AN EFFECTIVE PARTNERSHIP BETWEEN CLINICAL PRACTICE AND NURSING EDUCATION TO IMPROVE LACTATION SERVICES IN A NICU
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ABSTRACT
Background: Definitions of best practices for lactation and breastfeeding management have changed rapidly over the past two decades through a growth in lactation research studies. However, changing clinical practice to reflect the evidence takes time and may seem frustratingly slow to lactation professionals. In a hospital Neonatal Intensive Care Unit (NICU) where lactation services were relatively new, the lactation consultants identified a need to develop educational materials for their breastfeeding families. They partnered with a nursing educator (IBCLC) who taught a senior level leadership course that was project-based.
Goal: The project’s purpose was to collaboratively develop educational lactation resources for NICU families.
Method(s): Using a leading change framework, lactation consultants and students identified the desired change, developed a strategic change project, and presented their project and recommendations to members of the NICU health care team.
Result(s): Four projects have been completed and well-received. The first group identified families’ educational lactation needs. Based on their recommendations, the NICU hired another lactation consultant. The second group developed a web page for parents with pertinent information such as the benefits of breast milk for preterm infants and establishing and maintaining a milk supply. The third group developed written discharge instructions to prepare parents for going home with their infants. The fourth group developed educational materials for mothers on the high risk antepartum unit about lactation in the NICU.
Conclusion(s): Partnerships can bring positive change to clinical practice. An added benefit has been students’ exposure to best lactation practices through the project development process.

"BREAST BEGINNINGS" A LIFESAVER FROM THE START
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ABSTRACT
Overview: Exclusive breast milk feeding for the first 6 months of neonatal life has long been recommended by major health organizations to promote the health of infants and mothers. Much evidence has now focused on the prenatal and intrapartum period as critical for the success of exclusive (or any) breastfeeding.
Method(s): Evidence based practice and research is a process by which the nurses make clinical decisions using the best available research evidence, their clinical expertise, and patient
preferences. Data were collected on the percentage of mothers who were breastfeeding exclusively during the hospital stay prior to implementing the baby friendly intervention. The rate of exclusivity was also measured quarterly after implementation of the 5 baby friendly steps to analyze the change in exclusive breastfeeding.

**Result(s):** A percentage of exclusive breast milk feeding during the hospital stay was measured by the hospital quality measures team. Following the completion of three quarters of measurement, prior to the implementation of changes, the average for exclusive breast milk feeding was 56.8%. Measurement following the first quarter of implementation of EBP showed an increase of 17%. Continuation of quarterly measurement will be tracked to determine long term changes of the perinatal core measure of exclusive breast milk feeding.

**Conclusion(s):** Beginning findings suggest that implementing the evidence based 5 steps of the Baby Friendly initiative have increased the rate of exclusive breastfeeding at RWMC. Further research needs to be conducted to determine the long-term impact of these new practices.

**BREASTFEEDING CARE MANAGEMENT TEAM: THE CREW**
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**ABSTRACT**
**Background:** Hospitals are encouraged to improve evidence-based practices with various initiatives such as The Joint Commission Perinatal Core Measures and Baby Friendly Hospital Initiative both recognizing the protection and value of breast milk. The Breastfeeding Care Management Team is a strategy used by lactation consultants to partner with the nursing staff when implementing best breastfeeding care practices in our large health care system.

**Goal(s):** The Crew uses quality initiatives throughout the Women and Children’s departments to initiate and support breastfeeding related issues. This core group works together with the Lactation department in the following ways: Gears our facility towards becoming a Baby Friendly Hospital; Supports the goals in the Texas 10 Step Program; Starts mom’s pumping for expressed breast milk within 6 hours of baby’s birth as indicated; Assists mom’s in breastfeeding their babies; and, Identifies and find solutions related to concerns from parents and/or staff.

**Method:** The Crew Team ‘Boot Camp Training’ consisted of the learners completing 5 modules geared towards breastfeeding support. At the beginning of class, a pre-evaluation and pre-questionnaire were completed by attendees. This was repeated a month later to reflect the improvement of skills and knowledge in this core group of nurses.

**Result(s):** Pre-questionnaire scores averaged 42%. Post-questionnaire scores averaged 82%. Pre-evaluation scores averaged 82%. Post-evaluation scores averaged 91%.

**Conclusion:** The Crew Team is an innovated tactic to partner the lactation team with the nursing team in supporting and protecting breastfeeding support within a large hospital.

**BREASTFEEDING: LATCHING ON WITH THE COMMUNITY**
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ABSTRACT

Background: The study is a prospective cohort observational design. Fifty mothers were identified from 200 births in a systematic screening with every 4th mother enrolled. Participants were admitted to Level I care at a 550 bed tertiary care hospital with Level 2 Maternal/Infant Care and 3200 deliveries/year. The average breastfeeding rate of the institution was 78%.

