Summary Report of the Building Breastfeeding Support Models for Community Health Centers Project:
Reducing Breastfeeding Disparities through Continuity of Care

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Community Health Centers are Uniquely Positioned to Support Breastfeeding

Breastfeeding is a powerful public health strategy with well-established short- and long-term health advantages for babies and breastfeeding parents. The American Academy of Pediatrics recommends exclusive breastfeeding for six months with continued breastfeeding and appropriate complementary foods for 12 months or longer. While 83.8% of infants in the United States were ever breastfed in 2016, only 25.4% were exclusively breastfed through six months, and only 36.2% were breastfed at 12 months. Moreover, there are large, persistent breastfeeding disparities by race/ethnicity, socioeconomic status, and geography. Breastfeeding has a dose-response relationship, and while it is beneficial to almost all breastfeeding parents and infants, the benefits may be significantly greater for families of color, who are disproportionately affected by the adverse health outcomes that breastfeeding may significantly reduce, such as diabetes, cardiovascular diseases, some types of cancers, and other chronic diseases. Thus, it is imperative to focus efforts to increase breastfeeding exclusivity and duration rates in communities of color and low-income communities.

Community Health Centers (CHCs) provide comprehensive primary care services to over 27 million people, or in 1 in every 12 people in the United States. The majority of CHCs are funded by the Department of Health and Human Services Health Resources & Service Administration (HRSA)’s Health Center Program, which is a national primary care network of nearly 1,400 health centers with approximately 12,000 sites in communities across the country. HRSA-funded CHCs, also known as Federally Qualified Health Centers (FQHCs) or FQHC look-alikes, provide primary care, preventive health services, oral health, behavioral health services, and substance use treatment, among other services. These organizations provide a crucial safety net for underserved and low-income families through interdisciplinary, culturally appropriate care regardless of ability to pay. CHCs also offer numerous
enabling services such as transportation, translation, case management, and health education to ensure their patients are receiving the care they need. Most CHCs also provide comprehensive prenatal and pediatric care and thus are crucial stakeholders for the promotion, protection, and support of breastfeeding. Prenatal care and early postpartum support are keys to breastfeeding success for many families.

Local health departments (LHDs) and CHCs are both part of the local health system and share a common mission to improve community health, particularly among underserved populations. CHCs and LHDs work collaboratively on behalf of their residents in many communities across the country. CHCs primarily focus on the delivery of clinical care, and LHDs focus on population-level health and prevention. While LHDs refer individuals to CHCs for clinical care, CHCs connect their patients to LHD-run health promotion programs, creating a mutually beneficial relationship. This partnership is also an important space for collaboration on breastfeeding support planning and programming.

By actively supporting breastfeeding through improvement in organizational policies, systems, and clinic environments, CHCs and LHDs can work together to help increase breastfeeding rates among their shared population and help reduce health disparities.

This report includes the success stories of NACCHO’s four CHC grantees as well as one from Esperanza Health Centers, a former grantee from 2016. In addition, it includes samples of policies, procedures, and other tools that can be a reference document by other agencies seeking to establish sustainable breastfeeding support models. As additional CHCs are funded through similar projects, this report will be updated with stories and tools.

Community Health Centers and the Use of Organizational Policies, Systems, and Environmental Changes Approach to Actively Promote and Support Breastfeeding

In some communities, especially those with low rates of breastfeeding, health centers may be the only breastfeeding education and support source within the community. However, most CHCs operate on tight schedules and funding and have high staff turnover. Therefore, many are limited in what they provide for breastfeeding education and support. Usually, this support is provided with little or no structure, “on the spot,” offered reactively to when breastfeeding challenges are reported during routine appointments.

Although initiation rates have increased, 60% of parents do not reach their breastfeeding goals. One of the main reasons that parents are starting to breastfeed more is the implementation of The Baby-Friendly Hospital Initiative (BFHI) in 500 maternity settings in the United States. The BFHI includes a mix of organizational policy, systems, and environmental (PSE) changes defined as the “Ten Steps,” which include evidence-based maternity care practices that promote and proactively support breastfeeding throughout the hospital stay. However, when new families are discharged from the hospital, they do not necessarily encounter a structured supportive environment of breastfeeding in their community.

Community structural barriers specific to breastfeeding continuation include low availability and access to support services, lack of family and community support, early return to work, unaccommodating workplace and childcare environments, aggressive marketing of infant formula, and providers’ implicit bias and racism. This is especially true in communities of color, who experience higher rates of these structural barriers as well as higher levels of obesity, asthma, diabetes, hypertension, and cardiovascular diseases. In addition, they are more likely to deliver at birthing facilities that do not implement evidence-based
maternity care practices that support breastfeeding, which makes them more likely not to initiate or discontinue breastfeeding and therefore, more in need of timely breastfeeding support. Another significant interpersonal barrier for sustained breastfeeding is the lack of adequate support from health care providers.

Collectively, CHCs employ around 235,000 healthcare providers. Healthcare providers in CHCs are critical breastfeeding stakeholders since they are in close contact with pregnant and postpartum families. However, many healthcare providers do not feel equipped to provide adequate lactation management support and have no referral systems to lactation specialists in place. Also, providers are unsure of the need for a referral, or they may think that referring is someone else's duty. Providing adequate lactation management training for CHC providers is a potential strategy to increase both organizational capacity to support breastfeeding continuously and improve community breastfeeding duration rates.

Research shows that breastfeeding support in the community should be predictable, scheduled, with ongoing visits to trained multi-level lactation support providers professionals, and not offered reactively, where families are responsible for seeking assistance and initiating contact. Based on this evidence, it is imperative to create systems of breastfeeding care continuity throughout pregnancy until breastfeeding weaning within spaces where families are being served. CHCs can establish this type of support structure within health centers by implementing similar BFHI organizational PSE changes, adapted for outpatient settings. However, this process requires intentional planning, policy development, coordination, and training of many providers and services and partnerships within and outside of the clinic space.

Assessing Organizational Limitations and Opportunities to Improve Breastfeeding Support Services

In addition to the Baby-Friendly hospital Initiative (BFHI), there are other existing toolkits that outline recommendations for CHCs, LHDs and outpatient clinics to create organizational PSE changes in order to intentionally create a sustainable environment supportive and conducive of breastfeeding. Some of these informative guidance documents include: Nine steps to Breastfeeding-Friendly Clinics Online Toolkit, Breastfeeding Friendly Health Department Toolkit, Outpatient Medical-Office-Breastfeeding- Toolkit, and Breastfeeding Friendly Practice Implementation Guide.

Strategies to Improve Breastfeeding Support within Health Centers:

- Implementing organizational policies and procedures that support both clients' and employees' breastfeeding experience, including effective lactation accommodations and family-friendly policies (e.g., flexible scheduling, teleworking arrangements, Infant-at-Work Policy).
- Training all-staff on culturally attuned breastfeeding education and management.
- Instituting and maintaining a breastfeeding-friendly environment by providing lactation rooms for patients and employees.
- Integrating breastfeeding services with women's health services that
However, the very first step that organizations seeking to implement community-level breastfeeding support interventions can take into improving clinic systems and environments is to conduct a comprehensive analysis of internal operations to determine how they are helping with solutions to breastfeeding support or contributing to the problem. A good tool developed by NACCHO for health centers to assess their organization can be found in the Appendix.

