

Innovations in Breastfeeding: Examples from the Association of Maternal & Child Health's Innovation Station Database

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National WIC Conference: April 4th, 2017



Importance of Evidence

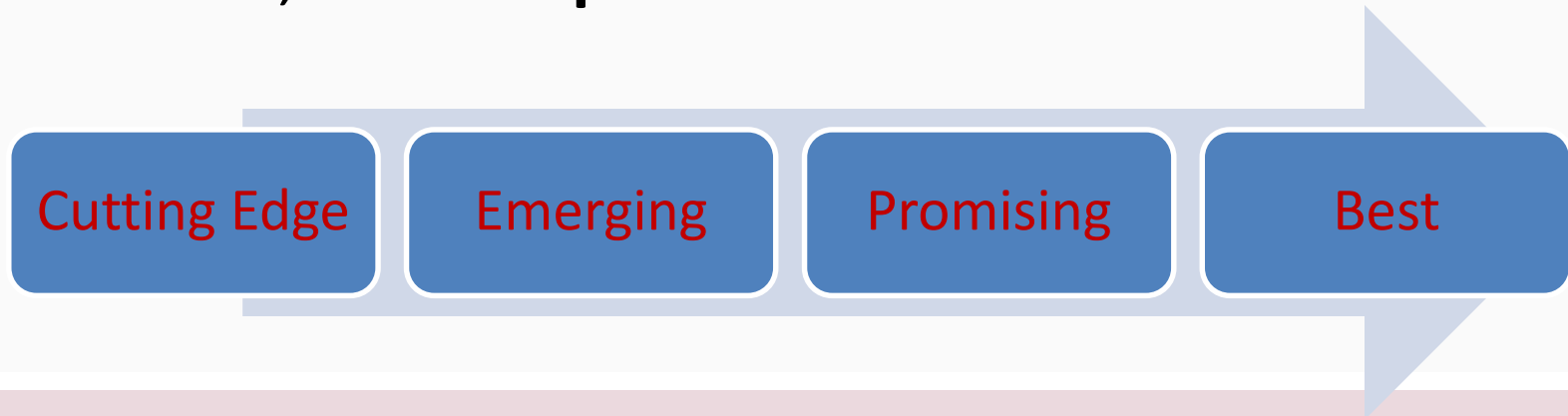
- Why is using evidence important to MCH?
 - Allows us to justify our actions and demonstrate the effectiveness of our programs
- What are the benefits of using evidence?
- What are the challenges of using evidence?

Innovation Station

- AMCHP's searchable database of **cutting edge**, **emerging**, **promising**, and **best practices** in maternal and child health.
- Allows states to learn about successful MCH programs across the United States and to benefit from lessons learned.

Best Practices

- AMCHP defines “best practices” as a **continuum** of practices, programs, and policies that range from **cutting edge**, **emerging**, and **promising** to those that have been extensively evaluated and proven effective, i.e. **best practice**.



Best Practices Continuum

Cutting Edge

- ✓ Innovation solution to evolving public health issue
- ✓ Aligned with experiential evidence inside/outside public health
- ✓ Perceived benefit to MCH populations
- ✓ Early signs of success & commitment to ongoing evaluation

Emerging Practice

- ✓ Strong theoretical foundation
- ✓ Based on guidelines/effective models
- ✓ Evaluation plan in place
- ✓ Continuous QI

Best Practices Continuum

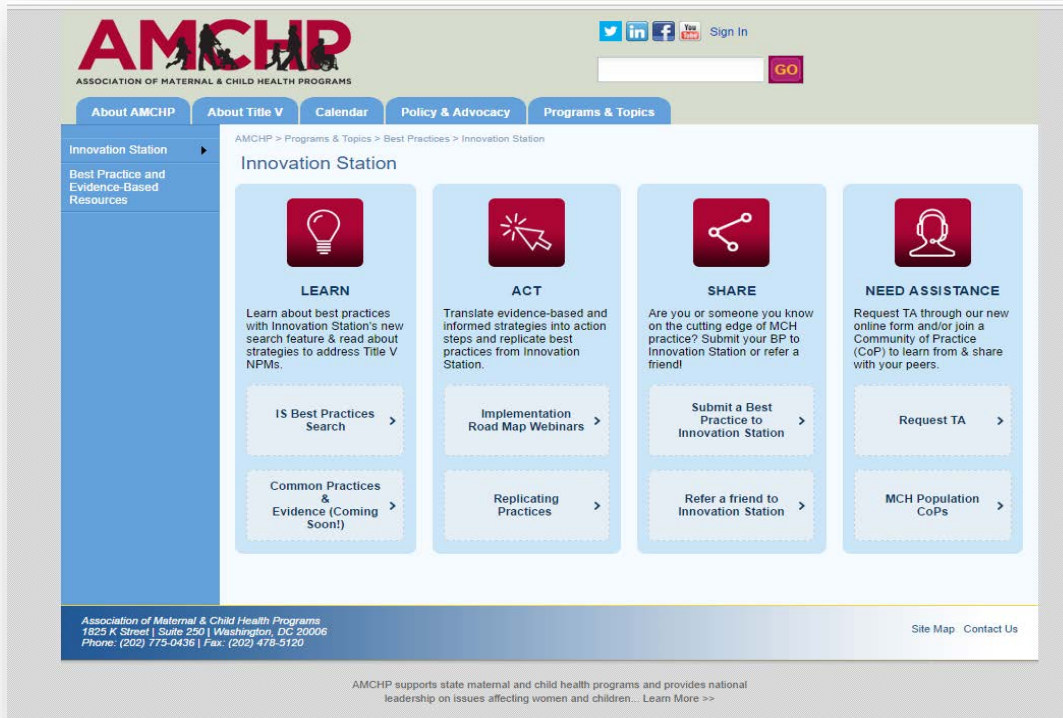
Promising Practice

- ✓ Has evaluation data which demonstrates effectiveness of the intervention

Best Practice

- ✓ Peer reviewed
- ✓ Replicable/generalizable
- ✓ Positive results clearly linked to practice