Goal: To describe the early breastfeeding experience at one institution and identify lactation concerns before and after discharge.

Method(s): Subjects were interviewed and had a formal breast feeding evaluation by an IBCLC 24-48 hours after birth. Maternal perception of lactogenesis II was evaluated during a structured telephone interview 72-96 hours post delivery. Participants were asked if they had breastfeeding concerns and if evaluation had been provided.

Result(s): Only 45% reported a concern related to breastfeeding prior to discharge; however, more (67%) had concerns after discharge. Concerns included: milk volume (36%), positioning and attachment to the breast (48%), and nipple/breast pain (55%). Only 3% of the participants received formal breastfeeding evaluation after discharge from the hospital.

Conclusion: Results of this study provide a profile of breastfeeding rates and concerns which support the need for development of an outpatient lactation program. Mother’s needs were greater at days 3-5 post birth than prior to discharge. The outpatient program will be designed to provide physical assessment of mother and infant by an IBCLC, infant feeding evaluation, education related to normal infant behavior, support in parenting skills, and access to rental of hospital-grade breast pumps.

BUSINESSES SUPPORTING BREASTFEEDING MOMS AT WORK (U.S. Initiative to Support for Hourly-Wage Breastfeeding Employees)

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ABSTRACT

Supporting hourly workers, particularly those employed in more challenging worksite settings, is the focus of a new initiative of the U.S. Department of Health and Human Service’s Office on Women’s Health. The initiative involves development of an online searchable resource that will showcase businesses who have successfully complied with the Federal nursing breaks law and webinars to assist with implementation issues.

Businesses that support their nursing employees report lower health care costs, lower absenteeism rates, lower turnover rates, and higher productivity and loyalty among employees.

Every Mother and Altarum worked collaboratively with ten (10) state breastfeeding coalitions across the U.S. to identify workplaces in all major industry types that employ hourly workers, and gathered information about their solutions for both time and space accommodations for breastfeeding women. The approaches collected will be shared in an online searchable resource site, including creative solutions for lactation accommodations in challenging worksite environments.
“Best Practice” approaches, photos and employee/employer quotes from a variety of worksite settings across the country that support nursing employees will be shared.

These resources can be promoted and shared with local businesses in your community to assist employers in supporting breastfeeding women you serve!

CONTENT VALIDITY ASSESSMENT OF THE EMPLOYER’S SUPPORT OF BREASTFEEDING QUESTIONNAIRE
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ABSTRACT
Background: There is a need to measure employers’ support for breastfeeding in the workplace. The Employer’s Support of Breastfeeding Questionnaire (ESBQ) was developed to meet this need.
Goal: To determine the content validity of the initial ESBQ.
Method: Two-stage content validity process was applied: 1) the developmental stage and 2) judgment quantification stage. Three experts identified content domain and rate the its relevance of the items using a 4-point rating scale from 1 to 4.
Result(s): Thirty-one items with item content validity index (I-CVI) of less than 0.66 were deleted. A total of 46 items of the ESBQ with 8 subscales were retained with subscale content validity index (S-CVI) ranging from 0.85 – 1.00 and the overall CVI was .92.
Conclusion: All eight ESBQ subscales revealed excellent CVI. The instrument was shown to be valid to assess employers’ support for breastfeeding in the workplace.

CUE BASED FEEDING: IMPLEMENTATION IN A 83 BED LEVEL THREE METROPOLITAN NICU
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ABSTRACT
Background: Achievement of full oral feeds is often times the last milestones reached prior to discharge of a NICU infant. Several studies have come out to support that a cue based feeding approach may help the NICU infant achieve full oral feedings up to six days sooner than a scheduled feeding method. A cue based feeding approach tailors the progression of oral feeds for each individual, with close attention paid to the infant’s developmental cues.
Goal: We introduced a cue based feeding program in our 83 bed, level three, metropolitan NICU, which has over two hundred nurses and staff.
Methods: This was achieved with a multidisciplinary team approach. Staff education was given by nurses including one team leader and four super-trainers on each. The education ranged in topics such as benefits of cue based feeding, how to read infant cues, how to use a cue based feeding scale form to chart on, educating parents, and trouble shooting. The cue based feeding
form has a separate scale for breastfeeding, and the policy promotes exclusive breastfeeding for two weeks prior to bottle introduction in our vulnerable preemies.

**Results:** After implementation, bedside charts were audited, and nurses were rounded on to assess the staff's compliance with cue based feeding and address issues. Now, cue based feeding has become a common language in our unit. Research is currently underway to assess time to full oral feeds, and impact on direct breastfeeding rates.