Reducing Disparities in Breastfeeding Through Continuity of Care: Building Breastfeeding Support Models for Community Health Centers

The aim of NACCHO’s Reducing Disparities in Breastfeeding through Continuity of Care project funded through the Centers for Disease Control and Prevention (CDC) Division of Nutrition, Physical Activity and Obesity (DNPAO), is to increase breastfeeding initiation, duration, and exclusivity among African American and underserved populations in the United States by improving PSE where breastfeeding takes place, and enhancing key partnerships to create a community support continuity of care/safety net for families. This project intends to increase availability and access to environments where breastfeeding (the healthy choice) can be the easy, default choice.
The overarching goals of this project include:

- **Goal 1:** Increase operational capacity of LHDs and the broader local public health system to promote, protect and support breastfeeding in African American and underserved communities through PSE change approaches that strengthen breastfeeding continuity of care.
- **Goal 2:** Increase national, state, and local awareness of best practices, including successes and challenges, in implementing evidence-based/informed programs and services to increase breastfeeding initiation, exclusivity, and duration rates in African American and underserved communities.
- **Goal 3:** Strengthen results-driven national partnerships in strategizing toward their shared aims to address and expand access to peer and professional support, enhance workplace breastfeeding practices, and support effective maternity care practices.

In the end of 2018, through a Request for Application (RFA), NACCHO selected and funded four FQHCs to build sustainable breastfeeding support models for their centers. Each center was required to implement some PSE changes and identify unique solutions to increase their organizational capacity to provide consistent and coordinated breastfeeding promotion and support services to the families they serve.

The project performance period ran from January through September 2019. Each health center received $16,000, ten hours of group technical assistance, and five hours of individual customized project planning and implementation guidance. The four health centers selected were: Bluestem Health in Lincoln, NE; Erie Family Health Center in Chicago, IL; Community Healthcare Network, Inc in New York, NY, and HealthNet, Inc in Indianapolis, IN.

In a short time period, these grantees were able to implement organizational PSE changes that improved overall infrastructure and adopted a more structured breastfeeding support model for their health centers.

**Powerful Community Partnerships to Advance Breastfeeding Goals**

For external community partnerships, grantees were encouraged to partner with the CDC Racial and Ethnic Approaches to Community Health (REACH) recipient in their community, when available. REACH is a 20-year national program administered by CDC DNPAO to reduce racial and ethnic health disparities through the development of local and culturally appropriate programs to address a wide range of health issues among African Americans, American Indians, Hispanics/Latinos, Asian Americans, Alaska Natives, and Pacific Islanders.

In 2018, CDC added breastfeeding continuity of care as a new nutrition strategy to help reduce and prevent chronic diseases. NACCHO serves as the designated breastfeeding technical assistance provider for REACH. Given the collaborative nature of community breastfeeding continuity of care, NACCHO encouraged its grantees to work in collaboration with their REACH recipient, and two of the grantees partnered with REACH recipients in their communities. As a result of the successes and higher collective impact these partnerships yielded, NACCHO required that grantees collaborate with REACH recipients to advance breastfeeding continuity of care in subsequent funding opportunities.
At the end of the project year, all four centers shared their project achievements and lessons learned in a webinar session entitled Establishing Breastfeeding Continuity of Care in Community Health Centers. To view the recording, visit http://bit.ly/CHCRecording.

**Quotes from Grantees’ Final Reports**

**CHC-REACH Partnership in Nebraska**

Bluestem Health worked with the Partnership for Healthy Lincoln (REACH recipient). Together, they implemented a number of training activities, including an all-staff training for their 136 employees, including those not traditionally included in such trainings like billing and dentistry staff, during Bluestem’s annual staff retreat. These training sessions were well-received, and as a result, the organization has included breastfeeding support activities and training as part of its annual action plan and continues to shift towards a positive breastfeeding environment for patients and staff.

**CHC-REACH Partnership in Indiana**

HealthNet worked in partnership with REACH recipient Marion County Health Department, and other partners, such as the local breastfeeding coalition, social services, and milk banks. They worked together on asset mapping and an interview guide for organizations providing breastfeeding support. In addition, together they started working on breastfeeding messaging standardization, by compiling all available patient education materials and identifying how other agencies capture and document breastfeeding information.

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“We now have laid a foundation for future expansion and improvements, which includes ongoing training, refinement of workflows, improved tracking of breastfeeding rates, enhancement of on-site culturally sensitive services into our clinics, and a possibility to permanently add a lactation consultant position.”

“We were amazed how much we accomplished in such a short period—this is a testament to the value of connecting with local resources in a systematic way.”

“Through this grant, we opened up lines of communication between the state and local health department, the Milk Bank, and the breastfeeding coalition.”

“The standardization of workflow and education of staff about breastfeeding resources was critical to our improvements and sustainability.”

“It seemed obvious that there would be universal support for such as this… Surprised by the (low) level of staff baseline knowledge and the resistance.”
Synopsis

While the need to better support breastfeeding families in safety net clinics is well recognized, internal resources are often limited. Likewise, many community-based initiatives have difficulty engaging high-risk families who would benefit most from their efforts and supports. With funding from NACCHO’s initiative “Building a Breastfeeding Support Model for Community Health Centers”, the goal of the project’s cost-effective approach was to strengthen and leverage community partnerships, enhance internal systems, and provide ongoing training to all staff.

Challenge Statement

Bluestem Health is a multidisciplinary Federally Qualified Health Center (FQHC) located in Lincoln, Nebraska that provides adult primary care, pediatrics, prenatal care, dental care, and integrated behavioral health services to a predominantly low-income and diverse population. While our county boasts high rates of breastfeeding initiation rates (83.3%), these rates drop off significantly by two months (46.6%). Many Bluestem patients face barriers in accessing services, including lack of transportation, underinsurance, and language and cultural barriers. This makes the development of an effective integrated approach to promote and support breastfeeding at Bluestem even more critical.

Lincoln had several established community resources at the start of this grant—including Partnership for a Healthy Lincoln, supported by the Centers for Disease Control and Prevention’s REACH grant; the Lincoln Community Breastfeeding Initiative, a coalition of community partners focused on breastfeeding support; the Community Breastfeeding Educators, which trained community outreach resources; and MilkWorks, a local community breastfeeding center. However, Bluestem Health had not been integrally involved in coordinating efforts with these potential partners and had not yet developed an internal process outlining their approach to breastfeeding for clients and employees. Bluestem also had not systematized distribution of breastfeeding handouts, maternal depression screenings, and referral processes. Many staff members and providers had never been specifically educated about basic breastfeeding knowledge.

Solution

We first conducted surveys and focus groups and collected information about the resources in the community within Bluestem, and identified gaps in services. Then, we set our organizational process outlining our breastfeeding goals as an organization for both employees and clients. The employee process was designed in collaboration with Workwell, a local organization that assists employers in providing workplace lactation support. All pregnant employees now meet with our pediatric nurse and complete a Return to Work plan outlining plans for breastfeeding.

We developed our own process for clients and outlined an internal workflow. As part of this procedure, handouts were designed or identified to be given out at specific prenatal visits and at the well-check visits in the first year of life. These handouts include a community resource guide developed in conjunction with our community partners, listing comprehensive updated information about available Certified Lactation Counselors (CLCs) and available breastfeeding support.
support resources. A system was also established to refer prenatal and postpartum families to one of our interpreters, who are trained as community breastfeeding educators (CBC) by Milkworks.

We now attend the scheduled LCBI meetings and participate in a city-wide effort to improve screening for maternal depression. In collaboration with Partnership for Healthy Lincoln, we worked with pediatric and obstetrician (OB) offices across town to standardize maternal postpartum depression screening at the two-week well check. We helped to develop a process for positive screens to be communicated back to OB offices and referred to mental health resources. This is also a critical period where new mothers may need breastfeeding assistance and can now be immediately referred to lactation support. In addition, because transportation was a barrier for many of our clients, we tested some walk-in breastfeeding support and pump clinics at one of our locations. In partnership with Milkworks, we trained our entire staff on the benefits and history of breastfeeding and provided additional in-depth training for our healthcare providers on assisting clients with common breastfeeding problems.

