


BMJ Open Breastfeeding experiences of patients in baby-friendly certified hospital settings: protocol for a scoping review

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ABSTRACT

Introduction The Baby-friendly Hospital Initiative is a global programme that is meant to support breastfeeding within organisations. Most of the current literature is focused on implementation and uptake of the programme; however, little is known about the patient experience of breastfeeding within these settings. By exploring this current gap in the literature, we may discover important contextual elements of the breastfeeding experience. The objective of this protocol is to provide a framework for a scoping review where we aim to understand the extent and type of evidence in relation to the patient experience of breastfeeding in Baby-friendly Hospital Initiative (BFHI)-certified settings.

Methods and analysis The proposed scoping review will be conducted in accordance with the Joanna Briggs Institute methodology for scoping reviews. The databases to be searched for relevant literature include MEDLINE, Embase, PsycINFO, CINAHL and Scopus in April 2023. A grey literature scan will include reviewing documents from professional organisations/associations. For all sources of evidence that meet the inclusion criteria, data will be extracted and presented in a table format. The results of the search and the study inclusion process will be reported in full in the final scoping review and presented in a Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews. Participants in this review will include any individual who delivered their baby in a BFHI-certified setting. Exploring the patient experience will involve reviewing their subjective perceptions of events related to breastfeeding. These events must occur in a BFHI-certified hospital, and therefore, home births and other outpatient settings will be excluded.

Ethics and dissemination Ethical approval is not required for this scoping review protocol or the final review. Knowledge gained from this research will be disseminated through the primary author's PhD dissertation work, as well as manuscript publications and conference presentations.

INTRODUCTION

The Baby-friendly Hospital Initiative (BFHI) is a programme initially conceptualised in 1989 through a collaboration by the WHO and the UNICEF to enhance global excellence in perinatal care.¹ On the full launch of the

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ This protocol was developed with a rigorous search strategy in consultation with a research librarian and is aligned with the methodological framework for scoping reviews from the Joanna Briggs Institute.
- ⇒ Two independent reviewers with a background in women's health nursing, clinical practice and research will perform the article screening and data extraction.
- ⇒ Source data will be mapped according to patient experiences, as well as the Interactive Theory of Breastfeeding.
- ⇒ As not all Baby-friendly Hospital Initiative-certified settings publish patient experiences, limitations exist to what is available in the current literature, and therefore this may limit the comprehensiveness of the search.

programme in 1991, the coalition members called on global healthcare organisations to implement policies meant to support breastfeeding for infants and parents.² Healthcare organisations can become BFHI-certified through the effective implementation of the Ten Steps to Successful Breastfeeding (TSSB); these interventional measures are intended to improve global breastfeeding rates.¹ Additionally, other policies must be implemented, such as not offering breastmilk substitutes (formula), except when medically indicated.³ These organisations then undergo accreditation procedures at set timeframes to remain certified.¹

Over three decades, most BFHI research has focused on the implementation and uptake of the programme. For example, there is a paucity of research on institutional policy initiatives that aim to disseminate data regarding BFHI implementation methods and healthcare provider support of the programmes.^{4–10} Experiential research to date has mainly focused on healthcare provider experiences of BFHI implementation, including lactation consultants,



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managers, educators, midwives and staff nurses.^{11–17} These studies have been conducted across a variety of settings, including birthing/postpartum units^{16 17} and neonatal intensive care units.^{11 12}

Despite its implementation success, the efficacy of the BFHI in enhancing in-hospital and postdischarge breastfeeding rates, including exclusivity and longevity, has shown some contradicting results within the literature.^{18–23} However, many hospital organisations continue to strive toward BFHI designation by implementing evidence-based policies that align with the BFHI. As BFHI interventions are purported to enhance breastfeeding rates, exploring literature describing the patient experience of breastfeeding within BFHI-certified settings is a critical gap that needs to be addressed. This key element goes beyond typical measures of breastfeeding exclusivity and longevity, to explore interrelated factors likely to impact breastfeeding rates. We define the patient experience as any anything a patient has lived through or encountered while breastfeeding,²⁴ with related terms such as outcomes, perspectives, insights and awareness. Investigating this phenomenon may help us understand important contextual elements that relate to successful breastfeeding experiences, in addition to BFHI implementation and healthcare provider perspectives. For example, Echevarria *et al* (2020) used an ethnographic approach to explore mothers' understanding of breastfeeding benefits within a BFHI-certified setting.²⁵ Additionally, Howard *et al* (2022) recently explored individual attitudes about breastfeeding within a BFHI-certified setting, which can impact the patient experience and ultimately, breastfeeding outcomes.²⁶ Therefore, as the BFHI is the gold standard for breastfeeding support worldwide, it is critical to also examine the patient experience within these settings.

