A Concept Analysis of Fully Informed:

Breastfeeding Promotion

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**A CONCEPT ANALYSIS OF FULLY INFORMED: BREASTFEEDING PROMOTION.**

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Abstract

In an updated breastfeeding policy statement, the American Academy of Pediatrics (AAP, 2005) identified the compelling advantages of breastfeeding and urged healthcare professionals to implement principles to promote breastfeeding. The AAP cited obstacles to the initiation and continuation of breastfeeding as “insufficient prenatal education about breastfeeding... misinformation; and lack of guidance and encouragement from healthcare professionals” (p. 498) and stated healthcare professionals should provide “complete, current information on the benefits and techniques of breastfeeding to ensure that feeding decision is a fully informed one” (p. 498). Thus, it is critical that all healthcare professionals understand what a fully informed decision entails. A systematic and rigorous concept analysis utilizing Walker & Avant’s (2005) eight-step framework provides insight into the phenomenon and serves as the foundation for empowering childbearing families and ensuring a fully informed infant feeding decision.
A Concept Analysis of Fully Informed: Breastfeeding Promotion

In February 2005, the American Academy of Pediatrics (AAP) released an updated policy statement entitled *Breastfeeding and the Use of Human Milk*. This policy statement identified the compelling advantages of breastfeeding and urged healthcare professionals to implement specific principles to promote breastfeeding. The AAP also cited obstacles to the initiation and continuation of breastfeeding, which included “insufficient prenatal education about breastfeeding... misinformation; and lack of guidance and encouragement from healthcare professionals” (p. 498).

As a result, all healthcare staff including maternal-child nurses should recommend breastfeeding for all infants unless contraindicated. Healthcare professionals should provide “complete, current information on the benefits and techniques of breastfeeding to ensure that feeding decision is a fully informed one” (AAP, 2005, p. 498).

Key concepts include complete, current, accurate and sufficient information, and fully informed decision. It is critical that all healthcare professionals including nurses, pediatricians and obstetricians clearly understand what a *fully informed* decision entails. Healthcare professionals have a significant role in educating childbearing families and society regarding both the benefits of breastfeeding and the risks of not breastfeeding, thus empowering women and their families to make a fully informed decision.

**Purpose**

A concept analysis provides insight into a phenomenon through a systematic and rigorous process; the result includes improved communication and clarity among colleagues (Walker & Avant, 2005). One examines the concept in simple elements and sheds light on overused or vague concepts (Walker & Avant). Walker & Avant’s systematic concept analysis process is the framework for this paper and consists of eight
steps: (1) identify a concept, (2) determine the purposes, (3) identify concept uses, (4) determine defining attributes, (5) establish a model case, (6) examine additional cases, (7) acknowledge antecedents and consequences, and (8) define empirical referents.

The purpose of this concept analysis is to clarify and develop an operational definition of the theoretical concept *fully informed* in relation to the multi-disciplinary healthcare professional's role in breastfeeding promotion throughout the perinatal continuum. Nurses interact extensively with childbearing families regarding health promotion as well as infant feeding education and support. Therefore, a clear understanding of this concept is instrumental in promoting the highest quality of care.

**Uses of Concept**

To identify the use of the concept, it is important to look at each word individually. *Fully* means completely, which is further defined as “having all necessary parts, elements, or steps,” (Webster’s 9th New Collegiate Dictionary, 1989, p. 269). The meaning of *informed* as well as its root word inform and noun version, information, are illustrated in Table 1. Key attributes of informed include educated, knowledgeable, possessing information, fully aware; it includes communication and reception of knowledge, facts or data (Webster’s 9th New Collegiate Dictionary, 1989; Encarta Dictionary, 2005).