Results

While we recognize the need and opportunity to continue to grow our breastfeeding support efforts, we have already seen several positive outcomes from our initial activities over the past nine months of the grant period. We increased organizational capacity by increasing breastfeeding knowledge, with 68% of the staff reported learning something new at our general training, and we saw a 10% increase in those who believe that breastfeeding is the best source of nutrition for most infants. Likewise, our providers demonstrated a significant increase in clinical knowledge. For example, before the training, only 57% could correctly identify likely drugs responsible for low milk supply. After the training, this number rose to 91%.

We have numerous stories of less quantifiable improvements since implementing our workflow and educational interventions. For example, one teen mom presented for her infant’s newborn visit complaining of breast pain. In the past, women with concerns about breastfeeding met with inconsistent, variable support and had difficulty connecting with Milkworks due to the barriers outlined above. Now with these organizational changes, this mom was educated about support services available. She was immediately referred to our CBE/CLC, who assisted with latching. Our CBE/CLC worked directly through our newly strengthened connections at Milkworks to facilitate access to a breast pump and appropriate pump flanges. The mom was also effectively referred and connected to a teen breastfeeding group.

Lessons Learned

Leveraging community resources, strengthening partnerships, and organizing systems through an internal continuity of care lens is a potentially cost-effective approach to enhancing supports for breastfeeding families in a relatively short period of time. While we could never have developed all the materials using our internal resources alone, we worked with our partners to develop a scaffold that best integrates our systems with resources in the community. Our path was filled with smaller lessons as well.

An organizational “policy” proved to be cumbersome, so a breastfeeding support process served to set our compass in terms of breastfeeding goals. This resulted in our ability to find a process that best met our needs in a more expedient way. Initially, we met some internal resistance when discussing new breastfeeding supports, highlighting the need for a common process and education of all staff. While there is still significant opportunity for further improvements, these activities were achievable in a relatively short period of time and made a sustainable, real impact for our clinic and our patients.

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Synopsis

In New York City, we have witnessed staggering inequities in maternal health outcomes, which is largely driven by racial discrimination. This inequity extends to breastfeeding rates. Through NACCHO’s Building a Breastfeeding Support Model for Community Health Center grant, Community Healthcare Network (CHN) implemented a project to improve organizational policies and practices to help increase breastfeeding rates within our low-income, African American community. This eight-month (February to September 2019) breastfeeding initiative was a multipronged approach to address the core tenets of breastfeeding: promotion, protection, and support within our network of health centers.

Challenge Statement

CHN is a Federally Qualified Health Center serving a majority of patients who are negatively impacted by structural determinants of health. CHN currently operates 12 community health centers, providing comprehensive healthcare to approximately 85,000 individuals within four of New York City’s boroughs: Manhattan, Brooklyn, the Bronx, and Queens. More than 95% of CHN’s patients are people of color, approximately 22% are uninsured, and 68% have incomes below the federal poverty level.

Similar to national trends, African American women served at CHN are less likely to both exclusively breastfeeding and to breastfeed at any point during their infant’s first two months: (69%) compared to other races (79%). Within the last reporting year, a larger percentage of African American patients reported exclusive formula feeding and combination feeding (both breast milk and formula) than other racial groups. Rates of breastfeeding among African American patients fluctuate across CHN’s network of health centers, with some centers reporting rates as low as less than 50%, with numbers falling even lower as the postpartum period progresses.

While CHN provides breastfeeding support during routine appointments through our healthcare providers and Certified Lactation Counselors (CLCs), agency data shows that persistent gaps exist in breastfeeding success rates for women of color, particularly African American patients. By expanding the agency’s capacity to provide comprehensive breastfeeding support, through a culturally competent lens, CHN has attempted to close these gaps and ensure all CHN patients are receiving the education and support they need during their prenatal and postpartum care.

Solution

The project began by convening an internal Breastfeeding Taskforce with representation from Women’s Health, Nutrition, and Health Education departments. We used the expertise of Taskforce members to review existing organizational breastfeeding support policies and procedures for patients and employees.

A primary component of this project was to directly address the training needs of clinical staff. We developed and presented an in-person training to 78 medical and supportive staff during the annual Women’s Health Provider Meeting in June 2019. Attendees were a mix of providers (MD, NP) nursing (RN, MA, and LPN) and auxiliary support staff (health educators and social workers). The training provided an overview of breastfeeding best practices, key messages, and resources available within our clinics. Each participant was asked to complete an evaluation form which assessed the training content overall and the skills of the trainer. The training successfully met objectives, and we are now in the process of creating an electronic learning module with similar content that will be used to train new hires.
We also launched two professional-led support groups in the Bronx and Queens. Participant recruitment was a challenge, but we used this as an opportunity to formalize relationships with community partners, including other community-based organizations (Bronx VA Medical Center and Tremont Health Action Center) and Jamaica Hospital. The partner agencies are now familiar with our services at CHN and know they can refer clients for newborn care and breastfeeding support.

As for systemic and sustainable changes, CHN was able to make some updates to our Electronic Health Records (EHR) breastfeeding template (eCW) to more accurately capture infant feeding data. Now we can generate a report to track breastfeeding rates over time and will continue to track progress after the completion of the NACCHO contract. At the end of the project period, we launched a social marketing campaign with culturally sensitive and health-literate messaging to improve the clinic environment to be more supportive and welcoming of breastfeeding. The messages were launched in coordination with World Breastfeeding Week in August and will remain part of the images displayed on waiting room TVs across the Network.

Results

Overall, this project has resulted in an increased organizational capacity to provide breastfeeding education, promotion, and support. We hope this work will serve as a model for other community health centers seeking to integrate breastfeeding support into routine clinical care.

We will be able to sustain many of our achievements beyond the contract. These include: the training content that will be available online; updated policy and procedures that clearly state the breastfeeding support workflow and internal resources available; the breastfeeding data collection system; and the newly purchased breastfeeding supplies to enhance support, including infant scales for baby weight checks. We can now maintain a breastfeeding-friendly environment with our evergreen multimedia featuring breastfeeding support messages, which will run continually on the waiting room TVs throughout our centers. Our Breastfeeding Taskforce, which had been inactive for four years, will continue to meet and proactively collaborate on lactation materials and support systems within the organization.

Although the breastfeeding support groups were not successful, it filled a community need when the Baby Café for local WIC was temporarily unavailable.

Lessons Learned

We learned a lot from the process of implementing the breastfeeding support groups. Despite our best efforts, we continued to face challenges with recruitment. We did launch two BreastFeeding Support Groups in the Bronx and Queens, which were led by IBCLCs. Over time, it became clear that the groups were not well-attended. We examined the reasons for low attendance (e.g., difficulty for new parents to attend visits with their babies; lack of incentives; etc.). It may be that the “breastfeeding support group” name is not the most appropriate choice for every community.

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Synopsis

Through NACCHO’s Building a Breastfeeding Support Model for Community Health Centers’ eight-month project, Erie Family Health Centers, a community health center network comprising 13 sites, was able to standardize and improve breastfeeding support throughout the organization and make services more accessible to patients. To reflect Erie’s mission and evidence-based medical practice, we updated our organization-wide breastfeeding and employee pumping policies and procedures to align with state and federal standards. We reconvened our internal workgroup; The Erie Breastfeeding Committee (EBC) and increased Erie’s organizational capacity by training our lactation specialists as trainers, who then trained more staff. Finally, we improved our clinic environment to be supportive of breastfeeding.

Challenge Statement

Mothers with lower rates of breastfeeding tend to be young, low-income, African American and Hispanic, unmarried, less educated, overweight or obese before pregnancy, and more likely to report their pregnancy was unintended. At the same time, while breastfeeding is beneficial to almost all mothers and infants, the benefits may be significantly greater for minority women who are disproportionately affected by adverse health outcomes.

