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
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?

Healthy People 2010 Breastfeeding Objectives—Not Met in United States

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

<table>
<thead>
<tr>
<th></th>
<th>U. S.</th>
<th>Delaware</th>
<th>HP2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant ever breastfed</td>
<td>73.9 %</td>
<td>66.7 %</td>
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<tr>
<td>Breastfeeding at 6 months</td>
<td>43.4 %</td>
<td>32.8 %</td>
<td>50%</td>
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(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-impoverished, 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**
  

- **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)
Baby readiness, capacity

Pre natal/PP Decision-making

Conflict

Institutional Network
“Promotion/Protection/Support”

Congruity

Professional/Formal Network
“Promotion/Protection/Support”

Informal Psychosocial Network
“Promotion/protection/support”

Partner/family
Friends/neighbors

Staff training/policies
Routines/ed/counsel

Lactation Consultant
Nurses
Physicians
Dieticians
Peer Counselors

Negative BF Experience
Salutary Breast-Feeding

Wellbeing
Mom
Baby

Adaptation of Nelson Model

Situation-Specific Theory of BF
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 lifetime 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-impoverished, 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/Pre-Intervention Data

Phase 2

Intervention

Evaluation

BF Goal Met &/or 6 Months

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

- Enrollment eligible mothers prior to D/C
- Phone contact established week 1
- 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
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%
Stated Intended Goal

Intended Breastfeeding Goal

- 0 - 3 months: 12%
- 4 - 6 months: 12%
- 7 - 9 months: 27%
- 10 - 12 months: 46%
- "As long as possible": 12%

Phase 2
### Results: Quantitative

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

Source: National Conference of State Legislatures, 2009
Acknowledgements

- Lactation Staff - Especially Gail & Amy
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- 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 ♥

Delaware State University
College of Health and Public Policy