Growing Doctors Who are Breastfeeding Friendly… and Knowledgeable!

27th Annual Conference on Breastfeeding
Promoting and Protecting Babies’ Health
Emory Conference Center

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Objectives

- Describe an approach to physician education which enables effective support of breastfeeding and identify resources to aid in physician education

Conflict of Interest

- I have nothing to disclose.
- I have no relevant financial relationships with any manufacturer(s) or any commercial product(s) and/or provider of commercial services discussed in this CME activity.
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in this presentation.
- I do not plan to discuss an off label use of a drug.

Who Manages Breastfeeding?

Obstetrician? Pediatrician?

Nurse? Lactation consultant? Family physician? Pharmacist?

Knowledge of the Health Benefits of Breastfeeding (Practicing Physicians)

<table>
<thead>
<tr>
<th>Health Benefit</th>
<th>F.P.</th>
<th>OB/GYN</th>
<th>PEDS</th>
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</thead>
<tbody>
<tr>
<td>Exclusive breast-feeding through the first 4 months is the most beneficial form of nutrition</td>
<td>73%</td>
<td>57%</td>
<td>73%</td>
</tr>
<tr>
<td>Breast-feeding decreases incidence of O.M.</td>
<td>65%</td>
<td>47%</td>
<td>71%</td>
</tr>
<tr>
<td>Breast-feeding decreases incidence of gastroenteritis</td>
<td>70%</td>
<td>76%</td>
<td>82%</td>
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Appropriate Advice for Common Breastfeeding Problems (Practicing Physicians)

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>F.P.</th>
<th>OB/GYN</th>
<th>PEDS</th>
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<tbody>
<tr>
<td>Mastitis</td>
<td>81%</td>
<td>96%</td>
<td>84%</td>
</tr>
<tr>
<td>Low Milk Supply</td>
<td>57%</td>
<td></td>
<td>63%</td>
</tr>
<tr>
<td>Jaundiced Infant</td>
<td>38%</td>
<td></td>
<td>62%</td>
</tr>
<tr>
<td>Breast Abscess</td>
<td>54%</td>
<td>66%</td>
<td>53%</td>
</tr>
<tr>
<td>Teething</td>
<td>89%</td>
<td>83%</td>
<td>94%</td>
</tr>
</tbody>
</table>

Healthy breast-fed 4-day-old infant with jaundice
- 59% PL-3 and 62% of practitioners recommended more frequent breastfeeding
- Only 52% residents and 64% practitioners were aware that supplementing with formula in the first 2 weeks is a cause of breast-feeding failure

Pediatricians’ Practices and Attitudes Regarding Breastfeeding Promotion
- Periodic survey of FAAPs in 1995
  - 65% recommended breastfeeding as the exclusive method of feeding in the first month of life
  - 37% recommended breastfeeding for the first year of life
  - 72% of pediatricians were unfamiliar with the BFHI
  - Majority had not attended a presentation on breastfeeding in the previous 3 years
- Significant need for physician education


Pediatricians and the Promotion and Support of Breastfeeding
- Periodic survey of FAAPs in 2004 (compared with results of 1995)
  - Pediatricians less likely to believe that the benefits of breastfeeding outweigh the difficulties or inconvenience (adjusted odds ratio, 0.80; 95% CI, 0.70–0.91)
  - Fewer believed that almost all mothers are able to succeed. More pediatricians in 2004 reported reasons to recommend against breastfeeding.
  - Pediatricians in 2004 were more likely to recommend exclusive breastfeeding (adjusted odds ratio, 1.55; 95% confidence interval, 1.23–1.94) and follow supportive hospital policies.
  - Respondents with personal breastfeeding experience were 2.3 times more likely to recommend supportive policies (adjusted odds ratio, 2.3; 95% CI 1.74–3.08) in 2004 than in 1995.
  - Those with no personal breastfeeding experience were also slightly more likely in 2004 to recommend these policies (adjusted odds ratio, 1.49; 95% confidence interval, 1.09–2.03).


