



**Family
Support
Hawai'i**

*To support
families and
communities in
providing love
and care for
our children.*

Family Support Hawaii Early Head Start Breastfeeding Support Project

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West Hawaii Early Head Start (WHEHS) and its parent agency Family Support Hawaii (FSH) requested and obtained supplemental funding from a local foundation to initiate the Big Island Breastfeeding Support Project in the spring of 2008. The aim of this project is to expand and evaluate the evidence-based practices used within West Hawaii Early Head Start to promote and support extended exclusive breastfeeding in a manner that builds upon cultural strengths and acknowledges traditional practices.

A growing body of research shows the considerable health and developmental benefits of extended breastfeeding and the American Academy of Pediatrics (AAP) recommends that infants be breastfed without supplemental foods or liquids for the first six months of life (known as exclusive breastfeeding). In accordance with Head Start Performance Standard 45CFR 1304.40 (c) (3) and the AAP infant feeding recommendation, the aim of the Breastfeeding Support Project is to develop an approach to promoting best practices in infant nutrition using the EHS Home Visitor model to deliver support and education. The pragmatic approach identifies extended exclusive breastfeeding as the ideal for infants, but acknowledges that beneficial feeding practices exist on a continuum and strives to help each family build a deeply nurturing feeding relationship based on breast, bottle or other special supplemental feeding. The project also targets age-appropriate introduction of solid foods, capitalizing upon cultural strengths that emphasize healthy, minimally-processed foods that, like breastfeeding, help to prevent childhood obesity.

Overview of Objectives

This intervention utilizes *existing* Early Head Start home visiting and WIC breastfeeding promotion resources. It aligns with Head Start Performance Standards to provide targeted one-to-one infant feeding education and support prenatally through the infant's first birthday. The project goal is to improve child health and developmental outcomes by promoting evidence-based best practices in infant feeding. By strengthening infant feeding education and support within



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the Early Head Start Home Visiting model, this supplemental project aims to accomplish three principle objectives:

1. Achieve measurable increases in breastfeeding initiation, duration and exclusivity among EHS participants.
2. Support attunement and bonding in the feeding relationship between infants and caregivers (whether primary nutrition is delivered by breast, bottle, tube or other feeding devices for special needs).
3. Encourage introduction of supplemental solids and liquids at developmentally and nutritionally appropriate times while honoring cultural traditions in infant feeding.

Statement of Need:

Based on disproportionately low breastfeeding rates in the areas served by the EHS pilot site in Hawaii, coupled with consistently low rates of breastfeeding nationally among infants born into poverty, the planning team established the intended outcome to increase the number of infants who continue to receive breast milk at 6 months postpartum and beyond. Measures to achieve this outcome are reinforced by complimentary objectives that strengthen the feeding relationship and emphasize timely, nutritional early food choices. A number of promotion models have shown some success at increasing the number of women who at least *initiate* breastfeeding because they understand its benefits and believe that they should do it. A distinct objective of this project is to increase the number of initiators who *continue* to provide breast milk as baby's exclusive or primary nourishment. As funding allows, evaluation of this pilot program will be undertaken to discover whether challenges associated with breastfeeding cessation (such as poor latch and accompanying maternal and infant morbidity, concerns over growth, and maternal exhaustion and discouragement) can be overcome with the support of an accessible and trained home visitor or breastfeeding peer counselor.

Intended outcomes were in accordance with the breastfeeding goals identified in the *Key Nutrition-Related Objectives for Mothers and Children of Healthy People 2010* (HP 2010). The HP 2010 goals specifically addressed by the proposed project include measurable progress toward increasing "to 50% prevalence in women who will breastfeed at 6 months; and to 16% prevalence in women who will breastfeed at 1 year." (U.S. Dept. of Health & Human Services, 2000) The HP 2010 Objectives have recently been revised for 2020, raising these targets to 61% prevalence of breastfeeding at age 6 months, and 34% at

one year. THE HP 2020 Objectives include goals for exclusive breastfeeding as well, underscoring the importance of FSH's initial focus on promoting and measuring exclusive breastfeeding. The FSH Breastfeeding Support Project strives to see that rates of BF in EHS meet or surpass the HP 2020 Objectives, despite the much lower rates of breastfeeding typical of infants living in poverty.

