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Reflections on Labor and Delivery Internship

Olivia Ozier

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Introduction

For my honors thesis, I selected an internship at a Women's Hospital which provided the opportunity for full immersion into the healthcare track I hope to pursue. As a student nurse intern on a Labor and Delivery floor, I gained valuable hands-on experience interacting with actual patients and medical staff. The clinical experience in labor and delivery I received as a student is very brief. With a goal to become a labor and delivery nurse, this internship provided the insight and clarity I needed to solidify my career choice. Being part of the team on the floor allowed me to see, experience, and learn exactly what the nurse's role is in providing care to laboring and postpartum patients. By working regularly on a unit, I began to identify what makes a successful nurse. Because of the many hours I spent working as an intern, I am better educated and better prepared to provide the highest quality patient care. This experience has been a valuable investment in my future. I learned what a successful labor and delivery nurse looks like and how to become one. I have acquired the confidence to know that I can not only become a labor and delivery nurse, but also that I want to become one.

Reflection

The Women's Hospital I worked in focuses exclusively on women's health. It is a 64-bed facility complete with obstetrics, gynecology, a level III NICU, an OB/GYN emergency department, and a women's surgical team. As a student nurse intern, I served as a patient care assistant for at least two shifts per month. Upon completion of those shifts, I could devote one shift per month to shadowing an RN in the unit of my choice. I was able to shadow in Labor and Delivery, Lactation, and NICU. My daily responsibilities as a patient care assistant included taking vital signs, prepping delivery tables using sterile technique, preparing rooms for every variety of patient, and assisting both patients and nurses. During an intern shift I observed

a day in the life of the nurse, which encompasses every aspect of patient care. During these intern shifts I inserted IV's and Foley catheters, witnessed many deliveries, assisted moms in breastfeeding, and assisted with all patient care. I was able to be involved in every challenge the nurse faced that day.

Going into this internship, my personal objectives were to gain a better understanding of labor and delivery, gain experience in the field, gain perspective of women's health nursing and better understand research in the field, to understand the interdisciplinary team that works together in labor and delivery, and to practice patient education and reflect on common learning deficits. Coming out of this internship, I have exceeded my goals and gained so much more than I ever expected. I played a role in each patient's care and learned from each health care professional how to provide holistic treatment to a laboring mother. Almost daily, I educated patients on how to swaddle their baby and how to correctly secure the newborn in a car seat. I learned the impact of patient education while simultaneously providing it myself. I became a member of the very interdisciplinary team that I sought to study and understand. I completely absorbed the nurse's role in the labor and delivery process, postpartum care, and in supporting new moms with breastfeeding. My comprehension of and appreciation for these essential roles established an enthusiastic conviction in my career choice and distinctly sets me apart from other job candidates. I formed an entirely new perspective of women's health nursing, which led to my research question to be discussed later.

The foundations and health assessment courses I completed in school provided the knowledge I needed to fulfill my daily responsibilities. These classes were critical to the success of my internship. While working as an intern, I was also enrolled in my own OB and peds courses for nursing school. In the classroom, I studied topics such as how to read a contraction

strip, how to reposition a mom during labor to make the baby more comfortable, and how to facilitate breastfeeding. The opportunity to go to work and immediately observe these lessons being implemented in the clinical setting was priceless. I saw firsthand how the nurses repositioned a laboring mom, practiced reading the contraction strips myself and personally witnessed a mom breastfeeding for the first time. Establishing my own connections to the course material proved to be a significant study tool, as exhibited through my successful retention, recollection and application on classwork and examinations. In addition, these connections combined with my practical experience should strengthen my long-term knowledge recall, thereby improving my performance on my licensing exam and in my future career.

