

Building a Continuum of Care *through* Lactation Care Management

NYSBC Annual Conference

March 27, 2025

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Presenters

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Disclosures

1. None of the presenters have any financial arrangements or affiliations with any ineligible companies whose products, research or services may be discussed in this activity.
2. No commercial funding has been accepted for this activity.
3. Our intention throughout this presentation is to be as inclusive as possible and include pregnant and lactating people who identify with various genders, pronouns and terms for feeding. We also strive to accurately represent the populations studied in the literature reviewed and therefore may use the terms “mother”, “woman” or “breastfeeding” at times.



Learning Objectives

At the end of this session, learners will be able to:

1. Understand two different data driven models of lactation care management within NY State.
2. Describe how lactation care management works within a larger health care system and community.
3. Name at least two barriers to breastfeeding initiation and duration that can be addressed by lactation care management.
4. Reflect on how a similar program might be integrated in their setting.



Lactation Care Management

A brief history of this model of care delivery

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Silos are for silage...

- Primary care settings
- Obstetric care settings
- Specialist settings
- In patient settings
- Community organizations



Continuity is built WITH professionals across settings to prevent siloing of knowledge and care. The lactation care manager travels across settings with patients to reduce the silo effect that health care systems tend toward.

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Continuity in Lactation Care Means:

- Consistent aims across settings
- Consistent messaging to patients
- Cooperation between agencies that support the dyad
 - medical disciplines (obstetrics (ob), family medicine, pediatrics, breastfeeding medicine, gastroenterology, allergy, dental)
 - public health
 - community agencies

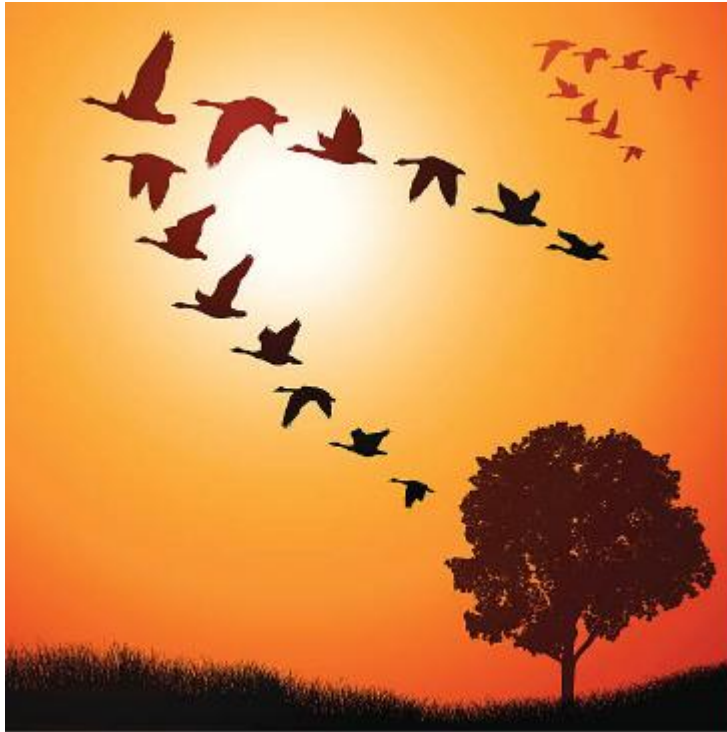
It's most conspicuous when absent...

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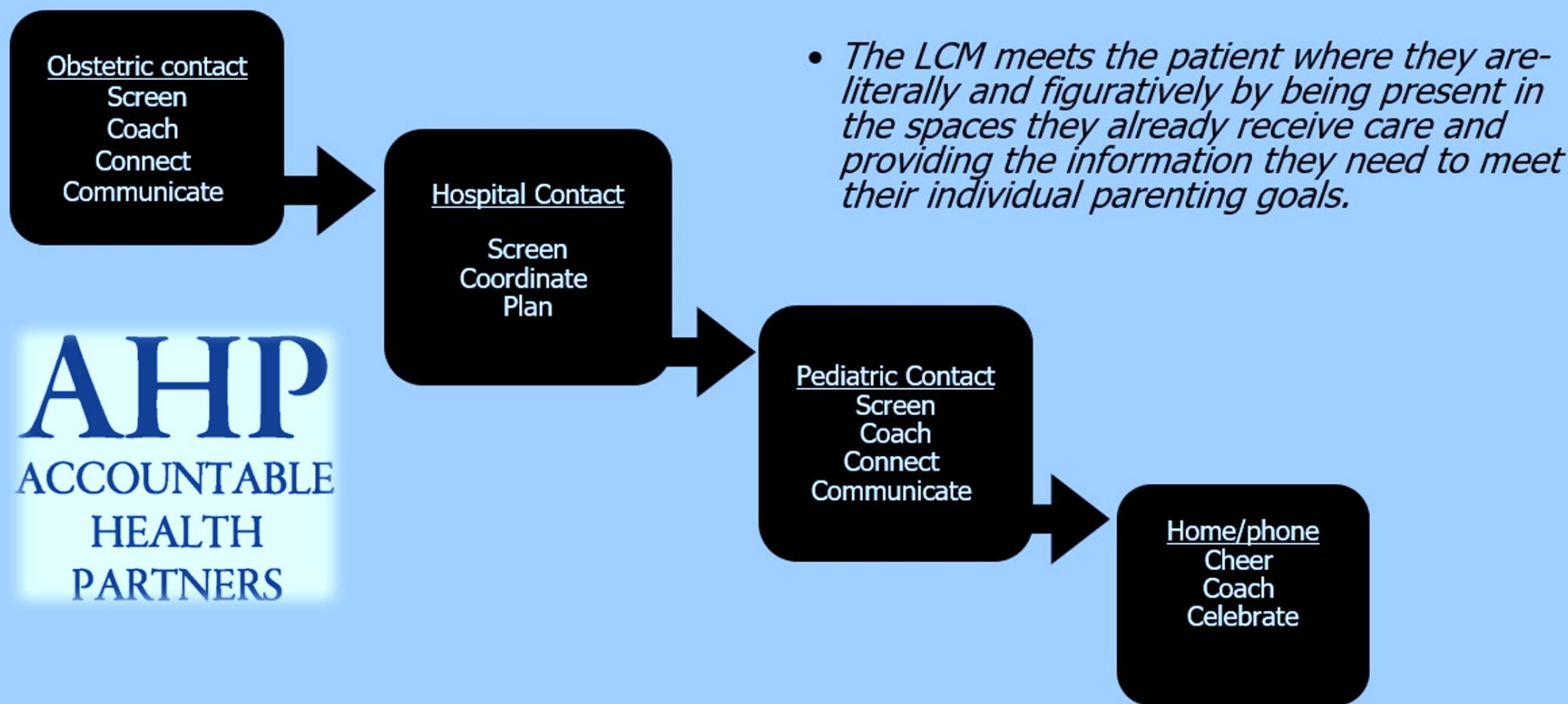


Lactation Care Management



...is, at its core, an inspiration to organize our efforts in Family-Child Health around the care and feeding of the most vulnerable among us.

