Breast for Success

A Community-Academic Partnership to support Breastfeeding among High-risk African-American women in Cleveland

Presented by Lydia Furman MD and colleagues
A Collaboration

- **Primary Community Partners**
  - Cleveland Department of Public Health MomsFirst™ Program
    - Lisa Matthews Program Director & Valeria Davis formerly Admin officer
  - Community Endeavors Foundation, Inc.
    - Steve Killpack CEO
- **Secondary Community Partners**
  - Cuyahoga County WIC staff and IBCLC
  - Passages, Inc. Dr. Brian Moore CEO
- **Champions**
  - Funded primarily by The Mount Sinai HealthCare Foundation
  - Start-up funding from the AAP CATCH Program
  - Contributions from Leading Lady Inc., Ameda Inc., Bravado Bras, Precious Creations
- **UH Rainbow Babies & Children’s Hospital**
  - Project Staff - CLCs & UH MacDonald IBCLC
Objectives

• Goals Today
  – Tell the story of Breast for Success
  – Empower you to bring BFS to your organization and your participants

• Dual Themes
  – Identifying & overcoming obstacles & challenges
  – Enjoying the rewards & successes
Participants and Overview

- **Overview**
  - Lydia Furman MD, PI, Rainbow Babies & Children’s Hospital

- **MomsFirst participant success story**
  - Ms. Rayleenah Saleem

- **MomsFirst BFS roll out ups and downs**
  - Eira Yates MSSA MomsFirst Case Manager @ OhioGuidestone

- **Engaging Fathers in BFS Father program**
  - Steve Killpack MS, Community Endeavors Foundation, Inc. & Rev. Brian Moore, Passages, Inc.

- **MomsFirst BFS to OIMRI, CHW to CLC success story**
  - Diane Stone CHW, CLC @ Northeast Ohio Neighborhood Health Services Inc. (NEON) with OIMRI

- **Questions from audience for panelists**
Developing BFS

- **Partnerships**
  - Began with a 3 person meeting!
  - **Collaboration was our cornerstone** – leadership worked together
    - Primary partners - MomsFirst, Community Endeavors & UH Rainbow
    - Secondary partners – WIC, Passages, Leading Lady

- **Multipronged approach** to create intervention
  - Coalition meetings with dozen+ stakeholders
  - Focus groups with MF moms, partners, CHWs & CMs
  - Input of lactation specialist (IBCLC), literature review
  - Partners’ leadership had to lead

- **Intervention requirements**
  - Culturally competent, relevant, engaging, accessible if low health literacy, assume absence of BF “family history,” “piggyback” onto CHW home visits which are twice monthly & add add’l info
Overview of BFS

• **CHW presented Curricular Modules**
  – 11 brief sequential modules presented by CHW in home
    • focused on issues identified in focus groups (pain, support, work/school, low supply concerns) w/ positive messaging
  – CHW and mother each have a printed version w/ props

• **CLC phone calls and home visiting**
  – Texting replaced phone calling; home visiting best if scheduled
  – Certified Lactation Counselor - 5 day degree program

• **Father program**
  – Three weekday evenings, father-focused, w/ resource specialist

• **Doula program**
  – Doula now called a “champion”, difficult to engage moms in this

• **Add on’s**
  – 24/7 Warm line (that no one used), nursing bras, nursing pads, help w/ getting a pump via insurance (now ACA covered)
Modules and More

- The 11 module sequence is on the next slide
- The full curriculum is FREE and available:
- Modules modified to align with Baby Friendly designation
- Props - use ours, make your own, modify for dads!
  - Refrigerator magnet w/ frame
  - Doula band, bras from sponsors (sports type free, discounted nursing bras to celebrate exclusive BF at 6 & 12 weeks)
  - ODH & WIC handouts on Latch, S2S info, handouts on pumping & storing
Section I: Can breastfeeding work for me?

What’s so great about breastfeeding? - Includes benefits of breastfeeding for infant and mother.

What about my life? - FAQ for life and work questions.

Breastfeeding - Glad you Asked! - Questions and responses for informed infant feeding choice.

Care of me - True/false for “urban myths” about breastfeeding with explanations

Section II: Who will support me while breastfeeding

Dads are needed for breastfeeding - Ways to include the father in breastfeeding

How can we work this out together? - Interactive questions for a facilitated discussion with mom and dad.

Section III: Let’s get started breastfeeding

All about Latch - say no to pain

Three to four day postpartum breastfeeding checklist – a preview and resource list (Download Steps to Success Checklist)

Is my baby getting enough - how to make milk (download refrigerator magnet)

Section IV: Hang in there – It’s only temporary

Do the first two weeks last forever - Common problems and solutions for the first two weeks in Q/A format

Am I stuck here or is it bonding? - Interactive questions and responses for a discussion on postpartum feelings
Training and Implementation

• **CHWs** – Community Health Workers
  – General BF information – ½ day brings everyone together
    • Ours taught by a community-oriented IBCLC
  – BFS-specific information – ½ to full day is needed
  – Challenges – different individuals w/ different approaches!

• **CLCs** – Certified Lactation Counselors
  – An asset to the program, lay person with interest can train
  – Back up plans for referrals – IBCLC, MD

• **Organizational issues**
  – Refresh – at 6 months, review & remind
  – Re-evaluate – what’s not working, who’s not working 😊
  – Align referrals, incentives, documentation with your policies
  – Avoiding burnout – celebrate successes, celebrate the process, recognize not everyone will buy in
Research Aspect – does BFS do anything?

• **UHCMC IRB approved**
  – Signed informed consent for CHWs and CMs
  – Informed consent with ability to opt out of data collection for mothers (all received the intervention so had benefit w/ choice)
  – Informed consent waived for fathers & doulas – no PHI collected

• **Data gathered**
  – Maternal demographic info
  – Intervention info (modules presented, phone calls & visits made)
  – Outcomes - Feeding info at 1, 3 and 6 months

• **Results** - Focused on mothers w/ intervention w/ feeding outcome at 1 month
  → Odds of any breastfeeding were significantly increased by BOTH receipt of curricular modules (OR 1.11 [95% CI 1.05-1.17]) and by a postpartum visit (OR 3.79, [95% CI 2.06-6.96])
  → Odds of exclusive breastfeeding were significantly increased only by a postpartum visit (OR 2.03, [95% CI 1.13-3.63]).