

Reassessment of Delivery of Healthcare Services for Mothers after Delivery to Ensure Successful Breastfeeding Outcomes

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Abstract

Background

The goal of this study is to assess the level of support given to mothers on breastfeeding during their stay in hospital postnatally .in addition to that improving the process of patient education and supporting for breastfeeding by health care providers. The audit was carried out in maternity ward at a governmental hospital in south of the Jordan.

Methods and materials:

The subject consisted of 58 postnatal women and achieved by direct observation and enquiring the mothers and midwives

Results:

Audit findings identified that the 100% standard NICE guidelines meet reach of 36 the 58 (62.1%) mothers

Conclusion:

This audit of healthcare services for mothers after delivery highlights the need for ongoing efforts to improve the delivery of these services and enhance maternal and child health outcomes. The proposed changes and the commitment to continuous improvement provide a roadmap for addressing the issue and ensuring the delivery of high-quality healthcare services for mothers after delivery.

Keywords: case series; trichobezoar; trichotillomania; trichophagia

Introduction

Breastfeeding is quite common in Jordan, as evidenced by the fact that 92% of the children here were breastfed at some point in their lives. [1] Nonetheless, there have been some concerning signs. The rate of exclusive breastfeeding in six-month-old infants is less than optimal and is steadily declining. According to several Jordanian population and family health surveys, exclusive breastfeeding has decreased from 40% in 2007 to 26% in 2018. [2] One of the significant factors contributing to the poor breastfeeding record is inadequate and sometimes non-existent breastfeeding support provided to mothers by medical staff. Several Jordanian studies have highlighted the lack of counseling and support for mothers during their hospital stay or when they attend antenatal care. [3] Some authors have argued that breastfeeding policies are ineffective and that there is a lack of health promotion policies aimed at improving attitudes toward breastfeeding among women of childbearing age. At the same time, there is a gap in healthcare provider training. [4,5] This study seeks to improve hospital staff support for breastfeeding mothers, as well as to emphasize the importance of breastfeeding counselling and education in raising awareness and orientation to breastfeeding, as well as in maintaining and extending the period of breastfeeding.

Materials and Methods

This study was carried out in a prospective manner done by medical students under the supervision of the department specialist. Data was collected by history taking from patients and from their medical records to ensure all related data was gathered. A total of 59 mothers who gave birth recently in the hospital comprised the sample for this study. They were selected starting from 4/12/2022 randomly by taking their medical history for 4 weeks to assess the support for breastfeeding in the postnatal period.

Result:

First loop:

Evaluation of the audit findings identified that the 100% standard NICE guidelines meet reach of 36 the 58 (62.1%) mothers. **Figure (1) Table (1).** Of 58 mothers and babies, all of babies were appropriate for developmental age. Also, 37 (63.8%) of babies were on breast feeding and 19 (36.3%) of babies were on breast and formula feeding while only 2 (3.4%) babies were on formula feeding alone **Figure (2) Table (2).**

In addition, 40 (69%) mothers fed their babies on demand, 5 (8.6%) mothers fed their babies by 30 ml every 2 hours for formula feeding, 2(3.4%) mother fed her baby by 30 ml 2 times since delivery, 1(1.7%) mother fed her baby by 30 ml 3 times since delivery, 2 (3.4%) mothers fed their babies by feeding on demand for breastfeeding and 30 ml every 2 hours for formula feeding, 1(1.7%) mother fed her baby by feeding on demand for breastfeeding and 30 ml 2 times for formula feeding, 1(1.7%) mother fed her baby by Feeding on demand for breast feeding and 30 ml 3 times since

delivery for formula feeding, 1(1.7%) mother fed her baby by 30ml every 2hour for formula feeding, 1(1.7%) mother fed her baby by Feeding on demand and 30-60 ml 4 times a day for formula feeding, 1(1.7%) mother fed her baby by 20 ml 8 times since delivery for formula feeding, 2(3.4%) mothers fed their babies by 60 ml 6 times for formula feeding. , 1(1.7%) mother fed her baby by 30 ml 4 times a day for formula feeding. **Figure(3) Table (3).** Mean and standard deviation for age of babies, mothers, and gestational age was 4 (4.32), 31.6 (5.7), 38.4 (1.21) respectively.

| Counseled about breastfeeding or not | Counts | % Of Total | Cumulative % |
|--------------------------------------|--------|------------|--------------|
| No | 22 | 37.9 % | 37.9 % |
| Yes | 36 | 62.1 % | 100.0 % |

