

**Supplementary Material for:**

Yeh CH, Yang YP, Lee BO. The effects of a hospital-based perinatal breastfeeding program on exclusive breastfeeding in Taiwan: a quasi-experimental study. Aust J Adv Nurs. 37(3):20-28. doi.org/10.37464/2020.373.81

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## Appendix A: PBP program using the Prenatal-Intrapartum-Postpartum-Follow-up Model

Stage	Objectives	Content	Materials used
<b>Prenatal Phase:</b>			
PBE for Parents 90-min one-on-one teaching for Parents	To self-learn and review breastfeeding at home To increase maternal breastfeeding knowledge and confidence To increase infants' fathers support breastfeeding	(a) Providing information on baby-led breastfeeding (b) Emphasising the importance of BKMC at first breastfeed and how to perform ongoing KMC with breastfeeding on cue	The booklet with an audio-video CD-ROM
<b>Intrapartum Phase:</b>			
BKMC at First Breastfeed	To provide the optimal atmosphere for instinctive reflex ability to breastfeed effectively in order to help infant imprinting suckling	(a) BKMC was initiated in the first minutes after birth. It consisted of direct mother-infant skin-to-skin contact and lasted until the first breastfeed was finished.	BKMC log
<b>Postpartum phase:</b>			
24-hour Rooming-in Ongoing KMC with Breastfeeding on Cue	To allow mothers to breastfeed on cue	The procedure for ongoing KMC was adapted from " <i>Kangaroo Mother Care: A Practical Guide</i> " by the World Health Organization Department of Reproductive Health and Research (WHO, 2003)	KMC log
Researcher's Hospital Support Visits	To give breastfeeding support	(a) Visited mothers twice, within 8 hours after birth and before hospital discharge (b) The first visit was to answer questions related to breastfeeding concerns. (c) The second visit was to collect data and answer any questions that the mother might have.	
<b>Follow-up phase:</b>			
Phone calls	To collect data and give breastfeeding support	Answer any questions mothers might have	IBS

## Appendix B: Differences between Routine Care and PBP Groups

	Control Group Routine Care	Difference	Intervention Group PBP
<b><i>Prenatal Phase—Prenatal Breastfeeding Education for Parents</i></b>			
1.	Providing breastfeeding knowledge by prenatal clinic nurses	Similar	Providing breastfeeding knowledge by prenatal clinic nurses
2.	Providing group breastfeeding class Participate in class depending on individual needs	Dissimilar	Providing 90-minute one-on-one teaching class Infant’s father participate in class
3.	No emphasis on BKMC at first breastfeed, ongoing KMC, and the phenomenon of cluster feeding	Dissimilar	Formal education session to emphasise the physiology of onset of lactation, the importance of BKMC at first breastfeed, ongoing KMC with breastfeeding on cue, understanding infant nutritional needs in first days after birth, and the phenomenon of cluster feeding
4.	Providing current breastfeeding handout by prenatal clinic nurses during prenatal visits	Dissimilar	Providing the booklet with an audio-video CD-ROM, and breastfeeding DVD by the researcher
<b><i>Intrapartum Phase—BKMC at First Breastfeed</i></b>			
5.	Infant’s father participated in delivery room	Similar	Infant’s father participated in delivery room
6.	Mother-infant dyads first contact follows completion of the initial infant care	Dissimilar	BKMC with first breastfeed completed, then completion of the initial infant care
<b><i>Postpartum Phase—24-hour Rooming-in, Ongoing KMC with Breastfeeding on Cue, and Researcher’s Hospital Support Visits</i></b>			
7.	Continuously 24-hour rooming-in encouraged	Similar	Continuously 24-hour rooming-in encouraged
8.	Encouraging breastfeeding on demand without ongoing KMC	Dissimilar	Encouraging breastfeeding on cue with ongoing KMC
9.	Researcher visits twice while in hospital, providing infant care, and answers general questions without any breastfeeding support	Dissimilar	Researcher visits twice while in hospital, providing infant care, breastfeeding support, and answers questions related to breastfeeding issues
<b><i>Follow-Up Phase—Phone Calls</i></b>			
10.	Phone calls follow-up at one month postpartum to collect IBS	Similar	Phone calls follow-up at one month postpartum to collect IBS
11.	Providing telephone hotline services for allowing mothers to ask questions related to breastfeeding issues by the researcher	Similar	Providing telephone hotline services for allowing mothers to ask questions related to breastfeeding issues by the researcher

Note. IBS = Index of Breastfeeding Status.

