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# Infant and Young Child Feeding in Croatian Nursing Programs: A Cross-Sectional Analysis

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## Abstract

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**Introduction.** Breastfeeding rates in Croatia are far from WHO recommendations, with only 8% of women exclusively breastfeeding at 6 months. Nurses play a key role in supporting optimal infant feeding; therefore, their undergraduate training should cover this topic.

**Aim.** The aim of this study was to determine if infant feeding is part of undergraduate nursing programs in Croatia, and to analyse relevant textbooks.

**Methods.** Between January and March 2019, all publicly available nursing undergraduate curricula (N=9) for the 2018/2019 academic year were assessed. Required textbooks were analysed by two independent assessors using the WHO *Infant and Young Child Feeding: Model Chapter for textbooks for medical students and allied health professionals*.

**Results.** Infant feeding was included in all the curricula. The mean number of topics from the *Model Chapter* covered in the four evaluated textbooks was 30.4%, of which 2.7% were classified as correct and thorough, 21% as correct and brief, and 6.7% as incorrect. Fields most poorly covered were: 'Policy, health system and community actions' and 'Appropriate feeding in exceptionally difficult circumstances'.

**Discussion.** This is one of only a few published studies looking at nursing textbook content related to infant feeding. Less than a third of topics, considered mandatory for health professional education, were covered in the required textbooks.

**Conclusion.** Even though infant feeding was part of all assessed nursing curricula in Croatia, the required textbooks were largely outdated, incomplete and at times incorrect.

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## Introduction

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The World Health Organization (WHO) recommends exclusive breastfeeding (EBF) for the first six months of life, and continued breastfeeding, with complementary foods, until at least 24 months of age (1). Breastfeeding rates in Croatia are far below WHO recommendations, with only 8% of women exclusively breastfeeding at 6 months and 22% of women providing any breast milk to their children at 12 months of age (2), despite mothers being entitled to one year of paid maternity leave. There are a range of factors known to influence a mother's decision to initiate and maintain breastfeeding, including the practical and emotional support from health professionals (3). A Cochrane Review reported that breastfeeding support from health professionals can be effective in extending the duration of breastfeeding (4). To be able to provide appropriate care to women who want to breastfeed, health professionals require training in infant and young child feeding (IYCF). The quality of formal education of health professionals is vital because it represents the core knowledge they are equipped with when caring for mothers. It also shapes their attitudes, which are later difficult to change. Some will go on to advance their knowledge but many will rely upon their basic education to guide their practice, referring to textbooks used during their undergraduate education (5). Exposure to breastfeeding, either through formal education, or personal experience, was associated with more positive attitudes towards breastfeeding amongst health professional students (6). Baccalaureate nursing students in Egypt, who had completed maternal/child nursing didactic and clinical courses, showed a significant relationship between breastfeeding knowledge and attitudes ( $r=0.236$ ,  $p=0.011$ ). Cricco-Lizza used a qualitative approach to investigate breastfeeding attitudes, beliefs, and personal experiences of nursing students at the beginning of their formal course work in maternal and child nursing. Findings suggested that nursing students' positive attitudes towards breastfeeding were crucial for promoting breastfeeding initiation (7).

Only a few researchers have examined the content of textbooks used by midwifery and nursing students in relation to breastfeeding. Of these, researchers in Japan used a 3-round Delphi method among 32 mid-

wives to develop 36 evaluation items based on pre-2000 international breastfeeding guidelines. The researchers looked at the four most commonly used textbooks in midwifery training in Japan and found that only 40% of the content gave an accurate and sufficient description of breastfeeding (8). A similar study was conducted in Australia, where content related to the first breastfeed in five textbooks commonly used in midwifery education programs was analysed using criteria developed by the authors. The content analysis scores ranged from 35 to 54 of a total of 105 points (9). Researchers from the United States assessed breastfeeding information in six nursing textbooks published between 1999 and 2006 according to information contained in the American Academy of Paediatrics' policy statement *Breastfeeding and the Use of Human Milk* and the WHO *Ten Steps to Successful Breastfeeding*. Of the 20 topics scored, the mean number of topics present was 17 (range 14-19), of which 11.8 were correct (range 10-15), 5.2 incorrect (range 2-8), and a mean of 3.0 were omitted (range 1-6) (10). The curricula of all public institutions offering an undergraduate nursing degree in Mexico City in 2010, were analysed by researchers who compared curricula with Mexican Official Standards (11) regulating the provision of health care services, including aspects of IYCF. The researchers concluded that the seven programs analysed all contained insufficient and outdated textbooks and inconsistent terms used to denote infant feeding; hence, a thorough update in line with national recommendations was needed (11).

