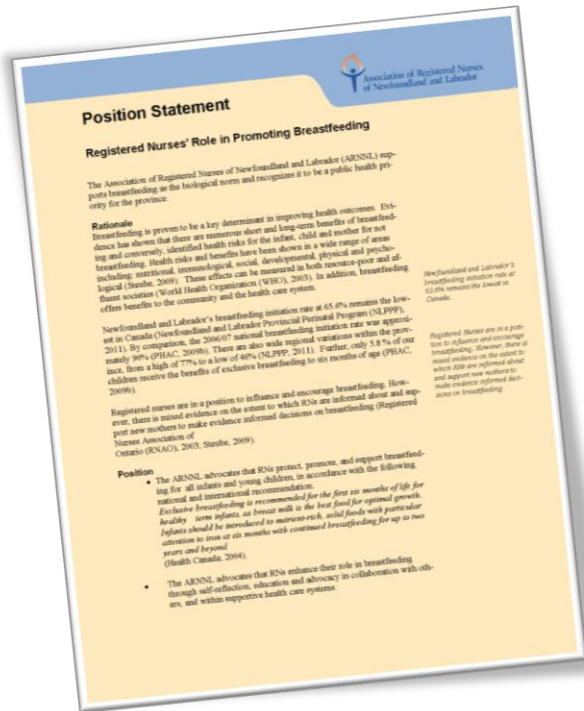


REGISTERED NURSES' ROLE IN PROMOTING BREASTFEEDING



Survey Methodology

- Online survey of ARNNL members
- Survey questions developed and reviewed by members of the Baby-Friendly Council (BFC)
- Total of 334 RNs invited to participate
 - area of responsibility is maternal/newborn
 - individual RNs in community health and management identified and included in the sample



Survey Methodology

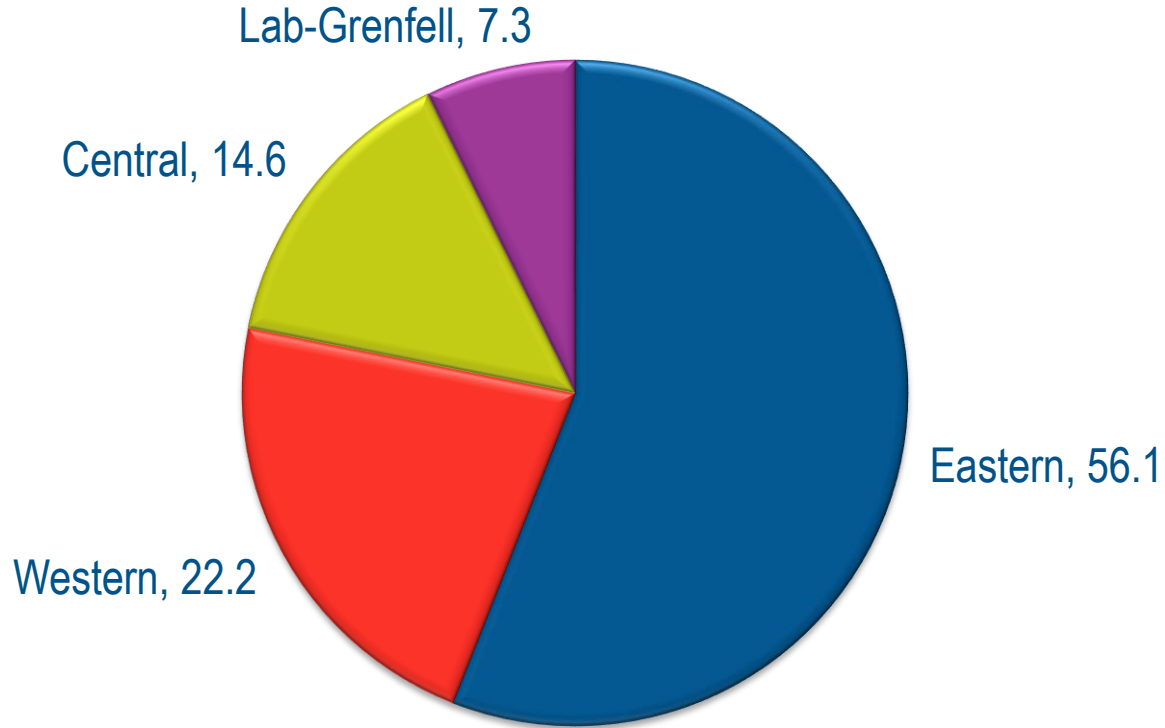
- 137 responses received (41.1%)
- Survey Limitations
 - self-selection/non-responder bias
 - Primary Area of Responsibility is self-reported on ARNNL renewal form
 - survey reviewed for face validity but no other validity/reliability testing took place



