

# From Nothing to Something

Implementing a Cost Efficient Longitudinal Breastfeeding/Lactation Curriculum in an Urban Under-served Community-based Family Medicine Residency

Laura Coulson MD

Core Faculty at Family Health Centers of San Diego

## Objectives

---

- Outline a Longitudinal Breastfeeding/Lactation Curriculum in a Family Medicine Residency Program

- Nothing to Declare



HXCDesigns; etsy.com

## Who are we?

Family Health Centers of San Diego (FHCS D)  
Family Medicine Residency

---

- FHCS D in top 10 largest Federally Qualified Health Centers in USA
- 91% of patients Low Income
- Family Medicine Residency Started 2014
- City Heights, Globally diverse patient population in urban San Diego, CA
- 3 year Family Medicine Residency program
- Expanding from 6 to 7 residents per class
  - currently 20 residents total (7/7/6)

## Getting Buy-In: Program Director, CMO

---

### ACGME Program Requirement

4.4.a.13.d. postpartum care, to include screening and treatment for postpartum depression, breastfeeding support, and family planning. <sup>(Core)</sup>

7. Provide care for low-risk patients who are pregnant, to include management of early pregnancy, medical problems during pregnancy, prenatal care, postpartum care and breastfeeding, with or without competence in labor and delivery.

ABFM Core Outcomes

# Getting Buy-In: PD, CMO

---

What is Cost?

- Materials
- Faculty time

How much dedicated time?

Where will it fit in schedule?

Objective data/effectiveness?

# FM Schedule 3 year Overview

---

First Year	Second Year	Third Year
<ul style="list-style-type: none"> <li>• Adult Medicine Inpatient: 12 weeks</li> <li>• Surgery: Two weeks</li> <li>• <b>Obstetrics (OB): Eight weeks</b></li> <li>• <b>Nursery: Four weeks</b></li> <li>• Geriatrics: Four weeks</li> <li>• Family Medicine Clinic: One week</li> <li>• Behavioral Health &amp; Psychiatry: Two weeks</li> <li>• Radiology/POCUS: Two weeks</li> <li>• Community Medicine: One week</li> <li>• Pediatric Inpatient: Four weeks</li> <li>• <b>Pediatric Outpatient: Four weeks</b></li> <li>• Elective: Three or four weeks</li> <li>• Board Review (optional): One week</li> <li>• Vacation: Four weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Medicine Inpatient: 10 weeks</li> <li>• Cardiology: Four weeks</li> <li>• Intensive Care Unit (ICU): Two weeks</li> <li>• Community Medicine: One week</li> <li>• Family Medicine Clinic: One week</li> <li>• Ambulatory Subspecialty Clinic: Four weeks</li> <li>• Dermatology: Two weeks</li> <li>• <b>Obstetrics (OB): Four weeks</b></li> <li>• Pediatric Outpatient: Two weeks</li> <li>• Palliative Medicine: Two weeks</li> <li>• Emergency Medicine: Four weeks</li> <li>• Pediatric Emergency Medicine: Four weeks</li> <li>• Elective: Eight weeks</li> <li>• Vacation: Four weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Medicine Inpatient: Four weeks</li> <li>• Emergency Medicine: Two weeks</li> <li>• <b>Pediatric Outpatient: Four weeks</b></li> <li>• Practice Management: One week</li> <li>• Population Health: One week</li> <li>• Ambulatory Subspecialty Clinic: Four weeks</li> <li>• HIV/Hepatology: Two weeks</li> <li>• Radiology/POCUS: Two weeks</li> <li>• Medications for addiction treatment (MAT): Two weeks</li> <li>• Family Medicine Clinic: Six weeks</li> <li>• <b>Gynecology: Four weeks</b></li> <li>• Sports Medicine: Four weeks</li> <li>• Elective: 10 or 12 weeks</li> <li>• Board Review (optional): Two weeks</li> <li>• Vacation: Four weeks</li> </ul>

