BREASTFEEDING-FRIENDLY CHILD CARE: CAROLINA TEN STEPS

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Kathleen L. Anderson, M.Ed.
Miriam Labbok, MD, MPH, IBCLC
Wake County
Breastfeeding-Friendly Child Care (BFCC)

- Barbara Maclay Cameron, MA, MSW
- Tamar Ringel-Kulka, MD, MPH
- Rachel Scheckter, MPH
- Nathan C. Nickel, PhD
- Jonathan B. Kotch, MD, MPH
- Amy Petersen, RN, BSN, CCHC
Learning Objectives
The participant will be able to:

• Describe the importance of providing support for breastfeeding in child care
• Discuss the impact of a training approach based on use of job aids
• Describe the current Carolina Breastfeeding-Friendly Child Care project
• Consider next steps
Why Breastfeed?

Use of infant formula is associated with increased risk of the most common infections of early childhood:

– acute otitis media (ear infections)
– gastroenteritis (diarrhea, vomiting)
– severe lower respiratory tract infections

Use of infant formula also is associated with increased risk of:

– type 1 and 2 diabetes
– asthma in young children
– sudden infant death syndrome (SIDS)
– obesity
National Initiatives

• Healthy People 2020
  1. Ever Breastfeeding
  2. Breastfeeding at six months
  3. Breastfeeding at one year
  4. Exclusive breastfeeding at three months
  5. Exclusive breastfeeding at six months

• Let’s Move
  – Supports healthy choices, including breastfeeding
  – Launched by the First Lady to combat obesity
Surgeon General’s Call to Action to Support Breastfeeding:
- Public Health Perspective
- Barriers
- Actions
Why focus on child care?

• More than half of mothers with infants under a year of age enter the workforce.

• Child care centers play key roles in supporting breastfeeding families:
  – easier for mothers to continue breastfeeding this baby.
  – may encourage breastfeeding future children.
Breastfeeding continuation through indicated period post partum in NC
Adapted from “Racial and Ethnic Disparities in Child Health: North Carolina 2008” Reported July 2009, CHAMP data
Caring for Our Children 2011
Child Care Standards for Breastfeeding

• Promote and support breastfeeding.
• Support exclusive breastfeeding for six months, then appropriate introduction of complementary foods.
• Train staff on proper handling of human milk.
• Provide a breastfeeding-friendly environment.
Breastfeeding-Friendly Child Care

• Ten Step approach was developed to address these standards.

• Intervention includes:
  – Self-assessment.
  – Innovative provider training.
  – Follow-up.
The Ten Steps for Breastfeeding in Child Care

- **Step 1:** Make a commitment to the importance of breastfeeding, especially exclusive breastfeeding, and share this commitment with fellow staff.

- **Step 2:** Train all staff to support and promote optimal infant and young child feeding.

- **Step 3:** Inform women and families about the importance of breastfeeding.
• Step 4: Provide learning and play opportunities that normalize breastfeeding for children.

• Step 5: Ensure that all breastfeeding families we serve are able to properly store and label milk for child care center use.

• Step 6: Provide a breastfeeding environment.

• Step 7: Support breastfeeding employees.
• **Step 8.** Ensure that each infant has a feeding plan that supports best feeding practices.

• **Step 9:** Contact and coordinate with local skilled breastfeeding support and actively refer.

• **Step 10:** Continue updates and learning about protection, promotion, and support of breastfeeding.
Wake County, NC
Breastfeeding-Friendly Child Care

- The John Rex Foundation support
- Partnership/Collaboration with:
  - Wake County Smart Start
  - Wake County agencies
Implementation Plan

- KAP and Self-Appraisal
- Draft Ten Steps for Childcare Centers
- Develop training and materials
- Pilot Test
- Implement intervention
- Follow-up
- Further intervention
Methods: Study Design

- A phased operational research design.
- Centers were divided into groupings based on:
  - size,
  - acceptance of vouchers, and
  - quality rating.
- Randomly-assigned to either early intervention or later intervention.
Observation Phase

• Surveys:
  – Early care providers completed KAP questionnaire.
  – Center directors completed a self-assessment instrument.

