

Innovative Breastfeeding Support Strategies Impact Island Health Disparities



About our projects and about our organization, Family Support Hawai‘i:

Krista Olson & Heather Takaki

*Early Head Start,
Newborn Enhanced Support Team,
Early Identification & WIC Peer
Counseling Programs*



Contact us:

www.familysuppothawaii.org

(808) 323-3303 ext. 2

kolson@familysuppothawaii.org

*Disclosure: no relevant financial
relationships to disclose.*

- Family Support Hawai‘i (FSH) is a community-based non-profit providing perinatal, early childhood, & youth services in rural Hawai‘i County communities.



We will explore:

- The impact of infant feeding practices on the health status of infants and mothers.
- Potential for breastfeeding to mitigate health disparities, particularly those experienced by infants born into poverty.
- Challenges to breastfeeding faced by families living in our island communities.
- Effective and innovative measures for supporting breastfeeding.
- Efforts in one rural community to extend targeted breastfeeding support to families in greatest need.

Current national and international breastfeeding recommendations:

- The American Academy of Pediatrics (AAP) recommends that all infants be ***exclusively breastfed for their first six months of life***, and that they continue to **breastfeed for at least one year**.
- The World Health Organization (WHO) recommends babies **breastfeed for at least the first two years of life**.





Breastfeeding status of Hawai‘i infants:

- Despite public health efforts to promote the substantial health advantages breastfeeding provides, ***only one in five Hawaii infants*** meet current recommendations for exclusive breastfeeding. Babies whose mothers are poor, young, Native Hawaiian or other Pacific Islander are even less likely to avoid health risks associated with formula feeding.

How is Hawai'i doing when it comes to meeting AAP & Healthy People 2020 recommendations?



- According to the CDC's most recent data for Hawai'i, only 85% of babies *ever* breastfed even once.
- Only 32% breastfed a full year, as recommended by the AAP.
- 30% of Hawai'i infants received formula in their first 2 days of life.
- By 6 months of age, only 21% of infants breastfed exclusively.