The biggest challenge I faced in this internship was time management. In labor and delivery, I never knew what kind of day to expect. It can be incredibly slow one minute, and then suddenly the unit is at capacity. The busier we became, the more the nurses relied on me to help provide quality patient care. Some days I had overlapping responsibilities, all requiring immediate attention. I overcame this challenge by communicating with my team of staff to determine how to prioritize. Time management is one of the biggest struggles reported by new graduate nurses (Buchwach, 2009). Working the labor and delivery floor provided real life practice in prioritization and the art of knowing when to ask for help. Having already developed time management skills in a hospital setting will ease my transition to a new graduate position. My experience taught me the benefits of creating a safe environment for patients while developing my confidence as a healthcare professional. Overall, my internship enriched my education, laid the foundation for success, and built a bridge to my future career in labor and delivery and postpartum nursing.

Literature Review

Abstract

Breastfeeding is very beneficial for the health of both mothers and babies (Brockway et. al, 2017). Despite this fact, not enough mothers are breastfeeding. It is important for nurses to help facilitate successful breastfeeding. The purpose of this literature review was to determine what interventions from healthcare staff impact the success of breastfeeding. Articles were retrieved from reliable sources such as CINAHL, Pub Med, and Medline in order to compare what research shows as beneficial for breastfeeding to what was observed in the clinical setting. The results revealed that health care support, educated staff, and baby friendly policies impact the success of breastfeeding. It is critical that health care staff in the women and infants' field are educated and prepared for the challenges that accompany breastfeeding.

Introduction

In the clinical setting, breastfeeding seemed to be one of the biggest challenges that patients faced, and it was a challenge they did not expect. From multiple discussions with providers and the development of a birth plan, new moms are usually prepared for the challenge of the labor and delivery process (Cook & Loomis, 2012). For most of their lives they have heard how intense this process is. Observation in the clinical setting showed that mothers were not prepared for breastfeeding, and they were not expecting it to be difficult. Breastfeeding is a huge component of women's health. Breastfeeding is not always easy, but many people do not realize this because it is a natural process. Many mothers would get frustrated when breastfeeding was not instantly successful. The postpartum period is a time where there is already a lot of stress and emotions placed on the mom ("Simple Ways to Help Reduce Stress and Anxiety after Baby," n.d.). In my internship, for every challenge the mom experienced, the

staff was prepared and eager to offer her a solution. The facility was a designated Baby Friendly Hospital, which is designed to create the best environment for breastfeeding. This designation had an obvious impact on the new moms. Jessica Eckenrode (2018) speaks on the immense impact Baby-Friendly Hospital initiatives have on a mother's experience with bonding and breastfeeding. The patients at these facilities feel more competent as mother's (Eckenrode, 2018). Therefore, the following PICOT question was developed, "Do the attitude and knowledge hospital staff have about breastfeeding influence how successful mothers are in initiating and continuing breastfeeding?"

Studies have confirmed that there are a resounding number of benefits that come from breastfeeding (Brockway et al., 2017.) Breastfeeding initiates the important bond between a mother and baby in the first few hours of life. It promotes skin to skin contact which further strengthens that bond. It allows the baby to receive antibodies from the mom that can only be found in the mother's milk, therefore breastmilk can strengthen an infant's immune system (Salone et al., 2013). There are many metabolic changes that occur during pregnancy, and lactation may help to reverse these changes (Hromi et al., 2019). Despite these proven benefits, only 37% of infants under 6 months worldwide are exclusively breastfed. This percentage continues to decline as you look at the 12- or 15-month range (Hromi et al., 2019). The United States did not meet the goals it set through the Healthy People 2020 initiatives. The reasonable goal was to have 25.5% of infants exclusively breastfed through 6 months. Only 24.9% were exclusively breastfed through 6 months (Office of Disease Prevention and Health Promotion [ODPHP], n.d.).

