1991

Validation of breastfeeding diagnoses

Mary E. Main
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Validation of breastfeeding diagnoses

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San Jose State University, 1991

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Ann Arbor, MI 48106

VALIDATION OF BREASTFEEDING DIAGNOSES

A Thesis

Presented to

The Faculty of the Department of Nursing

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

By

Mary E. Main

December, 1991

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ABSTRACT

VALIDATION OF BREASTFEEDING DIAGNOSES

by Mary E. Main

This study attempted to validate nursing diagnoses to organize and document nursing care for breastfeeding mothers and infants. In 1988, of four breastfeeding diagnoses submitted to the North American Nursing Diagnosis Association (NANDA), two were rejected (Effective Breastfeeding and Termination of Breastfeeding) and two (Interference in Breastfeeding and Ineffective Breastfeeding) were merged into Impaired Breastfeeding.

A 9% ($N=58$) response rate was obtained from the sample of 600 nurses. Of the 9%, 41 (7%) qualified as experts. Respondents were asked to indicate agreement/disagreement with definitions and related factors using a five point, Likert scale. These responses were rated according to Fehring's Diagnostic Content Validity Model, which uses weighted ratios calculated for each defining characteristic.

Data indicated that major and minor defining characteristics have been identified for (a) Effective Breastfeeding, (b) Ineffective Breastfeeding, and (c) Interruption in Breastfeeding. The label, Difficulty With Termination of Breastfeeding, needs further refining.

ACKNOWLEDGEMENTS

To the readers who
provided guidance
through this process
and to Mike White
who developed the
statistical program

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Chapter 1

INTRODUCTION

The American Academy of Pediatrics stated that health-care practitioners should encourage mothers to breastfeed their full term infants and take a stand toward the issue of breastfeeding versus bottle feeding, because research has shown that breast milk is the superior infant food (Anderson & Geden, 1991). Anholm (1986) states that breastfeeding has the potential of becoming a most significant preventive health intervention for infancy.

A 1984 study found that 61% of infants in the United States were breastfed at the age of 1 week, an increase of 36.1% from 1970. The increase from 1982 to 1984 was only 0.5%. Although more than 50% of newborns are breastfed when they leave the hospital, between 30-40% are weaned by 6 weeks of age (Anderson & Geden, 1991). The Surgeon General's 1984 workshop on Breastfeeding and Human Lactation directed its attention to the issue of increasing the choice of breastfeeding to 75% and the duration of breastfeeding to 30% at 6 weeks by 1990 (Anderson & Geden, 1991; Neifert & Seacat, 1987).

The American Academy of Pediatrics (AAP) reports 50.9% of mothers were breastfeeding 1 month after giving birth in 1983; in 1988, only 46.5% of all mothers were

breastfeeding 1 month after giving birth (Lactation 1 Program, 1990). Ryan and Martinez (1989) reported on a national representative sample of new mothers comparing incidence and duration of breastfeeding among mothers who were employed full-time outside the home with those not employed. Results indicated that the same proportion of mothers (55%) who were employed full-time as those not employed reported breastfeeding their infants in the hospital. Only 10% of full-time employed mothers breastfed their infants at 6 months of age compared with 24% of those not employed. Breastfeeding incidence is higher in: (a) women 30 years and older, (b) high family income groups, (c) college educated, (d) white, and (e) living in the Mountain or Pacific region of the United States (Ryan & Martinez, 1989).

Coriel and Murphy (1988) stated that the majority of women are choosing to initiate breastfeeding, but the desire to breastfeed does not insure success. Huston and Field (1988), L'Esperance and Frantz (1985), and Anholm (1986) suggest preventing breastfeeding problems by (a) modifying rigid hospital schedules, (b) educating staff so they will be well informed about breastfeeding management, (c) nursing staff would educate mothers about breastfeeding, and (d) staff would be supportive of mothers learning to breastfeed. In order to operationalize these suggestions and communicate

assessment findings, four new nursing diagnoses have been proposed by Henrikson and Wall (1989).

Nursing Diagnosis has been described in the literature since the 1950's and in the last decade has become a second step in the nursing process (Dougherty, 1987). The diagnosis, Impaired Breastfeeding, was introduced and approved for use by the North American Nursing Diagnosis (NANDA) membership in July of 1988 (NANDA, 1988). This list of Nursing Diagnoses is essentially problem oriented. Nurses working in Maternal/Child nursing have expressed the need for wellness and health promotion oriented diagnoses in relation to breastfeeding (Henrikson & Wall, 1989).

In order to submit a new nursing diagnosis to NANDA's Diagnosis Review Committee, a literature narrative review, description of defining characteristics, and major and minor components must be included (Carpenito, 1989). When these requirements are met, the new diagnosis is submitted to the Diagnostic Review Committee (DRC) and secondary reviewers. Upon acceptance by these two groups, the new diagnosis is forwarded to the NANDA Board. After acceptance by the Board, the diagnosis is forwarded to the membership who vote their acceptance or rejection.

McFarlane (1987) states that it is important to clinically validate nursing diagnoses if they are to be

useful in practice. Henrikson and Wall (1989) conducted a validation study for defining characteristics of Impaired Breastfeeding, but clinical trials have not been conducted. In spite of educational classes to the staff about breastfeeding and problem identification, very little documentation about these problems and their treatment exists in the patient charts as evidenced from monthly chart reviews. Existence of an accepted nursing diagnosis and defining characteristics might help improve this. It is important for Maternal/Child nurses to formulate and use nursing diagnoses in their practice, because identifying health problems diagnosed and treated by nurses is the primary step in organizing and building a clinical science (Gordon & Sweeney, 1979).

Problem and Research Questions

In 1988, four breastfeeding diagnoses were submitted to NANDA by Henrikson and Wall. Two were rejected (Effective Breastfeeding and Termination of Breastfeeding) and two (Interference in Breastfeeding and Ineffective Breastfeeding) were merged into Impaired Breastfeeding. A defense of the original wording was given at the March, 1988, conference and in August, 1988, NANDA accepted the diagnosis of Ineffective Breastfeeding for the approved list. From her research, Henrikson (personal communication, April 26, 1989) found that the diagnosis should be refined further into the following to

be useful to the practicing nurse: (a) Effective Breastfeeding, (b) Interference in Breastfeeding, (c) Ineffective Breastfeeding, and (d) Difficulty with Termination of Breastfeeding. There are specific defining characteristics for each of the four diagnoses. When NANDA accepted only one diagnosis, it lumped all problems of breastfeeding together. This forces the nurse to struggle with an all inclusive diagnosis to communicate a specific problem. For nursing diagnoses to be accepted and used by nurses, they must be descriptive and prescriptive according to Henrikson (personal communication, March 12, 1991). The Henrikson study is attempting to document the need for the expanded numbers of breastfeeding diagnoses rather than trying to condense them all into one.

