

The nurse midwife role in facilitating successful breastfeeding



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Introduction

Breastfeeding has been viewed as the healthiest approach of feeding. A wide range of literatures have supported this opinion (Acheson, 1998). Since breastfeeding is helpful to promote babies' health and is generally considered as a professional issue, mothers require professional support for appropriate breastfeeding (Riordan, 2005). One of the primary responsibilities of nurses/midwives is to promote the health of babies (Riordan, 2005). Thus, it is required for them master the skills to support the initiation and continuation of breastfeeding. The aim of this essay is to investigate the role of nurse/midwife in facilitating successful breastfeeding. Firstly, approaches to support the initiation of breast feeding in the postnatal period will be studied and discussed. Secondly, methods than can be adopted to support the continuation of breast feeding in the first six months will be discussed. And thirdly, the role of the midwife/ nurse in facilitating breast feeding will be concluded.

Approaches to support the initiation of breast feeding in the postnatal period

All mothers own the right to decide the way to feed their babies. Thus, breastfeeding should be provided as an informed choice for them (Registered Nurses Association of Ontario, 2003). Nurses and midwives play the role to provide concise and clear information to all mothers in the antenatal period. They should not discriminate any women due to their choice of the approach of infant feeding but offer fully support for them when making that choice.

To ensure that the potential health risks of formula feeding and the benefits of breastfeeding can be conveyed to and understood by pregnant women, discussion about infant feeding between nurse/midwife and pregnant woman can be conducted on the one to one basis (Tayside Breastfeeding Policy Group, 2007). In this kind of discussion, nurse/midwife should explain the physiology of breastfeeding to all pregnant women simply and clearly. This is helpful to reduce common problems such as misunderstanding of breastfeeding and to cultivate pregnant women's confidence in the ability to breastfeed. Besides, written information such as documents on the antenatal feeding checklist can also be printed and offered to pregnant women.

No matter which feeding method is about to take, early skin-to-skin contact between mothers and babies should be encouraged. Once pregnant women decided to take breastfeeding, they should be encouraged to offer the first breastfeed as soon as possible. Early experiences indicated that early opportunity to suckle and skin-to-skin contact contribute to improved breastfeeding outcome (Tayside Breastfeeding Policy Group, 2007).

Nurse/midwife should provide help if it is required. The infant should be left with the mother continuously after birth. When mothers give first breastfeed, nurse/midwife should show them the appropriate gestures for feeding, such as how to support baby's head, shoulders and neck (MDPH, 2008). Besides, it is essential for mothers to have proper latch for milk production and transfer and to reduce possible pain. Nurse/midwife should also provide explanations to this point (MDPH, 2008). As to frequency and duration of breastfeeding, timed and scheduled feedings should be discouraged. While frequent breastfeeding in the early stage of postnatal should be encouraged to build

milk supply, for example, at the 8 to 12 time of feeding should be provided at 24 hours (MDPH, 2008). Baby-led feeding should be encouraged.

Breastfeeding should be provided according to infant's interests.

Unnecessary introduction of supplements such as formula and water and artificial nipples should be avoided. In order to maximize milk supply and increase the overall success of breastfeeding, mothers should be instructed to delay the introduction of formula and bottles during the first 3 to 4 weeks after delivery, which is a critical period for establishment of breastfeeding (MDPH, 2008).

The continuation of breastfeeding in the first six months

It was found that one of the major factors influencing mothers' decision of the continuation of breastfeeding is the brevity of a postpartum hospitalization. Previous studies indicated that many mothers leave hospital before breastfeeding is well established (Morrow et al., 1999). Thus, the brevity of a postpartum hospitalization can directly impact the continuation of breastfeeding. Based on this consideration, mothers require more professional immediate and consistent assistance with breastfeeding. Thus, in order to support the continuation of breastfeeding, nurse/midwife play the role to ensure the breastfeeding is well established between mother and baby during the period of hospitalization.

