

## College of Nursing Scholarship Showcase

### ORAL PRESENTATION

Abstract Title: **Mothers with opioid dependence and their perception of positive nursing care during labor and delivery**

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**Abstract:** Background: The United States is currently facing an opioid epidemic, and the number of mothers dependent on opioids during pregnancy is continuing to rise. Previous research indicates some of the health professionals have negative attitudes toward patients with substance use disorders, which can lead to sub-optimal care. Information is needed on ways nurses can support women addicted to opioids during labor and delivery. Positive experiences in the healthcare system could lead women with substance use disorders during pregnancy to more engagement in health promotion in the future. **OBJECTIVE:** To describe the positive experiences of women with opioid dependence during labor and delivery in the hospital related to nursing care. **DESIGN:** Qualitative description. **SETTING:** Participants were recruited from newborn nursery and NICU waiting areas in an academic medical center in the southwest region of the United States. **PARTICIPANTS:** A sample of 11 women with opioid dependence who participated in medication assisted treatment during their pregnancies that delivered at a hospital in an urban city in the southwest region of the United States. **METHODS:** Hour long interviews were conducted at a private location in the hospital, and the interviews were voice recorded and professionally transcribed. The data was analyzed using content analysis in MAXQDA to identify themes and patterns. **RESULTS:** Five themes were identified: 1. Empowering women 2. Reducing anxiety 3. Educating families 4. Educating patients 5. Not judging. Participants reported the nurses that they interacted with empowered them to make medical decisions about their own care and the care of their child. The nurses helped to reduce their anxiety about labor and delivery by being bedside and making strives to care for the whole patient and not just her pregnancy. The participants appreciated tailored education, particularly on pain management. Women reported the nurses' bedside support and tailored education made them feel they were not being judged for their addiction. **CONCLUSIONS:** The findings here will provide labor and delivery nurses a better understanding of the ways nurses can make a positive impact on the labor and delivery experiences of women dependent on opioids during labor and delivery.

Supported by: This project was supported by Grant Number K12 DA035150 from the Office of Women's Health Research and the National Institute on Drug Abuse at the National Institutes of Health (NIH).

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## College of Nursing Scholarship Showcase

### ORAL PRESENTATION

Abstract Title: **Determining the Impact of Psychosocial Factors Among Intended and Unintended Pregnancies**

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**Abstract:** Background: About 1/3 of pregnancies in the United States are unintended. Unintended pregnancies are associated with delayed prenatal care, increased abortion rate, behavioral risks and preterm deliveries. Objective: The purpose of this study is to measure the relationship of psychosocial factors in intended pregnancies versus unintended pregnancies. Method: A secondary data analysis of a prospective multi-centered trial in 377 pregnant women was conducted between 2010-2015. The Edinburgh Postnatal Depression Scale (EDPS) is a validated 10-item scale that was used to measure depressive symptoms in participating pregnant women during each trimester. The State Trait Anxiety Inventory (STAI) is a 40-item self-reporting scale that was used to measure anxiety level in participating pregnant women during each trimester. All participants were administered these screens throughout their pregnancy. Data analysis included descriptive statistics, correlations, t-test and repeated measures among the variables of interest, using SPSS version 22. Results: Results showed that women with unintended pregnancies had significantly higher depressive symptoms ( $p < .001$ ;  $p < .001$ ;  $p = .001$ ) and reported anxiety ( $p = .001$ ;  $p = .027$ ;  $p = .021$ ) in all trimesters when compared to women who reported their pregnancies were intended. Women who reported their pregnancy was unintended had highest depressive symptoms in the 1st; trimester, whereas anxiety was reported highest in the 3rd trimester. Lowest depressive symptoms and stated anxiety occurred in the 2nd trimester of unintended pregnancies. Unintended pregnancies were also significantly associated with preterm birth ( $p = .052$ ). Discussion: Anxiety and depressive symptoms were significantly higher in unintended pregnancies. Women who have unintended pregnancies are at greatest risk for experiencing depressive symptoms during the first trimester, while greatest risk for experiencing anxiety is during the third trimester. These findings support the need for recurrent psychosocial evaluation throughout pregnancy. Moving forward, aims of reducing anxiety and depressive symptoms in unintended pregnancies should be examined.

Supported by: The project described was supported by the National Center for Advancing Translational Sciences, National Institutes of Health, through grant number UL1TR000117. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH. National Institutes for Health Building Interdisciplinary Research Careers in Women's Health (BIRCWH: K12DA14040). Center for Biomedical Research Excellence (COBRE: 5P20GM103538).

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## College of Nursing Scholarship Showcase

### ORAL PRESENTATION

Abstract Title: **The Effect of a Patient and Provider Education Program on Antibiotic Overuse in Respiratory Tract Infections in a Rural Primary Care Population**

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**Abstract:** Introduction: In the "Walk-in" portion of a rural primary care (PC) practice in Kentucky, an education program was implemented to assess its effects on antibiotic prescribing in respiratory tract infections (RTIs). Objective: The purpose of this study was to evaluate the effectiveness of the education program, examining changes in immediate antibiotic prescribing for RTI, one-year after implementation. Methods: Utilizing a quasi-experimental pretest-posttest design, a retrospective electronic medical record review was conducted to determine if an antibiotic (immediate or delayed) was prescribed during the visit for RTI during the established evaluation time periods for 207 randomly selected patients. Results: 207 patients were randomly selected for inclusion from 1,943 patients who met inclusion and exclusion criteria. In the pre-intervention group (103), 58 were prescribed antibiotics, 32 of which were immediate. In the post-intervention group (104), 30 were prescribed antibiotics, 14 of which were immediate. A chi-square test of association was used to determine that there was a significant decrease in the number of antibiotics prescribed after the implementation of the intervention,  $p < .001$ . Immediate antibiotic prescriptions were less in the post- versus the pre-intervention group; however, the chi-square test of association determined the reduction was not statistically significant,  $p = .54$ . Conclusions: Although a statistically significant reduction in immediate antibiotic prescriptions was not observed, overall antibiotic prescriptions in RTI decreased significantly. The importance of this study is that it demonstrates to practitioners that changes in antibiotic prescribing are possible, through educational interventions, even in settings that seem challenging.

