



Home Visitor's Role in Breastfeeding Education: Strengths and Opportunities



Speakers

FSU Center for Prevention & Early Intervention Policy

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Objectives for today's presentation

1. Describe the value of home visiting programs in breastfeeding promotion and support.
2. Identify the strengths and opportunities with breastfeeding education and home visiting.



Background

Home Visiting & Training Since 1993

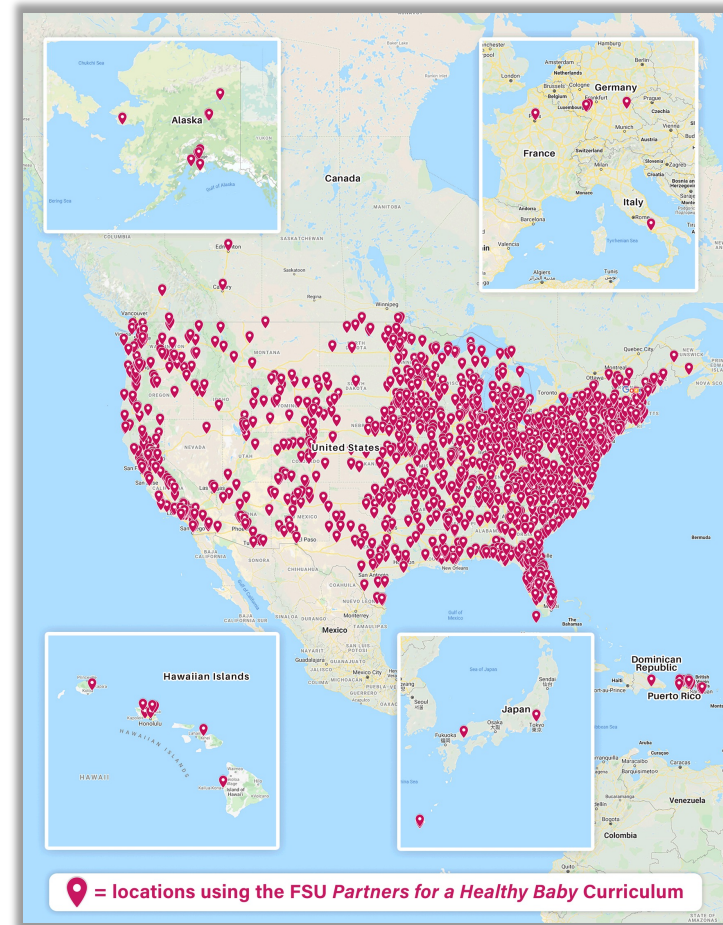
- Federal Healthy Start 1993-96
- EHS & YPP home visiting programs
- *Partners for a Healthy Baby* curriculum & training
- Breastfeeding Counselor Course adopted in 2019





Programs and Models Using *Partners for a Healthy Baby*

- Early Head Start (EHS)
- New Parent Support Program
- Healthy Start (HS)
- Healthy Families America (HFA)
- Parents as Teachers (PAT)
- Non-profit community organizations
- Faith-based organizations





Home Visiting Programs

- Provide services under a program model
- Adopt one or more curriculum
- Tailored services to
 - Pregnant women
 - Parents
 - Infants & Toddlers
 - Caregivers (foster, grands)
- Most programs are voluntary
- Risk factor requirement for most
 - income
 - health risk
 - zip code





Home Visiting Models in Florida

- Healthy Start
- Federal Healthy Start
- Early Head Start
- Healthy Families Florida
- Nurse-Family Partnership
- Parents as Teachers



Florida
Maternal Infant & Early Childhood
Home Visiting Initiative





Who are Home Visitors?

- Multi-disciplinary backgrounds
- Varied educational backgrounds
- Trained in motivational communication
- Trauma-informed lens
- Open the door to a system of care
- Provide direct services
- Family educators
- Resources and referrals





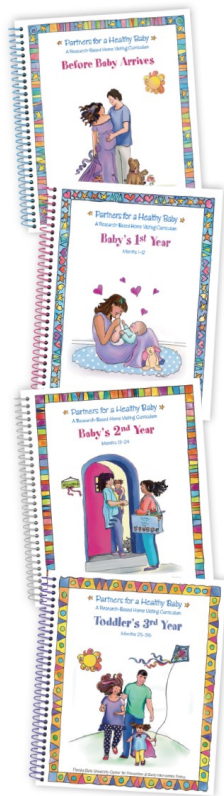
What Do They Talk About?

- Prenatal and postpartum care
- Preventing preterm birth
- Childbirth education
- Health insurance coverage
- Preventing SIDS and other childhood deaths
- Parent-child interaction
- Infant & child development
- Physical and emotional wellness
- Age 0-3 feeding





Home Visiting Importance



Home visitors:

- Address various program goals while responding to family needs.
- Plan key topics at developmentally appropriate and critical times.
- Are in a unique position to promote and support breastfeeding.



