The Next Generation in Breastfeeding Support: Telehealth

Rose deVigne-Jackiewicz, RN, IBCLC
Kaiser Permanente – Dept. of Pediatrics: Outpatient Lactation Clinic
Happy Healthy Moms and Babies (www.NurseRoseOnline.com)
UCSD Lactation Program: Clinical instructor
California Breastfeeding Summit: Call to Action

Introduction and Disclaimers ....

Rose deVigne-Jackiewicz, RN, MPH, IBCLC
- Founder of Happy Healthy Mom’s and Babies
- www.NurseRoseOnline.com
- Kaiser Permanente, San Diego, CA
  - Outpatient Lactation Clinic
  - Faculty, UC San Diego Lactation Programs

I have nothing to disclose
Clinical Background

Loma Linda University (1977 to 1984)
- High Risk Labor and Delivery
- Nurse Clinician
  - Labor & Delivery, Postpartum, Nursery, NICU
  - Lactation Consultant

Sharp Mary Birch (1984 to 2000)
- Lactation Consultant

Kaiser Permanente (2000 to current)
- Outpatient Lactation Consultant

University of California (1990 to current)
- Clinical Instructor
Objectives

- Identify current education and support systems available to Breastfeeding mothers
- Identify limitations and barriers to providing education and support
- List 4 benefits to mothers to offer Virtual lactation Telehealth services
- List 3 limitations to the lactation consultant in providing Virtual lactation Telehealth services.
Education and support available to moms

- Prenatal breastfeeding classes
- Childbirth educations classes
- OB clinic visits
- Pediatric clinic visits
- Family practice clinic visits
- Inpatient education/consultation
- Outpatient lactation clinic
- Breastfeeding support groups
- WIC
- LLLI
- Telephone/Call Centers
- Online support/information
WITH **ALL** WE KNOW AND TEACH, WHY DO SO MANY MOTHERS STILL FAIL
“Wellness Bias”

- Serious pitfall – especially in telephone triaging
- Assumptions
- High risk vs. Low risk
- Expect Low risk/normal, assess for high risk
Issues in Breastfeeding Support

Mothers
- Availability
  - prenatal
  - Inpatient
  - outpatient
- Cost
- Timely fashion
- Family/Friends
- Cultural
Issues in Breastfeeding Support

Lactation Consultant

- Availability
  - prenatal
  - Inpatient
  - outpatient

- Cost
  - Insurance
  - Private pay

- Timely fashion

- Family/Friends

- Cultural
“New” Options for Health Education

Telehealth/Telemedicine

Anticipated growth

US Telehealth market will grow from 240 million today to 1.9 billion in 2018


Increased political activity

- Legislation and regulation
- Policies
Defining Telehealth in Policy

State and federal agencies often differ on how they define Telehealth. For example, California law defines Telehealth as:

“The mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site.”
Defining Telehealth in Policy

Meanwhile, the federal Health Resources and Services Administration (HRSA) defines Telehealth as:

“The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.”
Patient Protection and Affordable Care Act (PPACA)

“Obama Care”

• Mentions “health information technology (HIT) more than 40 times in the PPACA (about 950 pages)

• PPACA emphasizes the use of HIT in provisions pertaining to measuring and enhancing quality, establishing new methods and models for delivery care and achieving other goals.
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<td>The Affordable Care Act: Goals and Mechanisms (Fall 2013)</td>
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Telehealth Resources

- American Telehealth Association
- Hrsa.gov/telehealth
- Telehealth.com
- Telehelathresourcecenter.org
- Healthit.gov
- T2health.dcoe.mil/
Growing Virtual Support

- Weight Watchers
  - 24/7 support
- Dieting/weight loss
- Exercise/fitness
I C Pooch

Video-chat with your dog and deliver a treat from anywhere!
Lactation Telehealth

Most of you have been doing this for many (many) years

Telephone based management of breastfeeding concerns, issues and follow up is very common and widely used

“Wellness bias”

Limitation
Telephone Triage

- Can be Very Difficult and Challenging
- “Wellness” Bias
- Red Flag Comments
- Key Questions to ask
- Common Call in Concerns & Problems
  - Early Postpartum (1st 2 weeks)
  - Late Postpartum (2 – 4 weeks)
  - After 4 Weeks
Biggest Limitation:
CAN’T SEE AND CAN’T TOUCH
Requirements for Telephone Triage

