

Early Breastfeeding Initiation (EBFI) Knowledge: Concept Paper

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Abstract

The Early breastfeeding initiation means practical giving of the breast milk to the baby soon after delivery that is in the first hour. Knowledge is defined as a true and justifiable phenomenon. The goal of the researchers in writing in this paper was to have an in depth description of knowledge regarding early breastfeeding initiation for the purpose of measuring and evaluating performance of nurse midwives performance. Concept analysis model postulated by Walker and Avant was used in helping describing the concept of interest. The researchers conducted literature search in a month's time using, breastfeeding journals, Journals of Nursing Philosophy Cochrane data base, Pub- med and MEDLINE as search engines. Thirty two studies that were found relevant to the concept of interest were included in the description of EBFI knowledge. Early breastfeeding initiation knowledge was cognitively appraised in almost all studies.

Keywords: Early Breastfeeding Initiation: Knowledge

Introduction and Background

Knowledge is defined as a true and justifiable phenomenon (Hunt, 1982).

The Early breastfeeding initiation means practical giving of the breast milk to the baby soon after delivery that is in the first hour (Mugadza et al., 2016). Early breastfeeding initiation (EBFI) knowledge is one of the critical nursing attributes if neonatal adverse outcomes are to be averted. According to Carper (1975) nursing knowledge should go beyond regurgitation of facts regarding a phenomenon, but rather a synthesis of facts, meaning, interpretation and application of these into practice. In tandem with this definition by Carper, (1975) EBFI knowledge should go beyond mere giving of correct answers about breastfeeding issues, but rather should reflect the cognitive, psychomotor and affective domains. It is that knowledge that is built on the four ways of knowing by Carper which are empirics, aesthetics, ethics and personal knowledge (Carper, 1975).

Empirical knowledge is that knowledge that is derived from scientific evidence to explain, describe and predict EBFI phenomenon. Aesthetic knowledge is derived from ability to perform a skill, ethics is that knowledge that respects the individual as a person and not an object while personal knowledge brings awareness of one's capabilities and limitations (Carper, 1975).

Science has proven that EBFI alone has the potential to avert neonatal adverse outcomes by 22% (UNICEF, 2016). Based on this empirical finding, the nurse who is the point of contact with the postnatal mother during the immediate post- partum period should be in a position to rationalise why it is critical for the baby to receive colostrum within an hour of as opposed to prelacteal feeds. According to PENCHUK (2006) at birth the sterile baby is delivered into a highly bacterial and viral colonised environment which will in turn colonise the baby's skin and mucus membranes. It is in light of this background that colostrum is critically vital as an immunologic dose against neonatal sepsis.

According to Denes et al., (2013) there is a strong association between EBFI and neonatal morbidity including sepsis. The nurse possessing EBFI knowledge should be able to articulate that the goal of giving the first breast milk within an hour of birth is not solely to meet the nutritional needs of the baby, but also to prevent the baby from early neonatal infections. The immunologic properties of colostrum are specific to the mother's environment and the benefits of colostrum cannot be replaced by prelacteal feeds. Knowledge of these scientific facts will internally motivate the nurse midwife to make all efforts to ensure that the baby receives the first breastmilk. If EBFI knowledge of the nurse midwife does not acknowledge the scientific proven findings then the nurse midwife is said to have a deficit on EBFI.

Problem Statement

Zimbabwe is a breastfeeding nation and a lot of studies have been done on the benefits of breastfeeding and exclusive breastfeeding in the context of prevention of mother to child transmission of HIV (PMTCT). In all these studies, assessment of knowledge of nurses and midwives regarding breastfeeding was zeroed on the cognitive domain. This approach has led to theory – practice gap with regards to EBFI as evidenced by low rates of 58% against the 90 % target recommended by [WHO] (2010). Nursing knowledge and more so EBFI knowledge has not been adequately described by assigning attributes to make it objectively measurable.

Justification of the Study

Knowledge is the key to success only when people know what it entails hence this study will provide a platform where knowledge will be described in the nursing realm so that the truth is justified. The truth about EBFI knowledge cannot be proven if the concept is not fully described. It is only when one knows her destination that she knows whether she has arrived or not; in the same way the nurse midwife will only confidently agree that they have EBFI knowledge if they know what it entails.

Purpose of statement

In this concept paper, the researcher aimed at describing what EBFI knowledge is based on the four ways of knowing in nursing for the purpose of measuring and evaluating it.