Rural Program Structure



Foundation and ongoing development

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Rural Lactation Care Manager Perspective

Prior to the Program: A Lactation Desert

- Limited access to lactation supports outside of Women, Infants and Children(WIC) and Healthy Families(home based visitor program)
- No peer support groups (La Leche League, Breastfeeding USA, etc.)
- 1-hour drive to the nearest private practice lactation consultant
- No hospital-based lactation consultant
- 71 miles to University of Rochester Breastfeeding Medicine Clinic

Families largely relied on the internet and family members for support.
Misinformation abounds.

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Rural Lactation Care Manager Perspective

Patients:

- **Cindy**, 39, female (she/her)
- **Abigail**, 6-day-old female

Older adoptive sibling at home:

- **Lucy**, 6-month-old female with complex health needs after NICU graduation

Relevant Maternal Health History:

- History of infertility
- Hypothyroidism
- Gestational diabetes mellitus
- Maternal tongue tie
- Carpal tunnel, arthritis and tendonitis of hands and wrists

Rural Lactation Care Manager Perspective (2)

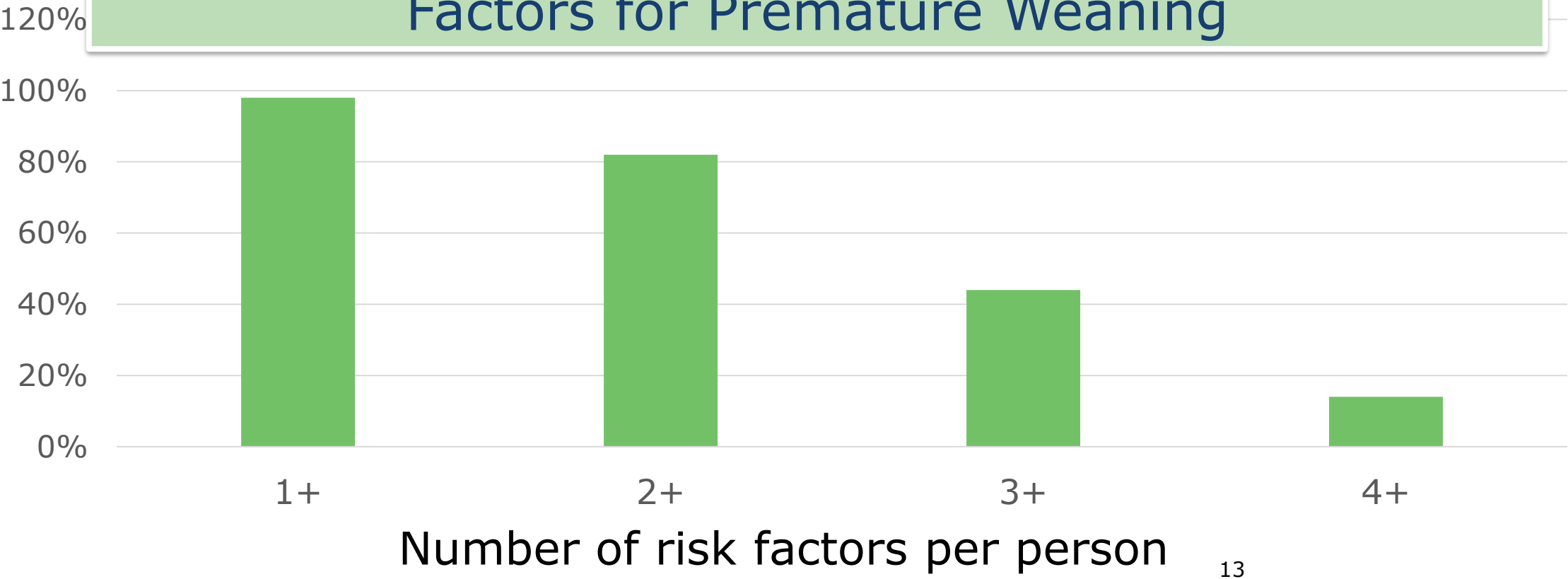
Goals:

1. Establish a milk supply that is adequate to support both infants
2. Improve Abigail's latching at the breast

Program impact - coordination of care, education, advocacy, emotional support and expectation setting