This study is a replication of the first phase of a two phase study conducted by Henrikson and Wall (1989). In phase one, the aim was to identify the major and minor critical defining characteristics of these four breastfeeding nursing diagnoses.

This study asked: (a) What are the major and minor defining characteristics of the four diagnoses and (b) What are the contributing factors of the diagnoses identified by nurses?

Purpose and Need

Having a clinically valid list of defining

characteristics to diagnose the breastfeeding process will help to make the diagnosis useful to the practicing nurse and will increase the frequency of its use. Identifying the etiologies of different breastfeeding problems will help to guide the nursing interventions that support a mother and her family in achieving the desired outcome (Henrikson & Wall, 1989).

Definition of Terms

For the purpose of this study, the following definitions applied:

1. Impaired or Ineffective Breastfeeding: The state in which a mother, infant, or family experiences dissatisfaction or difficulty with the breast-feeding process.
2. Effective Breastfeeding: The condition where the breast-feeding process is being established with satisfaction to mother and infant as evidenced by adequate stool and urine output and appropriate weight gain of the infant.
3. Interference in Breastfeeding: A condition where mother or infant must terminate the breastfeeding process suddenly, i.e., illness, or separation, and mother wishes to continue to breastfeed.
4. Difficulty with Termination of Breastfeeding: When a mother may wish to wean the infant, but feels ambivalent or infant refuses to wean. These four

definitions were given by M. Henrikson (personal communication, April 26, 1989).

5. Defining characteristics: That which identifies the nature of something; signs and symptoms specified by convention. Official, formal definitions usually published in a taxonomy manual for use by diagnosticians within the particular profession (Dapice, Hanley & Wong, 1987). (See Appendix B).

6. Human responses: The behavior, feelings, and actions of persons that can be assessed by a nurse (Aukamp, 1989).

7. Nursing mother: Any mother who is currently breastfeeding (Henrikson & Wall, 1989).

8. Nurse Expert: Any nurse presently working with nursing mothers and infants who has 5 years of experience in this field and 5 years of experience working with nursing diagnosis (Henrikson & Wall, 1989).

Research Design

This was a nonexperimental correlational study to determine what defining characteristics have to be present for the nurse to make the diagnosis of Impaired Breastfeeding. There are two populations in the Henrikson study; breastfeeding women and nurses. This study confined data collection to the nursing sample only. The nurse sample consisted of nurses randomly selected from hospital and medical office settings in a

Health Maintenance Organization in northern California. Six hundred questionnaires were sent, and 58 responses were returned, a response rate of 9%. The first phase of the study consisted of a questionnaire with a list of the nursing diagnoses and their defining characteristics. The nurse experts rated the defining characteristics on a scale of 1 (not at all characteristic) to 5 (very characteristic) and were asked to suggest additional characteristics not listed (Norris & O'Connell, 1989). Based on these results, Henrikson and Wall (1989) will construct the validated lists and resubmit them to nurse experts who volunteer for phase two of the study.

In phase two, the nurse experts will, after obtaining permission, observe a mother and infant breastfeeding and will make an appropriate diagnosis about the process. The mother will be given the diagnoses list, and she will be asked to mark which characteristic is true for her for that breastfeeding experience. The results of these matched comparisons will be tabulated and statistically correlated using Fehring's formula (Henrikson & Wall, 1989).

Fehring's Diagnostic Content Validity (DCV) (1987) model, selected for this study, is similar to Gordon and Sweeny's (1979) retrospective model in that expertise of nurse raters is based on past treatment of health problems. The DCV model establishes content validity of

the defining characteristics of a previously accepted diagnostic label and is not used to develop or validate new diagnostic labels.

Scope and Limitations

This study focused on phase one where nurses were asked to complete a questionnaire about defining characteristics, their years of experience with helping breastfeeding mothers, and experience working with nursing diagnosis. For phase two of the study, nurse experts who volunteer will be included in the Henrikson and Wall study.

Henrikson stated that it was difficult to find enough qualified nurse experts. There were many who qualified in working with breastfeeding mothers, but they did not have experience working with nursing diagnosis. In this study, the small return rate for such a large population may affect the ability to generalize findings.

Gordon and Sweeney (1979) stated that defining nursing diagnoses requires structural, conceptual, and competency components. The competency component relies heavily on education, individual competencies, and nurse practice acts, none of which provide the uniformity required. This study only asked the respondents what experience they had using nursing diagnosis. No attempt was made to correlate an educational program with use of nursing diagnosis.

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF LITERATURE

Nursing Diagnosis served as the conceptual framework for this study. The definition of a Nursing Diagnosis is: "actual or potential health problems which nurses, by virtue of their education and experience, are capable and licensed to treat" (Gordon, 1982). Diagnosing and treating breastfeeding problems are within the scope of nursing practice.

Hoskins (1989) describes three phases of clinical validation methodologies for nursing diagnosis research. They are:

1. Concept analysis which allows development of a model to explain why certain defining characteristics are expected to be present.

2. Expert validation: agreement from experts in the field that the defining characteristics list is complete and correctly represents the diagnosis. This compares to seeking content validity. Each expert rates each characteristic with respect to its importance to the diagnosis. Fehring (1987) provides a formula for weighting the ranking (see Appendix A), and the formula provides a cut off point for less important characteristics.

3. Clinical validation: the final phase which

tests whether or not these characteristics are also supported by clinical data. Direct interaction or observation of patient behavior is performed by at least two competent nurse diagnosticians. Each nurse obtains data and forms conclusions independently. Two statistics are calculated; the percentage of agreement on presence or absence of defining characteristics and the frequency of occurrence of these characteristics in the population. Fehring (1987) combines these two scores into one interrater reliability ratio and provides cutoff points for the major and minor characteristics. The goal of this technique is to get a useful valid list of major and minor defining characteristics.

