Innovations in Breastfeeding: Examples from the Association of Maternal & Child Health’s Innovation Station Database

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National WIC Conference: April 4th, 2017
Importance of Evidence

• Why is using evidence important to MCH?
  – Allows us to justify our actions and demonstrate the effectiveness of our programs

• What are the benefits of using evidence?

• What are the challenges of using evidence?
Innovation Station

• AMCHP’s searchable database of cutting edge, emerging, promising, and best practices in maternal and child health.

• Allows states to learn about successful MCH programs across the United States and to benefit from lessons learned.
AMCHP defines “best practices” as a continuum of practices, programs, and policies that range from cutting edge, emerging, and promising to those that have been extensively evaluated and proven effective, i.e. best practice.
Best Practices Continuum

Cutting Edge

✓ Innovation solution to evolving public health issue
✓ Aligned with experiential evidence inside/outside public health
✓ Perceived benefit to MCH populations
✓ Early signs of success & commitment to ongoing evaluation

Emerging Practice

✓ Strong theoretical foundation
✓ Based on guidelines/effective models
✓ Evaluation plan in place
✓ Continuous QI
Best Practices Continuum

Promising Practice
- Has evaluation data which demonstrates effectiveness of the intervention

Best Practice
- Peer reviewed
- Replicable/generalizable
- Positive results clearly linked to practice
Innovation Station

Practices are searchable by:

- Practice category
- State/region
- NPM
- Primary topic
- Population
- Key term
Innovation Station

• Practice information sheets provide program:
  – Objectives
  – Activities
  – Outcomes
  – Costs
  – Challenges
  – Lessons learned
  – Future steps
Submitting a Best Practice

• Practices may be submitted on a rolling basis.

• AMCHP's Best Practices Committee reviews submissions and scores them using a rubric to determine their classification of cutting edge, emerging, promising, or best practice.
  – Occurs in the fall and spring
Benefits of Submitting to Innovation Station

• Share successes with your peers
• Enhance the MCH field
• Contribute to program replication
• Receive national recognition
• Get expert feedback
Replication Project

• Two technical assistance awards of $10,000 each are awarded yearly for states to replicate or adapt a practice in Innovation Station.
  – The Best Practices Committee reviews and awards recipients based on set criteria.
  – Once selected, TA and program implementation occurs from October-April.
Want to Learn More About Innovation Station?

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Program Manager, Evidence-Based Practice

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Creating a “Breastfeeding Utopia”: A Multifaceted Community Approach to Improve Breastfeeding Rates in Kansas

Brenda Bandy, BS, IBCLC, Kansas Breastfeeding Coalition
Where Do We Stand?

Data from 2013 National Immunization Survey

<table>
<thead>
<tr>
<th></th>
<th>Ever Breastfed</th>
<th>Exclusive @ 3 mos</th>
<th>Exclusive @ 6 mos</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>81.1%</td>
<td>44.4%</td>
<td>22.3%</td>
</tr>
<tr>
<td>Kansas</td>
<td>83.8%</td>
<td>50.2%</td>
<td>23.4%</td>
</tr>
<tr>
<td>Healthy People 2020 Goal</td>
<td>81.9%</td>
<td>46.2%</td>
<td>25.5%</td>
</tr>
</tbody>
</table>
What would a “Breastfeeding Utopia” look like?
Overcoming the Barriers

Weaving a net of support
Partners

Kansas Department of Health and Environment

Bureau of Family Health (Title V Maternal and Child Health Services Program)

University of Kansas School of Medicine-Wichita

Kansas Breastfeeding Coalition, Inc.
Communities Supporting Breastfeeding

- Child Care Provider
- Employer
- Peer Support
- Maternity Care
- Societal Support
- Leadership

Mother & Baby

Kansas Breastfeeding Coalition, Inc.
NEW Designation!
“Communities Supporting Breastfeeding”

Criteria:

- A local breastfeeding coalition

- Peer breastfeeding support group(s) such as La Leche League or similar mother-to-mother group

- One or more community hospitals participating in High 5 for Mom & Baby or Baby Friendly ® USA
CSB Criteria Continued...

- 1 business for every 1000 community citizens or 25 (whichever is lesser) participate in the "Breastfeeding Welcome Here" program

- 1 business for every 5000 community citizens or 10 (whichever is lesser) receive a Breastfeeding Employer Support Award from Kansas Business Case for Breastfeeding

- A minimum of 20 child care providers in the community completing the KBC’s How to Support the Breastfeeding Mother and Family course
Communities Supporting Breastfeeding

- Cheyenne
- Rawlins
- Decatur
- Norton
- Phillips
- Smith
- Jewell
- Republic
- Washington
- Marshall
- Nemaha
- Brown
- Doniphan
- Sherman
- Thomas
- Sheridan
- Graham
- Rooks
- Osborne
- Mitchell
- Cloud
- Ottawa
- Clay
- Searcy
- Wabaunsee
- Shawnee
- Osage
- Franklin
- Miami
- Hamilton
- Kearny
- Finney
- Hodgeman
- Pawnee
- Edwards
- Edwards
- Stafford
- Reno
- Harvey
- Butler
- Greenwood
- Woodson
- Allen
- Bourbon
- Wilson
- Neosho
- Crawford
- Elk
- Montgomery
- Labette
- Cherokee
- Stanton
- Grant
- Haskell
- Gray
- Kiowa
- Kingman
- Sedgwick
- Elk
- Montgomery
- Labette
- Cherokee
- Morton
- Stevens
- Seward
- Meade
- Comanche
- Barber
- Harper
- Sumner
- Chautauqua
- Kansas Breastfeeding Coalition

- CSB Designated
- CSB TA sites
Leadership

- Quarterly conference calls
- Start-up meeting facilitation
- Annual conference
Peer Support

- 60+ La Leche League Leaders in 20 communities
- “How to Start a Breastfeeding Support Group” KS TRAIN course# 1047630 (free)
- Facebook Support models
- 36 WIC Breastfeeding Peer Counselors in 40 counties
Maternity Care

Kansas "High 5 for Mom & Baby*"

• 58 out of 69 maternity care hospitals enrolled
• 22 recognized as “High 5” hospitals

www.High5Kansas.org

* Administered by the United Methodist Health Ministry Fund, Hutchinson KS
Societal Support

“Breastfeeding Welcome Here”

http://ksbreastfeeding.org/cause/breastfeeding-welcome-here/

634 participating businesses in Kansas!
Employer

“Business Case for Breastfeeding”

- Presentations to employers
- Awards for employers
- “Return to Work” class outline
- Direct consulting with businesses

KansasBusinessCase.com
Child Care Providers

“Child Care Provider Education Program”

Over 1,580 providers trained!

Partners:

- Kansas Child Care Training Opportunities
- Child Care Aware ® of Kansas

http://ksbreastfeeding.org/cause/child-care-provider-education/
Successes and Lessons Learned
Successes -

- Creating leaders (LCCs)
- Builds/revitalizes local coalitions
- Impact on government officials (proclamation)
Lessons Learned -

- Not an individual’s project
- Businesses were the toughest criteria
Need more info?

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Community-Based Doula Programs: Innovative Program Model that Supports Families

National WIC Association
Philadelphia, PA
April 4th, 2017
Community Based Doula Programs: Innovative Program Model That Supports Families

Tikvah Wadley, CD (DONA), BDT (DONA)
Program Coordinator
About HealthConnect One (HC One)

• HC One is the national leader in advancing respectful, community-based, peer-to-peer support for pregnancy, birth, breastfeeding and early parenting.
• Our vision is to see every baby, mother, and family thrive in a healthy community.
• Since 1986, we started out in Chicago the “Breastfeeding Taskforce” focused on collaborative work with grassroots maternal and child health organizations.
HealthConnect One (Fun Facts)

• We no longer offer direct service our expertise is in supporting agencies with a direct service program.

• We have expanded our program replication to 52 sites in 20 states.

• Private and public funding including an effort funded by W.K. Kellogg in Michigan, NM, Texas, and Mississippi.
Working With An Organization:

• We offer Training of Trainers.
• We spend at least 3 days with the sites.
• Within these 3 days there is a stakeholders meeting with the community and other leaders such as MCH, WIC, elected officials and hospitals.
• Trainers from that community will train Community Based Doulas for 20 consecutive weeks.
• Based on their observation they will hire the leader(s) from their trained group to become a Community Based Doula.
• Our approach helps to strengthen and transform communities over time.
Five Essential Components

1. Employ community-based peer counselors/doulas who are trusted members of the target community.
Five Essential Components

2. Extend and intensify the role of the Community-based doula with families from early pregnancy through the first months postpartum - The Peer Counselor’s role is to counsel women prenatally on breastfeeding and provide support during the early postpartum period and throughout their breastfeeding experience.
Five Essential Components

3. Collaborate with community stakeholders and institutions, and use a diverse team approach.
Five Essential Components

Five Essential Components

5. Value a community-based peer counselor/doulas’ work with salary and support.
The Perinatal Revolution

• A study on the Community-Based Doula Program that includes:
  
  - Data analysis of program data from 4 years of community-based doula program implementation
  
  - Expert panel recommendations on future sustainability of program

http://www.healthconnectone.org/pages/white_paper__the_perinatal_revolution/362.php
Program Objectives

• To increase the rates of extended and exclusive breastfeeding in communities with low breastfeeding rates.
• To reduce the rates of low birth weight and prematurity, particularly in Black/African American communities.
• To reduce the use of C-sections among Black/African Americans and Hispanics unless they are medically necessary.
• Reduce the use of epidurals in favor of alternative pain management techniques.
• To further develop the corps of community health workers (CHWs) in maternal and child health and early learning.
Participating Sites

• MHP Salud (Migrant Health Promotion), TX
• Families First, GA
• The Birth Circle, PA
• Birth Matters, SC
• Brooklyn Young Mothers Collective, NY
• Great Lakes Inter-Tribal Council, WI
• Healthy Family Initiatives, TX
• Mothering Mothers, NJ
Participant Characteristics

- **N=592** women; all were first time mothers
- **47%** Hispanic, **33%** Black or African American
- Majority between 18-24 years (**51.18%**)
- **65.6%** completed some high school or high school/GED
- **86.6%** were eligible for WIC (economically disadvantaged)
- **42.38%** experienced a medical condition (i.e., heart disease, diabetes, asthma)
- Many mothers were experiencing challenges (economic, family, physical and mental health)
Doula Data and PRAMS (2008-2010):

- Longer breastfeeding duration among Hispanic mothers who were Community Based- Doula participants- **65%** after six months among Hispanic women, vs **33%** percent in PRAMS survey.

- Greater Breastfeeding exclusivity among Hispanic mothers- **62%** vs **13%** in PRAMS.

- Longer breastfeeding duration among Black/African American mothers who were Community Based Doula participants- **37%** after six months vs **7%** in PRAMS.

- Less use of C-sections among all Community Based Doula participants than among PRAMS subjects (**24%** vs **30%**)

- Less use of epidurals among Hispanic women than among PRAMS subjects (**26%** vs. **48%**)
C-Sections

*sample of participants in PRAMS (Pregnancy Risk Assessment Monitoring System)
Epidural Use

![Epidural Use Graph]

- Black or African American: Community-Based Doula Participants vs. 2008 National Data (Standard Certificate of Live Births)
- Latinos: Community-Based Doula Participants vs. 2008 National Data (Standard Certificate of Live Births)
Skin-to-Skin

Newborns practicing skin-to-skin within 1st two hours after birth

73%
(319/437)
Successes

• Improved prenatal care
• Parenting skills
• Fewer medical interventions
• Fewer C-section deliveries
• Increased parent-child interaction
• Positive birth experiences
• Workforce development

To date, more than 6,000 families have benefited from services provided by community-based doulas, through replication programs in under-served areas nationwide. (healthconnectone.org)
Challenges

• Many organizations have little or no experience with a peer-to-peer model, and may not understand or even believe this approach yields powerful outcomes.

• High touch approach invests in human capital in an age where many investments are typically in technology or other quick fixes.

• Learning to adapt to training and supervision protocols to the new model.

• Requires significant outreach and engagement with community stakeholders, including community residents.

• Many doulas and others would like to go in the community to help or in some cases volunteer as a doula.
Lessons Learned

• We follow our five essential components which are the results of lessons learned through 20 years of co-learning with our partner sites.

• We understand these program components are critical to achieving strong positive program outcomes. We understand fidelity to the model must be balanced with an appreciation of local community and organizational needs. For example, a community based doula program placed in a foster care system needs additional training in mental and behavioral health, and some communities have additional priorities to incorporate into program services.

• But there are limits to the adaptability of this model, and when the essential components are discarded, we have seen program outcomes plummet.
Best Practices

• “Promotion and Support Community Based Doula Programs”
  The Expert Panel comprised of 20 practitioners academics and public health disciplines.

• Ongoing peer review from experts and practitioners from within and outside the organization, including the National Network of replicating sites through hosting Regional Meetings, summits, webinars, etc.

• Frequent presentations to the early health and learning community.

• Current and past program staff from other organizations across country were involved with the creation of Doula Data collection system.
Perinatal Revolution