A Novel Curriculum: Breastfeeding Medicine Elective in Pediatric Residency

Purpose:

The American Academy of Pediatrics (AAP) policy statement on breastfeeding places the responsibility of patient education and support of breastfeeding heavily on physicians. Historically, there has been little education of physicians in this area. In 2018, the AAP released a "Physician Education and Training on Breastfeeding Action Plan" to increase availability and accessibility of medical provider education and training related to breastfeeding. This action plan emphasizes that physician training must include clinical skills training in basic breastfeeding assessment and diagnosis and management of breastfeeding complications for residents in pediatrics through direct patient care and simulation. Our curriculum aims to fill this education gap.

Objectives:

To develop, implement, and evaluate a curriculum on breastfeeding medicine for pediatric residents.

Methods:

We developed a curriculum with clinical time with lactation experts (lactation consultants, physicians with advanced training), asynchronous assignments, observation of community organizations, and reflective writing. Assignments included readings, the AAP Breastfeeding Residency Curriculum, and relevant podcasts/documentaries. The curriculum was implemented within the Pediatric Residency as a 1-4 week elective. Evaluation consisted of a post-rotation survey and content analysis of reflective writing.

Results:

Since implementation in November 2021 to date, 9 pediatric residents completed the curriculum. Resident interest in participating in this elective dramatically increased from 2 enrolling in the 2021-2022 academic year to 11 in the 2022-2023 academic year. Three of the 9 residents used this elective as an adjunct to paid parental leave after birth of a child during residency and reported an average of 2 weeks additional time home with their infant compared to their scheduling options if this elective was not available. One hundred percent of residents reported an increase in confidence level in both general breastfeeding knowledge (self-reported confidence average of 2.5 increased to 4.2 out of 5) and assisting families with breastfeeding troubleshooting (self-reported confidence average of 2.3 increased to 4.2 out of 5). Reflective themes from content analysis included: importance of direct clinical educational

experiences, recognition of mainstream breastfeeding misinformation, lifelong benefits of breastmilk, barriers/challenges of breastfeeding, advocating/supporting working breastfeeding mothers and increasing the length of resident maternity leave.

Conclusions:

We successfully developed, implemented and evaluated a breastfeeding medicine curriculum using multiple educational strategies. This curriculum is unique as it is geared toward trainees and can be completed during a variable rotation length. Asynchronous components allow for flexibility and easy maintenance of the curriculum. This elective can be used for new parents to learn about an important topic while also extending time home with infants, not extending the length of their training, and receiving pay. Current areas of improvement include increasing scheduling availability for clinical experiences, encouraging first year residents to seek this learning opportunity, and working with Accreditation Council for Graduate Medical Education to provide a similar elective to other residency specialties to both increase knowledge of breastfeeding for non-parent residents, and support new resident parents."