Related Literature

Breastfeeding is an intricate process that is physiologic and psychologic in nature. Fine tuning is required between the nursing mother and infant for breastfeeding to be successful (Henrikson & Wall, 1989). Successful breastfeeding is measured by adequate weight gain and daily stool and urine output (DeCarvalho, Robertson, Merkatz & Klaus, 1982; Fahy & Holschier, 1988; Hewat & Ellis, 1986; L'Esperance & Frantz, 1985). Success is also measured by length of time (weeks or months) a mother breastfeeds her baby (Auerbach & Avery, 1980; Cadwell, 1981; DeChateau, Holmberg, Jakobsson & Winberg, 1977; Fahy & Holschier, 1988; Kearney, 1988;

Hellings, 1985; Winikoff & Baer, 1980). Failure at breastfeeding has several potential factors, many of which are interrelated: (a) social class, (b) parity, (c) maternal age, (d) marital status, (e) difficulty of delivery, (f) sex of infant, and (g) ethnic group. The primary reason women give for discontinuing breastfeeding is perceived inadequate milk supply (Cadwell, 1981; Gulick, 1982; Neifert & Seacat, 1987; Schlegel, 1983; Winikoff & Baer, 1980; Winikoff & Laukeran, 1987). The nursing diagnosis, Ineffective Breastfeeding, would communicate to all nurses that this mother is having actual or perceived problems in establishing breastfeeding.

Lactation is a supply and demand system. If there is no suckling to stimulate the body to produce milk, none will be made. Decreased suckling, inadequate emptying of the breast, and perceived inadequate milk supply are related to supplemental bottle feedings that interfere with hunger/satiety cycles (American Academy of Pediatrics, 1978; Auerbach & Avery, 1980; Herrera, 1984; Lawrence, 1986 p. 53; Winikoff & Baer, 1980) and restricted (scheduled) feedings, such as a limit on the times and frequency the baby spends suckling at the breast (American Academy of Pediatrics, 1978; L'Esperance & Frantz, 1985; Winikoff & Baer, 1980). Transcultural attitudes toward breastfeeding may also interfere with

the infant's time and frequency of suckling, for example:

(a) American Indian women do not begin to breastfeed immediately after birth, and (b) Hispanic women begin breastfeeding after true lactation begins on the third postpartum day. This practice is based on the belief that colostrum is unclean (Taylor, 1985). The nursing diagnosis, Ineffective Breastfeeding, includes these problems in its defining characteristics.

Decreased suckling is also associated with incorrect latch-on to the maternal nipple. Correct latch-on means that the infant's lips are well up on the areola and the lower lip is not folded in. Incorrect latch-on will lead to sore nipples (L'Esperance & Frantz, 1985; Lawrence, 1986 p. 193; Riordan & Countryman, 1980a; Storr, 1987; Winikoff & Baer, 1980). Incorrect latch-on has also been associated with supplemental feeding with a rubber nipple leading to nipple confusion, where the infant will arch and cry at the breast and refuse to latch on (Applebaum, 1970; Coreil & Murphy, 1988; Herrera, 1984; L'Esperance & Frantz, 1985). The nursing diagnosis, Ineffective Breastfeeding, includes defining characteristics related to this problem.

Decreased suckling is also a consequence of an interrupted breastfeeding process due to a premature or ill newborn, an ill mother, breast milk jaundice, a mother returning to work, and other forms of separation

(Henderson & Newton, 1978; McCoy, Kadowaki, Wilks, Engstrom, & Meier, 1988; Morse & Harrison, 1988; Riordan & Countryman, 1980b). The nursing diagnosis, Interference in Breastfeeding, addresses these situations in its defining characteristics.

Other factors that have been associated with failure in breast-feeding are anxiety and fatigue, which are related to decreased suckling and emptying of the breast due to failure to nurse as frequently as needed and inhibition of the let-down reflex (American Academy of Pediatrics, 1978; DeChateau, et al., 1977; Gulick, 1982; Herrera, 1984; Lawrence, 1986; Winikoff & Baer, 1980). These factors are included in the defining characteristics of Ineffective Breastfeeding.

Perceived inadequate milk supply is related to lack of knowledge about breast milk and its appearance, and misconceptions about the physiologic process of breastfeeding. Lack of emotional support from partners, family members, and health professionals has also been shown to be a strong factor in breastfeeding failure (American Academy of Pediatrics, 1978; Bose, D'Ercole, Lester, Hunter & Barrett, 1984; Cadwell, 1981; DeChateau, et al., 1977; Fahy & Holschier, 1988; Graef, et al., 1988; Hewat & Ellis, 1986; Hyland, 1988; Kearney, 1987; Lawrence, 1986; Schlegel, 1983; Winikoff & Baer, 1980; Winikoff, Laukaran, Myers & Stone, 1986). These factors

are included in the defining characteristics of Ineffective Breastfeeding.

Many studies have shown that a knowledge deficit of breastfeeding and lactation by mothers, family members, and health professional is a factor correlated to breastfeeding discontinuation (Anholm, 1986; DeChateau, et al., 1977; Grassley & Davis, 1978; Gulick, 1982; Hyland, 1988; Kearney, 1988; Winikoff, Laukaran, Myers & Stone, 1986). It has been suggested that this lack of knowledge has a strong causal relationship to the other factors associated with breastfeeding failure (Cadwell, 1981; Gulick, 1982; Schlegel, 1983; Winikoff, et al., 1986). The nursing diagnoses, Ineffective Breastfeeding and Difficulty with Termination of Breastfeeding, attempt to categorize patterns or phases of the breastfeeding process and to direct nursing interventions that will support a mother and her family in achieving the desired outcome. Each of these patterns have defining characteristics which would support the different diagnoses.

Chapter 3

METHOD

The NANDA Organization was contacted to find out if there was research in progress on breastfeeding nursing diagnoses. Henrikson's name was given, and she was contacted and responded that she was conducting research on validation of nursing diagnoses for breastfeeding (Appendix D). Permission to replicate the study was given by phone, and an abstract and the instruments were sent to this researcher.

Research Design

Defining characteristics were formulated by Henrikson and Wall (1989) using nursing research, clinical literature, and clinical experience. Once defining characteristics were compiled, they were submitted to five nursing experts for a general evaluation of their suitability, for judgement as to clarity, and for content validity. Additionally, several false items were added to each instrument to verify that participants were not just responding randomly and to control for reliability. Henrikson and Wall's finalized list was used in this study (Appendix F).

Letters requesting permission to conduct this study were sent to administrators of medical centers in a northern California Health Maintenance Organization.