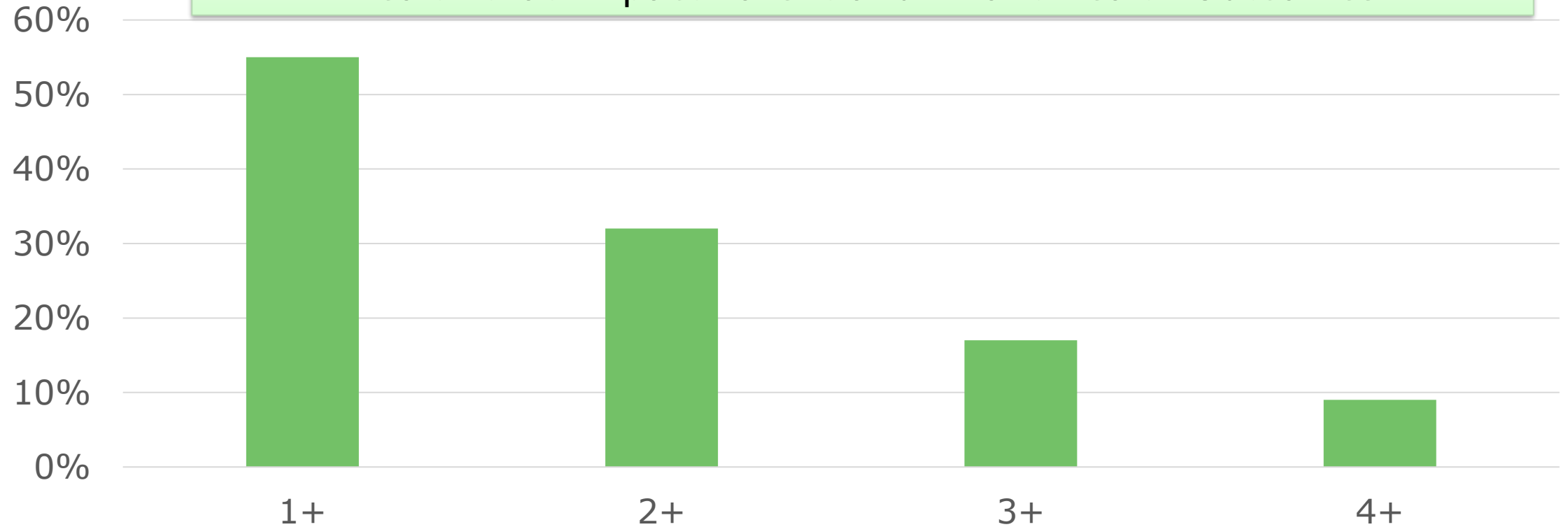
Population Characteristics - Rural

Percentage of Enrolled Patients Experiencing Risk Factors for Premature Weaning



Population Characteristics - SDOH

Percentage of Enrolled Patients Experiencing Social Determinants of Health that Impact Parent and Infant Health Outcomes



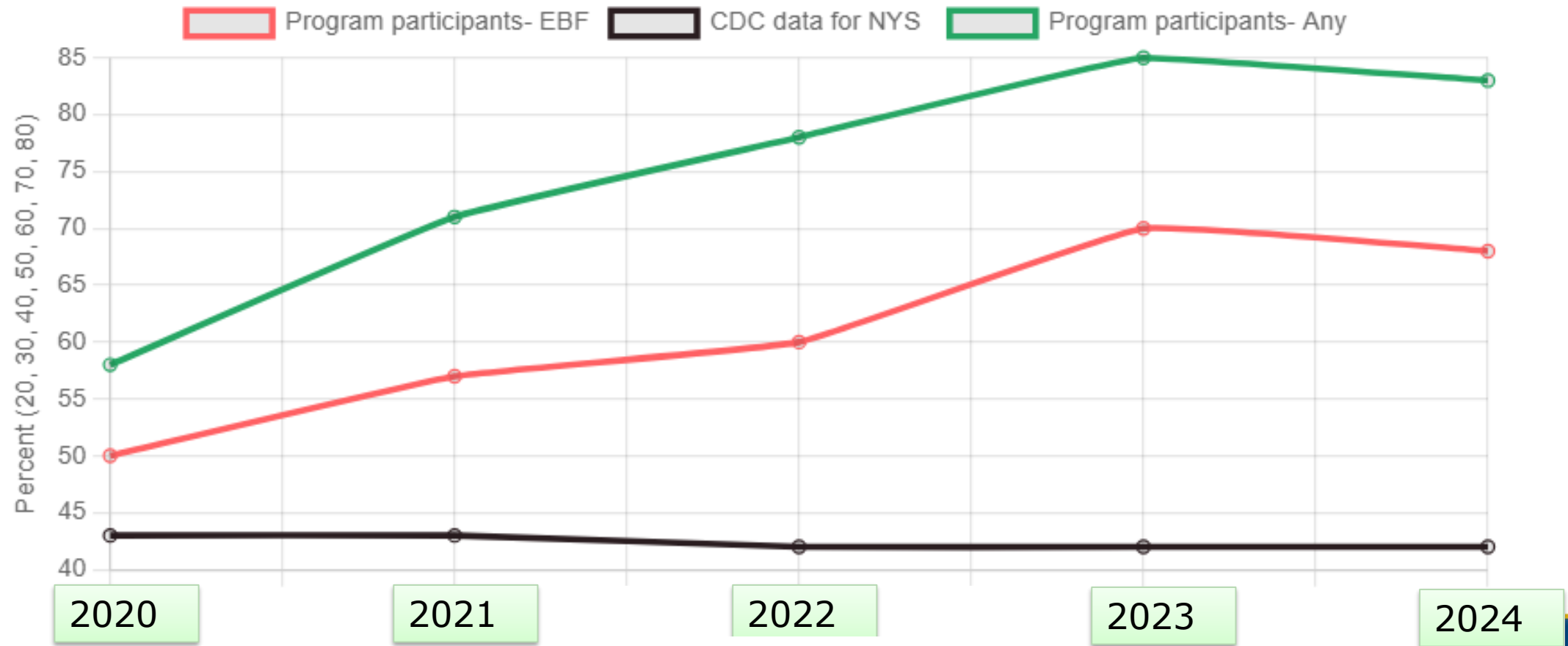
Number of risk factors per person¹⁴

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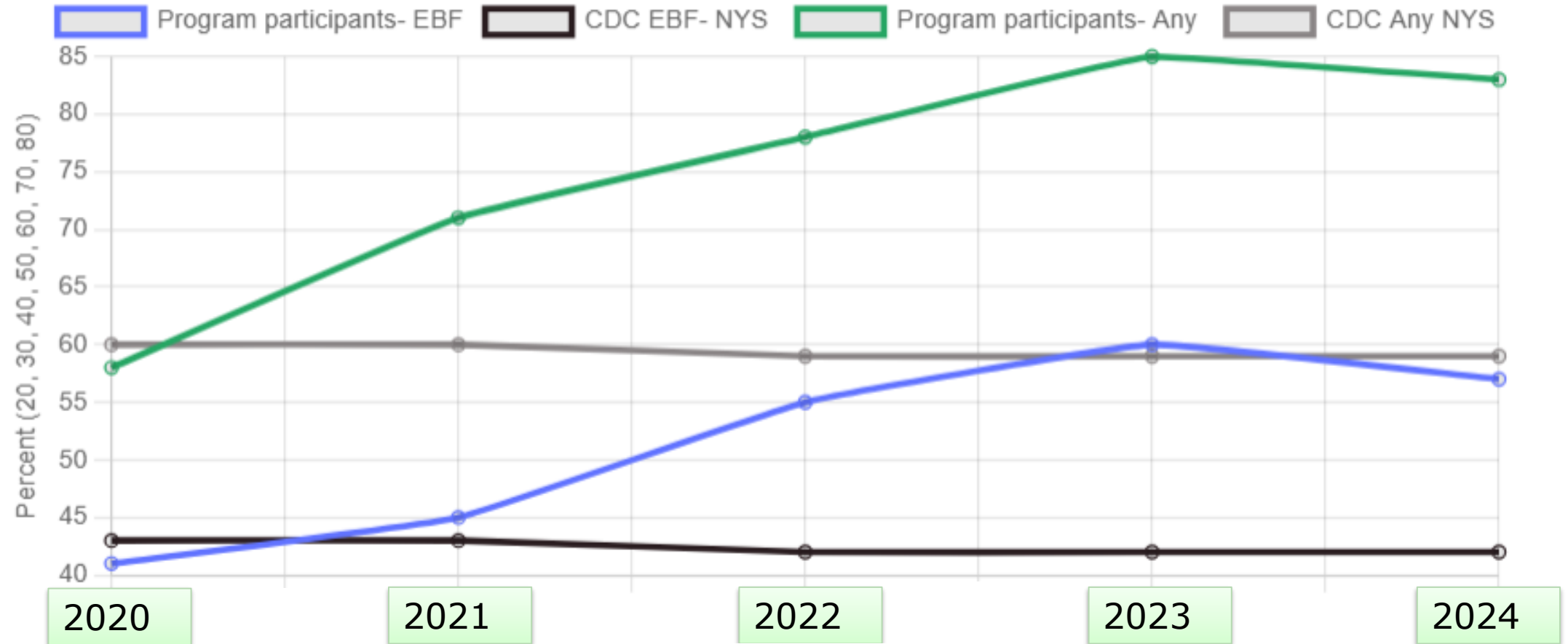