Knowledge & understanding of:

- Basic BF techniques
- Basic Lactation physiology
- Normal newborn
- Normal postpartum
- Clinical management of common basic problems
Requirements for Telephone Triage

- **Needs to be:**
  - Empathetic/Sympathetic
  - Non-judgmental

- **Needs to know:**
  - Not to discuss personal preferences/beliefs/personal feelings
  - BF Risk factors/Red Flags
Maternal Risk Factors***

- Gained less than 18 lbs. during her full term pregnancy
- History of breast surgery or trauma
- Reports of few or not breast changes throughout per pregnancy
- History of hormone-related infertility
- History of low or o milk production for one or more previous infants or reports breastfeeding “failure” with previous baby
- Flat or inverted nipples or taut, tight breast tissue
- First baby
- Received medications during her labor or delivery
- Epidural analgesia or anesthesia was in place more than 3 hours before birth (verify type & amt)

Adapted from Breastfeeding and Human Lactation, Second Edition.
Pages 299-300
*** Not an inclusive list
Maternal Risk Factors***

- Mother received continuous intravenous fluids
- Labor was induced or augmented with pitocin
- Received pain medication more than one hour before baby’s birth
- First breastfeeding occurred more than one hour after the baby’s birth
- Had unplanned cesarean section
- Birth was assisted with vacuum extraction or forceps delivery
- First breastfeeding occurred more than one hour after the baby’s birth
- First pumping (if baby is not able to breastfeed) was begun more than one day after the baby’s birth
- Sore nipples throughout feeding prior to hospital discharge
- Significant psychosocial/psychological/domestic concerns/issues

Adapted from Breastfeeding and Human Lactation, Second Edition.
Pages 299-300
*** Not an inclusive list
Infant Risk Factors***

- Younger than 38 weeks gestation
- History of fetal distress or Meconium staining during delivery
- Considered SGA or LGA
- Weighs less than 7 pounds at birth
- History of insult to oral cavity (laryngoscope and deep suctioning)
- Is male (due to circumcision)
- Multiple births
- Has ankyloglossia (tongue-tie)
- Has cleft lip or cleft palate
- Stayed in nursery rather than in mother’s room for more than a few hours
- Feeding restrictions have been placed on the infant
- Had more than one bottle-feeding during hospitalization

Adapted from Breastfeeding and Human Lactation, Second Edition. Pages 299-300

*** Not an inclusive list
Infant Risk Factors***

- Pacifier given during hospitalization
- Diagnosed during hospitalization
- Diagnosed with jaundice
- Baby “sleepy”
- Difficulty in latching onto breast consistently
- Effective breastfeeding not established prior to hospital discharge

Adapted from Breastfeeding and Human Lactation, Second Edition.
Pages 299-300

*** Not an inclusive list
Key Questions to Ask

- **AGE** of infant
- How often is infant eating (frequency)
- How long does infant nurse at feeding (duration)
- # wet diapers & stools – color of stools
- Birth weight
- Discharge weight (if newborn)
- Last/current weight
- Last/next visit with Lactation/Pediatrician
- How is mom doing/recovering
- How is mom sounding/what is she saying
Common Call in Concerns & Problems

Early postpartum = 1st 2 weeks
- No latch
- Sleepy baby
- Fussy baby
- Not enough milk
- Sore nipples
- Engorgement
- Sleeping patterns
- Medications & BF
- Knowledge deficit regarding BF
Common Call in Concerns & Problems

- Late Postpartum = 2 – 4 weeks
  - Growth spurts
  - Sleeping patterns
  - Sore nipples
  - Plugged ducts
  - Mastitis
  - Milk supply issues

- Very High Attrition rate during this time
Common Call in Concerns & Problems

- After 4 weeks
  - Milk supply
  - Medications
  - Sore nipples
  - Plugged ducts/mastitis
  - Pumps/pumping
  - Back to work
  - How long to nurse
Sore nipples - Late

Don't do that to your MOM !!!
Millennial Mom’s

Many new mothers are reaching out over the internet

¼ MD get emails from patient WITHOUT a previous relationship
Many will reply without financial reimbursement
Google glasses
Apps vs Live