Objective

The researchers seeks to measure EBFI knowledge.

Methodology

Walker and Avant model of describing a concept was used. Walker and Avant (1995) stresses the importance of antecedents and attributes in describing a concept of interest. According to Walker and Avant (2005) antecedents are preliminary events that should be present before occurrence of the concept interest. In the context of EBFI knowledge such antecedents will be being a nurse or midwife and also working in maternity unit or in close contact with women who have given birth. Attributes are those characteristics that describe the concept of interest in a more tangible way (Walker and Avant, 2005). For a nurse midwife to be in possession of authentic EBFI knowledge she should portray empirical, aesthetic, ethics and personal knowledge.

The researchers conducted literature search in a month's time using, breastfeeding journals, Journals of Nursing Philosophy Cochrane data base, Pub- med and MEDLINE as search engines. Thirty two studies that were found relevant to the concept of interest were included in the description of EBFI knowledge. Early breastfeeding initiation knowledge was cognitively appraised in almost all studies. Researchers included articles that focussed on knowledge, practices and attitude regarding EBFI. Attitude and practices play a complementary role in describing and explaining knowledge hence the researcher found them necessary to be included. The researcher excluded articles that focused on breastfeeding in general and also duplicates.

Results

Thirty two articles were reviewed and all of them were in the context of breastfeeding. However not all articles described or explain the concept of interest (EBFI Knowledge). Sixteen articles were considered in the description and explanation of the concept EBFI knowledge (Carper, 1975, Quine, 1987, Hunt, 1982, Hunt and Sams, 1989, Plotkin, 1994, Freed et al., 1995, Syeib, 1997, Livingston and Andrews, 1998, Goldstone and Shiffrin, 2001, PENCHUK, 2006, Abhary et al., 2008, Hellings & Howe, 2009, WHO, 2010, Bindi, 2012, Craig & Dietsch, 2010).

Two researchers discussed the relationship between EBFI with reduction of neonatal morbidity and mortality (Craig & Dietsch, 2010). Three researchers described the determinants of EBFI (Thulier & Mercer, 2009, Khanal et al., 2015). These articles did not focus on knowledge rather on maternal demographic factors that influence EBFI. One article defined EBFI (Geraghty & Rasmussen, 2010). Yet another article described breastfeeding initiation and birth settings (Foster & McLachlan, 2007) while Kramer and Kukuma, 2002, Oweis, Tayem & Froelicher, 2009, Fewtrell et al., (2011) described breastfeeding in the context of its benefits. In view of the concept of interest, the dropped articles did not describe or explain the concept EBFI knowledge in a way that can be measured or evaluated.

Discussion

The goal of purpose of this paper was to give an in depth description regarding knowledge on EBFI in a way that can be well understood by the nurse midwife who is the first point of call in maternal child health service provision. While a lot of studies have been done on knowledge, there is no study that has evaluated EBFI knowledge based on the nursing way of knowing as postulated by Carper (1975). In the context of this study, knowledge is not confined to the cognitive abilities only, but a holistic approach that encompasses the science, art, affective and personal disposition. This is the kind of knowledge that brings transformation of nursing practice and yield positive neonatal outcomes.

Knowledge of EBFI goes beyond description of facts, but rather a synthesised product that involves the subjective and objective realms, the knowledge that takes on board the empirical, aesthetic, ethics and the personal knowledge as stated by Carper (1975). In his definition, Hunt (1982) knowledge is a belief that is true and justifiable. This definition entails giving a correct account regarding a phenomenon (EBFI) and this account should provide sound evidence. According to Hunt (1982), measuring knowledge based on theoretical facts alone has detrimental effects to nursing practice; hence the concept of knowing should not be confined to the theoretical realm. In one study (Freed et al., 1995) knowledge was assessed using a Likert scale on the benefits of the breast milk. Even though experience was assessed as part of

personal knowledge regarding breastfeeding, the instrument used did not fully address the art component of nursing knowledge. Correct answers given by participants regarding breast milk benefits were not rationalised to support empirical findings. According to Walker and Avant (1995) a concept of interest is said to be fully described when all its attributes are present.

