



Improving Our Approach: Better Conversations about Breastfeeding

Nov. 7, 2018

Welcome & Introductions



Elizabeth Coté, MD, MPA
NICHQ Chief Health Officer

Meet NICHQ

NICHQ is a mission-driven nonprofit dedicated to **driving dramatic and sustainable improvements** in the complex issues facing children's health.



What Motivates Us



Mission

Driving change to
improve children's health

Vision

Every child achieves
optimal health

Passionate Experts & Influencers

We know how to:

- create pathways and partnerships
- get real traction on tough issues
- bring the right people and capabilities together



to transform systems for better health outcomes.

16 Current Initiatives

- **Asthma**

- Florida Asthma and Tobacco Cessation Learning and Action Networks

- **Early Childhood**

- Common Metrics to Drive Change through Early Childhood Systems
- Early Childhood Comprehensive Systems CoIN
- Environmental Influences on Child Health Outcomes: Developmental Impact of NICU Exposures
- Parenting through Pediatrics Practice Analysis
- Partnering for Impact to Improve 0-3 Outcomes
- Strengthening Early Childhood Comprehensive Systems through Policy and Cross-State Learning Efforts

- **Epilepsy**

- American Academy of Pediatrics-Children and Youth with Epilepsy Evaluation

- **Infant Health**

- Maternal and Child Environmental Health CoIN
- **National Action Partnership to Promote Safe Sleep Improvement and Innovation Network**
- National Network of Perinatal Quality Collaboratives
- NYS Maternal and Child Health Collaboratives
- Safe Sleep CoIN to Reduce Infant Mortality

- **Newborn Screening**

- NewSTEPs 360

- **Sickle Cell Disease**

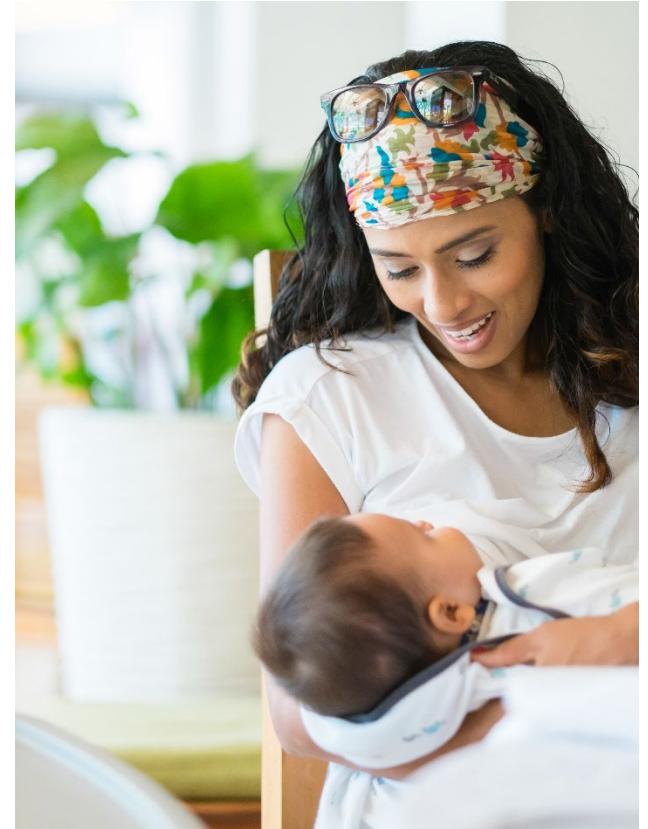
- Sickle Cell Disease Treatment Demonstration Program

- **Vision and Eye Health**

- Improving Children's Vision: Systems, Stakeholders & Support

NICHQ Breastfeeding Projects

- National Action Partnership to Promote Safe Sleep and Breastfeeding Improvement and Innovation Network (current)
- Best Fed Beginnings
- Texas Ten Step Star Achiever Breastfeeding Learning Collaborative
- New York State Breastfeeding Quality Improvement in Hospitals Collaborative
- Indiana Breastfeeding Initiative



