

Increasing Rates of Exclusive Breastfeeding

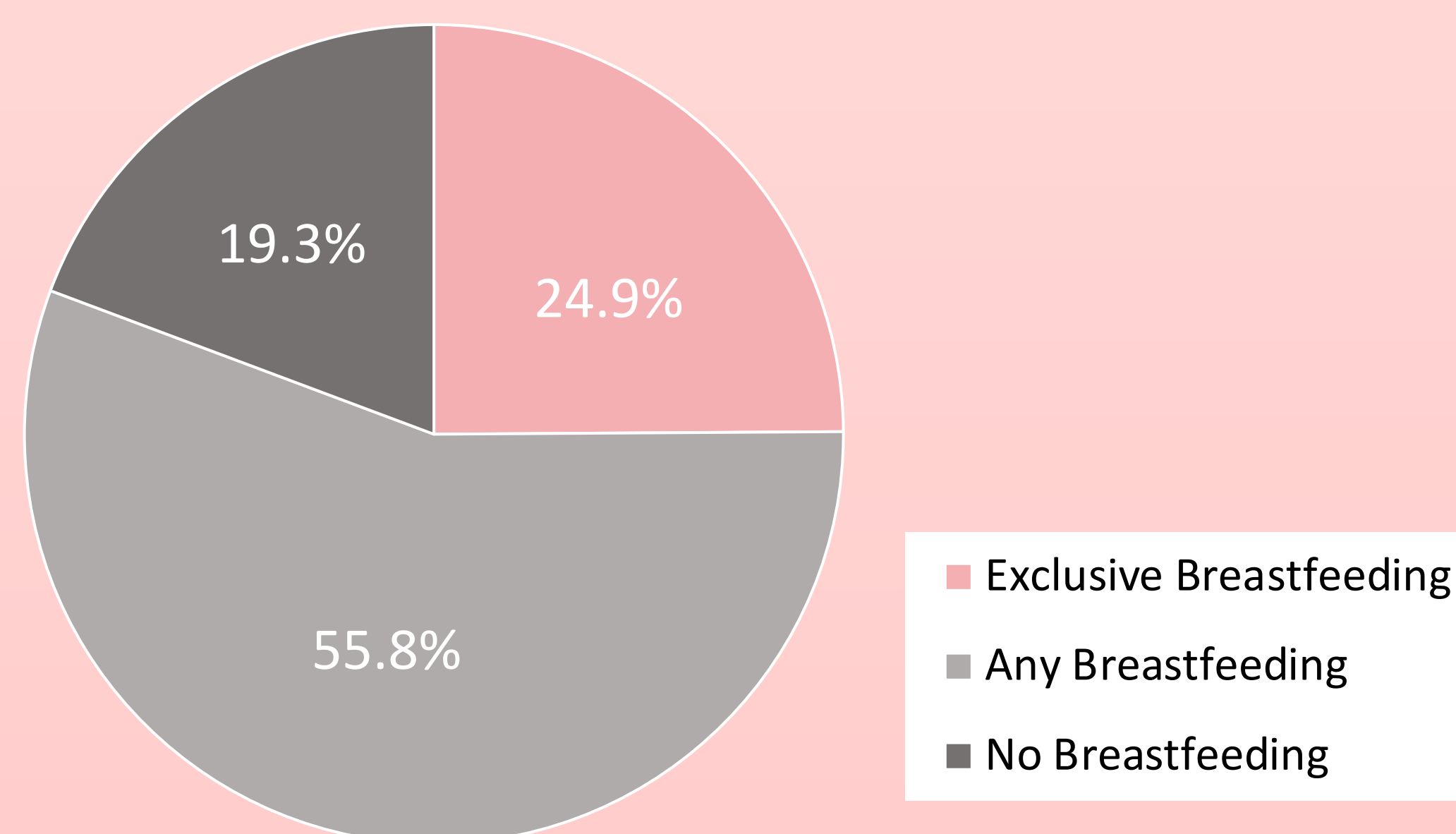
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Background & Significance

- **Exclusive Breastfeeding** – feeding the baby no other food or drink other than breast milk¹
- Exclusive breastfeeding is recommended for the first six months of an infant's life¹
- Only 25% of infants in the U.S. are still being exclusively breastfed by six months postpartum¹
- Benefits of exclusive breastfeeding:^{1,2,3}
 - Provides all energy and nutrients needed by infants for the first months of life
 - Reduces child's risk of obesity or overweight and common childhood conditions
 - Reduces mother's risk of developing breast or ovarian cancer
 - Helps mother's body return to a postpartum state
 - Promotes bonding between infant and mother
- **Current Practice:** Generally, healthcare professionals provide education and support breastfeeding following delivery and at postpartum follow-up appointments
 - **Limitations:** Short staffing, education/support is only available in the hospital and ends at discharge
- An intervention designed to provide ongoing education and easy access to support for the duration of mothers' breastfeeding journeys has the potential to increase rates of exclusive breastfeeding

Feeding Behaviors at Six Months Postpartum in the U.S. (2019)¹



Research Question

For pregnant women, compared to routine postnatal care, does the use of a breastfeeding education and support intervention increase the rates of women exclusively breastfeeding in the first six months postpartum?

