Breastfeeding & COVID-19 Webinar Series

***Webinar #4: Best Practices for Virtual Breastfeeding Support***

***During COVID-19 and Beyond***

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**Personal Disclosure**

*No financial disclosures*

**Objectives:**

1. Name virtual communication options to consider when supporting parents with breastfeeding.
2. Identify considerations when communicating with Healthy Start participants through virtual means.
3. Describe tips for effective virtual communications during the COVID-19 pandemic and beyond.

**Definitions:**

* Telehealth: Use of electronic information and telecommunication technologies to provide care when you and the provider are not in the same place at the same time. (HHS Telehealth)
* Telelactation: services that connect breastfeeding mothers to remotely located International Board Certified Lactation Consultants using communication technologies. (Grubesic 2020)

**Research Findings on Telehealth and Telelactation**

* Virtual technologies are well accepted by the general public, including low-income populations, as a viable means of counseling and assisting mothers with breastfeeding. (Rojjanasrirat 2012)
* Virtual technologies are not only well accepted, including among low-income and minority populations (Rojjanasrirat 2012); they might actually contribute to increased breastfeeding duration and exclusivity rates (Uscher-Pines 2020).
* One program in the Bronx, NY combined technology-facilitated education and consultations with clinic care and telephone follow-up. The randomized control trial of the program found a *three-fold increase* in breastfeeding rates, and also increased breastfeeding intensity. (Bonuck 2014)
* Texas WIC found that 100% of the WIC mothers who utilized Telelactation services felt it was effective and said they would recommend it to other mothers. (MacNab 2012)
* Mobile app options may be helpful for mothers in rural or remote areas as it enables them to access on-demand 24/7 support from an International Board Certified Lactation Consultant from the parent’s phone, tablet, or computer.
* Evaluation of “Pacify” app in Mississippi found that 63% of the contacts were initiated outside normal clinic hours, and participants rated the support 4.8 out of 5 stars. Participants were 1.5 times more likely to be breastfeeding at 3 months; two times more likely to be breastfeeding at 6 months; and 2.5 times more likely to exclusively breastfeed at 3 and 6 months. (Pacify 2019)
* Evaluation of mobile app in Pennsylvania found that 91% of mothers were satisfied with the virtual support they received. Nearly half of the consultations occurred after usual work hours. Most common challenges women reported were: breast pain, soreness, infection, and positioning/latch issues. (Kapinos 2019)

**Options for Virtual Breastfeeding Support**

* Prenatal education - one-on-one education with new parents; group education experiences.
* Postpartum support via webinar software platforms.
* Social media private groups for specialized situations. For example:
* Exclusively Pumping Moms <https://www.facebook.com/groups/exclusivelypumpingmoms/>
* Black Exclusively Pumping Mamas <https://www.facebook.com/groups/1772025262884456/>
* Breastfeeding Support Group for Black Moms

<https://www.facebook.com/groups/Blackmomsdobreastfeed/>

* Black Women Do Breastfeed

<https://www.facebook.com/blackwomendobreastfeed>

* Chocolate Milk Mommies

<https://www.facebook.com/blackwomendobreastfeed>

* Back to work support classes with new parents and caregivers (Note: HHS Office on Women’s Health has a teaching curriculum, “Supporting Nursing Moms at Work,” available at the US Breastfeeding Committee website at [www.usbreastfeeding.org/SNMW-platform](http://www.usbreastfeeding.org/SNMW-platform)
* Telelactation for breastfeeding clinical assistance
* CDC MMR report found that 70% of hospitals are discharging maternity patients early due to concerns during the COVID-19 pandemic; many hospitals also reported a decrease in available lactation support as a result of the pandemic. (Perrine 2020)
* YouTube videos for breastfeeding education to share with participants. For example, HHS Office on Women’s Health YouTube breastfeeding channel at <https://www.youtube.com/user/WomensHealthgov?app=desktop>.

