# TABLE OF CONTENTS

- Organizers .......................................................... 3
- Oral Presentations .................................................. 7
- Poster Presentations ................................................. 29
CONFERENCE IS ORGANIZED BY

University of Turku

The Department of Nursing Science, University of Turku, is a versatile unit offering high-quality education and research. The Department maintains academic learning, develops nursing science research and promotes the implementation of research-based nursing care. The department educates students in the health sciences at the bachelor’s, master’s and doctoral levels. Department of Nursing Science is a highly ranked department in nursing: 1st in Finland, 10th in Europe, and 45th in the world. The University of Turku is an active academic community, and among the Top 500 in the world. Research at the University of Turku is diverse and international, promoting free, effective and open science and aiming towards new interdisciplinary initiatives.

The Finnish Association of Public Health Nurses

The Finnish Association of Public Health Nurses is the professional association and trade union for public health nurses and audiologists, as well as students of the field. The Association was founded in 1938 and has circa 7,000 members. Our goal is to promote the educational, professional, social and labour market interests of our members. Our association actively contributes to strengthening preventive work and health promotion in society.

Our key duties are:

• Interest representation and the provision of advice and support in matters related to salaries and employment relationships.
• Promotion of coping and well-being at work.
• Influencing the development of the work, profession and education of public health nurses and audiologists.
• Representation in labor market, education and health policies through statements, declaration and initiatives.
• Supporting the maintenance and development of expertise by arranging further education.

🔗 terveydenhoitajaliitto.fi
🔗 terveydenhoitajaliitto.fi/in_english
The Federation of Mother and Child Homes and Shelters

The Federation of Mother and Child Homes and Shelters is a nationwide child welfare organization that helps children and families in difficult and insecure situations and prevents violence against women and domestic violence. The Federation is the central organization for its 31 member associations. The member associations across Finland maintain 10 mother and child homes, seven homes for substance-abusing pregnant women and families with infants and 21 shelters for the victims of domestic violence. All of the associations also have daytime support services. More than 23,000 people use the associations’ services every year.

The mother and child homes are for families with babies that require individual and strong support in managing their everyday lives and the interaction between the baby and parents and in caring for their baby. The problems families may have include mental problems or substance abuse. Parents may be very young or live in a culture that is new to them. The mother and child homes aim to enhance the relationship between the baby and parents and support parents in the process of becoming parents. Other professional community care services include the Baby blues work, a meeting places and day group activities for families with babies and volunteer doulas for pregnant mothers.

ensijaturvakotienliitto.fi/en

The Finnish Association for Breastfeeding Support (Imetyksen tuki ry)

The Finnish Association for Breastfeeding Support (Imetyksen tuki ry) serves trained peer support for breastfeeding families in Finland. The association’s website offer reliable information for families and materials for the health care professionals in several languages.

imetys.fi

University of Eastern Finland

University of Eastern Finland is a multidisciplinary university in Finland. Our high standard of interdisciplinary research and education responds to global challenges and builds a sustainable future. Our research is ranked among the best in the world in several fields. We offer education in nearly 100 major subjects. University has 3200 employees and 16000 degree students.

University of Eastern Finland is the pioneer in research and education in the field of nursing science in Finland. Our research addresses the outcomes of nursing in health promotion and in the treatment of long-term health problems. We offer research-based education in diverse learning environments to meet future working life needs both in Finland and globally. The major subject studies offered at the Department of Nursing include nursing leadership and management, preventive nursing science, and teacher training in health sciences. In addition, Health Promotion in Nursing Science is offered in English in the international Master’s Degree Programme in Public Health. Research in nursing science is characterized by preventive nursing science, safety and effectiveness, which form
Arcada

Arcada is a multidisciplinary university of applied sciences in Finland. At our campus in Helsinki, we educate healthcare professionals of the future. Sustainability and social responsibility are core values that permeate all our activities and programmes. We strongly believe in fostering societies that promote maternal wellbeing, family-friendly solutions and support breastfeeding. Hence, all our nurses and midwives are trained in accordance with the World Health Organization breastfeeding code and strategy.

www.arcada.fi/en

Folkhälsan

Folkhälsan is the largest Swedish-speaking organization in Finland that works for better health and quality of life. We are both a service producer and expert organization, as well as a citizen movement. We have a long history of working with families in the transition into parenthood, for example by providing antenatal classes online and by educating voluntary doulas in supporting families before and during childbirth, during neonatal period which also includes breastfeeding support.

www.folkhalsan.fi

Metropolia

Metropolia University of Applied Sciences, Finland’s largest university of applied sciences, educates future professionals in the fields of Business, Culture, Health Care and Social Services, and Technology. Metropolia is a community of 16,200 students and more than 1,000 experts. In Metropolia, people and worlds meet to create insight, expertise and well-being. Metropolia organizes education for trainers of breastfeeding counselling in Finland.

www.metropolia.fi

Tehy

Tehy is the largest trade union in Finland for health and social care professionals. The unionization rate in the health care sector is over 90 per cent! Tehy negotiates collective agreement and gives guidance and support in work-related matters.

www.tehy.fi
The Federation of Finnish Midwives

The Federation of Finnish Midwives is an organization for midwives and midwife students, founded in 1919. Our main purpose is to develop the midwifery profession and to promote sexual and reproductive health care by increasing midwives’ professional skills and knowledge, supporting professional cohesiveness and strengthening professional identity.

www.suomenkatiloliitto.fi

Vamy-kouluttajat

Our vision is a baby- and family-friendly healthcare in Finland. The aim of the association is to contribute to the implementation of the Baby and Family-Friendly program in Finland in accordance with the recommendations of the Finnish Institute for Health and Welfare.

We promote the training of breastfeeding counsellors in accordance with WHO and UNICEF guidelines.

We closely follow and evaluate the health care and legislation development related to breastfeeding and baby-friendly practices.

We share researched information with our members by regularly organizing webinars on various themes.

We organize an annual network meeting for members for education and discussion.

www.vamykouluttajat.fi

Tampere University

Tampere University is one of the most multidisciplinary universities in Finland. We bring together research and education in technology, health and society. The University is known for its excellence in teaching and research and it collaborates with hundreds of universities and organisations worldwide. Our community consists of 21,000 students and over 4,000 staff members from more than 80 countries. At Tampere University, research in nursing science is focused on four main themes: Wellbeing of families and individuals, Service system that produces wellbeing, Good care through leadership and Good care through competence. The research is based on an understanding from family nursing research that individuals are always part of a social network of loved ones, their family. The research is characterised by the versatility of used methods, building national networks, internationalisation, and multidisciplinary cooperation.

Nursing Science | Tampere universities (tuni.fi)
IMPACT OF A BREASTFEEDING SELF-EFFICACY-BASED SUPPORT INTERVENTION ON BREASTFEEDING OUTCOMES AMONG WOMEN WITH HYPERTENSIVE DISORDERS OF PREGNANCY: FINDINGS FROM A PILOT RCT

Background
Women with hypertensive disorders of pregnancy (HDP) remain at increased risk for chronic hypertension and premature cardiovascular disease. Although lactation can lower maternal blood pressure and other markers of cardiovascular risk, those with HDP tend to have lower breastfeeding rates. Interventions to enhance breastfeeding self-efficacy (BSE) can improve breastfeeding outcomes but have yet to be tested among women with HDP.

Aim
To explore the impact of a BSE-based support intervention on breastfeeding outcomes to 12 months among women with HDP.

Methods
In this Canadian pilot RCT, 45 breastfeeding women with HPD were randomized at birth to a breastfeeding self-efficacy intervention (BSEI) or usual care. The BSEI included 2 in-hospital breastfeeding support sessions with a lactation consultant (LC) tailored to the participants’ level of BSE; 6 weekly follow-up telephone calls post-discharge; and a BSEI “booster session” at 3 months. Data on BSE and infant feeding were collected at birth, 6 weeks, and 3, 6 and 12 months.

