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Jocelyn Clark

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**Tiny Tusks Internship: The Effect of Health Care Providers' Education and Attitudes
toward Breastfeeding on the Mother's Decision to Breastfeed**

Jocelyn Clark

Eleanor Mann School of Nursing, University of Arkansas

Dr. Allison Scott

498VH

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Introduction

Tiny Tusks is an organization managed by University of Arkansas professors and nursing students. Our goal is to educate the public on the maternal and neonatal benefits of breastfeeding via social media and public outreach, and to provide a private, safe, and comfortable room for breastfeeding mothers at University athletic events such as basketball, football, and gymnastics. Nursing students are able to interact with the public community to provide education and awareness on the importance of breastfeeding.

Participating in an internship with Tiny Tusks has allowed me to further understand the current issues in breastfeeding, such as limited public resources, community attitudes towards breastfeeding, and a lack of education regarding the holistic benefits of breastfeeding. Prior to the implementation of Tiny Tusks, there was no private space at University athletic events for mothers to breastfeed, diaper change their infants, or use a breast pump. While interacting with people at events, we discovered many were not aware of the maternal benefits of breastfeeding. I was able to discuss this topic and use pamphlets to educate those who were interested in learning about these benefits.

As a representative of Tiny Tusks, I was able to provide education and guidance to mothers seeking a private room, and to general people at the university events by sharing pamphlets and answering any questions they had regarding our services and the benefits of breastfeeding infants. This has allowed me to practice my teaching skills that I will use in my professional future, regardless of which unit I work on as a nurse. All patients require education before discharge, and I have gained further training to perform discharge teaching as a result of this internship experience. I plan to work as a Labor and Delivery or NICU/Nursery unit nurse, and this internship has given me additional knowledge that I can utilize with patients in the

clinical setting. When I begin graduate school, I can use this knowledge to further my goals of becoming a Nurse Practitioner in the NICU by educating parents and family members on the importance of breastfeeding to enhance the development and wellbeing of their infant.

This internship is important for students to experience because it allows for more educational opportunities and opportunities to engage in community outreach. Participating in Tiny Tusks provides concrete experience in pediatric and community nursing for students who may not receive that specific experience in the traditional nursing school clinical schedule. Nursing students in this organization are able to teach the community about the benefits of breastfeeding and obstetric and neonatal health, which allows the students to further understand the information presented in lectures taught previously. Community members who have or plan to have children benefit by obtaining information that positively affects the health of their infants and children.

Reflection

Duties required for this internship included presenting to the athletic events one and a half hours prior to the start time to prepare a table and education materials to share with the community. There were samples for mothers to use, such as nipple cream, in order to support the mother's breastfeeding process. Because many mothers who were breastfeeding also had older children, there were materials for children to use while we interacted with the mothers and infants, such as coloring sheets and stickers. I educated mothers on the benefits they can receive, as well as give to their infant, by breastfeeding. I guided mothers to the private room they would use for breastfeeding needs and diaper changes and offered assistance when needed. I shared pamphlets with and educated mothers who were interested in our services and interacted with children who were in early childhood by giving them stickers and speaking with them.

Overcoming Barriers

As with any internship, some unavoidable challenges presented themselves throughout the experience. When I began the internship in January 2020, we were able to interact with many people because the pandemic had not reached the United States yet. However, this internship, along with the entire campus and community, were soon temporarily restricted due to the COVID-19 pandemic. Because of this, Tiny Tusks nursing students were unable to physically reach out to the public to continue community health education, and we instead turned to communicating and educating via social media. Because many public businesses were closed and people were forced to stay inside their homes, we knew people would be on social media more than ever – which we used to our advantage. I was able to earn internship hours by creating posts on Facebook and Instagram, which allowed me to continue educating the community on Tiny Tusks' services and the importance of breastfeeding. We relayed information of the benefits of breastfeeding during the pandemic, such as improved immune response to foreign bodies and infections. Another challenge was that of decreased internship hours earned due to decreased number of events we were able to attend. Because of this, I have searched for virtual education opportunities to count as internship hours, such as modules that focus on breastfeeding, infant mental health, and maternal practices. I have also participated in COVID-19 vaccine clinics around the community.