Eight centers gave permission. The nurse manager of the perinatal unit for each center was contacted and given information about the study and asked to distribute the questionnaire and a return envelope to their nurses. Six hundred questionnaires were sent. These medical centers were selected because: (a) they have large, stable perinatal staffs, and (b) the use of nursing diagnoses was strongly encouraged 6-8 years ago when care plans were being made a permanent part of the medical record. The definition of a nurse expert was one who had worked with nursing mothers and who had used nursing diagnosis for 5 years. These medical centers had a good potential for having large numbers of nurse experts.

The study was approved by the San Jose State University Human Subjects Review Board (Appendix E). The study packet consisted of: (a) consent letter, (b) instructions, (c) Henrikson and Wall's Diagnostic Content Validity Rating Scale for Effective Breastfeeding, Ineffective Breastfeeding, Interference in Breastfeeding, and Difficulty with Termination of Breastfeeding, (d) a demographic data form, and (e) consent to continue in the second part of the study, (Appendix F).

The Delphi technique was used by Henrikson and Wall (1989) to obtain consensus from nurse experts on the validity of the four nursing diagnoses. The Delphi technique was not used in this study. Initially,

instruments were compiled consisting of the nursing diagnosis definition, related factors, and defining characteristics. Henrikson and Wall asked respondents to indicate agreement/disagreement with the definition and related factors and to comment. The defining characteristics were presented with a five-point, Likert scale, from not at all representative (1) to very much representative (5). After analysis of data, results were returned to the nurse experts for their agreement-disagreement with the results. In this study, Henrikson and Wall's instrument was used to collect the data, and the results will be sent to the nurse experts only if they requested the information.

Data Collection

Of the 600 studies sent, 58 were returned and 41 (7%) qualified as nurse experts based on years of experience helping nursing mothers and use of nursing diagnosis. Responses were rated according to Fehring's Diagnostic Content Validity Model (Appendix A). Using Fehring's DCV Model, the weighted ratios were calculated for each defining characteristic. The defining characteristics with weighted ratios less than 0.05 were discarded. Defining characteristics with weighted ratios greater than or equal to 0.80 were labeled "major." Defining characteristics with ratios less than 0.80, but greater than 0.50, were labeled "minor." Demographic

data that were collected were used to identify the nurse expert and no other correlations were made (Appendix F).

Chapter 4

ANALYSIS AND INTERPRETATION OF DATA

Description of the Sample

The sample consisted of registered nurses from a northern California Health Maintenance Organization. The subjects' years of experience helping breastfeeding mothers ranged from 5-30 years (Table 1).

Table 1

Subject Years of Experience Working with Breastfeeding Mothers (N=41).

Years	n	%
5-10	19	46
11-15	13	32
16-20	4	10
21-25	3	7
26-30	2	5

Level of education ranged from Diploma to Master's in Nursing (Table 2).

Table 2

Highest Nursing Degree (N=41).

Degree	n	%
Diploma	7	17.0
Associate Degree	7	17.0
Baccalaureate in Nursing	17	41.2
Baccalaureate in Other Field	1	2.4
Masters in Nursing	6	15.0
Masters in Other Field	2	5.0
Doctorate in Nursing	0	0.0
Doctorate in Other Field	1	2.4

Ninety seven percent of the subjects worked either in a health clinic, physician's office, or a school of nursing (Table 3).

Table 3

Employment Setting (N=41).

	n	%
Hospital	39	97
Community Health	0	0
School of Nursing	3	9
Nurse in Private Practice	1	2
Health Clinic/Doctor's Office	5	14

Note. Subjects responded more than once.

Subjects checked more than one answer for nursing experience and experience with nursing diagnosis (Tables 4 and 5). Ethnic data were not collected.

Table 4

Nursing Experience (N=41).

	n	%
Postpartum	32	80
Normal Newborn Nursing	37	90
Neonatal Intensive Care	25	61
Lactation Consultant	3	7
Community Health Nursing	6	14
Office Nurse	7	17
Childbirth Education	9	21
Clinical Specialist	2	4
Nurse Practitioner	5	12
Other	7	17

Note. Subjects responded more than once.

Table 5

Experience with Nursing Diagnosis (N=41).

	n	%
As part of nursing education	31	76
Use in clinical practice	3	7
Continuing education	4	10
Through reading and self-study	7	7

Analysis

Using Fehring's DCV Model (Appendix A), weighted ratios were calculated for each defining characteristic. The weights are as follows: 1 = 0; 2 = 0.25; 3 = 0.50; 4 = 0.75; and 5 = 1. The weights are provided so that the total score can reach only 1.0 and so that a value will not be given to a defining characteristic that the experts judge to be not at all indicative of the tested diagnosis (Appendix A). Those characteristics with a weighted ratio less than 0.50 were discarded. According to Fehring, "major defining characteristics" have weighted ratios from 0.80 to 1.0, and "minor defining characteristics" have weighted ratios of greater than 0.50 but less than 0.80. The following major and minor defining characteristics were identified by the nurse subjects:

Effective Breastfeeding: Major defining characteristics with weighted mean.

- 1.00 Infant ability to latch onto maternal breast correctly.
- 0.80 Regular and sustained suckling at the breast.
- 0.80 Adequate infant elimination patterns.
- 0.90 Adequate infant weight gain.
- 0.80 Eagerness of infant to nurse.
- 0.80 Maternal verbalization of satisfaction with breastfeeding process.
- 0.80 Infant appears content after each feeding.

Minor defining characteristics with weighted mean.

- 0.60 Observable signs of oxytocin release (let down).
- 0.70 Baby nurses at both breasts at each feeding.

Write in characteristics:

Hear rhythmic suck and swallow pattern. (2)

Baby nurses 8-10 times in 24 hours.

Absence of sore/cracked nipples.

Acceptance of effective breastfeeding by husband.

Acceptance of effective breastfeeding by siblings.

Comments: operationalize "adaptive behaviors" in the definition, too general i.e., physiological, psychological.

Rename: Breastfeeding well.

Interference in Breastfeeding:

Major defining characteristics with weighted mean.

0.80 Separation of mother and infant.

Minor defining characteristics with weighted mean.

0.70 Infant does not receive nourishment at the breast for some or all feedings.

0.50 Infant occasionally goes longer than four hours between feedings.

0.60 Lack of knowledge regarding expression and storage of breast milk.

Rename: Interruption in Breastfeeding (2)

Interruption in Lactation.

