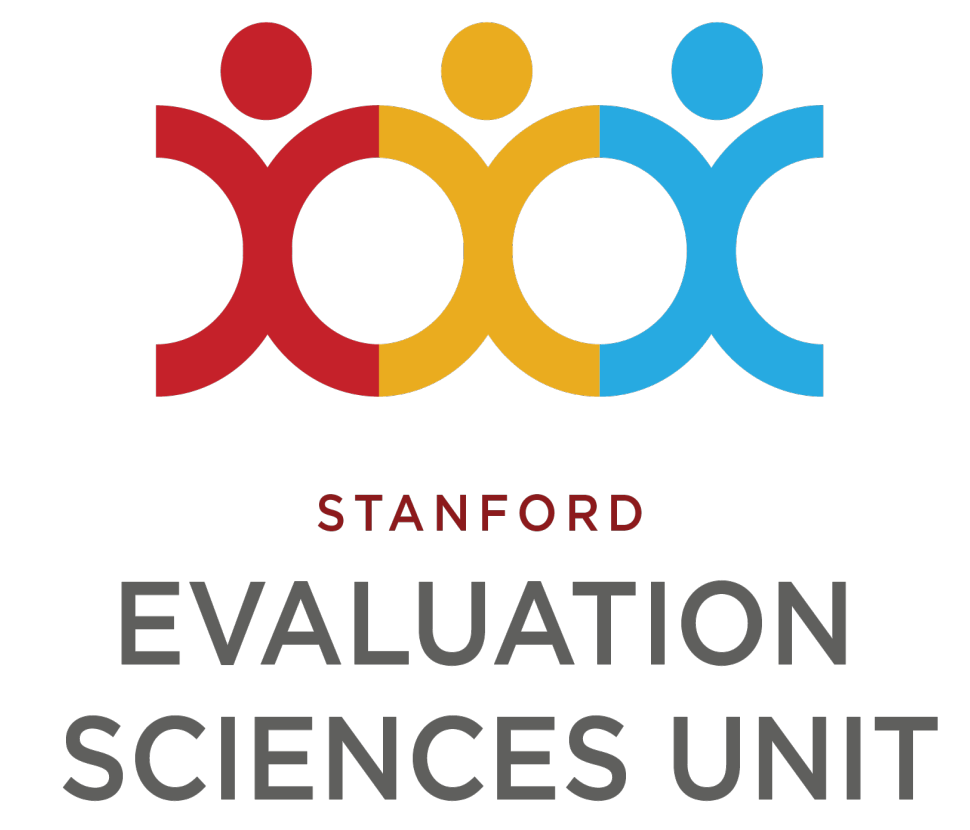


Hispanic birthing parents' experiences with lactation support received in the hospital: a qualitative needs assessment

Sonia Rose Harris¹, Samantha MR Kling¹, Cati Brown Johnson¹, Erika A Saliba-Gustafsson¹, Zakiyah Williams², Anna Sophia Lessios¹, Susan Crowe³, Jonathan Glazer Shaw²

¹Department of Medicine, Stanford University School of Medicine, Stanford University, Palo Alto, CA 94305, USA; ²Stanford Medicine Children's Health Johnson Center, Palo Alto, CA 94304, US; ³Department of Obstetrics and Gynecology, Stanford University School of Medicine, Stanford University, Palo Alto, CA 94305, USA



BACKGROUND

- Chestfeeding/breastfeeding has well-documented **benefits for both infants and birthing parents**
- **Disparities exist between white and Hispanic populations** during post-birth recovery in Lucile Packard Children's Hospital Stanford.

OBJECTIVE

To explore **perceptions** and **experiences** with in-hospital **lactation support** to inform future initiatives that **address breastfeeding inequities**.

