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Improving Breastfeeding Support at a Multi-service Federally Qualified Health Center

Elisabeth Lucas
Family Medicine Clerkship at Community Health Centers of Burlington  April 2016
Mentors: Dr. Heather Stein, Dr. Christine Mahoney, Dr. Lincoln Heath
Problem Identification and Description of Need

- Breastfeeding is the recommended first choice for feeding newborns and infants by the World Health Organization\(^1\)
- Breastfeeding often presents numerous challenges to moms based on physical and social pressures\(^2,3\)
- Lactation support services for low income mothers may vary based on the racial/ethnic makeup of different communities\(^4\)
- Newly resettled communities often face additional barriers in finding culturally appropriate breastfeeding support services in the host country\(^5\)
- Community Health Centers of Burlington, Riverside provides prenatal and postnatal care to a diverse population of mothers and newborns. CHCB also documents breastfeeding plans, patterns, and challenges of patients in their Electronic Health Record (EHR) program
- CHCB recently received a grant to lend out five reusable breast pumps to their patients but are having difficulties finding the best way to manage this service
Public Health Cost and Considerations in host community

- Breastfeeding decreases the incidence of acute otitis media, lower respiratory infections, unspecified gastroenteropathy.

- The cost to the US health care system per exclusively formula-fed baby was up to $475 in 1999 during the first year of life due to the above three illnesses for office visits, labs, prescriptions, and hospitalizations. Adjusting for general inflation (without considering specific medical price inflation) that sum is equal to $685 in 2016.

- Many of CHCB’s prenatal and newborn pediatric patients are from resettled Somali, Congolese, Vietnamese, and Nepali refugee communities who face significant financial challenges in Burlington even with relative availability of WIC and Vermont Food Shelf services. (Discussion with CHCB nurse)

- A portion of CHCB’s prenatal patients do not qualify for WIC services and are still face barriers to obtaining breast pumps through insurance companies. A few patients have expressed inability to pay for a pump out of pocket which significantly limits their ability to breastfeed once they return to work. (Discussion with CHCB nurse)
Community Perspective on Breastfeeding and Support for Project

- “I feel like the doctors at CHCB have helped me in breastfeeding. I appreciated them discussing birth control options that I could use while continuing to breastfeed.” [CHCB OB patient]

- “Most of my lactation consultant clients are at our clinic at Lund House but I would like to expand services at Riverside. I just don’t know what exactly the need is at this point.” [CHCB lactation consultant]

- “I stopped breastfeeding early because my milk dried up. I have a pump but I wasn’t sure if I was using it correctly. I didn’t think to ask for help during my postpartum visits.” [CHCB OB patient]

- “Our OB team has undergone quite a few changes in the last year. We are really interested in figuring out how to best utilize our two certified lactation specialists and what our patients’ rates of breastfeeding actually are.” [CHCB prenatal provider]

- “We [the community health outreach team] have only had one patient referral who had breastfeeding concerns and she had multiple other health issues we had to focus on. It is not something our team has the resources to focus on at this point.” [CHCB Community Health specialist]
Intervention and Methodology

- During my first week at CHCB I was informed that the OB team had recently hired two new providers to handle the increasing prenatal patient load. The team is currently working on streamlining prenatal, postnatal, and newborn care at the Riverside location.

- One specific goal is to improve breastfeeding conversations and services for non-English speaking mothers. Every provider I spoke with expressed lack of time as the biggest barrier to pushing this goal forward and lack of knowledge about which staff members in other teams are working on breastfeeding issues with patients.

- The first part of my intervention included meeting with the different patient care teams to document if/how breastfeeding comes up within their work and what they know about the breastfeeding support services available at CHCB. The second part of my intervention was spent comb through the EHR to find all the data fields where breastfeeding is documented. I then prepared an EHR report proposal for the Quality Improvement Team to execute. I was unable to gain access to run the report myself.

