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The practice adherence on baby friendly hospital initiative (BFHI) among staff nurses working in obstetric and pediatric care units

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Abstract
Aim: To assess the practice adherence on BFHI among staff nurses working in obstetric and pediatric care units
Materials and methods: The non experimental descriptive observational study was conducted among eighty staff nurses who are working in obstetric and pediatric care units of selected Hospital in Ernakulam District, Kerala, South India. Structured Observation Checklist was used to collect data regarding practice adherence of staff nurses on BFHI guidelines. The data were analyzed using statistical package R software.
Results: The study revealed that more than half (51%) of the study participants were found to have poor practice adherence with respect to BFHI guidelines. The practice adherence was poor with regard to provision of information on benefits and management of breast feeding on first contact with mother (3.8%) and demonstration of expression of breast milk (10%). More than half (51.20%) exhibited poor adherence on demonstrating correct positioning for breastfeeding whereas 45% showed satisfactory practice adherence in terms of correct nipple attachment/ latch on for breast feeding.
The practice adherence score was significantly associated with age (p=0.02), number of children (p=0.03), personal experience in breastfeeding (p=0.01), educational qualification (p=0.01), years of experience in Obstetric and Pediatric wards (p<0.001) and attendance to CNE on BFHI or breastfeeding in last five years (p=0.003).
Conclusion: Practice adherence on BFHI guidelines was found to be poor among staff nurses.
Clinical significance: Uninterrupted practice-development training to all health care professionals may be essential to develop more sustainable breastfeeding outcomes in hospitals and health-care centers.

Keywords: Breastfeeding, practice adherence, staff nurses, baby friendly hospital initiative (BFHI), obstetric and pediatric care units

Introduction

Breastfeeding is considered as the most preferred method of baby feeding to fulfill babies' nutritional needs. Globally only 40% of children below six months are breastfed exclusively [1].

In India 64.9% [2] are exclusively breastfed and in Kerala 53.3% [3] babies are exclusively breastfed up to 6 months. Target of 2025 is to increase exclusive breastfeeding rates by 50% globally and 69% in India [4]. Baby Friendly Hospital Initiative was one which launched in the year 1991, by the effort of UNICEF and World Health Organization to support and promote breast feeding [5]. Its Ten Steps of Successful Breastfeeding has been accepted as the minimum global criteria for attaining the status of a Baby-friendly Hospital. Even with the upsurge of institutional deliveries (82.86%), the number of children in India being breastfed in the first hour of birth is less than half (41.6%) [6]. With the recognized importance of increasing breastfeeding rates as a national health initiative, nurses practice adherence to BFHI need to be addressed as the priority criteria for evaluating the success of implementation of the initiative.

Eventhough Kerala is recognized as the first BFHI state in the country, studies evaluating practice of nurses with regard to BFHI is found limited. Hence this study was undertaken to assess the practice adherence on Baby Friendly Hospital Initiative among staff nurses working in obstetric and pediatric care units which enable the administrators to plan strategies to implement BFHI more effectively.

Materials and methods

A non experimental descriptive observational study was undertaken among eighty staff nurses who are working in obstetric and pediatric care units of selected hospital in Ernakulam district of Kerala state. Convenience sampling technique was used to select the subjects. Staff nurses who are working in obstetric or pediatric care units for the past 3 months were included in the study.

Data on socio personal and professional characteristics including age, sex, religion, number of children, personal experience in breast feeding professional education, years of experience in obstetrics or pediatric wards, type of employment, official category/position, attendance to CNE on BFHI or breast feeding were obtained using self- report technique and practice adherence on BFHI using participant observation technique. A structured observation checklist was used to assess the practice of subjects with regard to selected components of BFHI guidelines. The components included were - providing information on benefits and management of breastfeeding on first contact with mother, demonstrating correct positioning for breast feeding, demonstrating correct attachment for breast feeding and demonstrating expression of breast milk.