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## College of Nursing Scholarship Showcase

### ORAL PRESENTATION

Abstract Title: **Post Evaluation of an Early Mobility Program**

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**Abstract:** The goal of this study was to evaluate the effectiveness of a recently implemented nurse driven early mobility program on patients in two Trauma Surgical Intensive Care Units at the University of Kentucky HealthCare (UKHC). The study was an uncontrolled before and after design using retrospective data analysis. The mobility score in the ICU had a statistically significant increase in the pre-intervention mobility score of 5.7 to a post-intervention mobility score of 7.9. Hospital mobility score showed an increase of 7.5 pre-intervention to a 7.9 post-intervention score, which was also statistically significant. Ventilator mean days decreased from 2.2 pre-intervention to 1.9 post-intervention and pneumonia decreased from 7.3% pre-intervention to 5.7% post-intervention. This was not statistically significant but it did trend in the right direction. The VTE rate increased (pre = 3.0% vs. post = 4.8%) but was a non-statistically significant increase. Mean days in the ICU increased from pre-intervention of 5.7 mean days to 5.8 mean days post-intervention but was not statistically significant. A non-significant decrease in discharge to home (pre = 98.3% vs. post = 96.5%) was also found. There were no appreciable decreases in length of stay. Within a very short time frame, the TSSNDMP showed a reduction in ventilator days and pneumonia as well as a significant increase in ICU and hospital discharge mobility scores. The success of this program supports the ability of nursing to mobilize patients safely utilizing the existing multidisciplinary team rather than adding staff.

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## College of Nursing Scholarship Showcase

### ORAL PRESENTATION

Abstract Title: **Determinants of Pap Screening in Sub-Saharan Africa Immigrant Women.**

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**Abstract:** Purpose: Sub-Saharan African immigrant women (SSAIW) have low Pap screening rates compared to their native-born counterparts. The aim of this study was to examine the determinants of Pap screening completion among SSAIW in Central Kentucky. Methods: This cross-sectional study collected data from SSAIW using a self-administered questionnaire. Predisposing, enabling, and need for care were assessed. Bivariate analysis and logistic regression was used to analyze data. Results: Data were collected from 108 SSAIW; mean age  $34.5 \pm 9.5$  years. Over half (52%) were currently married and 54% have resided in the U.S for more than 5 years. Sixty six percent reported ever having had Pap screening. Compared to the unscreened group, individuals who reported ever having had Pap screening were more likely to have health insurance ( $p = 0.004$ ) and receive provider's recommendation ( $p < 0.001$ ). Knowledge and awareness of Pap screening and cervical cancer scores were higher and significantly different among ever screened women compared to women who had not been screened ( $p < 0.001$ ). Awareness and provider's recommendation remained significant in relation to Pap screening in the final model. For every unit increase in awareness score, the odds of receiving Pap screening increased by 1.8 (95% CI 1.32 – 2.52),  $p < 0.001$ . Women who reported receiving provider's recommendation were 6.2 times (95% CI 1.78 – 21.56),  $p = 0.04$  more likely to screen compared to women who did not receive Pap screening recommendation. Conclusions: Interventions to enhance cancer awareness may improve screening among SSAIW. Health providers should initiate screening discussions and recommendations during health care interactions.

Supported by: GMaP Region 1 North research project support.

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## College of Nursing Scholarship Showcase

### ORAL PRESENTATION

Abstract Title: **Diet Quality in Patients with Heart Failure Compared to Age and Sex-matched Community Dwelling Adults**

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**Abstract:** Introduction: Diet quality is strongly associated with increased risk of cardiovascular disease (CVD) and mortality. The differences in diet quality between patients with heart failure (HF) and community-dwelling healthy older adults are not well elucidated. Purpose: To compare diet quality between patients with HF and age-matched and sex-matched community-dwelling healthy older adults. Methods: Seventy eight patients with HF were compared with age and sex-matched community dwelling older adults (healthy adults, n = 60). Nutrition intake from the 4-day food diaries was analyzed using Nutritional Data System for Research (NDSR). Diet quality was measured by healthy eating index (HEI) calculated from 4-day food diaries with higher HEI score indicating healthier diets. Independent t-tests and chi-square tests were used to compare participants' characteristics and diet quality. Multiple regression was used to examine whether HF predicts poor diet quality. Results: HEI total score was significantly different between patients with HF and the healthy adults group (61.5 vs 72.3,  $p < 0.001$ ). HEI scores for total fruit; whole fruit; whole grain; and saturated fat were lower in patients with HF when compared with the healthy adults group (2.0 vs 2.8, 2.3 vs 3.2, 1.8 vs 2.4, and 4.3 vs 5.5, respectively,  $p < 0.05$ ). HEI scores for calories from solid fats, alcoholic beverages and added sugar (SoFAAS) were significantly lower, indicating higher intakes, in patients with HF (14.8 vs 19.7,  $p < 0.001$ ). After adjusting other covariates in the model, HF status independently predicted overall poor diet quality, including SoFAAS. Conclusion: Patients with HF had lower diet quality than age and sex-matched healthy adults. Nutrition intervention to increase intake of fruits and whole grain, and decrease saturated fat and added sugar intake may play a crucial role in improving diet quality and health outcome in patients with HF.

