

Abstract: Reducing Early Discontinuation of Exclusive Breastfeeding in Pediatric Primary Care

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Objective: This quality improvement project sought to evaluate the effect of lactation support in the pediatric primary care office had on improving provider knowledge about breastfeeding, reducing early discontinuation of exclusive breastfeeding before four weeks old, improving breastfeeding rates to six months old, and improving maternal breastfeeding self-efficacy.

Methods: This project utilized a pretest-posttest design. Provider knowledge at baseline and after the intervention was measured. The intervention for the providers was two lunch and learn sessions using the American Academy of Pediatrics Resident Breastfeeding Curriculum. Patients who presented to the newborn visit compared to the four-week well-baby visit and participated in the lactation program preintervention and postintervention were assessed to compare rates of early discontinuation of exclusive breastfeeding. Breastfeeding rates at newborn, one-month-old, two months old, four months old, and six months old were compared pre and post-intervention. Finally, the Breastfeeding Self Efficacy Short Form completed at the newborn visit, and the four-week visit was used to assess maternal breastfeeding self-efficacy. The intervention was the availability of a lactation specialist in the pediatric primary care office or via telemedicine for breastfeeding dyad support.

Results: A total of three pediatricians were recruited from the primary care office. There was a small improvement in provider knowledge using descriptive statistics, and providers were more likely to address breastfeeding issues or refer to lactation specialists after the intervention. A total of 62 mother-baby dyads were enrolled in this project and were assessed for early discontinuation of exclusive breastfeeding. There was no statistical significance in discontinuation of exclusive breastfeeding between the newborn visit and the four-week well-baby visit between pre and post-intervention. A total of 555 office encounters for well-baby appointments from newborn to six months old preintervention, and 968 office encounters postintervention were assessed for exclusive breastfeeding rates. Significantly fewer newborns presented exclusively breastfeeding postintervention versus preintervention. There was no statistical significance in four-week old's who were exclusively breastfeeding. There were significantly more two-month old's exclusively breastfeeding postintervention. Significantly less four-month old's and six-month-old were exclusively breastfeeding post-intervention. Twelve mother-baby dyads participated in the office lactation support program and completed the pre and post-intervention Breastfeeding Self Efficacy Short form. There was no statistical significance in maternal breastfeeding self-efficacy pre and post-intervention.

Conclusions: This quality improvement project found small improvements in provider knowledge, no improvements in early discontinuation or maternal breastfeeding self-efficacy, and mixed results in exclusive breastfeeding at the newborn, four-week, two-month, four-month, and six-month well-baby appointments. This quality improvement project did not yield similar successes at improving exclusive breastfeeding to previous studies, which may be related to the design of the overall care bundle, short-duration, or various clinical differences such as population demographics.