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Breastfeeding Information in Ob/Gyn Textbooks Needs Improvement

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MSIV
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Abstract

Title: Breastfeeding Information in Ob/Gyn Textbooks Needs Improvement

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Pediatricians and obstetricians work side-by-side in educating and supporting the breastfeeding mother and baby. The breastfeeding information in textbooks used by each specialty needs to be consistent, accurate, and evidence-based. A recent study found the breastfeeding information in pediatric textbooks to be highly variable, and at times inaccurate and inconsistent. The objective of this study was to determine if breastfeeding information in general ob/gyn textbooks published since 1999 is current and evidence-based. Five ob/gyn textbooks (the most current editions) were reviewed using a standardized scoring sheet similar to the one used in the pediatric textbook study. Five reviewers (2 obstetricians, 1 pediatrician, 1 lactation consultant, and 1 medical student), examined breastfeeding content as indexed in each text. Each book was graded for inclusion of 22 basic breastfeeding facts derived from recommendations from the AAP, ACOG, and WHO. Results currently included are those from 1 obstetrician/gynecologist and 1 medical student, further results will be included at a later date. Current results indicate breastfeeding information in ob/gyn textbooks as highly variable, and at times with significant omissions.

Introduction

Breastfeeding is widely considered the most beneficial form of infant nutrition, thus it is a significant inconsistency that the rates of breastfeeding in the United States are not ideal. In the recent study published in 2005 by Li, et. al, the National Immunization Survey (NIS) revealed rates of infants ever being breastfed as 71.4%.¹ These statistics are approaching the goal of the Healthy People of 2010, which calls for early postpartum breastfeeding to reach 75%, 50% at 6 months, and 25% at one year.² But, the continuation rates of *exclusive* breastfeeding by 3 months and 6 months fall to 42.5% and 13.3% respectively.¹

Recommendations and statements regarding the importance of breastfeeding are established by medical professional organizations, including the ACOG (American College of Obstetricians and Gynecologists), the AAFP (American Academy of Family Physicians), and the AAP (American Academy of Pediatrics).^{3,4,5} The American College of Obstetricians and Gynecologists state that “breastfeeding is the preferred method of feeding for newborns and infants.”³ All organizations, including the World Health Organization (WHO), recommend exclusive breastfeeding for the first 6 months of life.^{3,4,5,6}

As rates of breastfeeding in the United States begin to rise, the benefits of breastfeeding have become increasingly more apparent to the medical community as well as to the general public. Many agree that breastfeeding is the physiological norm for mothers and their children. The benefits of breastfeeding include health, nutritional, immunologic, developmental, psychological, social, economic, and environmental benefits.⁴ Specific health benefits include, but are not limited to, a decreased incidence

of otitis media, diarrhea, respiratory infections, urinary tract infections, sudden infant death syndrome, type II diabetes, and allergic rhinitis.⁷

As the clinician, the obstetrician, pediatrician, and the family practitioner all have various opportunities and a professional duty to not only inform mothers of the benefits of breastfeeding, but also be willing and able to appropriately counsel the patient on breastfeeding in an effort to ensure success. Various studies have indicated that currently, medical school curriculums and residency training programs ill-prepare the future physician with breastfeeding knowledge.⁸⁻¹⁴ It is important to note that one of the most important factors affecting the continuation of breastfeeding is the physician's attitude and knowledge regarding breastfeeding.^{8,9} Thus, efforts to better educate practitioners on basic breastfeeding parameters, and most importantly common problems/issues associated with breastfeeding, are paramount to improving breastfeeding initiation and continuation rates in the United States.

Textbooks are an integral part of early medical education as well as during residency training.¹⁵ Thus, information in textbooks in all fields associated with the care of breastfed infants and mothers should be an important avenue for resident physicians to explore. It is commonly believed that textbooks contain the most accurate and up-to-date information. This is not always the case, as indicated by the study performed by Philipp, et. al, which indicated the breastfeeding knowledge in common pediatric textbooks to be highly variable, at times inaccurate and inconsistent, and contained significant omissions.¹⁶ It is now appropriate to conduct a similar analysis of the breastfeeding knowledge contained in ob/gyn textbooks. Thus, the objective of this study was to

determine if breastfeeding information in general ob/gyn textbooks published since 1999 is current and evidence-based.

