

ABSTRACT

Gaps in breastfeeding and infant care have led to challenges in the postpartum period for both mother and newborn. Prenatal education provided to mothers addresses these gaps by providing easily accessible resources and knowledge at critical times. Prenatal education benefits both the mother and infant regarding breastfeeding success, maternal-infant bonding, infant temperature stability, and increased confidence and experience in the postpartum period. Prenatal education should be more readily available to mothers to guide them along their journey and give them the most up-to-date information they can use in the postpartum period, focusing on the golden hour, kangaroo care, and breastfeeding.

PICO QUESTION

For breastfeeding mothers on the postpartum unit at Davis Hospital and Medical Center, how does prenatal breastfeeding education vs. no prenatal breastfeeding education affect the golden hour and success of breastfeeding in the postpartum period.

LITERATURE REVIEW

A literature review was conducted to examine if prenatal education on breastfeeding, kangaroo care, and the golden hour positively impacted mother-to-infant experiences such as bonding, breastfeeding, and infant cares.

- The Golden Hour: The golden hour's recommendations include delaying cord clamping for 2 to 5 minutes, immediate skin-to-skin contact after an uncomplicated term delivery, and lasts for a minimum of 60 minutes (5). Enhanced thermal regulation, cardio-respiratory stability, and stable blood glucose levels benefit from skin-to-skin contact (1).

- Kangaroo Care: Kangaroo Care involves placing an undressed newborn directly on their parent's bare chest (3). Kangaroo care can be done during procedures, breastfeeding, or at any appropriate time.

- Breastfeeding: Breastfeeding is initiated within the first hour after delivery and is recommended to occur every 1.5 to 3 hours every day until the newborn is two years old (7). The frequency and dedication breastfeeding requires may become overwhelming for mothers who do not know what to expect (4).

The majority of the research shows women feel more confident and prepared to breastfeed and care for their newborn if they received prenatal education.

PRENATAL EDUCATION

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PROJECT METHODOLOGY

Prenatal education is a vital portion of an expecting mother's prenatal care. It creates the foundation for a successful birthing experience and bond between mother and newborn. Therefore, setting up an efficient lesson plan for these expecting mothers is crucial. Prenatal education can be provided in a face-to-face environment where guest speakers and hands-on learning opportunities are available or on a website with an area available for questions and answers to assist the mothers.

Plan & Implementation Process

Prenatal classes will be developed with an emphasis on the benefits of the golden hour following birth.

- MSN student will arrange a lesson plan, materials, guest speakers, and equipment for the in-person class.
- MSN student will create, organize, and maintain an online website where information can be provided, and individuals can sign up for the classes.
- MSN student will present the project to OB providers who have privileges at Davis Hospital and Medical Center.
- The in-person classes are strictly optional and free and will be provided in the education classrooms at Davis Hospital and Medical Center.

Advertisement

It is difficult to get prenatal education out there if the expecting parents do not know about it. Therefore, advertisement is crucial.

- Flyers will be posted in participating clinics, along with a stack of flyers for the expecting parents to take home. Flyers will provide information on dates, times, and locations for face-to-face classes.
- A link to the website will be provided, along with synopses of prenatal education.
- A short promotional video will be played in the waiting area at participating clinicals to promote the in-class prenatal education and bring attention to the prenatal education flyers located in the clinic.
- Davis Hospital and Medical Center will promote the prenatal education classes on its website.

Evaluation

- Following the in-person class, participants will be encouraged to leave their anonymous feedback about the course.
- This feedback will then be added to future advertisements and improvements to the class.
- Evaluation of guest speakers will be done after all guest speakers.
- The end goal for the project is to provide educational information to expecting parents to help prepare them for the golden hour and make decisions regarding their newborn care.
 - I will meet my goal by providing this information to as many people as possible and reviewing the results by having participated leave comments on our discussion/comment boards on the website about how the class helped prepare them for the golden hour and breastfeeding.



THEORETICAL FRAMEWORK

Johns Hopkins Evidence-Based Practice Model

The Johns Hopkins model cultivates research, best practice, and a form of care based on evidence (8).

- The Johns Hopkins model uses three divisions to influence change, including a question, evidence, and translation (2).
 - Question: A clinical question using the “PICOT” framework should first be developed (6). This allows a clinical question to be formed and define/narrow research.
 - Evidence: Involves research and appraising internal and external evidence to support the question refined in the question phase (6).
 - Translation: Takes the evidence and uses it to formulate and implement an action plan (6).

CONCLUSION

The literature review demonstrated a need for change and standardizing prenatal education to include breastfeeding education, golden hour education, and kangaroo care education. The Johns Hopkins evidence-based practice model can bring about the desired change in prenatal education. Women can become empowered and informed in their care when knowledge and education are provided in the prenatal period. Necessary education must give women the tools and resources required to make knowledge-based decisions and participate in their medical care. In summary, providing women with the essential prenatal education to prepare them for the postpartum period can only improve maternal and newborn outcomes.

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