

Breastfeeding Support in Missoula Medical Clinics

Preliminary Findings from Health Care Provider Self-Assessment Survey



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Missoula Breastfeeding Promotion



Background



2003 3% of babies in Missoula County WIC Program were exclusively breastfed at six months of age

2005 DPHHS and MCCHD provided breastfeeding certification training for over 200 WIC, MCH staff, nurses, RD's and advocates.

2006 MCCHD subcontracted with the Department of Public Health for a community intervention grant to promote breastfeeding

2007 MCCHD organized a statewide campaign resulting in groundbreaking legislation requiring employers to provide breastfeeding support for working mothers

2008 MCCHD initiated the "Breastfeeding Friendly" certification program for worksites in Missoula County

2010 18% of Missoula County babies were exclusively breastfed at six months of age

CMC & MCCHD Partnership

2009 CMC and MCCHD signed a letter of agreement to work on implementing the JCAHO *Perinatal Care Core Measures on Exclusive Breast Milk Feeding*

2011 CMC discontinued the distribution of formula marketing bags to newly discharged mothers

2011 CMC and MCCHD identified medical clinics outreach as the next step in Missoula's breastfeeding support efforts



From day one.



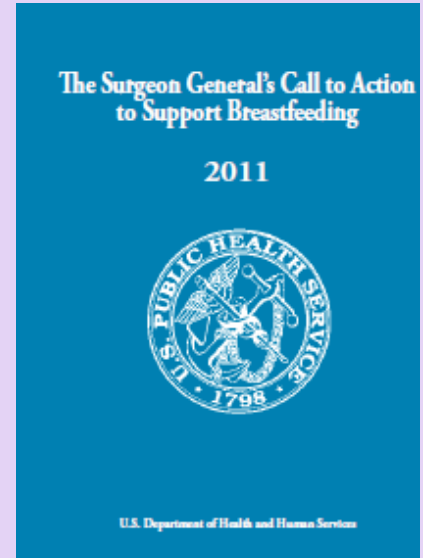
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Rationale for Outreach to Local Medical Clinics

The Surgeon General's January 2011 ***Call to Action to Support Breastfeeding*** identifies training and education gaps for health care professionals, as a barrier to exclusive breastfeeding success by mothers

Mothers rely on their physicians and nurses for advice on prenatal, postpartum, and infant care—before and after delivery



Project Goals

- **Understand** what influences mothers' goals, experiences and challenges with infant feeding.
- **Assist** clinic staff to assess current clinic practices that support breastfeeding. Identify areas of strength and opportunities for improvement.
- **Identify** recommendations for future professional clinic staff training to enhance awareness, competence, and confidence to provide breastfeeding support in the clinic setting.
- **Enhance the likelihood that** all mothers have access to breastfeeding support and resources while receiving prenatal, postpartum and infant care in local clinics.



Development of Self Assessment Tool

What evidenced based self assessment of breastfeeding support tools are currently used in the US?



Based on provider input, how can they be adapted to meet the needs of Missoula providers?



Development of Self-Assessment Tool

Tool development was guided by

- Review of current relevant literature
- AAP's Ten Steps to Support Parents' Choice to Breastfeed Their Baby
- Visits to local clinics to interview providers and observe the environment



The resulting tool was developed to reflect the unique roles of family practice, pediatrics and OB clinics.

Brief, 25-50 question Likert-type scale, available in paper and online (Survey Monkey) versions were offered.



Self-Assessment Distribution, Participation

- 56 family practice, pediatric and OB providers in 30 Missoula clinics received the assessment tool.
- Local restaurant gift cards incentives were raffled for those who participated.
- Nine completed the self-assessment.
- Scores ranged from 54 to 91, out of 100 possible points, with an average score of 74.



Preliminary Findings

Areas of Strength

Providers were aware of the health benefits of exclusive breastfeeding.

Providers routinely encourage breastfeeding on demand by gathering information about feeding routines, helping mothers identify feeding cues, explaining the importance of frequent breast feedings



Preliminary Findings

Areas of Strength

Use of age appropriate anticipatory guidance (prenatal and postpartum) to support exclusive breastfeeding

Most providers reported counseling mothers and families about normal growth patterns and sleep behaviors of breastfed babies, explaining the importance of avoiding supplemental formula and delaying solid foods until 6 months

Linking mothers with Missoula's breastfeeding support network by

Working collaboratively with CMC lactation consultants, providing informed referrals to WIC and MCH, to local breastfeeding specialists and breastfeeding resources in Missoula



Preliminary Findings

Areas for Improvement

Conveying support for breastfeeding in the clinic environment

Remove commercial logos and other indirect formula endorsements (notepads, pens, calendars)



Display signs in the waiting room encouraging breastfeeding mothers to nurse their babies wherever they are comfortable



Discontinue distribution of formula samples and other formula promotional “gifts” to mothers.



Preliminary Findings

Areas for Improvement

Enhance clinic staff awareness of AAP's "Ten Steps to Support Parents' Choice to Breastfeed Their Baby".

Develop and maintain effective referral relationships with local lactation consultants at CMC, WIC, MCH and private providers.

Ensure at least one clinic staff member acquires advanced breastfeeding support skills.

Breastfeeding
Promotion in
Physicians'
Office
Practices



Going Forward

Encourage all providers to complete self-assessment

Ensure providers recognize the relevance and benefits of exclusive breastfeeding by all mothers, to their practice and patients.

Although some local providers refer all breastfeeding issues to lactation specialists, there is value in developing breastfeeding support competencies.



Going Forward

What do new mothers say about the breastfeeding support and education they receive from

Missoula medical clinic staff

The WIC Program

Delivery and nursery hospital staff

Family and friends



With exclusive breastfeeding for the first 6 months of life as the ideal, how can CMC, MCCHD and medical clinic staff and providers work together to make it happen more often in Missoula?



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