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Implementing a Community-Based Breastfeeding and Infant Support Tent at University of Arkansas Athletic Events

An honors internship submitted in partial fulfillment of the requirements of the degree of Bachelor of Science in Nursing

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Abstract

Breastfeeding is such an important role in a mother and baby’s relationship as it establishes a unique bond while also providing health benefits for both parties involved. Unfortunately, many women are discriminated against for trying to breastfeed in public and with little to no designated breastfeeding areas or sanitary places in such spaces; they are left with very few viable options. During the last year I have been completing an internship surrounding the subject of breastfeeding and have helped to implement a breastfeeding and infant support tent at University of Arkansas athletic events. My work has included extensive research, lactation consultant shadowing, running/supervising the operations of the tent itself and much more. The experience has expanded my knowledge and training in this specific field of medicine and has enlightened me in how intricate the art of breastfeeding can actually be.
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Background

Breastfeeding is one of the first ways for a mother to establish a lasting bond with her newborn infant. Breastfeeding facilitates close skin-to-skin contact that babies desire, provides them with necessary nutrients needed to grow, contains antibodies and immunity-promoting agents that will help the child while nursing and in the future, and also establishes a way for the parents to feed their baby without having to worry about the expense that comes with formula (U.S. Department of Health & Human Services, 2019).

Many studies have determined that breast milk provides lasting health benefits for the newborn. By consuming the mother’s breast milk, the baby is being provided with IgA antibodies that can help protect against certain illnesses such otitis media, vomiting and diarrhea, respiratory tract infections, asthma, eczema, and necrotizing enterocolitis, (U.S. Department of Health & Human Services, 2019). Breastfeeding can also provide benefits to the mother as early initiation helps with uterine involution and expulsion of the placenta, which will help reduce postpartum bleeding (Gertz, 2019).

Unfortunately, many women lack the services and support they need to adequately and efficiently breastfeed. Whether this is an unawareness of the educational materials that can be accessible to them or simply the lack of time they have to take away from work to go pump, more should be being done to help these mothers obtain the assistance they need (Cowdery, et al., 2017). In addition to this, there is an unfortunate negative stigma when it comes to breastfeeding in public and many have faced discrimination for doing so (Schoultz, et al., 2016).

Legislation Surrounding Breastfeeding

According to Section 4207 of the Affordable Care Act, employers of breastfeeding women are required to provide reasonable break time to allow for the expression of breast milk
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(“Breastfeeding State Laws”, 2019). Employers are also required to provide a private and sanitary place for women to express milk and this place cannot include any type of bathroom facility. However, they are not required to compensate this break time and after one year of the child’s birth the law no longer necessitates this break allowance. In addition to this, all fifty states in the United States permit women to breastfeed in public locations if need be and there is no law against it that states otherwise (National Conference of State Legislatures, 2019).

In the state of Arkansas specifically, Act 680 states that a “woman may breastfeed her child in a public place or any other place where individuals are present (National Conference of State Legislatures, 2017).” This law also amended Arkansas’ indecency law as women can now safely and comfortably breastfeed without fear of prosecution for indecent exposure. However, even though these laws are in place and women are permitted to breastfeed in public, many people are still uneducated in this fact, causing issues for breastfeeding women. An experiment conducted by the Huffington Post exemplified that even though these laws are put into place, women face discrimination, shaming, and the possibility of being asked to leave a public place when they are breastfeeding their child (Johnson, 2016). This issue is one of the major reasons why the idea for our breastfeeding and infant support tent came about, as even though breastfeeding in public is legal in every state, we want to provide women with a secure place to do it so they can avoid any unwanted judgment from onlookers.

Educational and Training Requirements

In order to further and fully understand the art of breastfeeding I completed a great deal of extra education and training regarding the subject. Besides the basic knowledge I had established during my Obstetrics course and clinical rotation in nursing school, I found myself to be quite lacking in familiarity with the matter of breastfeeding. Because my internship would require me
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to work with mothers that may need some assistance or answers to problems they have been experiencing, my mentor, Dr. Allison Scott suggested I complete Lactation Consultant shadowing hours. With her help and the help of my OB clinical instructor at the time, I was able to get in touch with and set up a few days to shadow with a Lactation Consultant at Washington Regional Medical Center in Fayetteville, AR.