Opportunities

Home visiting and breastfeeding priorities- What is the fit?





Healthy People 2030 Goals

Increase to, at least:

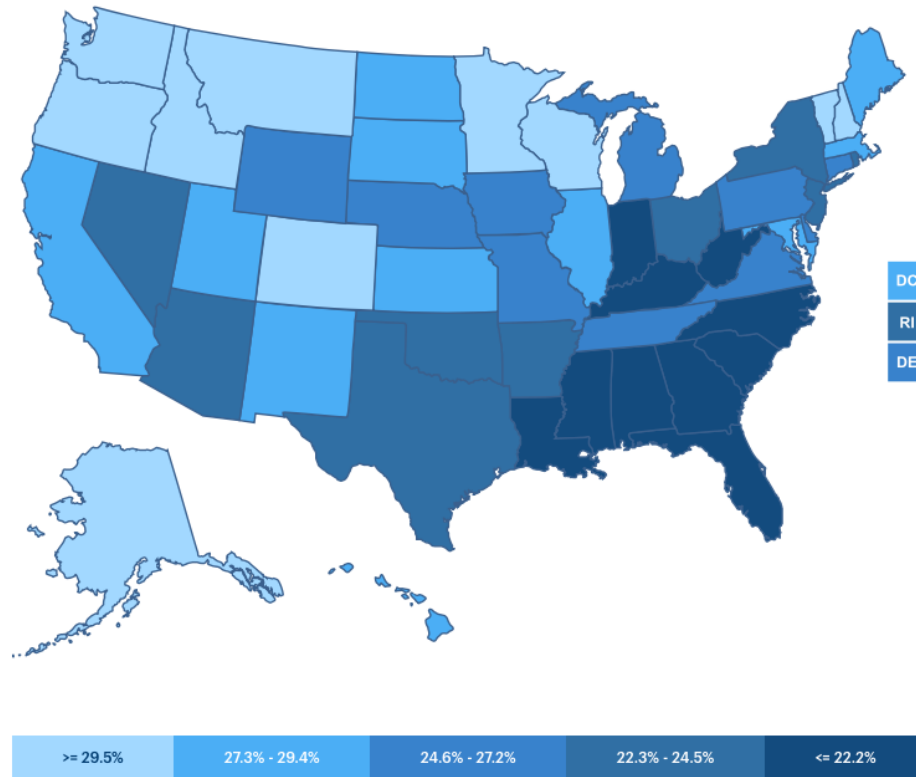
- 42.4% exclusive breastfeeding at 6 months (currently 25%)
- 54.1% still breastfeeding at 12 months (currently 35%)





Exclusive Breastfeeding at 6 Months

Percentage of infants exclusively breastfed for six months





US Breastfeeding Committee National Agenda

- Goal 1: Assure access to comprehensive, current and culturally appropriate lactation care and services for all women, children and families
- Goal 2: Ensure that breastfeeding is the recognized as the normal and preferred method of feeding infants and young children





The Baby-Friendly Hospital Initiative

Designed to recognize hospitals and birth centers that have taken steps to provide an optimal environment for breastfeeding using “10 Steps”

- Step 10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.





Surgeon General's Call to Action to Support Breastfeeding

- Use community organizations to promote and support breastfeeding.
- Support better tracking of breastfeeding rates as well as factors that affect breastfeeding.





CDC Guide to Breastfeeding Interventions

“Fund training programs for health educators
...who work with women of childbearing age to
educate mothers about breastfeeding.”





US Preventative Services Task Force

“Professional support may be delivered during pregnancy, the hospital stay, the postpartum period, or at multiple stages.

It may be conducted in an office setting, in the hospital, through home visits, through telephone support, or any combination of these.

Sessions generally last from 15 to 45 minutes, although some programs have used shorter or longer sessions.

Most successful interventions include multiple sessions and are delivered at more than 1 point in time.”





2022-2026 State Health Improvement Plan

Maternal and Child Health:

- Education and resources provided by home visitors can help support many of these goals.
- Breastfeeding links with many of these goals.



State Health Improvement Plan



Maternal and Child Health

The well-being of women, infants, children and families determines the health of the next generation. Events over the life course influence maternal and child health risks and outcomes. Difference in health outcomes such as infant mortality, by race and ethnicity, can predict future public health challenges for families, communities and the health care system.

GOAL 1

Increase access to quality primary, preventative and sub-specialty care for infants, children and adolescents.

GOAL 2

Reduce infant morbidity and mortality.

GOAL 3

Reduce maternal morbidity and mortality.

GOAL 4

Improve preconception and interconception health.