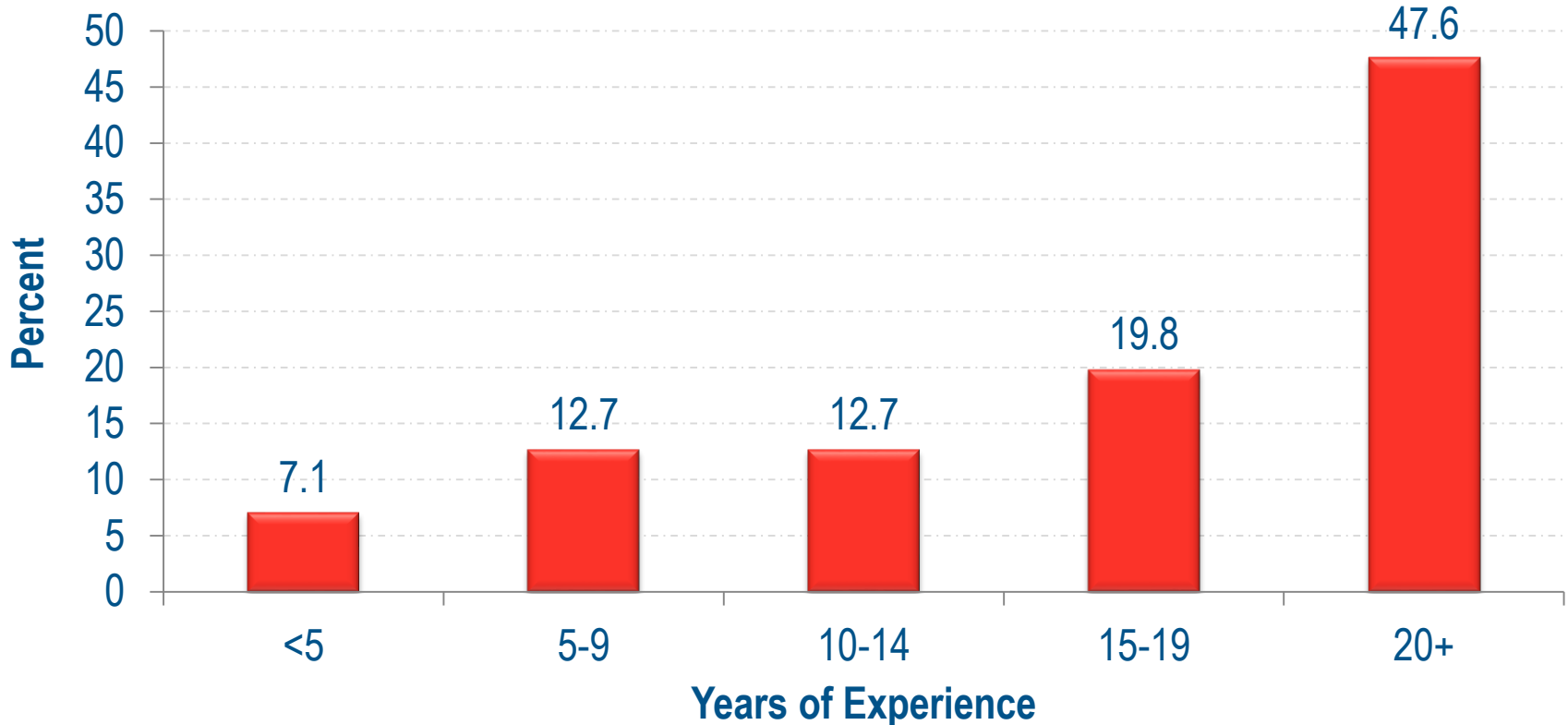


PARTICIPANT DEMOGRAPHICS

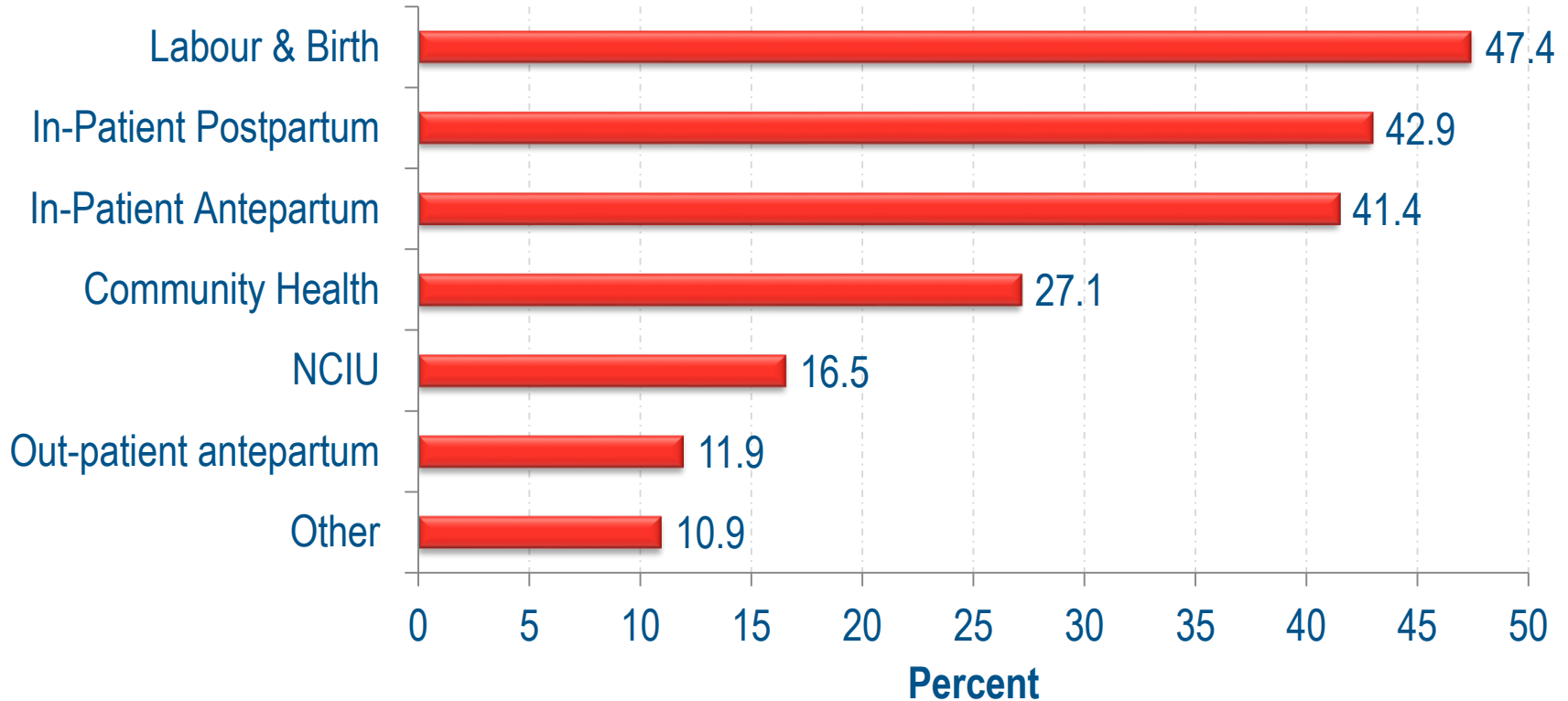
Region of Employment



Years of Nursing Experience



Primary Area of Responsibility



Primary Employment Position

- Majority of respondents (80.3%) provide direct care to pregnant women and/or breastfeeding families
- 12.4% employed in management/administration
- 7.3% in “other” positions
 - primarily education (nursing education; prenatal education) and policy



A horizontal bar with a blue gradient, transitioning from a lighter blue on the left to a darker blue on the right. The word "RESULTS" is centered in white, bold, uppercase letters.

RESULTS

Attitudes Towards Breastfeeding