Supported by: RO1 NR 009280 (Lennie, T.A. PI) and P20 NR 010679 (Moser, D.K. PI)

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## College of Nursing Scholarship Showcase

### POSTER PRESENTATION #1

Abstract Title: **Contextual Factors Related to Family Planning in a Low-Resource Community in Ecuador**

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**Abstract:** Introduction: Approximately 40% of pregnancies in low to middle income countries are reported to be unintended. Unintended pregnancy can lead to increased risk of infant and maternal mortality and morbidity and are often concentrated in women of social disadvantage who experience multiple health disparities. Access to family planning improves the likelihood of healthier families with increased educational and economic opportunities. To date, little is known about the context of unintended pregnancy and family planning in low-resource Ecuadorian communities. Objective: The purpose of this study is to describe the context of family planning and how this contributes to unintended pregnancy in a low-resource, peri-urban community in Ecuador. Methods: Qualitative description methodology using semi-structured, open ended exploratory interviews was used to gain a deeper understanding of the context of family planning and pregnancy intention from the perspective of community leaders and local women of reproductive age (n=16). Preliminary content analysis was completed by hand. Results: Preliminary themes that emerged from the perspective of community leaders included: 1) Barriers include lack of education/ adequate access 2) Policy/Rights have not been realized. Themes from the perspectives of women in the community included: 3) Inconsistent access to contraception and sexual health education; and 4) Lack of autonomy and the capacity to fully control fertility, thus limiting women's agency in the formative years. Discussion & Conclusions: Community leaders, health providers and Ecuadorian women alike agree there is an increased need for quality family planning and sexual reproductive health education, particularly for young people in the community.

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## College of Nursing Scholarship Showcase

### POSTER PRESENTATION #2

Abstract Title: **Shared Decision-Making about End-of-Life Care Compared Among Implantable Cardioverter Defibrillator Patients with and without Heart Failure: A National Cohort Study**

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**Abstract:** Background: Authors of expert guidelines and consensus statements recommend that decisions at the end-of-life be discussed before and after implantation of an implantable cardioverter defibrillator (ICD), and include promotion of shared decision making. The degree to which these guidelines are followed for patients with and without heart failure (HF) is undocumented in the literature. The purpose of this study was to compare experiences, attitudes, and knowledge about the ICD at end-of-life between ICD recipients with and without HF to determine how well patients could participate in end-of-life decisions. Methods: Utilizing a national registry in Sweden of all ICD recipients (n=5355), the End-of-Life and Implantable Cardioverter Defibrillator Questionnaire (EOL-ICDQ) was sent out and 3,067 recipients participated. This survey also included a measure of anxiety and depression (HADS). Results: Of the participants, 1,606 (n=52%) had HF. HF patients reported higher levels of anxiety and depression ( $p < 0.001$ ) compared to patients without HF. Their responses in the knowledge, experience, and attitude domains were almost identical; 40% of patients with HF did not want to discuss their illness trajectory or deactivation of their ICD ever, and 36% of HF respondents said that even if they had a terminal illness they would not want to discuss ICD deactivation. There were also numerous misconceptions about the ICD's function at end-of-life, for example, 27% of HF participants thought turning off the defibrillator shocks would be considered active euthanasia. 71% of HF participants also thought that the ICD would always give a shock in connection with the end-of-life. Conclusion: Initially we assumed that participants with HF would have more knowledge about end-of-life care due to their shortened life expectancy, however, we found this was not true. In order to better prepare patients with HF and an ICD for the end-of-life, shared decision making and open lines of communication between providers, patients, and their families should be encouraged.

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## College of Nursing Scholarship Showcase

### POSTER PRESENTATION #3

Abstract Title: **TASR genotype is associated with adherence to dietary sodium recommendations in adults with cardiovascular disease risk factors.**

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**Abstract:** Introduction: Genetic variants in taste perception have been identified that can influence dietary intake patterns associated with cardiovascular disease (CVD) risk. TAS2R38 gene variants influence bitter taste and may affect sweet, salty, and umami taste, but few studies have examined this in a sample with elevated CVD risk. The purpose of this study was to examine associations of the TAS2R38 genotype with average daily sodium, sugar, saturated fat, and alcohol intake. Method: We genotyped DNA from 407 participants (mean age 51.4±13.3 years; 73.2% female) with 2 or more CVD risk factors. Those with 1 or 2 dominant G alleles of rs713598 in the TAS2R38 gene were compared to CC homozygotes. Dietary intake and adherence to recommended Dietary Guidelines for Americans was assessed using the Viocare Food Frequency Questionnaire. Logistic regressions were conducted to evaluate associations of genotype and adherence to dietary recommendations, controlling for age, gender, body mass index (BMI), smoking status, and angiotensin converting enzyme inhibitor (ACEi) and angiotensin II receptor blocker (ARB) medications. Results: Compared to CC homozygotes, participants with GG or GC genotype had 1.9 times greater odds of daily sodium consumption >2.3 g (95% CI 1.1-3.5, p=.02). There were no significant differences in adherence to daily sugar, saturated fats, or alcohol recommendations. Conclusions: Participants with enhanced bitter taste perception genotype (GC and GG alleles) were significantly more likely than CC homozygotes to have daily sodium intake higher than recommended. Further research is needed to elucidate genetic influences on sodium consumption and implications for CVD prevention.