We chose to perform a scoping review on this novel topic due to the potentially diverse body of literature encompassing patient experiences in BFHI-certified settings. A preliminary search of MEDLINE, the Cochrane Database of Systematic Reviews and Joanna Briggs Institute (JBI) Evidence Synthesis was conducted and no current or underway systematic reviews or scoping reviews on the specific topic were identified. Recent scoping reviews involving the BFHI as a central topic have focused on breastfeeding compliance rates/exclusivity²⁷ and implementation of the programme.²⁸ However, patient experiences have yet to be explored.

The aim of this scoping review will be to investigate and synthesise the literature that reports on breastfeeding experiences for patients in BFHI-certified settings and to identify key concepts on this topic. Specifically, our objectives are: (1) to understand the experiences of people who breastfeed in BFHI-certified settings; (2) to discern how these experiences can relate to clinical care; and (3) to understand if there are there additional clinical interventions that may be beneficial to patients, in addition to BFHI protocols.

As the BFHI is implemented globally for breastfeeding support, findings from this review may assist health

researchers identify gaps and additional priorities that can be used as a framework for other sources of support for individuals and families that want to breastfeed.

Review question

We selected a broad review question for this scoping review, which is, “What is currently known about patients' breastfeeding experiences within Baby-friendly Hospital Initiative-certified settings?”

Eligibility criteria

For the eligibility criteria within this scoping review, we are using the Participants, Concept, Context (PCC) framework as defined by the JBI.²⁹ For a complete list of inclusion and exclusion criteria, see online supplemental appendix 1.

Participants

For this review, participants will include any individual who delivered their infant in a BFHI-certified organisation and initiated breastfeeding at some point, regardless of breastfeeding duration or exclusivity.

Concept

This review focuses on patients' experiences of breastfeeding within BFHI-certified organisations. However, papers will also be included if the setting implements BFHI-specific policies (the TSSB) without official certification and accreditation, or if the setting is working towards BFHI designation.

An experience is defined as a subjective perception of the events related to breastfeeding during a hospital inpatient stay. Papers that include patient experiences may also have terms such as perceptions, insight or awareness to describe the same concept. Papers that focus strictly on BFHI implementation or that only explore the employee or staff experience (nurse, physician, etc) will be excluded.

Context

As the BFHI is a global initiative,¹ no information will be excluded based on cultural or geographical factors. All identifying genders will be included in the review; however, it is important to note that in some extracted papers patients may be referred to as women. As this review is focused on immediate postpartum experiences in-hospital, papers that discuss the Baby-friendly Community Initiative will be excluded.³⁰ Papers that focus on home births or within outpatient areas that do not include a hospital element will also be excluded.

METHODS

The proposed scoping review will be conducted in accordance with the JBI methodology for scoping reviews/evidence synthesis.²⁹ The planned timeframe for completing this study is 1 year, from April 2023 to April 2024

Types of sources

This scoping review will include studies with both qualitative and quantitative methodologies. Some examples of qualitative designs will include, but will not be limited to phenomenology, grounded theory, ethnography, qualitative description, action research and feminist research. Quantitative designs will include both experimental and quasi-experimental, such as randomised controlled trials, non-randomised controlled trials, before and after studies and interrupted time-series studies. In addition, analytical observational studies, including prospective and retrospective cohort studies, case-control studies and analytical cross-sectional studies will be considered for inclusion. This review will also consider descriptive observational study designs, including case series, individual case reports and descriptive cross-sectional studies. Text/opinion papers such as editorials, blogs and commentaries will be excluded. Additionally, secondary sources (textbooks, reviews) will not be included in this review.