Infants in some communities are less likely than others to meet these guidelines

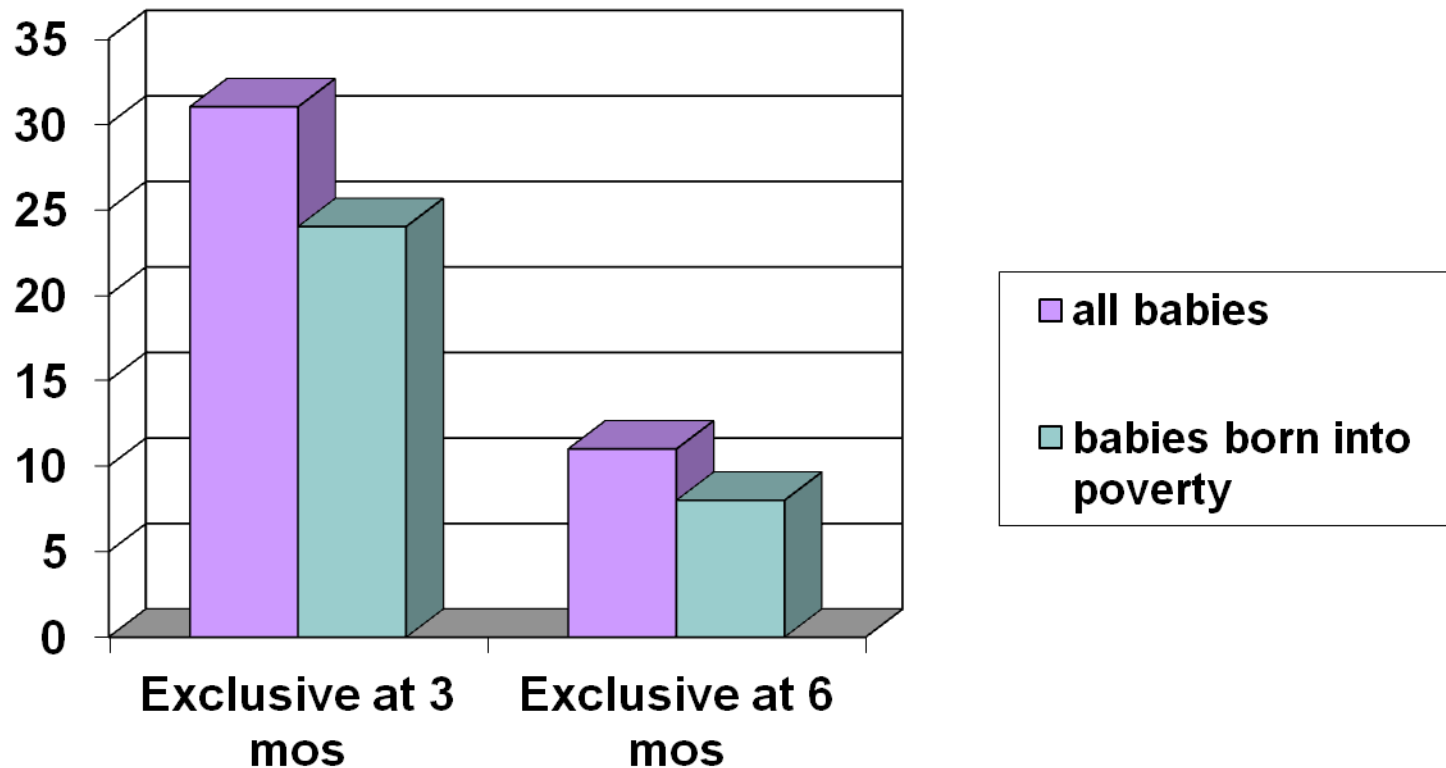
- Based on data from PRAMS, the risk of early formula feeding is disproportionate for babies whose mothers are:
 - Native Hawaiian, Samoan, Other Pacific Islander, Other Asian, or Black
 - From Hawaii County
 - Less than 25 years old
 - Unmarried
 - On Quest

CDC data indicate that low income infants nationwide are much less likely to be breastfed

- For babies living below the poverty line, only 67% ever breastfed even once, and only 19% of low-income infants breastfed a full year



Percentage of babies exclusively breastfed in accordance with AAP recommendations:



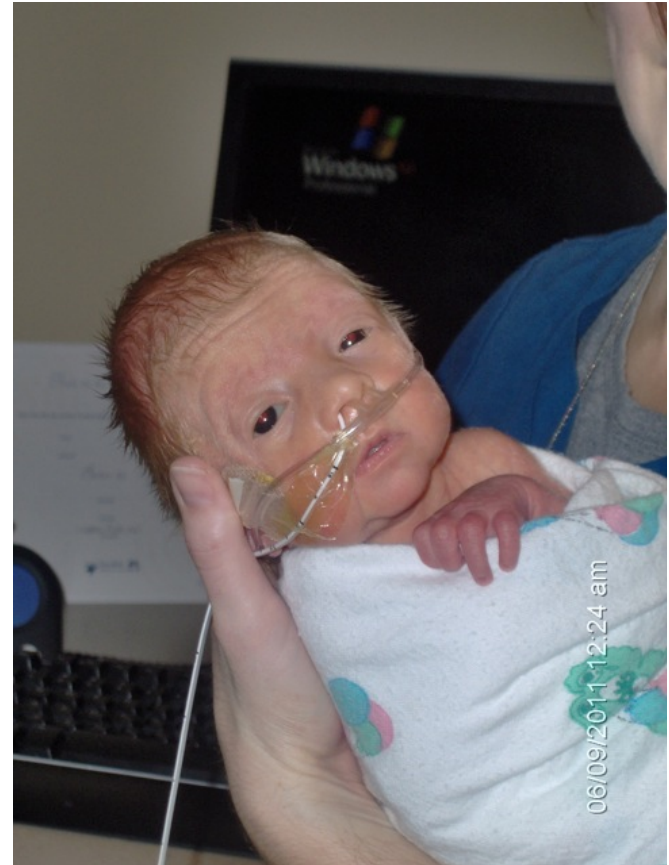


Babies born into poverty are at increased risk of experiencing:

- Respiratory illness
- Overweight and obesity
- Diabetes
- Asthma
- Poorer overall health in early childhood

Formula feeding further increases their risk of numerous acute illnesses, including:

- Ear infections
- Respiratory illness
- Gastro-intestinal infections
- Necrotizing enterocolitis and other life-threatening illnesses in premature infants



Formula feeding increases a baby's life-long risks of a host of chronic diseases, including:

- Cancer
- Obesity
- Diabetes
- Cardiovascular disease
- Asthma





*“Breastfeeding is a natural safety net
against the worst effects of poverty...”*

*...exclusive breastfeeding goes a long way
towards cancelling out the health
difference between being born into
poverty or being born into affluence. It is
almost as if breastfeeding takes the infant
out of poverty for those few vital months
in order to give the child a fairer start in
life and compensate for the injustices of
the world into which it was born.”*

-- James P Grant, past Executive Director of UNICEF

How can we extend the “natural safety net” of breastfeeding to more island babies?





The Surgeon General's 2011 Call to Action to Support Breastfeeding

Shifts the focus from *promotion* to *support*.

Five of the Action Steps are especially applicable to supporting low-income moms:

- 1: Give mothers the support they need to succeed
- 2: Educate fathers and grandmothers
- 3: Strengthen mother-to-mother support and peer counseling resources
- 4: Use community-based organizations to support breastfeeding
- 16: Ensure that childcare providers accommodate breastfeeding families

What can we learn from local mothers and their families?

- We asked mothers in WIC, Early Head Start, Pūlama I Nā Keiki and Mālama Perinatal Programs about challenges they experienced in meeting their breastfeeding goals





Challenges many mothers shared:

- Uncertainty, self-doubt
- Need to return to work or school soon after birth
- Lack of support from family, peers, or employers
- Conflicting advice from healthcare providers
- Difficulty finding help with difficulties such as soreness, engorgement, milk supply concerns
- Hospital procedures and birth practices that disrupted early breastfeeding

All breastfeeding mothers face hurdles, and young moms confront many challenges:

- “Especially for teens, when no one believes you will parent well, the same feels true for breastfeeding... You know--you’re too young, you’re not smart enough, you don’t have enough life experience. But no, we CAN do it.” --*EHS breastfeeding teen parent*



Families may receive conflicting advice, or a lack of support from health care providers:

- “Pediatricians...really have the children’s best interest at heart based on their knowledge. But parents need to be their child’s best advocate, because no one knows your child better than you.”



--*Dyahnee Goosby,*

- *WIC Mom & Peer Counselor*



Some families experience additional challenges specific to our rural island setting:

- Long separation from infant and/or from family and support system when care requires med-evac off-island
- Long distances, high gas prices, and limited bus service limit access to lactation services and support groups
- Limited access to electricity, refrigeration, and/or clean water for some pump-dependent mothers
- Language and cultural barriers

And yet, breastfeeding *is* our tradition...



- The infant formula industry spends millions of dollars each year to convince women *not* to exclusively breastfeed.
- In Hawai‘i, many new parents live far from family and/or do not have anyone in their lives who has successfully breastfed to show them the way.
- Breastfeeding was once *everyone’s* tradition. Only a few generations back, breastfeeding was the norm.

What does this tell us about building effective breastfeeding support systems?




Take stock of the resources that already exist within our own communities





Excellent Peer Counselor Models exist and are well-suited to many communities' needs:

- Peer counselors are accessible and approachable.
- They have similar experiences, and often common social context.
- They are not the “experts,” but serve as a link to health and lactation professionals when needed.
- Peer counselors can serve as language and cultural bridges.