Innovation Station




Practices are searchable by:

- Practice category
- State/region
- NPM
- Primary topic
- Population
- Key term

Innovation Station

- Practice information sheets provide program:
 - Objectives
 - Activities
 - Outcomes
 - Costs
 - Challenges
 - Lessons learned
 - Future steps



AMCHP Innovation Station
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS
Sharing Best Practices in Maternal & Child Health

The HealthConnect One Community-Based Doula Program

Location: Chicago
Date Submitted: December 2015
Category: **Best Practice**

BACKGROUND

The Community-Based Doula Program has evolved since the founding of HealthConnect One (HC One) — then known as the Chicago Breastfeeding Task Force — in 1986. As the Task Force engaged with natural leaders in a variety of Chicago communities, it expanded its grassroots approach to breastfeeding promotion into a model program for community-based maternal and child health promotion — and became Chicago Health Connection. Chicago Health Connection trained and supported community health workers (CHWs) through participant-driven programs that emphasized reinforcement of self-esteem and empowerment. Its scope soon expanded far beyond breastfeeding.

Chicago Health Connection became nationally recognized for programs that resulted in fewer complications during births, decreases in rates of c-section births, increases in breastfeeding rates and attachment between mother and child, and increases in mothers' self-esteem and personal skills. Its most innovative work was the development of the Community-Based Doula Program, which provides support to young families during pregnancy, birth, and the early postpartum period. In recognition of its programmatic and geographical growth, in 2008 Chicago Health Connection assumed the name it has today.

Today, HC One is no longer a direct-service organization; its expertise is in supporting agencies with direct-service programs. HC One helps agencies take innovative risks — and is an essential resource for shifting systems toward prevention and community-based family support. It has expanded its program replication to 52 sites in 20 states, with both private and public funding, including an effort funded by the W.K. Kellogg Foundation to boost programs in Michigan, New Mexico, Texas, and Mississippi.

TITLE V MCH BLOCK GRANT MEASURES ADDRESSED

#01 Percent of women with a past year
#04 A) Percent of infants who are ever breastfed
#14 A) Percent of women who smoke during pregnancy
Percent of children who live in household with no tobacco use

PROGRAM OBJECTIVES

The goals of the Community-Based Doula Program are:

- To increase the rates of exclusive breastfeeding in communities.
- To reduce the rates of low birth weight and premature infants.
- To reduce the use of c-sections.
- To reduce the use of epidural pain management techniques.
- To further develop the role of community health workers (CHWs) in maternal and child health.


TARGET POPULATION SERVED

Populations served are primarily low-income, African-American, and Hispanic populations. Mothers tend to be 13% below age 18 and more than 50% are at high medical risk (diabetes, hypertension, heart disease, respiratory disease, sexually transmitted diseases).

PROGRAM ACTIVITIES

HC One collaborates with community health workers and other staff nationwide in establishing effective programs and securing community support to train and hire community-based doulas.

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ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS
Sharing Best Practices in Maternal & Child Health

Communities Supporting Breastfeeding

Location: Kansas
Date Submitted: 5/2016
Category: **Emerging Practice**

BACKGROUND

The Kansas Breastfeeding Coalition (KBC) asked the question - What would a breastfeeding "utopia" look like? The answers. The resulting conversations and meetings between KDHE and the KBC formed the basis for the Communities Supporting Breastfeeding (CSB) designation to recognize communities who provide a multifaceted approach to breastfeeding support.

It turns out the Kansas Department of Health and Environment (KDHE), Bureau of Family Health, responsible for Title V, WIC and child care provider licensing was interested in these questions as well and more importantly, the answers. The resulting conversations and meetings between KDHE and the KBC formed the basis for the Communities Supporting Breastfeeding (CSB) designation to recognize communities who provide a multifaceted approach to breastfeeding support.

The KBC already had multiple programs in place to support breastfeeding in a variety of sectors. It was easy from there to craft designation criteria that optimized existing programs, allowing local breastfeeding coalitions to utilize existing resources and materials. Coalitions were then able to focus their time and energy implementing the various programs and working towards a goal — the CSB designation.

The CSB program awards a designation to Kansas communities that support breastfeeding mothers and babies through a multifaceted approach across sectors using existing statewide programs that address barriers to breastfeeding. Alone, each program can provide a life line of support in one area of a mother's life; when woven together they create a net of support through which no mother and baby will fall.

TITLE V MCH BLOCK GRANT MEASURES ADDRESSED

#04: A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months

"A Community Supporting Breastfeeding" Designation Criteria

- A local breastfeeding coalition
- Peer support group(s) such as La Leche League or similar mother-to-mother group
- A least one community hospital enrolled in [High 5 for Mom & Baby](#) or [Baby Friendly Hospital USA](#)
- 1 business for every 1000 community citizens* or 25 (whichever is lesser) participate in the ["Breastfeeding Welcome Here"](#) program
- 1 business for every 5000 community citizens or 10 (whichever is lesser) receive a ["Breastfeeding Employee Support Award"](#)
- A minimum of 20 child care providers in the community complete the KBC's ["How to Support the Breastfeeding Mother and Family"](#) course

*Community can be either a city or a county.

In collaboration with KDHE Title V Maternal and Child Health Services Program, six communities were selected to pilot the CSB program. The pilot communities represented diverse geographies and populations and served as model communities to achieve the CSB designation as defined by

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Submitting a Best Practice

- Practices may be submitted on a rolling basis.
- AMCHP's Best Practices Committee reviews submissions and scores them using a rubric to determine their classification of cutting edge, emerging, promising, or best practice.
 - Occurs in the fall and spring

Benefits of Submitting to Innovation Station

- Share successes with your peers
- Enhance the MCH field
- Contribute to program replication
- Receive national recognition
- Get expert feedback

Replication Project

- Two technical assistance awards of \$10,000 each are awarded yearly for states to replicate or adapt a practice in Innovation Station.
 - The Best Practices Committee reviews and awards recipients based on set criteria.
 - Once selected, TA and program implementation occurs from October-April.