Strengths and Impacts: Recent studies

- 2021 study with a HFA program showed breastfeeding initiation *exceeded 88%*.
- Breastfeeding continuation during the study period was *30% higher* among HFA mothers.
- Key lessons were provided using common materials as the curriculum:
 - 2 prenatal lessons
 - 1 postpartum





Recent studies

- NFP and HFA joint project sought to improve home visitors' breastfeeding competencies and use of data to inform practice.
- HV from 15 programs in 7 states received training
- In that project, breastfeeding initiation increased from 47% to 61%.





Recent studies

HFA NY program study in 2018 showed that

- Delivering a breastfeeding message consistently during regular home visits is important for increasing breastfeeding rates.
- If a participant receives 1 more home visit during the third month pp, her likelihood of breastfeeding at 6 months increases by 11%.





Case Study with Training

- Public Health Solutions (a New York HFA site) developed a tracking system for data collection breastfeeding support results by month.
- Trained over 50 partners in lactation counseling course
- Saw a significant increase in the community capacity to support breastfeeding.





Florida Healthy Start

For 2021-2022

5077 Prenatal Clients and

3238 Infant Clients

Received an average of 45 minutes of
breastfeeding education each





Florida Early Head Start

2021-2022



529 Pregnant Clients Served

- 86.58% received breastfeeding education



Florida MIECHV

- Nurse-Family Partnership
- Parents as Teachers
- Healthy Families
 - all together served 1121 pregnant clients
 - 90% initiated breastfeeding
 - 38% breastfed for six months

65% of FI clients are <1 year of age compared to nationally which is about 34%



**Florida
Maternal Infant & Early Childhood
Home Visiting Initiative**



Step Up Suncoast Success Story

- **12.5%** of clients were breastfeeding at 6 months of age.
- Action steps:
 - Staff received the 20-hour breastfeeding course
 - Prenatal initiation of breastfeeding discussions
 - No longer provided bottles or other items prenatally that may discourage breastfeeding
 - Developed a breastfeeding starter kit
- As a result of the action steps, **60%** of prenatal enrollments were still breastfeeding at 6 months of age.





Nurse-Family Partnership Miami Success Story

Prior to training implementation

- 97% initiated breastfeeding
- **34 %** were breastfeeding at 6 months

Action steps:

- Implemented the 20-hour course training for staff

After training implementation

- 98% initiation
- **74%** breastfeeding at 6 months







Common Themes on Breastfeeding in Home Visiting Curriculum

- Promotion in the prenatal period
- Cultural awareness
- Health benefits
- Assessing support





Research on Timing and Content

- Introduce prenatally
- Provide varied approaches
 - one on one
 - support groups
 - classes
 - videos, written materials
- Assess support and resources
- Provide postpartum support
- Anticipatory guidance and education
- Timely referrals





Dosage Matters! *Partners for a Healthy Baby*

- 4+ in *Before Baby Arrives*
- 15+ in *Baby's 1st Year*
- Helps to organize the discussion
- Gives details for the home visitor and handout for the parent

Before Baby Arrives • Prenatal Month 6

PREPARING FOR BABY

Detailed Information Page

Nutrition & Feeding

Encourage expectant mother to breastfeed.



Have you thought about whether or not you'd like to breastfeed your baby? Have any of your family members or friends breastfed their babies? What have they told you about it? Have you talked with your partner about breastfeeding? What did he say? How does he feel about you breastfeeding?

There are many reasons why breastfeeding is best—not only for your baby, but also for you. For example, breast milk has all the nutrients babies need for optimal physical growth and development, as well as antibodies that protect them from colds, ear infections, allergies, and other illnesses. Breastfeeding is free. Breastfed babies get sick less often and breastfeeding will help you lose weight faster. Breast milk is more easily digested than any alternative infant food and has no unnecessary additives. You are the only person who can provide your baby with the most perfect food—your breast milk. Even if you are only able to breastfeed for a few weeks, it's still worth it. Let's review this handout about breastfeeding so that you have plenty of time to discuss it with your partner.



We can talk in detail about how to breastfeed. If you'd like, we can arrange for a lactation consultant—someone who helps women when they are first starting to breastfeed. We can also help you know how to get help during those first few weeks when you may feel unsure about how to breastfeed. We can help you plan ahead of time for the support you'll need for breastfeeding.

Let's talk to the nurse about your decision to breastfeed. Ask her to not give your baby a pacifier until your interest in breastfeeding is well established.

Give the expectant mother with enough information about feeding options to make an informed decision. If she responds with a "yes, but" when asked if she is interested in breastfeeding, listen to her concerns and offer your response to any barriers she shares. For example, if she says, "Yes, but I don't have time to pump in four weeks," support her decision to breastfeed and provide her with information about how to get help during those first few weeks.

Encourage the expectant mother to know about WIC and LaLeche groups. If she says that her partner or other family members are not supportive, support her decision to breastfeed, offer to talk with them and help her deal with their concerns.

