

THE EFFECT OF AN ANTENATAL BREASTFEEDING INTERVENTION ON BREASTFEEDING SELF-EFFICACY AND INTENTION AMONG INNER CITY ADOLESCENTS



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Significance

- ❖ The practice of breastfeeding prevents or decreases the risk of disease in infants including asthma, sudden infant death syndrome, childhood obesity, Hodgkin's disease, and hypercholesterolemia (Keister, Roberts, & Werner, 2008; Schoenfelder et al., 2013).
- ❖ According to the World Health Organization (Horta & Victora, 2013), breast milk is the superior nutrition for infants, providing immunologic support. Additionally, premature infants who are breastfed demonstrate improved developmental outcomes (Keister et al., 2008).
- ❖ Adolescents remain largely unaware and continue to have among the lowest levels of breastfeeding initiation (CDC, 2013; Spear, 2006).
- ❖ Adolescent mothers are uneducated about the health benefits and protections of breast milk and this population is often overlooked in the promotion and protection of breastfeeding (Hunter, 2012; Moran et al., 2006).

PICOT

- ❖ Will an antenatal educational intervention consisting of three, separate sessions focused on increasing breastfeeding knowledge, self-efficacy, and generating social support between students and breastfeeding experts increase breastfeeding self-efficacy and stated intention of infant feeding preference?

Review of the Literature

- ❖ Search of six computer-based databases.
 - ❖ CINAHL, ProQuest, MEDLINE, JBI, Cochrane Library, PsycINFO.
 - ❖ Hand search of five publications.
 - ❖ Review of expert practice recommendations and guidelines from USPSTF, WHO, and National Guideline Clearinghouse.
 - ❖ Search of reference lists from relevant articles.
- ❖ Search terms used:
 - ❖ Major subject heading of breastfeeding
 - ❖ Terms: attitude, self-efficacy, intention, initiation, duration, education, intervention, promotion, teen, adolescent, antenatal, and prenatal.

Synthesis of Evidence

- ❖ Eleven articles were deemed appropriate for inclusion based upon the following inclusion and exclusion criteria:

Inclusion criteria

- ❖ Published in scholarly, peer-reviewed journals, published after 2005 in the English language
- ❖ Interventions included those occurring in the antenatal time period.

Exclusion criteria

- ❖ Interventions involved hospital-based or post-partum without a measurable antenatal intervention component.
- ❖ Focused on pre-term births, infants born with a congenital defect, or after delivery stays in a neonatal intensive care unit.
- ❖ Interventions not focused on the mother.

Articles were then appraised leveled using Melnyk & Fineolt-Overholt's hierarchy of evidence and included:

- ❖ Two Systematic Reviews (Level I)
- ❖ Four Randomized Control Trials (Level II)
- ❖ One Quasi-Experimental and 2 Cohort studies (Level IV)
- ❖ One Metasynthesis (Level V)
- ❖ One Evidence Summary (Level VII)

Evidence supported the following implementations:

- ❖ Involvement of an Internationally Board Certified Lactation Consultant in providing education and support to expectant adolescents.
- ❖ Utilization of breastfeeding peer counselors and other peer supports.
- ❖ Informal needs-based education focusing on the "how-to" of breastfeeding, common difficulties encountered, and demonstration and hands-on training of mechanisms to overcome the barriers to the successful establishment of breastfeeding.
- ❖ Repeated contact with breastfeeding educators and peer counselors during the antenatal period.

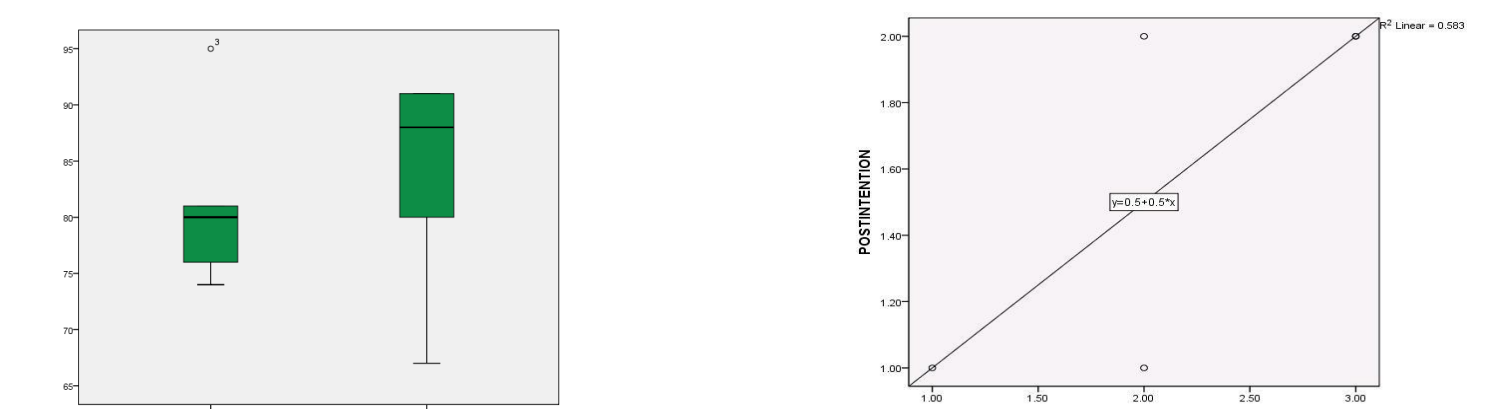
Implementation

- ❖ Using *Social Cognitive Theory* and the *Stetler Model of Evidence-Based Practice*, three 45-minute educational sessions were delivered to participants in a specialty high school for pregnant and parenting adolescents in an large metropolitan city in the Midwestern US.

- ❖ Session 1: a 19-minute video with guided discussion.
- ❖ Session 2: IBCLC-led demonstration of feeding holds and Q&A.
- ❖ Session 3: IBCLC and peer counselor-led included hands-on with breast pump and other equipment. Focus on overcoming barriers to successful breastfeeding. Handouts including March of Dimes breastfeeding guide and support group contact information.

Evaluation

- ❖ $N = 5$, Three African American and two Hispanic adolescents in their 3rd trimester of pregnancy. Two 14-year olds, two 15-year olds, and one 18-year old, all WIC recipients.
- ❖ Prenatal Breastfeeding Self-Efficacy Scale was utilized both pre- and post-intervention to determine the impact on breastfeeding self-efficacy. No statistical difference was noted between mean total BSES scores ($p = .5$).
- ❖ Breastfeeding intention was collected via self-report pre- and post-intervention. Regression analysis was performed and results demonstrated a positive impact on participants breastfeeding intention, although not statistically significant ($p = .133$).



Conclusions and Recommendations

Strengths

- ❖ Implementation site was an educative, supportive environment for pregnant and parenting students.
- ❖ Past and future efforts by the school- based health clinic and the University faculty.
- ❖ Bridging of expertise and support between the CON and the leadership of the University's Mother's Milk Club and lactation services.

Limitations

- ❖ The low sample of participants did not support the attainment of statistical significance.
- ❖ The types of peer support may have impacted results on individual factors within the Prenatal BSES.

Recommendations

- ❖ Future research should be performed to determine the effects of antenatal interventions on sustained breastfeeding self-efficacy, initiation, and duration of breastfeeding to at least six months.
- ❖ Consider the impact of screening for and determining the impact of various types of peer support on breastfeeding self-efficacy, intention, and initiation.
- ❖ Adolescent age be a factor in evaluating issues related to breastfeeding promotion.