New Mobile App:
Helping WIC Families Prepare for and Succeed with Breastfeeding

NWA Nutrition Education & Breastfeeding Conference
September 9, 2014
Disclosure

• Founder, President of Coffective
  • Developing mobile app
  • Printed materials

• Founder, President of Coffective Consulting
  • Provide Collective Impact Strategy Consulting to governments and hospitals
Why did a 27 year old man start a business to support breastfeeding? (in 4 pictures!)
My Goal
My Inspiration
breastfeeding

About 46,800,000 results
From this,
to...
I wasn’t going to learn what I needed to here…
“What did I get myself into?”
Moms faced same problems offline
Resources weren’t aware of each other either!
Complexity of the problem was 10x greater than I imagined, but the opportunity is 50x greater.
One year at national level
My Role

- Support existing communities
- Identify motivations of each stakeholders
- Help them connect and coordinate
- To be more effective
- Create tools that can support implementation
- Community + Effective
State Level

- **Women, Infants and Children**
- Division of Nutrition & Physical Activity
- Maternal and Children Health
- Chronic Disease
- Office of Minority Health
- Office of Women’s Health
Local Level

- Local WIC Agencies
- Hospitals
- Coalitions
- Home visitors
- Other community stakeholders
“Well, that’s obvious”
Where to start?
Ideal Starting Point

- Have impact on rates, particularly disparities
- Clearly defined
- Engage multiple stakeholders
- Has momentum and interest
- Presents win-win opportunity
- Foundation for future initiatives
Clearly Defined
Multiple Stakeholders

- Must have “Baby Friendly Taskforce”
- Prenatal education
  - Must coordinate with organizations that provide prenatal support
- Community resources
  - Must refer moms back to community resources upon discharge
Momentum
Win for Hospital

- Greatest challenge for hospitals is providing compliant prenatal education
  - Prenatal providers can incorporate appropriate messages in their training
Win for WIC

WIC needs pregnant women to be referred to WIC earlier in pregnancy and new moms upon discharge

• Hospitals are required to strengthen continuity upon discharge
Foundation for Others

• Engage moms’ “Champions”
• Engage physicians
• Engage community stakeholders
  • Professional and peer support
Developing tools:

- Prepared Checklist
- Complementary Offline Materials
- Mobile App
- Local implementation plan
- State-level coordination
A primary tool that can:

• Be tailored to the local community
• Provide structure to prenatal education
• Promote WIC & other community resources
• Provide transparency of hospital practices
• Help moms self advocate
• Track what mom received
• Facilitate WIC being notified upon discharge with key patient info
We're Prepared!
Learn best practices. Decide what you want. Tell your care team your wishes. Being prepared helps you and your new baby have a great hospital stay.

My Name: __________________________
My Champion: ________________________
Signature: __________________________

I give permission to allow the hospital staff to alert my care providers (marked below) when I leave the hospital.

<table>
<thead>
<tr>
<th>REFERENCE</th>
<th>PRACTICES</th>
<th>MY HOSPITAL OFFERS</th>
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<td>Fall In Love</td>
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<tr>
<td>Follow Up with Care Team</td>
<td>After Hospital</td>
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<td>My Pediatrician: ___________________________</td>
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<td>My WIC: <em>:</em>:_ _____ ________________________</td>
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<td>My MIHP: <em>:</em>:_ ____________________________</td>
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<td></td>
<td>Other: _______________________________________</td>
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</table>
# We're Prepared!

Learn best practices. Decide what you want. Tell your care team your wishes. Being prepared helps you and your new baby have a great hospital stay.

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<td>My Quiet Hours: FROM: __ __ PM TO: __ __ PM</td>
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<td></td>
<td>Other:</td>
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</table>

**Hospital Staff:** Please fill in Mother and Baby’s stats below and fax this form to WIC.

- Men’s Blood Pressure: ______ / ______ Date Taken: ______ / ______
- Post Partum HCT/Hb: ______ / ______
- Your Signature: ______ / ______
- Birthdate: ______ / ______ Gestational Age: ______ / ______
- Weight: ______ / ______
- Birth Weight: ______ / ______ Length: ______ / ______ Head Circ: ______ / ______
- Discharge Date: ______ / ______ Weight: ______ / ______

**FAXED**
# Track Baby's Feedings & Diapers

**Breastfeedings:** Goal: At Least 8-12 Times Every 24hrs (check the box and note the time for first 8)

| DAY | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**NOTE:** Holding baby skin to skin and feeding on cue may result in more than 8-12 feedings in 24 hours. This is normal and can help you make plenty of milk. If baby does not nurse at least 8-12 times every 24 hours or you are concerned about how baby is nursing, please check with your nurse or doctor.

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**Wet Diaper:** Goal: 3-6 Every 24hrs by Day 3

| DAY | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**Bowel Movements:** Goal: 3-4 Every 24hrs by Day 3

|      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| Black or Brown Bowel Movements | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brown or Green Bowel Movements | | | | | | | | | | | | | | | | | | | | | | | | | |
| Green or Yellow Bowel Movements | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loose Yellow Bowel Movements | | | | | | | | | | | | | | | | | | | | | | | | | |

**NOTE:** The first two days baby might not have many dirty diapers. This is normal. At first, baby’s stools will be black and tarry, then they'll turn brown, then green, and then yellow and loose. If baby has fewer than 3-4 bowel movements by day 3, or if the stools are not changing colors, please check with your nurse or doctor.

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# Stay Connected with Local Resources

**Nutritional services, breastfeeding support and supplemental foods**

**Tippecanoe County WIC**

- **Address:** 1222 Tippecanoe St, Lafayette, IN 47904
- **Phone:** (765) 420-5989
- **Email:** WIC@tippecanoe.in.gov
- **Hours:** Mon-Wed: 8:00am-8:00pm
  - Thu-Fri: 8:00am-4:30pm

**Lafayette’s Community Health Clinic**

- **Riggs Community Health**
  - **Address:** 1716 Hartford St, Lafayette, IN 47904
  - **Phone:** (765) 742-1567
  - **Email:** info@riggshcn.com
  - **Hours:** Mon-Thur: 1:00pm-4:00pm

**Home Visiting Program for selected mothers on Medicaid**

**Health Families Indiana**

- **Address:** 731 Main St, Lafayette, IN 47901
- **Phone:** (765) 429-5361
- **Email:** info@hfamilies.org
- **Hours:** Mon-Wed: 9:00am-5:00pm
  - Thu: 9:00am-3:00pm
  - Fri: 9:00am-3:00pm

**Mother to Mother Breastfeeding Support**

- **La Leche League: W. Lafayette**
  - **Meeting Location Varies**
  - **Phone:** (765) 421-6224
  - **Email:** lafayette@illinoisla.org
  - **Hours:** Mon-Fri: 9:00am-7:00pm
  - Sat: 10:00am-6:00pm
  - Sun: 1:00pm-5:00pm

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**WANT MORE INFO?** Ask your doctor/counselor for the counseling detail sheets, or download the FREE "Collective" mobile app.
The Mobile App

Search “Coffective”
HELPING FAMILIES GET A GREAT START

LEARN MORE
<table>
<thead>
<tr>
<th>TOTAL</th>
<th>PLAN</th>
<th>FALL IN LOVE</th>
<th>NOURISH</th>
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<tr>
<td>PLAN</td>
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<tr>
<td>☑️ My Champion There For Support</td>
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<tr>
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</table>
Skin To Skin Right After Birth
Place your baby’s bare body against your bare chest immediately.

Delayed Routine Procedures
Wait to do routine procedures (like baby’s bath) after your Magical.

Magical First Hour
Enjoy the first hour after birth to fall in love with your baby as he/she.

Baby’s First Feed
Watch your baby latch on all by himself. Baby knows just what
“Skin to skin” is a special way to hold the baby close right after birth. Your baby’s bare body is against your chest, heart to heart. This helps keep baby warm and calms everyone. In this calm zone, baby will begin to get used to his new world. It also helps your baby get off to a good start with breastfeeding. In fact, skin to skin can even help the baby latch on all by himself!
HOW TO DO SKIN TO SKIN

It's simple. The nurse will help mom hold the baby skin to skin right after birth. Just do the following and watch the magic happen.

See how it works for the...

1. Lie back slightly and have the baby placed on your bare chest.
2. Ask for a light blanket or towel on the baby’s back to keep him warm.
3. Talk softly to your baby – he knows your voice!
4. Keep your baby skin to skin. Watch baby go through important steps to get to know you and his world.

FIND OUT MORE
SKIN TO SKIN IS EASY TO DO

It's easy to hold your baby skin to skin. Your champion or the nurse will help you get comfortable, and will place the baby on your chest right after birth.

KEEP BABY WARM

The nurse may wipe your baby a little once he’s on your chest. This helps keep the baby from getting too cold. Your bare chest will warm your baby best. A blanket across the baby’s back will also help keep cold air from chilling the baby.
YOU'LL LOVE SKIN TO SKIN!

It is a special feeling to hold your baby with his soft skin against yours.

- It helps you feel close and build a special bond.
- Skin to skin calms baby and mom, or whoever is holding him. Baby's heart and breathing become stable.
- Your body warms the baby so he stays safe and secure.
- Skin to skin helps your baby breastfeed easier.
- After the magical first hour, you can hold your baby skin to skin any time your baby needs to calm.

LEARN MORE ABOUT THE WHY'S
You can do skin to skin even when...

- Visitors want to hold the baby
- Baby is sleepy
- Mom or baby have complications
- Mom feels modest
YOU CAN DO SKIN TO SKIN EVEN WHEN...

Visitors Want to Hold the Baby

The first hour is a magical time for you and your champion to fall in love with your baby. You waited nine months for this special moment! Other family and friends will have plenty of chances to hold the baby later. Be sure to prepare them before you get to the hospital so they know what to expect and can support you.

Baby is Sleepy

Mom or Baby Have Complications

Mom feels Modest
FAQS ABOUT SKIN TO SKIN

Should my baby be wiped off first?

What if I have a C-section?

Can I still do skin to skin if I don’t plan to breastfeed?

Should my baby be weighed first?

How long will I get to hold my baby skin to skin?
Michigan

• Landscape Analysis
  • Kick off Webinar
  • Survey
  • Great insight

• Interesting insight
<table>
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<tr>
<th>Community</th>
<th>WIC Provider</th>
<th>Weekly Needs</th>
<th>Weekly Agreements</th>
<th>Monthly Needs</th>
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</table>

**Table Notes:**
- Weekly Needs: Percentage of weekly needs that are met.
- Weekly Agreements: Whether the facility agrees to meet weekly needs.
- Monthly Needs: Percentage of monthly needs that are met.
- Monthly Agreements: Whether the facility agrees to meet monthly needs.
Pilots: Our Principles

• Satisfy existing requirements with a focus on making your job easier
• Structured Flexibility - Allow you to adapt to your specific community
• Provide tools that make implementation efficient
• Efficient meetings, with a purpose
Local Engagement Strategy

- A leadership meeting
- WIC staff take a hospital tour
- Ensure hospital staff knows about WIC
- Joint approach to engaging physicians
- Network and connect with other members in your community
Michigan Pilots to Date

• Initial kick off meeting
• Follow up calls
• Concrete next steps
Pilot Next Steps

• Implementing checklist, including faxing to WIC
• Attending each other’s classes
• WIC staff taking hospital tour
• Presentation about WIC to hospital staff
• Joint approach to engaging physicians
• Community networking event
• Structured ongoing communication
• Have requested – Printed Materials & Community Training
What you can do now
First, Remember: The App is not the
Let it be the catalyst to making your community more effective.
6 steps to creating a more collective community

1) Compare prenatal breastfeeding education and ensure consistent messaging with other classes in your community

2) Identify, contact and learn more about the services/support provided by other breastfeeding resources in your community

3) Ask your local hospital contact, “what do you wish moms were more prepared for when they come into the hospital?”

4) Take a hospital tour and listen to the challenges faced by bedside staff

5) Prepare pregnant women for her hospital experience, particularly for practices that hospitals face patient resistance

6) Work with your hospital contact to determine an appropriate approach to inform hospital staff about WIC services and why it’s important for them to refer their patients

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1 **collective** (kə-tèk-tiv): adjective
1. producing a decided, decisive, or desired effect by working collaboratively within a community
2. ready for service or action to accomplish shared goals by aligning interests and mobilizing as a community
Comparing Prenatal Education

It is critical that pregnant women and new mothers receive consistent, evidence based breastfeeding education. This document was designed to help local hospitals and their affiliated WIC agencies to learn what each other are teaching, compare and contrast that messaging and agree on common language.

Instructions:
1) Have conversation between representatives from hospital and WIC to establish shared goal of providing consistent information
2a) An educator from WIC attends a hospital class and writes in what they are hearing from the class in 'Hospital Class' Column
2b) An educator from the hospital attends a WIC class and writes in what they are hearing in 'WIC Class' Column
3) WIC and hospital educators compare and contract what is being communicated in both classes and agree on consistent language in 'Comparison - Notes' Column

Note: The list in the first column is comprehensive. Many classes will not include information about each of these topics within the allotted time to breastfeeding.

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<th>WIC CLASS</th>
<th>Comparison - Who participated in the comparison? list below</th>
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<td>Notes taken by</td>
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<td>Date/Time</td>
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<table>
<thead>
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<th>HOSPITAL CLASS</th>
<th>WIC CLASS</th>
<th>Comparison - Notes</th>
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<tbody>
<tr>
<td>Example: Frequency of Feeds</td>
<td>8-12, on demand, don’t watch clock</td>
<td>8-12, at least every three hours</td>
</tr>
<tr>
<td>Role of dads</td>
<td></td>
<td></td>
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<tr>
<td>Role of grandmothers and other members of support network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Let labor begin on its own (induction, term birth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Epidurals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Thank you!