

Evaluation of Motivators and Barriers to Breastfeeding for First-Time Mothers



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Outline



- Background
- Methodology
- Results
- Discussion
- Recommendations
- Questions

Background



- **Numerous benefits of breastfeeding¹**

- **Health advantages for the moms and babies**

- ✦ ↓ risk of ear infections, diarrhea, pneumonia, asthma, allergies, etc. for the baby
- ✦ ↓ risk of some cancers, MetS, T2D, postpartum depression, etc. for the mom

- **Economic Benefits**

- ✦ ↓ healthcare costs (fewer clinic visits, fewer prescription meds for sick infants)
- ✦ ↓ costs associated with purchasing formula (~ \$1500 per year)

- **Psychological Benefits**

- ✦ ↑ mother-child bonding
- ✦ ↑ maternal mood
- ✦ ↓ neuroendocrine response to stressors

- **Environmental Benefits**

- ✦ Pollution or waste associated with formula (manufacturing, packaging, disposal of containers, etc.)

Breastfeeding Statistics



- National trends are poor for initiation and continuation²
 - Approximately 79% of US moms ever initiate
 - 49% are still breastfeeding at 6 months
 - Only 27% are breastfeeding at 12 months
- Local trends fall below national averages²
 - Compared to national averages:
 - ✦ **Fewer MO moms breastfeed for 6 months (42% vs 49%) or 12 months (20% vs 27%)**
 - ✦ Fewer KS moms initiate breastfeeding (79% vs 77%)
- WIC moms in 5-county Kansas City metro area
 - **6 month breastfeeding rates ranged from 15% to 30% in 2012 (KDHE & MODHSS, 2012), falling profoundly below national averages**



“Research is clear that breastfeeding has a profound impact on the health of both babies and their mothers... Babies who are breastfed are healthier... Their mothers are also healthier... Breastfeeding is the ultimate preventive health care strategy, and programs that enable women to meet their breastfeeding goals are well worth the investment!”

Dr. Joan Younger Meek
Pediatrician, US Breastfeeding Committee Chair

Objectives

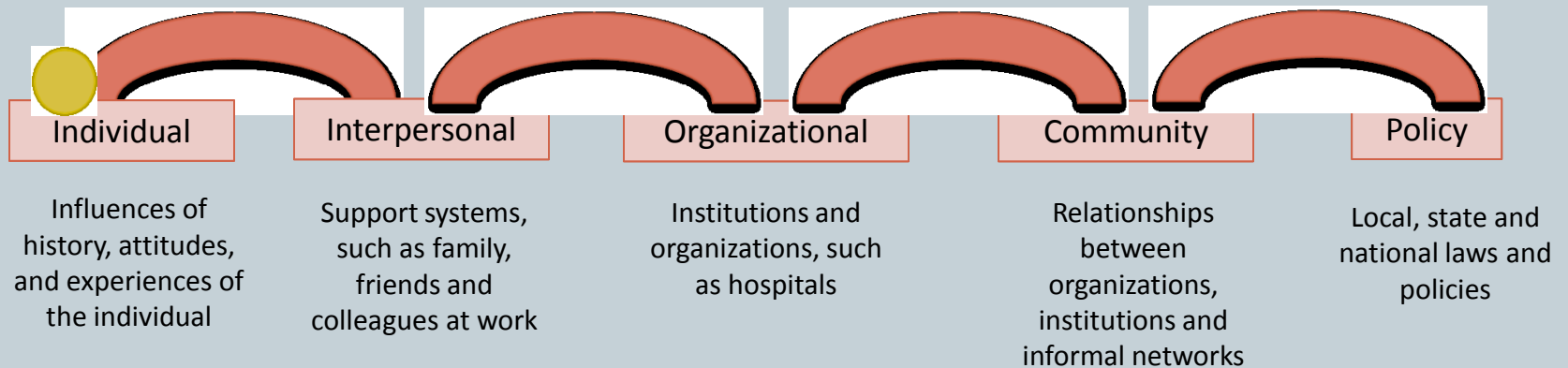


- Understand Kansas City's health system progress toward Baby Friendly status
- Identify characteristics and needs of the target audience
 - Low-income and underserved women/infants
- Use information gathered to guide cohesive community efforts to improve breastfeeding rates across the Kansas City metro area

Methodology



The design of this evaluation was framed by the social ecological health behavior model^{3,4}



Methodology



- **Lactation Consultants**
 - Can provide insight into the particular challenges faced by new mothers who want to breastfeed
 - Identify what supports seem to be most effective
- **Women, Infants and Children (WIC)**
 - A major goal of WIC programs is to improve infant nutrition by encouraging women to breastfeed
- **Pediatric Residency Program Directors**
 - Pediatricians can play a major role in advocating and supporting breastfeeding

Methodology



- **Lactation Consultants**

- Listings of lactation consultants in the metropolitan area gained through WIC and MCHC
- Self-Appraisal Tool to Review Policies and Procedures surveys completed
- Semi-structured interviews conducted

- **Women, Infants and Children (WIC)**

- Interviews conducted with WIC representatives in Wyandotte County and Johnson County, Kansas and Jackson County, Missouri

- **Pediatric Residency Program Directors**

- Interviews conducted with pediatric residency program directors to explore what education about breastfeeding is provided to residents

Methodology



- **Safety Net Clinics and Healthy Start Program**
 - Interviews conducted with staff to learn about breastfeeding issues
- **New Mothers**
 - New mothers were invited to complete a 4-page survey to elicit information about their experiences with breastfeeding
- **Hospitals**
 - Interviews conducted with healthcare professionals involved in maternity services at 10 Kansas City metro hospitals in order to understand what areas birthing hospitals might be struggling to implement Baby-Friendly steps
 - Also inquired about the hospital's participation in the High 5 or Show-Me 5 programs

Methodology



- Analysis and presentation of results
 - All semi-structured discussions were digitally recorded and transcribed verbatim
 - Thematic analysis was conducted from the transcripts to explore common themes across the interviews and groups
 - Common themes examined to identify facilitators and barriers to breastfeeding
 - ✦ Specific quotes chosen to represent themes that emerged from the transcripts

Lactation Consultants



Self-Appraisal Tool



- 27 Lactation Consultants (LCs) completed the Self-Appraisal Tool to Review Policies and Practices survey
 - Asked respondents a series of questions related to each of the 10 steps to become Baby-Friendly
- Surveyed LCs represented 9 facilities and 4 counties

Clay County

- Liberty Hospital

Jackson County

- Children's Mercy Hospital
- Research Medical Center
- St. Luke's Hospital
- Truman Medical Center

Johnson County

- Overland Park Regional Medical Center
- Shawnee Mission Medical Center

Wyandotte County

- The University of Kansas Hospital
- University of Kansas Outpatient Clinic

Self-Appraisal Tool Responses



- *Step 1: Have a written breastfeeding policy that is routinely communicated to all health care staff*
 - **43% reported their facility has an explicit written policy for protecting, promoting and supporting breastfeeding**
- *Step 2: Train all health care staff in skills necessary to implement this policy*
 - 86% reported all staff are aware of the advantages of breastfeeding and acquainted with the facility's breastfeeding policy
 - 79% said that all staff caring for women and infants are oriented to the breastfeeding policy of the hospital on their arrival
 - **57% reported their facility has arranged for specialized training in lactation management of specific staff members**

