



Outpatient Breastfeeding Support

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BFHI Step 10

Foster the establishment of breastfeeding support and refer mothers to them on discharge from the facility.

- *Education*
- *Support groups*
- *Peer counselors*
- *Early post-discharge follow-up*

- 1. Breastfeeding Medicine of Northeast Ohio**
- 2. Senders Pediatrics Lactation Support**



Breastfeeding Medicine of Northeast Ohio

Physician/IBCLC consult clinic for mothers who need additional support

- Milk supply
- Chronic breast pain
- Breast infections
- Ankyloglossia/frenotomy
- Failure to thrive
- Infant/maternal medical problems
- Adoption and relactation



Breastfeeding Medicine of Northeast Ohio

Referrals:

Lactation consultants
Medical Provider
WIC/Peer helpers
Mothers

Cost:

Covered as a medical visit under mother/infant's insurance
Visit typically for mom and baby



Early Outpatient Follow-up

Senders Pediatrics Lactation Support:

2007:

- First visit:
 - 7 to 10 days after discharge unless concern for jaundice or weight gain
 - Scheduled with PCP
- Lactation consultant in office and visits scheduled as needed



Background

- **Baby Friendly Hospital Initiative: step 10 includes breastfeeding support after hospitalization** (WHO. *Evidence for the ten steps to successful breastfeeding 1998*)
- **Peer helpers, home visits show benefit** (*Arch Pediatr Adolesc Med.* 2005;159(9); *JAMA.* 2002;(4))
- **Physician support improves BF rates, but barriers:** (*Pediatrics.* 2005;115(2); *Pediatrics.* 2004;113(4)):
 - Lack time
 - Lack breastfeeding specific training
- **Recommended early outpatient follow-up for early hosp d/c infants** (AAP hyperbilirubinemia policy, *Pediatrics* 2004; 114(1) and AAP *Breastfeeding and Use of Human Milk Pediatrics.* 2005;115(2))

Senders Pediatrics Lactation Support:

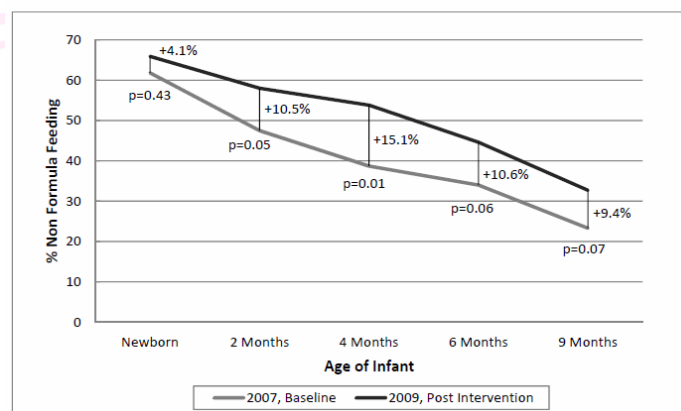
All breastfeeding newborns scheduled to see the lactation consultant for the initial outpatient visit.

2009:

- First visit:
 - 1-3 days post hospital discharge
 - Scheduled with lactation consultant
 - Physician precepts visit (examines infant; weight and jaundice evaluated)

Results: Non formula feeding rates overall

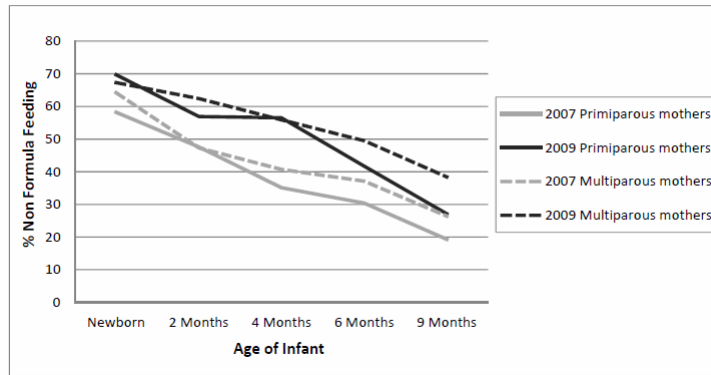
Figure 1. Non Formula Feeding Rates Pre and Post Implementation of Lactation Consultant Program



- Logistic growth curve analysis indicated NFF differences across time points were statistically significant by year (while controlling for NICU admissions):
OR=1.12, 95% CI 1.02-1.25

Results: Primiparous vs. Multiparous Mothers.

Figure 2. Non Formula Feeding Rates for Primiparous and Multiparous Mothers Pre and Post Implementation of Lactation Consultant Program



- Improvements in NFF rates were seen in 2009 for both primiparous and multiparous mothers
- Nearly all mothers interviewed indicated they were pleased with the early breastfeeding support, commonly reporting the LC visit was “helpful”.

