

BACKGROUND

Breast milk is designated as the optimal nutritional source for all newborns/infants. The American Academy of Family Practice (AAFP) and American Academy of Pediatrics (AAP) recommend exclusive breastfeeding for the first 6 months of life. Ideally, breastfeeding should continue until 12 months of age with appropriate complementary foods. The World Health Organization recommends breastfeeding until at least 2 years of age.¹

Family medicine physicians are at the forefront providing comprehensive care to new mothers, infants and the entire family. They are in a unique position to provide guidance and support regarding the continuation of breastfeeding. As such, family physicians ought to be knowledgeable about the practice and health effects of breastfeeding on women and children.

The current breastfeeding curriculum for the Samaritan Family Medicine Residency primarily involves computer-based training. Does the online module provide adequate training; or, should the residency enhance the breastfeeding curriculum to strengthen the skills necessary for residents to become competent and confident in providing care to breastfeeding mothers and infants?

OBJECTIVE

The intent of this study is to identify gaps in breastfeeding training and education of the Samaritan Family Medicine resident curriculum.

METHODS

- Data was collected from an electronic survey of Samaritan Family Medicine Residents.
- Initial survey was sent via SurveyMonkey in November 2019 to 27 residents.
- Survey included questions regarding confidence levels related to the following:
 - Counseling mothers about infant feeding choices
 - Teaching breastfeeding techniques
 - Teaching mothers how to use a breast pump
 - Counseling mothers about lactation problems

DISCUSSION & FUTURE IMPLICATIONS

It is apparent that there are some inadequacies in the family medicine resident training curriculum in regards to breastfeeding. It appears that the online breastfeeding module has been beneficial with increased resident confidence levels when it came to counseling mothers about infant feeding choices and common breastfeeding problems. Likewise, residents were more confident when it came to teaching mothers different breastfeeding techniques and how to use a breast pump. However, there was only marginal improvement with a significant percentage of residents remaining less than confident in key areas.

The next step would be to enhance the Family Medicine Residency curriculum by potentially incorporating specific core competencies as outlined in the United States Breastfeeding Committee, which is recognized by the AAFP. Another resource would be the breastfeeding curriculum used by the AAP. Strategies to expand the curriculum would include both lectures and hands-on experience with lactation consultants (safe skin-to-skin positioning, assessment of latch, use of breast pumps, supplementary feeding devices).