At Erie, 73% of patients are Latino, 12% are African American, 63% have Medicaid, 29% are uninsured, and 94% are at or below 200% federal poverty level (FPL). Lack of education, language barriers, and access to resources have a negative impact on breastfeeding rates among Erie patients. The community surrounding Erie’s West Town Health Center is home to approximately 21,500 residents, with 46% of the people coming from minority populations including Hispanic (23.7%), Black (18.8%) and Asian (3.7%) (statisticalatlas.com). Given the high volume of underserved families being served at Erie, we have enormous potential to improve breastfeeding outcomes among low-income, minority Chicagoans.

Solutions and Results

To address these rates, Erie created a system-wide and comprehensive breastfeeding support structure that impacts breastfeeding awareness and adherence among patients and staff, and can serve as a critical resource in the community. The following activities helped us achieve an improved breastfeeding program for our patients and staff:

- As a community health center network made up of 13 sites, each location had adopted its own set of breastfeeding practices and standards for staff and patients that were not uniform. With support from NACCHO, we were able to establish a standardized clinical breastfeeding policy and procedure for all Erie staff and patients.
- Provided two of Erie’s International Board Certified Lactation Consultants (IBCLCs) with specialized training to enable them to provide enhanced breastfeeding education to the patient facing staff at all sites. Erie currently has two IBCLCs within our network, certified to provide lactation consultation. However, the two IBCLCs encounter challenges in serving the growing breastfeeding patients at Erie while having to meet the demands of all other aspects of their jobs. In response, Erie trained two staff members through the Institute for the Advancement of Breastfeeding and Lactation Education (IABLE) to become Erie’s Breastfeeding Champions. Post-training, our IBCLCs now provide regular...
breastfeeding support and education classes at their home sites to other Erie staff. So far, 10 staff members have attended the 16-hour Outpatient Breastfeeding Champion course.

• Increased the number of sites within our network with the capacity to provide “on the spot” lactation assistance to patients and ongoing breastfeeding education classes. Erie currently provides lactation support at four sites and holds free prenatal breastfeeding education classes at five of our health centers.

• Improved the clinic’s environment to make our space more actively welcoming and supportive of breastfeeding. We displayed the International Breastfeeding symbol at the entrance of all Erie clinics. In addition, in August, during World Breastfeeding Week, we reached over 17,000 people across all our social media platforms with electronic breastfeeding resource materials. A one-minute breastfeeding informational video delivered in Spanish by Dr. Caitlin Lassus, our Family Medicine provider, was a huge success and received over five hours of total play time, reaching over 3,000 online viewers.

Lessons Learned
Re-establishing a dedicated Breastfeeding Committee (EBC) was beneficial to inform activities at the beginning of our grant period. It was critical to have a collaboration of staff at all clinical and administrative levels to deliver a successful breastfeeding program. Buy-in from the nurse, case managers, doctors, women’s health promoters, medical assistants, lactation consultants, social workers, and Erie leadership was crucial in improving patient engagement and staff awareness of Erie’s breastfeeding services.

A challenge in delivering the program was the time needed by staff to deliver breastfeeding education and support services to patients; This was greater than what we had projected at the beginning of the program. Clients’ language and culture barriers increase the direct service time needed by clinic staff to provide breastfeeding education and support. However, throughout the grant period, we were able to meet client breastfeeding needs, maintain positive organizational attitudes towards breastfeeding, and sustain buy-in from key members of our leadership. Erie continues to support and promote a positive breastfeeding culture across the organization, and we are confident that we will continue these achievements in the future.

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Synopsis

Our story begins with an internal champion, a physician whose personal struggles with breastfeeding inspired the creation of a breastfeeding clinic at HealthNet. She engaged internal and external stakeholders to develop a breastfeeding model of care in collaboration with Northern Illinois University. This model aims to improve breastfeeding support and outcomes at HealthNet, and ultimately could serve as a model for other clinics to improve breastfeeding disparities. This project has succeeded in many ways, particularly in highlighting the need for multipronged, multidisciplinary breastfeeding support efforts not only within the clinic system itself, but also in collaboration with local support services.

Challenge Statement

Indiana ranked 43rd out of 50 states for Infant Mortality Rate (IMR) in 2018, according to the America’s Health Rankings report. Indiana’s IMR was 7.3 infant deaths per 1,000 live births compared to the national average of 5.9. Indiana State Department of Health data shows Marion County’s 2017 overall IMR was 7.5 and its African American IMR was 11.6. This can be visualized as representing 104 empty school buses per year, with most of those seats belonging to African American children. This data highlights health outcome disparities faced by HealthNet’s patient population.

Solutions and Results

Breastfeeding reduces the risk of morbidity and mortality for mothers and infants, as shown in a meta-analysis published in The Lancet in 2016 by Victora et al. Centers for Disease Control and Prevention (CDC) data shows the lowest rates of breastfeeding are among African American, Hispanic, lower socio-economic status, single, and younger mothers. Developing an outpatient breastfeeding model is crucial to address maternal breastfeeding concerns during prenatal and early postnatal care. HealthNet is uniquely suited, as it cares for dyads during these key times, and therefore, could positively influence breastfeeding outcomes.

HealthNet is the largest of the Federally Qualified Health Centers in Indiana. It offers extensive healthcare services and community programs in their nine Marion County clinics. All mother-baby dyads deliver at a Baby-Friendly Hospital. The purpose of this project was to create a Breastfeeding Support Model (BSM) using a Policy, Systems and Environment (PSE) framework. Funding was granted by the National Association of County and City Health Officials and Northern Illinois University.

To begin, we conducted an organizational assessment and used a tool created by Bermejo et al. (2015) to measure healthcare professionals’ (HCP) and staff breastfeeding attitudes, beliefs, subjective norms, and behavioral intentions. Information collected during this formative period was utilized to prioritize project objectives within the PSE framework.

For the policy aim, we worked collaboratively with internal and external stakeholders to develop a breastfeeding support policy for employees, patients, and visitors. For the systems aim, a workgroup was created to revise the Electronic Health Record (EMR) to optimize breastfeeding care. Obstetric visit templates were created to measure mothers’ breastfeeding intentions, anticipated duration, perception of support, confidence, and concerns. Newborn templates were created to measure duration and intensity of breastfeeding. The templates were piloted at one center with plans to implement across the system. For the environmental aim, marketing created culturally diverse breastfeeding-friendly screen savers to display on computers in exam rooms. Marketing messages and images were reviewed and approved.
by the project team and have been translated in the three main languages spoken by HealthNet patients. We also worked collaboratively with the recipients of the CDC's Racial and Ethnic Approaches to Community Health (REACH) grant at the health department to create a breastfeeding asset map to begin identifying a network of breastfeeding support services available in the county.

In the short term, a baseline assessment of breastfeeding attitudes, beliefs, social norms, and intentions was conducted. Forty medical providers, twenty-six support staff and twenty-one nurses responded. The majority reported positive attitudes and beliefs about breastfeeding, and most recognized their role in positively influencing mothers’ decision to breastfeed.

Opportunities were: (1) knowledge of a policy to support breastfeeding employees and breastfeeding mothers, (2) lack of patient facing breastfeeding images and messages, and (3) a need for breastfeeding training. Additionally, medical providers and nurses reported time limitations as a barrier to providing adequate breastfeeding support.

Lessons Learned

The intermediate outcome was the creation of a collaboration among members of HealthNet, Northern Illinois University, Marion County Health Department, the Indiana Department of Public Health, and the Indiana Milk Bank. We also plan to expand upon the breastfeeding asset map to better understand the impact of the breastfeeding support services offered. Additionally, creative solutions will be identified to meet breastfeeding training needs of our medical assistants, nurses, and medical providers. The challenge continues to be the time and funding needed to provide breastfeeding training while ensuring schedules are managed to maximize patient care availability. Long-term outcomes include utilizing EMR data to improve breastfeeding support and outcomes.

