband feels about these goals
- How well the baby is latching
- How effectively the baby has been transferring milk

2. How might you help Janet and her husband cope with this situation?

- Reassure them that this feeding behaviour is normal and temporary (cluster feeding)
- Assist Janet to get a secure latch to facilitate maximum milk transfer
- Teach Janet to do breast compressions while feeding
- Help Janet to hand express some colostrum to be fed to baby as a top-up if he continues not to settle
- Encourage Janet to keep baby skin-to-skin as much as possible
- Assist them to give top-up as necessary (through lactation device, with a cup or by finger feeding)

3. Assuming there is no medical indication for supplementation with formula, how might you help Janet and her husband make an informed decision about whether to give their baby formula at this time?

- Confirm that Janet and her husband understand normal feeding behaviours and that they understand that cluster feeding is temporary
- Confirm that Janet and her husband know the alternatives to supplementing with formula
- Confirm that Janet and her husband are aware of the risks associated with giving a formula supplement and the potential impact supplementation may have on breastfeeding

4. What information needs to be included in your documentation regarding this situation?

- Teaching done with the parents, i.e., that risks of formula supplementation were explained and that parents were made aware of alternative options
- Feeding assessment (latch, suck pattern, presence of swallows, etc.)
- Breast assessment (condition of nipples, presence of colostrum, ease with which it is expressed)
- Strategies used to settle the baby and their effectiveness
- Informed consent obtained if baby supplemented with formula
- If supplemented, what, how much, by whom, using which method
- How baby responded to supplement

Case 2

Nancy is a 29 year old primipara who gave birth to a healthy baby weighing 3500 grams at 39 weeks gestation. Nancy had no analgesia during her labour and had an uncomplicated delivery. She kept her baby, Trevor, skin-to-skin after birth until he breastfed at about an hour of age for a total of 45 minutes.

Trevor had his vital signs taken upon admission to the postpartum floor and was bathed shortly thereafter. Trevor has been sleeping soundly in his cot in his mother's room since his bath 4 hours ago. Nancy has just called you concerned that Trevor hasn't woken yet to feed. Nancy also expresses to you that it is very important to her that Trevor be exclusively breastfed.

1. How do you address Nancy's concerns?

2. What teaching might you do at this point?

3. What strategies could you use to best support exclusive breastfeeding for this mother and her baby?

4. How would you document this interaction with Nancy?

Case 2 – Potential Responses

1. **How do you address Nancy's concerns?**
   - Validate her feelings of concern, reassure her that she was correct to call you since she was concerned
   - Praise her for successfully breastfeeding Trevor after birth
   - Reassure her that Trevor is demonstrating normal newborn behaviour/sleep patterns, and that she is "doing everything right"

2. **What teaching might you do at this point?**
   - Normal infant feeding patterns for this age (okay to have a 4-5 hour stretch without feeding)
   - How to identify feeding cues
   - Baby's nutritional needs in the first 24 hours
   - When and how to wake a sleepy baby

3. **What strategies could you use to best support exclusive breastfeeding for this mother and her baby?**
   - Encourage as much skin-to-skin contact as possible
   - Encourage cue-based, on demand feeding
   - Teach proper positioning and latching techniques

4. **How would you document this interaction with Nancy?**
   - What the mother's concern was and how you responded to her
   - What teaching was done, the mother's response to receiving this information
   - What plan of care was discussed with the mother

Case 3

Jennifer is a 36 year old mother who delivered her second baby vaginally a few hours ago and is now arriving on the postpartum floor. During your admission assessment you learn that Jennifer had breast augmentation surgery 2 years ago after successfully breastfeeding her first child for over a year. Jennifer didn't plan on having more children at the time of her surgery and so did not discuss the impact surgery may have on breastfeeding future children with her surgeon. However, Jennifer's obstetrician told her that she would not be able to breastfeed. Jennifer now regrets having had the surgery and expresses sorrow that she will not be able to breastfeed her baby. Jennifer's baby was given a bottle of formula in the caseroom and is now sound asleep.

