

**The Lived Experience of Nurses and Midwives
Implementing a Clinical Practice Guideline for
Care of the Nutritionally Compromised Infant**

by

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ABSTRACT

In early infancy the body is developing at a rapid rate and the consequences of poor nutrition can be devastating. Evidence suggests these infants will have poorer outcomes with lasting effects including chronic poor eating behavior resulting in underweight, obesity and in severe cases, death. Identifying infants experiencing compromised nutrition and implementing appropriate management strategies is essential in ensuring better health outcomes for these infants and their families. The use of evidence-based guidelines is one of the most effective tools for improving the quality of care. Changing practice is challenging and a better understanding of the experiences of health professionals who engage in using evidence-based guidelines in complex situations is required. The purpose of this study was to describe and interpret nurses' and midwives' experience of implementing a clinical practice guideline for care of nutritionally compromised infants in a primary health care setting. The research employed a hermeneutic interpretative phenomenological design. A purposive sample of nurses and midwives, recruited from a Family Centre, generated data through eleven interviews and one focus group. Phenomenological analysis was informed by Van Manen's (1990) concurrent procedural steps. Four major themes emerged. They included Pathway to Awareness, Depth of Practice, Identifying and Acknowledging the Issue and Mothers' Milk. The essence of the participants' experience revealed their strongly held belief that 'breast was best' to promote optimal infant growth and development and this may have been compromised by implementing some of the management strategies outlined in the guideline. This research highlights two issues. First, nurses' and midwives' capacity for change is enhanced when their beliefs and feelings are acknowledged and when shared dialogue and support mechanisms are incorporated into the phases of implementing a guideline. Second, further research exploring the effects of complementary formula feeding on infant breast feeding behaviour and maternal capacity to generate optimal breast milk supply may further assist nurses, midwives and clients in making decisions regarding care of nutritionally compromised infants.

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DEFINITION OF TERMS

ACT Australian Capital Territory

Breastfeeding

This terminology has been adopted by the World Health Organisation and supported by the Australian National Breast Feeding Strategy (ACT Health 2010 p.5).

Exclusive breastfeeding

Infants receive only breast milk, including expressed breast milk and, where required, medicines, but no infant formula or non human milk.

Complementary or partial breastfeeding

The infant may receive semi solid or solid food in addition to breast milk. This may include any foods or liquids, infant formula and non human milk.

Supplementary breastfeeding

The infant may receive one or more fluid feeds including breast milk substitutes eg: infant formula in place of a breastfeed.

CDC Centers for Disease Control and Prevention

FTT Failure To Thrive

Galactogue Described by the participants in this study as a medication or herbal preparation that promotes the secretion and flow of milk.

NCHS National Center for Health Statistics

NHMRC National Health Medical Research Council

Nutritionally Compromised Infant

The Family Centre referred to in this study defines the term as: infants aged 0-3 years who fail to make expected age-appropriate gains in weight.

PAHO Pan American Health Organisation

PANDA Post Ante Natal Depression Association

UNICEF United Nations Children's Fund

WHO World Health Organisation