Presentation One



Lori Feldman-Winter, MD, MPH

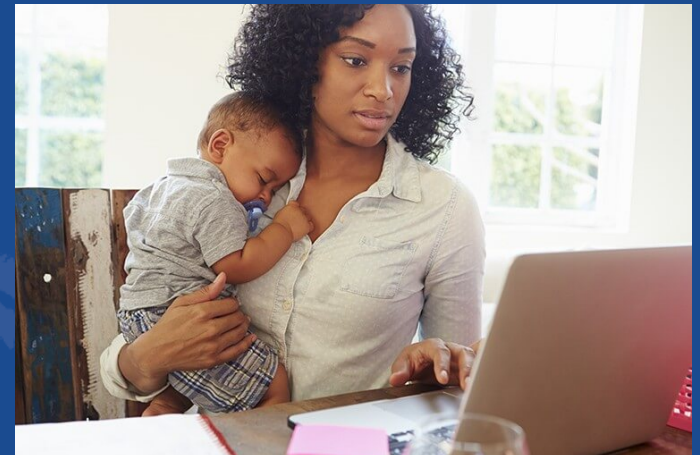
*Professor of Pediatrics at Rowan University Cooper Medical School
NAPPSS-IIN Project Faculty*

Learning Objectives

- Appreciate issues facing mothers in making a decision to breastfeed
- Understand the supports and barriers facing breastfeeding mothers in the U.S.
- Describe methods to identify breastfeeding concerns and an approach to the conversation



Acknowledge Roadblocks Exist

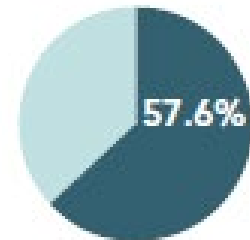


Who Breastfeeds in the U.S.?

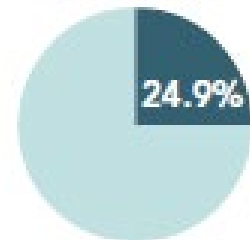


CDC NIS Report Card 2018

Percentage of infants breastfed through 6 months



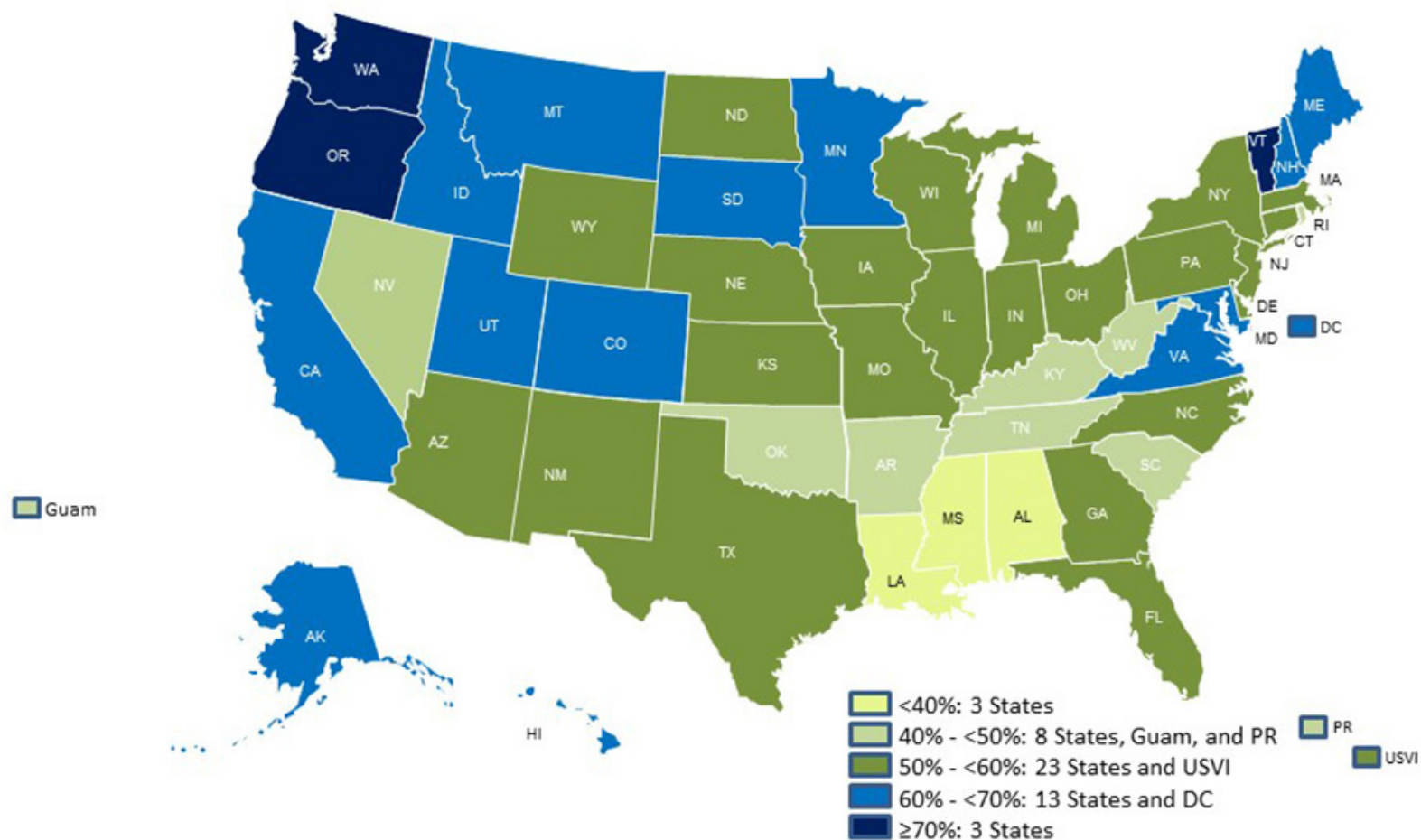
Percentage of infants breastfed exclusively through 6 months



