



Supplemental Breastfeeding Resources for Providers

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Background:

Breastfeeding is recommended by the AAP and ACOG as the best nutrition for infants in the first year of life. Relative to breastfeeding, formula-feeding is associated with higher risk of the following: diabetes mellitus, pneumonia, and necrotizing enterocolitis. Texas lags slightly behind the national average for breastfeeding. Barriers to exclusive breastfeeding include: work/school, maternal fatigue, and maternal medications. Obstetric providers often comment that shorter lengths of hospital stay, faster return to work, and rising C-section rates are significant obstacles.

Neither Texas nor the nation at large have yet reached the CDC HP2020 goal of 60.6% breastfeeding rate at 6 months. High self-efficacy and understanding of importance are associated with prolonged breastfeeding. Motivational Interviewing (MI) has shown to be a promising practice for promoting prolonged breastfeeding because it encourages change toward positive behavior by increasing self-efficacy and resolving ambivalence. This approach has also shown to be effective when used by medical providers because it is relatively brief, specifiable, and guiding.

Objective:

To promote breastfeeding indirectly by educating obstetrics & gynecology residents through supplementation of a pocket booklet. Our specific areas of contribution include a list of community resources, a quick reference to which medications may prevent a woman from breastfeeding, and a short guide for facilitating an MI conversation about prolonged breastfeeding.

Methods:

Team members consulted Dr. Lakshmy Vaidyanathan and various experts at the Dell Medical School Department of Obstetrics and Gynecology. Tools to facilitate dialogue on breastfeeding at all stages of prenatal care for Ob/Gyn residents were developed based on to recommendations from Dr. Vaidyanathan and literature on the role of motivational interviewing in promoting breastfeeding in postpartum women. These tools were formatted on 4-in x 5.5-in pages to be added to the Ob/Gyn Residents' Information Booklet. At this point, team members remain in contact with the Department of Ob/Gyn to determine how these resources will be applied.

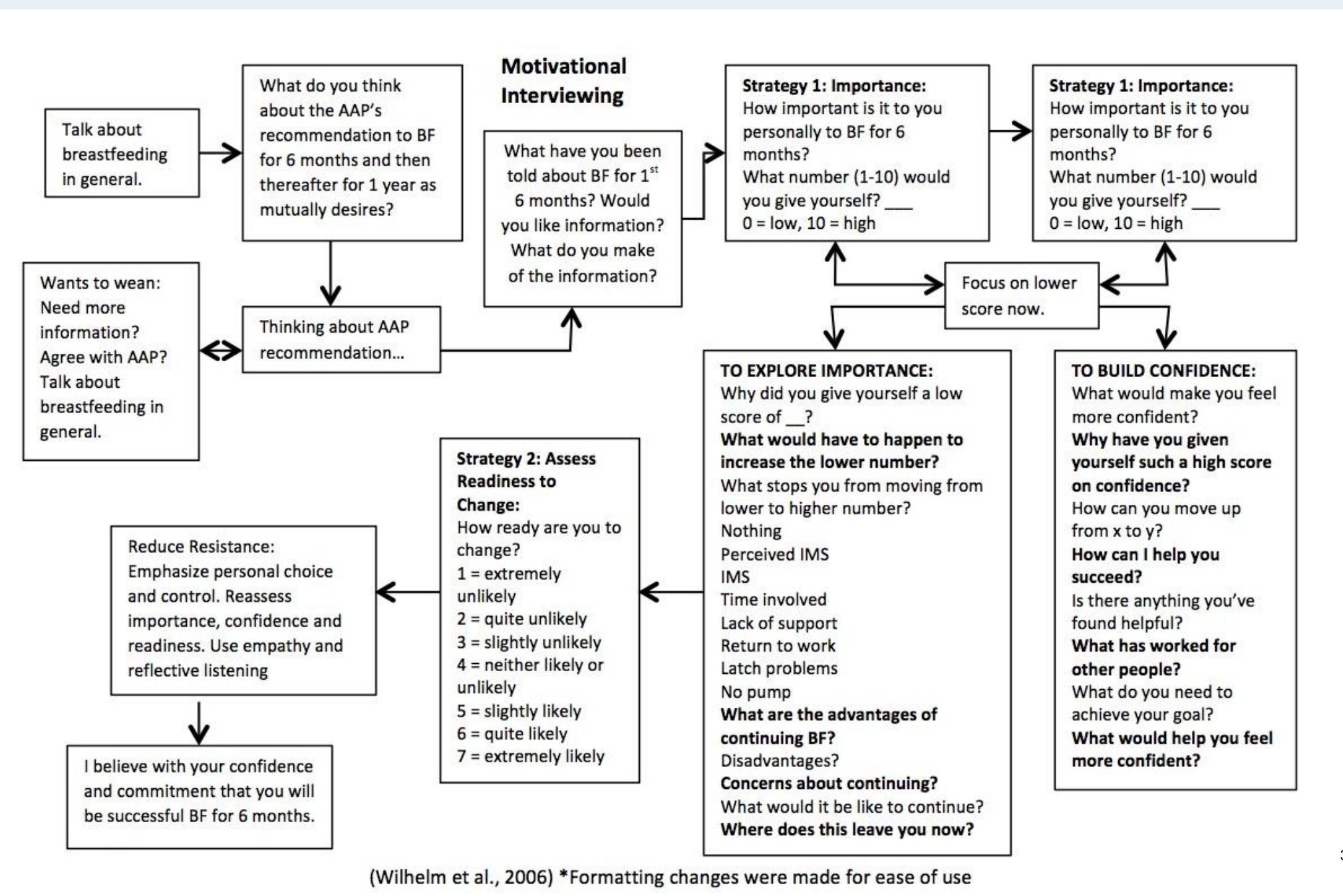
Results:

