


Program Development and Evaluation: Non-Breastfeeding Mothers

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Introduction

Low rates of exclusive breastfeeding has been established as a problem at both national and local levels. In order for more mothers to be encouraged to exclusively breastfeed their baby according to the American Academy of Pediatrics recommendations, targeted interventions must be developed to promote such behavior change. The purpose of this paper is to discuss and critique previous breastfeeding interventions, and then using the information that was learned, propose a new breastfeeding intervention, Choose the Breast, Forget the Rest. This program was designed to be delivered to pregnant and breastfeeding mothers in Dover, Delaware; however, through the use of specific intervention strategies and extensive evaluation, the intervention team hopes to establish feasibility for Choose the Breast, Forget the Rest to be delivered in other local community settings. The program is based on the Theory of Planned Behavior, which states that an individual's attitudes, subjective norms, and perceived behavioral control are independent constructs that impact one's behavioral intention (Glanz et al., 2008). The use of the theory constructs and how they impact program participants' intentions and behaviors are discussed throughout the program description. After discussing previous breastfeeding interventions, Choose the Breast, Forget the Rest is described in depth. The program's goals, objectives, and evaluation methods are described, and then a detailed program description is provided, which includes the program activities, marketing materials, a lesson plan for one of the activities, and an evaluation of expected changes from the lesson plan.

Critique of Previous Programs

A systematic review for breastfeeding interventions that targeted racial and ethnic minority women found that the most effective interventions included peer counseling, breastfeeding-specific clinic appointments, group prenatal education, and hospital or WIC policy

changes. Postpartum breastfeeding support delivered by nurses was found to be the least effective intervention strategy used (Jones et al., 2015). Three specific breastfeeding interventions that use peer counseling and group education are described below.

A home-based lifestyle intervention targeted the initiation of breastfeeding among African American women aged 18 to 45 years with overweight or obesity. The program included two groups divided into two different sections (Lewkowitz et al., 2018). The first group was in the Parents as Teachers (PAT) section of the intervention. PAT is a national program used to promote positive child development and school readiness by using trained parent educators to deliver the curriculum. It was given to socioeconomically disadvantaged pregnant women at no cost (Lewkowitz et al., 2018). The second group was in PAT+ which included the same curriculum as PAT but with breastfeeding support included as well. For both groups, a trained parent educator visited the pregnant women for one hour in their home. These visits took place every other week during the women's pregnancies. Parenting support and education were delivered through PAT (Lewkowitz et al., 2018). Limited encouragement towards breastfeeding was provided, and breastfeeding support was only provided as requested by the parents. PAT+ included the same topics as PAT but covered breastfeeding topics as well. Breastfeeding benefits to increase knowledge, strategies to increase breastfeeding within the home and in public or at work, basic breastfeeding techniques using a doll to practice, and development of a postpartum breastfeeding plan were the additional topics on breastfeeding provided (Lewkowitz et al., 2018).

Unfortunately, the program was not as successful as planned. The PAT+ that included the breastfeeding topics did not improve the studies outcomes above and beyond that of the PAT group. The main objective was to increase breastfeeding initiation. Secondary objectives included increasing the desire to breastfeed with subsequent pregnancies, patient perceived

importance of reasons for not initiating breastfeeding, and understanding reasons for women not initiating breastfeeding or stopping breastfeeding after starting. PAT and PAT+ resulted in similar outcomes. Seventy-eight percent of participants in the PAT+ group initiated breastfeeding while 74.58% of participants in the PAT group initiated breastfeeding (Lewkowitz et al., 2018).

Additionally, PAT+ and PAT participants were all just as likely to stop breastfeeding. PAT+ did not show to increase knowledge about the benefits of breastfeeding nor reduce the barriers that women had to breastfeeding. The positive aspect of the intervention is that the initiation rates for both groups surpassed the national initiation rates for Black women (Lewkowitz et al., 2018).

One reason for the group who obtained a multitude of information about breastfeeding from PAT+ not having increased success over the participants in the PAT group might be due to having lifestyle topics and breastfeeding topics in the intervention. The amount of non-breastfeeding education might have been an overload (Lewkowitz et al., 2018). Therefore, the key takeaway is to include an appropriate amount of education regarding breastfeeding in future breastfeeding programs. Also, the peer support in both groups may have led to the increase in initiation and not the education, so it is important to include a peer support aspect in the new program.