- Multiple CHCB providers and staff were interviewed including: the OB/newborn providers, two lactation consultants, the Community Health Outreach team, the US Healthcare System Orientation Coordinator, a social worker who runs a Nepali women’s support group, and the Quality Improvement Officer.

- Three postpartum patients were also interviewed for their perspectives on how breastfeeding services are provided at CHCB.

- Multiple themes were drawn out from the interviews (please see quotes from slide 4 and next page.)
The following interview summaries were E-mailed to the OB providers to guide future discussions and clinic-wide trainings.

One lactation consultant also works as a nurse practitioner within CHCB. Currently, she only provides lactation support at the Lund house but would like to start providing lactation support during stand-alone visits or as part of regular pre- or postnatal visits at Riverside.

The second lactation consultant works as an RN within the Riverside OB team but would like to have help administering the breast pump lending program to keep track of the pumps, the necessary maintenance, and ordering of replacement parts. She is interested in incorporating an extra phone visit with new moms who express breastfeeding challenges at the 2 week postpartum visit.

The Community Health Outreach Team has only encountered one breastfeeding mom who was referred to them due to multiple other health concerns. They did not feel they had the resources to address her breastfeeding concerns but as a result of this project now know which providers they can E-mail for follow up.

The New American Orientation to US Healthcare Program does not specifically cover community services for new moms but would be interested in having a representative from the OB team, WIC, or future med students come do a presentation for the group.

The Nepali Women’s Stress Reduction Group often addresses psychosomatic stressors that are involved in moving to a host country especially for older women. The social worker stated that she is hoping to work with younger Nepali women in the future who are acclimating to the US and explore some Nepali cultural beliefs that US formula is superior to breastmilk.

The three patients were chosen to be interviewed based on their breastfeeding experiences. One mother was breastfeeding full time, another supplementing with formula, and a third exclusively formula-fed once she arrived home from the hospital. All were open to having CHCB providers discuss breastfeeding options with them should they have another pregnancy. None knew they could borrow a breast pump for free from the clinic.
The EHR report will be available in two weeks and will provide statistics on:

- the number of patients who plan to breastfeed at their last prenatal visit before delivery, at two weeks postpartum, and six weeks postpartum
- Patient breastfeeding concerns gathered from free text boxes during prenatal and postnatal visits
- demographics on prenatal patients
- breastfeeding patterns of their newborn patients at their day 2 visit and 4 week visit
- demographics on newborn patients
Evaluation of Effectiveness and Limitations

- Using a medical student to conduct informal interviews with staff members provided the OB team with condensed information that otherwise would have taken months to obtain given their packed schedules.

- The interviews with staff members provided a number of recommendations for the OB team moving forward to reach their goal of improving and streamlining breastfeeding services at the Riverside location.

- The EHR breastfeeding report template will be saved by the Quality Management Team and can be re-run in 6 months or a year to measure any change in breastfeeding success rates by patients.

- The limitations of this project include:
  - Coordinating interview time with OB patients during a busy clinic schedule.
  - Coordinating interview time with multiple staff members who divide their time among multiple clinic locations.
  - The need to rely on a special programmer and a second program to run EHR reports.
Recommendations for Future Interventions and Projects

- Designate a staff member to be in charge of the breast pump lending program
- Provide presentations on breastfeeding support services available at CHCB for the Introduction to the US Health Care program attendees
- Bring WIC representatives in for a clinic-wide lunchtime talk about their peer lactation coaches
- Start an evening CHCB breastfeeding support group for Nepali and Somali women with food and childcare
- Use the data from the initial EHR report to see where additional phone calls or home visits from the two lactation consultants would be most beneficial to breastfeeding mothers
- Use the initial EHR free text data to analyze the most frequent breastfeeding concerns for OB patients
- Future medical students rotating at CHCB could facilitate running and analyzing subsequent EHR reports to help the OB team assess their success at improving breastfeeding services
References