Healthy People 2020 Objectives		Target	Current Rates*	
MICH**-21.1	Increase the proportion of infants who are breastfed: Ever	81.9%	83.2%	✓
MICH-21.2	Increase the proportion of infants who are breastfed: At 6 months	60.6%	57.6%	
MICH-21.3	Increase the proportion of infants who are breastfed: At 1 year	34.1%	35.9%	✓
MICH-21.4	Increase the proportion of infants who are breastfed: Exclusively through 3 months	46.2%	46.9%	✓
MICH-21.5	Increase the proportion of infants who are breastfed: Exclusively through 6 months	25.5%	24.9%	
MICH-22	Increase the proportion of employers that have worksite lactation support programs.	38.0%	49.0%	✓
MICH-23	Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life.	14.2%	17.2%	
MICH-24	Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies.	8.1%	26.1%	✓

Geographic Disparities

Percentage of Infants Breastfed at 6 Months

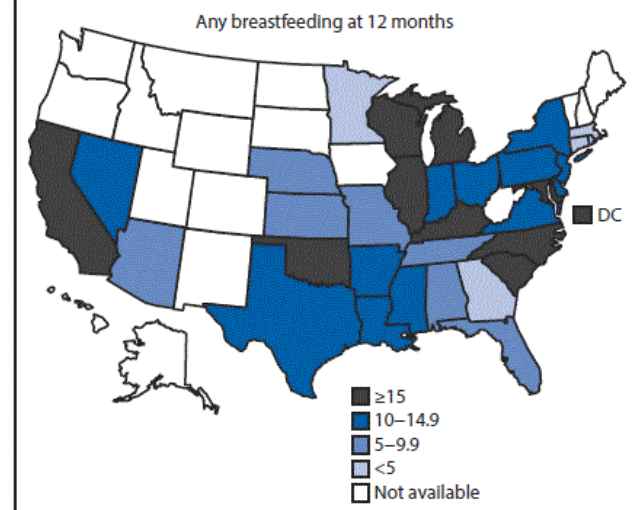
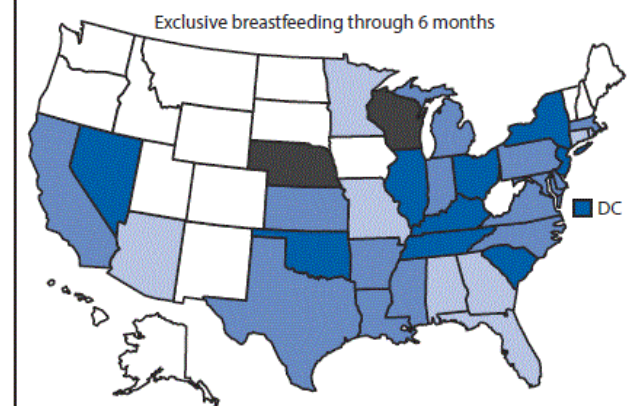
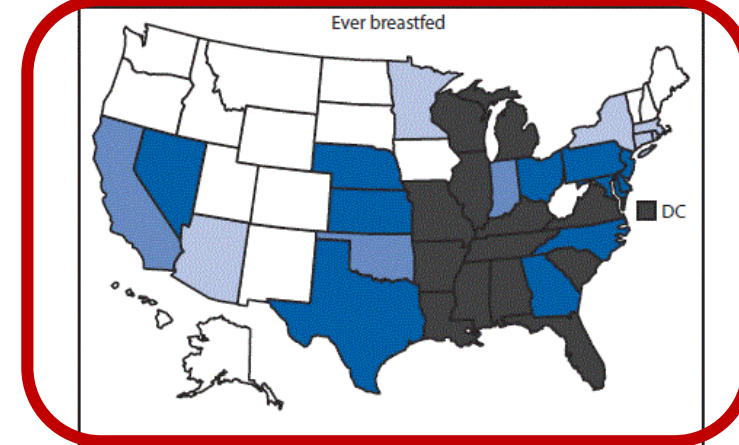


2018 CDC Report Card

NICHQ

Disparities within States

- % difference in breastfeeding rates between non-Hispanic Black and non-Hispanic White mothers
- Dark shaded states have greatest disparities



