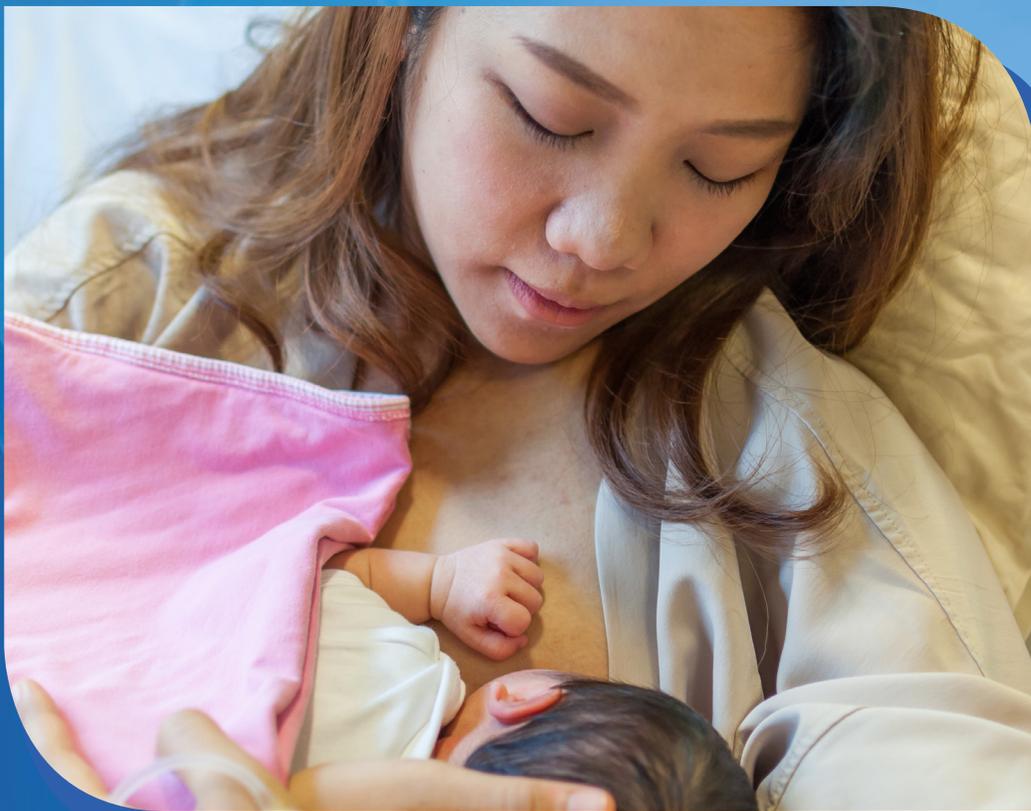


Physician Education and Training on Breastfeeding Action Plan



Recommended strategies to fill breastfeeding-related education and training gaps for providers at different career points, in different settings, and in different specialties.

American Academy of Pediatrics

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This action plan is supported by the American Academy of Pediatrics Physician Engagement and Training Focused on Breastfeeding Project, a grant from the Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity, Department of Health and Human Services; Cooperative Agreement 6 NU38OT000167-04-01. This document or its content cannot be reproduced without permission from the AAP.

Acknowledgements

The authors are grateful for the cooperation of all those who contributed to the development of the Physician Education and Training on Breastfeeding Action Plan.

The Action Plan was compiled by Project Advisory Committee members representing the following organizations:

- Academy of Breastfeeding Medicine
- Altarum Institute
- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
- American College of Osteopathic Pediatricians
- Association of Women's Health, Obstetric and Neonatal Nurses
- Centers for Disease Control and Prevention
- National Hispanic Medical Association
- National Medical Association
- Reaching Our Sisters Everywhere
- United States Breastfeeding Committee

Background

The American Academy of Pediatrics (AAP) received funding from the Centers for Disease Control and Prevention to conduct the ***Physician Engagement and Training focused on Breastfeeding*** project.

The intent of the project sought to engage physicians and stakeholders to (1) increase availability and accessibility of medical provider education and training related to breastfeeding, and (2) improve capacity of medical practitioners to facilitate the safe implementation of evidence-based maternity care practices at the hospital level and within their practices, and to promote continuity of breastfeeding-related care in their communities.