Another past program was a community-based intervention called “Breast for Success” that aimed to increase the odds of breastfeeding among women in Cleveland, Ohio. Cleveland Department of Public Health’s MomsFirst Program and Community Endeavors Foundation, Healthy Fathering Collaborative of Cleveland were the two partners for this program. The program included the MomsFirst curriculum and services (Furman et al., 2016). Enrolled mothers were visited twice a month by community health workers prenatally through two years after giving birth. Community health workers provided support and education in the home of the

mothers. The education came from 11 modules that were based on breastfeeding barriers. During the home visits, a five to ten minute interactive module was covered by the community health workers which occurred prenatally (Furman et al., 2016). In this intervention, participants were divided into three groups. All modules were given to the mothers in a binder. Other materials that were provided included WIC breastfeeding topics, a video on a “good latch” that was about five minutes long, and a magnet for mothers’ refrigerators that had tips to increase the mother’s milk supply. Along with the community health workers, a peer who obtained a lactation counselor certificate also supported mothers. The breastfeeding peer called or texted mothers three to four days after giving birth to assess breastfeeding and offer home visiting (Furman et al., 2016).

Mothers in the program were divided into three groups. The first group only received the MomsFirst curriculum. The second group of mothers identified a supportive person in their life to have at their home visits to learn about breastfeeding and support breastfeeding practices. Mothers in the third group had the ability to give their partners father-friendly breastfeeding information and an invitation to a breastfeeding education group for men (Furman et al., 2016). Incentives included after-hours peer support line, nursing pads, nursing bras, and an infant carrier

This program achieved exclusive breastfeeding at one month postpartum. Of mothers who intended to breastfeed at all or exclusively breastfeed, 76.9% of mothers who intended to breastfeed were breastfeeding exclusively by one month and 45.7% of mothers who intended to exclusively breastfeed were doing so at one month. Of mothers who intended to use some formula, 16.5% were shown to exclusively breastfeed at one month (Furman et al., 2016). The education modules and postpartum visits were found to be significantly associated with increased chances of exclusive breastfeeding at one month postpartum. The takeaway from this program is that education is still needed to improve breastfeeding rates and that support for breastfeeding

whether from lactation counselors or peers is helpful to increase the odds of breastfeeding by least at one month.

A third intervention, called “You Can Do It” promoted breastfeeding among women enrolled in A New York State WIC program. The program was originally created by the Vermont WIC program. It is a multicomponent program that was used to target breastfeeding knowledge, attitudes, confidence, and social support. Exclusive breastfeeding was the primary outcome being targeted through tailored counseling and peer counselor support from prenatal to postpartum (Edmunds et al., 2016).

Recruitment of prenatal women occurred during the first trimester. During each trimester, women were contacted three times. The first contact occurred with a nutritionist to assess mother’s attitudes, confidence, and support for breastfeeding through a Breastfeeding Attrition Prediction Tool (BAPT) survey. If the BAPT score was less than or equal to 20, the nutritionist, breastfeeding coordinator, and peer counselor developed a breastfeeding care plan tailored to the women (Edmunds et al., 2016). The second contact was again with the nutritionist using the results from the BAPT survey to provide tailored counseling. The third contact occurred in a group setting with nutritionists and peer counselors. Group discussion occurred and moms prepared for the hospital experience, received education about hospital practices that support breastfeeding and communicated their feeding plans to the group leaders. There were also three contacts postpartum. The first contact took place one to three days after birth. A phone call took place between the mother and nutritionist where the hospital experience and breastfeeding and recognition of infant feeding cues were assessed (Edmunds et al., 2016). The nutritionist provided affirmations to improve confidence and offered support through referrals. The second postpartum contact took place three to five days after birth by telephone called from the

nutritionist or peer counselor. Breastfeeding and baby behaviors were assessed using open-ended questions. Questions were also used to educate and prevent the introduction of formulas. Two to four weeks postpartum, the third contact took place in-person with the nutritionist who provided an appropriate food package and followed up with breastfeeding support. Throughout the program, it was recommended that the mothers meet with the same nutritionist from the prenatal period through the postpartum period to improve trust and care (Edmunds et al., 2016).

Participation in the program was associated with improved exclusive breastfeeding rates at two months postpartum especially among Black and Hispanic mothers. The effectiveness of the program is in part due to the intensity of the breastfeeding promotion components. Individualized breastfeeding counseling was prioritized prenatally and quickly followed up after birth, at one to three days postpartum (Edmunds et al., 2016). The key takeaways from this program is the inclusion of prenatal and postpartum visits along with early contacts after giving birth. Also, every effort was given to ensure that mothers worked with the same nutritionist and peer counselor throughout the program. These program staff were extensively trained to implement the program which further enhanced the implementation and outcomes of the program.