In the context of EBFI knowledge description, all its attributes (empirical knowledge, art, personal knowledge and ethics) should be present. Failure to portray these attributes will render the case not model, but borderline or contrary. According to Syeib (1997) knowledge is an invisible concept that is made visible in action. While to some extent Syeib (1997) defined knowledge as the capacity to act, he did not elaborate the how part of the acting thus giving a gap in practice. In one study (Hellings & Howe, 2011) knowledge, experience and practice on breastfeeding was explored. The cognitive aspect was fully addressed, but the study lacked hands on assessment to validate the art/psychomotor component of knowing. In the same study, while the nurses acknowledged the benefits of breastfeeding, there was no rationalising of facts to support the empirical way of knowing.

According to Quine (1987) knowledge takes on board the aspect of rightful beliefs to follow. This notion fits perfectly with EBFI knowledge that allows in depth understating of the social and cultural ties that are critical for its success. A nurse midwife who is knowledgeable of EBFI takes on board the intra and interpersonal factors that are likely to facilitate EBFI. Interpersonal attributes from partners, in-laws and friends need to be considered if EBFI is to be successful (Karacam, 2008). Ability of the nurse midwife in vigilantly addressing those factors that have negative impact on EBFI portrays her aesthetic or affective component of knowing. The affective or aesthetic component of knowing by the nurse midwife will enable her to avoid harm thus observing ethics knowledge. In one study (Bindi, 2012) breastfeeding knowledge, attitude and practices was assessed among school teacher in Saudi Arabia. Attitude assessment was not adequately probed on the cultural aspects that hinder breastfeeding thus the aesthetic component of knowing was not portrayed.

Given the example of a first time mother, the nurse midwife will render practical support that include helping in baby positioning and latching of the baby to the breast, observing for presence of strong reflexes (rooting, suckling and swallowing). The nurse will give rational why it is critical for the baby to receive colostrum as opposed to prelacteal feeds. The nurse midwife will rationalise why those few drops of colostrum are still adequate for the baby's nutritional needs as its stomach will be the size of an almond. By so doing the nurse midwife will portray empirical knowledge which is evidence based. Empirical evidence justifies the immunologic properties of colostrum in reducing neonatal sepsis ()

According to Miller (1978) knowledge should allow the person to perform a task , have meaning and be able to solve a problem. Knowledge has to be acquired, retrieved from memory and influence behaviour (Hunt and Sams, 1989). In the context of EBFI, a lot of nurse midwives have been imparted with information regarding EBFI and so many institutions in Zimbabwe are Baby Friendly Hospitals, but the question is whether EBFI knowledge is wholesome.

Plotkins (1994) argued that a person is said to be knowledgeable if she possesses not only the justifiable correct belief, but also enough evidence to justify the assumption. The nurse midwife is said to be knowledgeable on EBFI if she possesses not only the correct theory, but rather adequate skills and positive attitude to support her assumption.

Epistemologists argue that for a claim to be justifiable, the person claiming should be convinced from her personal point of view (Personal Knowledge) not from hearsay. This entails that the nurse midwife knowledge on EBFI should be based on her personal self-conviction derived from experience in her clinical work. If a nurse midwife feels and acknowledges that colostrum is the best for the newborn, then she has no place to offer prelacteal feeds.

While Gettie (1963) argued that knowledge should not be always justifiable, it is important to note that a degree of evidence should accompany any information if someone is said to be knowledgeable. According to Graness and Kresse (1997) knowledge should not be an enshrined treasure rather should translate into tangible actions for the betterment of the society. The statement tallies well with the nursing knowledge that

it should not remain in the theoretical realm rather should be reflected through psychomotor skill (art), sound explanation (empirical evidence and should be seasoned by affection (aesthetic) and value of people as persons not objects (ethics). If a nurse midwife possesses such attributes of knowing, then she is a model case according to Walker and Avant (1995). Failure to meet one attribute will render her a border line case while possessing only one attribute will render her a contrary case. These grading will help measure how much knowledge does a nurse midwife possess with regards to EBFI.

Conclusion

The goal of the researchers in writing in this paper was to have an in depth description of knowledge regarding early breastfeeding initiation for the purpose of measuring and evaluating performance of nurse midwives performance. Description of the concept EBFI knowledge will help improve neonatal outcomes in view of breastfeeding in the immediate post-partum period. Several studies have measured knowledge on EBFI, but they focussed more the cognitive aspect without embracing the entire attributes of EBFI knowledge.

Taking into account the attributes of EBFI knowledge which are empirical, aesthetic, ethics and personal knowledge will help standardise evaluation of performance among nurse midwives who are the first pot of call in the service of care for mothers and their newborn babies.

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