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Supporting Health Policy through a Breastfeeding Curriculum for Nursing Education



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Objectives

- By the end of this presentation the participant will be able to:
 1. Support health policy initiatives by aligning nursing education curricula and outcomes
 2. Develop an evidence-based nursing curriculum
 3. Outline a process for testing nursing curriculum

Introduction

Policy:

Surgeon General's ***call to action to support breastfeeding***.

One strategy is to ensure health professionals are better prepared to assist women is to ensure that breastfeeding is a core element in health profession education.

(U.S. Department of Health and Human Services. *Executive Summary: The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; January 20, 2011.)

Breastfeeding is associated with:

- Decreased infant and maternal morbidity and mortality
- Optimal infant nutrition (AAP, 2012; USDHHS, 2011; Bartick et al, 2013)

Exclusive Breastfeeding for 6 months:

- Prevents morbidities (obesity & other chronic illnesses) and numerous deaths (babies: NEC; women: breast & ovarian cancers, cardiovascular disease)
- U.S. cost savings of billions annually

(Bartick & Reinhold, 2010; Bartick et al, 2013)

Process

Identify Policy

- U.S. Department of Health and Human Services. *Executive Summary: The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; January 20, 2011
- *Breastfeeding: Primary Care Interventions*. U.S. Preventive Services Task Force. October 2016. [USPSTF Breastfeeding](#)

Assessing Curricula to Align with Policy

- Needs assessment: no standardized objectives or student learning outcomes pertaining to breastfeeding

Process

Developing an Evidence-based Nursing Curriculum

- Synthesis of the evidence: development of the toolkit and best practice for implementation
 - Lesson Plan
 - Voice over “multi-media” power points
 - On-line case study
 - Clinical skills checklist (demonstration and role play activities)with rubrics

Testing Nursing Curriculum

- Evaluation: pre and posttest to measure effectiveness of process
- Implementation of student learning objectives
- Outcome and revision
- Maintain fidelity for sustainability and replicability