Results
Of 90 eligible patients, 45 provided consent and 11 were lost to follow-up by 12 months. Mean BSE scores were significantly higher in the intervention compared to the control group at 6 weeks, 3 and 6 months. Compared with participants in the usual care group, those who received the BSEI were more likely to be breastfeeding exclusively at 6 weeks (71.4% vs. 44.4%) and 3 months (72% vs. 37%), and to continue breastfeeding to 6 months (90% vs. 58%). Continued breastfeeding at 12 months was significantly associated with BSE scores at 6 weeks (p=.02), 3 (p=.03) and 6 months (p=.01). BSEI participants reported high overall satisfaction with the BSEI at both 3 months and 6 months.

Conclusions
Targeting BSE may be an effective strategy for improving breastfeeding rates among women with HDP. Study findings merit further validation in a full-scale RCT.

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BREASTFEEDING SUPPORT FOR WOMEN WITH LONG-TERM CONDITIONS (ACTION4BREASTFEEDING STUDY)

Background

Many women stop breastfeeding before they intended and report a lack of support from healthcare providers. Women with long-term conditions may have additional difficulties breastfeeding, which has resulted in lower rates of breastfeeding in this group. The aim of this work is to identify effective interventions to support all women to breastfeed.

Methods

A Systematic Review and meta-analysis was conducted to identify effective interventions for women with long-term conditions. This is part of the larger Action4Breastfeeding study which included an update of the Cochrane Review on breastfeeding support for healthy women with healthy term babies.

Results

The Systematic Review on breastfeeding support for women with long-term conditions identified 22 studies meeting the inclusion criteria. The majority of studies evaluated support interventions for women with obesity and/or gestational diabetes (n=12). Other conditions for which specific breastfeeding support interventions were identified include HIV, depression and anxiety, and substance misuse.

Meta-analysis suggested that breastfeeding support compared to usual care may have some small beneficial effects for exclusive breastfeeding at 3–4 months (Relative Risk [RR] 0.77, 95% Confidence Interval [CI] 0.60, 0.99) and at 6 months (RR 0.95, 95% CI 0.90-1.00). There was no evidence of beneficial effects for any breastfeeding at any of the time points (4–8 weeks, 3–4 months or 6 months) or for exclusive breastfeeding at 4–8 weeks.

Conclusions

Compared to interventions for women without long-term conditions, there is a lack of studies evaluating breastfeeding support interventions. Moreover, such interventions are less likely to be effective. Given the increase in prevalence of maternal long-term conditions, we need to better understand how support can also be effective for women with long-term conditions. Further linked work is also on-going to better understand how the effective interventions identified in these work packages can be implemented in an NHS setting.

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## A THEORETICAL MODEL ON CARING FOR MOTHERS WITH INITIAL BREASTFEEDING DIFFICULTIES: THE BREASTFEEDING STORY AS A HUB FOR CARING PRACTICE

### Background
Breastfeeding difficulties are not just experienced by mothers as physical problems but also as existential issues. Breastfeeding difficulties evoke existential lostness, vulnerability, and trauma in motherhood, making life as a new mother chaotic. Breastfeeding difficulties may affect future breastfeeding, with a risk for developing fear of breastfeeding. According to this, mothers need care that focuses on existential issues. Yet, healthcare professionals experience that existential issues are difficult to approach. With this in mind, care sensitive to existential issues is an important target for care development. However, there is a lack of caring models that can guide and support caring practice.

### Aim
This project examines the prerequisites for care to be caring, based on lifeworld-led research about breastfeeding difficulties. These prerequisites are presented as a theoretical model of caring focusing on existential aspects of breastfeeding.

### Methods
The project has a hermeneutic approach. Six phenomenological, and lifeworld hermeneutical studies on breastfeeding difficulties has been synthesized into a new whole, a theoretical model on caring.

### Results
The developed caring model demonstrates that a genuine caring relationship, embodied wisdom, and an ability to create a space for dwelling, together with cultural awareness, forms the prerequisites for the breastfeeding story to be a hub in caring practice. A breastfeeding story is the woman's own description of the meaning of breastfeeding, as well as her experiences, goals, and wishes for breastfeeding. The story is an ethical compass that points out the way for caring in which existential issues are taken into consideration.

### Conclusions
Implementation of the caring model into caring practice has a powerful potential to contribute to development of efficient breastfeeding promotion, education, and support. Caring practice, which embrace the existentiality of women's breastfeeding experiences has the potential to enable health and well-being.

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DETERMINANTS OF EXCLUSIVE BREASTFEEDING AMONG EMPLOYED MOTHERS IN NORTHERN ETHIOPIA: A MIXED METHODS STUDY

Background
While traditionally Ethiopian women have attended to home based work, in contemporary society increasing numbers are also undertaking paid employment. Employed women are entitled to four months paid maternity leave (was three months prior to 2018) but on return to work they face numerous challenges to continuing exclusive breastfeeding (EBF), such as long, inflexible work schedules and absence of appropriate physical facilities.

Aim
To assess the prevalence of and factors affecting EBF among employed mothers in Northern Ethiopia.

Methods
A mixed methods design with qualitative and quantitative phases was used. In the qualitative phase, two groups of participants (managers and employed mothers) were interviewed. In the quantitative phase a survey of employed mothers who had children aged six months and two years was conducted. Thematic analysis and logistic regression were used to analyze the qualitative and quantitative data respectively.

Results
Three themes emerged from the interview with 15 managers: attitude and preference towards breastfeeding; impact of breastfeeding on staffing and work productivity; and policies and physical resources impacting breastfeeding. Three themes were also identified from the interviews with 20 employed mothers: mothers’ knowledge, attitudes, and practice towards breastfeeding; workplace context and employment conditions; and support received at home. Moreover, 449 mothers were surveyed and 254 (56.4%) reported that they exclusively breastfed their baby for at least six months. Factors statistically associated with increased likelihood of EBF included family support, frequent breaks at work, and the possibility of buying or borrowing required equipment for expressing breastmilk.

Conclusions
Findings of this study indicate a reassuring increase in EBF amongst employed women compared to previous studies. This could be due to an increase in maternity leave, from three to four months. Both the mothers and managers suggested that the support given to employed women by employers is inadequate.
CONSIDERING THE IMPACT OF POWDERED BABY FORMULA IN PLANETARY AND POPULATION HEALTH POLICY

Background

Although human milk feeding has negligible cost to the environment and is the undisputed foundation of optimal population health, around two-thirds of humans are fed processed foods, such as powdered baby formula, as a substitute for human milk in the first 2 years after birth.

Methods

Compare a minimal estimate of greenhouse gas (GHG) “farm to gate” emissions for powdered baby formula products. Translate the CO2 eq. emissions from powdered baby formula into easily understood comparisons using the Greenhouse Gas Equivalencies Calculator.

Results/Findings

Powdered infant formula is a highly processed food that contributes GHG emission for a kilogram of milk formula (including standard infant formula, follow on formula, and toddler milk), from a low of around 4 kg CO2 eq. in Asia Pacific countries to a high of more than 10 kg CO2 eq. for “growing up” powdered formula in North America.

Conclusions

Along with the acknowledged health and social benefits of breastfeeding, the cost to the environment should be considered in developing and funding infant feeding policies and supportive practices.

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DATA COLLECTION ON BREASTFEEDING BY THE FINNISH INSTITUTE FOR HEALTH AND WELFARE IN FINLAND

Background

In Finland, exclusive breastfeeding is recommended until 4-6 months and partial until 12 months. To be able to monitor the implementation of the recommendation and to develop the family services to promote breastfeeding, reliable and regularly based data collection on breastfeeding is needed.

Aim

The aims were to find out existing reliable data sources on breastfeeding, reliability of the data and availability for regular monitoring, and to study prevalence of breastfeeding and use of substitutes.

Methods

Finnish Medical Birth Register (MBR) collects data on all newborns including information on breastfeeding and use of substitutes upon discharge of the maternity hospital. Patient registry data on appointments were collected from child health clinics in 2018. FinChildren survey is a nation-wide survey targeting to parents with small babies and implemented every fourth year.

