Virtual Lactation Visits to Support Breastfeeding Mothers

Sarah Rhoads, PhD, DNP, WHNP-BC, FAAN*; Hannah McCoy, BA, CRS*; Hari Eswaran, PhD*
*University of Tennessee Health Science Center, *Institute for Digital Health and Innovation, University of Arkansas for Medical Sciences;

Background
Assistance with breastfeeding after birth can be a challenge for a mother with a new baby. Many facilities provide lactation support through telephone help lines. At times during a phone conversation it is difficult to determine whether a mother needs to be evaluated via an in person visit for lactation assistance. Integration of a secure audio and video connection using a telehealth platform to the mother, in their home, allows them to receive lactation support without traveling to the clinic or hospital.

Purpose
To improve at-home support for mothers who are breastfeeding their new baby using virtual lactation consultant visits.

Intervention
Virtual lactation consultant visits were launched in two hospital systems with varying technologies in 2017. Consultation with hospital administration on varying levels occurred prior to launch and IRB approval received. Once policies and procedures were approved, training occurred with the lactation consultants and practice virtual visits were conducted prior to launching with patients.

Methods

Study Design
- Mixed methods with randomization to audio/video intervention or telephone intervention

Study Instruments
- Demographic data sheet
- Open-ended questions
- Satisfaction surveys (lactation consultants)

Recruitment
- Potential participants identified by the lactation team on the postpartum unit and approached by the research team to participate in the study.

Data Collection
- Screening/Enrollment on postpartum unit
- Visit 1: 24-72 hours after discharge
- Visit 2: 1 week after Visit 1
- Visit 3: 4 weeks after hospital discharge
- Follow up Phone call/Qualitative Interview
- Follow up Text message to assess breastfeeding status at 12 weeks after hospital discharge
- Lactation consultants completed a satisfaction survey at the end of Visit 3.

Results

Participants
- 93 women enrolled in the study
  - 20 Audio/Video participants completed
  - 20 telephone completed
  - 22 participated in qualitative interviews after concluding study visits

Demographic Data

<table>
<thead>
<tr>
<th>Demographic Data</th>
<th>Age</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Education</th>
<th>Marital Status</th>
<th>Insurance</th>
<th>Income</th>
<th>Number of Pregnancies</th>
<th>Attended Childbirth Class</th>
<th>Intent to Breastfeed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4%</td>
<td>75%</td>
<td>6%</td>
<td>25%</td>
<td>73%</td>
<td>13%</td>
<td>25%</td>
<td>35%</td>
<td>17%</td>
<td>97%</td>
</tr>
<tr>
<td></td>
<td>64%</td>
<td>18%</td>
<td>Other</td>
<td>High School</td>
<td>Married / unmarried couple</td>
<td>&lt; $30,000</td>
<td>86%</td>
<td>1st pregnancy</td>
<td>No</td>
<td>Wanted to breastfeed</td>
</tr>
<tr>
<td></td>
<td>45%</td>
<td>1%</td>
<td>Other</td>
<td>Some college</td>
<td>Not married</td>
<td>&gt; $30,000</td>
<td>84%</td>
<td>2nd pregnancy</td>
<td>Yes</td>
<td>Undecided</td>
</tr>
<tr>
<td></td>
<td></td>
<td>35%</td>
<td>Other</td>
<td>Bachelor or Graduate</td>
<td>3 or more pregnancies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Maybe would breastfeed</td>
</tr>
</tbody>
</table>

Results – Lactation Consultant Nurses
All lactation consultant 1 (7 nurses) and one lactation consultant at hospital 2 participated in the study. They received training on the technology until they expressed they were comfortable with the procedures and technology.

Nurses were overall satisfied with the both telephone and audio/video visits although they expressed frustrations with technology. Issues with connectivity were prevalent when participants lived in a home with poor cellular or WiFi connectivity. Hospital 2 ceased recruitment due to lack of staffing.

Qualitative Results - Participants
Three Themes

Reassurance
- "To help go through, and just having someone say, ‘This is normal, you’re not doing anything wrong.’ That was actually very beneficial to me, being a first time mom.’

Telephone Participant

Technology
- “Except for my WiFi acting up...(causing a lag between video and audio), the app was fine. ‘’...the information they (lactation consultants) had, and I guess it’s different than pulling up an article and reading about it when you have someone that can listen to ... make it more personal…”

Audio/Video Participant

Convenience
- “I can spend 15 minutes on a (virtual) phone call, as opposed to three hours of getting ready, and going up there, and coming home, and just decompressing afterwards. So, yeah. A three or four hour appointment, as opposed to a 15 minute phone call ... That alone is massive.”

Audio/Video Participant

Discussion
Participants in both the telephone and the Audio/Visual groups expressed satisfaction with the lactation support received during the four week intervention. Women in both groups stated they would not have called for lactation assistance on their own and appreciated the scheduled calls. They stated they would have waited until lactation concerns/issues worsened or just stopped breastfeeding.

Lactation Consultants voiced frustration when connectivity was poor, but felt comfortable with the assessments conducted via audio/video when there were no issues. They appreciated the technology training and support provided.

Conclusion
Integration of a secure audio and video connection to new mothers in their home allows mother to receive lactation support without traveling to the clinic or hospital. Scheduling appointments prior to discharge can benefit mothers whether they receive phone or audio/video lactation support. With proper training of lactation consultants and new mothers and readily available technical support help, both nurses and mothers readily adopt this technology to provide virtual lactation support.