Results - Human Milk Feeding at 3 Months



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Results - Human Milk Feeding at 6 Months



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Urban Model

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Primary Care- Lactation Care Management (PC-LCM)

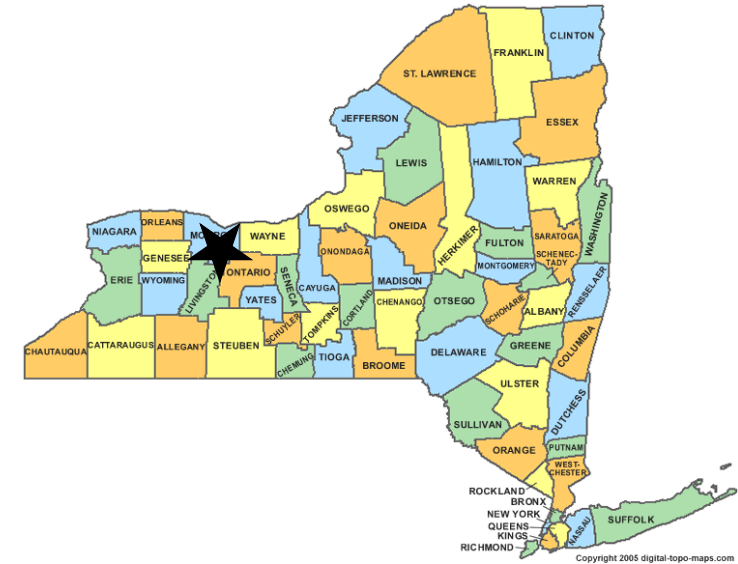
Key Differences:

Embedded in **Family Medicine** practices

- Three pilot sites, urban Monroe County
- Maternity and/or primary care
- Primary pilot site: 34.1% Black/AA, 47.4% White, 5.92% AANPPI, 3.59% multiracial and 8.95% unknown

LCMs have extensive experience with peer counseling, **no formal lactation training**

- Barriers including: 1) high cost of training, 2) need for expensive prerequisite classes, and 3) lack of clinical mentors



Literature

Reno, R. Using group model building to develop a culturally grounded model of breastfeeding for low-income African American women in the USA. *Journal of Clinical Nursing* **27**, 3363-3376.

Allen, J, et al. Progress in increasing breastfeeding and reducing racial/ethnic differences – United States, 2000–2008. *Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report*, 2013;62, 77– 80.

BREASTFEEDING MEDICINE
Volume 19, Number 8, 2024
Academy of Breastfeeding
DOI: 10.1089/bfm.2024.0203

ABM Protocol

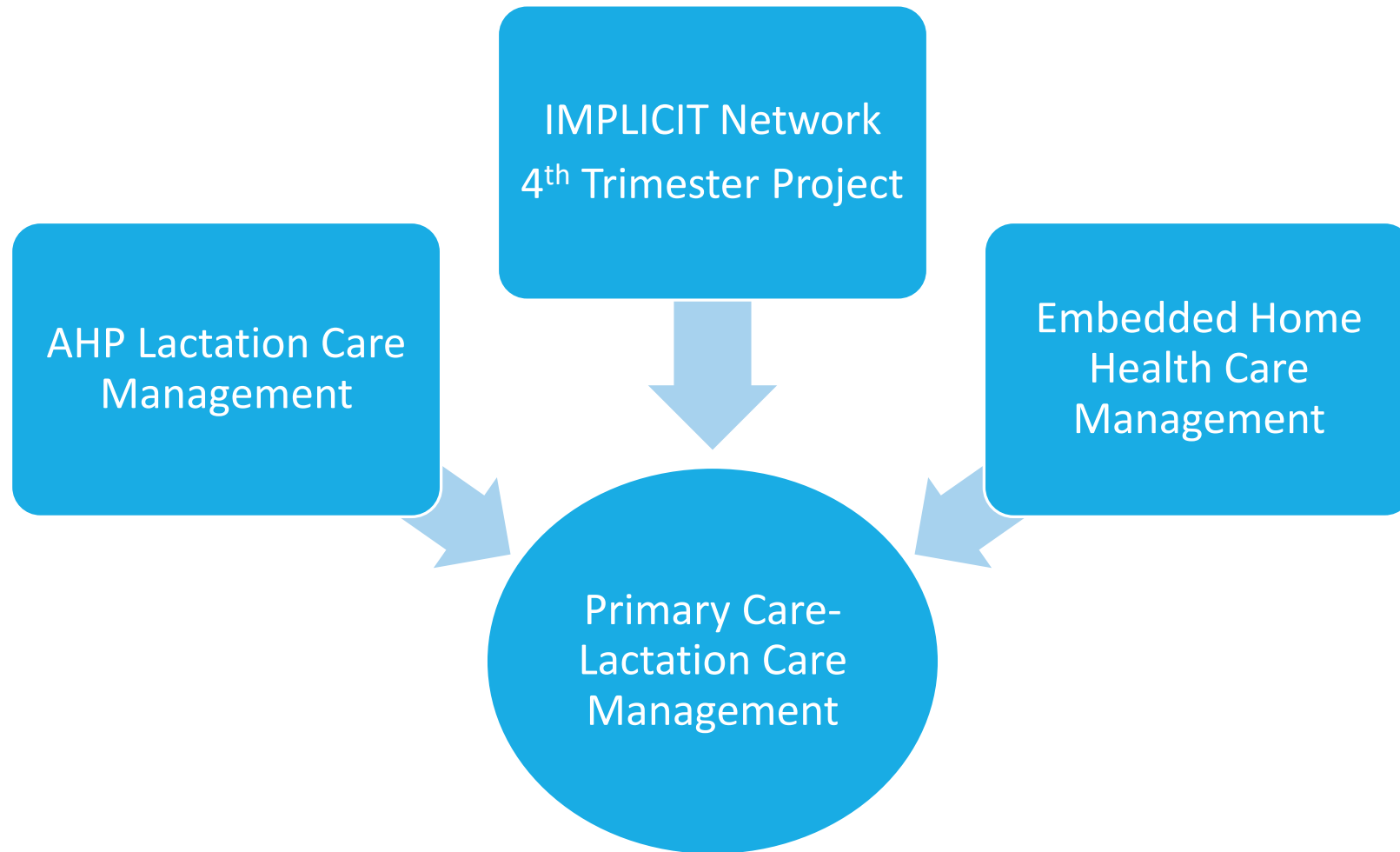
Open camera or QR reader and
scan code to access this article
and other resources online.



