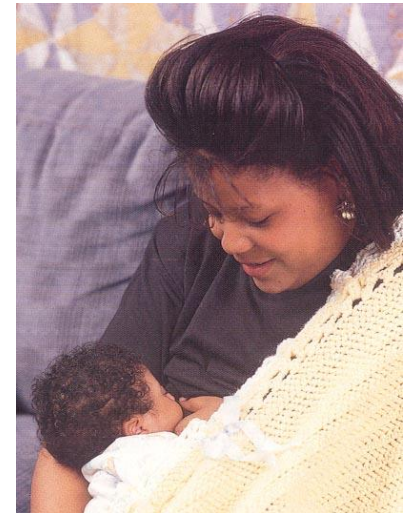


Telephone Support for First-Time Breastfeeding Mothers: Building a Foundation for Healthier Tomorrows

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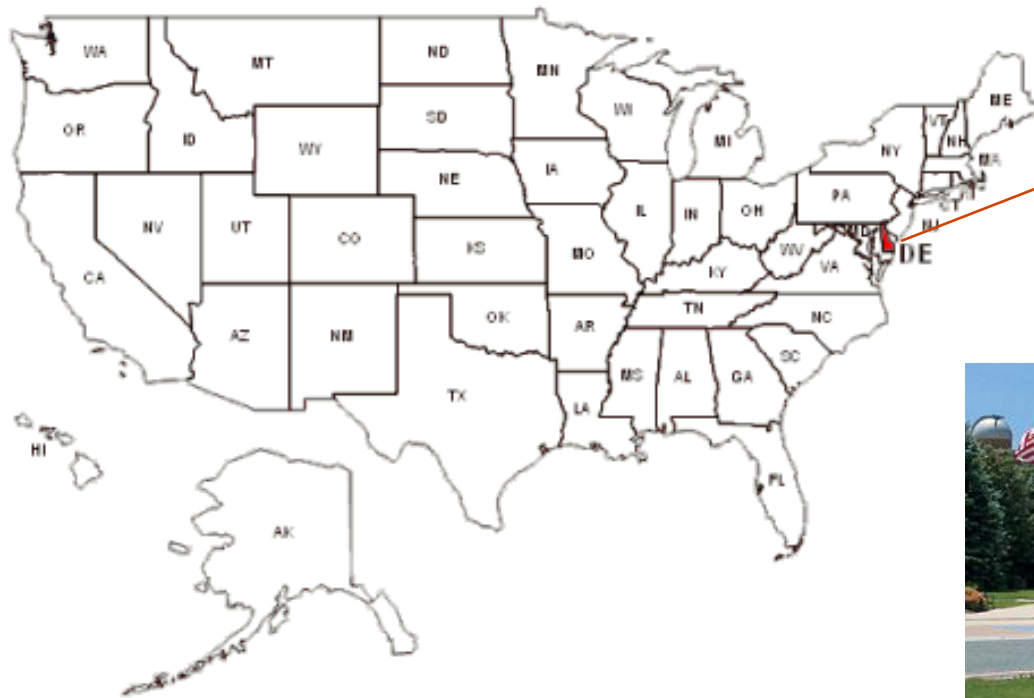
Learning Objectives:

- Discuss how the implementation of an evidence-based intervention [telephone support] decreases the risk of early weaning for first-time breastfeeding mothers.
- Describe how telephone support is an effective intervention for a mixed rural/urban population of breastfeeding mothers.