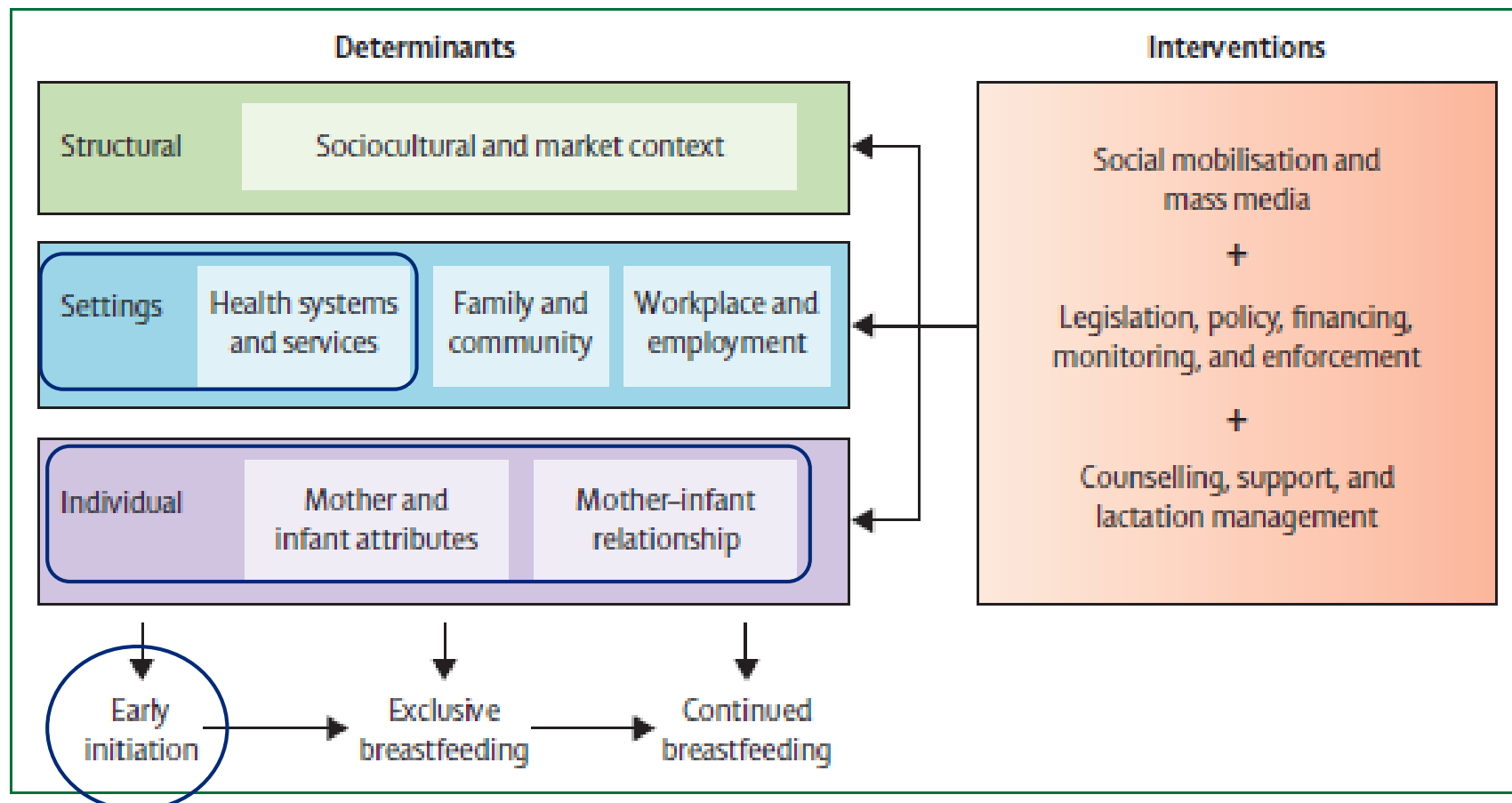


Figure 1: The components of an enabling environment for breastfeeding—a conceptual model

Rollins NC et al. Why invest, and what it will take to improve breastfeeding practices? Lancet. 2016 Jan 30;387(10017):491-504

Why Do Mothers Stop Breastfeeding Early?

60% of mothers do not breastfeed as long as they intend

- Issues with lactation and latching
- Concerns about infant nutrition and weight
- Mother's concern about taking medications while breastfeeding
- Unsupportive work policies and lack of parental leave
- Cultural norms and/or lack of family support
- Unsupportive hospital practices and policies

1. Odom EC, Li R, Scanlon KS, Perrine CG, Grummer-Strawn L. Reasons for Earlier than Desired Cessation of Breastfeeding. *Pediatrics*. 2013;131(3):e726-732.
2. Sriraman NK, Kellams A. Breastfeeding: What are the Barriers? Why Women Struggle to Achieve Their Goals. *J Womens Health (Larchmt)*. 2016;25(7):714-22.
3. Perrine CG, Galuska DA, Dohack JL, et al. Vital Signs: Improvements in Maternity Care Policies and Practices That Support Breastfeeding — United States, 2007-2013—United States, 2007-2013. *MMWR Morb Mortal Wkly Rep*. 2015;64(39):1112-1117.

What are the Most Cited Barriers?

Moms are Saying:

- Worry that baby is not getting enough
- Nipples sore and painful
- Breastfeeding is hard
- Bottle seems easier
- Baby prefers the bottle

