2020 Pediatric Research Forum Poster Session

9-17-2020

Ocho Pasos: A Quality Improvement Pilot to Improve Outpatient Clinic Breastfeeding Support

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**Recommended Citation**

Martinez, Julia M.; Timothy J. Ozechowski; Rachel A. Sebastian; Emilie A. Sebesta; and Mary M. Ramos. "Ocho Pasos: A Quality Improvement Pilot to Improve Outpatient Clinic Breastfeeding Support." (2020). [https://digitalrepository.unm.edu/hsc_2020_pediatric_research/11](https://digitalrepository.unm.edu/hsc_2020_pediatric_research/11)

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Breastfeeding is the gold standard for infant feeding and nutrition. Infants who breastfeed are at lower risk for illnesses such as asthma, infection, diabetes, heart disease, obesity, and sudden infant death syndrome (SIDS), while breastfeeding mothers are at lower risk of breast and ovarian cancer, hypertension, and type 2 diabetes. The American Academy of Pediatrics recommends that newborns initiate breastfeeding within the first hour of birth and exclusively breastfeed for the first six months of life. In the United States, breastfeeding practices fall short of these recommendations. Although a majority of infants (83.2%) initiate breastfeeding, only a quarter exclusively breastfeed for six months and nearly half of infants (42.3%) receive no human milk beyond six months of age.

Healthcare professionals can help mothers of infants adhere to breastfeeding guidelines. Guidance by healthcare professionals emphasizing the benefits of breastfeeding has been shown to increase intentions to breastfeed as well as breastfeeding duration among mothers of newborns and infants.

Outpatient maternal care clinics are critical settings for providing sustained support for breastfeeding. Evidence-based guidelines for breastfeeding-friendly practices in outpatient maternal care clinics have been established and disseminated. However, American guidelines have not been customized or tailored for culturally diverse populations with varying customs, traditions, values, and practices regarding breastfeeding. Culturally sensitive and competent implementation of breastfeeding best-practices in outpatient clinics is critically important given obstacles to and disparities in rates of breastfeeding among racial and ethnic minority women.

Objectives

The purpose of this study was to evaluate the feasibility and impact of a quality improvement (QI) protocol to improve breastfeeding support in an outpatient family practice clinic providing maternal care services to predominantly Hispanic and Native American women in rural communities. Specifically, we aimed to (1) develop adapted guidelines for breastfeeding support in outpatient clinics for Hispanic and Native American populations, (2) develop a QI protocol for implementing such guidelines, and (3) evaluate the impact of the QI protocol on documentation of conversations with mothers regarding intended breastfeeding duration.

Methods

Breastfeeding Guidelines: Based on a review of established guidelines and best-practices, as well as surveys and focus group discussions with local community advisors and stakeholders, we developed “Eight Steps (Ocho Pasos) Toward Becoming a Breastfeeding-Friendly Clinic” which is a framework for breastfeeding support in outpatient clinics serving Hispanic Native American populations. The Ocho Pasos framework specifies quality indicators in eight domains including (1) clinical breastfeeding policies, (2) cultural competence, (3) provider training and education, (4) breastfeeding-friendly clinic environment, (5) patient education and support, (6) collaboration with hospitals, birthing centers, and prenatal care providers, (7) collaboration with community breastfeeding support services, and (8) monitoring, evaluation, and improvement of breastfeeding support practices.

Quality Improvement Implementation and Evaluation: Based on interviews with clinic staff and a baseline review of electronic medical records of infants up to 2-months of age, a plan was developed to improve the documentation of conversations with mothers regarding intended breastfeeding duration. Plan-do-study-act (PDSA) cycles (i.e., iterative QI problem-solving models) were conducted between baseline and six weeks and between six and 12 weeks post-baseline to implement changes in clinical practice and procedures to achieve the targeted outcome. After each PDSA cycle, electronic medical records were reviewed to evaluate changes in clinical practice and quality of care.

In addition to the PDSA cycles, anonymous patient engagement and satisfaction surveys were conducted during the second half of the QI initiative to assess the experiences of breastfeeding mothers at the clinic.

Results

Results of the medical record reviews at baseline, 6 weeks, and 12 weeks are displayed in Figure 1. The initial MRR indicated no documentation of any discussions regarding mothers’ intended duration of breastfeeding. After completion of the first PDSA cycle, 63.0% (19/30) of medical records reviewed included documentation of discussions regarding mothers’ intended duration of breastfeeding. After the second PDSA cycle, 91.3% (21/23) of medical records reviewed included documentation of discussions regarding mothers’ intended duration of breastfeeding.

Based on the patient surveys, most mothers (94.1%, 16/17) reported having a discussion with their health care provider regarding their intended duration of breastfeeding. Additionally, a majority of mothers reported that their provider always listened carefully to them (95.6%, 23/24), explained things clearly (91.7%, 22/24), and respected what they had to say (85.8%, 23/24).

Discussion

- Evidence-based, culturally relevant guidelines for breastfeeding support were developed for an outpatient family practice clinic serving predominantly Hispanic and Native American mothers.
- A QI implementation and evaluation of the Ocho Pasos practice guidelines produced a dramatic increase in the documentation of conversations with mothers regarding their intended duration of breastfeeding. Nearly all mothers surveyed reported discussing intended breastfeeding duration with providers, and that providers listened to them, explained things clearly, and respected what they had to say.
- The Ocho Pasos breastfeeding support guidelines and QI initiative were effective in improving breastfeeding support and quality of care.
- The Ocho Pasos guidelines and QI protocol may be applied on other outpatient clinic settings serving Hispanic and Native American mothers.