Want to Learn More About Innovation Station?

Lynda Krisowaty, MHS

Program Manager, Evidence-Based Practice

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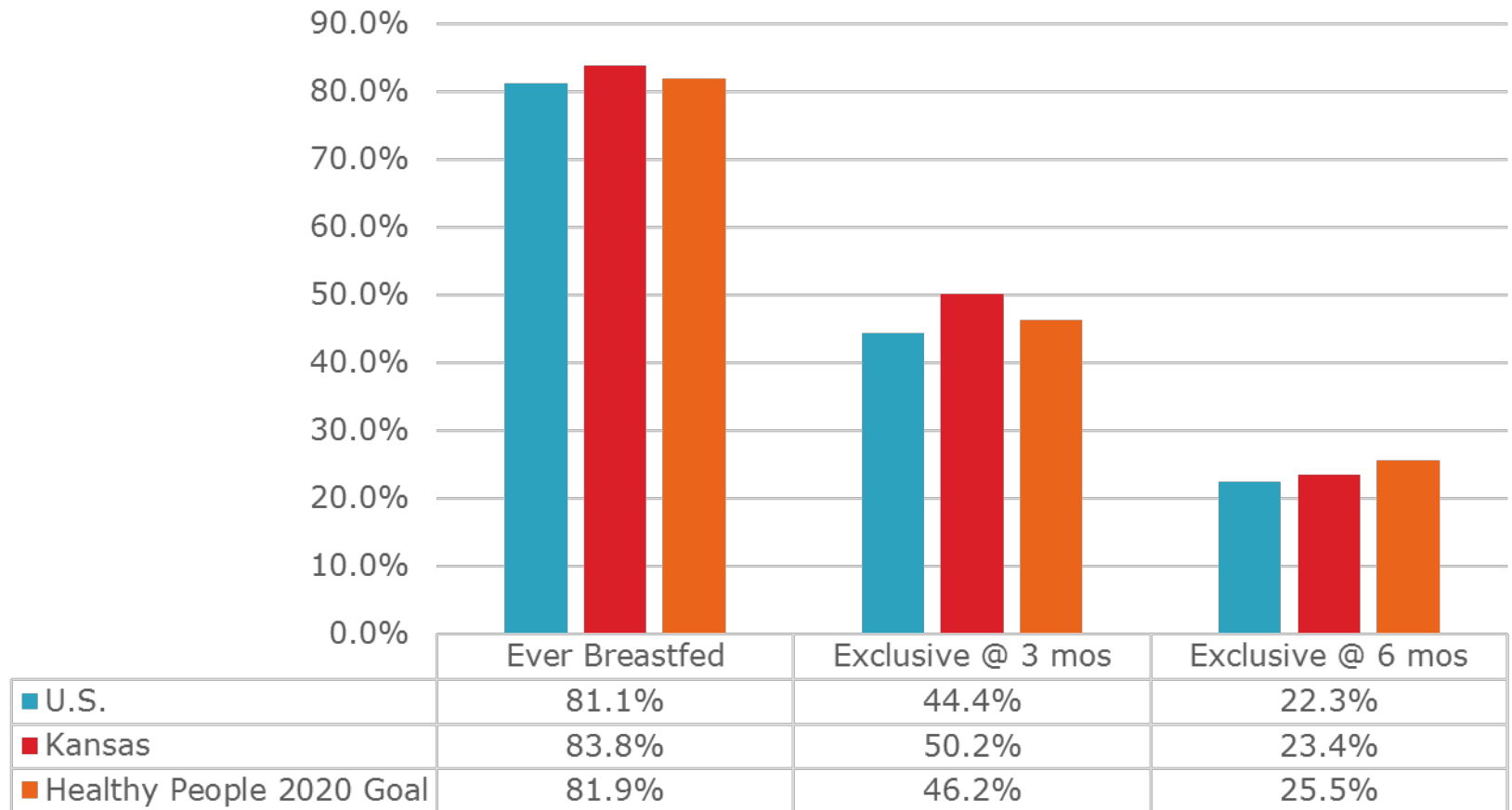
Phone: 202-266-3058

Creating a “Breastfeeding Utopia”: A Multifaceted Community Approach to Improve Breastfeeding Rates in Kansas



Brenda Bandy, BS, IBCLC, Kansas Breastfeeding Coalition

Where Do We Stand?



Data from 2013 National Immunization Survey

What would a “Breastfeeding Utopia” look like?