Look to programs where staff can serve as “natural helpers” to breastfeeding families

- Existing and on-going relationships with families are key to success.
- Benefits of para-professional support are well-established.
- Increased effectiveness when a support person and families share community, culture or language.
- Many programs have staff who are already skilled at family support.

Key elements of the West Hawai‘i model for supporting breastfeeding





Project History

- Began with effort to increase extended and exclusive breastfeeding in Early Head Start
- Obtained a small foundation grant in 2007
- Partnered with WIC to provide Loving Support Training to home visiting staff from EHS, Healthy Start, Pulama I Na Keiki and Malama Perinatal Programs
- Enlisted support from Perinatal Consortium to replace formula discharge bags at Kona Community Hospital and coordinate post-discharge phone support for all moms
- Support from WIC and Hawaii Children's Trust Fund launched Helpline and peer counseling
- Kona Community Hospital committed to seeking Baby Friendly designation with support from DOH
- Currently seeking funding for First Foods Initiative

Tracking the impact of our efforts

- WIC data
- Early Head Start outcomes in ChildPlus
- Newborn Enhanced Support Team (NEST) database
- Hospital data



Our Database



Created in
Microsoft
Access



Began
collecting data
in 2011

Our partners . . .



White-NEST
Yellow-KCH

Gift ID # _____
Gift Type: _____

NEST ID# _____
BFPC: _____

Newborn Enhanced Support Team



A program of:

Family Support Hawai'i

75-127 Lunapule Rd., #11

Kailua-Kona, HI 96740

Phone: 808-334-4127/ Fax: 808-329-4730

(This data is required for all families receiving NEST postpartum support gift. Thank you!)

Mother's Name: _____ Mother's Date of Birth: _____

Mother's Ethnicity: (check all that apply) ☐ Asian ☐ Black/AA ☐ Hawaiian ☐ Caucasian ☐ Spanish/Hispanic
☐ Other Pacific Islander ☐ Other _____

of children (including new baby)? _____ Enrolled in WIC: ☐ Yes ☐ No

Baby's Name: _____ Date Of Birth _____ ☐ Boy ☐ Girl

Baby's Ethnicity: (check all that apply) ☐ Asian ☐ Black/AA ☐ Hawaiian ☐ Caucasian ☐ Spanish/Hispanic
☐ Other Pacific Islander ☐ Other _____

Current Breastfeeding Status: ☐ Full ☐ Partial ☐ None

Other things we track. . .

- Types of services received from program
 - Phone support
 - Home visit
 - Office visit
 - Support group
 - Referral to other resources (WIC, SNAP, Quest, Lactation Consultants)





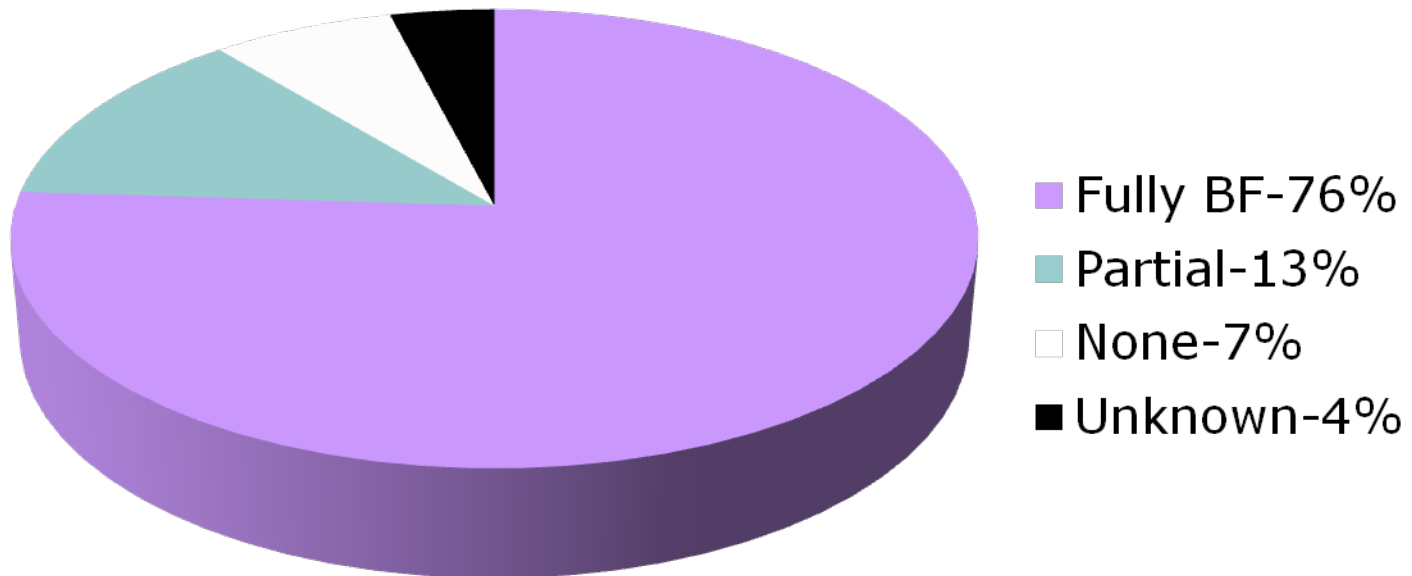
What we use the database for. . .