Program Goals & Logic Model for Choose the Breast, Forget the Rest

Goals	Program Activities	Short-Term Outcomes	Long-Term Outcomes	Outcome Measures
1. To increase exclusive breastfeeding (BF) rates among mothers of newborns in Dover, Delaware	- 4 monthly prenatal educational group sessions (BF benefits, techniques, questions, concerns) - 6 monthly postpartum	- increase in the knowledge of BF benefits - increase in the confidence and ability to properly BF - increase in the	- Upon completion of the program, 50% of new mothers who participate in the program will have exclusively breastfed their infant for the	- pre/post session surveys - observations by lactation consultants - pre/post program surveys - peer counselor

	educational/support group sessions (barriers, returning to work, introducing solids) - partner participants with a peer counselor to meet one-on-one with throughout the program	ability to cope with barriers - increase in the knowledge and skills to properly use BF equipment (e.g. breast pump, nursing pillow, etc.)	first six months of life	questionnaires
2. To increase perceived support and acceptance of breastfeeding (BF) among mothers of newborns in Dover, Delaware	- marketing activities (e.g. referrals and community posters) - invite participants' family/support people to sessions 2, 4, and 5 - partner participants with a peer counselor (PC) to meet/talk one-on-one with throughout the program - attend the 3 postpartum support sessions	- increase in number of businesses and organizations that show their support for BF - increase in knowledge of BF benefits among family members/support people - increase in the number of family members/support people that support a mother's choice to BF - increase in the number of participants who feel supported by a PC - increase in the number of participants who feel supported by other moms or moms-to-be	- Upon completion of the program, new mothers' perceptions of social support for breastfeeding will increase by 50% - Upon completion of the program, new mothers' perceptions of the social acceptance of breastfeeding in Dover will increase by 50%	- track number of posters and referral handouts that are distributed - family/support system attendance sheets - peer counselor tracking sheet - participant attendance sheets - pre/post program surveys

Program Objectives & Evaluation

Objective	Measures/Tools	Data Needed	Methods
Outcome Objectives			
1. Upon completion of the program, 50% of new	Peer counselor (BF) questionnaire	The participant's BF status 6 months postpartum (i.e.	Peer counselors (PC) will be given a set of questions to ask

mothers who participate in the program will have exclusively breastfed (BF) their infant for the first six months of life		exclusive BF at 6 months, partial BF at 6 months, exclusive formula feeding at 6 months)	participants about their BF experience each time they meet; PCs will write participants responses on questionnaire; questionnaire will be collected; % exclusively BF at 6 months postpartum will be calculated
2. Upon completion of the program, new mothers' perceptions of social support for breastfeeding will increase by 50%	Post-program survey	The participant's responses to scaling questions related to perceived social support from friends, family, and the program	During the last session, participants will be given a written post-program survey; responses will be collected and compared to responses to the same questions on a pre-program survey; % increase will be calculated
3. Upon completion of the program, new mothers' perceptions of the social acceptance of breastfeeding in Dover will increase by 50%	Post-program survey	The participant's responses to scaling questions related to perceived social acceptance and social norms of BF in Dover	During the last session, participants will be given a written post-program survey; responses will be collected and compared to responses to the same questions on a pre-program survey; % increase will be calculated
Impact Objectives			
1. By the end of session 1, 50% of pregnant women will state that they intend to exclusively breastfeed until 6 months	Post-session survey	The number of participants who say they intend to exclusively BF for at least 6 months	At the end of session 1, participants will be given a short written survey about their BF intentions; responses will be collected; % intending to exclusively BF will be calculated
2. By the end of session 2, 85% of pregnant women will be able to list 2 benefits of breastfeeding	Post-session survey	The number of participants who can name at least 2 benefits to BF	At the end of session 2 participants will be given a short written survey about what they learned; responses will be collected; % who provided at least 2 BF benefits will be calculated
3. By the end of session 3, 100% of pregnant women	Observation by lactation consultant (LC);	The number of participants who could properly simulate	During session 3 a LC will demonstrate how to properly

will be able to simulate the proper breastfeeding position with a doll	checksheet with participant names	the BF position with a doll	BF with a doll; participants will practice; LC will observe each participant and check off everyone who used a proper position; checksheet will be collected; % who properly simulated will be calculated
4. By the end of session 4, 75% of pregnant women will be able to explain how to pump breast milk	Post-session survey	The number of participants who are able to list the steps in pumping	At the end of session 4 participants will be given a short written survey about what they learned; responses will be collected; % who correctly list the steps will be calculated
5. By the end of session 6, 85% of mothers will be able to name at least one way to address a breastfeeding problem.	Post-session survey	The number of participants who are able to name at least one way to address a BF problem	At the end of session 6 participants will be given a short written survey about what they learned; responses will be collected; % who correctly name at least one way to address a BF problem will be calculated
Process Objectives			
1. By the end of each breastfeeding education session, 100% of participating mothers will receive all materials while attending the visit	Session Materials Tracking sheet Attendance sheet	The number of participants who received all of the provided materials during each session	The LC conducting each session will receive a session materials tracking sheet that lists each of the materials to be handed out at each session; at the end of each session the LC will write how many of each material were handed out during that session; tracking sheet will be collected and compared to attendance sheet
2. By the end of the program 75% of participating mothers will have attended all 10 sessions.	Attendance sheet	The number of participants who attended each of the 10 sessions	Attendance will be taken by the LC at each session; attendance sheets will be collected; % attendance at all sessions will be calculated
3. By the end of the program, 75% of mothers will have received and	Peer Counselor Tracking sheet	The number of participants who received and engaged in all PC contacts	PCs will be given a sheet to track when/how they contacted participants; PCs will indicate

