

Impact of Mother's Breastfeeding Support: Lactation Support Provided in a Group Setting

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Abstract

Background: Breastfeeding has several health and nutritional benefits, but the prevalence of breastfeeding in the United States is low. Many hospitals provide breastfeeding support groups to new mothers. How effective is the support and education providing in promoting breastfeeding success? The following is preliminary data from an on-going study to evaluate the effectiveness of a Mother's Breastfeeding Support Group conducted in Baltimore, Maryland in the United States of America.

Methods: An online survey tool was used to gather data on mother's demographics and breastfeeding goals in order to compare the effectiveness of the breastfeeding support group to a more traditional one-on-one consultation with a professional lactation consultant.

Preliminary Results: Forty-Three participants of the Breastfeeding Support Group responded to the online survey. Participants found the session to help meet their breastfeeding goals and would recommend the breastfeeding support group to someone they know. 19 of the participants answered, "Neither agree nor disagree" to the question "I prefer one-on-one consultation with the professional lactation consultant in private."

Conclusion: These preliminary results indicate that the breastfeeding support group has been successful in meeting the mother's breastfeeding goals. While more information is needed from participants of both the support group and the private sessions, preliminary results indicate that mothers may not have a preference for private sessions or a group setting. Since a breastfeeding support group may be a more cost-effective way to help meet breastfeeding goals, continuation of the study is still needed.

Keywords Breastfeeding; Lactation; Support group; Mothers; Online survey

Introduction

Breastfeeding benefits and challenges

Breastfeeding has several health and nutritional benefits, including antimicrobial, anti-inflammatory, immunological factors, and provision of vitamins, and minerals [1]. According to the Centers for Disease Control and Prevention [2], less than half (49%) of infants born in 2011 were breastfeeding at 6 months and approximately a quarter (27%) of infants born in 2011 were breastfeeding at 12 months. The World Health Organization recommends that all infants be exclusively breastfed from birth to 6 months of age, and thereafter receive supplemental foods, but continue breastfeeding for at least 2 years [3]. One of the current Healthy People 2020 goals is to increase the proportion of infants who have ever breastfed to 81.9 percent as part of the Maternal, Infant, and Child Healthy objectives (Healthy People 2020, 2014). Another objective is to increase the proportion of infants who are breastfed at six months to 60.6 percent [4].

There are significant disparities in the prevalence of breastfeeding initiation and duration in the United States. Barriers in high-income countries can include obesity, returning to work, poor family support,

embarrassment about feeding in public, and lack of education [5]. In order to overcome the barriers of breastfeeding initiation, WHO and UNICEF launched the Baby-Friendly Hospital Initiative (BFHI). In order for hospitals to obtain Baby-Friendly designation, the Ten Steps to Successful Breastfeeding must be followed [6]. Step five of the Ten Steps is to "show mothers how to breastfeed and maintain lactation" and step ten is to "foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital" [6]. In order to help achieve Baby-Friendly designation at the Johns Hopkins Hospital, the Mother's Breastfeeding Support Group was established in Baltimore, Maryland.

Breastfeeding support group

It is hypothesized that a breastfeeding intervention held in a hospital-based group setting that incorporates the expertise of an International Board Certified Lactation Consultant (IBCLC), and the social connection with a peer (e.g. other mothers who are breastfeeding) will be more successful in achieving the mother's breastfeeding goals than lactation support provided by an IBCLC offered in a more traditional one on one consultation in a pediatric office. The group setting is thought to be more effective because exposure of mothers' breastfeeding in a group helps to normalize it for other mothers. Additionally, women are bonding over a shared experience and gaining confidence with the support of their peers [7].

Objectives

To determine if a hospital-based breastfeeding support provided in a group setting is more effective in achieving the mother's breastfeeding goals than support provided in the traditional one-on-one consultation.

The goal of the intervention is to increase the proportion of infants who are breastfed to achieve the Healthy People 2020 goals. These goals include increasing infants who have ever breastfed to 81.9%, infants who breastfed to 6 months to 60.6% and infants who breastfed for 1 year to 34.1% [4].

Methods

The intervention was the mother's breastfeeding support group with the lactation consultant Dr. JoAnne Silbert-Flagg, DNP, CRNP, IBCLC. The sessions were held weekly and were offered at no cost to mothers who delivered at Johns Hopkins Hospital. The Johns Hopkins Hospital (JHH) established the Breastfeeding Support Group as part of achieving the Ten Steps to obtain Baby-Friendly designation. JHH is located in Baltimore City, Maryland and delivers 2000 babies a year at the Birthing Center [8]. All mothers who deliver at JHH are invited to attend the mother's breastfeeding support group by a distribution of information upon discharge or if mothers call the unit after discharge with breastfeeding concerns. All mothers that attended the group were informed of the online survey and, if the mothers chose to participate in the survey, the mothers provided their e-mail address to receive a link to the survey.

