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Maternal Provision of Mother's Milk and Birth Trauma in the Neonatal Intensive Care Unit: A Grounded Theory Analysis

Emma West & Samrawit Kelkay

Mentor: Dr. Anita Esquerra-Zwiers, PhD, RN, CBS

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Background

- Less than half of very low birth weight (VLBW, < 1500 grams) infants are discharged from the neonatal intensive care unit (NICU) receiving mother's own milk (MOM), despite its demonstrated importance.
- Few studies have explored the impact of maternal perceived trauma (MPT) on infant feeding outcomes.

Purpose

The purpose of this study is to describe MPT among mothers of hospitalized VLBW infants and examine infant feeding outcomes with MPT.

Research Questions

- What is the impact of MPT on infant feeding outcomes?
- Are there maternal characteristics associated with MPT?

Methods

- This preliminary analysis is derived from a larger grounded theory study exploring the maternal provision of milk among a convenience sample of mothers (n=30) with VLBW infants at a Midwest NICU.
- Participants completed semi-structured interviews within 2 weeks of the birth of their infant within a hospital setting.
- Interviews were transcribed. Three researchers independently coded each interview for common themes. Themes were compared and discrepancies were resolved collectively.
- Content analysis was used to identify common themes using Dedoose, a web-based data management and analytical software.

Limitations

- Data was collected at a single hospital location.
- Inclusion criteria included the mother must speak fluent English.
- The interviewer's Latina racial identity may have led to a sense of kinship with some mothers.