Ineffective Breastfeeding:

Major defining characteristics with weighted mean.

0.80 Mother says dissatisfied with breastfeeding process.

0.90 Infant inability to latch onto maternal breast correctly

0.80 Inadequate infant weight gain.

0.80 Separation of mother and infant.

0.90 Maternal reluctance to put infant to breast as necessary.

0.80 Infant arching and crying at the breast; resists latching on.

Minor defining characteristics with weighted mean.

0.70 Infant does not get nourishment at breast for

some or all feedings.

- 0.60 No observable signs of oxytocin release (let down).
 - 0.70 Inadequate infant elimination patterns.
 - 0.70 Nonsustained suckling at the breast.
 - 0.60 Suckling at only one breast per feeding.
 - 0.60 Nursing less than 7 times in 24 hours (during first month).
 - 0.70 Infant fussy and crying in first hour. Not comforted except by breast.
 - 0.50 Lack of knowledge regarding expression and storage of breast milk.
 - 0.50 Overactive let-down reflex.
 - 0.70 Sore nipples that impede latching on.
- Write in characteristics:
- Maternal discomfort after cesarean section.
- Improper position of baby at breast.
- Cultural beliefs (2)).
- Inability of mom to slow down and relax.
- Rename: Breastfeeding problem.

Difficulty with Termination of Breastfeeding:

Major defining characteristics with weighted mean.

None.

Minor defining characteristics with weighted mean.

- 0.70 Mother wants to stop breastfeeding, baby not ready.

0.70 Mother does not want to stop breastfeeding,
infant ready.

0.70 Breast engorgement.

0.50 Involution of breast tissue.

0.50 Diminished milk production.

0.60 Gradual decrease in the number of
breastfeedings in 24 hours.

Write in characteristics:

Inability to pump at work.

Rename: Nonelective Weaning

The nurse subjects identified major and minor defining characteristics for (a) Effective Breastfeeding, (b) Interference in Breastfeeding, and (c) Ineffective Breastfeeding. Only minor defining characteristics were identified for Difficulty with Termination of Breastfeeding. The following name changes were suggested: (a) Breastfeeding Well instead of Effective Breastfeeding, (b) Interruption in Breastfeeding instead of Interference in Breastfeeding, and (c) Nonelective Weaning instead of Difficulty with Termination of Breastfeeding.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

The number of responses that qualified as experts was small, 41 out of 600 (7%). Therefore, it is difficult to generalize the results. A larger response might have been achieved with more personal input from the researcher. Nurse experts working in focus groups could generate a list of defining characteristics and from this list a questionnaire could be constructed for the study. The researcher excluded clinic nursing staff from the study by directing questionnaires only to known Lactation Educators or Pediatric Nurse Practitioners who do breastfeeding counseling in a clinical setting. Because of clinic nurse exclusion, not many of the respondents had experience with problems relating to weaning. Hospital and clinic nurses rarely have the opportunity to work with a mother who is weaning. Six of the respondents stated they did not feel qualified to rate the defining characteristics for Difficulty with Termination of Breastfeeding. This might explain why all six of the defining characteristics were rated as minor.

Conclusions

In this study, the respondents accepted all of the defining characteristics for Effective Breastfeeding except, (a) infant burps after each feeding, and (b)

infant sleeps through the night by the age of 6 weeks. This finding would support the advocates for nursing diagnoses relating to wellness states. All of the defining characteristics for Ineffective Breastfeeding were accepted by this study group. This finding suggests that this diagnosis is valid and useful to the practicing nurse. The title, Ineffective Breastfeeding, seems to be accepted better than the NANDA title of Impaired Breastfeeding. One suggestion for an alternative name was Breastfeeding Problem.

Respondents accepted all of the defining characteristics for Interference in Breastfeeding except one, lack of knowledge regarding expression and storage of breast milk. Only one major defining characteristic was agreed upon, and it was, separation of mother and infant. This is also a major defining characteristic for Ineffective Breastfeeding. Two minor defining characteristics were identified, one of which is a minor defining characteristic for Ineffective Breastfeeding, infant does not receive nourishment at the breast for some or all feedings. This finding would support a new NANDA nursing diagnosis of Interference in Breastfeeding, because: (a) major and minor defining characteristics are present (Carpineto, 1989); (b) the label is clear, concise and clinically useful (Gordon & Sweeney, 1979); (c) and the required structural components of problem, etiology, and

signs and symptoms are present (Gordon & Sweeney, 1979).

Respondents selected all the defining characteristics for Difficulty with Termination of Breastfeeding except one, infant experiences a decrease in the number of wet diapers. No major defining characteristics were identified so all that were rated came out as minor defining characteristics. Henrikson and Wall obtained the same results with their study. Their respondents suggested trying these labels: (a) Termination of Breastfeeding and (b) Ineffective Termination of Breastfeeding. In this study, Nonelective Weaning was suggested for a new label. These diagnoses would allow the nurse to be as specific as possible when using them (personal communication, March 12, 1991). Henrikson stated that she felt the reason we are struggling with this diagnosis is that this is one aspect of breastfeeding that has not been studied. Hospital based nurses rarely are consulted about problems with weaning. This has been the experience of both Henrikson and this researcher. When a Lactation Consultant is available to breastfeeding women, she is consulted about weaning. This has been Wall's experience as a Lactation Consultant (personal communication, March 12, 1991). She also stated that weaning experiences and problems are as different as those experiences related to establishing breastfeeding and these phenomena require the nurse's

attention and documentation with as specific diagnosis as possible. As more Lactation Consultant positions are created, more information about this problem will be available.

Recommendations

From the results of this study, the following recommendations can be made:

1. Major and minor defining characteristics have been identified for three nursing diagnoses, Effective Breastfeeding, Ineffective Breastfeeding, and Interference in Breastfeeding.

2. The label, Difficulty With Termination of Breastfeeding, needs further refining into Effective Termination of Breastfeeding and Ineffective Termination of Breastfeeding and should be resubmitted to practicing Parent/Child nurses for validation (Henrikson, personal communication, March 12, 1991).

3. These defining characteristics should be tested with another group of experts, breastfeeding women. Henrikson and Wall are formulating a nursing diagnosis instrument using lay language to test this group. In the second phase of this study, the nurse expert will make a diagnosis and ask the mother if her experience fits any of the defining characteristics. The mother will select the defining characteristics that fit her experience, and these results will be compared with the nurse expert.