Pre and Posttest

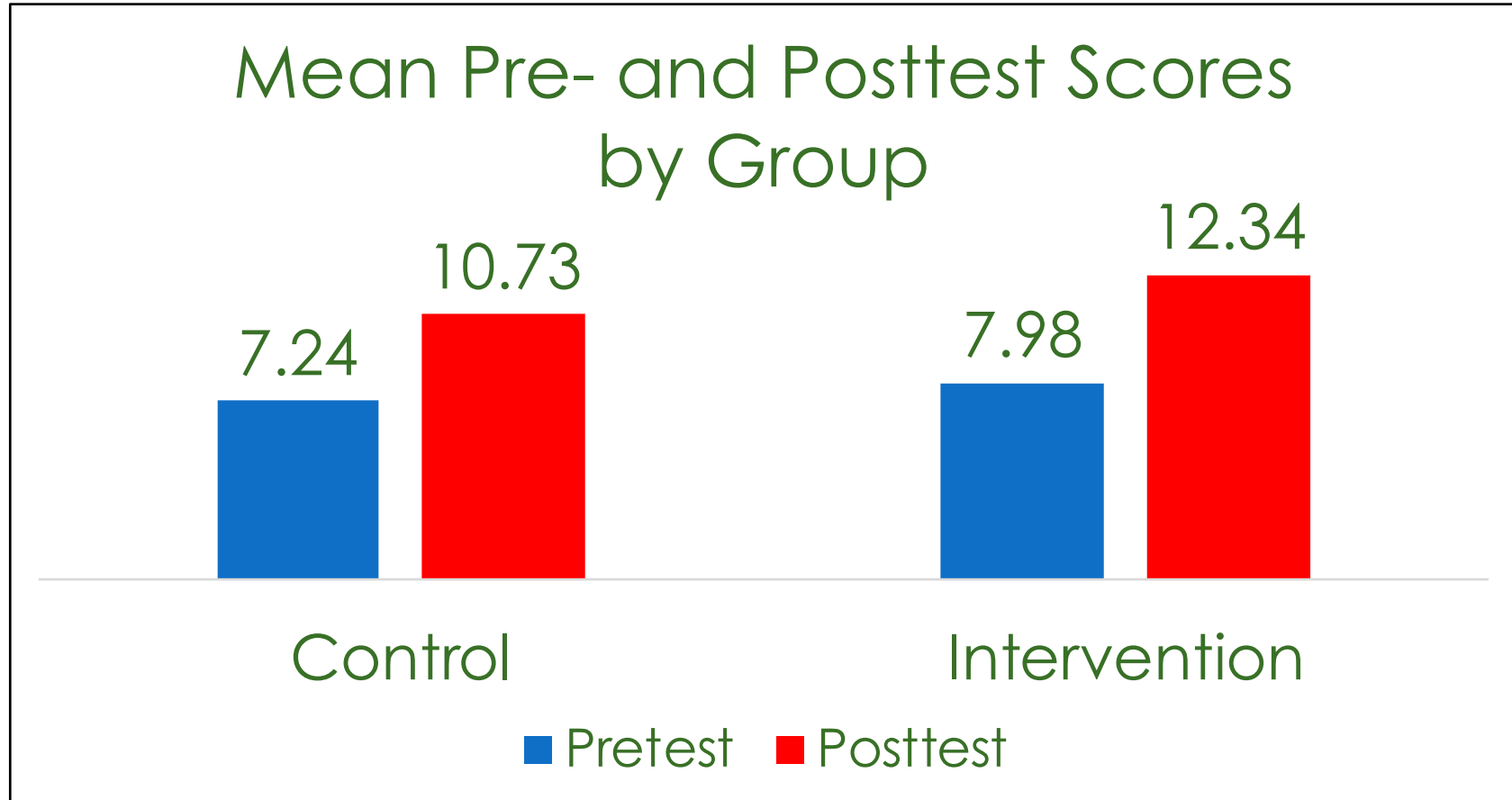
No.	QUESTIONS	True	False	Unsure
1	Mothers should be helped to initiate breastfeeding within one hour of birth (T)			
2	Either the infant or a breast pump must remove milk from the breast to establish and maintain milk production (T)			
3	About 25% of women are incapable of breastfeeding (F)			
4	In most cases, breastfeeding must end if a mother requires a prescription medication (F)			
5	Supplemental feeding with formula can be detrimental to the establishment of a good milk supply (T)			
6	Mothers intending to breastfeed should expect their nipples to be sore during & between feedings (F)			
7	Mothers know instinctively how to breastfeed (F)			
8	One stool diaper in a 24-hour period is a sign of adequate intake in a breastfed newborn at one week of age (F)			
9	The American Academy of Pediatrics recommends that babies are breastfed for at least one year (T)			
10	An infant's cry is often the first sign that (s)he is ready to breastfeed (F)			
11	A breastfed newborn should nurse every 4 hours. (F)			
12	One way to check for milk transfer from the mother to infant is to listen for the sound of infant swallowing (T)			
13	A mother may continue breastfeeding if she develops mastitis (inflammation of the breast tissue). (T)			
14	Manual expression of the breast can aid in resolving engorgement (T)			
15	Exclusive breastfeeding can lead to decreased maternal and infant morbidity and mortality (T)			

Survey tool modified and used with permission from Penny Marzalik, Ph.D, CNM, IBCLC (2004).
Breastfeeding education in university nursing programs, University of Illinois, Health Sciences Center
 ProQuest Dissertation Publishing, 312-6830

Summary of Results

- Pilot (2016): the intervention group did not score significantly higher than the control group on the posttest; improvement was significantly greater than the control group indicating more growth
- The current education method is working, the toolkit is better
- **Most recent evaluation (2017): The intervention group scored significantly higher than the control group on the posttest**

Results



The mean number of pretest items correct were statistically the same for control and intervention groups. Both control and intervention groups showed an increase in posttest scores; however, the intervention group scored higher on the posttest (*t*-test value (100 df) = -4.12, $p < 0.0001$)

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