Many apps available

Embodied Conversational Agent (ECA)

Use of an Interactive Computer Agent to Support Breastfeeding
Phone Apps [Breastfeeding USA]

- Breastfeeding Solutions
- LactMed
- Milk Maid
- Growth charts
- Breastfeeding management 2
- Fooducate
- The Portable Pediatrician
- Ambiance
- Diaper log
- Many, many many others
Online Resources

- U-Tube
- Many, many websites
- Facebook
“Live” Online classes

- **Prenatal Breastfeeding Class**
  - Offered online
  - Moms would sign up through the website
  - Pay through Paypal
  - Send them the outline via email
  - Sent a link for them to log on at time of class
Kaiser Permanente Outpatient Lactation Program

San Diego

Outpatient Lactation clinics

5 clinical sites
- 2: fulltime
- 2: 4 days/week
- 1: 1 day/week

Breastfeeding support group
- Every Wednesday 11:30 to 1:30
- Facebook page (closed)
  - KP Breastfeeding Moms
Outpatient Lactation Clinics

1:1 consultations
- Hospital referral
- Ped referral
- OB referral
- FP referral
- Self referral
- Others

Telephone
Online/email
Breastfeeding Support Group

- 2 hours/Weekly
- Walk in, **anyone** can attend
- Weight check
- Pre and post feeding wt check
- Clinic follow up
- Facebook Page
  - (KP Breastfeeding Mommas)
- Social
- Guest speakers
Idea for our Virtual Consult

Winner in Innovative approach to provide lactation services via computer
Meet Dr. Neethi Ratnesar

Neethi.MTS
Principles of Virtual Lactation

- To allow mothers and babies to get lactation assistance and advice from the comfort of their home or from the MOB.
- To improve the timeliness of referrals
- To increase the capacity of the lactation department
- To improve satisfaction w/ lactation services.
Developing Virtual Program

- Initial virtual consults
- MOB to Lactation clinic
  - Baby had appointment with pediatrician
  - Breastfeeding issue/problem(s) identified
  - Clinic would call lactation clinic
- Issues
  - Lactation consult not always available
  - Mom and baby in office or exam room
- Worked for initial Triage
Developing Virtual Program

- Ultimate goal was to have the virtual consults where mom was at home and connecting to the lactation clinic

- Initial issues
  - Which program
  - HIPPA
  - General concerns….has it been done?
Resources

- The newbornbaby.com
- Virtualbreastfeedinghelp.com
- Pacify [in progress now]
- Virtualbreastfeedingculture.com

Available now from Praeclarus Press!

Featuring:
- Stories from mothers just like you
- Raw, honest, uplifting, hopeful, and at times humorous narratives
- A helpful list of resources and tips on how to use the Internet for breastfeeding support
- A special section for lactation professionals on how and why they should connect with their clients through various social-media platforms.
What Works Well for Virtual Visits:

- **Triage:** Virtually any concern can be initially triaged by virtual lactation approach
- Mother sent home from hospital pumping and supplementing baby
- Fussy babies, and Infant feeding and sleep pattern issues
- Preemies and twins
- Breast Pump issues
- Breast feeding during Maternal or infant illnesses
- Maternal questions such as returning to work, diet, wt loss, baby blues, adjusting to motherhood, medications and birth control
- “No Show” for clinic appointment (triage)
What Works Well for Virtual Visits:

- Increasing milk supply/Galactagogues
- Feeding issues such as breast bottle/combo, intro of solids and breastfeeding, weaning
- General Breastfeeding information/questions/resources
- Cultural: when new mom and baby “can’t” leave the house for a specific amount of time
- Bad weather and Transportation issues

Keep in mind that Virtual works for any reason for Triage – especially if mom has a transport or scheduling issue.