engaged in all scheduled peer counselor contacts			when a mother engaged with the contact on tracking sheet; tracking sheet will be collected; % received and engaged will be calculated
4. By the end of the program, 75% of mothers will have brought at least one support person to sessions 2, 4, and 6	Attendance sheet	The number of participants who brought a support person/people to sessions 2, 4, and/or, 6	Attendance of participants support person/people will be taken at sessions 2, 4, and 6; attendance sheet will be collected; % of participants who brought a support person to all 3 sessions will be calculated
5. By the end of session 4, 85% of pregnant women will have made a feeding plan for after birth	Newborn Feeding Action Plan Worksheet Participant List	The number of participants who create a feeding plan with their PC	PCs will use the worksheet and work one-on-one with participants to create an action plan for how they will feed their newborns; worksheets will be collected and compared to participant list; % who completed a worksheet and have a plan will be calculated

Program Implementation Timeline

Action Step	Person Responsible	Deadline (Date)	Resources Needed
Hire program assistant	Program coordinators	June 2021	Interview questions
Revise curriculum	Program coordinators and assistant	July 2021	Program manual
Hire two lactation consultants and four peer counselors	Program coordinators and assistant	August 2021	Interview questions
Train lactation consultants and peer counselors on how	Program coordinators and assistant	September - October 2021	Training guide, program manual

to deliver the program			
Make copies of promotional handout and signs	Program assistant	November 2021	Community poster, program handout
Distribute signs to community businesses and organizations	Program coordinators	December 2021	Community poster
Distribute handouts to primary care providers, obstetricians, and Women, Infants, and Children (WIC) dietitians or counselor	Program coordinators	December 2021	Program handout
Recruit and finalize participants	Program coordinators and assistant	December 2021-January 2022	Final participant list
Implement/deliver session #1	Lactation consultant and peer counselors	February 2022	Lesson materials*
Implement/deliver session #2	Lactation consultant and one peer counselor	March 2022	Lesson materials*
Implement/deliver session #3	Lactation consultant and peer counselors	April 2022	Lesson materials*
Implement/deliver session #4	Lactation consultant and peer counselors	May 2022	Lesson materials*
Purchase breastfeeding care package items and assemble care	Program coordinators and assistant	May 2022	Breast pumps, Storage bags, Nursing pads, and Nipple cream

packages			
Implement/deliver session #5	Lactation consultant and peer counselors	June 2022	Lesson materials*
Implement/deliver session #6	Lactation consultant and peer counselors	July 2022	Lesson materials*
Implement/deliver session #7	Lactation consultant and peer counselors	August 2022	Lesson materials*
Implement/deliver session #8	Lactation consultant and peer counselors	September 2022	Lesson materials*
Implement/deliver session #9	Lactation consultant and peer counselors	October 2022	Lesson materials*
Purchase baby care package items and assemble care packages	Program coordinators and assistant	October 2022	Diapers, Parenting books, \$25 gift cards to Amazon
Implement/deliver session #10	Lactation consultant and peer counselors	November 2022	Lesson materials*
Program evaluation and analysis	Program coordinators and assistant	November - December 2022	Baseline and post assessment surveys

*See manual

Program Description: Choose the Breast, Forget the Rest

Program Overview

Choose the Breast, Forget the Rest is a 10-month long educational and behavioral breastfeeding support program that is intended to be implemented at the local community level, and follows participants from mid to late pregnancy until approximately six months postpartum. The purpose of the program is to encourage more mothers to exclusively breastfeed their baby until they are at least six months of age or older, as per the recommendations made by the

American Academy of Pediatrics. By increasing the number of mothers who exclusively breastfeed and decreasing the number of mothers who formula feed, both mother and baby are expected to experience less negative health outcomes, such as obesity, diabetes, and sudden infant death syndrome (for babies/children) or diabetes, hypertension, and cancer (for mothers).

