An Infant Feeding Toolkit for Home Visitors

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Dominique Bellegarde, BHSI Case Manager, CLC
Objectives

• Introduce Infant Feeding Toolkit
  • Why Boston Healthy Start identified the need
  • How the toolkit was developed
  • What the toolkit includes

• Integrate the Infant Feeding Toolkit into Your LIA
  • Using Quality Improvement PDSA Cycles
  • Collaborative Learning
  • Ideas for Improvement
Key Driver Diagram: HV CoLLIN Breastfeeding

July PDSA Report

* Some LIAs are working across more than 1 driver, therefore the total number of LIAs represented is larger than 11

**Outcome measure:**
% of women who report exclusive BF at 3 & 6 months

**SMART Aim**
- Increase by 20% from baseline the % of women exclusively breastfeeding at 3 months & 6 months

Primary Drivers
1. **Standards internal (agency) policies and practices to support breastfeeding**
   - Calhoun
   - Children's Friend (CF)
   - Kenosha

2. **Build capacity of and support for home visitors to address breastfeeding in the target population**
   - Pike
   - Western Tidewater
   - East Bay
   - NE Florida
   - Detroit

3. **Create strong community linkages to breastfeeding support systems**
   - Pike
   - Western Tidewater
   - East Bay
   - NE Florida

4. **Family Engagement**
   - Calhoun, Meeting Street
   - Children's Friend, Family Resources
   - East Bay, Clark

Secondary Drivers
1. **Breastfeeding policy, protocol and print resources**
   - Calhoun, Children's Friend (infant feed plan), Kenosha

2. **Standardized professional development for home visitors**
   - Breastfeeding in policies and protocols

3. **Regular access to performance data for quality improvement**

4. **Timely and effective supervisory support**

5. **Close loop of communication for referral, access and engagement in breastfeeding supports and services**

6. **Use of best practice/evidence-informed strategies to enhance mother-infant breastfeeding practices**

Specific Ideas to Test or Change Concepts

- **Protocol for HV delivery of BF support (i.e. Boston Infant Feeding Toolkit)**
- **Protocols for documenting communication and referral of families to key community partners**
- **Use of standardized infant feeding materials, (plus WIC forms)**
- **Use of new resources to educate mothers from NFP (i.e. Pike)**
- **Memorandum of Understanding with key Community Partners (i.e. WIC)**
- **Use of standardized infant feeding plan (i.e. BF Committee guidelines)**
- **Data on measures provided regularly to home visitors to use in quality improvement**
- **Protocol for HV delivery of BF support (i.e. Pike)**
- **Establish breastfeeding teams (i.e. Calhoun)**
- **End Hypothesis with new BF policy (i.e. Pike)**
- **Work to Build New BF policy in schools – NE Florida**

**Use of standardized infant feeding plan (i.e. CF)**

**Requirement and provision of training for home visitors consistent with United States Breastfeeding Committee guidelines**

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**Work to Build New BF policy in schools – NE Florida**

**Use of standardized infant feeding plan (i.e. CF)**

**Use of new resources to educate mothers from NFP (i.e. Pike)**

**Use of Boston Healthy Start Infant Feeding Toolkit (Family Resources)**

**Use of standardized infant feeding plan (i.e. CF)**

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**Use of standardized infant feeding plan (i.e. CF)**

**Use of standardized infant feeding plan (i.e. CF)**
National Breastfeeding Rates

Breastfeeding Strategies

CDC recommends:
• Comprehensive clinical and social supports
• Pregnancy → postpartum period

Effective Strategies:
■ Baby Friendly Hospital Initiative
■ Peer Counselors
## Critical Periods in Breastfeeding

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Time Period</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intention to Breastfeed</td>
<td>Prior to Delivery</td>
<td>Increase likelihood of successfully breastfeeding</td>
</tr>
<tr>
<td>Skin to Skin Contact</td>
<td>Within 1 hour postpartum</td>
<td>Increase duration of exclusive breastfeeding</td>
</tr>
<tr>
<td>Initiating breastfeeding</td>
<td>Within 24-48 hours</td>
<td>Reduce likelihood to not introduce supplements</td>
</tr>
<tr>
<td>Continued breastfeeding</td>
<td>2 weeks postpartum</td>
<td>Build confidence and self-efficacy</td>
</tr>
</tbody>
</table>
Supportive Environment