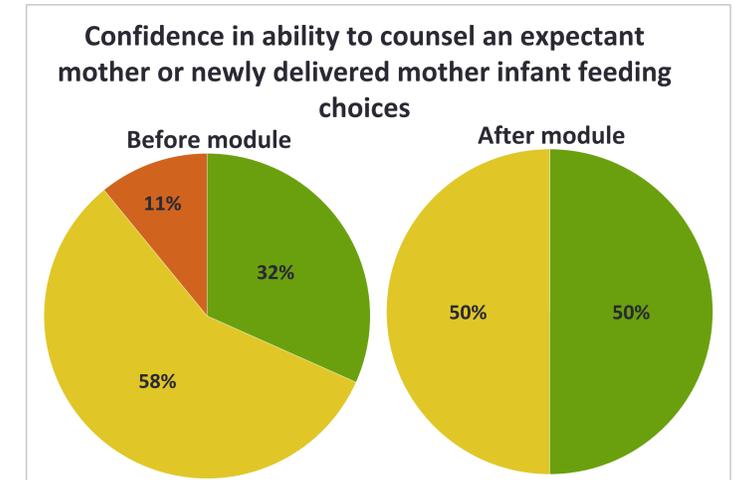
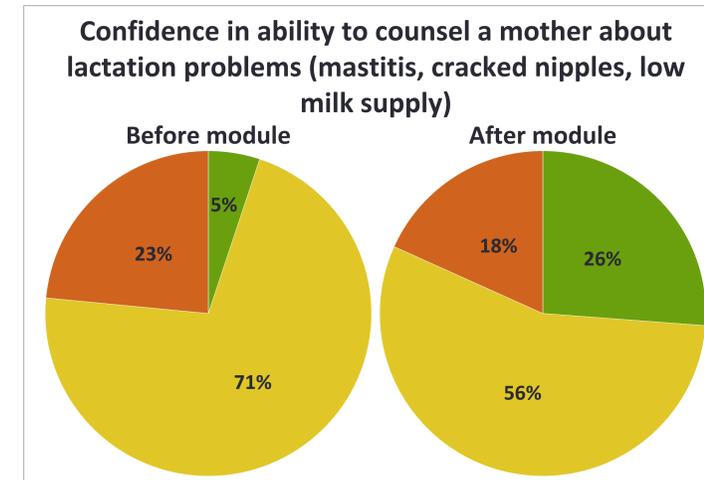
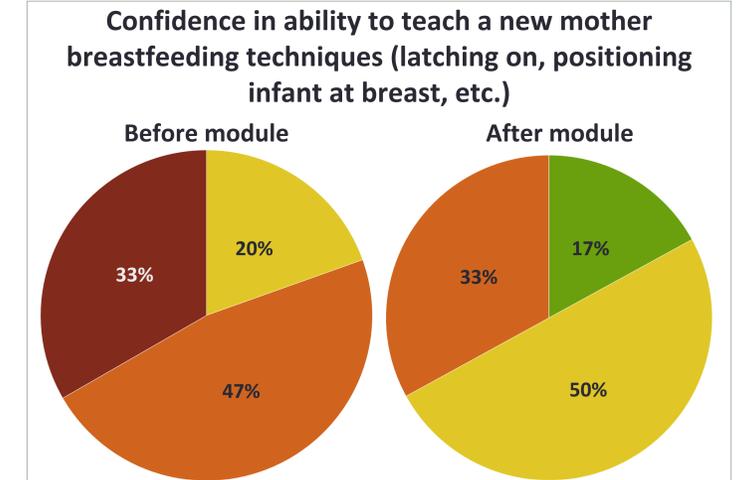
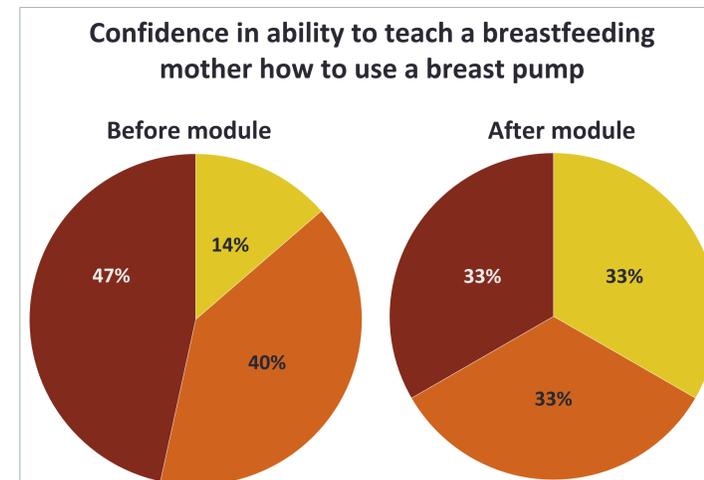
Upon completion of residency, the resident should:

- Understand the role of lactation, human milk and breast feeding in optimal feeding of infants and young children
- Understand how breast milk enhances health and reduces long-term morbidities/mortalities in both children and women
- Be capable of facilitating breastfeeding care by preparing a woman's realistic expectations regarding breastfeeding
- Communicate effectively with lactation nurses as needed and following up with the family when appropriate.
- Feel comfortable recommending or prescribing products to improve milk supply when needed.
- Counseling and treating lactation-related mastitis.

Once the objectives above are integrated into the curriculum, reassessment of resident knowledge is recommended.

RESULTS

● Extremely Confident ● Very Confident ● Somewhat Confident ● Not So Confident ● Not at all confident



REFERENCES

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