Improving Breastfeeding Supports in Primary Care Settings

Anya S. Koutras M.D., F.A.A.F.P., I.B.C.L.C

University of Vermont

Follow this and additional works at: http://scholarworks.uvm.edu/fammed

Part of the Primary Care Commons

Recommended Citation

http://scholarworks.uvm.edu/fammed/11

This Presentation is brought to you for free and open access by the College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Family Medicine Scholarly Works by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.
IMPROVING BREASTFEEDING SUPPORTS IN PRIMARY CARE SETTINGS
A Novel Assessment Tool and Training for Primary Care Providers

Kirsten Berggren, PhD, FNP, IBCLC; Anya Koutras, MD, IBCLC, FAAP; Molly Rideout, MD, IBCLC, FAAP; Laura Murphy, MD, FAAP; Karen Flynn; Wendy Davis, MD, FAAP

University of Vermont Medical Center, Vermont Child Health Improvement Project, Vermont Department of Health

PURPOSE

Background:
Although 84% of Vermont mothers initiate breastfeeding, only 26% exclusively breastfeed at 6 months of age. Surveyed physicians agree with the benefits of breastfeeding but claim insufficient knowledge and lack confidence in evaluating and managing breastfeeding, despite the availability of evidence-based strategies that address these concerns.

Objectives:
To increase the percentage of infants receiving a documented breastfeeding assessment at each well-child visit in the first 6 months.
To increase documentation of follow up plan in well-child exams in which a breastfeeding problem is identified.
To increase duration and exclusivity of breastfeeding and increase confidence of providers in performing a clinical breastfeeding assessment.

METHODS

- Fifteen Vermont primary care practices received training in use of a novel breastfeeding assessment tool in which providers ask a standardized set of questions at each well-child visit during the first 6 months postpartum.
- Training included recognition of normal breastfeeding characteristics in each age range as well as “red flags” with specific follow up suggestions provided.
- The initial training consisted of a series of 1-hour trainings for maximum convenience of providers/practices.
- Participating practices also attended monthly “coaching calls” about topics in breastfeeding including: maternal-infant separation and return to work; substance abuse and breastfeeding; breastfeeding and medical conditions; billing and coding; office systems’ inventories and improvements; and addressing patients’ concerns around milk supply.
- Providers also completed a self-assessment survey of breastfeeding knowledge and an office systems inventory (OSI) of evidence-based practices before the trainings and after project completion, and practice-based teams implemented quality improvement projects.
- Project team members collected survey results and analyzed data for trends.
- Participating providers received Part 4 Maintenance of Certification credits or Performance Improvement CME credits for involvement in the project.

RESULTS

Number of Practices Reporting Adoption of Office Systems Strategies Pre-Post QI

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Pre-QI (%)</th>
<th>Post-QI (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have a policy or written guideline relating to lactation support in our office(s).</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>We encourage open breastfeeding in the waiting room and provide space for mothers who prefer privacy.</td>
<td>75%</td>
<td>100%</td>
</tr>
<tr>
<td>We reach out by telephone to new mothers in the first 24-48 hours post delivery to assess breastfeeding, assess problems and provide education.</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>We have a breastfeeding-friendly, action plan in place for breastfeeding mothers including back-to-work guidelines, including back-up guidelines, our staff has been trained on the plan or guidelines.</td>
<td>25%</td>
<td>100%</td>
</tr>
</tbody>
</table>

We encourage providers to ask a standardized set of questions on every visit, using a standardized breastfeeding assessment tool.

Materials and Infant Problems Identified

<table>
<thead>
<tr>
<th>Infant Diagnoses</th>
<th>Distribution of Reported Problems</th>
<th>Maternal Diagnoses</th>
<th>Distribution of Reported Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeding problem in infant &lt; 28 days</td>
<td>29.2%</td>
<td>Lactation suppressed</td>
<td>24.5%</td>
</tr>
<tr>
<td>Slow weight gain, FTT</td>
<td>26.4%</td>
<td>Nipple or breast pain</td>
<td>18.1%</td>
</tr>
<tr>
<td>Neonatal jaundice</td>
<td>8.3%</td>
<td>Lactation delayed</td>
<td>14.8%</td>
</tr>
<tr>
<td>Feeding problem in infant &gt; 28 days</td>
<td>8.0%</td>
<td>Nipple, sore/cracked</td>
<td>12.3%</td>
</tr>
<tr>
<td>Weight loss</td>
<td>7.7%</td>
<td>Breast engorgement/blocked duct</td>
<td>7.7%</td>
</tr>
<tr>
<td>Underweight</td>
<td>3.7%</td>
<td>Retrieved nipple</td>
<td>3.2%</td>
</tr>
<tr>
<td>Fussy baby / excessive crying</td>
<td>2.8%</td>
<td>Other</td>
<td>16.8%</td>
</tr>
<tr>
<td>Ankylognathia</td>
<td>1.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>12.3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When a provider diagnosed a problem, options for follow up included:
- a problem visit with primary care provider (PCP) at a determined interval
- a referral to a lactation consultant
- referral for fenotomy
- referral to WIC or community resource
- referral for breast pump
- follow up with PCP office by telephone

DISCUSSION

Results:
The percentage of providers performing breastfeeding evaluations in their offices increased from 70% at the start of our study to 88% after 6 months. The percentage of infants receiving any breast milk between 1-4 weeks infant age increased from 67% to 77%.
A statistically significant increase in exclusive breastfeeding was not shown for any of the age groups.

Conclusions:
Training primary care providers to perform breastfeeding evaluations in their offices as well as improvements in office systems for breastfeeding support resulted in a dramatic increase of breastfeeding assessments by primary care providers and an increase in breastfeeding rates among 1-4 week-old infants.
Continued breastfeeding support and training in primary care offices would hopefully eventually improve exclusive and long-term rates of breastfeeding - an area for continued study.

FUTURE RESEARCH

The project is currently entering year two with expansion of the pool of participating primary care providers. The initial trainings will be consolidated into a single day with monthly support calls.
Expansion of the project into a broader geographic area in the future will allow for more rigorous evaluation of the new assessment tool and provider trainings.

ACKNOWLEDGEMENTS

We would like to thank members of the Vermont Child Health Improvement Project team, including Research Specialists Rachel Wallace-Brooker, MS, MEd and Ruth Willis, RN, MSN for their invaluable assistance in collecting and analyzing the data; Project Coordinator Kara Bissinet, MA, for her organizational and administrative support; and Project Director Amy H. Bolger, MPH, for her tireless effort in pulling this project together.