

IMPLEMENTATION OF TELELACTATION TO IMPROVE BREASTFEEDING OUTCOMES AMONG MOTHERS OF PREMATURE OR CRITICALLY ILL INFANTS AFTER HOSPITAL DISCHARGE

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Background

- One in eight babies is born prematurely in the United States¹
- Breastmilk is the gold standard for infant nutrition.
 - Role in neurodevelopment & prevention chronic and infectious disease ^{2, 3}
 - Breastfeeding declines from 75% at NICU discharge to 40% 6 weeks later
- Lactation resources are necessary to mitigate challenges to breastfeeding
 - Infant sucking and latching difficulties
 - Breast pain, milk supply issues
 - Poor self-efficacy, confidence, social support, and impaired coping



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John



Anna Kae

What is Telelactation?

Video based lactation services via telemedicine

- Among term infants, benefits include:
 - Improved rates of exclusive breastfeeding⁷
 - Increased access to skilled breastfeeding support⁷
 - Convenient expert guidance⁸
 - Increased satisfaction and confidence breasteeding⁹



Children's Minnesota Telelactation





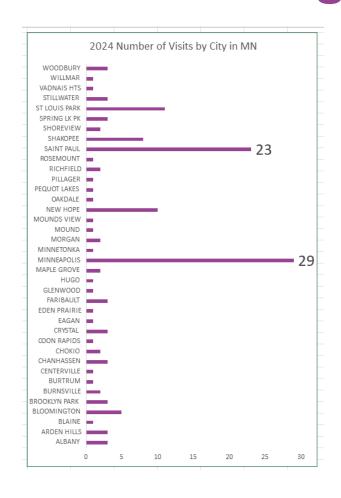
- Milk supply & weaning
- Transition from bottle to breast
- Pumping/storing breastmilk
- Supplementation/fortification
- Infant feeding difficulties
- Poor infant weight gain

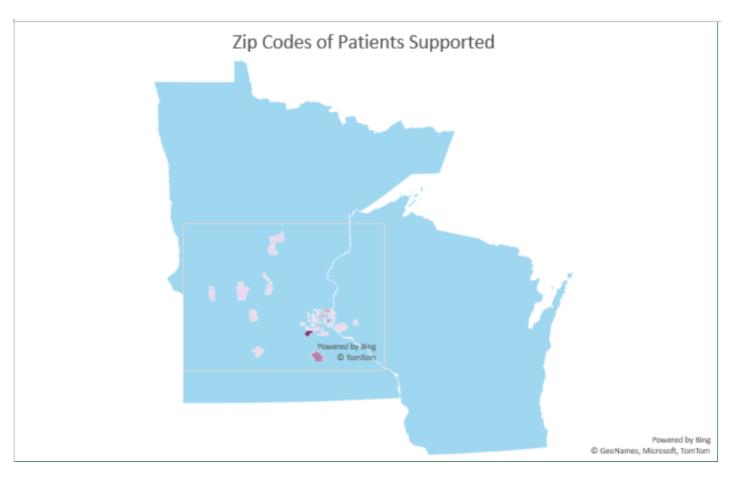
- Nipple shield use
- Ankyloglossia
- Breast infections/issues
- Returning to work
- Maternal medications& breastfeeding



Patient Demographics

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Research Purpose & Aims

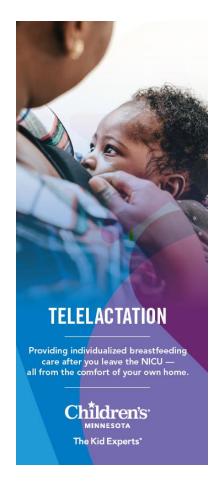
- Purpose: to determine breastfeeding and infant outcomes among parents of premature or ill infants who receive telelactation after hospital discharge.
 - Aim 1: To assess the impact of telelactation on parent-related breastfeeding outcomes including direct breastfeeding rates, satisfaction with breastfeeding, and breastfeeding self-efficacy.
 - Aim 2: To assess the impact of telelactation support on infant-related breastfeeding outcomes including weight gain, fortified formula use, and acute care utilization.