- To track and coordinate care
- To track information for current and future funders
- To monitor breastfeeding initiation and duration rates
- To identify common issues or barriers regarding breastfeeding (i.e. not enough milk, feeding too often)
- To gain a deeper understanding of what is needed in the community

What we can gather from our data. . .

- Approximately 350 moms

Initial Breastfeeding Rates





What we can gather from our data. . .

- Provided a **postpartum gift and information** to over 300 new moms through the hospital.
- Completed well over 400 **phone calls** to moms.
- Provided **home visits** to about 60 families (unduplicated)



Are our efforts making a difference?

- According to the PedNSS 2010, mothers served by WIC in the Kona community had a breastfeeding initiation rate of 92.3% (compared with a statewide average of 85.2%).
- WIC data show the number of WIC moms initiating breastfeeding in Kona increased to 94.22% in October of 2011 (compared with a statewide average of 87.34%), and further increased to 94.85% in Kona by March of 2012 (compared with a statewide average of 87.74%).



The current picture:

- During the previous program year, 44% of Kona babies who were enrolled in WIC continued to breastfeed at six months of age (compared with a statewide average of 39%).
- During the first half of this program year, 52% of Kona babies who were enrolled in WIC continued to breastfeed at 6 months (compared with a statewide average of 41%).

What we have learned about providing effective support



Start early, revisit often...

- Initiate infant feeding discussions early in pregnancy to strengthen family's intention to breastfeed.
- Set realistic goals that affirm family's concerns and preferences.



Surround mom & baby with support

- Model and encourage mother and family to create a supportive nest. Includes both physical and social supports that cradle the new mother and her infant.



Include dads and other caregivers
in discussions about infant feeding



Fix problems while they are small



- Support is intensive in the weeks just before and after birth when hurdles are most common.
- Families know when and how to seek prompt help for breastfeeding difficulties.



Breastfeeding Peer Counselors check in early and often with moms

- “In the first days home, having somebody like a peer counselor there helps moms see they are enough and they have everything they need to move forward with breastfeeding.”
 - --*Peer Counselor*
- “Counselors often catch problems well before families would have called for help themselves, and that means we can help moms be more successful.”
 - --*Lactation Consultant*

Address breastfeeding milestones and hurdles throughout the first years

- Increased support around mom's return to work or school
- Extra attention given around the introduction of supplemental foods
- Support and affirmation for breastfeeding build as first birthday celebration approaches



Reach out to the hospital and health care providers

- Address challenges creatively
- Provide constructive solutions
- Look for allies in unexpected places
- Enlist consumers to help forge partnerships



Learn from other communities...

