

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

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

BSRC Community Breastfeeding Showcase  
February 17, 2016  
Toronto, ON

Acknowledgments



St. Mary's Home

Nancy MacNider, Executive Director  
Cathryn Fortier, Program Manager, Buns in the Oven CPNP/ Brighter Futures CAPC  
Kim Ledoux, Program Coordinator, Buns in the Oven, Little Milk Miracles

Ottawa Public Health

Denise Hébert, Program Manager, Healthy Babies, Healthy Children Program  
Marino Francispillai, 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  
Marianne Gervais, 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 Trépanier, Regional Director

Collaborators

Breastfeeding Expert Advisory Group

Beth MacMillan, Private Practice , IBCLC  
Brenda Brouwer, OPH, Public Health Nurse, Reproductive Health  
Tania O'Connor, OPH, 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  
Marianne Gervais, Public Health Nurse, HBHC  
Kim Ledoux, Program Coordinator, Buns in the Oven

University of Ottawa

Julia Boucher  
Tali Cahill  
Bianca Stortini  
Hossai Furmli

Champlain Maternal Newborn Regional Program

Susan Lepine, Perinatal Consultant

Research Assistant

Christina Cantin

Special Thanks

Thank you to our funders!

The St. Mary's Home Breastfeeding program and training package has been prepared with funds provided by the Government of Ontario and the support of the Best Start Resource Centre at Health Nexus.



The information herein reflects the views of the authors and is not officially endorsed by the Government of Ontario or the Best Start Resource Centre.

Disclosure

- Best Start Resource Centre Community Breastfeeding Grant
- 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

(Best Start Resource Centre, 2015; Dodgson, et al., 2003; Fleming et al., 2012; 2013; Leclair, et al., 2015; Lizaraga, et al., 1992; Misra, & James, 2000; Mossman, et al., 2008; Nelson, & Sethi, 2005; Ottawa Public Health, 2014; Park, et al., 2003; Pierre et al., 1999; Sipsma et al., 2013; Spear, 2006; Tucker, et al., 2011; 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



[http://www.stmaryshome.com/en/stmaryshome/Home\\_p1186.html](http://www.stmaryshome.com/en/stmaryshome/Home_p1186.html)

SEPTEMBER 2015  
YOUNG PARENT OUTREACH CENTRE

Monday	Tuesday	Wednesday	Thursday	Friday
9-12:00 School 12-2:00 Personal Health Clinic 2-3:00 Baby and Me 3-4:00 Breastfeeding Clinic 4-5:00 Family Health Clinic 5-6:00 Food Bank 6-7:00 Pregnancy Clinic	9-12:00 School 12-2:00 Personal Health Clinic 2-3:00 Baby and Me 3-4:00 Breastfeeding Clinic 4-5:00 Family Health Clinic 5-6:00 Food Bank 6-7:00 Pregnancy Clinic	9-12:00 School 12-2:00 Personal Health Clinic 2-3:00 Baby and Me 3-4:00 Breastfeeding Clinic 4-5:00 Family Health Clinic 5-6:00 Food Bank 6-7:00 Pregnancy Clinic	9-12:00 School 12-2:00 Personal Health Clinic 2-3:00 Baby and Me 3-4:00 Breastfeeding Clinic 4-5:00 Family Health Clinic 5-6:00 Food Bank 6-7:00 Pregnancy Clinic	9-12:00 School 12-2:00 Personal Health Clinic 2-3:00 Baby and Me 3-4:00 Breastfeeding Clinic 4-5:00 Family Health Clinic 5-6:00 Food Bank 6-7:00 Pregnancy Clinic

For more information on the programs, please take a look at the link: [www.stmaryshome.com/en/stmaryshome/Home\\_p1186.html](http://www.stmaryshome.com/en/stmaryshome/Home_p1186.html)

Printed August 27, 2015

Project Objective

To use a participatory approach in the design, implementation, and dissemination of an innovative breastfeeding program for young women.

Breastfeeding Program: Three Components				
Activities	Objective	Outputs	Short Term Goals	Long Term Goals
Prenatal Classes	<i>Normalize BF</i>  <i>Provide evidence-based info re benefits of BF &amp; how to get started</i>	-Determine & finalize content. -Review with class facilitators -Relevant portions printed	-BF class content aligned with best practice -Class facilitators feel confident using content & format	<b>To increase the intention &amp; duration of breastfeeding in young women ≤ 25 years of age</b>
Peer Support	<i>Early &amp; ongoing support for BF</i>	-Design BF peer support group - Identify program coordinator - Training to peer mom leaders	-Key format & components identified	
Staff training	<i>To create a supportive environment for BF</i>	2 x 2 hour training sessions	-80% report increase in knowledge	

### Focus Groups

#### Recruitment

#### Data collection

- Focus groups
- Demographic data

#### Data analysis

- Quantitative data – descriptive statistics
- Qualitative data – directed content analysis

(Hsieh & Shannon, 2005)

Focus Group Demographics n= 16		
Maternal age	21 years	Range 20-24
Pregnant	7	Range 5-36 weeks
Parenting	11	1-4 children
Relationship	Single	6
	Coupled	10
Baby's age (currently BF)	2-11 months	
BF experience-previous	6	Range 2 days to 7 months

### 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"*

### 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, & Mossman, 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

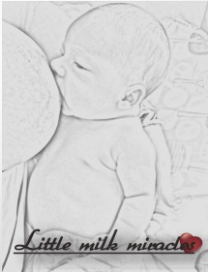
4 week series  
Facilitated by:

- 1-2 peer mom leaders
- Program coordinator

Provided:

- Childcare
- Transportation
- Healthy snack & lunch


Debrief after each session



### Peer Support Program cont'd

**Evaluation**

- Participation
- Satisfaction
- Breastfeeding self-efficacy



### 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"

### 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@cmnrc.ca](mailto:ccantin@cmnrc.ca)

References

Best Start Resource Centre (2015). Populations with lower rates of breastfeeding: A summary of findings. Toronto, ON: author.

