Ready-to-Use Materials for Counseling Pregnant Women on Breastfeeding

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Sustainable breastfeeding support and protection requires a synergistic approach.
Steps 3 & 10: from the mother’s perspective

BEFORE Delivery
Step 3 – Prenatal Education

During Hospital Stay
All other steps

AFTER Discharge
Step 10 – Community Support
Step 3:

Inform all pregnant women about the benefits and management of breastfeeding

• Tips and Methods for Providing Prenatal Education and Community Engagement
Expert Opinions in Support of Prenatal Breastfeeding Education

• Baby-Friendly Hospital Initiative (WHO / UNICEF)

• CDC Guide to Strategies to Support Breastfeeding Mothers and Babies

• ABM Protocol 19 - Breastfeeding Promotion in the Prenatal Setting

• US Preventative Services Task Force – Grade B Recommendation
Why is prenatal counseling important?

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

Goals of Prenatal Education

• Increase confidence and breastfeeding self-efficacy
• Help mothers make informed infant feeding choices, set goals
  • Bolster weight that healthcare advice plays in their decision making process
  • Level the playing field for those who have not heard breastfeeding’s benefits or seen women breastfeeding
• Offer anticipatory guidance for what to expect during and after delivery
  • Increase demand for optimal practices
  • Message: takes practice, challenges can be quickly overcome with support
  • Identification of resources
Criteria Basics: Step 3

• Step 3 Guidelines 3.1-3.4 with related Criterion for Evaluation

  • Guidelines 3.1 and 3.2 and related evaluation criteria apply only to facilities with affiliated parental clinics

  • Guidelines 3.3 and 3.4 and related evaluation criteria apply to ALL facilities
Education should begin in the first trimester whenever possible.

- Aid the development of services that make prenatal education available
- Collaborate and foster relationships with community-based programs that make available individual counseling or group education on breastfeeding
- Coordinate services with programs that make education about breastfeeding available
- Coordinate messages about breastfeeding with these programs
- Education should begin in the first trimester whenever possible.

(BFUSA, 2016)
Prenatal Education Topics Should Include:

- The importance of exclusive breastfeeding
- Nonpharmacological pain relief methods for labor
- The importance of early skin-to-skin contact
- Early initiation of breastfeeding
- Rooming-in on a 24-hour basis
- Feeding on demand or baby-led feeding
- Frequent feeding to help assure optimal milk production
- Effective positioning and attachment
- Exclusive breastfeeding for the first 6 months, and the fact that breastfeeding continues to be important after 6 months when other foods are given
- Individualized education on the documented contraindications to breastfeeding and other special medical conditions should be given to pregnant women when indicated

(BFUSA, 2016)
Ready, Set, Baby:

Ready Set Baby is a way to offer consistent evidence-based messaging across multiple clinic sites and multiple health professionals in a given community.
Ready, Set, Baby: Unique Structure

• Conversational format
• Suggested text for educators
• 3rd person narratives throughout
• Diverse cultural images
• Flexible delivery method: group/individual
• Ability to tailor to individual mother or group
• Educational curriculum meets all required topics
INSTRUCTIONS FOR THE EDUCATOR
Please use your own words wherever possible to make the education conversational. Talk with the mother(s), not at them. This will help them to listen well and stay engaged in the educational conversation. Important words are bolded.

This icon represents a note, rather than suggested text.

Each content page contains the following components:

- **Title and Conversation Starter** (suggested question for engaging the mother at the beginning of each topic)
- **Main Message** (suggested text about the most important idea to convey)
- **Points to Cover** (suggested text: includes any definitions, rationale and other helpful information to convey the topic accurately to the mother)
- **Teachable Moment** (not suggested text: this section highlights an opportunity to teach mothers a particularly poignant fact related to the topic)
- **Transition** (suggested text for moving the conversation to the next topic)
Companion Booklet

- Staying healthy during pregnancy and beyond
- What have you heard about infant feeding?
- Preparing for your maternity center stay
- Breastfeeding information & tips
- Once you are home with your baby
Facilitate RSB: Logistical Considerations

- Training of person giving education (online orientation, practice)
- One-on-one sessions, group classes, both
- Delivery of all content in one session or split among multiple visits
- Suggested for all vs. Opt-in only
- Documenting topics covered (EMR or Chart), Certificate of completion?
- Continuity and collaboration opportunity with community partners (WIC, OB clinics, hospitals, childbirth educators, doulas, faith-based programs, etc.)
Resources: Prenatal BF Education

http://tinyurl.com/readysetbaby

CGBI: Resources - Ready, Set, BABY

Ready, Set, BABY is a tool used for prenatal counseling on breastfeeding and optimal maternity care practices. It consists of a patient booklet and an educator flip chart. Supplementary resources are also available, including a 2-part online orientation, an implementation guide, printing tips and a curriculum description. All resources are available here.