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## Aim

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To the best of our knowledge, only two studies have been published analysing IYCF content in required nursing textbooks, (USA and Mexico) and only one study assessed nursing curricula; therefore, our aim was to analyse IYCF content in both nursing curricula and required textbooks in a European setting, namely in Croatia.

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## Methods

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### Design

A cross-sectional content analysis design was used to determine current curricula and textbook content in Croatian nursing programs during the 2018/2019 academic year. This study design was chosen to efficiently obtain the data necessary to answer the research aims.

### Participants

The study was conducted between January to March 2019, in the Republic of Croatia, a country with a population of four million. We wanted to include all undergraduate nursing programs in Croatia. Croatian universities offer a total of 10, 3-year nursing undergraduate programs. Upon completion of the nursing program, a one-year internship is undertaken before candidates can apply for the national exam, which ensures basic competency in nursing knowledge. Once nurses have passed the exam and joined the Croatian Nursing Council to obtain their licence, they can choose whether they will work in the hospital setting or in primary care, depending on personal preference and job availability.

In Croatia, community nurses provide primary care to the entire population, including mothers following discharge from hospital with a minimum of three home visits in the first month, the first being within 72 hours of discharge. During these visits, community nurses assess maternal physical and mental health, examine the newborn, observe a breastfeed, instruct on infant care, and discuss family support. This service is fully covered by the Croatian Health Insurance Fund. No additional education is required of nurses who work in the community.

### Data collection

The first author collected the following data via the Internet from all publicly available curricula: Inclusion of IYCF in undergraduate nursing programs; name of course with IYCF component and whether they are required or elective; year of program in which course is offered; course-load coefficient; duration of course; title of content that covers IYCF; and required textbooks.

### Ethics

Institutional Review Board approval was not obtained because this study did not involve human subjects.

### Data analysis

Required textbooks related to IYCF were analysed using WHO/UNICEF *Infant and Young Child Feeding: Model Chapter for textbooks for medical students and allied health professionals (Model Chapter)*. The handbook has 112 pages and includes nine sessions with 82 topics related to IYCF (12). Two researchers (one a general practitioner, breastfeeding course director and International Board Certified Lactation Consultant since 2002, the other a community nurse, who had completed a 90-hour breastfeeding course) independently analysed the literature using a rating structure published by Philipp et al. (e.g., correct and thorough=CT, correct and brief=CB, incorrect=I and omitted=O) (10). When rating the literature, a grade of "1" was given when the more than 50% information was present but was incorrect. Both researchers compared results and solved any discrepancies by examining the information together until reaching a unanimous decision. Data were analysed using descriptive statistics, with variables shown as whole numbers and percentages.

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## Results

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### IYCF in Croatian nursing programs

Of a total of ten nursing programs, nine were accessible: the curriculum for one university's nursing program was not publicly available. IYCF was covered by all assessed nursing programs. Courses covering these topics were: *Pediatrics, Child Healthcare, Maternal and Infant Healthcare, Nursing in the Community, and The Role of the Nurse in Supporting and Encouraging Breastfeeding*. All courses were compulsory, except for *The Role of the Nurse in Supporting and Encouraging Breastfeeding*, which was an elective course offered at one university. All courses were held during the second year of study, apart from *Healthcare in the Community*, which was held

during the third. The most commonly recommended textbooks were: *text 1* ( $n=9$ ) (*Pediatrics [Pedijatrija]*, Mardešić, 2003) (13); *text 2* ( $n=8$ ) (*Nursing in the Community: A handbook for nursing studies, part II [Sestrinstvo u zajednici: Priručnik za studij sestrinstva drugi dio]*, Mojsović, 2006) (14); *text 3* ( $n=4$ ) (*Maternal and infant nursing care [Zdravstvena njega majke i novorođenčeta]*, Turuk, 2004) (15); *text 4* ( $n=5$ ) (*Child nursing care [Zdravstvena njega djeteta]*, Turuk, 2009) (16).