HealthNet and its community have many breastfeeding support resources in place. A main challenge is creating a cohesive breastfeeding support system from these somewhat fragmented efforts. Further investigation must focus on how to best integrate those services into an overarching model of care. Research must also explore the barriers and facilitators for mothers’ participation in these programs.

HCP and support personnel need proper clinical training to better integrate professional breastfeeding support into patient care. Creative solutions and buy-in from leadership are necessary to deliver adequate, cost-effective training without taking staff away from needed clinical duties.

The literature shows breastfeeding’s health benefits. Further study must explore how to support breastfeeding in the face of countless obstacles. Many patients face financial burdens and return to work or school within weeks of delivery, often with minimal workplace and caregiver lactation support. Assisting mothers with practical prenatal and postpartum guidance is critical and must utilize health literate communication strategies.

Federally Qualified Health Centers have specific processes for policy and procedural approval. Leadership buy-in is predicated on an understanding of the organizational structure and dynamics of competing priorities. This must be considered when planning a BSM with realistic project timelines and objectives.

FOR MORE INFORMATION, PLEASE CONTACT:
Julie Patterson, PhD, MBA, RDN, LDN at jpatterson2@niu.edu and Lindsay Moore-Otsby, MD at Lindsay.Moore-Ostby@indyhealthnet.org.
Synopsis

Esperanza Health Centers, a former grantee of NACCHO’s Breastfeeding Initiative, is a Federally Qualified Health Center (FQHC) on the Southwest side of Chicago. The main population served is predominately low-income and Latino, and families in Esperanza’s service area experience significant economic, educational, and health inequities. Over 70% of area residents live 200% below the poverty level. Esperanza’s main services are adult primary care, pediatrics, prenatal care, and behavioral health. Additional public health services include programs related to children’s weight management, diabetes management, and physical activity.

Healthy Tomorrows Program

In 2013, the Healthy Tomorrows Program (HTP) was launched with funds from Health Resources and Services Administration (HRSA). The program has been endorsed by the Department of Public Health in Chicago, owing to its potential to reduce inequities by providing access to high-quality culturally appropriate care. The program is designed to improve breastfeeding rates among Latinas, who typically initiate breastfeeding, but have lower rates of duration and higher rates of formula supplementation.

Beyond providing culturally appropriate breastfeeding education and support, the HTP seeks to address client social service needs and remove barriers to care access by helping Latinas navigate the U.S. healthcare system, as well as insurance issues, to ensure that they receive comprehensive prenatal and postpartum care. The HTP aligns the medical specialties, including, but not limited to, OB/GYNs and pediatricians, and frontline staff within the FQHC to work together to increase breastfeeding rates.

In 2015, with funds from the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) and other sources, Esperanza expanded the HTP by implementing weekly breastfeeding peer support groups in a highly visible public area at one of its three clinic locations, and partnered with a local library branch to host offsite support groups within the broader community. Esperanza went beyond the provision of direct services by implementing internal policy and system changes to improve the consistency and quality of breastfeeding support services provided by staff in a way that would be sustained after the grant funding ended.

Policy System and Environmental Changes and Partnerships

Esperanza implemented an agency-wide Breastfeeding Support and Education Work Flow system by establishing protocols to ensure that clients receive seven points of breastfeeding support contact, starting from the first prenatal medical visit to the infant’s first month of life, and at least two or more contacts until the baby’s first birthday.

The center updated its electronic medical record (EMR) system to capture client breastfeeding intentions and status, and to document all breastfeeding education and support sessions (e.g., during client medical visits, by phone, and at the hospital post-birth) by different staff within the center.

A goal of the program was to increase broad acceptance and support of breastfeeding by training all center employees, including front-desk staff, medical assistants, and physicians, on the importance of breastfeeding and lactation support management. They tested staff knowledge and attitudes through pre- and post-training assessment. In addition, Esperanza instituted weekly breastfeeding support groups in a highly visible clinic area and at a local library branch.
To address community continuity of care and close the gap in services that often occurs between hospital delivery and the early postpartum period, Esperanza enhanced its partnership with Saint Anthony Hospital, a local facility where most FQHC clients deliver. Esperanza joined the hospital’s baby-friendly committee, and also invited hospital staff to join the center’s advisory board. A result of the partnership is the Birth Visit by Esperanza’s lactation staff or covering pediatrician at the hospital, which is one of the seven points of contact in the HTP Breastfeeding Support and Education Work Flow system. The main facilitators for this key partnership and program implementation were leadership buy-in, and the use of physician champions that were engaged and active program advocates.

By shifting internal policies and systems and integrating breastfeeding support into other existing culturally appropriate, population-based services within the clinic, Esperanza Health Center’s HTP was able to increase breastfeeding community continuity of care for the predominately low-income Latino community served by the FQHC in Southwest Chicago.

To learn more about this project, watch the recording of the webinar Breastfeeding in the Community: Closing the Care Gap No Cost Continuing Education Available here: http://bit.ly/2mRL48m.

Figure 1 illustrates the client contact points and indicates who and how breastfeeding support services are provided.
Appendix - Organizational Assessment Template

**Organization Information**

Organization Name  
Contact Name  
Telephone Number  
Email Address  
City  
State

Is your organization part of a larger systems/health centers network?

Does your organization have more than one clinic site?

How many clinic sites does your organization operate?

**Organization Infrastructure**

Breastfeeding Support Policy & Procedure

Does your organization have an infant feeding policy to emphasize the organization’s support of breastfeeding for both employees and clients, within both federal and state standards (break time, location)?

Does the policy include a statement of breastfeeding in public within the organization?
Appendix - Organizational Assessment Template continued...

Does the policy include location of a private space to pump/breastfeeding (if requested)?

Do you train new staff on this policy?

Is this policy easily accessible by staff?

Please provide more information about where the policy is located and how staff can promptly access it if needed.

Is this policy reviewed on a consistent basis?

Please explain who reviews the policy and how frequently it is reviewed.

Does the policy/procedure include a process for reporting concerns if they arise?

How is the policy conveyed to staff during their pregnancy and/or postpartum period to understand their protections?
Appendix - Organizational Assessment Template continued...

Please attach the policy and describe how it was developed (e.g., sources of input, resources pulled from).

Please explain why your organization does not have an infant feeding policy.

Internal Breastfeeding Education and Support Procedure

Does your organization have established procedures/workflow for staff to address breastfeeding education prenatally?

Do you train new staff on this policy?

Where is the procedure document kept and how is it accessed by staff?

Does your organization review this procedure/workflow on a consistent basis?

Please attach the policy and describe how it was developed (e.g., sources of input, resources pulled from).
Please make note of any barriers to implementation and solutions to adopt.

Does your organization have established procedures/workflow for staff to:

Provide Breastfeeding support internally?  Yes  No

Refer new parents to lactation support providers outside of your organization?  Yes  No

Conflict of Interest

Does your organizational policy have a written statement discouraging representatives of the formula industry from interacting with office staff?

Does your organization accept and display any giveaways/freebies from formula/baby food companies such as note pads, pens, within the clinic?

Does your organization offer educational materials for prenatal/postpartum families sponsored by formula companies?

Does your organization offer free formula samples for prenatal and breastfeeding families?

Please explain.
Does your organization provide staff training on the negative influence of formula advertising on breastfeeding duration for the families exposed to the marketing (including sponsored formula industry items, formula coupons, samples, etc)?

Does your organization allow formula/baby food representative to offer educational sessions to any staff?

Please explain.

**Electronic Health Records**

Does the organization’s Electronic Health Record (EHR) or chart used for individual counseling track:

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant feeding plan/intention</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Breast exam</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Current health concerns of the mom (physical and psychosocial)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Barriers to breastfeeding for mom and baby</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Infant feeding concerns</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Breastfeeding education provided (in-house or community)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Referrals given to other departments or community services</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Infant feeding patterns</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Amount of breastmilk being given</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Is language standardized for what is considered exclusive versus partial breastfeeding?