Results

According to the MBR in 2020 (N=46481) 34% of babies were exclusively breastfed, 51% partial breastfed, 3% received only substitutes and 12% had missing data. Around 38% received substitutes for medical and 13% for non-medical reasons with 16% of missing data. The coverage of breastfeeding status was most comprehensive until 3 months at patient registries in 2018. At ages of 1–3 months, 66% were exclusively breastfed. Response rate in FinChildren survey in 2020 was 50% for mothers (N=8977). Prevalence of exclusive breastfeeding was 42%, partial 33%, only substitutes 12% and unclear or missing 14%. The prevalence of breastfeeding varied by age of the baby and by maternal characteristics.

Conclusions

In Finland, data about breastfeeding at the maternity hospitals are regularly collected into the MBR. Data on indications for use of substitutes could be more comprehensive. The coverage of patient registry should be improved by developing the recording of breastfeeding status. Response rate in FinChildren survey was reasonable and data can be used in the monitoring and developing the services more baby friendly.

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BREASTFEEDING EDUCATION IMPROVED HEALTHCARE PROFESSIONALS SELF-EFFICACY TO PROVIDE EVIDENCE-BASED SUPPORT

Background
Midwives and child nurses perceive that lack of knowledge and skills and negative attitudes towards breastfeeding, are important barriers to support breastfeeding mothers. Midwives and child nurses meet families during the breastfeeding period and their ability to give support is important for the family.

Aim
To describe midwives’ and child nurses’ perceived self-efficacy in their ability to provide breastfeeding support before and after a breastfeeding training program.

Methods
A pre-post intervention study with an intervention group of 20 midwives and 18 child healthcare nurses completed a questionnaire at baseline and after intervention and a control group of 21 midwives and 13 child healthcare nurses completed a questionnaire at baseline. The intervention consisted of a breastfeeding training programme in line with the Ten Steps to Successful Breastfeeding and WHO’s recommendations on breastfeeding. The 11-item Breastfeeding Support Confidence Scale (BSCS) was used to measure professionals’ self-efficacy regarding breastfeeding support in line with the Ten Steps to Successful Breastfeeding and the WHO’s recommendations on breastfeeding.

Results
The intervention group experienced a significantly increased self-efficacy from pre- to post-intervention for 8 of the 11 BSCS items and the overall BSCS index score increased from 36.87 to 39.56 points (p = 0.001). The index score in the intervention group at follow-up was significantly higher than the corresponding score in the control group at baseline (p = 0.025). The intervention group had significantly higher scores at follow-up than the control group at baseline on the questions: “I’m sure that I can help mothers continue to breastfeed even if the infant doesn’t follow the growth curve” (p = 0.026) and “I’m sure that I can help mothers continue to breastfeed when the breastfeeding is painful” (p = 0.048).

Conclusions
The breastfeeding training program improved midwives’ and child healthcare nurses’ self-efficacy to provide evidence-based support to breastfeeding mothers.

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### Background

The breastfeeding rate in Sweden are declining. According to evidence, it is important to start preparing for breastfeeding during pregnancy. In 2019, the prenatal care in Halland county started a development project where we developed a digital parent education for pregnant women and their partner or support person. The digital education has been designed in an application. Breastfeeding is a large part of the content of the education.

### Aim

Increased knowledge and security before breastfeeding in expectant parents, in order to promote a good start of breastfeeding. In the long term, the hope is to increase the breastfeeding rates Halland.

### Methods

The education has been produced by midwives and IBCLCs within the maternity healthcare in collaboration with the maternity ward in Halland Hospital. The focus has been to create a standardized educational material with many different educational tools that is easy to understand. A new routine to ensure quality follow-up before breastfeeding has been developed.

The pregnant woman and her partner/support person is offered to fill in an evaluation after completing the chapter and a questionnaire 6 weeks after the expected delivery date.

### Results

The result is a quality-assured and educational, digital breastfeeding education for all expectant parents in Halland. The education was implemented in 2021. The digital education provides good accessibility, films have been translated into different languages.

A new quality-assured routine for follow-up of breastfeeding during pregnancy has been implemented. The education has received a positive response in the evaluation and patient survey 6 weeks after the estimated delivery date.

### Conclusions

With a standardized digital parent education, it is easier to reach a larger group of pregnant women with quality-assured information. The content has received a positive response but needs to be studied more. Long-term follow-up has begun, a research study is planned.

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AN EDUCATIVE BREASTFEEDING PROGRAM FOR FIRST-TIME MOTHERS AND PARTNERS DURING PREGNANCY

Background
Nesoddtangen Helsestasjon is a babyfriendly community health service (CHS) since February 2010 and follows WHO’s ten steps for breastfeeding success adapted to CHS. Since 2014 midwives have offered postnatal home-visits within 3 days after return home from the maternity unit, followed by home-visit from a public health nurse within the next week. If any breastfeeding challenges are identified by the midwife or public health nurse, a follow up home-visit is scheduled.

3 members of the staff are certified lactation consultants, and all staff have the 4-step course on breastfeeding conducted by the Norwegian Breastfeeding Unit.

The national program for antenatal care strongly recommends that breastfeeding information is given during pregnancy.

The Norwegian government goals for breastfeeding are: 60% fully breastfed at 4 months, 25% fully breastfed at 6 months and 50% breastfed at 12 months.

Aim
Reach the national goals for breastfeeding at 4, 6 and 12 months.

Methods
Since 2019 there has been offered a systematically educative program for first-time mothers and partners, ideally before week 28 in pregnancy. The program consists of a 2-hour breastfeeding course using power-point, film, doll and demonstration-breast.

The course includes the global standards for step 3: The importance of breastfeeding, early initiation of breastfeeding, rooming-in, recognition of feeding cues, good positioning and attachment, national and global recommendation of breastfeeding.

Results
Our community breastfeeding rates have increased since 2018 from 69% to 72% in 2022 that was fully breastfed at 3 months, from 22% to 33% that fully breastfed at 5 months and from 46% to 68% breastfed at 12 months.

Conclusions
We have reached the national breastfeeding goals. It might be that our educational breastfeeding course have had a positive impact on our breastfeeding statistics.

Our breastfeeding statistics also shows a higher number of breastfed children compared to the latest national numbers.

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PROMOTING AND SUPPORTING BREASTFEEDING WITH MOBILE INTERVENTION

Background

World Health Organizations’ and national recommendations for breastfeeding, along with strong evidence of the associated health benefits, oblige healthcare professionals to promote, protect and support breastfeeding. According to earlier studies the mobile application is one of the methods of breastfeeding guidance which can significantly increase initiation and duration of breastfeeding.

Aim

This study aimed to describe how the Mobile Intervention of breastfeeding counselling (MIBFc) is promoting and supporting breastfeeding among mothers (i.e., pregnant women and women who had given birth) in maternity care.

Methods

Data was collected with an electronic survey. Mothers (n=26) were recruited from one university hospital area in Finland during 2019-2020. The questionnaire included multiple-choice questions and one open-ended question. Quantitative data was analysed using descriptive statistics and Chi-squared and Fisher's exact test, while qualitative responses (open-ended responses) were grouped into themes. Mothers started using the MIBFc before or after given birth within 10 months. Study participants signed the consent form and the study had research permits in accordance with the practices of hospital and maternity clinics.

Results

Mothers’ mean age was 30 years old (range 20-42; SD 4.7). Most of them (88.6%, n=23) experienced that using the MIBFc supported the oral guidance they received. The parturient was significantly associated with mothers’ views that “using the MIBFc increased my knowledge” (p= 0.002). Furthermore, over 60% of the mothers considered that the MIBFc made it possible to get their individual breastfeeding guidance. Over 40% of mothers continued exclusive breastfeeding up to six months.

Conclusions

Based on this feasibility study the MIBFc can increase the knowledge of breastfeeding especially for the primipara mothers, enabled individual breastfeeding guidance and supported success of exclusive breastfeeding up to six months. The use of a mobile application can be recommended for the maternity care.

