Abstract Title: Resident Education in Breastfeeding Using a Field Trip Case-Based Model: Results in Increased Knowledge, Attitudes, and Experience

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The 1997 American Academy of Pediatrics Policy Statement on breastfeeding recommended that pediatricians actively promote and help manage breastfeeding. Most physicians do not receive any formal breastfeeding training during medical school or residency and they rely on personal or spousal experiences. Our objective was to develop and evaluate a breastfeeding curriculum for pediatric residents.

The curriculum was piloted at Children’s Hospital Oakland to pediatric residents from 1999 - 2001. Using the ‘field trip model,’ 40 residents have participated in four half day teaching sessions including a visit to a La Leche League meeting, a Kaiser lactation consultant clinic, hospital-based lactation rounds and a child birth class. Residents referred to breastfeeding clinics were given reading material and videos as optional didactic information.

The effectiveness of the curriculum was evaluated through pre- and post-tests using a modified version of a previously published questionnaire assessing knowledge about breastfeeding (70 items), attitudes towards (6 items) and experience with breastfeeding (11 items). Matched-pairs-t-tests on scaled scores (ranging from 0 to 100) indicated that there were significant pre-postest increases in experience (37.1 to 77.3, p<0.001), knowledge (60.5 to 75.4, p<0.001) and attitudes (76.7 to 83.3, p<0.001). On a 5-point scale from 1 (lowest) to 5 (highest), 81% of the residents rated the curriculum “5” and 19% rated it “4”.

Based on improved test scores, this curriculum model is an effective approach to teaching breastfeeding to pediatric residents. At Children's Hospital Oakland this curriculum has become a permanent component of our ambulatory rotation in the residency program.

Abstract Title: Promising Multi-sector Collaboration & Tools to Help Working Mothers Breastfeed

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Background: Lack of workplace support for lactation limits breastfeeding duration. Therefore, the Surgeon General and others recommend that companies adopt specific practices to help employed mothers breastfeed, such as by providing locations for women to pump and store milk. Case reports suggest that by supporting lactation, employers can benefit from decreased health care costs as well as increased productivity, retention, recruitment, and morale. Methods are needed to inform employers about the need for and mutual benefits of providing lactation support, as well as to help employers improve practices. Mothers also express a need for guidance in how to successfully combine breastfeeding and work.

Purpose: To share lessons and materials from efforts in Washington (WA) State to help both mothers and employers know why and how to maintain breastfeeding after return to work postpartum.

Methods & Results: Three intersecting developments in WA provide an opportunity to advance workplace support for lactation, including both lessons and materials that can be used elsewhere. First, a large statewide private-public coalition to promote breastfeeding has produced a packet of materials to help mothers & employers know why and how to integrate breastfeeding and work. Over 1500 copies of the packet have been requested, spurring a second English print line and the action taken by the counselor. Five hundred and thirty three calls were received in a 4 month period. They were handled by certified lactation educators who gathered demographic and feeding information from the mother and registered the action taken. Descriptive analysis was used with crosstabs tables and multi-response analysis, chi-square test was used to establish the association between the variables. 78.7% of callers were breastfeeding exclusively, while 21.3% were breastfeeding partially or formula feeding. 62.8% of the babies were 2 months old or less. 68.8% of the calls originated in the metropolitan San Juan area. The source of the referral was family/friend in 64.2% of calls, while only 9.8% of the callers were referred by a physician, 3.0% by hospital personnel and 2.0% by other health care providers. Significant differences between exclusive breastfeeding and partial or artificial feeders were found in calls related to position (p=0.01), engagement (p=0.04), breast refusal (p=0.001), product information (p=0.02), medications (p=0.009), breastmilk management and storage (p=0.001), and relaxation (p=0.02). Actions taken by the counselor included orientation, referral to breastfeeding specialist physician and referral to breastfeeding support group or classes. Results indicate that more active promotion of referral to breastfeeding support group or classes is warranted since this action was taken in only 14.5% of exclusively breastfeeding mothers and 12.6% of partial breastfeeding or formula users. Promotion of the warm line among physicians, hospitals and other health care professionals is also needed.