Impact of Mother’s Breastfeeding Support: Lactation support provided in a group setting compared to individual sessions

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Background
Breastfeeding Benefits and Challenges
- Breastfeeding has several health and nutritional benefits, including antimicrobial, anti-inflammatory, immunological factors, and provision of vitamins, and minerals (Wambach & Riordan, 2016).
- According to the Centers for Disease Control and Prevention (CDC, 2014), less than half (49%) of infants born in 2011 were breastfeeding at 6 months and approximately a quarter (27%) of infants born in 2011 were breastfeeding at 12 months.
- The World Health Organization (WHO) recommends that all infants be exclusively breastfed from birth to 6 months of age, and thereafter receive supplemental foods, but continue breastfeeding for at least 2 years (Demitas, 2012).
- There are significant disparities in the prevalence of breastfeeding initiation and duration in the United States. Barriers in high income countries can include obesity, returning to work, poor family support, embarrassment about feeding in public, and lack of education (Skouteris et al., 2014).

Breastfeeding Support Group
It is hypothesized that a breastfeeding intervention held in a hospital-based group setting that incorporates the expertise of an International Board Certified Lactation Consultant (IBCLC), and the social connection with a peer (e.g., other mothers who are breastfeeding) will be more successful in achieving the mother’s breastfeeding goals than lactation support provided by an IBCLC offered in a more traditional one on one consultation in a pediatric office. The group setting is thought to be more effective because the social support of breastfeeding in a group helps to normalize it for other mothers. Additionally, women are bonding over a shared experience and gaining confidence with the support of their peers (Hoddinott et al., 2006; Vani, et al., 2000).

Objectives
- Determine if hospital-based breastfeeding support provided in a group setting is more effective in achieving the mother’s breastfeeding goals than support provided in the traditional one-on-one consultation.
- The goal of the intervention is to increase the proportion of infants who are breastfed to achieve the Healthy People 2020 goals. These goals include increasing infants who have ever breastfed to 81.9%, infants who breastfed to 6 months to 60.6% and infants who breastfed for 1 year to 34.1%.

Methods
The intervention was the mother’s breastfeeding support group with the lactation consultant Dr. JoAnne Silbert-Flagg, DNP, CRNP, IBCLC. The sessions were held weekly and were offered at no cost to mothers who delivered at Johns Hopkins Hospital. The comparison group was the individual lactation sessions held with Dr. Silbert-Flagg in her private practice. An online survey tool on Qualtrics was sent out to all mothers to collect demographic information and breastfeeding goals. An example of the measures studied are provided in Table 1.

Results
There have been 36 respondents to the survey thus far. A sampling of the preliminary results are shown below. Participants found the session to help meet their breastfeeding goals and would recommend the breastfeeding support group to someone they know.

Conclusions
Preliminary results show that the breastfeeding group has been successful in meeting mothers’ breastfeeding goals. More results are needed to determine the effectiveness of the group setting compared to one-on-one. The mothers indicated that they would recommend the group to others they know but more advertising should be done throughout the hospital.

Future Directions
- Improve response rate by providing easy access to the QR code for the Qualtrics Survey at the end of sessions.
- Incorporate education about the breastfeeding support group into NICU discharge checklist.
- Implement this study in more hospitals, specifically those that are seeking baby friendly status, and in private lactation consult practices.
- Administer surveys immediately after support group or one on one consult to help increase response rates.
- Apply for additional grant funds to provide more supplies to breastfeeding mothers.

References

Table 1. Measures about mothers’ perceptions of the breastfeeding support group or one-on-one consultation.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
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<tbody>
<tr>
<td>a)</td>
<td>Support group/individual consultation met the mother’s needs</td>
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<tr>
<td>b)</td>
<td>Avoided all breastfeeding goals</td>
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<tr>
<td>c)</td>
<td>If the lactation consultant made the mother feel supported</td>
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<tr>
<td>d)</td>
<td>Whether they practiced the techniques provided</td>
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<tr>
<td>e)</td>
<td>Preferred and individual/group session over the group/individual session</td>
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<tr>
<td>f)</td>
<td>Failed in the group/individual session</td>
</tr>
<tr>
<td>g)</td>
<td>Changed the mother’s breastfeeding goal</td>
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</table>

Following data collection, logistic regression will be used to test the hypothesis that the hospital-based mother’s breastfeeding support group was statistically significant in achieving the mother’s breastfeeding goals over the comparison group, a traditional one-on-one consultation in a pediatric office. Likert scale will allow analysis of covariation to determine the degree to which the mother’s breastfeeding goals were achieved. Analysis of covariation will be used to compare secondary outcomes to determine the overall satisfaction and the degree to which participants would recommend the breastfeeding program to others.

Figure 1. Q32: I prefer one-on-one consultation with the professional lactation consultant in private

Figure 2. Q39- Overall, today’s group session/lactation consultation helped me to meet my current breastfeeding goals.

Figure 3. Q8 - I will recommend this breastfeeding support group to someone I know.