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USING THE TECHNIQUE OF SPATIAL ANALYSIS TO ANALYZE THE RELATIONSHIP BETWEEN BREASTFEEDING SUPPORT AND HEALTH OUTCOMES

Background
Spatial analysis examines the relationship between factors in a given geographic region to target resources and interventions.

Methods
A cross-sectional, observational spatial analysis using retrospective data from the CDC, the State of Pennsylvania (USA) and professional lactation credentialing organizations.

Results/Findings
We used geographic spatial analysis to compare county-level breastfeeding rates, childhood obesity rates, and the number and type of lactation care providers. We found a significant, inverse relationship between breastfeeding rates and childhood obesity prevalence at the county level, p < 0.01. The availability of breastfeeding support was also significantly related to breastfeeding rates and inversely related to childhood obesity rates geographically.

Conclusions
Spatial Analysis allows geographic comparison of key input and outcome factors which can contribute vital policy planning data.

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MOTHERS’ EXPERIENCES WITH HEALTH PROFESSIONALS’ ATTITUDES TOWARDS BREASTFEEDING BEYOND 12 MONTHS

Background Despite breastfeeding recommendations, mothers experience criticism and negative attitudes towards breastfeeding beyond 12 months. They feel that health professionals do not support breastfeeding beyond 12 months and that this attitude towards breastfeeding becomes increasingly negative as the age of the breastfed child increases.

Aim This study aimed to describe mothers’ experiences with health professionals’ attitudes towards breastfeeding beyond 12 months in a breastfeeding-friendly Nordic country.

Methods The study was conducted as a qualitative descriptive study. The data were collected using the snowball sampling method via social media in December 2020 through thematic online interviews with mothers who had breastfed a child beyond 12 months (n = 10). The data were analyzed using inductive content analysis.

Results Mothers felt that health professionals made incorrect assumptions about the timeliness of stopping breastfeeding. According to the mothers’ experiences, health professionals had a dismissive attitude based on false information about breastfeeding beyond 12 months. The negative attitudes of health professionals led some mothers to hide their ongoing breastfeeding. The attitudes of health professionals were unpredictable and based on professionals’ individual opinions. Older health professionals were perceived as having more negative attitudes towards breastfeeding than younger professionals. Mothers perceived the support of health professionals to be empowering.

Conclusions The results of this study have been partly confirmed in previous international studies, although in this study mothers also described positive encounters with health professionals. Mothers felt that health professionals lacked knowledge of breastfeeding beyond 12 months, which affected their attitudes. The results indicated that professionals need education on breastfeeding beyond 12 months. Further research on health professionals’ knowledge, skills, and attitudes towards breastfeeding beyond 12 months is also necessary.

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DEVELOPMENT OF AN E-LEARNING COURSE, AND PILOTING FLIPPED CLASSROOM AS AN EDUCATIONAL LEARNING METHOD IN BREASTFEEDING TRAINING OF MIDWIFERY AND PUBLIC HEALTH NURSE STUDENTS

Background
Midwives and public health nurses are frontline providers of breastfeeding counselling. Students need to be adequately trained to fulfill this role. Education of students in breastfeeding counselling may improve breastfeeding rates. However, Norwegian educational institutions have no curriculum on breastfeeding. Thus, there has been a wide variation in the training offered to the students and a lack of evaluation of the training.

Aim
To develop an evidence-based e-learning course on breastfeeding for pre-service training of midwives and public health nurses, and to pilot flipped classroom as a learning method to enhance the students’ knowledge and self-efficacy in breastfeeding support.

Methods
The e-learning course was developed by a multidisciplinary team, in collaboration with students. The content of the e-learning course is the base for the flipped classroom learning process. Flipped classroom consists of three steps.

1) Completing the e-learning course
2) Case studies in groups
3) On campus sessions where each group presented their cases.

The authors of the abstract have been monitoring the teaching sessions on five college universities in Norway. The students prepared given cases from the e-learning through group sessions prior to the actual teaching. In the sessions each group presented their cases and facilitated the discussions around the cases with their fellow students. The authors supported and guided the students through this process.

All students were invited to evaluate both the e-learning course as well as the flipped classroom experience.

Results
The authors were impressed with the students’ participation in the on campus sessions and the level of their knowledge gained from the e-learning course. The overall experience of the students was very positive to both the e-learning course as well as the flipped classroom method.

Conclusions
E-learning combined with flipped classroom seems to be good method for training in breastfeeding counselling.

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CLINICAL INTRODUCTION AND EVALUATION OF THE EXISTENTIAL BREASTFEEDING DIFFICULTY SCALE (EXBREASTS) IN THE CONTEXT OF CHILD HEALTH CARE

Background
Breastfeeding, both with and without perceived difficulties, can be experienced as an existential journey. Therefore, care needs to be based on the woman's breastfeeding story and carers need to be prepared to handle the existential questions that may arise. Previous research shows that healthcare professionals struggle with providing individually tailored care. The Existential Breastfeeding Difficulty Scale (ExBreastS) was developed based on lifeworld theoretical research on women’s experiences of initiating breastfeeding with or without breastfeeding difficulties and was in this study introduced in child healthcare in a Swedish region. This was done to evaluate its ability to support child healthcare nurses to conduct existentially oriented caring dialogues with the breastfeeding story in focus.

Aim
Describe child healthcare nurses’ lived experience of how ExBreastS influences the caring dialogue.

Methods
Lifeworld interviews were conducted with 17 child healthcare nurses about their experience of using ExBreastS to support caring dialogues with breastfeeding women. The interviews were conducted either individually, in pairs or in groups. The material was analyzed through thematic analysis based on descriptive phenomenology.

Results
The results show that ExBreastS contributes to the re-evaluation of the importance of the caring dialogue because the existential significance of breastfeeding is given more space. ExBreastS also makes new perspectives of the breastfeeding story visible for both woman and carer. However, if the instrument itself receives too much of the nurse’s focus, there is a risk that the caring dialogue will be overshadowed.

Conclusions
ExBreastS supports caring dialogues based on the breastfeeding story through its focus on the existential aspects of breastfeeding. However, this requires time, support from the organization and an awareness that caring dialogues can have no manual.

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NON-MEDICAL FORMULA USE IN NEWBORN INFANTS STILL COMMON AT TWO SWEDISH HOSPITALS AFTER A BREASTFEEDING SUPPORT PROGRAM

Aim
To evaluate the effectiveness of a breastfeeding support programme on reducing infant formula use and to investigate indications for formula in newborn infants in Sweden.

Methods
A quasi-experimental study design was carried out. It included 255 mother-infant pairs in a control group, who received standard care and 254 pairs in an intervention group, who took part in a breastfeeding support programme. Data were collected by reviewing patient records from two regional hospitals in Uppsala and Gotland and recruitment took place between 2017 and 2019.

Results
Median age of mothers were 31 years (range 20-49) and median gestational age of infants were 39 + 6 weeks/days (range 37 + 0 to 42 + 4). The intervention did not reduce infant formula use. In total, 87/507 (17%) of the infants received formula. Among children receiving formula 30/87 (34%) had a medical indication, whereas 57/87 (66%) had no medical indication. Main reasons for medically indicated formula use were hypoglycaemia, 13/30 (43%), and weight loss, 13/30 (43%). Main reasons for non-medical use were mothers’/parents’ wishes, 25/57 (44%) and infants’ dissatisfaction, 11/57 (19%).

Conclusions
Continued efforts are needed to develop effective breastfeeding interventions with increased focus on infant formula reduction.

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‘BUSY STAFF HAD LITTLE TIME TO HELP’ – MOTHERS’ NEEDS FOR BREASTFEEDING SUPPORT IN POSTNATAL WARDS

Background
Breastfeeding support is an important aspect of postnatal care in birth hospitals. Evidence-based breastfeeding support tailored to maternal needs is required for mothers to successfully breastfeed their infant.

Aim
To describe maternal needs for breastfeeding support in postnatal wards.

Methods
A cross-sectional study conducted in a large university hospital in Finland. Postpartum mothers (n=161) filled in an electronic survey after hospital discharge. The survey included binary questions (yes/no) related to early skin-to-skin contact, initiation of breastfeeding and adequacy of breastfeeding support and one open-ended question on maternal needs for breastfeeding support in postnatal wards. Descriptive statistics were used to describe binary answers and content analysis to synthesize open-ended answers (n=75).