In a national survey of infants born in 2004, the Centers for Disease Control & Prevention (CDC) found that only 35.1% of those living in poverty had been even partially breastfed for the six months the AAP recommends (CDC, 2007). Despite some overall improvement in breastfeeding rates nationally, the number of impoverished infants born in 2007 who were even partially breastfed at 6 months had actually dropped slightly to 34.7% (CDC, 2010)

Initial Outcomes:

For the 2009 WHEHS program year, infants participating in EHS exceeded HP 2020 goals in all categories measured. 100% of WHEHS infants were initially breastfed (HP 2020 target is 82%), 52% continued to be exclusively breastfed at 3 months (HP 2020 target is 46%), and 46% continued to breastfeed at one year of age (HP 2020 target is 34%).

As of November of 2009, all WHEHS Home Visitors and Family Advocates had received intensive breastfeeding support training based on the Loving Support Breastfeeding Peer Counselor model. Two EHS parents completed the Loving Support Breastfeeding Peer Counselor training and are now employed at WHEHS. They are supported by funding from the State of Hawaii WIC Peer Counselor program to provide support to EHS and non-EHS participants. FSH has also been able to extend the training initially developed for WHEHS to three other perinatal home-visiting programs in the community. FSH is working with the State of Hawai'i WIC Branch and the Hawai'i Head Start Association toward the goal of offering Loving Support Breastfeeding Peer Counselor to all Early Head Start programs statewide in 2011.

Through the Big Island Breastfeeding Promotion Project, WHEHS has established memorandums of understanding to provide in-home or clinic-based advanced breastfeeding support from Certified Lactation Consultants when referral for advanced care is indicated. The EHS Health Specialist has achieved Board Certification as a Lactation Consultant, and two EHS Home Visitors expect to achieve Board Certification by the end of 2011.

WHEHS has increased its partnership efforts with WIC to better prepare breastfeeding families for return to work and school and to enhance the

effectiveness of a breast pump lending program. Based on experience gained implementing the Breastfeeding Support Project within WHEHS, FSH has recently obtained funding to pilot a community-wide breastfeeding support project, and has expanded its partnership to provide Breastfeeding Peer Counseling to WIC participants.

Breastfeeding Resources on the World Wide Web

Internet resources we have found useful:

<http://www.ilca.org> -find a Certified Lactation Consultant (IBCLC) in your area, also has some info and handouts for families. Good updated info and timely issues such as H1N1 and breastfeeding.

<http://www.ehsnrc.org/Publications/Breastfeeding.html> - many resources specific to breastfeeding support in Early Head Start programs

<http://www.kellymom.com/> Our breastfeeding counselors like this website. Good info

<http://www.drjacknewman.com> - great website for breastfeeding with videos

<http://www.ameda.com>—commercial site for breast pumps, but has good free video available in English and Spanish showing correct latch-on. Also many handouts available.

<http://www.llli.org>-- main website for La Leche League, with info and links to local resources

<http://ibreastfeeding.com/> - breastfeeding book store

<http://www.fns.usda.gov/wic/breastfeeding> --many wonderful resources, including brochures and posters

http://www.healthyarkansas.com/breastfeeding/pdf/engorgement_eng.pdf - handout for engorgement

http://www.nal.usda.gov/wicworks/Learning.../support_peer_model.html **Loving Support™** Model for a Successful Peer Counseling Program, links to curriculum

<http://massbreastfeeding.org> - the Massachusetts Breastfeeding Coalition site has many useful handouts and links, includes research on the risks of distributing formula company promotional materials such as free diaper bags