Underlying issue:

- Knowing physiology
- Knowing red flags
- Lacking self-efficacy
- Normal vs. abnormal pain
- Latch assessment
- Bottle vs. breast as normative
- Trust

What are the Most Cited Support Strategies?

Individual Level

- Belief that colostrum is insufficient until “milk comes in”
 - Feeding patterns on day 2-3 indicate that baby is not getting enough, hungry and wanting to feed all of the time
- Acknowledge worry, explain the normal physiology, give clear indications for when to seek additional help
 - Know and understand normal feeding patterns, I/O's-pitfalls, red flags, ensure follow-up

How Can We Become Better Listeners?

- Provide a safe space
- Hearing concerns
- Probing
- Validating feelings
- Filling the knowledge bank
- Dispelling myths without discounting the source
- Acknowledge bias



One Approach to Conversations

- L** • Listen to what moms are saying
- O** • Ask open-ended questions
- V** • Validate feelings
- E** • Educate on point



After Listening and Acknowledging

Step two: Ask open ended questions

- “What have you heard about breastfeeding”
 - “Have you thought about breastfeeding your baby?”
(YES/NO)
- “What do you know about breastfeeding?”
 - “How are you planning to feed the baby?”
(BREAST/BOTTLE/FORMULA)
- “What are your feelings about breastfeeding?”
 - “Are you going to breastfeed or bottle feed?” (YES/NO)

“What” is the key word!

