Breastfeeding Knowledge and Clinical Management among Speech-Language Pathologists

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Disclosure Statement

I have no relevant financial or nonfinancial relationships to disclose.
Why Should SLPs Care About Breastfeeding?

- “The American Speech-Language-Hearing Association (ASHA) has long accepted the prevention of communication disorders as one of the profession's primary responsibilities.”
  - GI, Respiratory, Otitis media (Ip et al., 2007), IQ* (Belfort et al., 2013)

- “Developmentally supportive” care
  - “…support the infant's physiological stability, self-regulation, behavioral organization, and developmental progressions…”
  - Babies are more stable at the breast (Bier et al., 1993; Chen et al., 2000; Goldfield et al., 2006)
Why Should SLPs Care About Breastfeeding?

- ASHA Practice Recommendations
  - Clinicians providing pediatric dysphagia services should have knowledge and skills to assess and treat breastfeeding as well as bottle feeding.
Objectives

- Describe the breastfeeding knowledge and skills of speech-language pathologists (SLPs) who provide pediatric swallowing and/or feeding services
- Describe the quality of collaboration between SLPs and other professionals regarding breastfeeding management
  - In particular, lactation consultants
- Describe the current state of professional development
Background

Breastfeeding rates continue to rise
(CDC, 1995, 2013)

Feeding disorders are prevalent
(Manikam & Perman, 2000; Burklow et al., 1998; Arvedson, 2008)
Literature Review

- Knowledgeable professionals are important for breastfeeding success (Renfrew et al., 2012)
  - Danger of conflicting information (Dykes and Williams, 1999)
- Professional confidence = initiation of support (Burglehaus et al., 1997)
- Role of professional organizations (McFadden et al., 2006)
Literature Review

- ASHA’s role in the promotion of breastfeeding competence
  - Little mention in practice policy documents
- ASHA Leader
  - “The SLP and the IBCLC bring both overlapping and unique skills to the table when assessing and treating infant feeding difficulties. An awareness and respect for each other’s roles as well as forming a partnership will only improve the quality of care provided” (Fletcher & Ash, 2005)
- No available continuing education resources
Method

- Qualtrics survey
  - Quantitative and qualitative data
- Recruitment via ASHA forums and email contact with 21 feeding programs
- Inclusion criteria: provision of pediatric feeding and/or swallowing services
- 97 total responses
  - 86 included in results
Results

- Breastfeeding Knowledge
  - Areas of relative strength
    - Physiologic stability at the breast
    - Non-nutritive sucking at the breast
    - Positioning
  - Areas to be targeted in education
    - Latch basics
    - Methods of supplementation
    - Infants with special needs
... I was seldom called to work with breastfed babies (or their moms). That is because the primary strategy I use for improving swallow function is slowing the flow rate, and there is really no way to do that with breastfeeding. Instead, we would encourage mom to pump, and the baby was fed via bottle, at least until feeding issues were resolved. Then, hopefully, the mom could go back to breastfeeding.”
Results

- Current Breastfeeding Management
  - Self-rated competence in breastfeeding management
    - Sources of this knowledge were largely personal interest/self-directed education and collaboration with other knowledgeable professionals.
  - Strong perceived benefit of increased knowledge and skills

Figure 2: Self-Described Breastfeeding Competence
Results

- 44% of respondents encountered breastfeeding issues “once per month or less,” but 24% reported a frequency of “more than once per week.”
  - Hospital-based SLP’s
- Wide variety of issues encountered, including poor weight gain, medically fragile infants, latch, and suck issues
- Areas targeted during evaluation and intervention included feeding readiness, coordination, positioning, and latch
Results

- Frequency of collaboration with other professionals
  - 65% reported wanting increased collaboration with other professionals
- Most frequently collaborated with LC’s, but also pediatricians, neonatologists, RN’s, dieticians, other SLP’s, OT’s, PT’s, GI, ENT

Figure 4: Frequency of Collaboration with other Professionals
“While [collaboration] can at times be a bit challenging because we come at problems from different perspectives, it’s also been very informative for both the lactation specialists and myself. I have learned a lot about the mother’s side of the equation from the lac [sic] specialist.”
“...as an SLP, I thought I myself was knowledgeable enough to nurse my infant daughter, but had to seek the help of a lactation consultant... As a profession we should put more focus on teaming with pediatricians and lactation consultants to support all mothers in nursing.”
“At our center – a large pediatric hospital, ALL assessments by an SLP of breastfeeding dyad [sic] are done in conjunction with an IBCLC.”
Discussion

- Implications for education
  - Responses indicate a need for and potential benefit of increased breastfeeding education
  - Multiple sources of education needed
  - ASHA’s role in the promotion of breastfeeding competence
    - Serving the mission statement:
      - advancing science
      - setting standards
      - fostering excellence in professional practice, and
      - advocating for members and those they serve
Discussion

- Implications for Practice
  - Increasing collaborative service delivery
  - Educational preparation for teaming

- Implications for Further Research
  - Case studies
  - Differentiation of SLP and LC roles
  - Effects of implementing breastfeeding education
Limitations

- Sample selection
  - Buy-in from other professionals?
- Terminology
Resources

- Talk to an IBCLC!
- International Lactation Consultant Association – “Find a Lactation Consultant”
  - http://www.ilca.org/i4a/pages/index.cfm?pageid=3337
- KellyMom.com
- Dr. Newman
  - The Ultimate Book of Breastfeeding Answers
  - http://www.breastfeedinginc.ca/content.php?pagename=information
Even Tessa can breastfeed!

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http://birthingandbreastfeeding.wordpress.com/2013/08/10/breastfeeding-tracheostomies-tears-and-triumphs-part-one/
Questions?
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