The goals of Choose the Breast, Forget the Rest are:

1. To increase exclusive breastfeeding rates among mothers of newborns in Dover, Delaware
2. To increase perceived support and acceptance of breastfeeding among mothers of newborns in Dover, Delaware

The program facilitates these goals by utilizing specific educational, behavioral, and supportive strategies that are based in theory. There are many predisposing, reinforcing, and enabling (PRE) factors that influence a mother's choice to exclusively breastfeed, formula feed, or both. Through extensive formative research conducted by the intervention team, it was determined that the most important and most changeable factors that impact this decision are:

- **Predisposing factors:** mother's lack of knowledge of breastfeeding benefits, the belief that breastfeeding is painful, having low self-efficacy in her ability to breastfeed, and negative attitudes of breastfeeding in public
- **Reinforcing factors:** breastfeeding is not seen as a social norm and the influence of family members (e.g. their belief that formula is better)
- **Enabling factors:** lack of designated spaces to breastfeed in public and the lack of availability or accessibility to breastfeeding resources (e.g. breast pumps, nursing pillow, nursing pads, etc.)

Choose the Breast, Forget the Rest addresses each of these factors using educational, behavioral, and supportive strategies following the framework of the Theory of Planned Behavior. Specific strategies used and their corresponding theory constructs are described more in depth in each of the individual session descriptions.

Program Activities

Group Sessions Overview

Choose the Breast, Forget the Rest follows participants through 10 educational and supportive breastfeeding group sessions that are led by a certified lactation consultant. There are 4 prenatal sessions and 6 postpartum sessions. These sessions are a mix of structured, educational classes and unstructured support group-styled meetings. Additionally, during sessions 2, 4, and 6, participants are strongly encouraged to invite individuals from their support team outside of the program who may be directly or indirectly involved in the infant feeding process (i.e. partners, family members, friends). Through these 10 sessions, participants will learn about topics such as the benefits of exclusive breastfeeding, proper breastfeeding techniques, how to overcome barriers to breastfeeding, and tips for returning to work while breastfeeding. Through the unstructured support sessions, participants will have the opportunity

to ask specific questions, share stories about their experiences, and connect with other moms or moms-to-be.

Peer Counselors

Participants will also directly be offered support by trained peer counselors. Peer counselors are women from the community who have at least one child and found success in breastfeeding. Their role is to provide support and guidance to participants before and after birth. Peer counselors may also be responsible for attending the monthly sessions, sending reminders to participants about the 10 scheduled program sessions, and for gathering evaluation information, such as participants' breastfeeding status or their level of engagement with their peer counselor. Peer counselors will be matched with a participant during Session 1 of the program and from that point forward will have scheduled contacts with the participant based on her preferred method of communication (e.g. in-person, texting, phone call, etc.). Peer counselors should also establish an open line of communication, so participants have the ability to reach out to their peer counselor outside of the specified contact times if needed. Ideally, peer counselors should contact participants at the following times:

- **Prenatally:**
 - once per month after enrollment (ideally 4 contacts)
- **Postpartum:**
 - 1-3 days after birth
 - Once per week for the 1st month
 - Every other week for the 2nd and 3rd month
 - Once per month for months 4-6

Peer counselors play an important role in addressing many of the factors that influence a mother's decision to breastfeed. Through their interactions with participants, they are likely to engage in conversations about the benefits of breastfeeding, issues surrounding pain or ability to breastfeed, and attitudes about breastfeeding in public. A peer counselor may find it necessary to discuss these topics with a participant in further detail after the relevant sessions, or a participant may have specific questions related to these topics and their own breastfeeding journey. Regardless of the reason, addressing these topics will help shape the participants' attitudes, subjective norms, and perceived behavioral control, and in turn, their intentions to exclusively breastfeed.

Rewards

Lastly, participants will be motivated to stay in the program for the duration of their pregnancy through positive reinforcement. If participants attend the first 5 sessions, they will be given a breastfeeding care package at Session 5 (the first session postpartum), which includes a breast pump, storage bags, nursing pads, and nipple cream. If participants attend all 10 sessions, they will be given a baby care package at Session 10, which includes diapers, a parenting book, and a \$25 giftcard to Amazon. By offering the possibility of receiving the breastfeeding care

package, Choose the Breast, Forget the Rest increases participants' access to breastfeeding resources, thus influencing their perceived behavioral control and hopefully increasing their intentions to exclusively breastfeed their newborn.

Recruitment & Marketing

Participants can be recruited using 3 methods: referrals, word of mouth, and signs placed around the community. The target population includes pregnant women who are ideally 5 to 7 months pregnant in order for the group sessions to best match their level of preparation, support, and education needed before birth and after birth. Participation should be capped at 15 participants. This number helps to establish better support and rapport among program participants and also allows for the proper use of funding to purchase the necessary rewards without going over the recommended budget.

Referrals and Word of Mouth

Participants may be recruited through referrals made by healthcare providers in the community. This may include primary care providers, obstetricians, and Women, Infants, and Children (WIC) dietitians or counselors. These healthcare providers from around the community will be given Choose the Breast, Forget the Rest handouts that can be given to interested participants. The handouts will include information about the program, including: session dates, location, and topics; information about rewards; information about peer counselors; and contact information for program coordinators who will enroll participants into the program. An example of this type of handout can be found in Appendix A.

