

# Breastfeeding Rates and Barriers to Breastfeeding in a Family Medicine Residency Clinic

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## ABSTRACT

- The literature has established that there are maternal and infant health benefits to breastfeeding. The benefits of breastfeeding for infants include decreased morbidity and mortality from respiratory and gastrointestinal infections as well decreased risk of SIDS. The benefits of breastfeeding to mothers include decreased risk of postpartum hemorrhage, delayed onset of menses, and decreased risk of breast, ovarian, and uterine cancer.
- In 2017, the CDC's breastfeeding report card noted that the rates of breastfeeding in the US were improving though still low with 58.3% breastfeeding at 6 months and 35.3% at 12 months. The percentage of mothers exclusively breastfeeding at the time of discharge after giving birth at Halifax Health is approximately 45%, far below the national average.
- This prompted our residents, who provide prenatal care and continuity care for neonates, to investigate the breastfeeding rates throughout our clinic and potential barriers to breastfeeding.

## OBJECTIVES

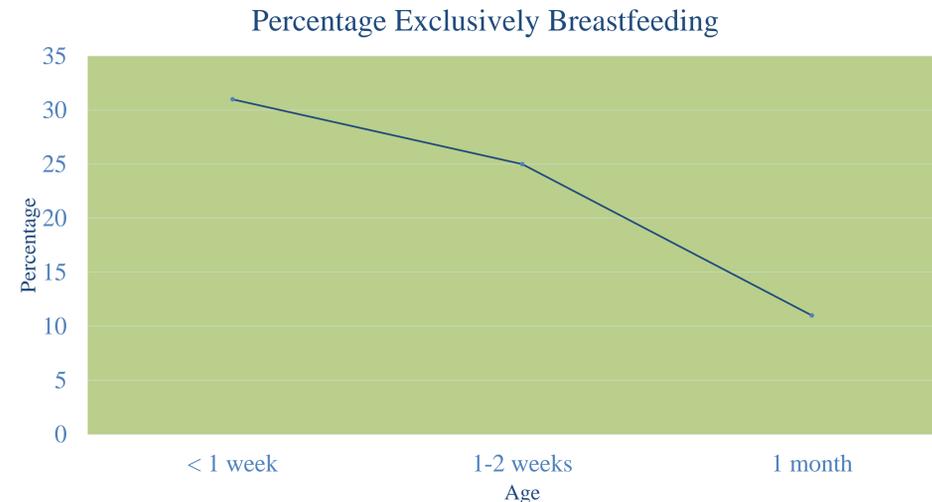
To survey exclusive breastfeeding rates of newborns in the resident clinic and determine common barriers to breastfeeding so that interventions can be made to support breastfeeding.

## METHODS

- During the month of November 2020, we distributed an anonymous survey to new mothers at the newborn hospital follow-up visit, two-week visit, and one-month visit. The purpose of this survey was to collect data on exclusive breastfeeding rates as well as to understand common barriers to breastfeeding for new mothers.
- Parents were asked their child's age and whether they were exclusively breastfeeding or not. They were also asked to mark one of the ten listed options as to why they chose not to exclusively breastfeed.
  - Time Constraints (school/work)
  - I don't feel there is a benefit of breast milk v formula.
  - I was unable to (medical history, adoption, foster child).
  - I felt my baby was always hungry.
  - My family did not want me to.
  - My doctor never talked to me about it.
  - My baby lost too much weight.
  - I had issues producing enough.
  - It was painful.
  - My family/partner could not help me with feedings.

## RESULTS

- A total of 49 surveys were collected at the outpatient Center for Family & Sports Medicine resident clinic. Sixteen responses were collected for infants less than 1 week old, 26 responses were collected for infants between 1 and 2 weeks old, and 9 responses were collected at the 1 month well child visit.



Graph showing the decline in the percentage of infants who are exclusively breastfed as they get older. For comparison, the percentage of mothers exclusively breastfeeding in the hospital after giving birth at Halifax Health was 42% during the month of November 2020.

