



Improving Primary Care: Health Equity and Breastfeeding

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Of the 83.2% infants that receive breast milk at discharge from delivery hospitals in the United States, approximately 36% of those infants remain breastfed at 12 months of age. Among non-Hispanic Blacks, the number of infants continuing to breastfeed at 12 months decreases to 24% (Centers for Disease Control and Prevention [CDC], 2022) (see Table 1). The American Academy of Pediatrics (AAP) and World Health Organization (WHO) have clearly defined guidelines and recommendations for exclusive breastfeeding during the first 6 months of infancy and continued breastfeeding with the introduction of solid foods throughout the first year of life until 2 years of age or longer. Although the CDC reports high rates of breastfeeding at discharge from delivery hospitals, primary care organizations struggle to support the recommendations of the AAP and WHO (Meek & Noble, 2022). This is especially true for women of color for whom decisions about infant feeding are informed by a history of trauma and stigma from slavery and wet nursing: forced breastfeeding the children of slave owners (DeVane-Johnson et al., 2018). Additionally, African-American women are 32% more likely than most minority groups to provide formula supplementation by 2 days of life and support systems are minimal for mothers in their communities (Jones et al., 2015). This column provides an overview of the quality improvement initiative we put into place to provide lactation support to a diverse population by expanding the role of the ambulatory care nurse.

The initiative site is a pediatric primary care network of clinics in the Midwest. We serve Medicaid-insured patients at all 14 locations, providing over 200,000 visits annually. Our families and patients are racially and ethnically diverse, with 50% of patients identifying as Black. The top five languages are English, Spanish, Somali, Arabic, and Nepali. Staff are an interprofessional team of physicians, ambulatory care nurses, medical assistants, ambulatory patient assistants, social workers, psychologists, and allied health professionals. The team predominantly identifies as White; however, the primary care team has the most diverse clinical lactation consultant group regarding race and ethnicity. Prior to implementation, we had a small number of physicians and ambulatory care nurses passionate about lactation that were certified and provided lactation counseling and support on a limited basis.

A 2016 systematic review of the literature (Patel & Patel) found increased duration of breastfeeding as well as improved maternal health using lactation support programs in healthcare settings serving low-income populations such as ours. We performed an assessment of the accessibility to lactation counseling services in our clinics. During staff and family interviews, both parties verbalized there was not enough time during visits for lactation counseling. Ambulatory care nurses and physicians felt pressured to keep the clinic flowing and did not feel knowledgeable about how to advise parents in complex situations. Families verbalized that healthcare pro-

Table 1.
Rates of Any and Exclusive Breastfeeding by Sociodemographic Characteristic 2019

Race	Breastfed at Discharge	Breastfed at 6 Months
All Races	83.2%	35.9%
White, Non-Hispanic	85.3%	39.4%
Black, Non-Hispanic	74.1%	24.1%
Hispanic	83%	33.2%

(CDC, 2022)

viders assumed they would choose bottle-feeding or would be unable to overcome typical challenges encountered by new lactating mothers, such as sore nipples or engorged breasts.

To address the assessed gaps, we devised a plan to develop and implement structures, processes, and supports to address the administrative and practice barriers to sustaining patient breastfeeding within the clinics. Having received executive leadership support, we created a Program Coordinator of Newborn Services position for our lactation support program. To fill the position, we hired an ambulatory care nurse, certified as a lactation consultant, to provide oversight and vision for expansion of services.

With the input of the leadership team and the new Program Coordinator of Newborn Services in place, we implemented the following:

- Physicians and ambulatory care nurses became Certified Lactation Consultants (CLCs) with education grants from the organization.
- Support staff received lactation support education through hands-on learning.
- Templates were designed to allow for greater ease in monitoring and tracking encounters.

Deliberate actions also were taken to align program goals with the hospital's strategic plan and initiatives. Aligning the program's goals with the

organization's strategic plan and goals for population health allowed the clinics to share their contributions to promoting wellness and keeping children healthy.

To date, the program has been highly successful. Mothers sustain breastfeeding longer and share the excitement of communicating with a CLC in their medical home. The clinics have been able to sustain over 60% of the babies receiving any human milk as of their 2-month well-child visit. Additionally, due to the expansion of the CLC program, the lactation consultants are more diverse and beginning to reflect the population we serve. Mothers specifically state that having a CLC that looks like them and speaks their native language is helpful and reassuring. One mother stated, "having a lactation counselor in the clinic helped me know what to do with my baby regarding breastfeeding. The lactation counselor gave me tips on pumping, latching, and peace of mind. It was nice to know what to expect and that I could reach out to her if I had any questions" (personal communication, 2022).

Several providers have expressed increased comfort with lactation counseling during well-child exams, enabling them to answer questions and provide anticipatory guidance because of the project. Providers also feel more comfortable referring to the CLC when appropriate. As a result, there has been an increase in referrals to CLCs for more

complex care concerns or lack of time during the patient visits over the course of the project. With more trained staff available, families now have better access to the support they need by contacting the clinic for virtual and in-person consults.

The best practices are systematically being implemented throughout our pediatric primary care network. Given the recommendations of both WHO and AAP, we implemented a lactation support program led by an ambulatory care nurse that has been well received by both patients and clinical staff. As we continue to grow, program staff more closely represent the patients we serve, allowing us to better meet the needs of our diverse populations. Like so many primary care settings today, we have had to confront limitations in time and resources. Despite these limitations, increasing access to lactation services remains a priority. By prioritizing this access, we are promoting health equity by providing the necessary support to individuals who may not have otherwise met breastfeeding recommendations, ultimately contributing to the future health of both mother and child. ●

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