



American
Heart
Association.

Partnership Expands Pediatrician Breastfeeding Training

Heart REACH El Paso

CDC Success Story

At a glance

More mothers are choosing to breastfeed, which is associated with myriad health benefits for both babies and mothers, yet physician surveys show medical education – including knowledge and clinical skills in breastfeeding support – continues to be inadequate.

The American Heart Association (AHA) partnered with Texas Tech University Health Center El Paso's Pediatric Residency Program to support development of curriculum and provide tools to help physicians develop confidence and skills in breastfeeding patient care.

“If we can provide physicians with the best education possible, then they can provide the best breastfeeding support to the community”

- **Ajay P. Singh, M.D., FAAP**

Assistant Professor of Neonatology and Pediatrics,
Texas Tech Health Sciences Center El Paso

Approach

The AHA partnered with a team led by Ajay P. Singh, M.D., FAAP, Assistant Professor of Neonatology and Pediatrics for Texas Tech Health Sciences Center El Paso, to support development of curriculum to better prepare physician residents on how to offer breastfeeding support and care for babies and new mothers. Building on supporting materials from the American Academy of Pediatrics, Dr. Singh and colleagues Nikki Skrinak, WHNP, CNM, Hugo K. Kato, M.D., FAAP, Paulina Hernandez, M.D., pediatric chief resident, and pediatric resident Fatima Lira Briseño, M.D., reviewed the existing national and local resources and education initiatives supporting breastfeeding and identified areas of focus and improvement.

Public Health Challenge

The American Academy of Pediatrics (AAP) recommends that infants be exclusively breastfed for the first 6 months, with continued breastfeeding along with other foods until age 1 or longer.¹ Nationally, only about 1 in 4 were exclusively breastfed as recommended until 6 months of age, a figure that is slightly lower in Texas.^{2,3}

Nearly 86% of Texas babies were ever breastfed in 2017, slightly higher than the U.S. rate of 84.1%.⁴ But by three months, the percentage of infants exclusively breastfed plummeted to – 45.8% in Texas, and 46.9% in the U.S.⁵

Supporting breastfeeding is important because the health benefits associated with the practice are well established. Children who are breastfed experience improved dental health and neurodevelopmental outcomes, as well as decreased risk of asthma, obesity, type 1 diabetes, severe lower respiratory disease, ear infections, gastrointestinal infections, sudden infant death syndrome (SIDS) and necrotizing enterocolitis for preterm infants.⁶ Breastfeeding can help lower a mother's risk of high blood pressure, type 2 diabetes, and ovarian and breast cancers.⁷

Unfortunately, 60% of mothers don't breastfeed as long as they intended. Mothers cite many challenges including issues with lactation and latching, mother's concerns about taking medications while breast feeding, cultural norms and lack of family support and supportive hospital practices and policies.⁸

Further, surveys of physicians conducted by American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians show gaps remain in knowledge base and clinical skills in breastfeeding support.⁹



One area of focus was to train residents to use culturally sensitive communication and language, ensuring mothers receive both information and support from their health provider on topics such as how to breastfeed, overcoming common breastfeeding challenges and connecting mothers with needed breastfeeding services and supports. The new curriculum provides pediatric residents with a better understanding of the complex issues surrounding breastfeeding, including cultural or societal challenges mothers face and encourages a cross-disciplinary team approach to integrate breastfeeding resources within a clinical practice.

AHA provided ethnically diverse training models for residents to use to better connect with their patients.

Singh said the new curriculum puts a focus on breastfeeding that didn't exist, an important step to supporting the practice from the start.

Another focus area was developing stronger foundational medical knowledge so that physicians can help mothers understand how to breastfeed and the important health benefits for both the baby and mother. The curriculum addresses the importance of supporting breastfeeding while managing risks from potential medication interactions for breastfeeding mothers and their infants.

The curriculum also trains residents how to advocate for breastfeeding at all levels, including within clinical practices and raising health practitioners, mothers and the public community awareness of resources and services that support breastfeeding.

Rather than moving through the material in a few days, the curriculum is designed to be completed throughout the three-year residency, providing residents continued engagement and education in the issues.

Results

Following a successful pilot in March 2021, the new curriculum became a program requirement for the pediatric resident's cohort starting July 1, 2021. Surveys collected before and after the pilot showed increased competency.

Surveys collected before and after the pilot showed increased competency. Singh reports residents who underwent training put breastfeeding at the center of conversations with mothers.

Physician trainees will complete 10 credit hours during their three-year residency, through a combination of asynchronous, on-demand online materials and hands-on clinical training and practice. Residents are tested before beginning the program to determine baseline knowledge, confidence and practice patterns and again once the curriculum is completed to gauge competency.

Training includes presentations on basic breastfeeding assessment, management of common breastfeeding problems and challenges, and hands-on training. Residents will work through case studies to demonstrate their ability to communicate with the mother and integrate skills learned throughout the curriculum.

In addition, pediatric residents are provided the InfantRisk for Healthcare Professionals mobile app to use for easy reference for any medication interactions for breastfeeding mothers to provide additional support and given training on consumer-based version available to patients.

Sustaining Success

Building on the success of the curriculum, Singh hopes to gain the necessary approvals to expand curriculum access for use by other medical residents at Texas Tech University Health Sciences Center, including those training in obstetrics and gynecology and family practice.

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References:

1. American Academy of Pediatrics. Section on Breastfeeding. [Breastfeeding and the Use of Human Milk](#). *Pediatrics*. 2012;129(3):e827-841. DOI 2011-3552. Accessed from <https://www.cdc.gov/breastfeeding/data/facts.html>.
2. National Immunization Survey, Breastfeeding Among U.S. Children Born 2010–2017. Accessed from https://www.cdc.gov/breastfeeding/data/nis_data/results.html
3. National Immunization Survey, 2017
4. National Immunization Survey, 2017
5. National Immunization Survey, 2017
6. Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion; Accessed from <https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html>
7. Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion; Accessed from <https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html>
- 8a. Odom EC, Li R, Scanlon KS, Perrine CG, Grummer-Strawn L. Reasons for earlier than desired cessation of breastfeeding. *Pediatrics*. 2013;131(3):e726–732. Accessed from <https://www.cdc.gov/breastfeeding/data/facts.html>
- 8b. Sriraman NK, Kellams A. Breastfeeding: What are the barriers? Why women struggle to achieve their goals. *J Womens Health (Larchmt)*. 2016;25(7):714–722. Feltner C, Weber RP, Stuebe A, Grodzensky CA, Orr C, Viswanathan M. Breastfeeding Programs and Policies, Breastfeeding Uptake, and Maternal Health Outcomes in Developed Countries. Agency for Healthcare Research and Quality (US); July 2018. Accessed from <https://www.cdc.gov/breastfeeding/data/facts.html>
9. Joan Younger Meek, Jennifer M. Nelson, Lauren E. Hanley, Ngozi Onyema-Melton, and Julie K. Wood. Breastfeeding Medicine. Jun 2020.401-411.<http://doi.org/10.1089/bfm.2019.0263>.