## Collaboration without added \$\$\$

---

- **FHCSD Women's Health/OB- Lactation Services**
  - Lactation Health Educators: 4 prenatal breastfeeding education sessions with patients, 1:1
  - Lactation Consultations: 1 IBCLC staff, 1 IBCLC per diem
  - Weekly Postpartum Breastfeeding Support group at single clinic site
- **FHCSD Pediatricians staffing Newborn Nursery/Rounds at affiliate hospitals**
- **Postpartum Lactation Consultants in our Rotating Hospitals and Hospital Based Postpartum Support Groups**
  - Scripps Mercy Hospital, San Diego
  - Sharp Grossmont Hospital, San Diego
- **Collaboration with Community Resources**
  - Connections made with other outpatient resources that have similar mission to improve access to care for underserved patient populations
  - Volunteer shadowing

## Implementation: Medical Knowledge Base

---

### AY 2023-2024:

All resident classes given time to complete:

IABLE 1-Day Primary Care Breastfeeding Medicine Course

### Starting AY 2024-2025:

All Intern/PGY1s given time to complete 1-Day course

**COST EFFECTIVE: \$20/resident for 1 year access**

## Longitudinal Exposure to Curriculum

---

### PGY1:

#### OB rotations:

2- half days Hospital Lactation Rounds

2- half days clinic based Lactation Educator/Prenatal BF Education or Lactation Consultant

#### New AY 2025-2026:

Collaborative teaching during Newborn Nursery Rounds with Peds

2 half days 4th Trimester Clinic with FM-OB faculty

## Longitudinal Exposure to Curriculum

---

### PGY2:

#### OB rotation:

2 half days Hospital-based Postpartum Lactation Support Groups

2 half days shadow clinic based Lactation Consultant or Lactation Education/Prenatal BF Education

#### New AY 2025-2026:

2 half days 4th Trimester Clinic with FM-OB faculty

## Longitudinal Exposure to Curriculum

---

### PGY3:

#### GYN rotation:

2 half days FHCS D clinic-based Postpartum Breastfeeding Support Groups

#### Outpatient Pediatric rotation:

2 half days FHCS D clinic based Lactation Consultant or  
Lactation Educator/Prenatal BF Education

### New AY 2025-2026:

Lost the Gyn rotation time

When feasible adding Support Group experience into Peds rotation

## Longitudinal Exposure to Curriculum

---

1 week to 4 week Breastfeeding Elective options:

Additional Time for:

Hospital Lactation Rounds, BF Support Groups, FHCS D Lactation  
Consultant shadowing

Additional Reading- AAP BF Curriculum

Opportunity: Tour Human Milk Bank, Shadow outside academic  
Lactation Clinics, Community Lactation Consultant Shadowing

## Didactics

---

5 hours Breastfeeding/Lactation Specific over first 2 academic years

- Updating Breastfeeding Counselling Skills: benefits of human milk, medical contraindications, informed consent model
- Breastfeeding and Bias Webinar (LLLI)
- Workshops: Hands on Pump Demo, infant/breast models for positioning/latch
- Oncolactation/Breast imaging in lactation

## Resources: some costs

---

**TABLE 1-Day Primary Care Breastfeeding Medicine Course for Physicians and other Providers**

(Students \$20/yr, Regular \$55/yr)

**Texts:**

**Breastfeeding Medicine: A Guide For the Medical Professional; 9th edition; Lawrence et al. (\$73)**

**The Breastfeeding Atlas; 7th edition; Wilson-Clay & Hoover (\$85)**

**The Little Green Book of Breastfeeding Management for Physicians & Other Healthcare Providers; 8th edition; Eglash and Leeper (\$17)**

# Resources

---

Online:

Academy of Breastfeeding Medicine Protocols; <https://www.bfmed.org/abm-education-center>

IABLE:

