Improving Peer and Professional Support: ASTHO Learning Community, Year One

I. Introduction

Beginning in 2014, the Association of State and Territorial Health Officials (ASTHO), funded by the Centers for Disease Control and Prevention (CDC), supported 17 states and the District of Columbia in reducing the barriers to breastfeeding using three evidence-based strategies: 1) Increasing practices supportive of breastfeeding in birthing facilities; 2) Improving access to professional and peer support for breastfeeding; and 3) Ensuring workplace compliance with the federal lactation accommodation law. In 2015, ASTHO awarded the 17 states, as well as South Dakota, additional funding to continue their work through June 2016.

To better understand how states approached their work in year one of the project, ASTHO identified nine states to study, conducting stakeholder interviews and an in-depth analysis of their materials. The *Learning Community Project Summary* provides an overall report on the lessons learned during the first year, as well as year one outcomes. This issue brief will:

- Provide detailed background research on the importance of peer and professional support to promote breastfeeding.
- Describe three states' efforts to improve peer and professional breastfeeding support.
- Summarize the states' lessons learned about this strategy.

All quotations included in this document are taken from a stakeholder interviews conducted with Marci Brewer from Louisiana and Becky Mannell from Oklahoma, and documents, reports and presentations from the Washington, DC and Delaware teams. Summaries of the other two strategies, improving hospital policies and practices to support for breastfeeding and ensuring workplace compliance with the federal lactation accommodation law, are available on ASTHO's Website. For more information on all states' efforts, please see ASTHO's Breastfeeding State Initiatives map.

II. The Role of Peer and Professional Support to Promote Breastfeeding

Breastfeeding has many well-documented salutary effects for both mothers and infants and can be a powerful, positive experience. Breastfeeding protects infants against a range of acute and chronic health conditions and enhances bonding between mothers and infants. [1,] A full description of breastfeeding's positive effects can be found in the *ASTHO Breastfeeding Learning Community Project Summary*.

Due to the array of positive benefits, maternal and child health experts recommend breastfeeding exclusively through the first six months, and continuing to breastfeed through the first year.[2] However, most women in the United States do not breastfeed for this amount of time. Although 79 percent of mothers initiate breastfeeding following birth and almost 50 percent of babies are still breastfed at six months, only 19 percent of babies are breastfed exclusively at six months.[3] Only about one-quarter of babies are still breastfed at one year.[4]

Women discontinue breastfeeding for a variety of reasons, which include a lack of support in the community or from a woman's family--particularly that of her male partner and mother--to breastfeed.[5,6,7] In general, breastfeeding can be difficult and occasionally painful, and without supportive counseling or social norms, or encouragement from peers and family, many women cease breastfeeding.

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To address these challenges, peer and professional lactation counselors assist women and their infants by providing guidance and information, comfort, and encouragement. There are a variety of counseling models include one-on-one or group support, in homes or in community settings. Although more research needs to be conducted, studies suggest that peer-to-peer support increases short- and long-term breastfeeding rates.[8] Additionally, women who more frequently engage in counseling or support interventions were more likely to continue breastfeeding.[9] Peer groups in which breastfeeding is normative and desirable can change broader social norms to become more amenable to and supportive of breastfeeding, and have the added benefit of connecting women that are having similar experiences and facing comparable challenges.

III. States Focus on Improving Peer and Professional Support for Breastfeeding

Three states in the ASTHO Learning Collaborative focused on this intervention primarily, and two states focused on this strategy as a complement to their other efforts. Several others linked breastfeeding counselors and staff of the Supplemental Nutrition Program for Women, Infants, and Children (WIC) program to their clients in the hospital and begin counseling in that setting. Louisiana worked with regional breastfeeding coalitions, and other states created and disseminated promotional materials to encourage breastfeeding. Delaware, Washington, DC, and Oklahoma, described below, increased access to lactation support using new and existing community sites.

Delaware

Delaware, through its training program, "Educating Physicians in the Community Breastfeeding Education, Support & Training" (known as EPIC-BEST), sought to increase the number of healthcare professionals who actively promote breastfeeding. The Delaware Division of Public Health worked closely with the Medical Society of Delaware to provide evidence-based education to providers in the community so they could better assist, support, and provide community referrals to women who are pregnant or interested in breastfeeding. The team collaborated with many organizations across the state, including the Breastfeeding Coalition of Delaware, the American Academy of Pediatrics Delaware Chapter, the Delaware Section of the American Congress of Obstetricians and Gynecologists, the Delaware Academy of Family Physicians, the Delaware Coalition for Healthy Eating & Active Living, and the Delaware Healthy Mothers & Infants Consortium. Together with the state's hospitals and community partners, they created a powerful consortium that developed a strategic plan with common goals. They coordinated on the execution of the plan so they could maximize positive outcomes while limiting duplicative efforts. The team values working together on common goals, where, according to Lisl Phelps, nurse consultant at the Delaware Division of Public Health, the "…goals supersede turf issues, credit for successes is shared… and the small state [can…pool] limited resources and manpower."[10]

The group directed their efforts to obstetricians, pediatricians, and family practice physicians and providers, who were offered continuing education credits for the training. Practices were recruited on a volunteer basis and asked to commit to making changes based on what they learned. The state enlisted and trained three International Board Certified Lactation Consultants and three clinicians (a certified nurse midwife, obstetrician/gynecologist, and pediatrician) to lead the trainings. During year one of the project, the Delaware team trained more than 116 professionals in 10 practices and planned to host 12 additional training sessions early in project year two; they completed 23 sessions by September 2015, training a total of 241 people. Working collaboratively across the state through this and other efforts, the Delaware team has substantively changed the norms and expectations in the state to comprehensively support breastfeeding women.