COMMUNITY PARTNER

- Johnson Center for Pregnancy and Newborn Services
- Partnered with Zakiyah Williams, program manager
- Multi-disciplinary and family centered approach to delivering care to pregnant people and their babies
- Offer obstetric, neonatal and developmental medicine services all in one place

METHODS

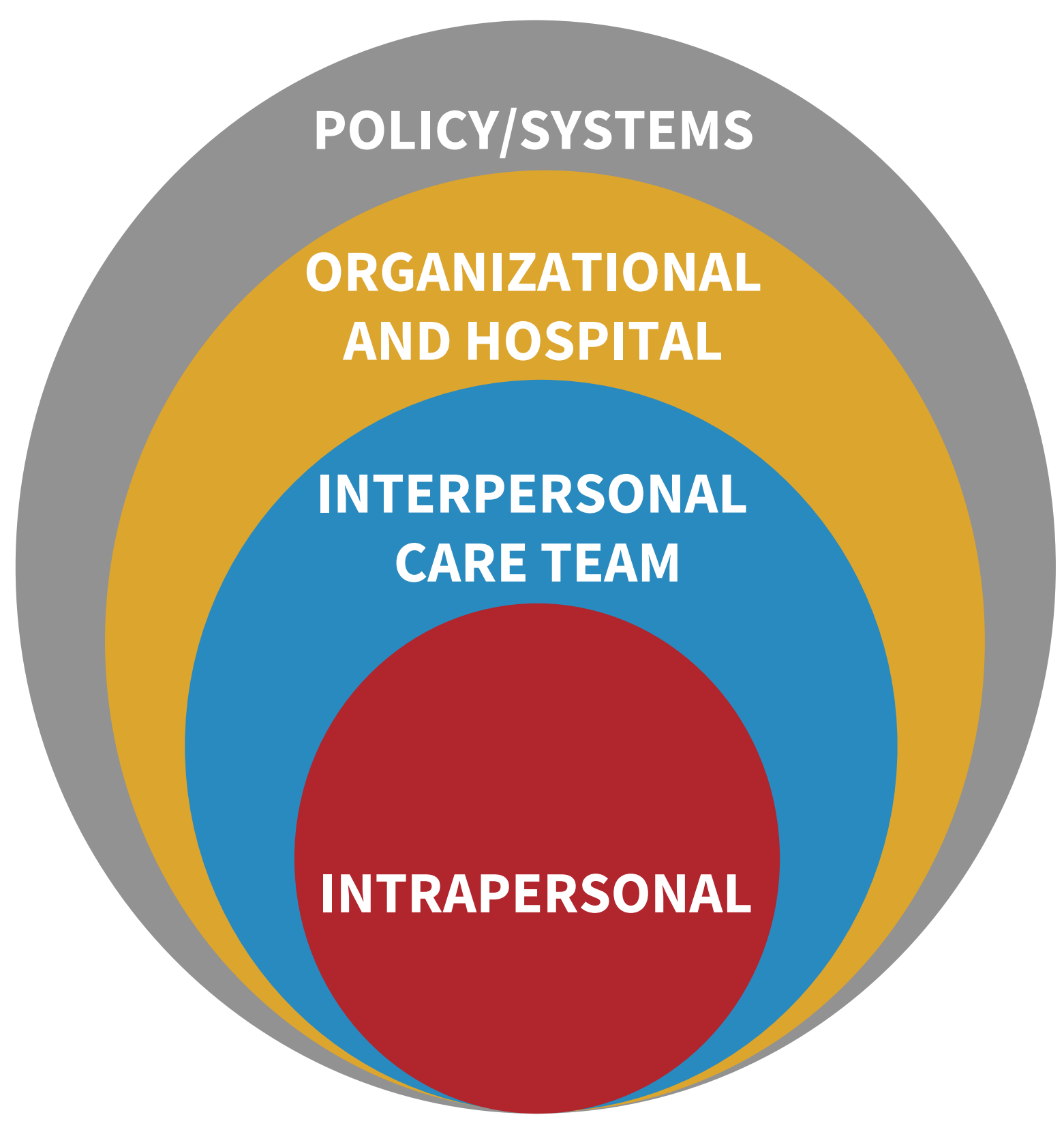
- Needs assessment conducted **March-May 2022**.
- Stanford Lightning Report method: Site visit with brief interviews and observations of 15 stakeholders (i.e., nurses, lactation consultants, clinicians, and parents).
- Semi-structured phone **interviews** with **pediatricians** (n=5) and **Hispanic birthing parents** (n= 8 English language-preferring and n=9 Spanish language-preferring).
- Emergent codes mapped to Socioecological model (SEM) to generate actionable findings.

