Provision of Telelactation Support to Improve Breastfeeding Outcomes
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Background
Breastfeeding provides health advantages to mothers and infants (WHO, 2017). The AAP (2014) recommends exclusive breastfeeding for at least six months and continued breastfeeding while introducing solid foods until the age of two. Pediatric providers are ideally situated to promote breastfeeding (Busch, Logan, & Wilkinson, 2014). Increased breastfeeding duration is associated with decreased negative health outcomes (AAP, 2012).

Institutional Review Board
Approved as exempt research by the University of Missouri–Kansas City IRB

Funding
University of Missouri–Kansas City Women’s Graduate Assistance Fund

Design
• Quasi-experimental
• Two-group, pre- and post-intervention, pre- and post-evaluation

Setting
Raintree Pediatric Primary Care Clinic, Lee’s Summit, Missouri

Participants
• Convenience sampling
• Goal of 33 mother-infant dyads in the intervention group

Outcomes, Instruments
• Prolonged duration and exclusivity of breastfeeding measured by comparing pre- and post-intervention breastfeeding rates between groups.
• Increased breastfeeding self-efficacy measured by comparing maternal Breastfeeding Self-Efficacy Scale–Short Form scores within the intervention group.

Analysis Plan
• Descriptive statistics for demographic data.
• Independent t-tests for the breastfeeding data between groups and Wilcoxon test for the self-efficacy data with the intervention group.

Methods, Intervention

Expected Results
Breastfeeding rates of duration and exclusivity, and maternal self-efficacy will increase post-intervention.

Validity considerations
Threatened by potential presence of confounding variables and selection bias.

Enhanced by sample size (power of 80% and type I error rate of 5% with 20% attrition rate), similarity of demographic data between the study groups, and results comparable to similar telelactation studies

Conclusion
Evidence suggests that lactation support interventions, such as telelactation, reduce early cessation of breastfeeding, which promotes the nutritive and protective properties of breastmilk and lowers the risk of negative infant health outcomes. The promotion of innovative and convenient breastfeeding support efforts can facilitate progress towards meeting the Healthy People 2020 breastfeeding goals.

References


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Project collaborator: Dr. J. Sauer, MD
Background
Breastmilk provides nutritive and immunologic properties to infants to support neurological development and physical growth and protect against infectious illnesses and chronic conditions. To promote the benefits of breastfeeding, the American Academy of Pediatrics recommends that infants breastfeed exclusively for six months and continue breastfeeding up to two years after the introduction of solid foods. Health People 2020 benchmarks aim to increase the percentage of breastfeeding for six months to 60.6%, breastfeeding at 12 months to 34.1%, and exclusive breastfeeding for six months to 25.5%. Currently, the rate of initiation and exclusivity in Missouri have surpassed the national benchmark at 82.3% and 31.2% respectively, while the rate of mothers still breastfeeding at six months (57.8%) and 12 months (33.1%) remains lower. Progress towards meeting the Healthy People 2020 benchmarks suggests that current promotion strategies are successfully encouraging mothers to begin breastfeeding but are not facilitating sustained breastfeeding. The Centers for Disease Control and Prevention attributes factors leading to early cessation of breastfeeding to the need for enhanced support services.

At a pediatric primary care clinic in Missouri, practitioners provide basic lactation support to mothers during infant well child exams. For more extensive lactation needs, providers often referred mothers to outside support networks. Outsourcing lactation services potentially hinders breastfeeding efforts because of issues limiting maternal access to support such as proximity, lack of convenience, and restricted insurance coverage. Telelactation allows mothers to receive breastfeeding support from the comfort and convenience of their home through the use of videoconferencing technology.

Purpose
Improve breastfeeding rates of duration and exclusivity, and maternal breastfeeding self-efficacy within a pediatric primary care setting using telelactation.

Methods
A telelactation program was developed and implemented at a Missouri clinic in November 2019. The program was funded by the UMKC Women’s Graduate Assistance Fund. The project was approved as exempt research by the UMKC institutional review board. The goal is to recruit thirty-three breastfeeding mother-infant dyads to the intervention group. Each participating mother will be offered three, one-hour breastfeeding support telelactation sessions conducted by a certified breastfeeding counselor over a five-month period. The quasi-experimental quality improvement project will analyze two outcomes, breastfeeding duration and exclusivity rates at the clinic and maternal breastfeeding self-efficacy within the intervention group.

Outcomes
The primary outcome of the project will be measured by comparing retrospective pre-intervention breastfeeding duration and exclusivity rates to post-intervention rates at the clinic. The secondary outcome will be measured by comparing pre- and post-intervention Breastfeeding Self-Efficacy Scale scores reported by mothers within the intervention group. Higher breastfeeding rates and breastfeeding self-efficacy scale scores are expected after implementing the telelactation program when compared to pre-intervention data.

Discussion
Evidence suggests that telelactation is a feasible and practical breastfeeding support intervention that can be implemented in the primary care setting. The success of this project will further support the use of telelactation as an effective approach towards increasing local and national breastfeeding rates and maximizing the preventative health benefits of breastfeeding.