

Abstract

Despite widely documented evidence that supports breastfeeding throughout the first year of life, many mothers stop breastfeeding earlier than intended. The World Health Organization and the American Academy of Pediatrics support this recommendation as the health benefits to infants and mothers have been demonstrated in many studies. This Quality Improvement project examined the effect of an International Board-Certified Lactation Consultant in a pediatric primary care setting on breastfeeding exclusivity rates as well as breastfeeding self-efficacy. The evidence has demonstrated that a more confident a mother is in her breastfeeding ability or the more self-efficacy she has, the longer she is likely to breastfeed. This project used a pre post design to improve breastfeeding self-efficacy and duration for breastfeeding dyads in a suburban primary care pediatric office with the use of a lactation consultant implemented over a 12-week time period. Outcomes of interest included (a) breastfeeding mothers will have an increase in breastfeeding exclusivity of at least eight weeks, and (b) breastfeeding mother will have an increase in self-efficacy at eight and twelve weeks. A total of 96 breastfeeding dyads who met inclusion criteria were enrolled in the project. Results at 8 weeks had, 71% of mothers receiving lactation support were still breastfeeding exclusively, whereas 29% of mothers without lactation were exclusively breastfeeding. Exclusive breastfeeding rates were 9% higher for those who received lactation support as compared with those who did not receive lactation support; while the results were clinically significant, they were not statistically significant. Additionally, there was no significant improvement in scores on the Breastfeeding Self-Efficacy scales for those who saw lactation versus those who did not, and there was no clinical significance as the breastfeeding self-efficacy scores were consistently higher (2-9 points) for those who did not see lactation versus those who did. It is difficult to ascertain if the change in breastfeeding duration and self-efficacy rates were by chance or related to the lactation support but should be further investigated.