Methods

Five ob/gyn textbooks, all published since 1999, were reviewed, including Maternal-Fetal Medicine¹⁷; Obstetrics and Gynecology¹⁸, Danforth's Obstetrics and Gynecology¹⁹, Obstetrics: Normal and Problem Pregnancies²⁰, and Williams Obstetrics²¹. The textbooks were chosen based on the most popular ob/gyn textbooks purchased at the University of New Mexico Medical/Legal Bookstore. Five reviewers (2 obstetricians, 1 pediatrician, 1 lactation consultant, and 1 medical student), examined breastfeeding content as indexed in each text. Each book was graded for inclusion of 22 basic breastfeeding facts derived from recommendations from the AAP, ACOG, and WHO. The scores were based on the inclusion of the following 22 concepts related to the fundamental knowledge of breastfeeding:

1. Define breastfeeding as the healthiest feeding choice.
2. Recommend exclusive breastfeeding for the first 6 months of life.
3. Recommend that breastfeeding continue for at least 1 year or more.
4. State benefits of breastfeeding for the mother: Decreases postpartum blood loss, decreases risk of breast cancer, increases birth spacing, psychosocial benefits, less expensive.
5. Describe breast anatomy and physiology as related to breastfeeding.
6. Discuss Ob/Gyn's role in providing appropriate education and support for breastfeeding education either themselves or by utilizing appropriate resources.
7. Discuss the importance of breastfeeding beginning within the first hour of life.
8. Advise "continuous rooming-in."

9. Recommend breastfeeding on demand.
10. Describe correct positioning techniques to ensure breastfeeding success.
11. Describe how to teach and assess the “latch.”
12. Cite accurate information about pitfalls of early supplementation.
13. Recommend normal feeding patterns as 8 to 12 feeds every 24 hours until satiety
14. Cite normal elimination patterns (ex: 6 urine, 3 stools/day once breastfeeding is established).
15. Advise follow-up 48 to 72 hours after going home.
16. Describe how to evaluate and treat common problems: Sore/cracked nipples, inadequate milk supply, and engorgement.
17. Discuss appropriate evaluation and treatment of mastitis.
18. Provide information regarding maintaining lactation when separated (ex: back to work).
19. Discuss contraceptive options for breastfeeding mothers.
20. Discuss appropriate recommendations for the lactating mother who requires anesthesia.
21. Cite accurate contraindications to breastfeeding: Drug use/excessive alcohol, infant with galactosemia, HIV positive mother, active untreated TB, certain medications, and undergoing treatment for breast cancer.
22. Describe the Ten Steps to Successful Breastfeeding.

Responses were coded as CT (information reviewed was complete/thorough), CB (information reviewed was complete/brief), O (omission of information from the text), and I (information reviewed, but incorrect or inconsistent). The overall impression, errors/wording/issues, strengths, and weaknesses were also recorded. The reviewers

evaluated each text independently and then compared results. The discrepancies that arose were resolved via further discussion until a consensus was reached.

Results

The overall score was determined by including the total number of “complete” scores, including both complete/thorough (CT) and complete/brief (CB) (Table 1). For each text, the inclusion of the correct information for the 22 concepts is as follows (listed by author): Scott, 14/22 (64%); Cunningham, 8/22 (36%); Beckmann, 6/22 (27%); Creasy, 17/22 (77%); and Gabbe, 18/22 (82%). The mean number of criteria present and reviewed was 14.2 (range 6-18). The mean number of criteria that was present, but inconsistent or incorrect was 2.5 (range 2-3). The mean number of criteria omitted was 8.4 (range 4-13).

Table 1.

Author	Scott	Cunningham	Beckmann	Creasy	Gabbe
Criteria	Score*	Score	Score	Score	Score
1. Define breastfeeding as the healthiest feeding choice	CT	CT	I	CT	CT
2. Recommend exclusive breastfeeding for the first 6 months of life.	O	O	O	CT	CT
3. Recommend that breastfeeding continue for at least 1 year or more.	O	O	O	CT	O
4. State benefits of breastfeeding for the mother.	CB (4/5)	CB (2/5)	CB (4/5)	CB (2/5)	CB (4/5)
5. Describe breast anatomy and physiology as related to breastfeeding.	CB	CT	CB	CT	CT
6. Discuss Ob/Gyn's role in providing appropriate education and support of breastfeeding education either themselves or by utilizing appropriate resources.	CT	O	O	CT	CT
7. Discuss the importance of breastfeeding beginning within the first hour of life.	CB	O	I	CT	CT
8. Advise continuous rooming in.	CB	O	CB	CT	CT
9. Recommend breastfeeding on demand.	CB	I	O	CT	CT
10. Describe correct positioning techniques to ensure breastfeeding success.	O	CB	O	O	CT
11. Describe how to teach and assess the latch.	O	CB	O	O	CT
12. Cite accurate information about pitfalls of early supplementation.	O	O	O	CB	CT
13. Recommend normal feeding patterns as 8 to 12 feeds every 24	O	O	O	CB	CT