Table 1: Frequencies of Counseled about breastfeeding or not

| Type of Feeding | Counts | % Of Total | Cumulative % |
|---------------------------|--------|------------|--------------|
| Formula feeding | 2 | 3.4 % | 3.4 % |
| Breastfeeding and formula | 19 | 32.8 % | 36.2 % |
| Breastfeeding | 37 | 63.8 % | 100.0 % |

Table 2: Frequencies of Type of Feeding

Counseled about breastfeeding or not

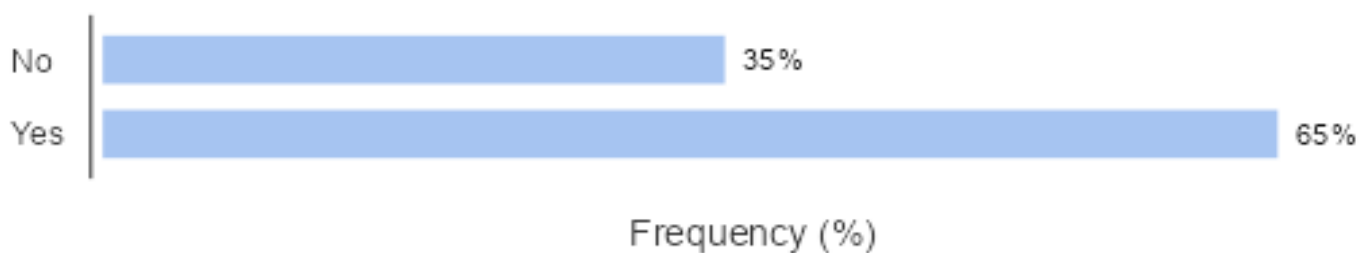


Figure.1 shows the frequency and percentage of Counseled breastfeeding.

Type of Feeding



Figure.2 shows the frequency and percentage of types of feeding

Amount of Feeding

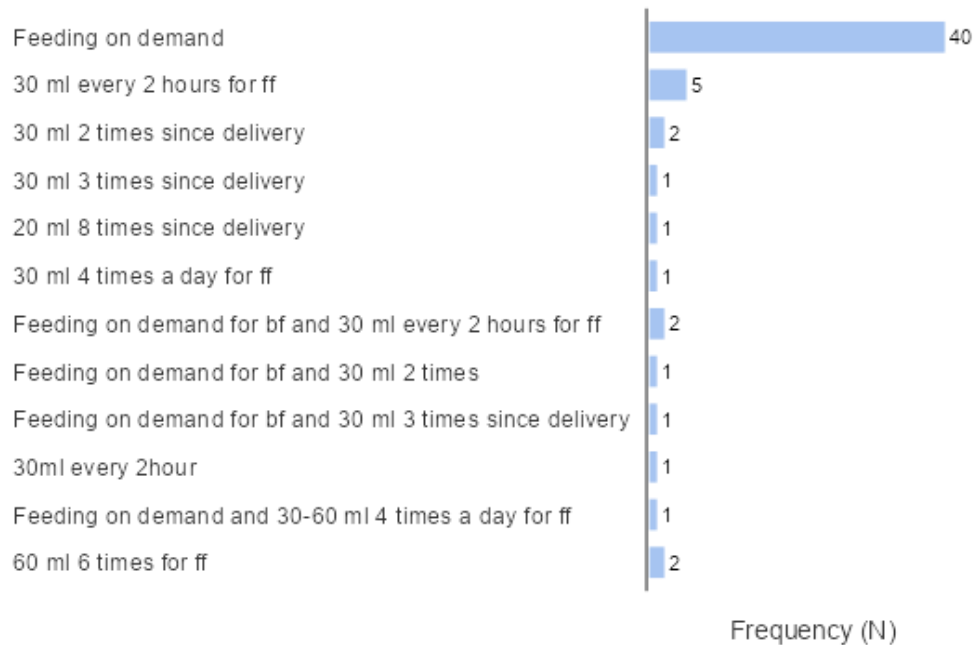


Figure 3: shows the frequency and percentage of amount of feeding.