Lessons Learned

While participating in the Tiny Tusks internship, I was able to think critically about the importance of community education on breastfeeding. Through continuing education modules, I added information to my own knowledge of breastfeeding benefits and maternal practices, which I was then able to use to educate others in the community. While the benefits of breastfeeding are

supported, it can be more difficult for mothers in some cultures than in others. It is part of the health care community's responsibility to enhance the mother's self-confidence in her ability to breastfeed her infant without cultural, financial, or personal burden. It is important for the mother to feel like she is supported by the health care community, who can educate her and her personal support system on the benefits of breastfeeding, such as infant protection, maternal-infant bonding and attachment, and, of course, reduced financial burden due to reduced purchasing of formula. Although she has received education, some mothers may still feel uncomfortable with the concept of breastfeeding – in which case, health care and community providers must not pressure them into breastfeeding their infant. The most important part of this process is ensuring the patient receives adequate and correct support and education. This internship also allowed me to use communication skills which I had not used prior. At athletic events, and on social media, I discussed health topics (primarily breastfeeding) with the community that may not receive this information any other way. Mothers at events expressed gratitude for our presence, which helped me realize the importance of public awareness of the importance of breastfeeding. Mothers often can feel embarrassed or can feel like breastfeeding is “taboo” to the rest of the community; however, the Tiny Tusks group is helping breastfeeding to become more normalized and to provide easier access to breastfeeding resources. Mothers can feel a certain pressure and shame from the public when they choose to breastfeed their infants, so it is a goal of the members of Tiny Tusks to reduce this stigma by educating the public on the benefits and nature of breastfeeding, along with laws designed to protect breastfeeding.

Coursework prior to starting this internship, such as Pathophysiology, Professional Practice, and clinical hours prepared me to feel comfortable speaking with the community about the benefits breastfeeding can offer, and the services Tiny Tusks offers. Working in a clinical

setting for courses granted me practice in speaking with people I had never met before, and confidence in the information I was sharing. Throughout the course of this internship, I had access to more information as I was taking courses like Medical-Surgical Nursing, Teaching and Health Promotion, Obstetrics, Pediatrics, and clinical hours. I was able to use the relevant information from these courses in the internship events I attended, as well as in social media posts on Instagram and Facebook. I was better able to understand the logic of breastfeeding after taking Obstetrics and Pediatrics and was better able to answer questions community members had.

Participating in this internship with Tiny Tusks has given me a concrete learning experience in which I was able to practice knowledge sharing with the community. In my future academic ventures to become a Nurse Practitioner in Women's Health or Neonatal Health, I will use my experience with Tiny Tusks to better understand the community's breastfeeding needs, and to learn more about actions I can take to make a difference in breastfeeding access. In my professional future as a Registered Nurse, I will use the experiences I gained as a result of this internship to better communicate with my patients. Because of this pandemic, I relied on more social media to communicate with the public and other members of Tiny Tusks. With this practice, I can better reach out to the public as a Registered Nurse to improve breastfeeding practices and educate on a broader spectrum of communities. In the clinical setting, I will be better able to listen to clients' needs and desires and will formulate a care plan that best fits their lifestyle. I will also better understand different cultural preferences in regard to breastfeeding, and edit my patient education based on what they may not know prior to hospitalization and what they feel comfortable with based on the information gained in motivational interviewing.

Review of literature: Effect of Healthcare Provider's Attitude's and Education Level on Breastfeeding as Infant Feeding Choice

Introduction

Health care workers, specifically Registered Nurses, have a large impact on how patients make decisions to lead healthy lifestyles. In the Labor/Delivery unit, the patient is often there for 12 hours or longer to delivery their newborn, which means they often build attachments to the nurses assisting with the birthing process. The Registered Nurse providing care also provides education and, sometimes inadvertently, shares their attitudes to discharge practices, such as breastfeeding. It's important for the Registered Nurse and other members of the health care team to remain unbiased and provide accurate information when providing education to patients. Increasing the amount of education and training health providers receive can improve their attitudes toward breastfeeding. This review of literature is to determine how health care providers' attitudes toward and level of education of breastfeeding affect the patient's decision-making process when deciding to breastfeed.

Methods

To find articles, I accessed the University of Arkansas Libraries webpage and completed a "QuickSearch" under the term, "breastfeeding." Once presented with results under, "breastfeeding", I searched the terms, "breastfeeding health care community" to include all articles regarding breastfeeding in the health care community. This search provided a large number of articles I was able to utilize for this review. I was able to find additional articles included in a journal webpage (Current Developments in Nutrition) that was posted as a National Center for Biotechnology Information (NCBI) resource. In total, I was able to find 13 articles to supplement this review of literature, including surveys, cohort studies, and prospective studies.