The AAP developed a comprehensive action plan that includes recommendations for addressing: (1) gaps in breastfeeding training and education for physicians, with special emphasis on underserved populations and (2) training to support the safe implementation of evidence-based maternity practices supportive of breastfeeding.

Strategies include integration of breastfeeding training in the various stages of formal medical education, encouraging culture change to support breastfeeding within the medical education and training process, and encouragement of continuity of care with community breastfeeding resources.

Physician Education on Breastfeeding Action Plan

Overarching Goals:

1. To ensure that all pediatricians, obstetrician/gynecologists and family physicians (PEDS/OBGYN/FM) have the knowledge and clinical skills to support the mother, child, and family in meeting their breastfeeding goals
2. To ensure that all medical students experience a curriculum in breastfeeding that is integrated throughout preclinical and clinical education in undergraduate medical education (UME)
3. To promote a continuum of education that extends from UME through graduate medical education (GME) (residency training for PEDS/OBGYN/FM, and other residencies where appropriate) and targeted continuing medical education (CME)
4. To create a culture of support for breastfeeding as the norm within the medical community, especially for physicians, their families, and their patients, encouraging healthy choices as a component of physician wellness
5. To educate about existing disparities in breastfeeding rates and address opportunities to attempt to close these gaps
6. To integrate training on equity and cultural differences throughout the curriculum for breastfeeding education
7. To delineate the scope of practice in breastfeeding for the physician and identify opportunities for collaboration between physicians and other health care professionals and lay support personnel engaged in breastfeeding support

In order to accomplish these goals, physician training must:

1. Decrease reliance on self-identified physician champions, so that breastfeeding education is uniform regardless of training site
2. Cultivate faculty that are competent to teach, mentor, and role model breastfeeding education routinely in both inpatient and outpatient settings
3. Link breastfeeding education to a public health and disease prevention agenda, emphasizing the impact upon childhood and adult health outcomes
4. Provide basic breastfeeding education as a component of preclinical training in an integrated fashion
5. Incorporate breastfeeding education and clinical skills training in pediatric, obstetrics/gynecology, and family medicine clinical clerkships
6. Provide clinical skills training in basic breastfeeding assessment and diagnosis and management of breastfeeding complications for residents in PEDS/OBGYN/FM through direct patient care and simulation
7. Establish basic competencies for breastfeeding support required for completion of primary training in PEDS/OBGYN/FM

8. Incorporate equity training and cross-cultural competency in breastfeeding education in all training, regardless of location
9. Provide direct, tangible support for adequate parental leave and for breastfeeding support after return to school, residency, or work, to include adequate time and place for milk expression upon return, as an anchor of physician wellness
10. Provide opportunities for additional elective experience with physicians who specialize in breastfeeding medicine, either within the medical school or residency program or at other institutions
11. Support physicians, trainees and/or their breastfeeding partners as a critical audience, recognizing that every successful breastfeeding physician or partner is a potential new breastfeeding advocate; those who aren't successful themselves don't advocate as well, may introduce their own biases, or may even discourage breastfeeding in their patients

Important levers for change:

1. Licensure and board certification organizations, such as, United States Medical Licensing Examinations, state licensing boards, American Board of Pediatrics, American Board of Obstetrics & Gynecology, American Board of Family Medicine,
2. Maintenance of certification process by American Board of Medical Specialties member boards (American Board of Pediatrics, American Board of Obstetricians and Gynecologists, American Board of Family Medicine) and American Osteopathic Association Boards
3. Support of physician education on breastfeeding by key medical educational organizations, such as, Liaison Committee on Medical Education, Association of American Medical Colleges, Accreditation Council for Graduate Medical Education, Association of Pediatric Program Directors, Academic Pediatric Association, Council on Medical Student Education in Pediatrics, Council on Resident Education in Obstetrics and Gynecology, Society for Teachers of Family Medicine, Association for Family Medicine Residency Directors, Association for Departments of Family Medicine (Department Chairs), and American Association of Colleges of Osteopathic Medicine
4. Endorsement by organizations central to breastfeeding protection, promotion, and support, such as, the members of the Physician Engagement and Training on Breastfeeding Project Advisory Committee: American Academy of Pediatrics; American College of Obstetricians and Gynecologists; American Academy of Family Physicians; Academy of Breastfeeding Medicine; American College of Osteopathic Pediatricians; National Medical Association; National Hispanic Medical Association; Association of Women's Health, Obstetric and Neonatal Nurses; and the United States Breastfeeding Committee (USBC), including other USBC non-governmental member organizations not listed separately above
5. Federal agencies, such as the Centers for Disease Control and Prevention