Probes

Extending:

- What else...?
- Could you tell me a little more about how you feel about....?

Clarifying:

- What do you mean by...?
- Do you mean... by saying?

Probes (continued)

Reflecting or acknowledging

- “So you think...?”
- “So you’re saying...?”
- “So you’ve heard....?”

Redirecting

- “What other concerns...?”
- “Besideswhat else bothers you?”

Padding

Adding extra words to soften the question

1. Use the client's name
2. Repeat the client's words
3. Add extra words
4. Use pauses

Presentation Two



Suzanne Bronheim, PhD

*Adjunct Associate Research Professor, Department of Pediatrics,
Georgetown University Medical Center*

Changing Our Minds, Changing Their Minds

- Need for us to change how we approach promoting breastfeeding
- Need new mindset, new skills and new knowledge
- Why do we need a “conversations approach?”



Need for “Conversations” Approach

- Population-based promotion campaigns are important to raise awareness
- But current thinking indicates that more tailored interventions are needed
 - Recognize that families are the ultimate decision-makers
 - Deciding to adopt a behavior takes place in the context of opportunities for two-way communication



What is a Conversations Approach?

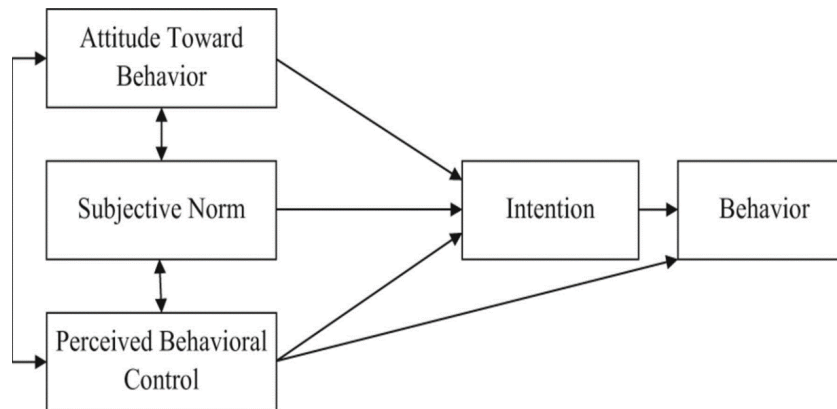
- Underlying assumptions:
 - In the end parents and other infant caregivers will make the decisions about how and where to sleep and feed infants
 - Behavior change is supported by approaches that first gain caregiver's acceptance
 - Accomplishing behavior change is supported by two-way communication

Azjen's Theory of Planned Behavior

- Positive perceptions of the behavior, the actions required and the advantages
- Others' beliefs about the behavior ("normative beliefs" held by others who are important to the individual, such as friends, family members, colleagues, even societal norms and pressures)
- Personal perceptions of one's own ability, level of control, and self-efficacy to perform or change the behavior

Changing Behavior

How will the Conversations approach make a difference in supporting families and other caregivers to adopt safe sleep practices and breastfeeding?



Public Health Examples

Smoking:

1. Surgeon General's warning on cigarettes, PSAs, etc.
2. Outlawing smoking in public places; workplace policies
3. Quit lines, smoking cessation programs, medications

Breastfeeding:

1. "Babies are Born to Be Breastfed" campaign, SG call to action
2. Laws to support breastfeeding in workplace, in public; integration in quality standards for health care organizations
3. Peer and professional lactation supporters

How do we get people to accept new things?

- Diffusion is the process in which an innovation is communicated through certain channels over time among members of a social system. This is a two-way communication that leads to diffusion.

Rogers, E. (2003) *Diffusion of Innovations: Fifth Edition*. New York, NY: Free Press

What Families Need



- Families need information about the “whys” and deeper exploration of their doubts, reluctance and barriers
- Families report they are not prepared and so when faced with challenges (including sleep deprivation) they give up on their intentions
- Need to help families anticipate challenges and create plans for who can support them and what to have in place *before* taking their babies home

What is a Conversations Approach?