For general information on the project, including background, click here. Please find the new and improved version with updated content and a fresh, new, simple design below. Thank you for your patience as we update the supplementary resources to go along with the new version.

Ready, Set, BABY – English Resources Updated 2018:

- Patient Booklet in English: Sample Version | Printable Download
- Educator Flip Chart in English: Sample Version | Printable Download
- Group Class Slides: Sample Version | Printable Download
- Wall Posters for Waiting Areas (2015 version): English
- SPANISH: Patient Booklet Sample | Download; Flip Chart coming soon

African Continent French and Arabic translations coming soon!
Pilot Study and Surveys of RSB

• Pre- and post-questionnaire at 6 sites
• Outcomes of interest:
  • Breastfeeding Intention
  • Knowledge about optimal maternity care practices
  • Comfort with formula feeding / breastfeeding
  • Extent to which common concerns addressed
  • Acceptability of RSB
• Published in Birth (free read-only access)
• Key informant interviews and usage survey
  • http://www.jneb.org/article/S1499-4046(17)30618-8/fulltext
Sample Demographics

N=416

Race: 40% White; 13% Black; 46% Hispanic*

Education: Varied – some college largest group

First Time Mothers: 70%

Median Gestational Age: 32 weeks
<table>
<thead>
<tr>
<th>Knowledge about optimal maternity care practices</th>
<th>Study Participants</th>
<th>Test of Marginal Homogeneity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre n (%)</td>
<td>Post n (%)</td>
</tr>
<tr>
<td>Skin to Skin (n=335)</td>
<td>289 (89)</td>
<td>332 (99.1)</td>
</tr>
<tr>
<td>Rooming in (n=343)</td>
<td>296 (86.3)</td>
<td>317 (92.4)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knowledge about risks of supplementation (n= 331)</th>
<th>Study Participants</th>
<th>Test of Marginal Homogeneity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre n (%)</td>
<td>Post n (%)</td>
</tr>
<tr>
<td>Can lower your milk supply</td>
<td>204 (61.6)</td>
<td>276 (83.4)</td>
</tr>
<tr>
<td>Can make breastfeeding more difficult</td>
<td>207 (62.5)</td>
<td>250 (75.5)</td>
</tr>
<tr>
<td>Baby is more likely to get sick later on</td>
<td>188 (56.8)</td>
<td>232 (70.1)</td>
</tr>
<tr>
<td>None of these</td>
<td>24 (7.3)</td>
<td>12 (3.6)</td>
</tr>
</tbody>
</table>
### Recognition of Early Infant Feeding Cues (n=259)

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Pre n (%)</th>
<th>Post n (%)</th>
<th>McNemar’s Exact p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sucking on tongue or hand</td>
<td>246 (71.9)</td>
<td>288 (84.2)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Opening mouth while turning head to side</td>
<td>225 (65.8)</td>
<td>270 (79)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Bringing hand to mouth</td>
<td>231 (67.5)</td>
<td>303 (88.6)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Fluttering eyes</td>
<td>43 (12.6)</td>
<td>200 (58.5)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Nuzzling into the breast</td>
<td>213 (62.3)</td>
<td>244 (71.4)</td>
<td>0.0024</td>
</tr>
<tr>
<td>Crying/Fussiness</td>
<td>277 (81)</td>
<td>226 (66.1)</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>
Infant Feeding Intentions Scale

- I am planning to only formula feed my baby (I will not breastfeeding at all)
- I am planning to at least give breastfeeding a try
- When my baby is 1 month old, I will be breastfeeding without using any formula or other milk
- When my baby is 3 months old, I will be breastfeeding without using any formula or other milk
- When my baby is 6 months old, I will be breastfeeding without using any formula or other milk