Results

Four articles, in particular, discussed the effect of interactions mothers have with health care workers. Each one focused on different aspects that can affect a mother's decision and ability to breastfeed, such as the education of health care workers, cultural influence on the health care workers and patients, and the relationships between patients and the health care workers providing care.

The Effects of Baby Friendly Initiative Training on Breastfeeding Rates and Attitudes, Knowledge and Self-Efficacy of Community Health Care Staff.

This article discusses the topic of the World Health Organization (WHO) and the United Nation Children's Fund Baby Friendly Initiative (BFI) "as the best evidence to raise breastfeeding initiation and prevalence," (Ingram et al., 2011, p. 266). One hundred health visitors and 37 nursery nurses participated in a 3-day training course in BFI in 2008 and were evaluated. Attitudes toward breastfeeding, knowledge, and staff confidence in assisting mothers to breastfeed were measured using a Breastfeeding Questionnaire and a self-efficacy tool a total of three times. Researchers found, "Breastfeeding rates at eight weeks increased significantly, and a baby born in 2009 was 1.57 times more likely to be breastfed than one born in 2006. Statistically significant improvements in breastfeeding attitudes, knowledge self-efficacy were seen after attending the course, in addition to increases in the appropriate management of breastfeeding problems. ... A small survey of mothers reported increases in exclusive breastfeeding and signs of increased breastfeeding self-efficacy," (Ingram et al., 2011, p. 266). In conclusion of this article, it has been found that mandatory training in primary care has shown to improve consistent breastfeeding advice to patients and increases the confidence of health care providers to help breastfeeding mothers. Because of this finding, more research should be done to increase training in the clinical setting to broaden the benefits to more patients. In future

research, more health care workers should be involved to increase the prevalence of breastfeeding training among health care staff.

Grandmother and Health Care Professional Breastfeeding Perspectives Provide Opportunities for Health Promotion in an American Indian Community.

This article seeks to research a grounded theory with community-based research to increase the practice of breastfeeding, which can be promoted by important family members, such as grandmothers, and health care professionals, in a rural American Indian community. The rate of American Indian women who breastfeed is below average, which leads to inequities in health outcomes. Grandmothers in the American Indian culture are seen as very important roles, especially in regard to the topic of breastfeeding and women's health. In the study, 27 grandmothers and 7 health care professionals were interviewed, and data were reviewed for discrepancies, organized thematically, and used to create constructs for breastfeeding in the community. As stated in the article, "Three major themes emerged, each with relevant subthemes: (1) importance of breastfeeding; (2) attachment, bonding, and passing on knowledge; and (3) overburdened health care system. Multiple subthemes represent stressors and impact breastfeeding knowledge, translation, and practice within this community including formula beliefs, historical traumas, societal pressures, mistrust, and substance abuse," (Houghtaling et al., 2018, p. 80). In order to increase breastfeeding rates in this community, many different people need to be involved such as, "the greater community, grandmothers, health care professionals, and scientific partners with varying skills," (Houghtaling et al., 2018, p. 80). Because of this research, the health care community can better understand the cultural values of American Indians and can better cater to their health care needs. There needs to be more research done in the culture to provide a higher quality of care to this population, especially in Women's health.

Practice of Skin-to-Skin Contact, Exclusive Breastfeeding and Other Newborn Care Interventions in Ethiopia Following Promotion by Facility and Community Health Workers: Results from a Prospective Outcome Evaluation.

In this article, researchers investigated 10 facilities to understand the effects of facility and community newborn packages that focus on interventions such as skin-to-skin contact (SSC) and exclusive breastfeeding in Ethiopia. Health care workers in 10 facilities were trained “to promote early SSC and exclusive breastfeeding for all babies born at home or in the facility,” (Callaghan-Koru et al., 2016, p. 568). Baseline household surveys were obtained and were compared to the changes in SSC and exclusive breastfeeding occurring after the provider training. “Overall practice of SSC at any time following delivery increased significantly from 13.1 to 44.1% of mothers. Coverage of immediate SSC also increased significantly from 8.4 to 24.1%. Breastfeeding within the first hour increased from 51.4 to 67.9% and exclusive breastfeeding within the first three days increased from 86 to 95.8%. At end line, SSC was significantly higher among facility births than home births...,” (Callaghan-Koru et al., 2016, p. 568). These findings highlight the importance of health care education to the patient, as facility births had a higher number of improved outcomes compared to home births. Those who delivered in the home did not increase scores significantly enough to decrease the mortality rate for low birthweight infants.

Can Person-Centered Interactions with Community Health Care Workers Improve Women’s Breastfeeding and Infant Feeding Practices in India?