Overcoming the Barriers

Weaving a net of support



Partners



*Bureau of Family
Health (Title V
Maternal and Child
Health Services
Program)*

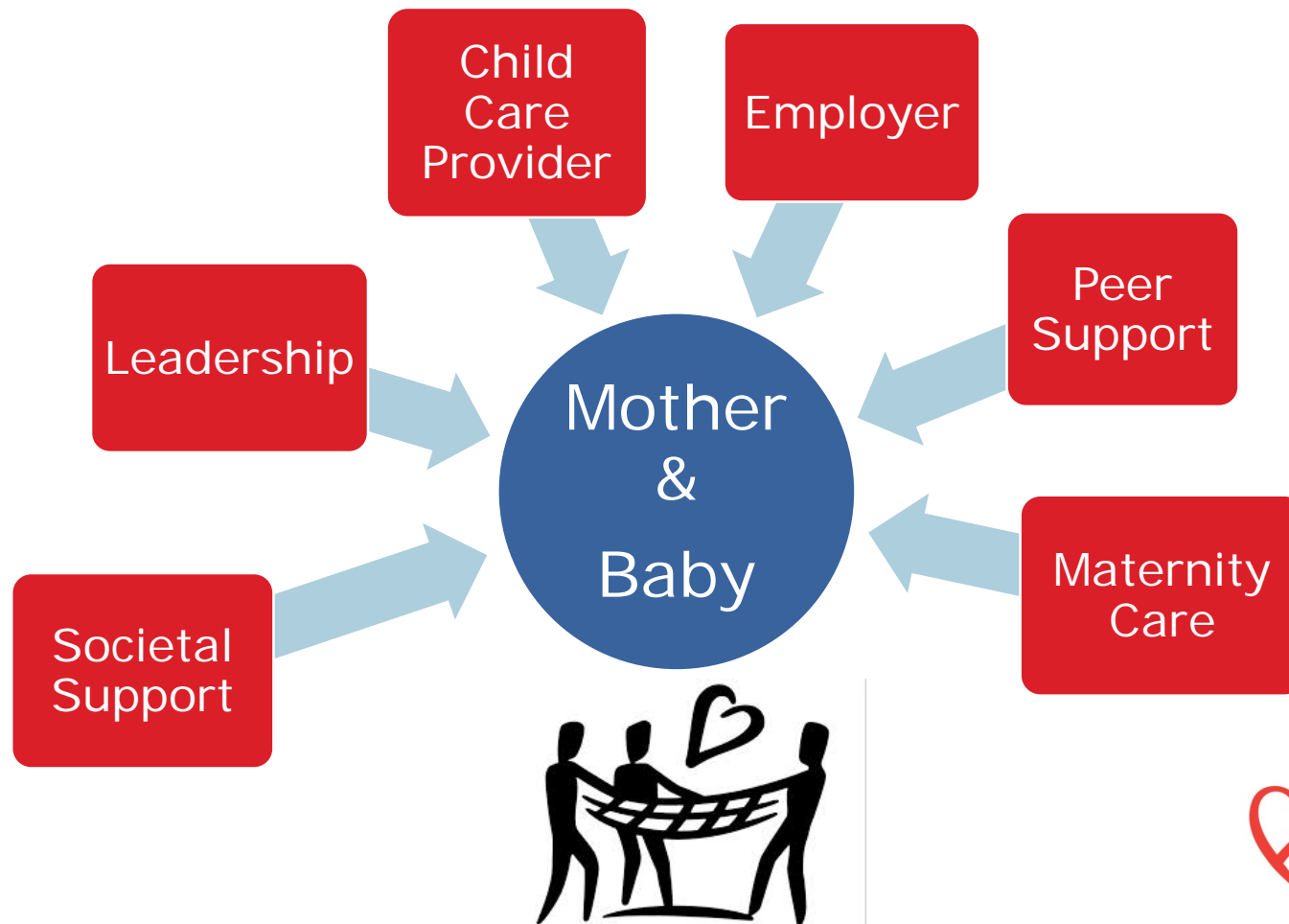


Kansas
Breastfeeding
Coalition, Inc.



*University of
Kansas School
of Medicine-
Wichita*

Communities Supporting Breastfeeding



NEW Designation!

“Communities Supporting Breastfeeding”

Criteria:

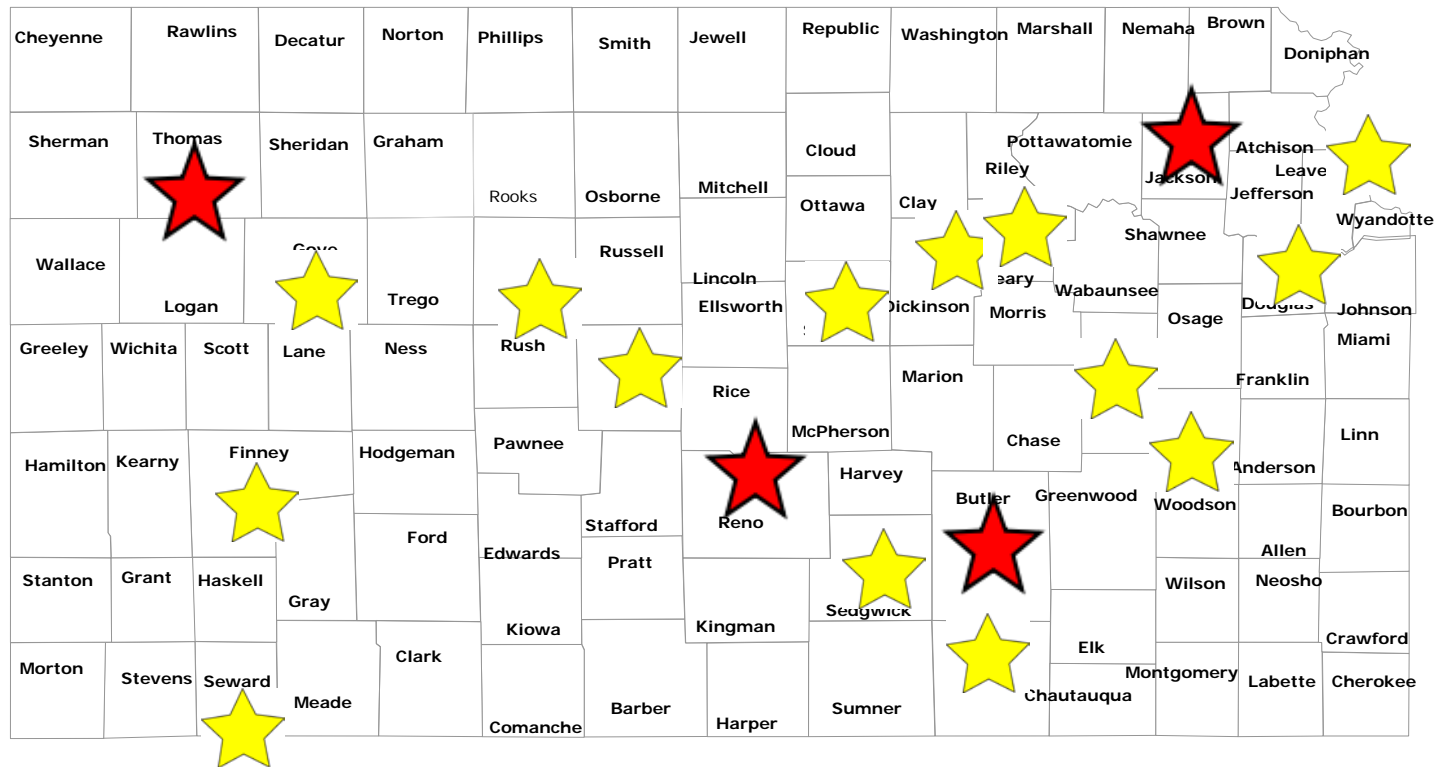
- **A local breastfeeding coalition**
- **Peer breastfeeding support group(s)** such as La Leche League or similar mother-to-mother group
- One or more community **hospitals participating in High 5 for Mom & Baby** or Baby Friendly ® USA

CSB Criteria Continued...