Methods

Literature was gathered from multiple databases to conduct this review. The Cumulative Index of Nursing and Allied Health Literature (CINAHL) was searched using the terms

“breastfeeding or breast-feeding or infant feeding or lactation or lactating” and “nurses or nursing staff or nurse,” and “support.” The terms for breastfeeding were limited to the title field. The terms for nurse and support were allowed in any field of the article. This search was limited to results that were full text, peer reviewed, published in the last five years, and studies conducted in the United States. The search results yielded 8 articles. Three articles were eliminated based upon relevance and one was eliminated as a duplicate. Four articles from this search were determined relevant and reliable and were included in this study. CINAHL was also searched using the terms “baby-friendly hospital initiatives” AND “breastfeeding outcomes” AND “nursing.” Baby-friendly was required to be in the title. Breastfeeding outcomes and nursing were not limited to one field. This search was limited to items published in the last five years. This search yielded five articles. Two articles were eliminated based on relevance. Three articles were determined relevant and reliable and were included in this study. The PubMed database was searched using the terms “breastfeeding” OR “baby-friendly” in the title, AND “outcomes” AND “nursing support” in any text field. Search results were limited to full text articles published within the last five years that study humans and are in English. Results were also limited to nursing journals that are reviews or systematic reviews. Twenty-one articles results were presented. Articles were limited to electronic access or access via interlibrary loan. Five articles were determined accessible and relevant and were included in this study. MEDLINE complete was searched using the terms “breastfeeding or lactation” in the title field AND nurse support OR nursing support AND education in any field. This search was limited to the last five years. This search presented two articles, and both were included in this study. A total of 14 articles were included in this review.

Results

There was an overwhelming theme among all studies included in this search. Most authors acknowledged that breastfeeding is extremely beneficial, and the United States is not meeting the Healthy People goals for breastfeeding (Edwards et al., 2015; Karimeh et al., 2019; Dillard, 2015; Yeh, et al., 2020; Howe-Heyman and Lutenbacher, 2016; Wood et al., 2016; Brockway et al., 2017; Cassar et al., 2020). All authors also found that a supportive staff, educated health care staff, or baby friendly hospital initiatives all produce higher percentages of moms exclusively breastfeeding (Edwards et al., 2015; AL-Nuaimi et al., 2019; Davis and Sherrod, 2015; Balogun, et al., 2017; Yeh et al., 2020; Wood et al., 2016; Cassar et al., 2020; Blatz et al., 2020; Patel and Patel 2016; Howe-Heyman and Lutenbacher, 2016; Dillard, 2015; Chetwynd et al., 2019; Towbin, 2019; Brockway et al., 2017).

Education

Six studies were focused on staff education and the influence it has on the confidence and ability of staff to support breastfeeding mothers (Edwards et al., 2015; AL-Nuaimi et al., 2019; Davis and Sherrod, 2015; Cassar et al., 2020; Blatz et al., 2020; Balogun et al., 2017). A consistent theme of not having enough education for staff was clear. These studies proved that education for staff increases their ability to help moms breastfeed which positively influences breastfeeding outcomes. Breastfeeding needs support at every level and “lack of health professional support is an important variable affecting mothers” (Edwards et al., 2015, p. 582). Edwards et al. (2015) conducted a study that provided an online continuing education course on breastfeeding to 1172 nurses and 434 physicians. Simply from a 1.5 continuing credit course the participants felt they met all seven learning objectives that were centered on promoting

breastfeeding. At least 90% of the nurses reported feeling they achieved learning each of the objectives individually. Confidence results in a better overall attitude towards promoting breastfeeding.

The “knowledge and support from well-trained professional, especially nurses and midwives, increases rates of breastfeeding initiation and continuation” (AL-Nuaimi et al., 2019, p. 243). This statement by AL-Nuaimi et al. (2019) indicates that breastfeeding education is a key factor not only for the mothers, but also for the staff. AL-Nuaimi et al. (2019) conducted a study involving 82 nurses. An intervention group of these participants was selected and provided an educational workshop on breastfeeding. The researchers found that the intervention group showed significant improvement in knowledge from just the one workshop. The respondents also answered questions and most of them “agreed that the promotion of breastfeeding by health professionals resulted in higher rate of breastfeeding” (AL-Nuaimi et al., 2019, p. 246). Similarly, the study conducted by Edwards et al. (2015) revealed that one simple educational session results in more prepared staff for breastfeeding support. Education is needed in all aspects to improve breastfeeding rates. Education is a key aspect, yet it is known to be deficient.