Before Baby Arrives

Partners for a Healthy Baby Home Visiting Curriculum

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FSU Center for Prevention's Program

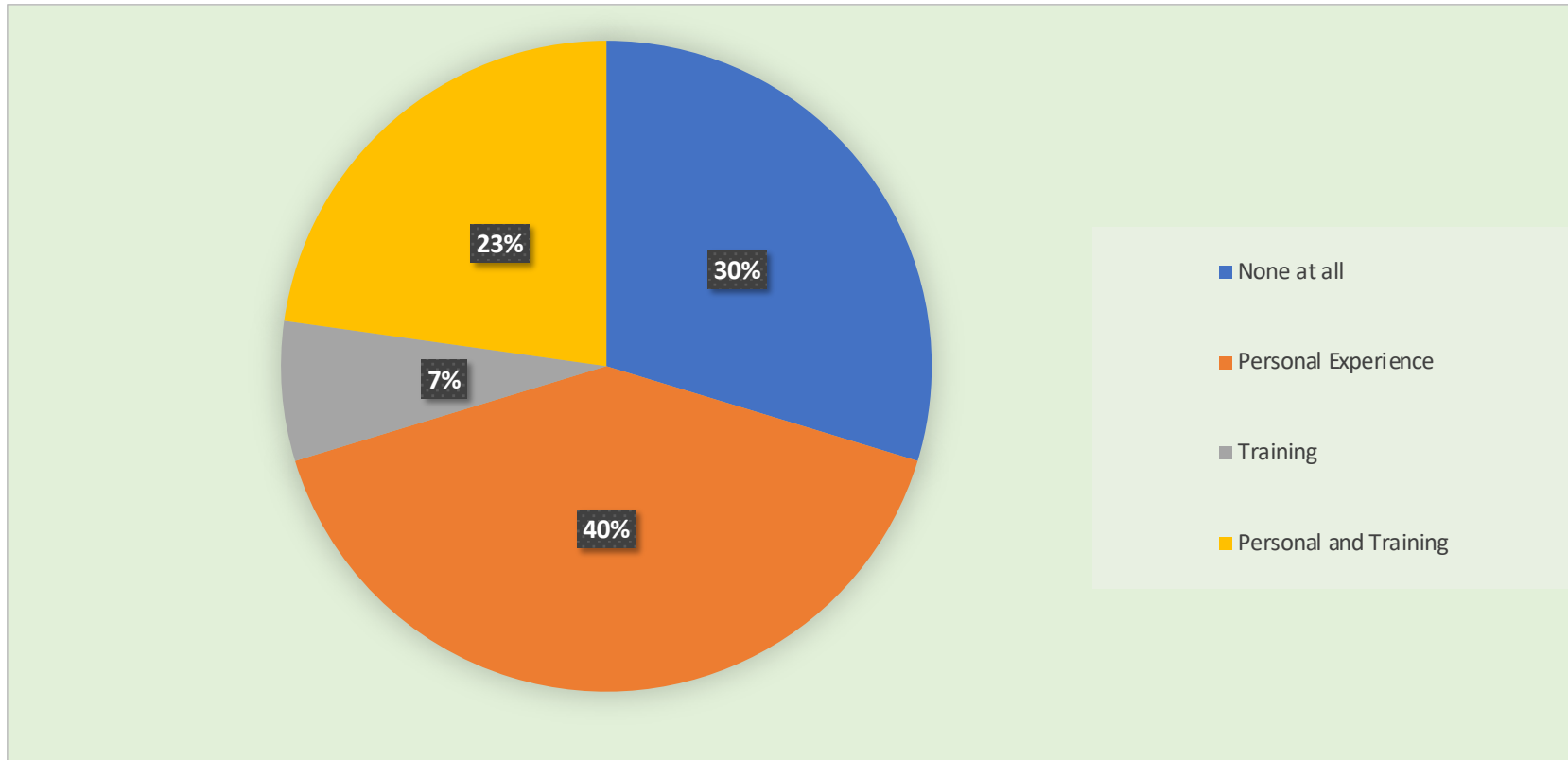
Training is a 20- hour course adapted for home visitors, based on the *Baby Friendly Hospital Initiative* and USBC Core Competencies.

- Open to anyone
- Required pre-reading of the *AAP's New Mother's Guide to Breastfeeding* (Rev. Edition)





Level of Experience of Home Visitors Attending



FSU CPEIP Breastfeeding Counselor Course Jan 2022- Dec 2022



Healing Lived Experience

We acknowledge that birth trauma and breastfeeding difficulties contribute to maternal depression and mental health. Home visitors often come in with their own trauma.

- *Acknowledge* what happened
- *Process* to move forward with learning

Recovering from a difficult birth experience

A difficult or disappointing birth can make your experience after childbirth more challenging. Instead of the perfect birth that you had imagined, you felt frightened, powerless, and overwhelmed. You may feel as if you are on an emotional and physical roller coaster. Stress, and feelings like disappointment or guilt, can make it hard to breastfeed, bond with your baby, or have sex after childbirth.