**Conclusion:** Future research to consider is cue based feedings impact on oral aversion after discharge.

**IGNITING PASSION AND RENEWING COMMITMENT TO BREASTFEEDING**
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**ABSTRACT**

**Background:** Our objective was to increase our exclusive breastfeeding rates. One tool that has had a positive impact on successful breastfeeding is Skin to Skin contact after delivery. Healthcare providers can facilitate this process by encouraging skin to skin immediately after birth. Understanding the impact skin to skin has on successful breastfeeding, we reviewed our process of skin to skin here. Our focus was drawn to the C-section suite, noting the absence of skin to skin contact there.

**Proposed change:** Understanding the evidence that supports the best way to feed your baby, nurses are ideally positioned to have influence over new mothers in making healthy choices. We worked to extend skin-to-skin to the C-section suite.

**Implementation, outcomes and evaluation:** Input and collaboration between all stakeholders—leadership, professional and ancillary staff and providers—as a key factor in the development, implementation and success of skin to skin in the OR. Through this collaboration we revised the protocol to minimize separation of mom and newborn in the OR in order to begin skin to skin contact immediately after delivery. After birth the newborn is assessed by the provider, then the nurse introduces skin to skin in the OR. The Exclusive breastfeeding rates have increased from 68% in 2010 to 85% in 2011. Our focus was drawn to the operating room and C-sections and lack of skin to skin contact. Policies and procedures were developed through collaboration with staff and providers to implement resources to promote skin to skin in the OR.

**KOALA HOLD FROM DOWN UNDER**
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**ABSTRACT**

**Background:** Babies are often held in the cross hold, football or baby led position for breastfeeding. However, difficulties with positioning can lead to poor attachment, damaged nipples and blocked ducts. The "koala hold" mimics the suckling of a koala bear from its mother with the baby straddled skin to skin in the upright position on the mother's knee. The baby is
able to extend its head back to latch effectively onto the mother's breast. This can target the inferior breast ducts.

**Goal(s):** To trial the "koala hold" for infants who fuss or refuse the breast, had a difficult birth with residual neck discomfort, or experience gastro oesophageal reflux (GOR).

**Method:** This quality project has introduced the "koala hold" to 100 mothers over 5 years. Evaluation included feedback from mothers, breastfeeding rates, infant weight gains and observed complications.

**Result:** Mothers report improved confidence with breastfeeding. Infant able to suck and swallow well, detach easily to facilitate expulsion of wind, and reduce some symptoms of GOR. Observations include satisfactory infant weight gains. Improved breastfeeding rates. Complications revealed position not suitable for premature or small infants.

**Conclusion:** The "koala hold" can be successfully implemented with term babies by providing an alternative for mothers experiencing difficulty with conventional breastfeeding positions.

**MOM'S OWN MILK BUNDLE: INCREASING SUPPLY IN AN 83 BED, LEVEL III NICU**
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**ABSTRACT**

**Background:** Hospitals are encouraged to step up evidence-based practices with various initiatives such as The Joint Commission Perinatal Core Measures and Baby Friendly Hospital Initiative both recognizing the protection and value of mom's own milk (M.O.M). The use of human donor milk in NICU has been expensive but worth the payoff with less VLBW morbidity and mortality in our large NICU. The purpose of the M.O.M. Bundle is a multidisciplinary approach to gently encourage and support mom's decision to provide her precious mother's milk for her baby in the NICU. Goal M.O.M. Bundle uses quality initiatives throughout the Women and Children’s Department to initiate and maintain mom’s milk supply. Improvements are focused on the barriers moms face when providing milk and discovering an innovated game plan to decrease those barriers.

**Method:** Implementation of this quality initiative focuses on staff and family education. After looking at the average length of stay, baseline breastfeeding rates, number of donor milk bottles used each day and fiscal expenditures spent on donor milk, our goal is projected to decrease donor milk use, decrease medical and surgical NEC rates and decrease length of stay.

**Results:** June 2011 we used an average of 17 bottles of donor milk each day. With the initiation of the M.O.M. Bundle in July 2011, we decreased the use of donor milk 18% by October 1, 2011.

**Conclusions:** Working together with our medical, nursing and NICU support staff, we strive to increase the availability of mom’s own milk.

