Improving the Work of Breastfeeding Support Professionals through Home Visitation: What Works?

Stephen Edward McMillin, PhD, MA, AM (MSW)
143rd Annual Meeting of the American Public Health Association, Chicago, IL, November 3, 2015
Outline

Background

Conclusions & Implications

Methods

Results
WHO Global Strategy on Infant & Young Child Feeding (2002)

The Breastfed Toddler

Background: BF Has Great Benefits

The Breastfed Baby

21 Dangers of Infant Formula

Did you ever wonder what's in...?

Breastmilk

Formula

For Your Child: When you feed your baby infant formula, you increase your baby's chance of having:

- 1. Asthma
- 2. Allergies
- 3. Ear Infections
- 4. High Blood Pressure & Heart Disease
- 5. Respiratory Infections
- 6. Lower IQ & Cognitive Development
- 7. Obesity
- 8. Iron-Deficiency Anemia
- 9. SIDS (Sudden Infant Death Syndrome)
- 10. Diabetes (Types 1 & 2)
- 11. Digestive Problems
- 12. Childhood Cancers
- 13. Exposure to Environmental Contaminants
- 14. Sleep Apnea
- 15. Dental Problems & Malocclusions

For the Mother: When you don't breastfeed, you increase your own chance of developing:

- 16. Diabetes (Both Gestational as well as Type 2)
- 17. Overweight & Obesity
- 18. Osteoporosis
- 20. Cervical Cancer & Uterine Cancer
- 21. Hypertensive & Cardiovascular Diseases
- 22. Reduced Child Spacing
Background: Several Supports for BF

• Positive emotional experience, help when frustrating, and breast milk can be bottled (Morse & Bortoff, 1988)

• Development of “Baby-Friendly Hospital,” in national rates, durations of BF (Merten, Dratva, & Ackermann-Liebrich, 2005)

• Numerous, cost-effective Tx across settings (Renfrew et al., 2010; Sikorski et al, 2003)
Cochrane Review: Home visits may encourage mothers to BF exclusively (Yonemoto, Dowswell, Nagai, & Mori, 2014)

Problem: Little is known about how home visiting programs are encouraging BF or training to do this now that we know more
Background: Home Visiting Defined

• Relationship-based program of (bi)weekly visits to home by trained visitors, often with other services
• Provides social support, parenting education, and linkage to other services
• Often targeted to/for low-income, vulnerable families at risk for poor child development outcomes
Outline

- Background
- Methods
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- Conclusions & Implications
• INTERVENTION:
  – early childhood home visitation

• KEY ISSUES:
  – Administrator perspectives on BF, training needs, hypothesized mediators and moderators

• EB MODELS:
  – Parents as Teachers, Healthy Families America

• SETTING:
  – Early care (home)
Goal of Study: Rigorous analysis of the perspectives of key opinion leaders in home visiting on breastfeeding & training needs

- In-depth, semi-structured, qualitative interviews in a statewide home visiting network in a large Midwestern state
- 90-120 minutes in length
- Audio-taped and transcribed by author
- With statewide network trainers, technical assistants, and administrators (n = 15) and home visiting program supervisors (n = 19),
- N = 34 total
• Ecological conceptual framework:
Methods: Analytic Method

• 1200 pages of transcripts condensed to 8
• Analytic Method
  – Open, thematic coding
  – Content analysis, e.g. assertion analysis (Bellamy, Bledsoe, & Traube, 2006; McMillin, 2012)
Logic of inference is NOT a mini-survey!

Purpose of coding is to extract a message from the evaluations respondents are making of important concepts (Osgood, Saporta, & Nunnally, 1956)

Percentages/frequencies are offered as a way of keeping track of the flow of respondents’ evaluations.
51 breastfeeding references
Collapsed into 27 reference groups
From which 3 primary themes emerged
  – Themes were interconnected
  – Subthemes also emerged
Results: Theme 1

• How mothers decide to breastfeed is related to the relationship between mother and home visitor
  – Inter-relation: 75% of training references, 91% of program outcomes were linked to BF decision-making process

• RELATIONSHIP between mother and home visitor in 56% of references to mother’s decision to breastfeed
Results: Theme 1

- State-level trainer on relationship in the decision-making process:
  - Regarding breastfeeding—how to help people think it through when it hasn’t been part of their past, to understand how deeply held some of this stuff is, because information doesn’t change people’s beliefs—they have to be able to think about it in a different way first. The goal is to get people to think about something aside from the line they were on already. So how do you do that? You do that just by being who you are and being the way you are with them. You do it by providing things you think will benefit, but without being demanding about it. You do it by being willing to hear what they have to say.
Results: Theme 1

- Local, small city, Healthy Families supervisor on relationship in the decision-making process:
  - Fetal development, the importance of breastfeeding, and labor and delivery, things like that—the Family Support Worker [home visitor] touches on those things but works on the goals the participant has
Results: Theme 2

• The training home visitors received to be able to promote breastfeeding is related to how they use evidence

• EVIDENCE and knowledge supporting home visitor’s work in breastfeeding promotion
  – Ability to negotiate larger systems, professionals with more education than the home visitor
Local, urban, Parents as Teachers supervisor on training of home visitors about BF

They need to be prepared on breastfeeding and all of that. The hospitals want to shove formula in the baby’s mouth, because they don’t want the babies screaming and hollering. At [redacted] Hospital they had a little tape on breastfeeding, and we really had to argue with them to let us come in. We’re not lactation consultants but we know about breastfeeding… a tape on how to breastfeed for new moms; that’s the extent of the education! That’s it. And if the baby doesn’t latch on, they don’t even try—they just snatch the baby and give it formula. They don’t even encourage pumping—they just give them formula.
• Local, rural, Parents as Teachers supervisor on training of home visitors about BF
  – They have a pretty high level of professionalism and want to do work that is research-based and supported by best practices. Research in areas such as spanking, discipline, breastfeeding, it is really helpful to have that material that backs you up. The more knowledge the staff have the better prepared they are to deal with families.
The breastfeeding outcomes home visiting programs were able to achieve is related to both relationship and evidence.

- Evidence that programs were contributing to population-level change alongside.
- Relationships with participants and with stakeholders across levels made outcomes challenging.
  - Achieving outcomes while respecting self-determination.
• State Parents as Teachers trainer on outcomes:
  – *I think whenever we get our statistics and stuff—like breastfeeding rates and stuff—it’s just really amazing how much we do impact people!* Like the breastfeeding rate has gone up—I’m not sure of the exact percentage but it has gone up… and that’s the kind of impact that I notice and find very interesting.
• Local, suburban, Healthy Families program supervisor on outcomes:
  – *I think our value here is something is wrong if they don’t want to breastfeed. I think that if you come from a different culture where most women don’t breastfeed—I’m trying to show her [the agency director] that we have to go with what is best for that parent. We have to use open-ended questions to get the information from the girl and also, we have to advocate what is best for her, along with giving her the information. Because when it comes down to it, she’s going to be the one to make the decision and we have to go with that.*
• Local, suburban, Healthy Families program supervisor on outcomes:
  - You know, DHS is looking to make sure that we are meeting certain outcomes, like breastfeeding. Breastfeeding is big, how many people are breastfeeding per quarter...So each person is looking for something different, and that can be a challenge, but my biggest challenge was to learn what is DHS? First of all what is Healthy Families? Then what is DHS, what is [the agency sponsoring home visiting program], who are my other stakeholders? That was my biggest challenge. They each want something different.
• Relationship is crucial at all levels
  – Between participant and home visitor
  – Between home visitor and supervisor
  – Between program staff (both home visitors and their supervisors) and trainers
  – AND BETWEEN SUPERVISORS AND AGENCY DIRECTORS/STAKEHOLDERS

• Parallel process relationships
  – Not literally (no one is breastfeeding but the participant!)
  – But socially, mirroring and modeling what good interaction feels like and paying it forward
Conclusions & Implications

- Evidence is also important
  - Home visitors are generally educated at bachelor's-level or below (associate’s degree or some college)
    - They appreciate the legitimacy good outcomes add to their work
    - They appreciate how training gives them scientific knowledge to share with mothers
Conclusions & Implications

- Next steps, needs for future research
  - Developing, improving the implementation science of open-ended, relationship-based social support interventions
    - Cannot easily be manualized
    - May lose much if they are manualized
      - Concern that home visiting is increasingly nurse-focused, medicalized, e.g., hearing/vision testing
  - But need to stay cutting edge, incorporate latest child development, neuroscience data
Thank you!

Steve McMillin
mcmillins@slu.edu
(314) 977-3322