This researcher's study did not include breastfeeding women in its scope. Even with the small return rate, this current study added to the body of knowledge necessary to validate characteristics for the process of acceptance of diagnoses by NANDA. It is important that defining characteristics of the concept match the defining characteristics of the diagnostic label. This concept was clearly demonstrated in the problems the subjects had with the label, Difficulty With Termination of Breastfeeding. The new labels, Effective Termination of Breastfeeding and Ineffective Termination of Breastfeeding, demonstrate the specific phenomena that the user was trying to communicate.

Nursing diagnoses provide the basis for selection of nursing interventions to achieve outcomes for which the nurse is accountable. All clinical specialties must become actively involved in label development, because diagnostic labels are virtually absent in some clinical areas (Avant, 1991).

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Appendix A

Fehring's Diagnostic Content Validity Model

Appendix A

Fehring's Diagnostic Content Validity Model

1. "Experts" rate each defining characteristic of the diagnosis being tested on a scale of 1 to 5. On the scale 1 = not at all characteristic of the diagnosis; 2 = very little characteristic; 3 = somewhat characteristic; 4 = quite characteristic; and 5 = very characteristic.

2. The Delphi technique is used to obtain a consensus. This step is optional because the Delphi technique could take a considerable amount of time and decrease the response rate (Fehring, 1987).

3. Calculate weighted ratios for each defining characteristic. The weights are as follows: 1 = 0; 2 = 0.25; 3 = 0.50; 4 = 0.75; and 5 = 1. The weights are provided so that the total score can reach only 1.0 and so that a value will not be given to a defining characteristic that the experts judge to be not at all indicative of the tested diagnosis.

4. Discard the defining characteristics with weighted ratios less than 0.05. This step is tentative and is taken only until a study with a large sample of clinical experts from across the country has been completed or until repeated smaller studies provide confirmation of results.

5. Defining characteristics with weighted ratios greater than or equal to 0.80 will be considered as

"major." Defining characteristics with ratios less than 0.80 but greater than 0.50 will be labeled as "minor." This tentative step is taken only until results have been confirmed with repeated studies or with a generalizable study. Until such confirmation is obtained, the defining characteristics will be called "tentative major or minor indicators."

6. Obtain a total diagnostic content validity score by summing the individual ratio scores and dividing by the total number of defining characteristics of the tested diagnosis. Defining characteristics with ratios less than or equal to 0.50 should not be included in the total score.

According to this model, defining characteristics are labeled as "major" if they reach a score of 0.80 or greater. The rationale is that this score means the experts agree that the defining characteristics are very much indicative of the diagnosis being tested. According to NANDA guidelines, "major" characteristics must be present for a diagnosis to be made. The 0.80 score for reliability coefficients for measurement tools is a standard cutoff score (Fehring, 1987).

APPENDIX B

Draft of Defining Characteristics

Appendix B

Draft of Defining Characteristics

A. Effective Breast-feeding

1. Mother and infant demonstrate correct latch-on and position at the breast.
2. No restriction of feeding amount or frequency.
3. Infant gaining weight
4. Infant voiding 6-8 times in 24 hours and stooling one or more times per day.
5. Mother verbalizes satisfaction about the breast-feeding process.

B. Ineffective Breast-feeding

1. Actual or perceived inadequate milk supply.
2. Infant inability to attach on the maternal breast correctly.
3. No observable signs of oxytocin release.
4. Observable signs of inadequate infant intake.
5. Nonsustained suckling at the breast.
6. Insufficient emptying of each breast per feeding.
7. Persistence of sore nipples beyond the first week of breast-feeding.
8. Insufficient opportunity for suckling at the breast.
9. Infant exhibiting fussiness and crying within the first hour after breast-feeding;

unresponsive to other comfort measures.

10. Infant arching and crying at the breast;
resisting latching-on.

C. Interference in Breast-feeding

1. Mother wishes to continue breast-feeding but
is unable due to separation from the infant.

D. Difficulty with Termination of Breast-feeding

1. Mother experiencing ambivalence about continuing
to breast-feed.
2. Mother experiencing social pressure to
discontinue breast-feeding.
3. Mother perceives lack of support to continue
breast-feeding.

APPENDIX C

Letter of inquiry to M. Henrikson

Appendix C

April 10, 1989

Mary L. Henrikson R.N.
2607 Huron Street
Bellingham, Washington 98225

Dear Mary,

I received your name from NANDA as one of the individuals who developed the Nursing Diagnosis, Breastfeeding, Ineffective. I am interested in conducting a validation study on this diagnosis for my Masters thesis.

I understand from the NANDA information that you have research in progress. I would like to talk with you about your work and wonder if I could possibly replicate your study. NANDA did not send your phone number with the address. Would you send me your number?

My address is:

Betsy Main

3266 Oakes Drive

Hayward, California 94542

(415) 581-8181 Home

(415) 784-4451 Work

I work part time a Clinical Nurse Educator at Kaiser Hospital in Hayward. I have been working in

Maternal/Infant nursing for the past 15 years and also am
a Lactation Educator.

I look forward to hearing from you.

Sincerely,

Betsy Main R.N.

APPENDIX D

Consent from M. Henrikson to replicate study

Appendix D

Dear Belays,

I have been negligent in responding to your letter of April 10th. You are on my list of things to do & I decided I'd better take the short way out (this note) instead of waiting until I can do something more formal.

I would be more than glad to talk to you about the Neg. Ex. & also our study. You can call me @ work 206-734-5400 & have me project a @ home 206-647-2920 in the evening. P 600. Over looking

forward to talking to you.

Mary Henderson

APPENDIX E

San Jose State University Human Subjects Review Board

Appendix E

To: Mary E. Main, Nursing

From: Charles R. Bolz
Office of Graduate Studies and Research

Date: February 7, 1990

The Human Subjects Institutional Review Board has approved your request to use human subjects in the study entitled:

"Validation of Breastfeeding Diagnoses"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact Dr. Stanford or me at (408) 924-2480.

cc: Mary Reeve, Ed.D.

APPENDIX F
Study packet

Appendix F

February 20, 1990

Dear Colleague,

I am involved in a study to validate nursing diagnoses related to breastfeeding. Thus far, four nursing diagnoses have been identified which may be pertinent to nursing care of the breastfeeding mother and infant.