• Community-based and in-home supports
• Continuum of services (prenatal → postpartum)
• Reflect language and culture of the community served

Perinatal case management and Home visiting programs
<table>
<thead>
<tr>
<th>Self-Report Participant Demographics</th>
<th>(n=1206)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African American</td>
<td>100%</td>
</tr>
<tr>
<td>Latina or Hispanic</td>
<td>34%</td>
</tr>
<tr>
<td>Age Range</td>
<td>15 – 45</td>
</tr>
<tr>
<td>Single</td>
<td>53%</td>
</tr>
<tr>
<td>&lt; H.S. Education</td>
<td>37%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>62%</td>
</tr>
</tbody>
</table>
# Themes from BHSI Case Manager Focus Groups

February – March 2011

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| **1.** | No standardized training, policies, or protocols:  
  • Breastfeeding  
  • How to promote breastfeeding  
  • How to support clients to breastfeed |
| **2.** | No tools or references available to communicate consistent and accurate information on breastfeeding |
| **3.** | Lack of confidence to promote breastfeeding or communicate the benefits of breastfeeding |
| **4.** | Confusion about community supports and resources available to nursing mothers |
## Barriers to Breastfeeding among BHSI Clients

**Enrollment period: July 1, 2010 – June 30, 2011**

<table>
<thead>
<tr>
<th>Difficulty Initiating and Sustaining Behavior</th>
<th>71% of women indicating intent to breastfeed were not breastfeeding as recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient Milk Supply</td>
<td>Leading reason BHSI clients report for not breastfeeding exclusively</td>
</tr>
<tr>
<td>Low Literacy Levels</td>
<td>40% of BHSI clients &lt; high school education</td>
</tr>
<tr>
<td></td>
<td>30 different nationalities represented</td>
</tr>
<tr>
<td></td>
<td>Significant portion have limited English verbal and written skills</td>
</tr>
<tr>
<td></td>
<td>Difficulty communicating with providers</td>
</tr>
<tr>
<td></td>
<td>Difficulty navigating health care systems</td>
</tr>
</tbody>
</table>
BHSI Breastfeeding Data Summary

• BHSI breastfeeding initiation rate (72%) < Healthy People 2020 goals (89%)

• Majority of BHSI clients who initiate breastfeeding supplement partially or exclusively (64%) increasing likelihood of premature weaning

• Majority of BHSI clients (71%) intending to breastfeed face difficulty sustaining

• Data limitations
  • Unable to analyze when formula was introduced, how long child was exclusively breastfeed
  • Missing / erroneously entered data
  • Insufficient data collected on breastfeeding concerns / issues
**Approach**

**Aim:** Improve perinatal case management services by building case manager capacity to promote breastfeeding & support nursing clients

**Method:** Quality Improvement (PDSA Cycles)
Learning Collaboratives:

• Systematic way to test & disseminate new knowledge and innovation
• Function through a structured process
• Bring diversity of providers together to improve the quality of a specific aspect of their service or program
• Aim to close the gap between research and practice using PDSA process
• Purpose - serve as the working body to operationalize QI activities
BHSI Infant Feeding Learning Collaborative
BHIS - IFLC

Purpose: Working body to move through QI activities using PDSA cycles
Structured: Weekly / Biweekly meetings
Members:
  • BHSI Administrators
  • BHSI Case managers & Site supervisors
  • BPHC Evaluator
  • Representative of Healthy Baby Healthy Child
  • Community Stakeholders (clients, lactation consultants, physicians)
  • MCH doctoral candidate
Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act

Plan

Study

Do

From: Associates in Process Improvement
AIM

To improve perinatal case management services by building case manager capacity to promote breastfeeding & support nursing clients

*Developed by BHSI Infant Feeding Learning Collaborative*
Change Concepts

**Aim**: Improve perinatal case management services by building case manager capacity to promote breastfeeding & support nursing clients

- Changing the work environment
- Enhancing relationships between home visitor and client
- Managing variation
Change the work environment

• Train home visitors on recommended infant feeding practices and basic counseling skills

• Develop cooperative relationships with key community partners
Enhance client relations

Improve home visitors capacity to:

- Listen effectively
- Support clients to develop self-advocating skills
- Support clients to meet individual breastfeeding goals
Manage variation

- Standardized infant feeding training
- Infant Feeding Toolkit to guide interactions
Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

