Innovation and Collaboration in Breastfeeding Support in the Child Care Setting and Community

Miriam Labbok, MD, MPH, IBCLC
FACPM, FABM, FILCA

Carolina Global Breastfeeding Institute

• A unique setting for breastfeeding research, service, education, and building the field through collaboration and innovation.

• CGBI has been awarded a three-year grant by the W.K. Kellogg Foundation to improve breastfeeding support for underserved populations through these approaches.

• A previous webinar addressed CGBI’s work on the Interstate Ten Step Collaborative.
“It takes a Village”

- Many “Communities”
- Comprehensive approach needed: collective impact
  - WHO/UNICEF: The Global Strategy for Infant and Young Child Feeding
  - US Surgeon General’s Call to Action to Support Breastfeeding
  - W.K.Kellogg Foundation First Food Field Builders:
    - USBC
    - ABM
    - CGBI
    - Summits
    - Moms Rising
    - HealthConnect One
    - Attention to the gaps in breastfeeding rates

To normalize breastfeeding, support from all sectors that interact with women of reproductive age need to be increasingly breastfeeding-friendly

-Innovation and Collaboration in Breastfeeding Support in the Child Care Setting and Community
Introducing work on:

1. Collaboration on scaling up “Breastfeeding in Child Care” through a unique Ten Step approach, to complement ongoing work in other States;
2. Assessing the situation of donor milk and milk banking in the US;
3. Collaborative development, testing and support of hospital-based approaches for improving quality of care using the Ten Steps;
4. Providing unbiased and accessible information in the prenatal period at the time of hospital visits for ultrasound; and,
5. Addressing disparities and inequity at every level of the socio-ecological framework.

Breastfeeding-Friendly Child Care

• Initial Support from The John Rex Foundation
• Partnership/Collaboration with Wake County agencies and SmartStart
• Phases:
  – KAP and Self-Appraisal to inform intervention
  – Draft Ten Steps for Childcare Centers based on findings
  – Develop training and materials for parents, centers and community
  – Pilot Test
  – Implement, with a phased control to assess impact and efficacy
  – Follow-up/modification
  – Further intervention
The Ten Steps for Breastfeeding in Child Care

- **Step 1:** Make a commitment to the importance of breastfeeding, especially exclusive breastfeeding, and share this commitment with fellow staff.
- **Step 2:** Train all staff to support and promote optimal infant and young child feeding.
- **Step 3:** Inform women and families about the importance of breastfeeding.
- **Step 4:** Provide learning and play opportunities for children which normalize breastfeeding.

**Step 5:** Ensure that all breastfeeding families we serve are able to properly store and label milk for child care center use.

- **Step 6:** Provide a breastfeeding friendly environment.
- **Step 7:** Support breastfeeding employees.
- **Step 8:** Develop a optimal feeding-friendly feeding plan with each family.
- **Step 9:** Contact and coordinate with local skilled breastfeeding support and actively refer.
- **Step 10:** Continue updates and learning about protection, promotion, and support of breastfeeding.

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**Pre-Post test questions**

- You should always wear gloves when handling human milk (F)
- Breastfed babies have fewer ear infections. (T)
- Babies who receive formula have more diarrhea than those who do not. (T)
- Supporting breastfeeding is part of my job. (T)
- If a child is not breastfed, she is more likely to die of SIDS. (T)
- Formula contains all of the elements of human milk. (F)
- I can affect whether or not a mother continues breastfeeding her baby. (T)
- A good way to feed a baby cereal is in a bottle. (F)
- The longer a woman breastfeeds, the better it is for her health. (T)
- If a mother’s diet is poor, she should not breastfeed. (F)
- It’s best if babies receive only mother’s milk until they are six months old. (T)
- Microwaving is a good way to warm bottles. (F)
- It’s best for everyone if babies are fed on a schedule. (F)
- Human milk will spoil if left at room temperature for an hour. (F)

**PRE- TRAINING and POST-TRAINING TEST RESULTS**

<table>
<thead>
<tr>
<th>True/False Statement</th>
<th>% Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-Test</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Post-Test</strong></td>
<td></td>
</tr>
<tr>
<td>Average Score</td>
<td>49.6</td>
</tr>
</tbody>
</table>
# Did the Intervention Change Knowledge and Attitudes?

