IMPACT OF TELELACTATION AMONG RURAL WOMEN

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

PARTICIPANT CHARACTERISTICS AND OUTCOMES (N=203)

Telelactation and control participants were similar on baseline characteristics

<table>
<thead>
<tr>
<th>Education</th>
<th>Married</th>
<th>Race/ethnicity</th>
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</thead>
<tbody>
<tr>
<td>High school diploma or less</td>
<td>Married</td>
<td>Non-Hispanic, white</td>
</tr>
<tr>
<td>47%</td>
<td>53%</td>
<td>96%</td>
</tr>
<tr>
<td>43%</td>
<td>57%</td>
<td>97%</td>
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</tbody>
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Planned to work during baby’s first year

Telelactation: 52%
Control: 59%

Owned a smartphone

Telelactation: 97%
Control: 95%

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