Dodgson, J. E., Codier, E., Kaiwi, P., Oneha, M. F., & Pagano, I. (2003). Breastfeeding patterns in a community of Native Hawaiian mothers participating in WIC. *Family & Community Health*, 2 Suppl, S46-58.

Dyson, L., McCormick, F.M., & Renfrew, M.J. (2005). Interventions for promoting the initiation of breastfeeding. *Cochrane Database of Systematic Reviews*, Issue 2. Art. No.: CD001688. DOI: 10.1002/14651858.CD001688.pub2.

Fleming, N., Ng, N., Osborne, C., Biederman, S., Abdool, S.Y., Dy, J., Rennicks White, R., & Walker, M. (2013). Adolescent pregnancy outcomes in the province of Ontario: A cohort study. *Journal of Obstetrics & Gynaecology Canada*, 35(3): 234-245.

Fleming, N., Tu, X., & Black, A. (2012). Improved obstetrical outcomes for adolescents in a community-based outreach program: A matched cohort study. *Journal of Obstetrics & Gynaecology Canada*, 34(12):1134-40.

Hsieh, H-F., & Shannon, S.E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9): 1277-1288.

Leclair, E., Robert, N., Sprague, A. E., & Fleming, N (2015). Factors associated with breastfeeding initiation in adolescent pregnancies: A cohort study. *Journal of Pediatric and Adolescent Gynecology*, 28(6). 516-521. [doi:10.1016/j.jpog.2015.03.007](https://doi.org/10.1016/j.jpog.2015.03.007)

Lizarraga, J. L., Maehr, J. C., Wingard, D. L., & Felice, M. E. (1992). Psychosocial and economic factors associated with infant feeding intentions of adolescent mothers. *The Journal of Adolescent Health*, 8, 676-681.

Lumbiganon, P., Martis, R., Laopaiboon, M., Festin, M.R., Ho, J.J., & Hakimi, M. (2012). Antenatal breastfeeding education for increasing breastfeeding duration. *Cochrane Database of Systematic Reviews*, Issue 9. Art. No.: CD006425. DOI: 10.1002/14651858.CD006425.pub3.

Misra, R., & James, D. C. (2000). Breast-feeding practices among adolescent and adult mothers in the Missouri WIC population. *Journal of the American Dietetic Association*, 9, 1071-1073.

Mossman, M., Heaman, M., Dennis, C. L., & Morris, M. (2008). The influence of adolescent mothers' breastfeeding confidence and attitudes on breastfeeding initiation and duration. *Journal of Human Lactation*, 24(3): 268-277.

Nelson, A. & Sethi, S. (2005). The breastfeeding experiences of Canadian teenage mothers. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 34: 615 - 624.

Ottawa Public Health. (2014). State of Ottawa's health, 2014. Ottawa, ON: Ottawa Public Health.

Park, K., Meier, E., & Song, W. (2003). Characteristics of teenage mothers and predictors of breastfeeding initiation in the Michigan WIC program in 1995. *Journal of Human Lactation*, 19: 50-56.

Pierre, N., Emans, S. J., Obeidallah, D. A., Gastelum, Y., DuRant, R. H., Moy, L. K., Hauser, S. T., Paradise, J., & Goodman, E. (1999). Choice of feeding method of adolescent mothers: does ego development play a role? *Journal of Pediatric and Adolescent Gynecology*, 2, 83-89.

Renfrew, M.J., McCormick, F.M., Wade, A., Quinn, B., & Dowswell, T. (2012). Support for healthy breastfeeding mothers with healthy term babies. *Cochrane Database of Systematic Reviews*, Issue 5. Art. No.: CD001141. DOI: 10.1002/14651858.CD001141.pub4.

Sipsma, H. L., Magriples, U., Divney, A., Gordon, D., Gabzdyl, E., & Kershaw, T. (2013). Breastfeeding behavior among adolescents: initiation, duration, and exclusivity. *The Journal of Adolescent Health*, 3, 394-400.

Spear, H. J. (2006). Breastfeeding behaviors and experiences of adolescent mothers. *MCN. The American Journal of Maternal Child Nursing*, 2, 106-113.

St. Mary's Home (n.d). Website. [http://www.stmaryshome.com/en/stmaryshome/Home\\_p1186.html](http://www.stmaryshome.com/en/stmaryshome/Home_p1186.html)

Tucker, C. M., Wilson, E. K., & Samandari, G. (2011). Infant feeding experiences among teen mothers in North Carolina: Findings from a mixed-methods study. *International Breastfeeding Journal*, 6(14). Retrieved from <http://www.internationalbreastfeedingjournal.com/content/6/1/14>.

Volpe, E. M., & Bear, M. (2000). Enhancing breastfeeding initiation in adolescent mothers through the Breastfeeding Educated and Supported Teen (BEST) Club. *Journal of Human Lactation*, 3, 196-200.

Wambach, K. A., & Cole, C. (2000). Breastfeeding and adolescents. *Journal of Obstetrics Gynecology and Neonatal Nursing*, 29: 282-94.