Need for Education and Support of Breastfeeding in Preterm Infants

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What We Learned

Education had positive effects on duration and frequency of breast feeding when mothers were taught that it is more beneficial than formula feeding. This is a realistic goal for hospitals or birth centers due to low cost with high reward.

Background
- A recent issue in the United States is an increase in the number of pre-term babies, which is defined as any baby born before the age of 37 weeks. In 2012, 1 in 9 babies, or 11.5% of live births, were born preterm in the United States.
- Breast feeding presents a lot of benefits; skin to skin contact, warmth for the baby as they begin to regulate their own temperature, and lower rates of infections. There are also benefits to the mother as well such as a lower risk of breast and ovarian cancer, hypertension, and cardiovascular disease.

Purpose & Aims
Our purpose of this research paper was to examine:
- Why breastfeeding was beneficial for preterm and low birth weight babies
- What difficulties new mothers of premature infants encountered when initiating breast milk feeding
- What role education had in whether a mom chose to breastfeed, formula feed, or a combination of both.

Sample
- New mothers to preterm infants
- Examined initiation and duration over anywhere from hospital stay, including some in the NICU, up to 18 months following birth.

Methods
- Database search: CINAHL
- Peer reviewed Journals only
- Dates: 2008-2014
- Search terms: breastfeeding, premature infants, weight gain

Discussion
- Exclusively breast feeding is more beneficial than formula feeding.
- Often occurs less in early term infants due to difficulties such as longer hospital stays and complicated initiation due to lack of support.
- Education increases likelihood and duration of breastfeeding.

Next Steps
- Determine the best health benefit of breastfeeding for both mom and baby.
- Study feelings new mothers have on breastfeeding vs formula feeding.
- Explore how education can be implicated within hospitals and birthing centers for nursing staff.

Limitations
- Studies did not explore the need for socioeconomic support such as incorporating whether or not programs such as WIC were accessed.
- looked at small populations and all hospital settings.

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(Craighead & Elswick, 2014; Anderson & Hake-Brooks, 2008)