REFERENCES

Brown-Johnson C, Safaeinili N, Zionts D, et al. The Stanford Lightning Report Method: A comparison of rapid qualitative synthesis results across four implementation evaluations. *Learn Health Syst*. 2020;4(2):e10210. doi:10.1002/lrh2.10210
 Victora CG, Bahl R, Barros AJD, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet Lond Engl*. 2016;387(10017):475-490. doi:10.1016/S0140-6736(15)01024-7
 CDC. Survey: Maternity Care Practices (mPINC). Centers for Disease Control and Prevention
 Dahlberg LL, Krug EG. Violence: a global public health problem. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. *World Report on Violence and Health*. Geneva, Switzerland: World Health Organization; 2002:1-21.

RESULTS – FOCUSED ON POTENTIAL HOSPITAL INTERVENTIONS (interpersonal and organizational levels)

Fig 1. Socioecological model adapted from CDC framework, that we applied to barriers and facilitators to exclusive breastfeeding.



Interpersonal Care Team Factors

| Theme | Example Quote |
|-------------------------------|--|
| Trust- Feeling unheard | "...She told me that I just had to wait, that the milk would come on the second or third day. [But I wanted to be able to feed my baby] ...because I knew he was hungry, because he wouldn't stop crying." (Parent 17, Spanish-preferring) |
| Trust- Cultural understanding | "I didn't ask for advice because sometimes they didn't come near me very often.." (Parent 9, Spanish-preferring) |
| Support from staff at night | "...a lot of challenges with the current staff in terms of how much time is devoted to talking about breastfeeding and helping with breastfeeding...so we often find that we come in and a lot of patients have gotten supplementation...overnight. And often, we're not clear what the reason is." (Pediatrician 2) |
| Access to breast pump | "I would've loved more information on the pumping. I wish everyone could fit into this breastfeeding mold, but to me, it just doesn't happen." (Parent 2, English-preferring) |
| Access to donor Milk | "...I would have liked to [use donor milk... [Donor milk] wasn't offered to me. They just told me that I had to give him formula." (Parent 11, Spanish-preferring) |
| Language barriers | "...the interpreter didn't understand me." (Parent 12, Spanish-preferring) |

Organization and Hospital Factors

| Theme | Example Quotes |
|--------------------------------------|---|
| Language concordant education | "So that paperwork was only in English, it was not in different languages. If I'm a mom who also doesn't understand what they just gave me, that's a huge issue there too, because you're not going to know what it says to even figure it out." (Parent 3, English-preferring) |
| Access to technology and equipment | "...with the iPad, it's worked out really nicely, but that sometimes we can't find the iPad or, and then translation itself does take longer..." (Pediatrician 4) |
| Lack of Staff | "Having the lactation consultants available would really help. What doesn't help is these rules that they have, like a lactation consultant will not see someone in the first 24 hours..." (Pediatrician 2) |
| Standardized education and workflows | "I was told about donor milk on the day I was going to be discharged. [...] I did not feel comfortable with it and did not accept the donor milk. [...] maybe if I'd considered the need before my baby consumed formula." (Parent 2, English-preferring) |

LESSONS LEARNED/CONCLUSIONS

- Opportunities for **intervention** emphasized **relationships, communication, and resources**
 - Trust-building
 - Cross-language support
 - Education standardization,
 - Expansion of collaboration between the hospital, community clinics, and community-based organizations.

FUTURE DIRECTIONS

- Our results inform next-step interventions within our Baby-Friendly Hospital implementation
 - Strengthening interdisciplinary prenatal education (with training for all staff and clinics in the hospital)
 - Ensuring that hospital policies are supportive of breastfeeding practices
- Additional initiatives underway to **train all staff through huddles** (e.g., using the Presence 5 for Racial Justice framework to focus on **anti-racist communication**)