

5th International Conference on

Family Nursing

June 13-15, 2016 Philadelphia, USA

Overburdening families at a time of graduate vulnerability

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Background: The graduate year for novice registered nurses and midwives is known to be a time of anxiety and excitement punctuated with 'highs and lows' directly related to changing workloads, increased responsibility and staff dynamics. The need for professional support during this time has been well documented. The graduate demands on family and friends at this challenging time has however been rarely examined.

Method: This descriptive phenomenological study explored the experiences of 23 Australian double degree (Bachelor of Nursing/Bachelor of Midwifery) graduates in their 1st year of practice. Individual face to face interviews conducted between 9-12 months of the participant's commencing employment provided an opportunity to understand both the professional and personal support needs of these graduate nurses and midwives during their year of transition to registered nurse midwife practice.

Findings: The findings showed that all participants in this study needed more support than that which was provided in the clinical environment. This was most evident in the first 3 months of practice where detailed sharing of experiences via daily phone calls, emails, social networking and face to face debriefing with family and friends was regarded by the participants to be essential for them to cope with the intrinsic and extrinsic expectations of their new role. Debriefing with family and friends who worked and understood the health care industry was regarded to be the most valuable, as support could be practice focused if necessary.

Conclusion: Graduate nurses and midwives look externally to family and friends for support when the clinical environment does not meet their beginner needs. As a result, family and friends are at risk of becoming overburdened by: Graduate demands for counseling and advice; being exposed to confidential information while having no support systems themselves from which to draw. The need for clinical facilities to provide adequate support systems for the beginning nurse midwife is essential to ensure that families and friends are not forced into a role of professional mentor and mediator.

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Delayed lactogenesis II in women with gestational diabetes mellitus

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Women with gestational diabetes mellitus (GDM) have lower rates of breastfeeding compared to women without diabetes. One of the factors associated with lower breastfeeding rates is delayed lactogenesis II, the transition to increased milk production. Research suggests that women with GDM experience higher rates of delayed lactogenesis II. Increased colostrum lactose levels indicate lactogenesis II, although the effect of GDM on lactose levels has not been published. The aim of the study is to examine lactose levels in colostrum of women with and without GDM. A prospective case-control study examining differences in colostrum metabolites of postpartum women, 19 with GDM and 29 without GDM, was conducted using enzymatic methods. Results of the composition analysis revealed significantly higher concentrations of lactose at 72 hours postpartum in colostrum samples of women without GDM compared to women with GDM ($p=0.043$). Glucose and citrate levels were significantly higher in the colostrum samples of women without GDM. Differences in colostrum concentrations of lactose, glucose, and citrate between women with and without GDM suggests that delayed lactogenesis II in women with GDM may be physiological, supporting previous findings of maternal perception of delayed lactogenesis II. Validation of maternal self-report with biochemical research strengthens the findings and helps explain the biological mechanism of action. Healthcare providers should encourage early and frequent breastfeeding among women with GDM, with early pumping for women who are unable to directly breastfeed their infants in the early postpartum period, to facilitate transition to lactogenesis II and promote breastfeeding among this at-risk population.

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