



# Findings from Social Marketing Research: Texas Ten Step Program

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# TEXAS TEN STEP FACILITIES PROGRAM 2008 EVALUATION EXECUTIVE SUMMARY

## INTRODUCTION

On behalf of the Texas Department of State Health Services (DSHS), SUMA/Orchard Social Marketing, Inc. (SOSM) conducted research for the Texas Ten Step Facilities program. The program, developed by the Texas Hospital Association and DSHS, is designed to help hospitals and birthing centers support mothers in breastfeeding before, during, and after delivery, with a goal of having 75% of all new mothers breastfeeding at discharge. Currently, 64 Texas hospitals and birthing centers are registered and certified in the Texas Ten Step Program.

The goals of the research were to assess the program's effectiveness and the enrolled hospitals' level of compliance with Ten Step guidelines, as well as to determine how DSHS can improve and better market the program. In order to accomplish this, SOSM conducted 23 one-on-one telephone interviews with lactation consultants and managers or directors of perinatal services of hospitals enrolled in the program; 35 telephone interviews with mothers who had given birth at 21 different Texas Ten Step hospitals; an additional 14 telephone interviews with mothers who had given birth at Parkland Hospital in Dallas, when it surfaced that this facility offers particularly good breastfeeding support to new mothers; three focus groups with a total of 34 nurses representing five Ten Step hospitals, and one focus group with 6 doctors from 2 Texas Ten Step facilities; and three focus groups with a total of 31 nurses from six hospitals not currently enrolled in the program, and one with 7 doctors, from two hospitals not enrolled. (The focus groups were conducted to compare practices of hospitals enrolled in the program with those of hospitals that are not enrolled.)

This study was commissioned as a qualitative research project and therefore represents a limited population of respondents. Readers are cautioned to remember the limits of qualitative research. Although some findings are presented in terms of percentages, they should be considered as indicative of a direction or trend, rather than as statistically definitive.

The Ten Steps to Support Breastfeeding Mothers<sup>1</sup> at enrolled facilities are as follows:

**Step 1:** Develop policies that promote breastfeeding as the preferred method of infant nutrition.

**Step 2:** Employees who care for mothers and infants should receive breastfeeding training within six months of employment, with updates provided on a regular basis.

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<sup>1</sup> Source: Texas Ten Step website: <http://www.dshs.state.tx.us/wichd/lactate/txfact.shtm>, accessed September 26, 2008. See PowerPoint presentation *What Are the Ten Steps? How Can I Meet These Criteria?*

**Step 3:** Staff should present breastfeeding to all mothers, including those who must be separated from their infants, as the feeding method of choice. Prenatal classes and hospital teachings should cover the benefits of breastfeeding, strategies for maintaining lactation if mother and infant are separated, and managing milk supply.

**Step 4:** Mothers should be encouraged to breastfeed their newborns within an hour of birth, with 30 minutes being ideal. Mothers who have had C-sections or who have complications should be helped to breastfeed as soon as possible. Mother and infants should have the opportunity for early skin-to-skin contact regardless of type of delivery.

**Step 5:** Breastfeeding should be assessed within six hours after delivery and at least once per shift. There should be staff members who have received training beyond the basics of breastfeeding (e.g., International Board-Certified Lactation Consultants [IBCLCs], nurses or physicians with additional training).

**Step 6:** Newborns should be given artificial human milk (formula) only if it is medically indicated and ordered by the physician or requested by the parent. Parents should be advised of the impact of introducing formula before breastfeeding is established. If the infant needs supplementation, staff should protect breastfeeding while offering the supplement.

**Step 7:** Mothers and newborns should be encouraged to room in unless separation is medically indicated.

**Step 8:** Mothers should be encouraged to breastfeed their newborns without restriction. Breastfeeding should take priority over non-emergent events (such as bathing the newborn, taking pictures, and receiving visitors). Mothers should be instructed to recognize the signs of their babies' basic breastfeeding needs: hunger cues, signs of adequate feed, wet and soiled diapers, etc.

**Step 9:** The use of artificial nipples should be discouraged for healthy newborns. Mothers should not be given discharge packs that include formula or formula advertisements.

**Step 10:** Breastfeeding mothers should receive support following discharge.

## **FINDINGS**

### **Hospital Findings**

All Ten Step staff respondents in both telephone interviews and focus groups said their hospitals present breastfeeding as the preferred method of infant feeding. Just over half of the telephone respondents employed at Ten Step hospitals (52%,  $n = 12$ ) said formula is given only if it is medically necessary or by parental request. Similarly, Ten Step focus group staff participants said they actively educate mothers about the benefits of breastfeeding exclusively, even when their patients want to use a combination of formula and breast milk. By contrast, the focus group staff respondents from non-participating hospitals were much less likely to follow this protocol.

Staff respondents from many of the participating Ten Step hospitals advise parents about the impact of introducing formula prior to establishing breastfeeding. However, some respondents indicated that even when they try to advise parents about the negative effects of formula, they are not always believed.

Fifty-two percent ( $n = 12$ ) of the Ten Step staff respondents interviewed by telephone said they use alternate feeding methods with expressed milk. However, 26% ( $n = 6$ ) said they do not always protect breastfeeding and use bottles when supplementation is needed. (For a detailed explanation, see the full report.)

Ten Step guidelines state that mothers should not be given discharge packs that include formula or formula advertisements. Most staff respondents in both the focus groups and telephone interviews said they face an uphill battle on this issue, for several reasons. Some respondents in the focus groups also reported that physicians offer babies pacifiers.

According to Ten Step staff respondents in both telephone interviews and focus groups, breastfeeding is initiated 30 minutes to one hour after birth at their hospitals. By contrast, focus group respondents from non-participating hospitals said babies are often taken to the nursery for a minimum of two hours after birth.

Ten Step focus group participants said they promote skin-to-skin contact and encourage rooming in, whereas focus group respondents from non-participating hospitals often did not offer rooming in or promote skin-to-skin contact. In fact, focus group staff of non-participating hospitals often did not understand the value of these approaches.

Ten Step participants in both the telephone interviews and focus groups said they also make an effort to help mothers who have had Caesarean deliveries or other complications to breastfeed as soon as they are medically stable. In the event that the mother and baby are separated for medical reasons (e.g., if the baby is placed in NICU), all but one of the Ten Step hospitals represented in the study encourage the mother to pump breast milk.

The vast majority of the Ten Step respondents in both the telephone interviews and the focus groups said they assess breastfeeding within six hours after delivery, or at least once per shift. Many of them check on the mother and baby more frequently.

The Ten Step program states that mothers should be encouraged to breastfeed their newborns without restrictions, and that breastfeeding should take priority over non-emergent events such as bathing the newborn, taking pictures, and receiving visitors. In the focus groups, nurses at all but one Ten Step hospital reported that one of the greatest barriers to successful breastfeeding is visits from multiple family members immediately after the baby is born. The only hospital that did not report this as a problem established in advance the expectation that the baby would be breastfed.

Findings from both the focus groups and the telephone interviews indicate that staff from Ten Step hospitals tend to follow the training guidelines of the program. The following findings on training are quantified on the basis of the telephone interviews.

- Seventy-eight percent ( $n = 18$ ) of all staff respondents at Ten Step facilities said the breastfeeding knowledge of staff had increased through participation in the program.
- Ninety-one percent ( $n = 21$ ) of respondents at participating Ten Step hospitals provide basic breastfeeding training to all employees who work with mothers and newborns.
- However, in terms of training updates, there is still room for improvement: 61% ( $n = 14$ ) of phone respondents said their hospitals offer such refresher courses every three to six months or once per year. In the focus groups, some nurses who had been with a Ten Step hospital for several years had received little or no training on breastfeeding.
- Focus Group staff from hospitals that are not enrolled in the Ten Step program had less extensive training in breastfeeding support than staff from enrolled hospitals. In fact, some respondents from the non-participating hospitals reported that they had little or no training in breastfeeding support protocols or procedures.

A high percentage of respondents (96%,  $n = 22$ ) in the telephone interviews with Ten Step staff members reported that their hospitals provide prenatal classes on breastfeeding, whereas only a couple of focus group participants stated that their hospitals offered prenatal education. In fact, focus group participants reported that the lack of prenatal education on breastfeeding is a serious problem and compromises breastfeeding success for many. This finding is also substantiated in the client section of this report (Section D): Participating mothers reported a lack of prenatal education on breastfeeding and identified lack of breastfeeding knowledge as one of the main breastfeeding challenges they faced.

Breastfeeding support for mothers after hospital discharge is an important part of the Ten Step program. Findings from both the telephone interviews and the focus groups reveal that this is an area of weakness for participating Ten Step hospitals, with most offering only a list of help lines and the suggestion that mothers call the hospital if they need help. The vast majority of health care participants were unaware of WIC peer counselors, and many still think of WIC as an agency that promotes formula. Focus group participants said they would welcome education from WIC about their services.

In terms of the breastfeeding support challenges faced by Ten Step hospitals, staff respondents in both the telephone interviews and the focus groups cited the lack of 24/7 breastfeeding support for patients due to insufficient funding for lactation staff. Lactation consultants provide one-on-one breastfeeding support and education for patients, staff education and in-services for all nursing staff associated with mother-baby care, and are usually involved in writing and updating hospital breastfeeding policies and procedures. A lactation staffing shortage impacts patient care and outpatient follow-up. It also means that staff education and in-services may be cut back because lactation consultants are not available to teach. In particular, respondents noted that there were relatively few opportunities to train and update night shift nursing staff about breastfeeding support protocols, which in some instances led to inconsistent patient care and the use of formula.

Regarding suggestions for marketing the Ten Step program, most hospital representatives in both focus groups and telephone interviews said that an on-site meeting with the key decision maker at the hospital—typically, the head of Women’s Services—was important. Participants also assign tremendous value to the DSHS training, in which they receive continuing education units and suggested that the Ten Step program be marketed through the training. Some of the respondents had originally learned about the program through classes sponsored by DSHS or at state conferences. The Ten Step program and information about its evidence-based breastfeeding support guidelines should also be marketed to lactation consultants, residents, and nursing students, as well as to the associations and testing boards of these groups. Some respondents suggested DSHS should help hospital staff understand the benefits of the Ten Step program. This could be accomplished through case studies featured in an electronic newsletter. Other staff respondents suggested that the program could also be marketed as a tool to help them educate patients. In addition, some of the participants in the telephone interviews mentioned that their hospitals’ participation in the Mother-Friendly Worksite program not only supports breastfeeding for the staff, but sets an example for patients as well.

### **Client Findings at Ten Step Hospitals**

The majority of mothers who participated in the study had not received any prenatal education on breastfeeding prior to delivery—only 26% ( $n = 9$ ) had attended prenatal classes. The majority (89%,  $n = 31$ ) roomed in with their babies, and 97% ( $n = 34$ ) received breastfeeding assistance at the hospital. The majority (80%,  $n = 28$ ) rated the hospital staff’s knowledge of breastfeeding as good to excellent. The percentages of respondents who recalled receiving information about three key hospital outpatient services were as follows:

Lactation clinic	49% ( $n = 17$ )
Follow-up telephone calls	23% ( $n = 8$ )
In-home visits	11% ( $n = 4$ )

Many also received information about support lines or IBCLCs in the area. At discharge, 60% ( $n = 21$ ) of all the mothers were breastfeeding exclusively, 26% ( $n = 9$ ) were using a combination of breast milk and formula, and 14% ( $n = 5$ ) were giving their babies formula exclusively. This means that 86% ( $n = 30$ ) of all respondents had initiated breastfeeding, which exceeds the Ten Step 75% initiation goal. All of the mothers who used a combination of breast milk and formula had requested to do so, and all of the babies who were on formula exclusively had mothers who said they had medical conditions that precluded breastfeeding.

## **ADDENDUM**

### **Client Findings at Parkland Hospital**

While conducting focus groups with nurses about the Ten Step program (see Section C, Findings from Nurses' Focus Groups), researchers learned that Parkland Hospital in Dallas (with a delivery rate of almost 16,000 babies per year) offers strong breastfeeding support for mothers in a variety of ways. Focus group staff respondents reported that efforts are being made to offer more prenatal breastfeeding education in the Parkland clinic setting so that mothers will have more knowledge about breastfeeding before they deliver their babies.

Therefore, researchers decided to include Parkland Hospital in the Texas Ten Step facilities report by conducting 14 telephone interviews (seven in English and seven in Spanish) with WIC clients who had given birth at Parkland within the last six months. The goal of these additional interviews was to determine whether or not, from a patient's perspective, Parkland's breastfeeding support services were more effective than those offered at the other 21 Ten Step facilities surveyed in educating and assisting mothers to breastfeed in accordance with Ten Step guidelines.

In some areas of breastfeeding education, Parkland seems to offer more effective training for mothers than other Ten Step hospitals included in the survey. Seventy-one percent ( $n = 10$ ) of respondents said that Parkland classes and one-on-one training helped prepare them to breastfeed, whereas only 11% ( $n = 4$ ) of participants at other Ten Step hospitals said such hospital training helped them. For example, 50% ( $n = 7$ ) of Parkland respondents understood how to manage milk supply, whereas only 9% ( $n = 3$ ) of respondents at other Ten Step hospitals knew anything about this topic.

In the area of one-on-one training and postpartum education, Parkland respondents said the hospital staff helped prepare and guide them through the breastfeeding experience, assisting them with practical tips about latching, holding the baby to minimize sore breasts, how to tell when the baby was satisfied, and the importance of feeding on demand to increase milk production. Although several respondents were not sure that they had actually been seen by a lactation consultant, they were certain that they had received help with breastfeeding problems. This finding suggests that Parkland nursing staff may have more comprehensive training about breastfeeding, so that patient training is not limited to a visit from a lactation consultant.

At discharge, 36% ( $n = 5$ ) of Parkland respondents were breastfeeding exclusively, while 50% ( $n = 7$ ) were using a combination of breast milk and formula. This means that 86% ( $n = 12$ ) of all Parkland respondents initiated breastfeeding, which exceeds the Ten Step initiation goal of 75%.

Although the percentage of mothers breastfeeding exclusively at Parkland (36%,  $n = 5$ ) was lower than that at the other Ten Step hospitals (60%,  $n = 21$ ), the Parkland respondents breastfed longer, using a combination of breast milk and formula: 21% ( $n = 3$ ) of all Parkland respondents were still breastfeeding three to four and a half months after delivery, whereas only one respondent at all other Ten Step hospitals (3%) was still breastfeeding at that time.

## **CONCLUSION**

The Texas Ten Step Facility program was designed to help hospitals and birthing centers support mothers with breastfeeding before, during, and after delivery. While breastfeeding support services during the hospital stay are generally in compliance with Ten Step guidelines, the areas that need improvement include annual training for all staff; patient education in breastfeeding basics, maintaining lactation, and managing milk supply so that mothers are well-prepared to continue breastfeeding after discharge; ensuring that every mother receives one-on-one education from a lactation consultant regardless of previous breastfeeding experience; reduction or elimination of pacifier use; and expansion of follow-up outpatient lactation resources to assist mothers with issues related to daily home breastfeeding challenges and continuing to breastfeed when they return to work. Despite the Ten Step guideline against giving mothers discharge packs that include formula or formula advertisements, a majority of participants said that this guideline is either not practiced or is difficult to enforce for a variety of reasons. (See Staff Report, Section B for details.)

Findings indicate that the Texas Ten Step program has both strengths and weaknesses in terms of assisting hospitals with breastfeeding support services. For hospitals that want to develop a breastfeeding support program, the Ten Step program offers excellent, effective guidelines backed by DSHS training modules that can help the hospital develop solid breastfeeding support services. Setting up policies and procedures helps ensure that all staff is trained to offer breastfeeding support in a consistent manner. While not as rigorous as Baby Friendly certification, the Ten Step program is less costly, easier to implement, and may become a stepping-stone toward attaining the Baby Friendly international designation.

Lactation consultants and managers use the Ten Step protocols not only to train staff, but also to establish that these are evidence-based state guidelines. Citing the Ten Step standards to staff, doctors, and patients gives added credibility to breastfeeding protocols and promotes more consistent levels of care.

However, the Ten Step program's weakness is that once accreditation is earned, the program virtually drops out of sight. Initial marketing and promotion efforts end, the person who initiated the Ten Step program may leave the hospital, budgets may be cut, and, although breastfeeding support services may continue, they may not be offered consistently due to lack of continued staff education and 24/7 lactation support.

What is missing from the Texas Ten Step program is ongoing accountability to the state. Even though Ten Step hospitals have earned state accreditation for their programs, there is no annual evaluation to make sure that Ten Step standards continue to be met and the hospital remains in compliance. Annual evaluations would keep staff "on their toes" as well as ensure continued contact between participating hospitals and DSHS. Such accreditation renewals also put the Ten Step program in the position of "top-of-mind" awareness with staff, doctors, and patients, reminding them that the State of Texas not only promotes but monitors breastfeeding support at hospitals and birthing centers.

## **RECOMMENDATIONS**

- Add some form of accountability to the Ten Step program requirements as a condition of continued participation and accreditation in the program. For example, annual assessments of each Ten Step hospital's breastfeeding statistics could be submitted to DSHS to demonstrate the hospital's continued compliance with Ten Step guidelines. An online survey could be filled out and submitted, and results could be made available to participating hospitals. In addition, annual compliance surveys would give DSHS up-to-date hospital contact information as well as a means to send out announcements about other DSHS services, such as staff training classes. Develop a tracking system to monitor compliance at all participating Ten Step hospitals.
- Recommend that all Ten Step hospitals be strongly urged or required to become Mother-Friendly Worksites as part of Ten Step certification. The Mother-Friendly Worksite program designates Texas businesses as Mother-Friendly if they voluntarily have a written policy to support employed mothers by doing the following: flexible work schedules to provide time for expression of milk; provide an accessible location allowing privacy; provide access to a nearby clean and safe water source and a sink for washing hands and rinsing out any breast-pump equipment; and provide access to hygienic storage alternatives for the mother to store her breastmilk.
- Develop an educational campaign for Ten Step participants about the program and how it interfaces with DSHS and WIC. While most of the respondents saw the Ten Step program as offering breastfeeding support guidelines, they did not necessarily see the connections among the Ten Step program, DSHS training classes, and WIC. In addition, informational kits might be developed and made available through the Texas Ten Step website so that prospective applicants can obtain information about all state services that relate to breastfeeding support.

- Develop an up-to-date Ten Step contact list of participating hospitals that can be used to announce breastfeeding training opportunities, send out the monthly Ten Step newsletter, and disseminate important Ten Step announcements.
- Develop a ListServ of Ten Step lactation consultants and hospital contacts and hold quarterly conferences via Qwest or some other form of teleconferencing connection. The ListServ would serve the same marketing function as the DSHS breastfeeding conference that was held on a yearly basis until it was eliminated by budget cuts.
- Market the Ten Step program to lactation consultants at professional conferences and meetings. DSHS should have a presence at such professional gatherings, not only to build awareness about the Ten Step program, but also to keep breastfeeding professionals informed about DSHS training options.
- Develop a communication strategy for hospital staff about WIC services, including the breast pump program. Promoting WIC offers an opportunity to promote the Ten Step program as well. At a minimum, encourage local WIC staff to make appointments at hospitals to explain WIC services, the availability of peer counselors, and the value of the Ten Step program.
- Develop a promotional packet about the Ten Step program that can be sent to community hospitals, and a separate information packet to be given to lactation consultants sitting for the IBCLC exam.
- Recommend that a full-time employee be added to assist with hospital staff training, setting up regional WIC coordinators, and facilitating and coordinating an overall accountability component to be added to the Ten Step program.
- Research the feasibility of developing online breastfeeding training for hospital staff and doctors that could also include downloadable class materials.
- Include evidence-based research that supports each of the Ten Steps, and make it available through the Ten Step website.
- Review the WIC website brochure page to streamline the ordering procedure; revise the website to allow either downloadable PDF samples of the brochures or at least the ability to preview the contents. Also, assess brochure use on a quarterly basis and revise print production to eliminate long waits for brochures. On the back of all DSHS brochures, include information about how to order more. An additional possibility is to allow participating hospitals to download the brochures and handle the printing themselves. This might be a cost-effective means of ensuring that breastfeeding materials are always available.
- Develop a “Best Practices” column in the Ten Step newsletter in which participating hospitals can share effective tips and tools for training both staff and patients – for

example, scripts for discussing breastfeeding with certain patient populations, “cheat sheets” for staff as well as patients, and posters explaining hunger cues displayed in every hospital room.

- Develop tips for working around formula use – particularly ideas about replacements for formula samples in discharge bags.
- Develop information about Baby Friendly and Texas Ten Step, and explain the differences and similarities between these two programs, both on the website and in any future communications with prospective Texas Ten Step applicants.
- Develop sample press releases and other promotional information materials to help qualifying hospitals promote their Ten Step certification.
- Create and distribute an electronic Ten Step newsletter that includes information about DSHS training sessions, announcements of new evidence-based studies available on the website, best practices tips from other Ten Step facilities, announcements about new patient or staff education materials, etc.
- Identify communication problems and develop scripts to help nurses communicate more effectively with patients. These might be developed as in-services, downloadable brochures, or DSHS class presentations.
- Present information about the Ten Step program at professional association meetings and conferences, as well as to classes of medical and nursing students.
- Establish a marketing effort based on onsite meetings with key hospital administrators and staff to introduce and promote the Ten Step program.
- Produce posters and other Ten Step marketing materials that patients may see in Spanish as well as English.

# **TEXAS TEN STEP FACILITY PROGRAM 2008 STAFF EVALUATION FULL REPORT**

## **INTRODUCTION**

On behalf of the Texas Department of State Health Services (DSHS), SUMA/Orchard Social Marketing, Inc. conducted one-on-one telephone interviews with lactation consultants and neonatal services supervisors at Texas Ten Step hospitals and birthing centers to determine what kind of breastfeeding support they give patients and how compliant their hospitals are with current Ten Step program guidelines. In addition, eight focus groups were held: three with nurses and one with doctors from hospitals registered as Ten Step facilities, another three with nurses and one with doctors from nonparticipating facilities. The goal of these focus groups was to compare practices at hospitals registered with the Ten Step Program with those at hospitals that were not registered.

The Texas Ten Step Facility Program was developed by the Texas Hospital Association and the DSHS. The program is designed to help hospitals and birthing centers support breastfeeding mothers before, during, and after delivery, with the goal of having 75% of all new mothers breastfeeding at discharge. Currently, 64 Texas hospitals and birthing centers are registered and certified in the Texas Ten Step program.

Researchers conducted the telephone interviews with 23 staff members of Texas Ten Step facilities in 16 different Texas cities. Sites included Amarillo, Austin, Beaumont, Bedford, Corpus Christi, Fort Worth, Frisco, Harlingen, Houston, LaGrange, Longview, New Braunfels, Sugar Land, Tyler, Webster, and Weslaco. The focus groups were held in Austin, Clearlake, Dallas, El Paso, Houston, and San Antonio.

## **STAFF OBJECTIVES**

Specifically, the research evaluated breastfeeding support services at Texas Ten Step facilities to determine:

- how compliant hospitals are with the current Texas Ten Step guidelines;
- the overall value and usefulness of the Ten Step program for hospital staff;

- the overall value of the Ten Step program in increasing the number of mothers who breastfeed their newborns;
- what breastfeeding support challenges hospitals face and how Texas Ten Step can help hospitals meet those challenges; and
- Texas Ten Step name awareness and marketing concerns (target audiences, types of marketing needed).

## **DATA ANALYSIS**

While quantitative research is conducted to understand “how many” and yields statistical information, qualitative research is conducted to understand “what, why, and how.” Qualitative findings from interviews are transcribed, categorically coded, and analyzed for content, themes, experiences, and opinions. Qualitative research often yields insights into issues that should be quantified later.

## **LIMITATIONS**

This report represents a limited population of respondents. Readers are cautioned to remember the limits of qualitative research. Qualitative findings should be considered as indicative of a direction or trend; they are not statistically definitive.

### **An Important Note About the Baby-Friendly Program**

On the Texas Ten Step Web site, a distinction is drawn between being a designated Texas Ten Step hospital and a Baby Friendly hospital. Both the Ten Step and Baby Friendly programs are based on the World Health Organization (WHO)/UNICEF’s Ten Steps to Successful Breastfeeding.<sup>1</sup> The Ten Step program is entirely voluntary, self-reporting, and does not require external audits or site visits. Certification as a Ten Step facility is awarded for 85% compliance with program policies and guidelines.

In fact, the Ten Step Web site encourages Texas hospitals and birthing centers to consider first becoming a Ten Step facility and then continuing to make the further changes necessary to become a Baby Friendly Hospital, through the Baby Friendly USA initiative. A hyperlink to the Baby Friendly Web site

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<sup>1</sup> Source: UNICEF Web site: <http://www.unicef.org/newsline/tenstps.htm> Information accessed September 25, 2008.

(<http://www.babyfriendlyusa.org>) and the name of its national coordinator is also furnished.<sup>2</sup>

By contrast, the Baby Friendly initiative is much more rigorous in its mandates:

- Breastfed infants are not given food or drink other than breast milk, unless medically indicated.
- No pacifiers or artificial nipples are given to breastfeeding infants.
- Formula samples, ads, and formula company logos are not given to mothers at discharge from the hospital.
- The hospital must pay for the formula and cannot receive free or discounted formula for use in the hospital. This stipulation applies to health care facilities and professionals, who may neither accept nor offer free or low-cost substitutes for human milk.<sup>3</sup>
- Hospitals are subject to a rigorous review of their breastfeeding policies and procedures, which are not only evaluated in the initial application process but also assessed during a 2 to 3-day intensive on-site visit during which many interviews are conducted with staff, physicians, and mothers.
- A yearly fee for participation, based on the hospital's annual number of deliveries, is assessed. An additional fee is assessed to cover the costs of conducting the on-site visit.
- Required documentation includes an assessment of existing breastfeeding services and whether they comply with Baby Friendly mandates; an action plan/timetable in which to implement Baby Friendly protocols; current breastfeeding rates and the methodology used to collect those data; and breastfeeding staff training curricula and timetables.

At the time of this study, the state of Texas did not yet have a Baby Friendly hospital. However, during the respondent recruitment period and also during the course of interviewing, researchers observed that some Texas Ten Step

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<sup>2</sup> **Source:** Texas Ten Step Facility Web site: <http://www.dshs.state.tx.us/wichd/lactate/tfact.shtm>. Information accessed: September 16, 2008.

<sup>3</sup> **Source:** Baby Friendly USA Web site: "Commonly Asked Questions and Answers About the Baby-Friendly Process." <http://www.babyfriendlyusa.org/eng/faq.html>. Accessed September 16, 2008.

hospitals declined to be interviewed because they said they did not have time to participate in the one-hour phone survey. The cited reason for the lack of time was the intensive preparation for the Baby Friendly on-site review.

Throughout this report, some references will be made to the *Baby Friendly* designation and the way it is perceived in comparison with some respondents' perceptions of the *Texas Ten Step* designation. It is important for the reader to remember the differences between the two designations and the way in which the Texas Ten Step Web site presents information about both certifications for any hospital or health care facility interested in applying to either program or both programs.

### **A Note About the Texas Mother-Friendly<sup>4</sup> Worksite**

In addition to the Baby-Friendly program, the Texas Mother-Friendly Worksite program is mentioned throughout this report. It is not affiliated or connected with the Baby-Friendly Hospital program.

The Texas Mother-Friendly Worksite Program designates Texas businesses as "Mother-Friendly" if they have voluntarily written policies that support employed mothers in breastfeeding. While not a part of the Texas Ten Step guidelines, hospitals are strongly encouraged to become Mother-Friendly Worksites. Further information on this program can be found on the DSHS Web site.

## **METHODOLOGY**

### **Recruitment Methodology**

Prospective staff respondents who work specifically in breastfeeding support services at Ten Step facilities were contacted by telephone and were each asked to participate in a one-on-one, 45-minute phone interview about their hospitals' breastfeeding training and support services before, during, and after delivery. At the end of each interview, the participant was informed that a stipend would be mailed to her.

### **Staff Demographics**

Researchers conducted one-on-one telephone interviews with 23 hospital staff members from 16 different Texas cities. The respondents represent 36% (n=23) of the 64 Texas hospitals and birthing centers that are registered and certified as

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<sup>4</sup> **Source:** Texas Department of State Health Services Web site: <http://www.dshs.state.tx.us/wichd/lactate/mother.shtm>. Accessed: July 15, 2008.

Texas Ten Step facilities. Sites included Amarillo, Austin, Beaumont, Bedford, Corpus Christi, Fort Worth, Frisco, Harlingen, Houston, LaGrange, Longview, New Braunfels, Sugar Land, Tyler, Webster, and Weslaco. The facilities included 22 hospitals and one birthing center.

## **FINDINGS**

### **Staff Background and Breastfeeding Support Experience**

In order to determine the staff respondents' breastfeeding support backgrounds and experience, each interview session began with a series of questions about the respondent's position at the hospital, areas of responsibility, and the length of time she had worked in that position.

- **Staff titles:** The vast majority of respondents 78% (n=18) were lactation consultants (LCs), and nine of them had also earned designations as International Board-Certified Lactation Consultants (IBCLCs). Of the remaining respondents, 35% (n=8) worked as managers or directors of perinatal services, Labor and Delivery (L&D), or lactation programs; one nurse worked in lactation services, and another worked as a lactation and childbirth educator. It should be noted that all information about staff credentials was self-reported.

<b>Staff Position</b>	<b>% of Participants*</b>	<b># of Participants</b>
Lactation consultant**	78	18
IBCLC	39	9
Manager or director (of perinatal services, L&D, or lactation program)	35	8
RN working in lactation services	4	1
RN lactation and childbirth educator	4	1

\*Rounding of decimals may cause the Total Percentage to be slightly- above or below 100%.

\*\*Some lactation consultants are also IBCLCs; therefore, the total percentage of participants exceeds 100%. It should be noted that information about professional credentials was self-reported.

- **Areas of responsibility:** While the vast majority of respondents were involved in one-on-one breastfeeding support and education, their areas of responsibility often included a wide variety of breastfeeding-related duties:
  - Teaching or arranging staff breastfeeding education and in-services

- Outpatient services such as follow-up appointments with mothers experiencing breastfeeding difficulties; manning the hospital breastfeeding hotline; conducting assessments on doctor’s referrals
- Researching, writing, and updating hospital breastfeeding policies and procedures
- Interfacing with hospital administration, doctors, and the community on all breastfeeding-related issues
- Training and updating hospital nursing staff (L&D, nursery, NICU) on breastfeeding support services
- Overseeing the Mother-Friendly Worksite<sup>1</sup> pumping station and assisting staff members with breastfeeding
- Overseeing or coordinating donor milk bank supply, if there is a NICU
- Running an in-house breastfeeding supply store
- Managing staffing and budget for neonatal services

<b>Areas of Responsibility*</b>	<b>% of Participants</b>	<b># of Participants</b>
Perinatal breastfeeding education	78	18
One-on-one patient breastfeeding assistance	78	18
Staff education	70	16
Outpatient services	57	13
Managerial responsibilities (staffing, budget, etc.)	70	16

\*Many respondents have multiple responsibilities; therefore, the total percentage of participants exceeds 100%.

It should be noted that while the vast majority of respondents handled both staff and patient education, as well as one-on-one patient breastfeeding support, there were a few instances in which the respondent worked in only one of these areas.

In some instances, respondents were not full-time employees of the hospital but still handled managerial responsibilities and oversaw lactation services and staff education. In other instances, a respondent was the sole lactation consultant or educator for not just one facility, but several within a health care system.

*I'm there for any baby that's in the nursery, NICU, PDICU, and PD. I am the hospital's only lactation consultant.<sup>5</sup>*

*Right now, I run the lactation program, see patients, [handle] phone consultations and outpatient visits – we don't charge for them. So if they need additional help, they come in. Sometimes I refer to WIC offices if I can't help them. I'm part-time and there's another nurse who's sitting for her IBCLC. We just got approved as a lactation department.*

*Staff lactation consultant, RN, IBCLC. I see every breastfeeding patient in the hospital, [and handle] staff in-services. [I'm] in charge of the milk depot for the local mothers' milk bank; patient education and staff education. We are also a Mother-Friendly workplace, so I educate [staff] in how to use the breast pump.*

- **Staff work experience:** Respondents were asked how long they had worked in their current staff positions. A majority of the respondents were experienced in breastfeeding support; 74% (n=17) had worked in their present staff position for 1 to 10 years. While some respondents were new to their staff positions – one had only been in her current role for three weeks – most respondents had either been lactation consultants or worked in breastfeeding education for a longer period of time than indicated in the findings presented in the following table. For example, one respondent had worked in her current staff position for three years but had been a lactation consultant for 12 years.

<b>Time in Current Staff Position</b>	<b>% of Participants</b>	<b># of Participants</b>
Less than 1 year	13	3
1-5 years	43	10
6-10 years	30	7
11-25 years	13	3
Total	100	23

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<sup>5</sup> Throughout this report, all quoted staff comments appear in italics.

## General Facility Profiles

In order to put the staff interviews in perspective, general information was also gathered about the health care facility itself. Each respondent was asked about the number of beds in the facility, the number of deliveries per year, her hospital's breastfeeding initiation rate, and its length of time as a Texas Ten Step hospital.

- **Number of beds:** The health care facilities ranged in size from six beds (at a birthing center that handles only low-risk pregnancies) to 900 beds (at a hospital with a Level II NICU). The majority of the facilities 52% (n=12) had 251 to 500 beds.

Number of Beds in the Hospital	% of Participants	# of Participants
Fewer than 100	13	3
101-250	4	1
251-500	52	12
501-750	4	1
751-900	4	1
Did not know	22	5
Total:	100	23

- **Number of deliveries per year:** The number of births per year ranged from 200 at the above-mentioned birthing center to 10,560 within a five-hospital system in an urban area. In the majority of facilities (52%, n=12), 1,000 to 2,500 babies were delivered per year, while an additional 22% (n=5) had 2,500 to 5,000 deliveries per year.

Deliveries per Year	% of Participants	# of Participants
Fewer than 500	9	2
501-1,000	9	2
1,001-2,500	52	12
2,501-5,000	22	5
5,001-7,500	4	1
7,501-10,600	4	1
Total:	100	23

- **Breastfeeding initiation rate:** While facility breastfeeding initiation rates ranged from a low of 50% to 100%,<sup>6</sup> the majority of facilities 70% (n=16) had rates of 75% or higher, which meets or exceeds the Healthy People 2010 goal for Texas.

Of the seven facilities 30% (n=7) that did not meet the Healthy People 2010 goal, five had breastfeeding initiation rates of 65% or lower.

Breastfeeding Initiation Rate	% of Participants	# of Participants
50%	4	1
51%-60%	4	1
61%-65%	13	3
66%-70%	4	1
71%-74%	4	1
75%-80%	35	8
81%-85%	13	3
86%-90%	13	3
91%-95%	0	0
96%-100%	9	2
Total:	100	23

- **Mother-Friendly Worksite status:** A majority of respondents said that their facilities were Mother-Friendly compliant: 61% (n=14) of all respondents said their facilities were designated Mother-Friendly Worksites, while an additional 22% (n=5) said they were compliant but not designated. In some instances, the application had been submitted and the facility was awaiting designation, while in other cases the respondent had not yet had time to submit the application.

Mother-Friendly Worksite Status	% of Participants	# of Participants
Designated Mother-Friendly Worksite	61	14
Compliant but not designated	22	5
Not designated, noncompliant	4	1
Did not answer	13	3
Total:	100	23

<sup>6</sup> The birthing center, which handles prenatal, L&D, and postpartum care, has a 100% breastfeeding initiation rate; there are no bottles or formula on the premises.

## **Breastfeeding Support Challenges and What Needs to Change**

To identify the types of breastfeeding support issues hospitals face, the survey contained questions about the kinds of challenges respondents encountered as well as what (if anything) they would change about breastfeeding support at their hospitals or birthing center.

### **Most Frequently Mentioned Breastfeeding Support Challenges**

- **Lack of 24/7 breastfeeding support:** 30% (n=7) of respondents said they were not able to provide 24/7 breastfeeding support for their patients due to a lack of funding for lactation staff. Some respondents mentioned that even though they were the only lactation support on staff, they were only part-time employees or only work weekdays, not on weekends. The lactation staffing shortage also implies that outpatient education and follow-up with discharged breastfeeding mothers may be curtailed or unavailable; this finding will be explored in greater detail later in this report.

*There's only one of me. I do well-baby rounds on every mom at least once during their stay. All discharge teaching. NICU – from initiation to pumping – we are a Level III nursery. I'm the director of the Milk Bank and we'll be doing scanning of all breast milk, because the new trend is to treat breast milk as medication. All the nurses are trained in the first four weeks of hire by me: an eight-hour class on breastfeeding and breastfeeding management, and they must all have a four-hour update once per year. I work as a part-time employee – 32 hours over five days. [Respondent works at a 900-bed hospital that handles 4,200 deliveries per year.]*

*... from the hospital side of the coin, it's getting enough hours from administration for lactation consulting. We could use another full-time position but administration won't approve it.*

*... the off-shift [coverage]. We're 24 hours a day but not 7 days per week.*

- **Lack of consistent breastfeeding support by staff:** 39% (n=9) of respondents said that the level of breastfeeding support at their facilities was inconsistent. Several different reasons were cited, including staff resistance to alternate feeding methods (such as cup and syringe) or rooming in; night staff (and sometimes doctors) who cannot see the benefit of breastfeeding and give formula to babies in the nursery; and doctors who may feel that the babies – especially those in NICU – may not be getting enough to eat and need formula.

*Not just the nursery, but the moms' nurses, who mean well in the long run but totally hurt breastfeeding. They'll tell the moms, "You can sleep," and they'll feed them formula in the nursery all night. They mean well for the moms, but they don't think about breastfeeding.*

*A lot of it is physician education and nurse education. The pediatricians and neonatologists are not very well-versed in the benefits of exclusive breastfeeding within the first three days [after birth]. They're more concerned about volume. The doctors will tell the moms, "You'll need to supplement until the milk comes in"; nurse, "on one side 15 minutes and then on the other side. If that's not enough, then supplement." It kind of frustrates the patients because it runs counter to what I tell them in rounds. It's the doctors and nurses who work on the night shift who will say these things. So when I tell the patients and show them pamphlets, they are frustrated at seeing my research and literature. Our patients are losing a bit of trust in what the doctors say.*

*Support from the pediatricians is especially important. We do a lot of epidurals and C-sections, and our biggest challenge is not giving them formula in the first four hours because the babies are sleepy. We developed an algorithm for sleepy babies – and not everyone follows it.*

*The biggest challenge is keeping everybody on the same page. You hire new people and they have their own ideas, so it's getting them to understand our ideas.*

- **Mother's lack of breastfeeding knowledge and/or understanding about the benefits of breastfeeding:** 39% (n=9) of respondents said that a vast majority of the mothers they saw did not know much about breastfeeding or what to expect and could not understand the benefits for either their newborn babies or themselves. Thirty-nine percent (n=9) also said that many mothers who lack an understanding of breastfeeding and what it entails believe that they are not producing enough milk to feed their newborns and want to switch to formula.

*Our patients come in unsure about breastfeeding. We deal with questions about supplementation every day. They don't understand that there's a big difference. Culturally in this area, there is lack of social support for breastfeeding. Also, 64% of our breastfeeding moms will return to work, so that's a big reason why they are formula-feeding.*

*A lot of our moms don't go to classes and they have a lot of cultural misconceptions and lack of knowledge about breastfeeding.*

*The biggest challenge is education of the moms, because we have a high Hispanic Medicaid population and they all think they don't have any milk or it's not enough so they've got to give a bottle, so the mom's asking for formula.*

*[It's a] cultural thing in this area. It's 90% Hispanic, and they seem to feel that they have to supplement. Getting people to realize that they don't need to supplement is a challenge.*

*We have a big population who believes they have no milk and it doesn't matter what you tell them about anatomy and physiology and the importance of colostrum. Then there are others – a Middle Eastern population – who send the babies to the nursery at night. The moms are pampered and not allowed to do anything. They don't want to help the baby latch on and the fathers don't want to help.*

- **Hospital stay is too short for effective breastfeeding education:** Although only two respondents brought up this point, it merits consideration. Short hospital stays, coupled with a shortage of 24/7 lactation counseling and outpatient follow-up services, reduce the mother's opportunity to learn enough about the breastfeeding experience to understand its value to her newborn or how to continue breastfeeding once she is discharged from the hospital.

*Our turnover rate is so rapid because of the shortage of rooms, so moms cannot get breastfeeding established well enough before they go home. There are a lot of factors that go into establishing breastfeeding well. It takes about two weeks, so you don't really accomplish much in 24 hours. The normal vaginal delivery moms are released in 24 hours after birth.*

*They don't think the milk is there and insist on using the bottle, and then they're discharged. Sometimes I get through, but sometimes I don't. With the bottle they can tell when the baby is getting enough to eat. It's a quantitative thing.*

## The Need for Changes in Breastfeeding Support at the Hospital

When asked what they would change about the breastfeeding support at their hospitals, respondents offered a wide range of suggestions in terms of both staff and patient care issues. However, it is not surprising that they addressed many of the same unmet needs mentioned in the previous section: lack of 24/7 breastfeeding support staffing; inconsistent breastfeeding patient care on the part of nurses and doctors; insufficient breastfeeding education and follow-up services for mothers, especially Medicaid mothers; and the need to provide more evidence-based breastfeeding education for nurses and doctors on a regular basis.

- **Increased funding for 24/7 lactation support services and education:** 48% (n=11) of all respondents mentioned a desire for increased funding to provide 24/7 breastfeeding support for mothers, train more educators among the nursing staff, and assist more nurses in becoming lactation consultants. Increased funding also means being able to offer more follow-up lactation counseling for breastfeeding mothers once they are discharged from the hospital.

*In an ideal world, we would have an LC to see every mom all day long, 24/7 at bedside. Our length of nursing drops off at six to eight weeks, but with more staff, it could be six months.*

*In our unit, the moms need a lot of one-on-one attention. Even being able to have a part-time LC or educator or having someone dedicated solely to lactation at the hospital and then offer a complimentary one-time postpartum home visit. Getting administration to approve the funds is a challenge.*

*The staff is great and they're getting better and better. I would increase the number of hours so that I would be able to spend more time with patients and also more time with staff in education.*

*I wish we had an LC and even more lactation counselors to be available on the night shift and on weekends.*

- **Greater consistency in breastfeeding patient care:** 43% (n=10) of all respondents said greater consistency was needed in breastfeeding support services from both nurses and doctors on all shifts.

*Getting more of a buy-in from the nursing staff in general, so that everyone is giving the same information and is supportive of the mothers. You can't expect to have a successful breastfeeding outcome if there's just a small core of people providing that.*

*More consistency from everyone: I do lots of staff teaching. A lot of nurses base care on their own experience, so I have to talk to them about what they say, because everything we do should be based on the research.*

*Possibly change the neonatologists' perceptions. They deal with compromised newborns and they are very leery of letting them breastfeed. If it's a sleepy baby – even if they have been breastfeeding well – the neonatologists want to put them on the bottle.*

*That the nurses on the off-shift would be a little more supportive of breastfeeding. Most are, but not all.*

*I would have the staff get their own opinions out of the way. If they didn't breastfeed or don't believe in it they might say something. One woman wanted to breastfeed, but because the baby was jaundiced, the newborn nurse wanted the baby to be on formula, even though the mom insisted on breastfeeding. The newborn nurses are very passive about breastfeeding or just offer formula because of their beliefs – because they may not have breastfed their own children.*

- **More follow-up with breastfeeding mothers once they are discharged:** 22% (n=5) of respondents suggested more follow-up with mothers after discharge, but once again, the stumbling block is the lack of breastfeeding support staffing.

*Since I've been here, we've made a bunch of changes. There are certain clients that we recognize may have trouble after they go home. Even though they have our phone numbers, they don't call because they're afraid to. They sometimes think that they're the only ones who have trouble. If we could call to check on them, we could follow up to allay their fears. But we don't have the staff for that.*

*We don't have the time or the backup to follow-up: our [vaginal birth] moms go home after 48 hours, but their milk hasn't really come in yet. We're [two lactation consultants on staff] both part-time. We man a hotline for breastfeeding moms, we in-service all staff on breastfeeding. Our hours are dependent on [hospital] census. We're not considered a lactation department; our hours are charged to different cost centers.*

## General Knowledge of the Texas Ten Step Program and Its Usefulness to Facilities

In order to evaluate the respondents' knowledge of the Texas Ten Step program and its usefulness to hospitals and birthing centers, a series of questions were asked about the length of time the facility had been certified in the program; how the respondents viewed the program's usefulness in terms of staff training, patient education, and care; and the program's effect upon breastfeeding outcomes.

One surprising finding of this study was a lack of respondent knowledge about the Ten Step program, program resources, and, in some cases, even the purpose of Ten Step at a participating facility. Reasons for this included changes in managerial personnel, lack of continued contact with DSHS about Ten Step compliance, and lack of a Ten Step contact person at each hospital once Ten Step accreditation had been obtained.

- **Length of time as a designated Texas Ten Step facility:** 78% (n=18) of all respondents said that their health care facilities had been certified in the Texas Ten Step program for 3 to 10 years.

How long has your hospital been a Texas Ten Step Facility?	% of Participants	# of Participants
1-2 years	4	1
3-5 years	30	7
6-8 years	26	6
9-10 years	22	5
Did not know	17	4
Total:	100	23

It should be noted that some of the hospital Ten Step participation findings are approximations: Many of the respondents had difficulty remembering precisely how long they had been part of the program. Some offered to look for the certificate and made an educated guess about how long their hospitals had been certified, while four of the respondents said they did not know or could not remember.

The respondents' uncertainty about the details of their facilities' participation in the Ten Step program is just one example of a lack of awareness about the program. Similar evidence is reflected in other findings throughout the report. For the moment, it is important to note the following points.

- Of all respondents, 57% (n=13) said they were not involved in the facility's initial application for Ten Step certification. Since the program is entirely voluntary and self-reporting – with no external audits or site visits – once the facility earns the DSHS designation, its Ten Step status may become such a “given” that it is eventually forgotten by staff members. Specifically, this may occur when the person who initiated the application is no longer employed at the facility and there is no one on staff who is conversant enough in the program to actively support or promote Ten Step guidelines to staff, doctors, and patients.
- Almost half the respondents 48% (n=11) said that their facilities had been in the Ten Step program for 6 to 10 years. While some hospitals actively promoted their Ten Step certification when they first received it, most have not done any additional marketing of the designation since then. This finding will be discussed in greater detail in the section entitled “Texas Ten Step Program Awareness and Marketing Efforts.”
- **Value of the Ten Step program:** When asked to describe the value of the Texas Ten Step program, respondents were almost evenly split between citing its clinical and its promotional values: 39% (n=9) of all respondents said the program was important because it furnished the hospital with breastfeeding guidelines and standards of care for the staff; 35% (n=8) said the program was valuable because it promoted breastfeeding. An additional 9% (n=2) said the guidelines were valuable because they are evidence-based.

What is the value of the Texas Ten Step Program?	% of Participants	# of Participants
Breastfeeding guidelines and standards of care for staff	39	9
Promotes breastfeeding	35	8
Guidelines are valuable because they are evidence-based	9	2
Good guidelines but no evaluation process; is it really being practiced?	9	2
Valuable if staff uses it/knows about it	9	2
Total:	100	23

*It gives good guidelines for breastfeeding policy. If you have good guidelines, then that gives you something to achieve.*

*From a public awareness standpoint, it's known that we are a breastfeeding-friendly hospital, and it also gives us guidelines to follow.*

*I think it offers women more [breastfeeding] support and it also regulates hospitals to give that support.*

Some respondents also said that because the Ten Step guidelines come from DSHS, it helps them validate breastfeeding policies and procedures with staff, doctors, and patients. In other words, it's not just the lactation consultant's opinion that a certain procedure or policy should be followed, but a practice that has been researched and approved by the state of Texas.

*Its policies for the breastfeeding mother really improve the success rate, the initiation rate of breastfeeding moms. It also gives consultants some backbone [corroboration] for a standard of care. This is research-based nursing.*

*Just having those guidelines – and that they are modeled after Baby Friendly<sup>7</sup> – which are evidence-based. This is well-referenced and supports breastfeeding. You can't really argue against it. The old adage "we've always done it that way" doesn't hold water. It's been shown to be effective.*

While the vast majority of responses to the question were positive, 17% (n=4) of respondents questioned the Ten Step program's continuing value to hospitals. Some criticized the lack of periodic evaluations to see if the guidelines are being followed, while others observed that the program is valuable only if the staff knows about it and uses it.

*It's a stepping-stone. It's certainly a manageable project to start and get involved in because it doesn't have a lot of teeth to it; it's less cost [than Baby Friendly].<sup>8</sup> The down side is that it's really just guidelines. There's no evaluation process. It's all on the honor system and that's okay, but is it really being practiced? Is it really being taken seriously? I think [Ten Step] is a really good program, but there needs to be some sort of process to truly evaluate the practice in that facility – a site visit. TDH [Texas Department of Health] comes in every couple of years, for example.*

*They don't track how we're doing and that's kind of a negative thing. The application is pretty rigorous.*

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<sup>7</sup> Although the respondent believes that the Texas Ten Step guidelines are modeled on the Baby Friendly program, they are actually based on the WHO/UNICEF breastfeeding guidelines.

<sup>8</sup> The respondent is referring to the Baby Friendly initiative, which requires that all health care facilities and professionals pay for all formula and may neither accept nor offer free or low-cost substitutes for breast milk. (See the section "An Important Note about the Baby Friendly Program.") The additional expense for hospitals is something administrators do not like about the Baby Friendly program.

*I guess if people knew exactly what it is. Half the nursing staff doesn't know what it is. For those that do, they understand that it supports breastfeeding.*

These findings suggest that, while the program initially had a positive impact upon the consistency and quality of breastfeeding support practices, that impact waned over the years, decreasing Ten Step's value to the hospitals. Several factors may play a role in this perceived loss or depreciation in value:

- **Lack of consistent marketing and promotion of the Ten Step program:** When some hospitals received the Ten Step designation, they publicized and promoted this achievement to the public. If they were the first Ten Step hospital in their city or region, this designation may have resulted in an increase in deliveries; it gave the facility a competitive edge in the market. However, as time passed and more hospitals in the area received Ten Step accreditation, the initial impact of the designation disappeared. The hospital no longer marketed or publicized its Ten Step designation, and the program's name awareness decreased with both prospective patients and hospital staff. This suggests that consistent marketing and promotion as well as education are needed to ensure that the facility continues to meet Ten Step breastfeeding guidelines.
- **Change in patient population:** Over time, some hospitals experience a change in patient population that affects their breastfeeding initiation rates. If, for example, a hospital has a large, well-insured, well-educated patient base, its breastfeeding initiation rate is likely to be higher than that of a hospital with a large Medicaid patient population.

*The value at the start was exclusivity. We were the first Texas Ten Step hospital in the area. Lots of marketing was done. From a breastfeeding point of view, [Ten Step] helped me focus on what the problems were and what we needed to go to next. My initiation rates were already at 82%. I didn't have to focus on that. But now ... our clientele has changed over the past two years. We are now getting more moms from Mexico and Medicaid. My initiation rates have dropped drastically and my formula has risen. I very rarely have a 100% breastfed baby. I'm in the 2% range of exclusive breastfeeding for well babies.*

- **Ten Step impact on the number of mothers who breastfeed:** While 61% (n=14) of all respondents said that participating in the Ten Step program has helped them increase the number of mothers who breastfeed their newborns, 26% (n=6) said it did not help them and 13% (n=3) were not sure or did not answer this question.

<b>Has participating in the Texas Ten Step program helped you increase the number of mothers who breastfeed their newborns?</b>	<b>% of Participants</b>	<b># of Participants</b>
Yes	61	14
No	26	6
Not sure/ did not answer	13	3
Total:	100	23

*Yes. Instead of just floundering around, it's brought increased awareness [about breastfeeding] and that means more people [hospital staff] comply.*

*Yes, because the nurses now know that the initiation process starts in labor and delivery and follows through to discharge. So, a baby can be breastfed in the first hour, not whisked away for a bath. That's a huge cultural change for us.*

*I think it helped us stay a little more honest and we have something to live up to. It's really easy to fall off the track.*

*No, our breastfeeding rates have always been high.*

- **Ten Step's usefulness to the hospital:** When asked to rate the program's usefulness to the hospital, the responses were somewhat mixed: 39% (n=9) said they were very satisfied with the program, while 48% (n=11) said they were either somewhat satisfied or found the program simply "okay."

<b>Ratings of Ten Step Program's Usefulness to the Hospital</b>	<b>% of Participants</b>	<b># of Participants</b>
5- Very satisfied	39	9
4 - Somewhat satisfied	26	6
3 - OK	22	5
2 - Somewhat unsatisfied	4	1
1 - Not satisfied	0	0
Did not answer	9	2
Total:	100	23

In some instances, the respondents find the guidelines very helpful for maintaining strong breastfeeding support. But in other instances, respondents stated that a periodic evaluation or recertification by DSHS would help keep them “on their toes.”

It is important to note that the wide variety of respondents’ comments – both positive and negative – about the program’s usefulness suggests that opinions vary widely on what the program is about and what it is designed to accomplish. In effect, there may be a need to develop a more clear-cut definition of the Ten Step program’s purpose and parameters, as well as to reinforce that definition through in-services and marketing that will allow a hospital’s Ten Step contact person to convey that information to both administration and staff.

Some respondents said the program was very useful because of its breastfeeding guidelines and the fact that these guidelines come from the state, while others noted that being a Mother-Friendly Worksite not only supports breastfeeding for the staff but sets an example for patients as well.

*An 8 – just because of the structure and guidelines it sets. Our nurses have something from the state and that gives everyone ownership of this; it’s not just lactation’s job.*

*5 – the major issue is that it made us develop a [breastfeeding] policy for our employees. We had a lot of employees who, when they came back from maternity leave, were not allowed to pump [breast milk]. Now, they’re enthusiastic for the program and more inclined not to miss work. I love that we have as much support and education as we do. There’s another hospital down the street that doesn’t offer lactation services. Some pediatricians will discharge patients from the other hospital and then refer them to us.*

*5 – because I think it’s extremely beneficial. We’ve had great support from the state. Anything we’ve asked for, they’ve responded.*

*5 – we have a lot of employees coming through our area to pump and they’re very appreciative. The physicians and staff are pumping, and that’s good for the moms to see.*

Other respondents felt that the program’s standards were costly and difficult to meet, or that the program was more useful to community hospitals that lacked access to breastfeeding resources.

*4 to 4.5 – there are some things in the program, like the [discharge bags with no formula], some standards that are difficult to meet and/or they cost money.*

*A 4 – because breastfeeding is the most desirable way to feed a baby and it's not based on a Ten Step program. We do it because it's the right thing to do. Years ago, the data wasn't out there to stress the importance of breastfeeding. Now, if the hospital practices evidence-based medicine and research, it's the most important thing. The Ten Step program is needed by community hospitals that may not have the information or resources about breastfeeding. We used it early on, but now that we do our own evidence-based practice, we use that first as the reason, not necessarily the Ten Steps.*

Some respondents gave the program lower scores because of the lack of communication from the state once certification was awarded, or because there is no mechanism to confirm that the facility is actually meeting the guidelines.

*4 – There could be more official lines of communication on a regular basis. There's not a lot of contact; not a lot of tracking.*

*3 – When you first get it [Ten Step certification] they give you posters. But then you don't hear from them. There's not a whole lot of follow-up. I don't know about its usefulness on an ongoing basis.*

*3 – I think the one thing that I would like to see is some sort of guidelines for keeping it current. I think that would be good ammunition to make sure that we're doing what we say we're doing. Perhaps a recertification.*

While some respondents said they'd like to see a tracking or recertification mechanism added to the Ten Step program, others drew comparisons to the Baby Friendly program. It is interesting to note that one respondent was positive, recognizing that the Ten Step program was a stepping-stone towards becoming a Baby Friendly hospital, while another had a negative response, seeing the Ten Step program in a lesser light.

*5 – it's very useful. We tell everybody. People come to take tours and we tell them all about it [the Ten Step program]. It's also a step towards becoming a Baby Friendly hospital, which helps.*

2 – because of the fact that we are working on Baby Friendly very seriously. The initiative has been adopted on a corporate level. Because of that, we have seen huge increases in exclusive breastfeeding, staff support of the patient (because of the extensive education they've received), and implementation of evidence-based care practices. We no longer provide formula [discharge] bags and we pay for all our formula products. We no longer provide pacifiers for our general nursery babies; parents have to bring their own or purchase them elsewhere. The staff has all had 27 hours of breastfeeding training. Until you actually work on Baby Friendly, you don't actually understand how watered down the Texas Ten Step program is. [Baby Friendly] has made a huge difference: Our exclusive breastfeeding rate was 10% and is now close to 70%. It really works but it's very expensive.<sup>9</sup> Buying formula is a huge cost for a system that has 11 delivering hospitals. It's a major commitment of money and staff training.

Lastly, with some Ten Step facilities, factors such as longevity in the program and employee turnover can lead to loss of name awareness and a diminished understanding of the program's purpose.

[No rating] Most people here don't really recognize the name or understand what it means. We've had three changes in administration. Hard to give it a rating. It's not something we talk about.

[No rating] I can't say, because we didn't know we were a part of the program.

## **Staff Training**

One of the major components of the Texas Ten Step program is staff breastfeeding training. Employees who care for mothers and infants should receive breastfeeding training within six months of employment, with updates provided on a regular basis.

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<sup>9</sup> It should also be noted that Baby Friendly USA certifies each hospital separately, even when it is part of a hospital system. Therefore, the costs of annual membership plus site certification for each hospital can represent a substantial sum of money.

Respondents were asked how staff members who work directly with mothers and babies were trained about breastfeeding, as well as how often they received updated training. Most respondents reported using a combination of training techniques that included DSHS classes, one-on-one sessions with the lactation consultant, and attendance at breastfeeding conferences or workshops. However, there were also some respondents who lacked the funding, staff, and administrative support to offer formal classroom and practical training in breastfeeding support.

**General Staff Training**

- Forty-three percent (n=10) of respondents said they made use of DSHS classes to train their staff, while 22% (n=5) said staff members were trained in one-on-one sessions, accompanying the lactation consultant as she made rounds.
- Seventeen percent (n=4) of respondents said that staff received breastfeeding training through in-hospital classes that were taught by lactation consultants or lactation educators. The amount of such training ranged from 8 to 18 hours in length.
- Thirteen percent (n=4) of respondents said their staff received training by attending a breastfeeding conference, class, or workshop.
- One respondent said her hospital used the Jones and Bartlett Breastfeeding and Human Lactation Training Series 24-point CE to train their staff, noting that this curriculum was written by one of the Baby Friendly founders.

<b>How are staff who work directly with mothers and babies trained about breastfeeding?</b>	<b>% of Participants</b>	<b># of Participants</b>
DSHS classes	43	10
One-on-one training by lactation consultant	22	5
In-hospital classes and mini-in-services (8-18 hours)	17	4
Attend breastfeeding conference, class, workshop	13	3
Jones and Bartlett Breastfeeding and Human Lactation Training Series	4	1
Total:	100	23

*A couple of different ways: They go through classes at least every year. If we recognize problems with certain aspects of breastfeeding, we'll do mini-in-services. New employees get a full week's intensive training, as well as working with me for a full day. They're trained in all the basics of breastfeeding. They do the WIC Mini-Breastfeeding courses when they're offered in this area.*

*Up until a few months ago, everyone attended a four-hour class on breastfeeding and it was optional to attend the DSHS Mini-Breastfeeding I program. Now they are all required to take the DSHS training.*

*They are supposed to go through and 18-hour course, and we used to send them every month. Now the new hires follow me around for four hours, which I feel is inadequate. They receive updated training when I give in-services – once a year, maybe.*

*Any new employee has to spend a 12-hour shift with me, and then I go over all our policies with them so they see how things work. They also watch a film. No one finishes orientation without this. The night shift gets a little extra training because the LCs aren't there at night.*

*That's one thing I'm working on right now. System-wide, we have instructors who teach the 18-hour course. There's a mini-breastfeeding course and I do a PowerPoint presentation. I've also ordered the Physician's Handbook<sup>10</sup> from the state, and it has the Ten Steps in it at the back of the book. It should be renamed – called the Health Care Provider's Handbook – because our nurses use it, too.*

### **Staff Training Updates**

Sixty-one percent (n=14) of respondents said their hospitals offer refresher courses every three to six months or once per year. This training may include formal classes, in-services, and annual competency checks, as well as informal updates handled through staff meetings, e-mail, and articles posted at nursing stations or in break areas.

<b>How often does staff receive updated training?</b>	<b>% of Participants</b>	<b># of Participants</b>
Yearly classes and in-services	48	11
Every 3–6 months	13	3
As needed	13	3
Frequent informal training (weekly/monthly)	13	3
Every 3 years	4	1
Did not specify	9	2
<b>Total:</b>	<b>100</b>	<b>23</b>

<sup>10</sup> *The Physician's Pocket Guide to Breastfeeding*. **Source:** Department of State Health Services website: <http://www.dshs.state.tx.us/wichd/WICCatalog/breastfeeding.shtm> Accessed September 25, 2008.

*We do a minimum of once per year at our annual competency fair. For breastfeeding we also do a three-hour skills lab, and then they have to do a bedside check-off: a one-on-one with the mom, with a peer observing.*

*Once a year there's an in-service. And there is a lot of informal updating that I do all the time. We do a lactation update in terms of equipment and report on breastfeeding statistics in the staff meeting every month so everyone can see how we're doing.*

### **Scope of Training**

Respondents were asked about the types of breastfeeding training they provide for their hospital staff in order to determine the scope of breastfeeding information given to the staff. Three types of breastfeeding training were mentioned to the respondents:

- **Basic breastfeeding training** enables staff to manage and support mothers and babies with normal breastfeeding experiences. (Material comparable to that covered in Mini-Breastfeeding Management Program I)
- **Specialized breastfeeding management training** enables staff to assess, manage, and support breastfeeding when there are maternal and infant complications. (Material comparable to that covered in Mini-Breastfeeding Management Program II)
- **Lactation counseling and problem solving**, for staff members who counsel breastfeeding mothers. The course is designed to help improve problem-solving skills. (Material comparable to that covered in Lactation Counseling and Problem Solving, Level II)

The majority of respondents said they provided all three types of breastfeeding training for their staff: 91% (n=21) said they provided basic breastfeeding training, 61% (n=14) provided specialized breastfeeding management training, and 57% (n=13) provided training in lactation counseling and problem-solving. It should be noted that the two levels of advanced training were usually provided for lactation counselors and nurses who worked with NICU infants and their mothers.

<b>Breastfeeding Training Provided for Hospital Staff</b>	<b>% of Participants</b>	<b># of Participants</b>
Basic breastfeeding training	91	21
Specialized breastfeeding management training	61	14
Lactation counseling and problem-solving	57	13

In some instances, respondents said that any form of specialized training was given only to lactation consultants. In other instances, respondents mentioned training nursing staff to recognize the signs of special breastfeeding problems so they could either notify the lactation consultant on duty or arrange for a consultation.

- **Other types of breastfeeding training provided at hospitals:** Several respondents mentioned that they worked at teaching hospitals or had programs for residents and offer breastfeeding training and in-services for them.

*I use PowerPoint presentations for residents, med students, and nursing students.*

*We have an extensive internship program for incoming nurses. I teach them about breastfeeding and answer any questions in a two-hour workshop.*

*We have a dedicated NICU staff and they do individual training. When we do consults, we take the nurses along to observe.*

### Use of DSHS Training Resources

Respondents were asked what DSHS training resources they currently use. A vast majority of respondents 91% (n=21) have taken DSHS training courses; more than half of all respondents said that staff members have taken advanced breastfeeding classes.

<b>Have You Taken DSHS Training Courses?</b>	<b>% of Participants</b>	<b># of Participants</b>
Yes	91	21
No	4	1
Not sure	4	1
Total:	100	23

<b>DSHS Courses Currently Used</b>	<b>% of Participants</b>	<b># of Participants</b>
On-site training (Mini-Breastfeeding Management I and II)	52	12
Principles of Lactation Management (Level I)	57	13
Lactation Counseling and Problem Solving (Level II)	48	11
Evidence-Based Lactation Management (Level IV)	30	7
Peer Counselor Trainer Workshop	13	3

It should be noted that when asked about the Peer Counselor Trainer Workshop, some respondents said they did not know anything about its existence, while others either had had difficulty finding out about it or said they taught the course themselves. These mixed responses may indicate that more information needs to be provided to hospital staff lactation departments about this workshop in terms of who may attend and what the workshop is designed to accomplish. In addition, general information about WIC Peer Counseling might be posted somewhere on the Texas Ten Step Web site so that participating hospitals will have immediate access to it.

*I think I asked about the Peer Counselor Workshop and was told they were only for WIC counselors.*

*Regarding Peer Counselor workshops, we haven't been able to work it out to have it here.*

*I teach the Peer Counselor Workshop, but I don't believe any of our staff has attended that.*

### **Texas Ten Step Impact on Staff Breastfeeding Knowledge**

- Seventy-eight percent (n=18) of all respondents said that the breastfeeding knowledge of the staff had increased through participation in the Ten Step program.

<b>Did the Ten Step program help increase the breastfeeding knowledge of your staff?</b>	<b>% of Participants</b>	<b># of Participants</b>
Yes	78	18
No	9	2
Not sure	9	2
Did not answer	4	1
Total:	100	23

- Impact of Ten Step breastfeeding policies and procedures:** If the respondents agreed that being in the Ten Step program has helped increase the staff's breastfeeding knowledge, they were asked if they could give examples. Most respondents said that having effective breastfeeding policies and procedures in place helps them in a number of areas, including setting patient care standards for the staff to follow, limiting formula and pacifier use, and starting a dialogue with the mother about feeding preference and other breastfeeding-related issues at the beginning of her hospital stay.

#### **On patient care standards:**

*The staff knows we are Texas Ten Step and they have to abide by its regulations.*

#### **On formula use:**

*Because of the policy to educate, most [of the] staff is up-to-date on the latest protocols, which helps the initiation rate and follow-through rate. We haven't given out formula bags on discharge for three years. But this past year, when administration was looking at cutting costs, they talked about giving away the free diaper bags with formula packets. The Texas Ten Step program gives me the ammunition to keep them from [doing that] because I can remind them of the breastfeeding initiation rates at the hospital and how high they are.*

*In general, our nurses don't automatically give formula to moms. They will discuss the benefits of breastfeeding [with them]. They will show actual concern about whether or not the mom is breastfeeding. They are very dedicated without being pushy.*

**On pacifier use:**

*Ten Step has affected our policies, and that influences how we educate and design the annual competencies for the staff. When we get new staff and they're used to doing something a certain way – say they give the baby a pacifier for a picture – I can pull out the policy that says we don't give pacifiers to babies. The rationale is all there.*

**On feeding preference:**

*Our initiation rate has definitely increased. When they do the intake form, one of the questions used to be "Breast, bottle, or both?" Now we say, "If you can do two weeks just breastfeeding, it will help with [your milk] supply." Now we just ask "Bottle or breast?" They do have the option of saying "both," but we try to educate them at the beginning [using] the script the nurse reads.*

**Effectiveness of Staff Training Resources Offered Through DSHS**

Respondents were asked to rate DSHS staff training resources on a scale of 1 to 5, with 5 being *excellent* and 1 being *poor*.

<b>Ratings of DSHS Training Courses</b>	<b>% of Respondents</b>	<b># of Respondents</b>
Excellent (5)	65	15
Good (4)	13	3
Okay (3)	9	2
Fair (2)	0	0
Poor (1)	0	0
Did not answer	13	3
Total:	100	23

- Sixty-five percent (n=15) of all respondents rated DSHS training courses as excellent; an additional 13% (n=3) said the courses were good, and 9% (n=2) said they thought the courses were okay. Those who were most satisfied with DSHS breastfeeding training praised course content, the range of practical skills that are taught, and the knowledgeability of the DSHS trainers and presenters. Several respondents commented that when staff attended DSHS training sessions, they came back with a new enthusiasm about breastfeeding support.

*5 – Any of the training programs we've ever attended have been excellent.*

5 – *When our staff goes to the classes, they really come out feeling like they learned a lot and it encourages them to be more supportive of breastfeeding. They're more enthusiastic.*

5 – *Very easily understood, covers a broad range of information and gives us the opportunity to take home new skills.*

5 – *Excellent. It gave us all the tools we needed to make the cultural change at our hospital. It legitimized what we wanted to do all along. It wasn't just me standing on my soapbox.*

- The 13% (n=3) of respondents who did not answer the question were either not familiar with DSHS breastfeeding training resources or used other forms of staff training.

### **Suggestions About DSHS Training Resources**

When asked if they had any suggestions about DSHS training resources, respondents seemed more than willing to give feedback. Comments ranged from requests for specific classes to observations about current class offerings and availability (in terms of location). One respondent made a compelling case for offering DSHS training online: Given limited funding for education at hospitals and the rising cost of gas and travel, e-learning is an option that would allow more staff to be trained more economically. Two other respondents requested access to training in WIC services.

#### **On offering online classes:**

*If they offered these classes online, that would be phenomenal. You can't afford to send staff away. If they offered these courses online, they could charge for it and it would help them train a plethora of nurses. Even the hospitals that have limited resources want to have well-trained staff, so it's time to make it more readily available.*

#### **On training in WIC services:**

*As hospital-based LCs, if we could use some training and clarification on WIC services – such as what women have to do to qualify for WIC. Thirty percent of our moms are on WIC, so if we knew what WIC offers. I've been told that moms who breastfeed get longer benefits.*

#### **On more classes in more locations:**

*More classes in Austin. I wonder if they would be willing to train representatives at the hospital to teach DSHS courses at their institutions.*

*There are so many certifications that the girls have to have. We have limited funds. If more classes could be offered locally from time to time, that would be terrific. If that could be arranged for a Saturday, the nurses and even our pediatricians would definitely attend.*

*Maybe make some of the other advanced courses more readily available – offered in our area.*

**Requests for different types of classes:**

*I could use more for staff: how to support the breastfeeding mother; the role of the nurse in supporting the breastfeeding infant; problem-solving for breastfeeding mothers. It would also be great to have this information in booklets I could use to teach staff.*

*I'd love to see them do continuing education beyond the three courses that they offer, because there's not a lot offered in Texas. I get a lot of calls from nurses who want to be lactation consultants or want to recertify, and there's not much offered in Texas. Years ago, DSHS used to offer an annual conference to get credits. It would be great to have something like that again. Even if it was in Austin, we could travel there to get it.*

**Requests for classes about preterm babies:**

*I would like to see a course designed more for just NICU staff.*

*Maybe some education for neonatal nurses and general education for mothers with preterm babies.*

*One for complex, preterm infants would be very well received.*

**On the difficulty of getting into DSHS classes:**

*Offer more classes more frequently. [Right now] they're hard to get into. There are long waiting lists. The classes are excellent. There are enough people interested in them. The cost is low and the information is excellent. There are lots of people who really benefit from taking them.*

*I tried to contact them and there was no way to leave a message. I couldn't get in touch with anybody, which was frustrating because I wanted to sign up all these people for classes. It would be great to be on an e-mail list that would alert us to classes. Then we could sign up.*

## Patient Education

Breastfeeding education plays an important role in preparing mothers for the breastfeeding experience both during their hospital stay and once they return home or go back to work. Respondents were asked what kind of breastfeeding training they offered patients, what information was covered, and whether they used DSHS materials in the process.

Type of Breastfeeding Training Provided for Patients	% of Participants	# of Participants
Prenatal classes	96	22
Lactation clinic	43	10

- **Prenatal Classes:** 96% (n=22) of all respondents said they offered prenatal classes for patients. In some instances, hospitals offer several prenatal classes on topics ranging from birthing to child care, as well as classes specifically on breastfeeding. Two respondents said they also offered daily mother–baby discharge classes to help mothers prepare for breastfeeding at home.

*We do lots of different classes: going back to work and pumping classes. We do a lot of inpatient teaching one-on-one – a mini-consult. We have the freedom to spend as much time as possible with mom and baby. We do refer to WIC if the patients are on WIC; they have a lactation clinic and an LC on staff.*

*We have a childbirth class, baby care class, and prenatal counseling at The Mother’s Express [newly opened breast pump rental and breastfeeding supply boutique at the hospital]. In the fall we will offer the prenatal classes free of charge so we can compete with a new hospital that just opened up.*

*We have childbirth classes and also a designated breastfeeding class as well. After they leave, the moms can call me and I do follow-up consults as needed.*

*I do a mother–baby discharge class every day; it runs about an hour.*

- **Lactation Clinic:** 43% (n=10) of respondents said their hospitals offer a lactation clinic for outpatients. Some hospitals offer lactation services by appointment only, while others have a full-time, 7-day-per-week lactation clinic. Several respondents mentioned that they encourage the mothers to call with any questions or come back for help if they need it.

*I do encourage moms to call me and I will see them again for free. But I have only one or two moms per month coming in for that. Most of the time, if a mom has trouble she's just going to quit.*

*I can see the NICU moms by appointment. The WIC moms will go to the WIC Peer Counselor.*

*We just opened an outpatient lactation center and a boutique that sells breast pumps. And we do follow-up calls to patients.*

*We see people on an outpatient basis regardless of where they have delivered.*

- **The importance of one-on-one breastfeeding training:** When asked what kinds of breastfeeding training they offered patients, most respondents emphasized one-on-one training over prenatal classes and outpatient lactation clinics. Because prenatal classes and the use of outpatient lactation services are optional, many patients may not take advantage of either service, even if they are free. Therefore, the lactation consultant's one-on-one breastfeeding sessions with the mother often play a pivotal role in the success or failure of breastfeeding because it may be the only time mothers receive any kind of training about breastfeeding. If the lactation consultant is not available to assist the mother with breastfeeding, nursing staff should be knowledgeable enough to guide the mother with basic breastfeeding training.

*I see every mom who has expressed a desire to breastfeed. I also have a breastfeeding hotline.*

*I do the personal one-on-ones with patients in the hospital who want to breastfeed. We let the nurses assess whether [the mothers] want to breast or bottle-feed.*

*We do extensive inpatient education on a daily basis, conducted by the lactation consultants.*

### **Breastfeeding Topics Covered in Prenatal Classes and One-on-One Training**

In order to determine if Ten Step hospitals are providing patients with education and training in basic breastfeeding, the interviews included questions about what information was covered in classes and one-on-one training. Respondents were also asked whether they made use of any DSHS breastfeeding materials while training mothers.

<b>Basic Breastfeeding Topics Covered in Prenatal Classes and/or Hospital Training</b>	<b>% of Participants</b>	<b># of Participants</b>
Benefits of breastfeeding	96	22
Managing milk supply	91	21
Maintaining lactation if mother and infant are separated	83	19

- Ninety-six percent (n=22) of respondents teach mothers about the benefits of breastfeeding, while 91% (n=21) cover managing milk supply and 83% (n=19) cover maintaining lactation if mother and infant are separated.
- **Benefits vs. skills:** It is interesting to note that of the three basic breastfeeding topics, the benefits of breastfeeding was the most frequently mentioned 96% (n=22) as being taught to mothers, even though both managing milk supply 91% (n=21) and maintaining lactation are skills 83% (n=19) that every breastfeeding mother needs. Although the differences in these percentages may not seem drastic, they do suggest that more time is being spent teaching mothers the rationale behind breastfeeding than covering the skills necessary to initiate and maintain it.

It is also worth noting that one respondent said that the reason she did not cover either maintaining lactation or managing milk supply was that it is already covered in breastfeeding classes. This suggests that if a mother does not take that particular class, she might leave the hospital without knowing much of anything about either skill set.

### **Use of DSHS Materials in Training Mothers About Breastfeeding**

- Seventy percent (n=16) of respondents said they used DSHS brochures and other DSHS breastfeeding materials to help train mothers about breastfeeding. Respondents said they liked the variety of informational guides available, especially *Breastfeeding Instructional Guide for Giving Your Baby the Best Care*, which is sent home with mothers as part of their discharge information packet. Respondents also liked the fact that the guide is also available in other languages, particularly Spanish and Vietnamese.

<b>Do you use DSHS materials to help train mothers about breastfeeding?</b>	<b>% of Participants</b>	<b># of Participants</b>
Yes	70	16
No	22	5
Not sure	4	1
Did not answer	4	1
Total:	100	23

*We order WIC pamphlets – the one on engorgement and on colostrum are handed out to every mom. We have a lot of moms going back to work so we give that one [Breastfeeding and Working Works for Me] out a lot, too.*

Other DSHS educational materials that respondents mentioned were the brochure *How Do I Know If I'm Making Enough Milk?* and the brochure on colostrum. Some respondents also made requests for crib cards and key ring cards with breastfeeding tips on them.

***On WIC's Breastfeeding Instructional Guide for Giving Your Baby the Best Care:***

*It's great because it's written at an elementary school level and it's perfect for a mom who's already overwhelmed. I like the fact that I can get it in three different languages.*

*In both English and Spanish it's extremely useful. It is part of my routine when I go to see each mom. I try to go through the guide with them. The pictures are very useful.*

*The instructional guide for breastfeeding, every mom gets. The reading level is good, lots of pictures – especially the one on how to get baby to open its mouth. The print is big, not intimidating. I don't know what I would do if I didn't have that piece.*

***On crib cards:***

*There's a little crib card that they revised in February; the older version was a tool that nurses really used a lot. The new version has different information and is not as good. Wish they'd bring the old one back; it had a slash mark through a pacifier and a bottle, plus a checklist about diapers. It was a great little tool to convince moms not to give their babies bottles or pacifiers.*

*I use the crib cards. If they could bring back the diaper count crib cards.*

**On keychain cards with breastfeeding tips:**

*In a survey sent out by WIC about breastfeeding, they gave away a great incentive. It was breastfeeding tips on keychain cards. That would be an ideal resource to give out to patients. Tips for successful breastfeeding. Very concise, very readable, and very indestructible. Unlike a paper handout, the keychain lasts. [Respondent would like to know where she can order this item.]*

- **Other noteworthy comments about DSHS educational materials** included a request for access to the same informational brochures that WIC clinics get, a suggestion to make the ordering process easier, and a request to make more brochures more readily available.

**On access to WIC information:**

*It bothers me that the WIC clinics get some info we don't: [for example] the sheet that has the dirty diapers for baby. We can't get them and I would give them to everyone. I have seen grandmothers say, "Your baby must have diarrhea, your milk must be bad." Mom must know what poop looks like.*

**On making the online ordering process easier:**

*It's confusing and complicated to navigate on the Web site. It was hard to find what we wanted, and you can't see what it looks like so you don't know whether it's what you want.*

**On availability of breastfeeding brochures:**

*I don't always have copies to give to the moms. For example, I ordered copies of the Vietnamese instructional guides a year and a half ago and just got them. I don't know if they ran out or what.*

## **Patient Care Protocols and Practices**

Respondents were asked a series of questions about their hospitals' breastfeeding protocols and practices during the hospital stay in order to determine whether Ten Step guidelines are being met. These questions covered the following issues:

- Breastfeeding assistance protocols after birth for vaginal and C-section deliveries
- Skin-to-skin contact
- Rooming in

- Feeding protocols when mother and baby are separated
- Frequency of breastfeeding assessments
- Ability of staff to assist with unusual breastfeeding challenges
- Formula use, which includes advising parents about the impact of using formula before breastfeeding is established.
- Supplementation protocols and practices
- Instructing mothers to recognize breastfeeding basics

**Breastfeeding Assistance Protocols after Birth**

Breastfeeding should be encouraged within one hour of birth; within 30 minutes is considered ideal.

- **For vaginal births:** 91% (n=21) of respondents said breastfeeding is usually initiated immediately, within 30 minutes, or within the first hour. The remaining respondents said breastfeeding is encouraged before mother and baby are separated for the first time.

<b>Breastfeeding Initiation Protocol for Vaginal Births</b>	<b>% of Participants</b>	<b># of Participants</b>
Immediately	13	3
Within 30 minutes	22	5
Within one hour	57	13
Before mother and baby are separated for the first time	9	2
Total:	100	23

*Unless there's a medical problem, baby is supposed to be left with mom until breastfeeding is initiated. They are not to be separated. Usually within the first hour of birth.*

*Highly encouraged before mother and baby are separated for the first time. In NICU, the mother is encouraged to pump within the first six hours, based on the mother's condition.*

*[With] all of our vaginal deliveries, the babies never leave the room. They go to breast as soon as we make sure the babies are breathing and warm.*

- **For C-section births:** While some respondents reported that breastfeeding was initiated immediately or within the first hour, 48% (n=11) of respondents said that these mothers initiated breastfeeding as soon as their condition was stable – usually in the recovery room.

<b>Breastfeeding Initiation Protocol for C-Section Births</b>	<b>% of Participants</b>	<b># of Participants</b>
Immediately	9	2
Within 1 hour	17	4
Within 1-2 hours	4	1
In recovery, as soon as mother is stable	48	11
Father takes baby to nursery until mother is stable enough to breastfeed	9	2
Breast pumping if baby can't go to breast	4	1
Did not specify	4	1
Not applicable*	4	1
<b>Total:</b>	<b>100</b>	<b>23</b>

\*Only low-risk pregnancies, and no C-sections, are handled at the birthing center.

Respondents described a variety of ways in which C-section mothers are assisted in breastfeeding. Some mothers recover in L&D and may breastfeed immediately, if their condition allows. Other mothers are taken to recovery and their newborns sent to the nursery until the mothers are stable. At some hospitals, fathers take their babies to the nursery for assessment while the mothers recover. In most instances in which the baby goes to the NICU, mothers are encouraged to pump breast milk as soon as they are able.

*If mom and baby are both healthy, the baby stays with mom to breastfeed for the first hour or two after delivery.*

*The majority of our moms recover in L&D and therefore can have their babies immediately.*

*As soon as mom is in recovery, we bring the baby in and let them breastfeed immediately, so the delay is about 30 to 45 minutes. The bath and the vitamin K are delayed until after the first feeding. The same is true for vaginal deliveries.*

*If a mom has a C-section, the dad takes the baby to the nursery for assessment and has immediate skin-to-skin contact. That way, mom can breastfeed when she's stable. This is based on research.*

*Right now, those moms are not getting their babies initially to breastfeed. They are taken to the nursery until the mom is stable – when she is moved to the postpartum room. Not ideal, but that’s what happens.*

**Skin-to-Skin Contact**

Regardless of the type of delivery, mothers should be given the opportunity for early skin-to-skin contact with their newborns.

- Seventy-four percent (n=17) of respondents said that skin-to-skin contact took place immediately or as soon as the mother was stable, while 13% (n=3) said that such contact was initiated if the lactation consultant was present, but that the staff did not always follow this protocol.

<b>How soon are mothers given the opportunity for skin-to-skin contact, regardless of type of delivery?</b>	<b>% of Participants</b>	<b># of Participants</b>
Immediately or as soon as mother is stable	74	17
When lactation consultant is there; staff does not always do this	13	3
After baby's been to warmer	9	2
Either moms or dads do skin-to-skin	4	1
Total:	100	23

*We don't use radiant warmers after delivery; mommy is the warmer. There's some pretty good evidence out there about this.*

*We unwrap our babies. The nursery nurses wrap them like burritos. If the baby is sleepy, we put it next to mom's breast.*

*A few nurses will do it. I will completely unwrap the baby if I'm there. But it's rare. Bottle-fed babies are all wrapped up.*

## **Rooming In**

Mothers and newborns should be encouraged to room in unless separation is medically indicated.

- Eighty-seven percent (n=20) of respondents said that rooming in was encouraged at their hospitals. Facilities that have LDRP units or do not have nurseries have an advantage because the physical setup promotes non-separation. Some respondents mentioned that while rooming in is encouraged, nursing staff may offer to take the baby so the mother can rest, then bottle-feed the baby in the nursery. This typically occurs on the night shift, when the lactation consultant is not available and may not have had the opportunity to train the nurses as thoroughly as those on the day shift. Two respondents cited a low rate of rooming in as their biggest breastfeeding support challenge at the hospital, while another respondent described how her hospital handles rooming-in issues when they are extremely busy.

<b>Are mothers and newborns encouraged to room in unless separation is medically indicated?</b>	<b>% of Participants</b>	<b># of Participants</b>
Yes	87	20
No	13	3
Total:	100	23

*Our biggest challenge is rooming in. It's hard for nurses to grasp the benefit to the moms, and hard for the moms to see the benefit as well.*

*That's being addressed at this time. I'm trying to get it so the staff doesn't have the option to leave the baby in the nursery or initiate a conversation with the patient. Instead of saying, "You look awfully tired, why don't I feed the baby in the nursery tonight?" I've changed it to, "You must be really tired, why don't we keep the baby in the nursery and we'll bring it in to you for feeding?" It's an uphill battle.*

*It's an option that I encourage, but nobody else does. The nurses say they will bring the baby out on demand, but the squeaky wheel gets out first: the baby that's screaming loudest is not necessarily the one that's giving early feeding cues. In the daytime, they tend to get the cues.*

*We have a rooming-in policy with vaginal deliveries. We have a certain day of the week – Wednesdays – when it's extremely busy. It's so busy in L&D that they might have to transfer the mom out for transition time. Now we have a rapid transfer team who will accept the mother-baby couplets and monitor them through the transition period.*

### Feeding Protocols When Mother and Baby Are Separated

Mother-baby separations usually occur for three reasons:

- Medical reasons related to the mother and/or baby's condition. A baby may be in the NICU, for example.
- Routine medical procedures such as assessments, bathing, and circumcision.
- Mother's request: If the mother wishes to sleep, she may request that the baby be taken to the nursery and brought back to feed when hunger cues are evident.
- **Separation for medical procedures:** 70% (n=16) of all respondents said if mother and baby are separated for medical procedures, the mother will pump breast milk, while 13% (n=3) said the baby would be breastfed before or after the separation, depending on the nature of the procedure. One respondent said they would schedule the procedure to accommodate the feeding schedule, but if they could not, the baby would usually be bottle-fed using formula.

<b>Feeding Protocol If Mother and Infant Are Separated for Medical Procedures</b>	<b>% of Participants</b>	<b># of Participants</b>
Pump to feed baby expressed milk	70	16
Breastfeed before or after procedure	13	3
Accommodate feeding schedule or give bottle	4	1
Did not specify	9	2
Did not apply	4	1
Total:	100	23

*Any time moms and babies are separated, mom always gets a pump.*

*If it's a NICU baby, the mom pumps. If the baby goes for a consultation, the mom can go to the nursery and breastfeed there.*

*If we know about it beforehand, we get the mom pumping as soon as she feels up to it. We support them in obtaining that milk and storing it until the baby is able to go to the breast.*

*If the baby goes to NICU, we initiate pumping immediately. We have moms who go to the ICU and our lactation staff will go down and pump an ICU mom 'round the clock.*

- **Feeding on demand if baby is in the nursery:** 87% (n=20) of all respondents said that if the baby was in the nursery at the mother's request, it would be brought back to her when hunger cues were evident. Two respondents said that while this protocol is included in their breastfeeding policies, it is not always followed.

<b>If the mother requests that the newborn stay in the nursery, is the baby brought to her when hunger cues are evident?</b>	<b>% of Participants</b>	<b># of Participants</b>
Yes	87	20
No	4	1
Does not apply (no nursery)	9	2
Total:	100	23

*During the day, yes; at night they usually get formula.*

### **Frequency of Breastfeeding Assessments**

Breastfeeding should be assessed within six hours after delivery and at least once per shift.

<b>Frequency of Breastfeeding Assessments</b>	<b>% of Participants</b>	<b># of Participants</b>
Hourly	4	1
Once every 2 hours	13	3
Once every 3 hours	9	2
4-6 times in first 24 hours	4	1
At least once per shift, depending on patient	61	14
Once every 24 hours	4	1
Once	4	1
Total:	100	23

- Sixty-one percent (n=14) of respondents said that breastfeeding was assessed at least once per shift, depending on the patient. However, an additional 30% (n=7) of respondents reported checking on breastfeeding mothers more frequently, ranging from every hour to four to six times within the first 24 hours. In combination, this means that a vast majority of respondents – 91% (n=21) – comply with the Ten Step guidelines about breastfeeding assessments.
- In many instances, the nursing staff is likely to conduct most of the breastfeeding assessments. Due to staffing shortages, a lactation consultant might not always be available to do such assessments, especially at night and on weekends. Depending on how well the staff is trained in breastfeeding support, nurses may check on the mothers to see how they are doing, but may not necessarily assess the latch or offer much assistance.

*Definitely the first nursing, if I'm there, then at least once a shift if not more – usually at every feeding. Mom is asked how it went. At least once a shift the baby is observed at the breast.*

*Once – if the lactation consultant is there, maybe twice. The nursing staff usually doesn't assess the latch. I usually get one chance to assess.*

*Immediately after birth, within the first hour of birth, and then twice within the second hour, and every two hours after that.*

*It's supposed to be done per shift, but I don't know that it always is. The initial latch is always assessed by the L&D nurses.*

*It's supposed to be at least every shift, but if they're having some problems, we check more frequently. I make breastfeeding rounds every day Monday through Friday, in addition to the nurses' assessments.*

- **Latching “Cheat Sheet”:** One respondent described a method to assist nurses who monitor breastfeeding: The nurses have a “cheat sheet” that goes on their name tags. They use it to teach the mothers how to do a latch and then have mothers keep track of their progress by writing down latch scores.

*[Breastfeeding] has to be assessed once every eight hours. Nurses must witness one feed after eight hours. We use a latch score: The moms are taught how to add it up and put the latch scored on there. The nurses use a cheat sheet that goes on their name tags.*

### **Ability of Staff to Assist With Unusual Breastfeeding Challenges**

When asked if the nursing staff is trained to assist with unusual breastfeeding challenges – such as flat or inverted nipples and plugged ducts – 61% (n=14) of respondents reported that staff received some training, while 30% (n=7) said that their staffs did not.

<b>Are staff members trained to assist with unusual management concerns?</b>	<b>% of Participants</b>	<b># of Participants</b>
Yes	61	14
No	30	7
Did not answer/not applicable	9	2
Total:	100	23

In most cases, respondents said they trained staff to recognize breastfeeding problems and either contact the lactation consultant on duty or, if the lactation consultant was not available, to order a consultation.

One respondent, who is the only lactation consultant at her hospital, has developed a system of trainers whom she has taught to recognize basic feeding problems that occur in the first three days. The rest of the nursing staff knows to call her if they encounter any unusual problems.

*If they have unusual concerns, they'll contact me.*

*Usually, the lactation consultants handle this. [The nurses] all refer to us. The night staff has a reference book to look at when I'm not there.*

*When it comes to problems, these are handled by the lactation consultants, not the newborn nursery staff. At our hospital, lactation consultants see all breastfeeding moms, but that's not true of every hospital. What we do is extremely rare. The NICU staff are trained the same as the newborn nursery staff. They will refer any problems to lactation consultants.*

### Formula Use

Respondents were asked a series of questions regarding their supplementation protocols and practices, specifically:

- in what cases newborns are given formula,
- whether parents are advised about the impact of introducing formula before breastfeeding is established,
- how the staff protects breastfeeding if the baby needs supplementation, and
- in what cases expressed breast milk is offered if supplementation is necessary.

It is worth noting that while some respondents answered the question about when newborns are given formula by discussing hospital protocol, others talked about what actually happens in day-to-day practice. Therefore, the discussion of these findings will be split into two sections: one based on protocol, the other on practice.

### **Formula Protocols**

Fifty-two percent (n=12) of respondents said formula was given if it was a medical necessity or by parental request, while 22% (n=5) said formula is given only when medically indicated and 13% (n=3) said only by mother's request.

<b>When are newborns given formula?</b>	<b>% of Participants</b>	<b># of Participants</b>
Medical necessity or parental request	52	12
When medically indicated	22	5
Mother's request	13	3
Lengthy separation, usually at night	9	2
Never*	4	1
Total:	100	23

\*Birthing center is 100% breastfeeding; there is no formula on the premises.

- **Formula when medically indicated:** Most respondents said such conditions as jaundice, low birth weight for gestational age, and low blood sugar may be considered medical necessities and warrant the use of formula.

- **Formula by mother's request:** Upon admission to the hospital, mothers may be asked to select their feeding choice. The question may appear on the intake form, or nursing staff may ask the mother. Respondents indicated there are several ways a mother's request for formula is handled:
  - **Consent form:** Some respondents said they use a form that explains how using formula can lead to nipple confusion or a preference for formula over breast milk. Mothers must sign the form to indicate they are choosing formula.
  - **Breastfeeding in-service before making choice:** Other respondents said they in-service the mother on the benefits of breastfeeding before she makes the "breast, bottle, or both" choice so that she can make an informed decision.
  - **Doctor's Orders:** One respondent indicated that at her hospital a patient's request for formula requires a doctor's orders, just as the choice of formula for medical necessity does.

#### **Formula in Daily Practice**

- **"Breast and bottle" feeding option means baby gets bottle:** Some respondents noted that when mothers request both breastfeeding and formula, the staff tends to give the baby formula.

*On the staff side, if both choices are marked, staff will opt to give the bottle.*

- **Short-staffed night nurses give bottles:** Some respondents said the night staff may give babies formula because it's easier; one respondent said that on busy days, the baby may not get back from the nursery and might be bottle-fed.

*There are some people who are just not into breastfeeding – both staff and moms. For the staff at night, who are often short-staffed, it's easier to give the bottle. It makes less work for the staff.*

*On a really busy day after the initial breastfeeding, the baby is taken to the nursery to be cleaned up, bathed, [get] eye drops and shots – those babies don't necessarily get back to the mom right away.*

- **Nurses and mothers who believe the baby isn't getting enough to eat on breast milk:** Several respondents mentioned that the staff sometimes shares the same misconceptions about breastfeeding that some mothers do. Because they do not understand enough about the breastfeeding experience or its benefits, staff can reinforce or support the mother's desire to give her baby formula.

*The moms think their babies are starving and a lot of staff think the same way, so they just give them the bottles.*

- **Miscommunication between nurses and mothers about feeding choice:** One respondent gave an extensive account of what she discovered when she conducted an informal survey about formula use at her hospital. She wanted to find out why formula was being used so frequently, particularly when mothers had specifically requested to breastfeed exclusively. Over the course of six weeks, she asked every breastfeeding mother what she had said when asked in L&D about her feeding choice. She discovered that nurses asked the mothers whether they "planned on breastfeeding or bottle-feeding." Although the nurses were asking about the mother's feeding choice while at the hospital, the mothers thought they were being asked if they *ever* intended to use a bottle - "like going back to work, getting away from breastfeeding for a bit, that kind of thing." The nurses would assume that if the mother said she planned on doing both, that she wanted her baby to breastfeed and have formula at the hospital.

*So, if the mom says "Yes, I plan on using a bottle," the nursing staff would be more lenient on checking blood sugar levels, et cetera. The nurses were misinterpreting the information from the mom and would give formula instead of sending it back to the mom for breastfeeding. I've asked the nurses to be a little more specific [when they ask about mothers' feeding choices], but it's the nurses on the night shift who seem to be more dogmatic. Even though I have trainers working at night, they may not be consulted by the other night nurses. In their defense, the number of babies they are taking care of in the nursery is higher. We still have a central nursery and they still go to admissions through the nursery. We cannot do a lot of system-wide changes right now. If I could change the system, I would not have the baby go to the admission nursery first. They would be fed on demand, there would be more rooming in, and the nursery staff would be less stressed.*

This type of miscommunication between hospital staff and mother may not be an isolated incident. Informal studies such as the one described by the respondent may help staff members identify problems and correct them. If this is the case, rewording the question about feeding choice can make a difference.

### **Advising Parents About the Impact of Using Formula Before Breastfeeding Is Established**

Using formula before breastfeeding is established can lead to nipple confusion for the baby and reduced milk production for the mother. When respondents were asked whether parents were advised about the impact of introducing formula prior to establishing breastfeeding, 91% (n=21) said they followed this policy.

<b>Are parents advised about the impact of introducing formula prior to establishing breastfeeding?</b>	<b>% of Participants</b>	<b># of Participants</b>
Yes	91	21
No	4	1
Not always	4	1
Total:	100	23

However, some respondents indicated that even when they try to advise mothers about the negative effects of formula, they are not always believed. Among the reasons cited were cultural beliefs, lack of prenatal education, and a lack of understanding about what the breastfeeding experience will entail.

*[They're told] by me, but not in any formal way. I had a consent form, but the nurses and doctors didn't want that. Most patients know the benefits of breastfeeding but not the hazards of formula.*

*There are cultures of women who do not believe there is any value to breastfeeding until they get home. So that's one of our challenges.*

*I have a handout about engorgement that the parents are asked to read. I think about 50% of the time they are told – even by the nurses – but the parents don't believe it until they come back for their second child, having weaned their first child at three months because they gave them formula and their breast milk ran out.*

*We do tell them that the babies are born with enough fluid and fat that we encourage them not to supplement.*

*The reality is that a lot of our parents do not go to prenatal classes. Once they are there having the baby, they don't understand [what they're being told] and probably aren't listening that well.*

### **Supplementation Protocols and Practices**

#### **Protecting Breastfeeding While Offering Supplementation**

When asked how the staff protected breastfeeding while offering supplementation when needed, 52% (n=12) of respondents said they used alternate feeding methods with expressed breast milk. Such methods included cup feeding (a preferred method because it does not cause nipple confusion), syringe feeding, the Supplemental Nursing System (SNS), and finger feeding.

<b>Methods Used to Protect Breastfeeding While Offering Supplementation (When Necessary)</b>	<b>% of Participants</b>	<b># of Participants</b>
Use alternate feeding methods with expressed breast milk (cup feeding, syringe, SNS, finger feeding)	52	12
Breastfeed only; no supplementation	13	3
Breastfeed first, then offer supplement	4	1
Limited supplement, then try at breast again	4	1
Don't protect; use bottles	26	6
Total:	100	23

*We breastfeed first. Sometimes the mom expresses milk into a small container and we spoon-feed.*

*We have a supplemental nursing system that goes next to the mom's breast for supplementation. We also train moms how to do cup feeding and syringe feeding.*

*We start the mom on a breast pump and we offer an SNS.*

However, 26% (n=6) of respondents said that they do not protect breastfeeding and use bottles when supplementation is needed. In some cases, the respondents encountered staff resistance to using alternate feeding methods, which are more time-consuming.

*Rare or not at all if I'm not there. The nurses just don't think about it. Babies are given bottles. We stopped cup-feeding in our facility because nurses didn't like it and neither did the pediatricians. The nurses will not syringe feed, and if the baby needs more than one supplement, they're given a pump.*

*Our policy states the baby should be alternate-fed – like cup-fed. But the reality is a lot of the babies are just bottle-fed.*

*In all honesty, the LC will recommend finger-feed with syringe, cup-feeding, and spoon-feeding, with bottle-feeding as a last resort. Sometimes it's hard to get the staff to do more than bottle-feed. And for parents, they think that the bottle is normal.*

### **Using Expressed Breast Milk When Supplementation Is Necessary**

Respondents were asked in what situations expressed breast milk was used when supplementation was deemed necessary. Thirty-nine percent (n=9) of respondents said that expressed breast milk was used with NICU babies, while an additional 9% (n=2) said it was used for both NICU newborns and newborns who were not latching, and 22% (n=5) said they used expressed breast milk whenever mother and baby were separated.

<b>Use of Expressed Breast Milk When Supplementation Is Necessary</b>	<b>% of Participants</b>	<b># of Participants</b>
NICU	39	9
NICU or baby not latching	9	2
Whenever mother and baby are separated	22	5
Whenever breast milk is available	13	3
Medical necessity	4	1
Did not specify	4	1
Not applicable*	9	2
<b>Total:</b>	<b>100</b>	<b>23</b>

\*Birthing center handles only low-risk pregnancies.

*We offer pumping to all our NICU moms and any mom who's breastfeeding.*

*Yesterday, I had a baby that was not feeding well; I had the mom pump. If it's available, they'll get it. If not, they get formula. In cases of premie babies, they often get formula added to breast milk for added calories.*

*It depends on what's going on with the baby. If they're in NICU, we have to fortify that milk.*

*In all cases, we will give that first unless the baby has lactose problems.*

### **Instructing Mothers to Recognize Breastfeeding Basics**

Respondents were asked what they taught patients about breastfeeding basics such as spotting early hunger signs, assessing adequate feed, monitoring wet and soiled diapers, recognizing normal feeding patterns of a newborn, and recognizing normal changes in the baby's feeding patterns as it goes through growth spurts and starts solid foods.

<b>Topics on Which Mothers Receive Instruction</b>	<b>% of Participants</b>	<b># of Participants</b>
Recognize early hunger cues	100	23
Assess adequate feed	100	23
Monitor wet and soiled diapers	100	23
Recognize normal feeding patterns of a newborn	91	21
Recognize changes in feeding patterns as baby goes through growth spurts and starts solids	74	17

- One hundred percent (n=23) of respondents said they teach mothers to recognize early hunger cues, assess adequate feed, and monitor wet and soiled diapers. Visual reminders, tips, and “cheat sheets” can be effective tools that help lactation consultants educate mothers. One respondent said that they have framed posters of the hunger cues in every room, which serve as a constant visual reminder for both nursing staff and mothers. Another respondent mentioned using a crib card to help mothers remember about wet and soiled diapers.

*We have framed posters of hunger cues in every room.*

*[Regarding wet and soiled diapers] We use a crib card and review it with the moms so they will get used to it.*

- Ninety-one percent (n=21) of respondents said mothers were taught to recognize the normal feeding patterns of a newborn. It is possible that the reason this topic does not receive as much coverage as others (recognizing early hunger cues, assessing adequate feed, and monitoring wet and soiled diapers) is that feeding patterns are established over time, usually after discharge. Therefore, educating mothers about them might not seem as urgent to lactation staff as addressing issues that arise during the hospital stay itself. Information on feeding patterns might instead be included with all the other materials in the discharge packet sent home with the mother, which begs the question of whether mothers actually read through these materials later on.

*Many times, this doesn't happen until after discharge. If all of a sudden the baby is nursing all the time, it may be going through a growth spurt. [We tell them] if they have questions to call the warm line.*

- Only 74% (n=17) of respondents said mothers were taught to recognize changes in feeding patterns as the baby goes through growth spurts and starts solids. Once again, because this information does not pertain directly to the mother's breastfeeding experience at the hospital, it may not be included in the one-on-one instruction the mother is given, which could account for the relatively less frequent coverage of this topic.

*We don't get that during the first two days [during the hospital stay]. But we do get moms calling, and we cover that if they ask.*

*We talk about this in prenatal class and in discharge class, plus we have a big brochure packet we give them on discharge.*

## Discharge and Outpatient Follow-up Services

### Discharge Bags With Formula and Formula Ads

Ten Step guidelines state that mothers should not be given discharge packs that include formula or formula ads. Most respondents said they face an uphill battle on this issue for several reasons:

- **Patient Expectations and Patient Satisfaction Surveys:** Formula companies routinely give hospitals discharge bags, formula samples, and other giveaways that many mothers expect and even look forward to receiving. Also, patient satisfaction plays an important part in any evaluation of patient care – a factor that is not only emphasized in most hospital employee orientation and training seminars, but is also used in many hospitals for annual employee evaluations.

*I've been trying to discontinue this for nine years, but people are looking for free stuff, like formula. [Plus] the staff and managers are so concerned about patient evaluations, they will kowtow to whatever the patients want.*

- **Administrative Concerns About the Cost Involved:** If hospitals stop accepting free formula and formula bags from pharmaceutical companies, they would have to replace the giveaways in order to meet patient expectations. This added cost is a concern for most administrators.

*I've been told by our CEO that we will never stop giving out formula. I'd like to charge for formula instead of giving it away. There is no plan to stop giving away formula at this time.*

*Part of the reason [free formula is given away] is the formula bags are given out and the formula reps are paid by the number of bags they give to the hospital. We do tell our moms that they can take the formula out of the bag if they want to, but most opt to keep it.*

- **Doctors Want Formula to Be Available for Patients:** Although many respondents said they have worked with doctors who are supportive of breastfeeding, there are still doctors who are reluctant to give up using formula. Some doctors even make free formula or formula ads available at their offices.

*The doctors were adamant that the moms could request formula if they want it [during their hospital stay].*

*When moms go to their OB's office, they can sign up for a free mailing. So the formula companies are sending out samples. Cases of Similac and Enfamil are sent for free to the moms.*

While a majority of respondents said that their hospitals gave out discharge bags containing formula and formula ads, 26% (n=6) said they did not give out discharge bags or formula samples.

<b>Are mothers given discharge packs that include formula or formula ads?</b>	<b>% of Participants</b>	<b># of Participants</b>
Yes	52	12
No	26	6
Upon request	17	4
Pack has formula company logo but no formula	4	1
Total:	100	23

- Fifty-two percent (n=12) of all respondents said mothers were given discharge packs that included formula or formula ads.
- Twenty-six percent (n=6) said they did not give out discharge bags or formula samples.
- Seventeen percent (n=4) said discharge bags with formula samples were given out only on patient request.
- One hospital gives out a discharge pack that has a formula company logo on it but contains no formula.

Some respondents said that they are actively looking for alternate giveaways for mothers. One lactation consultant negotiated with administrators to get the contents of the discharge pack changed, while another has assembled a breastfeeding discharge pack, and still another added a breastfeeding guide to the pack.

*[They get the discharge bag with formula] only if they request it. However, we do have a breastfeeding discharge pack that has gel packs, a sample of PureLan, sample nursing pads, and written handouts – it's free to the mom. So all of our breastfeeding moms are given that discharge bag. We try to divert their attention.*

*There's no formula in there, but they are given a backpack that is made by a formula company. It includes the AAP [American Academy of Pediatrics] guidelines for breastfeeding (the formula company buys it for us, a \$10 value), and a breast milk storage cooler. There might be coupons for formula, but no actual formula.*

*Unfortunately, yes [they get the discharge bag with formula]. But we do have one good concession: We are putting The Guide to Breastfeeding [i.e., A New Mother's Guide to Breastfeeding] written by the American Pediatric Academy [i.e., the American Academy of Pediatrics] in the bag for the mother. [The hospital] would not let us take out the formula because of contract we have with [the pharmaceutical company]. That is a battle I will never win.*

*We went to the ILCA [International Lactation Consultant Association] conference got some great ideas for giveaways from that: a little pack that had Johnson & Johnson stuff, breastfeeding accessories, et cetera. So we're looking into purchasing those.*

### **Outpatient Follow-up Services**

Texas Ten Step guidelines state that breastfeeding mothers should receive support following discharge. Respondents were asked what types of outpatient lactation follow-up services their hospitals offered, as well as what community breastfeeding resources were presented to mothers on discharge.

### **Outpatient Lactation Services**

While 70% (n=16) of respondents made follow-up phone calls to see how mother and baby were doing, just 52% (n=12) of the hospitals had a lactation clinic or outpatient lactation services, and none of the hospitals offered in-home visitation services.

<b>Outpatient Lactation Services Offered by Hospital</b>	<b>% of Participants</b>	<b># of Participants</b>
Follow-up phone calls to see how mother and baby are doing	70	16
Lactation clinic	52	12
In-home visitation	0	0

In some instances, respondents said that they did not have a brick-and-mortar outpatient clinic but often did breastfeeding consultations by appointment.

*[I] started doing [follow-up calls] eight years ago. The moms really appreciate these calls. We make them for all breastfeeding babies. We call on fourth day postpartum because that's the time when the milk has usually come in, and we'll keep calling until satisfied that everything's okay. The local pediatricians really appreciate that, because it stops mothers from being readmitted. We have a checklist that's built from the patient chart at the hospital, and we have a checklist that we go through with the moms. I do red-flag certain moms and they get called sooner: for example, moms who have had a breast reduction or augmentation.*

*[We do follow-up calls] if we know that the moms have had breastfeeding problems. Sometimes they come back in a day or two and we put them in a room and work with them.*

*Not on a regular basis. If there's a mom we're concerned about, we'll follow up with a phone call].*

### **Community Breastfeeding Resources List**

Ten Step guidelines recommend that hospitals furnish mothers a list of community breastfeeding resources in case they should need additional assistance.

<b>Lists of Community Breastfeeding Resources Furnished by Hospital</b>	<b>% of Participants</b>	<b># of Participants</b>
List of telephone hotlines	87	20
Info on area mother-to-mother support groups	74	17
List of WIC Peer Counselors	39	9
Handouts on going back to work or school	83	19
Physician's letter on the benefits of breastfeeding in the workplace or at school	9	2

- Eighty-seven percent (n=20) of respondents said they furnished mothers with a list of telephone breastfeeding hot lines. In some instances, respondents said their hospitals had their own hotlines.

*[We give them] a magnet with our breastfeeding hotline and milk storage information on it. We probably track 250–300 calls per month. My home number's on the line, too.*

- Seventy-four percent (n=17) said they furnished information about area mother-to-mother support groups. Two respondents mentioned running their own support groups at the hospital. One is ongoing; the other was not very successful. Yet another respondent mentioned wanting to start such a group, but did not have the staffing or space available at the hospital to do so.

*We have our own monthly support group. We have the whole year's schedule printed out, and it's a free group. Usually 20 to 30 moms attend.*

- Only 39% (n=9) of respondents furnish discharged patients with a list of WIC Peer Counselors. The idea of including WIC information in discharge packs drew mixed responses: While one respondent said she had a great relationship with the WIC office next to the hospital, another had a negative experience with the office in her vicinity. This finding suggests that time and effort need to be invested in developing better lines of communication between hospital lactation staff and WIC staff.

*Our WIC office is right next door, so I have all of their literature. We have a really good relationship with this WIC office. If their clients are already in the system, then they will receive a [WIC contact] list.*

*There's not enough of a [WIC Peer Counselor] list. Besides, we have a lot of trouble with our local WIC office: The manager is not a proponent of breastfeeding.*

- Eighty-three percent (n=19) of respondents said they furnished handouts on going back to work or school, discussed this topic in breastfeeding support groups, and, in one instance, conducted a class on pumping and returning to work at a local baby accessories store.
- While only 9% (n=2) of respondents said they could furnish patients with a physician's letter on the benefits of breastfeeding in the workplace or at school, several respondents were interested to learn that a sample physician's letter is available for download on the DSHS Web site.

*I would like to put copies of this in the physician's lounge. They might start using it.*

- **Legislative document on the right to breastfeed in the workplace:** One respondent said that some of her breastfeeding patients who return to work are not provided a pumping station at their place of employment, so she searched for legal documentation to support the patients' right to pump milk. She was able to find what she needed on the La Leche Web site but not on the DSHS Web site, and requested that it be made available for download there.

*We pulled down the legislative document from the State of Texas and provide that to any employee who says their employers won't provide a pumping place. The mothers who have the hardest time with this are elementary school teachers. [www.laleche.org/lawsandbills](http://www.laleche.org/lawsandbills). That is the only place we could find it, but we could not find it on the Texas DSHS Web site. Texas Health and Safety codes, added acts 1995 - benefits of breastfeeding. Law effective April 2005.*

## **Texas Ten Step Program Awareness and Marketing Efforts**

Respondents were asked to describe how three different target audiences (staff, doctors, and patients) have responded to the Texas Ten Step program, to determine the program's effectiveness with these audiences.

Additional questions covered how the Ten Step program is promoted by each facility; whether respondents needed more marketing and educational materials to reach their target audiences; and whether DSHS should promote or market the Ten Step program to lactation consultants.

### **Staff Response to the Ten Step Program**

- Seventy percent (n=16) of respondents said the staff responded favorably to the Ten Step program; very few said the staff was either unresponsive to the program or did not know much about it.

<b>Staff Response to the Ten Step Program</b>	<b>% of Participants</b>	<b># of Participants</b>
Favorable	70	16
Somewhat favorable	9	2
Okay	0	0
Poor	4	1
Unresponsive/doesn't know much about it	13	3
Did not answer	4	1
Total:	100	23

*At first [Ten Step met] with great resistance. But now, they are won over; we just finished World Breastfeeding Week and we had drawings, and cakes and cookies. They were all clamoring for things. That would not have happened two years ago. They promote breastfeeding to moms and they'll brag about how well they did. It's great to come to work. It's taken a bit of time, but it's made a big difference. It's pushing through the brick wall ... gently.*

*They were really for it when I first introduced it. Now, I'm not even sure if everybody knows what it is. They can all tell you the rules, but it doesn't mean they actually always do it. The posters are up and the steps are built into the nurses' protocols, but I don't know how much attention they pay to Texas Ten Step as a program.*

*Pretty positive, especially the nursery staff – they're always very proud of the fact that we have better breastfeeding support services.*

*The most disappointing thing was that we had an open house to celebrate the opening of [breastfeeding supplies rental] store and the Mother-Friendly Workplace designation. One person from marketing came; the director of nursing never came. I would say we tried to promote excitement, but it did not go over very big with administration or the staff at the hospital. There's no Ten Step information or news about the rental store on the Web site. They won't let us present that information in orientation, either.*

### **Doctors' Response to the Ten Step Program**

- While 70% (n=16) of respondents said the doctors responded favorably or somewhat favorably to the Ten Step program, 17% (n=4) said doctors were unresponsive to it. Some respondents noted that after they put in a lot of effort to educate doctors about the benefits of breastfeeding, some doctors have come around and now consider the lactation consultants “part of the health care team,” often referring patients to them for consultations.

<b>Doctors' Response to the Ten Step Program</b>	<b>% of Participants</b>	<b># of Participants</b>
Favorable	43	10
Somewhat favorable	26	6
Okay	0	0
Poor	4	1
Unresponsive	17	4
Not sure	4	1
Not applicable	4	1
Total:	100	23

*They're enthusiastic because they don't have to train staff or patients in breastfeeding.*

*Most are very pro-breastfeeding, but there are a couple that might need some education on supplementation.*

*I'm not sure how they respond. They say they are pro-breastfeeding, but don't do anything to support breastfeeding with their patients.*

*I've tried to be really positive about it. Quietly, [the doctors] got copies of the breastfeeding documentation, so they knew that we were part of the health care team, and they started to see the benefits for their patients. They refer to us; we do free weight checks; they refer to us again. Now there's so much back and forth in terms of communication.*

*Generally I find the responses pretty good. Pediatricians now call for advice if mom has a challenge. They will discuss supplementation with us. I think [Texas Ten Step] has helped with our professional relationship with docs.*

#### **Patient Response to the Ten Step Program**

- Forty-three percent (n=10) of respondents said that patients have responded favorably to the Ten Step program; 30% (n=7) said they were not sure how patients responded to the program, if they responded at all.

<b>How do patients respond to the Ten Step program?</b>	<b>% of Participants</b>	<b># of Participants</b>
Favorably	43	10
Somewhat favorably	0	0
Okay	9	2
Poorly	4	1
Unresponsive	9	2
Not sure	30	7
Did not specify	4	1
Total:	100	23

It is interesting to note that some respondents' answers actually describe the patients' enthusiasm for the level of breastfeeding support they receive through the hospital, rather than actual knowledge or recognition of what the Texas Ten Step program means in terms of breastfeeding support. In other instances, in which hospitals may have Ten Step posters in the hallways or reception area, respondents are not sure what patients think about the program because it is not mentioned or used in patient education and breastfeeding training.

*Favorably. The only time we use it with patients is if they have misgivings about breastfeeding or ask for formula. Then we explain about our compliance with the Texas Ten Step program. We have posters about Texas Ten Step around the hospital.*

*There are three hospitals in town, and they come here because of our advertising about the breastfeeding support. WIC also refers to us. They come here seeking breastfeeding help.*

*It's great. I see them in prenatal class; it's packed. [When they come to have their babies], I've had some wait to put them on the breast until I got there. Dads are shown how to swaddle and change diapers. We've established a rapport with them in prenatal class, and that makes them more responsive. Many will call before they have the baby and ask questions because they have my card. We've had many parents refer friends here because of the breastfeeding care.*

**Texas Ten Step Marketing Done by Hospital**

It is worth noting that, when asked whether the hospital has done any marketing or advertising about the Ten Step program or the hospital's certification, most respondents hesitated before responding. While the Ten Step program gives them breastfeeding guidelines and protocols, staff members – and administrators – may not think of the Ten Step program as something to promote through traditional marketing and advertising.

<b>Have you done any marketing or advertising about the Texas Ten Step program or your certification?</b>	<b>% of Participants</b>	<b># of Participants</b>
Yes, when first certified, but not since	17	4
Yes, but not through traditional (paid) advertising*	13	3
No	52	12
Promote hospital's breastfeeding services	17	4
Total:	100	23

\*At health fairs, through hospital tours, etc.

- Fifty-two percent (n=12) of all respondents said they have not done any marketing or advertising for the Texas Ten Step program or the hospital's certification in the program.

- Seventeen percent (n=4) said they did some marketing and promotion when they first received the designation but have not done so since that time, while an additional 13% (n=3) said they did promote the Ten Step program – usually by putting up posters in hallways, occasional mentions in newsletters, and by displaying the Ten Step decal.
- Another 17% (n=4) said that they promoted the hospital’s breastfeeding services, but not the Ten Step program.

*I believe we have; I think it's on anything to do with breastfeeding.*

*Yes – health fairs, OB offices, posters in the hospital, and we use the flyers.*

*Not for years. We do market our Best Practices.*

*No, other than when we first got it. Because we were among the first in the market.*

*I asked our last marketing director and she didn't know about it. I wish they had a Texas Ten Step decal that we could post.*

*No, not through marketing. But we have stickers on the nursery windows, our posters are up on the floor – but not on the first floor.*

**Texas Ten Step Marketing on Hospital Web Sites**

- While 100% (n=23) of respondents said that their hospitals had a Web site, 52% (n=12) said that Ten Step information was not posted there.
- Twenty-two percent (n=5) said Ten Step information was posted on their hospitals’ Web sites, while an additional 22% (n=5) said they were not sure.

<b>Is Ten Step information posted on the hospital Web site?</b>	<b>% of Participants</b>	<b># of Participants</b>
Yes	22	5
Not sure	22	5
No	52	12
Not applicable*	4	1
Total:	100	23

\*Web site for employment only.

### Suggestions for Additional Marketing Materials

Respondents were asked if they needed additional marketing and/or educational materials to reach specific target audiences and, if so, what suggestions they would make about developing new materials.

<b>Target Audiences Requiring Additional Marketing Materials</b>	<b>% of Participants</b>	<b># of Participants</b>
Moms	61	14
Doctors	57	13
Nurses and other hospital staff	65	15
Hospital administrators and small community hospitals	9	2

- Sixty-one percent (n=14) of respondents said they needed additional materials to reach mothers.

*We need one-page, bright, eye-catching pieces with lots of space, that break breastfeeding down into easy information and that reinforces what we talk to them about. That would be great for one-on-ones and for prenatal classes.*

*The moms need more education; I don't know how to go about doing it.*

*It would be nice to have something that's a cross between the WIC breastfeeding instruction booklet and the physicians' handbook. Something that could be handed out to patients in physicians' offices.*

- Fifty-seven percent (n=13) of respondents said they needed additional materials to reach doctors.

*I use the physicians' handbook, "A Pocket Guide to Breastfeeding." I think they were sent through DSHS – Stock Number 13-185. Perhaps they would do it again, since we are a teaching hospital. It would be great to have more of these for my resident in-services.*

*We have some very supportive doctors; this is a large teaching hospital and we have a large number of residents that rotate through, so it would be nice to have some materials to reach them. That would be wonderful. We have a large family practice residency as well as OBs.*

*Something to remind them that we are a Texas Ten Step facility, that could be done as a mailing.*

*Whatever is developed, I'd put stacks of them in the physicians' lounge if I had it.*

*Something so that they know what Texas Ten Step means and how it benefits their patients.*

- Sixty-five percent (n=15) of respondents said they needed additional materials to reach nurses and other hospital staff.

*We have nursing students and dieticians who could also benefit from breastfeeding materials.*

*Things that I could put up on their bulletin board as reminders that we are a Texas Ten Step facility.*

*The physician's handbook [on breastfeeding] with a different title to include nurses, because they would use it a lot. It's a quick reference that doesn't take up a lot of space. It would also be nice to have a DVD for staff education for breastfeeding basics. Injoy has a DVD, but it's expensive – \$250. They did it as an update with IBCLC. It's geared specifically for staff development. It would be nice if there were an inexpensive state resource that we could get. As educators, we're the first to go when the budgets are cut.*

- One respondent suggested marketing materials to reach hospital administrators, while another suggested marketing materials to reach smaller community hospitals that want to have breastfeeding support services but may not have the resources to research and develop a breastfeeding program on their own.

*The lactation consultants know [about breastfeeding], but advertise [Texas Ten Step] to hospital administration. It would make a difference, and that would help breastfeeding at the hospital.*

*I think it should be [marketed] to directors in maternity areas. There are lots of hospitals that don't even have lactation consultants. For example, directors of Women's Services.*

*Develop materials to present information to smaller hospitals; more outreach to local communities, places where they don't necessarily have the funding.*

## **Marketing the Texas Ten Step Program to Lactation Consultants**

- Fifty-seven percent (n=13) of all respondents said that DSHS should promote or market the Texas Ten step program specifically to lactation consultants. While some lactation consultants work at hospitals, many work independently. When asked about the best way to reach lactation consultants, respondents suggested contacting ILCA and using its e-mail list. Another suggestion was to give Texas Ten Step information to anyone who was sitting for her or his IBCLC.

<b>Should DSHS promote or market the Texas Ten Step program specifically to lactation consultants?</b>	<b>% of Participants</b>	<b># of Participants</b>
Yes	57	13
No	17	4
Don't know	17	4
Did not answer	9	2
Total:	100	23

*I think it should go to everybody. When they sit for the IBCLC exam, they should get information about the Texas Ten Step program. It made the groundwork for creating the program easier. It has a lot more credibility.*

## **Texas Ten Step Application and Approval Process**

In order to determine how DSHS might better assist hospitals that wish to apply for Ten Step certification, respondents were asked if they initiated the Ten Step application for their facilities. Nine of 23 respondents said they made the initial application and acted as point person through the approval process, while one respondent said she assisted in the process<sup>11</sup> and was familiar with what took place.

These 10 respondents were then asked a series of questions about the approval processes at their facilities, specifically:

- how they first learned about the Texas Ten Step program;
- what things in the program appealed to them and made them want to apply;
- who had to approve respondent's joining the program and what the approval process was like;

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<sup>11</sup> The person who initiated the application is no longer employed at that facility.

- what DSHS resources were used in the approval process; and
- suggestions about how DSHS can assist other hospitals in the approval process.

A brief look at the facility and staff profiles will help put the information the respondents provided in perspective.

- **Length of time as a Texas Ten Step Facility:** one to nine years, covering the period from 1999 to 2007. Six of the 10 facilities had been certified for five years or longer.
- **Average number of hospital beds:** 500 (range, 230–900)
- **Average number of deliveries per year:** 2,600 (range, 900–4,800)
- **Average breastfeeding initiation rate:** 80% (range, 62%–98%)
- **First learned about the Texas Ten Step program:** Seven of the 10 respondents said they first learned about the program either by attending a DSHS class or through a state conference sponsored by the Texas Department of Health.
- **Program appeal:** Respondents cited four major reasons the program appealed to them:
  - **Recognition:** Eight of the 10 respondents said the program appealed to them because it gave the hospital recognition for breastfeeding support, which also set it apart from other hospitals in their markets.

*It was a way to help establish policies that were breastfeeding-friendly and it gave us recognition for the job that we're doing.*

*Because it was a designation that showed we supported breastfeeding.*

*[The Texas Ten Step designation gave us] the ability to stand out in the community, and our competition is great. When we looked at the list of Texas Ten Step hospitals, there weren't many in our vicinity.*

- **Opportunity to build a breastfeeding support program:** For those hospitals that did not have a breastfeeding support program in place, Texas Ten Step gave them the guidelines to implement such a program.

*Our breastfeeding program was nonexistent when I started working here. There was no policy; everyone was flying by the seat of their pants. I started doing education and it snowballed. My boss, the service line manager for Women's Services, wanted us to be a Ten Step Hospital and do it within a year, so she gave me the freedom to write policy and do training.*

- **Government certification:** Because the Ten Step program is certified by the state of Texas, becoming a designated Ten Step hospital puts an official stamp of approval upon the hospital's breastfeeding support services.

*We were already doing the Ten Steps. So we prominently displayed the plaque, and we could say that the things that we have in place are supported by the state agency.*

- **Stepping-stone to becoming a Baby Friendly hospital**  
*I had done some conferences about Baby Friendly, and Texas Ten Step is a stepping-stone to the international designation.*

*It's like a stepping-stone to get to Baby Friendly status. This is a watered-down version of Baby Friendly. It fit in with what we were doing, and we wanted the staff to get the credit for it.*

- **Approval process:** A majority of respondents said they encountered few or no problems getting approval for the program. Some respondents needed the approval of their supervisor, who might be a nurse manager, Director of Women's Services, or the Chief Nursing Officer, depending on the size of the hospital. Others said they needed to get a chain of approvals that went through nursing all the way up to the CEO.

In some instances, respondents had to form a committee to help develop breastfeeding policies and procedures, while in other instances respondents had to make presentations about evidence-based care (usually to doctors), potential costs, and educational needs (usually to administrators).

When asked if they needed a "buy-in" from doctors, most respondents said that the doctors were either very supportive or just needed to see evidence-based documentation on the benefits of breastfeeding.

*I set up a committee of doctors – neonatologists, social services, et cetera – so that it wasn't just coming from me. Then I gathered the data and presented it to the committee. Also, our patient profile was upper-middle-class at the time and very vocal: They wanted breastfeeding. Also, patients were complaining: “everybody is telling me something different about breastfeeding.”*

*They wanted to know what it was going to cost them. They were very receptive to evidence-based care, but they also keep an eye on the bottom line.*

*[We formed a] best practices lactation committee. The perinatologists and pediatricians wanted it documented. We had to show them the research and why it would benefit their patients. Doctors want to see evidence from their peers. It took several months.*

*Actually, some of our OBs were asking for a breastfeeding program. Their patients were asking for it. We kept them in the loop with everything that we were doing.*

- **Stumbling blocks in the approval process:** The most frequently mentioned stumbling block was the issue of formula giveaways in diaper/discharge bags. In two instances, in which administration did not want to remove the formula samples or stop giving away the free diaper bags from the formula company, respondents suggested making them available to breastfeeding mothers upon request. Another respondent said they would suggest that the moms give back the formula so it can be donated to indigent mothers.

*There's the issue of the formula in the bag. We tell the moms that they can give it back – and some of them do.*

*In this area, moms walk in with a little receipt saying they want their diaper bag with formula. The breastfeeding mothers want to use the coupon. The state needs to stop giving out the coupon. The state needs to work with formula companies. It puts the lactation consultant in an adversarial position with the mom.*

Two respondents said that the stumbling blocks they encountered were staff.

*The stumbling blocks are always the older nurses who have been doing things their own way. It's funny, because now they're really behind it.*

*Supplementation was a big issue because the staff has legal concerns. They had questions about how long a baby should go before eating and if they are sleepy and not latching on. It was easier for them to just give formula. We had to educate our staff about the negative effects of formula; One is, whenever a baby is being breastfed exclusively and introduced to the bottle, the milk production goes down; and another one is, formula takes longer to digest and makes the babies more sleepy. A bottle-fed baby will wake up every four to five hours, whereas a breastfed baby wakes up every two to three hours. We also had some resistance from families for initial feedings. Sometimes there are 20 family members who want to see the baby right away. The L&D staff works really well with the moms during delivery. The moms don't understand why the babies can't just go to the nursery for the night.*

- **Use of DSHS resources in the approval process:** When asked if they made use of any DSHS resources, such as the downloadable sample hospital policy or PowerPoint presentation on the Ten Step Web site, only 2 of the 10 respondents said they made use of these materials. Since most of the other respondents had applied for certification five to nine years previously, they did not remember using any such resources.
  
- **Suggested DSHS resources to assist in the approval process:** Some respondents said that having the sample policy available on the DSHS Web site was a valuable resource because it was easily accessible. Two respondents suggested making available on the Web site additional information that is particularly important for doctors as well as nurses and lactation consultants, including:
  - evidence-based research to support each of the Ten Steps,
  - peer-reviewed articles, and
  - effective breastfeeding training tools and tips for both staff and patient education.

One respondent recommended setting up a hotline for people to use during the approval process. Another said she had had some difficulty reaching someone at DSHS who knew about her hospital and wondered if each applicant could be assigned to one contact person who would handle that hospital's application. Lastly, one respondent suggested that anyone who wanted to apply for Texas Ten Step should go through WIC training.

## Texas Ten Step Compliance Summary

Findings indicate that the vast majority of hospitals covered in this study are in compliance with Ten Step breastfeeding guidelines.

- Seventy percent (n=16) of respondents reported a breastfeeding initiation rate of 75% or higher at their facilities.
- Ninety-one percent (n=21) of respondents said hospital staff that cared for mothers and infants received basic breastfeeding training to support normal breastfeeding experiences, although only 61% (n=14) reported offering refresher courses every three to six months or once per year.
- Ninety-six percent (n=22) of respondents said they offer prenatal classes, and all respondents said they conduct one-on-one hospital teaching sessions about breastfeeding. Ninety-six percent (n=22) of respondents teach mothers the benefits of breastfeeding, 91% (n=21) cover managing milk supply, and 83% (n=19) cover maintaining lactation if mother and infant are separated.
- Ninety-one percent (n=21) of respondents said breastfeeding for babies born vaginally is usually initiated immediately, within 30 minutes, or within the first hour; 48% (n=11) said that breastfeeding for babies delivered by C-section was initiated as soon as the mother's and baby's conditions were stable.
- Seventy-four percent (n=17) of respondents said that skin-to-skin contact took place immediately or as soon as the mother was stable.
- Ninety-one percent (n=21) of respondents reported that breastfeeding was assessed at least once per shift, depending on the patient.
- Seventy-four percent (n=17) of all respondents said that formula was given if medically indicated or at the parent's request, while 91% (n=21) said parents were advised about the impact of introducing formula before breastfeeding is established.
- Eighty-seven percent (n=20) of respondents said that rooming in was encouraged at their hospitals. Seventy percent (n=16) said that if mother and baby are separated for medical procedures, the mother will pump breast milk.

- Eighty-seven percent (n=20) of respondents said that if the baby is kept in the nursery, it is brought back to the mother when hunger cues are evident. All respondents said they teach mothers to recognize early hunger cues, assess adequate feed, and monitor wet and soiled diapers. Ninety-one percent (n=21) said mothers are taught to recognize normal feeding patterns of a newborn, while 74% (n=17) said mothers are taught to recognize changes in feeding patterns as the baby goes through growth spurts and starts on solids.
- Twenty-six percent (n=6) of respondents said their hospitals do not give patients discharge bags containing formula and formula ads, while 52% (n=12) said that they do.
- Seventy percent (n=16) of respondents make follow-up phone calls to see how mother and baby are doing, while 52% (n=12) have a lactation clinic or lactation services available by appointment only. None of the hospitals offer in-home visitation services. In terms of providing patients with information about community breastfeeding resources, 87% (n=20) provide breastfeeding hotline information, 74% (n=17) provide information on mother-to-mother support groups, and 39% (n=9) furnish a list of WIC Peer Counselors.

## **FINDINGS FROM NURSES' FOCUS GROUPS**

The present section of the report offers findings from six focus groups held with nurses. Three of the groups consisted of nurses from two Dallas hospitals (n=12), one hospital in Clear Lake (n=10), and three hospitals in Austin (n=12) who are enrolled in the program and three focus groups of nurses from two hospitals in El Paso (n=10), three in San Antonio (n=11), and one in Galveston (n=10) who are not enrolled in the program. The findings offer insight into the way hospitals enrolled in the program handle breastfeeding support compared to those who are not enrolled.

### **Challenges to Newborn Breastfeeding**

The focus group discussions started with introductions and nurses' identifying the greatest challenges they face with new mothers and infant feeding. The most common challenges identified by the nurses are discussed in this section.

#### **Mothers' concern that they aren't producing enough milk**

By far, the most frequently identified challenge was convincing mothers they have enough milk to meet their infants' needs. (Interestingly, but not surprisingly, this was also the most frequently identified concern of new mothers in the one-on-one interviews conducted separately in the course of this project.)

*If you manually express colostrum from a mom and they don't see a large volume, they say "That's all they're getting? Oh, go ahead and bring out the formula." [Dallas]*

*They don't want to breastfeed because they don't think they have enough milk. Nobody has ever explained milk production to them or the pros and cons of breastfeeding. [El Paso]*

*It is very hard to convince young moms that this baby is not dying because it is not gulping a bottle of milk down. [Clear Lake]*

*"No tengo leche [I don't have milk]." [Austin]*

### **Time constraints**

A limited nurse-to-patient ratio and short hospital stays prevent nurses from spending the time with mothers necessary to assist them with breastfeeding and teaching them the skills for successful breastfeeding when they leave the hospital. Respondents from all of the hospitals participating in the study said the stay is 24 hours long for a vaginal delivery and 48 hours long for a C-section, which they said simply isn't enough time to teach mothers to breastfeed.

*I know that on the postpartum floors, they have eight moms and eight babies, they don't have much time to help. And the nursery nurses also help with breastfeeding, but they're so overwhelmed themselves. So these poor moms don't get much support, unfortunately. [El Paso]*

*We're always pushed to get the patient moved on so another person can be admitted, so that limits our time to spend with the mom helping her. [Galveston]*

*I think they are overwhelmed with the delivery and all the stuff that's happened, that I think it's kind of a difficult time for them to take it all in as far as breastfeeding. [San Antonio]*

### **Communication challenges**

Nurses from hospitals in Galveston, Dallas, and Austin reported that 80% of their clients speak Spanish only, making it difficult to communicate with them. These hospitals also reported limited availability of translation services.

*Most of our patients are Hispanic, so it's a huge language barrier as far as nursing and breastfeeding, teaching and educating. [Dallas]*

### **Visits from family members immediately after birth**

The nurses said the presence of family was one of the biggest obstacles to helping mothers initiate breastfeeding immediately after birth. Nurses at every hospital described scenarios in which several family members visit the delivery room immediately after the baby is born. They said most women are shy about trying to breastfeed when several family members are in the room or when they are preoccupied with family.

*After the delivery, you have 20 people there who come to see the baby. That is 45 minutes you could have spent helping her breastfeed, but she didn't want to try to breastfeed in front of 20 people. [Galveston]*

*The family or phone calls are more important sometimes than breastfeeding. [El Paso]*

*Sometimes it's a problem when they do have a lot of family, because they want to show the baby off to the family ... they are all worried about taking pictures and doing this and that, because there's 50 family members who all want to come see the baby, and we're saying, "During the first hour the baby is really awake and alert. This is the best time to get it on the breast." And sometimes they don't want to. [Clear Lake]*

*I had one mother who breastfed with her gown on – she didn't want her family to see, so she had the baby latched on on top of her gown. [Clear Lake]*

Some nurses described strategies for dealing with this issue, but most said it is one of the main roadblocks to successful breastfeeding initiation and they did not feel comfortable telling family to leave or wait.

*Newborns will feed for 20 or 40 minutes if you get them to latch on. And then I allow the family to come in, but I'm a Nazi about it: I won't let their families in [before the baby successfully latches]. I tell them no. This is our job now, and this is what we have to focus on now, and your family can see him later. [Austin]*

### **Lack of knowledge**

Nurses said many of the women delivering babies have not had any education on breastfeeding before entering the hospital and, furthermore, many have not had any prenatal care. Often, mothers believe breastfeeding is a natural occurrence and are completely unprepared for the reality of it.

*They need to be educated beforehand, so when they come in they know the importance of breastfeeding. [Clear Lake]*

*Mothers think the baby is going to naturally latch on, and they don't realize that sometimes babies need to be taught how to breastfeed. [Austin]*

### **Inconsistent hospital support and tired mothers**

Nurses in every location said that even if they succeed at helping a mother initiate breastfeeding, they often return the next day to find that the mother has introduced formula. Sometimes they blame it on the nurses on the next shift, and sometimes they say it is because the mother is tired.

*So many of the patients get frustrated, because the labor or delivery nurse told them one thing, and the nursery nurse told them one thing, and the night nurse told them one thing, and the postpartum nurse is telling them another thing. [Clear Lake]*

*Adding to the many frustrations with breastfeeding would be the inconsistency in the shifts. I know the day nurses will kill themselves during the day to get the moms and babies going, and then we'll come back the next morning, and there is a bottle. It's like they're kidding themselves. [San Antonio]*

*So we will take that baby out every hour and a half for feeding, and after three times and it is 3:00 in the morning, the mom is like, "Give it a bottle. I'm tired of it, and I want to sleep." [San Antonio]*

Other challenges include:

- a misconception among patients that the baby must eat right away
- lack of follow-up with breastfeeding support after mother returns home
- the influence of the family on the mother's feeding choice
- pain and complications, such as cracked nipples
- removal of the baby to the nursery was identified as a challenge by a couple of non-participating hospitals.

### **Hospital Policies on Breastfeeding**

The Ten Step program provides a sample policy, which states that the hospital breastfeeding policy must be communicated to all appropriate staff upon hiring and on a regular basis thereafter. Most nurses found it challenging to describe their hospitals' policies regarding breastfeeding, and this was the case whether they worked at a Ten Step hospital or not. In general, staff seemed confused when asked about their hospitals' breastfeeding policies. The typical responses to the question regarding the existence of a policy were "Yes, there is one," "No, there isn't one," and "Oh, there is? I've never heard of it."

Policies and protocols for specific aspects of breastfeeding (for instance, when a breastfed baby may receive formula) are often in place at hospitals. An overarching policy regarding breastfeeding did not seem to exist at any of the hospitals, and if it did, focus group participants did not know about it.

Respondents who worked at hospitals in the Ten Step program were more likely than their counterparts at non-participating hospitals to describe what they thought their policies were, and their understanding of the policies often reflected elements of the Ten Step program.

*The baby is supposed to be breastfed within the first three hours of life, number one. It's supposed to be breastfed on demand, but we want them to breastfeed every three hours. If they go longer than six hours, we're to do a blood sugar and find out what the blood sugar is, and go from there.*  
[Clear Lake]

*... How often should the baby feed, what's the appropriate latch, how do you document good, poor, or fair breastfeeding, what to tell the parents when they're sleepy, when do you call the doctor if the baby is not breastfeeding, how many diapers will indicate good feeding or bowel movement, stuff like that ...* [El Paso, hospital applying for Ten Step certification].

### **Instructing New Mothers on Infant Feeding Options**

The roles nurses play in assisting mothers with breastfeeding varied widely from hospital to hospital. They also depended on the nurses' specialties. The roles of labor and delivery (L&D) nurses, nursery nurses, transition nurses, and postpartum nurses can be very different; often, even within the same hospital, one type of nurse may not be knowledgeable about how another type of nurse is involved in breastfeeding support.

In some cases, there were dramatic differences between hospitals that are registered as Ten Step hospitals and those that are not in the way they approach mothers about infant feeding options. Most (although not all) of the Ten Step hospitals follow the protocol suggested by the Ten Step program, which presents breastfeeding as the preferred method of feeding a newborn. Participants from Ten Step hospitals were much more likely to ask a mother, "Do you plan on breastfeeding?" than to present formula and a combination of breastfeeding and formula as options, although some of them did.

*If she says “both,” you need to educate her about breast milk production. ... The majority of times, when you educate them about the possibility of breast milk production, diminishment in breast milk production, and nipple confusion, I would say the majority, say 90% of them, do stick to breastfeeding only. [El Paso, hospital applying for Ten Step certification]*

*“Are you planning on breastfeeding?” And it’s mostly a breastfeeding approach. It’s not often that bottle-feeding or formula-feeding is mentioned. [Dallas, Parkland Hospital]*

*I just ask them, “You are going to breastfeed?” And when they say, “No, I’m going to bottle-feed,” I ask them, “Why?” then I start talking about colostrum, and how it is gold, and how it is going to protect the baby ... I don’t even ask them if they’re going to breast[feed] or bottle[-feed]. [Clear Lake]*

*When you have a mom that has checked off “both,” you go and tell them, “Do you want to breastfeed, or bottle-feed?” If she says “both,” then at that time you need to educate her about breast milk production. And then after that, if she still decides that she wants to do both, then you tell her, “Well, let me know when you’re ready to bottle-feed.” [El Paso, hospital applying for Ten Step certification]*

Non-participating hospitals were less likely to have a uniform way to communicate about breastfeeding and more likely to ask at intake if the mother is going to breastfeed, bottle-feed, or do both. In some cases, how the information is presented and communicated to those caring for the mother and newborn depends on the nurse and her individual approach, rather than on a specific protocol.

*Yeah, it depends on the nurse. They have to fill out the computer info, but it depends on which L&D nurse fills it out, what she’s going to put. Some nurses will encourage breastfeeding, and others are like, okay. So it really depends.*

*“Do you like to breast[feed] only, bottle-feed, or both? I leave the “both” at the end because most likely they’re going to say “both,” unless they have more than three kids, then they’ll go for the bottle. [El Paso]*

The discussion about how infant feeding options are presented led to other interesting comments about how a mother's decision ultimately influences her breastfeeding success. In Galveston, the nurses reported that a mother may say she is going to do both with the intention of starting out breastfeeding, but when the nursery nurses see "both" on the intake form, they automatically give the baby a bottle.

*If it says "both," it gives the nursery permission to give them a bottle, and they don't even try to bring it out.*

Another nurse pointed out that mothers at her hospital are of the belief that if they mark "breastfeeding only" on their paperwork they won't be able to get any formula from WIC.

### **Enabling Mothers to Breastfeed Within the First Hour**

The Ten Step policy encourages hospitals to make it possible for mothers to breastfeed their newborns within an hour of birth, with 30 minutes being ideal. The hospitals represented in the focus groups that were enrolled in the Ten Step Program were more likely than the non-enrolled hospitals to have a system in place that makes it possible for a mother to breastfeed within the first hour after birth. They were also more likely to have a system in which the baby rooms in with the mother and to promote skin-to-skin contact shortly after birth.

*At Parkland L&D in our low-risk area, as long as everything is fine with baby and we don't expect any problems – the baby comes out with good color, good respirations, breathing well, crying – as soon as the cord is cut, we immediately put the baby on mom. We stabilize the baby there on the abdomen, dry and everything, and then take the baby to the warmer, check the baby, weigh the baby, all that. Baby goes back to mom. By then, if there was a repair needed, it's done, and then the baby breastfeeds. So it's within 10 to 15 minutes of delivery ... and if you are doing skin-to-skin right away, they warm up quite nicely.*

*We transition in the room, everything is done in the room, so they don't leave the room. [Austin]*

The following quote describes a typical approach to promoting skin-to-skin contact at hospitals enrolled in the Ten Step program.

*I think one of the biggest things Presbyterian instituted was the skin-to-skin after delivery and letting the baby get there ... and that seems to be very successful with keeping the baby warm and getting to the breast really quickly.*

The following quotes are from respondents who work at hospitals that are not currently participating in the Ten Step program. These hospitals are less likely to offer rooming in, promote skin-to-skin contact between mother and baby, or understand the benefits of either. Those non-participating hospitals that do try to promote either of these practices are less consistent in their procedures to support the practices than hospitals enrolled in the Ten Step program.

*Sometimes it is very hard with the number of patients we have to do it ... When I do it, it looks very successful but when I can't follow that game plan [skin-to-skin] it's just basically baby in the warmer, clean up, and breastfeed or no, okay, wrap them in a blanket, kiss your baby, bye-bye. [El Paso]*

*We usually do that if they have a temperature problem, but other than that, we usually don't do it. [San Antonio]*

In one focus group of nurses from hospitals that are not in the program, a nurse talked about staff rushing to get the baby to the nursery, where it is placed in the warmer. They did not seem to understand that providing the opportunity for skin-to-skin contact with mother would accomplish the same thing. In a couple of focus groups, participants noted that some nurses are uncomfortable touching another woman's body, so even if skin-to-skin is the policy it doesn't always get implemented. As one nurse put it, "Some of our nurses are afraid of boobs."

There was variation among as well as between enrolled hospitals and non-enrolled hospitals in how breastfeeding is handled immediately after birth. Some let the baby stay with mom for the first hour or so; some take the baby to the nursery, where it is cleaned up and the vital signs are checked, and then return it to the mother. The following scenario is from a non-participating hospital in El Paso. A few respondents from the Ten Step hospitals described similar approaches.

*We wait for mom to come after they've recovered to postpartum. And then, once we know mom is there, we bring the baby out to mom, and then that's when we educate mom on breastfeeding, help the baby latch on, show different styles of breastfeeding, and give her information and help her out. [El Paso]*

The help mothers receive immediately following birth is also impacted by how the L&D nurses, nursery nurses, and postpartum nurses interact. It was clear at several hospitals that there is little communication between the different types of nurses and that they often work in “silos,” with little knowledge of what happens to the baby or mother when they are moved from L&D to postpartum care. In one focus group, which consisted of nurses from one hospital in a midsized community, the opportunity to talk and learn from each other in the focus group was so exciting that they went back to their superiors the next day and suggested a committee to address the issue of better communication and regular roundtable discussions for the nurses.

### **Types of Prenatal Classes Offered to Moms**

Often, early in the discussion, nurses lamented the lack of prenatal education their clients receive. While prenatal education is almost standard for women with private insurance, it is much more uncommon for women covered by Medicaid. Only a few of the hospitals had prenatal breastfeeding education for new moms. Nurses expressed frustration that so many women arrive without any breastfeeding education.

*Some of them have no prenatal classes, and others go through the public health clinics. [Austin]*

*Nobody has ever explained milk production to them or the pros and cons of breastfeeding. I'll ask them if they had talked to their doctor about it, and they say they never mention it, and they're just totally blind about everything. [El Paso]*

*A lot of our patients do have WIC, but they seem to lack the knowledge of milk production, the mechanism of milk production. It's like starting at square one. [El Paso]*

*My biggest concern is, two things that I see a lot lately, is people are not prepared when they come in to have a baby. They don't go to classes beforehand like they used to. [Clear Lake]*

*With little prenatal education, moms often do not understand why they have such little milk in the beginning, or that what they are producing is colostrum, and give up. [Galveston]*

*A lot of them expect the milk to just flow freely. It's educating them. They just don't understand. [Austin]*

Parkland hospital in Dallas was the exception. Parkland nurses were the only ones who reported that their hospital is associated with clinics that offer breastfeeding education prenatally.

*One thing they have tried to do in our clinic setting is more education at that end, so moms have more knowledge about breastfeeding. So periodically with some of the young girls, I've been surprised if they have a sick baby and come down to the nursery and we actually have interactions with them, some of them seem to be a little more well-versed in breastfeeding and some of the benefits. One day one girl asked me – she was about 14 – “Is my colostrum coming in?” I almost fell over... I told Joyce about it, the manager, and she was blown away. So that is major.*  
[Dallas, Parkland Hospital]

Parkland nurses also described their system, which employs nurse midwives to work in the prenatal clinics and handle routine vaginal births. The result is that patients often have an established relationship with the person delivering their babies. Incidentally, Parkland has a very low C-section rate. It was also the only hospital to report it does not have a problem with families visiting immediately after birth and interfering with a mother's comfort with breastfeeding at that time. They believe it is because women have received prenatal care through the hospital and know they are expected to breastfeed. Parkland also heavily promotes its participation in the Ten Step program with posters prominently displayed throughout the hospital.

*Something that might help to set our climate differently is that we have certified nurse midwives that do most of our routine vaginal deliveries, short of saying all of our routine vaginal deliveries. They also work in the clinics, and so they see our patients prenatally and do the prenatal care. They come from a whole different perspective than physicians, and I think they have helped change our climate in our clinics as well as in our delivery rooms.*

### **Breastfeeding Support for Mothers with C-Sections or Other Complications**

According to Ten Step program policy, a compliant hospital should have a policy to address alterations to the recommended breastfeeding time frame for mothers who have had Cesareans or other complications. Hospitals enrolled in the Ten Step program are more likely to try to make it possible for moms who have had C-sections to breastfeed, but they still find it challenging. The following quote describes a typical scenario.

*Our worst time is trying to get the baby on for the C-section, because our first 30 minutes is just recovery, and then we have to call for them and it's usually been an hour or hour and a half before they get the baby after a C-section. [Clear Lake]*

Breastfeeding support for mothers who had C-sections at non-participating hospitals varied considerably. Nurses from some hospitals said that moms don't get a chance to try to breastfeed because they are separated from their babies for up to four hours, and that the rooms where mothers are recovering are cramped and not conducive to having the baby in the room with the mother.

*They only get to see it for a moment. They don't get to spend time with them. They don't have the opportunity to breastfeed ... and then in the PACU [peri-anesthesia care unit] room, there's two spots for moms to recover. Sometimes I'll have three in there ... you have absolutely no room for the buggy to come in. [Galveston]*

A very different approach is taken at an El Paso hospital that is in the process of applying for Ten Step certification. Babies of mothers who have had C-sections but have indicated they wanted to breastfeed can receive formula only if the mother signs a document giving approval.

Providing women with a pump in the event that the baby was sent to the NICU seemed to be standard care regardless of enrollment or non-enrollment in the Ten Step program. The majority of hospitals start a mother pumping immediately if her baby goes to the NICU. If the mother has medical complications, she may not be able to pump, but otherwise the baby receives pumped breast milk. Nurses at some hospitals reported that if the mother is in ICU, a lactation consultant will go over and try to start her pumping if possible.

One hospital makes it clear to mothers who have babies in the NICU that their babies will receive breast milk either from the mother or from a donor.

*... And in the NICU, the physicians are up front with them and say, "Breast milk is what your child needs. If you can't breastfeed, we're going to get breast milk somewhere else for your child, with your permission. Breast milk is what your baby needs." [Austin]*

## **Circumstances Under Which Newborns Are Given Bottles**

Ten Step policy states that the decision to interrupt breastfeeding or withhold human milk from a newborn or infant should be based on a physician's order. The circumstances under which Ten Step hospitals represented in the focus groups give newborns bottles vary considerably. Only one hospital actually required a doctor's order before a mother who said she was going to breastfeed or breast- and bottle-feed could give her baby formula. The nurses reported mixed reactions to the policy.

*If you are going to supplement with a bottle, you have to have a doctor's order. ... It's a painful policy, because the doctors don't answer their pagers in a timely fashion, and then the mothers are demanding it, the baby is screaming, and the doctors will say "No." And then you've got a mad mom and a mad baby to deal with. [Austin]*

With regard to when babies are given formula, the defining difference between the hospitals in the Ten Step program and those not in the program is that the Ten Step hospitals all have a policy in place that defines when and why a baby may be given formula. Respondents from some of the hospitals follow an algorithm that addresses specific concerns (such as sleepiness) to determine when the baby should receive a bottle. Other hospitals use a decision tree.

*At Presbyterian we have what's called a "decision tree," and that comes into play if the baby has gone a certain number of hours without really even latching or getting any colostrum, and then they have 5 milliliters of formula so we can prevent them from going hypoglycemic.*

Other circumstances in which the baby may receive formula are described in the following quotes.

*If 24 hours out they're not latching or not breastfeeding or getting anything, mom will pump and we'll give a bottle.*

*If the baby loses 10% of their weight, then they may also be given a bottle, or if the mom has gestational diabetes, or if the baby's blood sugar is low. Also, [in] circumstances in which the baby has really high bilirubin levels.*

Most of the non-participating hospitals did not have protocols, and in fact one hospital gives formula to all the babies unless a mother aggressively defends her decision to breastfeed.

## **Monitoring of Breastfeeding**

The Ten Step program policy states that breastfeeding should be assessed within six hours after birth and at least once per shift. Most of the hospitals represented by the focus group participants assessed how breastfeeding moms were doing within hours of birth and on a regular basis. This applied to both Ten Step and non-participating hospitals. The Ten Step hospitals typically had a more sophisticated system in place for monitoring breastfeeding. Several of them used a simple latch score to assess how a breastfeeding mom is doing; one was working on a more precise scale that has seven different categories, including items such as “the baby won’t wake up” and inverted nipples.

*I find a lot that the nurses take the mother’s word for it that everything is going okay ... I’m like, “Well, I need to see the baby latch.” And the baby gets on, they don’t know what they’re doing, but the nurse from the night shift or day shift or whatever, was like, “It was fine.”*

*I think our latch assessment is once a shift.*

*Every two or three hours we chart on them and make sure they’re feeding and how the progress is going. We also chart on our care plans how breastfeeding is going each shift, to make sure it keeps going.*

## **Discouraging Artificial Nipples for Healthy Newborns**

The Ten Step policy states that the use of artificial nipples should be discouraged for normal newborns. If supplementation is necessary, the policy indicates that alternate methods such as a cup or supplemental feeding device should be explored first, and expressed milk should be used in them. Most hospitals, whether they are Ten Step facilities or not, make artificial nipples (particularly pacifiers) available to babies, and often the doctors are the culprits. Only a few of the participating hospitals had no artificial nipples.

*Our residents are the ones who give them to our babies, not us. They line them up for their discharge physicals and pop a paci in a baby’s mouth. It’s not the nurses who give them out. [Austin]*

Only a few hospitals forbid pacifiers, but a number of them actively follow the guideline to use a supplemental feeding device.

*The effort is made to get that baby and mom reconnected as soon as possible to facilitate breastfeeding, and educating the moms. No pacifiers, no formula, and just being available and educating them as much as we can in those first 24 hours. [El Paso – hospital in the process of applying for Ten Step certification]*

*If the baby was in the nursery and hungry, we would cup-feed it instead of sending it back to mom.*

*We believe artificial nipples should be discouraged for healthy newborns. I know we're not supposed to use them, but how many times are the patients requesting nipple shields right away?*

## **Employee Training**

The amount of employee training varied among Ten Step hospitals, but all of them required some type of training, although at one hospital the training was voluntary unless the nurse was new. The training for staff at non-participating hospitals varied tremendously, with some hospitals offering very little or no training. For the most part, the Ten Step hospitals followed the rule that employees who care for mothers, newborns, and infants should receive breastfeeding training within six months of employment, with updates provided on a regular basis. Ten Step hospitals were more likely than non-participating hospitals to have a system in place to provide training for all nurses—not just new ones. However, some Ten Step hospitals only provided training for new nurses. The downside at these hospitals is that older nurses, many of whom admitted to having very little training about breastfeeding, weren't getting training.

*Last year we became a Ten Step hospital, and that's what all our training has to do with. [Clear Lake]*

The most common type of breastfeeding training is for new nurses to work for a day or so with the lactation consultant. While most focus group attendees found this helpful, they also believed nurses need more training than what they can get by observing the lactation consultant.

Nurses at both hospitals in Dallas reported receiving 22 hours of online training, eight of which they were paid for. They are also encouraged to go to the two-day breastfeeding course sponsored by Lamaze. In Clear Lake, the nurses said they are required to attend a mandatory eight-hour class.

Nurses from several hospitals had taken the DSHS courses, and most were complimentary of their quality.

*DSHS ... I know the last three or four years, we've had them come twice a year, and it's an excellent in-service. So we've had as many people attend that as possible. That's been real valuable. [Dallas]*

*Part of what our lactation department is getting ready to do – I think it's in 09, and I don't know if it is part of Baby Friendly or just their thing – but they are actually going to check off every nurse, watching them latch a baby on. [Dallas]*

A few of the non-participating hospitals had very little training beyond requiring a new nurse to follow the lactation consultant for a day and attend a training session presented by the lactation consultant. As with some of the Ten Step hospitals, some of the older nurses at the non-participating hospitals had never had any training about breastfeeding.

*We have like one day with a lactation consultant, and unless you've had a baby or done it before, like I don't know anything, only from what I learned from the lactation consultant, and that was it. Or what other nurses will tell me.*

It was evident in the focus groups that many of the nurses would like to learn more about breastfeeding. In almost every group, the participants took advantage of being with other nurses from either their own hospital or other hospitals, to ask questions about how to help initiate and support breastfeeding. The participants often lingered afterward to continue the discussion. One group of nurses who worked together at the same hospital called the moderator the next day to say they had gone back and started to initiate a new communication strategy. During the focus group, they had found that they all worked at the same hospital but knew little about how other nurses outside their own specialties handled breastfeeding.

### **Distribution of Discharge Packs Containing Formula**

Hospitals participating in the Ten Step program are encouraged to discontinue giving out discharge bags containing formula. Only two hospitals in the entire study had a bag available that did not contain formula. Some hospitals had bags that were labeled as breastfeeding bags, but they often contained formula. One bag distributed by HEB, which is described as “breastfeeding friendly,” does not have formula but does have a bottle. Nurses reported that many moms, even breastfeeding moms, come into the hospital with a coupon from a parenting magazine that is often given out at OB offices. The coupon instructs them to ask the nurse for the Similac bag.

In one focus group, nurses from non-participating hospitals explained that they have to give out a certain number of bags each month in exchange for receiving formula free of charge from the formula companies.

Many of the nurses at the Ten Step Hospitals did not like the bags or the fact that they contain formula. Some said the mothers are mostly interested in the bag rather than the formula, but the nurses feel the formula sets them up for failure. Some nurses said they remove the formula or ask the mother if she would like to donate it to a food bank.

*If they are breastfeeding, we just go ahead and take the formula out and donate it. [Dallas]*

*We just got shown the beautiful new breastfeeding-friendly, pro-breastfeeding friendly bags from, I think Similac, but I believe they have formula in them.*

*The Similac bag is so cute. It looks like a little backpack bag and it's dad-friendly. It looks like a dad could carry it. [Austin]*

*We've been a Texas Ten Step Hospital for less than a year. We're talking about getting rid of our formula bags and giving away the formula. The moms really just want the bag. [Clear Lake]*

*We have to give all mothers going home a diaper bag supplied by the formula company with the powdered milk inside and "Enfamil" or "Similac" on the front. [San Antonio]*

*If I have a strictly breastfeeding mom, I don't take her that Similac bag, even if I do like the way it looks better. I take her that ugly HEB bag. [Austin]*

## **Types of Support Breastfeeding Mothers Receive Following Discharge**

The Ten Step program states that the hospital policy should address support for breastfeeding mothers following discharge. Both participating and non-participating hospitals seemed to have weak follow-up support systems, primarily because of lack of funding. Only one (non-participating) hospital actually conducted home visits, and only one hospital has a lactation clinic, although one respondent said it is at the top of her hospital's wish list. The most common forms of follow-up support are a list of telephone hotlines and a nurse's invitation to call if a patient has any problems. One hospital had handouts on going back to work or school while continuing to breastfeed, and one had a letter that women could give to their employers. Only one hospital (Parkland in Dallas) knew about WIC Peer Counselors, because the counselors actually work at the hospital.

*We have a designated group, and they identify times when they are coming. So we have good Peer Counselors. [In response to a respondent from another hospital in the focus group:] You say you don't have enough lactation counselors. WIC has these trained Peer Counselors that will volunteer and come to the hospital and help your patients breastfeed.*

## **Knowledge of the Ten Step Program**

Initially, participants did not know what the focus group was about beyond breastfeeding—in other words, they were unaware that it concerned the Ten Step program. In some focus groups, the program came up in conversation before the moderator introduced it. About half of the participants seemed to know about the program. In some cases, nurses from hospitals in the program were unaware their hospitals were enrolled. Others were very familiar with the program and promoted their participation widely both within the hospital and in the community at large.

*It improves marketability. We've had customers actually for that reason.*  
[Clear Lake]

*Well, you can't be a center of excellence unless you are a Ten Step Hospital.* [Clear Lake]

*I know that in order to be a Texas Ten Step hospital, you have to achieve certain criteria. In order to achieve those criteria, you still have to maintain that. So you can't just [check] off the list, "Yes we do that, that, and that," become a Ten Step hospital, and then you're done and you're a Ten Step hospital forever. You have to maintain all of those criteria.* [El Paso]

*We have it posted in all of our rooms: "This is a Ten Step Hospital." They're in the hallways, and the moms are aware of it.* [Dallas]

*I love that 8½ x 11 Texas Ten Step flier or poster because you can get it in a big size, because it states what it is. It's very descriptive, and it states exactly what the facility has to achieve or what they are doing in order to be a Ten Step Hospital ... and we also initiated having the sign-in sheet on all the exits and entrances to the hospital. So if people are coming in, they know we're definitely supporting breastfeeding.* [Dallas]

At the close of the discussion, the moderator distributed a handout describing the Ten Step program. In the groups of respondents from non-participating hospitals, many were enthusiastic about the program and thought it would benefit their hospitals. Others were concerned that some elements of the policy were unrealistic for them.

It is interesting to note that the Ten Step hospitals are more likely than non-participating hospitals to have formed a committee to oversee breastfeeding policies and promotion. Respondents from the Ten Step hospitals reported this is a good way to achieve physician buy-in to the program and to improve working relationships with doctors.

*One thing that we have found to be really helpful was, we formulated a breastfeeding steering committee that one of our pediatric faculty heads up. So we have membership from postpartum, labor/delivery, newborn nursery, NICU, even the clinic representation, and I think to me that's been major. So that's put us on the same page, and then everybody kind of has their assignments as far as what is your role and how do you delineate and delegate that within your work environment.*

*Breastfeeding is one of our hospital-wide goals.*

*That's what got us the lactation consultants, for number one. The education, because before probably two years ago, we didn't even have education on breastfeeding. [Clear Lake]*

### **Other Factors That Influence a Hospital's Breastfeeding Success**

The availability of lactation consultants, or lack thereof, was a consistent theme in the focus groups. Many of the hospitals employed them, but they typically worked from 8:00 a.m. to 5:00 p.m. Monday through Friday and were spread thin, leaving mothers who needed assistance at night or on weekends without support. Some of the hospitals, including some of the Ten Step hospitals, did not have lactation consultants.

*The lactation consultants have made a huge difference. We have three or four on the postpartum side. [Clear Lake]*

*We really need to increase our number of lactation consultants. We have no coverage after 5 p.m. I think that is our biggest downfall. Those babies want to eat at night, and there is no lactation consultant that would ever work a night shift. That comes right out of their mouth.*

Nurses were also asked how influential they thought doctors were in terms of breastfeeding. Many nurses had the opinion that most OB/GYNs and pediatricians do not involve themselves in or care much about breastfeeding issues. By contrast, respondents from a few hospitals reported having one doctor on staff who was a breastfeeding advocate, had made a tremendous difference, had had a great impact on the entire hospital breastfeeding protocol, and, in some cases, was the reason a hospital had signed up as a Ten Step hospital.

*I think our OB/GYNs don't care one way or other ... They deliver it, and then they're done with it. That's it. Don't get me wrong – they care about the patient, but breastfeeding? Who cares?*

*The OBs could care less. Yeah, the majority of our patients don't even have pediatricians picked out.*

### **Marketing the Ten Step Program**

Nurses' primary suggestion about how to promote the Texas Ten Step program was to direct the marketing effort to the head of Women's Services. They believed the effort should come from the top down and did not see themselves as having much influence on a hospital's decision to become a Ten Step hospital, although many were enthusiastic about the program.

Nurses were enthusiastic about any opportunity to learn more about breastfeeding and would welcome brown-bag lunch training from DSHS or other free training opportunities that offered continuing education units. These training opportunities would also be an excellent opportunity for DSHS to promote the Ten Step program.

## **FINDINGS FROM DOCTORS' FOCUS GROUPS**

The present section of the report offers findings from two focus groups held with obstetricians. One group (n=6) consisted of doctors from two Houston hospitals that are enrolled in the Ten Step program, and the other of doctors (n=7) from two San Antonio hospitals that are not enrolled. The questions addressed in the doctors' focus groups are similar to those addressed in the nurses' focus groups and the findings to those questions are similar.

### **Patient Concerns About Breastfeeding**

Doctors reported that the biggest breastfeeding concerns they hear from mothers have to do with doubts about whether or not they are producing enough milk and how to manage breastfeeding after returning to work. (Some San Antonio doctors indicated that just getting women to breastfeed is a concern of their own as well as support for breastfeeding mothers after they leave the hospital) One doctor in Houston mentioned that her patients are often concerned about the impact of contraception on breastfeeding, which had not previously been mentioned by other health care providers in the course of the present study.

*At Ben Taub, we like, get in fights with the lactation specialist because they tell our patients that Depo [Provera] is going to dry up their milk supply. Then we get moms who won't take contraception or we get moms who choose not to breastfeed.*

### **Hospital Protocols for Breastfeeding**

When physicians were asked about their typical protocols for discussing breastfeeding with patients, responses varied widely across and within Ten Step affiliated and unaffiliated hospitals. In both groups, there were doctors who recommended and supported breastfeeding, doctors who might mention it once early on in a pregnancy, and doctors who didn't mention it at all. Some doctors even reported giving women formula in case they needed it. Only one physician explained and wrote down for her patients multiple benefits of breastfeeding, such as losing weight, less postpartum blood loss, and fewer allergies. Others who mentioned breastfeeding were more likely simply to tell mothers it is better for the baby. Some in the San Antonio group said they ask about intent to breastfeed simply as a question on a checklist. Some doctors said they would like to educate their patients about breastfeeding but did not have the time or resources. One doctor had previously distributed a book called *The Complete Book of Breastfeeding*, but discontinued it because insurance no longer reimburses him for it.

*I usually start bringing up the topic toward the last few months of pregnancy, and try to feel out their ideas on it. I try to encourage them to breastfeed after delivery ... and tell them they can even start practicing right there in the room if the baby is doing fine enough to get on the breast. [San Antonio]*

*Usually I bring it up, too, at their first prenatal visit and kind of go over it then ... and then we usually bring it up again closer to the end of the pregnancy and give them formulas that might be helpful. Also, if need be, we usually follow up with them with a lactation consultant while they're in the hospital. [Houston]*

*I would say the majority of white patients start out breastfeeding, but we lead them to believe it's just easy and natural, and it's not that easy, so by the time you see them back in six weeks, a large majority or a large percentage are just formula-feeding because it is easier. [Houston]*

*I encourage breastfeeding with my patients. The ones that already told me that they've decided on bottle-feeding, I try to talk them out of it. I tell them to at least try to breastfeed first, and if they realize they don't like it, then go with the bottle. [Houston]*

### **Doctors' Roles in Assisting With Breastfeeding After Birth**

When doctors were asked what their role is in assisting with breastfeeding immediately following birth, some said they aren't involved because they are busy doing "other stuff" with the mom and consider it a nursing issue. Others said it is more of an issue for pediatricians. Houston doctors working at Ten Step hospitals were more likely to offer specific help, although even at these hospitals the obstetrician's top priority is tending to mom.

*I don't think we have the resources personally to deal with the actual issues. I mean, that's for the lactation specialist to deal with [with] them. [San Antonio]*

*A lot of times we walk out after the delivery, but sometimes we're there to help them with breastfeeding ... I encourage [them] to put the baby on the breast, especially if it is a normal delivery. [Houston]*

## **How Do Doctors Learn About Breastfeeding?**

Most of the doctors said they did not learn much about breastfeeding in medical school but generally learned more when they were residents, or at the hospital once they started to practice. One Houston doctor said he learned as a resident because there was one nurse in maternal medicine that really “pushed it.”

*We didn't really get much in residency, we had a course when we were interns, and then we got little lectures when we were on L&D rotations with nurses. [Houston]*

*I learn from watching the nurses help the patients as they go, and then of course the brochures that I hand out to the patients, and reading a book. But in residency there was nobody teaching me [or] anybody to do anything. [Houston]*

## **Familiarity With Hospital Breastfeeding Policy**

Like nurses, most doctors were unsure about or unfamiliar with their hospitals' breastfeeding policies. The doctors also said that policies in general are not communicated to them and they aren't likely to read a policy manual. The typical answer was, “I don't know that there is a policy.” The closest participants in both groups could come to defining a policy is captured in the following two quotes.

*Don't they have a skin-to-skin thing where their goal is to have the infant be skin-to-skin with the mother right after birth? ... but beyond that, there's not much. That's all I can think of. [Houston]*

*I think there is a nursing policy at Ben Taub that we will make it a goal to initiate breastfeeding before the baby goes to the nursery, if at all possible. It's not real rigid, but it is a stated priority. That's about as far as it goes, I think. Of course, they're not real good about communicating policies. [Houston]*

## **Hospital Breastfeeding Challenges**

Some doctors identified making sure the baby stays in the room with the mother as a challenge. Although the hospital may offer rooming in, the mother may request that the baby spend time in the nursery so she can rest. Doctors expressed concern that when this happens, nursery nurses may give the baby a bottle. Also, doctors said babies are often given pacifiers without concern for who is breastfeeding and who is not. In the Houston group, mothers who deliver at the county hospital and need a pump often have to wait 24 hours, whereas those who deliver at the private hospital receive a pump in an hour. Doctors also found the nursing staff's attitudes toward breastfeeding to be a challenge.

One doctor from a Ten Step hospital pointed out that they have a new policy to encourage breastfeeding, but that it is taking the nursing staff a while to make changes. Other doctors identified a lack of follow-up support when women leave the hospital as a challenge.

*The babies do room in with mom; that, of course, improves breastfeeding. So that is a positive on the systemic side, but I just think the L&D nurses are a big hindrance. [Houston]*

*So with breastfeeding babies, I don't see how the cribs are labeled well so that we know not to give a pacifier. [Houston]*

### **Handling of C-Sections and Other Special Circumstances**

Doctors tended to respond that a C-section does not delay breastfeeding too much if the baby and mother are healthy. A Ten Step hospital in Houston was the only one in the entire study that did not make every effort to get breast milk for babies in the NICU. The other hospitals promoted pumping if the mother and baby were separated.

### **Educating Mothers About the Potential Impact of Formula-Feeding Prior to Establishing Breastfeeding**

Doctors at the Ten Step hospitals were much more likely than their counterparts at unaffiliated hospitals to educate their patients that if they introduce formula the baby will be less likely to want breast milk and that it can affect their milk production. None of the doctors had specific protocols that defined when a baby would receive formula.

### **Rooming-in Policies and Promotion of Skin-to-Skin Contact**

The rooming-in policy varied even among the Ten Step hospitals. While one Houston hospital makes it possible, at the other babies are taken straight to the nursery after delivery. One of the Ten Step hospitals promotes skin-to-skin contact, while the other does not. Doctors at the non-participating hospitals did not promote rooming in even when it is available at their hospitals apparently because they didn't understand the value of it.

*I mean, they have one floor where they're trying to have rooming in where the babies stay with mom the whole time and don't go to the nursery ... I'm not a big fan of rooming in, personally. I think that they should go to the nursery while they're in the hospital, because the mother should have a chance to get some rest. [San Antonio]*

The promotion of skin-to-skin contact at the non-participating hospitals was described as dependent on the nurse as well as on the willingness of the patient. Doctors at hospitals in San Antonio said some patients do not want to do it. At another hospital represented in the study, babies are taken to the nursery for the first hour. One doctor said he feels skin-to-skin contact is important for bonding.

*I ask the patient, "Do you want the baby on your skin on your belly after the birth?" And there are some of them that say no, put the baby in the blanket, wrap the baby up, clean the baby. And that is fine. I'd say it is about 50/50. [San Antonio]*

Two San Antonio doctors engaged in a somewhat heated debate, one arguing that skin-to-skin contact immediately after birth is essential to bonding and the other that it is not.

*[Doctor #1:] Every patient I've delivered, I deliver that baby and put it on their abdomen and then let the mom touch it – every patient.*

*[Doctor #2:] I mean, I don't think whether you put the baby on the belly at birth or hold the baby after the baby is wrapped in a blanket makes one bit of difference as far as bonding for the child.*

### **Availability of Artificial Nipples**

As reported in the nurses' focus groups, all of the hospitals provide discharge bags with formula. None of the doctors seemed to have an issue with this. Also, babies are often given pacifiers at all of the hospitals represented in the doctors' focus groups.

### **Doctors' Perception of Support After Hospital Discharge**

It is interesting to note that, when asked what types of follow-up support mothers receive after discharge, doctors from the Houston hospitals enrolled in the Ten Step program unanimously responded "none." San Antonio, on the other hand, is one of the few sites that actually has a lactation clinic available and one doctor who handed out information on WIC.

*We have a list in our office of all the WIC clinic. People bring us these pink forms with all the WIC stations around the city and where they can be contacted ... and we distribute them. [San Antonio]*

## **Awareness and Knowledge of the Ten Step Program**

None of the doctors from the hospitals enrolled in the Ten Step program were aware that their hospitals were in the program. Once they reviewed the information about the program, they thought it was a good idea and suggested training for their residents. Doctors also suggested promoting the program at their professional meetings and through the American College of Obstetrics and Gynecology.

*In the last three years, I know we've had one-and-a-half-hour sessions dedicated to breastfeeding for our residents ... The program director would be the avenue to reach the residents in training for OB/Gyn. If you're exposed to it in residency, you carry it with you into practice.* [Houston]

*Doctors in San Antonio also thought the program was a good idea, but one doctor said he thought it would require more staff.*

*I can see the program and kind of the ideal for our hospital to strive for, but it would require more staffing, and that is not going to happen. So you have to have ancillary help to give patients the support they need.* [San Antonio]

In closing, none of the participants in the doctors' focus groups were aware of the Ten Step program, but once they were introduced to it they thought it was a good idea. Physicians at the two Ten Step hospitals represented in these focus groups were slightly more likely than their peers at hospitals not registered with Ten Step to follow the suggested Ten Step policy. The doctors' promotion of breastfeeding varied widely, with some doctors committed to educating their patients while others simply included a women's breastfeeding decision as part of a routine check-off question. In general, the doctors in the focus group are not very involved in assisting women with breastfeeding.

# TEXAS TEN STEP HOSPITAL PROGRAM 2008 CLIENT EVALUATION COMPLETE REPORT

## **CLIENT OBJECTIVES**

Specifically, the research evaluated breastfeeding support services at Texas Ten Step facilities to determine:

- how compliant hospitals are with the current Texas Ten Step guidelines;
- what types of breastfeeding support WIC clients received at the hospital before, during, and after delivery;
- how the hospital's breastfeeding support services affected WIC clients' efforts to initiate and continue breastfeeding their newborns; and
- client recall of the Texas Ten Step program and what it means.

## **DATA ANALYSIS**

While conducting the client interviews, researchers became aware of some factors that may have affected the findings:

- During the interviews, clients were asked to recall specific information about their hospital stay as well as details on what they learned about breastfeeding – either through prenatal classes or in one-on-one teaching sessions with hospital nursing staff or lactation consultants. Many had difficulty precisely recalling breastfeeding information they may have learned and used while breastfeeding. One possible explanation for this inability to recall specific information is that all but one of the respondents had stopped breastfeeding by the time of the interviews. Given the parameters of the interview guidelines and the phone interview format, it was not possible to determine if the respondents had forgotten information because they no longer needed it, or had actually never learned much about breastfeeding basics.

- There were also instances in which respondents said that their sense of elapsed time and the order of events during their hospital stay were somewhat hazy due to the physical demands of birthing and the use of anesthetics and, in some instances, painkillers. Again, it is difficult to determine how much of an impact the birthing process had on the respondents' ability to recall the specifics of the hospital stay in great detail.

## **METHODOLOGY**

### **Recruitment**

Prospective WIC client respondents were contacted by telephone and were each asked to participate in a one-on-one, 30-minute phone interview about their hospital breastfeeding experience before, during, and after delivery. At the end of the interview, the participant was informed that a stipend would be mailed to her.

### **Client Demographics**

This section of the report presents findings from 35 clients from 16 different Texas cities and towns who had given birth at 21 different Texas Ten Steps hospitals. Sites included Allen, Amarillo, Austin, Beaumont, Edinburg, Fort Worth, Garland, Houston, Lubbock, New Braunfels, Plano, San Antonio, Stephenville, Tyler, Uvalde, and Webster.

- **Age:** 34% (n=12) of all respondents were 22–25 years old, while an additional 29% (n=10) were 18–21 years old.

<b>Participants' Age (in years)</b>	<b>% of Participants*</b>	<b># of Participants</b>
18-21	29	10
22-25	34	12
26-30	17	6
31-35	11	4
36-40	9	3
41+	0	0
<b>Total</b>	<b>100</b>	<b>35</b>

\*Rounding of decimals may cause the Total Percentage to be slightly above or below 100%.

- **Education level:** 46% (n=16) of respondents have a high school education or less, while 54% (n=19) have some college or have graduated from college.

<b>Level of Education</b>	<b>% of Participants</b>	<b># of Participants</b>
Elementary school	0	0
Up to 8th grade	0	0
Some high school	23	8
High school graduate	23	8
Some college	46	16
College graduate	9	3
Never went to school	0	0
<b>Total</b>	<b>100</b>	<b>35</b>

- **Ethnicity:** 43% (n=15) of respondents were Hispanic/Latino; the second largest ethnic group represented in the survey was Caucasian, at 29% (n=10) of all respondents.

<b>Ethnicity</b>	<b>% of Participants</b>	<b># of Participants</b>
African-American	23	8
Asian	0	0
Caucasian	29	10
Hispanic/Latino	43	15
American Indian	0	0
Other	6	2
<b>Total</b>	<b>100</b>	<b>35</b>

## **FINDINGS**

### **Client Background and Breastfeeding Experience**

In an effort to determine clients' backgrounds and breastfeeding experience, each interview session began with a series of questions about the client's family. Researchers asked clients to specify how many children they had, and their ages; how old their babies were; if this was their first breastfeeding experience; whether they were currently breastfeeding their babies; and, if not, when and why they stopped breastfeeding.

Of all respondents, 49% (n=17) were first-time mothers and the remaining 51% (n=18) had already had children, who ranged in age from three months to 17 years old.

<b>Number of Children</b>	<b>% of Participants</b>	<b># of Participants</b>
1	49	17
2	26	9
3	20	7
4	6	2
Total	100	35

It is interesting to note that first-time mothers were not the only respondents to report they were breastfeeding for the first time.

- **Fifty-seven percent (n=20) of all respondents breastfed for the first time. Three mothers who already had children were in this group:**
  - A working mother with four children who learned about breastfeeding through the hospital. Her other three children were born at the same hospital.
  - A mother with two children who learned about breastfeeding through WIC and friends.
  - A mother with two children who heard through WIC that breastfeeding was cheaper and better for the baby, so she decided to try it. Her baby was born prematurely and stayed in the hospital NICU for three weeks. The mother pumped milk until her baby was released from the hospital; then she stopped breastfeeding altogether.

- **Thirty-four percent (n=12) of all respondents had breastfed previously.** Twenty-three percent (n=8) had breastfed all their children, while 11% (n=4) breastfed some of their children. The four mothers who did not breastfeed all their children included a single mother of three who works for a national corporation that is not breastfeeding-friendly and three mothers (each with three children) who had had bad breastfeeding experiences with their first child.
- **Nine percent (n=3) of all respondents** wanted to breastfeed but were unable to do so for medical reasons.

### **Baby’s Age and Current Breastfeeding Status**

The respondents’ babies ranged in age from three to nine months old at the time of the interviews. Seventy-one percent (n=25) of the babies were three to six months old.

<b>Babies’ Age*</b>	<b>% of Participants</b>	<b># of Participants</b>
3 months	9	3
4 months	9	3
5 months	23	8
6 months	31	11
7 months	17	6
8 months	9	3
9 months	3	1
Total	100	35

\*At time of survey.

- **Breastfeeding Status:** When asked if they were currently breastfeeding their babies, 97% (n=34) of all respondents said that they had stopped breastfeeding. Of 35 mothers, only one was still breastfeeding (her baby was four months old). A discussion of their reasons for stopping will be covered later in this report.

### **Prenatal Services and Education**

Respondents were asked a series of questions to determine where they first learned about breastfeeding; how they chose their hospital; whether they knew if their hospital offered breastfeeding support; and whether it mattered to them if there was someone at the hospital to offer them breastfeeding support.

Prenatal education about breastfeeding plays an important role in helping prepare the mother for the breastfeeding experience. In order to determine what respondents may have learned about breastfeeding prior to giving birth, they were also asked questions related to breastfeeding education: whether they attended any kind of prenatal classes, what they had learned in class, and how it prepared them to breastfeed.

### **Making the Choice to Breastfeed and Choosing a Hospital**

- **Breastfeeding choice was influenced by a family member, WIC, or the doctor:** When asked how they first learned about breastfeeding, more than half of the respondents cited a family member who breastfed (grandmother, mother, or sister), breastfeeding information from WIC, or their doctor as their first source of information.

*When I went to WIC they said it was better to breastfeed than to give formula.<sup>1</sup>*

*The nurses at the hospital with my first child. I was reluctant, but they persuaded me to.*

*When I went to the doctor, they suggested breastfeeding and gave me handouts, and when I applied for WIC they gave me handouts.*

*Because my mom told me that if I breastfed that it would keep me more connected with my daughter.*

- **Choice of hospital usually depended on where their doctor delivered:** Almost 50% (n=17) of respondents said that the determining factor was where their doctor delivered; convenient hospital location ranked second.
- **Breastfeeding support at the hospital was important to respondents:** 60% (n=21) of all respondents said they knew that the hospital offered breastfeeding support, and an almost equal percentage - 54% (n=19) - agreed that it mattered to them that such support was offered.

*I knew from previous experience with my daughter [her first child]. They had a starter kit that they let me take home, with a breast pump.*

*I didn't know it beforehand, but I was happy it [breastfeeding support] was there.*

*It's nice to have somebody there to help you out and talk you through it.*

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<sup>1</sup> Throughout this report, all quoted client comments appear in italics.

*Not that important. I knew that I had WIC to fall back on for information and help.*

### **Prenatal Classes and Their Educational Benefits**

- **Only 26% (n=9) of respondents attended prenatal classes.** Mothers said that prenatal, child-birthing, and breastfeeding classes were offered at a variety of locations, including the hospital, WIC, and in one instance, even through a high school class for pregnant students. Mothers who had breastfed before and some working women were less likely to take prenatal or child-birthing classes.

*They offered from the hospital, from WIC, but I took it from my high school.*

*A child-birthing class offered at the hospital, and the breastfeeding class was also through the hospital.*

*I attended WIC breastfeeding classes after I had the baby.*

- **The amount and type of breastfeeding information presented varied from class to class.** When asked to describe what they had learned in class, responses were mixed. Some respondents said that breastfeeding was touched on but not covered extensively, while others said they learned how to prepare for delivery. Still others said they received more detailed breastfeeding instruction, including specific information about how the baby latches on, how to store milk, what cream to use for sore nipples, etc.

The disparity in breastfeeding information available to pregnant women through classes suggests that some women may attend prenatal classes and yet not learn enough to prepare them for the breastfeeding experience. In addition to learning about the health benefits of breastfeeding, pregnant women need detailed information on the management of breastfeeding so they can make informed decisions that are more likely to ensure a successful experience. This means learning specifically why breastfeeding is important, what it entails, and what to expect - not only at birth but in the weeks and months that follow.

*They touched on breastfeeding but did not have any extensive information.*

*It was held in the hospital, how to make him latch on and all the benefits and how you can do it any time, how to store milk and use a pump.*

*Through the WIC program, the correct way for the baby to latch on, how much milk to give.*

*It was less expensive, convenient, healthier for the baby. What cream to use. How to store milk and how the milk really starts to come in the fourth day. How the baby's supposed to latch on.*

- **Respondents had mixed feelings about how well the classes had prepared them to breastfeed.** Some respondents said they had learned a lot, or that it made them more comfortable about the prospect of breastfeeding. However, other respondents felt that the class either wasn't helpful or covered information they already knew.

*Everything that was covered I already knew.*

*They did a really good job. It was very educational.*

*I don't think it helped that much. They talked about breastfeeding but not completely. They offered a separate breastfeeding class. I didn't take the class because I just figured it would come naturally to me.*

## **Delivery and Hospital Stay**

In order to determine how breastfeeding was supported during the hospital stay, respondents were asked to describe how their delivery went; how soon they were able to breastfeed after giving birth; whether the baby roomed in with them; how the hospital staff helped them breastfeed; whether they were visited by a lactation consultant; what problems or challenges they faced with breastfeeding; what things at the hospital may have interfered with their opportunity to breastfeed; and whether they were separated from their babies at any time.

Respondents were also asked to evaluate the staff's knowledge about breastfeeding, what they were taught about basic breastfeeding issues, and what they were taught about managing milk supply.

The third focus regarding the hospital stay was the use of formula and pacifiers. Respondents were asked whether anyone on the staff told them they had to give their babies formula; whether the hospital staff gave their babies pacifiers without their consent or encouraged them to give their babies pacifiers; and whether they were given any advice on the effect of bottles or pacifiers on their ability to breastfeed.

### **Delivery and Breastfeeding Initiation**

While one of the Texas Ten Step goals is to initiate breast-feeding within one hour of birth—and, ideally, within 30 minutes—it should be remembered that how quickly breastfeeding is initiated depends in part on how stable mother and baby are following delivery, as well as on how busy and well-staffed the Labor & Delivery unit is at the time of delivery.

<b>Type of Delivery</b>	<b>% of Participants</b>	<b># of Participants</b>
Vaginal	69	24
C-Section	31	11
Total	100	35

### Vaginal Delivery - Breastfeeding Initiation

- Fifty percent (n=12) of those who delivered vaginally breastfed within the first hour.
- Seventy-one percent (n=17) breastfed within two hours of delivery.

<b>Vaginal Delivery: How soon mothers breastfed after delivery</b>	<b>% of Participants</b>	<b># of Participants</b>
Right away	25	6
Within an hour	25	6
Within 2 hours	21	5
Within 3-5 hours	8	2
Within 6-10 hours	13	3
Within 24 hours	0	0
Baby in NICU – pumped milk	8	2
Total	100	24

Note: Percentages and frequency numbers are based upon the total number of respondents who had vaginal deliveries (n=24).

*They took him and got him cleaned up within an hour and I started breastfeeding.*

*Right after I had her.*

### C-Section Delivery – Breastfeeding Initiation

- Sixty-three percent (n=7) of those who delivered by C-section had breastfed within the first two hours after delivery.

<b>C-Section: How soon mothers breastfed after delivery</b>	<b>% of Participants</b>	<b># of Participants</b>
Within 1 hour	27	3
Within 2 hours	36	4
Within 6-10 hours	9	1
Within 24 hours	9	1
Did not breastfeed (on medication)	18	2
<b>Total</b>	<b>100</b>	<b>11</b>

Note: Percentages and frequency numbers are based upon the total number of respondents who had C-section deliveries (n=11).

*In recovery, right after they got her cleaned up.*

*I was still in recovery, so within the first hour.*

- In instances when there were health concerns for mother, baby, or both, breastfeeding was not initiated as quickly.

*The same day. It took me a while to wake up. I gave birth at 2:30 a.m. and they brought her in to me around 8 or 9 a.m.*

*My baby was in the NICU for four days. She had a hole in her lungs. When she got out of NICU, that's when I started to breastfeed. But when she was in the NICU, the nurse brought me a breast pump and I was pumping every three hours.*

- **Nine percent (n=3) could not breastfeed.** Even though these mothers wished to breastfeed, conditions did not permit them to do so.

*After I delivered, my blood pressure was still too high, so he was put on the bottle. I tried breastfeeding two days later, but he wouldn't latch on.*

*I wasn't allowed to breastfeed because I had a high fever, my heart rate was slowing down and my oxygen level was low. I was there for five days and on antibiotics. I did want to breastfeed but could not. ... They couldn't get my fever down and the doctor said maybe it's because of the milk, because I was really full. They brought in a breast pump and I would pump and they would throw it away because of the medicine in it. That went on for two days. I didn't ask if I could breastfeed later.*

*He did not want to breastfeed. He didn't like it and spit it out. So the doctor said to switch to formula. They gave him formula the first day. I still tried, but he wouldn't do it.*

- **Two mothers did not initiate breastfeeding because their babies were given formula.** Two mothers (one who delivered vaginally and one who had a C-section) recounted that their babies were taken to the neonatal nursery for monitoring and were given Similac formula. It was not clear whether this was a part of hospital protocol or an individual judgment made by the attending physician or nursing staff. Both mothers eventually breastfed their babies.

*They left her in the nursery for 10 hours [to get her body temperature higher] and when they brought her to me they said they had already fed her. Formula Similac is what they gave her.*

*They took him to the neonatal nursery and he was really cold and his blood pressure went up, so they wanted to keep an eye on him. My blood pressure went up, too. And afterwards, I slept for two hours. They didn't bring him to me until two hours after I woke up. They automatically gave him the Similac formula. I didn't breastfeed until I got home.*

### **Rooming In**

- **Eight-nine percent (n=31) of all respondents said their babies roomed in with them.** It should be noted that despite researchers' repeated attempts to define and clarify the concept of rooming in, respondents' understanding of the term and recall of what took place were mixed. Forty-six percent (n=16) said they kept the baby with them and were separated only for routine tests, baths, or to be checked by the doctor; 43% (n=15) sent the baby to the nursery for a few hours at night so they could get some rest; and 11% (n=4) did not room in because their babies were either in NICU or being kept at night in the nursery for observation.

### **Assistance with Breastfeeding**

Among those respondents who were able to breastfeed, all said they were given some form of breastfeeding assistance from hospital staff. However, some respondents reported that a lactation consultant never came to see or assist them.

Half of the mothers who delivered vaginally were able to breastfeed within the first hour, while more than half of those who delivered by C-section were able to breastfeed within the first two hours.

- **Ninety-seven percent (n=34) of respondents received breastfeeding assistance from hospital staff:** the nursing staff, the lactation consultant, or both.
- **Seventy-one percent (n=25) of the mothers said that a lactation consultant assisted them.<sup>2</sup>**

*They had a lactation consultant. She helped with another way to hold the baby – like a football so I would be more comfortable. She showed me how to get the baby to latch on. I talked to the lactation consultant about breastfeeding and asked if I could do both [breast milk and formula]. And she said yes and explained how to do it.*

*After I delivered, my blood pressure was still too high, so he was put on the bottle. I tried breastfeeding two days later, but he wouldn't latch on. The lactation consultant tried to help me. We did not try again.*

*I couldn't get him to latch on, and they helped me with that and brought in a breast pump at one point. They stayed with me for at least two to three hours because I was only 16 and I was really nervous. The lactation consultant who helped, she's very thorough.*

*They came in and showed me how to get him to latch on, how to hold him, how to massage my breasts to get more milk. The lactation consultant showed me.*

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<sup>2</sup> In the staff portion of the Ten Step study, findings suggest that lactation consultants are often in short supply. Some are only part-time employees or may be flexed out according to fluctuations in hospital census. Many lactation consultants only work during the week and are not available on weekends. Therefore, if a baby is born on the weekend, there is a strong likelihood that a lactation consultant will not be available to assist with breastfeeding initiation and/or problems.

- **Twenty percent (n=7) of respondents said that they did not see a lactation consultant at all**, while 9% (n=3) were not sure whether one had visited them or not. Of the mothers who did not see a lactation consultant, one wondered if none came because she had breastfed previously, while another mentioned she gave birth on a busy weekend, speculating that that may have been why she did not see a lactation consultant.

*No lactation consultant. I never saw her. I asked the regular nurse for assistance and a breast pump and help on how to use it. They brought the pump but no one ever explained how to use it.*

*They didn't really help me with anything. The only thing was, the staff in the nursery told me that if it was too difficult they would go ahead and give him formula. They had me time how much he was suckling on each breast. They knew that I had two other children that I had breastfed. ... Someone from the WIC office came to see me when I was at the hospital. I asked to see a lactation consultant, but no one came to see me. I had my baby on the weekend, and maybe that's why no one could help me. I wanted to find out about a device to help me with the nipple problem [inverted nipple]. I wanted to have a nipple shield. WIC supplied me with the hand pump, the manual and the nipple shield. The hospital referred me to home health services. I got more help from WIC than the hospital.*

*A nurse came in and showed me how to get him to latch on and gave me some pointers. Just a nurse, but they gave me a number for a lactation consultant. [Mother of two; this was her first breastfeeding experience.]*

### Staff Assessment of Breastfeeding

- **Fifty-one percent (n=18) of respondents said the staff checked on their breastfeeding anywhere from every 30 minutes to every 3–4 hours.** According to the Texas Ten Step guidelines, staff should assess breastfeeding within six hours of birth and at least once per shift. Thirty-four percent (n=12) of all respondents said that they were checked every two hours.

<b>How often did staff check on your breastfeeding?</b>	<b>% of Participants</b>	<b># of Participants</b>
Every 30 minutes	6	2
Every 2 hours	34	12
Every 2–3 hours	6	2
Every 3–4 hours	6	2
Every 6–8 hours	20	7
Once during stay	3	1
Not at all	3	1
Does not remember	11	4
Baby in NICU	9	3
Did not breastfeed	3	1
Total	100	35

### Opportunity to Breastfeed

- **Ninety-one percent (n=32) of respondents said nothing at the hospital interfered with their opportunity to breastfeed.** If the baby stayed in the nursery for a few hours so the mother could rest, the night staff would bring the baby back to her when hunger cues were evident or would respond promptly if the mother requested the baby be brought to her for feeding.

*They brought the baby to me when she was hungry.*

*Any time that I needed to breastfeed they would bring her back.*

### Mother–Baby Separation and the Opportunity to Breastfeed

- In the case of mother–baby separation for medical procedures or testing, most respondents said that the separation was planned out in advance to avoid conflicting with feeding times.

*They told me a day ahead about the EKG and they said to feed him before they took him for his EKG.*

*They would give me a warning about when they would take him away, so they would let me breastfeed first. They always made sure that they didn't interfere with the schedule that we were trying to get.*

*They did it [circumcision] between feedings so that he would not be screaming and crying because he was hungry.*

*They had to bring her back once to breastfeed. I didn't have to ask. They just stopped the test, brought her back to breastfeed and then took her back. It is a pro-breastfeeding hospital.*

*They told me that they would bring her back when she needed to eat.*

### **Formula and Pacifier Use at Hospital**

Hospital staff clearly promoted breastfeeding as the feeding method of choice: 97% (n=34) of respondents said no one at the hospital told them they had to give their babies formula.

As for pacifiers, however, 26% (n=9) of respondents said that a member of the hospital staff had given their babies pacifiers without their consent. In most cases, when the mother requested that the baby be taken to the nursery for a few hours at night so she could get some rest, the baby would come back from the nursery with a pacifier in its mouth. In other instances, any time the baby was taken away from the mother—for example, for a bath—the baby would come back with a pacifier in its mouth. Some mothers did not feel comfortable telling the nurse that they did not want their babies to have pacifiers or asking the nurse why she or he had given one to the baby without her consent.

*He was going to the nursery and I had called for them to bring him to me and when they did, he had a pacifier in his mouth. He had been sucking on it a while. After that, he was hooked. I didn't want him to have one because my two daughters never had them. ... I was upset about them giving him a pacifier. I voiced that I was upset that it happened and didn't want him to have one. The nurse apologized and they put a sign in his crib for no pacifier, but it was already too late.*

*He was at the nursery and when he came back he had the pacifier. I told her [the nurse] I didn't want him to have it and she said she didn't know.*

*They gave it to him without asking me. Every time they brought him to me, he had it in his mouth.*

In a few instances, the pacifier was not given to the baby directly; it was placed in the crib.

*I know they took her to clean her up, and when they brought her back there was a pacifier lying in her bed.*

*They put one on the crib. I tried it once but she didn't like it so we never used it.*

Four respondents said that they were encouraged to give their children pacifiers:

*We gave him a pacifier. It was the lactation consultant who suggested it. Ever since he was born, he was sucking on his hand, so it was better for him to suck on a pacifier than on his thumb.*

*They said sometimes it helps soothe him; he was a little fussy. I think it was because he wasn't getting enough to eat because when I switched to giving just a little bit of formula, that's when he stopped being fussy and seemed to be more satisfied.*

*The nurse said it was okay because she wanted something in her mouth. Now she doesn't like it anymore.*

Some respondents said they gave their consent for the staff to give their babies pacifiers or brought one with them to the hospital:

*They had my consent to give a pacifier. It was on a form that I filled out when I got to the hospital.*

*They asked if I wanted one and I said yes.*

*I'd already bought one that I wanted them to use. I didn't want him to get used to the big flavored one.*

Only 6% (n=2) of all respondents said that their hospitals did not provide pacifiers.

### **Effect of Bottles or Pacifiers on Breastfeeding**

When asked what advice they were given about the effects of bottles or pacifiers when trying to breastfeed, 46% (n=16) of respondents said they could not remember learning anything about it. Among those respondents who did recall learning something, the range of responses to this question suggests that participating mothers did not receive consistent information about the fact that using pacifiers or bottles while trying to breastfeed may cause nipple confusion and make it harder for the baby to latch on.

In some instances, mothers said they learned about the negative effect of bottles on breastfeeding, but were not instructed about the negative effect of pacifiers. In fact, some mothers said they were told that pacifiers were okay for the baby.

*... not so much in the hospital. My doctor didn't want us to do the bottle as long as we were breastfeeding. He didn't care about the pacifier as long as it was gone before the baby was a year old.*

*They said pacifiers were okay, but not the first couple of weeks when the baby's trying to breastfeed. They mentioned a certain kind of pacifier [to use as] a breastfeeding pacifier. As for bottles, they never said anything.*

*They said the pacifier wasn't much like the breast, but it's good for him to suck and it would take a while to get used to it. With the bottle, don't use it for a couple of weeks just so he could get used to the breast.*

*I know that most doctors don't encourage a pacifier, but he liked to suck a lot, so he would use me as a pacifier, even when he was full. So I requested a pacifier. One of the nurses said that it was okay because I was getting pretty sore. There was never an issue about bottles because I wasn't using any at all.*

*On pacifiers, I wasn't given any information. With nipples, they talked about the different types of nipples. But they did recommend glass bottles, so that was something new that I learned.*

### **Breastfeeding Challenges at the Hospital**

More than half of the respondents said that they had no breastfeeding challenges during their hospital stay; slightly fewer than half said they encountered some problems breastfeeding.

- **Fifty-one percent (n=18) of all respondents said that they did not encounter any breastfeeding challenges or problems during their hospital stay.**

*No, anytime you start doing that [breastfeeding] there's pain involved the first couple of times. It's trying to get used to it again, adapt to it.*

- **Forty-six percent (n=16) had problems breastfeeding:** The most common challenge was latching on. The second most common issue related to nipple or duct problems, such as collapsed or inverted nipples and plugged ducts.
- **Three percent (n=1) did not breastfeed at the hospital.**

Breastfeeding Problems	% of Participants	# of Participants
Trouble latching on	20	7
Painful nipple/duct problems	14	5
No milk/not enough milk	3	1
Engorged	3	1
Baby did not want breast milk	3	1
Baby wouldn't feed very long	3	1

- First-time mothers who had problems breast-feeding did not seem aware of common breastfeeding issues such as positioning the baby for a comfortable latch, or that it was possible to experience some cramping while breastfeeding. This suggests that the mothers' general breastfeeding knowledge about what to expect may have been lacking. In addition, mothers who encountered problems with latching on may not have known or been advised that babies who have been given formula prior to breastfeeding may not be as willing to latch on as babies who go straight to the breast.

*Yeah, my nipples got really sore. It made my stomach hurt a lot. Mostly the nurses said I had cramping and that was normal.*

*The baby wouldn't latch on a lot and sometimes she would fall asleep instead of eating. The nurses were the ones who helped me. [The baby was kept in the nursery for the first 10 hours to get her temperature up and was given Similac formula before the mother attempted to initiate breastfeeding. Mother had breastfed previous child.]*

*She didn't want to latch on really, so the lactation consultant would come in and help me position her. She explained things to me. It's just that my nipples would go in. I had them pierced at one time and that might have caused it. The lactation consultant didn't realize that it was a problem.*

*They would come in and provide support when I was trying. They would guide me through the experience. The lactation consultant came in and was very helpful. The next day they figured out that the nipple was collapsed. They offered a nipple shield but it didn't work. ... He did not latch on. They came in to help me every two hours, but he would not latch on. After a day of his not latching on, I decided to go with formula.*

*I thought I was doing it right and when the lactation consultant finally came in, she showed me the proper way. I tried it a couple of times. Before she showed me, my baby had problems latching on and it was kind of painful. I just thought that was how it was supposed to be.*

### **Staff's Breastfeeding Knowledge**

The vast majority of respondents (91%, n=32) said that the breastfeeding knowledge of the staff was solid. On a scale of 1 to 5, 51% (n=18) gave it the top rating of *excellent*, 29% (n=10) rated it as *very good*, and an additional 11% (n=4) rated it as *good*.

<b>Staff's Breastfeeding Knowledge</b>	<b>% of Participants</b>	<b># of Participants</b>
Excellent (5)	51	18
Very good (4)	29	10
Good (3)	11	4
Fair (2)	3	1
Poor (1)	0	0
Not applicable*	6	2
<b>Total</b>	<b>100</b>	<b>35</b>

\*Did not breastfeed or did not breastfeed at hospital.

*5 – because they really made me understand everything.*

*I'd rate them a 7. I liked them a lot. The nurses were great. They were coming to see me all the time. They helped manage my pain. And one time when the baby was choking, they came right away. That happened in the first two hours.*

*5 – when I asked for help they tried to help. They gave me literature for it; I was frustrated and crying and they tried to help me all they could.*

*5 – the nurses in delivery were the ones who really helped me a lot. They showed me everything. She [the midwife who delivered her baby] was a breastfeeding mom herself.*

*5 – they were very helpful and knowledgeable. I've had three of my children there and they gave me information, answered my questions. They gave me a bag for the lactation center. A consultant is there to help you. They have pumps and they do a lot of their prenatal classes there. They are very, very good with their patients.*

Some respondents wanted to rate the lactation consultant and the staff separately because they noticed a difference in knowledge, while others noticed inconsistencies in what they were told by different staff members.

*5 – because the lactation consultant was very helpful and answered all my questions. The nursing staff I would rate a 4, because they could answer [only] some of my questions – mainly at night when the lactation consultant was not available.*

*The lactation consultant was a 5. She knew a lot. But the staff was a 3 because I'm pretty sure they knew some things but they just assumed that I knew what I was supposed to do. I didn't know what questions to ask.*

*4 – sometimes when I would ask them questions – like I was asking, should I feed her from just one side or should I switch – she just looked at me weird.*

*4 or 5 – any nurse would answer my questions. The biggest thing was you might hear one thing from one nurse and another thing from another nurse. When he was feeding they'd say 20 minutes on one breast and then 20 minutes on the other. But he would cry because he wanted more. So one nurse told me that 20 minutes was enough. Anything more than that, he would be using me as a pacifier. The other nurse said he should feed as long as he wanted to make sure he was full.*

Among respondents who gave staff knowledge lower ratings were those who felt that staff members didn't fully explain what to expect during breastfeeding; staff members may have assumed that someone who already had children would know what to do when breastfeeding; or staff members may not have offered as much breastfeeding information to someone who had decided to do a combination of breastfeeding and formula.

*4 – I felt like I didn't have a lot of questions to ask because I didn't know what to ask. I felt like I wasn't completely informed with the decision. I had severe cramping when I breastfed and nobody ever told me it was normal. I found out later from my sister-in-law, who breastfed all three of her kids, but this was later on.*

*3 – because the first baby, I think they were helping me more then, and this time they didn't help me or try to. They weren't going to bother. I told them that I had trouble with the first one [breastfeeding her first child] but they didn't try to help me.*

*3 – because there were certain times that I felt that I could have had more help. And I guess they thought that I knew what I was doing. They did talk to me, but not necessarily all that helpful. When I asked questions, they would just say that I was doing great – almost like they were putting me off.*

*4 – because there are some things you [the researcher] asked about that make me wonder how much they taught me. I'm not sure if that's because they knew that I was going to do both – breastfeed and formula. ... They asked me what I preferred. No one said anything about breastfeeding 100%. The lactation consultant did not stress that I need to just 100% breastfeed.*

While most respondents clearly felt that staff and lactation consultants were knowledgeable about breastfeeding, a few responses indicated that hospital staff may not always remember that giving birth and breastfeeding can be a new, sometimes difficult experience for mothers. For example, first-time moms or moms with other children who are breastfeeding for the first time may not know what to expect or what questions to ask. They may be groggy from anesthesia, exhausted from labor, or a bit intimidated by their surroundings.

*The nurses and LCs are used to being around breastfeeding and they have to realize that new moms are not that comfortable about breastfeeding. I might not be as comfortable about trying it as they are. They forget that it's a little awkward for new moms. They just [want you to] go for it, but this is the first time to breastfeed and exposing your body to strangers. It's not just your private body [anymore], it's there and everybody is looking.*

*5 – they knew their stuff. They just got a little annoying, just like at the WIC office where they lectured me about not bottle feeding. If I heard the lactation consultant coming I would pretend I was asleep. After somebody has been through that [14 hours of labor and a C-section], they just want to go home.*

### **Mothers' Breastfeeding Knowledge**

A series of questions was asked to determine what the respondents knew or had learned about breastfeeding through prenatal classes or one-on-one teaching during their hospital stay. The questions were designed to determine whether or not mothers had been taught to recognize breastfeeding basics such as spotting early hunger signs, managing milk supply, the effect of bottles or pacifiers on breastfeeding success, and the importance of establishing breastfeeding before introducing formula.

#### **Basic Breastfeeding Knowledge**

- Sixty-nine percent (n=24) of all respondents said they learned how to tell when their babies had enough breast milk.
- Sixty percent (n=21) knew how to spot early hunger signs.
- Fifty-four (n=19) percent knew how to tell when their babies' feeding routine was normal.

- Only 43% (n=15) said they knew how to tell which changes in the baby's routine were normal as he or she went through growth spurts and started on solid foods.

<b>Were you instructed in any of the following topics?</b>	<b>% of Participants</b>	<b># of Participants</b>
How to tell when your baby has had enough breast milk	69	24
How to spot early hunger signs	60	21
How to tell when your baby's feeding routine is normal	54	19
How to tell which changes in your baby's routine are normal as he/she goes through growth spurts and starts solids	43	15

### **Managing Milk Supply**

When asked to describe what they were taught about managing milk supply, the respondents' answers clearly indicated confusion about what the term meant.

Forty-nine percent (n=17) of respondents said managing milk supply meant pumping and storing milk, and 34% (n=12) either said they were not taught about it at all or did not remember. Nine percent (n=3) said managing milk supply meant watching what to eat and drink.

<b>What were you taught about managing milk supply?</b>	<b>% of Participants</b>	<b># of Participants</b>
Pumping and storing; amounts	49	17
Not taught/don't remember	34	12
What to eat and drink	9	3
Did not breastfeed	6	2
Gave me booklets	3	1
Totals:	100	35

The respondents' answers to this question varied a great deal, ranging from specific information about stimulating and maintaining milk production, to pumping and storing milk, to not learning anything. It is not clear whether these mothers were taught about the importance of establishing and maintaining their milk supply to ensure consistent milk production once they went home.

*I can't recall that they did [tell me anything]. I remember after being here at home and trying to pump at home that I didn't know anything about managing the milk supply. And I had a hard time pumping. I didn't have a very good flow, so it was very frustrating. When he nursed, it was fine. But I couldn't pump enough to give him a bottle.*

*They explained how to store it and they gave me the WIC number for formula if I did decide to switch to formula.*

*They came in and explained about rotation on each side and how to wake him if he was sleepy. So we were stimulating his feet to get him to wake up. And they talked about keeping a breastfeeding log.*

*They explained about supply and demand. When I left the hospital and I ran out, I called to find out what I should do and they told me to pump to see if that would help me produce more, but that didn't work.*

*To alternate breasts. That's all.*

## **Discharge and Outpatient Services**

Respondents were asked a series of questions relating to their breastfeeding status at discharge; whether they received a diaper bag with formula samples and ads; what advice they were given about establishing breastfeeding before introducing formula; what types of outpatient services the hospital offered, and whether they made use of them; and what other types of breastfeeding resources (such as hotlines and WIC Peer Counseling) they might have been informed about or used.

### **Breastfeeding Status at Discharge**

At discharge, 60% (n=21) of all mothers said they were breastfeeding exclusively, 26% (n=9) were using a combination of breast milk and formula, and 14% (n=5) were giving their babies formula exclusively.

- All of the 26% (n=9) of respondents who were using a combination of breast milk and formula had requested to do so. Some of them were going back to work and felt it would be easier and more convenient to use a combination, while others, who had experienced breastfeeding problems in the past or were not certain they could breastfeed exclusively, felt more comfortable doing a combination.

*I don't think I was producing enough, because I had him in a good position. He didn't stay eating long enough. Sometimes he would stop eating and I would try to get him to latch back on, but he wouldn't. I talked to the lactation consultant about it, but she just told me to keep on trying and if I felt the need to supplement with formula, not to be discouraged.*

*I work at a dental office and it was too hard to pump.*

*I said I wanted to breastfeed and do formula because I had [breastfeeding] problems with my first child.*

Of the five mothers whose babies were on formula exclusively, three could not breastfeed because of a medical condition (high blood pressure, on antibiotics, on painkillers); one mother had a collapsed nipple and the baby would not latch on; and another's baby spit out the breast milk and would not latch on, so the doctor ordered the switch to formula.

<b>Breastfeeding Status at Discharge</b>	<b>% of Participants</b>	<b># of Participants</b>
Breastfeeding exclusively	60	21
Breast milk and formula	26	9
Formula exclusively	14	5
Total	100	35

### **Diaper Bag with Formula Samples and Ads Given at Discharge**

A majority of respondents said they did receive diaper bags containing formula samples and advertisements at discharge. The prevalence of formula in discharge bags sends a mixed message to breastfeeding mothers, who may feel that "free" formula is not only a perk for delivering at the hospital, but also a feeding alternative that is condoned and encouraged by the hospital.

- Eighty-six percent (n=30) of all respondents said they received formula samples and ads in diaper bags at discharge. When asked what they did with them, 97% (n=34) of those who received formula samples and ads said they used them.
- Of the 14% (n=5) who said they did not receive diaper bags with formula, one respondent was upset that she did not get the free formula; another said she did not receive any formula from the hospital but did get formula samples from her OB/GYN when she found out she was pregnant.

*That was upsetting because I decided to change to formula in the middle of the night and we didn't have anything from the hospital. I had to pay cash for staying there. I had no insurance, so that was a little upsetting that they didn't give me the formula.*

### **Advice on Establishing Breastfeeding Before Using Formula**

The majority of respondents - 69% (n=24) - said they either did not learn about the importance of establishing breastfeeding before using formula or didn't remember being given any advice about it. The 31% (n=11) of respondents who did remember something gave a wide range of answers, suggesting that this topic was not covered thoroughly in the one-on-one sessions with the lactation consultant.

Researchers found that only a few of the respondents readily understood the question regarding advice they received about establishing breastfeeding before introducing formula. More often than not, respondents believed that the question related to weaning the baby off breast milk and switching to formula. If anything, these responses also suggest that a majority of mothers planned on switching to formula as a matter of course and did not intend to continue breastfeeding until the baby was ready to switch to solid foods.

These findings indicate the respondents' general lack of understanding that introducing formula before breastfeeding is established may not only cause nipple confusion but may also reduce the mother's milk production to the point that breastfeeding is no longer possible.

*They discussed that you needed to get the baby in a breastfeeding routine before you started anything else.*

*They said to breastfeed for at least a week or two from birth because it coats the stomach and makes it easier for them to digest the formula.*

*Try as much as you can to breastfeed before introducing formula. Nothing about what kind of ratio to use when using both.*

*My pediatrician said to use half breast milk and half formula so that it wouldn't be a sudden change.*

*I never got any advice from the hospital. My doctor said try to breastfeed for six weeks before trying to introduce formula.*

*They said to breastfeed, and if she didn't stay full, to give her formula.*

### **Follow-up Outpatient Services Offered by Hospital**

In an effort to determine whether breastfeeding mothers received support following discharge, respondents were asked if the hospital offered any kind of follow-up outpatient breastfeeding services and, if so, whether they had used any of these services.

<b>Outpatient Lactation Services</b>	<b>% of participants</b>	<b># of participants</b>
<b>Lactation Clinic</b>		
Service available	49	17
Service used	6	2
Did not recall any services	26	9
<b>Follow-up Phone Calls</b>		
Service available	23	8
Service used	11	4
Did not recall any services	26	9
<b>In-home Visitation</b>		
Service available	11	4
Service used	9	3
Did not recall any services	26	9
<b>Received Lactation Consultant's Business Card</b>		
Service available	11	4
Service used	3	1
Did not recall any services	26	9

- **Lactation Clinic:** While 49% (n=17) of respondents said their hospital had a lactation clinic, only 6% (n=2) said they used this service. Some mothers mentioned that they received the lactation consultant's business card, either in the diaper bag or directly from the lactation consultant.

*I called when my milk started to deplete. They give you advice and you don't need to go in unless there are problems with the baby.*

*I called them because he still wasn't getting enough breast milk. They advised to pump for 20 minutes four times a day for a week. After three pumping sessions, I got an ounce total. I didn't go in to the clinic. By then he was used to the formula.*

- **Follow-up phone calls:** 23% (n=8) of respondents said this service was offered, although only 9% (n=3) said they actually received a call from the hospital to check on how mother and baby were doing with breastfeeding.

*She called for three days every day and told me I could go up there for help at any time. I did not go back to the hospital for additional help. [Respondent had pierced nipples and requested a combination of formula and breastfeeding when she had difficulty.]*

- **In-home visitation:** 11% (n=4) of respondents said this service was offered; 9% (n=3) said they received visits.

*They came a week later. It was a nurse who was knowledgeable about breastfeeding.*

*A nurse came to the house through Medicaid when I was pregnant. And then she came back to see how I was doing with breastfeeding.*

*The lactation consultant came, but it was an informal thing, no charge. She was doing it on her own time.*

- **Did not recall:** 26% (n=9) of respondents said that they were not informed of, or did not recall any outpatient lactation services offered by their hospital.
- **Other outpatient services:** Among other services that respondents mentioned were breastfeeding classes at the hospital, a list of breast pump rental services, and pump rental services available through the hospital.

### **Breastfeeding Resources**

Respondents were also asked if the hospital gave them a list of local breastfeeding resources, and if they had made use of any of them.

<b>Breastfeeding Resources Furnished by Hospital</b>	<b>% of participants</b>	<b># of participants</b>
<b>Breastfeeding Hotlines</b>		
Service available	66	23
Service used	0	0
Did not recall any services	23	8
<b>Mother-to-Mother Support Groups</b>		
Service available	23	8
Service used	0	0
Did not recall any services	23	8
<b>List of Area IBCLCs</b>		
Service available	51	18
Service used	3	1
Did not recall any services	23	8
<b>Received Lactation Consultant's Business Card</b>		
Service available	11	4
Service used	3	1
Did not recall any services	23	8

- **Breastfeeding Hotlines:** 66% (n=23) of respondents said they were given hotline phone numbers; none had used this service.

*It was hotlines – some were with the hospital. It made me feel good to know that I could contact them 24/7, not just during regular business hours.*

- **Mother-to-Mother Support Groups:** 23% (n=8) said they had received this information; none had used this service. One respondent mentioned that she talked to her sister instead, while another said she called her pediatrician.

*I think there was [a list of mother-to-mother support groups], but it's not something I would do.*

- **List of Area IBCLCs:** 51% (n=18) said they had received this information; none had made use of it.

- **WIC Peer Counseling and Other Breastfeeding Resources:** 74% (n=26) of all respondents said they did not use WIC Peer Counseling or any other breastfeeding resources, while 20% (n=7) mentioned attending WIC classes or watching breastfeeding videos at WIC. Researchers noted that most respondents seemed to hesitate when asked about seeing a WIC Peer Counselor, indicating that they may not have been familiar with WIC Peer Counseling at all. Some respondents did not contact or become registered with WIC until after they had switched to formula. One respondent mentioned contacting her pediatrician, while another said she just looked up information through Google.

*Yes, she [WIC staff member] asked me if I wanted to breastfeed and I told her about the medication and I didn't want to take a chance. She said whatever's best for the baby and me.*

*Yes, the ladies gave me brochures and videos; I learned about it with my first daughter.*

*No, I didn't start with them until she was already on the formula.*

*No, by the time I had my appointment with WIC, I was already done with breastfeeding.*

*The breastfeeding classes were helpful for a little bit. I felt like I had lots of milk but she couldn't get it out. So within a week of trying, I stopped.*

### **Breastfeeding Duration After Discharge**

At the time of the survey, the respondents' babies ranged in age from three months to nine months old. When asked if they were currently breastfeeding their babies, only one of 35 respondents said she was still breastfeeding her child.

<b>Babies' Age*</b>	<b>% of Participants</b>	<b># of Participants</b>
3 months	9	3
4 months	9	3
5 months	23	8
6 months	31	11
7 months	17	6
8 months	9	3
9 months	3	1
Total	100	35

\*At time of survey.

The breastfeeding drop-off rate is sharp: At birth, 91% (n=32) of respondents were breastfeeding. After three days, the percentage had dropped to 80% (n=28); after two weeks, 60% (n=21) were still breastfeeding. Just 34% (n=12) were still breastfeeding after the first month, and 14% (n=5) after 2 months. Of the 34 mothers who had stopped breastfeeding altogether, none had breastfed longer than 4.5 months.

<b>Still Breastfeeding at Time of Survey</b>	<b>% of Participants</b>	<b># of Participants</b>
At birth	91	32
After 3 days	80	28
After 1-2 weeks	60	21
After 3 weeks to 1 month	34	12
After 1.5-2 months	14	5
After 3-4.5 months	3	1

The most common reasons given for stopping breastfeeding were:

- Not producing enough milk - 14% (n=5)
- Stopped producing milk - 14% (n=5)
- Going back to work - 14% (n=5)
- Breastfeeding painful (sore nipples, plugged ducts, mastitis) - 14% (n=5)
- Trouble latching on - 11% (n=4)

It is difficult to say whether the sharp drop-off in breastfeeding is a result of the mothers' relative lack of education in managing milk supply, maintaining lactation, and basic breastfeeding skills, or whether it might be attributed in part to the lack of available outpatient breastfeeding services and follow-up. When asked whether they encountered breastfeeding challenges at the hospital, some mothers mentioned that they did not have problems at the hospital, but did run into problems once they got home.

*At the hospital, no problems. But when I got home it wasn't as easy to breastfeed because of the adjustable bed at the hospital [which made it easier to position the baby for latching].*

*I had already purchased a breast pump in advance because I knew I was going back to work and so that's why I needed it. ... I got most of that information [about managing milk supply] from the lactation consultant. We spoke to her for about 30–40 minutes, but it was kind of rushed because it was my last day [at the hospital]. I wanted to know more, but we were kind of rushed for time. She gave me her card and I actually called her when my baby wouldn't latch on any more [at about four weeks]. I tried to follow her suggestions and it still wasn't right, so I don't know what it was. She did not teach me about the breast pump. She gave me some information once I went back to work. ... I breastfed for about six weeks. I felt almost like a slave. It just became a chore. [First-time mother]*

*It was after I left [the hospital] that I had problems. I breastfed for a month. At first when I left the hospital I didn't have a pump and I became engorged. And then my milk production went down. I had ordered a pump and no one told me that there was a pill that would stimulate milk production. I didn't know about it at the time. [First-time mother]*

### **Texas Ten Step Name Recognition**

One of the survey goals was to find out if the Texas Ten Step program had name recognition among WIC clients. The respondents were asked if they had ever heard of the program, where they had heard about it, what the program was about, and what it meant to them.

- Eighty percent (n=28) of all respondents said they had never heard of the Texas Ten Step program.
- Of the 20% (n=7) of the women who said they had heard of the program, more than half said they had heard about it through WIC, while the remaining respondents said they had heard about it through the mail, through word of mouth, or from a source they could not recall.
- When asked what the program was about and what it meant to them, none of the respondents gave specific answers that accurately described the program.

*It had a lot of useful information on getting my kids assistance health-wise.*

*I never really thought about it.*

*It tells you when you need to take your children to different appointments.*

*I looked at the paper but I don't remember reading it.*

*I just heard of it, but it wasn't in depth.*

*It could have something to do with Medicaid.*

## **Texas Ten Step Compliance**

One of the goals of this study was to determine how compliant the respondents' hospitals were with the Texas Ten Step guidelines. What follows is a step-by-step summary of the findings as they apply to the Ten Steps.

### ***Step 1: Make breastfeeding the preferred method of infant feeding.***

- Sixty percent (n=21) of respondents were exclusively breastfeeding, and an additional 26% (n=9) were using a combination of breast milk and formula at discharge from the hospital. This means that 86% (n=30) of all respondents were breastfeeding at hospital discharge which exceeds the Ten Step goal of 75%. It should also be noted that breastfeeding initiation rates alone do not totally reflect the hospitals' efforts to support breastfeeding for the following reasons:
  - All respondents checked into the hospital and expressed a desire to breastfeed. None of the respondents said that hospital staff suggested they give their babies formula.
  - Of the 26% (n=9) who were using a combination of breast milk and formula, all had requested to do so, which is in compliance with Ten Step guidelines: Formula is given at doctor's order or parent's request.
  - Of the five mothers whose babies were on formula exclusively, three could not breastfeed because of a medical condition (high blood pressure, on antibiotics, on painkillers); one mother had a collapsed nipple and the baby would not latch on; and another's baby spit out the breast milk and would not latch on, so the doctor ordered the switch to formula.

***Step 2: Employees who care for mothers and infants should receive breastfeeding training within 6 months of employment, with updates provided on a regular basis.***

- While the respondents could not know about the extent and frequency of breastfeeding training for hospital staff, they did give staff breastfeeding knowledge a high rating: 91% (n=32) of respondents gave them ratings from *good to excellent* – 51% (n=18) *excellent*; 29% (n=10) *very good*; 11% (n=4) *good*.
- While 71% (n=25) of the respondents said they had received one-on-one training from lactation consultants, 20% (n=7) said they had not seen a lactation consultant, and 9% (n=3) said they were not sure whether or not they had. This suggests that lactation consultants are not available on a 24/7 basis to assist mothers with breastfeeding. Some respondents also gave different ratings for breastfeeding knowledge, rating the lactation consultants more highly than the rest of the nursing staff. There were also instances in which the respondent had experienced problems breastfeeding and received more effective help from the lactation consultants than from other nursing staff – especially with regard to finding a comfortable position in which to hold the baby, latching on, and more comfortable breastfeeding. For women who encounter difficulties breastfeeding, having the assistance of a lactation consultant seems critical to successful breastfeeding initiation and training.

***Step 3: Breastfeeding is presented as the preferred feeding choice for all mothers, including those who must be separated from their infants. Prenatal classes and hospital teaching sessions should cover (a) the benefits of breastfeeding, (b) how to maintain lactation if mother and infant are separated, and (c) managing milk supply.***

- Findings indicate that only a small percentage of respondents (26%, n=9) attended any sort of prenatal classes and that the information in these classes did not necessarily cover the benefits of breastfeeding, maintaining lactation, and managing milk supply in any detail. Hospital teaching depends on the availability of a lactation consultant, the length of the mother's stay in the hospital, and the medical condition of mother and baby. Given the limitations of teaching during the hospital stay, the mother's breastfeeding knowledge may be very limited. This lack of knowledge negatively impacts the mother's breastfeeding experience.

- The sharp drop-off rate in breastfeeding among respondents indicates that while these mothers may have been taught about the short-term benefits of breastfeeding, they were not taught much about the benefits of breastfeeding their children for six months or longer, nor were they given enough practical tips about maintaining lactation and managing milk supply to cope with breastfeeding on an ongoing basis once they went home.
- Breastfeeding was presented as the preferred feeding choice for all respondents; those mothers who were separated from their infants because the infants were in the NICU pumped breast milk for their babies.

*Step 4: Mothers are encouraged to breastfeed their newborns within one hour of birth; within 30 minutes is ideal. Mothers who deliver by C-section should be assisted as soon as possible; the opportunity for early skin-to-skin contact should be provided regardless of type of delivery.*

- If judged on the basis of the general 85% compliance standard set for Ten Step certification, the hospitals fall short in this category: 50% (n=12) of respondents with vaginal deliveries<sup>3</sup> breastfed within an hour of birth, while 63% (n=7) of respondents with C-section deliveries<sup>4</sup> breastfed within the first two hours.

*Step 5: Breastfeeding should be assessed within six hours after birth and at least once per shift.*

- Seventy-one percent (n=25) of respondents were checked every 30 minutes to every 6–8 hours, which indicates that they were checked at least once per 8-hour shift. It should be noted that many of the mothers have trouble clearly remembering specific times associated with various activities during their hospital stay. Tired from giving birth, and perhaps recovering from anesthesia and/or medications, many respondents gave “guesstimates” or said that everything happened in a blur. Therefore, it is hard to say with any degree of accuracy just how often they were checked.

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<sup>3</sup> Note: This percentage is based on the total number of respondents with vaginal deliveries (n=24).

<sup>4</sup> Note: This percentage is based on the total number of respondents with C-section deliveries (n=11).

***Step 6: Newborns should be given artificial milk only if it is medically indicated and ordered by a physician or requested by the parent. Policy should state that the parents be advised on the impact of introducing formula prior to establishing breastfeeding.***

- All of the mothers who were using a combination of breast milk and formula at discharge from the hospital (26%, n=9) had requested to do so.
- Of the mothers whose babies were on formula exclusively at discharge (14%, n=5), either a medical condition prevented the mother from breastfeeding or, in one instance, the baby spit out the breast milk, refused to feed, and was placed on formula at the doctor's order.
- There were two instances in which a baby was given formula without the mother's permission. It was not clear whether this was hospital policy or an independent decision made by the attending physician or a member of the nursing staff. In one case, the baby was kept in the nursery for 10 hours to raise his body temperature. In the second instance, both mother and baby were being monitored for high blood pressure after birth. Four hours later, the baby was brought to the mother, who was told that the baby had already been given formula. Because the mother was in a great deal of pain throughout her hospital stay and could not hold her baby, she did not attempt to breastfeed until she went home.

***Step 7: Mothers should be encouraged to have their newborns room in unless separation is medically indicated.***

Hospitals seemed to be in full compliance with this guideline:

- Eighty-nine percent (n=31) of all respondents said that their babies roomed in with them.
- The babies of the remaining 11% (n=4) of respondents were either in the NICU or kept in the nursery for observation to monitor a medical condition.
- Mother-baby separations were minimized: 46% (n=16) of respondents said that they were separated from their babies only for routine activities such as tests, baths, circumcisions, or check-ups by the attending doctor.
- When mothers requested their babies be taken to the nursery so they could get some rest, the babies were brought back to breastfeed when hunger cues were evident.

***Step 8: Mothers should be encouraged to breastfeed their newborns without restriction, and breastfeeding should take priority over non-emergent events.***

- For those mothers who breastfed, nothing at the hospital interfered with their opportunity to breastfeed.
- If mother and baby were separated for routine procedures, staff made arrangements in advance to accommodate the baby's feeding schedule or brought the baby back for feeding. In one instance, staff asked the mother for permission to give the baby either a small amount of formula or sugar water.
- This step also includes a guideline to instruct mothers in such breastfeeding basics as recognizing early hunger cues (60%, n=21), assessing adequate feed (69%, n=24), recognizing normal feeding patterns of a newborn (54%, n=19), and recognizing changes in the infant's feeding pattern as the baby goes through growth spurts and starts on solid foods (43%, n=15). As the findings suggest, one-on-one hospital training in breastfeeding basics falls short of Ten Step guidelines.

***Step 9: Artificial nipples for the healthy newborn should be discouraged. Mothers should not be given discharge packs that include formula or formula advertisements.***

- Twenty-six percent (n=9) of respondents said that their babies were given pacifiers without their consent. This occurred most frequently when the baby was taken to the nursery while the mother got some rest. However, some mothers said that any time their babies were taken away for tests, baths, etc., they were returned with pacifiers in their mouths. So, while breastfeeding was by and large encouraged at all of the hospitals where respondents gave birth, pacifiers were in use.
- Forty-six percent (n=16) of respondents said they either did not recall being told anything or were never taught anything about the effects of bottles or pacifiers on breastfeeding success. This finding suggests that almost half of all respondents did not receive any training about nipple confusion.

- According to the respondents, only 14% (n=5) of the hospitals were in compliance with the ban on formula samples in discharge packs: 86% (n=30) of all respondents said they were given diaper bags that included formula and formula ads.

***Step 10: Breastfeeding mothers should receive support following discharge.***

The availability of hospital outpatient lactation services and community resources for breastfeeding mothers is still less than optimal.

- The percentages of respondents who recalled receiving information about breastfeeding resources were as follows: telephone hotlines, 66% (n=23); area mother-to-mother support groups, 23% (n=8); IBCLCs in the area, 51% (n=18).
- The percentages of respondents who recalled receiving information about hospital outpatient services were as follows: lactation clinic, 49% (n=17); follow-up phone calls, 23% (n=8); in-home visitation, 11% (n=4).

# TEXAS TEN STEP HOSPITAL PROGRAM EVALUATION MARKETING RESEARCH ADDENDUM

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## 2008 PARKLAND HOSPITAL CLIENT EVALUATION

### **Introduction**

While conducting focus groups with nurses about the Ten Step program (see Section C, Findings from Nurses' Focus Groups), researchers learned that Parkland Hospital in Dallas offers strong breastfeeding support for mothers through a combination of policies and services. Focus group respondents made the following observations.

- Nurse midwives work at the Parkland prenatal clinics seeing patients periodically throughout their pregnancies, and also handle most of Parkland's routine vaginal births. This means patients often have an established relationship with the person delivering their babies.
- Efforts are made to do more prenatal breastfeeding education in the Parkland Clinic setting so that mothers will have more knowledge about breastfeeding before they deliver their babies.
- Parkland emphasizes breastfeeding with patients, even when asking mothers about their feeding preferences for their children.
- With vaginal deliveries, Parkland staff respondents noted that skin-to-skin contact is usually initiated immediately after birth and breastfeeding normally takes place within 10 to 15 minutes of delivery.
- Parkland promotes its participation in the Ten Step program with posters prominently displayed throughout the hospital.

Additional research about Parkland Hospital revealed the following profile.

- Parkland Hospital delivers almost 16,000 babies per year.
- An OB Complications Clinic assists pregnant mothers who have problems such as high blood pressure or diabetes, or who anticipate a C-section delivery.

- A 107-bed Level III Neonatal Intensive Care Unit (NICU) offers comprehensive care for seriously ill newborns, ranging from intensive care to acute care and continuing care. Specialists are available on a 24/7 basis.
- Daily postpartum and discharge classes help mothers learn how to establish healthy routines for themselves and their babies. Classes are free and offered in English and Spanish.
- Lactation services are provided by breastfeeding educators and International Board-Certified Lactation Consultants (IBCLCs).
- Monthly breastfeeding classes for expectant parents are now offered at the hospital and out in the community at a cost of \$5 per class. Both English and Spanish classes are available.

The array of breastfeeding support services suggests that Parkland Hospital implements and fosters Ten Step standards in a variety of ways. Therefore, researchers conducted 14 one-on-one interviews (seven in English and seven in Spanish) with WIC clients who had given birth at Parkland hospital within the last six months.

The goal of these additional interviews was to determine whether or not, from a patient's perspective, Parkland's breastfeeding support services were effective in educating and assisting mothers to breastfeed in accordance with Ten Step guidelines.

## **Study Objectives**

Specifically, the research evaluated breastfeeding support services at Parkland to determine the following.

- What types of breastfeeding support WIC clients received at the hospital before, during, and after delivery.
- How the hospital's breastfeeding support services affected WIC clients' efforts to initiate and continue breastfeeding their newborns.
- Client recall of the Texas Ten Step program and what it means.
- Clients' breastfeeding experience after discharge from Parkland.
- Clients' overall evaluations of their breastfeeding experience.

## **Methodology**

### **Recruitment**

Each prospective WIC client respondent was contacted by telephone and asked to participate in a one-on-one, 45-minute telephone interview about her hospital breastfeeding experience before, during, and after delivery. At the end of the interview, the participant was informed that a stipend would be mailed to her.

### **Client Demographics**

Researchers interviewed 14 clients who gave birth at Parkland Hospital in Dallas. Seven interviews were conducted in English and seven in Spanish. A summary of the main demographics is presented below.

- **Age.** Seven of the 14 respondents were 18 to 25 years of age; an additional six respondents were 26 to 35 years old; and one respondent was in the 36 to 40 year age range.
- **Education level.** Ten respondents had a high school education or less, while two respondents had at least some college, and two had attended business school in Mexico.
- **Ethnicity.** Twelve respondents were Hispanic/Latino, and the remaining two were African American.
- **Place of birth.** Eight respondents were born in Mexico, and the remaining six were born in the United States.

## **Findings**

### **Client Background and Breastfeeding Experience**

In an effort to determine clients' backgrounds and breastfeeding experience, each interview session began with a series of questions about the client's family. Researchers asked clients to specify how many children they had, and their ages; how old their babies were; what plans (if any) they had made during their pregnancies about feeding their babies; whether this was their first breastfeeding experience; whether they were currently breastfeeding their babies and, if not, when and why they had stopped breastfeeding.

Three respondents were first-time mothers and the remaining 11 respondents had already had children, who ranged in age from four months to 17 years old.

It is interesting to note that first-time mothers were not the only respondents to report they were breastfeeding for the first time. Concerns about their baby's health, the influence of hospital staff and family members were some of the factors that affected the respondent's decision to breastfeed, regardless of past experience or prenatal plans about feeding.

### **Breastfeeding Plans**

Seven respondents said that they had originally planned to breastfeed; six said they had planned to do a combination of breastfeeding and bottle-feeding; and one said she had planned on just bottle-feeding. When asked how they actually ended up feeding their babies, 100% of the respondents said they breastfed or attempted to breastfeed after delivery.

### **First Time Breastfeeding**

Among the six respondents who breastfed for the first time were three mothers who already had children. Brief descriptions of the three mothers' backgrounds follow.

- A working mother with two children who learned about breastfeeding from her sister, who had breastfed all her children. Although the respondent had not breastfed her first child, she decided to try with her second.
- A mother with two children who learned about breastfeeding through WIC and during her hospital stay at Parkland. She was hospitalized two weeks before delivery for gestational diabetes.
- A mother with three children who had planned to bottle-feed her newborn, but when he was born five weeks early she decided to breastfeed and bottle-feed at the suggestion of Parkland hospital staff.

### **Previous Breastfeeding Experience**

Eight respondents had breastfed before—five had breastfed all their children, while three had only breastfed some of them. The three mothers who did not breastfeed all their children included two respondents who each said one of her children refused to breastfeed; the third respondent said she did not breastfeed her two eldest children (now 17 and 14 years old), had tried with her third child (now two years old) for a week, but stopped because “the milk, it was coming out clear and there wasn’t much.”

### **Baby’s Age**

The respondents’ babies ranged in age from four to six months at the time of the interviews. Eleven babies were five to six months old.

- **Breastfeeding status.** When asked if they were currently breastfeeding their babies, ten respondents said that they had stopped and four of fourteen said they were still breastfeeding their babies. The respondents’ reasons for stopping will be discussed later in this report.

### **Prenatal Services and Education**

Respondents were asked a series of questions to determine how they first decided to breastfeed, how they chose Parkland, whether they knew that Parkland offered breastfeeding support, and whether it mattered to them if there was someone at the hospital to offer them breastfeeding support.

Additional questions were asked about what prenatal and postpartum breastfeeding education the respondents received, what classes they attended (if any) and where, what they learned in class or in one-on-one sessions with the lactation staff, and how well the class or sessions prepared them to breastfeed.

### **Making the Choice to Breastfeed and Choosing Parkland**

- **Breastfeeding choice was influenced by WIC, Parkland staff, and family members.** When asked how they first learned about breastfeeding, seven respondents cited breastfeeding information from WIC and six said they learned through Parkland staff (either through the Parkland prenatal clinic or during their hospital stay). In fact, some respondents said their decision to breastfeed was influenced by both WIC and Parkland hospital staff. Only one respondent said her choice was influenced by a family member.

*When I was at the hospital they told me it was the best. I wanted to bottle-feed, but they said [breastfeeding] was better so I decided to try it.<sup>1</sup>*

*They showed me at Parkland, the nurse, and before at the Parkland Clinic. A WIC counselor also visited me.*

*WIC helped me and gave me a video, and Parkland also explained it in a class.*

- **Choice of Parkland was based on previous experience and quality of care.** Eight respondents said that the determining factor in choosing Parkland Hospital was their previous birthing experience at that facility. The remaining six respondents were split equally, with three choosing Parkland after receiving a family recommendation about the hospital's OB services, and three choosing it because of the good care they had received at the Parkland Clinic.

*Because my mom and my sisters all delivered at Parkland and they always say that Parkland has the best doctors. We trust them and I had my first baby there.*

*I've always gone to Parkland and they have real good doctors there. I had all my children there.*

- **Breastfeeding support at the hospital was not very important to respondents.** It is interesting to note that, although all respondents chose Parkland Hospital either because of previous birthing experience there or because of its reputation, a majority of respondents said that the hospital's breastfeeding support was not a major factor in their decision: Eight respondents said they did not know the hospital offered breastfeeding support, and nine said it did not matter to them that such support was offered.

*At the WIC clinic they said it was good to go to Parkland and gave me brochures.*

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<sup>1</sup> Throughout this report, all quoted client comments appear in italics.

### **Prenatal Classes and Their Educational Benefits**

- **Only two respondents said they had attended prenatal classes**—one at Parkland Clinic and one at WIC—although four respondents mentioned watching a WIC video or receiving brochures about breastfeeding. It is important to note that other factors may have contributed to the respondents' extremely low attendance at prenatal classes.
  - Only three respondents were first-time mothers, which suggests that the majority of mothers may not have felt that attending prenatal classes was necessary.
  - The breastfeeding prenatal classes in English and Spanish (\$5 charge) are new additions to the Parkland patient education curricula and may not have been offered at the time the respondents were pregnant.

When researchers probed about the Parkland Clinic, six respondents said they visited the clinic on a monthly basis for prenatal checkups.

*While I was pregnant, I went to the Parkland Clinic once a month to be checked. They did not mention anything about breastfeeding. But they have breastfeeding classes after you have the baby. There are ladies there that show us how to do it. I took [the class] while I was at the hospital.*

*At WIC I learned about breastfeeding. They gave me brochures. I couldn't attend the classes.*

- **Prenatal class materials covered the benefits of breastfeeding, whereas postpartum class materials and one-on-one instruction were more specific.** While only two respondents said they actually took prenatal classes, several respondents described what they learned about breastfeeding—perhaps through WIC classes taken during previous pregnancies. Generally speaking, these respondents said they learned about the benefits of breastfeeding but could not specifically describe what they had learned, even when researchers probed for more detailed information.

*How to breastfeed, that it's better than formula.*

*About how to put the baby in position, but that's about it. I think the class was an hour long.*

*How to breastfeed, the benefits, it's healthier and helps their development.*

By contrast, respondents gave far more specific answers when they described the breastfeeding education they received during their hospital stay. The descriptions also indicate that Parkland hospital staff helped prepare and guide them through the breastfeeding experience—assisting them with practical tips about latching, holding the baby to minimize breast soreness, how to tell when the baby is full, and the importance of feeding on demand to increase milk production.

*I learned how to put the breast and push the nipple, so the baby's mouth will catch it. ... She told us about the colors when they make doo-doo; that the babies make very little doo-doo, and not to feed the babies too much. It was about 25 minutes.*

*Yes, they would tell me about the position of the baby, how to move him so it wouldn't hurt.*

*They told me about how the baby would latch on, that the more they suckle, the more I produce.*

*[They were] very good. They helped me right after the baby was born. They taught me positioning, how to get him to latch on. How to know if he was hungry.*

*The importance of breastfeeding, that it's better for the baby, that it's easier, about her excretion. It was a class, and someone came to my room.*

- **Ten respondents said that prenatal classes and/or the in-hospital training helped prepare them to breastfeed.**

*It did help. I would say 90%, because I didn't know how to do it. I was having trouble.*

*I probably should have read more, but the class and video helped me. Also, they came to my room to show me how to place the baby.*

## **Delivery and Hospital Stay**

In order to determine how breastfeeding was supported during the hospital stay, each respondent was asked about the following.

- Whether hospital staff asked about her feeding choice for her baby
- What type of delivery she had, and the length of her hospital stay
- If she had skin-to-skin contact with her baby
- How soon she was able to breastfeed after giving birth
- Whether the baby roomed in with her or was separated from her at any time
- How the hospital staff helped her breastfeed, and whether she was visited by a lactation consultant
- How often hospital staff assessed her breastfeeding
- What breastfeeding problems or challenges she faced at the hospital
- Whether anything interfered with her opportunity to breastfeed at the hospital

Respondents were also asked to evaluate the staff's knowledge about breastfeeding, what they were taught about basic breastfeeding issues, and what they were taught about managing milk supply.

Another area of concern regarding the hospital stay was the use of formula and pacifiers. Respondents were asked whether anyone on the staff told them they had to give their babies formula; whether the hospital staff gave their babies pacifiers without their consent or encouraged them to give their babies pacifiers; and whether they were given any advice about the effect of bottles or pacifiers on their ability to breastfeed.

### **Feeding Choice**

Respondents were asked a series of questions in order to determine how feeding options were presented to them by hospital staff. While 11 respondents said they remembered being asked about their feeding preference, most had difficulty remembering how the question was actually phrased.

*Do you want to breastfeed? No mention of bottle.*

*They asked if I planned to give breast or formula, and [said] it was always better to breastfeed.*

*I had chosen both [breast and formula] at first. They told me to start with only breast.*

*I remember that they asked if I wanted to give breast or both or formula. I said both, and then the nurse told me that breast only was better for building her immunities – the colostrum.*

### **Type of Delivery**

Nine respondents gave birth vaginally, and the remaining five had C-sections.

### **Length of Stay**

Five respondents stayed at the hospital for two days, and eight were hospitalized for longer periods ranging from four to 21 days. As was mentioned previously, Parkland offers a range of specialized OB services for pregnancies involving such complications as gestational diabetes and high blood pressure. The special services clinic as well as the Level II NICU may account for some of the longer hospital stays. Among the respondents who were hospitalized longer than two days was a mother who had gestational diabetes, a mother who had high blood pressure, one who was leaking spinal fluid, and another who had developed an infection and remained at the hospital for seven days, then suffered a relapse after a week at home and was hospitalized for an additional week.

### **Skin-to-Skin Contact**

Six respondents said that they had skin-to-skin contact with their babies after birth, while eight said they did not have such contact. It should be noted, however, that of the eight respondents who did not have skin-to-skin contact, five had C-sections and had to be stabilized before they could be reunited with their babies; one respondent's baby was grunting at birth and taken to the nursery for observation; and another respondent's newborn was premature and taken to the NICU.

Of those mothers who did not have skin-to-skin contact immediately after birth, three said they had the opportunity for such contact later when they were reunited with their babies. This means that a total of nine respondents had skin-to-skin contact with their babies, though not necessarily immediately after birth.

*It was immediately and it was so sweet that I started to cry. He was looking at me and it was wonderful.*

*Right away, then they took her away for an hour or two and cleaned her up.*

### **Breastfeeding Initiation After Vaginal Delivery**

- Three of nine respondents who delivered vaginally breastfed within the first hour. Two of these respondents mentioned breastfeeding within five to ten minutes of giving birth.
- An additional respondent breastfed within two hours of delivery.
- An additional five respondents breastfed within six to ten hours of delivery.

*I tried to breastfeed less than five minutes after birth.*

*About two to three hours later. They took him away for a while at my request and also because my breasts were very full and very painful.*

### **Breastfeeding Initiation After C-Section**

- Three of the five respondents who delivered by C-section breastfed within three to ten hours after delivery.

*Probably between four to six hours. I stayed in recovery for two hours and then I was taken to my room and they let me rest a little bit before they brought my baby in. I tried to breastfeed then.*

*When I went to a room the next day, they let me breastfeed. They would bring him back and forth. He seemed exasperated with breast only, so I gave him both.*

### **Rooming In**

It should be noted that respondents seemed somewhat confused about the concept of rooming in, even though researchers explained it to them. Although only six respondents said their babies roomed in with them, 11 respondents said they were not separated from their babies other than for routine testing, checkups, and the like. This suggests that respondents may not have understood the definition of rooming in or may not have remembered specific details about their hospital stay.

### **Assistance with Breastfeeding from Staff**

- **Twelve respondents said hospital staff assisted them in breastfeeding for the first time.**

It should be noted that of the two respondents who said hospital staff did not help them to breastfeed the first time, one respondent's baby was kept in the NICU for a week and had to be fed through a tube because he had difficulty suckling; she said she expressed milk for her son while he was in the NICU. Right after delivery, this respondent was taught how to hold her baby and position him to latch, but because she did not actually try to breastfeed until two days after birth, she answered "no" to this question.

The second respondent who did not receive breastfeeding assistance said she planned on breastfeeding but did not want assistance from the staff. Ironically, she gave the staff low ratings on their breastfeeding knowledge even though she did not ask for their assistance.

*I think someone came in but I didn't think I wanted [to breastfeed] at that time so I didn't talk to her. My sister was there the second time I tried and I decided not to try any more.*

- **A majority of respondents were not sure whether or not they received breastfeeding assistance from a lactation consultant.** Of the 12 respondents who said they received breastfeeding assistance from hospital staff, three said they were assisted by a lactation consultant, two said a doctor assisted them, one said she received help from a WIC counselor, and the remaining six said they were assisted by nursing staff.

It should be noted that even though most respondents were not sure whether or not a lactation consultant had assisted them with breastfeeding, many reported receiving specific breastfeeding instructions that helped them to breastfeed (e.g., how to position and comfortably hold the baby for latching; how to massage the breasts to help with pain). This suggests that Parkland nursing staff may have had more comprehensive training about breastfeeding, so that assisting a mother in breastfeeding was not entirely dependent on a visit from a lactation consultant.

*It was okay. A little bit of trouble on how to get the baby to latch on, and the nurse helped me. They are real good at that. They are there for what we need. Not sure if she was a lactation consultant. The nurse came back several times to help me.*

*She [the nurse] was helping me pretty good. How to put the breast in the baby's mouth, and the position to hold the baby because I had told her that the milk wasn't hardly coming out and it was clear. [She was] telling me how to massage my breasts to help with the pain because they were engorged. I would also put warm cloths on my breast. I did this at home. I got the breast pump and that helped a lot after I got home about two days later.*

### **Staff Assessment of Breastfeeding**

- Eight respondents said the staff checked on their breastfeeding anywhere from every hour to every six to eight hours. According to the Texas Ten Step guidelines, staff should assess breastfeeding within six hours of birth and at least once per shift. Four respondents said that they were checked at least every two hours.

*The first day, I was asked about how long she fed, how many minutes on which breast, and did I change breasts. They made me keep a chart also. After that, I'm not sure that they checked on me.*

### **Opportunity to Breastfeed and Mother-Baby Separation**

- Thirteen respondents said nothing at the hospital interfered with their opportunity to breastfeed.
- Eleven respondents said that they were not separated from their babies other than for routine testing, checkups, baths, and routine medical procedures such as circumcision. Of the three respondents who were separated for longer periods of time, one's baby was in the NICU, one was undergoing a tubal ligation, and the third respondent, who was hospitalized for high blood pressure, said she stayed in an area where babies were not allowed.

In addition, three respondents said that their babies spent some time in the nursery. Two of them requested this separation so they could get some rest, and the third wanted someone to watch over her newborn while she showered.

*I asked to rest that night. They would bring her back and forth through the night to breastfeed.*

- Most respondents said that hospital staff brought the baby to them promptly for feeding.

*I called when I wanted to breastfeed and the lady said they would bring her in a little bit and they did.*

*They were good because I don't think they want people to give formula.*

### **Formula Use at the Hospital**

- Parkland staff clearly promoted breastfeeding as the feeding method of choice: Fourteen respondents said no one at the hospital suggested they had to give their babies formula.
- When asked if anyone at the hospital gave their babies formula, ten respondents said their babies were given formula by hospital staff.
  - Five respondents said they requested formula.
  - Two respondents who delivered by C-section said their babies were given formula while they were in recovery.
  - One respondent said her baby was given formula because he was in the NICU so she could not breastfeed properly.
  - One respondent was unable to breastfeed because she was in the ICU.
  - One respondent said she thought her baby was given formula but was not sure.

The high percentage of formula usage at Parkland suggests two possible trends.

- From the patient's perspective, respondents did not see anything wrong with giving their babies formula in combination with breast milk.
- From the staff's perspective—and in accordance with Ten Step guidelines—if a patient requests formula the hospital must comply. However, as one respondent noted, when she requested formula, staff gave her only a small amount and urged her to continue breastfeeding.

*I asked for formula when my nipple was flat and they did not want to do it. She kept crying and crying so I thought she was still hungry. They said they want us to breastfeed and the food is better than formula. They gave me a little bit of formula but wanted me to keep breastfeeding.*

*Once a nurse found me giving formula from the package you're given and she discouraged me from giving formula.*

### **Pacifier Use at the Hospital**

- Thirteen respondents said that no one encouraged them to give their babies pacifiers.
- Five respondents said their babies were given pacifiers without their consent. In most cases, when the mother requested that the baby be taken to the nursery, or when the baby was taken for routine tests or similar procedures, it would either come back with a pacifier in its mouth or a pacifier would be lying in the crib. None of the respondents asked why the pacifier had been given without permission.

*When she was gone that first time, she came back with a pacifier in her mouth. She wasn't crying anymore.*

*When they brought her, it was in the basinet, but it looked like she had used it.*

*The nurse came and took the baby and when he came back he had the pacifier in his mouth. It bothered me a little bit [but] I didn't say anything.*

### **Breastfeeding Challenges at the Hospital**

In terms of breastfeeding challenges encountered during their hospital stay, respondents were equally split: Seven respondents said that they had no difficulty breastfeeding, while the remaining seven said they encountered some problems breastfeeding. The most prevalent challenges related to latching on and not producing enough milk.

Most respondents said that hospital staff (that is, nursing staff or a lactation consultant) did help them with the problems they were experiencing.

*I had trouble with the flat nipple and they helped me with that. How to work it out with your fingers so the nipple will get hard to make it easier to go inside of the baby's mouth.*

*They gave me aspirin for the cramps. You know, something for the pain.*

*They really wanted me to try and eventually gave me a nipple that would fit over mine, but he still wouldn't latch on.*

*She helped me and I was satisfied. One of my breasts would get really dry and sore, but I used some cream and it helped.*

### **Staff's Breastfeeding Knowledge**

Thirteen respondents said that the breastfeeding knowledge of the staff was solid. On a scale of 1 [*poor*] to 5 [*excellent*], eight rated it as *excellent*, three rated it as *very good*, and an additional two respondents rated it as *good*.

*10 – They were really helpful. They were there for me and if I had any questions, they would answer them. They said I could call with any questions and they would help me.*

*5 – I hadn't thought to breastfeed more than two weeks and they showed me the benefits of breastfeeding longer.*

### **Mother's Breastfeeding Knowledge**

In order to determine the mother's breastfeeding knowledge, respondents were asked a series of questions concerning what they had learned about breastfeeding from hospital staff. The questions were designed to determine whether or not mothers had been taught to recognize breastfeeding basics such as spotting early hunger signs, managing milk supply, the effect of bottles or pacifiers on breastfeeding success, and the importance of establishing breastfeeding before introducing formula.

**Basic breastfeeding knowledge.** Respondents were questioned on different aspects of their basic knowledge about breastfeeding.

- Twelve respondents said they knew how to tell if their babies were producing enough wet and dirty diapers.
- Nine knew how to tell when their babies were full.
- Eight knew how to spot early hunger signs.
- Only three respondents said they knew how to tell when their babies were going through a growth spurt.

**Managing milk supply.** When asked to describe what they were taught about the importance of breastfeeding exclusively in order to produce more milk, seven respondents said that the more they breastfed, the more milk they would produce. It should be noted that all the respondents who answered this question accurately were interviewed in Spanish and were from Mexico.

Of the remaining respondents, six either said they were not taught anything about managing milk supply or did not remember. The remaining respondent said she was told to drink lots of water.

**Effect of bottles or pacifiers on breastfeeding.** When asked what advice they were given about the effects of bottles or pacifiers on breastfeeding, ten respondents said they could not remember learning anything about it, while four said it could cause nipple confusion or hinder breastfeeding.

**Establishing breastfeeding before introducing formula.** When asked what the hospital taught them about the importance of establishing breastfeeding before introducing formula, only one respondent of the 12 who received breastfeeding assistance seemed to have a genuine grasp of this topic.

*I remember that they said the breast milk was much easier to digest early on, and it would help the development of her digestive system not to do both.*

Six respondents said either that they did not learn anything or that they did not remember; and five respondents said they had learned something about this topic, but could only give vague, general descriptions rather than specifics.

## **Discharge and Outpatient Services**

Respondents were asked a series of questions relating to hospital discharge and outpatient services.

- Their breastfeeding status at discharge
- Whether they received a diaper bag with formula samples and ads
- What advice they were given about establishing breastfeeding before introducing formula
- What types of outpatient services the hospital offered, and whether they made use of them
- What other types of breastfeeding resources (such as hotlines and WIC Peer Counseling) they might have been informed about or used

### Breastfeeding Status at Discharge

At discharge, five respondents were breastfeeding exclusively, seven were using a combination of breast milk and formula, and two were giving their babies formula exclusively.

- Of the seven respondents who were using a combination of breast milk and formula, four had requested to do so; the remaining three were using a combination based on doctor's orders because of their medical conditions.
- Of the two mothers whose babies were on formula exclusively, one found it too painful to breastfeed and the other thought her baby wasn't getting enough milk.

### Diaper Bag with Formula Samples and Ads Given at Discharge

Thirteen respondents said they received diaper bags containing formula samples and advertisements at discharge; one respondent said she received a diaper bag that contained formula coupons but no actual formula.

When asked what they did with the formula samples, 11 respondents said they used them. Of the two remaining respondents who received formula samples, one gave hers away and the other had to switch her baby to soy milk.

### Follow-up Outpatient Services Offered by Hospital

In an effort to determine whether breastfeeding mothers received support following discharge, respondents were asked if the hospital offered any kind of follow-up outpatient breastfeeding services and, if so, whether they had used any of these services.

Outpatient Lactation Services	Lactation Clinic (%)	Follow-up phone calls (%)	In-home visitation (%)	Other Services (%)
Service available	100 (n=14)	36 (n=5)	14 (n=2)	7 (n=1)
Service used	0 (n=0)	100 (n=14)	0 (n=0)	0 (n=0)
Did not recall any services	71 (n=10)	64 (n=9)	86 (n=12)	79 (n=11)

Generally speaking, respondents seemed to have difficulty recalling exactly what outpatient services Parkland provided.

- **Lactation clinic.** Four respondents said Parkland had a lactation clinic; two respondents said that they were given appointments for the clinic but did not keep them. None of the respondents had made use of this service.

- **Follow-up telephone calls.** Five respondents said this service was offered, and four of the five said they had actually received a call from the hospital to check on how mother and baby were doing with breastfeeding.

*They called once. They asked if I was still breastfeeding and I said yes, but I didn't tell them that I was having problems. It was not the same nurse, but someone I did not know.*

- **In-home visitation.** Two respondents said this service was offered; none said they received visits.
- **Other outpatient services.** Among other services that respondents mentioned were breastfeeding classes at the hospital and WIC.

### **Breastfeeding Resources**

Respondents were also asked if the hospital gave them a list of local breastfeeding resources, and if they had made use of any of them. Once again, the respondents did not seem very knowledgeable about what breastfeeding resources were given to them. Several women said that this information might have been among the papers they received on discharge, but they had not really read the handouts very thoroughly, if at all.

- **Breastfeeding hotlines.** Seven respondents said they were given hotline telephone numbers; none had used this service.
- **Mother-to-mother support groups.** Five respondents said they had received information about this service; none had used it.
- **List of area IBCLCs.** Six respondents said they had received this information; none had made use of it.
- **Other breastfeeding resources.** Two respondents said there might have been other breastfeeding resources listed, but could not recall any specifics about them.

*I think they did – in a folder with a bunch of papers. I read some of it. About postpartum depression.*

*There were a lot of other numbers.*

*They gave me a lot of papers, but I didn't check them.*

- **WIC Peer Counseling and other breastfeeding resources.** Eight respondents said they did not use WIC Peer Counseling or any other breastfeeding resources, while the remaining six respondents mentioned WIC but did not give specifics.

*I only called WIC one time because my milk was slow to come in. She said to pump and breastfeed more frequently.*

*I did talk to a WIC counselor at the WIC clinic.*

### **Breastfeeding Duration After Discharge**

At the time of the survey (3 to 4.5 months after delivery), the respondents' babies ranged in age from four months to six months old. When asked if they were currently breastfeeding their babies, four respondents said they were still doing so.

Among respondents, the breastfeeding drop-off rate was steady, with the sharpest drop occurring during the third and fourth weeks: At birth, all 14 respondents were breastfeeding. After three days, 12 were breastfeeding; after two weeks, ten were still breastfeeding. Just six respondents were still breastfeeding after the first month, and five respondents were continuing after two months. Of the 11 mothers who had stopped breastfeeding altogether at the time of the survey, none had breastfed longer than two months. At the time of the survey, three respondents were still breastfeeding; all three were using a combination of breast milk and formula.

<b>Still Breastfeeding at Time of Survey</b>	<b>Number of Participants (%)</b>
At birth	100 (n=14)
After 3 days	86 (n=12)
After 1-2 weeks	71 (n=10)
After 3 weeks to 1 month	43 (n=6)
After 1.5-2 months	36 (n=5)
After 3-4.5 months	21 (n=3)

The most common reasons given for stopping breastfeeding were:

- Not producing enough milk (four respondents)
- Stopped producing milk (two respondents)

- On medication (two respondents)
- Breastfeeding painful (sore nipples, plugged ducts, mastitis—two respondents)
- On mother's advice (one respondent)

*I had a scare – my [eldest] daughter had to go to the emergency room, and my mother told me I should stop breastfeeding, because after such a scare my milk could hurt my [youngest] daughter.*

### **Breastfeeding Experience at Home**

Each mother who gave birth at Parkland was asked the following series of questions about her breastfeeding experience at home.

- How long she planned to breastfeed her baby and why she decided on that length of time
- Problems breastfeeding at home and how they were handled
- Breastfeeding exclusively or using a combination of breast milk and formula
- Whether she continued to breastfeed after going back to work, and whether her workplace was breastfeeding-friendly (asked only of respondents who had gone back to work)
- How she would rate her breastfeeding experience
- Whether she would breastfeed again
- What she would say about breastfeeding to a friend or relative

**Breastfeeding plans.** When asked how long they had originally planned to breastfeed, respondents gave a broad range of time frames: Six respondents said they had planned to breastfeed for six months, and other responses varied from two weeks to one year.

How long did you plan to breastfeed?	Participants (%)
2 weeks	7 (n=1)
1 month	7 (n=1)
2-3 months	14 (n=2)
6 months	100 (n=14)
7 months	7 (n=1)
1 year	14 (n=2)
As long as breast milk lasts	7 (n=1)

The respondents' explanations for choosing a particular length of time to breastfeed were based on practical considerations such as going back to work or school, previous breastfeeding experience, and suggestions by family members.

*I had heard it was best, and my sisters' experiences. They all breastfed for at least a year. [Had planned on breastfeeding for six months]*

*It's what I did for the other baby, and they start to eat [solid foods] around that time. [Had planned on breastfeeding for seven months]*

*I planned to breastfeed during the day and [use] formula at night for six months.*

*My mother said that after six months, a mother's milk is no good. [Had planned on breastfeeding for six months]*

**Breastfeeding problems at home.** Of the 12 respondents who breastfed at home, four said they had encountered problems such as sore nipples, flat nipples, and not producing enough milk.

When asked how they handled these problems, one respondent said she called WIC, while another reported that she remembered what she had learned at the hospital. Of the remaining two, one followed her sister's advice, and the other respondent did not seek help from anyone.

**Breastfeeding exclusively or using a combination of breast milk and formula.** All of the 12 mothers who breastfed at home used a combination of breast milk and formula.

**Working mothers and breastfeeding.** Five respondents said that they either planned to go back to work or had already done so. When asked if they planned to continue breastfeeding after going back to work, only two of these five respondents said yes.

**Breastfeeding-friendly workplace.** Two respondents said that their workplaces would accommodate breastfeeding, while another said her workplace would not.

*We have a place in the store where you could go to breastfeed.*

*I work at a restaurant. They said I could express and leave milk. I didn't choose to do that.*

**Mothers' breastfeeding experience.** Eleven respondents rated their breastfeeding experience from *good* to *excellent*. On a scale of 1 [*poor*] to 5 [*excellent*], five rated it as *excellent*, five rated it as *very good*, and an additional respondent rated it as *good*.

When asked if they would breastfeed again, ten respondents said yes, three respondents said no, and one was not sure.

Respondents were asked what they would tell a friend or family member about breastfeeding on the basis of their own experience. Twelve respondents said that breastfeeding was worthwhile because of its health benefits for the baby. Of the remaining two respondents, one would not recommend it and the other declined to comment.

*Basically, it's the best thing for the baby. At first, it might not feel good, but you'll get through it. It's something you should really try. Plus it's easier because you don't have to carry around bottles and formula all the time.*

*I would say no. It's been too traumatic. [Mother was hospitalized with an infection and baby was in NICU.]*

## **Texas Ten Step Name Awareness**

One of the survey goals was to find out if the Texas Ten Step program had name recognition among WIC clients. The respondents were asked whether or not they had ever heard of the program, where they had heard about it, what the program was about, and what it meant to them.

- Nine respondents said they had never heard of the Texas Ten Step program.
- Of the five women who said they had heard of the program, two said they heard about it at Parkland, one through WIC, another through Medicaid, and the last said she'd heard of it but did not remember where.
- When asked what the program was about and what it meant to them, none of the respondents gave specific answers that accurately described the program.

*For babies who get sick and for dentist appointments.*

*That it has to do with the kids' checkups.*

## **Data Tables**

### **Comparison Between Parkland Hospital and Other Ten Step Hospitals Client Evaluations**

For purposes of comparison, what follows are a series of tables comparing findings gathered through the Parkland client interviews and interviews with respondents who gave birth at other Ten Step hospitals.

It should be noted that the Parkland interview guide varied slightly from the guide used to conduct the client interviews at other Ten Step facilities. The disparities will be noted by "N/A" (not asked) in the column line item listing.

It should also be noted that both portions of the study are qualitative: Findings should be considered as indicative of a direction or trend and are not statistically definitive.

Detailed descriptions of the findings are provided in the corresponding sections of the complete report.

**Table 1**  
**Client Background and Breastfeeding Experience**

<b>Description</b>	<b>Parkland (%)</b>	<b>Other Ten Step Hospitals (%)</b>
Number of Children		
1	21 (n=3)	49 (n=17)
2	43 (n=6)	26 (n=9)
3	21 (n=3)	20 (n=7)
4	14 (n=2)	6 (n=2)
First-time mothers	21 (n=3)	49 (n=17)
First time breastfeeding	43 (n=6)	57 (n=20)
Breastfed previously	57 (n=8)	34 (n=12)
Did not breastfeed	0 (n=0)	9 (n=3)
Breastfed all children	36 (n=5)	23 (n=8)
Breastfed some children	21 (n=3)	11 (n=4)
Currently breastfeeding (at time of survey)	29 (n=4)	3 (n=1)
Baby's Age		
3 months	0 (n=0)	9 (n=3)
4 months	21 (n=3)	9 (n=3)
5 months	36 (n=5)	23 (n=8)
6 months	43 (n=6)	31 (n=11)
7 months	0 (n=0)	17 (n=6)
8 months	0 (n=0)	9 (n=3)
9 months	0 (n=0)	3 (n=1)

**Table 2**  
**Prenatal Services and Education**

<b>Description</b>	<b>Parkland (%)</b>	<b>Other Ten Step Hospitals (%)</b>
Decided to Breastfeed Because of:		
WIC	50 (n=7)	26 (n=9)
Hospital	43 (n=6)	6 (n=2)
Family member	7 (n=1)	26 (n=9)
Doctor	0 (n=0)	14 (n=5)
Chose Hospital Because of:		
Its reputation	0 (n=0)	6 (n=2)
Family recommendation	21 (n=3)	0 (n=0)
Parkland Clinic	21 (n=3)	N/A
Previous experience there	57 (n=8)	9 (n=3)
It's where their doctor delivered	0 (n=0)	49 (n=17)
Location	0 (n=0)	23 (n=8)
Miscellaneous reasons	0 (n=0)	14 (n=5)
Breastfeeding Support Services Offered at Hospital		
Knew hospital offered breastfeeding support	43 (n=6)	60 (n=21)
Said it mattered	36 (n=5)	54 (n=19)
Attended prenatal classes	14 (n=2)	26 (n=9)
Said classes/training helped prepare them to breastfeed	71 (n=10)	11 (n=4)

**Table 3**  
**Delivery, Hospital Stay, and Breastfeeding Initiation**

Description	Parkland (%)	Other Ten Step Hospitals (%)
Average length of stay	5 days	3 days
Vaginal Delivery	64 (n=9)	69 (n=24)
Breastfed within the first hour	36 (n=5)	51 (n=18)
C-section	36 (n=5)	31 (n=11)
Breastfed within the first hour	0 (n=0)	26 (n=9)
Breastfed within 3-5 hours	21 (n=3)	63 (n=22)
Hospital Staff Assisted with Breastfeeding	86 (n=12)	97 (n=34)
Lactation consultant assisted with breastfeeding*	21 (n=3)	71 (n=25)
Staff checked on breastfeeding at least every 2 hours	29 (n=4)	40 (n=14)
Skin-to-skin contact	43 (n=6)	N/A
Rooming In**	43 (n=6)	89 (n=31)
Separated from baby only for routine procedures	79 (n=11)	46 (n=16)
Separated only so mom could rest	7 (n=1)	43 (n=15)
Nothing at hospital interfered w/breastfeeding	93 (n=13)	91 (n=32)
Hospital staff gave baby formula at mother's request	71 (n=10)	37 (n=13)
Baby given pacifier without mother's consent	36 (n=5)	26 (n=9)
Breastfeeding Problems at Hospital	50 (n=7)	46 (n=16)
Problems resolved with help of staff	86 (n=12)	N/A

\* Despite researchers' efforts to clarify responses to this question, many Parkland respondents were not certain whether they were actually assisted by a lactation consultant.

\*\* Despite researchers' efforts to explain rooming in, many Parkland respondents did not seem to understand the concept fully enough to answer the question accurately.

**Table 4**  
**Mothers' Ratings of Staff's Breastfeeding Knowledge**

Rating	Parkland (%)	Other Ten Step Hospitals (%)
Excellent	57 (n=8)	51 (n=18)
Very good	21 (n=3)	29 (n=10)
Good	14 (n=2)	11 (n=4)
Fair	7 (n=1)	3 (n=1)
Poor	0 (n=0)	0 (n=0)
Did not breastfeed, did not breastfeed at hospital, or did not wish to answer	0 (n=0)	6 (n=2)

**Table 5**  
**Mothers' Breastfeeding Knowledge**

Description	Parkland (%)	Other Ten Step Hospitals (%)
How to tell if baby is producing enough wet and dirty diapers	86 (n=12)	54 (n=19)
How to tell when baby is full	57 (n=8)	69 (n=24)
How to spot early hunger signs	57 (n=8)	60 (n=21)
How to tell when baby goes through growth spurt	21 (n=3)	43 (n=15)
Managing milk supply	50 (n=7)	9 (n=3)
Learned something about effect of bottles or pacifiers on breastfeeding (not necessarily accurate)	29 (n=4)	40 (n=14)
Learned something about establishing breastfeeding before introducing formula (not necessarily accurate)	7 (n=1)	31 (n=11)

**Table 6**  
**Breastfeeding Status at Discharge**

Description	Parkland (%)	Other Ten Step Hospitals (%)
Breastfeeding exclusively	36 (n=5)	60 (n=21)
Breast milk and formula	50 (n=7)	26 (n=9)
Formula exclusively	14 (n=2)	14 (n=5)
Received diaper bag with formula samples	93 (n=13)	86 (n=30)
Used formula samples*	86 (n=12)	97 (n=34)

**Table 7**  
**Recall and Use of Outpatient Services**

<b>Service</b>	<b>Parkland (%)</b>	<b>Other Ten Step Hospitals (%)</b>
Lactation Clinic		
Recalled	29 (n=4)	49 (n=17)
Used	0 (n=0)	6 (n=2)
Follow-up Telephone Call		
Recalled	36 (n=5)	23 (n=8)
Used	29 (n=4)	11 (n=4)
In-Home Visitation Service		
Recalled	14 (n=2)	11 (n=4)
Used	0 (n=0)	9 (n=3)

**Table 8**  
**Recall and Use of Breastfeeding Resources**

<b>Resource</b>	<b>Parkland (%)</b>	<b>Other Ten Step Hospitals (%)</b>
Hotlines		
Recalled	50 (n=7)	66 (n=23)
Used	0 (n=0)	0 (n=0)
Mother-to-Mother Support Groups		
Recalled	36 (n=5)	23 (n=8)
Used	0 (n=0)	0 (n=0)
List of Area IBCLCs		
Recalled	43 (n=6)	51 (n=18)
Used	0 (n=0)	0 (n=0)
WIC Peer Counseling		
Recalled	43 (n=6)	20 (n=7)
Used	14 (n=2)	0 (n=0)

**Table 9**  
**Actual Breastfeeding Duration and Reasons for Stopping**

<b>Description</b>	<b>Parkland (%)</b>	<b>Other Ten Step Hospitals (%)</b>
At birth	100 (n=14)	91 (n=32)
After 3 days	86 (n=12)	80 (n=28)
After 1-2 weeks	79 (n=11)	60 (n=21)
After 3 weeks to 1 month	43 (n=6)	34 (n=12)
After 1.5-2 months	36 (n=5)	14 (n=5)
After 3-4.5 months	29 (n=4)	3 (n=1)
<b>Reasons for Stopping Breastfeeding</b>		
Not producing enough milk	29 (n=4)	14 (n=5)
Stopped producing milk	14 (n=2)	14 (n=5)
On medication	14 (n=2)	0 (n=0)
Breastfeeding too painful; collapsed nipples	14 (n=2)	14 (n=5)
Went back to work	0 (n=0)	14 (n=5)
Returned to work	36 (n=5)	N/A
Will continue to breastfeed	43 (n=6)	N/A

**Texas Ten Step Hospital Staff Phone Survey**  
**July 2008**

**SCRIPT:** From time to time the Texas Department of State Health Services (DSHS) likes to get feedback on the quality of their materials and services. I work for a company that has been hired by DSHS to help evaluate aspects of their service programs.

So today, I'm going to be asking you some questions about your hospital's participation in the Texas Ten Step Hospital program. Your answers will help DSHS understand how useful the Texas Ten Step Hospital Program is in helping you meet the breastfeeding needs of mothers and newborns. Your opinions will also help DSHS provide more effective tools and resources to assist you in educating and encouraging breastfeeding.

- Everything you say is confidential.
- Your name is never used.
- Honesty is very important.
- Also, please remember that this is not a test. There are no right or wrong answers to any of the questions I am going to ask.

**First, I'd like to get a little background information.**

1. What are your title and responsibilities? And how long have you worked in this position?
  
2. How many beds does your hospital have?
  
3. How many deliveries per year?
4. What is your hospital's breastfeeding initiation rate?
5. What kind of breastfeeding support challenges do you face at the hospital?
  
6. What would you change about the breastfeeding support at your hospital?
  
7. How long has the hospital participated in the Texas Ten Step Program?

8. Do you know who applied to DSHS so your hospital could join the Texas Ten Step Program?

### **Approval Process Questions**

9. How did you first learn about the Texas Ten Step Program?

- Through an associate
- Through a newsletter or professional publication
- At a conference or professional meeting
- Through the DSHS website

Other

10. What things in the program appealed to you and made you want to sign up/apply?

11. Who had to approve joining the program and what was the approval process?

#### **Probe for information about approval process and use of DSHS resources and materials.**

- a. What kind of buy-in did you have to get from Administration?
- b. What kind of buy-in did you have to get from Doctors?
- c. Did you encounter any stumbling blocks, and if so, what were they?
- d. Did you make use of any DSHS resources in the approval process? (Such as the sample hospital policy [downloadable from the DSHS website] or the Texas Ten Step PowerPoint slide presentation)

12. Is there anything DSHS can do to assist in the approval process?

### **General Knowledge of TTS & Program Satisfaction Questions**

13. In general, what do you think is the value of the Texas Ten Step Program?

14. Has participating in the Texas Ten Step program helped you increase the number of mothers who breastfeed their newborns?

15. In terms of the program's usefulness to the hospital how would you rate it on a scale of 1 to 5, with 5 being "Very Satisfied" and 1 being "Not Satisfied." And why did you give it that rating?

## Staff Training

16. How are employees who work directly with mothers and infants trained about breastfeeding?

How often do you think they receive updated training?

17. What kind of breastfeeding training do you provide for your staff?

Basic breastfeeding training

Specialized breastfeeding management training

Lactation counseling and problem solving

Other

18. DSHS offers a variety of general and specialized breastfeeding training including CEUs. Have you or any members of the staff ever taken DSHS training courses?

Yes       No      Other

19. IF YES, what DSHS resources does your hospital currently use?

On-site training (free of charge, available on request)

Principles of Lactation Management (Level I)

Clinical Lactation Counseling and Problem Solving (Level II)

Evidence-based Lactation Management: How to find, evaluate and apply evidence to improve outcomes for breastfeeding mothers and babies (Level IV).

Peer Counselor Trainer Workshop

20. Has participating in the Texas Ten Step program helped increase the breastfeeding knowledge of your staff? Can you give an example?

21. Do you have any additional suggestions about DSHS training resources?

22. In terms of staff training, how would you rate the Texas Ten Step Program on a scale of 1 to 5 (with 5 being "Excellent" and 1 being "Poor") And why?

## Patient Education

23. What kind of breastfeeding training do you provide for your patients?

- Prenatal classes
- Lactation clinic
- Other:

24. What do prenatal classes and hospital training include (probe to determine the following):

- The benefits of breastfeeding
- Maintaining lactation if mother and infant are separated?
- Managing milk supply

25. Do you use any DSHS materials to help you train mothers about breastfeeding?

- Yes     No    Other

If so, what are the materials and how useful are they to you?

- Patient brochures – How useful?
- Instructional breastfeeding guide (for use in prenatal classes or to send home with mothers) – How useful?

## Patient Care

26. What is your protocol for infant feeding immediately after birth? (Probe to determine how they adhere to making it possible for the mother to breastfeed their newborns within one hour of birth.)  Yes     No    Other

27. How are mothers who have c-sections or complications assisted?

28. How are mothers given the opportunity for early skin-to-skin contact regardless of type of delivery?

29. How often is breastfeeding assessed after birth? (Probe: within six hours after birth and at least once per shift.)

30. Are staff members trained so they can assist with unusual management concerns? If yes, what positions are trained?

Yes    No   Other

31. What types of training have they received?

Some examples might be:

- Clinical breastfeeding training
- Principles of Lactation Management
- Lactation Counseling and Problem Solving
- Other

32. In what cases are newborns given formula?

33. Are parents advised about the impact of introducing formula prior to establishing breastfeeding?

Yes    No   Other

34. If the baby needs supplementation, how does the staff protect breastfeeding while offering the supplement?

35. Are mothers and newborns encouraged to room-in unless separation is medically indicated?

Yes    No   Other

36. How does your hospital handle infant feeding if the mother and infant are separated for medical procedures?

37. If the mother requests the newborn stay in the nursery, is the baby brought to her when hunger cues are evident?

Yes    No   Other

38. Do mothers receive any instruction regarding the following?

- Recognize early hunger cues
- Assess adequate feed
- Monitor wet and soiled diapers
- Recognize normal feeding patterns of a newborn
- Recognize changes in the infant's feeding patterns as the baby goes through growth spurts and starts solids

39. In what cases is expressed breastmilk offered if supplementation is necessary?

40. Are mothers given discharge packs/diaper bags that include formula or formula advertisements?

41. Does the hospital provide any of the following:

- A lactation clinic
- In-home visitation
- Follow-up phonecalls to see how mother and baby are doing
- A list of telephone hotlines
- Area Mother-to-Mother support groups
- A list of WIC Peer Counselors
- Handouts on going back to work or school
- Physician's letter on the benefits of breastfeeding in the workplace or at school
- Other

42. Is your hospital a designated Mother-Friendly Worksite (which encourages staff moms to breastfeed and offers them a place to pump and store milk)?

- Yes     No    Other

## Marketing

**Now, I have a few final questions about marketing the Texas Ten Step Program to different target audiences.**

43. How has the staff responded to the program?

44. How have the doctors responded to the program?

45. How have patients responded to the program?

46. Have you done any marketing or advertising about the TTS program/certification? If so, what have you done and through what media (radio, tv, newsletters, speakers bureau, etc.)

47. Does the hospital have a website?                      And is information about the Texas Ten Step Program posted there?

48. Do you need any additional marketing materials and if so, which target audiences do you need to reach?

- Moms
- Doctors
- Nurses and other hospital support staff
- Other

49. Should DSHS promote or market the Texas Ten Step program specifically to lactation consultants?

50. If so, what is the best way to reach them?

**Thank you for your time!**

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**Researchers Only:**

Initials of Researcher:

Length of Time to Complete:

Location/Date of Interview:

**WIC Mothers Texas Ten Step Evaluation Survey  
July 2008**

- Goal** To explore what kind of breastfeeding support WIC mothers received at Texas Ten Step hospitals and how compliant the hospitals are with the current Ten Step program.
- Method** Phone survey with WIC mothers (with infants 6 months and younger) who have given birth at Texas Ten Step hospitals.
- SCRIPT:** From time to time the Texas Department of State Health Services (DSHS) likes to get feedback on the quality of their materials and services. I work for Suma Orchard Social Marketing and we've been hired by DSHS to help evaluate aspects of their service programs.

So today, I'm going to be asking you some questions about your hospital breastfeeding experience before, during and after delivery – and after discharge.

- Everything you say is confidential.
- Your name is never used.
- Honesty is very important.
- Also, please remember that this is not a test. There are no right or wrong answers to any of the questions I am going to ask.

## Background Information

**First, I'd like to get a little background information.**

1. Tell me about your children. How many children you have and how old they are.
2. How old is your baby?
3. Are you currently breastfeeding your child?  
 Yes    No   Other
4. Is this your first breastfeeding experience?  
 Yes    No   Other

## Prenatal (Selecting hospital and prenatal classes)

5. How did you learn about breastfeeding? **Probe for doctor, WIC counselor, relative.**

6. How did you choose your hospital?
7. Did you know whether your hospital offered breastfeeding support?  
 Yes    No   Other
8. When you chose your hospital, did it matter to you if someone was there to offer you breastfeeding support?  
 Yes    No   Other
9. Did you attend any kind of prenatal classes?  
 Yes    No   Other
10. What did you learn in the class and where was it held?
11. What kind of breastfeeding education did you get at the hospital?  
How well did it prepare you to breastfeed?

## Delivery & Hospital Stay

12. Tell me how your delivery went.
13. How soon after birth did you first breastfeed your baby?
14. Was your baby with you in the room after birth? If not tell me what happened.
15. How did the hospital staff help you breastfeed? **Probe for lactation consultant.**
16. Did you have any challenges breastfeeding?
17. How often did someone check to see how you and the baby were doing with breastfeeding? [**Probe: within 6 hours of birth and at least once per shift.**]
18. Did anything at the hospital interfere with your opportunity to breastfeed?
19. Did anyone at the hospital say that you had to give your baby formula?  
 Yes    No   Other  
**If yes:** What was the reason?
20. Did hospital staff ever give your baby a pacifier without your consent or did anyone encourage you to give your baby a pacifier?  
 Yes    No   Other  
**If yes:** What was the reason?
21. Were you separated from your baby at any time?
22. **Only ask if they were separated:** How did the hospital handle your desire to breastfeed when you and your baby were separated?

23. What kind of things did the hospital teach you about managing your milk supply?
24. How would you rate the knowledge of the staff about breastfeeding on a scale of 1 to 5 (with 5 being “Excellent” and 1 being “Poor”)?
- a. Excellent
  - b. Very Good
  - c. Good
  - d. Fair
  - e. Poor

Why did you rate it that way?

25. Were you instructed in any or all of the following:
- How to spot early hunger signs in your baby
  - How to tell when your baby has had enough breastmilk
  - How to tell when your baby’s feeding routine is normal
  - How to tell which changes in your baby’s feeding routine are normal as he/she goes through growth spurts and starts solids
  - Other
26. What kind of advice did you get about the effect of bottles or pacifiers when you are trying to breastfeed?

## Discharge and Outpatient Services

27. Were you 100% breastfeeding your baby until you were discharged from the hospital? In other words, your baby did not have anything but breastmilk in the hospital?
- Yes    No   Other
28. When you were discharged, were you given a diaper bag that included formula or formula advertisements?
- Yes    No   Other
29. **If yes:** What did you do with them?
30. What kind of advice did you get about establishing breastfeeding before introducing formula?
31. When you were discharged did the hospital offer any kind of follow-up breastfeeding services (and did you use them)?
- Lactation clinic
  - In-home visitation

- Follow-up phone calls to see how you and your baby were doing
- Other
32. When you were discharged did the hospital give you a list of local breastfeeding resources (and did you use any of them)?
- Telephone breastfeeding hotlines
- Area Mother-to-Mother support meetings
- The names and phone numbers of area board-certified lactation consultants
- Other
33. Did you make use of any other breastfeeding resources – such as WIC Peer Counseling – and if so, where did you learn about them?
34. Have you ever heard of the Texas Ten Step Hospital program?
- Yes     No    Other
35. **If yes:** Where did you hear about it?
36. What is the program about and what does it mean to you?

## Demographics

**Now I'd like to get a little bit of information about you.**

### **Educational Background**

37. How far did you go in school?
- Elementary school
- To 8<sup>th</sup> Grade
- Some high school
- High school graduate
- Some college
- College graduate
- I never went to school
- Other

### **Ethnicity/National Origin**

38. Where were you born?

39. How would you describe your ethnicity?

- African American
- Asian
- Caucasian
- Hispanic/Latino
- American Indian
- Other

40. How old are you?

- 18-21
- 22-25
- 26-30
- 31-35
- 36-40
- 40+

**Thank you for your time!**

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**Researchers only:**

Initials of Researcher:

Length of Time to Complete:

Location/Date of Interview:

## **Focus Group Guide** **Nurses: Texas 10 Step Program**

### **I. Introductions**

Please go around the table and say your name, your position and for how long. Then tell us the biggest challenge you have as a nurse when it comes to new mothers and infant feeding.

### **II. Instructing New Mothers about Infant Feeding Options**

- What is your role in helping mothers with their infant feeding choices?
- What do you usually recommend? What do you say if a woman asks for your opinion about infant feeding?
- What role do you think nurses should play in a new mother's infant feeding choice?
- What about immediately after birth, how are you involved? (probe to determine how they adhere to making it possible for the mother to breastfeed their newborns within one hour of birth).
- In what ways have you learned about infant feeding?

**Probe:** What kind of breastfeeding support training does your hospital offer nurses or other health care providers?

- How are staff members trained so they can assist with unusual management concerns? What staff is trained?
- What kind of prenatal classes are offered for moms? What kind of breastfeeding information is included?

### **II. Hospital Policies**

- Does this hospital have a breastfeeding policy? What does it say? How was it communicated to you?
- What kind of breastfeeding support challenges does your hospital face – if any?  
Probe: What would you change about the breastfeeding support at your hospital?

- How are mothers who have had C-sections or complications assisted?
- How are mothers given the opportunity for early skin-to-skin contact regardless of the type of delivery?
- How often is breastfeeding assessed after birth?
- In what cases are newborns given formula? Probe: Are patients advised about the impact of introducing formula prior to establishing breastfeeding?
- Are mothers and newborns encouraged to room-in unless separation is medically indicated?
- How does your hospital handle infant feeding if the mother and infant are separated for a medical procedure?
- What is your opinion of mothers receiving discharge packs that include formula or formula advertisements? Do they receive them at your hospital?
- What kind of breastfeeding support does your hospital offer for the mom to access when she leaves the hospital? After general discussion, ask about each of these and count hands.

A lactation clinic

In-home visitation

Follow-up phone calls to see how mother and baby are doing

A list of telephone hotlines

Area Mother-to-Mother support groups

A list of WIC Peer Counselors

Handouts on going back to work or school

Physician's letter on the benefits of breastfeeding in the workplace or at school

### III. **Awareness and attitudes of Texas Ten Step Program**

Have any of you heard of a program call the Texas 10 Step Program?

What do you know about it?

Where did you hear about it?

After discussion explain that it is a program run by the Department of State Health Services that recognizes hospitals and birth centers that provide optimal breastfeeding support to new mothers, it offers trainings and updates, and support facilities in reaching the Health People 2010 goals. Then facilitator hands out information on the Ten Steps Program and ask the nurses to review it.

FOR GROUPS WITH NURSES FROM 10 STEPS HOSPITALS. In fact, each of you works at a Ten Steps Hospital how many of you knew that?

What kind of influence do you think the program has on the hospital breastfeeding policies?

What do you think the value is of your hospital being in this program?

FOR NURSES FROM HOSPITALS WHO ARE NOT IN THE PROGRAM: What would motivate you to request your hospital participate in this program? Probe: what kind of role do nurses have in encouraging a hospital to be involved in a program like this? Who are the decision makers?

What do you think the value of being in the Ten Steps program would be for (name of hospital).

What difference – if any-would it make for you as a nurse?

What kind of a difference would it make for your patience?

DSHS offers a variety of general and specialized breastfeeding training including CEUs. Have any of you attended training offered by the Department of State Health Services?

IF YES, what DSHS which of the following trainings have you attended?

- a. On-site training ( which is free of charge, available on request) {
- b. Principles of Lactation Management (Level I)
- c. Clinical Lactation Counseling and Problem Solving (Level II)

- d. Evidence-based Lactation Management: How to find, evaluate and apply evidence to improve outcomes for breastfeeding mothers and babies (Level IV).
- e. Peer Counselor Trainer Workshop

- What do you think is the best way for DSHS to market the program to nurses so they are aware of it?

*Thank you for your time!*

**Focus Group Guide**  
**Health Care Providers: Texas 10 Step Program**

**I. Introductions**

Please go around the table and say your name, where you work and for how long, and a little bit about your path to the hospital you are working at. Then tell us the biggest concern you hear from new mothers about infant feeding.

**II. Instructing New Mothers about Infant Feeding Options**

- What is your usual protocol when you talk to your patients about their infant feeding choices?
- What do you usually recommend? What do you say if a woman asks for your opinion about infant feeding?
- What role do you think physicians should play in a new mother's infant feeding choice
- In what ways have you learned about infant feeding?

**Probe:** What kind of breastfeeding support training does your hospital offer doctors or other health care providers?

- What about immediately after birth, how are you involved? (probe to determine how they adhere to making it possible for the mother to breastfeed their newborns within one hour of birth).
- How are staff members trained so they can assist with unusual management concerns? What staff are trained?

**II. Hospital Policies**

- Does the hospital you deliver at have a breastfeeding policy? What does it say?
- What kind of breastfeeding support challenges does the hospital you deliver at face – if any?

- How are mothers who have had C-sections or complications assisted?
- How are mothers given the opportunity for early skin-to-skin contact regardless of the type of delivery?
- How often is breastfeeding assessed after birth?
- In what cases are newborns given formula? Probe: Are patients advised about the impact of introducing formula prior to establishing breastfeeding?
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### **III. Awareness and attitudes of Texas Ten Step Program**

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FOR GROUPS WITH DOCS FROM 10 STEPS HOSPITALS. In fact, each of you works at a Ten Steps Hospital how many of you knew you that?

What do you think the value is of your hospital being in this program?

What difference – if any-would it make for you as a doctor?

What kind of a difference would it make for your patience?

FOR DOCS FROM HOSPITALS WHO ARE NOT IN THE PROGRAM: What would motivate you to request your hospital participate in this program? Probe: what kind of role do doctors have in encouraging a hospital to be involved in a program like this?

- What do you think is the best way for DSHS to market the program to doctors so they are aware of it?

Now I would like to switch gears. How many of you have heard of the WIC program – the Women, Infants and Children's Program? Explain the program if necessary. The program has a breastfeeding peer counselor program and I am going to hand out a brochure WIC is developing for doctors and I would like your honest feedback on it.

- What is your initial reaction to the brochure? What do you like or dislike?
- What is the purpose of the brochure?
- What did you know about WICs peer counselor program before reading it?
- How likely are you to promote WICs peer counselor program after reading it?
- Probe: Does it give you enough information about the program to tell your clients about it?

- What would you do with this if you received this in the mail?
- What about the format of the brochure is it the right size? If different probe to determine what would be more appropriate.
- What do you think about the pictures? The font?
- Are there any changes you would make so that it is more appropriate for doctors? If so, what?

*Thank you for your time!*