

Managing mental illness in breastfeeding mothers. Addressing providers' safety concerns when prescribing medications.

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Background

Breastfeeding carries short and long-term benefits for the infant, the mother, and their bonding relationship and will promote the development of a proper attachment style for the child. For these reasons, WHO and APA recommend exclusive breastfeeding for the first 6 months of a baby's life and support breastfeeding relationships for up to 2 years of age or longer. Untreated mental illness can shorten breastfeeding relationships. We have been running this project for 2 years. Last year 100% of providers reported that distributed educational printed-out materials were instrumental in assisting them in making the decision about the safety of prescribing medications to breastfeeding mothers. However, 75% of responders reported that they did not use provided links to medications' safety databases. And 50% of providers continue to express their concern about the safety of the prescription psychiatric medications when the mother is breastfeeding.

Aim

Improve the availability of scientific information for our physicians about the safety of medications for lactating females and breastfeeding infants to assist them in decision-making while treating such patients.

We aim to provide provider comfort with prescribing psychiatric medications to breastfeeding mothers by 30% within one month.

Plan

Our plan was to distribute print-outs and electronic versions of best prescribing practices for our most commonly used medications in breastfeeding mothers. We utilized e-lactancia.org and Lactmed databases to provide reference data. The plan was providing easy access to high quality data on safe prescribing in this population would improve comfort and promote safer prescribing.

Do

We conducted a pre-intervention survey to assess physicians' concerns when recommending medications to breastfeeding mothers to assess a baseline comfort level. This pre-intervention survey consisted of 9 questions and took 2 minutes to answer. We received 100% responses.

After intervention of providing access to high-quality sources, we performed a post-intervention survey to assess provider comfort after utilizing our resources.

Our intervention aimed to minimize workflow interventions and we provided both paper copies and QR codes for ease of access at the workstations of the providers where they would be doing the prescribing. They will contain printouts and emails with major recommendations from WHO and APA about the length and the benefits of breastfeeding as well as QR-codes to access two big databases that collect research articles discussing the safety of the medications. Both databases refer to the same pool of information with the only difference being that Lactmed gives more detailed information in case someone would like to dive in more detailed information, and also e-lactancia.org database, which produces more visual and fast answers to the safety question. The last database has links at the bottom of the page to the articles that contain full information about the matter.

Study

Pre-Intervention Survey:

The data showed that within the last 3 years 63% of our psychiatrists had up to 5 lactating patients and 38% had up to 10 lactating patients that they took care of. 38% of physicians spent 1-2 minutes providing breastfeeding counseling, 38% spent more than 5 min every visit and 25% of psychiatrists did not offer breastfeeding counseling to their patients. 75% of the patients who attempted to breastfeed required medications treatment in the postpartum period at the same time 50% of psychiatrists did not feel comfortable starting the patient on medications with concurrent breastfeeding due to their concerns of risks for the infant, only 8% of physicians felt comfortable prescribing medications and 8% responded that their patient felt uneasy about starting the medications. While deciding which medications are the safest 13% relied on the handouts distributed last year, 13% used their memory, 50% googled the safety of medications and 13% used Micromedex and 13% used medications' full prescription information. None of the responders used Lactmed or e-lactancia databases to determine the safety of medications. All prescribers were united in their desire to have easy and fast access to medications safety as well as easy access to educational information.

Post-intervention survey:

We received 7 out of 9 responses (77% participation rate).

86% of the doctors reported that they had only 1-2 pregnant/breastfeeding patients within the last 3 months, and 14% reported that they had 3-5 patients from this category. 57% of them dedicated 1-2 minutes of their 15-minute medication management visit to breastfeeding counseling, 28% spent about 5 minutes and 14% did not provide breastfeeding counseling to their patients, which corresponds with 14% who reported that they did not see any pregnant or breastfeeding patients within the last 3 months (answering Q6 which contradicts the data in Q1). 57% of the patients from this category required treatment with medications in the postpartum period and 42% of them did not need treatment with medications. 85% of responders reported that they felt comfortable prescribing medications to breastfeeding patients, and 14% reported that they did not feel comfortable doing so, and the same 14% of responders reported that "all psychiatric medications are unsafe for breastfed infants". When discussing the use of handouts 29% reported that they used electronic versions of handouts and QR codes, 14% used printed-out version, 14% used the Lactmed database and none of the focus groups used e-lactancia database. 14% reported using their memory when deciding what is best to prescribe to this category of patients and another 14% reported that they preferred to google it. One provider reported that they did not use any resources. 71% found our educational materials useful, 14% reported that they used other materials and 14% reported that they did not have a chance to use it. 14% of responders reported that were not able to access QR codes due to using their cell phones to contact telephych patients during their visits. 85% reported that they would like the information in the handouts to be a part of EMR for easier access.

Act

Our project generated a 36% increase in provider comfort level when prescribing medications to breastfeeding mothers exceeding our goal by 6%. We believe we can further enhance this comfort and further iterative PDSA cycles will aim to enhance this process.