Washington, DC

The Washington, DC Department of Health, in collaboration with the Washington, DC Breastfeeding Coalition, leveraged their ongoing relationship with Children's National Health System (CNHS) and Town Hall Education Arts Recreation Center (THEARC) to increase mothers' access to breastfeeding peer counselors. THEARC is an umbrella for eleven nonprofit cultural and social service organizations and is a full-service medical home that is part of CNHS. THEARC serves a largely low-income, African American patient population and offers preventive healthcare, sick visits, immunizations, chronic illness management, and psychological services, as well as legal aid, referral management, and social support services. Through one-on-one counseling and group support classes, peer counselors provide breastfeeding support to all women with an infant or child being seen at the Children's Health Center at THEARC. The model decreases barriers to seamless care for women and their babies, from the prenatal period through infancy, and is complemented by a Lactation Support Center that includes classes, community support, new mother support groups, and back-to-work consultations.

The Washington, DC team also created a coordinated care team linking women who deliver within a birthing facility serving the same community, United Medical Center, to counseling and healthcare resources. Peer counselors saw women immediately postpartum to encourage new mothers to breastfeed. Because of this unique partnership, the peer counselors have access to the patient's electronic medical records, creating a coordinated care team for the mother that includes nurses and dietitians. The counselors also had direct access at all WIC facility call centers and a web-based text message system to make appointment requests and communicate with WIC participants and created a process for making expedited appointments for newborns within CNHS. The counselors were able then to connect mothers in the hospital's postpartum unit to pediatrician, primary care, and WIC appointments post-discharge. Based on this work, the Washington, DC team will scale the support and coordination model to another hospital in year two of the project.

Oklahoma

Oklahoma's project, led by the Coalition of Oklahoma Breastfeeding Advocates (COBA) in collaboration with the Oklahoma State Department of Health, concentrated on reducing disparities in breastfeeding among African-American and American Indian women. The Oklahoma team adopted a community support model for breastfeeding, Baby Cafés, to provide a site for women to meet with other nursing mothers, talk to facilitators, and ask questions of Certified Lactation Consultants.[11] Oklahoma is the first state to launch a number of Baby Cafés under its umbrella. COBA had to pay an initial licensing fee and then an annual fee for using the Baby Café name and materials.

The first Baby Café targeted African American women in Oklahoma City, operating cafés in three locations that were accessible to women in the target population. The team recruited African American facilitators to reflect the population and, according to Becky Mannell from COBA, created a "comfortable and low-key environment, in which families and siblings were welcome and food provided." They worked with WIC and hospitals in the city to market the Baby Cafés and recruit participants. The team plans to initiate another Baby Café effort in Tulsa to target American Indian women. They will also continue to test this and other strategies for increasing access to peer and professional lactation support that can be scaled and sustained statewide.

Partnerships were critical to the success of the Oklahoma team's efforts. COBA has long had partnerships with the health department, WIC, and the University of Oklahoma. The partners "are on

the same page, share priorities, and share approaches," says Mannell. "They are not competing with each other at all."[12] COBA and the Oklahoma State Health Department share complementary priorities, goals, and strategies to support breastfeeding in Oklahoma, including assisting healthcare providers, sustaining consistent communication and marketing about breastfeeding, increasing diversity in breastfeeding efforts, and enhancing worksite support.

IV. Lessons Learned from States' Efforts in Improving Peer and Professional Support for Breastfeeding

Using the stakeholder interviews and supplemental information from the states, ASTHO analyzed themes and lessons learned about states' efforts to increase peer and professional support for breastfeeding. These include:

- ***Breastfeeding women benefit from peer and professional counselors that reflect and come from their community.*** At minimum, states can seek lactation consultants and supportive counselors that are the same race or speak the same language as the population they serve, to the extent practicable. In Oklahoma, particular attention was given to recruiting counselors from diverse cultures.
- ***Education and marketing materials can also use images reflecting a range of breastfeeding women.*** Women need to "see themselves" breastfeeding; materials can include a variety of images in photos to change social norms.
- ***Leaders from the state health agency or breastfeeding task force can coordinate peer support and counseling efforts and streamline messages that women hear across the community.*** This helps reduce the duplication of efforts or conflicting messages, which can frustrate women, families, and the organizations that serve them. Washington, DC used a delivery site for counseling that was coordinated with other services, in a trusted, community-based venue, which increased the visibility and validity of the effort.

Additional project lessons learned can be found in the *ASTHO Breastfeeding Learning Community Year One Project Summary*.

V. Conclusion

These state teams, joined by their colleagues, will continue to learn from one another as they concentrate on their specific state challenges in increasing support for peer and professional counseling. During the second year of the project, states will promote peer and professional training, create continuity between systems of care, such as hospitals, WIC, and community sites, convene and facilitate regional coalitions, and increase the diversity of breastfeeding advocates and counselors. Together, these efforts will combine to create a broader range of methods to best support breastfeeding women across the nation.

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Oklahoma: Rebecca Mannel (Coalition of Oklahoma Breastfeeding Advocates)

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[10] Phelps, Lisl, Nurse Consultant, Delaware Division of Public Health. Presentation at ASTHO Virtual Learning Session, May 19, 2015.
[11] Baby Cafés had either a Certified Lactation Consultant onsite or an International Board Certified Lactation Consultant available by telephone.
[12] Mannell, Becky, Chair, Oklahoma Coalition of Breastfeeding Advocates. Interviewed by phone on June 4, 2015.