Community Posters

Participants may also be recruited through signs or posters that are placed around businesses and organizations in the community. These signs will be similar to the handouts given to healthcare providers and include information about the program; however, a secondary purpose of these signs will be for local businesses and organizations to show their support for breastfeeding. The program coordinators will deliver these signs around town to interested business owners to display on the exterior of their buildings. With messages such as “We support breastfeeding moms”, participants and all pregnant or breastfeeding moms in the community will develop a better sense of community support for breastfeeding in public, thus influencing their attitudes, subjective norms, and perceived behavioral control about breastfeeding in public. An example of this type of sign can be found in Appendix B.

Group Sessions

Session 1: Introduction

- **Length:** 1.5 hours
- **Purpose of session:**

- To introduce and build rapport between participants, lactation consultant, and peer counselors
- **Materials needed:**
 - Attendance sheet
 - White board and marker to take notes
 - Baseline assessment surveys
- **Who's attending:**
 - Lactation consultant
 - Peer counselors
 - Participants
- **Activities:**
 - Introduction of all attendees
 - Icebreaker
 - Baseline program assessment survey
 - Discuss roles of lactation consultant and peer counselors
 - Overview of program and session schedule
 - Pre-session survey
 - Open discussion about readiness and intention to breastfeed and attitudes or concerns about breastfeeding
 - Partner peer counselors with participants
 - Determine preferred method of contact
 - Exchange contact information
 - Questions
 - Session summary
 - Post-session survey
- **PRE factors, goals, and theory constructs addressed:**
 - Social support (subjective norms)

Session 2: Benefits of Exclusive Breastfeeding

- **Length:** 1.5 hours
- **Purpose of session:**
 - To increase participants' knowledge of the benefits of breastfeeding for both mom and baby
 - See Appendix C for Session 2 Lesson Plan
- **Materials needed:**
 - Attendance sheet (participants and support people)
 - Computer and projector (for PowerPoint presentation)
 - Evaluation assessment for lesson plan
- **Who's attending:**
 - Lactation Consultant

- Participants
- Support people
- 1 peer counselor
- **Activities:**
 - Introductions (support people)
 - Icebreaker
 - Pre-lesson survey (participants and support people)
 - Benefits of Breastfeeding PowerPoint
 - Peer counselor's breastfeeding experience
 - Questions/discussion about what was learned
 - Post-lesson survey (participants and support people)
 - Session summary
- **PRE factors, goals, and theory constructs addressed:**
 - Benefits of breastfeeding (attitudes)
 - Influence of family members (subjective norms)

Session 3: Breastfeeding Techniques

- **Length:** 1.5 hours
- **Purpose of session:**
 - To increase participants' knowledge of the different techniques, methods, and tips for successful breastfeeding
 - To increase participants' confidence in their ability to properly breastfeed
- **Materials needed:**
 - Attendance sheet
 - Computer and projector (for PowerPoint presentation)
 - Breast pumps
 - Infant dolls
 - Take-home handout that covers what was learned
- **Who's attending:**
 - Lactation Consultant
 - Participants
 - Peer counselors
- **Activities:**
 - Icebreaker
 - Breastfeeding Tips & Tricks PowerPoint
 - Demo with doll: proper positioning (lactation consultant)
 - Participants practice positioning with peer counselors
 - Demo with breast pumps (lactation consultant)
 - Participants practice how to pump with peer counselors
 - Questions/discussion about what was learned

- Session summary
- **PRE factors, goals, and theory constructs addressed:**
 - Breastfeeding is painful (attitudes)
 - Self-efficacy in ability to breastfeed (perceived behavioral control)

Session 4: Questions/Concerns and Developing a Feeding Plan

- **Length:** 1 hour
- **Purpose of session:**
 - To address participants breastfeeding questions and concerns before giving birth
 - For participants to develop individual feeding actions plans with their baby
- **Materials needed:**
 - Attendance sheet (participants and support people)
 - Action Plan worksheets
- **Who's attending:**
 - Lactation consultant
 - Participants
 - Peer counselors
 - Support people
- **Activities:**
 - Icebreaker
 - Pre-session survey
 - Open floor up for questions and discussion
 - Describe Action Plan worksheet
 - Participants work in small groups with their support people and peer counselor to talk through their action plan for breastfeeding (e.g. methods, supplies, what to do when problems arise, incorporating support people, etc.)
 - Session summary
 - Post-session survey
- **PRE factors, goals, and theory constructs addressed:**
 - Self-efficacy in ability to breastfeed (perceived behavioral control)
 - Benefits of breastfeeding (attitudes)
 - Influence of family members (subjective norms)
 - Social support (subjective norms)