- 1 business for every 1000 community citizens or 25 (whichever is lesser) participate in the **"Breastfeeding Welcome Here"** program
- 1 business for every 5000 community citizens or 10 (whichever is lesser) receive a **Breastfeeding Employer Support Award** from Kansas Business Case for Breastfeeding
- A minimum of 20 **child care providers** in the community completing the KBC's *How to Support the Breastfeeding Mother and Family* course



Communities Supporting Breastfeeding



CSB Designated



CSB TA sites



Kansas
Breastfeeding
Coalition, Inc.

Leadership

Leadership



Kansas
Breastfeeding
Coalition, Inc.

[HOME](#) [ABOUT US](#) [OUR WORK](#) [NEWS](#) [EVENTS](#) [RESOURCES](#) [COALITIONS](#) [CONTACT](#)

Our Work.

The KBC has many projects.

[READ MORE >](#)

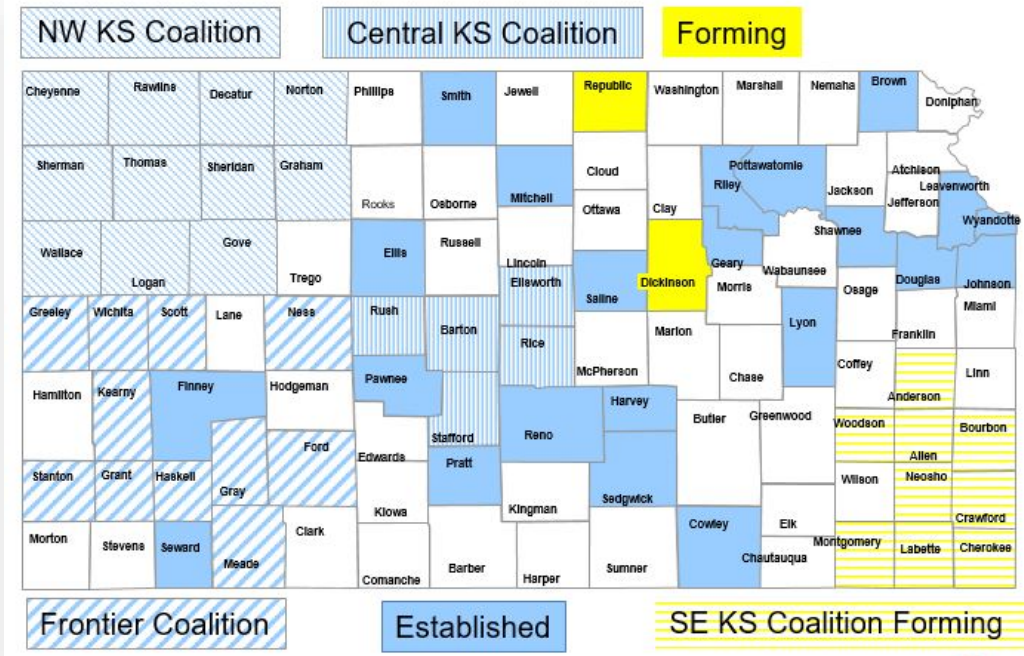
KSBreastfeeding.org



Kansas
Breastfeeding
Coalition, Inc.

Leadership

Leadership



- Quarterly conference calls
- Start-up meeting facilitation
- “Tools for Coalitions” webpage with resources
<http://ksbreastfeeding.org/tools-for-coalitions/>
- Annual conference

Peer Support

- 60+ La Leche League Leaders in 20 communities
- *"How to Start a Breastfeeding Support Group"* [KS TRAIN course# 1047630](#) (free)
- Facebook Support models
- 36 WIC Breastfeeding Peer Counselors in 40 counties



Maternity Care

Maternity
Care

Kansas "*High 5 for Mom & Baby*"*

- 58 out of 69 maternity care hospitals enrolled
- 22 recognized as "High 5" hospitals



www.High5Kansas.org

* Administered by the United Methodist Health Ministry Fund, Hutchinson KS



Societal Support

Societal
Support

"Breastfeeding Welcome Here"

634
participating
businesses
in Kansas!



<http://ksbreastfeeding.org/cause/breastfeeding-welcome-here/>



Kansas
Breastfeeding
Coalition, Inc.

Employer

166 Award-winning employers in Kansas!

"Business Case for Breastfeeding"



- Presentations to employers
- Awards for employers
- "Return to Work" class outline
- Direct consulting with businesses

KansasBusinessCase.com

Child Care Providers

"Child Care Provider Education Program"

**Over 1,580
providers
trained!**



Partners:

- Kansas Child Care Training Opportunities
- Child Care Aware ® of Kansas

<http://ksbreastfeeding.org/cause/child-care-provider-education/>



Successes and Lessons Learned

Successes -

- Creating leaders (LCCs)
- Builds/revitalizes local coalitions
- Impact on government officials (proclamation)



Lessons Learned -

- Not an individual's project
- Businesses were the toughest criteria



Need more info?