**PROVIDING PUMPS FOR MOTHERS OF INFANTS IN THE NICU**
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ABSTRACT
Background: Preterm infants benefit from the immunoprotective, immunopromotional, and neurologic and developmental promotional nature of human milk. Unfortunately, provision of human milk for infants in the NICU is challenged by barriers including lack of support and lack of affordable access to effective pumps.
Goal: To promote provision of breast milk for preterm infants in the NICU.
Method(s): Breastfeeding and pumping education and support were offered to mothers of infants in the NICU. Women with limited or no access to an affordable pump at discharge were offered a hospital pump for expression use at home. Women who received the pump and consented to participate in the follow-up program were asked to keep a pumping log and answer a survey at one month postpartum.
Result(s): 18 mothers of preterm infants in the NICU completed surveys and pump logs by one month postpartum, after receiving support and pumps from the hospital lactation consultants. The average gestation of the preterm infants was 30.3 weeks. All of the women pumped during hospitalization and 15 (83.3%) continued to pump by one month postpartum, even post-discharge. For the 15 women who continued pumping by one month, the average amount of milk pumped per session was 71.0 ml. By day 19, 9 (50%) of infants successfully latched during breastfeeding attempts. Mothers expressed satisfaction with pump use.
Conclusion: Providing lactation education, support, and pumps for mothers with limited access to these resources promotes provision of human milk for preterm infants in the NICU and successful lactation for their mothers.

PUMPING UP THE VOLUME: INCREASING MOTHER'S MILK SUPPLY BY IMPLEMENTING A NICU HOSPITAL GRADE PUMP PROGRAM
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ABSTRACT
Background: Breastmilk protects VLBW infants from infections and NEC. Our Level III NICU identified barriers to VLBW infants receiving mother’s own breastmilk (MOM). Delayed initiation of breast pumping may hinder achieving full breastmilk supply. Best practice is breast pumping initiation within six hours, our average exceeded twenty-four hours. Obstacles in obtaining a hospital grade pump after mother’s discharge frequently occurred.
Goal(s): Improve initiation of maternal breastmilk use by 20% (baseline of 70-80%) for preterm infant’s ≤ 28 weeks GA and ≤ 1250 grams birth weight. Increase maternal breastmilk use at discharge by 10% (baseline of approximately 30%).
Method(s): •Prioritized lactation support for mothers who delivered VLBW infants. •Pumping initiated within 12 hours. •Mandatory education to NICU staff; web based and a seminar by a NICU lactation expert. •Added 20 hospital grade breast pumps to facilitate pumping at baby’s bedside. •Provided education to ante-partum mothers. •In May 2010 began providing hospital grade pumps to mothers with a baby less than 28 weeks gestation.
Result(s): VLBW infants receiving MOM on day 7 increased 14%. Day 14 increased 9%. Infants being discharged on MOM increased to an average of 58% from a baseline of 30%.
**Conclusion:** Since starting the quality improvement process in 2009 we implemented many changes to our lactation program, educated staff, and initiated a pump program. We did not meet the goal to improve initiation of maternal breastmilk use by 20%, but exceeded our goal for MOM at discharge.

**SKIN TO SKIN CONTACT & LOW DISTRACTION PROTOCOL: IMPACT ON BREASTFEEDING EXCLUSIVITY**

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**ABSTRACT**

**Purpose:** To integrate the scientific and social evidence to promote early skin to skin practice, to improve exclusive breastfeeding at discharge.

**Background:** Breastfeeding’s benefits may be lost with poor initial breastfeeding competence, and weight loss may be an early predictor. Early intervention would be beneficial to identify weight loss contributors in order to intervene. In our previous study in 2010, results showed that babies born by cesarean delivery, lost more weight. Hence, this study was a follow up to initiate breastfeeding early and to prevent excessive weight loss.

**Method(s):** A small test of change was developed to promote early and continued skin to skin (STS) by eliminating interventions and activities that delay or prevent skin to skin/breastfeeding, in the first three hours of life.

**Results:** Skin to skin intervention was instituted in all healthy term newborns. A Small test of change (n=25), accomplished in the first thirty days after intervention revealed a 96% exclusive breastfeeding at discharge and 98% in cesarean sections.

**Discussion:** The new protocol promotes early STS contact for all newborns in the first three hours of life, especially in cesarean delivery patients, where STS is started in the OR, continues through recovery and postpartum. Newborn care and assessments are accomplished with the baby STS. Baths are deferred until after the first breastfeeding. “Short interval holding” by visitors during the critical period and new patient gowns that provide ready access to the mother’s chest, facilitate STS with less interruption, improving breastfeeding at discharge.
Research Posters from 2012 ILCA Conference

ALTERNATIVE VS. TRADITIONAL DISCHARGE GIFT BAGS ON THE DURATION OF EXCLUSIVE BREASTFEEDING
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ABSTRACT
Background: Information given to new mothers in the hospital can build or weaken their confidence in breastfeeding.
Methods: A prospective intervention study examined the impact of the availability of a manual breast pump in hospital discharge bags on the exclusivity and duration of breastfeeding. Breastfeeding mothers were assigned to three groups: CONTROL group (n=138) receiving discharge bags containing formula samples, BF-INFO group (n=121) receiving breastfeeding information/supplies, PUMP group (n=127) receiving breastfeeding information/supplies plus a manual breast pump.
Results: The mean duration and the rate of exclusive breastfeeding (EBF) through 12 weeks were compared. The mean durations (weeks) of EBF in the PUMP group (8.28±4.86) and BF-INFO (7.87±4.63) were significantly longer (p<0.01) than CONTROL (6.12±4.49). The rate of EBF through 12 weeks in PUMP was the highest (62.2%).
Conclusions: Shaping hospital policy to provide alternative discharge bags containing breastfeeding information/supplies and a manual breast pump without formula samples could enable mothers to persevere with breastfeeding.