Mom can get weight check and labs at MOB near home, and then link to virtual lactation later from home, or even from the car in the parking lot.
What Does Not Work Well for Virtual Visits [at least for “initial”]

- Weights checks or follow up jaundice requiring laboratory work
- Milk supply issues (pre and post feeding weights)
- Suck assessment issues
- Maternal mastitis (unless on antibiotics already)
- Flat or inverted nipples
- Teen mom
- Slow weight gain/failure to thrive. Needs to be booked for clinic visit *Follow up only*
- Post laser or scissor frenotomy procedure

For these kinds of needs a regular appointment often is indicated.
Technical issues

- Pts are not registered on kp.org or have forgotten ID/password
  - Sign up for kp.org from post-partum or prior to appt

- Pts often state: “I need my husband” to help operate computer
  - Advise family member to set it up for mom, esp if mom technophobic

- No camera on computer or laptop

- Software won’t download, virus security blocks site, various IT messages
  - Apple products seem to have fewer glitches
Staff (LC) issues

- Time consuming for LC to educate pts about setting up software and logistical issues relating to the virtual appt.
- Getting help from Post-Partum to sign up moms for health connect.
- Identify staff who can generate kp.org message to mom before appt to ensure software download and give instructions for appt
Log on issues

- pin# did not work
  - AS above, if you open a new room, it generates a new link.
  - Send email of room on same day, or if you sent the room link previously and have since created a new room you will need to send an updated link and PIN
  - Current approach is to open new room each week, keep link and PIN same for each week.
  - Keep the pin simple
Patient driven issues

Pt prefers to come in to the clinic e.g. want a weight a check

- Can do wt check in nurse/ped clinic, then lactation appt from home

No show to clinic appt

- Call mom and set up a virtual appt to assist them w/ the current needs
Organizational Issues

- Currently using telephone encounters for the appt, so unable to use AVS function so LC sends another secure message with patient instructions
- Working toward electronic survey
- Posters to be placed in OB, Post-Partum, and Peds Clinics
- Flyer for patients including troubleshooting guide/FAQ section
- Booking guidelines for TAN, post-partum, and providers
- Promotion by prenatal classes and inpatient lactation
Future

- QR code for parents to scan to download app
- Virtual Breastfeeding Support group
  - Going back to work, NICU support group
- Virtual Prenatal Consultation – multiple births, previous breastfeeding problems
- Induced Lactation – adoption, surrogacy
- Prenatal breastfeeding classes
- Specialties classes
Hi
Below is the information about your upcoming virtual lactation consult. We will be meeting in a
live video session over a secure internet connection. The video session is not being recorded
Appointment Date
Appointment Time
Room Pin:
ROOM VIDEO LINK:
Please enter your virtual room 5 minutes before your appointment time by clicking the link
above. If joining with a Smart Phone (IOS/Android), download the Vidyo app before clicking on
the link. If joining with a computer, follow the prompts after clicking on the link to install the Vidyo
Desktop software.
You may also receive a phone call from the pediatric scheduling staff a few minutes before the
appointment.
If for any reason we are unable to meet via video, I will call you back at the back up phone
number and we can meet over the phone and if needed reschedule the virtual consult or
schedule an appointment in the lactation clinic.
Looking forward to “seeing” you,
Rose deVigne-Jackiewicz, RN, MPH, IBCLC
Kaiser Permanente – Department of Pediatrics
Lactation Clinic
866-940-2218

You may also choose to have a face-to-face visit with the lactation consultant. However, you may
have to travel to a different location on a different day for this face-to-face visit. The make this
change, please the lactation specialty appointment center to reschedule.
You are choosing to receive a lactation consult by telehealth (virtual). Kaiser Permanente cannot
control the privacy of the environment at the location where you choose to have your
telehealth/virtual lactation consult. If someone at your location overhears your exchange with the
lactation consultant, or sees a screen where you are communicating, your protected health
information will be disclosed to that person. It is your responsibility to secure your own privacy in
the place where you receive the services
References

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- Telemedicine as a support system to encourage breastfeeding in Northern Ireland, Anne Lazenbatt, Marlene Sinclair, Syndey Salmon and Janet Calvert, J Telemed Telecare, 2007 7:54
- Establishing an Online and Social Media Presence for Your IBCLC Practice, McCann, Amber and McCulloch, Jeanette, J Human Lactation 2012 28:450
- HealthIT.gov
- American Telemedicine Association
Inspected by.....
Call me, Call me, Call me.....

Rose deVigne-Jackiewicz
12Rosebuds@gmail.com
619-992-1933
Kaiser Outpatient Lactation Clinic
866-940-2218