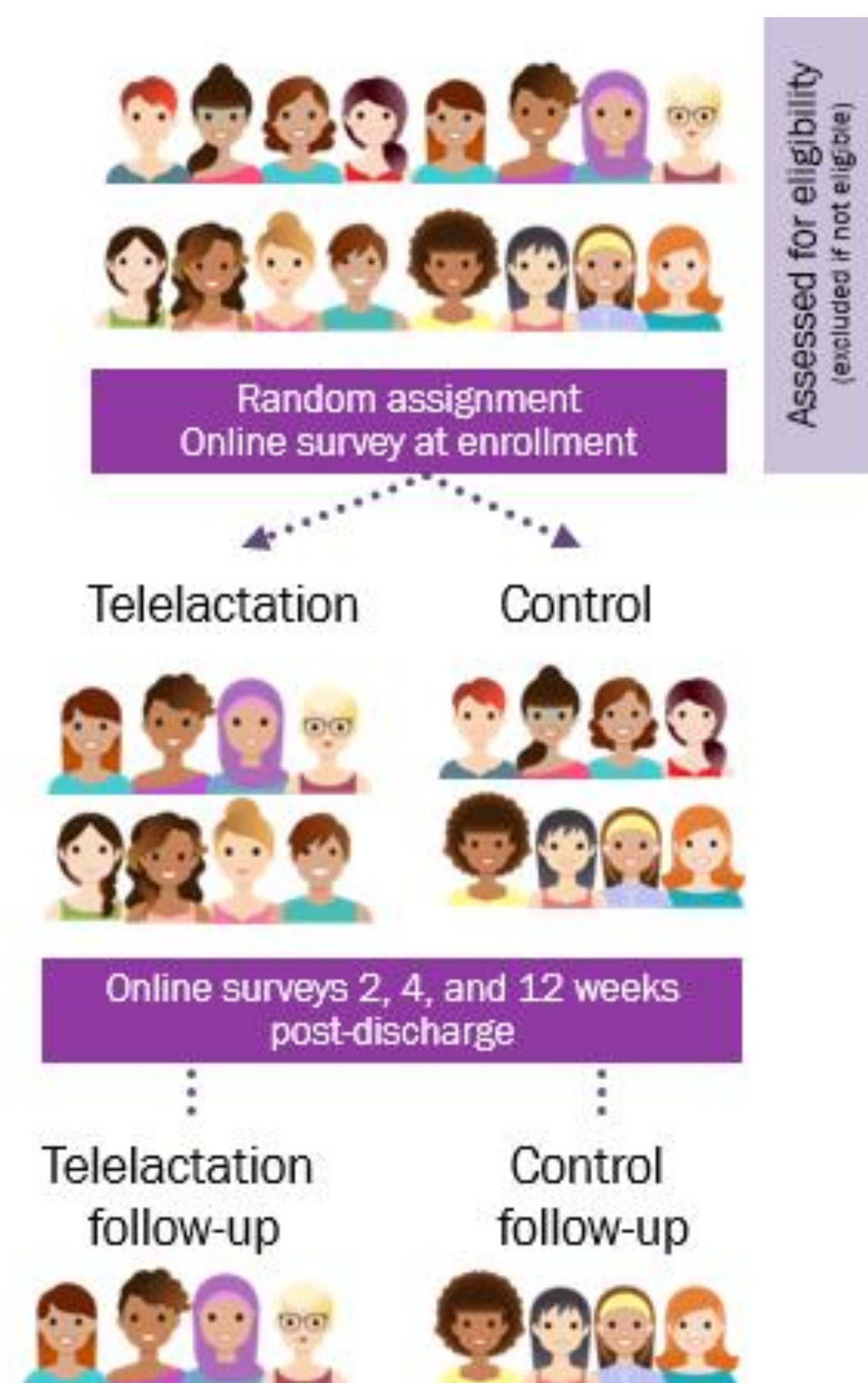




TELE-MILC RANDOMIZED CONTROLLED TRIAL (RCT)

METHODS

- RCT on the impact of telelactation on breastfeeding duration and exclusivity
- Enrollment during post-partum hospitalization at a critical access hospital in Pennsylvania
- Intent-to-treat (ITT) and instrumental (IV) variable analysis



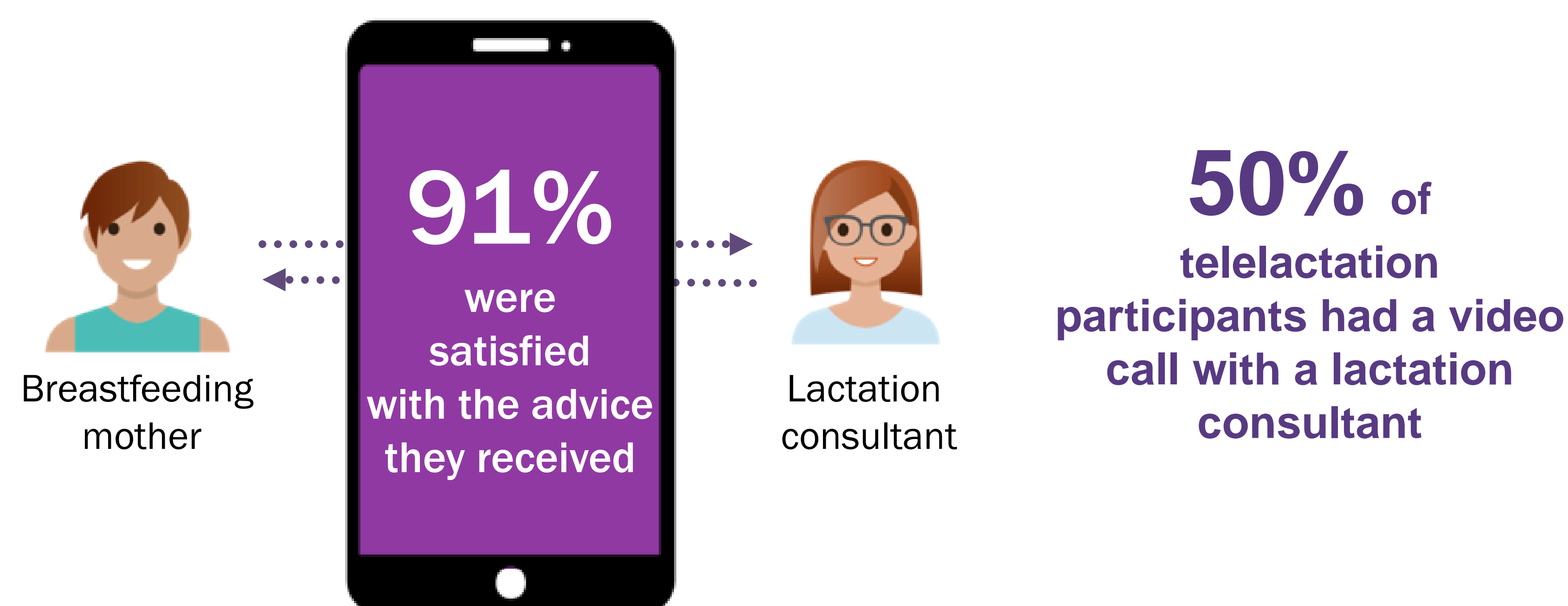
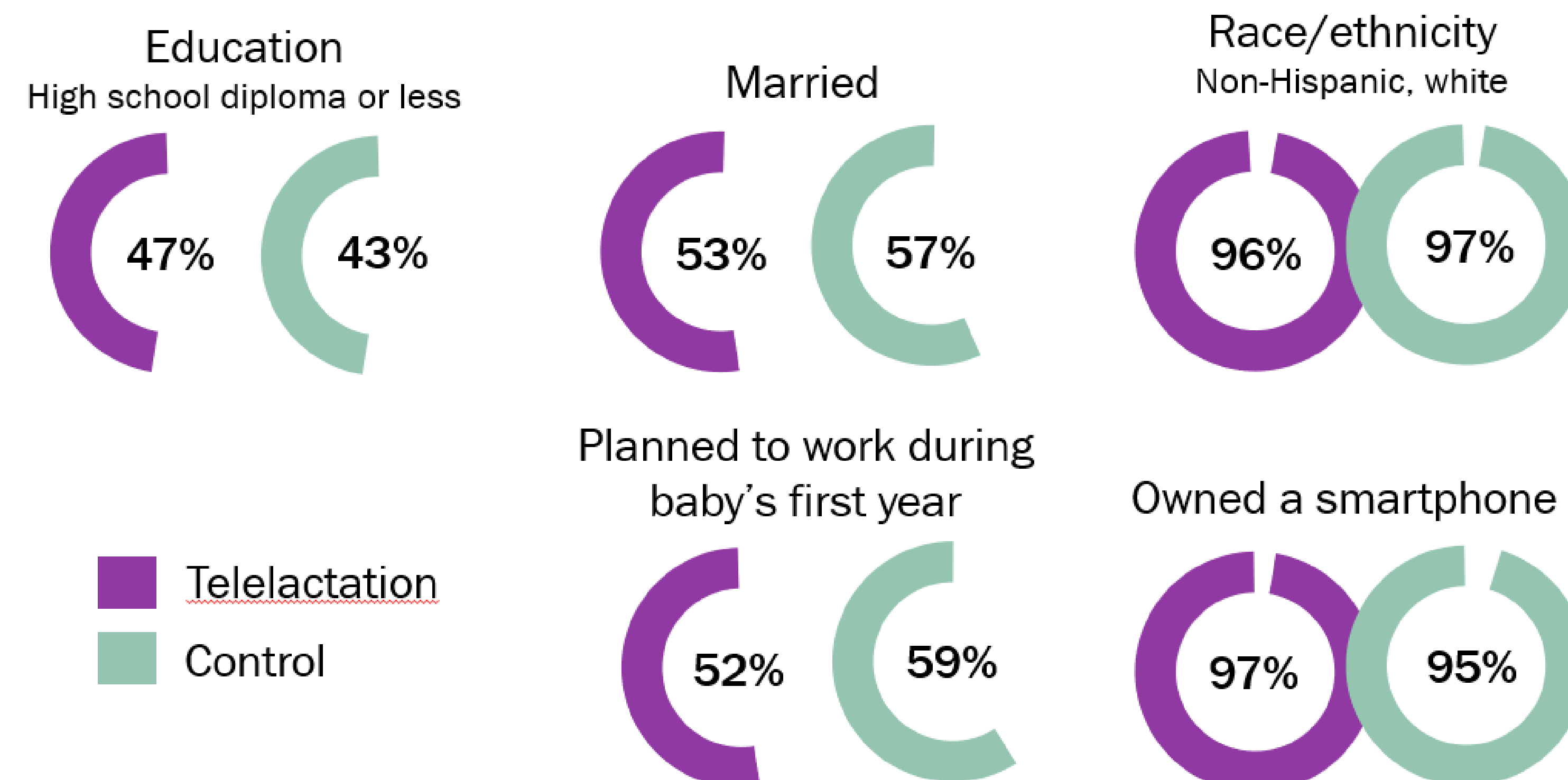
INTERVENTION



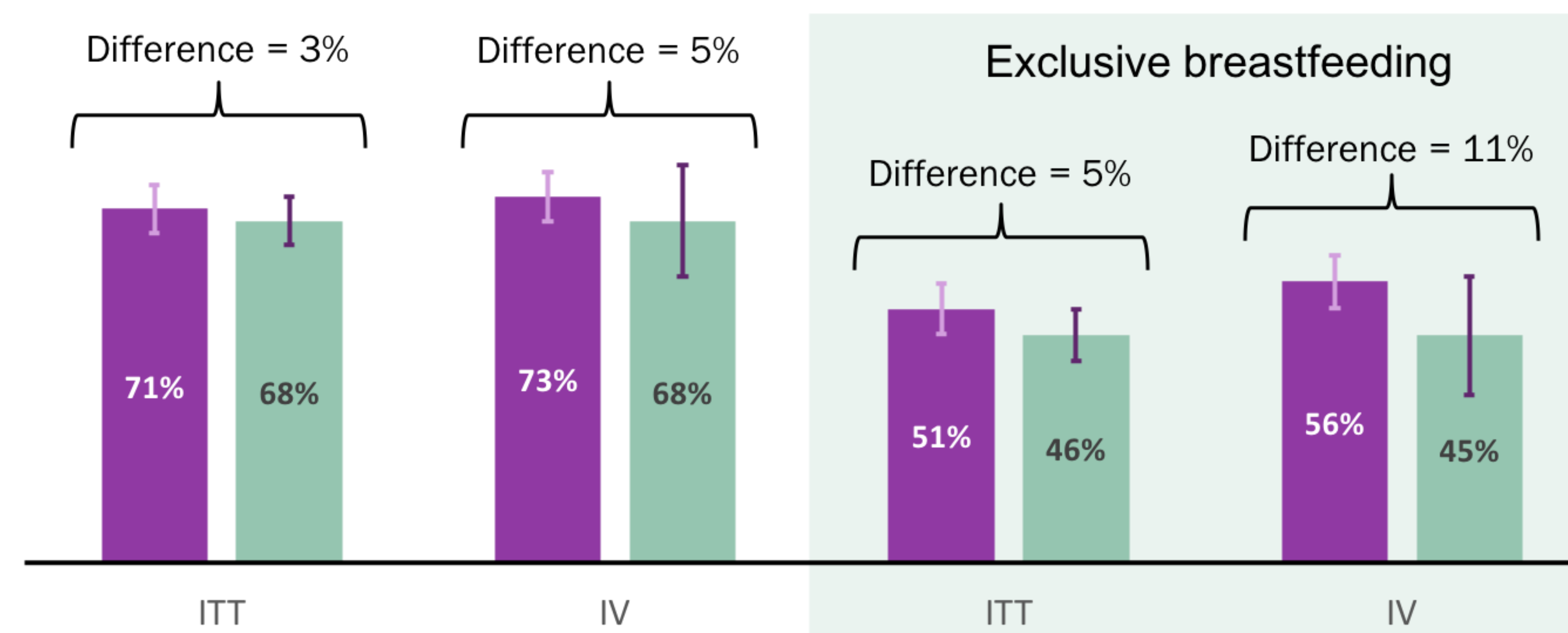
Unlimited, on demand access to video calls with lactation consultants via personal devices

PARTICIPANT CHARACTERISTICS AND OUTCOMES (N=203)

Telelactation and control participants were similar on baseline characteristics



Telelactation participants were more likely to report breastfeeding at 12 weeks but differences were not statistically significant



OBSERVATIONS

High utilization rate relative to other telehealth interventions

Results suggest the feasibility and acceptability of telelactation for underserved women, but we did not observe statistically significant improvements in breastfeeding outcomes.

LIMITATIONS

- Study included one site and predominantly white women in Pennsylvania
- Underpowered

CONCLUSIONS

Offering telelactation services to an underserved population had several effects:

- Robust use of the app
- Positive experiences with telelactation
- Feasibility demonstration of an option that can improve access and convenience

This is the first study to assess the impact of telelactation on breastfeeding outcomes. Telelactation may improve breastfeeding rates, but a larger study is needed (e.g., with higher-risk populations, longer tracking, first-time mothers).

ACKNOWLEDGEMENTS