Videos: <https://lacted.org/videos/>

Patient Education: <https://lacted.org/iable-breastfeeding-education-handouts/>

Physician Guide to Breastfeeding: <https://physicianguidetobreastfeeding.org/>

AAP Breastfeeding Curriculum: <https://www.aap.org/en/pedialink/breastfeeding-curriculum/?srsltid=AfmBOoqquBAucFzSHMIULyyPbmTrr5TbXzECjA5INggNoqhCKytUs42q>

La Leche League International: Breastfeeding and Bias webinar, <https://lli.org/webinars/bias-and-breastfeeding/>

# Effective?

---

Annual Resident Survey done June/July

- Includes incoming interns, current PGY 1, 2, 3

Based on AAP Breastfeeding Residency Curriculum Pre-test (2018)  
Addressing confidence and skills

Baseline Done June/July 2023

Update 2024 (after all completed 1 Day IABLE course)

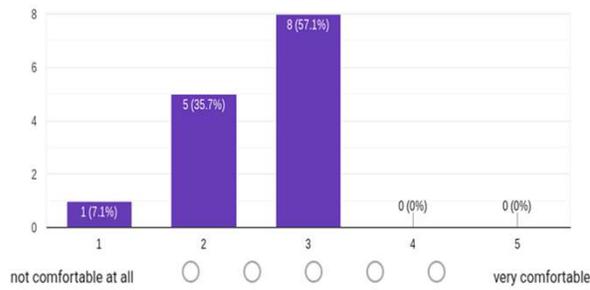
Update 2025 (after implementation of longitudinal clinical experiences)

# Results: Overall Comfort Level

## 2023 Baseline

What is your overall comfort level in general with educating and counselling patients on breastfeeding?

14 responses

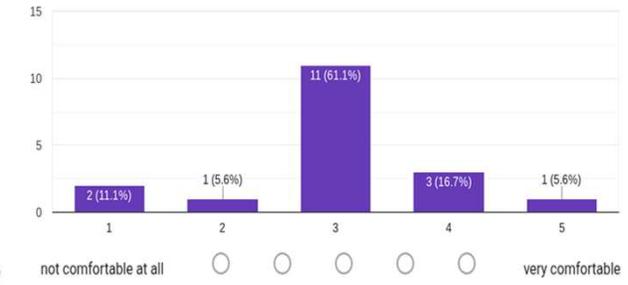


## 2024\*

\*1-day IABLE course implemented

What is your overall comfort level in general with educating and counselling patients on breastfeeding?

18 responses



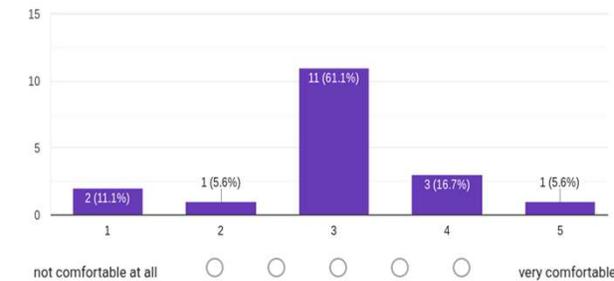
[Residents surveyed: Incoming Interns, PGY1, PGY2, PGY3]

# Results: Overall Comfort Level

## 2024

What is your overall comfort level in general with educating and counselling patients on breastfeeding?

18 responses

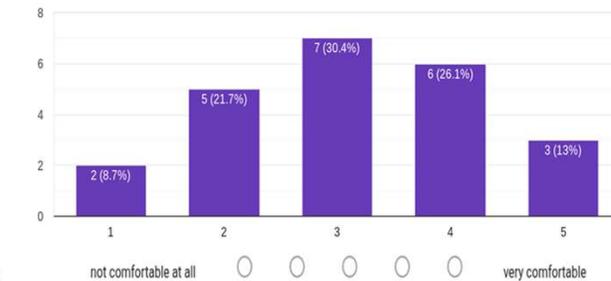


## 2025\*

\*addition of clinical experience

What is your overall comfort level in general with educating and counselling patients on breastfeeding?