Supported by: The project was supported by the Center for the Biologic Basis of Oral/Systemic Diseases, the Centers of Biomedical Research Excellence (COBRE), National Center for Research Resource, NIH/NCRR #5P20RR020145, and Department of Health and Human Service, D1ARH20134. The content is the responsibility of the authors and does not represent the official views of any of the above agencies.

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## College of Nursing Scholarship Showcase

### POSTER PRESENTATION #4

Abstract Title: **Family Presence During Resuscitation**

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**Abstract:** Background: Family presence during cardiopulmonary resuscitation has been provided for more than 20 years (Hanson & Strawser, 1992). The American Association of Critical Care Nurses, The Emergency Nurses Association, The American College of Emergency Physicians, The American Heart Association and The American Academy of Pediatrics have all endorsed family presence during resuscitation (AACN, 2004; AHA, 2000; Dingeman, Mitchell, Meyer, & Curley, 2007; ENA, 1994; Lowry, 2012). Despite validation by distinguished professional organizations the option of family presence remains inconsistent. Objectives: 1.) Explore the attitudes and barriers to family presence during resuscitation. 2.) To examine the relationship between pre, midpoint and final data points to assess for a sustained practice change in family presence during resuscitation following policy implementation; 3.) Explore the relationship of attitudes and beliefs to evaluate domains for future education. Methods: Faculty and staff including nurses, pharmacists, physicians, residents and fellows, chaplains, respiratory therapists and paramedic's technologists at a large academic medical center were surveyed via convenience sampling. Results: Does UK healthcare have a written policy, 57 percent of respondents were unsure if a policy existed in the 2016 survey. Statistical significance existed between 2012 and 2014 surveys ( $p=0.013$ ) as well as the 2014 and 2016 surveys ( $p=0.003$ ). Does family presence interfere with resuscitation, 59 percent of respondents answered no. Statistical significance existed between the 2014 and 2016 surveys ( $p=0.004$ ). Does family presence increase stress on staff, 49 percent of respondents answered yes. Statistical significance existed between 2014 and 2016 surveys ( $p<0.001$ ). Does family presence increase fear of medico-legal litigation, 41 percent of respondents answered no. Statistical significance existed between 2012 and 2014 surveys ( $p=0.005$ ). Consistently across all 3 surveys greater than 70 percent of staff identify an increased understanding of family presence was needed, no statistical significance found between surveys. Data points 2014 and 2016 highlighted statistical significance among consensus needed to have successful family presence ( $p<0.001$ ). Support for family presence revealed statistical significance between the 2014 and 2016 data points ( $p<0.001$ ). Does family presence assist with end of life decision making revealed statistical significance between 2014 and 2016 surveys ( $p<0.001$ ). Roles revealed nurses responded more in 2012 and 2014 surveys, more pharmacists and paramedics (EMT-P) responded to the 2016 survey than the 2012 and 2014 surveys combined. Conclusions: Attitudes and beliefs have improved post policy implementation however; it is unlikely that policy implementation is the exact reason for change as only a small number of respondents expressed knowledge of a policy.

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## College of Nursing Scholarship Showcase

### POSTER PRESENTATION #5

Abstract Title: **Family Rounds in the Medical Intensive Care Unit**

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**Abstract:** Objectives: a) To evaluate the current level of family satisfaction with care and support in decision-making. b) To determine the effect of daily family rounds on family satisfaction with care and support in decision-making. c) To evaluate clinician perspectives related to patient- and family-centered communication in the ICU and generate suggestions for improvement. Methods: This study will apply a pre- post-intervention design using the validated Family Satisfaction in the Intensive Care Unit (FS-ICU) survey tool. After 72 hours in the ICU, family members of patients will be approached to participate. A 5-week pre-intervention period of data collection was followed by the family rounding intervention, which is currently underway. The implementation period will be followed by the post-intervention surveying period. Patient demographics will also be collected to examine associations with satisfaction. Clinicians are also being surveyed pre- and post-intervention. Results: This study advances the field of patient-centered outcomes research by integrating a communication strategy, which patients and family members in the ICU have recommended. 50 pre-intervention surveys from family members and 80 from clinicians have been collected. Preliminary evaluation of the data from family members demonstrates generally high satisfaction scores, while clinician results are variable. Further analysis is ongoing.