1. How would you address Jennifer's feelings at this point?

2. What teaching might you include in this interaction?

3. What further assessment might you do?

4. What communication might you want to initiate with your colleagues?

Case 3 – Potential Responses

1. How would you address Jennifer's feelings at this point?

- Acknowledge the special relationship she had with her first baby while breastfeeding and the sorrow she is feeling
- Acknowledge the regret she is now feeling, remind her that at the time of the surgery she was not planning on having another child and that she should not feel guilty for this decision

2. What teaching might you include in this interaction?

- Discussion that women have successfully breastfed after breast surgery and that it is still possible for her to breastfeed despite the contrary advice she has received
- She may not be able to breastfeed exclusively, but that partial breastfeeding is an option
- The value of partial breastfeeding i.e., baby still receives breastmilk, breastfeeding relationship is maintained
- Realistic expectations (full breastfeeding may not be possible)
- Need for close monitoring of her and the baby to ensure the baby is receiving adequate nutrition
- Colostrum is still produced and is valuable to the baby
- Mother will produce milk (she has lactated successfully before), the challenge will be extracting the milk
- Anatomy and physiology of lactation and the impact her surgery may have had (cutting off of ductal pathways, implant being under breast tissue, in most cases)

3. What further assessment might you do?

- Breast assessment (placement of incisions)
- Expression of colostrum (can demonstrate to mother that colostrum is obtainable by the baby)
- Mother's response to this new information, her feelings about the misinformation she has received

4. What communication might you want to initiate with your colleagues?

- Referral to Lactation Consultant service
- Discussion with obstetrician regarding the information given to patient
- Discussion with the caseroom nurse (was she aware that mother may still be able to breastfeed?)

Case 4

Kathy gave birth to her first baby vaginally 3 days ago and there are discharge orders in her chart. You are caring for her on a day shift for the first time. Kathy's antenatal records indicate that she has a history of depression and had been on Paxil for two years prior to her pregnancy, which she stopped when she found out she was pregnant.

During report, you learn that Kathy didn't sleep much the night before because her baby was crying a lot and feeding frequently; Kathy has also started to complain of having really painful nipples while feeding.

The night nurses' assessment is that the baby latches on well and suckles vigorously, but feeds for short periods only: Kathy's nipples appear healthy with no trauma. The baby has been passing adequate amounts of stool and urine, his weight this morning is 3000 grams (birth weight was 3400 grams).

When you enter Kathy's room to introduce yourself you find her sitting in bed crying. She tells you that she has been having a lot of trouble breastfeeding and that her nipples are very painful. She is worried about being discharged since she and her husband are staying with his parents, her husband is frequently away on business and her mother-in-law isn't supportive of Kathy breastfeeding. Kathy really wants to breastfeed but is considering giving up.

1. How do you respond to Kathy?

2. Are Kathy and her baby ready for discharge? Why or why not?

3. What other members of the health care team might you want to involve in Kathy's care?

4. What type of care plan are you going to initiate for Kathy?

Case 4 – Potential Responses

1. How do you respond to Kathy?

- Address her concerns, explore how she is feeling, what strategies she has in place to cope once at home, what resources she has, etc.

2. Are Kathy and her baby ready for discharge? Why or why not?

- Cause of sore nipples needs to be explored (tongue tie, yeast, sensitivity, normal)
- Weight loss is a potential warning sign that the baby may not be receiving adequate nutrition (almost 12%), excessive crying may also support this
- Mother's feelings regarding breastfeeding
- Previous history of depression is a significant risk factor for postpartum depression, home situation may contribute to feelings of stress, anxiety, depression, poor self esteem, etc.
- Kathy indicating concern about being discharged
- Breastfeeding assessment could be done on an outpatient basis with close follow-up and monitoring in the breastfeeding clinic, physician's office, or through public health
- Adequate output, things may turn around in 24 hours
- Judgement call on nurse's part, no hard and fast rules

3. What other members of the health care team might you want to involve in Kathy's care?

- Lactation consultant
- Social work
- Pediatrician
- Psychiatry

4. What type of care plan are you going to initiate for Kathy?

- Further breastfeeding assessment and plan (pumping, breast compressions, etc.) whether inpatient or outpatient
- Teaching on how to settle baby
- Careful follow-up once discharged, what resources are available, how to access them
- Both breastfeeding concerns and potential for postpartum depression need to be addressed