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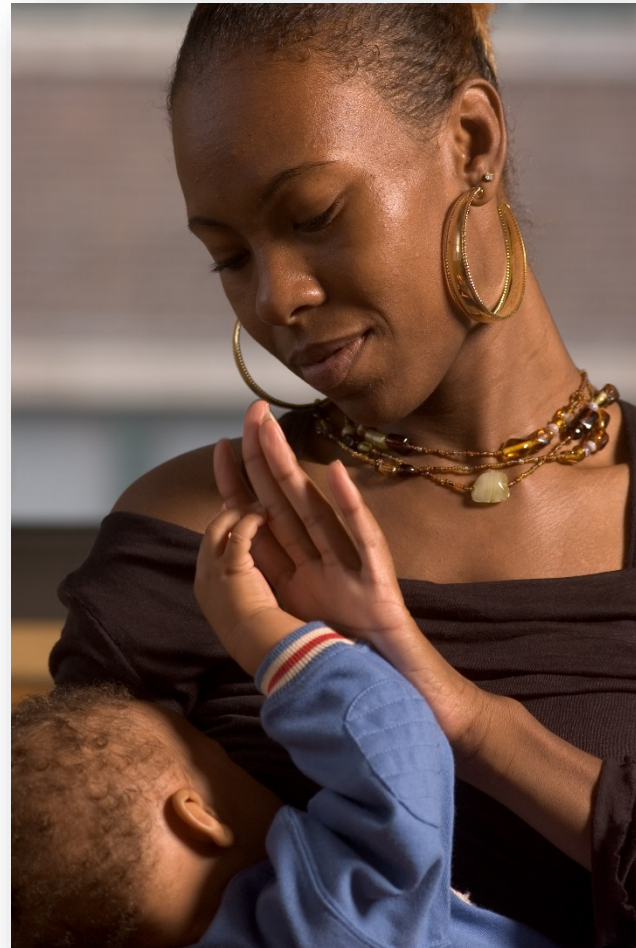
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Community-Based Doula Programs: Innovative Program Model that Supports Families

National WIC Association
Philadelphia, PA
April 4th, 2017



Community Based Doula Programs: Innovative Program Model That Supports Families



Tikvah Wadley, CD (DONA), BDT (DONA)
Program Coordinator

About HealthConnect One (HC One)

- HC One is the national leader in advancing respectful, community-based, peer-to-peer support for pregnancy, birth, breastfeeding and early parenting.
- Our vision is to see every baby, mother, and family thrive in a healthy community.
- Since 1986, we started out in Chicago the “Breastfeeding Taskforce” focused on collaborative work with grassroots maternal and child health organizations.



HealthConnect One (Fun Facts)

- We no longer offer direct service our expertise is in supporting agencies with a direct service program.
- We have expanded our program replication to 52 sites in 20 states.
- Private and public funding including an effort funded by W.K. Kellogg in Michigan, NM, Texas, and Mississippi.

Working With An Organization;

- We offer Training of Trainers.
- We spend at least 3 days with the sites.
- Within these 3 days there is a stakeholders meeting with the community and other leaders such as MCH, WIC, elected officials and hospitals.
- Trainers from that community will train Community Based Doulas for 20 consecutive weeks.
- Based on their observation they will hire the leader(s) from their trained group to become a Community Based Doula.
- Our approach helps to strengthen and transform communities over time.

Five Essential Components

1. Employ community-based peer counselors/doulas who are trusted members of the target community.



Five Essential Components

2. Extend and intensify the role of the Community-based doula with families from early pregnancy through the first months postpartum - The Peer Counselor's role is to counsel women prenatally on breastfeeding and provide support during the early postpartum period and throughout their breastfeeding experience.



Five Essential Components

3. Collaborate with community stakeholders and institutions, and use a diverse team approach.



Five Essential Components

4. Facilitate experiential learning using popular education techniques and the HealthConnect One training curriculum.



Five Essential Components

5. Value a community-based peer counselor/doulas' work with salary and support.



The Perinatal Revolution

- A study on the Community-Based Doula Program that includes:
 - Data analysis of program data from 4 years of community-based doula program implementation
 - Expert panel recommendations on future sustainability of program



http://www.healthconnectone.org/pages/white_paper__the_perinatal_revolution/362.php

Program Objectives

- To increase the rates of extended and exclusive breastfeeding in communities with low breastfeeding rates.
- To reduce the rates of low birth weight and prematurity, particularly in Black/African American communities.
- To reduce the use of C-sections among Black/African Americans and Hispanics unless they are medically necessary.
- Reduce the use of epidurals in favor of alternative pain management techniques.
- To further develop the corps of community health workers (CHWs) in maternal and child health and early learning.

Participating Sites

- MHP Salud (Migrant Health Promotion), TX
- Families First, GA
- The Birth Circle, PA
- Birth Matters, SC
- Brooklyn Young Mothers Collective, NY
- Great Lakes Inter-Tribal Council, WI
- Healthy Family Initiatives, TX
- Mothering Mothers, NJ