The Support Group was an hourly session held once a week at the hospital and allowed each mother to express her breastfeeding goals and concerns and receive guidance from the lactation consultant as well as peer support. Infants were weighed before and after feedings to assess breast milk transfer and consumption. The lactation consultant evaluated the infant's suck and latch before and during feedings. Guidance on positioning, optimal latch, milk production, and milk transfer was given to participants based on their breastfeeding concerns. Women were also able to socialize with each other during feedings [9].

The same procedure was held for a comparison group of individuals who sought individual lactation consultation within a pediatric practice. For both sites, two to five mothers participated weekly. The same lactation consultant was present for the Breastfeeding Support Group as well as the private consultations. All members of the comparison private consultation group received a standard lactation consultant visit and procedure as the support group that was not combined with other visits to the pediatric practice, such as a well visit.

An online survey tool on Qualtrics was sent out to all mothers who provided their e-mail address and completion of the survey implied their consent for the study. The online survey was developed to collect demographic information, breastfeeding goals, and their perception of the group's effectiveness on achieving their breastfeeding goals on a scale of 1 to 5 identified as strongly disagree to strongly agree. Examples of the measures studied are provided in Table 1.

a) Support group/individual consultation met the mother's' needs
b) Assisted with meeting breastfeeding goals
c) If the lactation consultant made the mother feel supported
d) Whether they practiced the techniques provided
e) Prefers and individual/group session over the group/individual session
f) Felt supported in the group/individual session
g) Changed the mother's breastfeeding goal
h) The mother would recommend the breastfeeding support group/individual consultation to others

Table 1: Measures about mothers' perceptions of the breastfeeding support group or one-on-one consultation.

Following data collection, logistic regression will be used to test the hypothesis that the hospital-based mother's breastfeeding support group was statistically significant in achieving the mother's breastfeeding goals over the comparison group, a traditional one-on-one consultation in a paediatric office. Likert scale will allow analysis of covariance to determine the degree to which the mother's breastfeeding goals were achieved. Analysis of covariance will be used to compare secondary outcomes to determine the overall satisfaction and the degree to which participants would recommend the breastfeeding program to others.

Results

There have been 43 respondents to the survey thus far from the participants of the breastfeeding support group. The goal is to have 100 respondents in each of the settings: group setting in the hospital and

individual setting in a paediatric office. A sampling of the group demographics and preliminary results are shown below. Participants found the session to help meet their breastfeeding goals and would recommend the breastfeeding support group to someone they know (Table 2).

Characteristics	n=43
Age	
20 to 24	2
25 to 34	29
35to 44	12
Race	

Asian	9
Black	3
White	32
Highest Level of Education	
Some College	1
4-year College Degree	15
Master's Degree	11
Doctoral Degree	8
Professional Degree (JD, MD)	8

Is this your first baby?	
Yes	41
No, I have breastfed before and it was not successful	2
How did you deliver this baby?	
Vaginal Delivery	32
Cesarean Section	11

Table 2: Demographics of the breastfeeding support group participants.

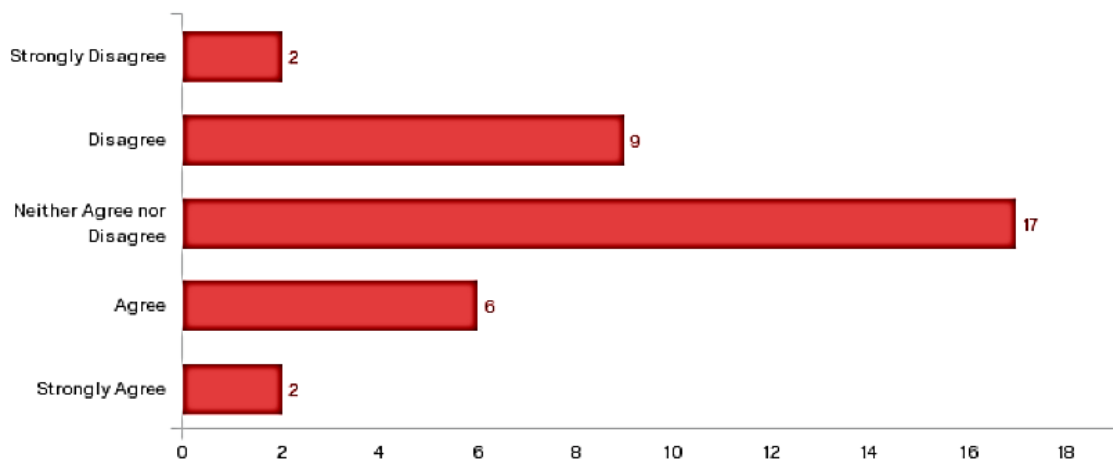


Figure 1: I prefer one-on-one consultation with the professional lactation consultant in private.

