

Starting off on the Right Food: The Role of Lactation Support in Breastfeeding Initiation and Continuation

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Starting off on the Right Food: The Role of Lactation Support in Breastfeeding Initiation and Continuation

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Background

- WHO – exclusive breastfeeding until 6 months of age [1]
- Breastfeeding Benefits [2]
 - Decreased morbidity and mortality of infectious diseases in childhood
 - Moderating early infant weight gain → future obesity
- Early Termination of Breastfeeding – lactation and nutritional concerns [3], In-hospital formula feeding[4]
- LVHN- Baby-Friendly Hospital [5]
- Role of Lactation Consultant in Prenatal and Postnatal Setting [6, 7]

Problem Statement

This study investigated the relationship between duration of breastfeeding and encounters with the lactation consultant in both the nursery and the clinic.

Methods

400 Women and Infants Enrolled in the Primary Care Obesity Intervention Study Between July 2016-July 2017



280 Women and Infants Active at 6 Months
30% of Original Cohort Lost to Follow Up



247 Women and Infants Eligible For Inclusion in Breastfeeding Study

Inclusion:

- Born at LVHN – for access to medical record regarding lactation consultation after delivery
- Full-Term Infant (Born 37w of gestation) – for feeding and growing issues related to preterm delivery

Exclusion

- Born at Outside Hospital
- Born Between 34-37 weeks gestation

Results

Table 1: Baseline Characteristics of Active Study Participants

	Control (n=127)	Intervention (n=120)
Maternal Demographics		
White	20.3% (26)	23.3% (28)
Black/African American*	7.1% (9)	15.8% (19)
Hispanic	74.0% (94)	63.3% (76)
Age	25.6 yrs (5.0 yrs)	25.9 yrs (5.4 yrs)
Completed high school or less	55.9% (71)	50.0% (60)
Employed Full time Pre-baby	45.7% (58)	43.8% (53)
Employed Full Time Post-Baby	3% (4)	1.7% (2)
Overall health is excellent/very good	57.4% (73)	58.3% (70)
First Time Breastfeeding	41.4% (53)	44.2% (53)
Household Demographics		
Parents co-parenting in single household	78.7% (100)	75.6% (90)
Child's parents married to each other	28.3% (36)	26.9% (32)
WIC participants	81.0% (102)	75.0% (90)
Household income ≤ \$20,000	44.1% (52)	39.5% (45)
Experienced food insecurity	40.9% (40)	33.6% (40)
Infant Birth Statistics		
Weeks of gestation at birth	39.4 (1.1w)	39.5 (1.1w)
Vaginal delivery	74.0% (94)	75.0% (75)

*P<0.05

The control and intervention groups were well-balanced, with the exception of the demographic characteristic of African-American race.

Table 2: Participation in Breastfeeding (from survey responses)

Proportion of Moms breastfeeding at each time point:	Among Intervention Group % (N)	Among Control Group % (N)	Chi ² /t	P
Ever breastfed this baby	79.2% (95)	89.0% (113)	4.47	<0.05*
At 6 months	21.0% (25)	18.9% (24)	0.005	0.95

There was a statistically significant difference in rate of initiation of breastfeeding in the control group versus the intervention group. No difference existed at 6 months.

Table 3: ANOVA Comparisons of Duration of Breastfeeding

Group	n	Mean (weeks)	SD	Tukey's HSD	
				Not Seen	Nursery Only
Intervention					
A) Not Seen by Lactation	12	11.29	9.05		
B) Seen in Nursery Only	69	11.01	9.18		
C) Seen in Nursery and Clinic	11	11.09	7.76		
Control					
A) Not Seen by Lactation	11	9.27	8.82		
B) Seen in Nursery Only	93	9.43	8	0.9	
C) Seen in Nursery and Clinic	11	15.96	8.27	0.13	0.03*
Total					
A) Not Seen by Lactation	23	10.33		9	
B) Seen in Nursery Only	162	10.1	8.56		
C) Seen in Nursery and Clinic	22	13.63	8.56		

There was a significant difference in the mean duration of breastfeeding within the control groups when analyzed for differences in exposure to lactation counseling ($F(2, 114) = 3.36, p=0.04$). A significant difference in rates of breastfeeding was found between control mothers seen in the nursery when compared to those seen in the nursery and clinic ($p=0.03$).

Discussion

- Role of Lactation Support on Breastfeeding – Nursery and Clinic
- Limitations – Loss to Follow Up, Sample Size, Standard but not Routine Care
- Further Work – Prenatal Counseling, Measurement of Baby-Friendly Initiatives, Larger Sample Size with Routine Counseling
- SELECT Principles – Primary Care Intervention

Conclusions

In alignment with the WHO guidelines regarding infant nutrition and the Baby-Friendly designation, lactation counseling should function as a routine part of postnatal care both in the clinic and nursery, as demonstrated by a small sample size of mother-infant dyads in this study.

Further work should be pursued to elucidate its role in a larger sample size and in the prenatal setting.

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