From: Associates in Process Improvement
BHSI Infant Feeding Strategy
Measures

Case Manager:

• **Improved infant feeding knowledge**
  - Pre Test
  - Post Test
  - 3 months Post Test

• **Improved self-efficacy to promote breastfeeding**
  - Pre Test
  - Post Test
  - 3 months Post Test
Process Measures

Percentage of Healthy Start mothers who completed:

• Infant Feeding Toolkit (4 sessions)
• Infant Feeding Plan
• Referrals for breastfeeding support
Outcome Measures

• **Mother’s self-efficacy to breastfeed** (used validated tool)
  - Prenatal
  - Postnatal

• **Skin-to-skin within 1 hour postpartum**

• **Initiate breastfeeding within 24 – 48 hours**

• **Continued and Exclusive Breastfeeding**
  - 1 week
  - 2 week
Model for Improvement

What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?

Act
Plan
Study
Do

From: Associates in Process Improvement
Plan-Do-Study-Act (PDSA) cycles

• Small changes that contribute to achieving larger goal
• Results of multiple rapid cycles informs improvements to the strategy
• PDSA Phases
  • Plan – prepare for the implementation of change concepts
  • Do – implementation of change concept, data collection, and identification of barriers to the process
  • Study – data analysis and comparisons to initial predictions
  • Act – analyzed data generates new learning which informs improvements
Learning with PDSA Cycles

Start with change concepts

Very small scale test

Follow-up tests

Wide-scale tests of change

Implementation of change

Changes that result in improvement

Rapid, Repeated Cycles

A | P | S | D

A | P | S | D

A | P | S | D

A | P | S | D

A | P | S | D
ACTIVITY 1

Cycle 1A: Draft training adapted from DPH WIC training program

Cycle 1B: Revise curriculum

Cycle 1C: Deliver curriculum to 4 pilot sites

Cycle 1D: Revise curriculum

Cycle 1E: Implement & monitor the standards

Manage Variation

Standardize infant feeding training for Healthy Start providers
Infant Feeding Curriculum – Day 1

Providers will:

• Reflect on personal attitudes and beliefs of breastfeeding
• Identify key communication messages to share on breastfeeding
• Describe various barriers to breastfeeding
• Differentiate between early and exclusive breastfeeding
• Identify key community supports for new breastfeeding mothers
• Identify solutions for common breastfeeding problems
Infant Feeding Curriculum – Day 2

Providers will:

• Summarize key stages in infant development
• Describe recommended infant feeding practices for 0 – 6 mos
• Describe recommended infant feeding practices for 6 - 12 mos
• Explain the basics of bottle feeding
• Describe key components to complementary feeding
• Outline nationally recommended infant feeding practices
Infant Feeding Curriculum – Day 3

**Providers will:**

- Communicate the importance of promoting breastfeeding
- Demonstrate use of the Infant Feeding Toolkit
- Demonstrate proficiency in the use of the Observation Tool
Infant Feeding Knowledge Self-Assessment Tool

• Measure infant feeding knowledge change and retention
• Identify areas in which providers may need further training
• Verify feasibility of tool
  • 30 items (Multiple choice and fill-in the blanks)
• Topic areas:
  1. Guidelines & Benefits
  2. Preparing for breastfeeding
  3. Breastfeeding challenges
  4. Supports
  5. Storage
  6. Weaning & introduction of solids
  7. Counseling techniques & strategies
Self-Efficacy Scale for Breastfeeding Promotion

- Adapted validated tool: Breastfeeding Self-Efficacy Scale-Short Form (BSES – SF)
  - 14-item self-report instrument using 5-pt Likert scale
    - 1 – not at all confident
    - 5 – always confident

- Add stem, “I think I can support my client to...[know when her baby is getting enough milk]
Objective 1 - Results

Providers have accurate and current infant feeding knowledge and confidence to promote recommended breastfeeding practices
Infant Feeding Knowledge Self-Assessment of Perinatal Case Managers
Case Manager Self-Efficacy to Promote Breastfeeding

Points (Range: 14-70)

Pretest  | Posttest  | Posttest 2
52      | 56        | 66
**ACTIVITY 1**

Manage Variation

Cycle 1A: Draft Infant Feeding Toolkit to guide case manager & client interaction

