

# Can providing an in-bed bassinet for the in-patient postnatal stay encourage breastfeeding and responsive care?

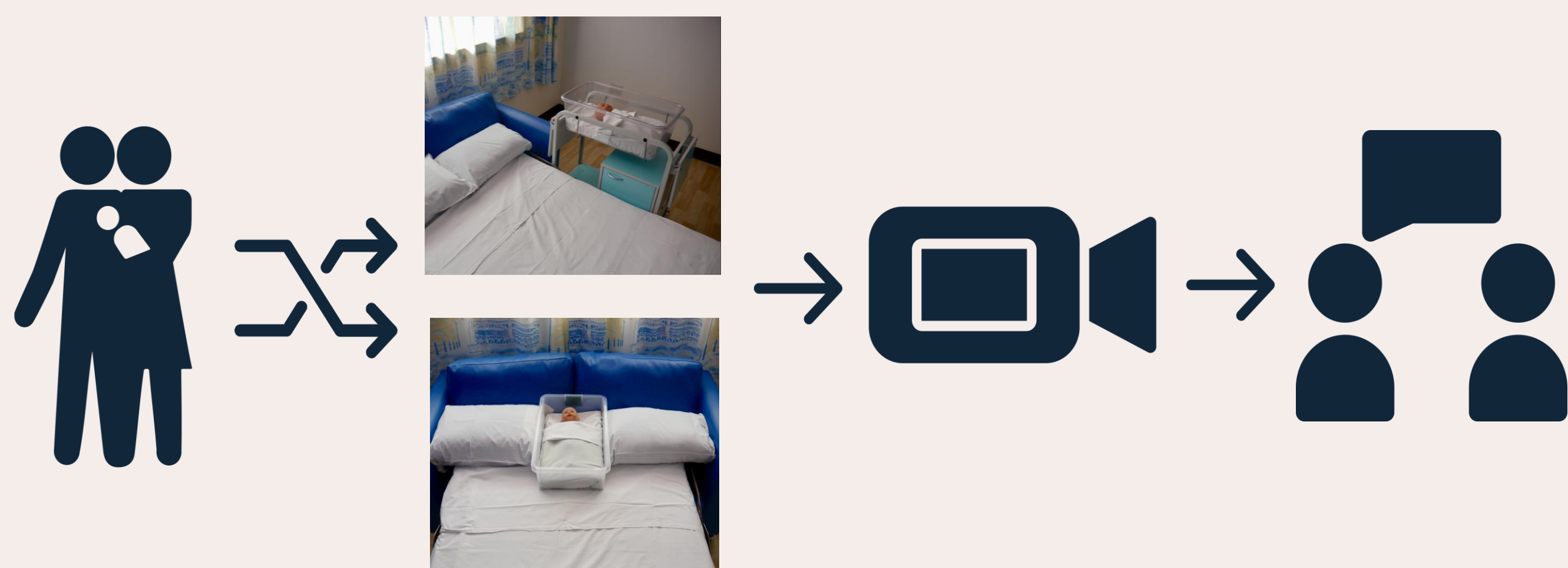
Alice-Amber Keegan

Durham Infancy and Sleep Centre

## Introduction

- Previous work conducted by colleagues at Durham Infancy and Sleep Centre has indicated that the use of standalone bassinets for in-patient postnatal care are a hindrance to mothers observing feeding cues, initiating breastfeeding, and establishing responsive care (Taylor, Tully and Ball 2015).
- This project trialled the use of in-bed bassinets as an alternative to standalone bassinets for families who had given birth in a UK birth centre.
- The project aimed to improve breastfeeding initiation and encourage the onset of responsive care between first-time parents and their infants in a unique postnatal environment.

## Methods



A randomised trial of two sleep locations: an in-bed bassinet and standalone bassinet with those who gave birth to their first baby in a birth centre in the North East of England. Participants were observed using video for their in-patient postnatal stay. Infant location, breastfeeding, parent-infant contact, maternal sleep and staff presence was coded and analysed using behavioural analysis software. Following participation in the trial families also completed a postnatal interview to evaluate the acceptability of providing an in-bed bassinet versus a standalone bassinet.

