

P-4 DISTANCE LEARNING COURSE IN BREASTFEEDING CLINICAL MANAGEMENT— PROCESS AND RESULTS EVALUATION

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As part of our Professional Certificate in Breastfeeding Management, an academic program offered totally by distance learning, we developed a course in clinical management. The course is directed at providing students with the evaluation and management skills of clinical situations in breastfeeding. The course is totally offered online through the Blackboard platform and has a duration of eight weeks, for a total of 36 contact hours. It is meant for physicians, nurses and nutritionists specializing in some aspect of perinatal care, who regularly provide attention to mothers or their infants. Discussion of the clinical cases is carried out through discussion forums, group discussions, and electronic mail. With the purpose of exploring the degree to which course objectives had been met, we performed a process and results evaluation of the courses. Statistics offered by the Blackboard platform were used, as well as online evaluation instrument of 22 questions which the students completed after the end of the course. Eighteen of these were answered by means of a Likert scale with six alternatives and the rest were open questions. Ten students approved the course and three dropped out. The three dropouts were physicians who claimed they lacked the necessary time for the course work. Among the students who approved the course 40% were physicians, 20% were nurses and 40% were nutritionists. The time frame between 7:00 pm and 12:00 am was used by 45.3% of the students, 19% of the hits occurred on Mondays, followed by Sundays and Tuesdays with 15%. Only 10% of the hits occurred on Fridays. Course faculty were responsible for 27.6% of the hits. All the students were totally in agreement that the course tasks increased their knowledge in the area, and 88.9% were in total agreement that the assigned cases were appropriate for a graduate level course. Two thirds of the students agreed or totally agreed that the course workload was adequate, while one third of the students disagreed. All of the students totally agreed that the course was very useful for them. Among the course strengths mentioned by the students it was mentioned that "the preparation of the cases and their comprehensiveness were comparable to a video of the situation or the clinical problem. Acquired knowledge is clinically applied and the necessary skills are applied to perform a complete clinical history, construct a plan of care

and needed follow up and, best of all, case discussions by the faculty provide for self-evaluation, clearing of doubts and development of new concepts". Among the weaknesses identified it was mentioned that the time allotted for case analysis and discussion was too short. We can conclude that this modality of academic offering provides the students with skills for the evaluation and management of clinical cases for health professionals with precious little time and/or opportunities to take traditional clinical courses.

P-5 COMPARISON OF BREAST- FEEDING PATTERN BETWEEN MOTHERS WITH CESAREAN SECTION AND NORMAL VAGINAL DELIVERY

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Background: Despite the importance of breastfeeding, the best first food for a baby and the most complete food for his first six months, it is still uncertain whether the type of delivery actually has any effect on the pattern of breastfeeding.

Purpose: To compare two groups of mothers with cesarean section and normal vaginal delivery (NVD) mainly in breastfeeding pattern and subsequently in breastfeeding initiation time, its frequency and techniques of feeding.

Method: In this comparative descriptive study, 140 couples of mothers with cesarean section or NVD and their infants were selected by quota sampling method from six hospitals in Tehran city and were divided equally in two distinct groups. They were evaluated and followed up for three months after delivery. Data were collected via observation and completion of two questionnaires and a breast observation form and analyzed by Chi square test, t test and Fisher's exact test.

Results: There was no significant difference in breastfeeding pattern, techniques and frequency nor in frequency of complimentary feeding during the first three months but a statistically significant difference was revealed in initiation time and frequency of breastfeeding during the in-hospital course between these groups.

Conclusion: Both groups started breastfeeding with a short delay but the delay was considerably longer in the cesarean group. However, the frequency of intra hospital breastfeeding was greater in the cesarean group than in the NVD group. Considering the performance of this study in baby-friendly hospitals and reasonably uniformity of aides offering procedures and educational programs

provided by nurses and other health care personnel the revealed difference must result from longer hospital stays in cesarean group. So health care personnel need to be educated not only to accelerate the initiation of breastfeeding but also to correct the false belief that mothers who have cesarean delivery will not succeed with breastfeeding.

P-6 MATERNAL SMOKING AND DURATION OF BREASTFEEDING

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Background: Although there is consistent evidence that women who smoke breastfeed their infants for a shorter duration than non-smokers, it is not clear if this association is physiological or psychosocial.

Aim: To investigate whether maternal smoking remains associated with decreased breastfeeding duration after adjustment for the mother's infant feeding intention.

Methods: Pregnant women residents within Avon, UK, expected to give birth between April 1991 and December 1992 were recruited in a longitudinal cohort study. Main outcome measures included maternal infant feeding intention at 32 weeks of pregnancy: intention for the first week, intention for the rest of the first month and intention in months two to four. Maternal smoking was defined as any smoking reported at any time during pregnancy.

Results: Women who smoked during pregnancy had an adjusted odds ratio of 1.5 (95% CI: 1.3, 1.7) of not breastfeeding at six months compared to non-smokers (adjusting for maternal age, education and intention). Survival analysis of duration of breastfeeding in the first six months postpartum found that women who intended to breastfeed for less than one month were 78% more likely to stop at any given time than women planning to breastfeed for at least four months, while smokers were 17% more likely to stop breastfeeding than non-smokers.

Conclusion: Although women who smoke are less likely to breastfeed their infants than are non-smoking women, it appears that this is largely due to lower motivation to breastfeed rather than a physiological effect of smoking on their milk supply.

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