Greetings



College of Health
and Public Policy



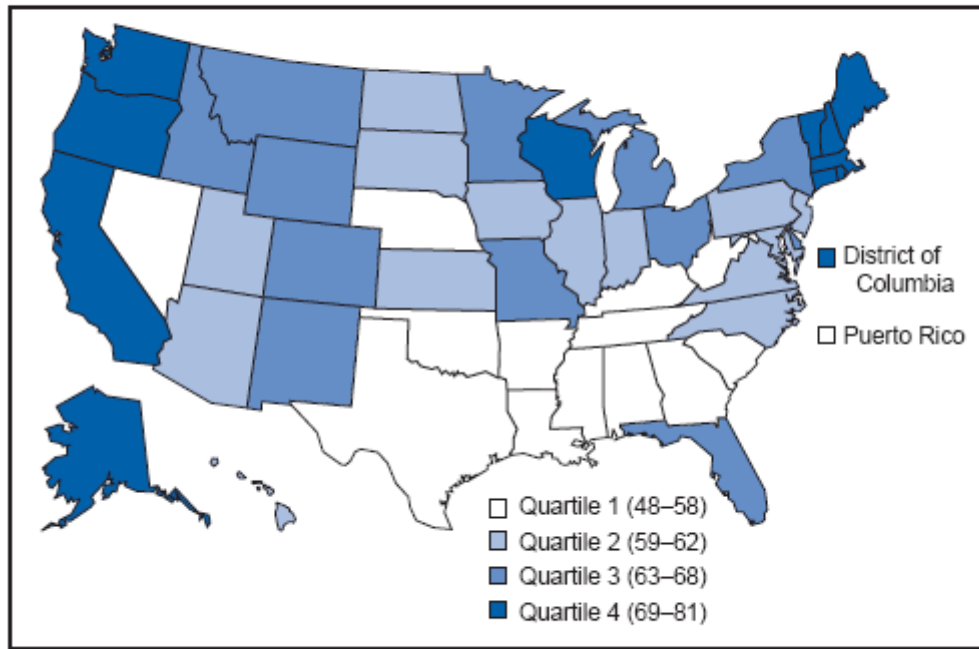
Project Objective:

- To assess the effect of post-discharge telephone support on reducing the risk of early weaning from mother's stated goal.



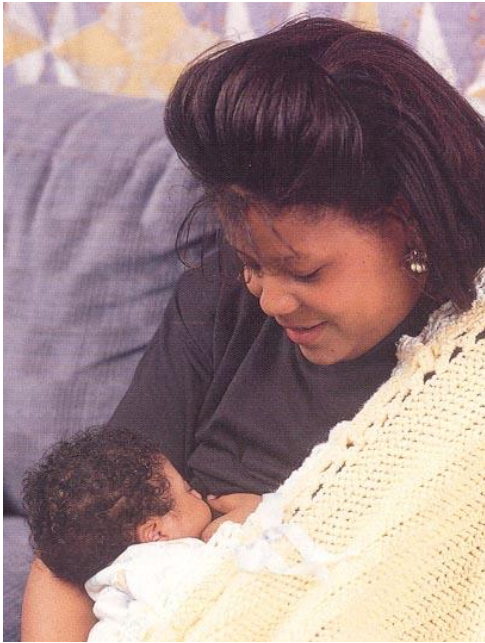
Why do we need programs to promote & support breastfeeding in the U.S?

FIGURE. Mean total maternity practice scores,* by quartile — Maternity Practices in Infant Nutrition and Care Survey, United States, 2007



* Maximum possible mean score is 100. Additional information regarding survey questions and scoring is available at <http://www.cdc.gov/mpinc>.

Healthy People
2010 Breastfeeding
Objectives-
Not Met in
United States



Breastfeeding Report Card

	U. S.	Delaware	HP2010
Infant ever breastfed	73.9 %	66.7 %	
Breastfeeding at 6 months	43.4 %	32.8 %	50%

(Source- CDC 2009)

Systematic Literature Review

- 10 Major Data Sources: Cochrane Pregnancy and Childbirth Group Trials Register, PubMed...
- Search Terms: Breastfeeding, lactation support, duration, weaning, cessation, & telephone support
- Study Selection Yield 78 met criteria
- Data Synthesis: Positive effect of telephone support increasing breastfeeding duration well documented

Systematic Review of the Literature

- **WIC Women dominate U. S. lactation literature**
- **Dearth of information non-impooverished, low risk women**
- **Identification Population of Interest**

(Britton et al., 2008. Cochran Review,
Support for Breastfeeding Mothers)



Provision of Support

- **Multimodal approach successful w WIC women**

(Pugh, L.C., Milligan, R.A., Frick, K.D., Spatz, D., & Bronner, Y. 2002. Breastfeeding duration, costs, and benefits of a support program for low income breastfeeding women. *Birth*, 29, (2), 95-100.