This deficiency may start at the very beginning level of a nurse’s career: nursing school. Davis and Sherrod (2015) studied the effect of education on nurse’s ability to support breastfeeding, but in contrast to AL-Nuaimi et al. (2019) and Edwards et al. (2015), their study was conducted on a population of nursing students. Davis and Sherrod (2015) state that “giving students information to increase their breastfeeding must be accompanied by an appropriate knowledge base and a positive attitude from the healthcare provider” (p. 8). This study provided a lecture to an entire class of nursing students focused on breastfeeding benefits, feeding cues, and proper positioning. Students in the experimental group participated in a simulation practicing

a clinical breastfeeding scenario as the nurse. Students in the control group watched a video of providers providing support to breastfeeding moms. Based on pre and posttests, it was found that “evidence-based educational intervention improved the students’ breastfeeding knowledge and attitudes toward breastfeeding” (Davis and Sherrod, 2015, p. 10).

Another study sought to determine if it was education level and specialties that influence breastfeeding support or if it was specific education focused on breastfeeding (Cassar et al., 2020). The research participants included 50 nurses. The participants took a survey inquiring about their attitudes and intentions to support breastfeeding mothers. In the survey they also had to indicate their education level and any specialty certifications they had. Targeted breastfeeding education was then provided to all of these nurses. The researchers found that Registered Nurse (RN) education was not a significant factor in nurses’ intent to support breastfeeding and neither was specialty certification (Cassar et al., 2020). Similar to the previous studies mentioned, this study did find that the targeted breastfeeding education creates more confidence in nurses thereby increasing their intent to support mothers. In the three-month period that the education was provided, the rate of exclusive breastfeeding rose by 14.95% (Cassar et al., 2020).

In contrast to most studies, Blatz et al. (2020) concluded after their survey that there was minimal difference in nurses’ attitudes towards breastfeeding before and after extra education. This result was from NICU nurses who may have had positive attitudes prior to the information and therefore swayed the results (Blatz et al., 2020).

The final article focused on education specifically looks at education implemented as part of the Baby-Friendly Hospital Initiative (Balogun, et al., 2017). Education is the second step of the Baby-Friendly Hospital Initiative’s “Ten Steps to Successful Breastfeeding”. Balogun et al. (2017) reviewed studies of hospitals that implemented this step. The study found that the

education improves nurse's confidence and knowledge of breastfeeding, promoted better attitudes of staff, and an association between staff education and positive breastfeeding outcomes (Balogun et al., 2017). This finding is consistent with the findings in the other four education studies.

Baby-Friendly Hospital Initiatives

Two studies focused on the effect of baby friendly hospital initiatives (Yeh, et al. 2020; and Howe-Heyman and Lutenbacher, 2016). Both studies found that baby friendly hospital initiatives increase the percentage of exclusively breastfeeding mothers. Yeh et al. (2020) determined that 93% of moms receiving Baby-Friendly interventions exclusively breastfed, whereas only 53% of moms exclusively breastfed in facilities without Baby-Friendly interventions. Howe-Heyman and Lutenbacher (2016) found that more evidence supports the claim that Baby-Friendly Initiatives promote better breastfeeding outcomes than not. However, it may only be a slight improvement and some results are inconclusive.

Influence of health care staff

Six studies were centered on the influence health care staff has on breastfeeding outcomes. (Dillard, 2015; Towbin, 2019; Patel and Patel, 2016; Wood et al., 2016; Brockway et al., 2017; Chetwynd et al., 2019) studied the relationship between the presence of lactation consultants and breastfeeding outcomes. It was found that participants who had at least one face-to-face session with a board-certified lactation consultant increased the number of moms breastfeeding at 6 months. Wood et al. (2016) had similar findings in their research. They concluded that interventions from lactation consultants resulted in better breastfeeding outcomes at 6 months postpartum. They also determined three areas that had significant impacts on breastfeeding outcomes. These are emotional support from healthcare staff, self-efficacy by