During the first six months of breastfeeding, nurse/midwife should try to provide sufficient information and support to enable the mothers to breastfeed exclusively. According to the review of Sikorski et al. (2001) concerning the approaches in facilitating breast feeding, they observed that the breastfeeding supported offered by professional health staff who are <https://assignbuster.com/the-nurse-midwife-role-in-facilitating-successful-breastfeeding/>

typically specialized in guiding breastfeeding such as nurse and midwife, can significantly increased exclusive breastfeeding to two months. In details, breastfeeding support interventions provided during both the antenatal and postnatal period were more supportive to increase both the rate and period of breastfeeding than interventions offered just during the postnatal period. Therefore, in order to increase the continuation of breast feeding in the first six months, supports from nurse/midwife should be provided since the antenatal period.

According to the suggestions given by the World Health Organization (WHO) (1998), the use of pacifiers and artificial teats is associated with early cessation of breastfeeding. Previous studies also suggested that although pacifiers and artificial teats are safe to use, they can directly impact the continuation of breastfeeding in the first six months. Thus, nurse and midwife should encourage mothers to minimize the use or avoid the use of pacifiers and artificial teats. Besides, it was found by Jones (1994) that cupfed preterm infants when their mothers were not able to present and breastfeed were more likely to continue breastfeed than those were fed by bottles. This suggests that even in some medical conditions, bottle fed should be avoided in order to ensure that babies can be breastfeed afterward.

The role of the midwife/ nurse in facilitating breastfeeding

It is health care professionals' responsibility to concerns over the baby's health. Support of breastfeed has been viewed as the responsibility of midwife and nurse who directly contact with pregnant women and mothers with postnatal babies in their daily work. To facilitate breastfeeding, firstly, <https://assignbuster.com/the-nurse-midwife-role-in-facilitating-successful-breastfeeding/>

nurse and midwife play an important role in advocating for “breastfeeding friendly” environments (RNAO, 2003). Their role in this aspect includes advocating for supportive facilities and systems. For example, it was suggested by RNAO (2003) that public breastfeeding areas, ‘mother and baby’ areas for breastfeeding, day-care facilities, and 24-hour help for mothers with difficulties in breastfeeding should be included. Then, community based supportive activities for breastfeeding can also be integrated into their role. For example, it was suggested by Canadian Institute of Child Health (1996) that nurse and midwife can encourage and help parents to find and join in a supportive community breastfeeding network. Educations can be provided to couples during the age for childbearing. This is helpful to assist them to make informed decisions relating to breastfeeding.

Secondly, nurses and midwives are responsible to convey new research evidence to the parents to guide the breastfeeding (RNAO, 2003). Nurses and midwives have more information access about health promotion than the common individuals. And the new health research findings may help the mothers to breastfeed in a better way. For example, it was recommended by the WHO (2000) that exclusive breastfeeding during the first six months; with introduction of other supplementary food later on with continued breastfeeding up two years is a suitable approach for breastfeeding. It is necessary for nurses and midwives to communicate this new evidence to the pregnant women and mothers. However, to ensure nurses and midwives can keep up with the latest evidence, education and training course for them is also necessary.

Thirdly, nurses and midwives should be responsible for conducting comprehensive assessments for breastfeeding both prenatal and postnatal based on the condition of mother, baby and family (RNAO, 2003). This is helpful to facilitate the development of plan for breastfeeding and conduct correspondent interventions. For example, prenatal assessment can include attitude about breastfeeding, intent to breastfeed, access to support for breastfeeding and physical factor that may influence a woman's ability to breastfeed.

Conclusion

To sum up, breastfeeding plays an important role to promote the health of babies. And the nurses and midwives' role in promoting and facilitating breastfeeding. To support the initiation of breast feeding in the postnatal period, breastfeeding should be provided as an informed choice for them. Physiology of breastfeeding and its benefits should be explained to all pregnant women simply and clearly. Guidance during the initiation period should be provided by midwives and nurses to help mothers to establish breastfeeding with their babies. During the first six months, in order to support the continuation of breastfeeding, nurse/midwife need to ensure the breastfeeding is well established between mother and baby during the period of hospitalization and to help mothers established good habit of breastfeeding. Midwives and nurses' roles in facilitating breastfeeding include advocating for "breastfeeding friendly" environments, to convey new research evidence to the parents to guide the breastfeeding and to conduct comprehensive assessments for breastfeeding both prenatal and postnatal based on the condition of mother, baby and family.