Cycle 1B: Revise Infant Feeding Toolkit

Cycle 1C: Test Infant Feeding Toolkit 4 pilot sites

Cycle 1D: Revise Infant Feeding Toolkit

Cycle 1E: Implement & monitor stds

**Standardize health information and support delivered to clients intending to breastfeed**
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Education (HE)</td>
<td>Summarizes salient messages</td>
</tr>
<tr>
<td>Discussion (D)</td>
<td>Facilitates dialogue to encourage breastfeeding and address concerns or areas of ambiguity</td>
</tr>
<tr>
<td>Activity (A)</td>
<td>Ensure understanding and receptivity of information</td>
</tr>
<tr>
<td>Survey Questions (S)</td>
<td>Collect key breastfeeding information (Questions drawn from CDC &amp; Prams)</td>
</tr>
<tr>
<td>Session</td>
<td>Time period</td>
</tr>
<tr>
<td>---------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Prior to delivery</td>
</tr>
<tr>
<td>2</td>
<td>Prior to delivery</td>
</tr>
<tr>
<td>3</td>
<td>24-48 hrs. postpartum</td>
</tr>
<tr>
<td>4</td>
<td>1 week postpartum</td>
</tr>
<tr>
<td>5</td>
<td>2 weeks postpartum</td>
</tr>
</tbody>
</table>
Infant Feeding Toolkit Checklist for Providers

Checklist Instruction: The first 4 sessions are divided into 4 parts: Health Education, Discussion, Activity, and Assessment. This checklist provides a high-level overview as a quick reference. The timeline provided can be modified as appropriate and applicable for individual clients. Check the left column when completed.

**Session 1: (Deliver prior to 32 weeks gestation)**
- Discuss the benefits of breastfeeding
- Raise awareness of body changes and milk production
- Brainstorm breastfeeding supports
- Confirm request for referrals
- Address breastfeeding concerns
- Assess intention and readiness to develop individualized Infant Feeding Plan

**Session 2: (Deliver prior to 34 weeks gestation)**
- Discuss milk supply
- Review UNICEF key steps to successful breastfeeding
- Discuss importance of skin-to-skin
- Identify infant state
- Show video aids
- List 3 breastfeeding questions to bring to obstetrician (Pg. 11)
- Complete Infant Feeding Plan – explain purpose of multiple copies (Pg. 12)
- Assess referrals and supports, confidence level

**Session 3: (Deliver within 24-48 hours during hospital stay)**
- Assess experience, including pain, need for specialty supports
- Review importance of colostrum
- Discuss importance of exclusive breastfeeding (benefits and producing sufficient milk)
- Review how to read baby cues
- Review Infant Feeding Plan – Support Section
- Review Infant Feeding and Diaper Log (Pg. 17)
- Assess BHI 10 Steps, initiation of breastfeeding, utilization of Infant Feeding Plan

**Session 4: (Deliver within 1 week postpartum during home visit)**
- Assess experience, comfort, pain, need for specialty supports
- Discuss breastfeeding frequency
- Review breastfeeding on cue
- Address any concerns regarding milk supply
- Review baby’s weight and check-up appointment
- Review Infant Feeding and Diaper Log
- Review Infant Feeding Plan – Support Section
- Complete self-care activity plan
- Assess continued breastfeeding, and access to formal and informal supports

**Session 5: (Conduct two weeks postpartum – in Person or Phone Support)**
- Assess breastfeeding and confidence level

Note: *Italicized text in the toolkit represents suggested text for providers*
Session 1: Face to face visit prior to 32 weeks

Health Information (Recommend sharing information as early in pregnancy as possible)

Thank you for coming in today. You mentioned during your intake that you plan to breastfeed your baby. Do you still plan on breastfeeding your baby? Circle one (Yes / No)

First, I want to acknowledge your decision to breastfeed. As you may know, breastfeeding is the best way to make sure your baby grows up healthy and strong.

Key points on the benefits of breastfeeding for the baby (Pg 4 in Your Guide to Breastfeeding):

- Early breast milk, known as colostrum, is rich in nutrients and antibodies to protect your baby
- Your breast milk changes as your baby grows so that it naturally helps your baby to continue to grow
- Breast milk is easier to digest for most babies compared to formula
- Breast milk fights disease including gastrointestinal disease, lower respiratory infections, skin rashes, asthma, obesity, diabetes, and childhood leukemia

Key points on the benefits of breastfeeding for the mother (Pg 5 in Your Guide to Breastfeeding):

- Breastfeeding can feel great and bring you closer to your baby
- Breastfeeding can be good for your health and is linked to lower risk of diabetes, breast and ovarian cancer, and postpartum depression
- Breastfeeding mothers miss less work because their child is sick less often
- Breastfeeding saves money because formula and supplies cost up to $1500 /yr
- Breastfeeding saves time because properly making formula takes time and energy

Have you been noticing your breast change? This is one of the first signs letting you know that your body is preparing you to feed your baby. I would like to now share with you some information about how the breast works to produce milk so that you can understand why your body is changing the way that it is.