• Key Informant Interviews:
  – WIC peer counselors.
Intervention Phase

The intervention included:

- Feedback to key stakeholders.
- Two-hour breastfeeding-supportive training sessions for early care providers.
- Job aids, materials, posters.
- Follow-up at all centers.
Training and Materials

• The training included:
  – one hour of self-awareness.
  – breastfeeding discussion.
  – job-aid-driven instruction.

• Materials to address the expressed needs and the identified KAP gaps for:
  – Childcare providers.
  – Families.
Guiding principles for materials development

- Easily printable from .pdf files available on the web as part of a “Breastfeeding-Friendly Child Care” toolkit.
- Diverse, population-appropriate photographs.
- Materials for all.
- Color-coded by purpose.
Materials

Resources for Centers PURPLE

Resources for All Families ORANGE

Resources for Breastfeeding Families GREEN
Pre-Post test questions:

• You should always wear gloves when handling human milk. (F)
• Breastfed babies have fewer ear infections. (T)
• Babies who receive formula have more diarrhea than those who do not. (T)
• **Supporting breastfeeding is part of my job.** (T)
• If a child is not breastfed, she is more likely to die of SIDS. (T)
• Formula contains all of the elements of human milk. (F)
• **I can affect** whether or not a mother continues breastfeeding her baby. (T)
Pre-Post test questions Continued:

• A good way to feed a baby cereal is in a bottle. (F)
• The longer a woman breastfeeds, the better it is for her health. (T)
• If a mother’s diet is poor, she should not breastfeed. (F)
• It’s best if babies receive only mother’s milk until they are six months old. (T)
• Microwaving is a good way to warm bottles. (F)
• It’s best for everyone if babies are fed on a schedule. (F)
• Human milk will spoil if left at room temperature for an hour. (F)
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Pre-Test</td>
<td>49.6</td>
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<tr>
<td>Post-Test</td>
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Average Score

PRE-TRAINING and POST-TRAINING TEST RESULTS
True/False Statement
Did the intervention improve provider Knowledge, Attitudes and Practices?

• Topics where the intervention was associated with significant change, compared to the control, are presented.

• Graphs show change in KAP.
  – Blue is pre-intervention.
  – Red is post-intervention.

• Eight-point rating scale from “Strongly Agree” to “Strongly Disagree.”
Overall impact of the intervention on Attitudes

<table>
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<tr>
<th>Intervention</th>
<th>Pre-Intervention</th>
<th>Post-Intervention</th>
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</thead>
<tbody>
<tr>
<td>Control</td>
<td></td>
<td></td>
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</table>
“Supporting breastfeeding is an important part of my job.”
“What I do in this job influences how long mothers breastfeed.”
“Breastfeeding is only as good as a mother's diet.”
“If a mother needed breastfeeding support, I know where to refer her for community resources.”
Overall impact of the intervention on Knowledge

![Bar chart showing the overall impact of the intervention on knowledge. The chart compares the intervention and control groups over two years, with higher knowledge scores for the intervention group in both years.](chart.png)
Overall impact of the intervention on Step Adherence

- Intervention
- Control

Year 1
Year 2

Legend:
- Blue: Year 1
- Red: Year 2
Ten Steps Self-Assessment Results: IT WORKS!
Did the Intervention Make the Difference?

Matched controls; all sig. except storage and environment which were being universally supported under US and NC guidelines.

<table>
<thead>
<tr>
<th>Step</th>
<th>Intervention Group</th>
<th>Control Group</th>
<th>Did the Intervention Work?</th>
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<tbody>
<tr>
<td></td>
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Summary/Scale-Up

• Data gathering
  – To inform intervention.
  – To ensure that project addresses the needs of Wake Co.
• Development of color-coded materials.
• Regular stakeholder engagement.