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## College of Nursing Scholarship Showcase

### POSTER PRESENTATION #6

Abstract Title: **Improving Patient Outcomes Through the Nurse Practice Environment**

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**Abstract:** Background: The Practice Environment is the context in which nurses, provide patient care. The 31-item Practice Environment Scale-Nurse Working Index [(PES-NWI) Lake, 2002] serves as a valid and reliable tool to measure the practice environment with 5 subscales—Foundations for Quality Care, RN Participation in Hospital Affairs, Nurse Manager Leadership, Adequate Staffing and Resources, and Nurse-Physician Relationship. Objective: To examine the impact of practice environment on patient outcomes within the last 5 years. Methods: The PubMed and CINAHL databases were searched for articles using the PES-NWI, with publication date between 2011-2016. Seventeen studies meeting the inclusion criteria were identified. Results: All 17 studies used descriptive correlational designs. Practice settings included acute care (n=15), outpatient oncology (n=1), and long-term care (n=1). Scores were reported in 11 studies ranging from 1.11 to 3.06. Five studies classified practice environments based on quality. The practice environment was inversely associated with hospital acquired infections (n=2), pressure ulcers (n=1), failure to rescue (n=1), 30-day mortality (n=3), and 30-day readmission (n=2). Positive associations were found between the practice environment and error interception (n=1), nurse-perceived quality of care (n=3), patient satisfaction (n=1), and patient education (n=1). Discussion: There is a growing body of evidence supporting the relationship between the nurse practice environment and patient outcomes. Large samples increase the strength of evidence, however many studies completed secondary data analysis of the same data sets from 1999-2012. The findings suggest the domains of the PES-NWI are useful guides for improving practice environments and patient outcomes.

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## College of Nursing Scholarship Showcase

### POSTER PRESENTATION #8

Abstract Title: **Nurse Outcomes related to the PES-NWI scale based on the Work Environment**

Author(s): A. Ziegler, Department of Nursing, U of Kentucky  
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**Abstract:** Background: Nurse work environment is a factor in both nurse satisfaction and patient safety. The 31-item Practice Environment Scale-Nurse Working Index (PES-NWI; Lake, 2002). serves as a valid and reliable tool to measure work environment with five subscales—Foundations in Quality, Participation in the Healthcare Organization, Nurse Manager Leadership, Adequate Staffing and Resources, and Nurse-Physician Relationship. Purpose: Will report evidence on the Practice Environment Scale-Nurse Working Index and relationships with nurse outcomes. Methods: A search of PubMed and CINAHL using key words Practice Environment Scale and PES-NWI and nurse outcomes. After inclusion criteria, it yielded nine articles. Results: The studies were conducted in a variety of settings. The results in most areas were similar, but few were different depending on unit type. Researchers have found hospitals with Magnet status have improved nursing and patient outcomes within the PES-NWI. Staffing and Management were areas of concern within the scale. Units reviewed showed high levels of intent to leave and exhaustion within the five subscales. Discussion: Amongst different cultures and units the subscales vary, but the two major subscales that are of concern within the nursing work environment are poor management and staffing, which suggests a focus for further research. There is a growing shortage of nurses, caused by turnover due to poor work environment and job dissatisfaction. Conclusion: Enhancing work environments for the practicing nurse by focusing on staffing, resource adequacy, nurse manager ability, leadership, and support should help achieve more desirable workplace outcomes.

Supported by: ERC

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## College of Nursing Scholarship Showcase

### POSTER PRESENTATION #9

Abstract Title: **Risk Factors for Transfusions Following Total Joint Arthroplasty in Patients in Rheumatoid Arthritis**

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**Abstract:** Objective: Despite effective therapies, rheumatoid arthritis (RA) can result in joint destruction requiring total joint arthroplasty (TJA) to maintain patient function. An estimated 16% to 70% of those undergoing TJA of the hip or knee will receive a blood transfusion. Few studies have described risk factors for receiving a blood transfusion following TJA in patients with RA. Thus, in this study we aimed identify demographic and clinical risk factors predictive of receiving a blood transfusion among patients with RA who have undergone TJA. Methods: A retrospective study (N = 3,270) using de-identified patient health claims information from a commercially-insured, U.S. dataset was conducted. Descriptive statistics and multivariate logistic regression were used. Results: Males were 1.5 times less likely to receive a blood transfusion (Confidence Interval [CI] – 1.16-1.89; p = .001). When compared to the South, patients residing the Midwest were significantly less likely and patients residing in the Northeast were significantly more likely to receive a blood transfusion following TJA. Patients with a history of anemia were 3.3 times as likely to receive a blood transfusion compared to those who did not have this diagnosis. Patients who underwent total hip arthroplasty were 1.4 times as likely to receive a blood transfusion compared to those who underwent a total knee arthroplasty (CI 1.18-1.74), and patients who underwent a total shoulder arthroplasty were less likely to receive a blood transfusion (OR = 7.14; CI = 2.63-20). Conclusion: We have identified risk factors for the receipt of a blood transfusion in patients with RA who have undergone TJA.

Supported by: This work was supported in part by the National Center for Research Resources and the National Center for Advancing Translational Sciences, National Institutes of Health [UL1TR000117]. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH. Access to the large commercially insured dataset was made available with funding from CTSA UL1TR000117.

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## College of Nursing Scholarship Showcase

### POSTER PRESENTATION #10

Abstract Title: **Prenatal Care Initiation Determinants in Hispanic Women**

Author(s): D. Fawson, College of Nursing, U of Kentucky  
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**Abstract:** Prenatal care is one of the most widely used preventive health care services. There is consensus within the international health care community that early and adequate prenatal care (PNC) improves pregnancy outcomes by lowering newborn hospitalization and reducing rates of low birth weight and stillbirth. Hispanic women are at higher risk to initiate later PNC. The purpose of this report is to evaluate social and cultural determinants of initiation of PNC in Hispanic women living in Kentucky. **Methods:** A secondary analysis of a longitudinal study conducted using a convenience sample of Hispanic mothers (n=99) was used. Women were recruited in an International Prenatal Care Clinic that serves the majority of Hispanics pregnant women in Central Kentucky. **Results:** The majority of participants were the first generation of immigrant with 91% original from Mexico, 60% declared living more than 5 years in the US, and 52% declared living more than 5 years in KY. PNC initiation was optimum ( $\leq 12$  weeks of pregnancy) in 58% of participants. The linear regression model indicated that variables significantly ( $p < .05$ ) associated with initiation of PNC included: time living in the US, mother's age, acceptability of the pregnancy, pre-pregnancy Body Mass Index, the perception of social support, and score on the depression scale. **Conclusion:** PNC initiation determinants in Hispanic women are multifactorial. Cultural and linguistically appropriate intervention to promote early initiation of PNC as a way to prevent complications during pregnancy, labor and delivery are warranted in Hispanic women.