- **Lack of Specificity for individual interventions**

(Britton et al., 2008. Cochran Review, *Support for Breastfeeding Mothers*)

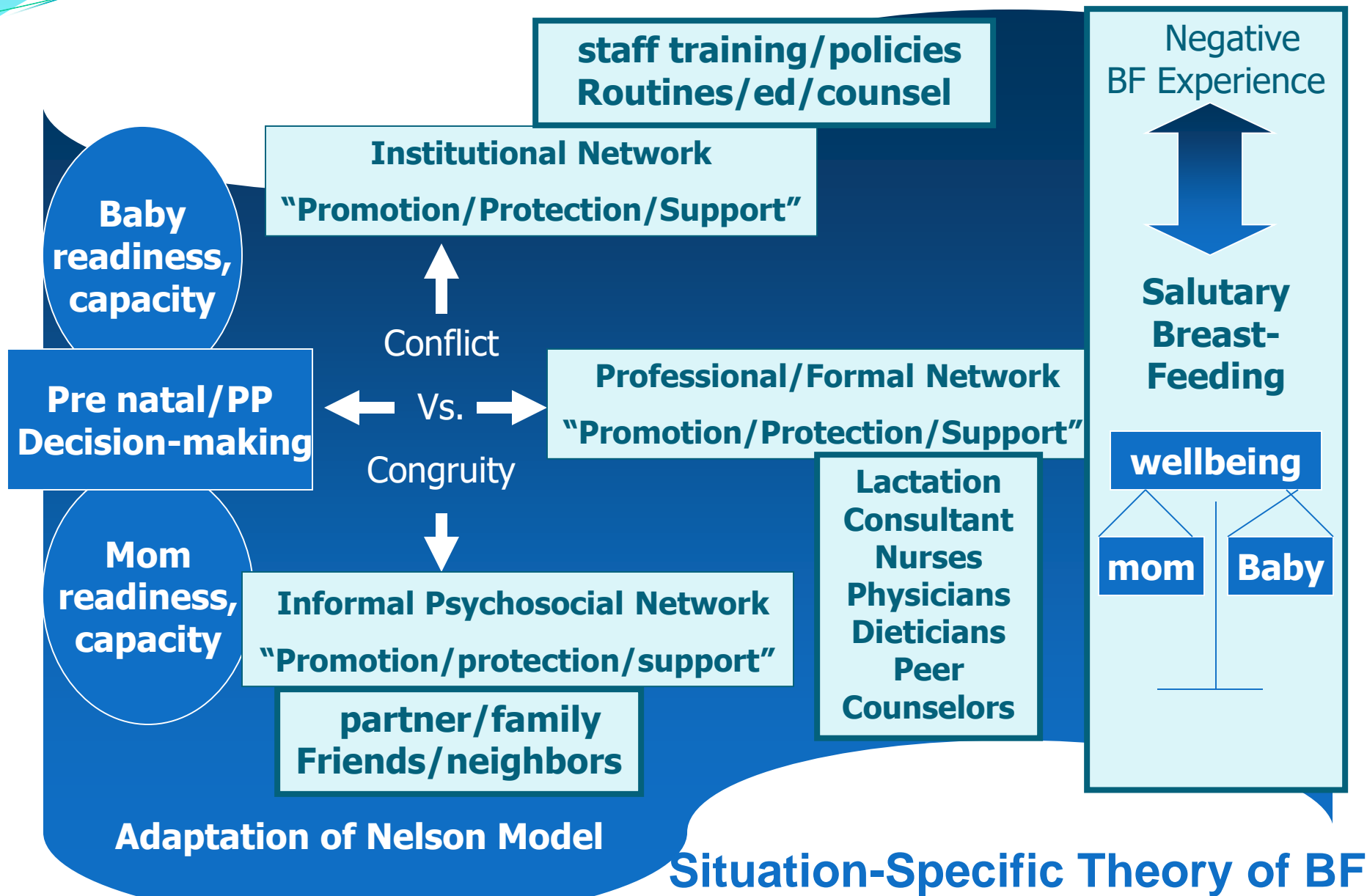


Theoretical Framework

“Situation-Specific Theory of Breastfeeding” Salutary Breastfeeding

- Holistic, feminist view of the child-bearing family
- Vast diversity in “personal readiness & capacity for breastfeeding, social/cultural/environmental/situational context, networks of support, & risk/benefit ratio ...”
- Promotes emotional/mental/physical health

(Nelson, A. 2006)



Site Selection – Kent County DE



Kent General Hospital

Mission – Improve the health status of all members of the Bayhealth community.

Vision – To distinguish ourselves as the healthcare provider of choice by delivering the highest quality care with an exceptional patient experience

Values include – Honoring the Planetree Philosophy to reach out to the community to promote & maintain a life time of wellness





Methods

Quality Improvement

- Well established multimodal Lactation Program
 - Limited Resources – staff, time, funding
 - Prioritize Post-discharge Services
 - Telephone Follow-up & Warm-line
 - Support Group
 - WIC Breastfeeding Support Program
- Proposed Quasi-experimental Quality Improvement Project: Structured Telephone Support
 - Translation of Pugh et al (2002) in E. Baltimore
 - Elicit Emic Perspective of Breastfeeding Support

