

## **45th Biennial Convention (16-20 November 2019)**

### **Attitudes, Perceptions, and Knowledge of Breastfeeding Among Caregivers in a Community Hospital Setting**

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The benefits of breast milk feeding are well explored in the literature. The maximal benefits of breast milk feeding, however, are best conveyed by exclusive breast milk feeding. The purpose of this study is to explore knowledge, attitudes and perceptions of exclusive breast milk feeding among the professional caregivers in a suburban New Jersey acute care hospital who typically surround, or influence, the care of parturient women: obstetricians, pediatricians, neonatologists, midwives and registered nurses (RNs). This study employed a descriptive, cross sectional design of quantitative methodology. No single tool adequately explored the phenomena under study; therefore, two tools were selected that explored the concepts of breast milk feeding knowledge, attitudes, and perceptions (Casal, Lei, Young & Tuthill, 2017; de la Mora, Russell, Dungy, Losch & Dusdieker, 1998; Ekstrom, Matthieson, Widstrom & Nissen, 2005). It was decided, then, to combine both tools into one survey instrument to provide a more holistic exploration of attitudes, perceptions, and knowledge of breast milk feeding. This study was reviewed, and approved by, the Western Institutional Review Board (WIRB).

The survey was sent electronically to physicians and midwives within the obstetric, pediatric and neonatology specialties and registered nurses employed within the same areas. A total of forty-nine surveys were completed by obstetricians, midwives, neonatologists, pediatricians and registered nurses resulting in a response rate of 56.6%.

Data were analyzed using descriptive and inferential statistics using SPSS version 19. The total score for the IIFAS and Breastfeeding Attitudes Scale were calculated separately by adding the scores for each item. The sample was divided into four categories: obstetricians and midwives, neonatologists, pediatricians and registered nurses. The rationale for separating the groups was to see if there were obvious differences between the attitudes, perceptions and knowledge scores for each discipline. Independent sample t-tests, Pearson's correlation coefficient, and Pearson's chi square ( $\chi^2$ ) were used to assess differences between the groups. Differences were considered significant if the p value was less than 0.05 (Pallant, 2013).

Perceptions of breastfeeding differed between physicians and nurses and among specialties. There were significant differences between how pediatricians, neonatologists and obstetricians perceived breast milk as the ideal food for babies, with obstetricians and neonatologists reporting "strongly agree" (n=22) with pediatricians "agree" only or "neutral" (n=7) ( $p=0.017$ ). Overall, physicians, midwives, and nurses across all specialties achieved high scores that indicated positive attitudes toward breastfeeding. However, more obstetricians, neonatologists and midwives "strongly agree" that it is important for a baby to receive breast milk (n=22, 44.8%) compared to 5 pediatricians (38.7%). Knowledge about breastfeeding, however, demonstrated that

pediatricians differed was consistent among all the caregivers across the specialties. However, significant differences existed related to knowledge about breastfeeding. More pediatricians strongly agreed that breast size impacts a woman's ability to breastfeed ( $p=0.008$ ), that nipple shields prevent cracked nipples ( $p=0.003$ ) and disagreed that bottle feeding complicates breastfeeding ( $p=0.005$ ). In the community hospital setting, the pediatrician is likely responsible for ordering a feeding regimen for a baby. Our data demonstrates that the pediatricians in our organization have a less favorable attitudes and perceptions about breastfeeding overall. Further, the pediatricians also demonstrated a general difference in their general knowledge of breastfeeding compared to their obstetric and neonatal colleagues. Pediatricians may be less supportive, then, of breastfeeding as the sole source of infant nutrition and not encourage, or support, new mothers from exclusively breastfeeding their infants. The lack of support, promotion, or encouragement for new mothers could, potentially, contribute to an organization's low performance toward sustaining exclusive breastfeeding rates. With this new knowledge, the need for more research, both quantitative and qualitative, is evident to further explore the impact of the pediatrician on a woman's choice to exclusively breastfeed her infant and, conversely, an organization's ability to sustain exclusive breastfeeding during the immediate postpartum period.

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**Title:**

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### **Abstract Summary:**

Hospitals struggle with maintaining exclusive breastfeeding. An in-depth exploration of attitudes, perceptions and knowledge about breastfeeding among caregivers who surround a childbearing family produced useful information to improve clinical processes to sustain exclusive breastfeeding.

### **Content Outline:**

#### I. Introduction

##### A. Breastfeeding rates nationally

##### B. Performance Improvement data from Community hospital where study occurred

#### II. Steps taken to Improve Exclusive Breastfeeding

##### A. Performance Improvement Project

##### 1. Breastfeeding simulation using a standardized patient

##### a. Results of PI Project

i. demonstrated need to explore factors that surround attitudes, perceptions and knowledge of breastfeeding

#### III. Research Study

##### A. Design

##### a. Qualitative

i. Combination of 2 tools to assess attitudes, perceptions, and knowledge about breastfeeding

ii. Target: Physicians, nurses, midwives working in L&D, Mother Baby, NICU, and Pediatrics

##### B. Method

a. Electronic survey

## C. Data Analysis

### D. Results

#### a. Characteristics of sample

#### b. Attitudes toward breastfeeding

i. physicians, midwives, and nurses across all specialties achieved high scores that indicated

positive attitudes toward breastfeeding

ii. more obstetricians, neonatologists and midwives “strongly agree” that it is important for a baby

to receive breast milk (n=22, 44.8%) compared to 5 pediatricians (38.7%).

iii. no pediatricians “strongly agree” and only 3 (21.4%) “agree” that breastfeeding at night

increases lactation compared to 12.2% (n=6) of obstetricians, midwives and neonatologists who

“strongly agree” and 42.8% (n=21) who “agree”

#### c. Perceptions of breastfeeding

i. Perceptions of breastfeeding differed between physicians and nurses and among specialties.

ii. significant differences between how pediatricians, neonatologists and obstetricians perceived

breast milk as the ideal food for babies, with obstetricians and neonatologists reporting “strongly agree” (n=22) with pediatricians “agree” only or “neutral” (n=7)(p=0.017)

iii. only 1 pediatrician “strongly agree” and only 3 (21.4%) “agree” to the perception that babies

fed breast milk are healthier than babies who are fed formula compared to 9 (18.3%) obstetrician and neonatologists who “strongly agree” and 19 (38.7%) who “agree”

#### d. Knowledge of breastfeeding

i. Significant differences in knowledge of breastfeeding exist.

ii. Pediatricians reported that breast size impacts breastfeeding, that nipple shields prevent

nipples, and that bottle feeding does not complicate breastfeeding.

### E. Discussion

a. Pediatricians differ significantly in their attitudes, perceptions, and knowledge of breastfeeding

in our community hospital setting

b. Pediatricians order the feeding method for the baby

i. If pediatricians do not support breastfeeding, they could be promoting bottle feeding

ii. Large multi-physician pediatrician groups care for the babies and children in our community

### F. Implications for Nursing

a. Education opportunities exist targeting pediatricians

b. Significant opportunity for interprofessional collaboration

c. Future research opportunities.

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