| Amount of Feeding | Counts | % of Total | Cumulative % |
|---|--------|------------|--------------|
| Feeding on demand | 40 | 69.0 % | 69.0 % |
| 30 ml every 2 hours for ff | 5 | 8.6 % | 77.6 % |
| 30 ml 2 times since delivery | 2 | 3.4 % | 81.0 % |
| 30 ml 3 times since delivery | 1 | 1.7 % | 82.8 % |
| 20 ml 8 times since delivery | 1 | 1.7 % | 84.5 % |
| 30 ml 4 times a day for ff | 1 | 1.7 % | 86.2 % |
| Feeding on demand for bf and 30 ml every 2 hours for ff | 2 | 3.4 % | 89.7 % |
| Feeding on demand for bf and 30 ml 2 times | 1 | 1.7 % | 91.4 % |

Table 3: Frequencies of Amount of Feeding

Discussion

A recent audit of healthcare services for mothers after delivery raised concerns about the delivery of breastfeeding education and support. According to the audit results, 35% of women did not receive adequate guidance and resources on breastfeeding techniques and timing. The audit revealed that 63.8% of women were breastfeeding, 32.8% were breastfeeding and formula feeding, and only 3.4% were formula feeding. These results suggest that while many women are breastfeeding, a significant proportion still require additional support and education. [6] Breastfeeding is a crucial aspect of maternal and child health, and providing women with proper education and support can have a significant impact on their breastfeeding success. [7,8] Despite recommendations by the World Health Organization (WHO) to exclusively breastfeed for the first six months of an infant's life and continue breastfeeding with complementary foods thereafter [6], many women face challenges during the breastfeeding process and require additional support. The audit results indicate a gap in the delivery of healthcare services for mothers after delivery, which may be due to various factors, such as resource limitations, a lack of healthcare provider training, or under-prioritization of breastfeeding education and support. [9] Regardless of the cause, the implications are clear: mothers are not receiving the necessary support to ensure successful breastfeeding, which could harm both their health and their infants' health. [10] To address this issue, a

comprehensive approach is needed to enhance the delivery of healthcare services for mothers after delivery. Healthcare providers, policymakers, and stakeholders must prioritize the development and implementation of effective strategies to improve breastfeeding education and support for mothers. [6] This requires further research and intervention to ensure that women receive the support they need for successful breastfeeding.

Proposed changes to enhance the delivery of healthcare services include increased training and education for healthcare providers, development of educational materials for mothers, implementation of a breastfeeding support program, and regular monitoring and evaluation. [7] These changes aim to ensure that mothers receive the necessary education and support to achieve successful breastfeeding, which will have positive impacts on both their health and their infants' health. [10] The implementation timeline is 6-12 months, with regular monitoring and evaluation conducted to assess the program's effectiveness and make necessary adjustments.

A re-audit of the teaching of proper breastfeeding techniques and timing for mothers after delivery is an important component of the continuous improvement process. Regular monitoring and evaluation, an annual re-audit, and a commitment to continuous improvement will be crucial in ensuring the lasting impact of the changes introduced. The ultimate goal of the re-auditing process is to guarantee that the delivery of healthcare services

for mothers after delivery consistently meets women's needs and requirements, enabling successful breastfeeding outcomes. [7]

The audit and proposed changes have significant implications for the field of healthcare, and they have been acknowledged in several studies and literature. One of the key findings is the importance of providing comprehensive and effective healthcare services for mothers after delivery, which is crucial for maternal and child health outcomes. Studies have shown that inadequate support and education on breastfeeding can result in reduced breastfeeding rates, decreased duration of breastfeeding, and decreased health outcomes for both mothers and infants. [11,12]. A systematic review of interventions aimed at improving breastfeeding outcomes revealed that comprehensive support, education, and counseling can significantly increase breastfeeding rates and duration.[13]

Rcomendations

In line with these findings, the proposed changes aim to enhance the delivery of healthcare services for mothers after delivery and improve the quality of support and education provided on breastfeeding. The implementation of these changes is expected to have a positive impact on maternal and child health outcomes, including increased breastfeeding rates and duration.

To ensure the lasting impact of the changes, an annual re-audit and commitment to continuous improvement is essential. Monitoring and evaluation of the changes introduced will provide valuable insight into the program's effectiveness and allow for necessary adjustments to be made. This approach aligns with the principles of quality improvement in healthcare and has been supported by several studies and literature

Conclusion

In conclusion, the recent audit of healthcare services for mothers after delivery highlights the need for ongoing efforts to improve the delivery of these services and enhance maternal and child health outcomes. The proposed changes and the commitment to continuous improvement provide a roadmap for addressing the issue and ensuring the delivery of high-quality healthcare services for mothers after delivery.

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