

Mindful Breastfeeding: A Two-Step Approach to Increase Breastfeeding Adherence in Mothers with Preterm Infants

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Background & Significance

- An overwhelming amount of evidence indicates that breastmilk optimizes infant growth and develops the immune system (Yu et al., 2018).
- Effects of breastfeeding for mothers include a decreased risk for hemorrhage, stress, and postpartum depression (Flemming, 2021).
- Stress and anxiety experienced by postpartum mothers of hospitalized neonates disrupt the oxytocin and prolactin reflex, which is necessary for establishing lactation (Dabas et al., 2019).

PICOT

“In breastfeeding mothers of preterm infants (P), does education on implementation of meditation and music therapy during breastfeeding, and telephone follow-up at one, two-, and six-weeks post-discharge (I), compared to the standard of care (three-month follow-up visit at the developmental clinic) (C), increase breastfeeding adherence and decrease maternal stress level (O) as measured by a patient-reported tool over three months (T)?”

Review of Literature

Evidence	Database	LOE/Type	Quality/Tool
Erikson et al. (2017)	CINAHL Medline	I/RCT	A/John Hopkins
Dabas et al. (2019)	CINAHL	I/RCT	A/John Hopkins
Varisoglu et al., (2020)	CINAHL Medline	I/RCT	A/John Hopkins
Erikson et al. (2017)	CINAHL	I/mixed-method study	A/John Hopkins
Mohd Shukri et al., (2017)	Citation Chased	II/SR	A/B/ John Hopkins
Slade (2020)	JB I	V/Evidence Summary	B/John Hopkins
Joseph et al., (2019)	National Library of Medicine	V/Literature Review	B/John Hopkins

Johns Hopkins (Dang et al., 2022)

Best Practice

- Early identification of maternal stress and anxiety levels (Dabas et al., 2019; Joseph et al., 2019; Mohd Shukri et al., 2017)
- Comprehensive Education (Ericson et al., 2017; Joseph et al., 2019)
- Utilization of meditation-based audio recordings or music therapy for mothers during breastfeeding or pumping sessions (Dabas et al., 2019; Mohd Shukri et al., 2017).
- Proactive and Reactive support with telephone follow-up for at least 6 weeks after NICU discharge (Erikson et al., 2017; Joseph et al., 2019; Slade, 2020)

Implementation

Setting:

- Developmental Clinic in Northwest, IN

Key Stakeholders:

- Nurse practitioner, pediatric speech therapist, pediatric physical therapist, NICU RNs, lactation consultants, and patients

Participants:

