The realization of BFHI Step 4 in Finland – Initial breastfeeding and skin-to-skin contact according to mothers and midwives

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ABSTRACT

Background: Breastfeeding and skin-to-skin contact are the best start for infant life. Breastfeeding ensures the best trajectory for development and growth while preventing many diseases later in life. It is recommended that initial breastfeeding occur during the first hour and that generally exclusive breastfeeding is adopted during the first six months.

Objective: The aim of this study is to describe how initial breastfeeding and skin-to-skin contact (Step 4 of the BFHI) is implemented in Finnish maternity hospitals as well as to explain the factors connected to it. The information can be used to develop maternity care during the immediate postpartum period.

Design: Cross-sectional study.

Methods: The data were collected from mothers who had given birth as well as their midwives via questionnaire during the spring of 2014 during one week at eight maternity hospitals in Finland. The response rate was 59% for the new mothers (n=111), while it was 57% for the midwives (n=272). The data were analysed statistically and the open-ended questions in the questionnaire using content specifications.

Findings: On the basis of the results, initial breastfeeding succeeded well after vaginal birth. Initial breastfeeding began, on average, at 41 minutes of age and lasted for 51 minutes. Of mothers, 87% regarded it a very positive experience. Initial breastfeeding was delayed mainly because of caesarean section and for reasons related to an infant’s condition. Many background factors such as midwives’ age, mothers’ parity and the mode of childbirth were statistically significant in respect to the success of initial breastfeeding.

Conclusions: More attention should be placed on the initial breastfeeding of infants born by caesarean section and primiparous mothers.

Introduction

The Baby-Friendly Hospital Initiative (BFHI) is meant to protect, promote and support breastfeeding in all places providing care to pregnant women, women giving birth, birth mothers and breastfeeding infants. Due to an alarming decrease in breastfeeding, the World Health Organization (WHO) and The United Nations International Children’s Emergency Fund (UNICEF) launched the global BFHI programme in 1991. The programme aims to ensure that every infant receives the best start for breastfeeding. The programme includes a practical guide called the ‘Ten Steps to Successful Breastfeeding’ for maternity wards (Table 1). WHO recommends starting breastfeeding within the first hour after childbirth (WHO, 2009). Nowadays mothers and newborns stay at a maternity hospital a minimum six hours up to
Background

Initial breastfeeding is healthy for infants, because the colostrum includes many various kinds of protective ingredients against infections and has a positive influence on the immune systems of infants (Walker, 2010; Kirkwood et al., 2013; WHO, 2015). Colostrum is natural, safe, and the best source of nutrition for infants, and they can digest it easily. It is rich in proteins, vitamins and minerals, which infants can assimilate quite well. Colostrum is very nutritious, and only a small amount is enough to feed an infant (THL, 2009; Deufel and Montonen, 2010). Initial breastfeeding is also important for later exclusive breastfeeding (Haxton et al., 2012; Moore et al., 2012; Perrine et al., 2012; Tang et al., 2013) and the self-efficacy of mothers at home (Koskinen et al., 2014). Early sucking during the first hour of life in developing countries prevents mortality (Chomba et al., 2008; Sloan et al., 2008; Kirkwood et al., 2013; Neovita Study Group, 2016) and the morbidity of infants (Horta et al., 2007; American Academy of Pediatrics, 2012; WHO, 2015). Skin-to-skin contact and early initial breastfeeding increase the frequency of breastfeeding (Quasem et al., 2003), balance the blood sugar levels of infants and also prevent hypoglycaemia (Romano, 2007; Walters et al., 2007; Moore et al., 2012). It has a positive effect on exclusive breastfeeding at discharge (Marín Gabriel et al., 2010; Haxton et al., 2012) and the prevalence of exclusive breastfeeding between the age of one and four months (Moore et al., 2012). Initial breastfeeding encourages positive interaction between mother and infant (WHO, 2009; Burns et al., 2012; Edwards et al., 2015).

Although the advantages of initial breastfeeding are appreciated throughout the world, there are still cultural differences. In some Asian cultures, they do not believe that colostrum is healthy for infants and recommend beginning breastfeeding after three days (Ith et al., 2012; Tang et al., 2013). In Europe, however, breastfeeding is initiated sooner (García-de-León-González et al., 2011; Hannula et al., 2014), as it is in the United States (Pérez-Escamilla, 2007; Levitt et al., 2011; Isoyama Venancio et al., 2012). Initial breastfeeding has been studied at the global level because of the numerous positive effects on later exclusive breastfeeding at home (Marín Gabriel et al., 2010; Haxton et al., 2012) and the health of both infants (Walters et al., 2007; Moore et al., 2012; Debès et al., 2013) and mothers (Burns et al., 2012; Moore, 2013; Saxton et al., 2015).

Step 4 of the BFHI’s ten-step programme was created to ‘help mothers initiate breastfeeding within a half-hour of birth’. This step also includes skin-to-skin contact and it is recommended to begin as soon as possible within the first few minutes after birth. The skin-to-skin contact should continue for at least one hour after birth (WHO, 2009). A longer period of skin-to-skin contact is suggested, if the infant has not sucked within the first hour after birth (WHO, 2009). Skin-to-skin contact (Brodribb et al., 2013; Ruser et al., 2013; Chiot et al., 2014; Tootelian et al., 2014) is important for later exclusive breastfeeding.

Skin-to-skin contact helps infants begin initial breastfeeding more quickly and easily (Bystrova et al., 2009; Widström et al., 2011; Moore et al., 2012) after both vaginal birth (Aghdas et al., 2014; Brennan and Callaway, 2014; Redshaw et al., 2014) and caesarean section (Brady et al., 2014; Sundin and Mazac, 2014). Skin-to-skin contact has a positive influence on infants’ sucking (Bystrova et al., 2007; Moore et al., 2012) and it allows infants to suck at precisely the time they are ready to suck (Walters et al., 2007; Bystrova et al., 2009), and so it should be first therapy to first line management for sucking problems (Vasquez and Berg, 2012). Skin-to-skin contact and initial breastfeeding increase the hormone oxytocin, resulting in pleasurable feelings and bonding between the mother and infant (Burns et al., 2012; Moore, 2013; Edwards et al., 2015). They promote the production and flow of breast milk (Koskinen, 2008; Burns et al., 2012). In Finland there is lack of studies on the implementation of initial breastfeeding and skin-to-skin contact, and therefore this topic has been chosen. An earlier study of the actualization of initial breastfeeding (Koskinen et al., 2014) has been conducted in the southern part of Finland.

Aim of the study

The aim of this study is to describe initial breastfeeding and skin-to-skin contact (Step 4 of the BFHI) implementation in Finnish maternity hospitals. The information can be used to develop maternity care for mothers during the immediate postpartum period.

The study addresses the following three questions:

1. How is initial breastfeeding implemented by mothers and midwives?
2. What background factors are connected to the realization of initial breastfeeding?
3. How is early skin-to-skin contact connected to the realization of initial breastfeeding?
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