Self-Appraisal Tool Responses



- *Step 3: Inform all pregnant women about the benefits and management of breastfeeding*

Question	Yes
The facility includes a prenatal care clinic and a prenatal inpatient unit	57%
Prenatal records indicate whether breastfeeding has been discussed with the pregnant woman	43%
A mother's prenatal record is available at the time of delivery	86%
Pregnant women are protected from oral or written promotion or group instruction for artificial feeding	36%

- *Step 4: Help mothers initiate breastfeeding within an hour of birth*
 - 86% reported mothers who had normal vaginal deliveries had skin-to-skin contact with their babies within 30 minutes of delivery and were allowed to remain with them for at least 1 hour
 - 93% indicated mothers are offered help by a staff member to initiate breastfeeding during this first hour

Self-Appraisal Tool Responses



- *Step 5: Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants*
 - 86% reported nursing staff offers all mothers further assistance with breastfeeding within six hours of delivery
 - 86% said breastfeeding mothers are shown how to express their milk or are given information on expression and/or advised of where they can get help should they need it
 - **57% have staff members or counselors who have specialized training in breastfeeding and lactation management that are available full-time to advise mothers**
- *Step 6: Give newborn infants no food or drink other than breast milk, unless medically indicated*
 - 71% indicated that staff have a clear understanding of what the few acceptable reasons are for prescribing food or drink other than breast milk for breastfeeding babies
 - **43% reported all promotion of infant foods or drinks other than breast milk are absent from the facility**

Self-Appraisal Tool Responses



- *Step 7: Practice rooming in – allow mothers and infants to remain together – 24 hours a day*
 - **50% said mothers and infants remain together 24 hours a day, except for periods of up to an hour for hospital procedures or if separation is medically indicated**
 - 79% reported that rooming-in starts within an hour of normal birth
- *Step 8: Encourage breastfeeding on demand*
 - 86% indicated mothers are advised to breastfeed their babies whenever their babies are hungry and as often as their babies want to breastfeed
- *Step 9: Give no artificial teats or pacifiers to breastfeeding infants*

Question	Yes
Babies who have started to breastfeed are cared for without any bottle feedings	79%
Babies who have started to breastfeed are cared for without using pacifiers	43%
Breastfeeding mothers learn that they should not give any bottles or pacifiers to their babies	71%

Self-Appraisal Tool Responses



- *Step 10: Foster the establishment of breastfeeding support and refer mothers to them on discharge from the facility*
 - 79% reported their facility gives education to key family members so that they can support the breastfeeding mother at home
 - 93% said breastfeeding mothers are referred to breastfeeding support groups
 - 71% of facilities have a system of follow-up support for breastfeeding mothers after they are discharged
 - 14% reported the facility allows breastfeeding counseling by trained mother-to-mother support group counselors in its maternity service

Lactation Consultant Interviews



- 6 individuals interviewed
 - 3 local hospitals
 - 1 nonprofit organization

Institution	Title of Interviewee(s)
North Kansas City Hospital	<ul style="list-style-type: none">▪ Manager of Maternal Child Services▪ Lactation Consultant
St. Luke's Hospital	<ul style="list-style-type: none">▪ Lactation Consultant & La Leche League Leader
University of Kansas Hospital	<ul style="list-style-type: none">▪ Midwife & Lactation Consultant▪ Lactation Consultant
Uzazi Village	<ul style="list-style-type: none">▪ Lactation Consultant

Initiation – Prior to Birth



- Majority of Lactation Consultants (LCs) interviewed indicated the facility where they work offers prenatal classes
 - Prenatal classes seem to be helpful in encouraging first-time mothers to consider breastfeeding prior to birth
- LC at Uzazi Village created materials for the specific population served there

“There’s nothing out there... geared toward the population that I serve. I’ve written a curriculum for my breastfeeding class, a toolkit for my Chocolate Milk Café... a mother to mother support model for African American women.”

Initiation – Prior to Birth



- Misconceptions first-time mothers often have about breastfeeding

- Perceived insufficiency of milk
- Nursing will be painful
- Problems with latch

“They think it’s going to be painful, inconvenient, and drastically change their lifestyle. They think they’re going to be alone and the responsibility will be left to them... I think if we encourage a mother to look to her own instincts and give her time and space to figure things out, she usually will.”

– Uzazi Village representative

- Significant factors leading to mothers considering breastfeeding

- They recognize the health benefits for their baby
- Recommendations for breastfeeding by their doctor
- Having supportive family and friends

Initiation – After Birth



- Counseling new mothers after birth
 - At all sites, mother and baby are typically seen within 24 hours
 - At Uzazi Village, mothers are paired with doulas who are with them during delivery
 - ✦ Trained to help new mothers breastfeed within one hour after birth

Exclusivity



- Deterrents to breastfeeding exclusivity
 - Perceived insufficiency of milk
 - Lack of support from family and/or friends
 - Going back to work

Continuation



- Common reasons for discontinuing breastfeeding
 - Returning to work
 - Lack of support

- Ways to support women who want to continue breastfeeding
 - Importance of Prenatal Education
 - ✦ Especially by providing peer models
 - Partner education
 - Workplace support for new mothers
 - Longer maternity leave
 - More assistance from LCs
 - ✦ Availability of LCs expanded to 24 hours a day, 7 days a week
 - Home visits
 - ✦ Especially during the mothers' first few days back at home

WIC Offices



WIC Office Interviews



- 8 interviews conducted with representatives from WIC offices located in local hospitals, clinics, and health departments using an interview guide
 - Asked questions about their experiences working with new mothers who are breastfeeding for the first time

WIC Location	Number of Interviewees	Position Titles of Interviewees
Crescent Health Center	1	▪ Breastfeeding Peer Counselor
Johnson County Health Department	1	▪ WIC Program Manager
Kansas City, MO Health Department	1	▪ Nutrition and Breastfeeding Coordinator
Saint Luke's Hospital	1	▪ Nutritionist and WIC Office Manager
Samuel U. Rodgers Health Center	2	▪ Breastfeeding and Peer Counselor Coordinator ▪ Lactation Consultant
Swope Health Services	2	▪ Breastfeeding Peer Counselors
Truman Medical Center	4	▪ Breastfeeding Peer Counselor ▪ WIC Office Manager ▪ WIC Director ▪ Nutrition and Breastfeeding Coordinator
Wyandotte County Health Department	2	▪ Nutrition Services Coordinator ▪ WIC Manager

Prior to Birth



- Counseling about breastfeeding during pregnancy
 - Nearly all WIC offices reported they were able to discuss breastfeeding with the pregnant woman during her initial office visit
 - Some mothers may only be seen once, some mothers may be seen up to 5 times before delivery
 - Starting early in pregnancy with appointments and having a good appointment attendance rates seem to be a strong influence on whether or not mothers breastfeed
 - ✦ According to one WIC representative, about 95% of the women at that particular facility who attended all of their prenatal appointments initiated breastfeeding

