

Original research article

Postpartum contraception: An exploratory study of lactation consultants' knowledge and practices^{☆,☆☆}Kathleen Dunn^{*}, Lisa L. Bayer¹, Sheila K. Mody

Section of Family Planning, Department of Reproductive Medicine, University of California San Diego, 200 W. Arbor Drive 8433, San Diego, CA, 92103, USA

Received 24 October 2015; revised 9 March 2016; accepted 13 March 2016

Abstract

Objective: Lactation consultants interact with women during the postpartum period; however, they may not have comprehensive education on postpartum contraception and the impact on breastfeeding. The aims of this study were to assess lactation consultants' knowledge and practices about postpartum contraception and assess whether lactation consultants are interested in more education on postpartum contraception.

Study Design: We distributed a 30-question survey to self-identified lactation consultants and recruited participants via email, social media and at the 2015 California Breastfeeding Summit.

Results: We surveyed a total of 194 lactation consultants. Seventy-seven percent (137/177) stated they offer advice about postpartum contraception and its impact on breastfeeding. The majority of lactation consultants felt the theoretical or proven risks outweighed the benefits or there was an unacceptable health risk for the progestin-only pill 76.3% (100/131), progestin injection 90.1% (118/131) and progestin implant 93.1% (122/131) if used within 21 days of delivery. Although 68.7% (92/134) reported prior education on postpartum contraception, 82.1% (110/134) reported wanting more education on this topic, specifically in the form of a webinar 61.9% (83/134). Only 29.9% (40/134) reported knowledge of the United States Centers for Disease Control and Prevention 2011 Medical Eligibility Criteria for Contraceptive Use (USMEC) guidance for postpartum contraception.

Conclusion: There is a disconnect between the USMEC guidance and lactation consultants' knowledge regarding the safety of immediate postpartum contraception.

Implications: This study explores lactation consultants' knowledge and practices about postpartum contraception, demonstrating that more evidence-based education is needed on this topic.

© 2016 Elsevier Inc. All rights reserved.

Keywords: Postpartum contraception; Lactation consultants; Breastfeeding; USMEC

1. Introduction

Postpartum contraception is an important component of a woman's pregnancy care. One goal of postpartum contraception is to provide adequate birth spacing. In the United States, approximately half of all pregnancies are unintended

and approximately one-third of all repeat pregnancies are conceived within 18 months of the previous birth [1]. Women who have short-interval pregnancies are at higher risk of preterm birth as well as low birth weight infants [2]. Contraception becomes especially important for more vulnerable populations as adolescent, minority and low-income women are more likely to have unintended and short-interval pregnancies [3,4].

The traditional timing to initiate postpartum contraception has been at the 6-week postpartum visit. Unfortunately, many women fail to attend this important visit, especially in high-risk populations [5,6]. For this reason, earlier initiation of contraception can be beneficial. Previous studies have demonstrated that initiation of contraception within the first 90 days postpartum was associated with the optimal interpregnancy interval of 18 months [7]. One potential barrier to initiating earlier contraception is the concern

[☆] Financial Support: None.

^{☆☆} Potential Conflicts of interest: Dr. Dunn has no conflicts of interest to disclose. Dr. Bayer has no conflicts of interest to disclose. Dr. Mody is partially funded by a K12 HD001259 grant and is a MERCK Nexplanon Trainer. She is also on the Advisory Board for Dare Bioscience Inc.

^{*} Corresponding author.

E-mail addresses: ktduinn@ucsd.edu (K. Dunn), bayerl@ohsu.edu (L.L. Bayer), smody@ucsd.edu (S.K. Mody).

¹ Present address: Department of Obstetrics and Gynecology, Oregon Health & Science University, 3181 SW Sam Jackson Park Rd., Portland, OR 97239, USA.

regarding interference with breastfeeding, however the 2015 World Health Organization (WHO) Medical Eligibility for Contraceptive Use and the 2011 Centers for Disease Control and Prevention (CDC) Medical Eligibility Criteria for Contraceptive Use guidelines largely support early initiation of postpartum contraception [8,9]. According to these guidelines, progestogen-only contraception is safe in breastfeeding women and does not interfere with breastfeeding performance.