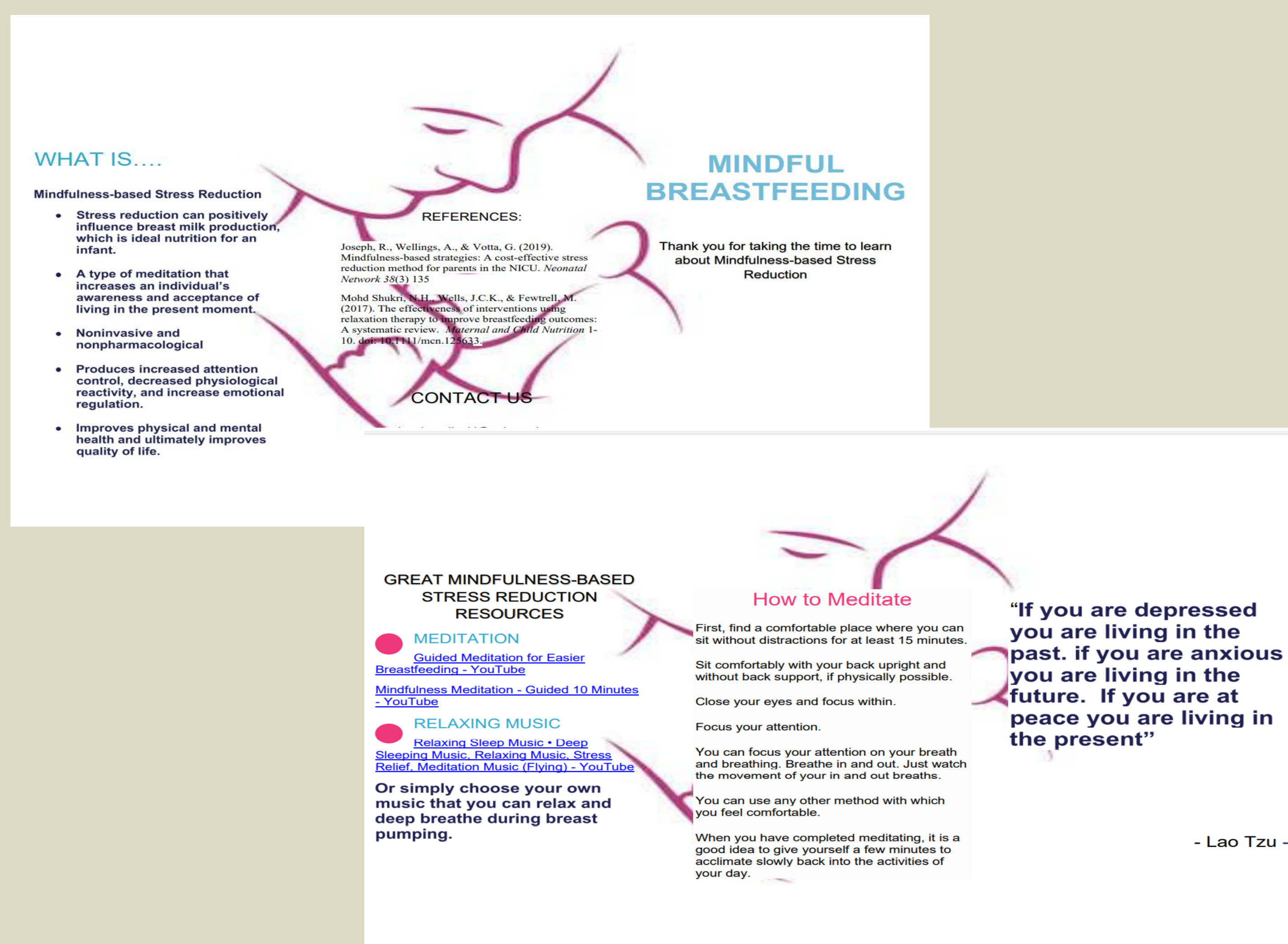
- Eleven participants with no attrition in the project

Intervention:

- Inpatient as well as outpatient telephone support and education on how to facilitate meditation or music therapy during at least one 15-minute breastfeeding or pumping session
- Mothers received an educational pamphlet about MSBR and how this method could improve the breast pumping experience
- Follow-up telephone calls at 1, 2, and 6 weeks after discharge served to reinforce education and adherence to the program.

EBP Model:

- John Hopkins Nursing Evidence-Based Practice Model was used to guide this project.