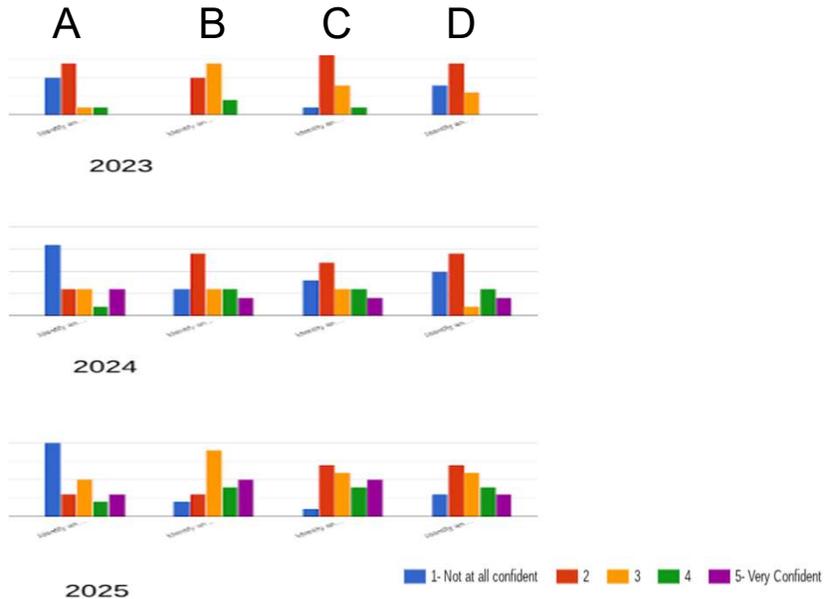
23 responses



[Residents surveyed: Incoming Interns, PGY1, PGY2, PGY3]

How confident are you at your ability to identify and treat:

[Residents surveyed: Incoming Interns, PGY1, PGY2, PGY3]



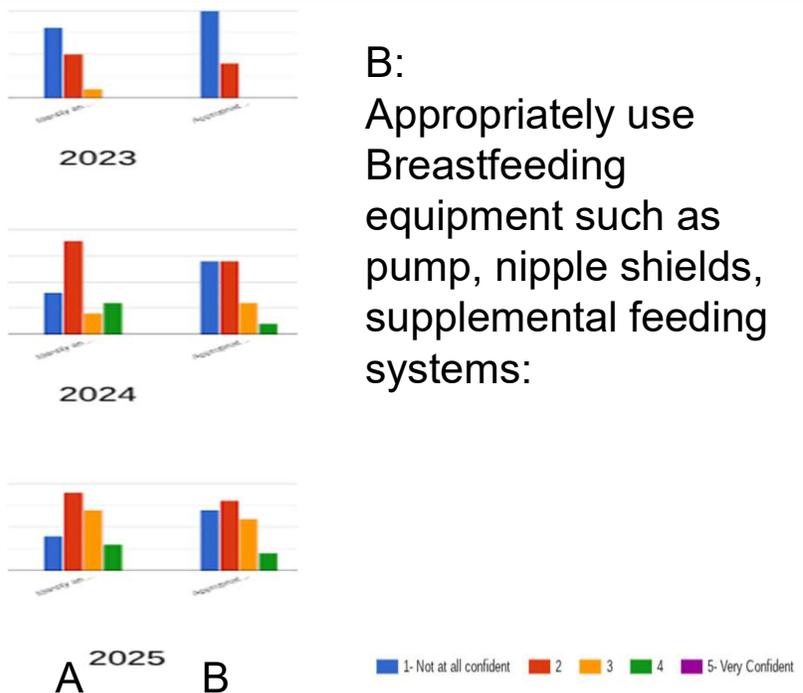
A. Compressed Ducts; B. Mastitis; C. Cracked Nipples; D. Engorgement

How Confidant are you in your ability to:

A: Identify and fix a poor latch in breastfeeding:

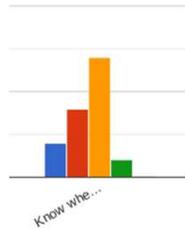
B: Appropriately use Breastfeeding equipment such as pump, nipple shields, supplemental feeding systems:

[Residents surveyed: Incoming Interns, PGY1, PGY2, PGY3]

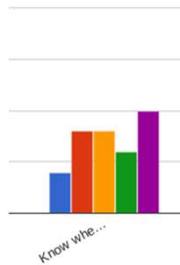


## How Confident are you to know When to Refer to Lactation:

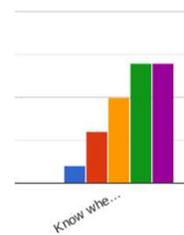
2023



2024



2025



1- Not at all confident 2 3 4 5- Very Confident

[Residents surveyed: Incoming Interns, PGY1, PGY2, PGY3]

## Unmeasured Wins

Breastfeeding and Lactation is now on Residents Radar

“channeled my inner Dr Coulson today”

- Implemented BAIT for engorgement during inpatient rotations
- Challenged Pump and Dump advice while on inpatient
- Advocated for a Pump and Idea of Rooming in for hospitalized postpartum mother
- Scholarly Activity Project to Implement Improved E HR order sets, Lactation Related problems, streamline referral process

# Barriers

---

## TIME

Literally Finding Time

## Money

Compensation for Time



Creator: Slphotography | Credit: Getty Images/Stockphoto

# Barriers: TIME

---

- Competing demands of Family Medicine Requirements
  - increased GYN procedure → lost time PGY3 Gyn rotation
  - continuity clinic requirements limits flex time
  - Move forward: Review and Negotiate prior to each academic year
- Competing Demands for Didactics Time
  - Move forward: determine reasonable expectation for # hours/year minimum and coordinate with didactics team
- Short Notice to set up Lactation Electives
  - Move forward: improve scheduling coordination timing

## Barriers: Money

---

- Reliant on single core faculty driver/momentum
  - other lactation specialists very interested in doing didactics, interactive sessions, lactation clinics but limited by who will pay for their time?
  - Move forward: Look for Grants to support other faculty time to devote to lactation clinics, didactics
- Coordination with multiple systems
  - Local Hospitals x 2
    - One affiliated Hospital Withdrew From Allowing Residency Shadowing Post Partum LC's
    - Wasn't explicit in their contract as listed duty
    - already had nursing student learners shadowing
  - Move forward: Continuing to negotiate with that hospital, Continue Lactation rounding at remaining hospital (great resident feedback), Continue both hospitals free access weekly Breastfeeding Support Groups

## Barriers: Other

---

- GME coordination for outside community experiences
  - issue getting MOUs (memorandums of understanding)- delaying ability for residents to shadow externally
  - Move forward: persevere with GME
- FHCS D Lactation Services Scheduling Confusion
  - human errors in communication regarding resident schedules and the lactation education, lactation consultation schedules
  - only 1 full time IBCLC whose schedule is mixed with general infant feeding and nutrition health education
  - Move Forward:
    - Streamlining lactation referral process for organization as a whole
    - Provider education to improve referrals to Lactation Consultants
    - Possibly pilot a Lactation clinic within residency
    - Improve scheduling communication between residency and Women's Health Dept
    - request Lactation education vs consultant experiences

## Nothing to Something: Summary Implementation

---

- Program Director, CMO buy in
- Provide Standardized minimal Lactation education
  - IABLE 1 Day for Primary Care course, \$20/resident
- Review current 3 year requirements and link lactation experiences to relevant blocks: nursery, pediatrics, OB, Gyn
- Use Lactation experiences with already established affiliates
  - Hospitals where do OB rotations
  - Internal Lactation services
  - Community Breastfeeding Support groups (hospitals)
- Collaborate with Community resources and Lactation Clinics and engage GME to allow shadowing experiences
- Survey residents for objective data to support improvement/needs

## Thank You

---

Laura Coulson MD

FHCSD Family Medicine Residency

[lauraco@fhcsd.org](mailto:lauraco@fhcsd.org)



HXCDesigns; etsy.com