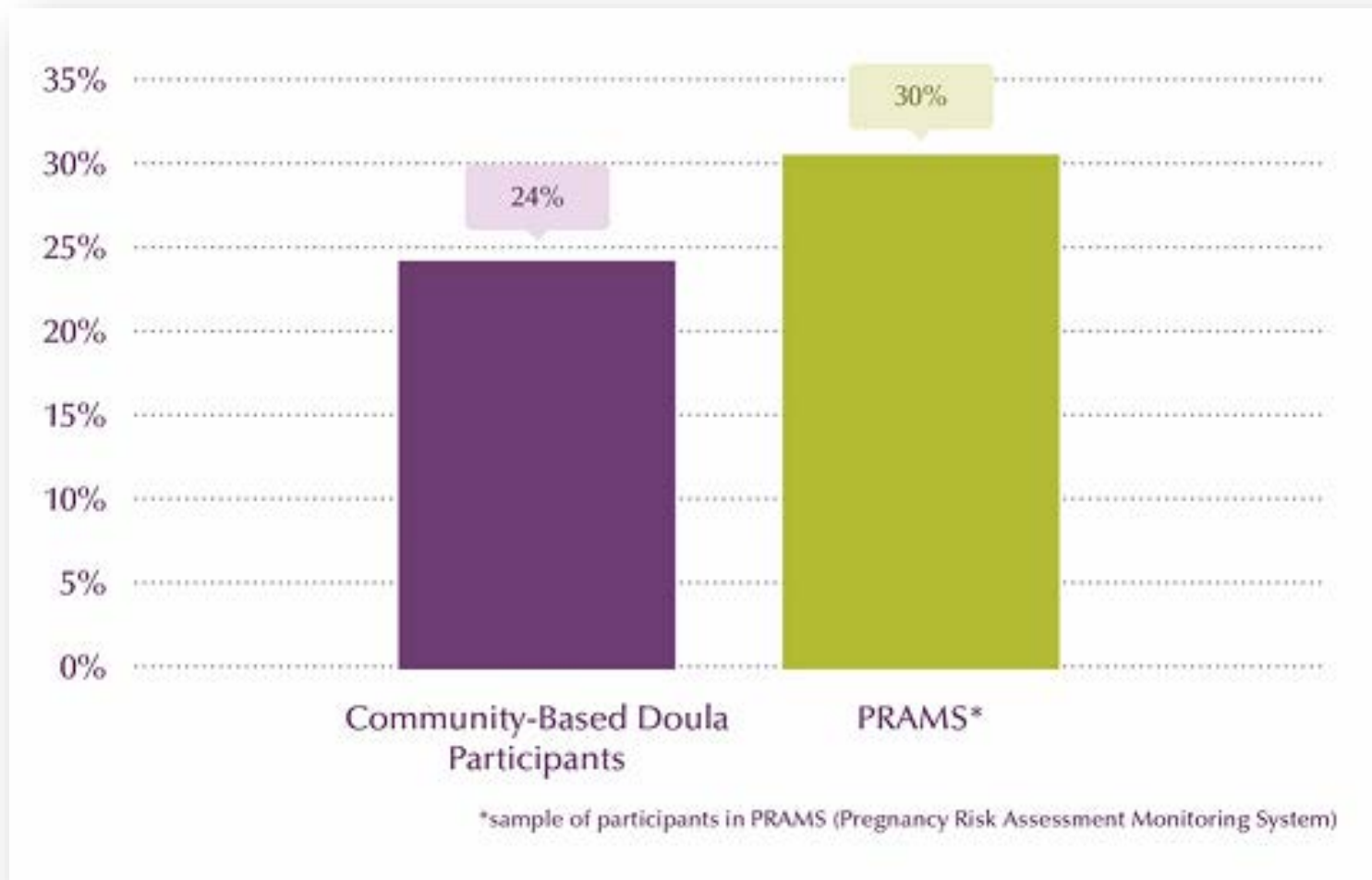
Participant Characteristics

- **N=592** women; all were first time mothers
- **47%** Hispanic, **33%** Black or African American
- Majority between 18-24 years (**51.18%**)
- **65.6%** completed some high school or high school/GED
- **86.6%** were eligible for WIC (economically disadvantaged)
- **42.38%** experienced a medical condition (i.e., heart disease, diabetes, asthma)
- Many mothers were experiencing challenges (economic, family, physical and mental health)

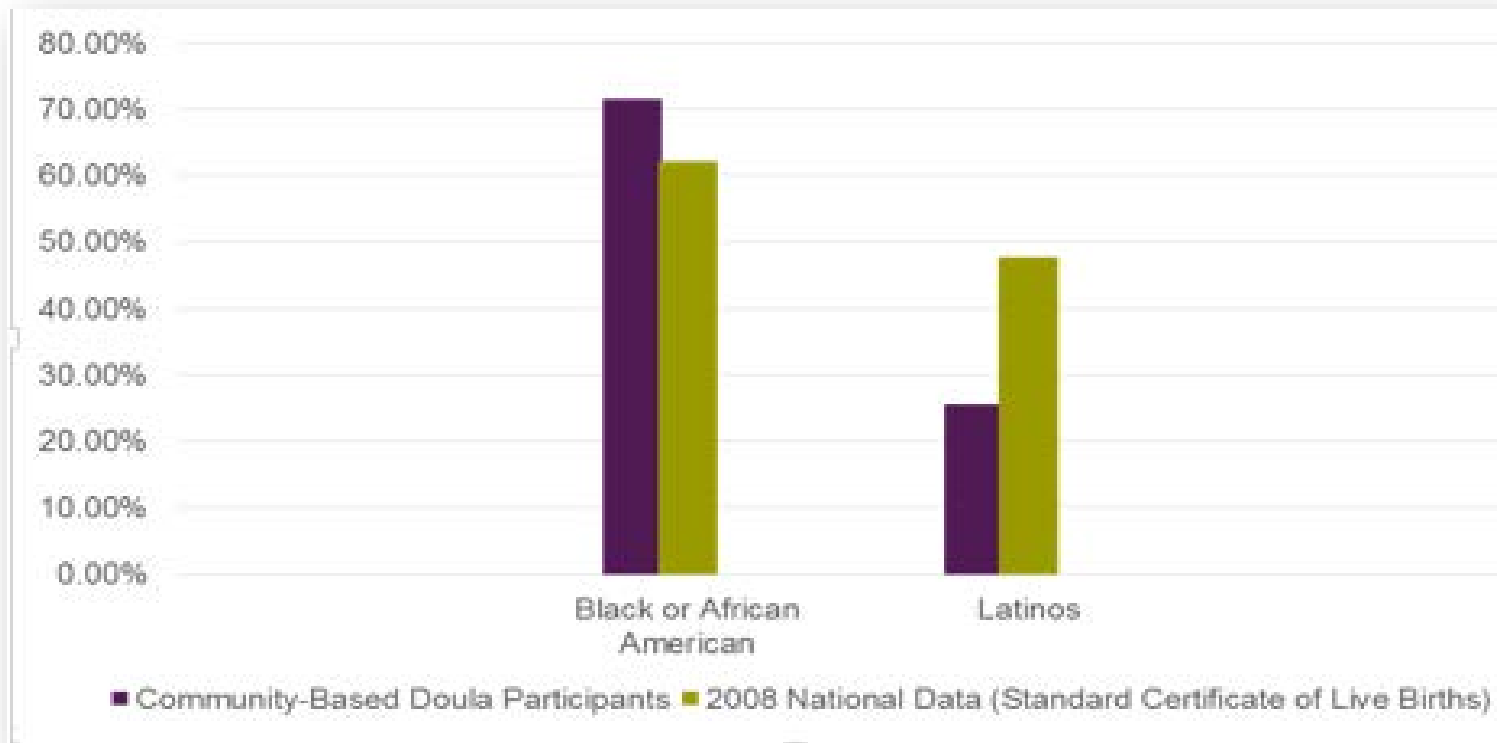
Doula Data and PRAMS (2008-2010):

