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Utilization of an Educational Handout to Improve Breastfeeding Rates

Background: Breastmilk is a crucial component of a critically ill neonate's medical care, development and wellbeing; therefore, ensuring better practices in the neonatal intensive care unit (NICU) to promote breastfeeding and breastmilk production is important. This practicum addresses the implementation of a quality improvement (QI) project designed to increase the percentage of infants receiving breastmilk feeds at the time of discharge at the Vanderbilt University NICU.

Methods: This project involved the creation of an educational handout on the benefits of breastmilk, given to mothers expecting a preterm infant delivering at Vanderbilt. Feedback from members of the breastfeeding QI committee was collected and the handout was provided to a small group of 8 mothers admitted to the antepartum service to solicit feedback. Neonatal-perinatal fellows then used the handout during prenatal counseling sessions.

Results: The handout was provided to 27 mothers, 22 of whom delivered an infant requiring a stay in the Vanderbilt NICU. Prior to the handout, 76% of all infants and 52% of very-low (VLBW) or extremely-low birthweight (ELBW) infants admitted to the Vanderbilt NICU were discharged home receiving any breastmilk at the time of discharge. After handout utilization during prenatal counseling, 83.3% of all discharged infants and 75% of VLBW infants were receiving breastmilk. When examining all VLBW infants whose mother received the handout, regardless of discharge status, 76.9% were receiving primarily mother's breastmilk during NICU admission.

Conclusion: This preliminary data suggests that an educational breastfeeding handout encouraging mothers to pump early and often after the birth of their preterm neonate may be an effective way to help mothers establish their milk supply and encourage breastfeeding. The percentage of infants whose mothers were provided a handout during prenatal counseling sessions with neonatology providers is higher among all birthweights, but strikingly higher than baseline rates among VLBW and ELBW infants.