Structured Observation Checklist was used to collect data regarding practice adherence of staff nurses on BFHI guidelines. Subjects were given opportunity to read the Participant Information Sheet and made provisions to clarify their doubts. Informed consent was obtained from the subjects who showed willingness to participate in the study. Data were analyzed using Microsoft Excel and R software. Median, range and inter quartile range were used to assess practice adherence score on BFHI. To evaluate the association of practice adherence scores with selected socio personal and professional variables Chi-square test/Fisher's Exact were used.

Results: A total of 80 participants were enrolled in the study.

Table 1: Distribution of study subjects according to socio personal characteristics n=80

Socio personal Variable	Frequency (f)	Percentage (%)	Mean	Standard Deviation
Age				
20 – 30years	48	60.00	29.95	5.58
31 – 40 years	30	37.50		
41 – 60 years	2	2.50		
Sex				
Male	0	0.00		
Female	80	100.00		
Religion				
Hindu	20	25.00		
Christian	59	73.81		
Muslim	1	1.20		
Number of children				
None	21	26.20		
One	29	36.20		
More than one	30	37.50		
Personal experience in Breastfeeding				
Yes	59	73.82		
No	21	26.20		

Table 2: Distribution of study subjects according to professional characteristics n = 80

Professional Variables	Frequency (f)	Percentage (%)
Educational qualification		
BSc Nursing	31	38.83
Diploma Nursing	49	61.21
Type of Employment		
Permanent	60	75.00
Contract	20	25.00
Official Category/ Position		
Junior Staff Nurse	66	82.50
Senior Staff Nurse	10	12.53
Head Nurse	4	5.00
Years of experience in Obstetric/ Paediatric ward		
Less than 1 year	30	37.50
1-3 years	24	30.00
More than 3 years	26	32.50

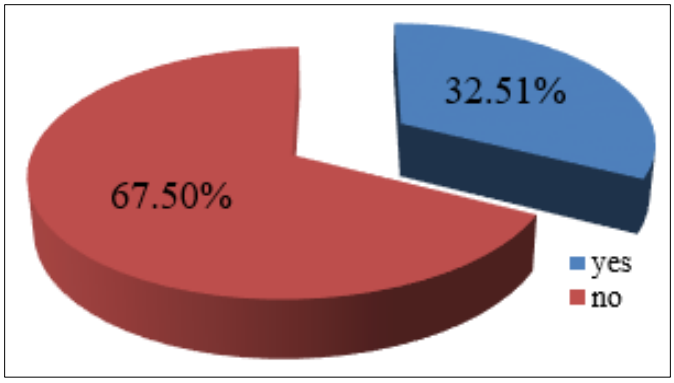

Fig 1: Pie diagram showing percentage distribution of study subjects based on the attendance to CNE on BFHI or breastfeeding in last five years (n=80)

More than half (51.20%) of the participants had poor practice adherence to BFHI guidelines as compared to a very few (1.2%) who demonstrated good adherence on BFHI guidelines. The median practice score of staff nurses with regard to BFHI guidelines was 10 and the score ranged between 8 and 16.

Table 3: Component wise practice adherence on BFHI guidelines among staff nurses n=80

Sl. No.	Practice components	Frequency (f)		Percentage (%)
1	Provide information on benefits and management of breastfeeding on first contact with mother	Good	0	0.00
		Satisfactory	3	3.80
		Poor	77	96.20
2	Demonstrate correct positioning for breastfeeding	Good	15	18.80
		Satisfactory	24	30.00
		Poor	41	51.20
3	Demonstrate correct attachment for breastfeeding	Good	19	23.80
		Satisfactory	36	45.00
		Poor	25	31.20
4	Demonstration of expression of breast milk	Good	0	0.00
		Satisfactory	8	10.00
		Poor	72	90.00

Socio personal variables including age (p=0.02), number of children (p=0.03), and personal experience in breastfeeding (p=0.01) had significant association with overall practice adherence score on BFHI.