<http://wholesomebabyfood.com/> Great website on introducing foods to baby

<http://www.familysupporthawaii.org/breastfeeding>

Family Support Hawaii Early Head Start
Breastfeeding Support Project -- *Home Visit Protocol*

Prenatal Support Visits

First Trimester—Visitor’s primary role is to understand mother’s feelings about infant feeding and to provide accurate information about infant feeding practices

- Explore mother’s feeding intentions, previous experience, and perceived barriers
- Introducing breastfeeding benefits in the first trimester or at first or second visit if late enrollment with reinforcement on subsequent visits;

Handout—*Breastfeeding For All the Right Reasons OR 10 Great Reasons to Breastfeed*

Second Trimester—Visitor’s primary role is to provide support and encouragement for a successful infant feeding experience, while addressing any concerns or barrier that may be present for mothers who wish to breastfeed.

- Encourage childbirth classes with breastfeeding component;
- Acknowledge exceptions to breastfeeding—HIV and drug use
- , Tailor breastfeeding support materials according to her needs:

Possible 2nd trimester topics:

How the body makes milk, basic mechanics of breastfeeding, and breast changes.

Challenges or concerns about breastfeeding—shyness, combining work or school with breastfeeding, involving other family members in care, addressing family

members doubts, fear of pain, lack of confidence, body image and intimate relationship concerns, alcohol use, health or medication issues.

.Show *Your Baby Knows How to Latch-on* at home visit. Offer materials about pumping and storing milk. Share information about risks of formula feeding (“Just One Bottle” facts.)

Third Trimester-- Discuss factors that support breastfeeding success intrapartum and immediately post partum.

- Early in the third trimester, plan for a baby-friendly birth. Encourage partner participation in this visit especially, utilizing FSSWH Father Facilitators when possible. Offer resources for creating birth plan, introduce Doula concept and offer linkage

Handouts: Birth Options Form, Newborn Care Plan

- Review guidelines for breastfeeding success in the early weeks during the third trimester;
- Shortly before birth, establish family and social support for mother. Consider creating “Partnership for a Healthy Baby” plan with family that specifies intention to breastfeed, including duration and exclusivity, how partner and family will support and participate, family’s reasons for choosing breastfeeding, who to contact for help, how and when to do so, assistance with household chores postpartum, planned time off from work or school (for partner as well if desired), plan for meeting older siblings’ needs and identify, if possible, a trusted social contact with positive breastfeeding experience who can provide encouragement and support (might be program’s trained home visitor).

- Partnership letter to WIC, the family's OB or midwife and the pediatrician letting them know about the family's breastfeeding intentions, program participation and support available for breastfeeding difficulties.
- Possible third trimester topics:

Practice positioning and review mechanics of a good latch (**Incentive**—nursing pillow, Reference card: *Signs that Your Baby is Positioned Well*)

Taking care of yourself as a new mom—rest, nutrition, hydration, vitamins (**Incentives**—water bottle, protein bar)

Lifestyle changes with baby's arrival—expectations, hopes, fears, older siblings (**Incentives**—notepad and paper, “*Helping Mommy Breastfeeding*” Coloring Book for siblings, crayons)

Physical changes associated with breastfeeding—

What's normal: let-down sensation, contracting uterus, leaking, engorgement, milk ejection during sex, changes in breast size.