Key points on milk production (Pg 8-9 in Your Guide to Breastfeeding)

- Prolactin: hormone that makes the milk
- Alveoli: special cells inside your breasts to make milk
- Oxytocin: moves the milk
- Let down: reflex that ejects milk from alveoli through the breast ducts and nipple

There are many sources of support available for breastfeeding mothers (Pg 6 – 7 in Your Guide to Breastfeeding):

- Lactation Consultant
- WIC Peer Counselors
- Support Groups
Discussion

Do you have any questions from the health information I just shared with you?

Can you share with me any concerns that you may have with breastfeeding?

Main concerns may include:

1) Pain

Client: "I’m afraid of it hurting"

Provider: "That is a very valid concern and pain is a trigger that the baby may not be latching appropriately. In that case, when you are experiencing pain, we would have you contact a lactation counselor or your WIC peer counselor to help you understand how to help your baby latch on in a way that is not painful."

2) Returning to work or school

Client: "I have to return to work / school in a weeks time, so how would I feed my baby then?"

Provider: "Many mothers like you do return to work / school shortly after delivering. We would like to first make sure you are comfortable with breastfeeding and then we can work out a plan with you on how you can continue to breastfeed while you are working, such as using a breast pump and storing the milk."

3) Lack of support

Client: "My partner / mother doesn't think I should breastfeed."

Provider: "Feeling supported by your family is very important and I can understand why this would be a concern for you. Do you think your partner / mother would be interested in meeting with us so that we can share with them why breastfeeding has so many benefits for you and your child? Would you like some assistance talking to them about your decision to breastfeed? Refer to pg 10 in Your Guide to Breastfeeding"

Provider Tip:

Use reflective listening to understand and explore concerns and issues that expecting mothers may be facing. Recommend open-ended phrases and words of affirmation:

- It sounds like you are concerned about...
- What I'm hearing you say is that...
- Tell me more about that...
- I can see how much you love your baby and want the best for him / her
- You sound like you have given this a lot of serious thought and consideration
Activity

I would like to now work with you to develop an Infant Feeding Plan. This plan will help us identify what your infant feeding goals are and who the supports are in your life to help you reach those goals.

Let’s now do a short activity to see how ready you feel to begin developing your infant feeding plan.

Using 1 to mean “not at all ready” and 10 to mean “completely ready,” how ready do you feel to begin developing your infant feeding plan? Refer to scale below. Circle the number

1———2———3———4———5———6———7———8———9———10
(Not at all ready) (Completely ready)

Example and Provider Motivational Interviewing Tip:

Client: “6—I feel almost ready to begin developing my infant feeding plan.”
Provider: “Great, that means you are 60% ready. Now why did you choose 6, over 4?”
Client: “Because I know breastfeeding is important for my baby and although I have some concerns, I know she is coming soon and knowing what I should do is really important.”

Provider: “That is wonderful. So when we meet next time, we can spend more time addressing any concerns you may still have as well as begin working on developing your Infant feeding plan. How does that sound to you?”
Assessment

Provider: I would like to now ask you a few questions about your opinion on breastfeeding, so that I can better tailor our future sessions to meet your interest and concerns.

1. How important are the following people’s opinions in your decision about how to feed your baby?

<table>
<thead>
<tr>
<th>Opinion</th>
<th>Not at all important</th>
<th>Not Very Important</th>
<th>Somewhat Important</th>
<th>Very Important</th>
<th>No one in this category</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Your baby’s father</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Your mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Your mother-in-law</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Your obstetrician, other doctor, midwife</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Which statement is closest to your opinion? The best way to feed a baby is: (check only one)

   ________ Breastfeeding
   ________ A mix of both breast milk and formula feeding
   ________ Formula feeding
   ________ Breastfeeding and formula feeding are equally good ways to feed a baby