Nurses need to portray a positive, non-judgmental attitude towards breastfeeding. The client's perceptions of clinicians' opinions on breastfeeding are directly correlated with breastfeeding duration.



Attitudes Towards Breastfeeding

Breastfeeding is the normal way to feed a baby

9.26

Women who are uncertain regarding infant feeding decisions should be encouraged to breastfeed their babies

9.19

Breastfed babies are healthier than formula fed babies

8.10

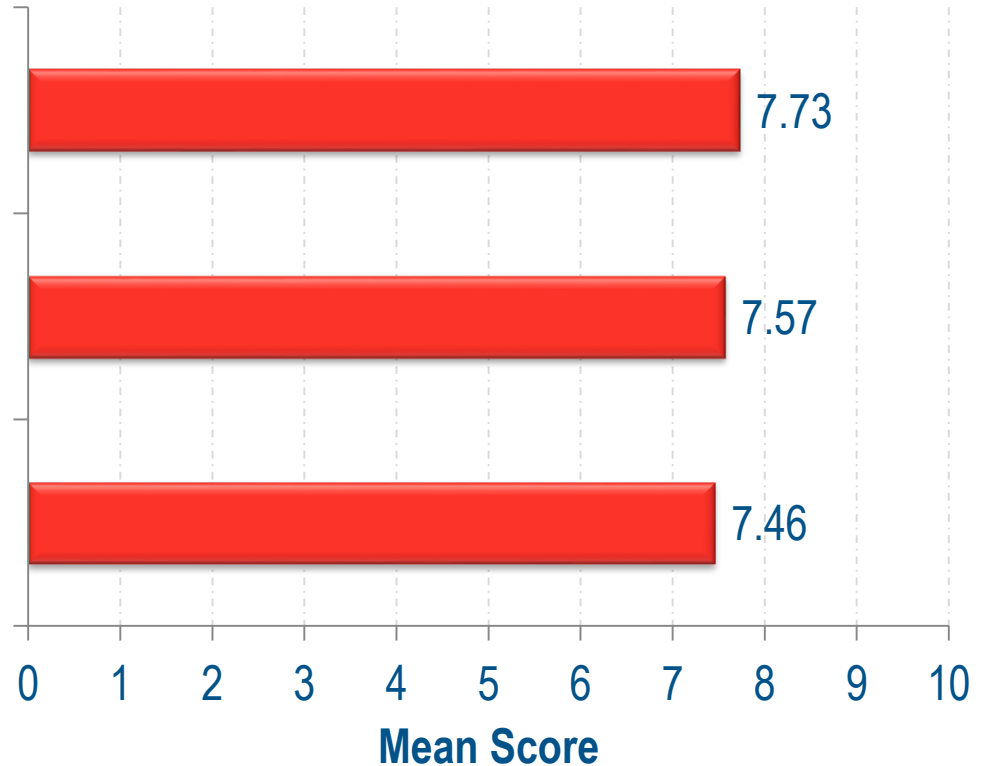


Attitudes Towards Breastfeeding

Women who initially chose to formula feed their babies should be informed of the risks of not breastfeeding

There are real differences in health between babies who are breastfed and babies who are formula fed

Formula fed babies are at greater risk for sub-optimal health outcomes than breastfed babies