Academy of Breastfeeding Medicine Clinical Protocol #19: Breastfeeding Promotion in the Prenatal Period (Revised 2024)

Anna Jack,¹ Caroline Mullin,² Elizabeth Brown,³ Michele Burtner,⁴ Katherine R. Standish,⁵ Alecia Fields,⁶
Casey Rosen-Carole,⁷ and Scott Hartman⁸

Inspiration for Primary Care – Lactation Care Management (PC-LCM)



PC-Lactation Care Management

Association of State and Territorial Health Officials'

State-Community Partnerships for Lactation Equity, Dec 2022-June 2023

- Collaboration:
 - URM C Dept of Family Medicine
 - URM C Dept of Public Health Sciences
 - New York State Department of Health
 - Community Organizations (WIC, Healthy Baby Network)
- Job Description
- Onboarding and training schedule
- Community Transformation Project

URMC Health Equity Program Support Office, July 2023-present

- Enrollment, data collection, ongoing training, added 2nd PC-LCM
- ~ 200 dyads per year at 3 sites

NEXT STEPS: Data analysis, additional grant funding for implementation research purposes, sustainability



Ashley Johnson,
PC-LCM



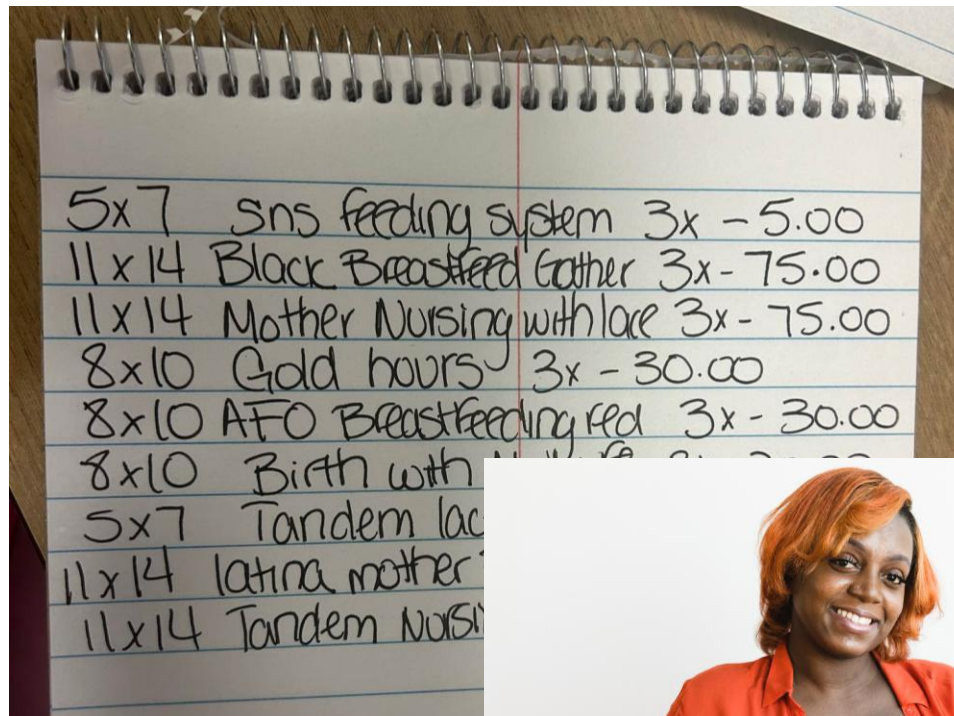
Cherlyn McFadden,
PC-LCM

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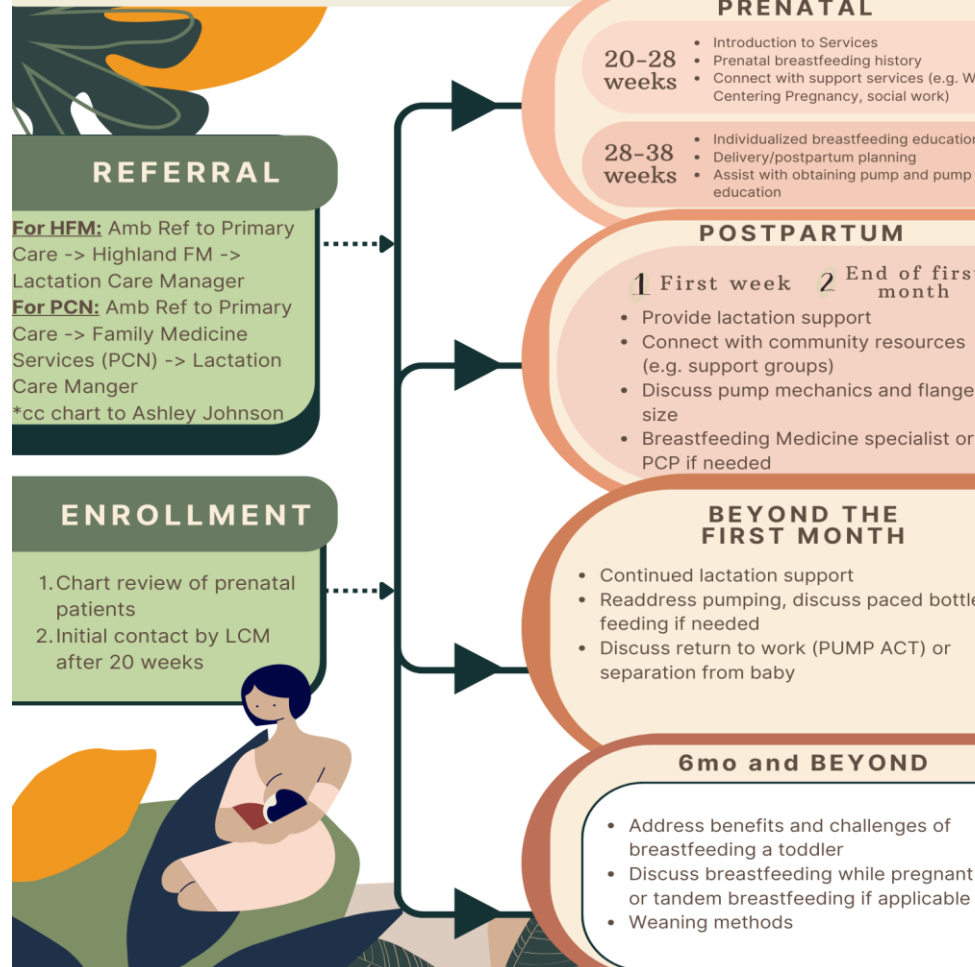
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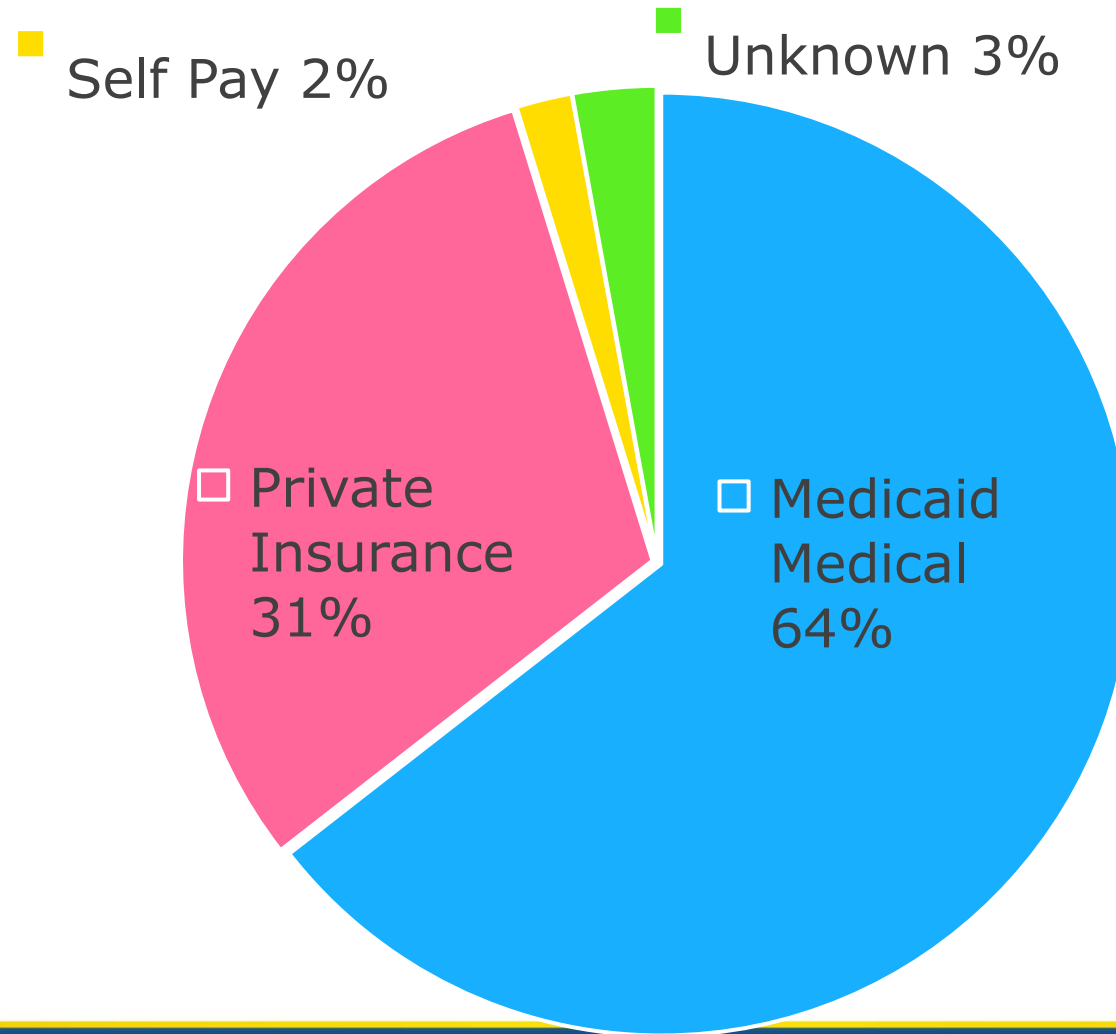