Project Plan

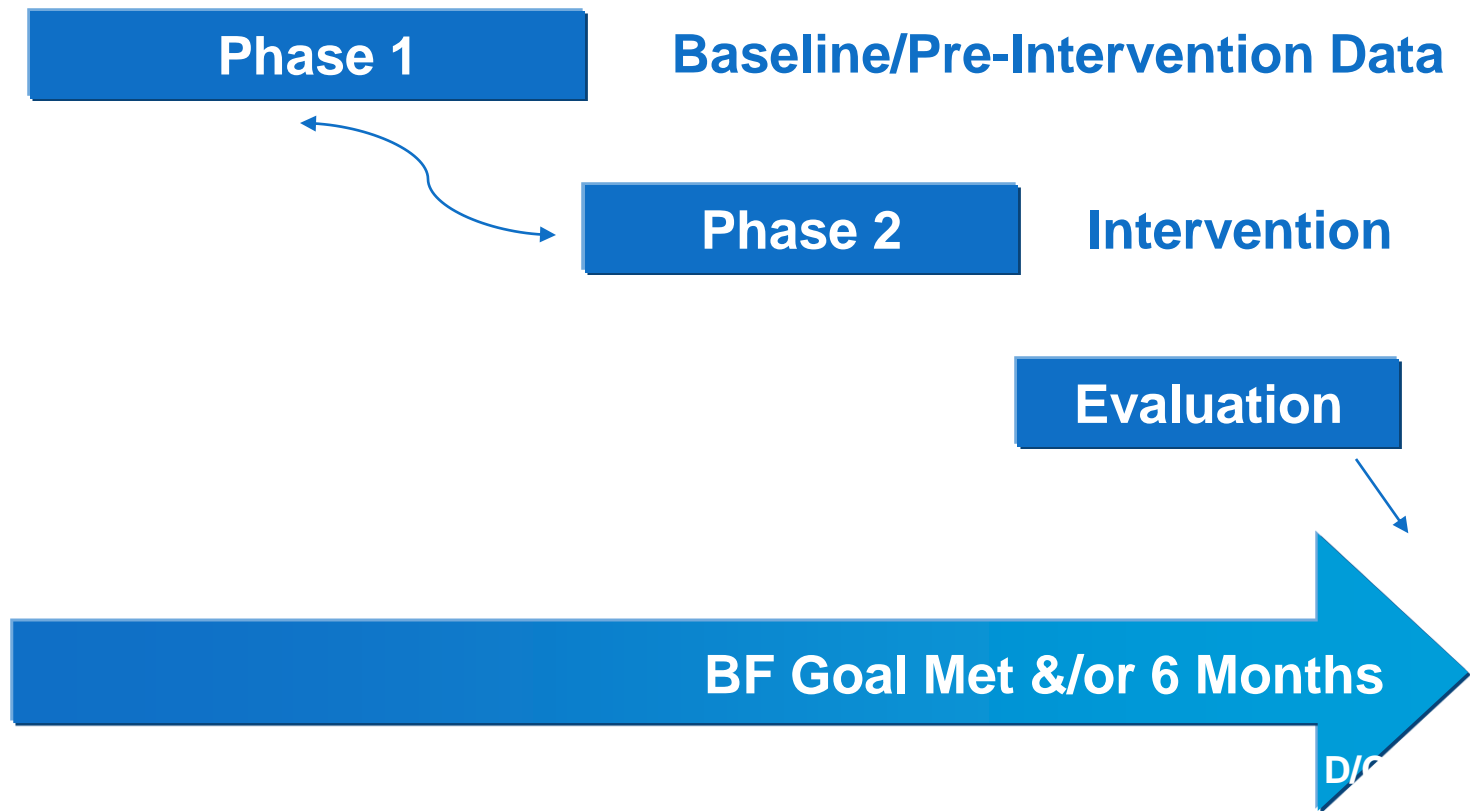
- **Population:** Non-WIC/Medicaid Eligible, non-Military, English speaking, 1st time breastfeeding mothers of term infants who received “routine care”
- **Intervention:** Weekly telephone support for 3 months, monthly until goal reached &/or 6 months duration
- **Comparisons:** Pre-intervention breastfeeding dyads, phone surveys- women meeting criteria & Pediatric Practices = 6 month local breastfeeding rate
- **Outcomes:** ↓ Early Weaning; ↑BF 3 & 6 Month Rates

Project Question

Will the provision of structured telephone support to first time non-impooverished, non-military, low risk first time breastfeeding women who's babies were born at term and required only routine care assist them to meet their intended breastfeeding?

Additionally, will these women reach &/or exceed the Healthy People 2010 breastfeeding objects with 60% breastfeeding at 3 months & 50% breastfeeding at 6 months?

Implementation



Phase 1: Baseline Data

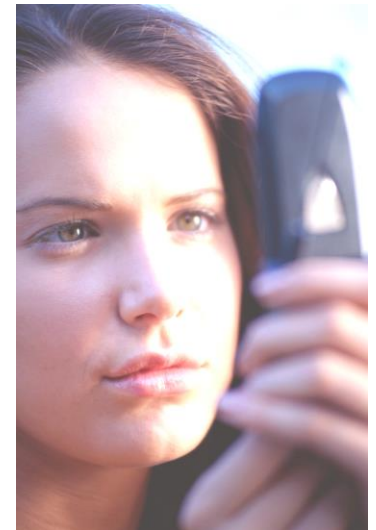
- Retrospective Chart Review
- Client Telephone Survey – 3% Response Rate
 - 86% breastfeeding 6 months
 - “Very supported” friends/family, “Made connections”
- Kent County Pediatric Practices Telephone Survey
 - N = 39 Pre-intervention group
 - 64% [25] breastfeeding first visit
 - 41% [16] at 2 month visit
 - 38% [15] at 6 month visit