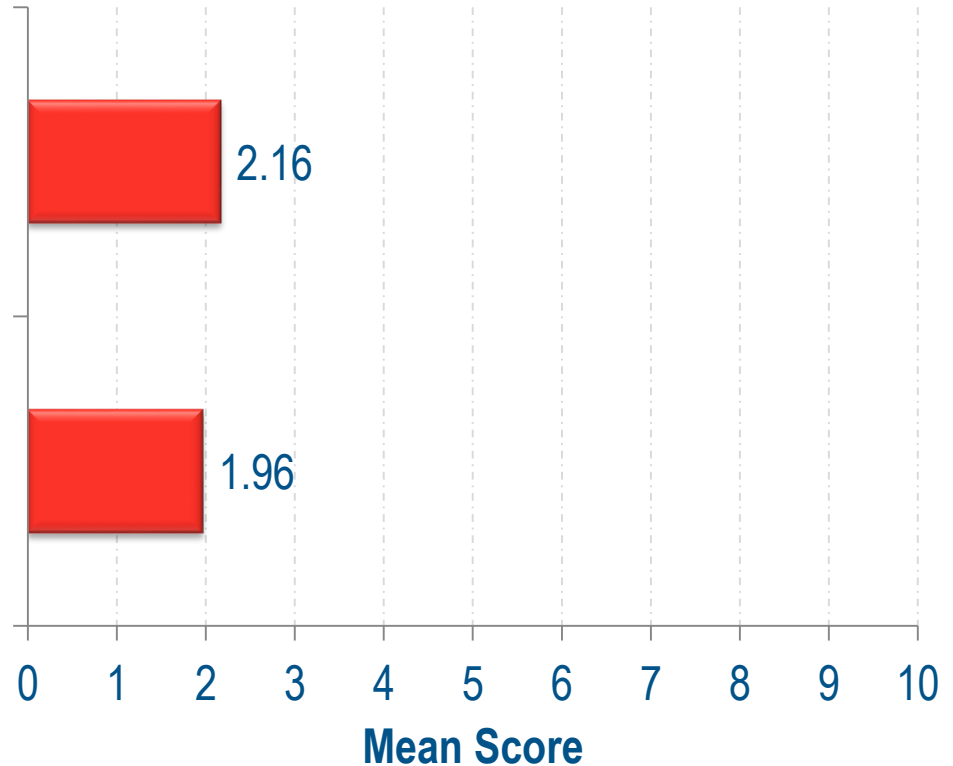
Attitudes Towards Breastfeeding

Formula and breastmilk offer the same health benefits to babies

2.16

Formula and breastmilk offer the same nutritional benefits to babies

1.96



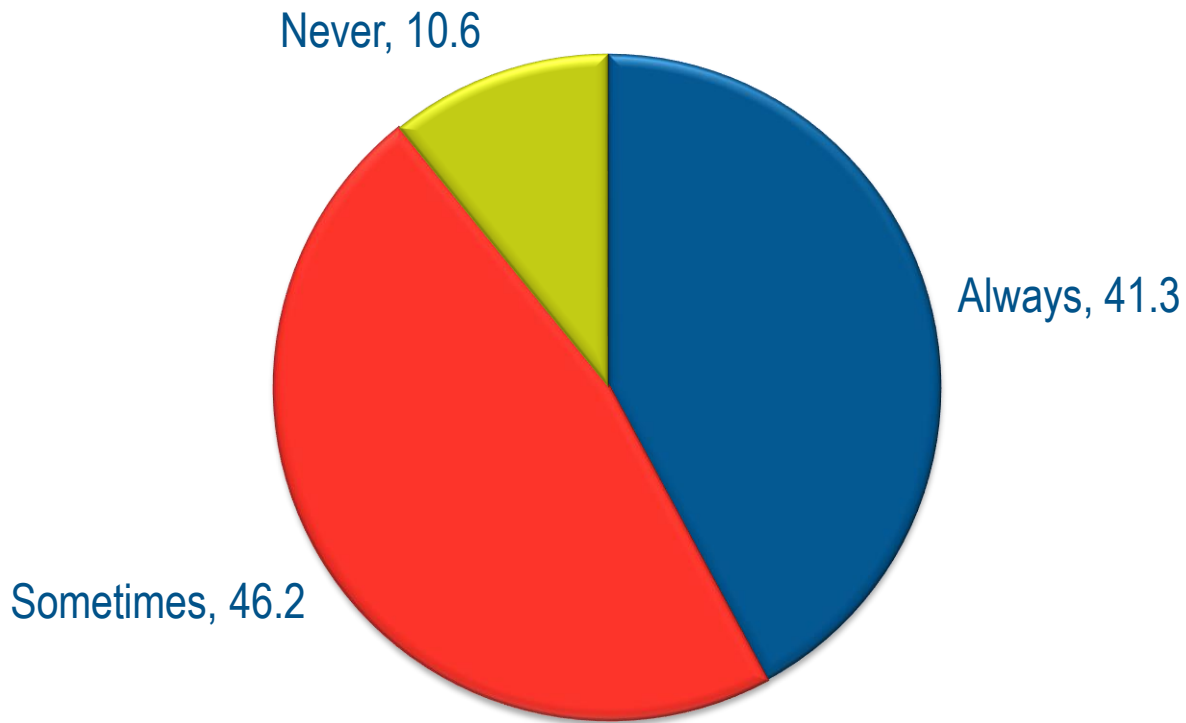
Risks of Not Breastfeeding

Nurses need to provide clients with accurate, consistent and evidence informed information on the benefits of breastfeeding and the health consequences for mother and baby of not breastfeeding.

Nurses need additional knowledge, skill, and support to learn how to deliver risk and benefit messages regarding infant feeding.