Primary Care-Lactation Care Management (LCM) Care Plan Workflow



DEMOGRAPHICS (JULY 2023-MAY 2024) – Payment Method

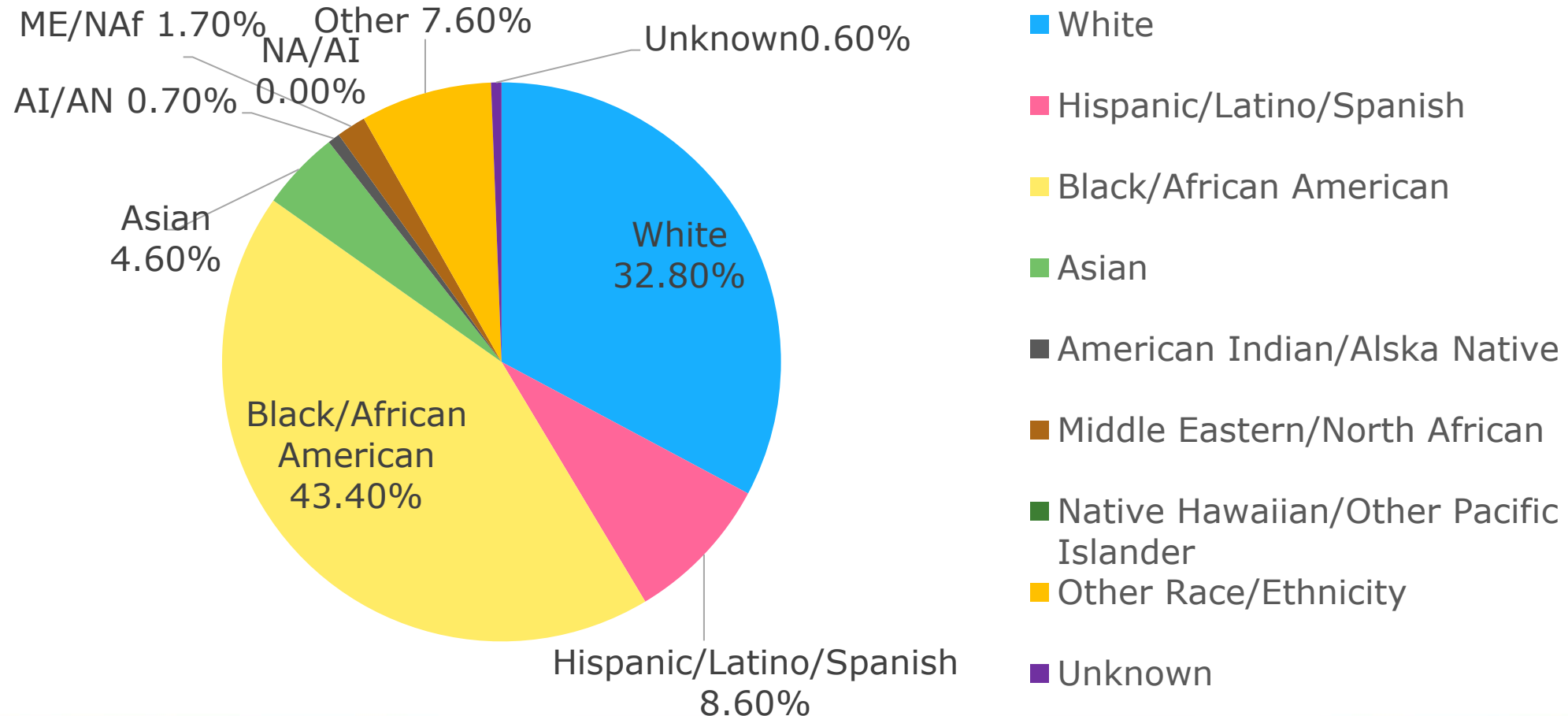


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DEMOGRAPHICS (JULY 2023-MAY 2024) – Race/Ethnicity



Data Collection Update

LCM

Responsible ☐ Show Row Info ☐ Show Last Filled Value ☐ Show Details ☐

OTHER

Lactation Care Management

Prenatal Screening **Post Discharge Screening - Parent**

Discharge Screening - Infant

Parent Feeding Goals

Parent Feeding Goals

Lactate for

Weeks Months Years As lon... No Goal Other

Number of Weeks Number of Months

Number of Years

Other Comment

Child's Current Feeding Type

Percentage of Enteral Feeds via NG tube

Percent of Daily Volume MBM from Milk Tech Flowsheet

PCP: Jack, Anna, MD
Maternity care provider: No care team member to display

of Prenatal Contacts: 3-5

of Postpartum Contacts Since Discharge: 3-5

Left Message: ***

How is breastfeeding going? ***

Breastfeeding Goal:

Parent Feeding Goals

Parent Feeding Goals: Breastfeeding

Lactate for: As long as possible

Child's Current Feeding Type : Breastfeeding

Day of Life today: ***	
Do you have pain in your nipples?	Yes/No/Free text ▾
Is the baby able to stay latched without clicking noises or leaking milk?	Yes/No/Free text ▾
Does baby breastfeed 8-12 times per 24 hours? <8 or >12 both are Level 2 Acuity (8-10 is normal)	Yes/No/Free text ▾
IF baby is DAY 5 of life or older: Is baby gaining 1/2-1 oz. per day without supplements?	Yes/No/Free text ▾
Has baby produced at least one stool per day larger in size than a US quarter? (2-3 stools per day in normal)	Yes/No/Free text ▾
Have your breasts changed in size or any other way since hospital discharge?	Yes/No/Free text ▾
Do you have pain/redness in your breasts or a fever?	Yes/No/Free text ▾
Are you experiencing feelings of anxiety or depression that make it difficult to care for yourself or your baby? <i>ATTN: PCP if yes.</i>	Yes/No/Free text ▾

Do you have pain/redness in your breasts or a fever?	Yes/No/Free text ▾
Are you experiencing feelings of anxiety or depression that make it difficult to care for yourself or your baby? <i>ATTN: PCP if yes.</i>	Yes/No/Free text ▾
Do you need more breastfeeding support?	Yes/No/Free text ▾

What other questions do you need answered about breastfeeding at this time? ***

Will you return to work or be separated from your baby routinely?

Yes/No/Free text ▾

Do you have a breast pump with properly fitted flanges?

Yes/No/Free text ▾

Flange size: ***

Location Acuity Level: Level 1

Reason for Acuity Level: Patient reports no health conditions that impact breastfeeding at this stage

Referred to Primary Care MD/IBCLC (Dr. Jack or Dr. Brown): Yes

of Visits: 1

of Illness Visits for Infant Since Discharge: 0

Includes AOM/ear infections, gastroenteritis/"stomach bugs" and URIs/"colds"

Follow Up Needs: ***

Yield List

- Documentation sent to MD/IBCLCs at least twice prenatally and at least twice postpartum to review appropriateness for the program and determine need for higher level of care
- LCMs otherwise maintain a “yield list” of concerns that may come up that are out of their scope
- Warm or electronic hand off to PCPs
- On call provider available 24/7 at all three practices



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PC-LCM Perspective - Celeste & Star

Patient: Celeste: 33 year old person met at 32 weeks, pregnant with her first baby and intention to exclusively breastfeed

Health History

- Gestational high blood pressure, congenital hip dysplasia, anemia, depression, bilateral breast reduction (3 years ago)
- Post traumatic stress disorder due to prior intimate partner violence and being unhoused

Prenatal Contact

- 2 prenatal in person contacts and 2 virtual contacts
- Had a strong knowledge of benefits of breastfeeding but was struggling confidence about milk supply and parenting
- Worked to build community of support through PC-LCM, WIC , Zoom Baby Café and support group

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PC-LCM Perspective - Celeste & Star

Celeste delivered Star via primary cesarean section after a failed induction for gestational hypertension

Support Timeline

- Multiple contacts, understanding & empathy, comfortability in similarities
 - 2 postpartum visits in person 3 postpartum telephone calls, including video calls
- Attended 3 zoom groups support & ice breaker (WIC)
- Repetitive lactation education until retained

Outcomes

- Bilateral breast reduction and depression had no notable effects on lactation outcome
- Breastfeeding + introductions to homemade solids at 6 months
- Currently infant is 1 year old and supporting through self-weaning including nighttime

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Barriers

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Short Parental Leave

- Parental leave varies depending on jobs
- Despite NYS paid family leave, not all patients' jobs qualify or able to take it
- Some estimates 22% return by 10 days post-delivery and another 22% before 6 weeks post-partum