Some tips for recovery:

Rest allows your body to heal. Focus on yourself and your baby. A difficult birth followed by the stress of a demanding baby may leave you feeling overwhelmed. A painful incision or bad tear may cause a more difficult physical recovery. So let the dishes and other chores go for a while. Ask for and accept help when offered so that you can rest and heal.

Mourn your "dream birth." When things didn't go as planned, you may feel upset, guilty, or disappointed. Your feelings are real and important.

Talk about your birth experience. Tell the story of your birth. The more difficult your birth experience, the more talking you need to do. Write down your birth story, putting in as much detail as you can remember. Talking with people you trust can help you work through your feelings of disappointment and confusion. Talking with your doctor or midwife can give another account of your birth experience. So talk about your birth experience.

Don't blame yourself. Labor and birth are different for every woman. The birth process can be simple or complicated. Medical intervention may be necessary for mom or baby's health. Medications are often necessary for pain relief during labor. Sometimes comments made by other moms about their birth experience may be painful, so try to ignore them.

Focus on what went right!

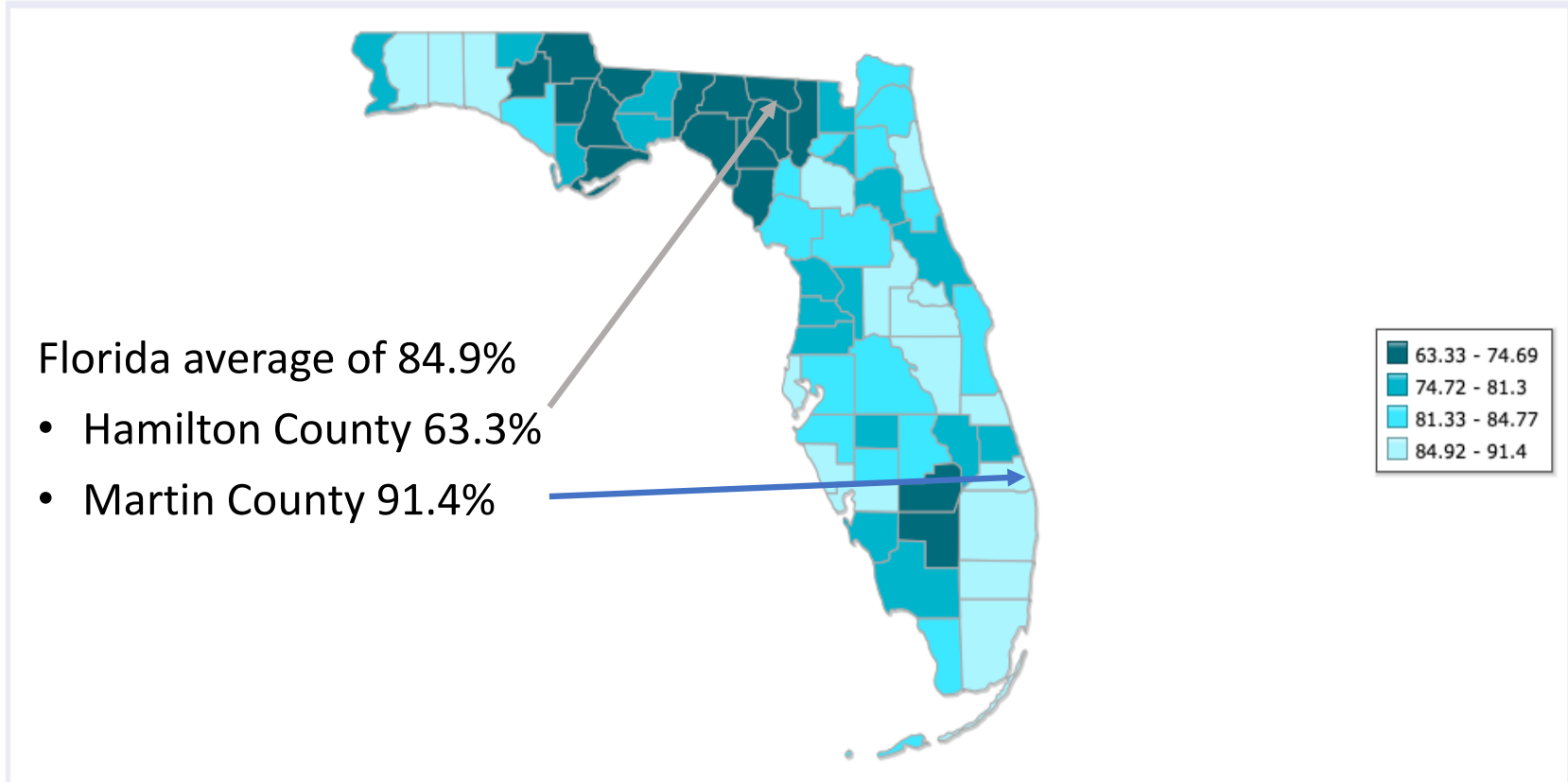
Partners for a Healthy Baby Home Visiting Curriculum
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Baby's 1st Year - Handout 95
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What's Happening in Florida