Are the answer slots to these questions mandatory?

Are there links to the mother/baby charts for interdepartmental needs?

Please attach screenshots of EHR tracking items.
(Skip this question if you do not have an EHR.)

**Infrastructure**

What are the breastfeeding assets within your organization (ex: skills, interests, capacities, spaces, champions, culture, coalitions, and other existing partnerships, grant opportunities)?

Is information gathered from families being served about satisfaction?

Please upload the survey tool to gather information on satisfaction.
How is patient satisfaction monitored?

**On-Going Staff Training**

Is breastfeeding education/training provided consistently?

Please describe the training curriculum (basic/advanced/developed in-house or purchased), delivery method, frequency and length of training, and staff receiving training (all staff, clinical staff, etc.).

**Social Marketing/Organizational Environment**

Does your organization have images, such as posters and information presenting breastfeeding as a normal behavior with culturally appropriate materials in:

- Waiting rooms: Yes ☑️ No ☐
- Patient rooms: Yes ☑️ No ☐
- Education areas: Yes ☑️ No ☐

Please attach pictures of the posters.

Does your organization coordinate with other community partners serving mothers and babies on standardizing of messaging and educational materials?
Does your organization have information posted to promote (in-house or community) breastfeeding classes and/or support groups?

Does your organization have information posted to promote internal breastfeeding clinics/support?

Does your organization have information posted to promote community breastfeeding clinics/support?

Does your organization have a private space for mothers to breastfeed/pump if desired?

Does your organization promote breastfeeding (images, messaging) on social media?

**Breastfeeding Support**

**Prenatal and Postpartum Breastfeeding Services**

Which of the following does your organization consistently provide your clients? (Check all that apply)

- [ ] Prenatal breastfeeding history
- [ ] Clinical breast exam to identify breastfeeding concerns
Infant feeding assessment for infants within 48 hours of hospital discharge

Address breastfeeding concerns in all postpartum and pediatric visits

Assessment of pre- and post-feeding weights

Triage system for breastfeeding concerns within organization for rapid referral

Prompt access to in-house affordable, culturally attuned to any level lactation support providers

Referral to affordable, culturally attuned advanced clinical lactation support as needed, such as physicians or nurses with breastfeeding medicine expertise or IBCLCs

Adequate time and space for breastfeeding counseling in private, comfortable setting

Follow CDC guidelines on using World Health organization (WHO) growth charts for breastfed children zero to two years of age

Breastfeeding support groups frequently and consistently

Breast pump (or access) with instructions as needed

Nipple shields and other breastfeeding supplies as needed

Formula samples and/or gift packs

Referrals to support groups

Walk-in breastfeeding support

Follow-up phone calls to check on breastfeeding

Warm-lines

Home visits by lactation support providers

Virtual breastfeeding support (texting, internet, telehealth options)

Resource guide with a list of community prenatal and postpartum services

Follow-up on referrals given (to ensure parents received recommended services)

Please describe your available services in more details, including the frequency of services, successful programs, and status of services (e.g., services you discontinued or are currently planning to start).
Does your organization have a set schedule stating which breastfeeding education topic should be covered at which visit and by which staff (e.g., Breastfeeding Benefits at week 6 prenatal, Feeding on Cue at week 30 prenatal, Skin-to-Skin at week 36, etc.)?

Please attach the schedule.

Do you work in partnership with your local hospitals for post-discharge breastfeeding support?

Please explain how you collaborate with the hospital (e.g., in-hospital support by our staff, hospital IBCLC sends a referral to us, etc.).

Is donor milk prescribed when needed for medical supplementation?

**Community Needs Assessment**

Have you conducted a breastfeeding needs assessment related to breastfeeding services?

Do you know all available prenatal/postpartum breastfeeding support (classes, providers, support groups, etc) within the community?

Do you know clients’ barriers to accessing classes within the community such as language, cost, and location?
Do you work collaboratively with community partners/OB providers to fill the gaps and eliminate the barriers?

Please provide details about your collaboration with community partners/OB providers.

**Collaborations**

Does your county/city have a breastfeeding coalition or advisory board focusing work on breastfeeding across your community?

Are any of your staff dedicated to participate in the breastfeeding coalition/advisory board?

Is your organization involved at any level in your state’s breastfeeding coalition?
Appendix — Pre- and Post-Training Assessment of Breastfeeding Attitudes, Values, and Knowledge of Providers and Staff

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Health professionals should actively encourage all mothers in their practices to breastfeed.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Formula feeding is not a good way of letting fathers care for the baby. A Breast milk is the ideal food for babies.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>A mother who occasionally drinks alcohol should breastfeed her baby.</td>
<td></td>
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<tr>
<td>4.</td>
<td>A Health professional have a lot of influence on a woman’s decision to continue breastfeeding.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>A breastfed baby is likely to have fewer infections than a formula-fed baby.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Formula-fed babies are more likely to be overfed than breastfed babies. Breastfeeding is beneficial to a mother’s health.</td>
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</tr>
<tr>
<td>7.</td>
<td>Breast milk alone can satisfy most babies for approximately the first 6 months.</td>
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<tr>
<td>8.</td>
<td>Formula milk is less easily digested than breast milk.</td>
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</tr>
<tr>
<td>9.</td>
<td>Breastfeeding provides health benefits for infants that cannot be provided by formula.</td>
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<tr>
<td>10.</td>
<td>Fathers don’t feel left out if a mother breastfeeds.</td>
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<tr>
<td>11.</td>
<td>A woman who is fully breastfeeding is less likely to become pregnant 3 months after delivery than a woman who is formula feeding.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>A woman who is fully breastfeeding is less likely to become pregnant 3 months after delivery than a woman who is formula feeding.</td>
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</tr>
<tr>
<td>13.</td>
<td>Supplemental feeding is detrimental to the establishment of a good milk supply.</td>
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<tr>
<td>14.</td>
<td>It is not usually advisable for babies to receive a formula feed before the first breastfeed.</td>
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<tr>
<td>15.</td>
<td>Growth patterns of breastfed infants differ from those of formula-fed infants.</td>
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<tr>
<td>16.</td>
<td>If a breastfed infant has not regained his or her birth weight by 2 weeks of age, the mother should not be encouraged to begin supplementing with formula.</td>
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<tr>
<td>17.</td>
<td>A mother of an infant who feels she has insufficient milk should not “top up” with a bottle after each feed.</td>
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<tr>
<td>18.</td>
<td>There are short- and long-term health risks to formula feeding for both mother and baby</td>
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</tbody>
</table>

Extracted from the journal article:
Appendix — Pre- and Post-Training Assessment of Breastfeeding Practices of Providers and Staff: Who Indicate That They Are Following Recommended Practices to Support Breastfeeding

Which of the following do you communicate to your patients about breastfeeding?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Breastfeeding is the normal way to feed infants.</td>
<td></td>
</tr>
<tr>
<td>2. Try breastfeeding, but if it doesn’t work for you, don’t feel guilty.</td>
<td></td>
</tr>
<tr>
<td>3. Breastfeeding is ideal, but formula is acceptable.</td>
<td></td>
</tr>
<tr>
<td>4. Formula feeding carries health risks for mother and baby.</td>
<td></td>
</tr>
<tr>
<td>5. Breastfeeding and formula feeding gives you the best of both worlds.</td>
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</tr>
<tr>
<td>6. Exclusively breastfeed for 6 months and continue breastfeeding until at least baby’s first birthday.</td>
<td></td>
</tr>
<tr>
<td>7. Breastfeeding is dose dependent (i.e., more breastfeeding means more benefits),</td>
<td></td>
</tr>
<tr>
<td>8. Unsure/don’t know.</td>
<td></td>
</tr>
</tbody>
</table>