Phase 2: Program Description

Home but not alone: Telephone Support for the First Time Breastfeeding Mother

- Enrollment eligible mothers prior to D/C
- Phone contact established week1
- Weekly calls first 3 months
- Monthly calls – goal met &/or 6 months



Enrollment

- Total n = 37
 - 4 did not meet inclusion criteria at 1st contact
 - 4 lost to care at 1st contact
 - 3 lost to care
- Final n = 26



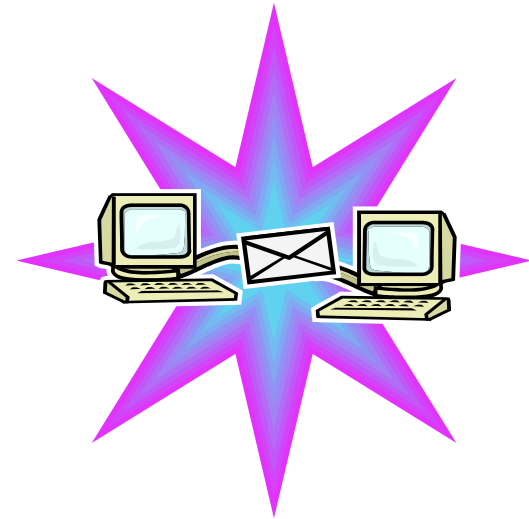
Phase 2



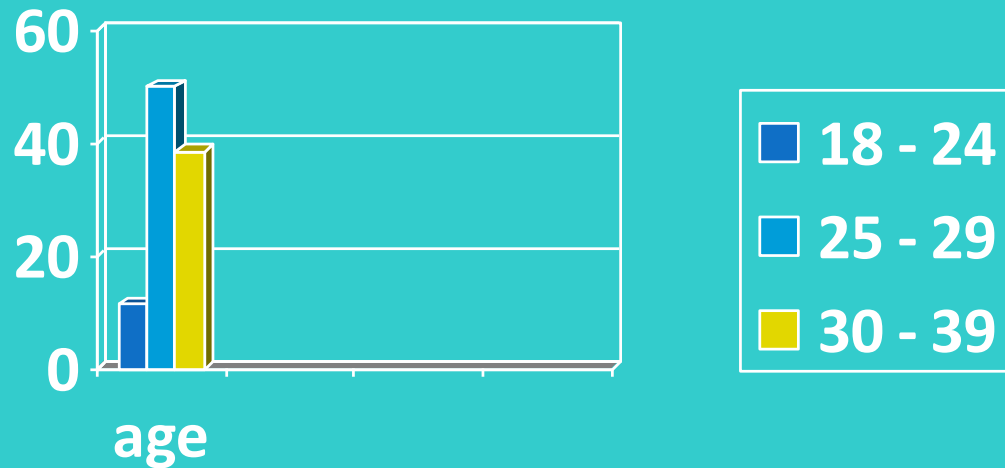
Results

Data Analysis

- Participant Database
- SPSS Grad Pack 17



Participants



Race:

88 % White

12 % Non-White

Marital Status:

88% Married

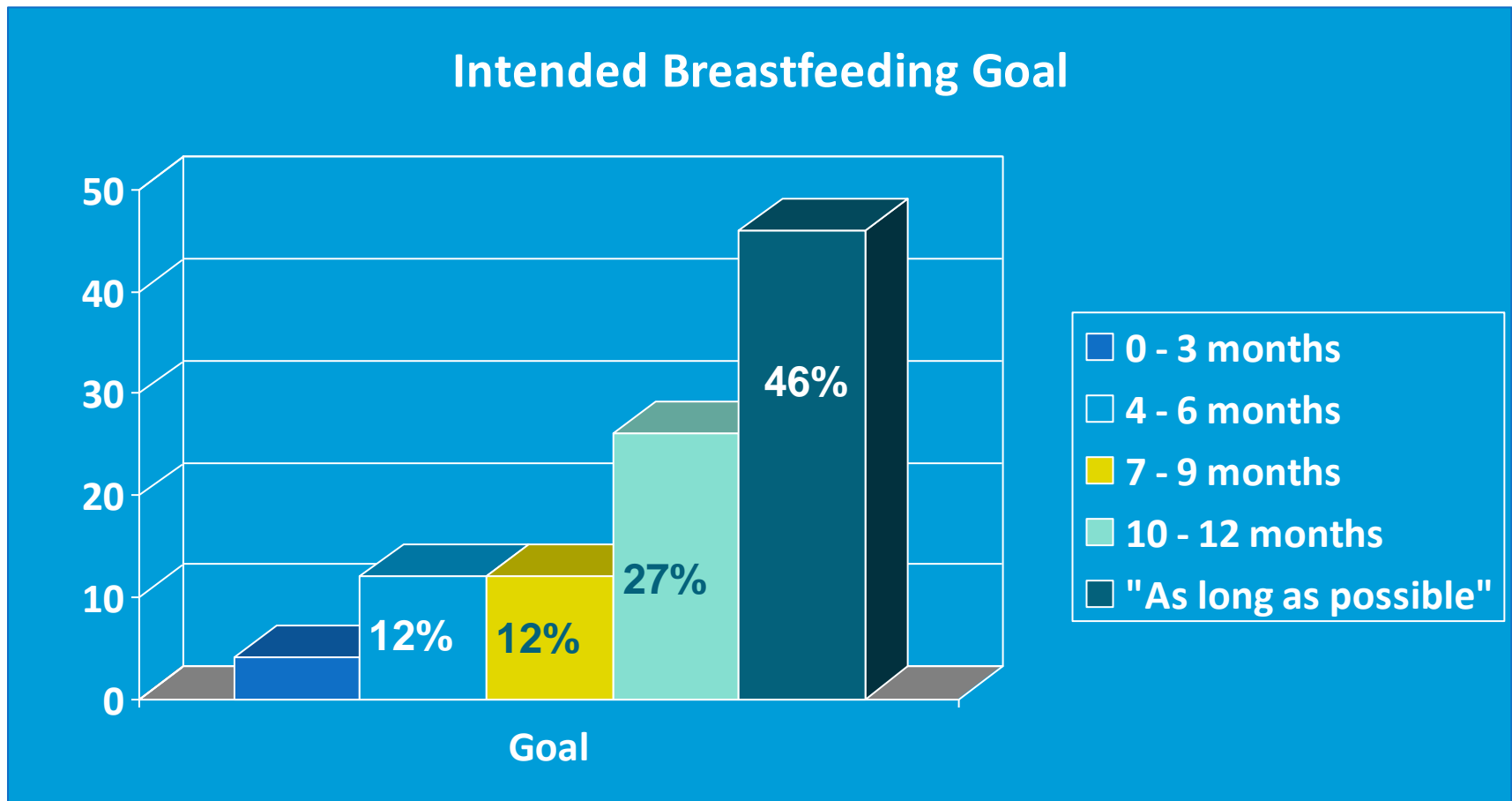
12% Single

Working Mothers:

58 %

Phase 2

Stated Intended Goal



Results: Quantitative

Program will assist participant to meet intended stated breastfeeding goal	100 % of participants met goal						
Program participants will be more successful at achieving 6 month duration than comparison group	<table><tr><td>6 Month Breastfeeding Pre- Intervention</td><td>38%</td></tr><tr><td>Program Participants</td><td>73%</td></tr></table>	6 Month Breastfeeding Pre- Intervention	38%	Program Participants	73%		
6 Month Breastfeeding Pre- Intervention	38%						
Program Participants	73%						
Program participants will meet or exceed <i>Healthy People 2010</i> objectives for 3 & 6 months BF [60% & 50 & respectively]	<table><tr><td>Participants:</td><td></td></tr><tr><td>3 month BF</td><td>89%</td></tr><tr><td>6 month BF</td><td>73%</td></tr></table>	Participants:		3 month BF	89%	6 month BF	73%
Participants:							
3 month BF	89%						
6 month BF	73%						



Evaluation

Qualitative Data

Emerging themes of availability, consistency, information and encouragement:

“I knew I could call at any time and you would get back to me.”