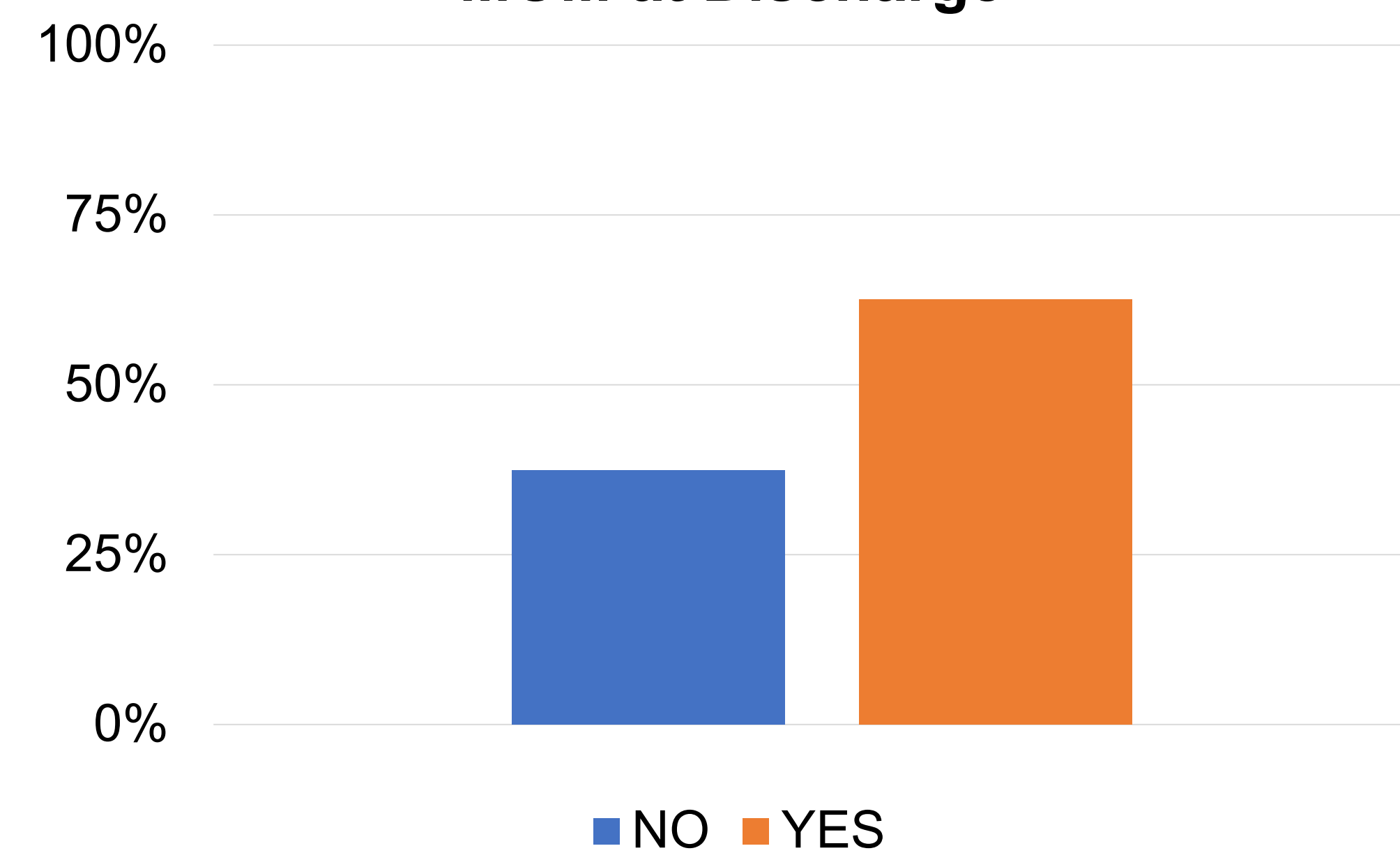
Sample Demographics

- Maternal Age:** 18 – 29 years old (60.6%), 30 - 41 years old (39.4%)
- Race/Ethnicity:** Black (60.6%)
- Reason for Delivery:** preterm labor (35.7%)
- Birth Mode:** Cesarean section (66.7%)
- Marital Status:** Living with father of the baby (FOB) (46.7%)
- EMOM (exclusive mother's own milk) throughout hospitalization:** no (83.3%)
- MOM (mother's own milk) at discharge:** no (73.3%)

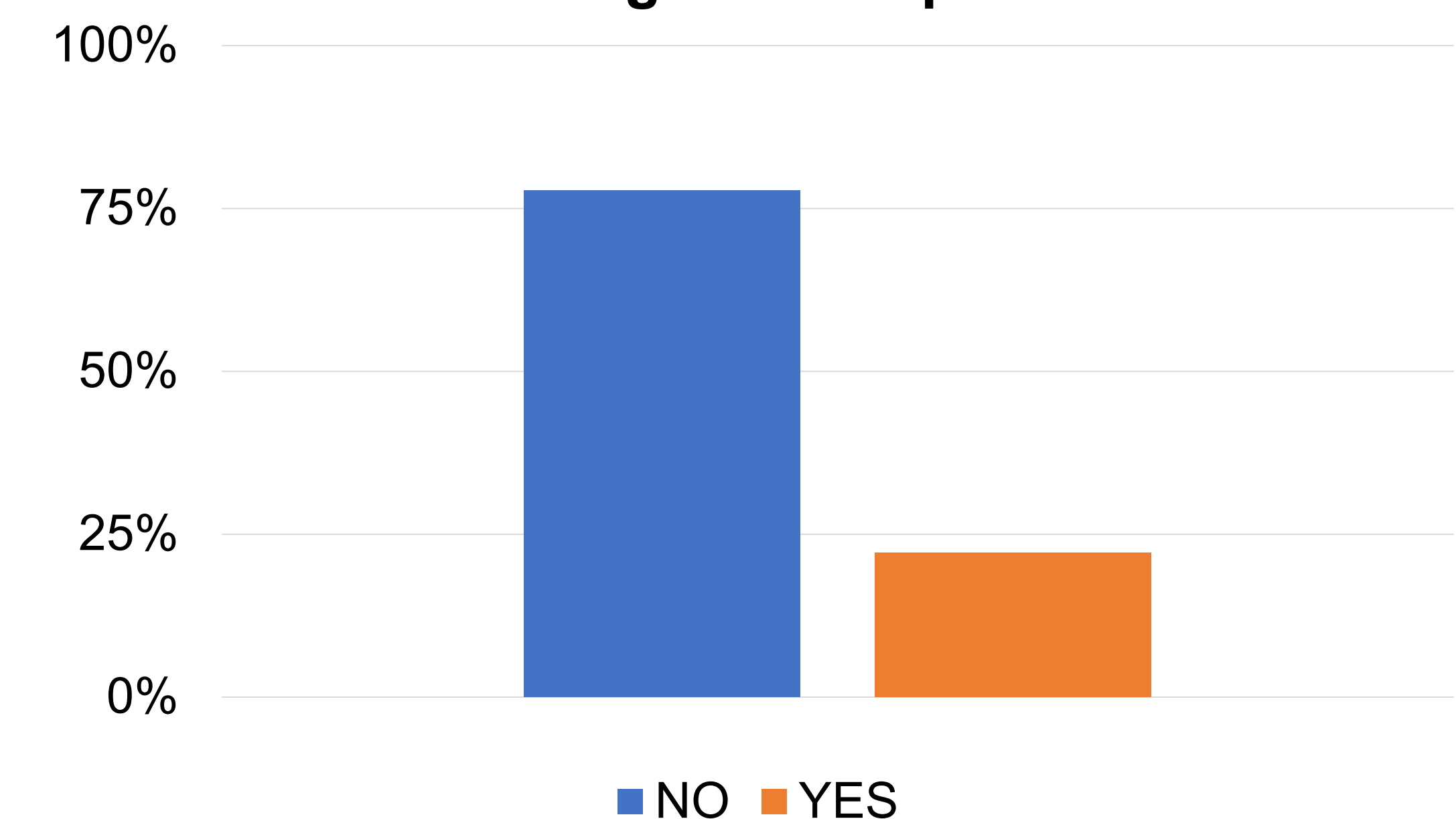
Maternal Perceived Trauma by Feeding Outcome

