

**Goal 2 Task Force: Promote Education and Evidence-Based Practice  
Leadership: Arli Boustead**

**IDEAS FOR KEY ACTIONS TO TAKE (YEAR 1).**

***Initial Ideas from Survey:***

- Encourage family members and spouses to encourage and support the mothers decision to breastfeed.
- Deliver a great BF Conference with multiple topics/speakers to address a broad audience. Utilize conference to gain perspective from across the state on needs and gaps
- Look at ways other states are making WIC Peer Counseling work
- Inventory available training for breastfeeding advocates and determine if orgs (like CHI Health) can support with increasing training and what those trainings should be. (maybe this is already done, but would like to know more)
- Survey the need of members on what they need for education. Is it general or do they need cerps? What topics are they interested in? Where should the training be? Finding appropriate speakers
- Find better ways to educate and council moms and soon to be moms
- Utilize social media appropriately
- Create a community of support and education
- Establish/increase relationships with healthcare providers and staff, provide education to such groups, encourage them to lead/develop their own patient centered BF'ing groups, social media and advertising/PR presence in BF'ing and resources
- collaborate with local FQHCs and hospitals for programming opportunities
- share info in new mom groups/MOPS, prenatal and birthing classes
- I think that having a breastfeeding mentors is a great idea. A woman that has breastfed taking a new mother under her wing and taking care of that new mom like she should be cared for.
- Speaking to human sexuality classes at colleges promoting breastfeeding.
- Help businesses understand that hiring CLCs can be beneficial (as opposed to most requiring IBCLCs)
- Promote breastfeeding among the minority populations by small "chit chat cafes" (offer parents coffee, hot chocolate, tea, while having informal conversation about breastfeeding and distribute handouts)
- More access for parents for low cost breastfeeding support (possibly a centralized location for breastfeeding support and troubleshooting )
- Help CLCs with scholarships to achieve IBCLC status.
- Support and promote already established breastfeeding support and education resources.
- Help establish breastfeeding support & education resources in underserved areas.
- Offer education opportunities for health care professionals on normal breastfeeding, benefits of Breastfeeding & offering evidence based breastfeeding information.
- Continue to spread awareness and offer support where needed
- Locate resources to help shed light on places of employment who could use our help in understanding the current laws
- Online seminars?
- Convince OB's to inform moms that breastfeeding is good for her and her baby and encourage her to do so. Also do a breast assessment while pregnant.
- Identify an audience to target
- Identify educators. Have those educators reach out to and form partnerships/relationships with OBs, midwives, family practice and pediatric clinics.
- Provide a consistent opportunity for education opportunities.

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### Task Force Webinar Notes: May 12, 2016

- Be very present in communities and be easy to approach.
- More webinars and on site meetings to provide fact based evidence available to everyone
- Establish a list of providers who care for newborns across Nebraska. Establish a list of IBCLCs/CBEs across Nebraska. Determine how to reach the majority of them with breastfeeding education.
- getting MD's, IBCLC's, and other providers to attend breastfeeding education sessions to learn most up to date evidence based practices.
- Review NPQIC data on mPINC. Provide interventions (webinar, on-site education or whatever else) based on data findings. Re-evaluate after interventions and adjust additional interventions as needed.
- Lactation support in the community for more than just bank hours. Nights, weekends, etc, and utilize those in the community who may not be IBCLCs but have all the education necessary to practice evidence based care.
- Try to bridge the gap between what is known and practiced, to what is actually evidence based, and I believe the best way is to start at the hospital level.
- Educational opportunities. Keep up with webinars
- Choose which providers to focus on
- Create a toolkit of resources
- Develop educational activities (to offer online or at professional conferences for continuing education credit)
- Identify other professional organizations to collaborate with for promotion and education (for example Nebraska Academy of Family Physicians or Nebraska Chapter of AAP)
- Marketing/publicity messaging for social media and other publications
- Increase reach to young parents
- Continue communication with Nebraska hospitals to help support them with exclusive BF rates.
- Provide low cost or free training for hospital OB nursing staff throughout the state.
- Provide information and training for clinic nurses who work with pregnant women and babies.
- Further work with hospitals to ensure breastfeeding friendly practices
- Work with child care facilities to continue to train and educate them around breastfeeding so they can better support bf working moms
- Identify educational programs that meet the learning needs of providers/supporters that are also supported by EBP.
- Assist hospitals in educating postpartum staff in a way that can be easily passed along to each person.
- Offer opportunities to advance breastfeeding knowledge locally or via webinars.
- I think an important first step would be to offer a continuing education opportunity for Physicians, midwives and/or bed side nurses on the importance of first hour feeds- nursing or hand expression to set the stage for lower weight loss and better overall milk supply. Hopefully the NPQIC would be on board with this idea.