- The most common reasons selected for not exclusively breastfeeding were:
  - Feeling my baby was always hungry
  - I was not producing enough milk
  - It was painful
  - My family/partner could not help me with feedings.

## REFERENCES

- Breastfeeding Report Card United States, 2020. <https://www.cdc.gov/breastfeeding/data/reportcard.htm>. Published September 2020. Accessed December 2020.
- Committee Opinion No. 570: breastfeeding in underserved women: increasing initiation and continuation of breastfeeding. *Obstet Gynecol.* 2013 Aug;122(2 Pt 1):423-427. doi: 10.1097/01.AOG.0000433008.93971.6a. PMID: 23969829.
- Crowe SD, Hanley LE. ACOG Committee Opinion No. 756. American College of Obstetrics & Gynecology. 2018;132(4).
- Jane Andrade, K. (n.d.). Retrieved January 12, 2021, from <https://www.ncsl.org/research/health/removing-barriers-to-breastfeeding.aspx>
- Lind JN, Ahluwalia IB, Perrine CG, Li R, Harrison L, Grummer-Strawn LM; Centers for Disease Control and Prevention (CDC). Prenatal breastfeeding counseling--Pregnancy Risk Assessment Monitoring System, United States, 2010. *MMWR Suppl.* 2014 Sep 12;63(2):14-9. PMID: 25208253.
- Maternal, Infant, and Child Health [Internet]. Maternal, Infant, and Child Health | Healthy People 2020. Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>
- Moore E.R. & Coty M. (2006) Prenatal and postpartum focus groups with primiparas: breastfeeding attitudes, support, barriers, self-efficacy, and intention. *Journal of Pediatric Health Care* 20(1), 35-46.
- Office of the Surgeon General (US); Centers for Disease Control and Prevention (US); Office on Women's Health (US). The Surgeon General's Call to Action to Support Breastfeeding. Rockville (MD): Office of the Surgeon General (US); 2011. Barriers to Breastfeeding in the United States. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK52688/>
- Sutter C, Fiese BH, Lundquist A, Davis EC, McBride BA, Donovan SM. Sources of Information and Support for Breastfeeding: Alignment with Centers for Disease Control and Prevention Strategies. *Breastfeed Med.* 2018;13(9):598-606. doi:10.1089/bfm.2018.0056

## CONCLUSION

- Barriers to breast-feeding are multifaceted including lack of education, poor social support, lactation issues, time constraints, lack of prenatal and postpartum care, and societal norms. As family physicians, our goal is to promote early initiation and continued breastfeeding for up to 1 year.
- According to the CDC, 84% of women begin breastfeeding at birth. However, this declined to 58.3% breastfeeding at 6 months and 35.3% at 12 months.<sup>1</sup> Our results were similar to that of the nation in regards to gradual decline in breastfeeding overtime. However, the percentage of our population who started early breastfeeding was much lower than that of the nation. This is possibly attributed to our population being underserved with a lower socioeconomic status compared to the national average.
- As physicians, we need to understand the mothers' concerns to mitigate challenges and develop strategies to provide community resources. Our clinic is taking steps to ensure the needs of the patients are met by making sure to educate both providers and mothers about breastfeeding. In doing so, we can understand and address any misconceptions about breastfeeding.
- It is not uncommon for our clinic population to not have had any prenatal care before delivery, to have not had any breastfeeding advice during prenatal care, or to be lost to follow up in the postpartum period.<sup>2,4</sup> With this in mind, we are taking extra steps in educating and ensuring mothers are provided with proper resources while they are admitted for delivery. Our Baby Friendly Hospital has joint efforts with multiple providers including family medicine, pediatricians, obstetricians, lactation consultants, and case managers to ensure that mothers are provided with the proper resources and any support they will need.
- We believe that family medicine physicians play a unique role in increasing the rate of breastfeeding since we have the ability to address and counsel on breastfeeding during the prenatal, postpartum, and newborn visits.



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