An on-line search of informed in Taber’s Online Medical Encyclopedia (2005) revealed the concept of *informed consent*, which is defined as a voluntary agreement or intelligent choice by a patient for treatment based on complete discussion by the healthcare provider of risks, benefits, alternatives and consequences of declining treatment. In a concept analysis of consent, Brennan (1997) explored the relationship among the nurse’s role in consent apart from the medical profession concept of consent.
and suggested healthcare staff should provide patients with enough information to make

an informed choice. Childbearing families should receive adequate information about

infant feeding to make an informed choice about a feeding method.
# Uses of the Concept “Informed”

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<tbody>
<tr>
<td>Having, possessing information</td>
<td>Having knowledge</td>
<td>Fully aware - based on proper knowledge and understanding of a situation or subject (informed decision)</td>
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<tr>
<td>Educated</td>
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<tr>
<td>Knowledgeable</td>
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<tr>
<td>Communication or reception of knowledge and intelligence, news, facts, data</td>
<td>Definite knowledge acquired</td>
<td>Gathered facts</td>
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<tr>
<td>Something which justifies a change in construct (plan or theory)</td>
<td>Make facts known</td>
<td>Computer data</td>
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<td>Give material form to knowledge</td>
<td>Communicate information or knowledge</td>
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<tr>
<td>Give character or essence to knowledge</td>
<td>Familiarize self with subject</td>
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<td>Guide, direct</td>
<td>Tell the police – give confidential or incriminating information</td>
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<td>Make known</td>
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<td>Communicate knowledge</td>
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<tr>
<td>Impart information</td>
<td>Underlie, animate</td>
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**Synonyms**

- Acquaint
- Apprise
- Notify
- Knowledgeable
- Well-versed
- Conversant
- Up to date
- Learned
- Educated
- Clued-up
Defining Attributes

Defining attributes "allow the analyst the broadest insight into the concept," according to Walker and Avant (2005, p. 68). These characteristics appear in the literature repeatedly. Based on the literature, the following themes emerge as defining attributes for an informed decision regarding infant feeding method:

1. Healthcare professionals must promote and support breastfeeding.
2. Healthcare professionals must provide complete, current, accurate and sufficient information throughout the perinatal continuum (AAP, 2005).
3. Breastfeeding benefits are discussed in education and counseling.
4. Risks of not breastfeeding are included in education and counseling (The National Women’s Health Information Center, 2004).

Model Case

According to Walker and Avant (2005), a model case is essential for it serves to demonstrate all the defining attributes; it is a pure conceptual case. The following is an example of a model case regarding breastfeeding informed decision:

Ms. Garcia obtains prenatal care at the Women’s Medical Center where the multidisciplinary healthcare team actively promotes and supports breastfeeding. Ms. Garcia receives complete, current, accurate and sufficient information throughout her perinatal period. The birthing center staff supports and encourages breastfeeding during her labor, delivery and postpartum stay. Hospital policies are breastfeeding friendly. Additionally, the pediatrician reinforces the benefits of breastfeeding and offers additional support. Information includes discussion of the benefits of breastfeeding as well as the risks of not breastfeeding. Given the evidence-based information, Ms. Garcia makes an informed decision about how to feed her baby after delivery.
Additional Cases

Sometimes cases do not reflect all defining attributes and are not pure conceptual cases. Instead, they may fall into another separate category: borderline, contrary, or illegitimate.

**Borderline Case**

A borderline case contains most, but not all defining attributes (Walker & Avant, 2005). It challenges readers to look more closely at the defining attributes and the model case.

Ms. Garcia obtains prenatal care at the Women’s Health Clinic where the healthcare team understands the importance of breastfeeding promotion. Due to time constraints and uncertainty about how to inform women about the benefits of breastfeeding as well as the risks of not breastfeeding, the healthcare professionals only utilize posters and written materials to discuss infant feeding options.

**Contrary Case**

A contrary case fails to meet the defining attributes (Walker and Avant, 2005). It helps the reader visualize what attributes are missing and thus must be included in the model case.

