

Maternal Satisfaction for Group Lactation Support Compared with Individual Counseling.

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1 Background

Breastfeeding promotes health for both mother and infant, yet nearly half of mothers stop before baby reaches six months of age, with many citing unmet expectations as a key reason for discontinuing^[1]. This is why establishing postnatal support for breastfeeding mothers is a main aim of the Baby-Friendly Hospital Initiative^[2].

Peer support among perinatal women is associated with improved outcomes for both mother and infant, and the group care model is backed by a growing body of evidence. Group prenatal care has been associated with lower rates of preterm birth for some minority groups^[3], and significantly higher rates of breastfeeding^[4]. Furthermore, the cost effectiveness of group consultation increases the feasibility of large scale expansion. However, patient outcomes and the perceived quality of care must be explored more fully.

2 Objectives

- 1) To examine the effectiveness of group lactation support compared with one-on-one consultation in helping mothers achieve their breastfeeding goals.
- 2) To identify additional areas of need for research and program expansion.

3 Methods

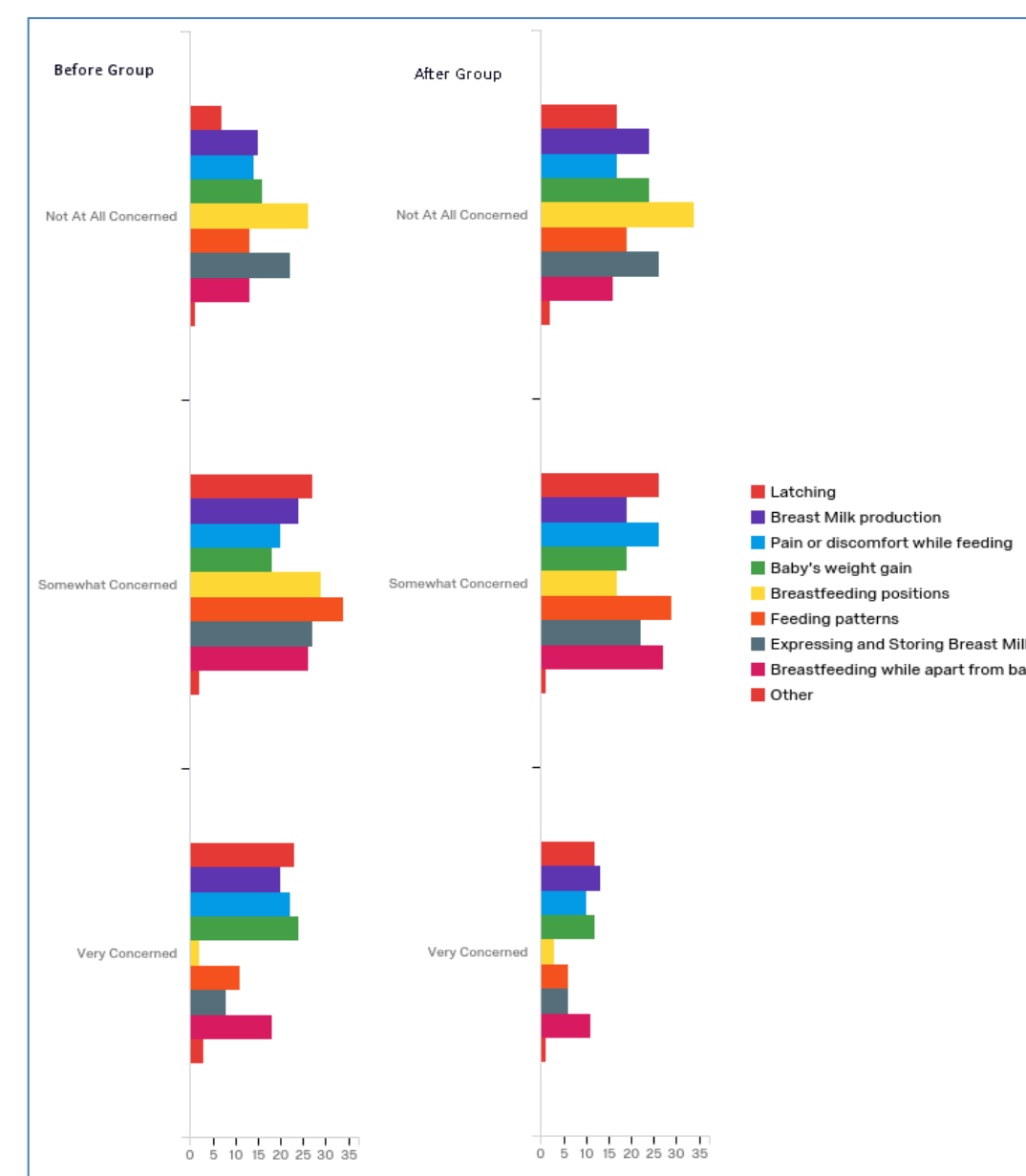
Women were invited to the support group by inpatient lactation consultants during postpartum hospitalization. An average of three or four mothers attended each hour-long session. Attendees were emailed a survey measuring the following parameters:

- Demographic data for both parents
- Parity and history of breastfeeding
- Infant's route of delivery, birth weight, and NICU stay (if applicable)
- Breastfeeding goals by developmental stage
- Concern about common breastfeeding challenges (i.e. latching, pain, positioning)
- Group attendance experience
- Connection with other participants
- New skills learned in group
- Intent to attend another group session
- Overall satisfaction with consultation delivery style

Women receiving one-on-one care attended 45-minute consultations in a medical office setting. Survey parameters were consistent between care settings.

4 Results

Individually-counseled patients are currently being surveyed in the same manor and data will be compared between the two groups once collection is completed.



Demographics about both parents, such as age, race, occupation, and level of education, were collected as part of this survey, and the data elucidated an important limitation of the study.

The majority of those surveyed self-identified as white, college educated, and aged 25-44 years. Many were also employed in either healthcare or scientific and professional services. Therefore, the sample is not representative of Baltimore City as a whole.

Despite this limitation, the survey is a good measure of perception of care and the comparison of goals before and after group attendance. Half of the women surveyed did not have a preference between group and individual support formats, suggesting that perceived care was not negatively impacted.

Before attending the group, 82% of mothers aimed to exclusively breastfeed their baby(ies) until 6 months of age; after attending, 96% of women 'agreed' or 'strongly agreed' that the group session was applicable to her individual breastfeeding goals. The number of mothers who were 'very concerned' about pain or discomfort while feeding fell from 34% to just 15% (based on preliminary data).

5 Conclusions

Preliminary data suggests that the group is successful in helping nursing mothers reach their breastfeeding goals and support group participants report an appreciation of the group environment.

The comparative efficacy of the group versus individual counseling remains to be explored.

6 Future Directions

Establish group lactation support as a billable service.

Incorporate education about the breastfeeding support group into NICU discharge checklist^[5].

Poll perinatal African American mothers to identify any unique cultural barriers or assets related to breastfeeding.

Expand support group to other area hospitals, community-based health centers, and in private lactation consult practices.

7 References

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