Teaming up: Primary Care Breastfeeding Support

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WHY?
First Year
Cleveland

Reduce Racial Disparities in Infant Mortality

Address Extreme Prematurity

Eliminate Sleep Related Deaths
Breastfeeding Initiation and Infant Mortality in an Urban Population

● Setting:
  ○ Shelby County, Tennessee
  ○ Infant Mortality 2004 overall: 12.8/1,000
  ○ Infant Mortality black population: 17.4/1000
  ○ 53.4% black
  ○ High poverty

Ware et al Breastfeeding Medicine 2019; 14(7): 465-473
- BF initiation associated with decreased total infant mortality (OR=0.81, 95% CI=0.68-0.97, p = 0.001)

- Neonatal mortality significantly reduced with any breastfeeding (OR=0.49, 95% CI=0.34-0.72, p = 0.001)

- Infant mortality from infectious disease decreased with bf initiation (OR=0.49, 95% CI=0.32-0.77, p = 0.002)
Breastfeeding lowers risk of SIDS

- Any breastfeeding ≥2 months protective (cuts risk by ½)
- Greater risk reduction with increased breastfeeding durations
  - 2-4 months aOR= 0.60 95% CI=0.44-0.82
  - 4-6 months aOR= 0.40 95% CI=0.26-0.63
  - >6 months aOR= 0.36 95% CI=0.22-0.61

Thomsen et al Pediatrics 2017 “Duration of Breastfeeding and Risk of SIDS: An Individual Participant Data Meta-Analysis”
Breastfeeding Rates

- Ever Breastfeeding: 81.9%
- 6 months: 60.6%
- One year: 34.1%

Difference between Black NH (63%) and White NH (82%) initiation in CC

NFP 2016-2017
Cuyahoga County rates 2012-2014 cohort
Why aren’t more families breastfeeding?

Health Services

Employment and Child Care

Lactation Problems

Lack of Knowledge

Embarrassment

Social Norms

Poor family and social support

Surgeon General’s Call to Action To Support Breastfeeding 2011
How to Improve Breastfeeding Support in the Primary Care Clinic

Team-Based Lactation Consultant/Primary Care Provider Visits
First Week Postpartum Breastfeeding Families Need:

**Lactation Consultant**

Support in first week postpartum

Primary focus:
- Appropriate weight gain
- Latching
- Engorgement management
- Resolve pain
- Monitor milk supply

**Primary Care Provider**

Breastfeeding newborn seen within 1-3 days of discharge

Primary focus:
- Appropriate weight gain
- Monitor jaundice
- Follow-up on any other concerns since delivery
Addressing Lactation Problems and Health Care Services after Hospital Discharge

- Prenatal: BF intent
- Hospital: BF initiation
- After Discharge
**Problem:** Lack of time and knowledge to provide full breastfeeding (BF) support at well visits

**Traditionally:** initial newborn visit scheduled with PCP

**Refer out for further LC support**
Problem: Lack of time and knowledge to provide full breastfeeding (BF) support at well visits

Traditionally: initial newborn visit scheduled with PCP

Refer out for further LC support

Team-based: LC/PCP see newborn at initial newborn visit

Built in BC support with PCP

Solution: Staff lactation consultants at the first PCP visit after newborn hospital discharge to provide immediate support, address problems and then schedule as needed LC/PCP follow-up

Team-based lactation consultant (LC) / primary care provider (PCP) model


First Year Cleveland
Experience

- Suburban
- High breastfeeding initiation
- 2008 implemented team-based LC/PCP care
- Previously IBCLC on staff to help with BF problems as they arise

Improved non-formula feeding over 9 months

Logistic growth curve analysis
OR=1.12, 95% CI 1.02-1.25

Translating Team-Based LC/PCP Breastfeeding Support into Practice

Breastfeeding Medicine of Northeast Ohio

Neighborhood Family Practice
COMMUNITY HEALTH CENTERS

Teaming-up
Translating Team-Based LC/PCP Breastfeeding Support into Practice

**How?**

- Won’t work with our population

**Common Concerns**

- Space?
- Cannot afford
- Don’t have the time
- Need training
Neighborhood Family Practice
COMMUNITY HEALTH CENTERS

SERVING A DIVERSE POPULATION

- White: 50%
- Hispanic/Latino: 27%
- Black/African American: 17%
- Other: 6%

INSURANCE STATUS OF PATIENTS

- Medicaid: 61%
- Private: 21%
- Medicare: 10%
- Uninsured: 8%

Bureau of Primary Health Care, CY 2017 Uniform Data System (UDS) Report

85% of patients qualify for financial assistance and
71% of patients are at or below poverty level
HOW?
## 6-Point Practice Assessment Tool

<table>
<thead>
<tr>
<th></th>
<th>BF Initiation</th>
<th>Newborn Volume</th>
<th>BF Rates</th>
<th>BF Supports</th>
<th>Provider Survey</th>
<th>Insurance/Billing</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>- Determines volume of patients needing BF support - Prenatal ed may be needed</td>
<td>- Volume + intent helps determine hours needed for LC</td>
<td>- Establishes initiation rate - Measures progress</td>
<td>- Existing Resources - Training needed?</td>
<td>- Assess barriers - Assess training needed</td>
<td>- Each state and practice are different - Understand reimbursement policies</td>
</tr>
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**6-Point Practice Assessment Tool**

1. BF Initiation: 82%
2. Newborn Volume: 295
3. BF Rates: Rapid weaning by 2mos to 55%
4. BF Supports: Refer out
5. Provider Survey: Request improved support
6. Insurance/Billing: 60% Medicaid

Estimated additional 400 patient visits in the first year
Justified training of RN to become CLC

NFP Highlights

Pre-Implementation 80% of providers thought
• Not enough time
• Need to increase lactation support

New service line at clinic
• > 500 LC/PCP visits
• >300 RN/LC visits first year

Currently expanding to other NFP sites
• Increased training
100%: “felt they provided better breastfeeding support”

liked “on-site immediate lactation support” and “having the LC join an already scheduled visit so the patient does not need an extra visit.”

Most common difficulties patients needed help with:
Latching difficulties (42%); Painful feeds (42%);
Low milk supply (42%)

What patients found helpful about the visit?:
Instruction on latch (60%);
Breastfeeding questions answered (80%);
Learned about hand expression and breast massage (50%)
Conclusions

Team based LC/PCP care is feasible in diverse patient environments

Patients and providers love it
In Cleveland we have the resources and opportunity to continue teaming up LC/PCPs in primary care practices, increase support to breastfeeding families, and address infant mortality.
Thank you