• Can others use it?
  – Toolkit: http://cgbi.sph.unc.edu/take-action/toolkits
  – State and national scale-up
Breastfeeding-Friendly Child Care Current Project

• W K Kellogg Foundation support
  – Scale-up to reach entire state

• Includes:
  – Regular stakeholder engagement.
  – Development of online basic breastfeeding training.
  – In-person training of trainers.
  – Development of color-coded materials.
  – Early Care Provider training and follow-up.
Pink: Active CCHCs in county
Blue: Partial CCHCs coverage
White: No CCHC coverage
Breastfeeding-Friendly Child Care Training of Trainers (TOT)

Online Pre-Training Work

Four 30-minute modules

1. What is So Special about Human Milk?
2. Understanding the Risks of Not Breastfeeding and Benefits of Breastfeeding.
4. Adult Learning and Using Job Aids.
Training of Trainers (TOT)

In-Person Training

- Breastfeeding Self-Awareness.
- Review of *Supporting Breastfeeding Families* Training Curriculum.
- Wrap up and Next Steps – child care center recruitment.
Breastfeeding: Making It Work

A Guide for Parents and Caregivers

As a new parent or caregiver, you probably receive a lot of advice about how to feed your baby. This booklet will give you some basic information about feeding that can help your baby get the best start in life.

MYTHS and FACTS

MYTH: I’m too busy to breastfeed. I just breastfeed in the morning.
FACT: Breaks in feeding are normal; breastfeed at any time.

MYTH: I can’t breastfeed in public. I will make the other person uncomfortable.
FACT: Breastfeeding should be done in private when possible, but can be done in public without shame.

MYTH: I can’t breastfeed if I have to go to work. I will not be able to do it.
FACT: Breastfeeding can be done while working; the key is planning ahead.

MYTH: I can’t breastfeed if my baby is sick. My baby will need to go on formula.
FACT: Breastfeeding is often the best choice for sick babies; consult with a healthcare provider.

Breastfeeding-Friendly Books and Toys

An important way to support breastfeeding is to help the children in your care learn to breastfeed. This can include reading children’s books about breastfeeding and offering them opportunities to observe and practice.

For more information, visit the website of the American Dairy Association.

Infant Feeding Plan

No matter what you choose, it’s crucial to set clear expectations for your infant’s feeding schedule. This can help you and your baby stay on track and ensure that your baby is getting the nutrition they need.

Supporting breastfeeding in the workplace has many benefits for breastfeeding mothers and their employers.
The Next Steps

• NC Kids Eat Smart, Move More plans certification based on Ten Steps.
• Breastfeeding-Friendly Child Care project is going National.
Going National!

• The Breastfeeding in Child Care Interstate Collaborative:
  - First, exploratory meeting scheduled for May 15, 2013.
  - Representatives from states that have developed state-level breastfeeding-friendly child care programs.

• Hosted by the Carolina Global Breastfeeding Institute with support from the W K Kellogg Foundation.
Going National – Short Term Aims

• Share program activities.
• Identify common issues.
• Summarize lessons learned.
• Identify, where possible, the evidence base for specific program components.
Going National – Long Term Aims

• Promote evidence-based strategies to increase breastfeeding promotion and protection in child care settings.

• Facilitate widespread implementation and replication of best practices.

• Further document and disseminate lessons learned over time.
Acknowledgements

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  NC Division of Public Health
  NC Division of Child Development and Early Education
  Wake County Human Services
  and Wake County Smart Start
• Carolina Global Breastfeeding Institute
BREASTFEEDING

Always Welcome Here
Questions and Comments Welcome!

Thank you

Kathleen Anderson, Breastfeeding-Friendly Child Care Project
klanderson@unc.edu; 919-445-0328