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Improving Breastfeeding Supports in Primary Care Settings

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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 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.

MATERIALS

Visit #1 – First newborn visit (0-6 days)

How are things going?
Importance of the birth story, Problems encountered in the hospital or first days at home.

How often is your baby feeding?
Every 1-2 hours with one longer period of sleep per day.

How do you know your baby wants to eat?
Feeding cues are recognized, feeds are not restricted.

What does it feel like when your baby nurses?
Strong tugging, pulling, tugging with latching.

How do you know when your baby is finished feeding?
Baby releases breast, relaxed, 1 or 2 sides normal.

What is diaper output?
Stools transitioning, increasing frequency and volume.

How much is your baby sleeping?
1 to 2 hours at a time, with possibly one longer sleep per day.

Be sure to assess understanding
Ask-“What questions do you have for me?”

Call the office if:
Fussy baby or baby feeding “all the time”
Baby sleeping too much or not enough
Nipple pain
Low diaper output

FOLLOW UP PLAN

Designed by Kirsten Berggren, PhD, FNP, IBCLC for the Vermont Child Health Improvement Program. ©2014

“Cheat Sheets” to guide each assessment. Front and Back

Visit #1 – First newborn visit (0-6 days) - Pointers

How are things going?
• Already supplementing
• Sent home pumping
• Need lactation consult.

How often is your baby feeding?
• Unrealistic expectations
• Less than 10 feeds per day
• Q2 or 3x timing.

How do you know your baby wants to eat?
• Waiting for crying
• Baby not cueing
• Excessive SSS

What does it feel like when your baby nurses?
• Rubbing, scraping, biting
• Digital suck exam, and nipple exam
• Note to nipple positioning
• “Miferder”

How do you know when your baby is finished feeding?
• Coming off latching
• Falling asleep but waking
• Digital suck exam can reveal the problem
• Breast compressions as needed

What is diaper output?
• Meconium persisting
• Infrequent stools
• Diaper Diary

How much is your baby sleeping?
• Unrealistic expectations
• No continuous sleep
• Consistently sleeping more than 3 hours

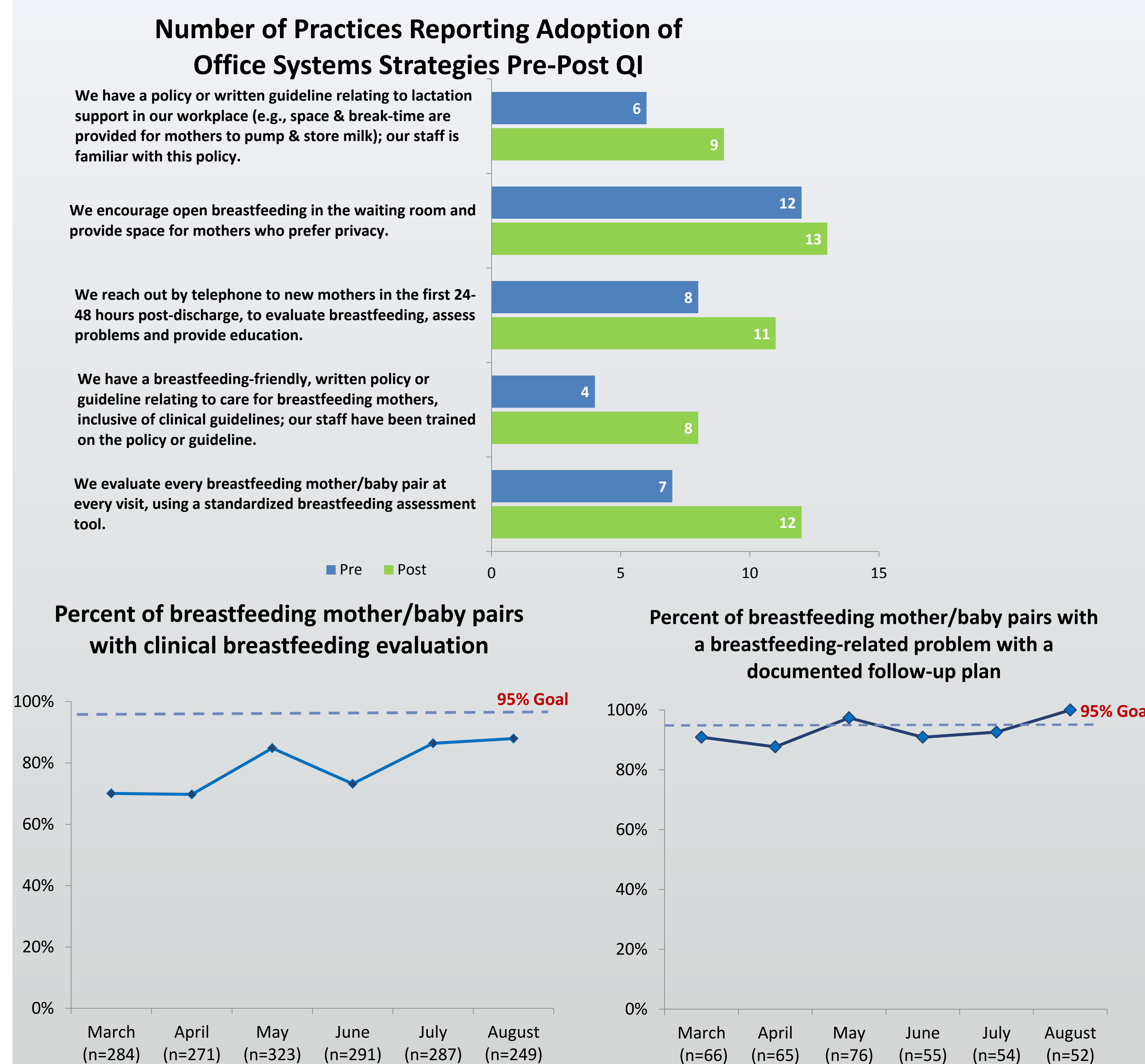
Be sure to assess understanding
• 2 week growth spurt
• 15 minutes to deep sleep
• Nose-to-nipple positioning
• Variation is the norm

Call the office if:
• Fussy baby or baby feeding “all the time”
• Baby sleeping too much or not enough
• Nipple pain
• Low diaper output

FOLLOW UP PLAN
Follow up plan is an essential part of the visit – for each problem, there needs to be a plan in place.

