

2017

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Recommended Citation

Tajik, Amelia V., "Improving Breastfeeding in New American Communities of Burlington, VT" (2017). *Family Medicine Clerkship Student Projects*. 381.

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Improving Breastfeeding in New American Communities of Burlington, VT

Amelia Tajik

Community Health Centers of Burlington - April 2017

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Problem Identification and Description of Need

- “New Americans” —immigrants and the children of immigrants— account for 5.7% of registered voters in the state.” This population is growing continuously.⁵
- Community Health Centers of Burlington (CHCB), a Federally Qualified Health Center (FQHC), provides healthcare services including social work and financial assistance to these New American communities. The flagship site, Riverside, provides a specialized OB clinic where many of these community women obtain prenatal and postnatal care.
- The majority of the OB patients seen at CHCB include women who have resettled from Somali, Congolese, Vietnamese, and Nepali refugee communities.
- “Breastfeeding rates at 6 months for most acculturated ethnic and socioeconomic groups fall well below the national goal of 50% [in the US]”⁶
- Continuing to understand the barriers these communities and families face in providing the recommended healthcare to their newborns allows mission-driven CHCB to most effectively communicate, support, and effectively direct resources to these barriers.

Public Health Cost

- The World Health Organization recommends exclusive breastfeeding for infants for the first 6 months of life for a child to achieve optimal growth, development, and health. Systematic reviews comparing exclusive breastfeeding of infants with only breast milk, and no other foods or liquids, for six months and exclusive breastfeeding for 3-4 months followed by mixed breastfeeding demonstrates these benefits.³
- “These advantages include a lower risk of gastrointestinal infection for the baby, more rapid maternal weight loss after birth, and delayed return of menstrual periods. No reduced risks of other infections or of allergic diseases have been demonstrated. No adverse effects on growth have been documented with exclusive breastfeeding for six months.”³
- “In the first year of life, after adjusting for confounders, there were 2033 excess office visits, 212 excess days of hospitalization, and 609 excess prescriptions for these three illnesses per 1000 never-breastfed infants compared with 1000 infants exclusively breastfed for at least 3 months.”²
- “These additional health care services cost the managed care health system between \$331 and \$475 per never-breastfed infant during the first year of life.”²
- The cost of formula can exceed \$1000 (prices reviewed from Walmart’s website) in the first year of life, adding additional financial burden to new mothers who are already socioeconomically disadvantaged. This cyclically becomes another barrier to these women seeking healthcare.

Community Perspective & Collaboration

- Previous studies examining breastfeeding rates in Vietnamese immigrant women have had inconclusive results. Fatigue and work outside the home play a large role as well as maternal (and grand maternal) guidance.⁴
- Attitudes from fathers has shown to be a significant component in a women's decision to breastfeed in the US.¹
- One study measuring breastfeeding habits compares immigrant women to native US citizens with the same socioeconomic status. Their results concluded immigrant women had higher breastfeeding initiation and longer duration rates than native US women.⁶
- Collaboration and discussions with CHCB OB providers, midwife and a lactation consultant for the prenatal and postnatal care provided insight into barriers to address with the patient population.
- "There is this misconception in the Nepali community that the woman's breastmilk is not enough for the baby in the first months of life. Correcting this misconception can create a big impact in a tight knit community." [OB provider]
- Two confidential community interactions with CHCB OB patients regarding the barriers to exclusive breastfeeding for the baby's first 6 months of life were shared with CHCB providers.

Intervention & Methodology

Barriers discussed:

1. Physical latching concerns
 2. Cultural norms and practices
 3. Availability to continue when returning to work
 4. Family support
 5. CHCB support and resource availability
- Interviewees were selected on willingness to discuss barriers to breastfeeding.
 - Interpreters were used for these discussions.
 - Family members were present for interviews.
 - Interviews took place during appointment times during clinic hours.
 - Results of interviews shared with OB provider. Visual aid distributed to providers.

Results

- Barriers and challenges to breastfeeding were identified during this rotation through confidential interactions with patients, shared with the staff and providers at CHCB.

Evaluation of Effectiveness & Limitations

- To better understand breastfeeding barriers in culturally diverse populations, effective measures included:
 - CHCB interpreter services.
 - Good rapport and non-judgmental attitude toward patients
- Limitations to this project included
 - 5 week time frame at the CHCB clinic and long term follow up with particular patients.
 - Unable to personally implement long term interventions such as group prenatal classes with maternal figures from each community.
 - Interviews were conducted during clinic hours in scheduled appointment time as to not disrupt flow.
- Proposed evaluation of the effectiveness for the project include re-running EMR statistics of breastfeeding mothers with recent information.

Future Intervention

- An EMR reminder to OB providers to discuss breastfeeding barriers at third trimester appointments could be an effective way to ensure education to patients.
- Group class education on breastfeeding to specifically include a component of amount, what to expect, and reassurance that mothers will provide enough milk and nutrients for their newborn. Ideally this could exist with an on site interpreter for more effective communication and education. This could make a strong, lasting impact in the community.
- Involvement with members in these communities who understand the cultural nuances and rituals to help guide the discussion and education around breastfeeding and its benefits.
- Thorough interviews with fathers in the New American community can provide insight into possible other reasons for non-exclusive breastfeeding.
- Quantitative EMR data follow up on exclusive breastfeeding versus combined breastfeeding and formula feeding within the first year of life.
- Implementation of visual aid in routine prenatal appointments.

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