What's not: cracked or bleeding nipples, lump or local redness/plugged duct, red and sore or itchy nipples

Incentives: *La Leche League: Are Your Nipples Sore (with Lansinoh sample)*

AND/OR *Breastfeeding: Your Guide to a Healthy Happy Baby*

Normal behaviors of a breastfed baby—feeding cues and frequency, sleep, diapers, jaundice, spitting up, crying

Incentives: Reference cards *The Scoop on Poop, Indications that Your Baby is Getting Enough*; *Handouts: Waking a Sleeping Baby*

Postnatal Support Visits

- Days 1-3 provide a phone call or hospital visit--check on breastfeeding initiation, mood swings, early problems; arrange for phone support as needed and home visit within the first week. If problems arise after hospital discharge, arrange visit within 24 hours with one of the following: Certified Lactation Specialist, home health care provider, program Health Specialist.
- First week postpartum home visit—talk story about birth, assess maternal complications such as engorgement and mood swings, observe feeding, assess infant voiding and color, provide praise and practical support. Engage family in reading infants' unique abilities and needs

Incentives: Breastfed Baby T-shirt

- 2 weeks postpartum—identify feeding problems, discuss intake and voiding patterns, discuss scheduled follow-up with pediatrician. Emphasize nutrition, hydration and rest.

(Incentives—water bottle, protein bar, if not given before)

- 3 weeks postpartum—identify any feeding problems, offer guidance in hand expressing or pumping if desired. Emphasize infant feeding cues.

(Incentives—refrigerator magnet with milk storage guidelines, storage bags)

- 4 weeks postpartum and beyond—integrate breastfeeding support and encouragement into weekly home visiting program curriculum. Continue to provide on-call support if needed.

- 3 months and beyond—reinforce exclusive breastfeeding and encourage delaying introduction of solids until 6 months for both breast and bottle fed infants. Begin exploring culturally-relevant first foods for baby.
- 5 months—prepare for infant’s “First Food Celebration” around 6 months of age, begin healthy infant food preparation and feeding relationship activities.

Incentives: personalized small wooden bowl for “First Food Celebration”

- 6 months and beyond—continue discussion and hands-on activities with healthy, traditional foods and appropriate division of mealtime responsibilities. Support and promote breastfeeding until at least 12 months and prepare for “One Year Celebration.”

Professional Support--

- On-call consultation with a Lactation Consultant
- Translation and interpretation of visits if needed
- Transportation to necessary appointments if needed
- Collaboration with WIC program including breast pump access and training
- Consultation available from Registered Dietician, Health Specialist and Child Development Specialist regarding infant feeding issues

Prenatally and throughout the first year, home visits will emphasize anticipatory guidance focused on reading hunger and satiety cues, understanding typical growth of the breastfed versus formula fed infant, effects of early introduction of solids, division of feeding responsibilities, and developmental milestones frequently tied to feeding behaviors,

Rationale and Goals of the Breastfeeding Support Protocol

Measures of Behavioral Change

Based on literature review and consultation with community partners, staff and parents, we identified five key behavioral change measures related to breastfeeding success. The intended behavioral changes proposed to achieve this outcome among participants include:

Measure 1. Improved intention to breastfeed prenatally.

Measure 2. Improved perception of adequate family and social support for breastfeeding.

Measure 3. Increased knowledge of when and how to seek prompt qualified help for breastfeeding difficulties.

Measure 4. In hospital, participants will seek prompt initial feeding, uninterrupted contact with infant in first hour, rooming-in.

Measure 5. Participants will know and follow guidelines which support breastfeeding in the first weeks. (These guidelines include avoiding all artificial feeding or nipples, unrestricted access to breast, minimum 8 feedings daily of greater than 10 min duration, regularly alternate breasts and positioning.)

Job Description: West Hawaii Early Head Start Breastfeeding Counselor
Type of Position: Non-Exempt

Approved By: _____
Executive Director **Policy Council Chair** **Date**

I. JOB SUMMARY

Under the general supervision of the FSH Early Head Start Health Specialist/ Breastfeeding Project Coordinator, the EHS Breastfeeding Counselor is responsible for supporting FSH Home Visitors and health staff to provide breastfeeding support and education. Along with other FSH Breastfeeding Team members, supports parents prenatally and throughout their child's first years to establish and maintain an optimal feeding relationship, helping them meet personal breastfeeding goals and respond to their infant's needs.