## Infant Feeding Intention Scale Scores (0-16)

<table>
<thead>
<tr>
<th></th>
<th>PRE</th>
<th>POST</th>
<th>Mean Difference Score (95% CI)</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All mothers (n=324)</strong></td>
<td>13.0</td>
<td>14.0</td>
<td>0.93 (0.66 – 1.21)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td><strong>African American mothers only (n= 45)</strong></td>
<td>12.3</td>
<td>13.4</td>
<td>1.17 (0.35 – 1.98)</td>
<td>0.0062</td>
</tr>
<tr>
<td><strong>1st time mothers only (n= 250)</strong></td>
<td>13.3</td>
<td>14.3</td>
<td>0.98 (0.69 – 1.27)</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>
### Comfort with the Idea of Formula Feeding

- **Unmodifiable factors (race/ethnicity, education, income)**
- **Modifiable factors (comfort, BF self-efficacy, exposure)**

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
<th>Mean Difference Score (95% CI)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comfort with the idea of formula feeding (n=354)</td>
<td>2.9</td>
<td>2.2</td>
<td>-0.72 (-0.92 – -0.52)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>African-American mothers only (n=50)</td>
<td>3.3</td>
<td>2.4</td>
<td>-0.92 (-1.54- -0.30)</td>
<td>0.0043</td>
</tr>
<tr>
<td>First time mothers only (n=264)</td>
<td>2.6</td>
<td>2.0</td>
<td>-0.65 (-0.86 - -0.44)</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

## Concerns with Breastfeeding

<table>
<thead>
<tr>
<th>Concern</th>
<th>Addressed</th>
<th>Not Addressed</th>
<th>Did Not Have Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast or nipple pain (n=344)</td>
<td>89.9%</td>
<td>2.3%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Making enough milk (n=347)</td>
<td>95.7%</td>
<td>0.3%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Going back to work / Others caring for my baby (n=337)</td>
<td>87.2%</td>
<td>1.5%</td>
<td>11.3%</td>
</tr>
<tr>
<td>Lack of support among family and/or friends (n=325)</td>
<td>76.9%</td>
<td>2.2%</td>
<td>20.9%</td>
</tr>
<tr>
<td>Lifestyle concerns (medications, drinking, smoking, drugs) (n=331)</td>
<td>68.9%</td>
<td>5.1%</td>
<td>26.0%</td>
</tr>
<tr>
<td>Breastfeeding in public (n=336)</td>
<td>72.0%</td>
<td>9.2%</td>
<td>18.8%</td>
</tr>
</tbody>
</table>
Acceptability of Ready, Set, BABY

- **98%** This session was useful. (6/353 disagreed)
- **99%** This session was informative. (4/352 disagreed)
- **99%** I liked the pictures used. (3/351 disagreed)
- **99%** I would recommend this session to a friend. (3/352 disagreed)
- **99%** I will save the booklet and refer to it again. (5/351 disagreed)
Considerations for Integrating RSB into Current Practice

- Logistics of Session
- Staffing for Session
- Timing during trimesters
- Suggested for all patients or opt-in only
- Delivery of Content
- Documentation
- Future possibilities
### Logistics of RSB Session

<table>
<thead>
<tr>
<th>Individual one-on-one sessions</th>
<th>Group classes</th>
<th>Combination of both one-on-one and group</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Include in existing appointment</td>
<td>• Once per month</td>
<td>• Increase opportunities to reach all pregnant mothers</td>
</tr>
<tr>
<td>• Nutrition Education follow-ups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Create new appointment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If CPA provides RSB, it counts as a required nutrition education contact

Peer Counselors can do RSB sessions together with a CPA and it will count as a required nutrition education contact

IBCLCs

Breastfeeding Program Managers

Breastfeeding Program Coordinators
Timing During Trimesters

Data did not show ideal time from mothers’ perspective

Recommended to discuss breastfeeding early on, and follow-up in 3rd trimester with more detail

Risk loss to follow-up if wait too long

Risk lack of retention if details given too early
Suggested for All vs. Opt-in Only

STEP 3: INFORM ALL PREGNANT WOMEN ABOUT THE BENEFITS AND MANAGEMENT OF BREASTFEEDING

PARTICIPATION CAN BE LOW WHEN IT IS VOLUNTARY

WAYS TO ENSURE ALL WOMEN HAVE SAME ACCESS
Delivery of RSB Session

All content delivered in one session

Split-up content over 2 or more sessions

Adding in additional content

• Enrolling in childbirth education class
• Choosing a Pediatrician prior to delivery
• Handouts on newborn stools
• Local breastfeeding resources, classes, warmlines
• Amy Spangler’s Breastfeeding Book
• Baby Guru DVD
• Assigning WIC breastfeeding support person
Wrap Up

- Reminder to carve out time early for these steps
- Collaborate with one another
- Questions?