This article analyzes “the effect of high-quality person-centered interactions based on respect and trust [of community health care workers (CHWs)] on recommended Infant and Young child Feeding (IYCF) practices,” (Diamond-Smith et al., 2020, p. 972). Researchers performed

this study by providing a questionnaire with seven questions regarding trust, respect, and friendliness during interactions with CHWs to mothers with children <12 months old. Outcome variables were “exclusive breastfeeding, timely introduction of complimentary feeding, and minimum diet diversity for infants,” (Diamond-Smith et al., 2020, p. 972). Results showed that 66% of mothers reported exclusive breastfeeding, 69% reported timely introduction of complimentary feeding, and 13% reported minimum dietary diversity for infants. Mothers who reported high-quality interactions with CHWs also reported feeding infants 6-12 months of age 4 or more food groups and reported an increase in exclusive breastfeeding. Complimentary feeding had no association with high-quality interactions with CHWs. In conclusion of this article, it is evident that training CHWs on social and soft skill improvement can help increase behaviors which are less prevalent, such as dietary diversity and exclusive breastfeeding.

The following table is a summary of all articles reviewed that met the search criteria.

Author Year Title	Aims	Method	Conclusion
Ingram, J., Johnson, D., & Condon, L. 2011 “The effects of Baby Friendly Initiative training on breastfeeding rates and the breastfeeding attitudes, knowledge and self-efficacy of community health-care staff”	To understand how Baby Friendly Initiative (BFI) training affects breastfeeding rates in a Primary Care population	100 health visitors and 37 nursery nurses participated in a 3-day training course in BFI in 2008 and were evaluated. Attitudes toward breastfeeding, knowledge, and staff confidence in assisting mothers to breastfeed were measured using a Breastfeeding Questionnaire and a self-efficacy tool a total of three times.	Mandatory training in primary care has shown to improve consistent breastfeeding advice and increases the confidence of health care providers to help breastfeeding mothers.

<p>Houghtaling, B., Shanks, C., Ahmed, S., & Rink, E.</p> <p>2018</p> <p>“Grandmother and health care Professional breastfeeding perspectives provide opportunities for health promotion in an American Indian community”</p>	<p>To research a grounded theory with community-based research to increase the practice of breastfeeding, which can be promoted by important family members, such as grandmothers, and health care professionals, in a rural American Indian community</p>	<p>34 grandmothers and health care professionals were interviewed, and data were reviewed for discrepancies, organized thematically, and used to create constructs for breastfeeding in the community.</p>	<p>In order to increase breastfeeding rates in this community, different people need to be involved such as grandmothers and health care staff.</p>
<p>Callaghan-Koru, J., Estifanos, A., Sheferaw, E., Graft-Johnson, J., Rosado, C., Patton-Molitors, R., . . . Baqui, A.</p> <p>2016</p> <p>“Practice of skin-to-skin contact, exclusive breastfeeding and other newborn care interventions in Ethiopia following promotion by facility and community health workers: Results from a prospective outcome evaluation”</p>	<p>To understand the effects of facility and community newborn packages that focus on interventions such as skin-to-skin contact (SSC) and exclusive breastfeeding in Ethiopia</p>	<p>214 health care workers in 10 facilities were trained “to promote early SSC and exclusive breastfeeding for all babies born at home or in the facility.” Baseline household surveys were obtained, and were compared to the changes in SSC and exclusive breastfeeding occurring after the provider training.</p>	<p>Newborns delivered in health care facilities received significantly more skin-to-skin contact compared to in-home births.</p>
<p>Diamond-Smith, N., Gopalakrishnan, L., Menon, P., Nimmagadda, S., Walker, D., & Patil, S.</p> <p>2020</p>	<p>To analyze “the effect of high-quality person-centered interactions based on respect and trust [of community health care works (CHWs)] on recommended Infant and Young</p>	<p>A questionnaire with seven questions regarding trust, respect, and friendliness during interactions with CHWs was delivered to 6635 mothers with children <12 months</p>	<p>Training CHWs on social and soft skill improvement helps increase behaviors which are less prevalent, such as dietary diversity and exclusive breastfeeding.</p>