Prior to Birth



- Educational or informational material helpful in increasing first-time mothers to consider breastfeeding prior to birth
 - Printed materials
 - ✦ Some WIC representatives thought this wasn't the most effective since mothers may not read them
 - Classes
 - ✦ Having a family member or friend attend class with them is very helpful for mothers
- “The most influential or most helpful thing is if they have family members with them because the family members, if they aren't supportive, then mom tends to not be as willing to breastfeed.”
– St. Luke's representative
- Peer counseling program
 - ✦ Mothers who have breastfed in the past

Prior to Birth



- Misconceptions first-time mothers have about breastfeeding
 - Breastfeeding is going to hurt
 - They aren't producing enough milk for their babies
 - They won't be able to continue breastfeeding while going back to work or school
- Significant factors leading to mothers considering breastfeeding
 - Support from significant others, friends and family members
 - Emphasizing that breastfeeding is not something the mothers have to give up their entire lives to do
 - The financial benefits of breastfeeding may be influential for some mothers

After Birth



- Counseling first-time mothers about breastfeeding after birth
 - Two offices reported they are able to see first-time mothers immediately after or close to birth
 - Some offices indicated it's largely up to the mother to notify the office once she's delivered
 - Usually the offices try to contact the mothers around their due dates
 - ✦ Some offices might be in contact within 10 days of delivery
 - ✦ It may be a month or longer to get in contact at other offices

After Birth



- **Challenges that consistently arise with new mothers who are attempting to breastfeed and how WIC is able to assist**
 - Mothers believe they're not producing enough milk
 - Mothers may have issues with latching
 - Mothers may encounter obstacles in the hospital after delivery
 - ✦ Low-income or non-English speaking mothers may not receive the same help from hospital staff
 - ✦ Lactation consultants' busy schedules may not allow them to see every new mother in the hospital
 - ✦ Lack of support from doctors, nurses and other hospital staff
 - WIC offices can help assist with these challenges by providing mothers with as much education and counseling as possible, especially prior to the mother's delivery

"I think moms that go in the hospital have no idea what to expect once the baby's born and that with everything else going on, they're already exhausted and they're stressed. If they don't know about breastfeeding prior to going in, then they don't have a good support system and then they don't have that knowledge to power through what might go on in the first couple days."

– Johnson County representative

After Birth



- **Effective tools in helping mothers initiate breastfeeding**
 - **Having a strong support system**
 - ✦ Family members, friends, significant others, WIC classes, peer counselors
 - **WIC may be able to provide mothers with breast pumps**
 - ✦ Can be extremely helpful for those who are returning to work or school
 - **Some WIC locations also try to provide recognition for mothers who are breastfeeding**
 - ✦ Wall of Fame
 - ✦ Trophies

Exclusivity



- **Deterrents to breastfeeding exclusivity**
 - Going back to work
 - Mothers feel like their babies aren't getting full on breast milk alone
 - Some mothers may find themselves exhausted from everything and may be less interested in breastfeeding because of this
 - Lack of support
 - Self-doubt

Exclusivity



- Ways WIC is able to encourage mothers to continue to breastfeed exclusively
 - Constantly provide support and praise to continue breastfeeding exclusively
 - Provide reminders about how beneficial breastfeeding is and help remind the mothers of why they started breastfeeding in the first place
 - The food incentives/vouchers provided by WIC are beneficial in encouraging mothers to continue exclusive breastfeeding
 - ✦ Mothers who exclusively breastfeed get better food vouchers than those who don't
 - ✦ After 6 months of exclusively breastfeeding, mothers are provided with additional baby foods

Pediatric Residency Program Directors



Methodology



- Interviews conducted with the Pediatric Residency Program Directors from Children's Mercy Hospital and the University of Kansas Medical Center
 - Asked about the education that residents receive on breastfeeding

Training



- **Children's Mercy**

- Pediatric residents complete the American Academy of Pediatrics (AAP) Breastfeeding curriculum
 - ✦ Uses online modules with pre- and post-tests
- Residents also meet with lactation consultants and spend one month in the routine nursery where they will discuss breastfeeding on a daily basis
- Program director provides a “newborn update” at least once per year where breastfeeding issues are included
- In sum, residents receive 6 hours of training in lactation and breastfeeding
 - ✦ 3 hours of AAP modules
 - ✦ 3 hours of live training

Training



- **University of Kansas Medical Center**
 - Residents complete the WellStart 2013 online self-study modules
 - ✦ About 2-3 hours of training
 - ✦ Uses a pre- and post-test to evaluate residents' knowledge
 - ✦ Uses case exercises throughout the modules
 - Residents spend two mornings with the lactation team
 - One month out of the residents' first year will be spent in the full-term nursery
 - Lactation consultants participate in rounds which allow residents to get experience with breastfeeding in little bits every day
 - Residents who have themselves nursed their own babies in the past tend to be the most knowledgeable about lactation

Training



- KUMC program director described residents as a “mixed bag” for promoting and supporting breastfeeding
 - The resident’s gender may have a large influence on their experience working with breastfeeding mothers

“I find that our male residents are kind of at a disadvantage. Frequently when they’re doing the observation piece with lactation, they’re asked not to come in rooms... Mom doesn’t want to nurse in front of lots of people, which makes it really hard to learn and I think our male residents struggle with that.”

- Residents who have had their own children tend to be the biggest breastfeeding advocates and spend a lot of time supporting new mothers

Training



- Neither Children's Mercy nor KUMC reported a formal method they have for evaluating how well the faculty and residents promote, manage and support breastfeeding
- Barriers to educating residents about breastfeeding
 - High clinical demands so they don't have time to sit down and complete computer modules
 - Everyone may start off with different levels of knowledge about breastfeeding

"Part of it, too, is that we have a very diverse array of learners. They're from schools all over the Midwest and beyond so I think coming in, there's a huge spectrum of knowledge about breastfeeding."

– Children's Mercy program director

- How supportive the faculty is

Baby-Friendly Status



- Neither pediatric resident director specifically stated that they have a written breastfeeding policy
- Truman Medical Center has reached Baby-Friendly status
- Director at KUMC indicated that KU Hospital is not and will not be working to achieve Baby-Friendly status due to their patient population and needs

Use of Resources



- Residents at both Children's Mercy and KUMC have access to International Board Certified Lactation Consultants
- At KUMC, residents work with lactation consultants both in clinic and in the hospital
 - One drawback is that these locations have two different groups of lactation consultants
 - Mothers who see one lactation consultant in the hospital will not be able to see that same individual when they're in the clinic

"If you've seen Jenny three days in a row and she's the one that's here today, that she can't come over to clinic and see you again because she's hospital-based, that's not supportive of moms at all... You find [a lactation consultant] that works with your own communication style or your personality – this is a really intimate part of your body. And that's a big deal."