## Assessment of required literature

Full assessment of individual textbooks is shown in Table 1. The mean number of topics assessed as correct and thorough, across all four textbooks, was 2.3 out of 82 (2.7%; range, 0-8). The mean number of items scored as correct and briefly presented was 17 (21%; range, 3-26). The mean number of topics present but scored as incorrect was 5.5 (6.7 %; range, 3-9); whereas, the mean number of topics omitted was 57 (69.5%; range, 39-76). The mean number of topics present, whether correct or incorrect was 25 (30.4%; range, 0-28), of which the mean number correct was 19.5 (23.7%; range 0-28). Summary statistics for each textbook are provided in Figure 1. The top ten most commonly covered and omitted topics are shown in Table 2. The only topic covered in all four textbooks was *Assessing the child's growth*, but this typically referred to normal weight gain over time, without mentioning the WHO (12) growth charts, and hence was coded as "CB". The top three most poorly covered sessions/chapters were: (1) *Policy, health system and community actions* ( $n=9$ ; 81.8% of topics omitted), (2) *Appropriate feeding in exceptionally difficult circumstances* ( $n=6$ ; 66.6% of topics omitted) and (3) *The importance of IYCF and recommended practices/Complementary feeding* (both chapters with 33.3% of topics omitted).

Most texts correctly described the role of colostrum, how to help a mother position her baby at the breast and causes of infant crying. The most incorrectly described topics included (1) *Recommended IYCF practices*, where 66% of texts recommended 4, instead of 6 months of exclusive breastfeeding, and (2) *Principles for complementary feeding* where statements as "if the child is thirsty, plain water and fruit juices are the best beverages" (*text 1*, p. 243-5) (13), "citrus fruit is highly allergenic", "egg yolks may be given only if hard boiled, while egg whites are to be avoided until the end of the first year" and "industrial baby

foods are recommended as the best choice for complementary feeding" were found (*text 1*, p. 269) (13). Topics related to maternal care were often incorrect, especially in regard to management of breast engorgement, mastitis and sore nipples. Factual errors in textbooks included statements "mastitis is caused by infection...antibiotics are compulsory...causative organisms most frequently respond to amoxicillin...penicillin..." and "incision and drainage of breast abscesses is necessary" (*text 1*, p. 255- 6) (13).

## Discussion

This is the first study to analyse IYCF content in nursing undergraduate programs and required textbooks in Croatia, and only one of a few worldwide. Education in IYCF was included in all evaluated nursing programs in Croatia. Required textbooks contained less than a third of topics considered mandatory for health professional education, of which only a quarter were correctly depicted. Numerous important topics for nursing students were omitted.

Encouragingly, all evaluated nursing programs in Croatia include education on IYCF, demonstrating an awareness among course directors of the importance of nutrition for nursing practice. It also demonstrates that nursing curricula in Croatia are standardised. The exact number of hours dedicated to IYCF, though, was unable to be determined, given that this topic was part of other subjects; however, analysing the content of required textbooks provided us with an indirect indication of the scope and weight placed on this topic.

Up to 70% of standard IYCF information was missing from Croatian nursing textbooks. A possible reason for the poor results is the unexpected finding that, according to the 2019 program curricula, the most commonly required textbooks, still being recommended, were published between 2003 and 2009. Despite this, we decided to use the *Model Chapter* as the gold standard to highlight gaps and areas needing improvement; hence, the substantially lower results obtained. It should be kept in mind though, that other evidence-based, standard information on IYCF was freely available at the time the assessed