hours until satiety.					
14. Cite normal elimination patterns.	O	O	O	CT	O
15. Advise follow-up 48-72 hours after going home.	CB	O	O	CT	O
16. Describe how to evaluate and treat common problems.	CB (2/3)	I (3/3)	I (2/3)	CT (3/3)	CT (3/3)
17. Discuss appropriate evaluation and treatment of mastitis.	CT	CT	CT	CB	CT
18. Provide information about maintaining lactation when separated.	CT	O	O	O	CT
19. Discuss contraceptive options for breastfeeding mothers.	CT	CT	CB	CT	O
20. Discuss appropriate recommendations for the lactating mother who requires anesthesia.	O	O	O	O	CT
21. Cite accurate contraindications to breastfeeding.	C (6/6)	C (6/6)	CB (2/6)	CT (6/6)	CB (3/6)
22. Describe the ten steps to successful breastfeeding.	CT	O	O	O	CT
Total reviewed and correct	14	8	6	17	18
Score (x/22)	64%	36%	27%	77%	82%
Total reviewed and incorrect	0	2	3	0	0
Total reviewed and omitted	8	12	13	5	4

* Scoring code: CT (complete/total), CB (complete/brief), O (omitted), and I (incorrect/inconsistent).

The review found that all but one of the texts defined breastfeeding as the healthiest feeding choice. All texts included correct information, although sometimes brief, on common problems associated with breastfeeding and important contraindications to breastfeeding. But importantly, two of the texts contained incorrect information regarding common breastfeeding problems. Two of the most common omissions included, no information on the recommended duration of breastfeeding being one year as well as recommendations for the lactating mother who requires anesthesia.

Overall, this review found significant omissions and incorrect information in the most commonly used general ob/gyn textbooks. One textbook offered the incorrect advice of stopping breastfeeding if the nipples are sore and cracked.¹⁸ Practical information, such as describing and assessing a proper latch, describing positioning techniques, and solutions to back-to-work issues and breastfeeding were either not included, or difficult to find in the text. The inclusion of information related to

counseling and advocacy (concepts 1-6) and that relating to facilitating success in breastfeeding (concepts 1-15) was overall variable in the review of the five textbooks.

Discussion

In the professional medical community, and now more so in the general public, breastfeeding is considered the gold standard of infant nutrition. This concept is widely supported by evidence-based literature and by well-respected medical professional organizations. Thus, it is a paradox that physicians not only get incomplete training in lactation and breastfeeding, but also that the breastfeeding information in medical textbooks is far from ideal. As in the recent review of breastfeeding information in pediatric textbooks, this study similarly found the information in ob/gyn textbooks to be variable and with significant omissions. It is a likely consensus that a frequent tool utilized by the obstetrician/gynecologist, the textbook, should contain the most up-to-date, evidence-based, and correct information regarding breastfeeding.

One limitation of the current study is the manner of choosing the textbooks and the type of textbooks that were reviewed. As discussed previously, the textbooks were chosen based on their popularity. This may have excluded texts with a more complete breastfeeding section. Also, we have included general ob/gyn textbooks. Thus, it is important to remember these textbooks have the daunting task of including information on all aspects of the broad field of obstetrics and gynecology. We acknowledge that there are available textbooks that are more inclusive regarding breastfeeding. An additional limitation is that this is only the second review of its kind, and thus the assessment criteria used has not of yet been widely utilized.

In conclusion, the physician who is well educated in lactation management can facilitate successful breastfeeding. Thus, it is vital that the ob/gyn textbooks the physician turns to contain accurate and complete information regarding breastfeeding. By improving both breastfeeding training in early medical education through residency training, and the breastfeeding content of common ob/gyn textbooks, the rates of breastfeeding in the United States may continue to rise.

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