Over the course of two days I spent roughly fourteen hours shadowing two different Lactation Consultants at that hospital. We conducted consults with new moms who were trying to learn how to position their babies in order to get a strong enough latch, worked with parents who were two-weeks postpartum and were still having trouble feeding, and even sat in on some meetings regarding a new program to help draw attention to the “Golden Hour” of newborn life/breastfeeding initiation.

The Golden Hour is a term used by hospital employees in reference to the first hour of a newborn’s life and the importance of the actions that take place during that period of time. While these sixty minutes include newborn assessments, a delay of cord clamping, and a lengthy period of skin-to-skin contact, one of the components involves the initiation of breastfeeding (Neczypor, 2017). This beginning of breastfeeding not only helps the mother start to establish a milk supply, but it also has proven to provide maternal benefits as well. According to the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF), the initiation of exclusive breastfeeding leads to a more rapid uterine involution, a decrease in maternal blood loss, and an increase in maternal weight loss, thus all contributing to the overall health of the mother (“Baby-Friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care”, 2009).
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My second experience with Lactation Consultant shadowing took place much later at Willow Creek Women’s Hospital in Springdale, AR. While there were many similarities in the ways that the Lactation Consultant at Willow Creek worked with her patients compared to the consultants at Washington Regional, there were some differences due to the fact that breastfeeding is unique to every mother and can be approached from a variety of different angles. At Willow Creek we spent a lot more time in the Neonatal Intensive Care Unit (NICU) than we did at Washington Regional.

NICU babies face many health risks due to the prematurity of their arrival and therefore need extra interventions. By introducing breast milk to these infants, studies have shown a reduction in cases of necrotizing enterocolitis and retinal detachment, with an improvement in neural development (Gertz, 2019). The problem is, several of these babies are simply too underdeveloped to be able to grasp the concept of breastfeeding so it is very important for NICU nurses and Lactation Consultants to heavily advocate for the mother to pump. If a baby is not able to effectively breastfeed quite yet, pumping allows the mother to establish a quality milk supply that will be ready for the baby when he or she is mature enough to begin breastfeeding (Briere, et al., 2015).

Project Development

The idea to start a breastfeeding and infant support tent at University of Arkansas athletic events was one that my mentor, Dr. Scott, had been attempting to implement for a few years. Being a licensed Lactation Consultant, Dr. Scott had been working with new moms for years and had witnessed their struggles in finding a private/clean place to breastfeed. I came onto the project shortly after we were awarded the grant from the Women’s Giving Circle and quickly had to start working to assist in kick-starting this program. With $9,550 in budget money and a
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hope to model the tent after Auburn’s successful Tiger Babies program, we had a lot of work to do in obtaining everything needed for implementation.

Initially, my main role in the internship included a surplus of meetings and research. My first task was to find all of the equipment we would need and compare prices from a variety of stores. I spent a great deal of time finding the costs of changing tables, rocking chairs, diaper genies, oscillating fans, baby wipes, folding chairs, etc. and compiled all of the information I found into an excel spreadsheet so that Dr. Scott and my other mentor, Dr. Kelly Vowell-Johnson, could determine the best choices for the tent.

One of the bigger challenges we faced early on was simply trying to come up with a name for our program. Due to the need to find a title that fit the University of Arkansas’ “Razorback” brand yet kept in line with the charming/innocent nature our tent was attempting to elicit, it proved to be quite the task. Dr. Scott and I each spent some time trying to come up with the most suitable name and after many trials and debates with the athletic department, Tiny Tusks Breastfeeding and Infant Support Tent was birthed into existence.