If a breastfeeding mother complains of engorgement, what do you typically tell her that she can do to resolve this problem? Increase breastfeeding frequency?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Express colostrum/milk</td>
<td></td>
</tr>
<tr>
<td>2. Feed baby supplemental bottles until engorgement subsides</td>
<td></td>
</tr>
<tr>
<td>3. Breast massage</td>
<td></td>
</tr>
<tr>
<td>4. Apply heat (warm shower/bath, heating pad, etc) before feeding</td>
<td></td>
</tr>
<tr>
<td>5. Restrict fluids</td>
<td></td>
</tr>
<tr>
<td>6. Apply ice packs after breastfeeding</td>
<td></td>
</tr>
<tr>
<td>7. Express breasts after feeding for thorough draining/emptying</td>
<td></td>
</tr>
<tr>
<td>8. Unsure/don’t know</td>
<td></td>
</tr>
</tbody>
</table>

If a breastfeeding mother complains of nipple pain within the first week of breastfeeding but has no broken skin or other nipple damage, what do you typically tell her that she can do to resolve this problem?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tell her that mild nipple discomfort is a normal part of breastfeeding and will likely get better over time</td>
<td></td>
</tr>
<tr>
<td>2. Show her correct positioning/latch techniques</td>
<td></td>
</tr>
<tr>
<td>3. Advise her to stop breastfeeding until the pain is better</td>
<td></td>
</tr>
<tr>
<td>4. Visually assess baby’s position/latch at the breast</td>
<td></td>
</tr>
<tr>
<td>5. Provide her with a nipple shield</td>
<td></td>
</tr>
<tr>
<td>6. Advise her to avoid engorgement by breastfeeding frequently</td>
<td></td>
</tr>
<tr>
<td>7. Encourage her to return or call if problem worsens or continues</td>
<td></td>
</tr>
<tr>
<td>8. Suggest a variety of comfort measures (e.g., warm water compress, gel pads, lanolin cream, etc)</td>
<td></td>
</tr>
<tr>
<td>9. Unsure/don’t know</td>
<td></td>
</tr>
</tbody>
</table>
Appendix — Pre- and Post-Training Assessment of Breastfeeding Practices of Providers and Staff: Who Indicate That They Are Following Recommended Practices to Support Breastfeeding cont...

If a breastfeeding mother complains of nipple pain within the first week of breastfeeding and has nipple damage, what do you typically tell her that she can do to resolve this problem?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Refer her to an IBCLC or other lactation specialist</td>
<td></td>
</tr>
<tr>
<td>2. Tell her that damage like this is a normal part of breastfeeding and will likely get better over time</td>
<td></td>
</tr>
<tr>
<td>3. Show her correct positioning/latch techniques</td>
<td></td>
</tr>
<tr>
<td>4. Suggest that she pump and bottle feed her milk from now on</td>
<td></td>
</tr>
<tr>
<td>5. Visually assess baby’s position/latch at the breast</td>
<td></td>
</tr>
<tr>
<td>6. Assess for nipple/breast infection</td>
<td></td>
</tr>
<tr>
<td>7. Tell her that breastfeeding just doesn’t work for some and not to feel guilty</td>
<td></td>
</tr>
<tr>
<td>8. Schedule a follow-up visit to assess effectiveness of treatment measures</td>
<td></td>
</tr>
<tr>
<td>9. Unsure/don’t know</td>
<td></td>
</tr>
</tbody>
</table>

If a woman develops mastitis, what do you usually advise her to do about breastfeeding?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Continue to feed on both sides</td>
<td></td>
</tr>
<tr>
<td>2. Stop feeding on the affected side</td>
<td></td>
</tr>
<tr>
<td>3. Stop feeding altogether</td>
<td></td>
</tr>
<tr>
<td>4. Prescribe antibiotics</td>
<td></td>
</tr>
<tr>
<td>5. Unsure/don’t know</td>
<td></td>
</tr>
</tbody>
</table>

Which of the following strategies do you suggest to a mother who is concerned that she isn’t making enough milk for her baby?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase frequency of breastfeeding</td>
<td></td>
</tr>
<tr>
<td>2. Give baby a bottle of formula following breastfeeding</td>
<td></td>
</tr>
<tr>
<td>3. Use a breast pump after breastfeeding</td>
<td></td>
</tr>
<tr>
<td>4. Drink more fluids</td>
<td></td>
</tr>
<tr>
<td>5. Assess baby’s weight gain to see if concern is warranted</td>
<td></td>
</tr>
<tr>
<td>6. Unsure/don’t know</td>
<td></td>
</tr>
</tbody>
</table>
Appendix — Pre- and Post-Training Assessment of Breastfeeding Practices of Providers and Staff: Who Indicate That They are Following Recommended Practices to Support Breastfeeding cont...

Which of the following are red flags for further feeding assessment in a mother/newborn dyad?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Continuous feedings with no beginning or end</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Mother has damaged nipples</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Fewer than 7-12 feedings in 24 hours</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Weight loss ≥ 10%</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Mother reports prolonged or repeated engorgement</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Weight loss ≥ 5 ounces</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Jaundice or other signs of dehydration</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Baby who feeds more than every 3 hours</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Baby continues to lose weight after “milk comes in”</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Mother reports baby is “good” and sleeps all the time</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>More than one 4-5 hour sleep period in 24 hours</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Unsure/don’t know</td>
<td></td>
</tr>
</tbody>
</table>
Erie Family Health Centers Clinic Breastfeeding Procedure

Erie Family Health Centers envisions a world where all people are living their healthiest lives. Because we are uncompromising in providing top quality patient care, the goal of this document is to increase breastfeeding rates and longevity for our patients and staff members. This document will describe some ways in which we promote breastfeeding and provide resources and staff education to meet the needs of a breastfeeding family.

Exclusive breastfeeding is recommended by all major maternal child health care entities including the World Health Organization, UNICEF, the Centers for Disease Control & Prevention, the American Academy of Pediatrics, the American Academy of Family Practice, the American College of Obstetrician & Gynecologists and the American College of Nurse Midwives.

Because breastfeeding has been shown to be the superior form of infant nutrition and because alternate forms of infant feeding carry significant health, social and economic risks to parent and baby, Erie Family Health Centers subscribes to the following procedure:

1. **Providers, nurses and staff members who have contact with patients are expected to maintain and convey to patients accurate and current knowledge regarding breastfeeding. Site medical directors and health center operations determine allocation of staff resources around breastfeeding.**
   - Erie will provide annual training time on breastfeeding and will evaluate staff’s general knowledge around breastfeeding.
   - References for triage of breastfeeding questions will be made available by the organization and should be consulted when answering patient concerns.
   - The organization and site leadership will designate trained staff members (i.e. medical assistants, RNs, IBCLCs, providers) to quickly respond to patients with breastfeeding questions, provide breastfeeding assistance, and/or connect parents with local resources. Sites may choose to have a breastfeeding desktop, a site breastfeeding champion, and/or produce site specific materials. Erie will leverage community partners to support breastfeeding for Erie patients.
   - Copies of current lactation resources and patient education will be made available in all clinic sites and will be familiar to all patient facing staff members, including clinical and clerical staff.
   - Breastfeeding training for Erie staff will include information on situational and cultural sensitivity. For example, information and support to adoptive parents, same sex couples, women with contraindications to breastfeeding and trauma survivors.

2. **Breastfeeding will be actively promoted.**
   - Staff members will sensitively provide all prenatal patients and parents of newborns with accurate information regarding the benefits of breastfeeding and the risks associated with formula feeding to enable them to make an informed decision about infant feeding.
   - Providers will encourage breastfeeding and disseminate information regarding resources and educational opportunities during the second trimester.
• Breastfeeding parents will be given timely support to enable them to breastfeed for as long as they wish. Parents calling for appointments regarding breastfeeding problems should be given an appointment no later than the next clinic day.
• Any printed material used should not be sponsored by or contain advertisements for formula.
• Erie Family Health Centers will continue to support a multidisciplinary team to continue to promote the increase of breastfeeding rates and duration of breastfeeding as well as to identify and eliminate institutional barriers to breastfeeding.
• Prenatal breastfeeding classes will be regularly offered at multiple sites to accommodate patient demand and ensure adequate enrollment.
• Erie Family Health Centers will recognize World Breastfeeding Week annually.

