Improving Breastfeeding Supports in Primary Care Settings

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IMPROVING BREASTFEEDING SUPPORTS IN PRIMARY CARE SETTINGS
A Novel Assessment Tool and Training for Primary Care Providers

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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 plans 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

We have a policy or written guideline relating to breastfeeding support in our office. (e.g., space to breastfeed, privacy policies, etc.)

66.7%

We encourage open breastfeeding in the waiting room and provide space for mothers who prefer privacy.

44.4%

We reach out by telephone to new mothers in the first 24 hours post-discharge to evaluate breastfeeding, assess problems and provide education.

22.2%

We have a breastfeeding-friendly, active policy or guideline relating to our role for breastfeeding mothers, including of breastfeeding problems, included in all guidelines. Our staff have been trained on the policy or guideline.

8.3%

We evaluate every breastfeeding mother/baby pair at every visit, using a standardized breastfeeding assessment tool.

0%

Percent of breastfeeding mother/baby pairs with clinical breastfeeding evaluation

- 58% Goal

Percent of breastfeeding mother/baby pairs with a breastfeeding-related problem with a documented follow up plan

- 55% Goal

Maternal and Infant Problems Identified

Infant Diagnoses Distribution of Reported Problems

Feeding problem in infant < 28 days

29.2%

Slow weight gain, FTT

26.4%

Neonatal jaundice

8.3%

Feeding problem in infant > 28 days

8.0%

Weight loss

7.7%

Underweight

3.7%

Fussy baby / excessive crying

2.8%

Appetite

1.7%

Other

12.3%

Infant Visits(%) when Breastfeeding Problem Diagnosed Percent of Mother-Infant Pairs with Any Breastfeeding Problem Diagnosis

0 – 5 Days

34.0%

1 – 4 Weeks

31.2%

1 – 2 Months

14.8%

4 Months

13.0%

6 Months

8.8%

Not specified

12.5%

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 1-4week 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.

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