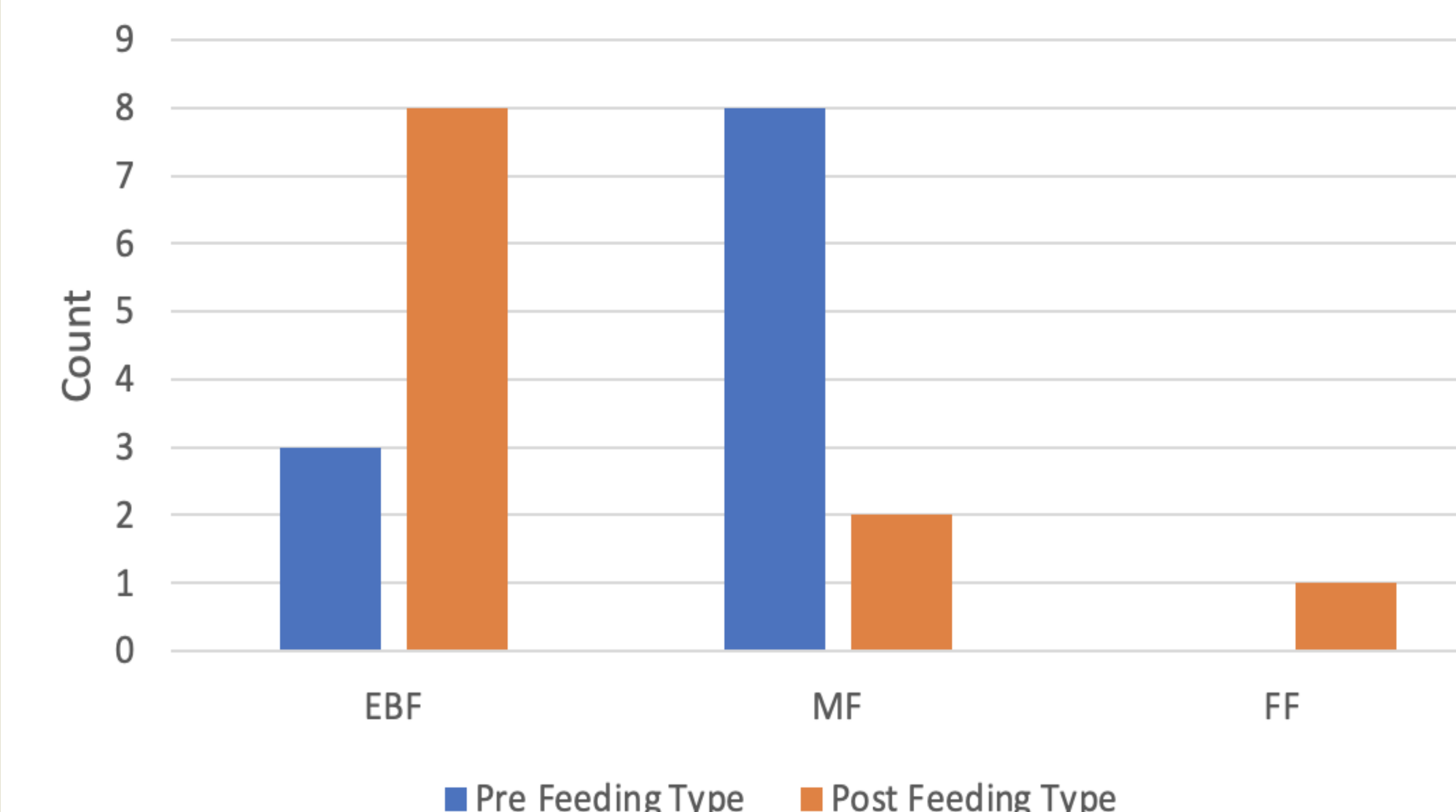
Evaluation

Primary Outcome

Improvement in Breastfeeding Adherence:

- Chi Square was conducted comparing the frequency of occurrence of infant feeding types pre-and post-intervention
- Out of the 11 participants, many participants achieved exclusively breastfeeding (n=8, 72.73%), while the others (n=2, 18.18%) had mixed-fed after the intervention.

Change in Feeding Type



Secondary Outcome

Decrease in Maternal Stress

- Wilcoxon Signed Rank Test, the p-value (p-value=0.001) is significant (Z = -3.207, p > 0.05).
- The overall data indicate that every post-STAI score was lower than the pre-STAI score.

Conclusion & Recommendations

Utilization of Meditation-Based Audio Recordings or MT

- Highly acceptable by patients
- Nonpharmacological method to reduce stress and anxiety
- Cost-effective
- Time-efficient
- Patient-Centered Intervention
- Improved breastfeeding adherence
- Decreased maternal stress and anxiety

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