

# Reducing Early Discontinuation of Exclusive Breastfeeding in Pediatric Primary Care

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## Introduction

Lack of professional support in pediatric primary care is a barrier to exclusive breastfeeding (EBF) from newborn to six months old

## Purpose

The purpose of this quality improvement (QI) project was to improve breastfeeding exclusivity and duration

## Aims

- 1) Improve provider knowledge about breastfeeding
- 2) Reduce early discontinuation of EBF between newborn and four weeks old
- 3) Improve EBF rates from newborn to six months old
- 4) Improve maternal breastfeeding self efficacy (BFSE)

## Methods

**Design:** Pre-post test study design and retrospective chart review

### Setting and sample:

- 1) A single pediatric primary care practice in suburban setting
- 2) Three pediatric providers
- 3) Infants from newborn to six months old who present to the clinic for well checks. Retrospective chart review for baseline and post intervention data

## Interventions

- Two provider education sessions adapted from the American Academy of Pediatrics Resident Breastfeeding Curriculum (American Academy of Pediatrics, 2019)
- In office lactation specialist
- Telelactation available
- Maternal BFSE assessment

## Measures

### Pre and Post Tests:

- Knowledge assessment adapted from the AAP Resident Breastfeeding Curriculum (American Academy of Pediatrics, 2019)
- Breastfeeding self efficacy short forms (BFSE-SF) (Dennis, 2003)

### Rates of Exclusive Breastfeeding

- Retrospective chart reviews of EBF at infant well checks from newborn to six months old pre/post intervention

## Analysis Plan

**Aim 1** was analyzed using descriptive statistics from the pre and post intervention knowledge tests.

**Aims 2 and 3** were analyzed using chi-squared analysis of baseline rates of EBF and postintervention rates of EBF at well checks from newborn to six months old.

**Aim 4** was analyzed using Wilcoxon Signed Rank Test from the pre and post test scores on the BFSE-SF

## Results

**Aim 1:** Three pediatric MDs participated. There was a small improvement in provider knowledge. Providers were more likely to address breastfeeding issues or refer to lactation specialists. (Figure 1)

**Aim 2:** 62 mother-baby dyads were enrolled in this project and were assessed for early discontinuation of EBF. No statistical significance in discontinuation of EBF between the newborn visit and the four-week well-baby visit.

**Aim 3:** 555 encounters preintervention, and 968 encounters postintervention were assessed for EBF rates. Significantly fewer newborns presented EBF post-intervention. There was no statistical significance in four-week old's who were EBF. There were significantly more two-month old's EBF post-intervention. Significantly less four-month old's and six-month-olds were EBF post-intervention.

**Aim 4:** 12 mother-baby dyads participated in the lactation support program and completed the pre/post-intervention BFSE-SF. There was no statistical significance in maternal BFSE. (Figure 2)

Figure 1. Distribution of the difference between pre and post summary scores of provider knowledge