Image 1: Resource - “New Idea of Successful Breastfeeding

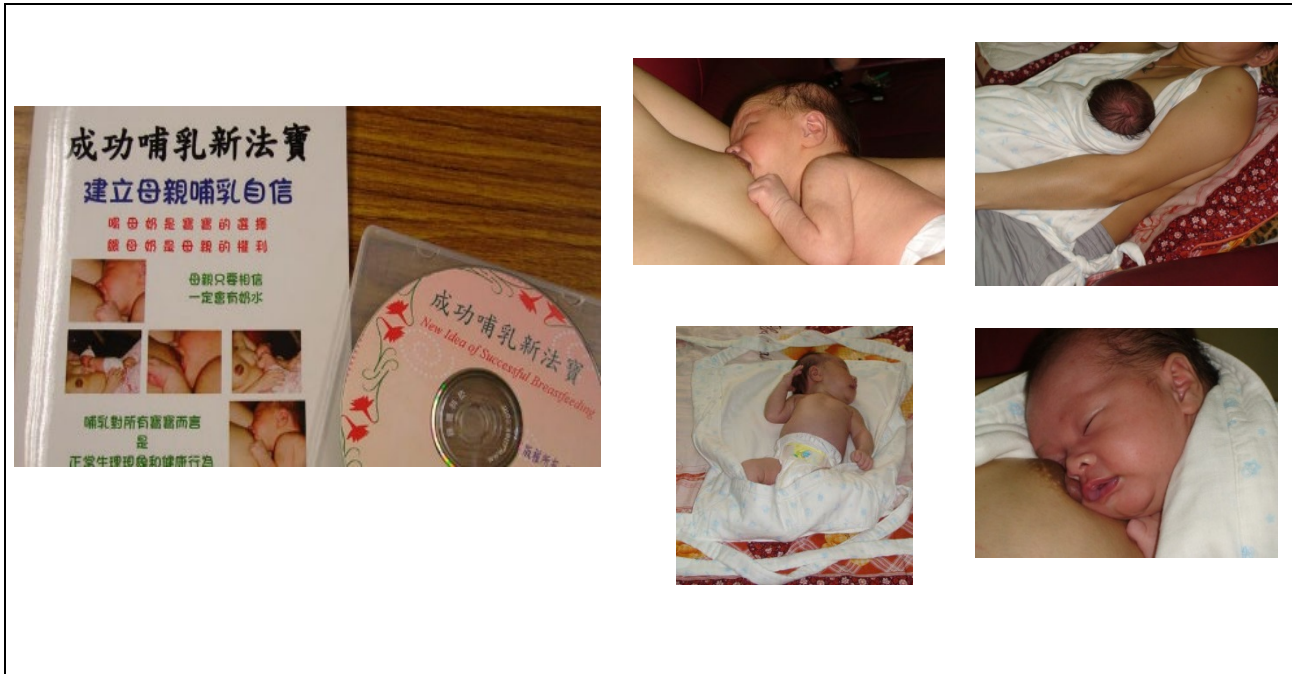


Image 1. The booklet and the audio-video CD-ROM of new idea of successful breastfeeding

Image 2: Resource - “Kangaroo Mother Care”