3. What are your main concerns regarding breastfeeding? (check all that apply)
   ________ Pain
   ________ Returning to work or school
   ________ Don’t know how to do it
   ________ I have other children to care for
   ________ I had past problems breastfeeding
   ________ My family doesn’t support me
   ________ I am on medication
   ________ I want to smoke after I deliver
   ________ I want to drink after I deliver
   ________ I will feel awkward
   ________ Other:________________________

4. Would you like or do you need a referral for breastfeeding counselor? (circle one) Yes / No

5. Would you like or do you need a referral for breastfeeding support group? (circle one) Yes / No

Schedule next appointment within 2 weeks  Date:______________

8 | Infant Feeding Toolkit
There are nine states babies transition through during the first hour after birth, including:

1. Birth cry
2. Relaxation
3. Awakening
4. Activity
5. Rest
6. Crawling / Sliding
7. Familiarization
8. Suckling
9. Sleeping

Show Online Video (Choose at least one)
- [http://www.ameda.com/resources/video]
- [www.biologicalnurturing.com/video/bn3clip.html]

Understanding your baby’s feeding cues is important for both you and your baby. Learning how to read these cues early will support a more enjoyable breastfeeding experience for you both.

<table>
<thead>
<tr>
<th>State</th>
<th>What it looks like</th>
<th>Feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep Sleep</td>
<td>No movement, no eye-twitching</td>
<td>Good state to begin feeding</td>
</tr>
<tr>
<td>Quiet Alert</td>
<td>Still body, fixed eye focus</td>
<td>Good state to begin feeding</td>
</tr>
<tr>
<td>Active Alert</td>
<td>Growing restlessness with hand to mouth activities; open eyes</td>
<td>More difficult to start feeding</td>
</tr>
<tr>
<td>Crying</td>
<td>Upset and unsettled</td>
<td>Not an ideal state to feed. Recommend using skin to skin to help baby settle</td>
</tr>
</tbody>
</table>

Activity

Part I: Sharing with your doctor your interest in breastfeeding is an important way to make sure you get the supports you need immediately after delivery.

We encourage expecting moms to talk to their doctor before delivery about their plans to breastfeed. One way to do this is to bring a few questions about breastfeeding to your doctor.

What are three questions you would like to ask your doctor/midwife about breastfeeding your baby?

Example questions may include:

I would like to begin breastfeeding my baby as soon as possible. How soon after delivery do you think I would be able to hold my baby skin-to-skin and try breastfeeding?

I have concerns that breastfeeding may be painful, will there be someone available in the hospital to help me when I need her?

My partner has concerns about me breastfeeding our baby, do you have any recommendations on how I can talk him about breastfeeding?

I am returning to work and would like to learn how to use a breast pump. Do you know who can help me get one and use one?

Provider tip: After writing down client's questions, give her this page to bring to her next check-up.

1) 

2) 

3)
Breastfeeding Self-Efficacy Short Form (BSES-SF)

Using 1 to mean "Not at all Confident" and 5 to mean "Always Confident"; how would you respond to the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Circle One</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I think I can determine that my baby is getting enough milk</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. I think I can successfully cope with breastfeeding like I have with other challenging tasks</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. I think I can breastfeed my baby without using formula as a supplement</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. I think I can ensure that my baby is properly latched on for the whole feeding</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5. I think I can manage the breastfeeding situation to my satisfaction</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. I think I can manage to breastfeed even if my baby is crying</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7. I think I can keep wanting to breastfeed</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8. I think I can comfortably breastfeed with my family members present</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9. I think I can be satisfied with my breastfeeding experience</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>10. I think I can deal with the fact that breastfeeding can be time consuming</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>11. I think I can finish feeding my baby on one breast before switching to the other breast</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>12. I think I can continue to breastfeed my baby for every feeding</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>13. I think I can manage to keep up with my baby's breastfeeding demands</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>14. I think I can tell when my baby is finished breastfeeding</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

*Note: If most responses are < 3, spend time addressing client’s concerns. If most responses are >3, praise client for her commitment and dedication to her baby’s health.