## Data Analysis

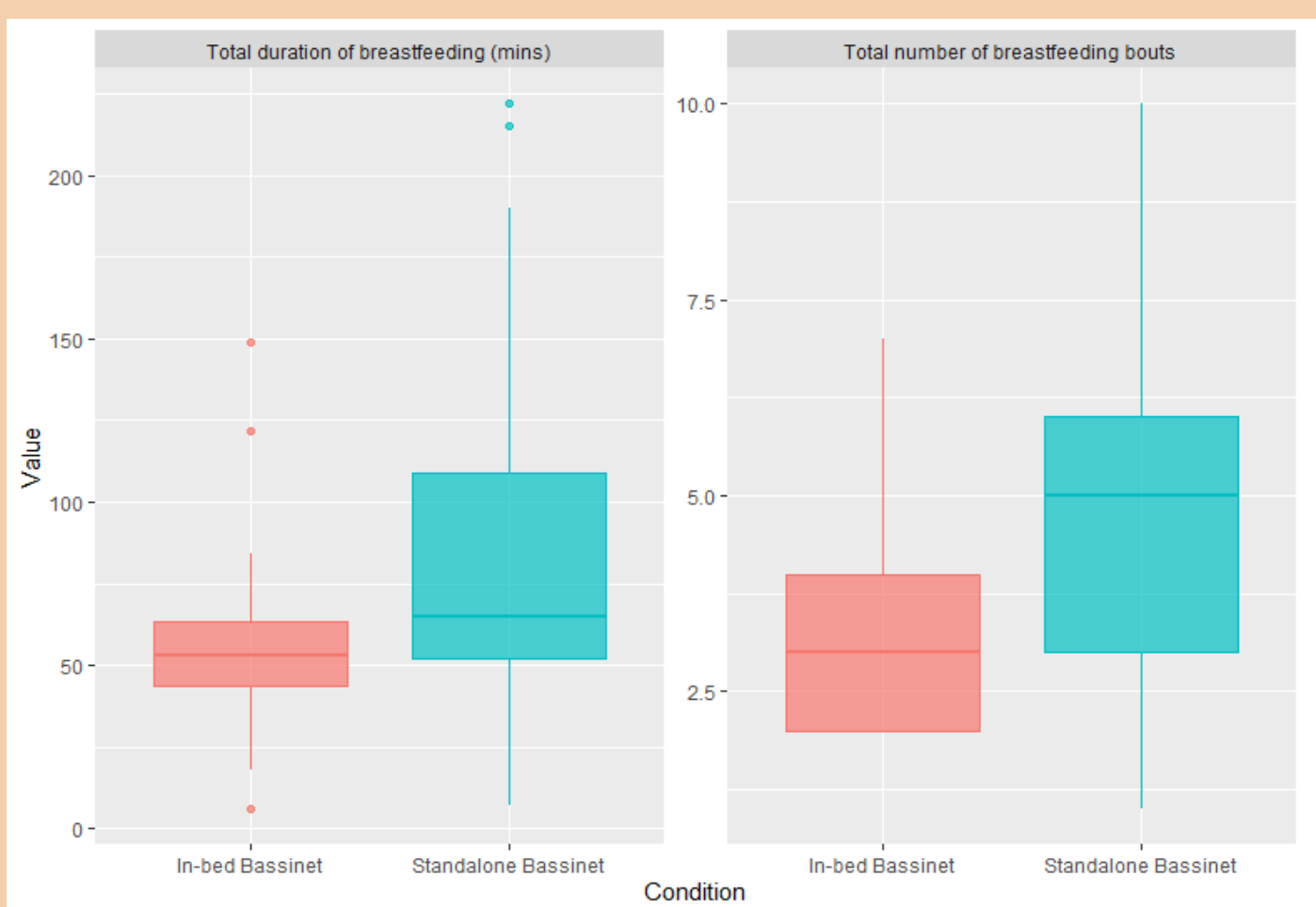
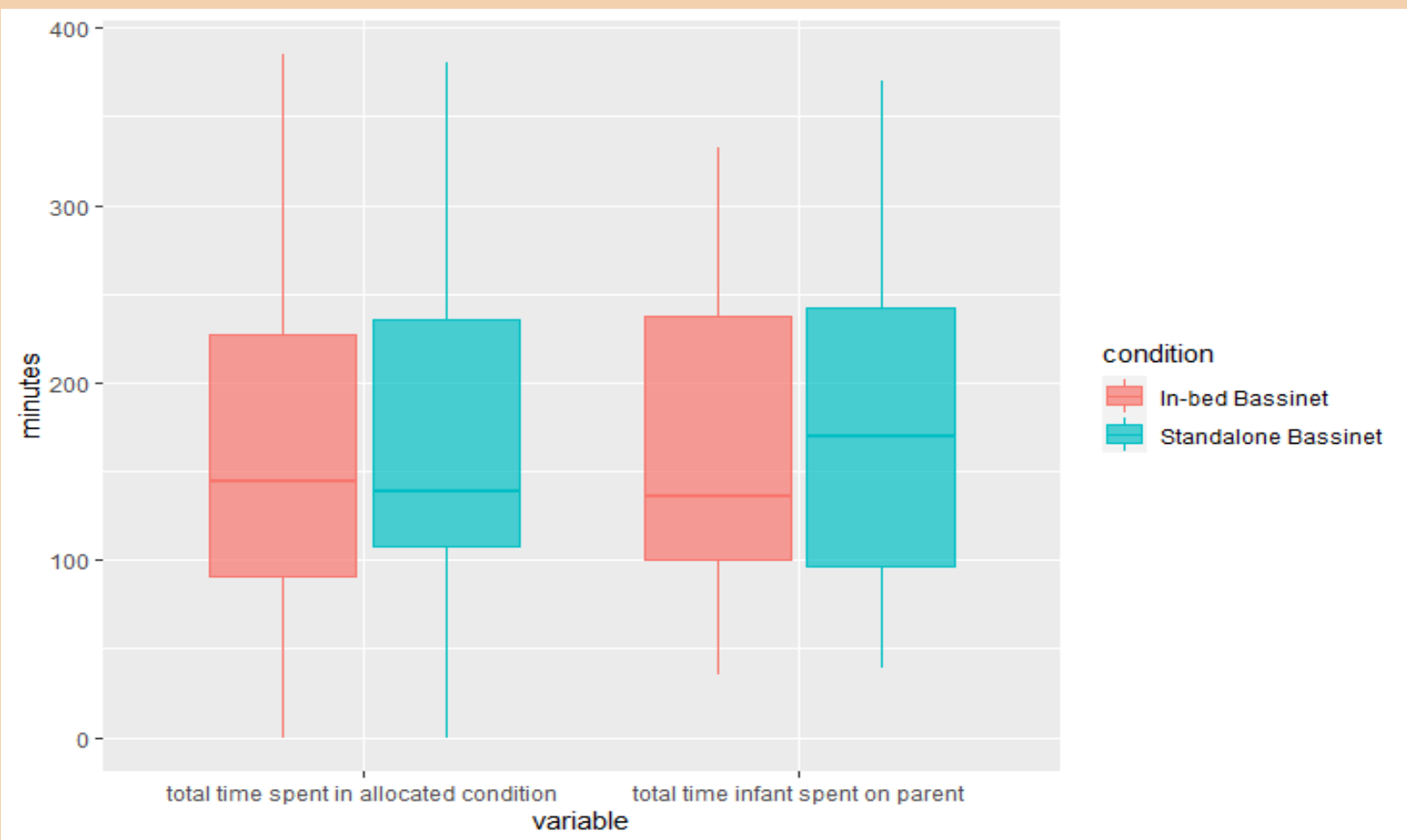
A total of 32 families participated in the study, with videos ranging from 1 hour to 26 hours in length. Videos were standardised and a 7-hour period, starting 7 hours following birth and data was analysed for 31 participants. Mann-Whitney U tests were used to compare differences between those allocated an in-bed bassinet and a standalone bassinet. Multiple linear regression was conducted to understand the relationship between the time spent breastfeeding in the sampling period, cot allocation and participant characteristics.