Mothers Who Initiate Breastfeeding, Percent of Total Births, 2021



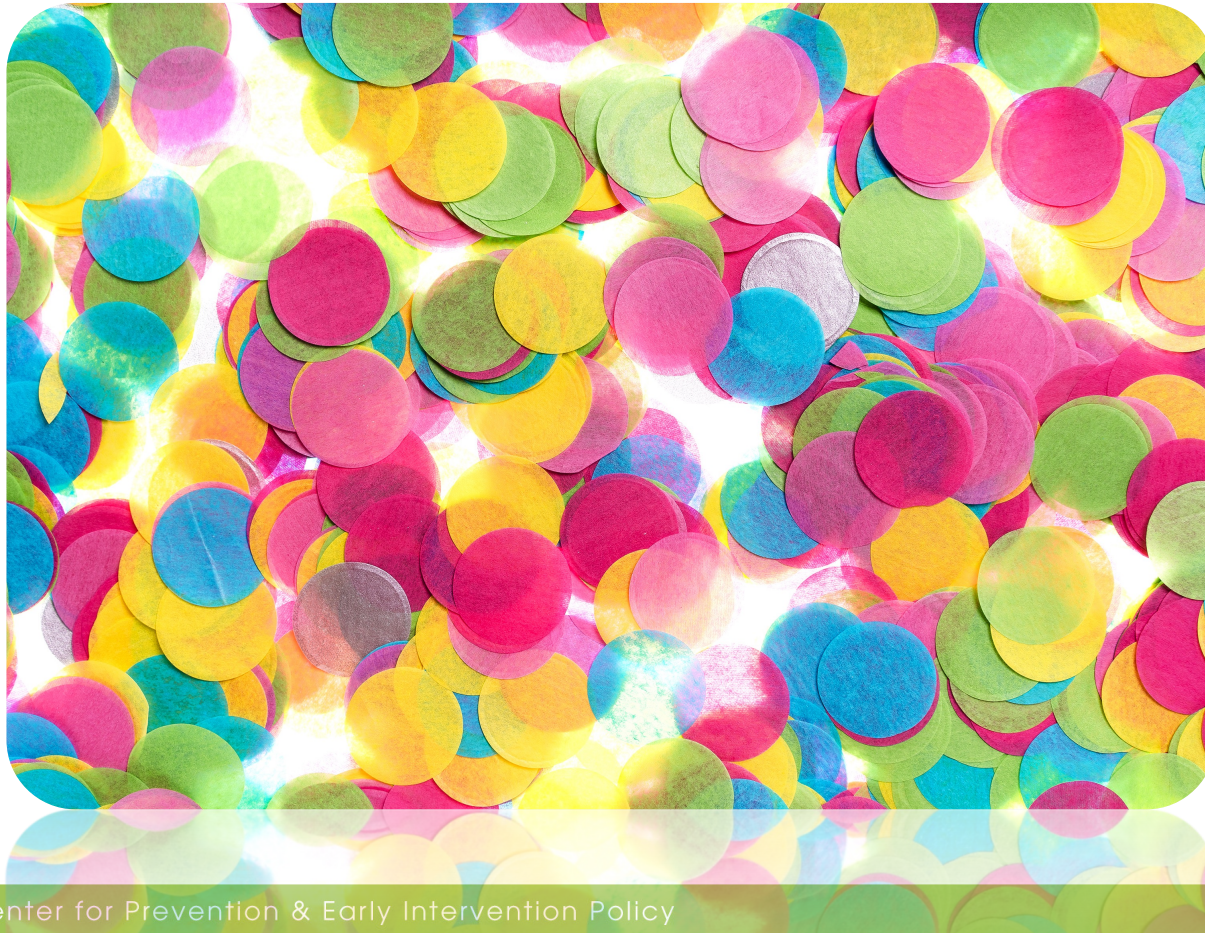


We asked: What are your numbers?



Ideal measures are documented:

- Initiation
 - At birth
- Duration
 - At 3 months
 - At 6 months
 - At 12 months +





We Encourage Programs To Collect Data at Initiation, 3 mo, 6 mo, 12 mo +



Some additional questions to ask:

- At 3 months, **exclusive or partial?**
- At 6 months, exclusive or already **starting solids?**
- What **barriers** were encountered?