In order to help you reach your breastfeeding goals, we know that getting a good start in the hospital is very important. As part of our program, we like to visit all mothers in the hospital. Would it be alright if I come to visit you in the hospital? Yes/No

Schedule next appointment within 48 hours after delivery

Estimated date for hospital visit:

<table>
<thead>
<tr>
<th>Infant Feeding Toolkit</th>
</tr>
</thead>
</table>
In order to help you reach your breastfeeding goals, we know that getting a good start in the hospital is very important. As part of our program, we like to visit all mothers in the hospital. Would it be alright if I came to visit you in the hospital? Yes / No

Schedule next appointment within 48 hours after delivery
Estimated date for hospital visit:

14 | Infant Feeding Toolkit
Infant Feeding Plan (IFP)

Purpose:
- Help clients identify breastfeeding goals
- Identify formal and informal supports
- Communicate goals to supports

Quadruple Copies:
1. Client
2. Obstetrician / Midwife
3. Labor & Delivery Team
4. Healthy Start
# Our Infant Feeding Plan

<table>
<thead>
<tr>
<th>Name:</th>
<th>Estimated Delivery Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Intervention Site:</th>
<th>Home Visitor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital:</td>
<td>Physician:</td>
</tr>
</tbody>
</table>

**Infant Feeding Goals** (unless medically contraindicated): initial all that apply

- [ ] Within 24 - 48 hours after delivery, I would like to hold my baby, skin to skin, immediately after delivery to begin breastfeeding.
- [ ] I want my baby to room in with me.
- [ ] I do not want my baby to use a pacifier.
- [ ] I do not want to give my baby formula.
- [ ] I want my baby to receive the benefits of colostrum.
- [ ] I want to feed my baby whenever he / she shows signs of hunger.
- [ ] I plan to breastfeed my baby for ________ [circle one: Days / Months / Years].
- [ ] I plan to not give my baby anything except breast milk (including formula) for ________ [circle one: Days / Months / Yrs].

**Supports** — List the people in your life who supports your decision to breastfeed (Ex. Partner, Mother, Sister, Friend):

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Contact Information</th>
</tr>
</thead>
</table>

**Support Plan** — List important contacts available to support you to meet your breastfeeding goals (Ex. Home Visitor, Lactation Counselor, WIC Peer Counselor, Support Group, Family, Friend):

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Contact Information</th>
<th>Check all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This Infant Feeding Plan was developed together by:

Signature | Date |
----------|------|
|          |      |

Signature | Date |
----------|------|
|          |      |
Objective 2 - Results

Standardize health information and support delivered to clients intending to breastfeed
92% Completed Full Course of Intervention

Case manager feedback:

“The toolkit served as a reminder and guidance to help stay on task with a client.”

“[The toolkit] helped to keep clients engaged.”

“The toolkit reminds them [the client] that supports are there and constantly lets them know that they are not alone.”
BHSI Infant Feeding Toolkit
Process Measures (N=24)

<table>
<thead>
<tr>
<th>Measure</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed individualized Infant Feeding Plan (IFP)</td>
<td>23/24</td>
<td>96%</td>
</tr>
<tr>
<td>Shared IFP with hospital staff</td>
<td>15/23</td>
<td>65%</td>
</tr>
<tr>
<td>Shared IFP with family members</td>
<td>14/23</td>
<td>61%</td>
</tr>
</tbody>
</table>

“The Infant Feeding Plan helped the hospital to stick to the mother’s goals by making it official with this document.” ~ BHSI case manager
87% Indicated Infant Feeding helped to meet breastfeeding goals
92% indicated an interest in skin to skin

100% of those women were able to meet that personal goal
100% of participating mothers reported:

*Ever breastfed or provided breast milk to their baby*
And....

58% reported breastfeeding within the 1st hour
100% Breastfeeding 1 week Post Partum

- 54% Exclusively

92% Breastfeeding 2 weeks Post Partum

- 42% Exclusively
A Case Manager Experience

• The Tool Kit has been helpful for case managers to educate mothers.

• Training improved the knowledge and experience in promoting and supporting mothers before & during breastfeeding.

• Presenting information to mothers helped prepare them for this real life situation through health education, discussion, activity & survey questions.

• Surveys helped to keep case managers on their feet to provide information based on where the mother was at.

• Successful initiation builds confidence and increases likelihood for continued breastfeeding up to 6 months of age.
Let’s Hear from You?
ACKNOWLEDGEMENTS

Dominique Bellegarde
Boston Public Health Commission
BHSI Infant Feeding Learning Collaborative
Massachusetts Department of Public Health
Women, Infants, and Children (WIC)
Boston University School of Public Health & Faculty

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