ASSOCIATION BETWEEN BREASTFEEDING AND CONSUMPTION OF FRUITS AND VEGETABLES IN TWO YEAR OLDS
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ABSTRACT
Background: Breastfeeding is associated with reduced population risk of obesity. One hypothesis suggests breastfed infants may have healthier diets later in life.
Goal(s): To determine whether breastfed infants in an urban US population were more likely to meet fruits and vegetable intake guidelines than non breastfed infants at age two.
Method(s): We enrolled healthy newborns at an urban teaching hospital between 2008-10, and interviewed mothers about their diet at age two. Intakes were analyzed using Nutrition Data System for Research software (2010)(18). “Breastfeeders” breastfed (exclusively or partly) for >6 months; “non-breastfeeders” never breasted or breastfed for <6 months. We used USDA
recommendations that 1-3 year old consume 1 cup each of fruit and vegetables daily. Statistical tests were ANOVA, linear regression modeling, and backwards stepwise regression.

**Result(s):** Of 144 infants included, 53% breastfed for >6 months. Mean and standard deviation of fruit and vegetable intake was 1.3 servings ± 1.0 and 1.0 ± .8 respectively. 22% of infants met daily fruit intake guidelines but only 9% met vegetable guidelines. Among breastfeeders, 22% met fruit intake guidelines and 14.5% met vegetable intake guidelines. No variables were significantly associated with meeting fruit intake guidelines, breastfeeders were significantly more likely to meet vegetable intake at 2 years, when compared to non breastfeeders (p=0.008).

**Conclusion:** In our urban, racially diverse cohort, breastfed infants were more likely to consume vegetables at age 2 than non breastfed infants.

**BREASTFEEDING SUPPORTS AND SERVICES: A RURAL ISLAND COMMUNITY PERSPECTIVE**

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**ABSTRACT**

**Background:** In the state of Hawai`i, breastfeeding initiation rates are higher than the national average but fall below target rates for duration. Appropriate and timely breastfeeding services can improve breastfeeding exclusivity and duration but accessing these services is challenging for mothers living in rural areas of the state. The purpose of this study is to gain a better understanding of a Hawaiian community’s (specifically Hilo, Hawai`i) breastfeeding service and support issues.

**Method:** The study design utilized a mixed methods approach involving qualitative and quantitative data collection to address the research study aims. The quantitative data that was collected included demographic characteristics of the participants and available breastfeeding data about women in Hilo including initiation, duration, and exclusivity of breastfeeding. The qualitative method used was a focused ethnography. This approach was used to gather data from participant HCWs (N=23) about their individual or shared experience(s) about the breastfeeding supports and services available in their community.

**Results:** Available data shows that the state of Hawai`i exceeds national targets for breastfeeding initiation but rates drop following delivery and a pattern of mixed feedings is common. Three patterns emerged from the qualitative interviews; Operating within Constraints of the Particular Environment, Co-existing Messages, and Process Interrupted.

**Conclusion:** Participants identified a number of gaps in breastfeeding services available to their clients including the lack of available lactation consultants, and the inconsistent communication between hospital and community providers. Implications for practice and further research were suggested within the results and are discussed.

**COLLEGE STUDENTS’ PERSPECTIVES ON INFANT FEEDING: THEMES FROM A THEORY-DRIVEN SURVEY**

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ABSTRACT

Background: Intention and attitude toward breastfeeding have been shown to predict infant feeding method, demonstrating the need to understand early influences regarding infant feeding choices. Many college students begin childbearing in the decade following graduation, yet little research has explored their infant feeding perspectives.

Goal(s): To use the Theory of Planned Behavior to explore college students’ attitudes, beliefs, and future intentions about infant feeding.

Method(s): An open-ended qualitative survey was administered online to students to explore attitudes, subjective norms, and behavioral beliefs about infant feeding practices.