- A preliminary analysis identified **trauma** as a prominent theme.
 - Trauma (MTP)** was defined as a mother's perceived inability to process an experience at the time of the event, a lack of understanding during the time of an event, and the rapid decline of either maternal or infant health.
 - Of the interviews conducted, MPT was identified in 23 of the 30 interviews, for a total of 865 MPT code occurrences.

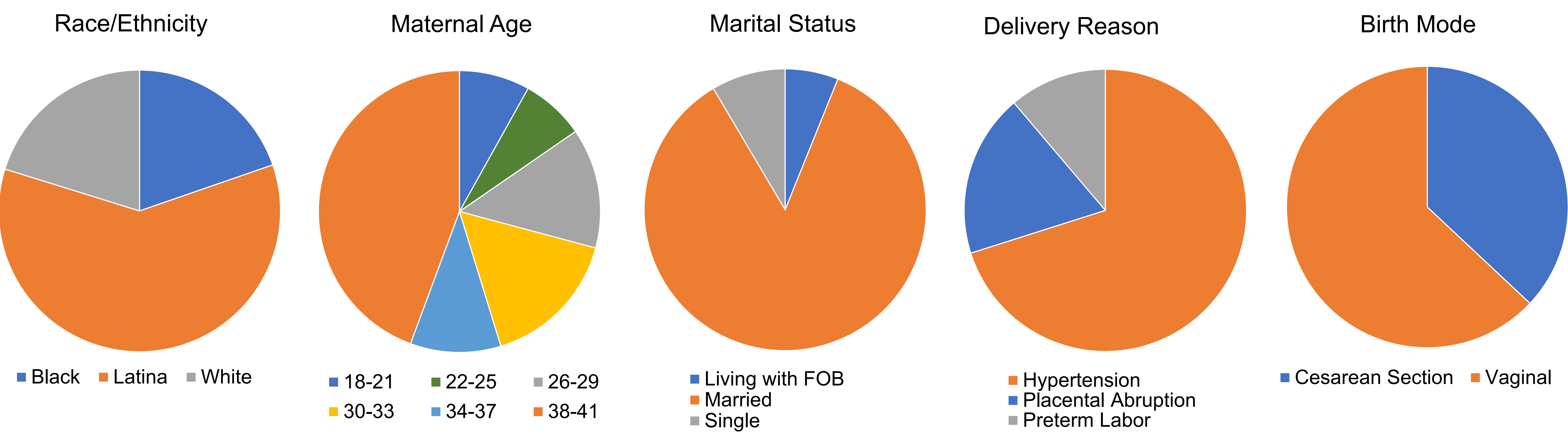
MOM at Discharge



EMOM throughout Hospitalization



Maternal Perceived Trauma by Demographic Characteristics



- The code occurrence of MPT was greatest with Latina, aged 38-41, married, hypertensive mothers who gave birth vaginally.

Nursing Implications

- A better understanding of MPT and those at risk will allow providers to identify interventions to increase MOM feeding provision at discharge.
- Further research should work to identify interventions with which to increase EMOM at discharge, specifically in MPT experienced mothers.
- Further exploration of the data set is ongoing to generate a broader theory of maternal provision of milk in the NICU.