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RESULTS



Maternal and Infant Problems Identified

Infant Diagnoses	Distribution of Reported Problems	Maternal Diagnoses	Distribution of Reported Problems
Feeding problem in infant < 28 days	29.2%	Lactation suppressed	24.5%
Slow weight gain, FTT	26.4%	Nipple or breast pain	18.1%
Neonatal jaundice	8.3%	Lactation delayed	14.8%
Feeding problem in infant > 28 days	8.0%	Nipple, sore/cracked	12.3%
Weight loss	7.7%	Breast engorgement/blocked duct	7.7%
Underweight	3.7 %	Retracted nipple	3.2 %
Fussy baby / excessive crying	2.6%	Other	16.8%
Ankyloglossia	1.7%		
Other	12.3%		

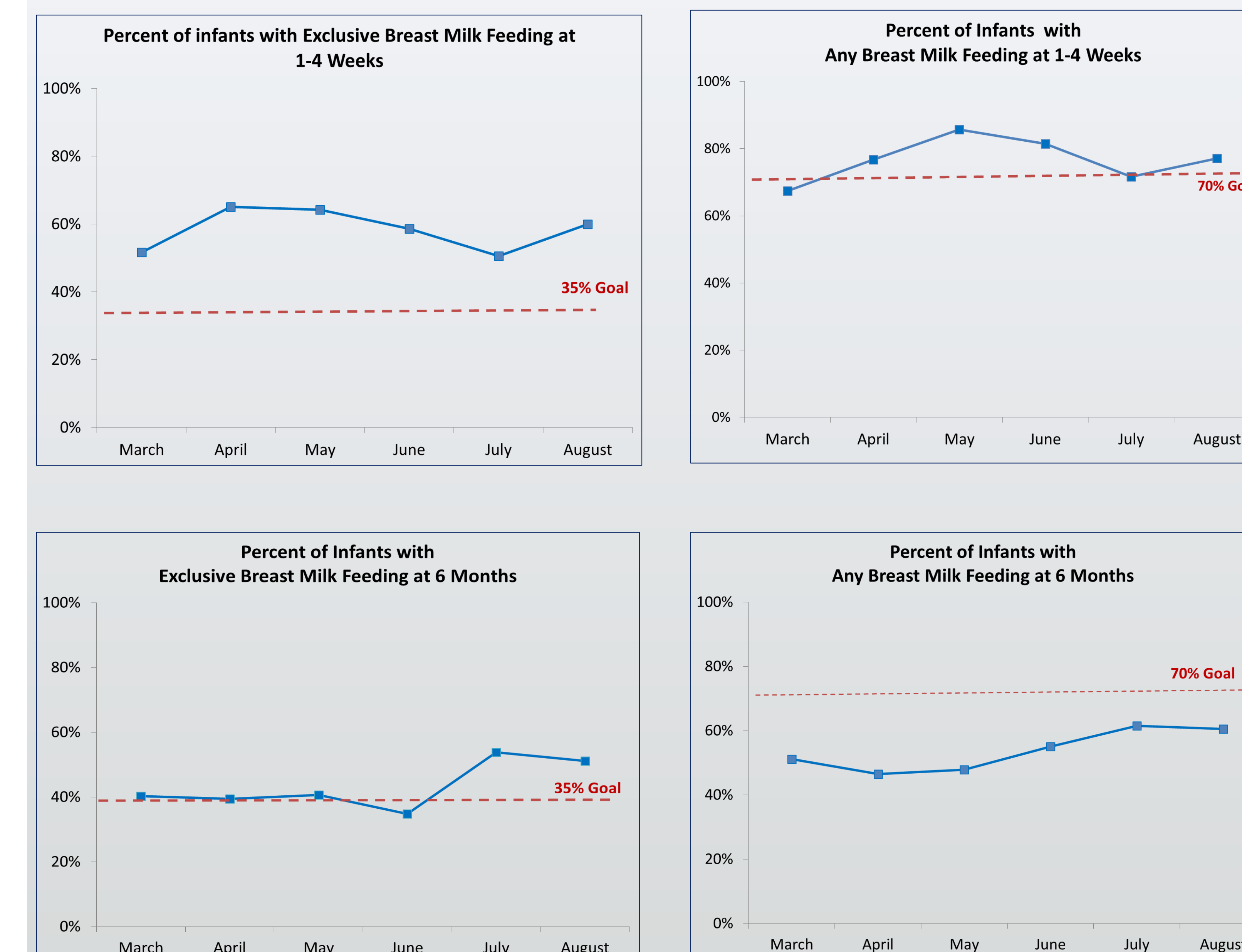
Infant Visit(s) when Breastfeeding Problem Diagnosed	Percent of Mother-infant Pairs with Any Breastfeeding Problem Diagnosis
0 – 6 Days	34.6%
1 – 4 Weeks	31.2%
1 – 2 Months	14.8%
4 Months	13.0%
6 Months	8.8%
Not specified	12.5%

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 frenotomy
- referral to WIC or community resource
- referral for breast pump
- follow up with PCP office by telephone

RESULTS

Breastfeeding Rates saw overall improvement:



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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