Result(s): The participants (n=29) ranged in age from 18-42, were primarily female (n=21), white (n=25), heterosexual (n=26) and from various academic disciplines. Emergent themes related to the attitudes construct included: bonding, convenience, cost, infant health, maternal health, ingredients, pain, privacy, public opinion, and sexual connotations. Normative beliefs were found to be most influenced by family members, partners, friends, healthcare providers, and the general public. Behavioral control beliefs (enablers/barriers) included: work, time, milk supply, cost, ability/inability to breastfeed, and knowledge. Almost half (~48%, n=14) plan to breastfeed future children, ~38% (n=11) plan to combine formula and breastfeeding, ~10% (n=3) plan to formula feed, and 3% (n=1) don’t know.

Conclusion(s): Results are being used to develop a theory-driven Web-based quantitative survey instrument that will be distributed to the entire student population. Findings could be used to identify leverage points to improve breastfeeding attitudes and beliefs among college students prior to conceiving.

DIAGNOSING ANKYLOGLOSSIA: DO WE NEED TO PUT THE FINGER IN THE MOUTH?

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ABSTRACT

Background: The ankyloglossia debate is also raging in Spain. In our opinion too many fingers are being put into baby’s mouths and too many frenulums are being cut. This is the first research conducted in Spain.

Goal(s): 1. To verify the need to digitally explore baby’s mouth before deciding to recommend a frenotomy to our clients, and 2. To compare frenotomy outcomes to other previous studies

Method(s): For one year we studied 55 mother-baby dyads (in a private practice setting) presenting maternal nipple pain and/or failure to thrive. We diagnosed ankyloglossia exclusively using clinical symptoms and visual data (hands-off observation of baby’s mouth and observation of a feed). After writing down our decision to recommend frenotomy or not, we then would use an invasive diagnostic tool (ITROM) and evaluate if our decision to recommend frenotomy changed. We also gathered data on the follow up to six months later to evaluate evolution of those who underwent frenotomy and those who did not.
**Result(s):** 1. In all cases the decision to recommend frenotomy did not change after using the invasive tool. 2. 65% received a frenotomy. 100% of types 1 and 2 were significantly better shortly after surgery; improvement of types 3 and 4 depended more on time and support than on frenotomy.

**Conclusion(s):** 1. Referred symptoms, clinical observation of the dyad and of the feed may be enough to diagnose ankyloglossia and recommend frenotomy. 2. Professional support and time may be as effective as frenotomy on types 3 and 4.

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**EARLY SKIN-TO-SKIN CONTACT FOR MOTHERS AND THEIR HEALTHY NEWBORN INFANTS**

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**ABSTRACT**

**Background:** Early skin-to-skin contact (SSC) begins ideally at birth and involves placing the naked baby, head covered with a dry cap and a warm blanket across the back, prone on the mother's bare chest. This time may represent a psycho physiologically 'sensitive period' for programming future physiology and behavior.

**Objective(s):** To assess the effects of early SSC on breastfeeding, physiological adaptation, and behavior in healthy mother-newborn dyads. Search methods Cochrane Pregnancy and Childbirth Group's Trials Register (September 2011), the and MEDLINE (1976 to 2011). Selection criteria Randomized controlled trials comparing early SSC with usual hospital care. Data collection and analysis we independently assessed trial quality and extracted data.

**Result(s):** Thirty-four randomized controlled trials were included involving 2177 participants (mother-infant dyads). Data from more than two trials were available for only 10 outcome measures. We found statistically significant and positive effects of early SSC on breastfeeding at one to four months post birth (13 trials; 702 participants) (risk ratio (RR) 1.27, 95% confidence interval (CI) 1.06 to 1.53, and a trend towards significance (p = 0.06) in breastfeeding duration (seven trials; 324 participants) (mean difference (MD) 42.55 days, 95% CI -1.69 to 86.79). SSC infants were more likely to have a successful first breastfeeding (two trials; 54 participants) (MD in IBFAT scores 1.79, 95% CI 0.24 to 3.35). Authors’ conclusions Limitations included methodological quality, variations in intervention implementation, and outcomes. The intervention appears to benefit breastfeeding.

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**INCREASING BABY-FRIENDLY HOSPITALS IN THE US: A STATEWIDE COLLABORATIVE APPROACH**

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**ABSTRACT**

**Background:** In June 2010, the Communities Putting Prevention to Work (CPPW) program (Centers for Disease Control and Prevention) funded a New Jersey Office on Nutrition and
Fitness (ONF), Department of Health and Senior Services project to increase exclusive breastfeeding by statewide implementation of the Baby-Friendly Hospital Initiative. At baseline, NJ had no Baby-Friendly hospitals.

**Goal(s):** To certify at least two Baby-Friendly hospitals, and have 10 hospitals fully implement at least two of the Ten Steps to Successful Breastfeeding.