Practice Outcomes

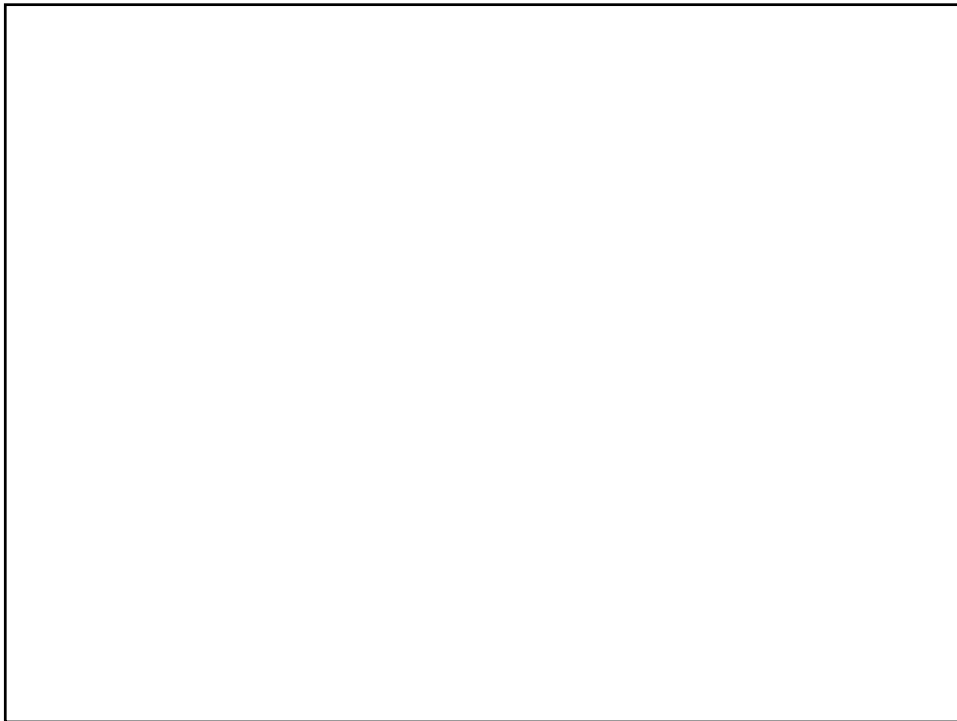
Practice Effects	2007 (N=166)	2009 (N=184)	p-value ^B
LC Utilization:			
• Total LC Visits	51	311	--
• Mothers with multiple LC visits	7.2%	45.7%	<.001
Age of Infant Evaluation:			
• Age in days at 1 st Pediatric Visit ^A	11.9 (10.6)	6.3 (4.5)	<.001
• Days Between Hosp. Discharge & 1 st Visit ^A	7.1 (4.4)	3.0 (3.3)	<.001

- Increased utilization of the lactation consultant
- Improved early hospital follow-up



Conclusions

- A routine post-discharge outpatient lactation visit improved exclusive breastfeeding initiation and duration.
- Effective breastfeeding support can be coordinated within a primary care practice with little structural change
- Systematically integrating LC's into a pediatric practice represents one way to achieve early follow-up and support (BFHI #10 and AAP guidelines).





Thank You!



Sample

Table 1. Mother and Infant Characteristics

Sample Characteristics		Total (N=350)	2007 (N=166)	2009 (N=184)	p- value ^B
Infant	Gestational Age ^A	39 (26-42)	38.6 (2.4)	38.9 (1.6)	.157
	Preterm	62 (18)	27 (16)	35 (19)	.598
	Full term	273 (78)	129 (78)	144 (78)	.598
	Admitted to NICU	33 (9)	24 (15)	9 (5)	.004
Mother	Age ^A	32 (18-46)	31.5 (5.5)	31.7 (5.0)	.660
	First Pregnancy	133 (38)	67 (40)	66 (36)	.471
	First Delivery	165 (47)	80 (48)	85 (46)	.768
	Twin or Triplet Pregnancy	19 (5)	11 (7)	8 (4)	.347
	C-Section	113 (32)	50 (30)	63 (34)	.425
	Private Insurance	294 (84)	141 (85)	153 (83)	.720

A. For continuous variables, median (range) is reported for total sample, mean (SD) is reported for stratified sample; otherwise, for categorical variables, frequency (%) is reported.

B. For continuous variables, independent t-test p-value reported; for categorical variables, Pearson chi-square test p-value are reported.



Total Breastfeeding Rates Pre & Post Implementation of Lactation Consultant Program

