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## A Shared Medical Appointments for the Two-Week Well Child Visit

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UNIVERSITY OF SAN DIEGO  
Hahn School of Nursing and Health Science: Beyster Institute for Nursing Research

DOCTOR OF NURSING PRACTICE PORTFOLIO

by

Lieutenant Sarah M. Anderson

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DOCTOR OF NURSING PRACTICE  
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**A Shared Medical Appointments for the 2-Week Well Child Visit**

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## Abstract

Background: The World Health Organization (WHO), American Academy of Pediatrics (AAP), and the literature supports exclusive breastfeeding for newborns until six months of age and continued breastfeeding until 12 months of age. Postpartum maternal breastfeeding support has been insufficient in the pediatric clinic to support exclusive breastfeeding recommendations. Shared Medical Appointments (SMA) are an alternative approach to individual well-child appointments that provide lactation consultants sufficient time to conduct breastfeeding education during the extended appointment.

Objective: Through utilization of a shared medical appointment (SMA), a southern California military pediatric clinic will increase exclusive breastfeeding rates (EBF) of new mothers by 10% at the two-month, four-month, and six-month well-child appointments.

Methods: SMA breastfeeding data was collected longitudinally at the infant's two-, four-, and six-month visits. Random sample of 129 mothers not participating in the SMA completed a breastfeeding survey at well-child visits. A multidisciplinary team of a Provider (MD or NP), Registered Nurse, Lactation Consultant, and two Medical Assistants (MA) conducted two weekly 45-minute SMA for the two-week well-child appointment for up to ten two-week infants total.

Results: During the five-month project, 95 two-week infants participated in the SMA. Mothers who attended the SMA had higher EBF rates vs. individual two-week well-child appointments at the two-, four-, and six-month visits. Maternal satisfaction scores and free text comments showed immense satisfaction of the SMA.

Conclusions: Through utilization of a shared medical appointment (SMA), a southern California military pediatric clinic increased exclusive breastfeeding rates of new mothers.

*Keywords: Shared Medical Appointment, Well-Child, Breastfeeding, Lactation Support*

## Introduction

At a large military pediatric clinic in Southern California, 65.6% of mothers are exclusively breastfeeding at the six-month well-child appointment. The American Academy of Pediatrics (AAP) recommends that all infants be exclusively breastfed for the first six-months with continued breastfeeding for at least one year (CDC, 2018). Continuation of the current practice prevented up to 34% of clinic dyads from receiving the benefits of breastfeeding. According to Healthy People 2020's breastfeeding report card, 24.9% of infants are exclusively breastfed through six-months of age (CDC, 2018). According to The World Health Organization's Global Breastfeeding Scorecard, 40% of infants are exclusively breastfed through six-months of age ("WHO | Babies and mothers worldwide failed by lack of investment in breastfeeding," 2017). Although the pediatric clinic is above the national average, they are well below AAP recommendations.

Shared medical appointments (SMA) were developed and established in 1996 by Dr. Edward Noffsinger to increase efficiency, provider and patient satisfaction, and improve patient health outcomes (Noffsinger, 2009). Therefore, the pediatric clinic assessed the practicability of implementing a SMA for the two-week well-child visit to increase exclusive breastfeeding rates through the first six-months of life. The SMA approach combines the delivery of medical care in the form of the well-child physical assessment with patient education. By utilizing a group setting, parents have increased emotional support, reducing feelings of stigma and isolation (Caballero, 2015). SMAs provide efficient well-child care with greater delivery of anticipatory guidance. Additionally, a group well-child appointment article assessed maternal feedback on the visit. Mothers found: a positive value of support and learning from the other women in the group, a more relaxed and personal environment with the provider and staff, and more time to address

questions and concerns (Page, Reid, Hoagland, & Leonard, 2010). No study has specifically assessed a SMA to increase breastfeeding rates. However, evidence supports that a dedicated lactation consultant who provides education and support to new mothers can improve exclusive breastfeeding rates (Patel & Patel, 2016). A descriptive, longitudinal study identifying topics and sources of information sought by new mothers revealed that approximately one sixth of all their questions were related to breastfeeding issues (Sink, 2009). By providing a postpartum group appointment with a dedicated lactation consultant, maternal questions regarding breastfeeding will be addressed.

In the pediatric clinic several limitations to sustain and support exclusive breastfeeding were identified during the individual two-week well-child appointments. First, 20-minute appointments did not provide sufficient time to examine the patient, document, and observe and counsel on breast feeding questions. Secondly, Providers are not specifically trained in breastfeeding education, leading to unease providing extensive breastfeeding support. Third, due to other responsibilities, no lactation services were available in the outpatient setting. Lactation referrals were sent to out of network providers which took time and led to mothers supplementing or exclusively switching to formula. Finally, this specific patient population had less social support to support exclusive breastfeeding. Being a military community, often the mother's family was not local and due to frequent moves, friendships and support systems were difficult to establish. Regardless of desire, those deficiencies negatively impact mother's ability to continue exclusive breastfeeding.