- Longer breastfeeding duration among Hispanic mothers who were Community Based- Doula participants- **65%** after six months among Hispanic women, vs **33%** percent in PRAMS survey.
- Greater Breastfeeding exclusivity among Hispanic mothers- **62%** vs **13%** in PRAMS.
- Longer breastfeeding duration among Black/African American mothers who were Community Based Doula participants- **37%** after six months vs **7%** in PRAMS.
- Less use of C-sections among all Community Based Doula participants than among PRAMS subjects (**24%** vs **30%**)
- Less use of epidurals among Hispanic women than among PRAMS subjects (**26%** vs. **48%**)

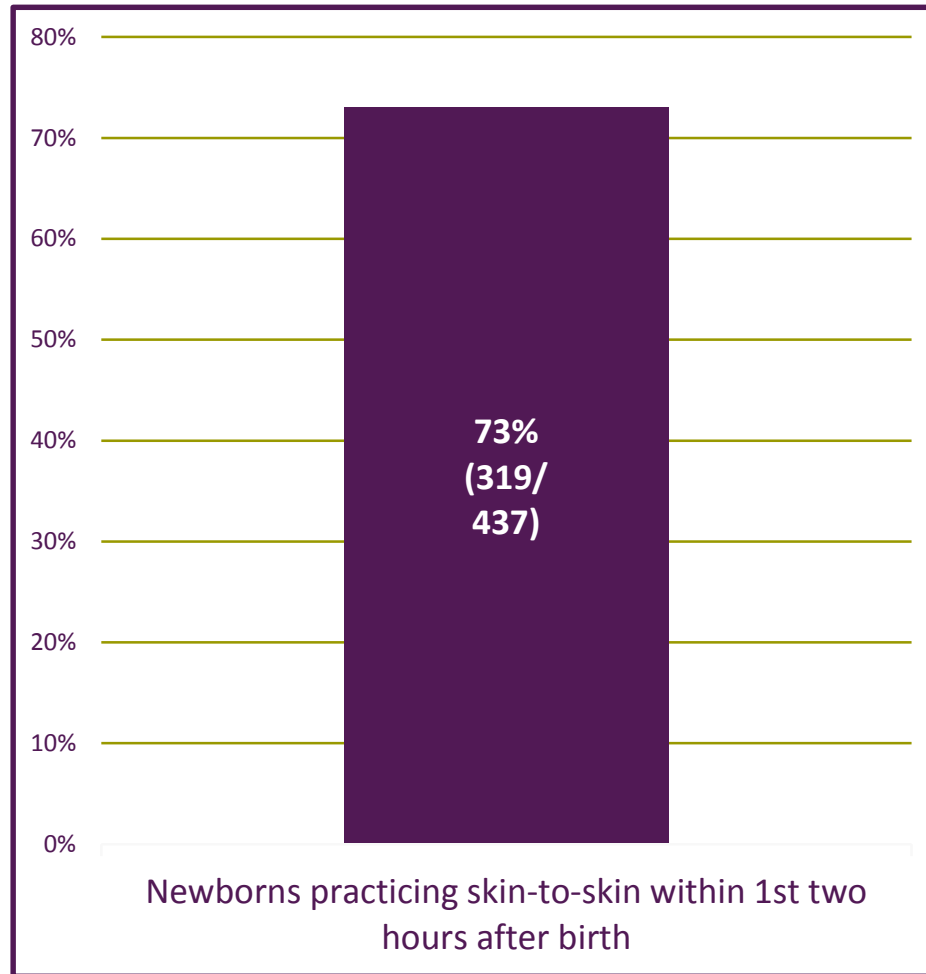
C-Sections



Epidural Use



Skin-to-Skin



Successes

- Improved prenatal care
- Parenting skills
- Fewer medical interventions
- Fewer C-section deliveries
- Increased parent-child interaction
- Positive birth experiences
- Workforce development

To date, more than 6,000 families have benefited from services provided by community-based doulas, through replication programs in under-served areas nationwide.

(healthconnectone.org)

Challenges

- Many organizations have little or no experience with a peer-to-peer model, and may not understand or even believe this approach yields powerful outcomes.
- High touch approach invests in human capital in an age where many investments are typically in technology or other quick fixes.
- Learning to adapt to training and supervision protocols to the new model.
- Requires significant outreach and engagement with community stakeholders, including community residents.
- Many doulas and others would like to go in the community to help or in some cases volunteer as a doula.

Lessons Learned

- We follow our five essential components which are the results of lessons learned through 20 years of co-learning with our partner sites.
- We understand these program components are critical to achieving strong positive program outcomes. We understand fidelity to the model must be balanced with an appreciation of local community and organizational needs. For example, a community based doula program placed in a foster care system needs additional training in mental and behavioral health, and some communities have additional priorities to incorporate into program services.
- But there are limits to the adaptability of this model, and when the essential components are discarded, we have seen program outcomes plummet.

Best Practices

- “Promotion and Support Community Based Doula Programs”
The Expert Panel comprised of 20 practitioners academics and public health disciplines.
- Ongoing peer review from experts and practitioners from within and outside the organization, including the National Network of replicating sites through hosting Regional Meetings, summits, webinars, etc.
- Frequent presentations to the early health and learning community.
- Current and past program staff from other organizations across country were involved with the creation of Doula Data collection system.

Perinatal Revolution

http://www.healthconnectone.org/wp-content/uploads/bsk-pdf-manager/Executive_Summary_-_The_Perinatal_Revolution_-_June_2014_11.pdf