<p>“Can person-centered interactions with community health care workers improve women’s breastfeeding and Infant feeding practices in India?”</p>	<p>child Feeding (IYCF) practices.”</p>	<p>old. Outcome variables were “exclusive breastfeeding, timely introduction of complimentary feeding, and minimum diet diversity for infants.”</p>	
<p>Ralph-Opara, U., Nyaku, A., & Olowofeso, H.</p> <p>2020</p> <p>“Improving breastfeeding Practices: The role of community breastfeeding Guardians (BFGs) in Lagos State”</p>	<p>To determine if Breastfeeding Guardian (BFG) services such as counseling, home visits, and problem solving methods, affect breastfeeding practices in Lagos State.</p>	<p>BFGs were trained to support pregnant and lactating women. Contact with 60 mothers lasted 12 months with counseling meetings and home visits for support. Assessment data of emotional intelligence and exclusive breastfeeding rates were collected in 40 different health facilities using A&T’s project data from before BFG deployment, and after. Key Informant Interviews (KIIs) were conducted with the pregnant women in their third trimester, and after delivery (4–8-month-old infants).</p>	<p>Emotional intelligence and early breastfeeding increased during the study. It’s evident that support mothers received through the BFGs were helpful to mothers who needed assistance in preparing to breastfeed their infant, as well as assisting with challenges mothers face during the first 12 months.</p>
<p>Horii, N., Allman, J., Martin-Prevel, Y., & Waltisperger, D.</p> <p>2017</p> <p>“Determinants of early initiation of breastfeeding in rural Niger: Cross-</p>	<p>To identify factors which interfere with promotion of early breastfeeding in the most vulnerable populations in rural Niger</p>	<p>One group was exposed to a child healthcare behavior change program, while another group was not exposed. 1026 women with at least one child <24 months of age were included. Odds ratios were measured with multivariate</p>	<p>High-risk mothers who are socially and economically vulnerable have a lower rate of breastfeeding within the first hour of childbirth. It was shown that family support positively impacted the</p>

sectional study of community based child healthcare promotion”		logistic regression models.	mother’s ability and choice to breastfeed early.
<p>Moyo, G., Magaisa, T., Pagiwa, A., Kandawasvika, R., Nyanga, L., Gomora, Z., & Oldewage-Theron, W.</p> <p>2020</p> <p>“Identifying barriers and enablers to exclusive breastfeeding In Mwenezi and Chiredzi Districts, Zimbabwe”</p>	<p>To understand different factors that influence the mother’s choice and ability to exclusively breastfeed (EBF) in Zimbabwe. These factors then will assist the development of interventions for behavior change in mothers with children 0-6 months of age.</p>	<p>A cross sectional study was performed, which focused on the behavior of mothers with children <6 months old who feed only breast milk. Interviews were then conducted to a total of 90 mothers: 45 who breastfed and 45 who did not breastfeed. The interview questions regarded “perceived self-efficacy, social-cultural norms, perceived positive-negative consequences, cues for action and community rules and laws....”</p>	<p>High labor burden for mothers, perceived milk insufficiency, and influence from a mother-in-law were primary barriers. Enablers were spouses and health care workers who provided support. Negative consequences to breastfeeding were time-consumption, increased workload, and increased HIV transmission risk.</p>
<p>Anyanwu, O., Simpson, R., Langlois, B., & Naumova, E.</p> <p>2020</p> <p>“Demographic and Psychosocial correlates of exclusive breastfeeding duration in Indonesia”</p>	<p>To discover whether maternal psychosocial characteristics are related to early breastfeeding duration</p>	<p>Characteristics of 3024 mothers were described, including socioeconomic status, age, education level, and psychosocial factors. Breastfeeding duration was stratified along the WHO standards (0, 1-3, 4-6, >6 months).</p>	<p>Mothers with primary and secondary education were more likely to breastfeed, compared to women with higher education. Women >40 years of age were more likely to never exclusively breastfeed. Mothers who had a lower perceived life-satisfaction had a lower likelihood to exclusively breastfeed for more than 6 months, as compared to those with higher life-satisfaction who decided to breastfeed</p>