Table 1. Summary of scores on IYCF information in Croatian nursing textbooks

Sessions and Topics	Grade (CT, CB, I, O)*			
	Text 1*	Text 2*	Text 3*	Text 4*
1. The importance of infant and young child feeding and recommended practices				
1.1 Growth, health and development	CT	CB	O	O
1.2 The Global Strategy for infant and young child feeding	O	O	O	O
1.3 Recommended infant and young child feeding practices	I	CB	O	I
1.4 Current status of infant and young child feeding globally	O	O	O	O
1.5 Evidence for recommended feeding practices-MOTHER	CB	I	I	O
1.5 Evidence for recommended feeding practices - CHILD	CB	CT	O	O
2. The physiological basis of breastfeeding				
2.1 Breast-milk composition	CB	O	O	O
2.2 Colostrum and mature milk	CT	CB	CB	O
2.3 Animal milks and infant formula	CT	CB	O	O
2.4 Anatomy of the breast	O	O	CB	O
2.5 Hormonal control of milk production	CB	O	CB	O
2.6 Feedback inhibitor of lactation	O	O	O	O
2.7 Reflexes in the baby	CB	O	CB	O
2.8 How a baby attaches and suckles at the breast	I	O	O	O
2.9 Effective suckling	O	O	O	O
2.10 Causes of poor attachment	CB	O	O	O
2.11 Positioning the mother and baby for good attachment	CB	CB	CB	O
2.12 Breastfeeding pattern	CB	CB	CB	O
3. Complementary feeding				
3.1 Guiding Principles for Complementary Feeding	I	CB	O	I
3.2 Recommendations for micronutrient supplementation	O	CB	O	I
3.3 Local adaptation of complementary feeding recommendations	O	O	O	O
4. Management and support of infant feeding in maternity facilities				
4.1 The Baby-friendly Hospital Initiative	CT	O	O	O
4.2 Policy and training	O	O	O	O
4.3 Antenatal preparation	CB	CB	O	O
4.4 Early contact	CB	CB	CB	O
4.5 Showing mothers how to breastfeed	CB	CB	CB	O
4.6 Creating a supportive environment for breastfeeding	O	CB	O	O
4.7 Follow-up support	O	O	O	O
5. Continuing support for infant and young child feeding				
5.1 Support for mothers in the community	CB	CB	O	O
5.2 Infant and young child feeding counselling	O	CB	O	O
5.3 Using good communication and support skills	O	CB	O	O
5.4 Assessing the situation				
5.4.1 Assessing the child's growth	I	CB	CB	CB
5.4.2 Taking a feeding history	O	CB	O	O
5.4.3 Observing a breastfeed	O	CB	O	O
5.4.4 Assessing the health of the child and the mother	O	O	O	O
5.5 Managing problems and supporting good feeding practices				
5.5.1 Refer urgently	O	O	O	O
5.5.2 Help with difficulties and poor practices	O	CB	O	O
5.5.3 Support good feeding practices	O	CB	O	O
5.5.4 Counsel the mother on her own health, nutrition and fertility	CB	CB	I	O
5.6 Follow-up	O	O	O	O
6. Appropriate feeding in exceptionally difficult circumstances				
6.1 Low-birth-weight babies				
6.1.1 What to feed?	CB	O	O	O
6.1.2 How to feed?	CB	O	O	O
6.1.3 Follow up of LBW babies	O	O	O	O
6.1.4 Kangaroo mother care	O	O	O	O



Table 1. Summary of scores on IYCF information in Croatian nursing textbooks

Sessions and Topics	Grade (CT, CB, I, O)*			
	Text 1*	Text 2*	Text 3*	Text 4*
6.2 Severe malnutrition	O	O	O	O
6.3 Infants and young children living in emergency situations	O	O	O	O
6.4 Relactation	O	O	O	O
6.5 Infants of HIV-positive mothers	O	O	O	O
6.6 Feeding non-breastfed children 6-23 months of age	O	CB	O	O
7. Management of breast conditions and other breastfeeding difficulties				
7.1 Full breasts	CT	CB	O	O
7.2 Breast engorgement	I	CB	I	O
7.3 Blocked duct	CB	I	O	O
7.4 Mastitis	I	CB	I	O
7.5 Breast abscess	CB	O	CB	O
7.6 Sore or fissured nipple	I	CB	I	O
7.7 Mastitis, abscess and nipple fissure in an HIV infected woman	O	O	O	O
7.8 Candida infection (thrush) in mother and baby	CT	O	O	O
7.9 Inverted, flat, large and long nipples	I	O	O	O
7.10 Perceived insufficiency and low breast-milk production	CB	O	O	O
7.11 Crying baby	CB	CB	O	CB
7.12 Oversupply of breast milk	O	O	O	O
7.13 Refusal to breastfeed	CT	O	O	O
7.14 Twins	O	O	O	O
7.15 Caesarean section	CB	O	O	O
7.16 Mother separated from her baby	CB	CB	O	O
7.17 Illness, jaundice and abnormality of the child	CB	O	CB	CB
8. Mother's health				
8.1 Mother's illness	I	O	O	O
8.2 Maternal nutrition	CT	I	I	O
8.3 Medication and drugs	CB	O	I	O
8.4 Family planning and breastfeeding				
8.4.1 Lactational Amenorrhoea Method	CB	O	O	O
8.4.2 Other methods of family planning when breastfeeding	O	O	CB	O
9. Policy, health system and community actions				
9.1 Strengthening national policies and legislation				
9.1.1 Convention on the Rights of the Child	CB	O	O	O
9.1.2 International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions - the Code	O	O	O	O
9.1.3 ILO Maternity Protection Convention, 2000 (No. 183)	O	O	O	O
9.2 Strengthening the health system and health services				
9.2.1 Integrated Management of Childhood Illnesses	O	O	O	O
9.2.2 Essential Nutrition Actions	O	O	O	O
9.3 Strengthening family and community practices				
9.3.1 Behaviour change communication	O	O	O	O
9.3.2 Training and support of community health workers	O	O	O	O
9.3.3 Training and support of lay and peer counsellors	O	O	O	O
9.3.4 Fostering breastfeeding support groups	O	O	O	O
9.3.5 Health workers' roles in supporting community-based approaches	CB	O	O	O
9.4 Assessing progress in coverage of effective interventions	O	O	O	O