Other



- Nursing mothers who are staff at the hospitals have locations for breastfeeding or expressing breastmilk
 - At Children's Mercy, there are several lactation rooms and the resident lounge
 - KUMC staff have a nursing nest that is used by a large number of residents

- Providing support for breastfeeding mothers
 - Children's Mercy director has been involved with a program called the ROSE ("Reaching Our Sisters Everywhere) Network
 - ✦ Works to improve breastfeeding rates in the African American population by involving grandparents, fathers, and other family members
 - Baby Café
 - ✦ Provides a support group for mothers where they can have their babies weighed and talk about any problems they may be having
 - ✦ Women receive an electric breast pump after two or three visits
 - ✦ Peer counselor is present to help educate and counsel mothers

Other



- Evaluating residents' breastfeeding knowledge and skills
 - KUMC residents are not evaluated in any formal way
 - ✦ However, there are many opportunities to look at the residents' skills through activities like simulations
 - Residents at Children's Mercy take pre- and post-tests when completing their online modules about breastfeeding

- Number of residents
 - Annually, Children's Mercy has:
 - ✦ 24 residents that are pediatrics only
 - ✦ 2 residents who are combined pediatrics and neurology
 - ✦ 6 residents who are completing internal medicine and pediatrics
 - Annually, KUMC has:
 - ✦ 8 to 9 residents per class for a total of 26 residents

Safety Net Clinics and Healthy Start Programs



Methodology



- In-depth interviews conducted at 2 locations
 - Southwest Boulevard Family Health facility
 - ✦ JayDoc Clinic
 - ✦ Maternal Options that Matter (MOM) Clinic
 - Project Eagle

Clinic/Program	Number of Interviewees	Interviewees' Title(s)
Southwest Boulevard Family Health -JayDoc Clinic -MOM Clinic	3	<ul style="list-style-type: none">▪ Breastfeeding Clinic Coordinator▪ 3rd year medical students
Project Eagle	1	<ul style="list-style-type: none">▪ Health Coordinator

Initiation



- Southwest Boulevard Family Health is able to see mothers within 2 weeks postpartum
- JayDoc clinic sees new mothers at 6 weeks postpartum
- Project Eagle is able to make home visits for mothers who are in need of additional support
- Family and peer support emphasized as being helpful in the initiation and continuation of breastfeeding

Barriers to Initiation and Continuation



- Cultural differences

“African American community, we notice that there’s just bias like well formula is easier, that’s gross to breastfeed... not across the board, but you see that more. Our Hispanic moms are more willing to breastfeed, but we still see some [of] ‘that’s gross’, but not as much.”

– Project Eagle representative

- Lack of lactation consultants on staff at these clinic locations
 - Clients are referred to lactation specialists at the University of Kansas Hospital
- Neither location has peer support groups
 - But are aware of support groups available and make referrals for mothers

Exclusivity



- Neither clinic offers formula
 - Some mothers want formula because they have the perception of insufficient milk supply
- Having support seems to be the most helpful in encouraging mothers to continue exclusive breastfeeding

“We can provide reminders and check-ins. We provide certificates at breastfeeding milestones. There’s one that’s called the Purple Heart and that addresses any challenges. So at least we’re providing support. If their family is not providing support, society’s not providing support, at least they’re getting it somewhere. But ideally, it needs to come from everybody.”

– Project Eagle representative

- Both clinics felt that having a lactation consultant on site would be beneficial in helping mothers with breastfeeding continuity and exclusivity

New Mothers



Methodology



- New Mother surveys were distributed and collected from WIC locations
 - Johnson County
 - Kansas City, MO
 - Platte County Health Department
 - Samuel U. Rodgers
 - Truman Medical Center Lakewood
 - Wyandotte County

- 190 mothers completed the survey
 - 126 (66.3%) met eligibility criteria
 - ✦ Must be a first-time mother
 - ✦ Had a baby at a hospital in the greater Kansas City area within the last 6 months
 - ✦ The baby was born between 37 and 42 weeks
 - ✦ The baby did not have any serious problems (not sent to the neonatal intensive care unit)
 - ✦ The mother planned to breastfeed or did breastfeed for any length of time
 - ✦ The mother was 18 years or older

Sociodemographic Profile of New Mothers

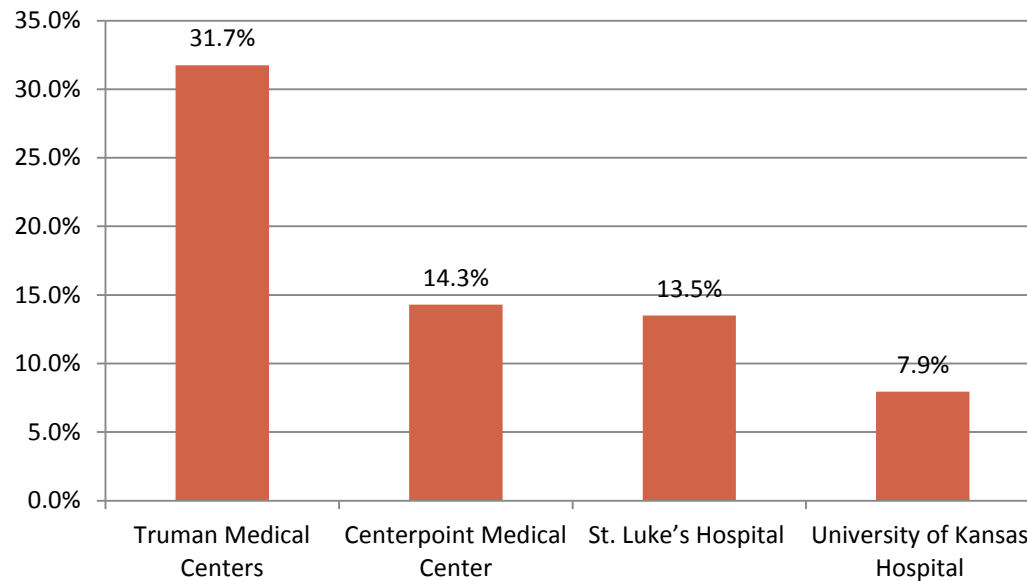


	Eligible Mothers (n=126)	%
County (MO)		
Cass	3	2.4%
Clay	7	5.6%
Jackson	77	61.1%
Lafayette	4	3.2%
Platte	2	1.6%
County (KS)		
Johnson	18	14.3%
Wyandotte	8	6.3%
Not reported	7	5.6%
Race/Ethnicity		
Hispanic or Latino	32	25.4%
Caucasian	88	69.3%
African American/Black	26	20.5%
Asian	4	3.1%
American Indian	5	3.9%
Other	4	3.1%
SNAP Recipient	31	24.6%