			for more than 6 months.
<p>Cunningham, N. & Rasmussen, K.</p> <p>2020</p> <p>“Developing an action plan to support breastfeeding in Tompkins County, NY”</p>	<p>To discover barriers to EBF for 6 months, as well as interventions to support mothers</p>	<p>Interviews were conducted with 15 mothers who have breastfed in the last 3 years, along with 10 professionals who work with lactating mothers. All participants lived or worked in Tompkins County, NY.</p>	<p>There should be amendments to the method of messaging to shift the view of breastfeeding as a nurturing activity, rather than solely nutrition, to reduce community shame and judgment.</p>
<p>Burns, J.</p> <p>2020</p> <p>“Enhancing connections and providing support to improve breastfeeding practices in Benin”</p>	<p>To measure how community-based support impacts the breastfeeding practices</p>	<p>Women who were pregnant or lactating participate in monthly support meetings and counseling.</p>	<p>Engagement of household influencers, community leadership, and key decision makers are key to success in improving breastfeeding practices.</p>
<p>Gardner, W. & Kassebaum, N.</p> <p>2020</p> <p>“Global, regional, and national prevalence and trends in Infant Breastfeeding status in 204 countries and territories, 1990–2019”</p>	<p>To determine breastfeeding prevalence of infants <6 months in 204 countries and territories</p>	<p>A systematic review of 204 mothers who breastfeed their infants <6 months of age was performed. Status was divided into exclusive, predominant, partial, and none.</p>	<p>Since 1990, global preference for EBF has increased by 10%. However, many countries are still not on-track to reach the WHO goal of 50% of infants <6 months of age exclusively breastfeeding.</p>
<p>Klenzman, R., Spence, M., Colby, S., Springer, C., & Kavanagh, K.</p> <p>2020</p>	<p>To understand the relationship between postpartum anxiety, depression, self-efficacy scores, and early breastfeeding</p>	<p>A survey was conducted online to 129 mothers, and it focused on anxiety levels, depression levels, and breastfeeding self-efficacy levels.</p>	<p>Anxiety and depression negatively affect early breastfeeding, while breastfeeding self-efficacy is positively associated with early breastfeeding.</p>

“Postpartum anxiety, breastfeeding self-efficacy & breastfeeding outcomes”		Mothers who were surveyed were at least 18 years old, had infants who were 4-24 weeks of age, and had breastfed in the last 2 weeks.	
McKinley, E. 2020 “Validation of a new instrument to measure breastfeeding understanding among adults”	Create a new scale to measure breastfeeding understanding in adults, and to analyze the relationship between this and the adult’s level of health literacy	A survey was performed for 722 adults that focused on breastfeeding knowledge, understanding, and demographics. Health literacy was then assessed using the Single-Item Literacy Screener (SILS).	The level of breastfeeding understanding was significantly associated with health literacy level.

Discussion

A major theme throughout the review of the literature become evident: increased health care worker education led to improved breastfeeding rates among mothers. When health care workers were trained in the Baby Friendly Initiative, mothers reported an increase in breastfeeding exclusively and felt more confident in their ability to breastfeed their infants. When health care workers were educated, and therefore better able to promote skin-to-skin contact and breastfeeding in the clinical setting, “SSC (skin-to-skin contact) was significantly higher among facility births than home births...,” (Callaghan-Koru et al., 2016, p. 568). Community education is as important in some cultures, such as the American Indian culture in Houghtaling’s (2018) article. When involved in the breastfeeding process and education, grandmothers, traditional leaders, and health care staff can improve breastfeeding rates of mothers due to the culture’s values. Receiving support from important community members can help reduce barriers to breastfeeding such as, “formula beliefs, historical traumas, societal pressures, mistrust, and substance abuse,” (Houghtaling et al., 2018, p. 80). Creating

interpersonal relationships with the nursing staff is important to lactating mothers. As Diamond-Smith (2020) states, when community health care workers interact with patients on a personal level, behaviors surrounding infant feeding are positively affected. Mothers in this study who reported high-quality interactions with CHWs also reported feeding infants 6-12 months of age 4 or more food groups, and an increase in exclusive breastfeeding.

Limitations

Some limitations in the articles discussed include the inability for health facilities to afford additional training to their staff members, which can cause discontinuation of implementation of the important findings in these studies. Also, certain cultures may feel uncomfortable allowing breastfeeding studies to be performed within their community, which can limit the amount of global information collected. In one article, mothers reported one reason for disruption in breastfeeding was “a need to return to unsupportive workplaces,” (Cunningham & Rasmussen, 2020, p. 964). This is a common problem, and there should be more research done for the public and workplaces to increase support for lactating mothers, such as a private space for mothers to breastfeed and pump. An additional limitation to this review of literature is that the results of these articles are not generalized across many different cultures, so results may be different in other cultures. Common barriers to breastfeeding in these articles included lack of cultural support and a workload burden for the mother. In many cultures, the woman works in the home all day, which can cause her to cease breastfeeding early to keep the house in order. Many cultures rely on formula feeding instead of breastfeeding to keep the mother modestly dressed, and they don’t feel the need to increase breastfeeding education. There is additional recent information on breastfeeding that will increase health outcomes of infants and mothers in all communities if they are adequately educated. Communities can receive assistance in building

a construct that fits both the cultural values and the health needs of their members. Another issue discussed in an article was mothers in high-risk populations and who are considered vulnerable due to their economic status were more likely to provide suboptimal breastfeeding during the first hour following childbirth. This particular barrier may be due to a lack of education on breastfeeding, or a lack of family support on the issue of breastfeeding. Later in the article, Horii (2017), found that the practice of breastfeeding was positively affected when family and neighbors provided support. Health care workers can improve breastfeeding rates by educating mothers and family support members to grow the support for breastfeeding in patients of all backgrounds.

