



A breastfeeding initiative by the
OHIO HOSPITAL ASSOCIATION and
the **OHIO DEPARTMENT OF HEALTH**

OHIO FIRST STEPS

Monthly Coaching Call

June

6/9/2017

FIRST STEPS TEAM

Ohio First Steps - Staff

 **Ryan Everett,**
MPH



 **Bre Haviland, MS,**
RD, LD, CLC



OBJECTIVES

First Steps – Educational Calls

- Establish a forum for coaching & networking to assist with meeting “The 10 Steps”



HOUSEKEEPING

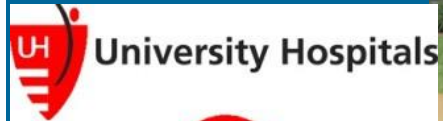
- This call is being recorded
 - Slides and recording will be posted to website
- All lines are muted throughout the call
 - Please use the Q&A or chat box for questions
 - These will be open for the duration of the call
 - You can ‘raise your hand’ as well

QUICK REMINDERS!

- Flip Charts
- New materials on the way!
- Vital Stats data
- Next First Steps Application Deadline:
 - **July 1st**
- Next Webinar:
 - No July webinar
 - To be scheduled – stay tuned

PRESENTERS

**LYDIA
FURMAN**



**SANDI
HOCH**



**STEVE
KILLPACK**



OHA collaborates with member hospitals
and health systems to ensure a healthy Ohio

QUESTIONS?

Ryan Everett, MPH
Director, Population Health - OHA
ryan.everett@ohiohospitals.org

Bre Haviland, MS, RD, LD, CLC
Public Health Nutritionist - ODH
Breanne.Haviland@odh.ohio.gov

Ohio Hospital Association
155 E. Broad St., Suite 301
Columbus, OH 43215-3640

T 614-221-7614
ohiohospitals.org/ohiofirststeps



HelpingOhioHospitals



@OhioHospitals



www.youtube.com/user/OHA1915

Fathers/partners and breastfeeding: We need you! The evidence speaks

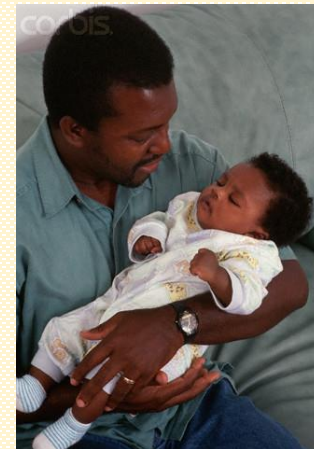
Lydia Furman, M.D.

University Hospitals Rainbow Babies and Children's Hospital, Cleveland OH



Why include fathers/partners?

- Issue #1: not all partners are fathers
 - We encourage use of *inclusive language* even while most research is focused on male partners who are the biological dad
- Research shows: the father's support of breastfeeding makes a significant difference.
 - Studies enrolling participants of different races, ethnicities, income and educational levels agree
 - While accounting for multiple factors – fathers/partners are key to initiation, exclusivity & continuation of breastfeeding



<http://pro.corbis.com/images/IH203984.jpg?size=67&uid=%7BFFC1D872-8D60-47B0-AC78-BFF91988E2B5%7D>

Innovate and Inspire



<http://www.today.com/parents/dads-breast-feeding-their-babies-gender-bending-photos-aim-show-2D79316900>

Father/partner input really matters!

A sampler of studies:

- “With each increased point on mother’s and partner’s IIFAS [Iowa Feeding scale] scores, the odds that the mother and her partner intended to breastfeed in the first few weeks increased 12% and 20%, respectively.” (Mitchell-Box et al BF Med 2013)
- Among 14-21 year olds, “Partner’s intention for her to breastfeed was associated with 15-fold greater odds of intending to breastfeed.” (Sipsma et al BF Med 2013)
- “The importance of the male partners' opinion about breastfeeding ... A favorable attitude of partners towards breastfeeding was the most important factor associated with breastfeeding (odds ratio = 32.8).”

(Giugliani et al JHL 1994)

<https://www.dreamstime.com/royalty-free-stock-photos-loving-new-dad-image11853638>



And from the CDC Surgeon General's Call to Action...

- “Fathers can have a tremendous influence on breastfeeding, and they can offer support that helps mothers breastfeed.”^{42,51} An innovative pilot study in a Texas WIC Program used a father-to-father peer counseling approach. The program increased breastfeeding rates and improved fathers' knowledge about breastfeeding and their belief that they could provide support to their breastfeeding partners.⁵² (Stremmler et al JHL 2004)
- From: <https://www.cdc.gov/breastfeeding/pdf/BF-Guide-508.PDF> page 27 (2013).



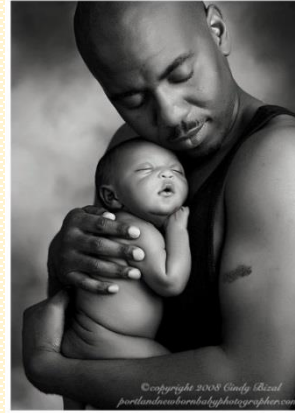
Lydia Furman, M.D.

More images



<http://www.today.com/parents/dads-breast-feeding-their-babies-gender-bending-photos-aim-show-2D79316900>

Approaches that work: the big picture



- 6 published interventions with rigorous study designs that included a control group
 - Each was either an RCT (randomized controlled trial - the strongest type of study design) or a quasi-experimental design
 - Several included low-income participants
 - Fathers were recruited via the index mother, either at WIC or postpartum in the maternity hospital
 - Each used relatively brief interventions (3 w/ single session only), emphasizing the feasibility of the programs
 - **Each showed a positive impact of programming on maternal breastfeeding initiation, exclusivity or continuation**

<http://www.portlandnewbornbabyphotographer.com/images/babies/album/slides/african-american-baby-protective-father.jpg>

Approaches that work- the details

First Author	Location	Setting and design	Male Participant #	Intervention (each vs control)	Results
Sciacca J Comm Health 1995	USA (Flagstaff AZ)	1 WIC clinic/RCT	26-Intervention, 29- Control	2 hour antenatal couples BF class+ incentives to contact BPH, report BF	↑ Exclusive BF at discharge, 2,6 and 12 weeks for intervention
Wolfberg Am J OBGYN 2004	USA (Baltimore)	1 maternity hospital/RCT	30-Intervention, 27- Control	Male-led male only 2 hour antenatal BF class+\$25 to attend	↑ BF initiation for intervention; no diff beyond
Pisacane Pediatr 2005	Italy	1 maternity hospital/quasi experimental	140-Intervention, 140-Control	Individual male 40 minute BF education session+print	↑ Exclusive BF at 6 months for intervention
Susin JHL 2008	Brazil	1 maternity hospital/quasi experimental	196-Intervention couples, 197 Interven mothers, 208-Control	Private couples BF education w/ 18 minute video	↑ Exclusive BF at 4 months for couples (higher for mothers at 6 months)
Maycock JHL 2013	Australia	8 maternity hospitals/RCT	385-Intervention 314- Control	Male-led male 2 hour antenatal BF class+ 6 wks PP support	↑ Any BF at 6 weeks for intervention
Abass-Dick Pediatr 2015	Canada	1 maternity Hospital/RCT	107 –Intervention 107-Control	15 minute postpartum BF couples info+video+website+2 emails PP	↑ Any BF at 12 weeks for intervention

Step 3 – one example - Prenatal Education



- Rather than: “Inform all pregnant women about the benefits and management of breastfeeding...”
- **We suggest that you: “*Inform all pregnant parents about the benefits and management of breastfeeding.*”**
- Educate fathers/partners directly – BUT HOW?
 - Give expectant mothers an invitation card to give fathers/partners with direct messaging about inclusion
 - Present a 2 hour quarterly evening father/partner-led breastfeeding class (for couples or for fathers/partners) with any small incentive, a resource specialist and Boot Camp for New Dads sign up
 - Use literature & informational cards with images with fathers that are culturally inclusive (Latino, African-American, Asian fathers)
 - Resources at <https://www.fns.usda.gov/wic/fathers-supporting-breastfeeding> and at <http://www.uhhospitals.org/macdonald/health-and-wellness/pregnancy-resources/lactation-services/breast-for-success/for-fathers>

<http://breastfeeding.blog.motherwear.com/images/2007/>



Thanks for listening

And now to the real stuff....

http://www.wehealthunit.org/family-health/images/singing_and_talking_to_your_baby_picture_december2003.gif



Male/Father Cultural Competency

Sandi Hoch RN BSN, Childbirth Educator, MetroHealth Medical Center, Cleveland OH

Steve Killpack MS, Executive Director, Community Endeavors Foundation and The Healthy Fathering Collaborative, for the Ohio Practitioners' Network for Fathers and Families



Guiding Beliefs in Fatherhood Programming

- Children will be more successful and healthier if they have two active engaged parents who are in a cooperative low-conflict relationship (married or unmarried)
- Nearly all fathers want to be involved with their children, but may lack skills, knowledge or face personal, relationship and systemic barriers that hinder involvement.
 - Fathers often withdraw in shame when they face these barriers – this withdrawal is frequently misinterpreted as not caring

Legal Barriers facing Single Unmarried Fathers

- Unmarried fathers have no legal access to children in Ohio
- Most fathers negotiate access through relationship with the mother of their child rather than seeking legal custody
- Unmarried fathers may remain in background during prenatal care, birth and pediatric care due to uncertainties about legal barriers
- Health services in position to positively validate father's role and promote co-parenting when fathers are engaged

Male Socialization, Norms and Expectations

- Fathers are socialized to be providers and most men typically internalize this expectation and worry about their success in roles expected of them
- Research over the last 25 years has highlighted role of fathers as nurturers, but social norms and health care/family support services have been slow to adjust
- Only public agency designed to engage fathers is the Office of Child Support
- Maternal and Child Health services have been designed only to engage and serve the mother (as patient) and her child
- Ohio now focusing on redesigning those services and programs to engage fathers in prenatal care, childbirth education, pediatrics and home visiting

Males and Health Care Utilization

- Men seek health care services at much lower rates than women, typically only when needed.
- Men generally lack experience accessing and navigating health care services.
- BUT, Fathers are typically very interested in supporting maternal and child health.
- Fathers may not proactively provide support but do respond to clear invitations, directions and validation of their role and interest.

Voices of Fathers

- “In today’s society a man ain’t a man unless he has paper in his pocket...[There are] no programs for us to help us do what we need to do. They have all these programs for women but nothing to help us. It’s frustrating. It hurts. Where’s the program for us since we’re trying to do our best? It’s like we’re almost deleted.”
- “I started going to with my girl to Friendly Inn [community agency with programming for mothers].... I was like I’m the only brother here!” At first I felt a little uncomfortable and then they took a liking to me and then more guys started coming.”

Engaging Fathers

Methods that Work...

Invite the father to
participate,
directly and as early in
the process as possible

Speak to mother and your
peers about value of father
inclusion and include a
message about the
important role fathers play in
maternal and child health

Include the father
in activities
and discussion

Targeting the “Magic Moment”

- Research suggests that the childbirth event and the perinatal period is a “magic moment” for the:
 - development of a bond between a father and his child
 - initiation of a cooperative relationship between mother and father
- The “magic moment” provides social and health practitioners a valuable opportunity to engage and involve an unmarried father in the life of his child and in a cooperative parenting relationship with the mother of his child.

“Magic Moment” Programming

- Boot Camp for New Dads – childbirth education for expectant (and new) fathers
- Engaging Fathers in home visits – prenatal, newborn and ongoing
- Training of Health Care Practitioners on engaging and involving new fathers in prenatal appointments, Centering groups, the childbirth event, breastfeeding, infant care, well-child visits
 - “She (community health worker) talked to my wife about it (BF) because she didn’t know nothing about breastfeeding at all, she just completely-my wife, she can’t read or write, she had a problem with that,-I help her out myself”
- Celebrate Fathers at the time of paternity establishment
- Connect fathers to community resources at the time of paternity establishment

Boot Camp for New Dads at MetroHealth

| There are local resources that support men and fathers.

Tips for teaching men

- One thing at a time
- Men are geared to work on a single task with a single focus.
- Keep it short and to the point
- Men are not as likely to linger on a topic
- They don't want to just talk about it
- Men would rather you sit next to them to look at info you are presenting.
- Skip the eye contact.
- Keep it moving, change the pace
- Men like action, objects moving, think channel-surfing
- Use pictures, videos, DVDs, and more pictures
- Men need our encouragement and support
- Do not make men in your classes the butt of your jokes or humor

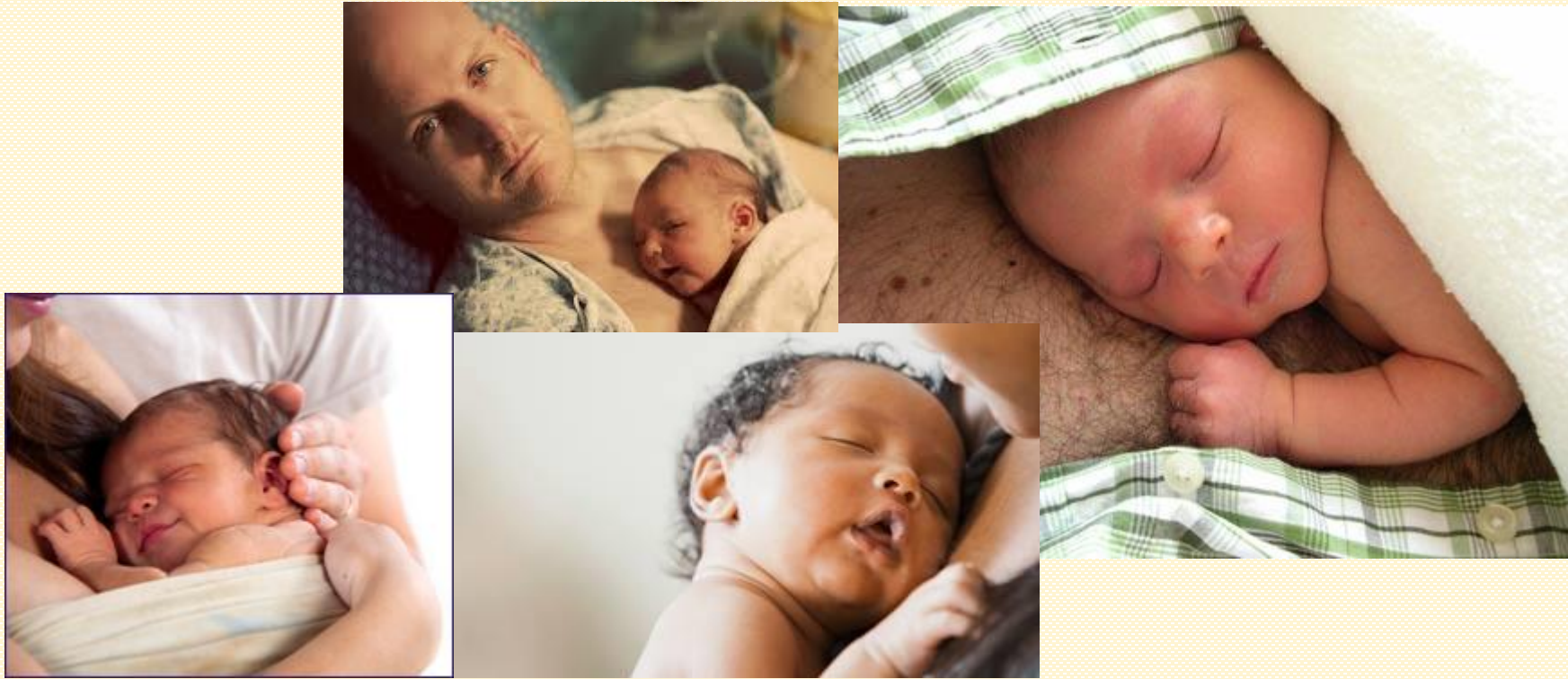
Opportunities for including fathers

- Skin to Skin/Kangaroo Care/Discharge Instruction
- Infant Safety – car seats, safe sleep, infant care
- Planning for a safe home – lead, smoke, drugs, guns, violence
- Encourage support of breastfeeding
- Screening for paternal depression (post birth worries carried quietly)
- Encourage participation in well-child visits, vaccinations
- Child care planning
- Birth Spacing

Kangaroo Care

skin-to-skin





- Dads Hold Babies Skin To Skin, Too
- If mom and baby must be separated at birth for the first hour, Dad can hold baby skin to skin. This is seen as an opportunity for Dads especially if mom has a Caesarian birth.
- Tip: Ask Dads to bring/wear button down shirts to the hospital so skin to skin is easier.

Skin to Skin is Best for your Baby

- **Please share the benefits of skin to skin with Dad for baby and himself, too**
- Your baby wants to be with you right away
- This keeps the baby warm and calm
- Better oxygen and blood sugar levels for your baby
- Good for bonding
- Helps support your breastfeeding –baby often learns to latch himself. “Imprints” and hard wires him to do it again
- Helps you learn the feeding cues for baby-led feeding
- Frequent feeding helps develop a good milk supply

Support Breast Feeding: What makes a Champion





<http://www.tmz.com/2017/05/24/j-r-smith-cavs-preemie-baby-dakota-home-nicu-first-photo/>

The role of Champion

- Dads can be a champion for mom and breastfeeding.
- Help them define that role
- Encourage the use of the Coffective free mobile app, which discusses the champion role for fathers/partners
- Tip: Dads can talk with visitors and let them know they will see the baby after the first hour if mom isn't comfortable yet feeding baby and would like privacy. Encourage this talk before visitors arrive.
- Tip: It is hard to watch feeding cues when visitors are non-stop
- Tip: Praise mom and father/partner champion "It's obvious baby loves being close to you" or "Baby really seems to know you are her Dad".

What gets in the way of breastfeeding for both parents?

- Not enough or early enough prenatal education to either parent about breastfeeding
- Hospital policies and practices that do not help her or don't include him
- Interruptions of breastfeeding that are not necessary
- Conflicting advice about breastfeeding
- Lack of support from family members and/or hospital staff ("that baby is still hungry")
- Cultural Norms
- History of sexual abuse, date rape –anything making a woman feel vulnerable
 - "I don't know if it was too emotional or traumatic they don't want to have their breasts touched in any way...they might have bad memories."
 - Pumping with return to work and the vulnerability they may feel

What else makes breastfeeding successful ?

- Provide everyone in mother's support group-fathers/parents information on breastfeeding and its benefits, and the risks of formula feeding
- Get ready to fall in love....that is the positive framing Coffective uses. We need to help fathers/partners believe they can influence these magical moments. Families need to be connected to those who share their goals and be confident communicating their wishes. The more support, the more prepared, the more successful at breastfeeding moms can be, with the help of a father/partner in the role of breastfeeding champion.
- <http://www.cffective.com>

Give father-specific
materials or resources
to the father

Final Tips on Father/Partner Engagement



Finding and using resources

- *The First Steps website <http://www.odh.ohio.gov/ohiofirststeps>*
- *We have resources to help you tackle father/partner engagement*
- *One step at a time, your maternity facility can achieve each of the ten “first steps” that bring fathers/partners to the table*
- *While “recommended” rather than required, we are committed to support of the father/partner “first steps”*
- *Including fathers/partners brings a new dimension & energy to breastfeeding promotion*

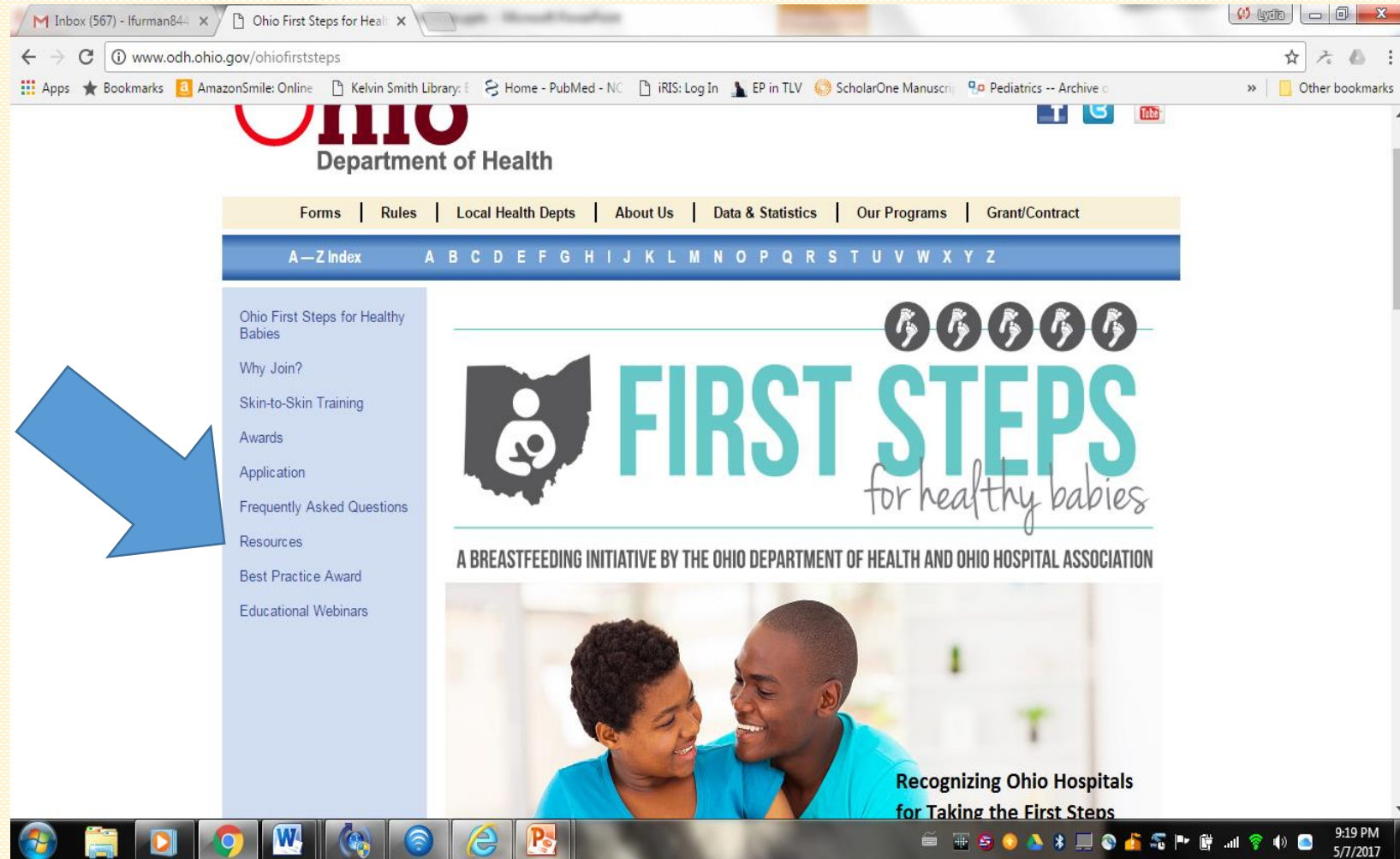
What are the father/partner steps?

- **Step 1- Have a written breastfeeding policy that is routinely communicated to all health care staff.**- Does the facility's breastfeeding/infant feeding policy include a specific plan for including and engaging fathers/partners?
- **Step 2- Train all health care staff in skills necessary to implement the policy**- Are providers and non-clinical staff trained to include fathers/partners in breastfeeding support and education?
- **Step 3- Inform all pregnant women about the benefits and management of breastfeeding.**
- Are expectant fathers/partners informed about the benefits and management of breastfeeding?
- **Step 4- Help mothers initiate breastfeeding within one hour of birth.**-Are fathers/partners taught how to help mothers initiate breastfeeding within one hour of birth?
- **Step 5 - Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.** -Are fathers/partners taught how they can support mothers to breastfeed and maintain lactation, even if they are separated from their infants?

What are... continued

- **Step 6 - Give infants no food or drink other than breast milk, unless medically indicated.**- Are fathers/partners taught how to hand express breast milk and to take apart/put together/clean a breast pump?
- **Step 7 - Practice rooming-in – allow mothers and infants to remain together 24 hours a day.** -Are fathers/partners encouraged to room-in with mothers and infants 24 hours a day, and encouraged to protect the mother's rest and breastfeeding?
- **Step 8 -Encourage breastfeeding on demand.** -Are fathers/partners are taught to recognize signs of infant hunger and of infant fullness (satiety)?
- **Step 9- Give no pacifiers or artificial nipples to breastfeeding infants.** -Are fathers/partners taught to avoid pacifier use until breastfeeding is well established at 1 month of age?
- **Step 10- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital.** -Does the hospital encourage the establishment of father/partner inclusive breastfeeding support groups and resources, and connect fathers/partners to resources and groups on discharge from hospital?

Look for the Resources link



The screenshot shows a web browser window displaying the Ohio Department of Health website. The URL is www.odh.ohio.gov/ohiofirststeps. The page features a navigation menu with links for Forms, Rules, Local Health Depts, About Us, Data & Statistics, Our Programs, and Grant/Contract. Below this is an A-Z Index. A blue arrow points to the 'Resources' link in a sidebar menu. The main content area displays the 'FIRST STEPS for healthy babies' logo, which includes an outline of Ohio with a baby icon and five breastfeeding icons. Below the logo, it states 'A BREASTFEEDING INITIATIVE BY THE OHIO DEPARTMENT OF HEALTH AND OHIO HOSPITAL ASSOCIATION'. At the bottom, there is a photo of a smiling couple and the text 'Recognizing Ohio Hospitals for Taking the First Steps'.

Ohio Department of Health

Forms | Rules | Local Health Depts | About Us | Data & Statistics | Our Programs | Grant/Contract

A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Ohio First Steps for Healthy Babies

Why Join?

Skin-to-Skin Training

Awards

Application

Frequently Asked Questions

Resources

Best Practice Award

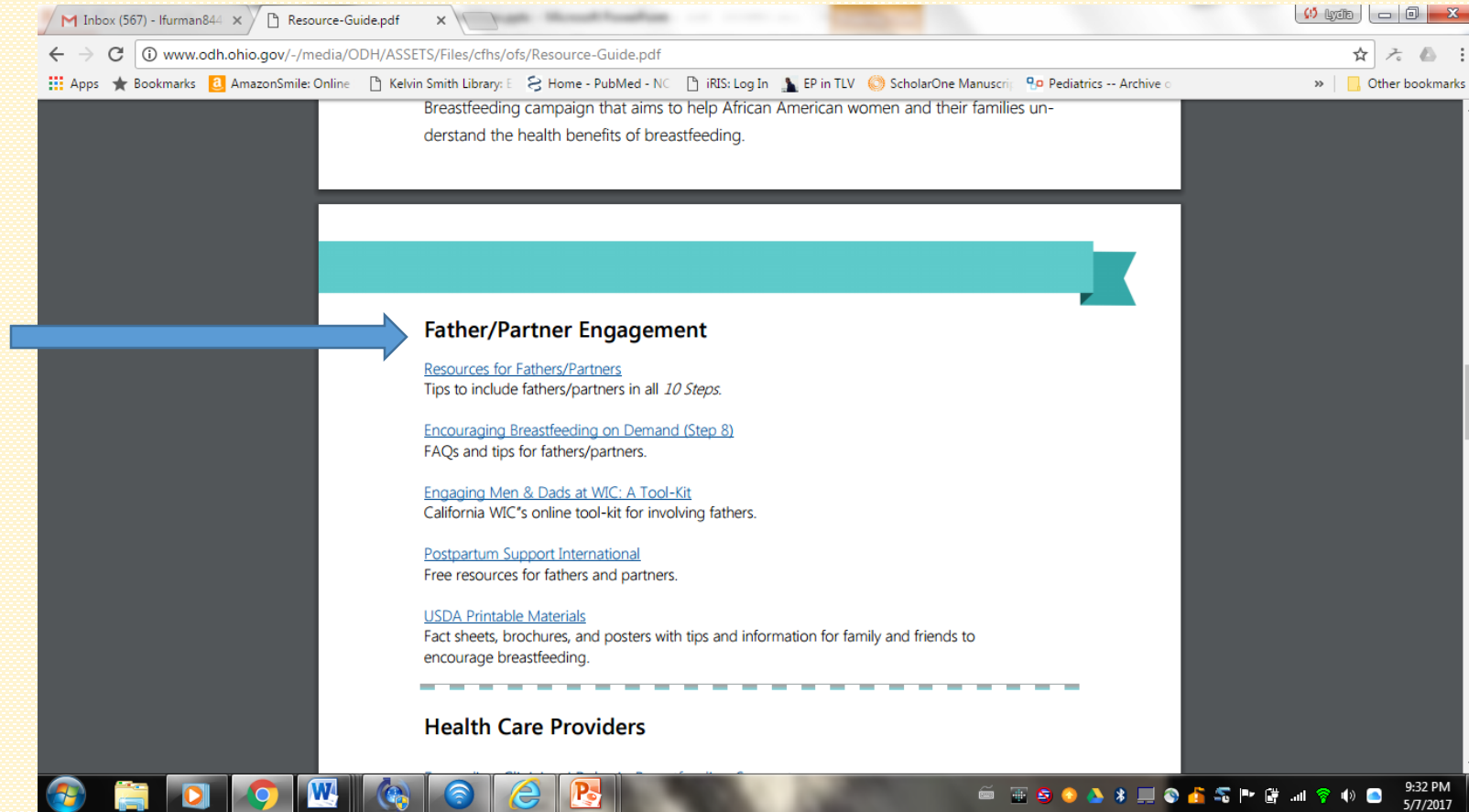
Educational Webinars

FIRST STEPS
for healthy babies

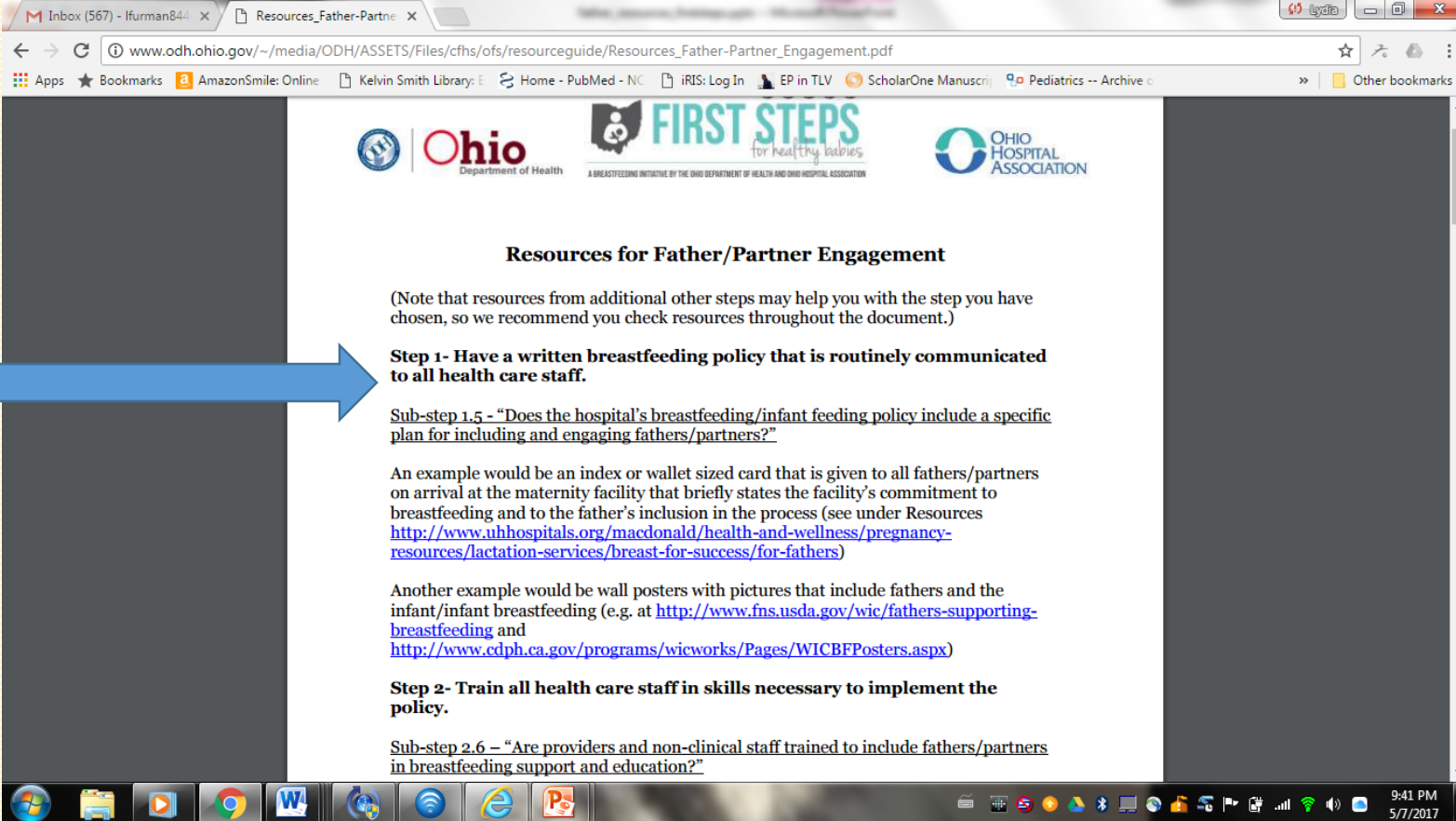
A BREASTFEEDING INITIATIVE BY THE OHIO DEPARTMENT OF HEALTH AND OHIO HOSPITAL ASSOCIATION

Recognizing Ohio Hospitals
for Taking the First Steps

Click on the Resources link,
and scroll to page 3



Try the first link – step by step info



Resources for Father/Partner Engagement

(Note that resources from additional other steps may help you with the step you have chosen, so we recommend you check resources throughout the document.)

Step 1- Have a written breastfeeding policy that is routinely communicated to all health care staff.

Sub-step 1.5 - "Does the hospital's breastfeeding/infant feeding policy include a specific plan for including and engaging fathers/partners?"

An example would be an index or wallet sized card that is given to all fathers/partners on arrival at the maternity facility that briefly states the facility's commitment to breastfeeding and to the father's inclusion in the process (see under Resources <http://www.uhhospitals.org/macdonald/health-and-wellness/pregnancy-resources/lactation-services/breast-for-success/for-fathers>)

Another example would be wall posters with pictures that include fathers and the infant/infant breastfeeding (e.g. at <http://www.fns.usda.gov/wic/fathers-supporting-breastfeeding> and <http://www.cdph.ca.gov/programs/wicworks/Pages/WICBFPsters.aspx>)

Step 2- Train all health care staff in skills necessary to implement the policy.

Sub-step 2.6 - "Are providers and non-clinical staff trained to include fathers/partners in breastfeeding support and education?"

Strategizing – how to start?



- What's your most challenging step?
- What's the first step you are tackling?
 - You can bring fathers/partners in to make the difference with one of these simple changes:
 - *Script provider to father/partner language*
 - *Give a wallet card to the father/partner*
 - *Give mom info that supports fathers/partners*
 - *Add a picture that shows fathers/partners*
- And consider introducing Boot Camp for New Dads to your hospital

<https://www.bootcampfornewdads.org>