

3-2004

## You sure can tell...

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### Recommended Citation

Spear, Hila J., "You sure can tell..." (2004). *Faculty Publications and Presentations*. 8.  
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# "You Sure Can Tell..."

by Hila J. Spear

Whether obstetric nurses practice at the bedside or as midwives, they are privileged to work with women during the profound and important life events of childbirth, establishment of the mother/infant bond, and the process of breastfeeding. It is valuable to reflect on actual experiences and perspectives of childbearing women to gain insight as to how we can better meet their needs. The following narrative related to breastfeeding summarizes a personal experience of a new mother admitted to a hospital postpartum unit. Based on this account, I discuss some reminders about the importance of support and how nurses are in a unique position to either empower or sabotage the efforts of new mothers who choose to breastfeed their infants.

My daughter, Lori, recently gave birth to my first grandchild, a beautiful and healthy baby girl. Her labor and delivery experience for the most part was a very positive one, with supportive nurses and physicians in attendance. Within about thirty minutes after delivery, she was able to put her newborn baby to breast. Once she was transferred to the postpartum unit, Lori found that most of the nurses were kind, friendly, and generally supportive of her desire to exclusively breastfeed her baby. A few of her observations and experiences, however, revealed that some nurses were not so encouraging of breastfeeding.

For example, without Lori's permission, her baby was brought to the room with a pacifier in the crib. Also, as a first-time mother, she found it less than helpful when some of the nurses made comments like, "Oh, I think she's going to need a pacifier" and "You might need to supplement her with formula" in response to some of her questions about breastfeeding. Lori asked me, "If the nurses knew that I was breastfeeding, why did some of them suggest that I use a pacifier?" While some nurses were quick to offer a pacifier, others did not. Lori told me, "Mom, you sure can tell which nurses are in favor of breastfeeding." She pointed out that several of the nurses were very helpful and positive about breastfeeding. When Lori told one of the nurses that she did not want her baby to have a pacifier, the nurse immediately responded to her request by posting a sign on the baby's crib that stated, "Do not give artificial nipples."

As a former labor and delivery nurse and certified lactation consultant, I like to think that nurses are educated about the well-documented superiority of breastfeeding and, despite personal history or prefer-

## ABSTRACT

This article summarizes the personal experience of a first-time mother admitted to a hospital postpartum unit and reminds us that nurses are in a position to either empower or sabotage the efforts of new mothers who choose to breastfeed.

ences, careful to provide the needed support and encouragement for mothers who choose to breastfeed their infants. Furthermore, not only should nurses provide encouragement and up-to-date information for novice as well as experienced breastfeeding mothers, they need to make a concerted effort to provide consistent teaching and guidance. New mothers, particularly first-time mothers, are overwhelmed with information and stimulus overload as they make initial adjustments to motherhood and begin to establish a nurturing relationship with their newborn.

Knowledge about the benefits of breastfeeding and a positive attitude are related. In my research, I have found that the more knowledgeable nurses are about breastfeeding, the more positive their attitudes are about breastfeeding (Spear, in press). Others have noted the need for nurses to provide accurate information about breastfeeding practices and the relationship between nurses' knowledge about breastfeeding and supportive behavior (Bernaix 2000; Monzingo, et al. 2000; Patton, et al. 1996). The following statement by Patton, et al. (1996), is still applicable to nursing practice today: "Nurses need support and continuing education to identify personal bias and knowledge deficits which hinder breastfeeding promotion" (111).

Obstetric nurses and midwives are rightfully expected to be knowledgeable advocates for the successful initiation and maintenance of breastfeeding. Also, to increase the likelihood of long-term breastfeeding as recommended by the American Academy of Pediatrics, it is important for parents to select a pediatrician who is supportive and knowledgeable about breastfeeding. Parents need the support of a pediatrician who will not be inclined to suggest switching to infant formula at the first sign of feeding challenges or problems, which often can be easily addressed and remedied with one-on-one support of the mother.

Patients may view those nurses who provide misinformation or who suggest activities that may impede successful breastfeeding as unsupportive or less than knowledgeable about the practice. Regardless of the patient's interpretation of the nurse's behavior and atti-

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NOTE: This paper was published in *The Birthkit*, No. 40, Winter, 2003, p. 6, and may be republished as is in another journal, per Jessica Cagle, Managing Editor, *Midwifery Today* [[mgeditor@midwiferytoday.com](mailto:mgeditor@midwiferytoday.com)]. The original title of piece, "You sure can tell which nurses are in favor of breastfeeding," was shortened to "You sure can tell."

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tudes related to breastfeeding, it is important for nurses to acknowledge the critical role that they play in assisting mothers to establish and maintain the fine art of breastfeeding. Undoubtedly, nurses are in a position to make a positive difference if they make it a priority to be informed and if they provide women who choose to breastfeed with support, encouragement, and accurate information.

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