<table>
<thead>
<tr>
<th></th>
<th>Treatment Group (n=373)</th>
<th>Control Group (n=448)</th>
<th>Overall Treatment Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before (n=201)</td>
<td>After Intervention (n=172)</td>
<td>Δ</td>
</tr>
<tr>
<td>Overall Knowledge/Attitude Score</td>
<td>70.1</td>
<td>78.5</td>
<td>8.38**</td>
</tr>
</tbody>
</table>

- Babies who get their mother’s milk most of the time are less likely to get ear infections and diarrhea than babies who get formula most of the time.
- A good way to give babies cereal is to put it in their bottles.
- **It is not necessary to wear gloves when handling and preparing bottles of formula or human milk at the child care center.
- **If a mother has a poor diet, she should not breastfeed.

Disappointment: Sometimes it is necessary to prop a baby's bottle.

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# Did the Intervention Make the Difference?

Matched controls; all sig. except storage and environment which were being universally supported under US and NC guidelines.

<table>
<thead>
<tr>
<th></th>
<th>Intervention Group</th>
<th>Control Group</th>
<th>Did the Intervention work?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year 1</td>
<td>Year 2</td>
<td>Change</td>
</tr>
<tr>
<td>Overall Step</td>
<td>32.36</td>
<td>64.82</td>
<td>32.46</td>
</tr>
<tr>
<td>Step 1</td>
<td>30.81</td>
<td>61.84</td>
<td>31.03</td>
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<tr>
<td>Step 2</td>
<td>15.12</td>
<td>53.95</td>
<td>38.83</td>
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<tr>
<td>Step 3</td>
<td>6.20</td>
<td>62.28</td>
<td>56.08</td>
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<tr>
<td>Step 4</td>
<td>65.12</td>
<td>82.89</td>
<td>17.78</td>
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<tr>
<td>Step 5</td>
<td>82.56</td>
<td>80.26</td>
<td>-2.29</td>
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<tr>
<td>Step 6</td>
<td>59.30</td>
<td>78.95</td>
<td>19.65</td>
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<td>Step 7</td>
<td>4.65</td>
<td>63.16</td>
<td>58.51</td>
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<td>Step 8</td>
<td>52.91</td>
<td>71.05</td>
<td>18.15</td>
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<tr>
<td>Step 9</td>
<td>0.78</td>
<td>37.72</td>
<td>36.94</td>
</tr>
<tr>
<td>Step 10</td>
<td>6.20</td>
<td>56.14</td>
<td>49.94</td>
</tr>
</tbody>
</table>
Specific accomplishments/progress

• Collaboration
• Data gathering to inform intervention and to ensure that project addresses the real needs of Wake Co.
• Development of color-coded materials
• Regular stakeholder engagement
• High level of interest
• Unforeseen accomplishments
  – Did it work?
  – Can others use it?
  – State and national uptake
  – Toolkit: http://cgbi.sph.unc.edu/take-action/toolkits
The Next Steps

• NC Kids Eat Smart, Move More plans certification based on Ten Steps (to be launched in 2012)
• W K Kellogg Foundation support for E-TIERs approach
• Includes Statewide:
  – Development of online basic breastfeeding training
  – Training of trainers, so that all CCHCs and all Infant-Toddler Specialists can carry out BFCC training of providers.
  – Materials and incentives
• Includes National meeting of states with training approaches
• Finalizing agreements to a plan of action, timeline, and monitoring

Background thinking
E-TIERs: Transdisciplinary Translation Approach

- EXPLORATION of what is known
- TRANSLATION of all findings into recommendations for...
- IMPLEMENTATION of an innovative intervention, plan of action, or social change
- EVALUATION, adapt, modify, and improve
- REPLICATION, reassessing, adaptation, then scaling-up what works in a sustainable manner
Introducing work on:

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Issues for Donors

Issues in Handling and Pasteurization

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Use of human milk: How much is needed?

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Prenatal care does not necessarily include information on breastfeeding

- Limited sessions offered
- Extra costs for breastfeeding sessions
- Physician-based vs. Hospital-based
- Concept: nearly all have ultrasound
  - “captive” audience for counseling
  - Timing
  - ‘Ready-Set-Baby’
- Toolkit
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BREASTFEEDING

ALWAYS WELCOME HERE!!

Thank you for all you do for families, mothers and children

Breastfeeding-Friendly CHILD CARE
An Initiative of the Carolina Global Breastfeeding Institute