Delivery Locations



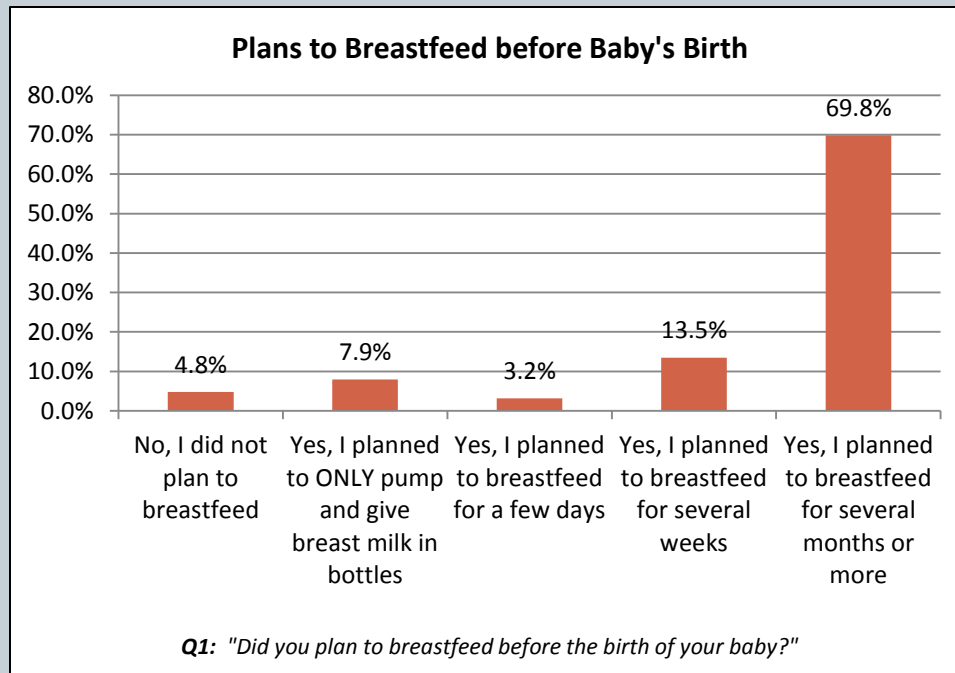
Figure 13. Top Delivery Locations



Before Birth



- The majority of mothers (95%) reported that before their baby's birth, they had planned to breastfeed for at least some amount of time



Before Birth

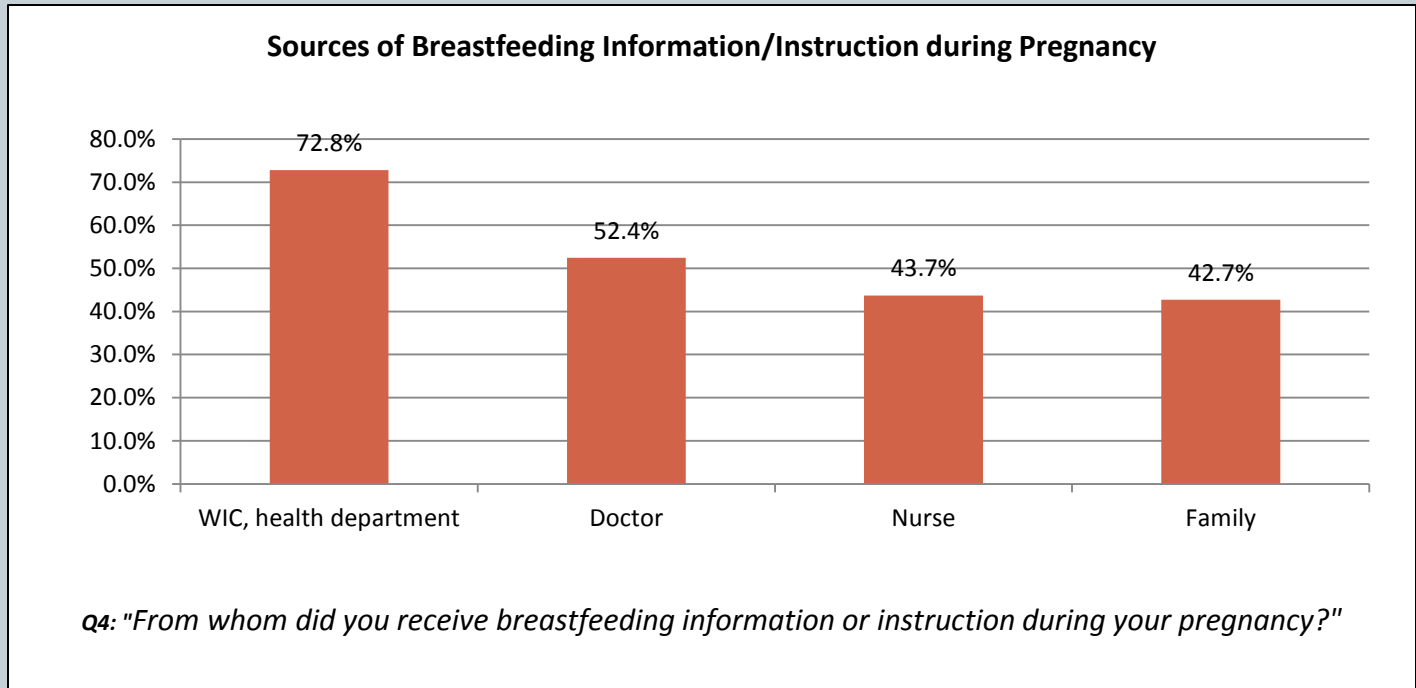


- 40% of mothers reported that their partner preferred breastfeeding as a method of feeding while 45% reported their partner had no preference
- 54% of mothers reported that they hadn't attended a prenatal or childbirth class that shared information about breastfeeding
- 90% said they had received breastfeeding information or instruction during their pregnancy