Results
Most of the mothers were primiparas (n=95, 59.4%) and had a vaginal birth (n=124, 79.5%). Nearly all had early skin-to-skin contact with their infant (n=142, 90.4%) and the majority (n=119, 75.8%) initiated breastfeeding soon after birth. Only half of the mothers (n= 77, 50.3%) received adequate breastfeeding support from staff in the postnatal wards. Mothers considered the staff’s lack of time as a major reason for inadequate support. Mothers needed more one-on-one time and support, but staff were too busy to fulfill their needs. Some mothers perceived that staff placed too much emphasis on exclusive breastfeeding and mothers’ wishes for breastfeeding were not always addressed. Better support for supplementation was needed upon discharge; mothers perceived instructions for supplementary feeding poor and inconsistent. According to mothers, breastfeeding support lacked consistency as the quality and content of support varied between staff members.

Conclusions
Mothers perceived breastfeeding support as inadequate and inconsistent. Breastfeeding support in postnatal wards should be revised for a more systematic approach ensuring that all mothers are provided with equal support. One-on-one time between mother and staff should be better facilitated.

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A CROSS-SECTIORIAL APPROACH ON HOW TO REGISTER BREASTFEEDING DATA / WHO UNICEF’s SENTINEL INDICATORS IN FACILITIES PROVIDING MATERNITY AND NEWBORN SERVICES

**Background**
The WHO / UNICEF’s document Revised BFHI (2018) ask facilities providing maternity and newborn services to integrate recording and monitoring of the clinical practices related to breastfeeding into their quality-improvement / monitoring system to determine if BFHI targets are met.

**Aim**
To facilitate recording of the two indicators; early initiation of breastfeeding and exclusive breastfeeding, which are considered “sentinel indicators”, so that all facilities routinely track these indicators for each mother–infant pair, to determine if BFHI targets are met.

**Methods**
The breastfeeding unit, Norwegian institute of Public health (NIPH):
- established contact with CSAM health, the provider of specialist software solutions Partus and Natus, a complete maternity information system designed to support the documentation and sharing of information, which is used in all maternity units in Norway, and to integrate at least 2 sentinel indicators in this system.
- established contact with “Sykehuspartner”, adviser for patient near applications, service management, responsible for follow up on Partus / Natus in the clinical field and adapt it in the most userfriendly way for staff.
- established contact with The Medical Birth Registry (national level) which collects data about pregnancies and births for research and analysis.

Arranged for Teams meetings among these groups and discussed how to register comparable data.

**Results**
The three groups got a common understanding of the content and importance of the recording of the sentinel indicators. More precise and easier ways to pose questions / integrate data registration according to BFHIs global criteria in already existing software tools was discussed.

**Conclusions**
An ongoing monitoring gives a better platform for assessing the units breastfeeding practices according to BFHI global criteria, strengthen the possibility to determine whether established targets are met, and if not, plan and implement for corrective actions, where appropriate training for health workers is essential.

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OVERCOMING CHALLENGES FOR IMPLEMENTING SKIN-TO-SKIN CONTACT

**Background**

Skin-to-skin contact in the first hour after birth is the acknowledged best practice, and yet it often is not implemented to its potential. Are all babies receiving immediate, uninterrupted skin-to-skin contact? Premature infants? Cesarean? Emergencies? Are all mothers receiving it?

**Methods**

Using a bespoke algorithm, it is possible to analyze the practice of skin to skin in the first hour and explore barriers and solutions for this vital best practice. The algorithm considers the mother’s Robson criteria, skin-to-skin experience, and Widström’s 9 Stages.

**Results**

Analysis of eighty-four medically uncomplicated mothers and full-term newborns who were videoed during the first hour after birth at a Baby-Friendly designated hospital in the United States found that 31 of 84 newborns (37%) did not receive immediate SSC after vaginal birth as planned and only 23 (27.4%) self-attached and suckled.

**Conclusions**

The algorithm produced an accurate and useful measurement, illuminating how work is conducted and providing patterns for analysis and opportunities for improvement with targeted interventions.

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**BABY- AND FAMILY FRIENDLY INITIATIVE IN PRIMARY HEALTH CARE**

In Helsinki, Finland, the breastfeeding counselling is based on WHO’s and UNICEF’s Baby Friendly Hospital Initiative standards. As a part of the primary healthcare the maternity and child health clinic has a customized and research-based Baby-and Family Friendly Initiative including seven steps to promote breastfeeding. The treatment protocols guarantee that all the families are getting an individual counselling how to feed their baby responsively. Breastfeeding counselling extends the duration of the exclusive breastfeeding and lactation. It is an essential part of care at maternity and child health clinic. By providing breastfeeding counselling it is possible to improve overall well-being of the family.

The supporting of the parenthood and the early interaction between the parent and the baby is essential. The approach of the maternity and child health clinic is based on the baby- and family friendly care. By proving baby- and family friendly care it is possible to guarantee the optimal growth and development of the baby. Not to mention to support the loving and caring relationship with baby and the parents and strengthen the early interaction.

Seven steps to successful breastfeeding are:

1) The maternity and child health clinic has written policy and guidelines to support the standards. The management is committed.
2) The whole staff is orientated to the policy and there is a regular education for them.
3) The families are supported to recognize the importance of breastfeeding and the early interaction with the baby during the pregnancy.
4) The parents are enabled to get breastfeeding off to a good start.
5) The parents are supported to make informed decisions regarding the introduction of solid foods.
6) The International Code of Marketing of Breastmilk Substitutes is followed at all the units. Also, the atmosphere allows to breastfeed.
7) The continuity of care is guaranteed: Families are getting the additional care if needed at any stage of breastfeeding.

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PARENTAL PERCEPTIONS OF INFANTILE COLIC AND TOUCH-BASED TREATMENTS

Background
About twenty percent of infants suffer from colic symptoms. Infantile colic causes parental stress and worry, and challenges relationships. There are limited treatment options for infantile colic.

Aim
The purpose of this study was to describe the parental experiences of infantile colic, their perceived support from primary healthcare and their experiences of touch-based treatments. In addition, the study reported parents' recommendations for developing the care of infantile colic.

Methods
The study was conducted as a part of a larger multimethod study, in which 143 families participated between 2/2021 and 10/2022. Infants received either osteopathy, reflexology, affective touch, or conventional care during a 3-week period. During the intervention, parents were asked to answer online questionnaires. After completion of the intervention, 51 parents participated in semi-structured qualitative interviews. Interviews were analyzed using qualitative content analysis.

Results
The excessively crying baby caused the whole family to feel increased stress, helplessness, and hopelessness. Families were in a psychological crisis, the baby’s care was challenging, parents experienced physiological symptoms and the families’ social relationships were affected as well.

Healthcare services focused on the baby’s measurements and physiological routines. Parents asked for more support and understanding for their challenging situation. Appointments were too short for conversations specifically about colic and the nurses changed often.

Parents perceived touch-based treatments as positive, they reduced crying time and increased relaxation in the infant. However, the parents could not always link the relief of symptoms to a specific treatment.

Conclusions
Parents of babies with infantile colic wish public health nurses would recognize colic symptoms better, offer more concrete help and appropriate instructions and conversational support. They would also appreciate longer treatment relationships with the same nurse. Touch-based interventions were perceived as positive and could therefore be recommended as an adjunct treatment option. Interventions and support systems should be further developed.

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FEW WEEKS MATTER. BREASTFEEDING DURING THE FIRST YEAR IN LATE PRETERM INFANTS

**Background**
Given the known short- and long-term consequences of late preterm (LPT) and the maternal and infant health benefits of breastfeeding, breastfeeding is of particular importance for LPT infants. However, mothers of LPT infants are less likely to initiate and sustain breastfeeding, compared to mothers of term infants. Few studies on LPT infants have been conducted in the Nordic countries where mothers are highly motivated to breastfeed.

