

# Addressing Breastfeeding Disparities with a Peer Counseling Intervention

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## Problem

- Publicly insured obstetric (OB) patients face **disparities in breastfeeding (BF) outcomes** compared to the overall Hyde Park clinic population
  - BF Initiation:** 87% (overall) vs. 75% (Medicaid clinics)
  - BF exclusivity:** 39% (overall) vs. 22% (Medicaid clinics)
- Barriers to BF success among the predominantly Black, high-risk patients attending the OB Medicaid clinics include:
  - Lack of continuity of care (different providers each visit)
  - Poor prenatal education
  - Limited access to culturally congruent BF support
  - High rates of Neonatal Intensive Care Unit (NICU) admission (>30%)

Breastfeeding is the **healthiest option** for most parents and babies

- Strengthens parent-infant bond
- Immune protection for infant
- Reduces risk of post-partum depression and sudden infant death
- Long term positive health outcomes for parents and children



## Goal

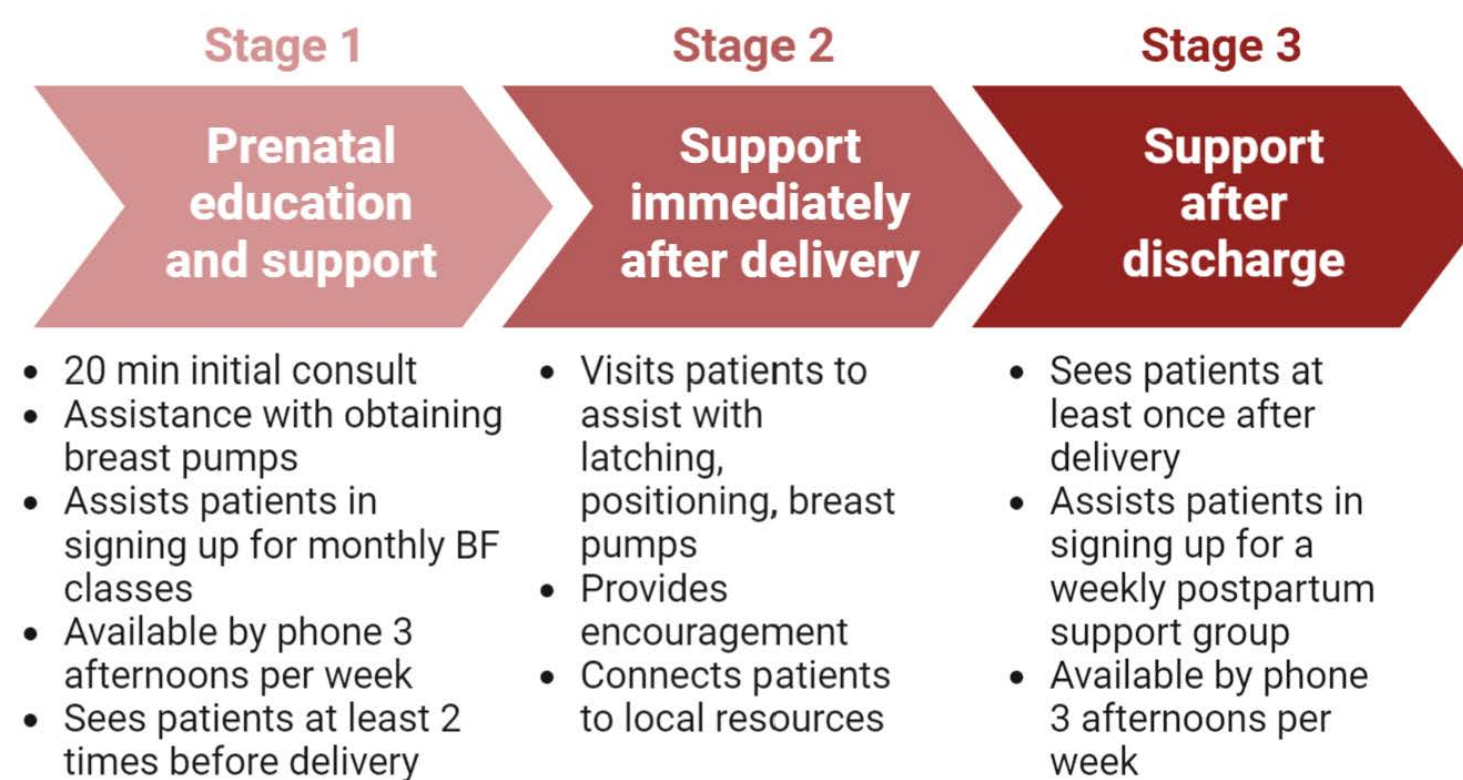
**Increase BF initiation and exclusivity rates in UCM's low-risk OB (LROB) and high-risk OB (HROB) Medicaid clinics by strengthening prenatal lactation education and culturally congruent BF support.**

## Intervention Design

- In April 2022, a breastfeeding peer counselor (BPC) began working in the UCM LROB and HROB clinics 3 afternoons per week
- We performed baseline chart reviews on a representative sample of all patients who received care at the HROB and LROB clinics between July 2018-July 2020 (n=195)
- We then performed post-implementation chart reviews on all patients for whom the peer counselor documented at least 1 prenatal visit between April 1, 2022, and August 29, 2022 (n=53)

### Role of the Breastfeeding Peer Counselor

Peer Counselors (BPCs) are community health workers who provide direct BF education and support to obstetric patients. BPCs are racially and culturally congruent with the population served and have personal BF experience and lactation training to support normal BF initiation and common challenges.



## Impact

Table 1: Post- Implementation Breastfeeding Outcomes Compared to Baseline

	Baseline, n(%)	With BPC n(%)	Percent Change
Exclusive BF	39 (22%)	17 (32%)	+10%
Initiation of BF (exclusive or combination)	146 (75%)	45 (85%)	+10%
No Initiation of BF	49 (25%)	8 (15%)	-10%

- The peer counselor has provided documented prenatal counseling to **53 patients** who delivered a liveborn infant at UCM during the first 5 months of the program, (~20% of the annual clinic volume).
- There has been a clinically significant improvement in BF outcomes among Medicaid clinic patients since BPC program implementation compared to baseline
  - **+10%** BF exclusivity at hospital discharge
  - **+10%** BF initiation

**Estimated \$89,568.05 saved in long-term health costs** in first 5 months;  
Potential for >\$500,000 long-term health cost savings per year (Stuebe et al)

## Conclusions and Next Steps

- The BPC program is a cost-saving intervention that improves **health equity** by increasing access to the **long-term physical and emotional health benefits of human milk provision** for both infants and lactating parents.
- The program has been well received by patients, providers, and staff, and will help UCM meet requirements for Baby Friendly Hospital redesignation in 2023.
- Future goals include expansion to other clinics and the NICU to reach more patients.

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