#### ***Ideas from May 12 webinar: (bold indicates people's "best ideas")***

- Establish a Nebraska Breastfeeding Coalition Breastfeeding Friendly designation for hospitals to work towards (Kansas Breastfeeding Coalition has a nice one that is easier to achieve than the official Baby Friendly Designation and they have had some ok luck getting hospitals on board)
- Organize information sessions/materials for health care providers to provide best practice breastfeeding information and resources.
- Help establish additional breastfeeding support resources thru collaboration with other agencies for the underserved areas throughout the state
- Identify education resources that are currently available for the community and for health care professionals and determine what is missing.
- Organize information sessions/materials for health care providers to provide best practice breastfeeding information and resources.
- Host a breastfeeding conference

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- Help establish additional breastfeeding support resources thru collaboration with other agencies for the underserved areas throughout the state.
- Have easily accessible/searchable breastfeeding information available thru the NBC website.
- Help grow the number of IBCLC's and CLCs in the state to help serve areas with limited resources thru trainings and mentoring programs.
- Help support and promote breastfeeding support that is already available in our communities.
- Connect with collaborating orgs (as Peggy Brown mentioned)
- Working with these orgs, identify the education needed and at what levels/audiences. (do this by assessing baseline compliance of evidence-based practices to address gaps)
- Work with these collaborating organizations to develop a training continuum or career path so those starting out as CBE's are encouraged and empowered to keep learning, growing as breastfeeding advocates, educators, supporters.
- Collaborate to plan consistent (free) training opportunities at all levels (Community, Clinic/pre-natal providers, Hospital) that include topics addressing:
  - benefits of breastfeeding & why to share this message early in pregnancy
  - the importance of Skin-to-skin/Sacred Hour at birth
  - evidence based strategies for hospitals/providers
  - the knowledge of how moms need support throughout the first year and beyond
  - community breastfeeding educators and how to grow this "workforce"
- Have the conference and get feedback for the next year. Keep the conference affordable but make a little extra money so that we can make this an annual conference available to continue to provide breastfeeding education to healthcare providers and home visitors.
  - Survey the coalition members on topics for a breastfeeding conference
  - Collaborate with a group who can write for CERPS and CEU's
  - Decide where to have the conference, cost, speakers, finalize topics
  - Possibly make the conference available web based for people in western NE, or available taped to see at a later time
- Physicians and other healthcare providers are so important as information sources. If they do not have the knowledge on the importance of breastfeeding, the message won't be delivered.
- Encourage all hospitals to have a nursing policy on The Sacred Hour.
- Disseminate all Really? Really! materials across the state.
- Mom to mom support is important, so every new mom feels supported and knows where to find information.
- Keep CLCs and IBCLCs and other bf advocates involved and acknowledge their value in the community through education, trainings.
- Home visitors need to have all resources at hand. They are so valuable to at-risk moms.
- Visit OB and Pediatrician offices, give them breastfeeding information and then do call backs to check on feedback from the MD's, what they found helpful and what other breastfeeding information they would like to see more of.
- Could also start with a questionnaire to see what kind of information they are looking for that would be helpful in working with their breastfeeding families.
- Could also find out when they are having staff meetings and request to have a few minutes to discuss breastfeeding. Information with them after identifying what their priorities are.
- Bring Really? Really! posters to visits to offices.
- Offer free or reduced cost breastfeeding information to hard-to-reach populations to encourage it across the board.
- Visit with OB offices, provide more up to date information from WHO and other resources as to the best breast feeding practices to encourage women and their families to pursue breastfeeding