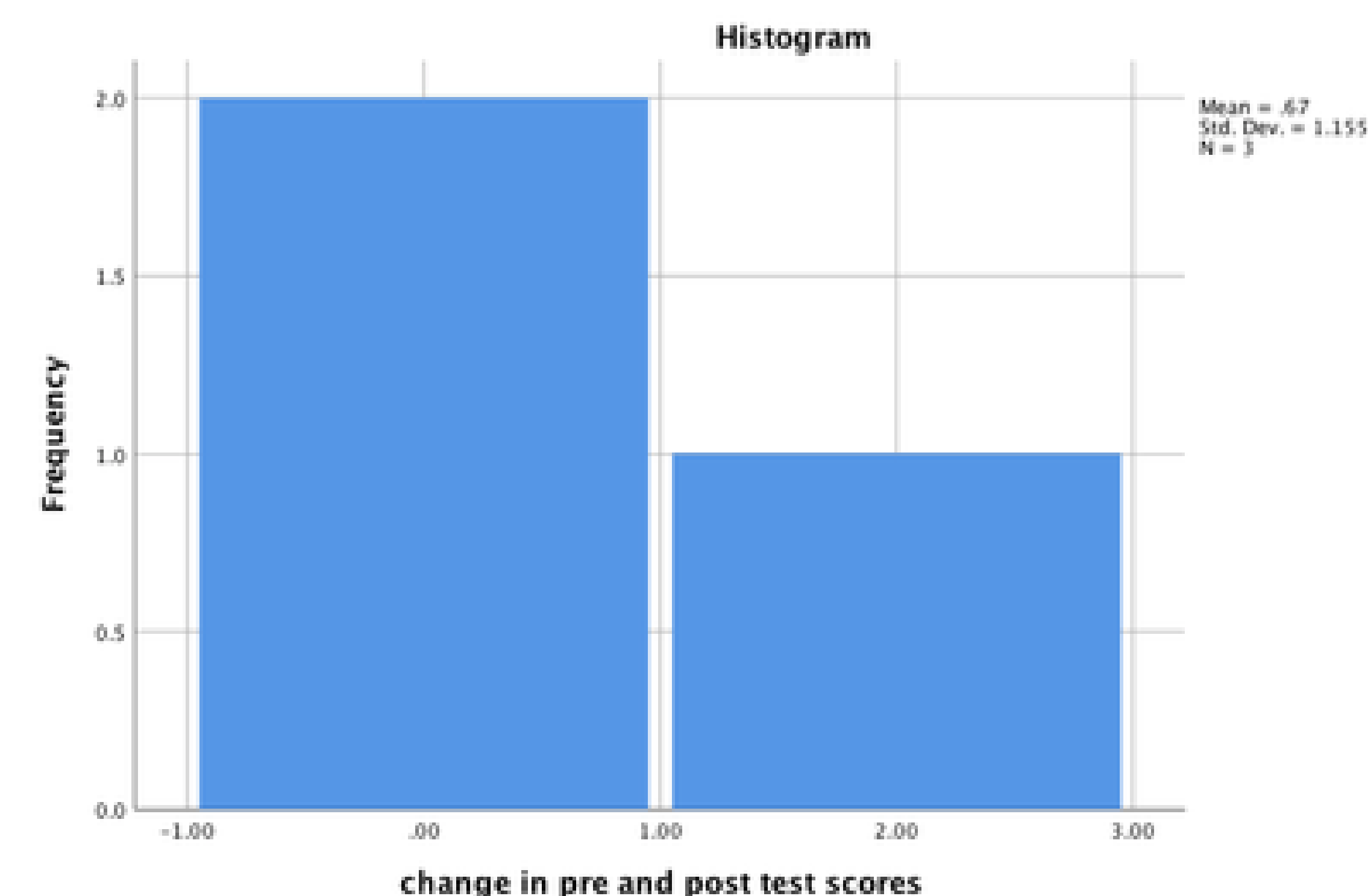
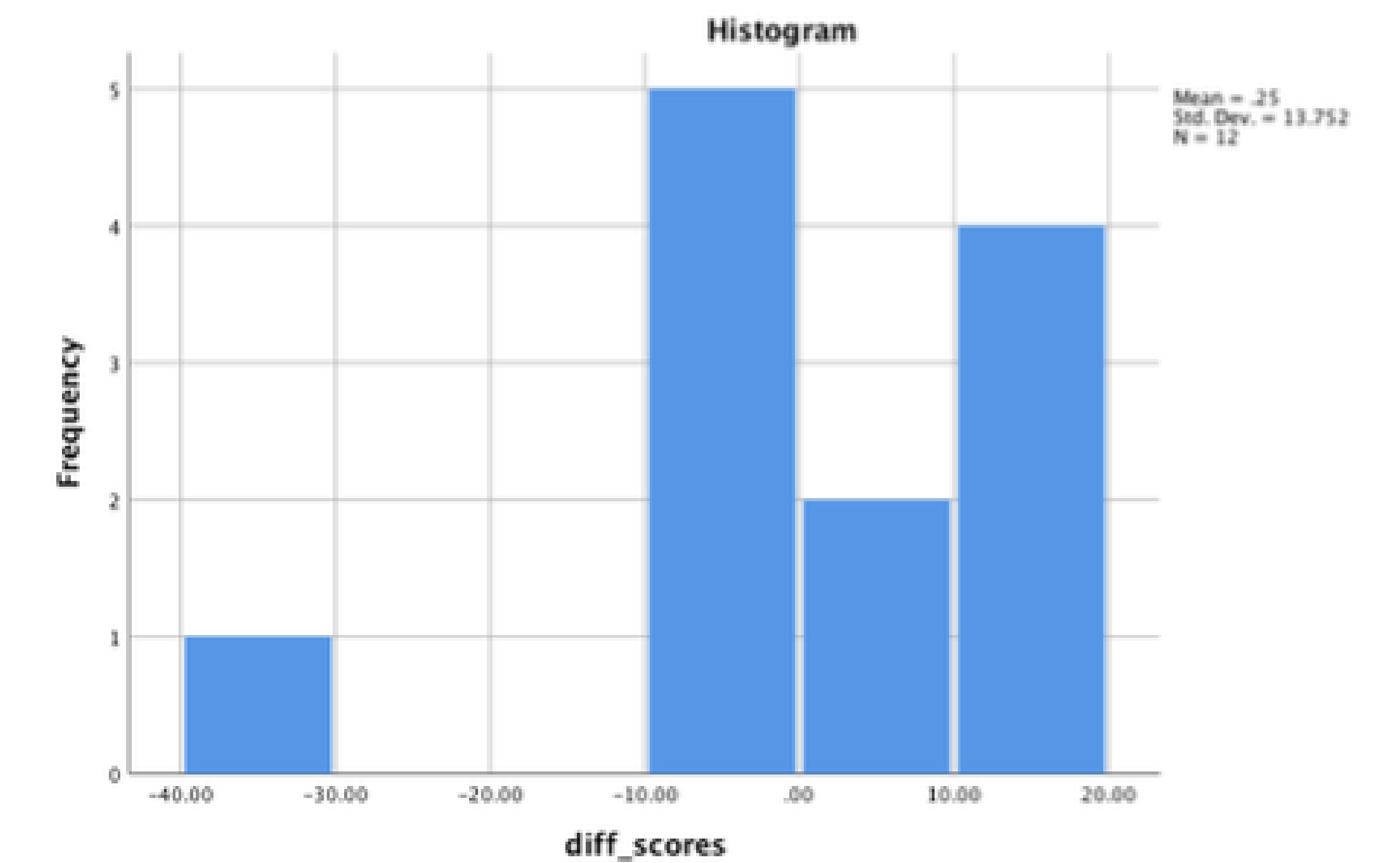


Figure 2. Distribution of the difference between pre and post summary scores of BFSE



## Conclusions

This QI project demonstrated there is a need for provider education and lactation support in pediatric primary care to reduce early discontinuation of EBF and improve duration to six months. More research is needed to identify the most effective interventions to improve generalizability to different settings. The results of this project provided evidence that a care bundle intervention that addresses various barriers can change patient outcomes

## References

1. American Academy of Pediatrics. (2019, May 31). *Breastfeeding*. Retrieved from <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/Curriculum-Tools.aspx>
2. Dennis, C. (2003). The breastfeeding self-efficacy scale: psychometric assessment of the short form. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 734-744.