Search strategy

The databases to be searched for relevant literature include MEDLINE, Embase, PsycINFO, CINAHL and Scopus. The search strategy will be conducted in accordance with the guidelines from JBI.²⁹ Initially, a limited search of two databases, including Ovid and Embase, will be done to review relevant articles. This search will be conducted with a research librarian to ensure search terms are appropriate and relevant results are obtained. The index terms used to describe these articles will be used to develop a full search strategy for the databases (see online supplemental appendix 2). The search strategy, including all identified keywords and index terms, will be adapted for each included database and/or information source. The reference list of all included sources of evidence will be screened for additional studies. A grey literature scan will include sources from professional associations, government websites and organisations that implement the BFHI. This scan will be performed using predefined search terms in the Google and Million Short search engines. The first 10 pages of results will be reviewed to identify pertinent documents.

Studies published in any language will be included if an English abstract can be obtained to determine if the article is relevant to the search criteria. As the BFHI is a global initiative,¹ it is critical to include these articles. Studies published since 1991 will be included as this is when the BFHI was originally implemented.²

Study/source of evidence selection

Following the search, all identified citations will be collated and uploaded into Covidence, a citation management system. Duplicate articles will be removed during this process. Two independent reviewers (KD and KK) will be responsible for performing the screening process. Any discrepancies throughout the process will be formally discussed by the two independent reviewers, with delegation to a third reviewer if necessary.

A pilot test will be performed, where the two independent reviewers will screen 25 titles and abstracts to assess for agreement. The reviewers will then meet to discuss any inconsistencies and address any gaps in the inclusion/exclusion criteria. Once 75% agreement is reached, the rest of the screening can commence. The remaining titles and abstracts will then be screened for assessment against the inclusion criteria for the review. All titles and abstracts that meet the inclusion criteria will then have a full-text screening performed, where selected citations will be assessed in detail against the inclusion criteria by the two independent reviewers. Reasons for exclusion of sources of evidence at full text that do not meet the inclusion criteria will be recorded and reported in the scoping review.

The results of the search and the study inclusion process will be reported in full in the final scoping review and presented in a Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping review flow diagram.³¹

Data extraction

Data extraction for this review will be guided by the following questions: (1) what are the experiences of people who breastfeed in BFHI-certified settings; (b) what can patient experiences teach us about the status of clinical care; and (c) are there additional clinical interventions that may be beneficial to patients, in addition to BFHI protocols? The JBI Manual for Evidence Synthesis will be implemented to guide data extraction, with refinements made as necessary by the primary author (KD).²⁹ Data will be extracted from papers included in the scoping review by two independent reviewers: KD and KK. The data extracted will include specific details about the PCC, study methods and key findings relevant to the review question.

A draft extraction form is provided (see online supplemental appendix 3). The draft data extraction tool will be modified and revised as necessary during the process of extracting data from each included evidence source. Modifications will be detailed in the scoping review. Any disagreements that arise between the reviewers will be resolved through discussion or with an additional reviewer. If appropriate, authors of papers will be contacted to request missing or additional data, where required. As critical appraisal of each evidence source is not required for scoping reviews; thus, this step will be omitted.²⁹

Data analysis and presentation

All extracted data will be presented in a table format and will include both basic information (author(s), year of publication, title) and specific details about the population, concept and context.²⁹ All information should answer the question, 'What is currently known about patient's breastfeeding experiences within Baby-friendly Hospital Initiative-certified settings?' Narrative summaries for grouped information will be conducted to

describe how results relate to the research question and objectives. Finally, information from the evidence sources will be mapped to the concepts of the Interactive Theory of Breastfeeding, as these concepts are known to impact individual breastfeeding experiences.³² This midrange theory is significant, as it clearly details the complexities in people's lives that influence their breastfeeding experiences, choices and behaviours. Therefore, these concepts are important to explore in conjunction with experiences within BFHI-certified organisations.

Patient and public involvement

None.

ETHICS AND DISSEMINATION

Because the scoping review will include synthesised results from existing literature, ethical approval is not required. This review is part of a larger study, which focuses on both the patient and employee experience within a BFHI-certified setting in which ethical approval has been obtained. The findings will be disseminated through multiple venues, including manuscript publications and Western University's Electronic Thesis and Dissertation Repository, which is open access. Furthermore, the primary author will present the results through conferences that focus on women's health initiatives and nursing research.

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Contributors KD was responsible for drafting the original protocol and overseeing revisions by the other contributors. KTJ, RB, PT and KK were thoroughly involved in revising the protocol prior to submitting it for publication. All authors are in agreement regarding the final version of the protocol.

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