Session 5: Support Session

- **Length:** 1 hour
- **Purpose of session:**
 - To increase participants' perceived and received support for breastfeeding
- **Materials needed:**
 - Attendance sheet

- Resource handouts
- Breastfeeding care packages
- **Who's attending:**
 - Lactation consultant
 - Peer counselor
 - Participants
- **Activities:**
 - Introduction of the support sessions
 - Icebreaker
 - Open group discussion for mothers to share how breastfeeding is going for them
 - Check-in to see if participants need additional support or resources
 - Participants work in pairs for 15 minutes to share breastfeeding stories and give feedback to each other
 - Q&A for participants to ask questions
 - Resources provided to mothers who need additional support
 - Session Summary
- **PRE factors, goals, and theory constructs addressed:**
 - Social support (subjective norms)
 - Self-efficacy in ability to breastfeed (perceived behavioral control)

Session 6: Addressing Barriers to Breastfeeding

- **Length:** 1.5 hours
- **Purpose of session:**
 - To increase participants' knowledge about how to address barriers
 - To address any concerns participants may have in regard to breastfeeding
- **Materials needed:**
 - Attendance sheet
 - PowerPoint
 - Computer and projector (for PowerPoint presentation)
 - Brief handout on tips to avoid barriers to breastfeeding
- **Who's attending:**
 - Lactation Consultant
 - Peer counselors
 - Participants
 - Support people
- **Activities:**
 - Ice breaker
 - Pre-session survey
 - Discussion about breast and nipple pain
 - Discussion about feeding problems

- Open discussion on breastfeeding problems that participants are experiencing
- Small group breakout session to allow participants to provide feedback to other participants concerns and how to address barriers to breastfeeding
- Session summary
- Post-session survey
- **PRE factors, goals, and theory constructs addressed:**
 - negative attitudes of breastfeeding (attitudes)
 - Social Support (subjective norms)

Session 7: Support Session

- **Length:** 1 hour
- **Purpose of session:**
 - To increase participants' perceived and received support for breastfeeding
- **Materials needed:**
 - Attendance sheet
 - Resource handouts
- **Who's attending:**
 - Lactation consultant
 - Peer Counselors
 - Participants
- **Activities:**
 - Icebreaker
 - Open group discussion for mothers to share how breastfeeding is going for them
 - Check-in to see if participants need additional support or resources
 - Participants work in pairs for 15 minutes to share breastfeeding stories and give feedback to each other
 - Q&A for participants to ask questions
 - Resources provided to mothers who need additional support
 - Session Summary
- **PRE factors, goals, and theory constructs addressed:**
 - Self-efficacy in ability to breastfeed (perceived behavioral control)
 - Social support (subjective norms)

Session 8: Breastfeeding and Returning to Work

- **Length:** 1.5 hours
- **Purpose of session:**
 - To address breastfeeding questions or concerns when returning to work
 - For participants to develop individual breastfeeding action plans when at work
- **Materials needed:**
 - Attendance sheet

- Action plan worksheet
- Powerpoint
- Computer and projector (for PowerPoint presentation)
- How to store breastmilk handout
- **Who's attending:**
 - Lactation Consultant
 - 1 Peer counselor
 - Participants
- **Activities:**
 - Icebreaker
 - Peer counselor shares her experience with exclusive breastfeeding and returning to work
 - Q&A with peer counselor and lactation consultant to address participants' concerns, barriers, and specifics about returning to work
 - Session summary
- **PRE factors, goals, and theory constructs addressed:**
 - Self-efficacy in ability to breastfeed at work (perceived behavioral control)
 - Pumping at work (attitudes)
 - Knowledge about storing breastmilk (perceived behavioral control)
 - Addressing barriers to breastfeeding while working (perceived behavioral control)

Session 9: Support Session

- **Length:** 1 hour
- **Purpose of session:**
 - To increase participants' perceived and received support for breastfeeding
- **Materials needed:**
 - Attendance sheet
 - Resource handout
- **Who's attending:**
 - Lactation consultant
 - Peer counselors
 - Participants
- **Activities:**
 - Icebreaker
 - Open group discussion for mothers to share how breastfeeding is going for them
 - Check-in to see if participants need additional support or resources
 - Participants work in pairs for 15 minutes to share breastfeeding stories and give feedback to each other
 - Q&A for participants to ask questions
 - Resources provided to mothers who need additional support

- Session Summary
- **PRE factors, goals, and theory constructs addressed:**
 - Social support (subjective norms)
 - Self-efficacy in ability to breastfeed (perceived behavioral control)