**Aim**
To describe and compare breastfeeding progression (any and exclusive), worries and depression in mothers of LPT and term infants throughout the first year and to describe factors associated with shorter breastfeeding duration of LPT infants.

**Methods**
This longitudinal cohort study included mothers of 406 singleton infants; 129 infants born LPT and 277 born at term. The mothers answered questionnaires when their infants were 1, 4, 8 and 12 months of age.

**Results**
Almost all mothers initiated breastfeeding (95% vs 98%). Mothers breastfed their LPT infants for a significantly shorter time than mothers of term infants: a median of 7 months (95% confidence interval 5.53-8.48) vs 9 months (95% confidence interval 8.39-9.61) (P < 0.05). Starting solids at up to 4 months was the strongest risk factor for LPT breastfeeding cessation during the first year, after adjusting for confounders (P < 0.001). LPT mothers reported more worries about their infants’ health and behaviour during the first year and were more likely to experience depression at 4 months.

**Conclusions**
Even though Iceland has a positive breastfeeding culture with high initiation rates of breastfeeding, mothers of LPT infants breastfeed for a significantly shorter time than term mothers. Mothers with LPT infants are vulnerable and need greater practical breastfeeding and emotional support in hospital and at home.

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POSTER PRESENTATIONS
THE BREASTFEEDING PROMOTION AMONG THE RISK GROUPS

Background
The health benefits of breastfeeding are connected to the public health. Mothers in low socioeconomic positions breastfeed less than other mothers.

Aim
The study aimed to describe mothers’ experiences and wishes for breastfeeding support and the views of the specialists in breastfeeding promotion among the risk groups. The objective was to produce information on the effects of inequality to the succeeded breastfeeding.

Methods
The target group was breastfeeding mothers (n=14), whose level of education was second-degree. The other target group was the specialists in breastfeeding promotion (n=9). The interviewees were recruited from social media. The research material consisted of individual theme interviews. The analysis was made by the method of inductive content analysis.

Results
The mothers were contented with peer support and practical and individual support for breastfeeding. Most mothers experienced support from social and health care and surroundings insufficient. They experienced the information was not always accurate or the breastfeeding was understated. There was not enough time for breastfeeding guidance. The mothers wished for homogeneous support for breastfeeding and parenthood in an unhurried atmosphere. The mothers wished that the breastfeeding services would be easily accessible, and they put weight on peer support. The specialists in breastfeeding promotion thought that the breastfeeding service system should be strengthened, the support should be given during pregnancy and on special occasions. They described the importance of interaction skills and breastfeeding guidance training. The risk groups need support services and peer support.

Conclusions
The breastfeeding support the mothers had from the social and health care and surroundings was diverse. The mothers wished for breastfeeding support to be more homogeneous and unhurried and the attitudes to be more positive. The specialists in breastfeeding promotion described the meaning of the support service, the guidance skills, and the strengthening of the breastfeeding service system.
PARTNERS’ EXPERIENCES OF BREASTFEEDING: STRIVING TO BE A PART OF THE FAMILY AND THAT THE FAMILY FUNCTIONS WELL IN EVERYDAY LIFE

**Background**
Knowledge about the most effective way to involve the partner in breastfeeding is lacking. A qualitative evaluation can provide insight and knowledge about the partners’ experiences and thus contribute to the design of forthcoming breastfeeding support policies.

**Aim**
To explore partners’ experiences regarding breastfeeding.

**Methods**
Partners in an intervention group (IG) and control group (CG) participated in interviews or wrote diaries during pregnancy and two months after birth. The intervention was performed in line with the Ten Steps to Successful Breastfeeding. A purposive sample was recruited from March to December 2021. Interviews and diary entries from 8 IG partners and 8 CG partners were analyzed by content analysis.

**Results**
The main category: Striving to be a part of the family and that the family functions well in everyday life represented partners’ experiences of breastfeeding. IG partners experienced that both parents were involved, cooperated in the breastfeeding process and guidance from health professionals helped them to feel secure. CG partners experienced that they felt excluded and did not receive support from health professionals.

**Conclusions**
Midwives and Child healthcare nurses have an important role to play by providing a structured breastfeeding support. Partners should be targeted in breastfeeding support policies in order to meet their support need. Such a policy can decrease partners’ feelings of being left out.

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**Connecting the dots between foetal, premature and full-term behaviour while in skin-to-skin contact: The nine stages of instinctive behaviour**

**Background**

The competence of a newborn born prematurely may be the direct result of behaviour training that begins during the first 12 weeks of foetal life.

**Methods**

Comparing the full-term newborn’s behaviour during the first hour after birth while skin-to-skin with those of the fetus to hypothesise the pre-feeding behaviors of pre-term infants while skin-to-skin.

**Findings/Results**

The fetus has invested in learning specific tasks, in a specific order, to optimise the chance of survival. Full term infants can be seen in videos to progress through the same behaviors. The preterm infant also can go through Widström's 9 Stages, when given the opportunity to be skin-to-skin with their parent.

**Conclusions**

Both the full-term newborn and the preterm infant have been training for and are prepared for this experience after birth: to find the breast and to initiate breastfeeding. Rigorous research is needed to examine not just the premature infant’s suckling behaviour, but the journey to suckling. All newborns, whether full-term or premature, should be guaranteed the opportunity to utilise their template of practised survival skills while experiencing skin-to-skin contact.

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BREASTFEEDING AND EXPERIENCED EXPOSEDNESS IN PARTNER RELATIONSHIP

**Background**
About 110,000 children are born in Sweden annually. The vast majority of their mothers wish to breastfeed, and also initiate breastfeeding. An important factor for continued breastfeeding is support, especially from the partner. It is likely that lack of support can lead to perceived vulnerability in the partner relationship. Intimate partner violence (IPV) during pregnancy is in Sweden nearly as common as gestational diabetes and the frequency seems to rise postpartum. IPV is multifaceted and encompasses many types and degrees of violence. In a caring science perspective the experience of vulnerability and/or exposedness in partner relationship during breastfeeding (or breastfeeding desire) risks negatively affecting women's health and well-being, regardless of the reason or degree of exposedness. For care to be caring - that is, support health and well-being - knowledge is needed from the perspective of the exposed women. Previous lifeworld theoretical research has shown that breastfeeding may be experienced as an existential challenge and that exposedness to violence during the childbearing period means a long-lasting embodied experience. In this project, these two phenomena are intertwined into a common phenomenon - Breastfeeding in case of experienced exposedness in a partner relationship.

**Aim**
The purpose of the PhD-project is to develop in-depth knowledge of existential meanings of breastfeeding in case of experienced exposedness in a partner relationship (Study 1-2), and what it means to be cared for (Study 3), as well as to give care and support in this context (Study 4).

**Methods**
The project has a reflective lifeworld approach. Data has been collected through lifeworld interviews and written lifeworld stories and will be analyzed using a phenomenological or hermeneutical approach.

**Results/Conclusions**
The results and conclusions of the first study are expected to be completed in the summer of 2023 and will be presented at the conference.

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POSTER PRESENTATIONS

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BREASTFEEDING BROCHURE

We have realized, when being out on the field as midwife students, that pregnant women and mothers do not find it easy to get information about breastfeeding. When being out on the field at the maternity clinic, there has not been any brochure about breastfeeding that we could give to our clients. Our aim is to create a brochure about breastfeeding. The brochure could be useful to parents, but also to staff working at maternity wards or maternity clinics. The information bank on Google is huge, and one cannot be sure that the information is evidence-based. It can be difficult for a person that has just started to learn about breastfeeding to receive the most relevant information. We will use the breastfeeding-conference as a method to reach out to maternity clinics and maternity wards, so that they could possibly use our brochure in their everyday work.

We hope that the result is an easy-to-understand brochure regarding breastfeeding. We believe that a brochure would make it easier to find relevant information. The content would be relevant to the pregnant woman as well as the new mother. The content of the brochure would cover the advantages of breastfeeding, the anatomy of the breast, and the influence of hormones and how the breastfeeding process begins. Information about issues that can occur with breastfeeding and how to alleviate these problems would be included in the content as well. We also believe it is important to include information about where you can find help, and underline that you should not be left alone with your challenges.