Evidence Summary

Authors (Year)	Intervention	Results	Evidence Level & Quality (Melnik, JHNEBP)
Huang et. al. (2019) ²	<ul style="list-style-type: none"> • Two face-to-face interventions before discharge • Monthly telephone calls 	At four months, 70.9% of those in the intervention group were exclusively breastfeeding, compared to 46.2% of the control (p<.01)	Level I B
Amhed et. al. (2016) ⁴	Interactive web-based breastfeeding monitoring system with feedback	At three months, 55% of those in the intervention group were exclusively breastfeeding, compared to 19% of the control (p=.002)	Level I C
Santamaria-Martín et. al. (2022) ⁵	PROLACT intervention consisting of group sessions	At six months, 22.4% of those in the intervention group were exclusively breastfeeding, compared to 8.8% of the control; Relative Risk (RR) = 2.53	Level I A
Patel et. al. (2018) ⁶	<ul style="list-style-type: none"> • Baby Friendly Hospital Initiative re-training provided to intervention hospitals • Weekly phone call counseling • Additional calls as needed 	At six months, 97.3% of those in the intervention group were exclusively breastfeeding, compared to 48.5% in the control (p<.001)	Level I B
Abdulahi et. al. (2021) ⁷	<ul style="list-style-type: none"> • Two home visits in the last trimester and seven postpartum home visits • Additional visits as needed 	At six months, 68.3% of those in the intervention group were exclusively breastfeeding, compared to 54.8% of the control; Based on adjusted analysis, the intervention increased rates by 14.6% (p=.010)	Level I A

Summary & Conclusions

- All studies experienced significantly higher rates of exclusive breastfeeding in the intervention group compared to the control
- Further research is needed to determine:
 - If the results of each study translate to the U.S.
 - Which intervention design is most effective
 - The ease of implementing and likelihood of adherence of each intervention

Implications for Nursing Practice

Results of the studies suggest that the use of an on-going breastfeeding education and support intervention has the potential to lead to higher rates of exclusive breastfeeding in the first six months postpartum

Practice Recommendation:

- Education and support provided in the hospital shortly after delivery, in which early initiation is promoted
- Telephone calls with a lactation specialist twice monthly and additionally as needed
- Group sessions with lactation specialists and other new, breastfeeding mothers twice monthly

Implications of Practice Recommendation:

- Ongoing and easily accessible support after leaving the hospital
- Offering both individualized and group support options can allow for flexibility and serves to meet the needs of a more diverse population of mothers
- Translation to other aspects of newborn/maternity care
 - Mental health, infant growth and development, vaccinations
- High certainty of leading to improved health outcomes with little possibility of harm

Methods

Database: PUBMED

Keywords: "Breastfeeding intervention," "exclusive," "education"

Inclusion Criteria: Randomized controlled trials, published after 2016

Exclusive Criteria: Non-relevance of outcomes measured or methods used, small sample sizes

Results: Five of the strongest studies relevant to the research question were included in the evidence review

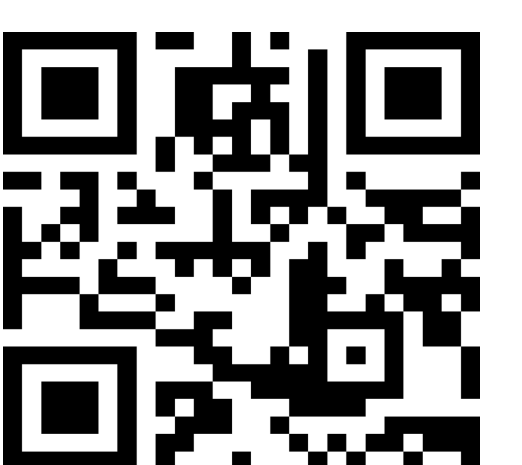
Role of the CNL

A Clinical Nurse Leader (CNL) is a Master's prepared nurse who is trained in evidence-based practice, safety, quality, risk reduction, and cost containment⁸

Key roles of the CNL in intervention implementation would include:

- Advocating for the necessity of the intervention
- Assessing readiness of both the staff and facility for intervention implementation
- Facilitating interdisciplinary communication and collaboration between members of the health care team (lactation specialists, physicians, nurses, etc.)

References



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