likely to report high prenatal breastfeeding support when controlling for community trends.

**Conclusions:** Integrating a WIC PC program into a prenatal care practice improved PC enrollment, documentation of BF, BF intention and perceived support and counseling.

## 62. A MULTI-PHASE VALIDATION TRIAL OF THE LIQUIDGOLDCONCEPT LACTATION SIMULATION MODEL WITH UNIVERSITY OF MICHIGAN PEDIATRIC, OBSTETRIC, AND FAMILY MEDICINE RESIDENTS: RESULTS FROM PHASE ONE

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**Category:** Medical Education

**Background:** As part of the University of Michigan obstetric, pediatric, and family medicine house officer lactation education program, the investigators will use the LiquidGoldConcept Lactation Simulation Model (LSM) to teach the curriculum. This trial is the first time any LSM is validated for its use in comprehensive breastfeeding management training of residents.

**Objective(s):** In Phase 1, investigators will quantitatively assess whether the LSM looks and feels like a lactating woman. During Phase 2, investigators will determine whether the LSM realistically simulates common breastfeeding difficulties and can teach breastfeeding skills. In Phase 3, translation of breastfeeding skills learned to patient care will be assessed. This study also provides long-term data on type and frequency of use and LSM life-cycle.

**Material/Methods:** Investigators developed questionnaires based on tools previously used to validate other simulators and to teach and assess breastfeeding skills and self-efficacy. During Phase 1, residents are asked to describe their previous breastfeeding experience, inspect and rate (Likert Scale of 1 to 7) the realism of the look of the LSM, perform a physical exam and rate the realism (Likert Scale of 1 to 7) of superficial and deep pathologies, rate (Likert Scale of 1 to 7) the realism of their interaction with the LSM, and provide feedback (free response) on what they liked and did not like about the LSM.

**Results:** Data from Phase 1 will be analyzed in July 2017. We hypothesize that across 80% of parameters, the LSM will receive a score of at least 5 or greater (out of 7).

**Conclusions:** This university-industry collaborative validation trial will provide a quantitative measure of the ability of the LiquidGoldConcept LSM to not only simulate normal breastfeeding states and common lactation problems, but also to teach residents how to prevent, identify, and manage common breastfeeding problems.

## 63. THE EFFECT OF KANGAROO MOTHER CARE ON WEIGHT GAIN OF LOW BIRTH WEIGHT NEONATES WITH DELAYED WEIGHT GAIN AND ITS EFFECT ON THE DURATION OF PHOTOTHERAPY OF INFANTS RE-ADMITTED FOR NEONATAL JAUNDICE

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**Category:** Research

**Background:** Kangaroo Mother Care (KMC) was developed in Colombia in the 1970s (Nyqvist et al., 2010). However it remains unavailable in most low-income countries (Lawn et al., 2010).

**Objective(s):** To evaluate the effect of intermittent Kangaroo Mother Care (KMC) on weight gain in low birth weight neonates with delayed weight gain after the first week and also We investigated the effect of kangaroo mother care (KMC) on the duration of phototherapy of jaundiced neonates.

**Material/Methods:** A prospective observational study was performed on forty low birth weight newborns who had not started to gain weight after seven days, to see if KMC would help to induce weight gain. Our outcome measures were the mean postnatal age of regaining birth weight and the average daily weight gain. Another Fifty Egyptian newborns hospitalized for jaundice were investigated through a prospective observational study to determine whether intermittent KMC would reduce the duration of phototherapy required.

**Results:** In the KMC group compared to the controls, the mean postnatal age of regaining birth weight was significantly less (15.68 versus 24.56 days) and the average daily weight gain was significantly higher (22.09 versus 10.39 gm), (p<0.001). Outcome measures had a very strong negative correlation (p<0.000). The babies who received KMC recovered earlier from jaundice and needed a shorter duration of phototherapy than the control group (68.14±24.32 hour versus 100.86±42.26 hour, p=0.004).

**Conclusions:** KMC was found to be an effective intervention for inducing weight gain in low birth weight babies with delayed weight gain also KMC may be an effective intervention to reduce the duration of phototherapy needed when jaundiced babies are hospitalized.

## 64. THE EFFECT OF INTEGRATED BREASTFEEDING SUPPORT IN AN ACADEMIC FAMILY MEDICINE CLINIC

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**Category:** Clinical Practice/Lactation Management

**Background:** Despite the importance of breastfeeding, most U.S. women do not meet recommendations for length of any or exclusive breastfeeding. Support in primary care settings is a recommended intervention (USPSTF 2016), but optimal strategies to implement this support are not well-established.

**Objective(s):** We sought to evaluate the effect on any and exclusive breastfeeding of implementing integrated breastfeeding support within an academic family medicine clinic.

**Material/Methods:** We conducted a retrospective chart review of all infants 10 months before and 10 months following the implementation of integrated breastfeeding support provided by an IBCLC or MD-IBCLC. 281 infants were identified, 140 before implementation and 141 after. A trained research assistant extracted data from the electronic medical record, including demographics, relevant medical history, and infant diet at 2, 4 and 6 months into a Qualtrics tool. Bivariate and multiple logistic regression analyses were performed in STATA.

**Results:** There were no significant demographic differences before and after the intervention. The proportion of infants who were breastfed at 2, 4, and 6 months was greater in the post-