In summary, we would like to bring our poster to the breastfeeding seminar to inform about a need that we have noticed when working in our field.

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BABY-FRIENDLY PROGRAMME AND ELECTRONIC STATISTICAL REPORTING IN MATERNITY AND NEWBORN UNITS AT KUOPIO UNIVERSITY HOSPITAL

Background

Kuopio University Hospital (KUH), Obstetrics and Gynecology units have been working on the development of a Baby-Friendly Hospital Initiative (BFHI) programme since 2017, with the aim of applying for BFHI certificate for good breastfeeding support in 2025.

BFHI means protecting, promoting and supporting breastfeeding in maternity hospitals caring for pregnant women, mothers who have given birth and infants. BFHI practices are assessed according to World Health Organization (WHO) and Unicef criteria.

Statistical information on breastfeeding and related issues is systematically collected at the KUH. In the past, data collection was carried out manually. The aim was to develop a functional and up-to-date method for obtaining electronic statistical data. A pilot for the collection and reporting of electronic statistical data was carried out on 11/2022-01/2023.

Aim

The aim is to produce up-to-date statistics on breastfeeding of healthy newborns and its support in maternity hospitals.

Methods

Electronic statistics on breastfeeding were developed using the Tableau reporting tool. In the pilot project, the reliability of the manually collected data and the electronic statistics were compared. Statistical data were collected from nursing staff records. The development project involved close collaboration between units’ breastfeeding educators, data specialist and clinical nurse consultant.

Results

The pilot showed that a properly implemented nursing record allows the collection of up-to-date statistics electronically on the following areas: birth method, beginning time of skin to skin, duration of skin to skin, exclusive breastfeeding, partial breastfeeding and artificial/formula/donor milk and rooming-in statistics. The electronic report is updated once a week and is available to all employees of the organisation.

Conclusions

Up-to-date breastfeeding statistics support continuous development work and the implementation of evidence-based care in infant care.

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MATERNAL EXPERIENCES ABOUT BABY-FRIENDLY PRACTICES AT TAMPERE UNIVERSITY HOSPITAL

**Background**

Tampere University Hospital has developed its baby-friendly practices for almost twenty years. We have asked mothers about their experiences in baby-friendly practices and breastfeeding support since 2015 via an online survey for improving our practices. The survey examines mothers’ experiences in the implementation of skin-to-skin contact, issues related to supplementary feeding and the implementation of breastfeeding guidance. In addition, mothers share what influenced their experience during and after childbirth. As far as we know, there are only few hospitals that collects baby-friendly client feedback in Finland.

**Aim**

To find out the quality of breastfeeding counseling, childbirth-related experiences, and families’ perceptions of the implementation of the baby-friendly program.

**Methods**

Semi-structured survey (n=3244) in 2015-2022

**Results**

During the follow-up period, the number of respondents increased from 275 to 489, which is 4% to 10% of all those who gave birth. The baby’s early breastfeeding and skin-to-skin contact were carried out very well throughout the follow-up period. The mothers felt that they had received sufficient guidance on breastfeeding, safe skin-to-skin contact, and safe sleeping. The experience of giving birth was most affected by listening, support and good interaction. Baby care and breastfeeding guidance were also important aspects for the postpartum care experience.

**Conclusions**

The survey for mothers gives a good picture of the experience of mothers as well as the implementation of the baby-friendly program and the effect of the guidance given. According to answers from the survey, our work is based on customer-oriented and evidence-based nursing.

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AN E-LEARNING COURSE ON BREASTFEEDING COUNSELLING FOR STUDENTS AND HEALTH PROFESSIONALS

Background
Although almost all mothers in Norway initiate breastfeeding, many do not breastfeed as recommended by the health authorities. Often mothers cease breastfeeding due to difficulties that could have been prevented or solved with qualified counselling. Health professionals have a crucial role as breastfeeding counsellors, and the pre-service training and continuous training should enable them to offer evidence-based counselling in line with the Baby-Friendly Standards.

Aim
To develop an evidence-based e-learning course on breastfeeding for pre-service and continuous training of midwives and public health nurses and other health professionals including a variety of methods to activate the users for acquiring the recommended competency.

Methods
The e-learning course was developed by a multidisciplinary team consisting of health care professionals, university lecturers, pedagogues, and technical experts, in collaboration with students.

Results
The e-learning course, launched August 2022, is a flexible and free digital learning tool for students, but also for health professionals in hospitals and the community health services. The course consists of six modules with engaging short texts, pictures, videos, animations, and a variety of learning activities. Users are invited to evaluate the program.

Conclusions
By February 2023, more than 3200 students and health professionals have registered for the course. The course is in use at the majority of college universities as well as many hospitals and community health services. The evaluations so far show that the users are very satisfied and report good learning outcomes.

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CHILD HEALTHCARE NURSES’ EXPERIENCES OF CARING FOR MOTHERS WITH OVERSUPPLY OF BREASTMILK

Background
One breastfeeding difficulty is oversupply of breastmilk, which may cause mothers to suffer from ill-health and cease breastfeeding earlier than they had planned. The research about oversupply of breastmilk is scarce. Knowledge about how child healthcare (CHC) nurses experience caring for mothers with an oversupply of breastmilk has the potential to contribute to the development of a caring practice that strengthens these mothers’ health and wellbeing.

Aim
To describe how CHC nurses in Sweden experience caring for mothers with an oversupply of breastmilk.

Methods
Data collection was carried out mainly through focus group interviews. Data were analysed using qualitative content analysis.

Results
The CHC experienced caring for mothers who have an oversupply of milk during breastfeeding as making the transition from an unmanageable to a more manageable oversupply bearable. The CHC nurses do this by listening to the mothers, and can thereby understand their situation and provide care that is caring. By assuring the mothers that the unmanageable oversupply is often a transitory condition, the nurses offer comfort by giving hope and support. Despite sometimes lacking knowledge, the nurses strive to be confident in their effort to make the transition bearable in a way that strengthens the mothers’ health and wellbeing.

Conclusions
The nurses struggle to provide high quality care in a demanding caring situation. Caring for mothers with an oversupply of breastmilk can be understood as striking a balance between the necessary medical and practical breastfeeding care on the one hand and the mothers’ need for care according to their existential situation as well as their knowledge about oversupply of breastmilk on the other. There is a need for nurses to have more knowledge regarding oversupply of breastmilk, from both a medical and a patient perspective, to further develop a caring practice that enables health and wellbeing.

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NEONATAL INTENSIVE CARE UNIT BABY FRIENDLY PROGRAMME – TOWARDS CERTIFICATION IN 2023

Background
Kuopio University Hospital (KUH) Baby-friendly neonatal intensive care unit (NICU) with family rooms facilitation opened in May 2015. Mothers and babies are not separated after birth. They are cared for together in family rooms in NICU. Families are well-come to stay 24/7 with their premature or severely ill babies and participate in the care. It allowed the full commitment and implementation of WHO’s Baby-Friendly Hospital Initiative for Neonatal Wards (Neo-BFHI). Neo-BFHI gives an excellent frame to evidence-based practice. Studies indicate many benefits of Neo-BFHI to the babies and parents as supports the success of breastfeeding. It promotes the health of mothers and babies and supports the development of emotional attachment.

Aim
All families and babies receive evidence-based care in line with the Neo-BFHI program.

Methods
The implementation of Neo-BFHI standards and criteria requires the education of family members and the training of multidisciplinary staff. We organise regular breastfeeding education provided by breastfeeding educators. Our methods include skills workshops, e-learning environments and peer learning. We have systematically collected up-to-date statistics on staff training, family attendance and breastfeeding.

Results
Our unit received Neo-BFHI certification in spring 2023. With systematic staff education, milk statistics for 2019–2022 show that more than 90 % of babies receive their mothers’ breast milk or donated milk for medical reasons. The presence of mothers has been over 95 % since 2018. All the nurses and doctors, and the majority of other health workers have received training on Neo-BFHI.