Design & Methods



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- Prospective, comparative study leveraging an encouragement implementation measuring the effect of telelactation
 - Parent surveys at discharge and 1 month after discharge
 - Infant feeding practices
 - Breastfeeding self-efficacy short form (18 items)
 - Maternal Breastfeeding Evaluation Scale (30 items)
 - For parents who participated in telelactation:
 - Charts audits from telelactation visits
 - Telelactation satisfaction





Participation

- 500 breastfeeding parents met eligibility, 393 approached
- Among the 365 parents who were interested, 237 consented to participate
- Survey completion to date:
 - T1 = 205 parents
 - T2 = 195 parents



Parent Demographics	Total n= 195	Encouragement n=89	Standard care n=106	Р
Maternal Age, mean (sd)	31.9 (4.9)	31.8 (4.6)	312(5.1)	0.78
Race, n(%) Non-hispanic White Non-hispanic Black Hispanic/Latine Multi-racial Asian	161 (82.6%) 10 (5.1%) 6 (3.1%) 8 (4.1%) 8 (4.1%)	71 (79.8%) 5 (5.6%) 6 (6.7%) 2 (2.2%) 4 (4.5%)	90 (84.9%) 5 (4.7%) 0 (0%) 6 (5.7%) 4 (3.8)	0.08
Marital Status, n(%) Married Not Married/widowed	155 (79.5%) 39 (20.0%)	66 (74.2%) 22 (24.7%)	89 (84%) 17 (16%)	0.12
Breastfeeding hx, n(%) First infant Breastfed 1 infant Breastfed 2+ infants	99 (50.8%) 66 (33.8%) 30 (15.4%)	51 (57.3%) 29 (32.6%) 9 (10.1%)	48 (45.3%) 37 (34.9%) 21 (19.8%)	0.12
Gravida, n(%) 1 2 3 4 or more	73 (37.4%) 55 (28.2%) 28 (14.4%) 39 (20%)	38 (42.7%) 23 (25.8%) 14 (15.7%) 14 (15.7%)	35 (33%) 32 (30.2%) 14 (13.2%) 25 (23.6%)	0.36

Infant & Breastfeeding Characteristics	Total n= 209	Encouragement n=94	Standard care n=115	Р
Birth Gestational Age, mean (sd)	35.1 (3.2)	34.9 (3.2)	35.1 (3.2)	0.67
Discharge Gestational Age, mean (sd)	38 (1.9)	37.9 (1.9)	38.1 (1.9)	0.39
Birthweight (grams), mean (sd)	2478 (827)	2512 (840)	2436 (812)	0.51
Discharge weight (grams), mean (sd)	2829 (613)	2811 (615)	2843 (614)	0.70
Breastfeeding frequency per 24 hours 0 times 1-7 times 8 or more times	10 (5.0%) 131 (65.5%) 59 (29.5%)	3 (3.6%) 62 (65.9%) 29 (30.8%)	7 (6.6%) 69 (65.1%) 30 (28.3%)	0.53
Satisfaction with breastfeeding Satisfied Breastfeeding more often Breastfeeding less often I want to stop breastfeeding	99 (50.8%) 93 (47.7%) 1 (0.5%) 2 (1.0%)	39 (43.8%) 49 (55.1%) 1 (1.1%) 0 (0.0%)	60 (56.6%) 44 (41.5%) 0 (0.0%) 2 (1.9%)	0.06
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Preliminary Results

Breastfeeding outcomes, mean (sd)	Overall n= 195	Encouragement n= 89	Standard Care n=106	Р
Breastfeeding self-efficacy	63.9 (13.8)	64.3 (13.7)	63.5 (14.0)	0.70
Breastfeeding satisfaction	114.0 (14.8)	114.6 (1.7)	113.5 (15.3)	0.63
Enjoyment/role attainment	56.9 (7.5)	57.3 (0.8)	56.5 (8.1)	0.47
Infant satisfaction and growth	28.9 (5.9)	28.9 (0.6)	28.9 (6.2)	0.96
Lifestyle/body image	28.1 (5.6)	28.7 (0.6)	27.8 (5.5)	0.37
Received Telelactation	44 (22.6%)	31 (34.8%)	13 (12.3%)	<0.0001

Breastfeeding outcomes, mean (sd)	Overall n= 195	Telelactation n=44	Standard n=151	Р
Breastfeeding self-efficacy	+2.6 (10.3)	+6.1 (11.2)	+1.5 (9.8)	0.01
Breastfeeding satisfaction	+1.5 (12.5)	+3.1(15.4)	+1.1 (11.7)	0.21
Enjoyment/role attainment	+0.5 (6.7)	+1.7 (8.7)	+0.2 (6.1)	0.23
Infant satisfaction and growth	+1.5 (4.7)	+2.0 (4.5)	+ 1.5 (4.7)	0.39
Lifestyle/body image	-0.6 (4.6)	-0.7 (5.2)	-0.6 (4.4)	0.58
Breastfeeding frequency per 24 hours 0 times 1-7 times 8 or more times	31 (15.9%) 91 (46.7%) 73 (37.4%)	5 (11.4%) 20 (45.5%) 19 (43.2%)	26 (17.2%) 71 (47%) 54 (35.8%)	0.53
Satisfaction with breastfeeding Satisfied Breastfeeding more often Breastfeeding less often I want to stop breastfeeding	112 (57.7%) 59 (30.4%) 8 (4.1%) 15 (7.7%)	23 (52.3%) 15 (34.1%) 4 (9.1%) 2 (4.5%)	89 (59.3%) 44 (29.3%) 4 (2.7%) 13 (8.7%)	0.22

