

The Fourth Trimester Model: Improving Equity in Breastfeeding Duration and Exclusivity through Community Partnership

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INTRODUCTION

- Breastfeeding has both maternal and infant benefits^{1,5}
- 60% of Americans stop breastfeeding before originally planned^{2,4}
- Significant racial and ethnic inequities exist in breastfeeding people³
- The Fourth Trimester Model (4TM) is an initiative to provide healthcare access in the immediate postpartum period
- The 4TM project seeks to evaluate
 - Feeding modality and rates, postpartum contraception, postpartum depression screening, adherence to patient's antenatal goals in these categories
 - Focus on equity and fostering equitable outcomes for patients from diverse backgrounds

COMMUNITY PARTNER

- URMC Department of Family Medicine
- 4th Trimester Team Nationally (part of the IMPLCIIT Network)
- Healthy Baby Network
- Women, Infant and Children
- Lactation supportive services
- Target population: birthing parents and babies

COMMUNITY HEALTH IMPROVEMENT PROJECT

- Focus on lactation support in Rochester, NY through continued engagement with 4TM through community partner conversations and data analysis
- Reviewing data from Rochester, NY and national 4TM network on patients
 - feeding goals
 - outcomes at 2 and 6 weeks postpartum
- Understanding perspectives of community partners on areas of improvement
 - Increased communication, resource sharing, pre and post natal education
 - Identifying areas for improvement in connecting patients with lactation resources

METHODS

- Data collected from 5/2021- 3/2023 from Rochester, NY practices (458 people) and the national IMPLICIT Network's 4TM Project (>1000 people)

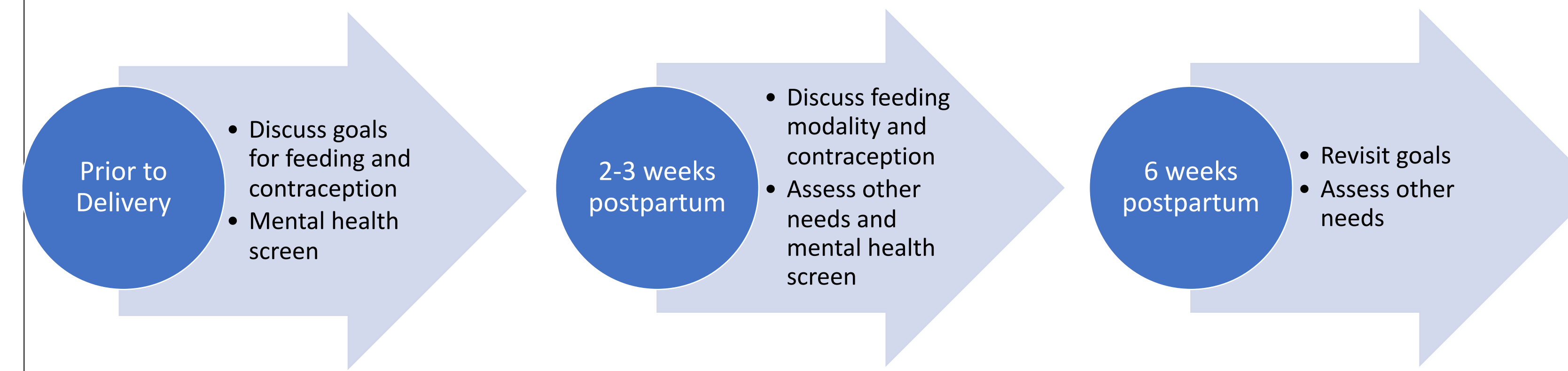


Figure 1: Feeding method at the Fourth Trimester Visit (within 21 days of delivery) from the national network data and the Rochester, NY data stratified by self-reported race.