Discuss Risks of Not Breastfeeding



Discuss Risks of Not Breastfeeding

- Barriers to discussing risks:
 - decision has been made
 - prefer to focus on benefits of breastfeeding
 - time/workload

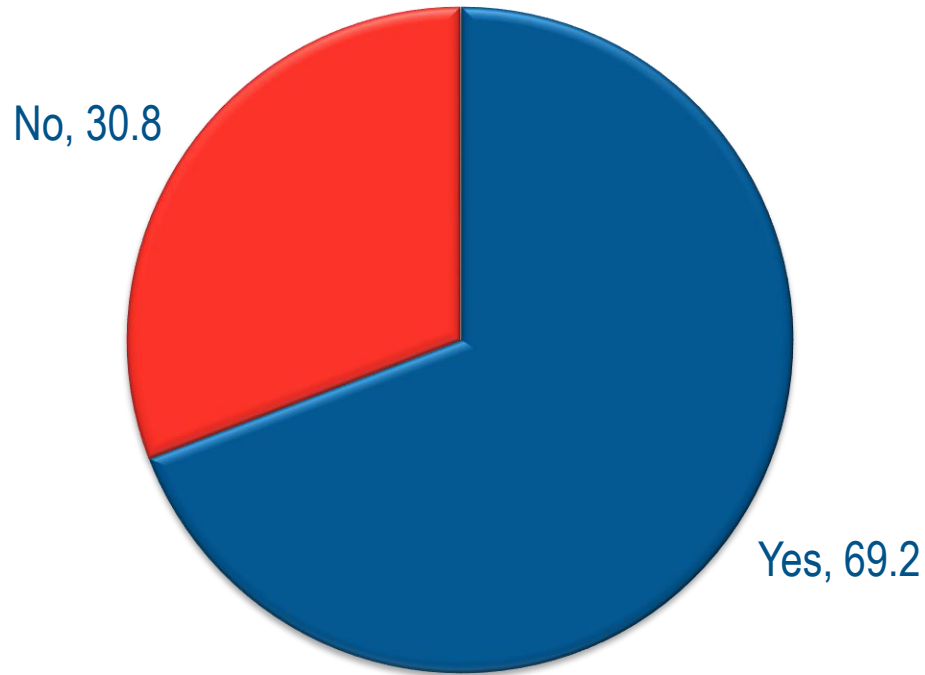


Workload Challenges

RNs should advocate for and support implementation/availability of...supportive practice environments to address workload challenges noted to interfere with the nurses ability to provide comprehensive breastfeeding support.



Experienced Workload Challenges



Professional Development

Nurses interacting with pregnant women and families must avail of opportunities for education and self-learning on breastfeeding.



Professional Development

- 79 respondents estimated the percentage of their annual professional development that is focused on breastfeeding

Response	Percent
None	11
Less than 10%	15
10-20%	35
25-35%	16
40-50%	11
More than 50%	10



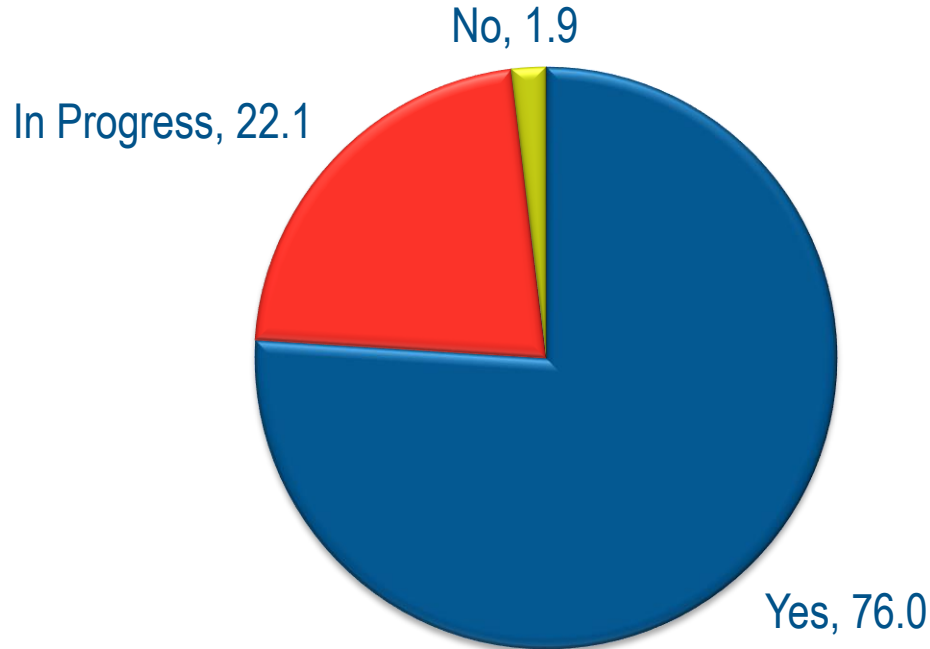
Professional Development

Nurses employed in areas responsible for pregnant women and breastfeeding families should have comprehensive education that reflects the core content of the WHO/UNICEF 20 hour breastfeeding course for maternity staff.