This study involves the validation of the defining characteristics for each diagnosis. A group of nurses has been selected to evaluate a list of preliminary defining characteristics for their pertinence to the corresponding diagnosis. I am therefore writing to you, as a nurse who is an expert in the care of breastfeeding mothers and infants, to ask for your help.

Please do not feel obligated to respond to this request. However, if you are interested in participating, the study will involve completion of the enclosed questionnaires listing the preliminary defining characteristics for each diagnosis. I have also included a demographic data questionnaire including items about your nursing background, education, and practice. Completion of these forms should take about 30 minutes. I have enclosed a stamped, self-addressed envelope for your convenience. If you elect to participate only in this part of the study, but would be interested in

receiving information about the results, please include your name and address on a separate sheet. I will keep this information separate from your returned questionnaire, and will mail you study findings when they are available.

A second stage is planned to this study. After the data for this study has been analyzed, I am interested in sharing the results with you to obtain your opinion of your expert colleagues' views on the nursing diagnoses and defining characteristics. This will enable us to work towards obtaining a consensus among nurses expert in breastfeeding about which nursing diagnoses are valid and which major and minor defining characteristics comprise them. If you can be apart of the second stage of the study, please note your name and address on page three of the demographic data questionnaire so that I may contact you again.

If you are only interested in participating in this first stage, you may return the packet anonymously. All data will be kept in a confidential locked file. A master code will be kept for questionnaires mailed so that I may keep track of the response rate. This master code will be kept separate from the data. No one other than myself will have access to the data. Your completion and return of the questionnaire and consent letter indicate your consent to participate in the study.

If you are interested in participating in the second stage of the study, your name will be removed from your completed questionnaire packet before data analysis. However, you will be contacted again with the results of the first stage of the study for your response.

If you have any questions, please feel free to contact me by phone or by letter. Thank you for your help.

Sincerely,

Mary E. Main B.S., R.N.

Clinical Nurse Educator

Certified Lactation Educator

Kaiser Permanente Medical Center

27400 Hesperian Blvd.

Hayward, CA. 94545

(415) 784-4451

AGREEMENT TO PARTICIPATE IN RESEARCH, SAN JOSE STATE
UNIVERSITY

RESPONSIBLE INVESTIGATOR: Mary E. Main R.N., Clinical
Lactation Educator

TITLE OF PROTOCOL: Validation of the Defining
Characteristics for Breastfeeding
Nursing Diagnoses

I have been asked to participate in a research study that is investigating the defining characteristics of breastfeeding nursing diagnoses. The results of this study should further our understanding of the critical defining characteristics of the breastfeeding process.

I understand that:

1. I will be asked to fill out the questionnaire, "Breastfeeding defining characteristics".
2. The results from this study may be published, but no information from the study can be identified with me. The questionnaire is anonymous, so confidentiality is assured.
3. Any questions about my participation in this study will be answered by Mary E. Main at (415)784-4451. Complaints about the procedures may be presented to Andrea Arnett R.N., Nursery Supervisor at (415)784-4279, or Mary Reeve R.N., Ed.D., graduate advisor at (408)924-3165. For questions or complaints about research subject's rights, or in the event of

research-related injury, contact Serena Stanford Ph.D.
(Associate Academic Vice President for Graduate Studies &
Research) at (408)924-2480.

4. My consent is given voluntarily without being
coerced; I may refuse to participate in this study or in
any part of this study, without prejudice to my relations
with San Jose State University.

5. I have received a copy of this consent form for my
file.

I HAVE MADE A DECISION WHETHER OR NOT TO
PARTICIPATE. MY SIGNATURE INDICATES THAT I HAVE READ THE
INFORMATION PROVIDED ABOVE AND THAT I HAVE DECIDED TO
PARTICIPATE.

DATE:

SUBJECT'S SIGNATURE

INVESTIGATOR'S SIGNATURE

Instructions

The following pages represent nursing diagnoses that may be pertinent to nursing care of the breastfeeding mother and child. For the purposes of this study, breastfeeding is defined as: lactation to meet the physical and/or emotional needs of the mother/child dyad. Each diagnosis includes a list of defining characteristics that will allow nurses working with breastfeeding mothers and infants to identify these nursing diagnoses when they exist.

In order to validate the nursing diagnoses and defining characteristics, please read each diagnosis and list of defining characteristics.

1. If you feel the definition given does not accurately represent the diagnosis, please give your suggestions for renaming the diagnosis or redefining it in the space at the bottom of each page.
2. For each defining characteristic, circle the number of the scale which indicates the degree to which you think the defining characteristic represents the diagnosis. Circle "1" if you think it does not represent the diagnosis at all; "2" if it represents it very little; "3" if it represents it somewhat; "4" if it is quite representative; and "5" if it very much represents the diagnose.
3. Please complete the Demographic Data Form.

4. Return the completed nursing diagnoses and demographic data forms in the enclosed envelope.

Thank you very much.

DIAGNOSTIC CONTENT VALIDITY (DCV) RATING SCALE

Diagnosis Name: Effective Breastfeeding

Diagnosis Definition: The state in which an individual/family exhibits adequate management of adaptive behaviors involved in breastfeeding.

Related Factors: Basic breastfeeding knowledge, partner involvement, normal breast structure, infant gestational age greater than 34 weeks, exclusive breastfeeding until milk supply established, breastfeeding within one hour after birth, support sources.

1	2	3	4	5
Not at all	Very little	Somewhat	Quite	Very much

Defining Characteristics

1 2 3 4 5 Infant ability to latch on to maternal breast correctly.

1 2 3 4 5 Infant burps after each feeding.

1 2 3 4 5 Observable signs of oxytocin release (let down).

1 2 3 4 5 Regular and sustained suckling at the breast.

1 2 3 4 5 Infant sleeps through the night by the age of 6 weeks.

1 2 3 4 5 Adequate infant elimination patterns.

1 2 3 4 5 Adequate infant weight gain.

1 2 3 4 5 Eagerness of infant to nurse.

1 2 3 4 5 Baby nurses at both breasts at each feeding.

1 2 3 4 5 Maternal verbalization of satisfaction with
the breastfeeding process.

1 2 3 4 5 Infant appears content after each feeding.

Write In Characteristics

If there are additional defining characteristics
which you have observed for this diagnosis, please write
in below and rate according to the scale provided.

1	2	3	4	5
Not at all	Very little	Somewhat	Quite	Very much

1 2 3 4 5 1. _____

1 2 3 4 5 2. _____

1 2 3 4 5 3. _____

1 2 3 4 5 4. _____

If you could rename this diagnosis, what would you name
it? _____

If you could redefine it, what would your definition be?

