Innovative Lactation Support Model Removes Invisible Barriers

Pediatric health providers collaborate with lactation consultants for improved health outcomes

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Lactation consultants see it every day: babies with moms who ask for help too late. Who we don't see: the moms who gave up before they even found us. This has a profound impact on the health of their babies and even on their own health. A new, evidence-based model of care introduces moms to early support and leads to improved clinical outcomes now and later.

As pediatricians and advanced care practitioners who work with children know, breastfeeding is scientifically linked to positive long-term health outcomes. That goes for breastfeeding exclusively or supplemented with formula. Breastfeeding lowers the risk of infant death; hospitalization for gastroenteritis (GI) and respiratory diseases; childhood diabetes and obesity; and even adult diseases later in life. This is all true for babies from both low and high-income populations.

The World Health Organization recommends breastfeeding for two years, which is supported by the U.S. Surgeon General, which has a call-to-action for health providers to teach women about the benefits and offer them support. The American Academy of Pediatrics recommends mothers breastfeed exclusively for six months and continue up to a year with complimentary foods and as long thereafter as is mutually desired by mother and baby. While these organizations' guidance may differ slightly, they all recognize the vital health impact of breastfeeding on the population.

"Pediatricians are the first responders to feeding problems."

Invisible barriers require a new approach

In a society where it seems we have access to everything we need, it's hard to imagine that moms may have barriers to successful breastfeeding. Although it's hard to see them, these barriers are very real and include:

1. Treatment outside of a critical window of time
2. Societal pressures and misinformation
3. Cracks in specialist care transfer

Critical Window

Healthcare providers need to help moms with breastfeeding challenges initiate care early, when they are still in the window where we can really help. That includes moms with low milk supply, painful breasts or babies with latching issues.

Continued on next page

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How do we define early? There is a critical window of about two weeks to get breastfeeding established. It's often still achievable in the third and fourth weeks of life but takes a lot more work. It can be frustrating and emotionally exhausting for moms. After a baby hits the one-month milestone, it becomes far more difficult to overcome problems and is less likely that breastfeeding will be successful.

Societal Pressures
This barrier is a problem with our culture as a whole. Women feel guilty when it comes to independence and success as mothers. They do not want to admit failure.

Typically, doctors pose the question, "Is breastfeeding going well?" And even if it's not going smoothly, moms want to pass the motherhood test. They want to prove themselves nurturers and they say, "It's going great!"

But many moms – both new and experienced – don't even recognize anything is wrong. Sore breasts and cracked nipples aren't normal. A baby who feeds hourly may have latch issues or is hungry due to low milk supply.

While almost every woman in our society could be at risk of withholding information to pass the "motherhood test," it's even more true for black and Hispanic women. Some cultural beliefs and practices cause them to say everything is fine, unless they are asked very specific questions.

Cracks in scheduling specialist care
At a recent well visit for my daughter, her pediatrician referred us to a GI specialist. She explained to us that her referral coordinator would get everything arranged for us. Later that day I got a phone call from the specialist to schedule the appointment.

But when a mom typically needs breastfeeding support, there's a gap in the referral process. Physicians may recommend a mom to see a lactation consultant, but it's up to the mom to find one and schedule it in between driving home, feeding the baby, getting him down for a nap and starting dinner. By the time she schedules the appointment, she often has missed that all-important window.

The new model for lactation support
Since many moms don't want to admit or don't realize they need help, newborn care

Reasons mothers stop breastfeeding:

- Trouble with sucking or latching
- Sore, cracked or bleeding nipples
- Breast engorgement
- Breasts infected or abcessed
- Low milk supply
- Breastmilk alone does not satisfy baby
- Concerns with baby's weight gain

60% of mothers do not breastfeed for as long as they intend to.

providers and physicians are in a key position to help during the critical window for support. Pediatricians are the first responders to feeding problems and have the opportunity to meet this problem head-on in two ways:

1. Collaborate with and refer to licensed lactation consultants – or –
2. Staff in-house licensed lactation consultants

When moms are asked the right questions and are offered ongoing lactation support visits on a scheduled basis, it feels less like an attack on motherhood and more like a standard of quality pediatric care. Questions physicians should ask at every newborn care appointment during the first month should include specifics about feeding frequency as well as if the mother's breasts or nipples are sore.

Collaborative care

We've learned that many physicians have rejected the idea of referrals to lactation consultants in the past because of a lack of communication. But like any specialist, good lactation consultants have a responsibility to keep physicians informed. Our International Board Certified Lactation Consultants send doctors a report after every patient contact as well as a copy of the feeding plan. We ask for physician feedback and communicate any changes to the mom right away. Our goal is truly collaborative care.

Once a physician establishes a collaborative relationship with a local lactation consultant, the physician should treat a lactation challenge the same way they do with others and make an official referral, complete with a fax, email or phone call. This way, lactation consultant practices can call the mother right away to schedule an appointment during that critical window of time.

I also mentioned considering an in-house lactation consultant. While this is a much bigger commitment, we're doing it successfully at our newest location in Marietta. We teamed up with a nurse practitioner practice that offers newborn care to mothers and babies on

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Medicaid. Traditionally, they weren't able to get a consultation because Medicaid only covers a lactation consultant visit with an advanced care practitioner or physician onsite. By offering support just down the hall, we're cutting insurance and transportation barriers to care for these moms and babies.

Working together toward maximum patient health

As healthcare providers, we have the responsibility to help our patients achieve maximum outcomes.

Support for lactation issues that is only offered reactively, in which women are expected to initiate the contact, is unlikely to be effective because of many invisible barriers.

When healthcare providers work collaboratively with lactation consultants, and refer for breastfeeding challenges the same way as they do for GI or respiratory issues, problems are overcome almost immediately and everyone is kept in the loop.

Through this new model, pediatricians can give mothers a stronger chance at breastfeeding success. And their babies will have a stronger chance at a healthy life.

OLD MODEL SCENARIO

Day 5
- Baby: Weight loss.
- Mom: Frustration with breastfeeding.
- Physician: "Let's keep an eye on this."

Day 12
- Baby: Insignificant weight gain.
- Physician: "Try formula and get breastfeeding help." (Both good but late.)

Days 12-18
- Baby: Crying, hungry, underweight.
- Mom: Emotionally drained. Searches Google, asks friends. Makes appointment.

Day 19
- Baby: Critically underweight.
- Lactation consultant: Creates plan to help baby latch and help mom increase milk supply. Warns it will be hard because it's outside first two-week window.

Day 25
- Mom: Still frustrated, gives up.
- Baby: Goes to exclusive formula and is at increased risk for multiple health conditions now and later in life.

NEW MODEL SCENARIO

Day 5:
- Baby: Weight loss.
- Physician: Refers mom to trusted lactation consultant on-site or nearby. Sends referral email, fax or phone call.
- Lactation consultant: "We can see you today." Nipple shield from hospital is the wrong size. Fits for new shield and ensures baby is latching correctly before leaving.
- Collaboration: Lactation consultant sends report and feeding plan to physician, asks for feedback. Communicates physician feedback to mom.

Day 7:
- Baby: Gained weight beautifully.
- Mom: Full milk supply.
- Lactation consultant: Follows up; offers support to wean from nipple shield and recommends support group.

Day 30:
- Last day of critical window
- Baby: Healthy, happy and at decreased risk for multiple health conditions.
- Mom: Healthy, happy and preparing to return to work.
- Lactation consultant: Helps prepare mom to pump so she can continue breastfeeding from home and later, when she goes back to work.

Resources
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