From the ground up: What we learned about designing & delivering a youth-focused breastfeeding program

Christina Cantin, RN, MSN, PNC(C)
Nathalie Fleming, MD
Wendy Peterson, RN, PhD, PNC(C)

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Acknowledgments
Collaborators

St. Mary's Home
Nancy MacNider, Executive Director
Cathryn Fortier, Program Manager, Bums in the Oven, CPNP/ Brighter Futures CAPC
Kim Ledoux, Program Coordinator, Bums in the Oven, Little Milk Miracles

Ottawa Public Health
Denise Habert, Program Manager, Healthy Babies, Healthy Children Program
Mastoura Franciopalla, Program Manager, Family & School Health/Healthy Promotion & Disease Prevention
Julie Gagnier, Supervisor, Healthy Babies, Healthy Children Program
Jill Behn, Supervisor, Growing Healthy Section
Beverly Croft, Public Health Nurse, Family Health Promotion Section
Frances Marchand, Public Health Nurse, Reproductive Health
Maria Gareau, Public Health Nurse, Healthy Babies, Healthy Children Program
Nicole Olive, Public Health Nurse, Healthy Babies, Healthy Children Program

University of Ottawa
Dr. Nathalie Fleming, Professor OB/GYN, School of Medicine
Dr. Wendy Peterson, Associate Professor, School of Nursing & Assistant Director Graduate Studies
Dr. Joy Noel-Weiss, Associate Professor, School of Nursing

Champlain Maternal Newborn Regional Program
Marie-Josée Tripier, Regional Director

Breastfeeding Expert Advisory Group
Beth MacMillan, Private Practice, IBCLC
Brenda Brouwer, DPH, Public Health Nurse, Reproductive Health
Tanis O'Connor, DPH, Public Health Nurse, Health Promotion & Disease Prevention
Jill Behn, Supervisor, Growing Healthy Section
Beverly Croft, Public Health Nurse, Family Health Promotion Section
Frances Marchand, Public Health Nurse, Reproductive Health
Julie Gagnier, Supervisor, HBHC
Marie Caron Gervais, Public Health Nurse, HBHC
Kim Ledoux, Program Coordinator, Bums in the Oven

University of Ottawa
Julie Boucher
Tali Cahill
Bianca Stortini
Hossain Farsi

Champlain Maternal Newborn Regional Program
Susan Lepine, Perinatal Consultant
Research Assistant
Christina Cantin

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• No other financial disclosures to declare
Learning Objectives

• To describe the characteristics of a breastfeeding program that are of importance to young mothers
• To describe preliminary results of the breastfeeding program evaluation
• To share "lessons learned" in the development & implementation of this youth-informed breastfeeding program

Background

Rates of exclusive BF at discharge
• <20 years of age (51.2%)
• 30-34 years (65%)

Factors significantly associated with BF
• intention to breastfeed; prenatal classes attendance
• living in a higher income neighbourhood
• having a spontaneous vaginal delivery
• non-smoker, not using substances during pregnancy
• not having any pre-existing health problems or obstetrical complications

(Dodgson et al., 2003; Fleming et al., 2012; 2013; Leclair et al., 2013; Lizarraga et al., 1993; Miotto & James, 2005; Mossman et al., 2008; Nelson & Sethi, 2005; Ottawa Public Health, 2014; Park et al., 2003; Pierre et al., 1995; Spear, 2006; Tucker et al., 2002; Volpe & Bear 2000; Wambach & Cole, 2000)

Background cont’d

Higher rates of initiation & continuation reported by young mothers who received breastfeeding education & support

Ideal programs/interventions specifically designed for young mothers has yet to be determined
• Prenatal education
• Peer / lay / professional support
• Need to tailor support

(Dyson et al., 2005; Lumbiganon et al., 2012; Renfrew et al., 2012)

St. Mary’s Home

Project Objective

To use a participatory approach in the design, implementation, and dissemination of an innovative breastfeeding program for young women.
Best Start Resource Centre  Pre-Conference 
Community Breastfeeding Showcase

Breastfeeding Program: Three Components

<table>
<thead>
<tr>
<th>Activities</th>
<th>Objective</th>
<th>Outputs</th>
<th>Short Term Goals</th>
<th>Long Term Goals</th>
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<tbody>
<tr>
<td>Prenatal Classes</td>
<td>Normalize BF</td>
<td>Determine &amp; finalize content.</td>
<td>BF class content aligned with best practice</td>
<td>To increase the intention &amp; duration of breastfeeding in young women ≤ 25 years of age</td>
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<td></td>
<td>Provide evidence-based info re benefits of BF &amp; how to get started</td>
<td>Review with class facilitators. Relevant portions printed</td>
<td>Class facilitators feel confident using content &amp; format</td>
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<td>Peer Support</td>
<td>Early &amp; ongoing support for BF</td>
<td>Design BF peer support group.</td>
<td>Key format &amp; components identified</td>
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<td>Training to peer mom leaders.</td>
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<td>To create a supportive environment for BF</td>
<td>80% report increase in knowledge</td>
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<td>2 x 2 hour training sessions</td>
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<td>80% report increase in knowledge</td>
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Focus Group Demographics n= 16