Conclusions
In our unit, families receive evidence-based care. The staff training and the development of baby-friendly practices will continue in line with the Neo-BFHI program and feedback from the audit group. A follow-up audit will take place in 2028.

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THERAPEUTIC ULTRASOUND FOR LACTATIONAL MASTITIS SPECTRUM

**Background**  
Mastitis is a common problem during breastfeeding which can lead mothers to discontinue breastfeeding prematurely. Non-medicated treatment of lactational mastitis reduces the need for antibiotics and can be guided by midwives. Ultrasound treatment is relatively easy to use, compatible with breastfeeding and has nearly no adverse effects on treating mastitis. Both thermal as well as non-thermal effects of ultrasound treatment such as cavitation and acoustic streaming are used. The breast treatment setting is 1 MHz, intensity 2.0 W/cm² for 5 minutes.

**Aim**  
To describe ultrasound treatment in the lactational mastitis spectrum using a typical case of postpartum mastitis.

**Methods**  
This is a single case study of a mother suffering postpartum mastitis spectrum who received several ultrasound sessions in addition to conventional breastfeeding counselling. Therapeutic ultrasound was conducted daily according to the recommendations of Academy of Breastfeeding Medicine for up to five days while continuously evaluating the regression of the inflammation.

**Results**  
Symptoms of lactational mastitis spectrum withdrew within a week. The mother reported improvement in breast health as well as satisfaction with the treatment. The mother continued exclusive breastfeeding during and after the treatment, there were no adverse effects on the infant’s health.

**Conclusions**  
The case describes how the mastitis spectrum is handled combining conventional breastfeeding counselling by midwives and therapeutic ultrasound sessions. Mothers report high satisfaction from adding therapeutic ultrasound to breastfeeding counselling in lactational mastitis spectrum.

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**OVERCOMING BARRIERS TO ESTABLISHING BABY-FRIENDLY PRACTICES AT TAMPERE UNIVERSITY HOSPITAL**

**Background**

Tampere University Hospital has tried to promote Breastfeeding and establish baby Friendly Practices for many years. The hospital has faced various barriers on their way to be a first University baby Friendly hospital in Finland. Thanks to our competent and innovative trainers, support from hospital management and motivated hospital stuff We could overcome the barriers and achieve the goal of the baby Friendly hospital certification.

**Aim**

The aim of this poster is to tell what kind of barriers we faced and how did we solve the difficulties. We would like to inspire other Finnish hospitals and show that it’s not impossible to reach a baby Friendly University hospital statement.

**Methods**

We have collected data from our baby Friendly journey in many ways during the years. We have a large number of statistics, notes, meeting minutes, photos, interview material and our educational material. Our BFHI trainers have used very innovative ways to improve the evidence-based baby friendly practices.

**Results**

After many years of long-term teamwork, we finally have reached the goal to be the first University baby Friendly hospital in Finland and BFHI practices have become a usual part of our basic work.

**Conclusions**

To become a certificated BFHI hospital it takes many years of hard work. With the support of the hospital management and a lot of education for the stuff and with adequate resources it really is possible.

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RELATIONSHIP BETWEEN A SUPPORTIVE ENVIRONMENT (MOTHER SUPPORT GROUP) DURING PREGNANCY AND ENSURING EXCLUSIVE BREASTFEEDING AMONG THE WORKING WOMEN OF RMG WORKERS IN BANGLADESH

### Background
Exclusive breastfeeding practice is influenced by mother's knowledge of breastfeeding and also supportive environment. There are many difficulties for working women who try to balance the needs of their career with the desire to give their children the best possible start in life.

### Aim
This study aimed to explore the relationship between reinforcing breastfeeding knowledge among working mothers of a most vulnerable group in Bangladesh through establishing a mother support group at their workplaces and its relation to ensuring/practicing exclusive breastfeeding for their children.

### Methods
A pre-post design was conducted in 2 phases to accomplish the objectives. We conducted both baseline and progress assessment using a cross-sectional design and adopted mixed method to collect data. A total of 174 pregnant working women at RMG factories were interviewed at their 3rd trimester of pregnancy, followed by two more interviews at 2 months and 6 months after delivery. However, about 75% of the primary study participants were lost to follow-up, and the final sample size was 58.

### Results
Working women who received a supportive environment in their workplace and were also provided with regular awareness regarding the importance of breastfeeding during their pregnancy by the mother support group of their workplace has practiced better IYCF for their children. During baseline, 75% lactating working mothers of children under 2 years had knowledge regarding initiation of breastfeeding within one hour of birth, whereas during progress assessment, it was 81%. Exclusive breastfeeding practices of lactating working mothers for their child of 6 months were 19%, which was found to be less during baseline (17%) (P value 0.709). Improvements at endline were mainly in practice of expressing breastmilk (82%), which was 57% during baseline (P value: <0.001).

### Conclusions
With investments in programs and policies that better encourage breastfeeding among working mothers, advocate breastfeeding rights in the workplace and ensure that more children around the world have the chance to thrive, rapid improvement in the EBF indicator is feasible.
## PROGRAMME

### 21.9.2023 THURSDAY

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<tr>
<td>8.30–9.30</td>
<td>Registration</td>
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<tr>
<td>9.30–10.00</td>
<td>Opening ceremony</td>
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<tr>
<td>10.00–11.00</td>
<td>Plenary session Jack Newman, MD, pediatrician:</td>
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<tr>
<td></td>
<td>Breastfeeding and adult health</td>
</tr>
<tr>
<td>11.00–11.10</td>
<td>Break</td>
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<tr>
<td>11.10–12.10</td>
<td>Parallel session 1 Breastfeeding and maternal wellbeing</td>
</tr>
<tr>
<td>12.10–13.10</td>
<td>Parallel session 2 Breastfeeding in national and global context</td>
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<tr>
<td>13.10–13.20</td>
<td>Break</td>
</tr>
<tr>
<td>13.20–14.20</td>
<td>Parallel session 3 Breastfeeding education</td>
</tr>
<tr>
<td>14.20–15.00</td>
<td>Plenary session Hannakaisa Niela-Vilen, PhD, Docent, RM:</td>
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<tr>
<td></td>
<td>It takes a village to provide high-quality breastfeeding support</td>
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<tr>
<td>15.00–15.40</td>
<td>Coffee break and poster walk</td>
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<tr>
<td>15.40–16.25</td>
<td>Plenary session Kaija Mikkola, MD, PhD, neonatologist:</td>
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<tr>
<td></td>
<td>Co-operation project between Helsinki University Hospital and</td>
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<td>Helsinki Child Welfare Clinic to promote breastfeeding</td>
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<tr>
<td>16.25–17.40</td>
<td>Workshops</td>
</tr>
<tr>
<td></td>
<td>1) Nursing Research Foundation: Systematic Reviews</td>
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<tr>
<td></td>
<td>2) Reducing supplementary milk and monitoring the baby’s growth</td>
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<tr>
<td>18.30–</td>
<td>Conference DINNER and DANCING in Hanaholmen</td>
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### 22.9.2023 FRIDAY

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>9.00–10.00</td>
<td>Plenary session Leena Forma, PhD, Docent, RN:</td>
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<td>Assessing effectiveness and cost-effectiveness of health interventions</td>
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<tr>
<td>10.00–10.20</td>
<td>Break</td>
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<tr>
<td>10.20–11.00</td>
<td>Parallel session 5 Professional training and tools</td>
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<tr>
<td>11.00–12.00</td>
<td>Parallel session 7 Baby Friendly programs and steps</td>
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<tr>
<td>12.00–13.00</td>
<td>Parallel session 8 Support in challenging situations</td>
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<tr>
<td>13.00–13.45</td>
<td>Coffee break and poster walk</td>
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<tr>
<td>13.45–14.45</td>
<td>Plenary session Saara Salo, PhD, clinical psychologist and psychotherapist:</td>
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<td>Early attachment and Breastfeeding</td>
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<tr>
<td>14.45–15.15</td>
<td>Closing and farewell</td>
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