**Perceived Benefits of Virtual Breastfeeding Support to Participants**

* Reduced exposure to COVID-19
* No need to get out (and get baby out) in inclement weather
* Convenient
* More comfortable for parents to learn in their own safe home environment
* Reduces need to take off work/arrange for childcare which can be costly to parents
* Ability to receive more timely assistance
* More options for learning
* Easier access for parents in rural or remote areas

(Bashshur 2020; Grubecic 2020; MacNab 2012)

**Considerations for Virtual Breastfeeding Support Options**

* Adequate equipment (e.g., phone, tablet, computer)
* Limited or unreliable Internet access
* Sufficient broadband to support video consultations (rural areas may have more issues with sufficient broadband)
* Lack of experience/confidence among educators, including:
* Insufficient equipment or reliable Internet
* Lack of ability to collaborate with colleagues for more challenging cases
* Inability to weigh infant or conduct suck assessments virtually

(Altmann 2020; Wysocki 2020; MacNab 2012)

* HIPAA compliance requirements may be eased during the national pandemic emergency (*See:* “Notification of Enforcement Discretion for Telehealth Remote Communications during the COVID-19 Nationwide Public Health Emergency at <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html> (HHS)
* Options to improve security for participants during video calls and meetings (per Norma Escobar, North Carolina WIC):
* Assign a random meeting ID instead of the one the software company picks for you
* Send the link directly to participants instead of posting it publicly
* Use the “waiting room” feature to verify attendees before moving them into the meeting room
* Ask screening questions on the registration form
* Prepare the parent(s) beforehand:
* Find out the equipment she is most comfortable with
* Use well-lit area of her home
* Consider confidentiality/privacy
* If Internet is unreliable, consider using phone if possible
* Engage a support person to be your hands and to engage support
* Prepare a professional space for broadcasting video calls
* Stable Internet connection
* Computer
* Webcam (test before using!)
* Lighting (simple ring lights average $50-$150)
* Cover windows to avoid glare
* Prepare background to minimize clutter and create a more professional look

**COVID Vaccines and Breastfeeding**

CDC reports the current approved vaccines were not tested on pregnant or lactating women. However, mRNA vaccines are not thought to be a risk to the breastfeeding infant because they do not contain the active virus. Mothers should work with their provider/baby’s provider to discuss recommendations for their situation. *See:*  <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html#:~:text=COVID%2D19%20vaccination%20considerations%20for%20people%20who%20are%20breastfeeding,risk%20to%20the%20breastfeeding%20infant>.

**IBLCE Advisory Opinion on TeleHealth**

IBLCE has issued an Advisory Opinion on Telehealth. Telehealth is permitted for lactation practitioners as long as IBCLCs:

* Practice within the confines of the *Scope of Practice for IBCLCs*
* Comply with the *Code of Professional Conduct for IBCLCs*
* Follow legal and local guidelines pertinent to their area

(Available at <https://iblce.org/wp-content/uploads/2020/04/2020_April_IBLCE_Advisory_Opinion_Telehealth_FINAL.pdf>)

**Resources**

* HHS Telehealth: <https://telehealth.hhs.gov/patients/understanding-telehealth/>
* CDC Social Media Tools, Guidelines, and Best Practices: <https://www.cdc.gov/socialmedia/tools/guidelines/index.html>
* USDA Food and Nutrition Service website, “WIC Breastfeeding Support”: <https://wicbreastfeeding.fns.usda.gov/>
* *Ready, Set, BABY!* self-paced online learning modules for prenatal education: <https://www.readysetbabyonline.com/>
* Baby Café USA: <https://www.babycafeusa.org/>
* Reaching Our Sisters Everywhere (ROSE) Black Breastfeeding Circle and ROSE Baby Café online support: <http://www.breastfeedingrose.org/>
* Black Mothers Breastfeeding Association virtual support groups: <https://blackmothersbreastfeeding.org/>

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**References**

Ahmed A, Roumani AQ, Szucs K, Zhang L, King D. the effect of interactive web-based monitoring on breastfeeding exclusivity, intensity, and duration in healthy, term infants after hospital discharge. *JOGNN.* 2016 Mar-Apr;45(2):143-154.

Altmann D. Lactation care of families in the community health setting during the COVID pandemic. *Clinical Lactation.* 2020;11(4):185-188.