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- Continue to offer webinars and seminars to keep up to date on the most current information in regards to breastfeeding.
- Create a tool kit of resources to support breastfeeding - I'm currently applying for grants for a mobile app that could keep this info available and updated.
- Enlist the help of the NE AAP, NE Acad Fam Physicians, NE Acad OB (?).
- Establish a list of physicians and other providers who care for newborns across the state. Same for those who do prenatal care.
- Education seminars / lectures, however it is VERY difficult to entice physicians to attend. Perhaps at the annual meetings?
- Train up more IBCLCs across the state and find places for them to effectively work.
- Reaching out to the providers requires going TO them.
- Use data (assess and eval)
- address gaps from evidence-based practices
- Work on various areas i.e. hospitals, prenatal period, post delivery period, provider practice
- In hospital arena:
  - assess baseline compliance with evidence-based practices
  - address gaps in compliance via education and collaborative quality improvement methods
  - re-evaluate compliance with EBP as specific intervals to ensure success
- NPQIC is taking this approach now.
- What other arenas could we target besides hospitals?
- Create a list of those we hope to reach and prioritize which group(s) are reasonable to focus on in the first year
- Develop material (use existing if possible) to share with OB, FP and peds offices throughout the state.
- Continue to provide free webinars to our members on a variety of educational topics
- Offer continuing education for providers that work with pregnant women and postpartum moms with the first hour after delivery
- Provide info on first hour care
- Info on hand expression and/or expression of colostrum, effective ways to share this information with client and other breastfeeding topics.

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#### IDENTIFIED WORK CLUSTERS AND RELEVANT ACTIONS (YEAR 1).

##### ***Addressing gaps (evidence/based practice/ed & support):***

- Working with these orgs, identify the education needed and at what levels/audiences. (do this by assessing baseline compliance of evidence-based practices to address gaps)
- Work with these collaborating organizations to develop a training continuum or career path so those starting out as CBE's are encouraged and empowered to keep learning, growing as breastfeeding advocates, educators, supporters.
- Have the conference and get feedback for the next year. Keep the conference affordable but make a little extra money so that we can make this an annual conference available to continue to provide breastfeeding education to healthcare providers and home visitors.
- Visit with OB offices, provide more up to date information from WHO and other resources as to the best breast feeding practices to encourage women and their families to pursue breastfeeding
- Continue to offer webinars and seminars to keep up to date on the most current information in regards to breastfeeding.
- Enlist the help of the NE AAP, NE Acad Fam Physicians, NE Acad OB (?).
- address gaps from evidence-based practices
- Offer continuing education for providers
- Provide info on first hour care
- info on hand expression
- Continue to provide free webinars to our members on a variety of educational topics

##### ***Healthcare Provider & Professional Education:***

- Connect with collaborating orgs (as Peggy Brown mentioned)
- Physicians and other healthcare providers are so important as information sources. If they do not have the knowledge on the importance of breastfeeding, the message won't be delivered.
- Visit OB and Pediatrician offices, give them breastfeeding information
- Bring Really? Really! posters to visits to offices.
- Visit with OB offices, provide more up to date information from WHO
- Establish a list of physicians and other providers who care for newborns across the state. Same for those who do prenatal care.
- Work on various areas ie hospitals, prenatal period, post delivery period, provider practice
- Develop material (use existing if possible) to share with OB, FP and peds offices throughout the state.
- reaching out to the providers requires going TO them.

##### ***Explore Designation Work:***

- Explore option of some sort designation for hospitals
  - look at what has been done (is happening) by other orgs
  - keep cost in mind
  - explore language (maybe something other than 'designation')
  - Look at appropriate first steps to lay the groundwork
- Establish a Nebraska Breastfeeding Coalition Breastfeeding Friendly designation for hospitals to work towards (Kansas Breastfeeding Coaliton has a nice one that is easier to acheive than the official Baby Friendly Designation and they have had some ok luck getting hospitals on board)

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TIMELINES AND LEADERSHIP (YEAR 1).

Cluster, Team	Quarter 1 (Jul-Sept2016)	Quarter 2 (Oct-Dec2016)	Quarter 3 (Jan-Mar2017)	Quarter 4 (Apr-Jun2017)	Victory!
<b>ADDRESSING GAPS IN (EVIDENCE-BASED PRACTICE)/(EDUCATION &amp; SUPPORT)</b>  <b>WHO:</b> Corrine Jarecke (LEAD), Arli, Lesley, Peggy					
<b>HEALTHCARE PROVIDER &amp; PROFESSIONAL EDUCATION</b>  <b>WHO:</b> AJ, Arli, Diane Roberts, Diane Erdmann, Kay					
<b>EXPLORE DESIGNATION</b>  <b>WHO:</b> AJ (LEAD), Corrine, Katie, Lesley, Peggy					