“Even though I was busy the messages were encouraging.. you seemed to know what was happening with us..”

“ I knew I could rely on you to answer my questions”

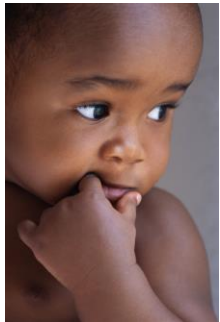
“I don’t think I would have gone beyond 2 months without you being there for me.”

Eliciting the Emic Perspective

“Just stick with it, it does get better.”

“Don’t give up, you will be able to continue.”

“I remembered what you said about taking time to pump while at work.. I’m doing this for my baby & me”

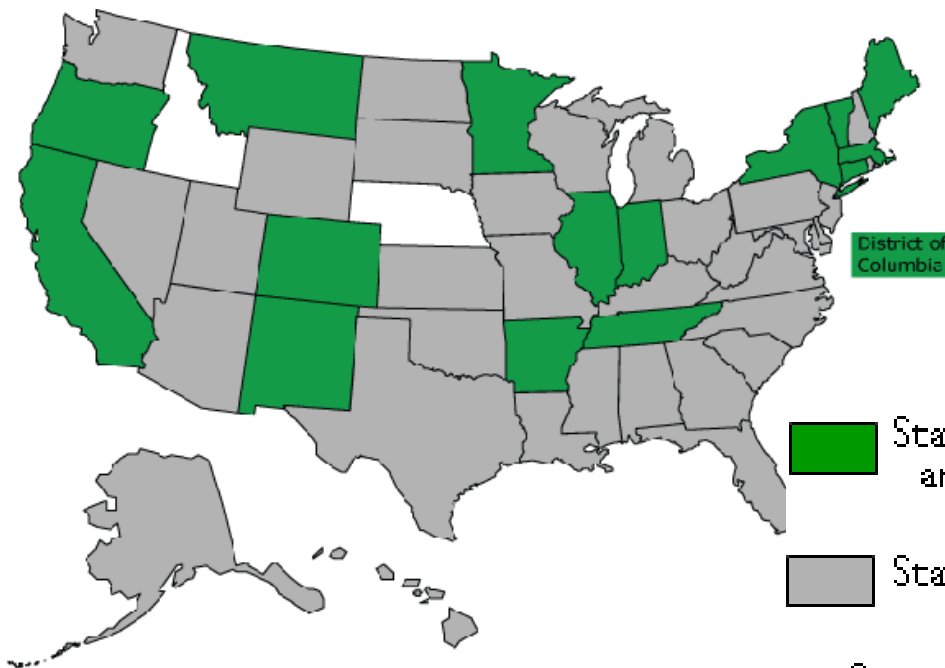


Hospital Recommendations

- Establish Primary Lactation Consultant Practice
- Modification to the warm-line would provide “mailbox” option for individual staff
- Provide staff with protected time to contact mothers
- Advocate for consistent and reliable lactation data

Policy Implications

- Advocate for legislation to support breastfeeding mothers in the workplace.
- Advocate for additional funding of breastfeeding support services post-discharge by insurance programs



- State mandates both employer lactation support and support for breastfeeding in public
- State only mandates support for breastfeeding in public

Source: National Conference of State Legislatures, 2009



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UNIVERSITY

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- Kathleen White, PhD, RN, FAAN, CNAA-BC
- DNP Faculty

♥ John Agostino, BS, BPh

Breastfeeding – Good for Mothers – Good for Babies – Good for Life

Mother's Milk :

Building the foundation for
healthier tomorrows ♥



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