

Post-discharge Lactation Support for Mothers of Infants Who Discharged from a NICU: Recommendations for Seattle Children's Hospital's NICU Guidelines

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BACKGROUND

Human milk is the preferred food for all infants, yet less than 1 in 2 infants receive exclusive breastmilk for the first three months of life and only 1 in 4 receive exclusive breastmilk for the first six months of life. Most women face challenges related to breastfeeding. However, mothers of NICU graduates face additional barriers related to factors such as prolonged pumping and their infants' physiological immaturity. While the provision of post-discharge lactation support has increased nationally, it still fails to meet the expressed needs of this population.

RESEARCH AIMS

Seattle Children's Hospital's does not currently offer post-discharge lactation support services to women whose infants discharge from its Level IV NICU.

1. Does the need in Washington State suggest that Seattle Children's Hospital should offer post-discharge lactation support services to this population?
2. If so, what should this support look like?

METHODS

- Conduct a Literature Review to assess what published guidelines exist for effective, post-discharge lactation support services
- Issue survey to the WA State Nutrition Network & Community Feeding Teams to evaluate the needs and opportunities in WA State (#1)
- Issue survey to RDNs at other U.S. Level IV NICUs to assess practices in other hospitals (#2)

LITERATURE REVIEW FINDINGS

Recommendations and guidelines on post-discharge lactation support services have been published by:

- Office of the U.S. Surgeon General
- World Health Organization & United Nations Children's Fund
- Academy of Breastfeeding Medicine
- U.S. Preventive Services Task Force

Characteristics of general, evidence-based recommendations include the importance of:

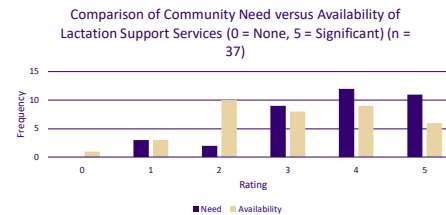
1. Providing families with **anticipatory guidance** for transitioning to breastfeeding at home and with **individualized feeding plans** that meet the specific needs of their infant
2. Fostering **collaboration** between the hospital and providers in the **local community**
3. Including **lactation consultants** as central providers in delivering timely and on-going support

Specific recommendations for the timing and duration of support include:

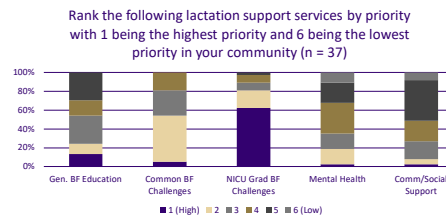
1. Providing follow-up **within 2-3 days** of discharge
2. Providing on-going support until **breastfeeding is established** and the infant is consistently **gaining appropriate weight**

SURVEY #1 FINDINGS (n = 39)

- 86% of respondents expressed their communities had a **high need** for post-discharge lactation support services (level 3-5)
- 40% identified the availability of services was low (level 0-2)



- Counties with the greatest discrepancy between needs and availability of services included: **Clark, Benton, Franklin, Kitsap and Thurston**
- 35% of respondents noted 0-2 months as the current average duration of support, while 50% thought the **ideal duration was >4 months**



- Respondents expressed that transitioning to breastfeeding on demand at home was a great challenge for mothers
- The greatest barriers to meeting lactation support needs included: mothers' lack of awareness of supports, lack of trained lactation consultants, and lack of referral immediately after hospital discharge
- Respondents thought the following qualities contributed to lactation support success:
 - **Hospital scheduling** of post-discharge support appointments
 - **Prompt referral** to services & resources
 - **Regular, frequent contact** post-discharge

SURVEY #2 FINDINGS (n = 7)

- 57% of respondents reported their Level IV NICUs were not providing these services
- 100% of respondents **believed mothers were in need of services and not utilizing them**
- Respondents reported similar barriers to accessing services: lack of awareness of community support, lack of family transportation
- Respondents thought the hardest to reach populations were those **in rural areas and lower SES families**
- For those who were not offering services, rationale included lack of staffing and reimbursement
- One respondent noted that **increasing access to services** might improve families' motivation & commitment to breastfeeding

RECOMMENDATIONS

1. Families should receive individualized, discharge feeding plans & specialized, anticipatory guidance
2. SCH should coordinate follow-up care, and an SCH lactation consultant should follow-up via phone within 2-3 days following discharge. Lactation support should be on-going until breastfeeding is established & baby is gaining appropriate weight
3. Families need practical skills & problem-solving skills, as well as access to resources like nursing bras and breast pumps
4. Alternative platforms, like telelactation, are needed to increase the reach of support in harder to reach areas and/or populations
5. SCH is well-positioned to provide specialized training to community providers in lactation support needed by families with NICU graduates