CONCLUSIONS

- 4TM model has the potential to help parents achieve goals
- 4TM visits increased the number of parents who exclusively breastfed and the proportion of parents who met their feeding modality goal
- Inequities among patients of color were evident
 - Black and Latina/x/e individuals used more combination feeding than white individuals
- Limitations: data collection during COVID-19 pandemic, limited data from all racial/ethnic groups

IMPACT AND SUSTAINABILITY

- Continue recruitment of medical students and collaboration with IMPLCIIT network
- Enhance community collaboration through further clinical and community-based interventions with doulas, social work, lactation consultants, community organizations
- Conduct qualitative interviews with 4TM participants to better understand their experience
- Evaluate patient use of community resources through collection of patient centered data at visits

REFERENCES

- ACOG Committee Opinion No. 736: Optimizing Postpartum Care. *Obstet Gynecol.* 2018 May;131(5):e140-e150. doi: 10.1097/AOG.0000000000002633. PMID: 29683911.
- Brown CR, Dodds L, Legge A, Bryanton J, Semenic S. Factors influencing the reasons why mothers stop breastfeeding. *Can J Public Health.* 2014 May 9;105(3):e179-85. doi: 10.17269/cjph.105.4244. PMID: 25165836; PMCID: PMC6972160.
- Centers for Disease Control and Prevention. *National Immunization Survey-Child (NIS-Child) website.*
- Odom EC, Li R, Scanlon KS, Perrine CG, Grummer-Strawn L. Reasons for earlier than desired cessation of breastfeeding. *Pediatrics.* 2013 Mar;131(3):e726-32. doi: 10.1542/peds.2012-1295. Epub 2013 Feb 18. PMID: 23420922; PMCID: PMC4861949.
- Stuebe A. (2009). The risks of not breastfeeding for mothers and infants. *Reviews in obstetrics & gynecology.* 2(4), 222-231.