In practice, nurses can use the information provided in these articles to educate themselves better on the benefits of breastfeeding. Because nurses will be better prepared to educate on the practice of breastfeeding, their patients will be able to learn more about and feel more comfortable breastfeeding their infant. Nurses working with women and infants have the responsibility to educate their patients and the patients' support systems on the benefits of breastfeeding to enhance the health of both women and infants. With this information, nurses will be better able to care for socioeconomically vulnerable populations with more education, person-centered counseling, and meetings during antenatal and postnatal care. Nurses see a variety of cultures in the clinical setting, and these articles provide information on different cultural beliefs and practices in regard to breastfeeding and the woman's role within the community. Nurses can then assist these women and support people by discussing ways to improve breastfeeding practices after discharge and while they are caring for their infant in the community. Nurses can advocate for themselves by promoting more training in breastfeeding practices to improve rates of breastfeeding among their patients. It's important for nurses to have

recent and accurate information on all practices in order to educate others on the benefits of treatment and nutrition. Because nurses are often the health care worker most commonly near the patient, it's important for a strong relationship to be built between the nurse and patient. Nurses can do this by simply engaging in discussion with patients, and increasing the education providing during admission. Burns (2020), discussed the importance of including household influencers, such as husbands and grandmothers, in the education of breastfeeding practice. When these people were engaged and were allowed to practice with the mother, breastfeeding initiation and education and motivation of the mother to breastfeed improved. One barrier to breastfeeding that an article focused on was the presence of maternal depression and anxiety. Results indicated that anxiety and depression negatively affect early breastfeeding, so it is the nurse's responsibility to screen for maternal depression and anxiety to better educate and treat the mother before discharge.

Conclusion

Overall, this internship provided me with practical experience that I would not have received in other courses. I was able to discuss the topic of breastfeeding with members of the Northwest Arkansas community, and provided lactating mothers with support they would otherwise not have at athletic events. I noticed that mothers were thankful to have educated support for breastfeeding and other infant needs that is uncommon in other public spaces. The ability to participate in continuing education modules and lecture courses in Obstetrics and Pediatrics further prepared me for the community outreach events during the internship. Providing a safe and comfortable space for lactating mothers is an important step to improve breastfeeding rates because it allows mothers to provide nutrition to their infants while in public spaces, rather than relying solely on formula for convenient feeding. Tiny Tusks should continue

to provide this space for lactating mothers and expand their services to other university and public events in the Northwest Arkansas area to provide increased support of breastfeeding practices.

REFERENCES

- Anyanwu, O., Simpson, R., Langlois, B., & Naumova, E. (2020). Demographic and psychosocial correlates of exclusive breastfeeding duration in Indonesia. *Current Developments in Nutrition*, 4(Suppl 2), 935. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7258578/>
- Burns, J. (2020). Enhancing connections and providing support to improve breastfeeding practices in Benin. *Current Developments in Nutrition*, 4(Suppl 2), 947. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7257433/>
- Callaghan-Koru, J., Estifanos, A., Sheferaw, E., Graft-Johnson, J., Rosado, C., Patton-Molitors, R., . . . Baqui, A. (2016). Practice of skin-to-skin contact, exclusive breastfeeding and other newborn care interventions in Ethiopia following promotion by facility and community health workers: Results from a prospective outcome evaluation. *Acta Paediatrica Volume 105*, Issue 12. <https://onlinelibrary.wiley.com/doi/abs/10.1111/apa.13597>
- Cunningham, N. & Rasmussen, K. (2020). Developing an action plan to support breastfeeding in Tompkins County, NY. *Current Developments in Nutrition*, 4(Suppl 2), 964. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7258365/>
- Diamond-Smith, N., Gopalakrishnan, L., Menon, P., Nimmagadda, S., Walker, D., & Patil, S. (2020). Can person-centered interactions with community health care workers improve women's breastfeeding and Infant feeding practices in India? *Current Developments in Nutrition*, 4(Suppl 2), 972. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7257625/>
- Gardner, W. & Kassebaum, N. (2020). Global, regional, and national prevalence and trends in Infant Breastfeeding status in 204 countries and territories, 1990–2019. *Current Developments in Nutrition*, 4(Suppl 2), 992. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7257794/>
- Horii, N., Allman, J., Martin-Prevel, Y., & Waltisperger, D. (2017). Determinants of early initiation of breastfeeding in rural Niger: Cross-sectional study of community based child healthcare promotion. *International Breastfeeding Journal*, 12. <http://dx.doi.org/10.1186/s13006-017-0134-9>
- Houghtaling, B., Shanks, C., Ahmed, S., & Rink, E. (2018). Grandmother and health care Professional breastfeeding perspectives provide opportunities for health promotion in an American Indian community. *Social Science & Medicine*, 208. <https://www.sciencedirect.com/science/article/abs/pii/S0277953618302521?via%3Dihub>
- Ingram, J., Johnson, D., & Condon, L. (2011). The effects of baby friendly initiative training on breastfeeding rates and the breastfeeding attitudes, knowledge and self-efficacy of community health-care staff: Primary health care research & development. *Primary Health Care Research & Development*, 12, 3. <https://www.cambridge.org/core/journals/primary-health-care-research-and-development/article/effects-of-baby-friendly-initiative-training->