3. Breastfeeding will be passively promoted.
• No formula samples, literature or promotional items from formula companies shall be visible to patients. This includes posters, cups, pens, pads of paper, lanyards and name badges.
• The International Breastfeeding symbol will be displayed on the front door of all Erie Family Health Centers locations and at the entrance of each designated lactation room.
• Erie will include breastfeeding friendly images in promotional materials and clinic artwork.

• No formula samples or formula company "gift packs" shall be distributed to pregnant patients, new parents or to any family member.

5. Community breastfeeding support resources will be available at each site.
• Current information for La Leche League, the WIC Program, breastfeeding and new parent support groups, Public Health lactation resources and Lactation Consultants (IBCLCs) should be readily available in writing to give to patients.

6. This clinic shall maintain a supportive breastfeeding environment.
• Within our clinic, parents may breastfeed their children in any location in which they are comfortable. If they request a more private location, they may use an unoccupied exam room or the clinic lactation room. All Erie employees and volunteers will be supported in breastfeeding and pumping at work.

7. Non-breastfeeding families will be given support to feed their infant.
• Staff will teach families using formula on how to safely choose, prepare, use and store formula.
• Erie will create and utilize guidelines for supplementation with formula when necessary.

8. Advocacy for our breastfeeding patients.
• Erie Family Health Centers will promote and support breastfeeding at our partner hospitals and in the community.
• Our organization will serve as a leader in breastfeeding advocacy at the local, state, and national level, and in accordance with the Healthy People 2020 breastfeeding goals.
COMMUNITY HEALTHCARE NETWORK

POLICY AND PROCEDURE

MANUAL: HEALTH EDUCATION
TITLE: BREASTFEEDING EDUCATION REQUIREMENTS

Effective Date: 5/2014
Revision Date(s):

PRINCIPLES:
Community Healthcare Network believes that breastfeeding is the healthiest way for a woman to feed her baby and recognizes the important health benefits now known to exist for both the mother and her child.

POLICY:
All disciplines providing services for prenatal patients must provide culturally and linguistically appropriate education about breastfeeding that enables patients to make fully informed choices about how to feed and care for their babies. Community Healthcare Network will ensure that all prenatal patients receive comprehensive verbal and written education regarding the benefits of breastfeeding and will make every effort to support the mother and other caregivers when she has made that choice. Community Healthcare Network Staff will not discriminate against any woman’s choice for infant feeding.

PROCEDURE:
1. Mothers are permitted to breastfeed their infants in all public areas of CHN facilities and will be provided with a private room to breastfeed their infants upon request.
2. All pregnant women will be given an opportunity to discuss infant feeding on a one-to-one basis with multi-disciplinary staff at different points in her pregnancy.
3. Parents who have made a fully informed choice to formula feed their babies will be educated on how to correctly prepare formula in the postnatal period.
4. No literature provided by infant formula manufacturers is permitted.
5. All breastfeeding educational material for distribution to women or their families must be approved by health literacy.
6. Documentation. All education provided about breastfeeding must be documented. Documentation will include:
   - Documentation that shows the mother has been taught and understands various aspects related to infant feeding, such as: the health impact of breastfeeding to mother and child; the benefits of exclusivity; information on milk supply,
engorgement versus fullness, sore nipples, mastitis, pacifiers, and WIC, as well as information on preparing and giving formula, if appropriate.

- Health Educators will provide breastfeeding education at or around 18 weeks, 32 weeks, newborn and post-partum visits as well as lactation counseling where applicable (see appendix C)
- Avoid using the word “bottle” as a synonym for formula. Because bottles may contain expressed breast milk or donor human milk, it is best to be specific about the milk that the infant is consuming.
- Collect information on each infant related to the approved reasons for not exclusively feeding breast milk, such as HIV infection or substance.

7. **Responsible Parties:** Providers, nutritionists, social workers, nurses and health educators are all responsible for breast health education when they see patients at their prenatal visits. Breastfeeding will be discussed at all prenatal visits and specifically at 18 weeks, 32 weeks, a pediatric one-two week visit and postpartum.
   - Health Education and Nutrition departments will provide staff with training to become Certified Lactation Counselors, to provide patients with counseling, latch assessments, and assist in the management of common breastfeeding difficulties.
### Appendix — Healthnet Training Huddle for Nurses

Staff Breastfeeding Huddle

Nursing — Managing Engorgement

<table>
<thead>
<tr>
<th>GOALS</th>
<th>ASSESSMENTS</th>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Nurses will be able to identify symptoms and exam findings of engorgement</td>
<td>• Nurses will score 80% or greater on role play checkoff activity</td>
<td>• Role play case with patient history, exam, and management</td>
</tr>
<tr>
<td>• Nurses will be able to explain three management steps for engorgement</td>
<td>• Nurses will list two resource options for patient education</td>
<td>• Brief didactic on engorgement anatomy, physiology, symptoms, and management</td>
</tr>
<tr>
<td>• Nurses will be able to identify two resources for patient education for care</td>
<td>• Demonstrate technique for reverse pressure softening and therapeutic lymphatic breast massage</td>
<td>• Review online education options – lactation education resource handout, IABLE handout, youtube videos of hands on techniques</td>
</tr>
<tr>
<td>• Nurses will be able to demonstrate two hands on techniques to treat engorgement</td>
<td>• Hands on demonstration on breast model</td>
<td></td>
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</tbody>
</table>

Activities, Citations and Notes

Role play checkoff case points:

Engorgement symptoms

- Usually at day 2–5 postpartum
- Swelling, firmness, lumpiness, diffuse pain of breasts
- Breasts may be diffusely warm, but NOT have fever or systemic symptoms
- Severe—can be difficult to remove milk by hand expression or pumping

Engorgement exam findings

Management plan:

- NSAID (if prescribed)
- Ice
- Lay back to use gravity
- Reverse pressure softening
- Therapeutic lymphatic breast massage
- Hand expression or pumping small amount before nursing sessions

Patient Education Resources

- Lactation Education Resources website
- IABLE handout and videos
- Videos – youtube links for reverse pressure softening, therapeutic massage, and hand expression

Hands on demonstration methods
Appendix — Bluestem Pre- and Post-test Assessment for All Training Staff

1. I believe breastfeeding is the best source of nutrition for most infants
   
   | Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

2. I believe women and babies may need help learning how to breastfeed
   
   | Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

3. I believe women should have the right to breastfeed in public places
   
   | Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

4. I believe that the routine distribution of formula at prenatal visits and office visits can impact a woman’s decision to breastfeed
   
   | Strongly disagree | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |

5. Breastfed babies are less likely to develop the following illnesses (pick one):
   
   a. Asthma, diarrhea and ear infections
   b. Leukemia and sudden infant death syndrome (SIDS)
   c. Obesity and type 2 diabetes
   d. a and c only
   e. a, b and c

6. Breastfed babies usually need fewer visits to the doctor or hospital and fewer prescriptions- making medical cost lower.   True or False

7. Breastfeeding benefits mothers as well as babies.   True or False

8. There are non-nutritional benefits to breastfeeding.   True or False

9. By law, women have the right to 1) breastfeed anywhere they have a legal right to be and 2) employers with 15 or more employees have to provide a safe, clean and private place for a mother to pump breastmilk while at work.   True or False

10. I am aware that Bluestem Health has written procedures to support breastfeeding for client and employees.   True or False
References


References cont...


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FOR MORE INFORMATION, PLEASE CONTACT:
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