A Quality Initiative to Improve Breastfeeding Initiation Rates in a Resident Continuity Clinic Using Physician Directed Education

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Introduction: Known disparities exist in breastfeeding rates among marginalized populations. Direct patient counseling improves these rates. Non breastfed infants have increased risk of infections, obesity, and chronic disease. Mothers who do not breastfeed have increased incidence of breast and ovarian cancer. The aim of this quality initiative is to improve breastfeeding initiation rates in our resident OBGYN continuity clinic from the baseline rate of 74.9 % to 81.9%.

Methods: This project was a pragmatic quasi-experimental time series, utilizing PDSA cycles for an implementation framework. The outcome measure was monthly breastfeeding initiations rates of the Academic OB/GYN Center's patients. This was determined by reviewing charts after birth from September 2021 through February 2022. This outcome was tracked and analyzed using a statistical control chart. We then designed three intervention cycles to improve breastfeeding rates. In September 2022, intervention one was implementation of an informational handout to guide residents on breastfeeding counseling. This was evaluated by tracking completion rates of documented counseling. In January 2023, intervention two was completed and consisted of a three-hour resident didactic on breastfeeding. The process measure for this intervention was recording attendance. May 2023, intervention three was the implementation of an informational handout directed to patients of color.

Results: A total of 496 patients were trended over 24 months. Statistical analysis on average initiation rates were completed with Welch's t-tests. Average breastfeeding initiation rate increased from 74.9% to 76% (p-value 0.86) after intervention. After intervention two, breastfeeding initiation rates again increased to 82.8% (p value 0.22). There was a lower average breastfeeding initiation rate noted in non-Hispanic black patients compared to non-Hispanic white patients (70.8% vs 78%), prompting intervention three. After intervention three, overall breastfeeding initiation rates decreased to 72.8% (p-value 0.73), however, rates in non-Hispanic black patients increased to 72% (p-value 0.91).

Conclusion: Although physician directed patient education, resident didactics on breastfeeding, and directed breastfeeding resources appeared to positively impact breastfeeding initiation rates, control chart analysis shows no special cause variation indicating changes were associated with common causes. While the goal of increasing breastfeeding initiation rate to 81.9% was achieved, it was not sustained indicating additional interventions are needed.