Supported by: This study was funded by the Improvement Health Outcome Program (IHOP), Passport University of Louisville, KY.

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## College of Nursing Scholarship Showcase

### POSTER PRESENTATION #11

Abstract Title: **Lung Cancer Prevention: A Review of the Literature**

Author(s): W. Hiner, College of Nursing, U of Kentucky  
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**Abstract:** Background: Lung cancer has the highest mortality rate of all cancers. Over 210,000 people are diagnosed with lung cancer in the US annually resulting in 157,000+ deaths. Smoking is the leading cause of lung cancer, followed by radon and secondhand smoke exposure. The purpose of this literature review was to examine the existing evidence pertaining to lung cancer prevalence and prevention strategies. Methods: A search for evidence was conducted using Cumulative Index for Nursing and Allied Health Literature (CINAHL) data base. Due to the large number of articles, individual searches were combined using the terms "lung cancer" and "prevention." Results: The search yielded 53 articles. While cigarette smoking is the leading cause of lung cancer, followed by exposure to tobacco smoke and radon, synergistic risk (exposure to both tobacco smoke and radon) increases lung cancer risk tenfold. Conclusion: Effective strategies for tobacco dependence treatment include use of the Quit line, QuitGuide (app that helps tobacco users understand their smoking patterns and builds skills to become and remain smoke-free), SmokefreeTXT, smoking cessation as part of lung cancer screening, and involvement of family and social media in cessation efforts. Activities to test for and reduce radon levels in the home and enactment of comprehensive smoke-free policies are also essential components of prevention. Lung cancer is almost totally preventable through elimination of exposure to tobacco smoke and radon. Evidence-based strategies are available to guide health care workers, public health professionals and policymakers to intervene to prevent lung cancer and its devastating effects.

Supported by: 'The project described was supported by the National Center for Research Resources and the National Center for Advancing Translational Sciences, National Institutes of Health, through Grant UL1TR001998. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.'

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## College of Nursing Scholarship Showcase

### POSTER PRESENTATION #12

Abstract Title: **Examining the Effect of Smoking Cessation Interventions on Smoking Cessation Outcomes Among Pregnant Women With Mental Illnesses**

Author(s): R. Hopson, College of Nursing, U of Kentucky  
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**Abstract:** Background: Women who are pregnant with mental illness are interested in smoking cessation and able to quit smoking. However, there are few studies assessing the effectiveness of smoking cessation interventions for pregnant women with mental illnesses. The purpose of this study is to review smoking cessation intervention outcomes among pregnant women with mental illnesses. Methods: A comprehensive search of the PubMed database resulted in an initial 691 articles addressing smoking cessation among pregnant women with mental illness. Of the articles retrieved, five articles met inclusion criteria and addressed outcomes of smoking cessation/reduction in pregnant women with mental illness. These articles were reviewed for their effectiveness on smoking cessation/reduction outcomes among the target population. Results: Few studies showed significant reductions in smoking among participants. Most interventions showed some degree of smoking cessation/reduction from baseline among pregnant women with mental illness. However, one study showed an increase in CPD associated with a home treatment program. Conclusions: Historically, smoking cessation interventions among those with mental illness have been largely unsuccessful. However, smoking cessation among pregnant women with mental illness is possible and is important for maternal and fetal health. Further research is needed to determine which interventions are most appropriate and successful among pregnant women with mental illness.

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## College of Nursing Scholarship Showcase

### POSTER PRESENTATION #13

Abstract Title: **Increasing the Intention to Breastfeed in a Multiethnic Group**

Author(s): T.E. Lewis, College of Nursing, U of Kentucky  
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**Abstract:** Objective: To determine the relationship between psychosocial factors and their influence on the intention to breastfeed during pregnancy in a multi-ethnic group. Design: A randomized block design was used to assess the effect of depression and partner support on the intention to breastfeed. A multiethnic (n=70) Caucasian and Latino expectant mothers with 20 weeks or greater of gestation were surveyed at multiple women's health facilities at the University of Kentucky. Results: The mean score in the Infant Feeding Intention (IFI) was 12.9, SD 3.2, with minimum values = 4 and a maximum value of 16. Results of the study showed an inverse correlation between age and depression and this finding was statistically significant ( $p = 0.43$ ,  $r = -.242$ ). The younger an expectant mother is, the more likely they are to struggle with depression in the antepartum period. The correlation between depression and partner support was also statistically significant ( $p = .001$ ,  $r = -.388$ ). The more partner support an expectant mother had, the less likely they were to be depressed. There was a positive and statistically significant correlation between partner support and the intention to breastfeed ( $p = .003$ ,  $r = .344$ ). Conclusion: Overall, the results showed that there is an indirect relationship between age, psychosocial factors and the intention to breastfeed. The older an expectant mother is, the less likely they are to report feelings of depression. The lower the depression score, the more likely the subjects were to report adequate partner support during their pregnancy. The more partner support a woman had, the greater their intention to breastfeed. Clinical Significance: Kentucky has one of the lowest rates of breastfeeding nationwide. Examining the psychosocial factors that impact the intention to breastfeed can help clinicians provide specific resources to expectant mothers to make breastfeeding easier and more accessible.

