SUPPORTING BREASTFEEDING IN AN NICU

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In a neonatal intensive care unit (NICU), mothers have described lactation as the “one thing” that only they can do for their sick infants at a time when all other caregiving activities are assumed by nurses and physicians (Kavanaugh et al. 1995). This is accomplished by pumping their milk, which is then given to their baby through a feeding tube. When the baby is medically stable, mothers progress to breastfeeding. Unfortunately, breastfeeding failure is high. Mothers frequently discontinue breastfeeding efforts prior to or shortly after discharge.

Breast milk is the most nutritionally complete food for all infants. It has many benefits including psychological, social, economic, environmental and immunologic ones. Researchers have tried for many years to determine strategies that would encourage mothers to successfully breastfeed their baby. Although Canadian breastfeeding rates have been increasing, they remain far below the national recommendation that breastfeeding be the cultural norm for infant feeding in Canada (Breastfeeding Committee for Canada). Lack of support and information appear to be the predominant reasons for mothers not to continue breastfeeding healthy infants.

Mothers who have a sick or premature infant in the NICU have additional difficulties initiating and sustaining successful breastfeeding. Breastfeeding a sick newborn is recognized to be a challenge and, even with professional support, there is little success. Standards, protocols and individual breastfeeding counselling do not appear adequate. The limited success may be due to separation of mother and infant due to hospitalization, fear for the infant’s survival, complex medical problems, a prolonged period of having to use a breast pump, and intense feelings of helplessness and loneliness. The results are frequently a decreased production of mother’s milk and a subsequent poor transition to nursing the infant at the breast. There may also be sociocultural barriers to breastfeeding.

Research has shown that parents of healthy babies, who were connected to peer counselling programs, were more successful in initiating and maintaining breastfeeding, more knowledgeable about resources, had a sense of empowerment, felt more hopeful and had a more positive attitude (Arlootti et al. 1998, Schafer et al. 1998, Long et al. 1995). Volunteers trained as peer counsellors were used as role models to provide accurate information, support and encouragement to low income families. However, literature search for peer support breastfeeding groups for the parents of sick newborns or premature babies found none available. Only Woldt (1991) offered a program using trained nurses to support breastfeeding in a NICU.

The regional high-risk perinatal centre at Mount Sinai Hospital has a 54-bed NICU serving central eastern Ontario. Since 1983, a weekly parent education and support group has been offered to parents who have a sick newborn in the NICU (Bracht et al. 1998). These groups are co-facilitated by a social worker and the parent support nurse. Mutual support and shared experiences have been found to be the most valued aspects. In this context, it was decided to address ongoing feeding issues.

Therefore, in 1992, “Feeding Your Baby” was added to the education and support group program offered to parents of infants in the NICU. With the support of a lactation consultant and dietitian, parents are given strategies and support to encourage successful transition to breastfeeding. The group structure is informal; parents introduce themselves and share their feeding experiences from pumping their milk, to tube-feeding their baby, to breastfeeding their babies in preparation for discharge home. Education and demonstration are an integral part of the program. The topic and format vary according to parental needs identified through initial introductions and ongoing questions and concerns.

Areas discussed include a review of pumping techniques, the use of the pumping equipment, the normal stages of feeding a sick newborn baby, and positioning and handling of the fragile infant. The program also focuses on discharge planning and adjusting to feeding the baby at home. Supplementary written information is available and discussed.

Breastfeeding becomes more of a challenge when a baby is hospitalized for many weeks. Feelings of frustration and despair can increase and difficulty may arise in maintaining an adequate milk supply through pumping. Ongoing emotional upheaval and decreased opportunity to pump contribute to the problem. As well, inconsistent breastfeeding information often leaves parents feeling bewildered and frustrated. Discrepant information results from different approaches offered by professionals. As well, friends and family often give advice adapted from recommendations about healthy newborns.

An important goal of the group is to ensure that every parent feels that at least some of their needs are met. This provides many challenges, as for some parents English may not be their
first language and cultural practices vary. Therefore, strategies to support families in their feeding practices include awareness of and sensitivity to differences in sociocultural aspects of breastfeeding. It is also important to be able to balance support and information. The size and diversity of the group determine the approach. It is necessary to have two group leaders present, one to provide the information and the other to observe the group dynamics and respond to individual needs. Both leaders facilitate mutual sharing.

For those who may have difficulty in a group setting, individual support may be initiated following the program, for example, by the NICU lactation consultant, primary nurse or a “parent buddy.” The “Parent Buddy Program” links parents to a veteran parent who has had a baby in the NICU. One component is the breastfeeding support offered from a mother who has “been there.” Her experience and listening skills are invaluable, especially when mothers are matched by specific language and cultural background.

Our feeding support group has had an impact on the NICU feeding practices, influenced staff awareness of the parental role in breastfeeding, and improved individual feeding care plans and discharge planning with appropriate referrals to the community.

The ongoing goals are to continue to strengthen mutual support and education for both parents and staff, and to improve liaison with other Level 2 nurseries and the community.

In response to an identified need for increased breastfeeding support on a regular basis, we have implemented a weekly breastfeeding support group, “MMMM — My Mommy’s Milk Meeting.” This is coordinated and facilitated by the NICU lactation consultant and the parent support nurse. The dietician is invited to participate. The format is similar to the ongoing weekly parent education and support group except that a light lunch is offered. Participating mothers include ante- and post-partum, as well as those who have a baby in the NICU. There is an opportunity to share experiences and support each other as well as to receive practical information and support. A veteran mother, who continues to successfully breastfeed her one-year-old son, participates on a monthly basis. The lactation consultant has also implemented phone contact following transfer or discharge to home.

It is our hope that through group and peer support, parent education and community liaison with other professionals, mothers may successful overcome the barriers to breastfeeding a baby who has been in the NICU. It is extremely important that the sick, premature and low-birth-weight infant also receives the benefits of the most nutritionally complete food for newborns in the first six months of life.

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References