**Method(s):** The ONF, working with the NJ American Academy of Pediatrics and consultants awarded $10,000 mini-grants to 10 hospitals in a competitive process. Ongoing technical assistance was provided via monthly teleconferences, an internet portal, and site visits.

**Result(s):** The single hospital engaged in the Baby-Friendly certification process at baseline is scheduled for assessment. The other 9 hospitals entered Baby-Friendly USA’s 4D Pathway; currently 2 are in Discovery, 3 in Development, and 4 in Dissemination. Project consultants created a Baby-Friendly USA approved statewide infant feeding policy; all 10 hospitals either adopted or adapted this new policy. At baseline, 7 hospitals distributed industry sponsored formula sample packs; now, no hospital distributed them. At baseline, all hospitals accepted free formula from the manufacturers; now, 4 hospitals are paying for formula, and 3 will pay in early 2012. From a baseline of 6% as the mean staff training among 6 hospitals with data, 78% of staff is currently trained.

**Conclusion:** A statewide coalition expedited hospital-based environmental and policy changes that moved them towards Baby-Friendly certification.

LOW-INCOME AFRICAN AMERICAN WOMEN BREASTFEEDING AGAINST THE ODDS: A POSITIVE DEVIANCE APPROACH

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**ABSTRACT**

**Background and Goal(s):**

a. Breastfeeding initiation and duration rates among population of interest, compared to other subgroups and Healthy People 2020 objectives
b. Overview of existing literature documenting challenges faced by the population of interest
c. Purpose of study: to further enhance body of literature and provide an asset-based approach to assessing ways in which low-income African American mother-infant dyads can be better supported

**Methods:**

d. Recruitment
e. One-on-one interviews
f. Focus Groups
g. Data Analysis

**Results:**

h. Descriptive statistics of women interviewed
i. Initiation motivators
   i. Intrinsically motivated women
   ii. Extrinsically motivated women
Continuation motivators
   i. Intrinsically motivated women
   ii. Extrinsically motivated women

Strategies used to overcome barriers
   i. At initiation
   ii. Beyond initiation

Implications and Conclusion(s):
   i. What all this means when supporting low-income African American women who may be identified as intrinsically motivated to breastfeed
   m. What all this means when supporting low-income African American women who may be identified as extrinsically motivated to breastfeed
   n. How can key figures such as lactation consultants, family members, and others better promote, protect, and support breastfeeding mother-infant dyads belonging to populations statistically more likely not to initiate and to wean early

MIDWEST NURSES’ AND LACTATION CONSULTANTS’ ATTITUDES AND PERCEPTION OF THE NEED FOR LACTATION EDUCATION
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ABSTRACT
Purpose: The purpose of this study was to determine whether there is a need for lactation continuing education in the tri-state area of Minnesota, North Dakota, and South Dakota. The study looked at attitudes, perceptions, and barriers to lactation education.
Methodology: The study was conducted by the North Dakota State Data Center on behalf of the Otter Tail County Public Health Department in Minnesota. The survey instrument was developed in cooperation with Otter Tail Public Health staff and their representatives. Data were collected in December 2010 using a two-tiered sampling design. A total of 1,074 surveys were mailed out to nurses and lactation consultants in hospital and public health settings. There was a 27% response rate (n = 290).
Result(s): Respondents placed a high level of importance on breastfeeding (68.9% "very important"). Respondents said there was a fairly high level of need for lactation education opportunities (32.8% "very high"). The majority of respondents were not currently obtaining or had not had lactation education in the past two years (70.1%), and only 16.7% of respondents indicated being aware of the WHO/UNICEF Baby-Friendly Hospital Initiative. The top three barriers to lactation education included 1) courses not available (48.6%), distance (42.8%) and lactation education is not a priority in the workplace (34.8%).

NO FORMULA IN THE FIRST 30-DAYS: THE IMPACT ON BREASTFEEDING DECISION MAKING AMONG WIC PARTICIPANTS
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ABSTRACT

Background: In 2009 the Oregon WIC program implemented new food packages for mothers and infants and disallowed giving formula to breastfeeding infants in the first month of life.

Goal(s): The purpose of this study was to understand how WIC’s policy influenced the progression of mothers’ infant feeding decisions from pregnancy through six months postpartum. Methods: A stratified random sample of 90 postpartum Oregon WIC participants completed a 30 minute telephone interview comprised of open ended questions about plans for breastfeeding while pregnant, breastfeeding advice from WIC, timing and reason for first formula introduction, first formula request to WIC, sources other than WIC for formula, and reasons for continuing breastfeeding.

Result(s): Almost all participants intended to breastfeed during their pregnancies and felt WIC wanted them to breastfeed as well. Few knew about WIC’s no formula policy and none cited it as influencing their feeding choices. One-third reported giving their infant some formula within the first week. After introduction most mothers went to combination feeding rather than all formula. Mothers’ perception of infant hunger was the main reason for giving formula. More than three-quarters reported buying formula before or in addition to that from WIC. Almost all started with formula that was not from WIC.

