

State initiative to address disparities in mother's milk for very low birth weight infants

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Researchers at Boston Medical Center initiated a statewide quality improvement initiative to increase mothers' ability to produce and

provide milk for very low birth weight infants at their discharge, as well reduce the racial/ethnic disparities in milk production and provision to these infants. A new study, published June 18th in *Pediatrics*, indicates that the initiative yielded positive results on improving rates of prenatal human milk education, early milk expression and skin to skin care among mothers of very low birth weight infants during initial hospitalization, but did not lead to sustained improvement in mother's milk provision at hospital discharge.

Mother's [milk](#) has many benefits for very low-birth-rate infants, including a reduction of necrotizing enterocolitis (infection of the intestine), sepsis, and chronic lung disease, and [improvement](#) in later childhood development. However, mothers of very low birth rate [infants](#) that are born prematurely often have challenges making milk. In addition, previous research has shown racial/[ethnic disparities](#) in mother's milk provision at discharge or transfer, with white [mothers](#) having a higher rate of mother's milk provision.

The researchers examined three years of data from 1,670 mother-very low birth weight infant pairs from 10 level 3 neonatal intensive care units in Massachusetts. They found that the quality improvement program significantly improved hospital-based breastfeeding support practices, as well as first milk expression within six hours of birth, and any skin-to-skin care in the first month in all racial/ethnic groups. Although the researchers found no racial/ethnic disparities in provision of mother's milk for the first three weeks of hospitalization, disparities emerged after three weeks.

"Although we were able to show improvement in our process measures and any mother's milk for the first three weeks of hospitalization, these did not lead to sustained improvement in mother's milk provision at discharge," said corresponding author Margaret G. Parker, MD, MPH, a neonatologist at Boston Medical Center and assistant professor of

pediatrics at BU School of Medicine. "While we did not find improvements in our main outcome, we did find several successful initiatives that can inform other hospitals looking to address this issue."

The authors note that, given these results, further research is needed on the effect of factors later in hospitalization on provision of mother's milk at discharge. This work was supported by the W.K. Kellogg Foundation.

Provided by Boston Medical Center

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