Taylor CE, Tully KP, Ball HL. 2015. Night-time on a postnatal ward: experiences of mothers, infants, and staff. In *Ethnographic Research in Maternal and Child Health*, eds. FC Dykes, R Flacking, pp. 117–40. Abingdon, Oxon: Routledge

## Results

### Infant location

There was a negligible difference in the amount of time that infants spent located in their allocated condition. Those infants allocated a standalone bassinet spent an average of 34 more minutes on their parents than those allocated an in-bed bassinet, however this difference was not significant.

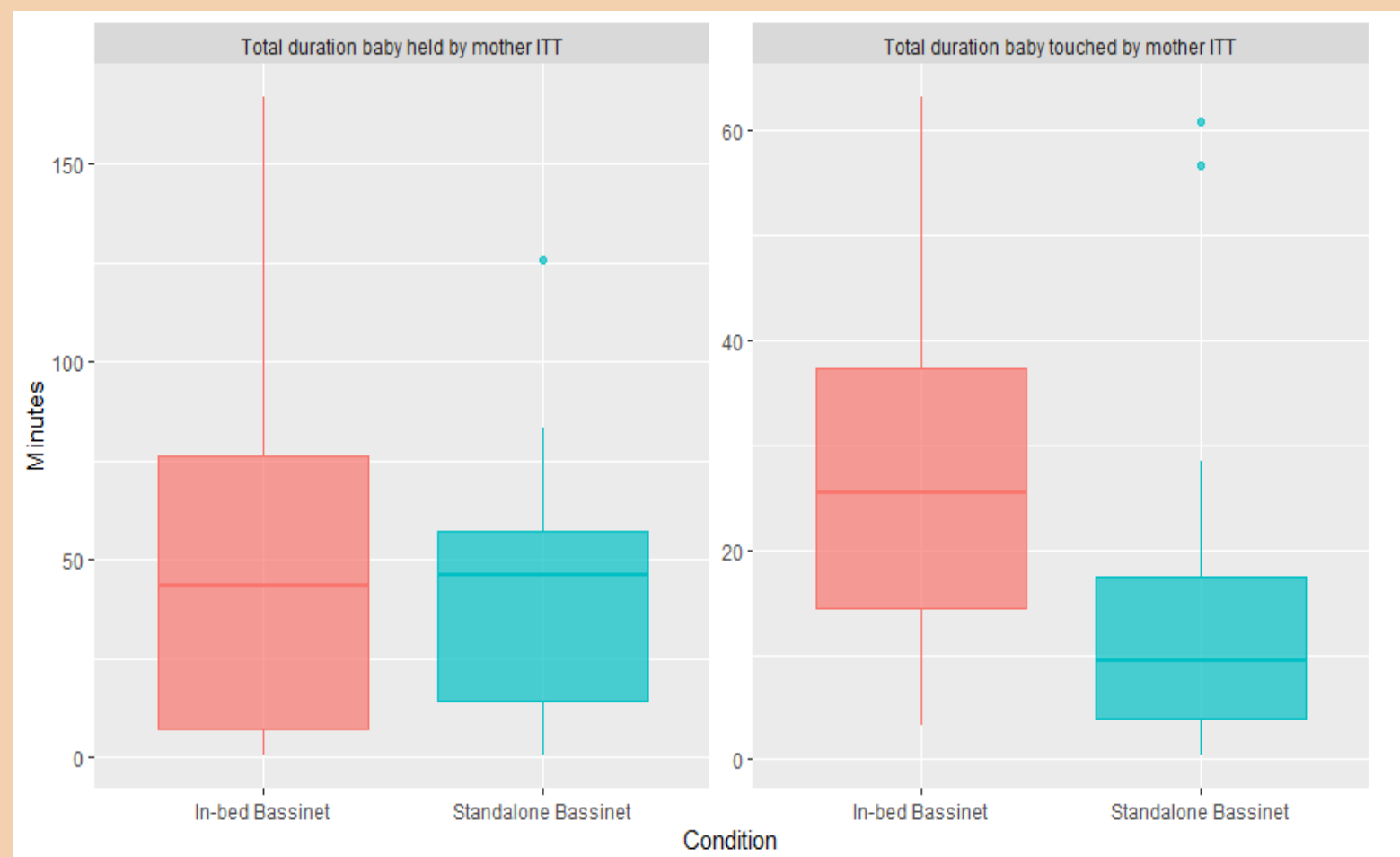


### Breastfeeding

Those allocated a standalone bassinet attempted to breastfeed their infants for an average of 12 minutes more than those allocated an in-bed bassinet. This difference was not significant. Those allocated a standalone bassinet also attempted an average of two more breastfeeding bouts during the sampling period.

### Parent-Infant contact

Mothers who were allocated an in-bed bassinet spent significantly more time touching their babies than those allocated a standalone bassinet. There was no significant difference in the amount of time the mother spent holding the baby between bassinet allocated.



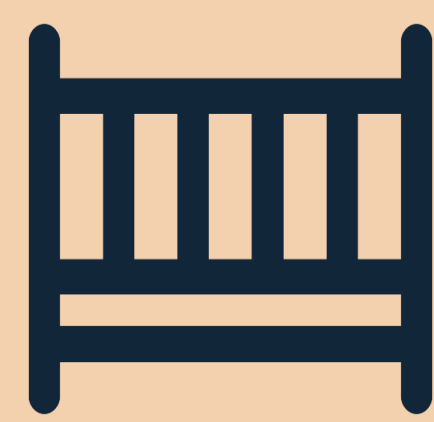
### Predictors of time spent breastfeeding in the sampling period



Those with a strong antenatal intention to breastfeed, breastfed for significantly longer during the analysed period than those with a moderate to low intention.



Those educated to degree level and/or above breastfed for significantly longer during the analysed period than those educated below degree level.



Increased time spent in cot was associated with decreased time spent breastfeeding in the analysed period.

## Conclusion

- Bassinet allocation did not significantly influence the duration or frequency of breastfeeding within the in-patient postnatal period, however receiving an in-bed bassinet did promote maternal-infant touching.
- The effect of bassinet allocation may have been mitigated by other factors unique to the in-patient setting where this research occurred such as partner presence and unrestricted visiting. The sample was biased to those with a strong intention to breastfeed which may have minimised differences.
- Breastfeeding support and encouragement should be targeted to those identified here, namely those with a moderate to low antenatal intention to breastfeed and those who are educated below degree level.