LEARNING FROM STORIES:

Prenatal Breastfeeding Education

best start
meilleur départ

by/par health nexus santé

Ontario

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Use of this Resource

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Introduction

Through funding from the Ministry of Health and Long-Term Care, the Best Start Resource Centre has been supporting Ontario service providers in addressing populations with lower rates of breastfeeding. In developing this resource, the Best Start Resource Centre used a Healthy Communities Approach[1] to explore the actions being taken in Ontario to provide breastfeeding education to women and couples prenatally.

The qualitative[2] results of the interviews were gathered into stories by the interviewers/writers.

We know that narrative is the primary form of human understanding[3]. In telling these stories, we hope to help health care and social service providers in Ontarios to protect, promote, and support breastfeeding. We thank the women, health care and social service providers who shared their wisdom and insights through these stories.

Literature and Ontario-based birth data show that breastfeeding rates, and in particular exclusive breastfeeding rates, are linked to prenatal education. Prenatal breastfeeding education can be provided in many formats. It is often led by a professional facilitator, but can also be led by another mother (peer). This booklet gives examples of peer-facilitated prenatal breastfeeding education in part one and professional-facilitated prenatal breastfeeding education in part two.

Anne Kirkham, a La Leche League Leader and International Board Certified Lactation Consultant (IBCLC), completed the interviews for the case stories in this booklet. She reports the following:

> There are about 140,000 births in Ontario each year. However, few parents take prenatal classes. It is commonly thought that breastfeeding is natural and, therefore, easy. Parents are often unprepared for breastfeeding and have great difficulty when they are faced with common problems. Those parents, eager to learn, often piece together information from books, friends, and relatives. Some parents turn to Internet searches and baby chat forums to find out what to expect. The sea of information can be difficult to sort through.
>
> Some people who have been supporting breastfeeding families have looked upstream. They are creating different ways to help families prepare to breastfeed. Some are health care providers, and some are peers. All have something important to teach.

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PART 1: Peer-To-Peer Learning as a Pathway to Normalizing Breastfeeding

CASE STORY ONE:

La Leche League Canada – Mothers Teach by Experience

Could trends in women's work lives and the rise of cocooning have an effect on breastfeeding support? Cocooning, the notion that people stay home (using social media) to retreat from social life, was noticed by the 1990s. For many new mothers, in the early weeks following the birth of their baby, cocooning can negatively impact the breastfeeding support they receive.

Catherine McEvilly Pestl is a trained La Leche League (LLL) Leader. "We've had a lot more women attending peer support groups in the daytime. But they came after already going through the toughest first weeks." Peer counsellors in Ontario often know mothers who struggled and stopped breastfeeding or were adding formula because they did not receive timely support.

For decades, most support groups met in the evening. There was always a variety of pregnant women, new mothers, and mothers with babies over 6 months of age. Women who had returned to paid work and pregnant women found evenings accessible. Catherine says, "Learning happened by seeing, hearing, and asking questions." The format was woman-experience-based but grounded in accurate information. Now very few want to come out in the evening.

After maternity leave increased to 12 months, more LLL groups held meetings in the daytime. Mothers preferred this time-frame. That meant pregnant women at work during the day did not attend. That meant they did not get breastfeeding information in person or the connections to support them through the first weeks after birth.

Another issue kept coming up for Denise Martin, LLL Leader in Newmarket. Denise explains, "Women at the mother-to-mother meetings kept saying, 'I wish my partner could hear this. Then he would understand.' So we thought we needed a way to prepare support people too."

To fill this gap, LLL Leaders in Ontario developed a separate prenatal class format. "It's all about trying to meet families where they are," explains Catherine. The length and timing of the prenatal Best for Babies classes varies for different communities. Catherine asked mothers in Regent Park at the local nutrition program what they thought. "We time the meetings on a Friday evening at 6 p.m. and have a snack available.

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After a shared discussion for an hour, I find it's important to make time for individual talk. A lot of people will wait until they have a private moment to ask questions." Catherine says the format of three weekly classes seems to work well. However, Denise feels that a longer one-time class works for the newcomers to Canada they are reaching in her community. At all classes, there is a breastfeeding mother with a baby to present direct experience. Everyone loves hearing from a mother with her baby.

The *Best for Babies* class facilitator talks about the important health reasons for breastfeeding. The facilitator also covers some challenges and the strategies to get through them. During class, there is open discussion about real-life stories and solutions. Catherine says, "It's easy for mothers to get overwhelmed with too much information, so we focus on normal infant behaviour. Mothers want to know that their baby is okay and are concerned about how to know they have enough milk. The key messages are: How to make the most of the first hour, the first day, and the first week. Get help early if problems arise."