Return To Paid Employment

- Expressing milk while working can be challenging
- NYS has protections for lactating persons protecting their right to express milk but it can be hard to advocate for the time
- 30 min paid break time to express milk up to 3 years (new in 2024)
- Need to talk to employer ahead of time
- Private space not a bathroom
- Some people struggle to express enough milk
- Need for high quality childcare that can effectively bottle feed breastfed infant
- Negotiating illness in infant/ self/time away to manage milk expression and need to work more time to get work done(despite protections in place)

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Access To High Quality Pumps

- Expressing milk for 8-12 hours per day need a high-quality pump
- Durable medical equipment providers receive same compensation regardless of quality of pump and will receive higher profit margin if give low quality pump
- Insurance – Fidelis/Medicaid cover 9v vs 12V pump
- 12V motor tend to breastfeed for 2-3 month longer than those with 9v, with higher exclusivity rate
- Part of prenatal care LCM support is to review goals, pump types and insurance
- Hands free pumps while convenient are costly and in some cases lead to milk supply, plugged ducts and mastitis
- Education regarding need for cleaning pump parts/storing milk
- Trouble shooting pumping difficulties

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Access To Lactation Supports

- Each community has a variety of lactation supports
- Free support groups/WIC
- Breastfeeding groups such as Breastfeeding Café
- LC or IBCLC in community
- Connecting to Breastfeeding Medicine (BFM) - Telelactation
- Timing of groups and cost of groups can be barriers
- Rural areas have less support groups
- LCM can help connect families

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Building A Breastfeeding Culture

Rural LCM offer lactation lunch and learns to local medical offices

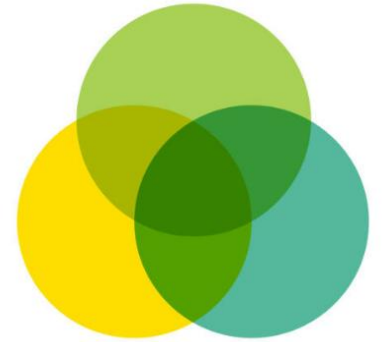
- Medications compatibility with human milk
- Normal intakes/outputs depending on age
- Hospital based teaching to nurses about nipple shields, breastfeeding management

Urban LCM communicate with hospital lactation staff to help with warm handoffs and continuum of breastfeeding support in the hospital, PCP office and home

Building Continuity *with* the Larger System

Community health agencies -

- WIC (Special Supplemental Nutrition Program for Women Infants and Children)
- Healthy Families
- Perinatal Infant Community Health Collaboratives
- Support groups
- Education opportunities



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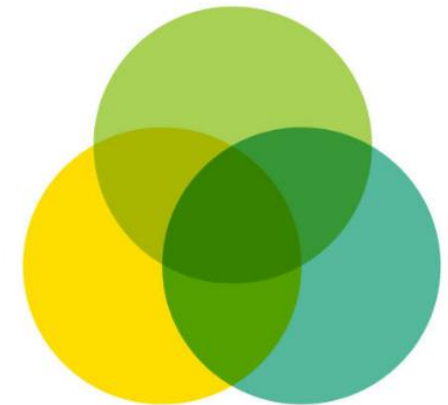


Building Continuity *with* the Larger System (2)

Larger Health system -

- Social Work Care Management
- Perinatal health home care managers
- Patient centered medical home
- URMC Breastfeeding Clinic
- Telelactation

Lactation Care Managers are embedded in Primary Care- Pediatrics, Family, and Obstetrics



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Implementation Tool Kit

1. Community needs assessment
2. Engage Stakeholders
3. Implementation
 - Training/Supervision
 - Intervention
 - Tracking outcomes
4. Consider sustainability



Community Needs Assessment

- What is the problem?
- Who is affected?
- What are the barriers?
- Who is being left out?

<https://www.naccho.org/uploads/downloadable-resources/Issue-Brief-Needs-Assessment-FINAL.pdf>

Sample of important questions to consider when developing a breastfeeding needs assessment survey

1. Who are the prenatal and post-hospital discharge breastfeeding service agencies and providers in the community?
2. What types of services are being provided?
3. How accessible are these providers to families? (Time of the day, location, welcoming of family members, cost.)
4. What are the assets of the community? (Skills, interests, capacities, spaces, champions, culture, coalitions, and other existing partnerships, grant opportunities.)
5. What is the “breastfeeding” capacity (trainings, skills, time spent with client) of these providers?
6. How, where, and when would families like to receive breastfeeding education and support? (In-person groups, remotely, via phone, home visits, etc.)
7. What are the challenges and needs of families to start and continue breastfeeding until at least 12 months?

***For more ideas of questions to include, see Community Action Kit for Protecting, Promoting, and Supporting Breastfeeding (DSHS Texas)*

Stakeholders

- Insurers (maybe?), being aware of the landscape
- Health care/Primary Care system and leadership
- Providers directly involved
- Community organizations
- Others?



Implementation

Training/Supervision

- Systemic barriers
 - Lack of diversity leads to lack of support
- Different systems will need different types of training
 - Rural vs urban
- Need more research

Intervention

- Fidelity
- Feasibility

Tracking outcomes

Sustainability

- Breastfeeding outcomes YES, BUT
- Down stream health benefits and cost saving
- Maternal morbidity and mortality reduction
- Perceived value by primary care providers



Call to Action

Healthy People 2030 Goals

(42% Exclusivity at 6 months)

American Academy of Pediatrics

American Academy of Family Physicians

American College of Obstetrics and Gynecologists

Academy of Breastfeeding Medicine

National Association of County and City Health Officials

Continuity of Care in Breastfeeding Support Blueprint



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Human Milk and Population Health Costs

Rollins et al. study in Lancet, 2016:

Estimated that for each 10% increase in breastfeeding to 6 months, health care costs for acute illnesses in the 1st year of life would be \$312 million in the US

If increased to 90%, the savings would be **\$2.45 billion annually**

Cheza et al. paper in *Breastfeeding Medicine*, 2013:

Estimating \$1200 cost savings for insurers per patient (parents) per year for patients who participated in a corporate lactation program through their employer

- **\$1606 in 2023 USD per person per year**
- Reported on study that return on investment was \$3 saved for every \$1 spent on lactation care based on chart reviews

Thomas Ball and David Bennett 2001 paper in *Pediatric Clinics of North America*

Estimating \$1500 cost savings to insurers per child per year in the first year of life

\$2630 in 2023 USD per person per year



Additional References (Jack)

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QUESTIONS

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