The Iowa model was created to provide guidelines for evidence-based practice change implementation (Buckwalter et al., 2017). This model identified that intended change is dependent on current practices and new evidence-based knowledge that affect patient outcomes.

The Iowa model starts with identification of triggering issues or opportunities, then a question is created (Buckwalter et al., 2017). Since the Command has had success with SMAs in other patient populations, the pediatric clinic wanted to implement a shared appointment for the two-week well-child visit.

## Methods

A SMA for the two-week well-child appointment was implemented with lactation and peer support to improve exclusive breastfeeding rates. Mothers of infants two-weeks to six-months of age attending their well-child appointments were assessed to create target goals. Pre-implementation surveys were passed out to mothers at all well-child visits to assess baseline clinic feeding methods of exclusive breastfeeding, breastfeeding and formula, and formula only (Figure 1).

Figure 1

Breastfeeding Questionnaire for Mother @ Well- Child Visit:

1. What Well-Child visit is this?  
2 weeks 2 months 4 months 6 months 9 months 12 months
2. Are you:  
Exclusively Breastfeeding Breastfeeding + Formula Formula Only
3. If you are giving formula, was it for:  
Personal reasons Medical Reasons Personal + Medical Reasons
4. Have you had any breastfeeding questions/ concerns since being discharged from the hospital?  
4a. If yes, were they answered by your medical staff?
5. If breastfeeding questions were not answered, do you feel that it was due to a lack of breastfeeding knowledge by your medical team?

The SMA was initiated for eligible infants on a weekly basis for five months. Upon discharge from the hospital, infants were automatically enrolled into the group appointment if they met inclusion criteria: full-term at delivery and no neonatal intensive care unit (NICU) stay. The SMA consisted of a multidisciplinary team approach consisting of a Provider (MD or NP), a

Registered Nurse, a Lactation Consultant, and two Medical Assistants (MA) (*Figure 2*).

*Figure 2*

Role	Responsibilities
1 Facilitator (Nurse)	Welcomes group, obtains consent, facilitates group discussion, and provides anticipatory guidance
1 Provider (PNP, MD)	Reviews newborn's discharge summary, newborn screen, and completes physical examination
2 Support Staff (MA, LPN)	Obtain vital signs and measurements. Scribe for physical examination
Scheduling Officer	Schedule appointments and call patients for appointment reminder
Lactation Educator	Provide in-depth breastfeeding education and support

The initial intervention was one 90-minute weekly SMA for up to ten two-week infants assigned to the clinic who met inclusion criteria. Patient satisfaction surveys indicated that original group size was too large. The SMA transitioned to two 45-minute appointments for up to five two-week infants in each session, which was better received. The SMA provided the lactation consultant sufficient time to conduct breastfeeding education during the extended appointment, ensuring the mother's needs are met to continue or re-start their breastfeeding relationship.

The SMA followed a strict timeline to stay within the allotted timeframe for the group appointment. The MA printed off the newborn discharge paperwork the day before the SMA and gave it to the provider for review. Advanced chart review allowed the provider ample time to identify any follow-up lab work, screening, or referrals that he/she needed to make and discuss the plan with the parent(s) at the appointment. The morning of the appointment, the MA's set up the space ensuring all equipment and materials were available for the meeting. Approximately 30 minutes before the group session, caregivers and their infant arrived and registered for the appointment. The parent received a patient package which included: a name tag, confidentiality agreement, and Edinburgh Postnatal Depression Screening. Once all families arrived, the

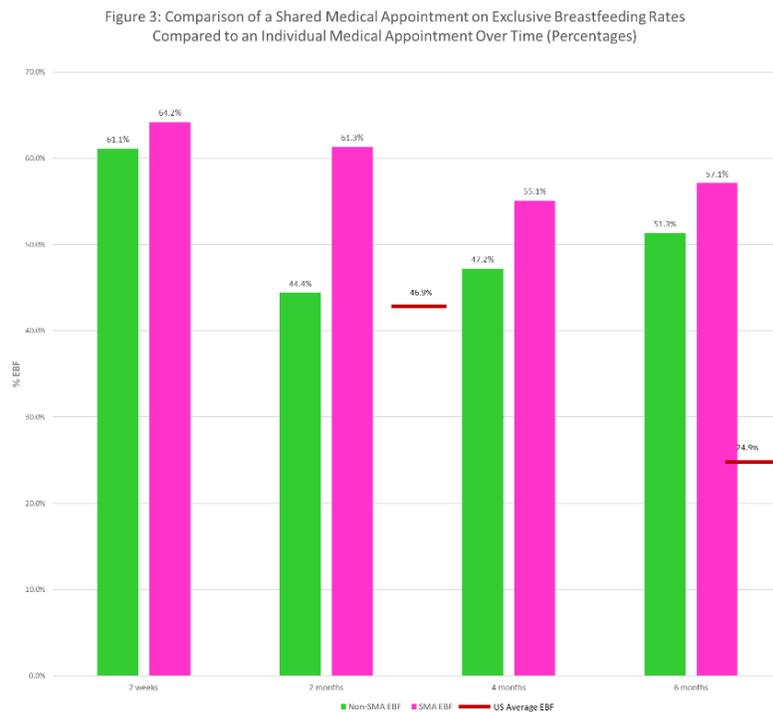
facilitator (Nurse) welcomed the group and went over all documents in the package. The facilitator explained the benefits, confidentiality, and expectations of the group appointment, encouraging active participation by attendants. Once introductions were completed, parents were instructed to undress their babies to a diaper. One patient at a time, the MA obtained vital signs, including weight, height, and head circumference. Then the provider completed their physical examination (PE) while the designated MA scribed. Only private matters and that which needed to be said for the exam were discussed during the PE, all other talk was tactfully deferred to the interactive group segment that followed. When the provider finished with the infant, he/she was returned to the parent and dressed. This process continued until all physical examinations were completed. Following the individual examinations, everyone returned to the group where the Provider joined to answer all parental questions and concerns. Once all questions were addressed, the facilitator introduced the Lactation Consultant who provided 20 minutes of in-depth education for the group. At that time the Provider and MA exited the group appointment to ensure charting was complete. To conclude the group appointment, the facilitator gave anticipatory guidance to the group, the MA booked the infant's individual two-month well-child appointment, and the parents anonymously completed the patient satisfaction surveys.

The outcome indicators monitored in this EBP project were breastfeeding rates of mothers at the 2-month, 4-month, and 6-month well-child appointments and parent satisfaction of the SMA. Infants who attended the SMA had their feeding methods tracked through the electronic medical record (EMR). The breastfeeding survey (*Figure 1*) that was used to collect baseline data was distributed to mothers attending individual well-child appointments during the five-month project to obtain a comparison group.

## **Results**

During the five-month project, 95 two-week infants participated in the SMA. Breastfeeding data from those who attended the SMA was collected longitudinally at the infant's two-, four-, and six-month visits. A random sample of 129 mothers not participating in the SMA completed a breastfeeding survey at the same well-child visits. Numbers at follow-up visits were: 80 at two-months; 78 at four-months; 77 at six-months. Mothers who attended the SMA had higher EBF rates vs. individual two-week well-child appointments at the two-, four-, and six-month visits. (Figure 3). At the 2-month visit EBF rates in the SMA group were 16.9% higher than in the non-SMA group. At the 4-month visit EBF rates were 7.9% higher in the SMA group than in the non-SMA group. At the 6-month visit EBF rates were 5.8% higher in the SMA group than in the non-SMA group. Both groups had higher EBF than the national average. Maternal satisfaction scores and free text comments on perceptions of the group appointment showed immense gratification of the SMA.

*Figure 3*



## Discussion

By standardizing the two-week visit, SMAs increased provider productivity, efficiency, and decrease outpatient lactation referrals. SMAs provided a peer-based setting for new and experienced parents. Resources used to successfully execute the SMA included physical examination equipment and breastfeeding material. Both resources were already in place at the clinic, therefore there was no accrued cost for the Command. At the pediatric clinic appointments are 20 minutes. The weekly SMA saw a total of ten two-week old patients in 90 minutes. Therefore, the SMA opened six pediatric clinic acute appointments per week, increasing the weekly appointment slots from 570 to 576. Overall, the clinic was projected to have a yearly clinic appointment increase of 312 appointments, from 29,640 to 29,952 (J. K. Eng-Kulawy, personal communication, June 28, 2017).

A pediatric clinic appointment is 20 minutes which is 1.3 relative value units (RVU), worth approximately \$58.50. By providing an additional 312 appointments per year, the clinic was projected to receive a financial earning of \$18,252 by November 1, 2018. The 3-year earnings projection is \$54,756 by November 1, 2021 (J. K. Eng-Kulawy, personal communication, June 28, 2017).

There are several identified limitations to this project include. First, the infants in the comparison group changed between well-child appointments. Being an anonymous survey, there was no way to accurately track the infants in the individual well-child appointment comparison group. This is due to the frequent transition of patient empanelment caused by permanent change of station (PCS). During this project, there was an insurance coverage change making outpatient lactation services easier for parents to obtain. Finally, there was a decrease in pediatric availability due to provider PCS and maternity leave that closed enrollment to the pediatric

clinic.

### **Conclusion**

By utilizing a SMA, providers completed the well-child physical assessment, delivered patient and maternal education, and answered questions in a group environment, while supporting parents to openly share their experiences and concerns. Additionally, the SMA gave the lactation educator sufficient time and resources to provide breastfeeding education during the extended appointment, ensuring the mother's needs were met to continue their breastfeeding relationship. Following the success of the five-month evidence-based project, the pediatric clinic adapted the 2-week well-child appointment as a new standard of care. The overall goal of this project is to implement it in other Commands throughout Navy Medicine.

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