Improving Knowledge, Skills, and Attitudes about Breastfeeding
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Introduction
Low exclusive breastfeeding rate is a concern at a large urban teaching hospital in Newark and it must be addressed. The low level of exclusive breastfeeding rate requires a change in how breastfeeding education is delivered.

The nature of this project involves implementation of a breastfeeding education intervention to the prenatal healthcare providers at study facility’s Women’s Health Center.

The breastfeeding intervention may help increase healthcare providers’ knowledge of breastfeeding basics and management. This in turn will not only enhance healthcare provider and patient knowledge but it will also provide increased support to all the breastfeeding mothers and families. Increased breastfeeding support and knowledge may ultimately help improve breastfeeding rates among the designated patient population.1

Significance
Exclusive breastfeeding offers society not only improved health of children and mothers but also economic and environmental benefits.2

Recommemded to exclusively breastfeed for the first 6 months of life, and continue breastfeeding with the addition of complementary foods for up to 2 years of age and beyond. 3,4

Despite the known recommendations and benefits, the breastfeeding rates are still low.

Globally, only 44% of the world’s newborns breastfed within an hour after birth.5

Nationally, only 55.2% infants were breastfed at 6 months and only 24.9% exclusively breastfed at 6 months in 2014.4

In New Jersey, only 59.1% are breastfed at 6 months and 24.8% exclusively breastfed at 6 months.5

At the study facility, only 15% infants exclusively breastfed in 2016.6

Research Question
Will a Breastfeeding Education Intervention for healthcare providers of prenatal care at the Women’s Health Center at a large urban teaching hospital help improve breastfeeding knowledge, skills, and attitudes?

Purpose
Implement a Breastfeeding Education Intervention at the Women’s Health Center at a large urban teaching hospital in Newark to help improve healthcare providers’ breastfeeding education, skills, and attitudes.

Methodology
Design: A Pre- and Post-Test design was used.

Setting: At the Women’s Health Center at a large urban teaching hospital.

Target Population: All 33 healthcare providers at the Women’s Health Center were the primary target population for this intervention.

Intervention: A 60-90-minute breastfeeding education session was developed and implemented for formula feeding education at the women’s health center. This intervention helped subjects define general principles of breast feeding, discuss safe way of formula prep, describe the Baby-Friendly Hospital Initiative, demonstrate skills in breastfeeding positioning and latching, and discuss factors that promote positive and realistic attitudes about breastfeeding.

Data Collection Tools: Pre-Test Questionnaire, Breastfeeding Skills Competency Checklist, Post-Test Questionnaire, and Breastfeeding Education Intervention Evaluation Form.

Data Analysis:
- Approved by the Institutional Review Board.
- Participants gave their informed consent.
- Microsoft Excel and SPSS version 24.0 used to perform quantitative data analysis.
- Tests used:
  - Measures of Central Tendencies.
  - Wilcoxon Signed-Rank Test.
  - One Sample T-test.

Results
Participation Rate: A final sample size was 26 participants.

Breastfeeding Knowledge:
- Participants were asked to rate their level of knowledge and skills to promote, protect, and support breastfeeding mothers.
- The attitude score for the Pre-test was 95, out of a possible total score of 130.
- The attitude score for the Post-test was 122, out of a possible total score of 130.
- Wilcoxon Signed-Rank Test determined that data was significant (P<0.001)

Breastfeeding Attitude:
- In your opinion, do you agree or disagree with this statement. Breastfeeding can be started at 4 months.
- This intervention helped subjects define general principles of breastfeeding, discuss safe way of formula preparation, describe the Baby-Friendly Hospital Initiative, demonstrate skills in breastfeeding positioning and latching, and discuss factors that promote positive and realistic attitudes about breastfeeding.

Implications for Clinical Practice
It is important to address modifiable breastfeeding barriers such as lack of breastfeeding knowledge among health care providers and lack of family and social support for breastfeeding mothers to help improve breastfeeding outcomes.1,2

The prenatal period is the best time to educate mothers about breastfeeding. Therefore, it is important to implement evidence-based practices during prenatal period that can help improve care providers’ breastfeeding knowledge, skills, and attitudes.2,6

Findings from this study may help in the development of an effective breastfeeding education program for the care providers at this facility.

Conclusion
Low exclusive breastfeeding rate is a problem not only at the study facility but nationwide. Health-care professionals have a major influence on a mother’s decision to initiate and maintain breastfeeding.3 Therefore, healthcare providers must be well-trained and equipped with the best evidence-based knowledge and skills to promote, protect, and support breastfeeding mothers.3

Implementation of breastfeeding education intervention at the Women’s Health Center helped improve knowledge, skills and attitudes among healthcare providers. This education intervention also provided healthcare providers with appropriate knowledge and tools to discuss breastfeeding at every prenatal visit. By having improved knowledge and skills, the providers may now be able to better educate and support breastfeeding mothers.