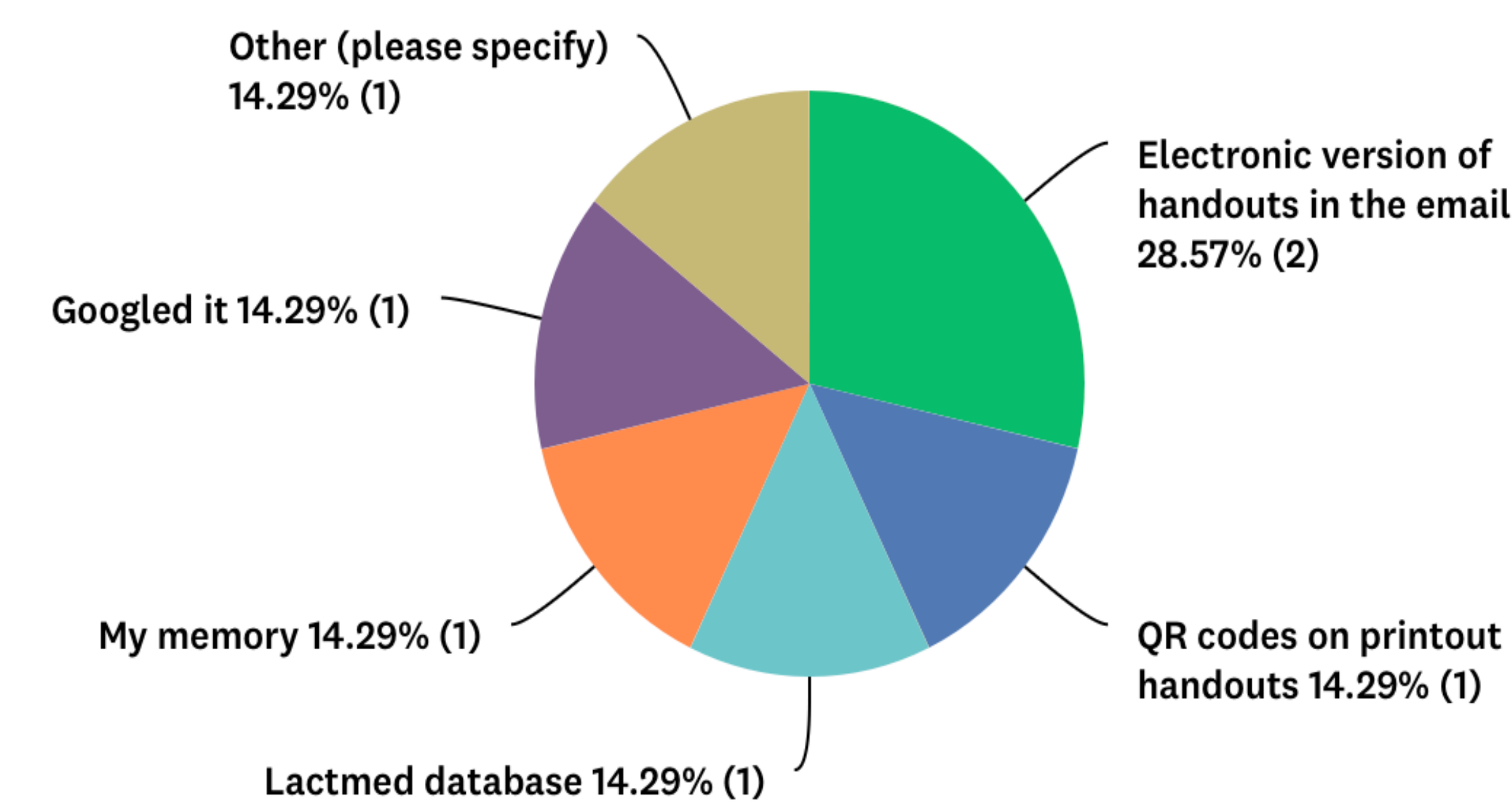
Running the project for 2 years allowed us to improve providers' comfort level when prescribing psychiatric medications to breastfeeding mothers. We believe that this is going to improve the quality of our patients lives while receiving treatment in our SBHBH clinic. We encountered the following problems. First of all, we experienced severe resistance when trying to engage providers in participation in our pre and post-intervention surveys. Out of 9 responders we were able to receive responses only from 7 providers despite almost daily group and personal emails from those who conducted the project and administration requests. This led us to believe that might be some other concerns preventing them from engaging in our quality improvement project. Unfortunately, we were not able to identify or address these concerns at this point, and it might be beneficial to address them in the future in order to improve the services that he provides to our patients. Another problem that we encountered was the retention of the information and continued use of scientific data. On one hand, it might be concerning, but on the other hand, due to the nature of our outpatient clinic about 50% of providers were new to SBHBH due to new PGY-3 coming in instead of PGY-4 who participated in the project a year ago and moved to other rotations. For a continuum of high-quality care, we need to ensure that there is an effective way to pass on the information to the new incoming residents each year. We believe that including the information in EMR could be helpful in achieving this result. Due to the switching to a new EMR system with were not able to test the effectiveness of this theory. However, once the switch to EPIC is completed, this theory might be tested, especially given the fact that 86% of responders answered that including the information in the EMR could be helpful.

Despite providing information about the benefits of breastfeeding and scientific safety data given to our providers we still had one provider reported that "none of the medications are safe." In the future would be helpful to continue educating our providers and helping them to access needed information fast and easy during their 15-minute appointments with their patients in order to offer the care in accordance with WHO and APA guidelines and to continue improving outpatients quality of life as well as taking care of future generations via encouraging breastfeeding as long as possible.

Table 1. Selected survey questions. Pre and post intervention comparison

| Surveyed questions | Pre-intervention | Post-intervention |
|--|------------------|-------------------|
| Breastfeeding counseling with pregnant/postpartum patients during each visit | 74% | 86% |
| Providers feel comfortable prescribing medications to breastfeeding mothers | 50% | 86% |
| I googled information about medications safety | 50% | 14% |
| Used information from handouts (printed out, electronic version, databases) | 12% | 57% |

Chart 1. Materials used to decide about safety of medications for breastfeeding patients.



Contact Information

SBH Health System
4422 Third Avenue, Bronx, NY 10457
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References

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