Diagnosis Name: Ineffective Breastfeeding

Diagnosis Definition: The state in which a mother or child experiences difficulty with the breastfeeding process.

Related Factors: Prematurity, infant anomaly, maternal breast anomaly, previous breast surgery, history of previous breastfeeding failure, infant receiving supplemental feedings with artificial nipple, poor infant sucking reflex, nonsupportive partner/family, knowledge deficit, maternal anxiety, interruption in breastfeeding.

1	2	3	4	5
Not at all	Very little	Somewhat	Quite	Very much

Defining Characteristics

1 2 3 4 5 Maternal verbalization of dissatisfaction with the breastfeeding process.

1 2 3 4 5 Infant inability to latch on to maternal breast correctly.

1 2 3 4 5 Infant does not receive nourishment at the breast for some or all of feedings.

1 2 3 4 5 No observable signs of oxytocin release (let down).

1 2 3 4 5 Inadequate infant elimination patterns.

1 2 3 4 5 Inadequate infant weight gain.

1 2 3 4 5 Separation of mother and infant.

1 2 3 4 5 Nonsustained suckling at the breast.

1 2 3 4 5 Suckling at only one breast per feeding.

- 1 2 3 4 5 Nursing less than 7 times in 24 hours (during the first month of life).
- 1 2 3 4 5 Maternal reluctance to put infant to breast as necessary.
- 1 2 3 4 5 Infant exhibiting fussiness and crying within the first hour after breastfeeding:
unresponsive to comfort measures other than putting to breast.
- 1 2 3 4 5 Infant arching and crying at the breast; resists latching on.
- 1 2 3 4 5 Lack of knowledge regarding expression and storage of breast milk.
- 1 2 3 4 5 Overactive let-down reflex.
- 1 2 3 4 5 Sore nipples that impede latching on.

Write In Characteristics

If there are additional defining characteristics which you have observed for this diagnosis, please write in below and rate according to the scale provided.

	1	2	3	4	5
	Not at all	Very little	Somewhat	Quite	Very much
1 2 3 4 5	1. _____				
1 2 3 4 5	2. _____				
1 2 3 4 5	3. _____				
1 2 3 4 5	4. _____				

If you could rename this diagnosis, what would you name it? _____

If you could redefine it, what would your definition be?

Diagnosis Name: Difficulty with termination of
Breastfeeding

Diagnosis Definition: The state in which the mother or
child experiences difficulty with weaning.

Related Factors: Infant age, ineffective breastfeeding,
interruption in breastfeeding, cultural expectations,
pressure from family/friends, mother returning to work.

1 2 3 4 5

Not at all Very little Somewhat Quite Very much

Defining Characteristics

1 2 3 4 5 Mother verbalizes desire to terminate
breastfeeding, but the infant does not exhibit
readiness.

1 2 3 4 5 Mother does not desire to terminate breast
feeding, but the infant exhibits readiness.

1 2 3 4 5 Breast engorgement.

1 2 3 4 5 Infant experiences a decrease in number of
wet diapers.

1 2 3 4 5 Involution of breast tissue.

1 2 3 4 5 Diminished milk production.

1 2 3 4 5 Gradual decrease in the number of breast
feedings in 24 hours.

Write In Characteristics

If there are additional defining characteristics
which you have observed for this diagnosis, please
write in below and rate according to the scale provided.

1	2	3	4	5
Not at all	Very little	Somewhat	Quite	Very much

1 2 3 4 5 1. _____

1 2 3 4 5 2. _____

1 2 3 4 5 3. _____

1 2 3 4 5 4. _____

If you could rename this diagnosis, what would you name
it? _____

If you could redefine it, what would your definition be?

Diagnosis Name: Interference in Breastfeeding

Diagnosis Definition: The state in which there is a break in the continuity of the breastfeeding process and the mother desires to establish or maintain breastfeeding.

Related Factors: Maternal or infant illness, prematurity, maternal employment, contraindications to breastfeeding (e.g., drugs, breastmilk jaundice).

1 2 3 4 5

Not at all Very little Somewhat Quite Very much

Defining Characteristics

1 2 3 4 5 Infant does not receive nourishment at the breast for some or all of feedings.

1 2 3 4 5 Infant occasionally goes longer than four hours between feedings.

1 2 3 4 5 Separation of mother and infant.

1 2 3 4 5 Lack of knowledge regarding expression and storage of breast milk.

Write In Characteristics

If there is an additional defining characteristic which you have observed for this diagnosis, please write in below and rate according to the scale provided.

1 2 3 4 5 1. _____

1 2 3 4 5 2. _____

1 2 3 4 5 3. _____

1 2 3 4 5 4. _____

If you could rename this diagnosis, what would you name

it? _____

If you could redefine it, what would your definition be?

_____.

DEMOGRAPHIC DATA FORM

Code# _____

State of Residence: _____

Highest Nursing degree:

Diploma

Associate Degree

Baccalaureate in Nursing

Baccalaureate in Another Field (Major: _____)

Masters in Nursing (Area of concentration: _____)

Masters in Another Field (Major: _____)

Doctorate in Nursing

Doctorate in Another Field (Major: _____)

Other (describe: _____)

Certification (list all that apply):

Employment Setting (check all that apply):

Hospital

Community Health

School of Nursing

Nurse in Private Practice

Health Clinic/Physician's Office

Other (describe: _____)

Years of Experience in Nursing: _____

Years of Experience helping breastfeeding mothers: _____

Nursing Experience (check all that apply):

Postpartum Nursing

Normal Newborn Nursing

Neonatal Intensive Care

Lactation Consultant

Community Health Nursing

Office Nurse

Childbirth Education

Clinical Specialist

Nurse Practitioner

Other (describe:_____)

Experience with Nursing Diagnosis (check all that apply):

As part of nursing education

Use in clinical practice

Continuing education (number of courses:_____)

Through reading and self-study

Active in NANDA

Other (describe:_____)

None

Research conducted in maternal/child nursing (list titles
of research studies):

Articles published in maternal/child nursing (list
citations):

In order to refine this list of defining characteristics, we would like to contact you again with the results of this first evaluation. This will enable you to examine the opinions of other experts like yourself, and to decide to what extent you agree or disagree.

If you are able to continue to be a part of this study, please fill in your name and address below.

Name:

Credentials:

Address: