Evaluation of a Prenatal Breastfeeding Education and Counseling Approach

Catherine Sullivan*, MPH, RD, IBCLC
Kathy Parry†, MPH, IBCLC, LMBT
Sara Moss‡, MPH, RD

*Carolina Global Breastfeeding Institute
Department of Maternal & Child Health
Gillings School of Global Public Health
University of North Carolina at Chapel Hill

†North Carolina Division of Public Health
Nutrition Services Branch

1. WIC’s Role in Breastfeeding Support
2. Nutrition Education Requirements
3. Reinforcing Breastfeeding as a Priority in the WIC Program

Breastfeeding Is Prevention

**Primary prevention:** Protects healthy people from developing a disease.

**Secondary prevention:** Halt or slow the progress of disease after an illness or serious risk factors have already been diagnosed.

**Tertiary prevention:** Helps manage complicated, long-term health problems, and prevent further physical deterioration, maximizing quality of life.
Professional Organizations Agree

- American Public Health Association
  - Multiple breastfeeding statements, most recently updated in 2017 and 2011
- American Academy of Family Physicians
  - Updated in 2004 and 2014
- American College of Nurse Midwives
  - Updated in 2014 and 2011
- American Academy of Pediatrics
  - Updated in 2004 and 2011 (currently in revision)
- Academy of Nutrition and Dietetics (formerly American Dietetic Association)
  - Updated in 2007 and 2015
- American Congress of Obstetricians and Gynecologists
  - Updated 2013 and 2016

**CGBI**

2000
- HHS Blueprint for Action on Breastfeeding
  - First comprehensive framework on breastfeeding for the Nation

2005
- The CDC Guide to Breastfeeding Interventions
  - Provides data and local community members in formation of breastfeeding intervention strategies. Updated in 2015

2010
- The Joint Commission: Perinatal Care Core Measures
  - Added exclusive breast milk feeding to the Perinatal Care Core Measures
  - Mandatory implementation for hospitals with 20 or fewer births in October 2015

2011
- The Surgeon General’s Call to Action to Support Breastfeeding (SGCtA)
  - With this Call to Action, the Surgeon General seeks to make it possible for every mother who wants to breastfeed to be able to do so, by shifting how we as a nation think and talk about breastfeeding

2012
- Affordable Care Act
  - Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment

**CGBI**

Globally, estimated costs associated with not breastfeeding amount to $300 billion annually.
Carolina Global Breastfeeding Institute and the North Carolina Division of Public Health; Nutrition Services Branch
Baby Friendly Hospital Initiative

1. Breastfeeding policy
2. Skills training for staff
3. Educate pregnant women on breastfeeding
4. Immediate skin-to-skin and early initiation of breastfeeding
5. Teach how to breastfeed and hand express
6. Exclusive breastmilk feeding – no supplementation
7. Rooming in - no unnecessary separation
8. On-demand feeding – no schedules
9. No pacifiers or artificial nipples
10. Referrals to support after discharge

Why is prenatal counseling important?

- Awareness of optimal maternity care practices
- Feeding decisions often made during pregnancy
- Misperceptions of formula ads
- Breastfeeding self efficacy improves duration rates
- Lack of knowledge about what to expect after birth

What does BFHI Recommend to Teach?

- Importance of Breastfeeding
- Importance of EBF for 6 months
- Basic Breastfeeding management

Additional Recommendations:
- Non-pharmacological pain relief for labor
- Early initiation of breastfeeding and skin-to-skin
- Rooming-in on a 24 hour basis
- Feeding on cue or baby-led feeding
- Establishing optimal milk production
- Positioning and attachment
- Importance of breastfeeding beyond 6 mos.
What does Academy of Breastfeeding Medicine Recommend to Teach?

- Ask open-ended questions in first trimester
- Include education for partners
- Address common barrier, concerns, and fears
- Encourage identification of a role model
- Encourage attendance in a breastfeeding class
- Encourage planning for returning to work/school
- Discuss resources and support
- Offer anticipatory guidance for early postpartum

Ready, Set, BABY: Welcoming Your New Family Member

- Comprehensive curriculum
  - Patient Booklet – color, 28 pages
  - Educator Flipchart
- Ability to be scaled-up across hospital systems, prenatal clinics, health departments/WIC, etc.
- Appropriate for all – not just those planning to breastfeed
- Appropriate for low-literacy reading levels
- Online orientation for educators
- Non-commercial

Ready, Set, BABY: Unique Structure

- Flexible delivery method: groups or individual sessions
- Suggested text for educators
- Conversational format
- Ability to tailor content to individual mother or group
- 3rd person narratives throughout
- Diverse cultural images
Ready, Set, BABY: Evaluation

- 6 clinic sites
  - 2 in Puerto Rico, 3 in NC, 1 in Louisiana
- Participating educators were trained
  - UNC Human Research Ethics
  - 2-hour online orientation to RSB materials
- Pre- and post-questionnaires administered to mothers before and after the RSB education
- Voluntary and anonymous, verbal consent

Outcomes of Interest

- Knowledge about optimal maternity care practices
  - Skin to Skin
  - Rooming In
  - Risks of Supplementation
  - Recognition of early infant feeding cues
  - Infant Feeding Intention Score
  - Comfort with the idea of formula feeding
  - Extent to which common concerns addressed

Questions

Data has been removed from handouts due to pending publication.

Questions about the data?
Ready Set Baby Training Sessions
North Carolina Division of Public Health
Nutrition Services Branch
Sara Moss, MPH, RD

Funding
- FNS Operational Adjustment Funds
- Grant Process
- FY 2016

Collaboration

Carolina Global Breastfeeding Institute and the
North Carolina Division of Public Health;
Nutrition Services Branch
Locations

- Asheville
- Winston-Salem
- Raleigh
- Rocky Mount

Ready Set Baby Training Locations

<table>
<thead>
<tr>
<th>Location</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asheville</td>
<td>33</td>
</tr>
<tr>
<td>Winston-Salem</td>
<td>63</td>
</tr>
<tr>
<td>Raleigh</td>
<td>107</td>
</tr>
<tr>
<td>Rocky Mount</td>
<td>62</td>
</tr>
</tbody>
</table>
Carolina Global Breastfeeding Institute and the North Carolina Division of Public Health; Nutrition Services Branch
Summary

**Successes**
- Hands on Training
- Role Playing
- Materials

**Lessons Learned**
- Advertise Early
- Check your materials
- Relevant Information

---

USDA Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this agency, its offices, and employees, and institutions participating in or administering programs are prohibited from discriminating against individuals and groups on the basis of race, color, national origin, sex, age, having or not having income and assets, disability, or if the person is regarded to have a medical or health condition or disability.

USDA Civil Rights Coordinators for States or the USDA are designated to receive complaints: USDA program discrimination complaints: (866) 632-9992; USDA program discrimination complaints: TTY: (857) 652-8339; USDA Section 504/ADA complaints: (800) 877-8339; USDA Section 504/ADA complaints: TTY: (800) 877-8233; Section 503 complaints: (877) 889-5285; Section 503 complaints: TTY: (877) 889-9463; USDA Section 504/ADA Transition (501) 413-7482; USDA Section 504/ADA Transition (501) 413-7482.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD‐3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and send it to USDA's Office of Civil Rights, or have any person at an USDA‐funded program or activity contact the USDA at the program's office or field office. USDA is an equal opportunity provider.

---

How Can I Get Ready, Set, BABY?

- CLICK http://tinyurl.com/readysetbaby
- PRINT Downloadable PDFs
- LISTEN 2-Part Online Orientation

---

Carolina Global Breastfeeding Institute and the North Carolina Division of Public Health; Nutrition Services Branch
Part 1
Creating a safe, non-judgmental environment
Responding in difficult situations
Logistical considerations
Prioritizing content
Tips for getting started

Part 2
Content Review
Practice
Get comfortable

Integration into Practice: Considerations
- Logistics of Session
- Staffing for Session
- Timing during trimesters
- Suggested for all patients or opt-in only
- Delivery of Content
- Documentation

Implementation Guide

Carolina Global Breastfeeding Institute and the
North Carolina Division of Public Health;
Nutrition Services Branch
Implementation Guide

- Feedback from educators about successes, challenges and recommendations for use
- Each section contains suggested questions and prompts for conversation and a worksheet

Step 1: Assess Current Environment  
Step 2: Brainstorm Barriers and Support  
Step 3: Plan Logistics and Sustainability  
Step 4: Set Measurable Action Goals

Questions & Discussion

Sara Moss; sara.moss@dhhs.nc.gov  
Kathy Parry; kathyparry@unc.edu  
Catherine Sullivan; catherine_sullivan@unc.edu

CLICK for RSB Materials  
http://tinyurl.com/readysetbaby

Carolina Global Breastfeeding Institute and the  
North Carolina Division of Public Health;  
Nutrition Services Branch