Professional Development

Completed WHO/UNICEF 20 Hr Breastfeeding Course



Professional Development

- At least 7-in-10 respondents in each area of responsibility have completed the course
- Most likely to have completed course:
 - Community Health/Health Centre (92.6%)
 - Labour and Birth (81.1%)



Professional Development

- 94% of those who have completed or are completing the course were *completely* funded by their employer/organization
- only 4.8% had to cover the costs themselves



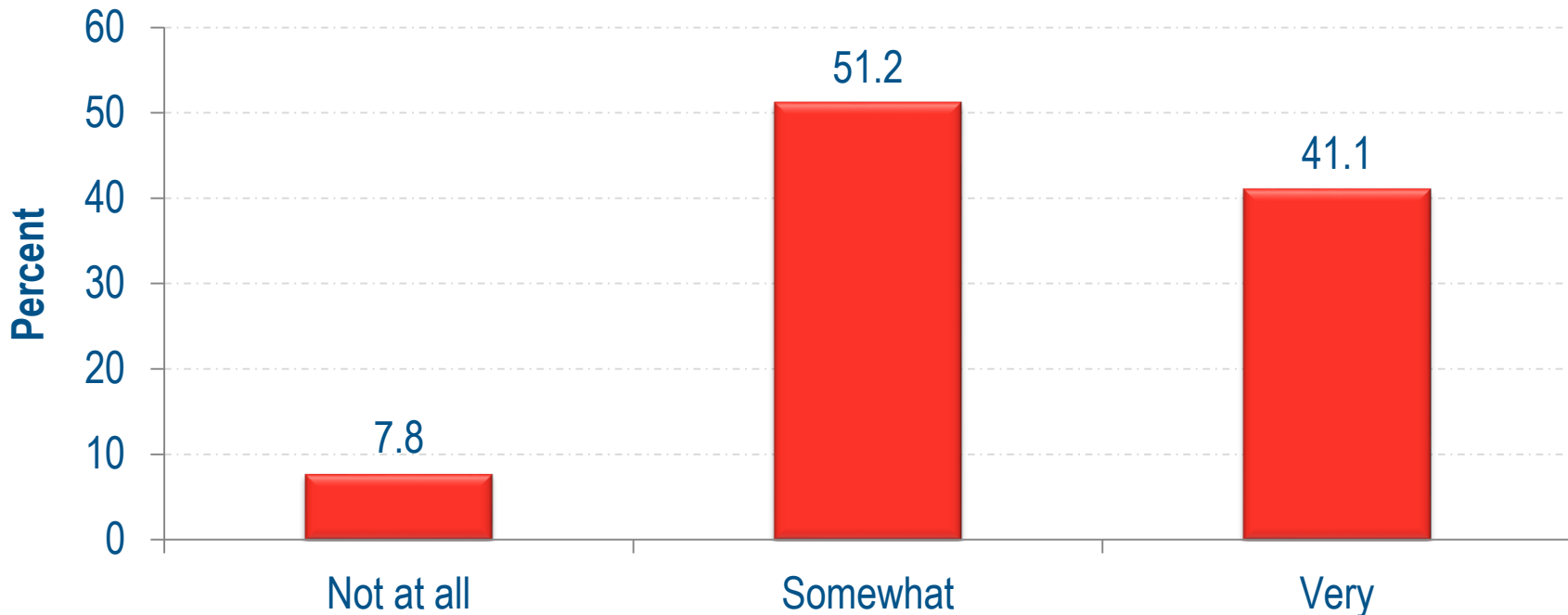
WHO Code

Nurses involved with breastfeeding families have a responsibility to know and support the principles of the WHO International Code of Marketing of Breastmilk Substitutes and all relevant World Health Assembly resolutions.