6. Physician trainees who are breastfeeding mothers and groups representing breastfeeding physician mothers, such as, Dr. MILK (Doctor M.others I.nerested in L.actation K.nowledge)
7. Medical student interest groups, American Medical Women’s Association
8. Social media
9. Consumer demand
10. Philanthropy

STAGED ACTION PLAN:

STAGE I: The Case for Breastfeeding Education

Develop a statement of support for implementation of physician education throughout the education curriculum, and support for breastfeeding medical trainees, to be endorsed by specialty organizations and other organizations as outlined in levers for change above

Develop a model policy for support of breastfeeding medical students, residents, and fellows

Define scope of practice for physicians in breastfeeding and describe other members of the health care team and lay personnel who provide breastfeeding support and how physicians might refer and or consult with them

Review available materials in the current AAP Breastfeeding Residency Curriculum

Develop a repository of existing resources and curriculum and investigate platforms for housing the materials

Publish results of the landscape analysis and physician survey

STAGE II: Resource Development

UME:

Outline a comprehensive undergraduate medical education curriculum guide that can be implemented universally early in training so that physicians endorse promotion of breastfeeding as part of their professional identity

Develop curriculum materials to implement training into UME, using systems-based and public health approaches and incorporating simulation, case-based education, and multi-media resources

GME:

Revise, update and expand materials in the AAP Breastfeeding Residency Curriculum

Develop resources to fill gaps in GME curriculum, to include hands-on skills (safe skin-to-skin positioning and physiologic monitoring, assessment of latch, hand expression, use of breast pumps, supplementary feeding devices) with demonstration of basic competencies to be initiated at the PGY-1 level and continued through all levels of training

Offer faculty development on breastfeeding educational resources and training methods at national educational meeting and specialty society meetings

CME:

Expand opportunities for practicing physicians to access breastfeeding education at national, state, and local meetings or through online options

Collaborate with organizations providing regular breastfeeding CME aimed at physician audiences to expand the reach of these trainings

Develop a plan for faculty development to broaden the cohort of medical education faculty with the skill set to teach and evaluate breastfeeding education and competencies

Implement faculty development in breastfeeding education, complemented by webinars and regular updates

General:

Develop a model for prenatal and postnatal breastfeeding counseling and anticipatory guidance

Develop a breastfeeding education toolkit

Develop and implement a checklist for assessment of breastfeeding adequacy at the bedside (with APP capability)

Develop materials easily accessible for trainees and practicing physicians to be incorporated in existing resources, such as, LactMed, UpToDate, Osmosis.org

STAGE III: Resource Dissemination

Develop a robust website and/or APP for breastfeeding with information/science/resources/patient education for physicians to access by topic

Collaborate with the LCME, American Association of Medical Colleges, American Association of Colleges of Osteopathic Medicine, and ACGME, along with Program Director Associations, to distribute tools and resources to all US accredited medical schools and to residency programs in PEDS/OBGYN/FM

Present materials and findings at major specialty society meetings, both academic and clinical

Collaborate with major specialty and other medical organizations to incorporate regular breastfeeding education updates in CME, focusing on infant and maternal outcomes, for PEDS/OBGYN/FM and related disciplines, with “hands on” training opportunities, problem solving resources, and checklist tools

Conduct outreach to public health constituencies and third-party payers to support and reinforce the need for improved breastfeeding education

Develop targeted social media messaging to improve consumer confidence and engage early career physicians

Study results and publish findings to enhance awareness and implementation of curriculum