<p><b>什麼是持續性袋鼠護理？ 有什麼好處？ 我該怎麼做？</b></p> <p><b>持續性袋鼠護理</b></p> <p>健康足月的寶寶出生的第一分鐘就可以開始與母親肌膚接觸直至完成第一次的哺乳。等寶寶完成所有的身體檢查與評估後，寶寶可以和母親在一起。此時，母親仍可以<b>持續肌膚接觸</b>撫抱寶寶。寶寶只需穿尿布，全身各種接觸依偎在母親的兩乳之間並穿著袋鼠袋中(WHO, 2003)。母親在出院後仍可使用這種方式照顧寶寶，這整個過程我們稱之為<b>持續性袋鼠護理</b>。</p> <p><b>好處</b></p> <ul style="list-style-type: none"> <li>促進母乳哺餵。較的村、較的久(Anderson, et al., 2004; Hale Brooks &amp; Anderson, 2008)</li> <li>促進親子依附關係(Feldman, Waller, Zagonyi-Sharon, &amp; Levav, 2007)</li> <li>穩定寶寶的體溫(Bystrova, et al., 2003)</li> <li>減少寶寶的疼痛(Cong, 2006; Lokaprasith, Bhowmik, &amp; Torwita, 2007)</li> </ul> 	<p><b>What is ongoing kangaroo care? What are benefits? How to do it?</b></p> <p><b>Ongoing kangaroo care</b></p> <p>All healthy full-term babies experience skin-to-skin contact in first minute after birth and breast crawl with self-latch. When the babies are done with physical assessment, they stay with their mothers. At this time, the mother puts washed baby with diaper into kangaroo sling and does ongoing skin-to-skin contact between the mother and the baby (WHO, 2003). Ongoing kangaroo care is initiated in hospital and can be continued at home. It is called ongoing kangaroo care.</p> <p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>Promoting longer duration of exclusive breastfeeding (Anderson, et al., 2004; Hale Brooks &amp; Anderson, 2008)</li> <li>Promoting parent-baby bonding (Feldman, Waller, Zagonyi-Sharon, &amp; Levav, 2007)</li> <li>Maintaining the baby's temperature (Bystrova, et al., 2003)</li> <li>Decreasing pain of the baby (Cong, 2006; Lokaprasith, Bhowmik, &amp; Torwita, 2007)</li> </ul> 	<p><b>做法</b></p> <ol style="list-style-type: none"> <li>母親可先將基本的清潔衛生完成，例如：上廁所解小便</li> <li>穿著開前胸的上衣</li> <li>更換尿布並脫掉寶寶衣服</li> <li>將去襪的寶寶放入袋鼠袋內，讓寶寶以直立的姿勢臥臥在母親的兩乳之間，將帶子綁於母親的頸部及側腰處。如圖示</li> <li>注意<b>袋鼠袋</b>內寶寶的舒適程度，使寶寶頭部輕微伸展，以準寶寶呼吸通暢及母嬰眼神接觸(eye-to-eye contact)</li> <li>避免寶寶的頭部過度伸展或點頭，寶寶的手腳是可以彎曲的</li> <li>當需要暫停袋鼠護理時，將寶寶抱離<b>袋鼠袋</b>(WHO, 2003)</li> </ol> 	<p><b>Procedures of Kangaroo Care</b></p> <ol style="list-style-type: none"> <li>The mother performs personal hygiene (i.e., emptying the bladder) before starting kangaroo care.</li> <li>Wearing gown with the opening in the front</li> <li>Preparing the baby by removing all clothing and changing the diaper.</li> <li>Moving the baby into the kangaroo sling, placing the baby between the mother's breasts in an upright position, chest-to-chest (See pictures).</li> <li>The top of sling is just under the baby's ear to allow the baby's head to be slightly extended and keep the airway open and allows for eye-to-eye contact between the mother and the baby</li> <li>Avoiding both forward flexion and hyperextension of the head, and the baby's hips and arms should be flexed.</li> <li>It can be temporarily discontinued (WHO, 2003).</li> </ol> 
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Image 2. Example page from the booklet