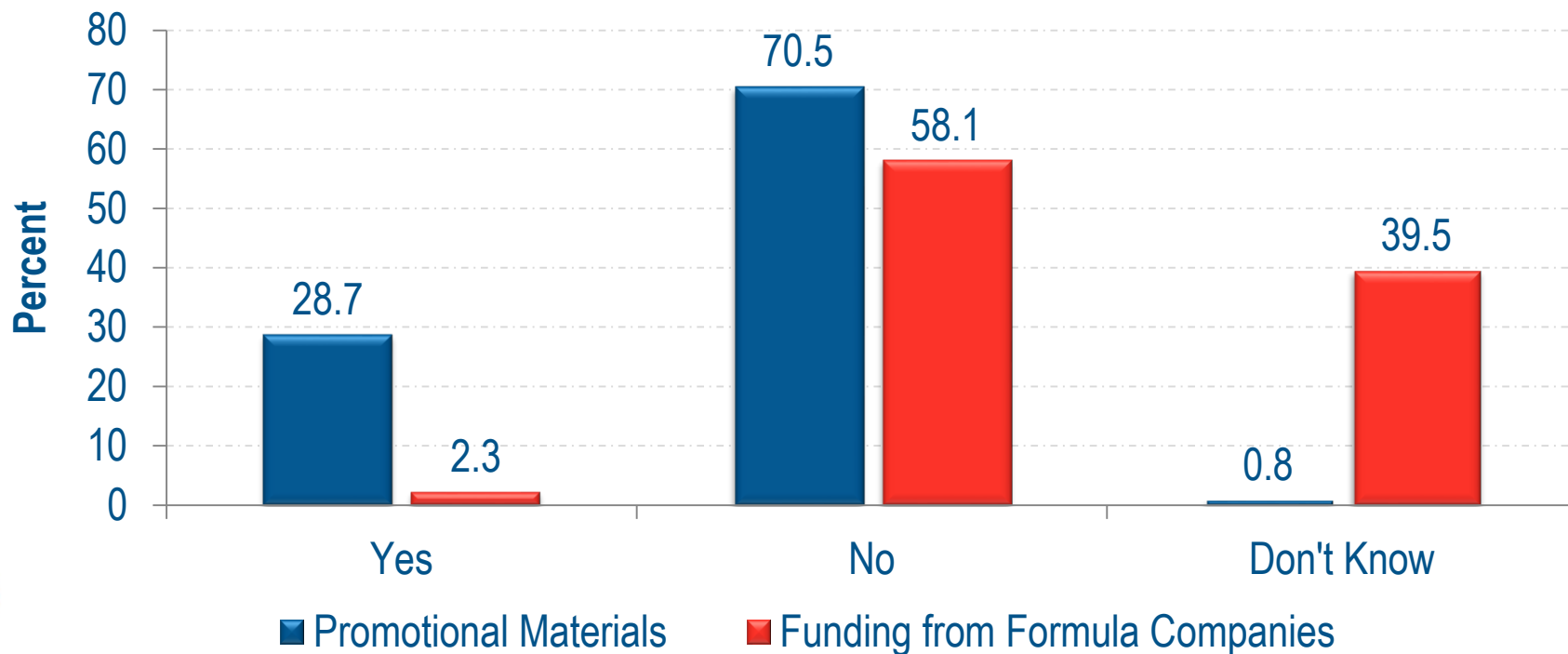
WHO Code

Familiarity with WHO Code



WHO Code

Formula Feeding



WHO Code

- Funding from formula companies:
 - 6-in-10 (61.4%) felt that attendance by health care professionals at formula sponsored education events is a breach of the WHO Code.
 - Majority who reported they are somewhat (53.8%) or very (79.2%) familiar with the Code were of the opinion that it is a breach.



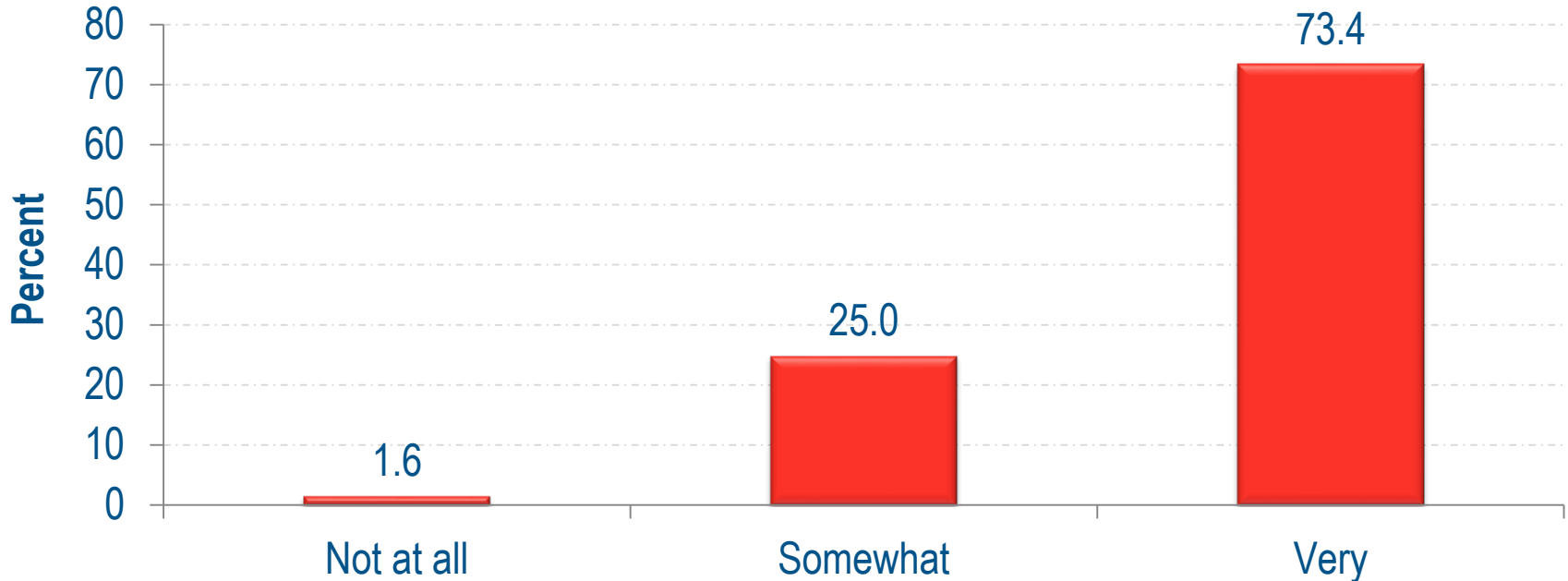
Baby-Friendly Initiative

Nurses should advocate for the implementation of all 10 Steps in the Baby-Friendly Initiative within hospitals and community health services.



