Evaluation of an intervention to increase clinician knowledge and confidence to support breastfeeding, kangaroo care and positive touch within neonatal units

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A B S T R A C T

Breastfeeding and kangaroo care rates in neonatal units across the United Kingdom vary despite evidence for the clinical benefits. Clinicians have reported a need for evidence-based training to support parents with these practices. The aim of this study was to evaluate the Small Wonders Change Programme (SWCP), an intervention that aims to increase clinician knowledge and confidence to support parents in neonatal units to undertake breastfeeding and kangaroo care. Two neonatal intensive care units participated and 47 clinicians completed the Neonatal Unit Assessment Tool (NUCAT) pre and post-intervention. 18 of these clinicians also participated in a semi-structured interview to further explore the impact of the intervention on clinician’s practice. Both clinician knowledge ($t(46) = 4.61, p < 0.000$) and confidence (pre ($t(46) = 4.82, p < 0.000$)) significantly increased following the intervention. Analysis of the interviews revealed that clinicians directly attributed subsequent individual and unit-wide change in practice to an increase in knowledge and confidence as a result of the intervention. This study suggests that a clinician focussed intervention can lead to positive changes in clinician confidence, knowledge and practice in supporting parents to undertake breastfeeding and kangaroo care in neonatal units.

Introduction

Each year, 15 million births worldwide are preterm (World Health Organisation, 2015) and in the UK, over 80,000 infants are admitted to neonatal units due to prematurity or sickness (Bliss, 2015). Neonatal Intensive Care Units (NICU) are optimally designed to promote survival of critically ill, premature infants. Hospitalization of premature neonates in NICUs may lead to the family feeling isolated from their child, which can impact on parental-neonatal attachment (especially for mothers). Furthermore, factors such as the technological complexity of facilities within NICUs and the neonates’ appearance may lead to hesitation in family members and a lack of confidence in participating in feeding and caring for their baby while in the NICU (Cockcroft, 2012; Riper, 2001). Moreover, parents report that they would like more information and support with non-clinical issues like breastfeeding, breast milk expression and kangaroo care (POPPY Steering Group, 2009).

Formula feeding remains common despite significant evidence supporting substantial benefits of breast milk feeding for premature and sick infants. Breast milk can reduce the risk of; infection (Levy et al., 2009; Ip et al., 2007; Schanler, 2011), suboptimal neurodevelopment (Roze et al., 2012) cognitive deficits (Anderson et al., 1999; Beaino et al., 2011), and developing type 2 diabetes (Horta et al., 2007). Breast milk feeding can also lead to earlier discharge from hospital (Shah et al., 2006) and improve security of attachment, greater interaction and well-being (Tharner et al., 2012) and has been linked to verbal IQ (Isaacs et al., 2010). Infants admitted to neonatal intensive care units may not experience kangaroo care, a method of caring for premature babies outside of...
the incubator. Kangaroo care has been shown to enhance parent-child attachment (Athanasopoulou and Fox, 2014) and is associated with reduced risk of mortality, nosocomial infection/sepsis and hypothermia, reduced length of hospital stay (Conde-Agudelo and Diaz-Rossello, 2014) and longer and more exclusive breastfeeding (Hake-Brooks and Anderson, 2008).

Despite evidence for improved outcomes among pre-term infants receiving breast milk and skin-to-skin contact, the rates of breastfeeding and kangaroo care in neonatal units in the UK vary. 46%–80% of infants reported to receive some breast milk at discharge from hospital (Neonatal Audit Programme, 2014). In addition, around half of parents report having as much kangaroo care as they wanted although this ranged from 22% to 79% across units (Howell and Graham, 2011). Within the UK there is a strong emphasis on the family centred care within NICUs. Family centred care focuses on placing the needs of the infant in the context of the family and acknowledging the parents role in care provision, and the involvement of a SWCP facilitator. The DVD content was developed among clinical staff working on neonatal units (including neonatal nurses, nursery nurses, midwives, support workers & consultants), with a focus on breastfeeding practices, kangaroo care and positive touch. The aim of this study was to evaluate whether the SWCP intervention increased clinician knowledge, confidence in their knowledge and confidence in their practice to support parents to engage in these practices.

Method

Ethical approval

Ethical approval for the study was obtained (reference no P31784).

Setting

The evaluation was undertaken in two neonatal units; Liverpool Women’s Hospital (LWH) and Guy's and St Thomas Foundation Trust (GSTT).

The small wonders change programme intervention

The SWCP is a complex intervention designed to support parents of premature and sick babies to engage in their baby's care. The intervention was designed to achieve this both through a component for parents and a component for clinicians. The focus of this paper is on the clinician component of the intervention; designed to increase knowledge and confidence among clinical staff working on neonatal units (including neonatal nurses, nursery nurses, midwives, support workers & consultants), with a focus on breastfeeding practices, kangaroo care and positive touch. The aim of this study was to evaluate whether the SWCP intervention increased clinician knowledge, confidence in their knowledge and confidence in their practice to support parents to engage in these practices.

Design

The staff evaluation study was a pre-post cohort intervention study. The data presented in this paper uses a within group design (matched pairs). This study utilised a long term follow-up (3 years).

Procedure

The SWCP workshops were delivered to clinicians between April 2012 & November 2012. Pre-intervention data was collected between December 2011 and April 2012 and post-intervention data between March 2015 and June 2015. All clinical staff (estimated at 117 at GSTT and 171 at LWH) were invited to take part in the evaluation study by the SWCP facilitator based at each hospital site. Clinicians completed pre- and post-intervention (3 years later) assessment of knowledge and confidence using the web-based Neonatal Unit Clinician Assessment Tool (NUCAT). All participants at post-intervention were invited to take part in a semi-structured interview to explore how clinicians had applied the practices supported by the intervention into routine practice as well as their personal experience of the programme.

Participants

This study relates to the Forty-seven clinicians (see Table 1) that completed both pre and post-intervention NUCAT and therefore remained in the SWCP environment for the duration of the study period. Of these 47 clinicians, eighteen also took part in a follow-up semi-structured interview.

Measures

The Neonatal Unit Clinician Assessment Tool (NUCAT, developed by Health Behaviour Research Limited in collaboration with Best beginnings) is an online tool that assesses clinician's knowledge
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