mothers, and acquiring knowledge and skills (Wood et al., 2016). A study done by Patel and Patel (2016) supports these same findings of lactation consultants being a big part of breastfeeding success. Brockway et al. (2017) analyzed how nurses can target a mother's self-efficacy to improve outcomes. Their studies concluded that education and support from healthcare staff improve self-efficacy, and self-efficacy increases rates of exclusive breastfeeding (Brockway et al. 2017). Lucy Towbin (2019), an IBCLC, emphasizes that healthcare staff has such an impact on breastfeeding success that even word choice matters. Towbin found that the way nurses present breastfeeding has a huge impact on the mother's decision. She states breast versus formula feeding should not be presented as two equal choices, because they are not. Nurses presenting true facts about breastfeeding benefits is critical for success (Towbin, 2019). Dillard (2015) argues that patients who receive instruction and quality care about breastfeeding are more likely to continue breastfeeding. Nurses also have a crucial role in advocating for breastfeeding and normalizing it in the community.

Discussion

Breastfeeding is complex with multiple influencing factors that are different for every mother's unique experience. Despite the complexity and individualization, there are clear interventions that directly impact the success of breastfeeding as a whole. The root of all of these interventions is hospital staff. It takes a team to provide the support that is needed for a mother and her infant. This team involves nurses, physicians, lactation consultants, family, and nurse assistants. If this team is not properly educated, they cannot provide the best possible chance of successful breastfeeding outcomes. The literature proves that well educated, confident, and willing staff provides the best chance for exclusive breastfeeding. It is also clear that lactation consultants have a huge impact on a hospital's breastfeeding outcomes. Not all facilities have

this resource, so nurses, nurse managers, and unit supervisors need to take the responsibility of ensuring they are well educated to support breastfeeding. A positive environment for breastfeeding is important to improve the rates of breastfeeding nationally. All authors highlight the need for better breastfeeding outcomes, and nurses are capable of improving these. The results of this research aligned with what I personally saw in my internship experience. The staff was well educated, supportive, and eager to assist with breastfeeding. This created a positive environment and impacted the number of moms exclusively breastfeeding.

Limitations

The research results were limited in depth. This research was a broad overview of multiple interventions healthcare staff does that impacts a mom's likeliness to breastfeed. Further studies should be conducted and focused on individual interventions such as: education, Baby-Friendly Hospital initiatives, or healthcare support. Narrowing the study to one intervention at a time would create a more focused study that would likely result in deeper, more accurate, and more concise results. A limited number of studies fit the inclusion criteria, which limits the study.

Search results are also limited due to the individualistic nature of breastfeeding. Each mom has a unique experience. Each mom comes into the care of providers with a different history and preconceived notion of breastfeeding. The ultimate deciding factor for if an infant will be exclusively breastfed is the mother. Despite correct interventions being implemented, a mother goes home and takes over responsibility for the outcome. As every mom has different home support, this makes the data harder to compare. Researchers may be unable to distinguish if the hospital interventions caused the mothers to continue breastfeeding, or if home support did. This difficult distinction weakens the results.

Finally, it was attempted to include all primary research, but it is likely that some studies could have been overlooked. Only one reviewer was utilized, therefore increasing the chance of an error in search techniques, selection methods, and bias.

There are some gaps in the literature that need to be addressed. Some studies found large differences in outcomes whereas some found very minimal differences. There are not many universal and efficient tools for measuring breastfeeding success, which likely impacted the results. The majority of designs required a form of self-reporting, due to the nature of breastfeeding. This allows more room for error and bias in results reporting. Studies were heterogeneous in terms of study design, making an accurate comparison more difficult. Results should be interpreted with caution.

Conclusion

Breastfeeding success is heavily dependent on healthcare staff. Both the knowledge and attitude of health care staff impact the success of breastfeeding. Health care professionals need to be educated, supportive, and have positive attitudes when caring for mothers deciding to breastfeed. Current and future health care professionals should be prepared to implement Baby-Friendly Hospital Initiatives to create a healthy environment for breastfeeding. Health care professionals should implement supportive breastfeeding interventions in order to promote the health of women and infants.

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