Before Birth



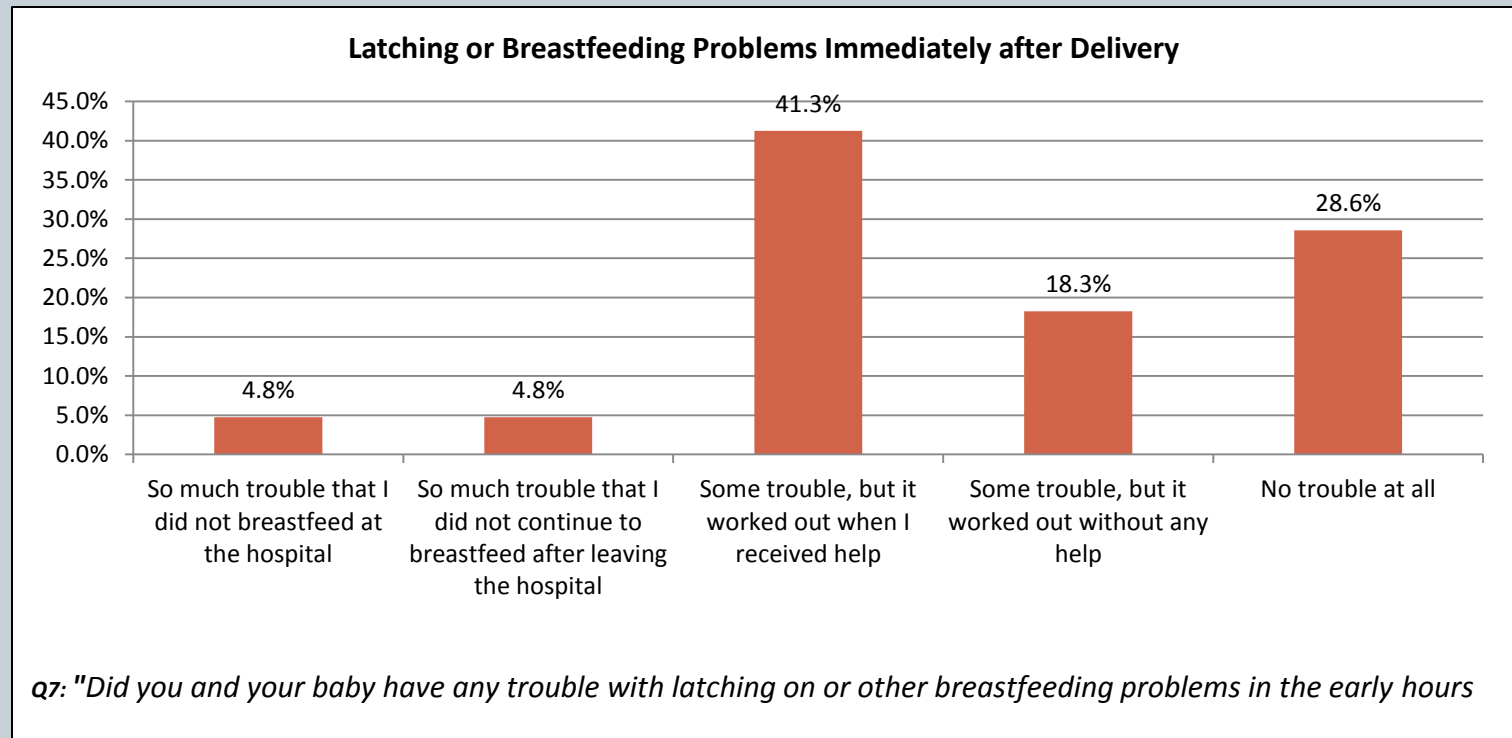
- New mothers received breastfeeding information during their pregnancy from a variety of sources



After Birth



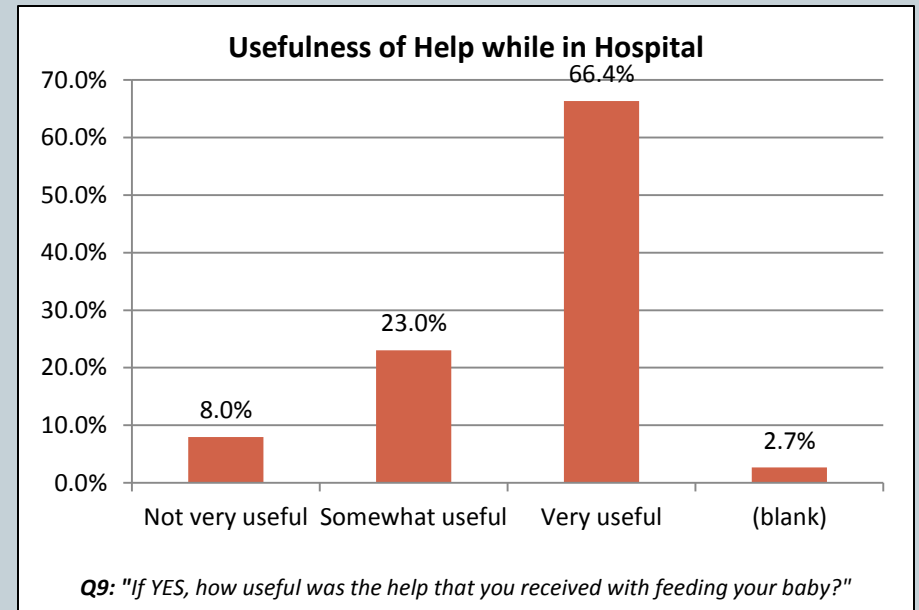
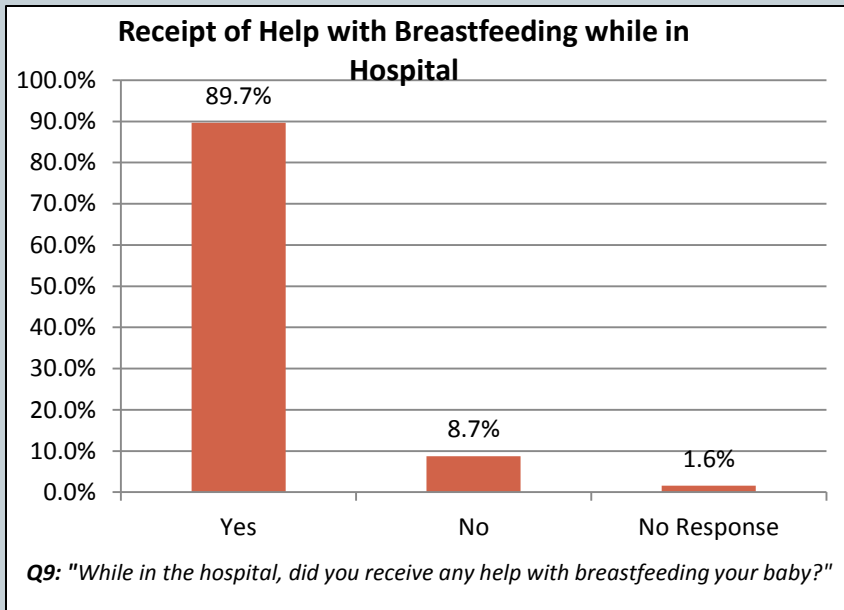
- Difficulty with latching or breastfeeding immediately after delivery
 - About 50% of moms experience some problems with breastfeeding