\*CT= correct and thorough, CB = correct and brief, I = incorrect, O= omitted

\*Text 1- *Pediatrics [Pedijatrija]*, Mardešić, 2003

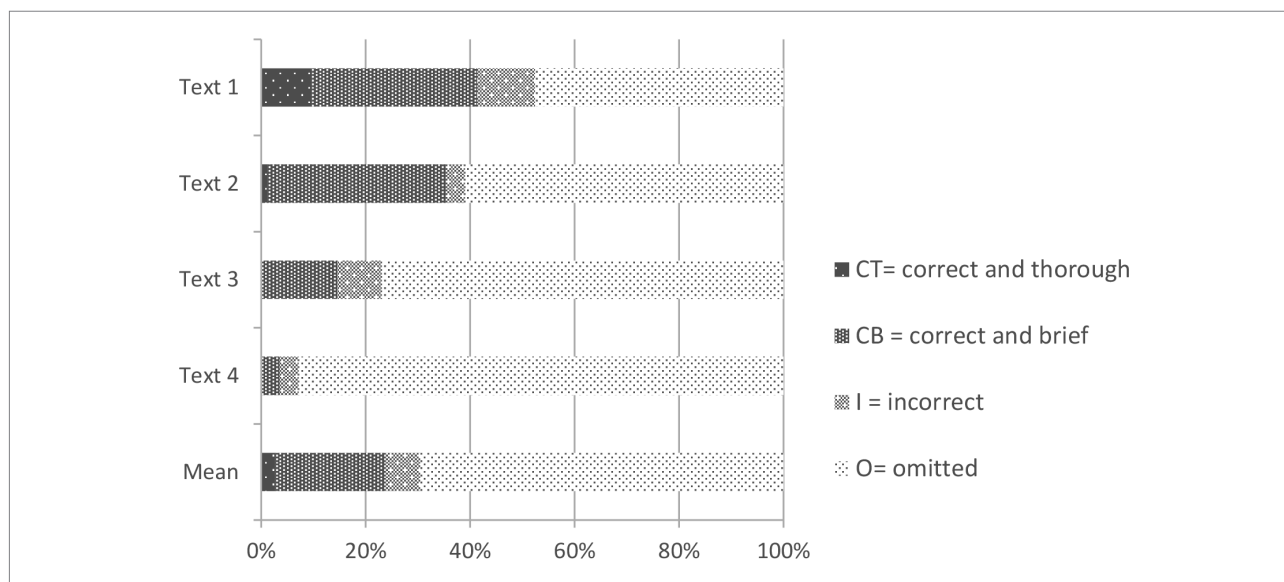
Text 2- *Nursing in the Community: A handbook for nursing studies, part II [Sestrinstvo u zajednici: Priručnik]*

Table 2. **Top-ten most commonly covered and omitted topics**

Most commonly covered topics	Most commonly omitted topics
Growth, health and development	The Global Strategy for Infant and Young Child Feeding
Recommended infant and young child feeding practices	Current status of infant and young child feeding globally
Evidence for recommended feeding practices- MOTHER	Feedback inhibitor of lactation
Colostrum and mature milk	Effective suckling
Positioning the mother and baby for good attachment	Local adaptation of complementary feeding recommendations
Breastfeeding pattern	Policy and training
Guiding Principles for Complementary Feeding	Follow-up support
Early contact	Assessing the health of the child and the mother
Showing mothers how to breastfeed	Managing problems and supporting good feeding practices
Counsel the mother on her own health, nutrition and fertility	Follow up of LBW babies

textbooks were published, like 'Evidence for the Ten Steps to Successful Breastfeeding' (17) and '40-Hour Breastfeeding Counselling Course' (18) and hence could have been used in preparing materials for nursing students. The content of these sources of infant feeding information overlaps in many respects with the *Model Chapter*.