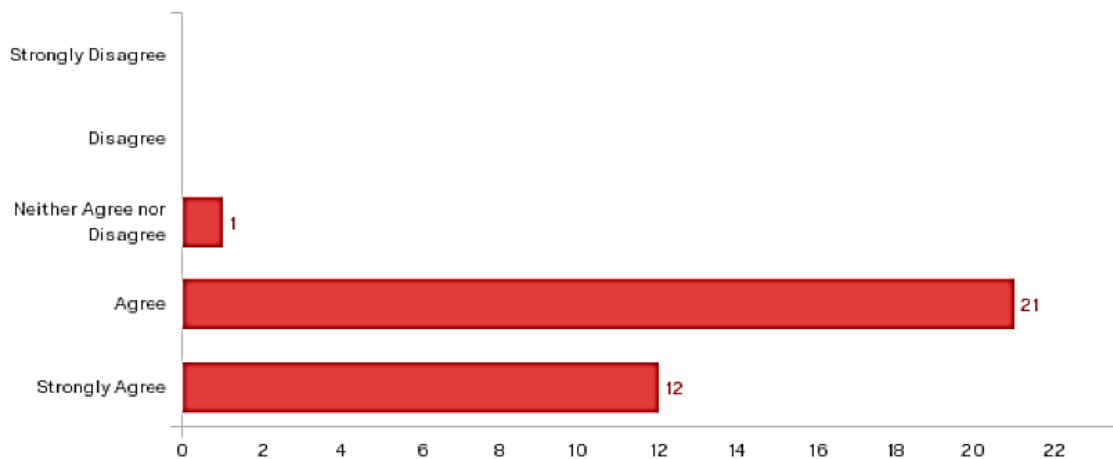


Figure 2: Overall, today's group session/lactation consultation helped me to meet my current breastfeeding goals.

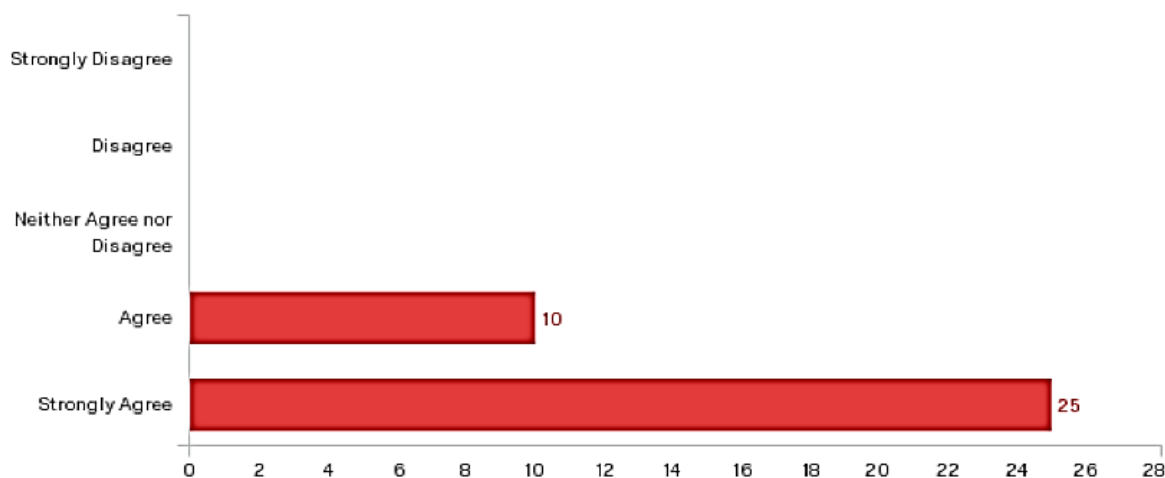


Figure 3: I will recommend this breastfeeding support group to someone I know.

Conclusion

Preliminary results show that the breastfeeding group has been successful in meeting mothers' breastfeeding goals. More results are needed to determine the effectiveness of the group setting compared to one-on-one. The mothers' indicated that they would recommend the group to others they know but more advertising should be done throughout the hospital.

Future Directions

Improve response rate by providing easy access to the QR code for the Qualtrics Survey at the end of sessions.

Incorporate education about the breastfeeding support group into NICU discharge checklist.

Implement this study in more hospitals, specifically those that are seeking baby friendly status, and in private lactation consult practices.

Administer surveys immediately after support group or one on one consult to help increase response rates.

Apply for additional grant funds to provide more supplies to breastfeeding mothers.

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