After Birth



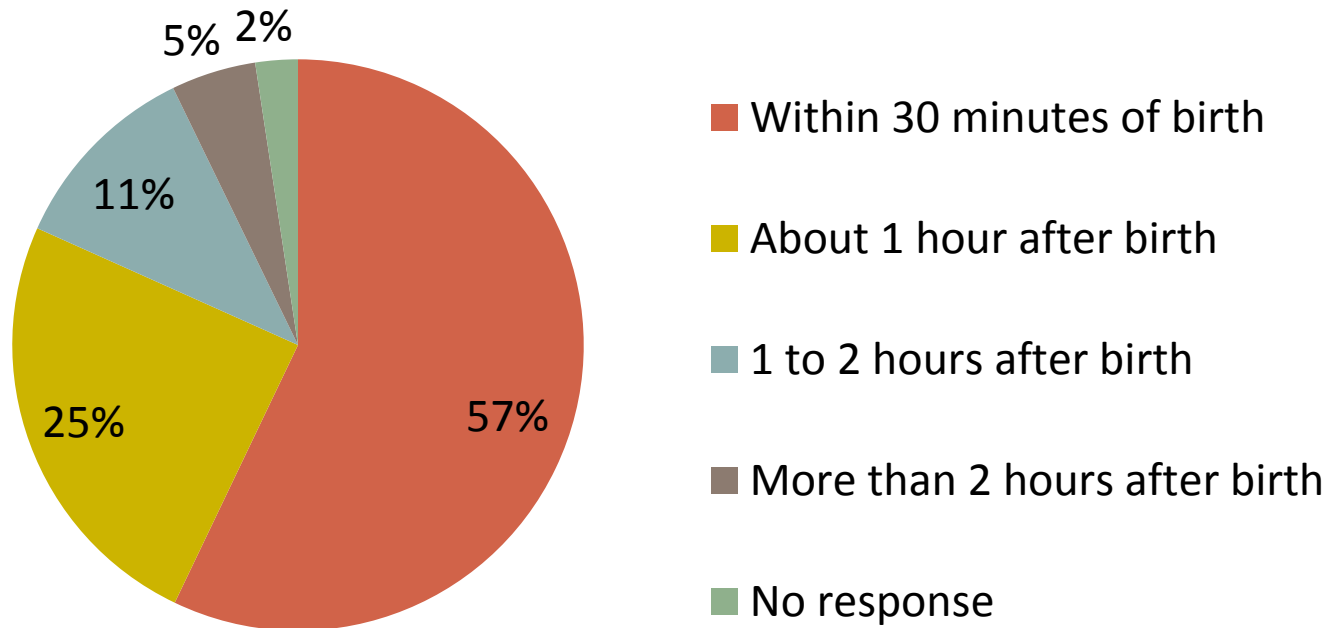
- Receiving help with breastfeeding while in hospital



After Birth



- Opportunity to offer breast to baby for first time



After Birth



- Questions about mothers' hospital experience following delivery

Question	Yes
Did your baby receive only breast milk in the hospital?	65%
Did your baby remain with you at all times during your stay at the hospital, except for periods up to one hour for hospital procedures?	86%
Were you encouraged to breastfeed whenever your baby wanted to feed?	90%
Were you offered any formula or bottle (and nipples) when you left the hospital?	36%
Were you encouraged to contact a breastfeeding mothers' support group or other source of breastfeeding support (e.g., lactation consultant) when you were discharged from the hospital?	64%

After Birth



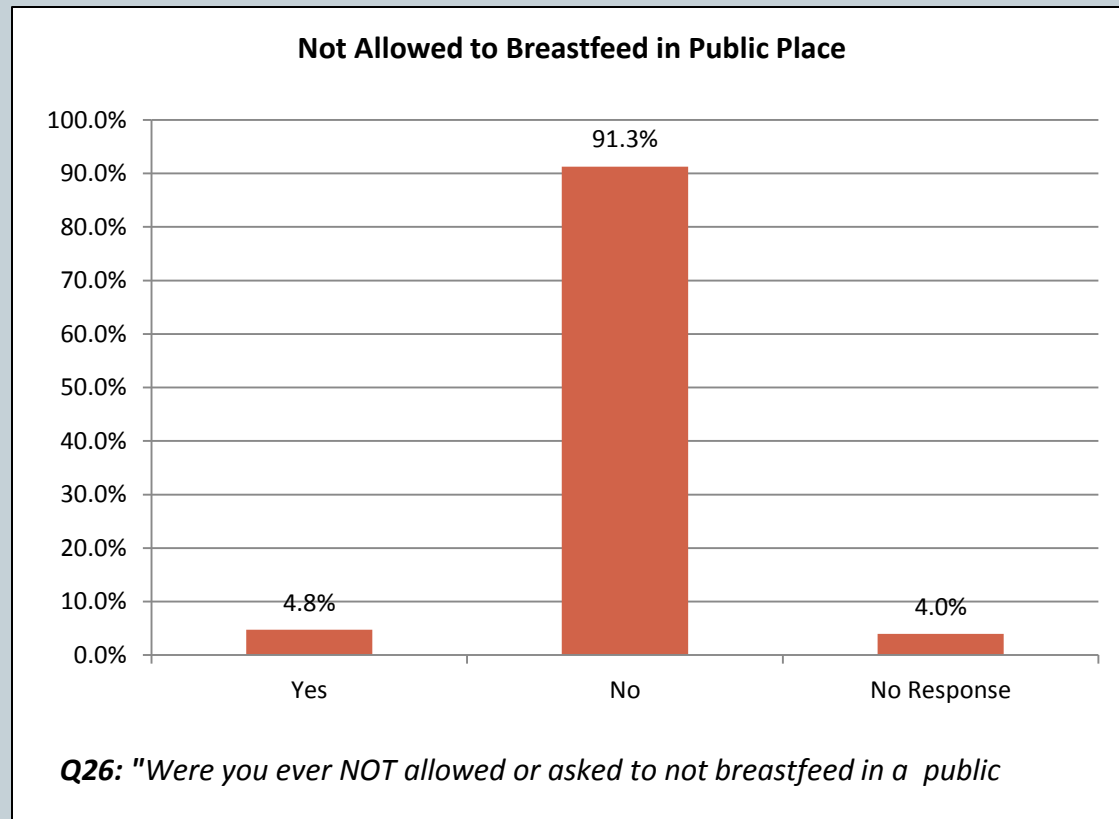
- 48% of mothers reported receiving help with breastfeeding upon returning home
 - Sources of help include other mothers, lactation consultants, and WIC employees
- About 60% of mothers reported they were currently breastfeeding at the time they completed the survey

After Birth



- Of the mothers who were no longer breastfeeding, reasons for ceasing to breastfeed include:
 - Perception of not having enough milk
 - The baby was not sucking well at the breast
 - The baby was colicky/fussy
 - The mother had to return to work or school
- When asked what could have helped them to continue breastfeeding, responses included:
 - More lactation support from the hospital and nurses
 - More time with lactation consultants
 - More help after returning home