Understand the Starting Points

- Lack of visits or encounters?
 - Staff training, materials, videos
- Support?
 - Create or increase referrals to support groups, on-line support
- Misinformation?
 - Access to books, reliable websites, hotlines
- Complications?
 - Create networks of referral to a Lactation Consultant





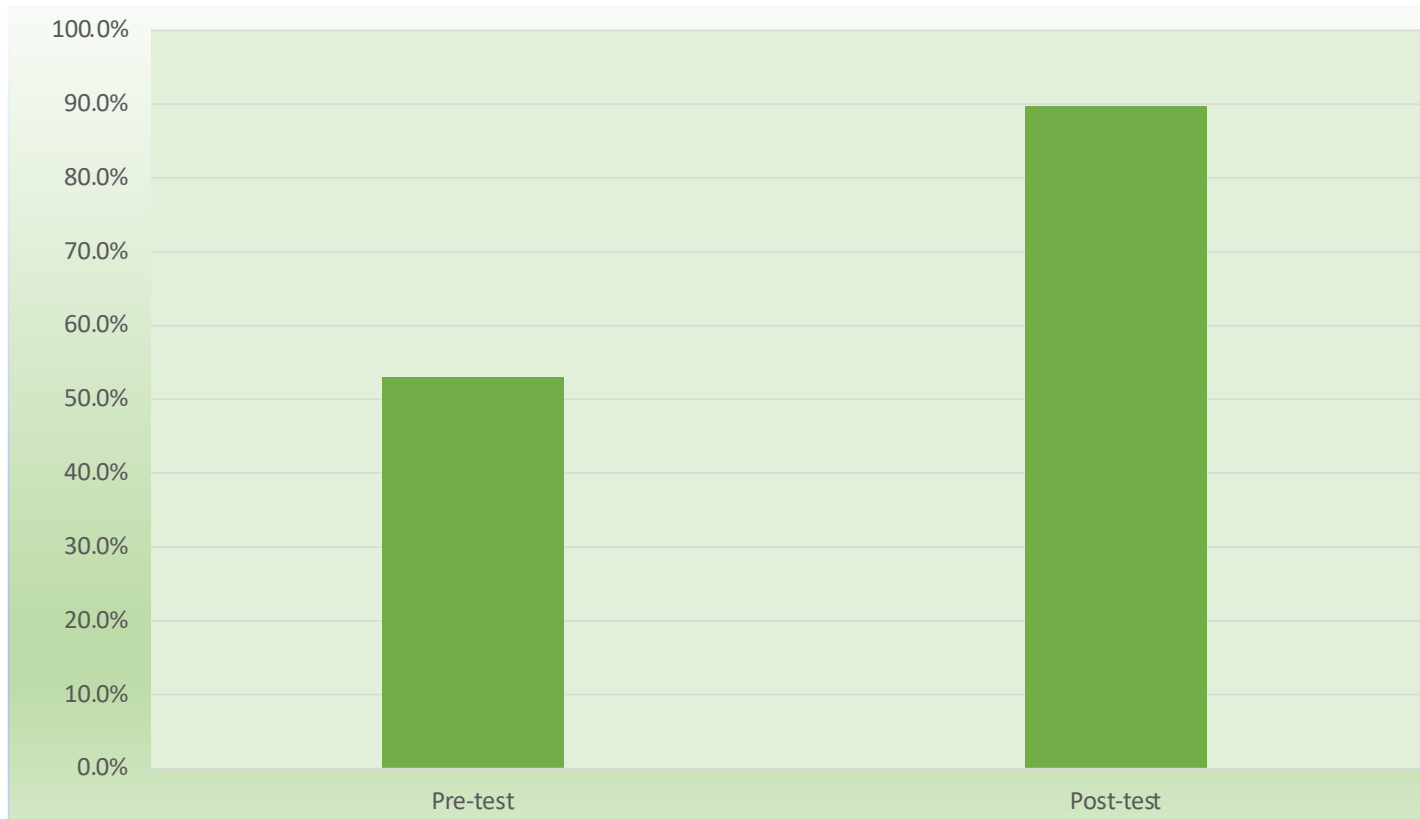
Opportunity

- Home visitors who have not been trained in breastfeeding management cannot be expected to give mothers effective guidance and provide skilled counseling.
- Breastfeeding training is not always
 - mandatory
 - funded
 - represented enough in curriculum.

"it is self-evident that training is necessary for the implementation of a breastfeeding policy"-
W.H.O



Pre and Post Test Score Averages



FSU CPEIP Breastfeeding Counselor Course Jan 2021- Dec 2022 *n*=722



Breastfeeding Training Levels: WHO/UNICEF

- International Board Certified Lactation Consultant (IBCLC)
 - 90 hours + college courses and supervised experience
- Breastfeeding Certification/Training Programs
 - 20-40 hours depending on program
- Peer Counselor/Peer Support Models
 - Training varies, must have personal experience



FLORIDA STATE UNIVERSITY

Center for
PREVENTION & EARLY INTERVENTION
Policy



Healthy Children Project, Inc.
Center for Breastfeeding





Levels of Training Options

Level of Training	Benefit	Draw Back
Train on the curriculum and materials the program uses	Minimal effort, most program require core training	May not emphasize enough competencies, could be too general
Peer support model	Easily implemented practice and can often partner with WIC	May not fit the program structure or staff
20-40 hour program w/accreditation or certification	Evidence-based and best practice and provides more than 1 trained person per program	Can be costly or limited availability
90 hour program and IBCLC certification	Ensures that a specialist is available in your program to serve as the expert resource	Can take 3-5 years to become an IBCLC and is costly and may only allow for 1 expert per program



Assessing Marketing Practices

Programs can adhere to the WHO International “Code” of Marketing of Breast-milk Substitutes

- Removal of formula and coupons from gift bags.
- Educational materials free of formula logos and product information.
- Check program policy statements to ensure you are sending the right messages.
- Florida HS has this in state standards and guidelines.