Baby-Friendly Initiative

Familiarity with BFI



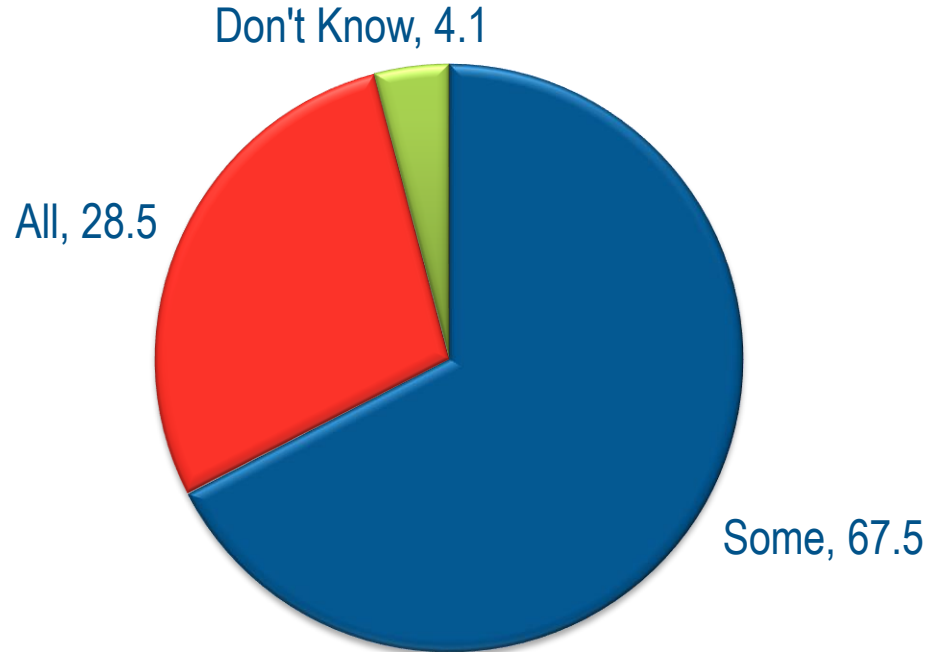
Baby-Friendly Initiative

- Three-quarters (76.2%) reported that their organization has a breastfeeding policy that addresses all 10 steps of the BFI.
- Nearly eight-in-ten (78.2%) indicated they were oriented to their organization's policy.



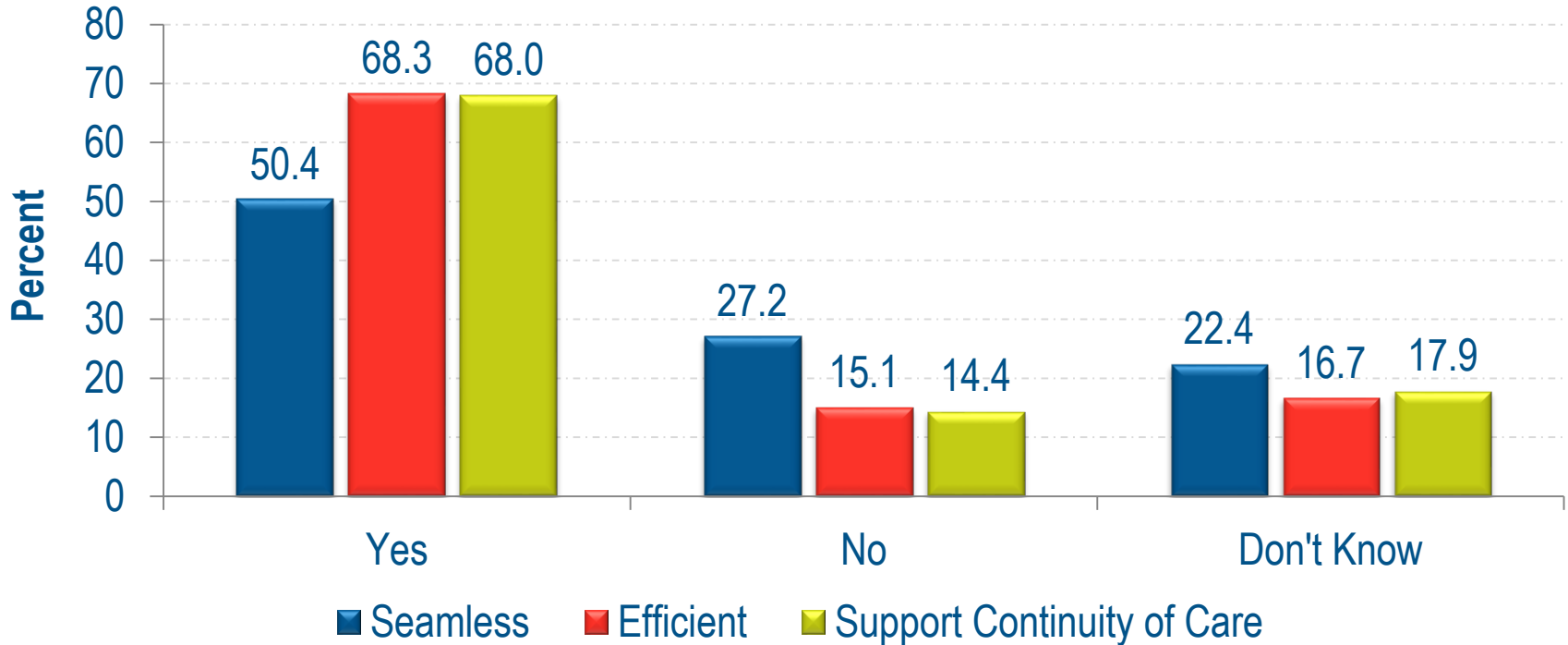
Baby-Friendly Initiative

Implementation of 10 Steps



Baby-Friendly Initiative

Transition from Hospital to Community



Baby-Friendly Initiative

- Barriers to seamless transition
 - timing of discharge from hospital
 - conflicting information provided to families (hospital, community health, OB, GP)
 - lack of community supports in some areas
 - communication between hospital and community (referrals)



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