Conclusion(s): Mothers who perceive their infant’s hunger is not fully satisfied with breast milk turn to formula as a solution. Increasing exclusive breastfeeding requires addressing the underlying issues that drive women to seek formula regardless of the source. WIC programs should improve counseling to partially breastfeeding women.

REMOVAL OF FORMULA SAMPLE PACKS FROM AN URBAN HOSPITAL: DOES IT MAKE A DIFFERENCE?

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ABSTRACT

Background: Most US hospitals distribute industry-sponsored formula sample packs in violation of WHO recommendations. In clinical trials, these packs undermine breastfeeding success, but no studies have examined outcomes associated with their actual discontinuation hospital setting.

Goal(s): To assess the impact of removing formula sample packs on breastfeeding rates and hospital practices.

Method(s): We enrolled new mothers into a prospective cohort study at Cooper Hospital, an urban NJ hospital, from 2009-10. A control group received industry-sponsored formula sample packs for 6 months; after their elimination, the intervention group received a non-industry discharge bag for 6 months. Research assistants blinded to study design called subjects weekly for 10 weeks to determine feeding practices. Survival curves were used to measure breastfeeding duration; hospital practices were also assessed.

Result(s): We enrolled 527 breastfeeding women (284 pre and 243 post intervention). Survival analysis found longer duration of any breastfeeding in the intervention group (p=0.048). 61% of
control women and 28% of intervention women reported receiving formula in the bag, even though no formula was included at source in the intervention bag. Pre intervention, 51% of women reported receiving extra bottles of formula to take home; post intervention, 56% reported receiving them. 

**Conclusion:** Removal of sample packs was associated with increased duration of any breastfeeding. Despite a policy change, women continued to receive formula samples in discharge bags and bottles of formula to take home. The effect of the intervention may have been stronger had it not been contaminated by staff practices.

**THE CHALLENGES AND BENEFITS OF PRACTICING AS AN IBCLC: A QUALITATIVE STUDY**

**INFORMING THE CALL TO ACTION**

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**ABSTRACT**

**Background:** The CDC recognizes professional support as one of six primary evidence-based interventions to meet Healthy People breastfeeding goals, and tracks the number of IBCLCs per 1,000 live births on their Breastfeeding Report Card. The Surgeon General's 2011 Call to Action to Support Breastfeeding assigns IBCLCs a prominent role: one of the 20 actions is to “ensure access to services provided by” IBCLCs. However only a handful of studies focus on the IBCLC.  

**Goal(s):** This study examines the challenges and benefits of working in this relatively new role in the health care team from the perspective of practicing IBCLCs. **Methods:** In-depth, semi-structured interviews were conducted with 30 IBCLCs about their practice and perspectives on the profession. Interviewees were recruited to reflect the diversity of the profession—they worked in hospitals, public health clinics/WIC offices, pediatric practices, and private practice. While many came from a medical background (including 12 nurses and 5 MDs), 8 came from non-medical backgrounds. 

**Result(s):** IBCLCs face numerous challenges in the workplace. IBCLCs note that the credential is not recognized by patients, not always respected by other health professionals, and often not valued by institutions such as hospitals and public health agencies. However, IBCLCs find the work they do to be highly rewarding and necessary, given the lack of breastfeeding knowledge and expertise among other health professionals.  

**Conclusion(s):** The findings from this research can inform initiatives to increase the number of IBCLCs to the recommended levels, ensuring that parents have access to services provided by IBCLCs.

**THE USE OF ULTRASOUND AS TREATMENT FOR DUCTAL BLOCKAGE IN 25 POSTPARTUM LACTATING WOMEN: A RETROSPECTIVE CASE**

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**ABSTRACT**
**Background:** Many mothers experience difficulties breastfeeding due to ductal blockage.

**Goal(s):** To determine if the use of therapeutic ultrasound can relieve ductal blockage.

**Method(s):** The files of 25 women experiencing ductal blockage were retrospectively reviewed.

**Result(s):** All women presented with a breast lump, all but two presented with pain. Eight women had a milk blister. Five women experienced multiple episodes of ductal blockage involving the same child. Three women experienced episodes involving more than one child. All women were treated with therapeutic ultrasound. Women required between 1 and 7 treatments (average 3.3) to relieve their symptoms. Roughly half of the women reported improvements within one day of treatment. All but two women reported improvements in breastfeeding. All eight women with milk blisters reported a complete resolution of them. No adverse reactions were reported.

**Conclusion:** Ultrasound therapy was a beneficial treatment for most women presenting with ductal blockage.