[on-breastfeeding-rates-and-the-breastfeeding-attitudes-knowledge-and-selfefficacy-of-community-healthcare-staff/5C51D73644C91277D6154968243AD839#article](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7257690/)

- Klenzman, R., Spence, M., Colby, S., Springer, C., & Kavanagh, K. (2020). Postpartum anxiety, breastfeeding self-efficacy & breastfeeding outcomes. *Current Developments in Nutrition*, 4(Suppl 2), 1020. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7257690/>
- McKinley, E. (2020). Validation of a new instrument to measure breastfeeding understanding among adults. *Current Developments in Nutrition*, 4(Suppl 2), 241. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7257324/>
- Moyo, G., Magaisa, T., Pagiwa, A., Kandawasvika, R., Nyanga, L., Gomora, Z., & Oldewage-Theron, W. (2020). Identifying barriers and enablers to exclusive breastfeeding In Mwenezi and Chiredzi Districts, Zimbabwe. *Current Developments in Nutrition* 4(Suppl 2), 249. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7258914/>
- Ralph-Opara, U., Nyaku, A., & Olowofeso, H. (2020). Improving breastfeeding practices: The role of community breastfeeding Guardians (BFGs) in Lagos State. *Current Developments in Nutrition*, 4(Suppl 2), 1342. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7258427/>

Appendix A

Table A1

Time Log

Date	Hours Spent	Description of Activity
01/18/2020	4	Basketball vs. Kentucky
01/22/2020	1	Medela Breastfeeding Training
01/22/2020	3	Basketball vs. South Carolina
02/09/2020	1	UAMS Infant Mental Health Training
02/21/2020	3	Gymbucks Meet
08/17/2020	1	Photos for Instagram
09/10/2020	1	Instagram Post
11/07/2020	4	Football vs. Tennessee
11/16/2020	1	Marketing Group Meeting
Spring 2021	44	Marketing Presentation
Spring 2021	10	Group Meetings
02/02/2021	3.5	Basketball vs. Mississippi State
02/15/2021	1	Marketing Group Meeting
02/20/2021	1	UAMS Arkansas Medical Marijuana Training
02/20/2021	1	UAMS Speech Pathologist NICU Training
02/20/2021	1	UAMS Breastfeeding Language Training
02/20/2021	1	UAMS COVID-19 Newborn Training
02/20/2021	1	CDC Marijuana in Breastfeeding Training
02/20/2021	1	3 Breastfeeding Podcasts
03/14/2021	2	“Doctor Mom” Podcast
03/18/2021	1	Pumpcast Webinar
03/19/2021	8	CHEERing for CHAMPions
03/26/2021	12	JB Hunt Vaccine Clinic
04/01/2021	5	DWR Stadium Vaccine Clinic
04/15/2021	4	Ozark Electric/Ozark Go Vaccine Clinic
04/20/2021	1.5	UAMS Expanding Clinicians’ Role in Breastfeeding Support: Part 1
04/20/2021	1.5	UAMS Expanding Clinicians’ Role in Breastfeeding Support: Part 2
04/20/2021	0.5	UAMS Exclusive Breastmilk Feeding – Steps to Success
04/20/2021	2	Baby Boot Camp Part 2: NICU Fluids & Electrolytes and CALMS
Total	121	