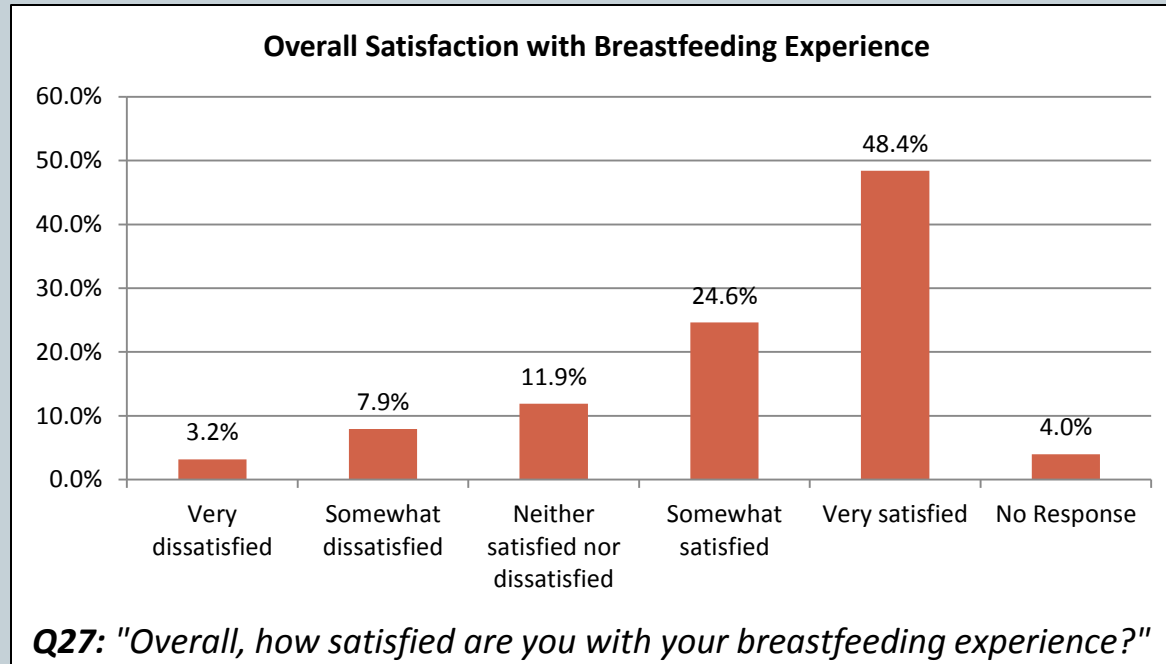
After Birth



After Birth



- A majority of mothers (73%) reported they were somewhat or very satisfied with their overall breastfeeding experience



Hospitals



Methodology



- Healthcare professionals involved in maternity services at 10 Kansas City Metro hospitals were interviewed

Institution	Number of Interviewees	Interviewee(s) Title
Children's Mercy Hospital	2	<ul style="list-style-type: none">Pediatric Residency DirectorMedical Doctor
Liberty Hospital	1	<ul style="list-style-type: none">Registered Nurse, International Board Certified Lactation Consultant
Menorah Medical Center	1	<ul style="list-style-type: none">Registered Nurse, International Board Certified Lactation Consultant
North Kansas City Hospital	2	<ul style="list-style-type: none">Lactation ConsultantMother/Child Manager
Overland Park Regional Medical Center	2	<ul style="list-style-type: none">Lactation ConsultantRegistered Nurse
Providence Medical Center	3	<ul style="list-style-type: none">Nurse Manager of the Family Care CenterCharge Nurse of NurseryStaff Nurse in Nursery
Shawnee Mission Medical Center	1	<ul style="list-style-type: none">International Board Certified Lactation Consultant
St. Luke's Hospital	2	<ul style="list-style-type: none">WIC Manager, LC, RD, La Leche League LeaderRN, International Board Certified Lactation Consultant
Truman Medical Center	2	<ul style="list-style-type: none">Registered Nurse, Lactation ConsultantMedical Doctor, Pediatric Resident Supervisor
University of Kansas Hospital	3	<ul style="list-style-type: none">Obstetrics and Gynecology PhysicianFamily Medicine PhysicianPediatric Nurse Practitioner

Baby-Friendly Status



- Half of the hospitals interviewed have a written policy on breastfeeding
- A majority report helping mothers initiate breastfeeding within an hour after birth
- All hospitals except one have lactation consultants on staff
 - None have access to lactation consultants 24 hours per day
- 6 hospitals participate in the Kansas High 5 or Missouri Show Me 5 programs
- At 9 hospitals, training on breastfeeding and lactation management is given to all staff caring for women and infants

Initiation



- All interviewees stated that early education is important for the success of breastfeeding initiation
 - **A strong support system is important in both initiation and continuation**
- Educational materials geared towards low-income and diverse populations were indicated to be lacking

Barriers to Initiation and Continuation



- Barriers to breastfeeding

- Perceived lack of milk
- Lack of education/understanding about breastfeeding
- Lack of support

“Issues around latch, issues around going back to work, issues around social and peer pressure that sometimes is promoting bottle feeding in some sectors of the low income community – all sorts of things, and then when you throw in this chaos of poverty – throw that all together and it’s sad, but breastfeeding just falls off the priority list a lot of times.”

– University of Kansas Hospital representative

- Factors that help encourage new mothers to breastfeed

- Having a strong support system
- Early mother/baby bonding
- Breastfeeding within one hour of birth

Discussion



Individual



- The mother's attitude and knowledge about breastfeeding prior to her giving birth
- Technical concerns
 - Mothers may think they're not producing enough milk
 - Issues with latching
- Returning to work or school

Interpersonal



- Having a strong support system
 - Friends, family members, significant others
 - Support groups
 - WIC peer counselors
- Hearing positive experiences from friends or family members about breastfeeding

Organizational



- **Mothers' experiences in the hospital following delivery**
 - How successful the mother is with breastfeeding within the first few days following delivery may determine if she continues or not
 - Lactation consultants are typically unable to see every new mother due to time constraints
 - Level of support provided by the doctors, nurses, and other hospital staff can vary
 - Baby-Friendly status has a profound effect on the types of supports and resources available as well as how well the hospital promotes breastfeeding

Community



- Organizations can offer breastfeeding services that provide practical support to breastfeeding mothers
 - **Baby Café**
- Community attitude towards breastfeeding may affect a mother's stance on it
 - **Some mothers may be wary about breastfeeding in public places**
 - **Mothers need comfortable and suitable places to breastfeed outside the home**

Policy



- Breastfeeding mothers returning to work need support from employers
 - Patient Protection and Affordable Care Act affects break time requirements for nursing mothers⁵
- Breastfeeding-friendly workplace initiatives need to be encouraged
 - Longer breaks to breastfeed or express milk
 - Allowing new mothers to return on a part-time basis or establish job sharing
 - Instituting maternity policies that allow for extended absences
- Affordable Care Act
 - As of January 2014, a woman can provide “self-attestation” of pregnancy to enroll in Medicaid

Conclusion and Recommendations



Conclusion



- **Numerous factors can be influential on a mother's decision of whether to breastfeed her baby or not**
- **Motivators**
 - Mothers recognizing the health benefits that breastfeeding provides for their babies
 - Having a strong support system
- **Barriers**
 - Lack of adequate knowledge about breastfeeding both before and after delivery
 - Lack of access to appropriate healthcare support (such as lactation consultants)
 - Insufficient support for breastfeeding once returning to school or work
- **Efforts to promote and encourage breastfeeding need to focus on providing support at multiple levels**

Recommendations



- Ensure that women are provided with as much **evidence-based education** about breastfeeding as possible – the earlier, the better
- **Involve family members (fathers in particular)** in breastfeeding education
- Increase support from hospital staff and **access to lactation consultants 24/7**
- Increase number of **hospitals making progress toward reaching Baby-Friendly status**
- **Enhance support in schools and in the workplace**
- **Extend maternity leave** for family members and ensure paid coverage for maternity leave
- **Increase awareness** among health providers about the change in pregnancy verification for Medicaid enrollment



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