Addressing Barriers and Challenges to Safe Feeding

“When a mother has chosen not to breastfeed, when supplementation of breastfeeding is medically indicated, or when supplementation is chosen by the breastfeeding mother it is crucial that safe and appropriate methods of formula mixing, handling, storage, and feeding are taught to the parents.”

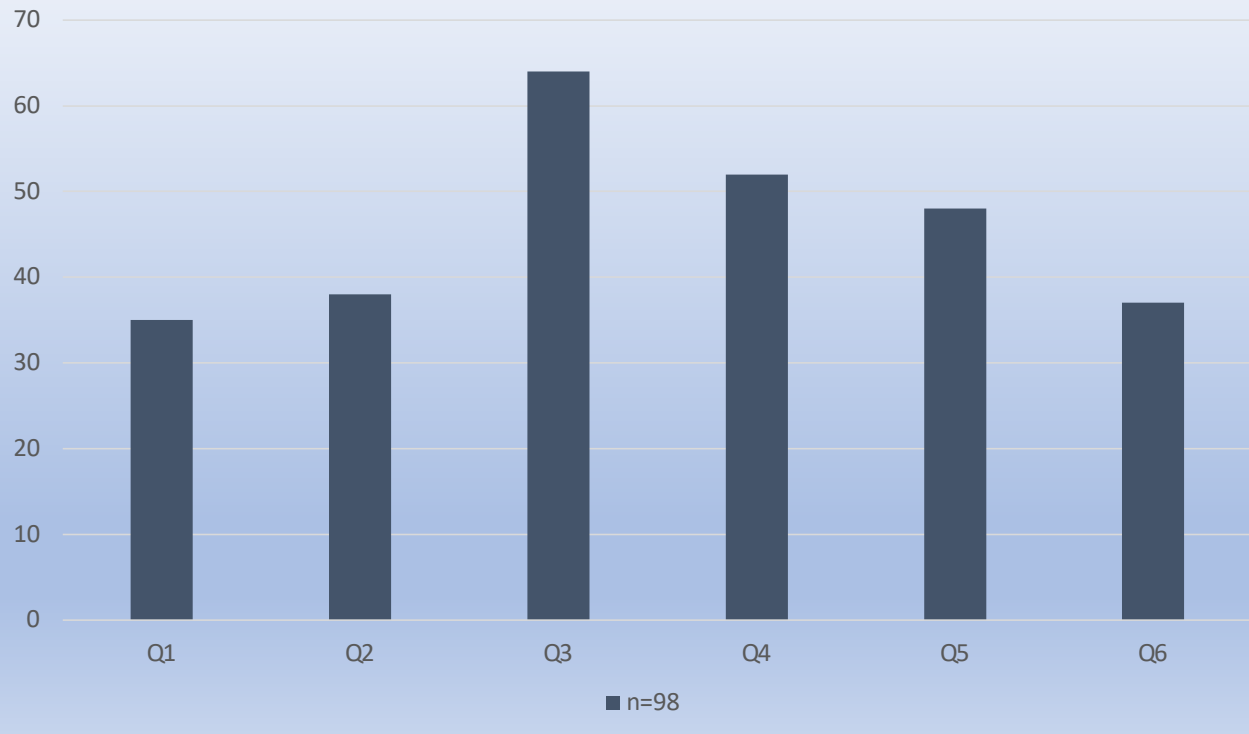
*- Baby Friendly Hospital Initiative Guidelines and
Evaluation Criteria 2016*





FSU CPEIP Breastfeeding Counselor Course

Question: What education do you provide about formula education?



- 1) Risk/benefit of early weaning
- 2) Differences between powder, concentrate and ready-to-feed
- 3) Safe storage and handling
- 4) Right amounts to offer for age/weight
- 5) Responsive feeding versus feeding on a schedule
- 6) What to do during disasters/shortages



*We encourage each of you to seek out partnerships
or alliances with your local home visiting
organizations to assist home visitors and the clients
they serve*





FSU Center for Prevention & Early Intervention Policy

www.cpeip.fsu.edu



Join our *Partners* Facebook Home Visitor Support Group over 900+ strong!

www.facebook.com/PartnersFSU



Partners Instagram
@fsupartners



Partners Twitter
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