Supported by: University of Kentucky College of Nursing

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## College of Nursing Scholarship Showcase

### POSTER PRESENTATION #14

Abstract Title: **Mother's Post-Pregnancy BMI and Adipokines in Breast Milk and Saliva**

Author(s): A.M. Lorence, College of Nursing, U of Kentucky  
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**Abstract:** Introduction: There are many proven benefits of breastfeeding for infants and mothers. The regulation of infant growth, energy balance, and metabolic disorders both in adulthood and childhood have been linked to the presence of adipokines in breastmilk. The purpose of this project is to determine the relationship between a mother's BMI and the level of adiponectin and leptin in breastmilk and saliva. Method: This is a secondary data analysis of a pilot descriptive study to determine the relationship between mother's BMI and adipokine levels in breast milk. The parent study was to validate a noninvasive test to measure saliva levels of adipokines. Maternal BMI was measured within 2-6 weeks of delivery. Maternal levels of leptin and adiponectin in breast milk were collected after delivery. Breast milk was collected with an electric breast pump. Data analysis included descriptive statistics and Pearson correlation using the SPSS, version 22. Results: Ten women were enrolled at a university clinic in July 2015. Pre-pregnancy BMI was 40% overweight or obese. Current BMI was 50% overweight or obese. A positive correlation existed between breastmilk adipokine concentrations and maternal post pregnancy BMI ( $r = .81$ ;  $p < .01$ ). Additionally, we found that leptin and adiponectin levels in breastmilk present a positive correlation ( $r = .80$ ;  $p < .05$ ); however adiponectin was not significantly associated with current BMI. Conclusion: Through this pilot study it was determined there is a positive correlation between mother BMI and levels of leptin in breastmilk. Further research could be done to explore the relationship between mother and infant levels of adipokines and outcomes of infant growth and development of metabolic disorders.

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## College of Nursing Scholarship Showcase

### POSTER PRESENTATION #15

Abstract Title: **Maternal Perceptions of the Zika Virus in Ecuador**

Author(s): M. Parker, College of Nursing, U of Kentucky  
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**Abstract:** Introduction- Zika is a virus that is transmitted by the Aedes species mosquito. This virus has shown to be transmitted vertically from a pregnant woman to a fetus and also can be transmitted sexually. Several birth defects have been linked to Zika, including microcephaly. Zika has been confirmed to be present in 13 out of 24 Provinces of Ecuador and the Pan American Health Organization (PAHO) has urged couples to prevent pregnancy in Ecuador until 2018 due to this issue. Although the health consequences associated with Zika have been well established, little is known about maternal perceptions and beliefs regarding this virus in high-risk communities. Families in low resource communities in Latin America have fewer means to protect themselves from the virus due to poor housing conditions, optimal breeding grounds, and inadequate access to birth control. To date, little is known about maternal perceptions and intentions regarding pregnancy prevention in the endemic areas of Ecuador. Objective- The purpose of this study is to describe maternal reproductive behaviors, beliefs, and perceptions related to the Zika virus in a peri-urban, low resource community in Ecuador. Method- This exploratory, qualitative descriptive study consisted of 21 semi-structured interviews with 13 women and 8 community leaders/health providers from May - September 2016. The interviews were professionally transcribed, translated, and two bilingual individuals reviewed the transcriptions. Content analysis was completed by hand to identify patterns and themes. Preliminary Results- Four themes have been identified. 1) Lack of general knowledge, 2) Community leaders perspective versus 3) Women's basic needs, and 4) Fear but not limiting fertility. There is a disconnect between the women's knowledge and their reproductive practices due to the abstract nature of the virus as compared to other more tangible concerns. Discussion- Overall, women feel informed about the Zika virus but most are not changing reproductive behavior. Further studies are warranted to explore cultural influences and empowerment regarding pregnancy prevention strategies.

Supported by: Shoulder to Shoulder Global; Fundación Hombro a Hombro. Support for this study was provided by Robert Wood Johnson Foundation, the views expressed here do not necessarily reflect the views of the foundation.

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## College of Nursing Scholarship Showcase

### POSTER PRESENTATION #16

Abstract Title: **Physical activity and perceived barriers among pregnant women who use electronic cigarettes**