So, what might be different about the Conversations Approach from what is currently the common approach in the field?

- Welcomes reluctance, resistance, challenges
- Elicits and addresses positive and negative input from important others
- Helps provide more information to address reluctance and address misinformation
- Leads to a plan for the family to implement their choices

What is a Conversations Approach?

- Asking permission to share important information about keeping babies safe and healthy with key caregivers



What is a Conversations Approach?

- Sharing information with explanations about why particular behaviors are recommended and how implementing those behaviors keep babies safe and healthy



What is a Conversations Approach?

- Asking caregivers if they have heard this information or any other information about breastfeeding, and what they think about the information



What is a Conversations Approach?

- Asking caregivers if they have plans to implement any of the behaviors discussed.
 - If yes, how do they plan to follow through on those plans?
 - If no, what factors make them reluctant to implement the behaviors?



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What is a Conversations Approach?



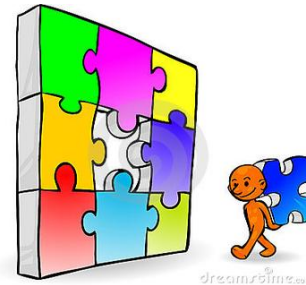
- Discussing behaviors that they don't want, or feel they cannot implement, to understand why and offer additional information that could address their reluctance

For information about how to address reluctance and misinformation:

<https://www.ncemch.org/learning/building/basics/3-6-handouts.php>

What is a Conversations Approach?

- Problem-solving to determine how much of the preferred behavior change caregivers can and will implement, and offering information about how to enhance benefits within the parameters of their decisions



What is a Conversations Approach?

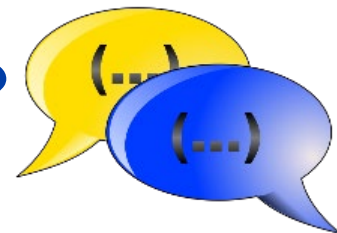
- Creating a personal action plan with caregivers that:
 - Discusses how they will sleep and feed their infants
 - Addresses anticipated challenges, where to seek resources and supports if new challenges arise, and a commitment to implement the plan



Who uses a Conversations Approach?

- **Conversations starters**—those who may have one-time or time limited interactions and can:
 - Introduce the information
 - Determine what questions or concerns caregivers have
- **Conversation deepeners**—those who have ongoing interactions, but may have limited time or interact only during a specific time period (e.g. pre-natal visits, etc.), and can:
 - Delve into reluctance and challenges caregivers have;
 - Provide more information to clear up misconceptions, or;
 - Identify risks or benefits to the caregivers proposed choices as well as potential solutions to challenges

Who uses a Conversations Approach?



- **Ongoing dialoguers**—those who have extended interactions over time in settings or programs designed to give in-depth support to caregivers and can:
 - Help caregivers develop detailed plans to support their decisions
 - Connect them with resources and support to address challenges
 - Help caregivers when new challenges arise in implementing safe sleep and breastfeeding

First, Change our Minds

The conversations approach is, first of all, a shift in how we think about our roles.





Role Play

Role Play



Lisa Bailey

*Peer Counselor at the Lactation Care
Center WIC Program in Dallas*



Rebekka Henriksen

*La Leche League Leader and Mindful
Parenting Teacher*

Setting: In hospital room, morning after delivery

*This is a conversation between a lactation consultant
and a new mother.*

Questions?

Resources

- Campaigns to Conversations

<https://www.ncemch.org/learning/building/index.php>

- How Safe Sleep Savvy Are You? A teaching tool for reducing infant sleep related deaths.

<https://www.nichq.org/resource/how-safe-sleep-savvy-are-you>

- Join NICHQ's "Friends of NAPPSS-IIN" email list for quarterly project updates on our safe sleep and breastfeeding initiative

<http://nappss.gr8.com/>

- NICHD's Breastfeeding and SIDS video:

<https://youtu.be/bB8qhs4zybs>

Learn more @ www.NICHQ.org