RESULTS

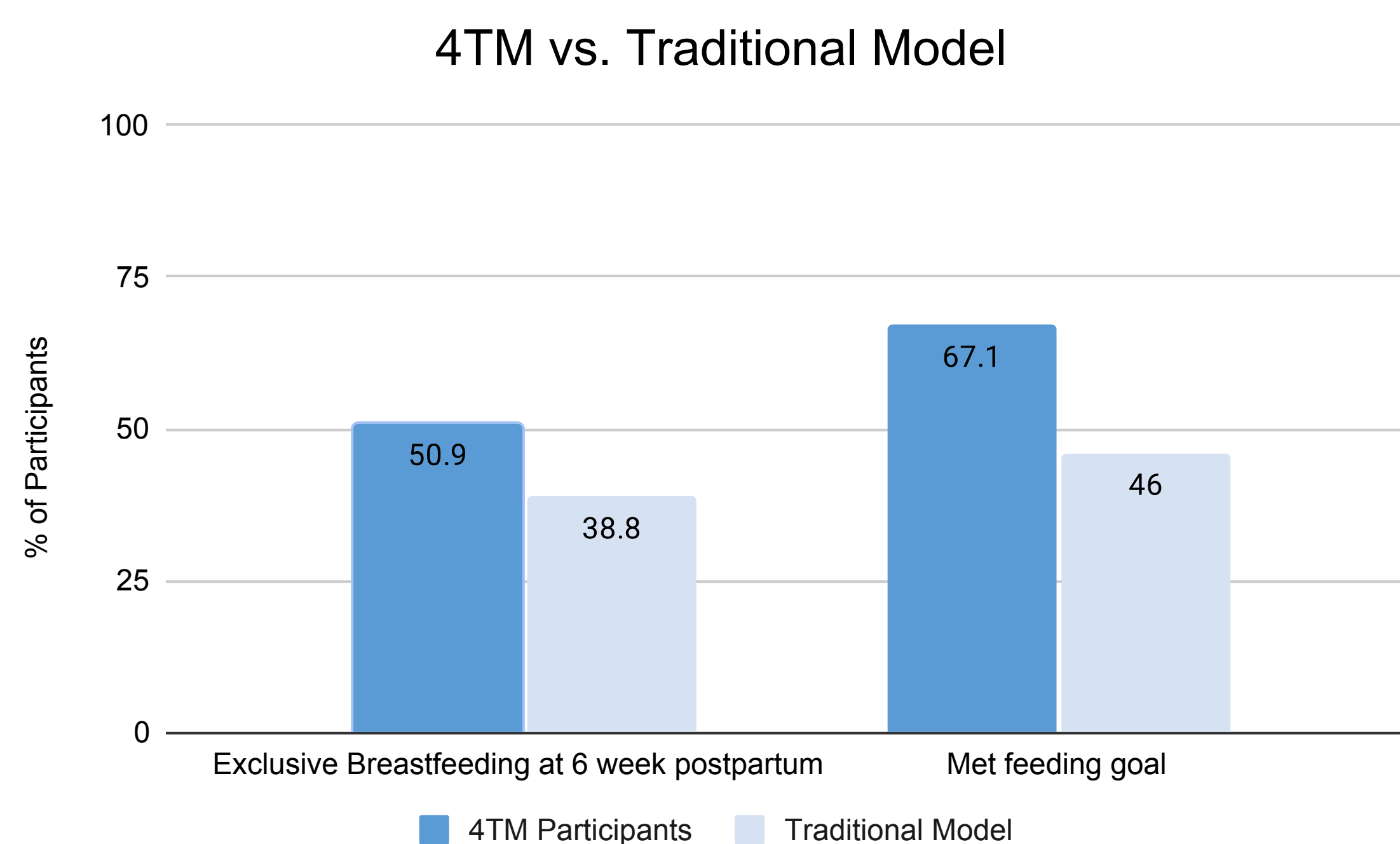


Figure 2: Comparing exclusive breastfeeding rates and postpartum feeding goal of participants who attended a Fourth Trimester Visit (within 3 weeks of delivery) to those who only had a 6-week postpartum visit.

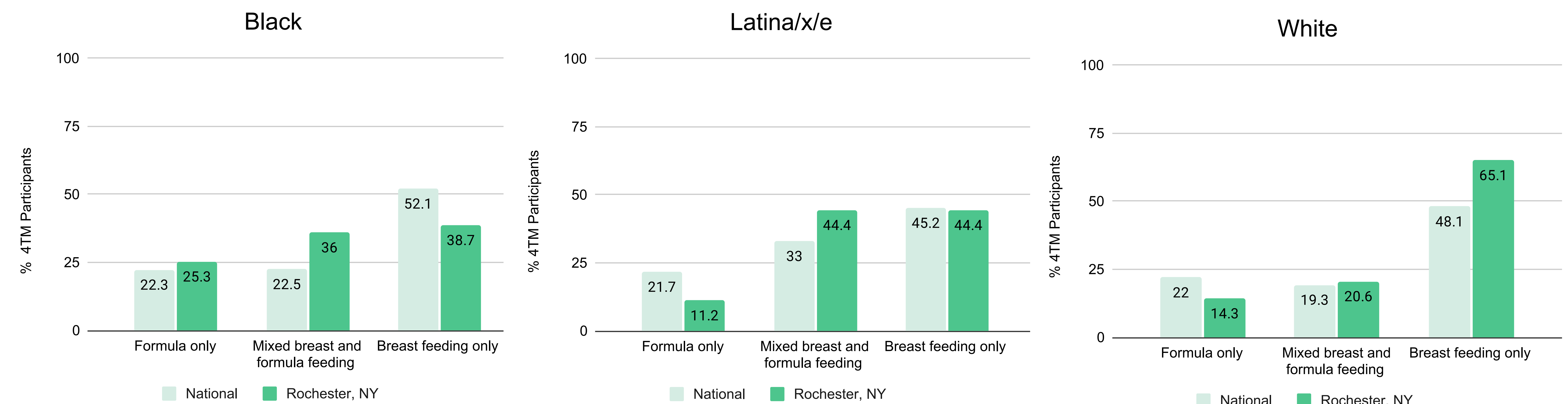


Figure 3: Feeding method at the Fourth Trimester Visit (within 3 weeks of delivery) from the national network data and the Rochester, NY data stratified by self-reported race.