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**Abstract:** Introduction: Tobacco use is the most modifiable predictor of poor pregnancy outcome, yet novel tobacco products like electronic cigarettes are targeting women of childbearing age. Research has shown that women who use tobacco products are less likely to engage in regular physical activity (PA). Further, abstaining from prenatal smoking and engaging in PA during pregnancy are known to promote maternal and fetal health, reducing risks for adverse birth outcomes. Limited data exists regarding the association between PA and ecig use during pregnancy. The purpose of this study was to describe physical activity behaviors and perceived barriers among women who use electronic cigarettes. Method(s): A midpoint analysis of a multicenter prospective study among pregnant ecig users was conducted. A survey to collect self-reported measures of PA including frequency and intensity was administered. Current ecig users (n=7) were defined as having used ecigs within 30 days, and ever users (n=24) were defined as having a history of ecig use, but not within the past 30 days. Data analysis included descriptive statistics, correlations, and T-tests. Results: Overall, there was no significant difference in frequency nor intensity of physical activity when comparing current ecig users to ever users. However, when evaluating type of exercise, a higher percentage of current ecig users reported enjoying jogging/running compared to ever users (p=.034). Differences among other exercise types were not significant. When evaluating barriers to PA, "too many time restraints" for exercise was significantly correlated with current (p=.004) and ever (p=.018) ecig use, while "too tired/not enough energy to exercise" approached significance in current users (p=.051). Discussion & Conclusions: There were no significant differences in the frequency nor intensity of activity between former or current electronic cigarette users during pregnancy, while common barriers to these women included having limited time and energy. Future research should include the development of interventions that promote physical activity while addressing these barriers. Early screening for tobacco use and promotion of smoking cessation during pregnancy are warranted.

Supported by: This work was supported in part by National Institute on Drug Abuse at the National Institutes of Health (NIH) [R01DA040694-01 to K.A.]. This project was supported by the University of Kentucky Clinical and Translational Research Center KL2RR033171 CTSA grant number NIH CTSA UL1TR000117, through use of the REDCap research project database.

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## College of Nursing Scholarship Showcase

### POSTER PRESENTATION #17

Abstract Title: **Exploring Alcohol and Tobacco Use Among Women Experiencing Intended and Unintended Pregnancies**

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**Abstract:** The detrimental effects of tobacco and alcohol use during pregnancy have been well documented despite efforts of healthcare providers urging women to abstain. Women who report their pregnancies are unintentional are also more likely to experience adverse pregnancy outcomes. Little research exists examining pregnancy intention and incidence of alcohol or tobacco use throughout pregnancy. The aims of this study include: 1. To determine the relationship between alcohol and tobacco use in women that experience planned and unplanned pregnancies, 2. To determine the trimester-specific trends of alcohol and tobacco use throughout pregnancy, and 3. To determine whether a woman's perspective of pregnancy intention changes throughout pregnancy. A secondary data analysis was conducted from a prospective multicenter trial of 377 multiracial pregnant women. A validated urine assay ( $>99$  ng/mL) was used to define a smoker. Alcohol use was validated if the participant self-reported alcohol use after being asked, "Have you drunk alcohol since you became pregnant?" Data analysis included descriptive statistics, T-tests, and correlations using SPSS version 22. Of 377 pregnancies, nearly half (49%) were reported their pregnancy as unplanned. There were weak to moderate correlations between pregnancy intention and tobacco use in the 1st, 2nd and 3rd trimester ( $<.001$ ;  $<.001$ ; and  $<.001$ , respectively). Further, women with unplanned pregnancies had significantly higher tobacco use ( $p=.001$ ) and secondhand smoke exposure (SHS) in their home ( $p=.008$ ), than women who reported their pregnancies were planned. A relationship did not exist between pregnancy intention and alcohol use ( $p=.13$ ). However, as pregnancy progressed, fewer women reported their pregnancy was unplanned (49%, 29%, and 27%, respectively). Tobacco use, including SHS, is significantly higher in women that report having an unplanned pregnancy. Preconception counseling is warranted to inform women of the increased risks associated with unintended pregnancies. In addition, early prenatal care is needed to screen for perinatal addictions to reduce the risk for life-long maternal and infant pregnancy complications.

Supported by: Funding provided by the National Institutes for Health Building Interdisciplinary Research Careers in Women's Health (BIRCWH: k12DA14040) and the NIH Center for Biomedical Research Excellence (COBRE: 5P20GM103538) grant. The project described was supported by the National Center for Advancing Translational Sciences and National Institutes of Health, through grant number UL1TR000117. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.

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## College of Nursing Scholarship Showcase

### POSTER PRESENTATION #18

Abstract Title: **Is a peer counselor intervention enough to increase initiation of breastfeeding?**

Author(s): E. Ventura-Castellon, College of Nursing, U of Kentucky  
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**Abstract:** This pilot study uses a community based peer counselor (PC) to increase education and breastfeeding support in order to promote breastfeeding initiation, duration, and exclusivity for mother and infant dyads. This report is focusing on the initiation of breastfeeding. Research from various organizations such as the American Academy of Pediatrics and the United States Breastfeeding Committee recommend exclusive breastfeeding (EBF) for at least six months and continuous breast-feeding for at least a year as the child is introduced to foods. **Methods:** For this study, participants (N=70) were placed in a standard care group (n=33) and an intervention group (n=37). The mothers in the intervention group received education and support by the peer counselor during prenatal in home visits, phone calls, and an in-hospital visit after the infant was born. **Results:** After two educational sessions with the PC the intervention group demonstrated a significant increase in knowledge compared with the standard care group (Mean = 13.50 vs. 12.18 respectively;  $p = .013$ ). Additionally, there was no difference in the intention to breastfeed and the breastfeeding self-efficacy of mothers in the intervention compared with the standard care group ( $p > .05$ ). **Conclusion:** These findings demonstrate that community based peer counselor education and support during pregnancy can help increase knowledge regarding breastfeeding, but this increase in knowledge was not sufficient to increase initiation of exclusive breastfeeding during hospital stay.

Supported by: This study was funded by the Improvement Health Outcome Program (IHOP,) Passport-University of Louisville, KY, Grant awarded to Dr. Linares.

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