Monica found the LLL class at Regent Park in Toronto Ontario was a place where her breastfeeding plans with her partner, Shannon, started to gel. "You nest so much and focus on the birth day during pregnancy. You forget you need to know what happens after the baby is born. The class helped both Shannon and me because we found out challenges are normal. We didn't go in totally blind. I got lots of information on how to latch and use different positions like side lying which saved my life!" she says. Monica found it really helped that partners were welcome too. Monica says, "There are so many layers to breastfeeding. Having Shannon there to hear about the importance of it in a professional way helped to validate my own knowledge. We could talk about what was important to us after our baby was born."

Julie attended the prenatal classes and later called the Leader for support with latching issues. She reports, "I found the class very real. It was great to speak and learn from real situations (with evidence-based material). The handouts were all amazing. I also loved the follow-up email sent out to the group."

Catherine and Denise both noticed that mothers they met at the prenatal class soon started coming to the daytime group after the baby was born. Already having a connection helps mothers feel welcome to call for information and attend the group sessions.

Ninety-five percent (95%) of attendees felt more confident about breastfeeding their baby after taking the class. Written feedback showed that key messages were being heard.

Most often, expectant parents mentioned the following 'new things' they learned in the class:

- Information from a resource titled: *Baby's Second Night.*
- The need for skin-to-skin holding.
- The size of a newborn's stomach.
- Babies will breastfeed frequently.
- Colostrum is enough.

Roya Mirmohammadi, Registered Midwife at Family Care Midwives, sees an impact. "My clients who take these classes are more informed than other couples, and their level of confidence and self-awareness is quite high. These couples have considerably fewer issues postpartum. They have much higher satisfaction regarding their breastfeeding experiences. The partners who attend the classes are more helpful and satisfied as well. Our community is very fortunate."

Photo of Denise Martin supplied with permission.

"The biggest challenge we have now is making sure more women and their families feel encouraged to attend; especially marginalized women," says Denise. Now the *Best for Babies* class is available with interpreters in Mandarin, Cantonese, and Russian. Mothers can communicate in their mother tongue about becoming a mother. "We can see an impact when parents pick up info sheets in their own languages," Denise reports.

Promotion and outreach take time and energy, and it is worth it. "We learned it takes time to build momentum and to establish partnerships with health care organizations like York Region Public Health. They helped us connect with the Early Years Centers in each community," says Denise. York Region is large, so LLL Leaders in Markham are holding classes there too. "The Welcome Centre for Newcomers to Canada is fantastic. They understand women's needs with a baby on the way in a new country."

Prenatal breastfeeding classes are a new way for La Leche League to support women through the mother-to-mother format. That meant adapting and finding the best place, the best time, and the best way to help families. "It's a bit more structured than what mothers will find at the regular LLL meetings," says Catherine. "It's wonderful to see families gain the knowledge that mothers can teach by experience."

Key Informants

- Denise Martin, La Leche League Leader
- Catherine McEvilly Pestl, La Leche League Leader
- Roya Mirmohammadi, Registered Midwife, Family Care Midwives
- Julie, mother
- Monica, mother

Resources

Baby's Second Night

Best for Babies class – LLLC

CASE STORY TWO:

Connecting to Community Peer Support on the Breastfeeding Journey

How do pregnant women imagine themselves breastfeeding? Some women were not sure they could see themselves breastfeeding. Were they the 'type' to breastfeed? Michelle Buckner is the *Breastfeeding Buddies Program* Coordinator. From her years spent in community development, she knows that there is not a 'type.' Mothers just need another mother like them to see their way.

Michelle saw some experienced women who were great communicators and passionate about breastfeeding. "I wanted new parents to tap into the information and support that was there. Connecting experienced peers with new mothers takes time because you're building relationships and trust," she says. "Peer counsellors in the *Breastfeeding Buddies Program* found that women needed to know more during pregnancy. The *Me? Breastfeed?* workshop started in 2005." The workshop is facilitated by peers from the Breastfeeding Buddies Program. Through the workshop and with the help of a booklet, the peers combine information and encouragement, reinforcing the core message that breastfeeding fits into many lifestyles. Michelle adds, "The workshop lets people know that there are people in the community to help, support, guide, or just laugh with you."

They added facilitation training for the peer teachers and started a two-hour prenatal workshop. Heather Inch and Monique Schroevalier are both peer facilitators for the *Me? Breastfeed?* workshop. They volunteer to lead the monthly two-hour sessions. Monique likes to encourage a whole group of people at the session. She loves to show new families how breastfeeding is a natural part of having a baby. "I tell them that needing some help is also normal and natural."

"We soon found that daytime classes were not well attended. So, now all of our workshops start in the early evening and draw 15 to 20 women. We encourage partners or support persons, and about 75 to 80% of women bring someone along. Partners ask more questions than they did five years ago. They seem more invested."

One mother stated the following.

> "When I had my first baby, I was confident that I would breastfeed, but I had no idea what that meant. After taking the *Me? Breastfeed?* workshop, I was more confident than ever about giving my child the best start possible. And I knew where to call when I had a problem. I would call someone who had lived experience. Someone who had that challenge before and had overcome it."
>
> – *Anonymous*

Michelle says it took time to learn what suits people in the region. "We first thought that we should add some classes in the rural areas. It turned out that women living out-of-town were signing up for the classes in town quite often. When those filled up, people from the city were going out to the remote location if there was space." They talked with more people and consulted Region of Waterloo Public Health. Michelle thinks class enrollment corresponds to where people work, so they ended up with more classes in the city.

Feedback shows it is important to highlight how families can get more breastfeeding support once the baby is born. Some families go to community groups. Some families will sign up to be matched with a Breastfeeding Buddy for support. The program was evaluated. It was found that most people attending were already quite motivated. The class gave participants more tools and confidence. The team also wanted to reach more women who did not know about breastfeeding support.

Michelle met with coordinators of local social support programs. "We had lots of conversations. We talked about breastfeeding. We talked about how to support mothers after birth and empower women to make positive changes."

Recently, sites were added to serve populations with lower rates of breastfeeding. Michelle says that focusing on location is really secondary. "We thought that the reason women didn't come was because there weren't services in their neighbourhoods. But it's really about trusting the people and the program."

Building relationships was a large key to success. "It takes time," Michelle explained. "I set a goal to make a presentation about the breastfeeding program to one new agency every month. I spoke to family health teams and family outreach workers. My goals this year are to connect with the newcomer services at all the public libraries and to engage obstetricians."

The program has been established for several years which has helped spread information by word-of-mouth and now reaches the broader community. The program reaches women from across the region including those from priority populations.

During discussions, Monique finds that either people know many facts about the importance of breastfeeding or are focused on reasons why friends in their circle could not breastfeed. "I need to be open to either dynamic but bring in the practical information."

Classes are based on the principals of active adult education with tactile and visual props. Heather says candid conversations about myths help families a lot. They use a teaching kit and group activities. Why is there a baseball in the kit?

Heather explains, "We toss the ball to start the conversation about stomach size. The ball is the size of an adult's stomach. Someone always wants to play catch. Then we pass around the pebbles and ping-pong balls to talk about the size of a new baby's stomach. We discuss frequent feeds, colostrum, and normal signs of baby getting enough to eat. "It's important to go over what to expect in the first seven days, so families know what's normal."

A peer support volunteer attends each class as a demo-mother volunteer. Usually, the demo-mother volunteer is breastfeeding, and her baby attends the class with her. Participants see what breastfeeding really looks like. "The classes' demo-mother volunteer is very valuable," says Monique. "We want the demo-mother volunteer to interrupt the discussion whenever the baby starts to show cues to breastfeed. Everyone is encouraged to observe and ask questions about what the mother is doing. The demo-mother volunteer invites everyone to see positioning and latching. They look over her shoulder for a mother's-eye-view." Monique reports, "Many participants say that this is the highlight of the class!"

Lately, sessions are held at an Ontario Early Years Centre. "All the new prenatal classes are completely full." Heather sees that as a sign of success. "And now we have our drop-in breastfeeding cafés at the same centres." Women know they can find support there after the baby is born.

This community has formed a system of support with a long view to building relationships between agencies, families, and peer support networks. A remarkable journey!

Key Informants

- Michelle Buckner
  Program Coordinator,
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  Community Health Centre
- Heather Inch
  Peer facilitator,
  Me? Breastfeed?
- Monique Schroevalier
  Peer facilitator,
  Me? Breastfeed?

Resources

Me? Breastfeed?

CASE STORY THREE:

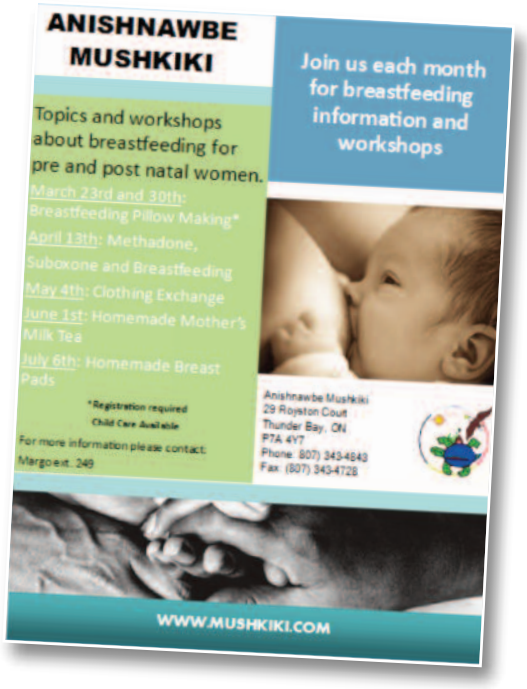
Creating Together – A Breastfeeding Culture for Our Children

For many women preparing for a baby's arrival means acquiring practical baby care items. And in many families, the most treasured items are those that are handmade. Baby care items also represent a focus on how to care for the new baby. What do you need to prepare for breastfeeding?

Sheila Marcinyshyn thought about this. She supports Aboriginal families as a family outreach worker at the Anishnawbe Mushkiki Health Access Centre. The centre engages families in healthy activities with creative programs. Sheila knew that people often learn by sharing activities together. She also heard that peer support has a strong influence in normalizing breastfeeding. "Research also shows that prenatal education about breastfeeding increases breastfeeding initiation and duration," she says.

Aboriginal mothers are less likely to breastfeed than other women in Canada. Sheila and her colleagues wanted to create a peer support program for pregnant women. "We knew that women could learn from more experienced mothers who had already breastfed," she says. They felt that formal classes would not likely draw women.

Sheila and Margo Ayoub started improving their own breastfeeding knowledge. They arranged for training through the World Health Organization (WHO) 20-hour breastfeeding course so that outreach workers and Nurse Practitioners could work together to support women. "We invited many health care providers in the district. People came from the hospital and the public health unit. That way we could give mothers consistent information," Sheila says.



Anishnawbe Mushkiki Health Access Centre runs other programs which bring health and creativity together. Sheila explains, "*Healing with Crafts* is a popular program. Families share in creating items that will be used in the future." The centre staff realized women could make breastfeeding-related crafts and also share information. A program was started to combine sewing and breastfeeding peer support. It brought both pregnant and experienced mothers together.

"The women needed something to focus on instead of just sitting around talking about breastfeeding." explains Margo. "It's informal, and the learning flows more naturally. For example,

last week, we made cloth breast pads. We talked about why pads would be needed." They discuss how milk increases and how and why breasts sometimes leak milk. Mothers talk about their own experiences too. "Pregnant women listen to the breastfeeding mothers."

"I love helping the women with breastfeeding questions," says Margo. "It's really rewarding to see a woman who has doubts at first, and then they end up trying it and doing well." They have five to ten women coming together for each session. "It means we need some child care since the experienced mothers often bring their other children along too. We were running the sessions weekly but lately it's bi-weekly. We encourage partners to come, and they help sew as well!"

Some of the projects are small like the breast pads and herbal tea sachets. Some are larger and require more planning for materials like a breastfeeding pillow or baby wrap carrier.

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"We want the prenatal classes to continue. We are talking to the local hospital staff so they'll refer more mothers to the program. There are more mothers now who want to share their knowledge about breastfeeding, and so they are making a video to share with other communities!" says Sheila.

It is not always easy to know the impact of a program like this, explains Margo. "But last week one of the mothers who came to the class dropped in the next day. She asked if she could get the pattern for the breast pads for her friend who wanted to make some too."

Sheila and Margo know that it is creating something beyond the classes. "Mothers have made items that are part of normal family life in the community," says Sheila. "It's normalizing breastfeeding, and that was our hope."

Key Informants

- Margo Ayoub
  Anishnawbe Mushkiki Health Access Centre
- Sheila Marcinyshyn
  Outreach and Child Development Worker, Anishnawbe Mushkiki Health Access Centre

Resources

The Way of the Past is the Way of the Future

PART 2: Prenatal Education from Professionals Finds New Approaches Through Research and Collaboration.

CASE STORY FOUR:

A Journey to Self-Confidence – Supporting Women with Diabetes Step by Step

Sunnybrook Health Sciences Centre in Toronto Ontario is proud of the breastfeeding support they provide to new mothers through their *Women & Babies Program*. Rates of initiation and exclusive breast-feeding are high in this program. However, there was still a problem. Jo Watson, Operations Director of the *Women & Babies Program* at Sunnybrook knew that families with higher health risks like diabetes were losing out on the protection of breastfeeding. Jo says, "We found that more babies received formula before discharge if their mothers had any form of diabetes."

Formula feeding is linked with diabetes later in life for both mothers and their infants.[1] What was happening to these mothers and babies? Jo explains, "You don't hear about this group. In the literature, we found that people haven't paid much attention to this problem. We decided to focus on this at-risk group."

On discharge from the Sunnybrook hospital, 75% of healthy mothers were exclusively breastfeeding their babies. But only 49% of mothers were exclusively breastfeeding if they had gestational diabetes. Jo says, "We were very disappointed to find that only 8% of mothers with type 2 diabetes were going home exclusively breastfeeding. We wanted to address the gaps."

Mothers who experience diabetes in pregnancy are more likely to have a baby with low blood sugar. Some women with diabetes can have a delay in milk production. This delay can be a medical reason to use formula, but some mothers would stop breastfeeding altogether. Some mothers did nor realize their baby only needed some formula for a very short time. Within that first week, they could be fully breastfeeding again. "They did not realize that they could return to total breastfeeding," says Jo.

Studies show that separation and use of formula has an impact on milk supply, but there was something else going on. Initiation rates were also very low. Few were attempting to breastfeed. How could they help these women? How could women be engaged to get help for their needs? Jo says "We had to build it into something that people were already doing. Something they already attend."

The *Diabetes in Pregnancy* clinic and class had been running since 2011. All women with abnormal glycemic tests are enrolled. This was the initial step.

Fiona Thompson-Hutchison, a Registered Nurse, Advanced Practice Nurse, and Certified Diabetes Educator, is one of the first people women see after learning they have a problem. As the diabetes nurse educator, she works closely with dietitian, Daphna Steinberg.

Fiona knows that news about diabetes can be a shock. She finds that most women could never imagine they would have an illness to manage when expecting a baby. Women may feel anxious, angry, or afraid and sometimes defensive. "Our goal is to instill a lot of self-decision-making to manage diet and lifestyle choices. Women have an opportunity to improve health."

At the *Diabetes in Pregnancy* class, Fiona mentions the importance of breastfeeding in the context of diabetes. "We introduce the importance of breastfeeding, so there is time to take in the information. Women are going through a highly emotional time. When women feel settled and calm, then they can voice their true thoughts and decisions about breastfeeding."

Women can have a relaxed chat about their goals and fill out a request for extra breastfeeding help. Breastfeeding help starts with a private, prenatal visit to the breastfeeding clinic. "They like the chance to get extra help," says Fiona. Most women attend the diabetes clinic weekly. Time is set aside a week or two later so they can also visit the breastfeeding clinic. This is their next step.

What do women learn in the prenatal breastfeeding visit?

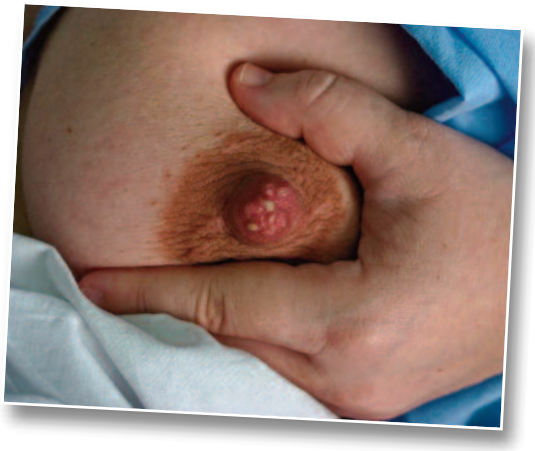
"It's important for mothers to know the normal behaviour of babies and basic breastfeeding information for the first days." Lisa Elias, an International Board Certified Lactation Consultant (IBCLC), counsels mothers in the one-hour sessions. "We focus on their individual needs," she says. "I'm surprised that, for most, this is their only actual prenatal class. I always ask, 'What is your breastfeeding goal?' Their answers tell me a lot about what can help their experience." Lisa thinks women ask questions more freely in a private session. "First-time mothers hear so many conflicting messages and ideas. The visit can dispel a lot of breastfeeding myths." Lisa provides the women with information about practices that help get breastfeeding off to a good start. Her goal is to make sure they learn and remember at least three key practices. She tries to balance their general questions with the information needed to get through the first few days.

Key messages discussed during the breastfeeding clinic visit are:

1. Babies have instincts to find the breast and latch. They show signs they want to breastfeed. Your nurse will encourage you to let your baby seek the breast and latch on in the first hour. Frequent feeds are common and beneficial.
2. Temperature regulation through skin-to-skin holding as well as receiving colostrum both in the first hour and hourly are the best ways to keep a baby's blood sugars in a normal range (especially in the first 12 hours).

3. Hand expression helps. You can express colostrum during early labour and collect it to enhance the amount the baby will receive in the first few hours of life. Hand expressing extra drops of colostrum for the baby through the first day will help the baby's gut and help your milk production increase.

4. You will have help and support along the way. Your nurse, the lactation consultants, and the medical team will help you through your own unique journey.



"Lately, I have seen more and more women who I would never expect to see here. One mother who completely formula-fed her first child said she only decided to try breastfeeding because of the health protection she learned about from the dietitian," says Lisa.

Lisa shows women how babies can get extra colostrum with a tiny spoon or syringe. Women also watch a five-minute guide on hand expression. The video is available for viewing again at home. Mothers respond very well to a video on baby-led latching. Lisa says, "We watch; talk a little about skin-to-skin; that babies are all different. Some may take a while to be ready to latch on. A few mothers become teary-eyed and ask: "Can I really do that? I so want that for my baby."

Michelle is a mother who was encouraged to attend the prenatal visit. "I'd already decided to breastfeed. It was useful because they explained how the baby would act and the need for skin-to-skin right after birth. They explained how to tell you had a good latch. After a bit of a challenge on the first day, it started to fall into place. It was good to know that the extra help was there from the breastfeeding clinic" she says. "Breastfeeding is going really well. I'm even planning to donate to the Milk Bank!"

"This project is just a beginning. We don't yet know if this approach makes it easier for women to learn to breastfeed" says Fiona. "However, I think the experience and connections that the women make are very valuable". Exclusive breastfeeding rates for women with diabetes went from 49 to 65%. Jo is impressed with the support from hospital staff. She sees that every place a woman goes for care, there is interest in helping her reach her breastfeeding goal.

Key Informants

- Lisa Elias,
  International Board Certified Lactation Consultant
  Sunnybrook Health Science Centre
- Fiona Thompson-Hutchison
  Sunnybrook Health Science Centre
- Jo Watson, Operations Director
  Women & Babies Program: Sunnybrook Health Sciences Centre
- Michelle, mother

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CASE STORY FIVE:

Prenatal Breastfeeding Education for All! Creating Online Accessible Courses

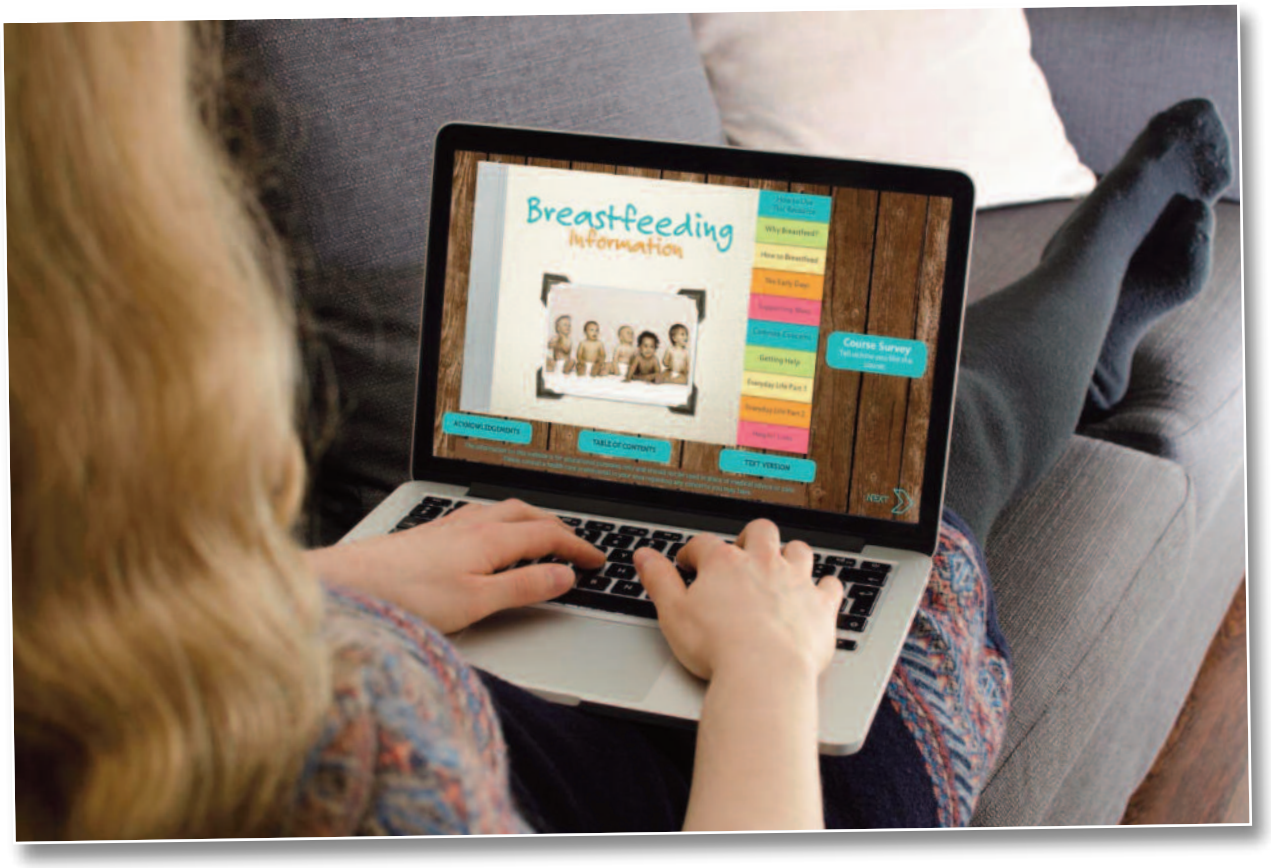
There is no comprehensive, free, and widely-accessible breastfeeding course for parents. There is no health policy that supports prenatal breastfeeding education for parents.

Dr. Jennifer Abbass Dick, Assistant Professor at the University of Ontario Institute of Technology, thought something had to be done. After 20 years of teaching prenatal classes to parents and working in postnatal care, she realized most parents needed more education. Jennifer says, "We want breastfeeding to work for parents. Health authorities urge mothers to breast-feed, but we don't provide education before the baby is in their arms." She adds, "It's more difficult now because we don't live in a breastfeeding culture."

"I suspect that most people hold within themselves a view of breastfeeding that is based on bottle feeding." Jennifer recognized this through talking with expectant parents. She saw that both women and men were surprised about the basic science of breastfeeding. For example, some people were amazed that breastfeeding does not work by a mother putting a nipple into a baby's mouth and milk draining out like a bottle.

"I realized parents learned a lot from taking breastfeeding classes, but I found that the majority of parents didn't take them." One barrier is cost since almost all in-person classes require a fee. Another barrier was time and location. Ontarians live and work in diverse places. A course needed to be free to the public and widely available.

Jennifer saw another issue. Co-parenting was a cultural shift that affected infant feeding. Parents wanted to share more in caring for a new baby "Fathers and partners today are more interested in helping to support breastfeeding for their child," Jennifer explains. "Mothers do not want to be solely responsible for infant and child care. They do want their partner's involvement and support. The problem was that they thought that meant pumping and bottle feeds." She knew that bottles (even of expressed milk) could cause problems. Jennifer explains that breastfeeding mothers need different types of support from their partners. "Giving bottles is not the best way to support mothers. I wanted to offer parents practical examples of how they could co-parent and support breastfeeding." She decided to design the course based on shared goals, communication, and problem-solving together.



Jennifer set out to create an online resource based on her previous research. With her research, she wanted to show policy makers the importance of breastfeeding supports for parents. Jennifer says, “Health care policies are based on evidence of better health outcomes. And policy makers look for randomized control trials.” The results of Jennifer’s randomized controlled trial were published in Pediatrics[1] in January 2015.

The research results were very encouraging, so Jennifer used the results to develop the online course. She partnered with a team from the Durham Region Health Department that included Shelley Alcock-Brillinger, Amber Newport, Joanne Huizinga, and Fangli Xie. The team had expertise in health education and breast-feeding support. This team worked with Jennifer on design and content of all aspects of the project. Jennifer collaborated with Jaymie Koroluk from the Teaching and Learning Department at University of Ontario Institute of Technology (UOIT) for expert help in educational media. Jaymie knew how to design self-directed learning materials for adults. They made sure the sections were interesting and sparked curiosity. An animator brought engaging art and animations to the resource. Web development was done by LiveWire Productions.

"This project was definitely a joint effort and the result of a hard-working, committed team," says Jennifer. She looked at the resources that worked well in her prenatal breastfeeding classes. The team talked to other lactation educators about what was the most effective. It became clear: they did not have to reinvent the wheel. There were already many great teaching tools with excellent information out there. They just needed to organize the online content so that it was easy to use, easy to find important information, and enjoyable.

The team designed the course over a period of one year. The course content is based on the booklet *Breastfeeding Matters*. The course also uses favourite resources of breastfeeding specialists. Jennifer reports, “We used important feedback from parents which was collected through focus groups and needs assessment surveys.”

The course covers these key elements:

- Why breastfeed?
- How to breastfeed.
- The early days.
- Fathers and partners: Sharing and support.
- Common concerns.
- Daily life when you are breastfeeding a baby.
- Where to get help (with links).

The course was designed as a photo album filled with pictures for each topic. Each page has an option of audio narration for listening. There are interactive quizzes, short animations, and links to other resources throughout the course. There is a text-only version for viewing on mobile devices.

This online course about breastfeeding for expectant couples has been live since April 2015. There were 4,000 users on the site in the first six months.

What parents said about the course:

- "One place, online, provides the info we need."
- "Subjects were broken down into digestible bite-sized pieces. This made learning it less overwhelming."
- "The different methods of presenting information kept me interested."
- "Easy to use and easy to understand."

Jennifer and the team wanted the course to help parents from populations who needed better access to breastfeeding education. The team has developed two additional online courses – one for mothers who may not have support from a partner and one for indigenous families. They designed the new courses with advice from breastfeeding mentors who served these populations and from mothers themselves.

Jennifer sees each course as a tool for expectant parents and breastfeeding supporters everywhere. They can be used within prenatal group sessions with a facilitator or individually; ready and available anywhere with online access. What is next? "We will continue to develop and evaluate the courses. We want to make sure the courses help families get the information they need to have positive breastfeeding experiences."

Key Informants

- Dr. Jennifer Abbass Dick
  Assistant Professor, University of Ontario Institute of Technology

Resources

Breastfeeding Information for Parents

References

1. Abbass-Dick, J., Stern, S.B., Nelson, L.E., Watson, W., & Dennis, C-L. (2015). Coparenting Breastfeeding Support and Exclusive Breastfeeding: A Randomized Controlled Trial. *Pediatrics*; January 2015, Volume135/Issue1. Accessed online November 9, 2015 http://pediatrics.aappublications.org/content/135/1/102

CASE STORY SIX:

Pulling Strings into a Strong Safety Net: Promotion and Collaboration

Community health workers in Ottawa had a big dream: to help more women get key education before birth to prevent breastfeeding problems. Lactation consultants already saw families at several community health centres in the city. Peer support was available through La Leche League. Phone support from the *Breastfeeding Buddies Program* was at hand. But many mothers were still using formula when it was not needed and were not meeting their breastfeeding goals.

Gillian Szollos, a health promoter, worked with Janice Sullivan, a lactation consultant at the Carlington Community Health Centre. They discussed community needs often. Janice ran their established breastfeeding drop-in program. Janice says, "We realized many women just weren't prepared for breastfeeding. And not many came for help in that first crucial week." Janice had started to give a free, two-hour prenatal breastfeeding class. The families who attended were learning. "We already had effective teachers and excellent information," says Gillian. "But such a small number of women were coming before the birth." Even with community advertising, people were not connecting.

Gillian realized they had to do a better job of promoting the importance of prenatal breastfeeding education. Colleagues from other centres wanted to help more women too. Gillian realized they needed to work together and began a project to create a central phone line for all classes.

How to engage parents? They found mothers were committed to seeing their health care provider. Could they increase the number of referrals from doctors and midwives?

Gillian worked with local doctors and lactation consultants to create an education tool: a breastfeeding prescription (Rx) pad. The prescription pad identified the top 10 life issues that could affect a mother's first weeks with breastfeeding; revealing a need for extra preparation. Gillian designed the prescription pad so that health care providers could identify their clients' needs, tick off those unique issues, and then easily refer them to access the prenatal breastfeeding sessions. Gillian and Janice also hoped to educate Ottawa area health care providers on how to create a breastfeeding-friendly office. All primary maternity-care physicians received the breastfeeding Rx pads, wall posters, and materials that stressed the importance of a health care provider's role in supporting clients to prepare for breastfeeding.

Gillian arranged classes in three different parts of the city with lactation consultants Janice Sullivan and Diane Legacé from Pinecrest-Queensway Community Health Centre. As weeks passed, the number of referrals from doctors grew slowly, but they had more partnering promotion ideas.

Gillian was inspired by an article about peripheral practice and collaboration. Gillian says, "If you don't look outside your own little comfortable circle you won't see the links you can make." She explains. "I called Ann Mitchell at The Ottawa Hospital about our classes. She was so supportive, and created a link to our website right on their prenatal tour home page." This collaboration with the maternity unit at The Ottawa Hospital Civic Campus became the most effective strategy to get the word out. Gillian asked to make a five-minute presentation during the prenatal hospital information night. Each month her breastfeeding Rx pads, telling expectant parents where to call, were snapped up. Women began calling.

All the promotion started to work. Suddenly registration jumped for each site from two families to 12 families a month. In an 11-month period, 367 women registered for the sessions through the central phone line. Sometimes the calls turned into supportive chats if women were feeling worried about breastfeeding. Gillian found she could refer women to specialized supports (e.g., programs for young mothers). She also realized that this was a chance to study the impact of the classes.

Gillian tracked where all referrals came from. The Ottawa Hospital website and prenatal nights brought 55% of all the referrals. Word-of-mouth brought another 27%. Mothers were asked if they could be contacted eight to ten weeks after birth to be interviewed. Gillian says, "We called all of the people who had registered. We compared the experiences of those who had actually attended the prenatal class with those who did not."

Over 11 months, 60 sessions were given by three lactation consultants. Of the 367 women registered, 282 attended the class. About 40% of mothers came with a partner. "We noticed something interesting," says Gillian. "A large percentage of women (38%) who attended the class had a caesarean birth." Despite this challenge, mothers who attended the classes had much higher rates of exclusive breastfeeding at hospital discharge and throughout the first month. Beyond eight weeks, 76% of the mothers who took a prenatal session were solely breastfeeding while just 45.5% of those that registered, but never attended, were solely breastfeeding. The mothers' experiences showed that knowledge about hand expression decreased the use of formula even when supplementation was advised in the hospital. The mothers were using their expressed milk to solve problems.

The program was expanded to new areas of the city. "Now that we have two more community hospitals as partners, we can run classes in more areas of the city. Expectant parents choose which session works for them." The program was so successful that Gillian reports, "Numbers were too high for staff to man the telephone-based registration line." A web-based registration system was established. Gillian misses the personal contact when mothers register. "But there is a bonus. The website registration automatically sends reminders to each person – even on the day of the class."

Key points for the prenatal sessions include:

- The importance of skin-to-skin.
- The importance of learning prenatal hand expression.
- How to tell if your baby is breastfeeding well in the first week.
- Access to community resources.

Partway through the year, they realized another aim: All mothers should seek out trained breastfeeding support in the first week regardless of any problems. “Early help makes a big difference,” says Gillian. “We have a great network of committed peers, lactation consultants, nurses, and doctors in our city.” There are many links to support families. “Parents can go to a local website called Ottawa Breastfeeds. It shows that every day of the week, there is a place to get expert breastfeeding help” says Janice.

Gillian feels that the month before birth and the month after birth are a time when extra care is needed. “Mothers see their prenatal care provider regularly to make sure they and their baby are doing well. For the same reason, they should see a breastfeeding expert every week after the baby is born: To make sure mother and baby are doing well.” Through prenatal support and a strong network, this community is weaving a safety net for breastfeeding families.

Key Informants

- Janice Sullivan
  International Board Certified Lactation Consultant
  Carlington Community Health Centre
- Gillian Szollos
  Health Promoter,
  Carlington Community Health Centre

Resources

Bilingual Online Ontario Breastfeeding Services

Ottawa Breastfeeds