Clinical Support of Breastfeeding
- 1163 mother-newborn pairs
  - 1097 (87%) initiated breastfeeding
  - 872 (75%) breastfeeding at 2 weeks
  - 646 (55%) breastfeeding at 12 weeks
- Lack of confidence in ability to breastfeed at 1-2 days associated with discontinuing by 2 weeks
- Mothers were less likely to discontinue breastfeeding at 12 weeks if they reported receiving encouragement from their clinician to breastfeed


Medical Education
- Undergraduate—Leads to MD/DO
  - Medical school (4 years)
- Graduate—Leads to Board Certification
  - Residency (3-5 years)
  - Fellowship (1-3 years)
- Post-Graduate (Life long)
  - Continuing Medical Education (CME)
  - Maintenance of Licensure (State BOM)
  - Board Certification and Maintenance of Certification—MOC (National, specialty boards overseen by the American Board of Medical Specialties)
ACGME Residency Competencies

- Medical Knowledge
- Patient Care
- Interpersonal and Communication Skills
- Professionalism
- Practice Based Learning and Improvement
- Systems Based Practice

Spheres of Influence

- Undergraduate
- Graduate
- Postgraduate
- Practice
- Hospital
  - Baby Friendly
  - Public school
  - Community
  - Home
  - Parenting
  - Social media
  - Grandparenting

Medical Education

- Preclinical years
- Clinical years
- Didactics
- Continuity clinic
- Private practice
- Hospital care
- Community—WIC, La Leche League, Health Depts.

Medical Education

- Didactic education
- Integrated education
- Role playing
- Experiential education
- Knowledge, skills, and attitudes

American Academy of Pediatrics
Breastfeeding Recommendations

- **Exclusively** for about the first 6 months of life
- Continuing for at least the first year of life**, with addition of complementary solids
- Thereafter, for as long as mutually desired by mother and child


**WHO Recommends 2 years minimum

AAP Policy Statement

- Human milk is the normative standard for infant feeding and nutrition
- Breastfeeding should be considered a public health issue and not a lifestyle choice
- Hospital routines to encourage and support the initiation and sustaining of exclusive breastfeeding should be based on the American Academy of Pediatrics-endorsed WHO/UNICEF “Ten Steps to Successful Breastfeeding”

AAP Policy Statement
Role of the Pediatrician

- Promote breastfeeding as the norm for infant feeding
- Become knowledgeable in the principles and management of lactation and breastfeeding
- Develop skills necessary for assessing the adequacy of breastfeeding
- Support training and education for medical students, residents and postgraduate physicians in breastfeeding and lactation


American Academy of Pediatrics
Breastfeeding Initiatives

- Policy Statement
- Section on Breastfeeding
- Breastfeeding Residency Curriculum
- New Mother’s Guide to Breastfeeding
- Physician’s Breastfeeding Handbook

AAP Policy Statement
Role of the Pediatrician

- Promote hospital policies that are compatible with the AAP and ABM Model Hospital Policy and the WHO/UNICEF "Ten Steps to Successful Breastfeeding"
- Collaborate with the OB community to develop optimal breastfeeding support programs
- Coordinate with community-based health care professionals and certified breastfeeding counselors to ensure uniform and comprehensive breastfeeding support


Academic Pediatric Association
Newborn Nursery Goals and Objectives

- Assess a newborn’s nutritional status based on maternal medical and obstetrical history and infant’s history (e.g., illness, feeding, stools, urination) and physical exam (e.g., weight expected for gestational age, subcutaneous fat, hydration, neurologic or oral/facial anomalies) and implement appropriate feeding plans.
- Encourage and support mothers who are breastfeeding.

http://dx.doi.org/10.15766/mep_2374-2651.1736 - See more at: https://www.mededportal.org/publication/1736#sthash.Q43TTiby.dpuf

Recognize and manage these conditions: Common problems for breastfeeding infants and mothers

- Maternal use of medications that are transmitted via breast milk
- Maternal infections and risk of transmission (Hepatitis B, Hepatitis C, HIV)
- Preserving breastfeeding while managing jaundice
- Newborn who is a poor feeder
- Feeding plans for the SGA or premature infant
- Feeding plans for the infant of a diabetic mother
- Feeding plans for the infant with a cleft palate
- Feeding plans for neurologically depressed/abnormal newborn

http://www.academicpeds.org/egwebnew/index.cfm

http://www2.aap.org/breastfeeding/curriculum/references_resources.html
Joan Younger Meek, MD, MS, RD, FAAP, FABM, IBCLC

Breastfeeding Friendly Physicians

Professional Association Statements

- American Academy of Family Physicians
  - [http://www.aafp.org/about/policies/all/breastfeeding-support.html](http://www.aafp.org/about/policies/all/breastfeeding-support.html)

- American College of Obstetricians and Gynecologists
  - [http://www.acog.org/About-ACOG/ACOG-Departments/Breastfeeding](http://www.acog.org/About-ACOG/ACOG-Departments/Breastfeeding)

- Academy of Breastfeeding Medicine
  - [http://www.bfmed.org/Resources/Protocols.aspx](http://www.bfmed.org/Resources/Protocols.aspx)

AAFP

"Breastfeeding is the physiologic norm for both mothers and their children."

"The AAFP recommends that all babies, with rare exceptions, be breastfed and/or receive expressed human milk exclusively for the first six months of life."

CREOG Educational Objectives

Prenatal care

1. Perform a comprehensive history and physical examination.
2. Order and interpret routine laboratory tests and those required because of risk factors during pregnancy.
3. Counsel patients about lifestyle modifications that improve pregnancy outcome.
4. Counsel patients about warning signs of adverse pregnancy events.
5. Schedule and perform appropriate antepartum follow-up visits for routine and high-risk obstetric care.
6. Counsel patients about appropriate immunizations during pregnancy.
7. Counsel patients about the benefits of breastfeeding.
CREOG Educational Objectives

The puerperium

1. Perform a focused physical examination in postpartum patients.
2. Identify and treat the most common maternal complications that occur in the puerperium.
3. Recognize, treat, and refer as appropriate, postpartum affective disorders.
5. Counsel patients about permanent sterilization.
6. Perform postpartum surgical sterilization.
7. Counsel patients about the advantages of and answer questions related to breast feeding.
8. Counsel patients regarding future pregnancies.

Academy of Breastfeeding Medicine

- International multidisciplinary physician organization dedicated to breastfeeding and human lactation
- Breastfeeding Medicine Journal
  - Consider a subscription for yourself, your local library, or for your favorite doctor
- Clinical protocols on website
  - www.bfmed.org

Academy of Breastfeeding Medicine Clinical Protocols

Academy of Breastfeeding Medicine Physician Education Statement

- Educational Objectives and Skills for the Physician with Respect to Breastfeeding
- Objectives for
  - Undergraduate medical education
  - Graduate medical education
  - Continuing medical education

U.S. Surgeon General’s Call to Action to Support Breastfeeding

- Communities
  - Should expand and improve programs that provide mother-to-mother support and peer counseling.

- Health care systems
  - Should ensure that maternity care practices provide education and counseling on breastfeeding. Hospitals should become more “baby-friendly” by taking steps like those recommended by the UNICEF/WHO’s Baby-Friendly Hospital Initiative.

- Clinicians
  - Should ensure that they are trained to properly care for breastfeeding mothers and babies. They should promote breastfeeding to their pregnant patients and make sure that mothers receive the best advice on how to breastfeed.

- Employers
  - Should work toward establishing paid maternity leave and high-quality lactation support programs. Employers should expand the use of programs that allow nursing mothers to have their babies close by so they can feed them during the day. They should also provide women with break time and private space to express breast milk.

- Families
  - Should give mothers the support and encouragement they need to breastfeed.

US Preventive Services Task Force

- Actions of the healthcare system in relation to breastfeeding do matter.
- Primary care clinicians should support women in breastfeeding.
- What happens in the community after discharge also makes a difference.
- What physicians and the health system do before and around the time of delivery makes a difference in initiation, exclusivity, and duration of breastfeeding.

Professional Education

The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies


Core Measure Improvement Methodology

- Education of all hospital personnel about the measure and the background.
- Remind staff.
- Use checklists to enforce the behaviors.
- Quality improvement involvement to monitor.
- IT involvement to improve documentation and ability to track.

The Academy Of Breastfeeding Medicine

ABM Protocols

A central goal of The Academy Of Breastfeeding Medicine is the development of clinical protocols for managing common medical problems that may impact breastfeeding success. These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not delineate an exclusive course of treatment or serve as standards of medical care. Variations in treatment may be appropriate according to the needs of an individual patient.

Protocol #7: Model breastfeeding policy

BREASTFEEDING POLICY www.bfmed.org
The Physician’s Role

- Present and discuss data on dashboard and at departmental meetings
- Develop action plans to decrease supplementation
- Help write or revise hospital policies
- Educate on the risks of supplementation
- Provide or refer for breastfeeding management
- Use QI strategies

Wellstart International

- Self-Study Modules
- www.wellstart.org

Virginia Breastfeeding Training

- LactMed
- http://newborns.stanford.edu/Breastfeeding/
Primary Prevention of Neonatal Jaundice

- Recommendation #1
  o Clinicians should advise mothers to nurse their infants at least 8 to 12 times per day for the first several days.

- Recommendation #1.1
  o The AAP recommends against routine supplementation of nondehydrated breastfed infants with water or dextrose water.

  "Supplementation with water or glucose water will not prevent hyperbilirubinemia or decrease total serum bilirubin levels."


There is an App for That!

Bilirubin Guidelines

- Strong position of support based on published evidence of improved outcomes
- Knowledgeable and skilled in physiology and management of breastfeeding
- Collaboration between the obstetric and pediatric community
- Age-appropriate breastfeeding education in the office and in the school system

Role of Health Care Professionals in Protecting, Promoting, and Supporting Breastfeeding

- Promote hospital policies that facilitate breastfeeding
- Eliminate mother-infant separation
- Eliminate formula discharge packs

- Promote community resources
- Communicate with lactation support personnel
- Encourage third-party payer coverage for breastfeeding services and supplies
- Encourage child care providers to support breastfeeding and feeding expressed breast milk
- Support breastfeeding in the workplace
- Advocate for supportive legislation
**The Breastfeeding Friendly Doctor’s Office**

- Encourage women/staff to breastfeed in the office.
- Display pictures of breastfeeding infants.
- Avoid distributing infant formula or coupons.

**How can non-physicians be involved?**

- Find a medical student or resident to mentor
- Involve in projects
- Engage in quality improvement or Baby Friendly implementation teams
- Allow students to participate on interprofessional clinical team rounds
- Find of cultivate a local physician champion
- MDs get MOC credit for quality improvement

**Settings for Breastfeeding Support**

- Outpatient (prepregnancy, prenatal)
- Inpatient/birthing facility (delivery)
- Outpatient (postpartum, WIC)
- Inpatient (readmission)
- Home (home visits, mother-to-mother support)

**It's Only Natural**

http://www.flbreastfeeding.org/

**How to find a breastfeeding friendly physician?**

- Fellow of the Academy of Breastfeeding Medicine
- Member, AAP Section on Breastfeeding
- MD-IBCLC

**What Should Physicians do to Support Breastfeeding?**

- Encourage exclusive breastfeeding through 6 months of age and continuation for at least 1 year
- Evaluate practices that support families in their choice to breastfeed in the hospital, office, and/or local community, as recommended by the US Surgeon General
- Play an active role in policy development and implementation in maternity facilities
- Recommend formula supplementation only when medically indicated
- Encourage the local facility to become Baby Friendly & “Ban the Bags”