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Telelactation Utilization



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- Among the 44 mothers
 - o 1 visit = 29 (65.9%)
 - o 2 visits= 10 (22.7%)
 - o ≥3 visits= 5 (11.4%)
- Presenting concerns at any visit:
 - Latching= 23 (52.3%)
 - Supplementing= 19 (43.2%)
 - OPumping = 18 (40.9%)
 - \circ Low supply = 15 (34.1%)
 - Milk transfer = 15 (31.8%)





Telelactation Satisfaction

N = 43	Mean (SD)
How well did telelactation support address concerns? (0=not well, 100= extremely well)	85.5 (17.8)
Convenience (compared to in-person visits) (0= extremely inconvenient, 100= extremely convenient)	80.7 (23.7)
Ease of use with device (phone/computer) (0= extremely difficult, 100= extremely easy)	80.1 (27.3)
Satisfaction with support (0= extremely unsatisfied, 100= extremely satisfied)	84.7 (18.5)
Extent telelactation helped achieve breastfeeding goals (0= minimal assistance, 100= great assistance)	79.4 (16.5)
Recommendation for other mothers (0= do not recommend, 100= highly recommend	87.1 (15.4)



Telelactation Satisfaction

- "My telelactation specialist was GREAT!! I was very thankful for her support and guidance during my son's feeding journey, especially appreciated and found helpful her expertise with premature babies, as their feeding needs are unique."
- "I have experience breastfeeding so I knew all the tips and tricks but it was reassuring... she helped me figure out next steps, which eventually got us to the place where he can successfully nurse."

Conclusion



- Telelactation shows promise in breastfeeding outcomes
 - Increased breastfeeding self-efficacy
 - High satisfaction and usability ratings
- Participatory design with encouragement implementation
 - Promotes ethical allocation of services
 - Reduces selection bias without a randomized trial



- Further analysis needed to further understand long-term telelactation benefits
 - Longterm breastfeeding outcomes
 - Infant health outcomes, growth and development, & care utilization



References

- 1. Gephart, S. M., & Newnam, K. M. (2019). Closing the Gap Between Recommended and Actual Human Milk Use for Fragile Infants: What Will It Take to Overcome Disparities? *Clinics in Perinatology*, 46(1), 39–50. https://doi.org/10.1016/j.clp.2018.09.003
- 2. Parker, M. G., Greenberg, L. T., Edwards, E. M., Ehret, D., Belfort, M. B., & Horbar, J. D. (2019). National Trends in the Provision of Human Milk at Hospital Discharge among Very Low-Birth-Weight Infants. *JAMA Pediatrics*, 173(10), 961–968. https://doi.org/10.1001/jamapediatrics.2019.2645
- 3. Chetta, K.E., Schulz, E.V., & Wagner, C.L. (2021). Outcomes improved with human milk intake in preterm and full-term infants. *Seminars in Perinatology, 42*(5), Article 151374. https://doi.org/10.1016/j.semperi.2020.151384
- 4. Parker, M. G., Stellwagen, L. M., Noble, L., Kim, J. H., Poindexter, B. B., & Puopolo, K. M. (2021). Promoting human milk and breastfeeding for the very low birth weight infant. *Pediatrics*, 148(5).
- 5. Keir, A., Rumbold, A., Collins, C.T., McPhee, A.J., varghese, J., Morris, S., Sullivan, T.R., Leemaqz, S., Middleton, P., Makrides, M, & Best, K.P. (2022). Breastfeeding outcomes in late preterm infants: A multi-centre prospective cohort study. *PloS one, 17*(8), Article e0272583.
- 6. Meek, J. Y., & Noble, L. (2022). POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics*, 150(1), e2022057988. https://doi.org/10.1542/peds.2022-057988
- 7. Ferraz Dos Santos, L., Borges, R. F., & De Azambuja, D. A. (2020). Telehealth and Breastfeeding: *An Integrative Review. Telemedicine and E-Health*, 26(7), 837–846. https://doi.org/10.1089/tmj.2019.0073
- 8. Hamid, M. A., Kumar, A., Gunaseelan, L., Arulchelvan, A., Sinha, A., Razi, S., ... Salim, A. (2022). Innovative online care: A cross-sectional survey study of potential benefits and challenges of online lactation consultation service with paediatrician consultation. *Paediatrics and Child Health (Canada)*, 27(7), 414–420. https://doi.org/10.1093/pch/pxac074

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