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<td>Maternal age</td>
<td>21 years</td>
<td>Range 20-24</td>
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<td>Pregnant</td>
<td>7</td>
<td>Range 5-36 weeks</td>
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<td>Parenting</td>
<td>11</td>
<td>1-4 children</td>
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<tr>
<td>Relationship</td>
<td>Single</td>
<td>6</td>
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<tr>
<td></td>
<td>Coupled</td>
<td>10</td>
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<tr>
<td>Baby’s age (currently BF)</td>
<td>2-11 months</td>
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<tr>
<td>BF experience-previous</td>
<td>6</td>
<td>Range 2 days to 7 months</td>
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Results: Focus Group Themes

1. Overall knowledgeable about benefits of BF
2. Need for program
3. Information to be included in future programming
4. Feasibility of peer support
5. Prenatal connections
6. Program Format

1- Knowledgeable about the benefits of BF

- Benefits/advantages for mom & baby
- Bonding & connection

“It’s [formula] such a waste of money for something that you produce yourself and honestly like it’s really good for the baby so why not just [breastfeed]”

2- Need for a program

- Critical times for support were identified
- Ongoing support was requested

“Because if it’s just a onetime thing then not everyone could always make it or you don’t always learn the first time or get comfortable with it the first time”

Cantin, Fleming & Peterson, 2016
3- Information to be included in future programming

- Troubleshooting breastfeeding difficulties
- Accessing professional support in the community
- Additional topics not covered in prenatal classes
- Breastfeeding in public

"Don't be ashamed, you're feeding your baby, you're lucky you have that bond, continue on, be proud"

4- Feasibility of peer support

- Young women who are available/interested/qualified to be peer supporters
- Wanted moms who were passionate, educated "and not motivated for the wrong reasons"
- Volunteer vs paid role

"...a mix of mums with experience and a mix of mums who have no clue because ... I think it'll help them out a lot, they won't feel judged, they won't feel so alone. They won't feel like, you know, they're clueless."

5- Prenatal Connections

- Important to establish a connection/relationship with professionals & peer support before birth of the baby

"It [connection] was already there when I was pregnant so I was able to see the lactation consultant and talk to her personally afterwards because I had already known her ... I feel like you need to have some sort of connection with them to really open up and be able to ask questions and get the answers that you need."

6- Program Format

- Face to face
- Mixed group – pregnant & breastfeeding moms
- Lunch included
- 4-6 weeks with set topics each week (interactive; live demonstrations)
- Availability of transportation & childcare
- Ongoing support after the 6 weeks
- Professional leader present

Implementation of Youth-Informed Breastfeeding Program

1. Revised prenatal breastfeeding curriculum
2. New peer support group
3. Staff training

Prenatal Breastfeeding Class

- 2 hours
- Delivered by Ottawa Public Health, PHN
- Content
  - Basic breastfeeding info
  - Case studies
- Evaluation
  - Preliminary breastfeeding self-efficacy scores (Dennis, Heaman, & Moxman, 2011)
  - Pre= 54, range 42-70
  - Post= 60, range 50-70 (min 14, max 70)
Peer Support Program
Peer-Mom Leader Training
- Two 2 hour sessions
- Delivered by Ottawa Public Health, HBHC, PHNs
- Content
  - Basic breastfeeding info
  - Role of peer-mom leaders, program coordinator
- Evaluation

Peer Support Program cont’d
4 week series
Facilitated by:
- 1-2 peer mom leaders
- Program coordinator
Provided:
- Childcare
- Transportation
- Healthy snack & lunch
Debrief after each session

Staff Training
- Attitudes towards breastfeeding survey (RNAO), n=24
- 2 hour training n=35
- Evaluation n=33

“…. a great way to see how my coworkers would handle certain situations”

“…. information, questions & case studies were relevant to our population”

Evaluation
- Participation
- Satisfaction
- Breastfeeding self-efficacy

Lessons Learned
- Time intensive to engage young clients but their input is invaluable
- Public Health Nurses were ideal partners to offer the peer-mom training & staff training
- Police records check a barrier for peer mom leaders
- Clearly identify promotion strategy
- Engage staff earlier in the process

Next Steps
- Maintain & expand BF program
  - Continued recruitment & promotion
  - Additional peer-mom leader training
  - Application for additional funds to roll out program in other centres
- Continued BF self-efficacy evaluation
Thank you!!

Questions?
ccantin@cmnrp.ca

References


