Supplemental Breastfeeding Resources for Providers

P Davies, M Frissell, J Shie, H Ward

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 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:

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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References: