

Wood County's Lactation Care System



Wood County Breastfeeding Coalition | Wood County Health Department | Wisconsin Rapids, WI | Presented By: Amber France MS MPH IBCLC

Introduction

There are many challenges breastfeeding women face, especially when there are gaps in breastfeeding education, support, and services. The Wood County Health Department is working to change breastfeeding practices as a system wide effort. In Wood County there numerous gaps in breastfeeding services and organizations are working in silos to provide services. There is a lack of breastfeeding policy and a comprehensive referral system between providers and pharmacists and lactation services, which may be contributing to barriers to the exclusivity and longevity of breastfeeding. According to the 2016 Wood County WIC data, 80% of moms initiate breastfeeding, and by the time the child is 1 month of age 60% are still breastfeeding at all, and only 42% of babies are exclusively breastfed at 1 month. The American Academy of Pediatrics recommends exclusive breastfeeding for about the first 6 months of life, and continued breastfeeding until the child is one year of age, or for as long as is mutually desired by the mother and baby. According to the National Institute of Health, inadequate duration of breastfeeding elevates the risks of childhood obesity, illness, chronic diseases, and sudden infant death syndrome.

The Wood County Health Department, the Wood County Breastfeeding Coalition, and Aspirus Doctors Clinic are working together to develop breastfeeding policies and establish a comprehensive system of care that starts prenatally and is continued throughout the postpartum period. The breastfeeding policies aim to remove barriers to breastfeeding – such as lack of provider education, inadequate referral system for lactation services provided to breastfeeding mothers by providers and pharmacists, and lack of prenatal breastfeeding education. This project sought to address the low breastfeeding rates in Wood County by improving access to breastfeeding education, support, and services.



Project Overview

The intervention is to bridge the gap in breastfeeding services to increase breastfeeding duration and exclusivity rates. Breastfeeding initiation and duration and exclusivity at one month were determined. Aspirus Doctors Clinic, Aspirus Riverview Hospital, local pharmacies, Wood County Health Department and Wood County WIC worked together to identify gaps in services.

Gaps identified included; lack of prenatal breastfeeding education, inaccurate breastfeeding recommendations regarding medications and continued breastfeeding, and lack of referral and communication system between entities. Policies and a comprehensive referral system have been developed to bridge the gaps in breastfeeding services from the prenatal to the postpartum period.

Activities

Key activities include:

- Convened a group of hospital management, clinic management, providers, public health, and WIC to discuss current practices and how we can move forward as a collaborative system.
- Streamlined prenatal breastfeeding education, utilizing the Cofective materials, to provide consistent prenatal breastfeeding education between the clinics, hospitals, public health, and WIC. And developed a prenatal education plan between the entities.
- Developed a referral system between providers, hospital lactation consultants, WIC, and public health lactation consultants to ensure every breastfeeding woman in Wood County receives adequate breastfeeding services without a gap in services.



Signs that are placed in the pharmacy to prompt breastfeeding women to let their pharmacist know they are breastfeeding.



Breastfeeding tear off pads given by pharmacists

- Partnered with pharmacies to implement a referral process. They received breastfeeding resource tear-off pads, so that the pharmacist can refer patients to lactation consultants for more information on how to maintain a milk supply while taking medications. A sign has been placed in pharmacy waiting areas to prompt a breastfeeding mom to tell her pharmacist that she is breastfeeding.

Outcomes

Prenatal breastfeeding education is now being provided in the doctors clinics. Prenatal education is being provided at the initial pregnancy appointment by a registered nurse, at the 16-18 week appointment, as a group education session at the glucola screening (26-28 weeks), and at the 35-38 week appointment. WIC collaborates with the clinics by providing the group education session as a means of secondary education. All prenatal breastfeeding education provided by the clinics and WIC are Cofective education materials.

Policies and procedures for a postpartum referral system have been implemented. Lactation support is provided by hospital nurses and lactation consultants while in the hospital. The birthing center and/or providers also have the option of contacting public health or WIC to provide these services in hospital if the hospital is short staffed. Before the patient leaves the hospital they are scheduled for an appointment with their provider at 5-7 days postpartum and with a lactation consultant within 2 days after discharge. Services were collaborated so that the lactation appointment can either be made with the hospital or public health. For WIC participants, a WIC Discharge Form is filled out and WIC will follow-up with lactation services. Medical providers have also been provided training on available lactation services and can refer a patient to the hospital, public health, or WIC for lactation services.

A gap in services can lead to discontinued breastfeeding prior to one month with a lack of follow-up after the first week. However, we do not see this with the WIC population, due to the breastfeeding peer counseling program. Public health has implemented services that mimic the WIC breastfeeding peer counseling program, by contacting breastfeeding mothers at one month, three months, and six months. There was still a gap in services between discharge and 1 month, so a referral process between the hospital and public health was developed to ensure continued lactation support. A WIC discharge form was also developed as a tool for communication between the hospital and WIC.

Looking at other factors that play a role in a mother's breastfeeding journey, it was identified that medications are often a barrier for continued success with breastfeeding. Pharmacies were provided t with breastfeeding resource tear-off pads, to refer patients to lactation consultants for more information on how to maintain a milk supply while taking medications. Signs were placed in pharmacy waiting areas to prompt a breastfeeding mom to tell her pharmacist that she is breastfeeding.

Lessons Learned

There were many lessons learned during this project. The first being that providers want to work with WIC. WIC should reach out to their providers to streamline services. Another lesson learned is that implementing prenatal breastfeeding education at the clinics is very challenging. Time is a huge barrier and creative solutions needs to be identified. A champion nurse manager is important to moving this work forward. The final lesson learned is that pharmacists are not properly trained in breastfeeding and there is not one resources that all pharmacists use to identify if a medication is safe with breastfeeding.



Best Practices

Best practices include:

- Partnerships between providers, nurse managers, hospitals, pharmacies, health departments, and WIC that are sustained by bi-monthly meetings.
- Communication between entities providing similar services is key to bridging gaps in services.
- Streamlined prenatal education so that all entities are working together to provide consistent messaging and set intervals.
- Postpartum referral system between providers and WIC, hospital birthing center and WIC, and pharmacies and WIC.

Next Steps

The ultimate goal is to provide a comprehensive system of lactation care from the prenatal period throughout a mother's breastfeeding journey. Partnerships have been created and services have been collaborated to make this possible. Since this project is in it's infancy, different aspects of the system will continue to be looked at to ensure adequate lactation services are provided and bridge any gaps that are identified. Public health and WIC will lead these efforts to ensure sustainability of the services now being provided. Each entity within the partnership will provide their own funding to ensure the continuation of the project.

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