<p>Hale: Medications & Mother's Milk (15th ed.) L4 = potentially hazardous L5 = hazardous</p> <p>Analgesic naproxen (chronic)</p> <p>Adrenergic/ cholinergic doxazosin dicyclomine prazosin</p> <p>Antimicrobials chlorhexidine (breast application) dapson flucytosine tetracyclines (>3wks)</p> <p>Antivirals adefovir boceprevir & other HCV protease inhibitors efavirenz emtricitabine etravirine foscarnet Na ganciclovir ribavirin</p>	<p>Antineoplastics: Many are L5</p> <p>Cardiovascular atenolol amiodarone (L5-chronic) aminocaproic acid anagrelide argatroban bosentan chlorthalidone milrinone nadolol nitrates/nitrites presugrel reserpine rivaroxaban telmisartan ticagrelor ticlopidine tocainide</p> <p>Derm acitretin doxepin cream etretinate isotretinoin tretinoin PO</p>	<p>All drugs of abuse Immunosuppressant everolimus fingolimod leflunomide mitoxantrone mycophenolate penicillamine pimecrolimus (on nipple) sirolimus</p> <p>Neuro/ psychiatric bromocriptine loxapine ethosuximide felbamate doxepin nefazodone pimozide pramipexole ropinirole rotigotine selegiline thioridazine thiothixene trimethadione valproic acid varenicline zonisamide</p>	<p>OTC arnica betadine ephedrine pseudoephedrine (lactation suppressant) ipecac clemastine vitamin C (IV route) Toxicity lasts 12-24 hrs propylhexedrine carbapentane (expectorant) DHEA</p> <p>Herbal supplements Milk thistle Citronella Clove Kava Kombucha Tea Black cohosh Blue cohosh Borage Comfrey</p> <p>Radioactive agents/ screening agents: Many are L5</p>
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List of medications that may prohibit a woman from breastfeeding due to adverse effects in the infant.

<p>Misc armodafinil atomoxetine betahistine cabergoline chlorzoxazone clobetasol (nipple application) clomiphene colchicine danazol dantrolene disulfiram ergotamine glimepiride iodine products leuprolide acetate levodopa medroxyprogesterone modafinil (provigil) phenetermine tizanidine</p>	<p>Central Texas Breastfeeding Coalition http://keepaustinbreastfeeding.org</p> <p>Description: • Mission: improve health and safety of mothers, babies, and families through breastfeeding education, advocacy, and collaborative partnerships of public and private organizations</p> <p>• Provides list of Austin Area lactation consultants</p> <p>• Provides resources for care providers</p>	<p>Mom's Place- Lactation Support Center http://www.momsplace.org 512-719-3010</p> <p>Breastfeeding Hotline: 1-800-514-MOMS (6667)</p> <p>Description • Free telephone counseling for issues related to breastfeeding through the Texas Lactation Support</p> <p>• Free weight checks for breastfed infants</p> <p>• Free lactation services including assessment, intervention, and guidance to achieve breastfeeding success.</p> <p>• Clinical training in lactation management for selected professionals wishing to increase their understanding of lactation services</p>	<p>La Leche League of Texas http://texasll.org/good-mothering-through-breastfeeding</p> <p>Local Meetings & Contacts: http://texasll.org/central-texas</p> <p>Description: • Provide education, information, support, and encouragement to women who want to breastfeed</p> <p>• Provide mother-to-mother support group meetings across the state</p> <p>• Volunteer leaders provide info & support over the phone and via email</p>
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Community resources for lactation counseling and support.



Flowchart designed to guide providers through the use of MI during breastfeeding promotion. A similar flowchart was used in a study that evaluated the effectiveness of MI-based discussions in increasing breastfeeding rates.

Discussion:

Evaluation of these pages could be done through a short survey of the residents before and after their insertion into the booklet. The survey would include measures of comfort level regarding MI use and knowledge of drugs during lactation. MI training sessions and lectures about medication choices postpartum could supplement these handouts.

Future use could be extended to Nursing professionals, Pharmacists, and Social Workers. Efficacy of the use of MI to promote breastfeeding could also be evaluated via short surveys on patient self-reported breastfeeding rates, self-efficacy, and understanding of importance.

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