Having received no prenatal care, Ms Garcia delivers a baby at the local hospital. After delivery, the nurse takes the baby to the nursery for observation and feeds the infant formula. Ms. Garcia accepts this method of feeding and receives no information or support that promotes breastfeeding as the optimal method of infant feeding.
Illegitimate Case

An illegitimate case contains an improper use of concept or one that is out of context (Walker and Avant, 2005). This case is helpful when a word has more than one meaning.

During prenatal counseling, Ms. Garcia tells the staff that she would like additional information. The staff gives her the telephone number for directory service (information).

Antecedents

Antecedents are the events that must occur first in order for the concept to occur (Walker and Avant, 2005). The following antecedents are proposed:

1. Health promotion as well as breastfeeding promotion, education and support must be visible as a public health issue.
2. The healthcare provider must have current information regarding evidence-based infant feeding options and must actively pursue changes in clinical practice, if applicable, to endorse the AAP’s breastfeeding recommendation.
3. A relationship between the healthcare provider and the childbearing family must exist.
4. The healthcare provider must have the confidence and skills to promote, educate and support the childbearing family in exploring breastfeeding as the optimal method of infant feeding.

Consequences

Consequences are outcomes of the concept (Walker and Avant, 2005). For example, when the healthcare team thoroughly counsels and educates individuals about breastfeeding, the involved individuals then weigh the risks and benefits, explore their
thoughts and desired actions and make a fully informed decision. The first and most important consequence is the family's decision regarding method of infant feeding. The family may decide to: (1) breastfeed, (2) pump and use an alternative method to nourish the baby with breast milk, (3) utilize commercial formula, or (4) incorporate a combination of the variations above.

A second consequence reflects a change in the behavior of the childbearing family who originally planned to formula feed their infant. After receiving breastfeeding education, counseling and support consisting of all the information needed to make a fully informed decision, the family decides to breastfeed after delivery.

A third consequence evident throughout the literature involves the broad implications of choosing to breastfeed or not breastfeed. The implications include "health, nutritional, immunologic, developmental, psychologic, social, economic, and environmental" aspects as discussed by the AAP (2005, p. 496). Consequence does not necessarily imply a negative outcome, rather simply an outcome attributed to the concept. For example, the consequences mentioned could be anywhere on the positive to negative continuum of each implication (Figure 1). It is important to realize that consequences of each category of implications (health, nutritional, immunologic, developmental, psychologic, social, economic, and environmental) exist along the same continuum.
Figure 1  Potential health consequence depiction

Infant feeding method

Formula fed  Breastfed

Health Continuum

Potential negative health consequence, increased risk for
- diarrhea
- respiratory infection
- otitis media
- infant mortality
- diabetes
- obesity
- asthma
- etc.

Potential positive health consequence, decreased risk for
- diarrhea
- respiratory infection
- otitis media
- infant mortality
- diabetes
- obesity
- asthma
- etc.

′APA, 2005

Empirical Referents

In the final step of a concept analysis, it is important to determine the empirical referents, which help to measure and determine the concept's existence in practice (Walker and Avant, 2005). Defining the empirical referents for the fully informed decision attributes is challenging; however, current evidence-based literature has established a great foundation to utilize in fine-tuning the evaluation process. This author proposes the following empirical referents:

1. Decreased gap in customer-healthcare communication,
2. Increased dissemination of research regarding breastfeeding promotion,
3. Increased breastfeeding education and counseling knowledge and skill as evidenced by self and peer evaluation,
4. Changed clinical practices for breastfeeding promotion and improved documentation, and

5. Increased number and range of current, research-based breastfeeding materials.

In a prospective study evaluating routine preventative visits, Taveras et al. (2004) identified unintentional communication gaps between mothers and clinicians regarding mothers' perceptions of promotion, support, and discussion of breastfeeding benefits in addition to specific breastfeeding advice. As a result, Taveras et al. hypothesized that implementing strategies to improve communication during routine visits may increase breastfeeding promotion. Taveras et al. recognized motivational interviewing has been successfully associated with smoking cessation, as well as other prevention programs. This counseling technique could be an important strategy to bridge the communication gap between breastfeeding families and clinicians.