Professional variables including educational qualification (p=0.01), years of experience in obstetric and pediatric wards (p<0.01), attended CNE on BFHI or breastfeeding in last five years (p=0.003) had significant association with BFHI practice adherence score.

Discussion

In the present study only 32.51% of subjects had attended CNE on breastfeeding in last five years. A cross sectional study conducted by Daniels L *et al*. [7] reported that 48.3% attended CNE on lactation management in last five years. Contradictory to this findings the percentage of participants who received training on breastfeeding found to very low (13.30%) in the Bulgaria, Southeast Europe [8]. This finding reflects the gap exist in the provision of training programmes in the mentioned study settings.

In the present study an extremely low proportion (1.2%) had good adherence on BFHI guidelines and unfortunately it was observed that more than half (51.2%) of the participants demonstrated poor practice adherence to the same. This result is supported by an interventional study conducted by Ward L P *et al*. [9] where the result showed that none of the babies were placed skin to skin after delivery and who roomed in was less than 10% at baseline assessment. But in another study conducted in Government Medical College, Trivandrum 68.3% of subjects motivated mothers on timely initiation of breast feeding within one hour [10]. The poor practice adherence need to be addressed seriously and the reason for the same in the study setting may be attributed to the inadequate training, motivation, among staff in this regard.

Present study also revealed that the practice adherence was poor with regard to provision of information on benefits (3.8%) and management of breast feeding on first contact with mother and demonstration of expression of breast milk (10%). Even though a few demonstrated satisfactory practice adherence in terms of these components none showed good practice. These reports are supported by the findings of the study conducted by Daniel L *et al*. [7] where only 8.9% of the study subjects adequately demonstrated the correct hand milk – expressing techniques. This finding is contradicted with a study conducted at Makhuduthamaga, Sub-district, South Africa [11] which showed 60% of study subjects teach and demonstrate hand-milk expression to breast feeding mothers.

In this study more than half (51.20%) exhibited poor adherence on demonstrating correct positioning for breastfeeding whereas and 45% showed satisfactory practice adherence in terms of correct nipple attachment/ latch on for breast feeding. Only 18.80% and 14.20% reported good practice with regard to demonstrating correct position and attachment for breast feeding respectively. Similarly the study conducted in Nassarawa state, Nigeria [12] reported that less than 20% demonstrated correct positioning and correct attachment of babies to the breast during breastfeeding. But in a cross-sectional descriptive survey

done in Cape Town, South Africa [7] reported that 89% of the nursing staff were able to demonstrate correct positioning of the baby for breast feeding and 91.1% could demonstrate the correct attachment of the baby to the breast. The difference observed in practice adherence between two studies may be attributed to the methodology adopted as in the present study participant was observed whereas in the reviewed study data collected by structured interview. This might have made the subjects more conscious about their actions.

The present study identified significant relationship between practice score and selected socio personal variables including age, no. of children, personal experience in breastfeeding and professional variables including educational qualification, years of experience in obstetric or pediatric wards and attendance to CNE on BFHI of breastfeeding in last five years. In a study conducted in South eastern Quebec, Canada [13] observed that the age of study participants was significantly (p<0.001) correlated with their intention to adopt BFHI strategies. Nurses education was observed to be positively correlated to active encouragement and support during breast feeding (p=0.01) in a study conducted by Patton *et al*. [14] An interventional study examined the effect of BFHI training on knowledge, attitude and support practice of nurses with regard to exclusive breast feeding observed correct support practices for the initiation and establishment of exclusive BF among mothers were significantly higher in BFHI trained nurses [15]. As the study shows both supporting and contradictory finding, further investigations are essential to explore the relationship between practice adherence on BFHI and socio personal and professional variables.

Conclusion

The non experimental descriptive observational study which aimed to assess the practice adherence on BFHI guidelines among staff nurses working in obstetric and pediatric care units of a tertiary care hospital in Ernakulam district. The study identified that the staff nurses were poorly adhered to the BFHI guidelines. Hawthorne effect to nurse's practice during observation; self-report and observer bias are assumed to be present.

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