SCHOOL OF PUBLIC HEALTH

Provider-Based Needs Assessment for Lactation Support in Washington State

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Background

- ➤ 30% of Washington (WA) infants breastfed (BF) exclusively through 6 months ¹⁻³
 - ➤ National average: 25%
 - ➤ Healthy People 2030 goal: 42%
- ➤ WA has strong, 12-week paid family and medical leave (PFML). Strong PFML related to a higher likelihood of BF, especially for families on Medicaid.^{1,4}
- ➤ Lactation support is not spread equitably across the state causing worse BF outcomes in underserved regions/populations.⁵
- ➤ The likelihood of Black and Hispanic mothers in the Northwest to exclusively BF is 50% that of white mothers.⁶
- ➤ 10 counties in WA, all rural, lack WIC BF peer counseling services.⁷
- ➤ WA counties with higher rates of families in poverty also had lower rates of fully breastfed infants compared to the state average.^{8,9}

Project Goal:

Gauge the perceived capacities, assets, and barriers lactation support providers experience across WA state.

Methods

- ➤ Online needs assessment of 20 required multiple choice questions. Branching logic, free response questions, and optional questions also included.
- ➤ Distributed the survey link to:
 - ➤ 209 recipients on WLC email list
 - > Specific contacts at organizations of interest,
 - ➤ WIC BF coordinators through DOH

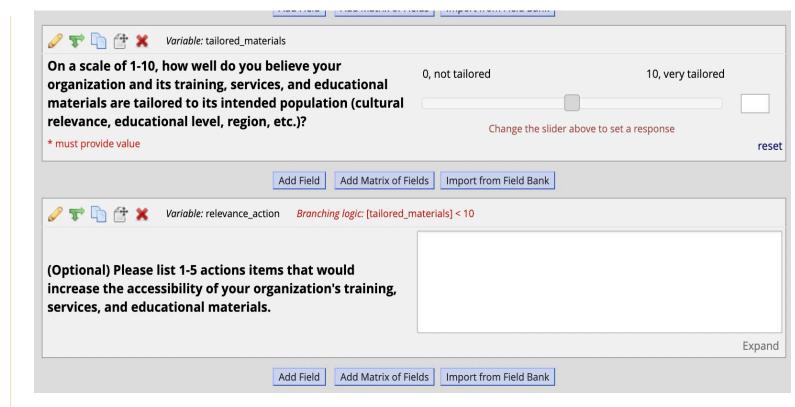


Figure 1. Sample questions from online needs assessment used for quantitative and qualitative analysis.

- > Quantitative analysis: frequencies and proportions
- ➤ Qualitative analysis: coding of survey responses
- ➤ Interpreted and shared results via written report for WLC and online and in-person presentations.

Table 1. Sample Codebook	
Code	Guideline
Insurance/Medicaid (deductive)	Use when respondent refers to expanded Medicaid or insurance coverage of lactation services.
Training/education (inductive)	Use when respondent references a lack of lactation-related training.

Results

n=192 unique responses

Available Services

- ➤ 64 of the 192 providers offered group classes (33%) & 51 offered support groups (26%).
- ➤ Group support most frequently cited services providers wished to offer communities (35 of 135 providers).
- ➤ 23 of 135 providers believed there was a shortage of lactation professionals in their community or organization, 15 specifically cited a lack of IBCLCs.

Accessibility of Services

- ➤ Culturally relevant materials (n=122) and translator services (n=121) were the most common accessibility services.
 - Providers perceived these services to be insufficient for culturally diverse populations.
- ➤ Need for BIPOC and multilingual representation among lactation providers (n=13).
- ➤ Proportion of rural providers offering texting with patients (70%), home visits (57%), and afterhours phone lines (55%) much higher than suburban and urban providers.

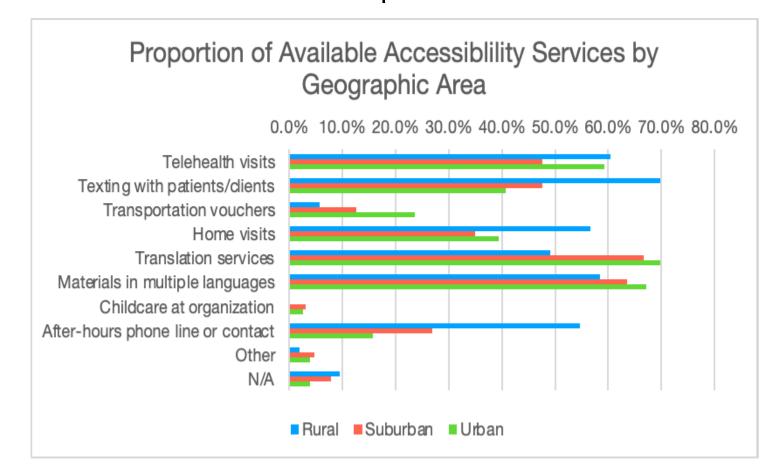


Figure 2. Accessibility of services by geographic area

Policy, Systemic, Environmental Strengths and Barriers

- ➤ Policies that would improve BF exclusivity:
 - a. Stronger PFML policies (64% -- 38% of which wanted >6mos)
 - b. Expanded Medicaid/insurance coverage of lactation services (28%)
- c. More workplace protections (19%)
- Community engagement not a barrier to lactation service provision except among rural providers
- ➤ Greatest barrier to achieving BF recommendations is early return to work (n=164) and inadequate or improper education (n=122).

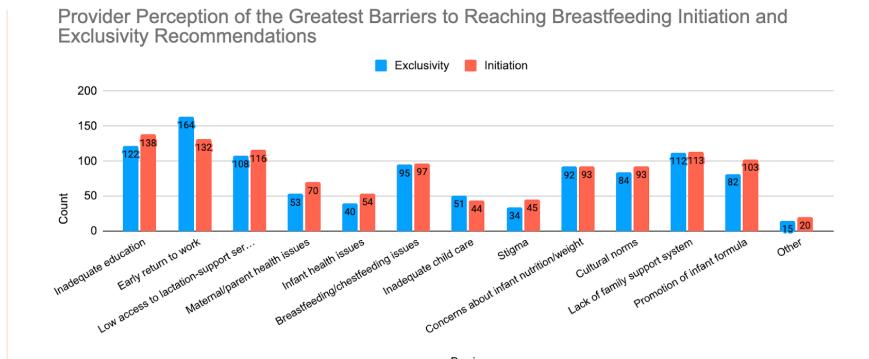


Figure 3. Greatest barriers to reaching initiation and exclusivity recommendations

Recommendations and Future Directions

- 1. Programming for training opportunities accessible to WA lactation providers.
- 2. Support traineeships, scholarships, or mentorships for BIPOC and multilingual IBCLC students.
- 3. Compile culturally-tailored breastfeeding resources and materials translated into multiple languages.
- 4. Advocate for state policies surrounding Medicaid coverage of lactation services or expanding PFML.
- ➤ Future research should be directed at nursing parents and families perceived assets and barriers to receiving lactation support

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