Ensuring research dissemination to the practice setting would contribute to the promotion and support of breastfeeding by healthcare professionals, thus improving health outcomes (Loiselle, Semenic & Cote, 2005). Further evaluation of projects designed to disseminate information about breastfeeding and evaluate outcomes should be conducted and documented. It is important to study information such as changes in clinical practice and family decisions to incorporate breastfeeding (Loiselle et al.).

Both self-report evaluation and peer evaluation of breastfeeding knowledge, skills and techniques by healthcare professionals could prove valuable in evaluating the confidence and competence that mothers exhibit with regard to breastfeeding. Patient char audits could reveal changes in clinical practice and documentation trends regarding
A Concept Analysis of Fully Informed 12

discussion of breastfeeding benefits, risks of not breastfeeding and other management
topics. Finally, by evaluating the range of current, evidence-based materials concerning
breastfeeding, investigators could ensure that culturally appropriate literature is available.

Operationalize the Concept

Concept analysis is the starting point for identifying the need for improved
breastfeeding education among perinatal families. In order to increase the incidence and
duration of breastfeeding, healthcare professionals must recognize barriers to success.
They include (1) lack of sufficient breastfeeding information among pregnant mothers,
(2) an abundance of misinformation, and (3) shortage of healthcare guidance and
encouragement (AAP, 2005).

Guided by the moral codes of beneficence and non-malfecience (Brennan, 1997),
healthcare professionals aspire to provide the best service and facts to their patients.
However, failure to understand the type and quantity of information to provide may
prevent the healthcare team from providing the best possible care. As a result, it is
critical that healthcare professionals understand how to operationalize the concept of
fully informed when making changes in clinical practice and policies.

Operational definition

All members of the multi-disciplinary healthcare team should collaboratively
strive to promote breastfeeding actively throughout the perinatal and pediatric continuum
(i.e. from the very first encounter with a pregnant patient until the family unit is ready to
wean). Thus, the author suggests the following operational definition as the gold
standard:

*Fully informed* means ensuring that the childbearing family
possesses all the information, facts and data to be knowledgeable,
educated, and fully aware of the reasons to choose breastfeeding as the uniquely superior method of nourishing infants. This includes educating customers of the benefits of breastfeeding, as well as the evidence-based risks of deciding not to breastfeed.

**Observable Indicators and Means for Measuring Indicators**

Observable indicators that a healthcare organization promotes and supports breastfeeding as the superior infant feeding method must stem from a published philosophy and goals from the leadership. Next, leadership must conduct a system-wide review of the organization’s policies and procedures in order to ensure compatibility with a breastfeeding promotion program. All members of the healthcare team should conduct an individual self-assessment of knowledge, skills and abilities regarding breastfeeding. Then, the organization must provide its staff appropriate educational programs. A pre- and post-educational assessment would offer observable data identifying areas in which to focus continuing education classes as well as to measure breastfeeding promotion success.

In order to evaluate the success of the healthcare team at imparting critical breastfeeding education, leadership must evaluate its program at regular intervals. Observation of counseling sessions with childbearing families would provide valuable insights regarding accomplishment of program goals and areas needing improvement. Questionnaires regarding knowledge, perceived staff support, and promotion of breastfeeding are critical. Finally, healthcare professionals should track, trend and analyze breastfeeding utilization rates.
Conclusion

In summary, nurses and other healthcare professionals should pursue an active role in providing breastfeeding education, counseling and support to childbearing families. They should encourage the initiation and continuation of breastfeeding. Often healthcare professionals, indirectly and unknowingly, deter the initiation and continuation of breastfeeding through insufficient education, misinformation and shortage of guidance and encouragement (AAP, 2005).

A clear understanding of what a fully informed decision entails is essential. Healthcare professionals must avoid purposeful as well as inadvertent omission of a full discussion of breastfeeding benefits and the risks of not breastfeeding. Only then can health professionals empower childbearing families to make a fully informed decision about breastfeeding.
References