Our first home football game in the fall of 2019 was the grand opening of the tent and also proved to be rather successful. With the help of other honors interns, a few additional faculty members, and a group of second semester senior nursing students completing their community clinical rotation, we were able to effectively advertise our new program and accommodate all of the mothers and babies that used our tent. We had a total of sixteen mothers utilize the tent that first game, some of which returned a few times during the day, and were able to spread the word of our new addition to Razorback Stadium for future home games.

In addition to researching equipment and working the tent, part of my internship involved creating a survey for the mothers to take after completion of their time at the tent as well as a
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spreadsheet to organize all of the data from those surveys. After the conclusion of the football season and all of the surveys were collected and analyzed, the data trends were as follows:

- 77.50% said that they would prefer to breastfeed/pump at a nursing room/tent such as ours
- 100% said that they would feel more comfortable bringing their baby with them to athletic events with the tent being there
- 98.18% said that they were “strongly satisfied” with the friendliness of our staff, cleanliness, privacy, convenience, and education materials
- 97.06% said that they would “strongly recommend” our tent to friends and family

Due to these numbers and the overall success that the tent established during football games alone, the University of Arkansas Athletic Department requested that we continue our services at all men’s basketball games as well, starting in November of 2019.

Senior Community Students Involvement

In addition to the faculty, myself, and the other honors students working the tent each game, we had several senior nursing students that volunteered to help as a project for their Community clinical rotation. Before their involvement in the tent, students were required to take the Nursing Student Breastfeeding Knowledge pre-survey, a 75-part questionnaire that determined their overall understanding of breastfeeding. After completion of this, they were then prompted to take the online Medela Breastfeeding Course designed for students to further their knowledge while also assisting in running the tent during one home game over the course of the semester. While participating in the tent, each student had to conduct some type of teaching to a mother that utilized our services that day. To accommodate this requirement, many students
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opted to create educational pamphlets or brochures that were provided at our check-in table, as well as given to each mother in a stadium approved clear bag.

Once the Medela course was completed and each student had worked at the tent, they were asked to take the Nursing Student Breastfeeding Knowledge post-survey to assess changes in knowledge from the pre-survey. Once all of the surveys were collected, the student responses to each question were recorded into two separate excel spreadsheets, one for the pre-survey and an additional one for the post-survey. Currently data from each survey is in the analysis phase.

Conclusion

Overall, this internship experience was educational and enlightening in many different ways. It was truly interesting to learn issues mothers face when it comes to breastfeeding in public places and therefore it was rewarding knowing that I could contribute to a solution for at least one population of mothers. Before my OB course and clinical rotation and especially before nursing school, my knowledge of breastfeeding was very limited. I was aware of the basic concept and how mothers always face a choice on whether to breast or formula feed their newborn, but was vastly unaware of how extensive the subject actually is. Each separate experience in this internship process allowed me to learn from different areas I had not touched in the past.

The research, survey creating, and data entry provided me with simple computer software skills that I had no reason to obtain until that point. Those processes allowed me to dive into a different mindset that did not involve hospital equipment or disease processes, providing me with a new change of pace for once. Having to master using an excel spreadsheet to configure and provide information was quite challenging but I am thankful for the task. I am confident that
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those skills will come in handy down the road whether that is in my professional or personal affairs.

The experience of shadowing a Lactation Consultant provided me with a great deal of observation experience that I had yet to receive. I learned a lot about how to ensure a baby is latching and sucking appropriately, the variety of ways a mother can hold her baby to ensure comfort for both of them, the incredible health benefits that come with breastfeeding, and much, much more.

Working the tent was probably the highlight of the whole experience for me as it was a true display of what Dr. Scott, Dr. Vowell-Johnson, the other honors interns and myself worked really hard to accomplish. It was incredible getting to interact with the mothers and their babies and hear/read the praises they had for the tent and for us. Having it all finally come together and seeing the success of it at the end of the football season was truly remarkable and allows me to understand the importance of my role in the process of it all.

Moving forward I plan to take the knowledge and experiences I gained during this internship and hopefully apply them to my professional nursing career. The impact nurses can have on breastfeeding is astronomical and it is because of this past year that I hope to provide that kind of support and guidance to a mother one day.
References