Postpartum women interact with a wide range of healthcare providers during their hospital stay and may receive contraceptive counseling from multiple sources. Lactation consultants interact with women in the postpartum period and may give advice regarding contraception and breastfeeding. Many lactation consultants have had previous clinical experience as nurses, midwives, dieticians or other healthcare providers and undergo additional educational coursework to become certified lactation consultants [10]. Lactation consultants are most often International Board Certified Lactation Consultants (IBCLC), but others may be Certified Lactation Educators (CLE) or Certified Lactation Counselors (CLC). IBCLC providers function as healthcare providers in a clinical setting, while CLEs or CLCs traditionally offer more of an advisory or educational role [11,12]. Little is known regarding lactation consultants' knowledge and beliefs regarding postpartum contraception.

The aims of this exploratory study were 1) to assess lactation consultants' education and knowledge about postpartum contraception and 2) to assess lactation consultants' interest in training on postpartum contraception.

2. Materials & methods

We designed an exploratory cross-sectional online survey with input from practicing lactation consultants at the University of California San Diego. Between December 1, 2014 and February 23, 2015, we distributed the survey via email listservs, social media groups such as the International Lactation Consultants Association (ILCA) Facebook page and in-person at the 2015 California Breastfeeding Summit. The survey included a total of 30 questions and took approximately 10 min to complete. All responses were completely anonymous and participation in the study was voluntary and non-incentivized. Inclusion criteria were age older than 18, fluent in English and self-identified as a lactation consultant. The University of California San Diego's Human Research Protection Program approved this study.

We collected demographic information using single item measures. We assessed participants' past education and desire for future knowledge on postpartum contraception by asking the following questions: (1) During your training as a lactation consultant, have you had coursework covering postpartum contraception? (2) Do you want more coursework on contraception? (3) How would you like to learn

more about postpartum contraception? We also assessed whether lactation consultants were offering advice on postpartum contraception and breastfeeding with the use of a 5-point Likert scale, with 5 indicating strongly agree, 1 indicating strongly disagree and 3 indicating neutral (neither agree/disagree), to evaluate the following statements: (1) I offer mothers advice about postpartum contraception and the impact on breastfeeding. (2) Mothers ask for my advice about postpartum contraception. (3) My breastfeeding advice to mothers changes depending on what type of postpartum contraceptive they choose. (4) My breastfeeding advice to mothers changes depending on when they choose to initiate postpartum contraception.

Table 1
Demographic Characteristics of Respondents.

Characteristic	Participants (n=194)
Age, year	43.9±12.3
Race	
White/Caucasian	171 (88.1)
Black/African-American	5 (2.6)
Asian	5 (2.6)
Other	13 (6.7)
Ethnicity	
Hispanic/Latina	22 (11.3)
Other/refused	172 (88.6)
Education	
High School degree	2 (1.1)
Some college/vocational/technical	32 (16.5)
College degree	101 (52.1)
Graduate degree	59 (30.4)
Geographic region of practice	
West	113 (58.3)
Midwest	113 (58.3)
Southeast	35 (18.0)
Northeast	21 (10.82)
Pacific	2 (1.1)
Location of practice	
Inpatient	55 (31.1)
Outpatient with physician or midwives	16 (9.0)
Outpatient private practice	40 (22.6)
Outpatient WIC program	33 (18.6)
Other	33 (18.6)
Baby-Friendly Hospital	
Yes	27 (15.3)
No	149 (84.2)
Years of experience	
< 5	89 (50.3)
6-10	39 (22.0)
11-15	18 (10.2)
> 15	31 (17.5)
Job Title	
International Board Certified Lactation Consultant	147 (83.1)
Lactation Educator, Lactation Educator Counselor or Lactation Counselor	20 (11.3)
Other	10 (5.6)

WIC, Women, Infants and Children.

Data are mean ± standard deviation or n (%).

Percent totals may not add up to 100 because of rounding.

n does not equal 194 for all questions due to missing responses.

A Baby-Friendly hospital has been designated by the Baby-Friendly Hospital Initiative as one that optimizes infant feeding and mother/baby bonding.

Download English Version:

<https://daneshyari.com/en/article/6170689>

Download Persian Version:

<https://daneshyari.com/article/6170689>

[Daneshyari.com](https://daneshyari.com)