Bashshur R, Doarn C, Frenk J, et al. Beyond the COVID pandemic, telemedicine, and health care. *Telemedicine and e-Health.* 2020 Nov;26(11):1310-1313.

Bonuck AK, Technology-facilitated education and consultations with lactation specialists triple breastfeeding rates among low-income minority women in primary care clinics. Retrieved from <https://innovations.ahrq.gov/profiles/technology-facilitated-education-and-consultations-lactation-specialists-triple>.

Dhillon S, Dhillon P. Telelactation: a necessarily sill with puppet adjuncts during the COVID-19 pandemic. *J Hum Lact.* 2020;36(4):619-621.

Ekeland AG, Bowes A, Flottorp S. Effectiveness of telemedicine: a systematic review of reviews. *Int J Med Inform.* 2010;79:763-771.

Friesen C, Hormuth L, Petersen D, Babbitt. using videoconferencing technology to provide breastfeeding support to low-income women: connecting hospital-based lactation consultants with clients receiving care at a community health center. *J Hum Lact.* 2015 Nov;31(4):595-599.

Grubesic T, Durbin K. The complex geographies of Telelactation and access to community breastfeeding support in the state of Ohio. PLos One. 2020 Nov 24;15(11):e0242457.

Habibi M, Nicklas J, Spence M. Remote lactation consultation: a qualitative study of maternal responses to experience and recommendations for survey development. *J Hum Lact.* 2012 May;28(2):211-217.

Kapinos K, Kotzias V, Bogen D, et al. the use and experiences with Telelactation among rural breastfeeding mothers: secondary analysis of a randomized controlled trial. *J Med Internet Res.* 2019;21(9):e13967.

MacNab I,Rojjanasrirat W, Sanders A. Breastfeeding and telehealth. *J Hum Lact.* 2012;28(4):446-449. Retrieved from <https://journals.sagepub.com/doi/10.1177/0890334412460512>.

Martinez-Brockman JL, Harari N, Perez-Escamilla R. Lactation advice through texting can help: an analysis of intensity of engagement via two-way text messaging. *J Hlth Comm.* 2018;23:40-51.

McCann A, McCulloch J. establishing an online and social media presence for your IBCLC practice. *J Hum Lact.* 2012;28(4):450-454.

Pacify. Mississippi WIC Telelactation program: assessing the impact of 24/7 video lactation support. Retrieved from <https://www.pacify.com/wp-content/uploads/2019/04/MS-WIC-Case-Study-2019_web.pdf>. 2019 Feb.

Palmquist A, Parry K, Wouk K, et al. *Ready, Set, BABY* live virtual prenatal breastfeeding education for COVID-19. *J Hum Lact.* 2020;36(4):614-618.

Perrine C, Chiang K, Anstey E, et al. Implementation of hospital practices supportive of breastfeeding in the context of COVID-19 - United States, July 15-August 20, 2020. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report.* 2020 Nov. 27;69(47):1767-1770. Retrieved from <https://www.cdc.gov/mmwr/volumes/69/wr/mm6947a3.htm>.

Rojjanasrirat W, Nelson EL, Wambach KA. A pilot study of home-based videoconferencing for breastfeeding support. *J Hum Lact.* 2012;28(4):464-467.

Uscher-Pines L, Ghost-Dastidar B, Bogen D, Ray K, Demirci J, Mehrotra A, Kapinos K. Feasibility and effectiveness of telelactation among rural breastfeeding women. *Acad Pediatrc.* 2020 Jul;20(5):652-659.

Uscher-Pines L. Expanding rural access to breastfeeding support via telehealth: the Tele-MILC trial, 2017. Retrieved from <https://clinicaltrials.gov/ct2/show/NCT02870413>.

Uscher-Pines L, Mehrotra A, Bogen DL. The emergence and promise of Telelactation. *Am J Obstet Gyn.* 2017.

Wysocki-Emery K. Breastfeeding via Zoom. *Clinical Lactation.* 2020;11(4):189-191.

Zhou X, Snoswell C, Harding L, et al. The role of telehealth in reducing the mental health burden from COVID-19. *Telemedicine and e-Health.* 2020;26(4):377-379.