Given the role of community nurses in providing IYCF support to mothers after discharge from hospital, it is surprising that there was hardly any mention of *Policy, health system and community actions* that support IYCF in any of the assessed nursing textbooks, like *Training and support of lay and peer counsellors*. Another topic omitted in required textbooks was the

Figure 1. **Summary statistics on IYCF information in Croatian nursing textbooks**

role and opportunity community nurses have in protecting mothers from unethical marketing of breast milk substitutes by upholding the International Code of Marketing of Breastmilk Substitutes (Code). If nurses are unfamiliar with the Code, of which Croatia is a signatory, then this opportunity will be lost.

In Croatia there are currently over 200 breastfeeding support groups, led by community nurses and lay peer supporters (19). The first groups were established in the mid 1990's and studies have shown that mothers who attend these groups have higher breastfeeding rates (20). Despite the importance of breastfeeding support groups, none of the nursing textbooks assessed included the topics *Fostering breastfeeding support groups* and *Training and support of community health workers*. Behaviour change communication skills should be an integral part of any health professional's training, and yet this topic was also omitted from all texts. These findings indicate an urgent need to update and improve the quality of nursing textbooks in Croatia.

### **Limitations of the study**

A limitation of this study is that other teaching materials used by teaching staff were not assessed, such as handouts and presentations, which may have contained more up-to-date information on IYCF. Given that these informal sources of information are likely to vary between educational institutions, we felt that only standard textbooks should be evaluated. To reduce selection bias all nursing undergraduate programs in Croatia were evaluated.

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## **Conclusion**

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Textbooks used for undergraduate nursing studies in Croatia were outdated, and information related to IYCF was incomplete, inconsistent and often incorrect.

### **Implications**

A thorough revision of the literature, conducted at regular intervals, should be standard policy for all undergraduate nursing institutions. This will ensure nursing students receive complete, accurate, up-to-date and evidence-based IYCF information. The WHO *Model Chapter* can help achieve this goal.



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## PREHRANA DOJENČADI I MALE DJECE NA HRVATSKIM STUDIJIMA SESTRINSTVA: PRESJEČNA STUDIJA

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### Sažetak

**Uvod.** Stope dojenja u Hrvatskoj daleko su od preporuka SZO-a, pri čemu samo 8 % žena isključivo doji djecu u dobi od šest mjeseci. Medicinske sestre igraju ključnu ulogu u pružanju potpore optimalnoj prehrani dojenčadi, stoga bi njihovo preddiplomsko obrazovanje trebalo obuhvaćati navedenu temu.

**Cilj.** Ciljevi ove studije bili su utvrditi je li prehrana dojenčadi dio preddiplomskog kurikulumu sestriinstva u Hrvatskoj te analizirati relevantne udžbenike.

**Metode.** Između siječnja i ožujka 2019. ocjenjivani su javno dostupni preddiplomski kurikulumi studija sestriinstva (N = 9) za akademsku godinu 2018./2019. Relevantne udžbenike analizirala su dva neovisna ocjenjivača koji su se koristili Priručnikom SZO-a o prehrani dojenčadi i male djece za zdravstvene djelatnike.

**Rezultati.** Prehrana dojenčadi bila je zastupljena u svim nastavnim kurikulumima. Prosječan broj tema iz Priručnika SZO-a obuhvaćenih u četiri evaluirana udžbenika iznosio je 30,4 %, od čega je 2,7 % ocijenjeno kao prisutno i potpuno navedeno, 21 % prisutno i djelomično navedeno, a 6,7 % kao netočno. Slabo zastupljene teme bile su: „Politika, zdravstveni sustav i akcije u zajednici“ i „Odgovarajuća prehrana u iznimno teškim okolnostima“.

**Rasprava.** Ovo je jedna od rijetkih studija i prva u Hrvatskoj koja se bavi temom prehrane dojenčadi na preddiplomskim studijima sestriinstva kroz procjenu kurikulumu i sadržaja u relevantnim udžbenicima. Analizom udžbenika ustanovljeno je manje od trećine preporučenog sadržaja na temu prehrane dojenčadi.

**Zaključak.** Iako su svi javno dostupni kurikulumi u Hrvatskoj imali zastupljenu temu o prehrani dojenčadi, ocjenjivani udžbenici uglavnom su zastarjeli, a navedeni sadržaj nepotpun i ponekad pogrešan.

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**Ključne riječi:** dojenje, Hrvatska, obrazovanje, hranjenje dojenčadi i male djece, kurikulum sestriinstva, ogleđno poglavlje SZO-a, medicinske sestre

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