II. ESSENTIAL FUNCTIONS AND DUTIES

1. Assists with breastfeeding education.
 - a) Works with the home visitors and Health Specialist to provide presentations to parent groups and community service providers.
 - b) Participates in community fairs and set-up presentation in local events, medical offices, and WIC offices etc to recruit families.
 - c) Explains the benefits of breastfeeding to participants in a manner that is sensitive and responsive to individual needs.
 - d) Assists families to establish personal infant feeding goals prenatally.
 - e) Completes and turns in family contact sheets and needed support documentation in a timely manner.
 - f)
2. Assists families to fulfill their personal infant feeding goals.
 - a) Provides support and advice to families experiencing breastfeeding challenges.
 - b) Provides transportation to families for Lactation Consultation WIC, pre-natal and other medical or social service appointments that directly relate to breastfeeding goals.
 - c) Assists Home Visitors to maintain close contact with families around and immediately after the time of birth.
 - d) Provides prompt and appropriate referral for families experiencing challenges beyond the scope of the breastfeeding peer counselor..
3. Assists the FSH Team in the provision and coordination of on-going breastfeeding support services to families.
 - a) Makes periodic home visits in order to meet families.
 - b) Provides direct and supportive intervention to assist families experiencing breastfeeding challenges..
 - c) Follows up on referrals made, and assists families to utilize community resources.
 - d) Completes information gathering on medical and social service documentation needed by families and by the program.
 - e) Participates as a member in interagency service coordination meetings.
 - f) Assists with set up and clean up at educational events.

III. QUALIFICATIONS AND REQUIREMENTS

1. Educational Requirements

- a) Minimum: High School Graduation or equivalent and a minimum of two years job-related experience.
- b) Must successfully complete Loving Support Breastfeeding Counselor Training.

2. Experience

- a) Some experience with breastfeeding.
- b) Some experience with parent support and education.

3. Skills/Knowledge

- a) Familiarity with the benefits of breastfeeding.
- b) Familiarity with community resources in the served communities.
- c) Ability to show warmth and strong appreciation of human growth at all levels, understanding the process of gaining trust and credibility with families.
- d) Ability to relate well to all people of the community.
- e) Ability to motivate others and problem-solve.
- f) Concerned about self-improvement and career development.

4. Other Requirements

- a) Must have reliable transportation to perform job duties, a valid Hawaii driver's license, current Hawaii's driver's abstract and proof of automobile liability insurance.
- b) Must have a home telephone.
- c) Must be able to travel off-island occasionally for training and/or meetings.
- d) Following an offer of employment, applicant will be required to undergo a physical examination at the expense of FSH and with a physician or clinic designated by FSH, with the offer of employment conditional upon the result of such examination. Such examination must be scheduled within one (1) week of offer of employment.
- e) Following an offer of employment, Criminal History/Background and Child Abuse Index (CAI) checks, which may include fingerprinting, will be made prior to start date. If a conviction within the last 10 years or information on the CAI is discovered that has a rational relationship to the duties of the job, the job offer will be withdrawn.
- f) Current and former Early Head Start and Head Start parents will receive employment preference if all basic requirements are met.

Providing Basic Breastfeeding Support

Skills/Training Checklist for Breastfeeding Peer Counselors

_____ Qualifications for Providing Breastfeeding Support

_____ Starting Conversations about Breastfeeding

_____ Identifying Benefits of Breastfeeding

_____ Finding Support in Your Community

_____ Understanding Barriers to Breastfeeding

_____ Supporting Fathers of Breastfed Babies

_____ Planning for a Breastfeeding-Friendly Birth

_____ Discussing How Milk is Made

_____ Addressing Common Problems and Concerns

_____ Making Mom Comfortable While Breastfeeding

_____ Assessing How Much Milk Baby Gets

_____ Supporting Baby to Latch-on Well

_____ Expressing or Pumping Milk