Session 10: How to Introduce Solid Foods/Continuing to Breastfeed

- **Length:** 2 hours
- **Purpose of session:**
 - To increase participants knowledge about the introduction of complementary foods after baby is 6 months old while continuing to breastfeed until baby is 12 months of age
- **Materials needed:**
 - Attendance sheet
 - PowerPoint
 - Computer and projector (for PowerPoint presentation)
 - Tip sheet on how to introduce solid foods
 - Post assessment survey
 - Baby care packages
- **Who's attending:**
 - Lactation Consultant
 - Peer counselors
 - Participants
- **Activities:**
 - Icebreaker
 - How to introduce solid foods and continue breastfeeding until baby is 12 months of age
 - Open discussion to allow participants to reflect on experiences, progress, and future concerns
 - Summary of session
 - Summary of all sessions
 - Evaluation of entire program
- **PRE factors, goals, and theory constructs addressed:**
 - Self-efficacy in ability to continue breastfeeding while introducing complementary foods (perceived behavioral control)

Appendix A: Program Handout



CHOOSE THE BREAST, FORGET THE REST!

Program Dates: February 2022 - November 2022
Location: PITTS Recreation Center, Dover, DE

SESSION TOPICS

Prenatal Sessions:

INTRODUCTION

BENEFITS OF
BREASTFEEDING

BREASTFEEDING
TECHNIQUES

CONCERNS ABOUT
BREASTFEEDING

Postpartum Sessions:

SUPPORT

BARRIERS TO
BREASTFEEDING

SUPPORT

RETURNING TO WORK

SUPPORT

HOW TO INTRODUCE SOLID
FOODS AND CONTINUING
TO BREASTFEED

About the Program

Choose the Breast, Forget the Rest is a 10-month breastfeeding educational and support program. Women who are five to seven months pregnant and live in Dover, Delaware are eligible to enroll. There will be four sessions held prenatally and six postpartum sessions. Each session will be held once a month and will cover a different topic on breastfeeding. Three out of the six postpartum sessions will focus on support.

Each session will last approximately 1.5 hours long. One to two lactation consultants will lead each program. Peer counselors may also attend the monthly sessions. Their main role is to schedule contacts with each participant for support. A breastfeeding care package with a breast pump, storage bags, nursing pads, and nipple cream will be given to mothers who attend the first five sessions. A baby care package with diapers, a parenting book, and a \$25 gift card to Amazon will be given to all participants who attend all 10 sessions.

Contact Information

Please contact the program coordinators for more information at choosethebreast@gmail.com

Appendix B: Community Poster

BUSINESSES FOR BREASTFEEDING



WE SUPPORT YOU



**THIS MESSAGE IS PROVIDED BY
CHOOSE THE BREAST, FORGET THE REST!**

A breastfeeding program that supports new moms from pregnancy through 6 months postpartum

For more information, please email choosethebreast@gmail.com or call 302-555-4654

Appendix C: Session 2 Lesson Plan



SESSION 2:

BENEFITS OF EXCLUSIVE BREASTFEEDING



CHOOSE THE BREAST,
FORGET THE REST

Purpose of the session: The purpose of Session 2 is to increase participants' knowledge of the benefits of breastfeeding for both mom and baby. By learning about the pros of breastfeeding and cons of formula feeding, participants should develop more positive attitudes about exclusive breastfeeding. Participants are encouraged to invite their main support people (e.g. partner, family members, etc.) to this session in order for them to also better understand the importance of exclusive breastfeeding. By increasing the knowledge of the benefits for these support people, they should be more in support of the participant's choice to breastfeed, thus influencing participants' perceptions of support and subjective norms. The program's influence over breastfeeding knowledge, attitudes, and subjective norms during pregnancy will hopefully aid in increasing participants' intentions to breastfeed once their baby is born.

Learning Objectives:

1. By the end of the lesson, 95% of participants will be able to state the APA recommendation for exclusive breastfeeding.
2. By the end of the lesson, 85% participants will be able to list 2 benefits of exclusive breastfeeding that occur for the mom.
3. By the end of the lesson, 85% participants will be able to list 2 benefits of exclusive breastfeeding that occur for the baby.

Materials needed:

- Attendance sheet (participants and support people)
 - See Appendix D
- Computer and projector (for PowerPoint presentation)
 - See Appendix E for PowerPoint
- Pre- and post-lesson surveys
 - See Appendices F & G
- Pens or pencils

Before Session:

- Place attendance sheet and pen on table next to door
- Make sure there are enough tables and chairs for participants and support people
- Set up computer and projector; test PowerPoint to make sure it works

After Session:

- Make sure all pre- and post-lesson assessments are collected
- Collect attendance sheet

Session Outline

- Welcome and introductions (10 minutes)

- Icebreaker (10 minutes)
- Pre-lesson survey (10 minutes)
- Benefits of Breastfeeding PowerPoint (20 minutes)
- Peer counselor's breastfeeding experience (10 minutes)
- Questions/discussion about what was learned (15 minutes)
- Post-lesson survey (10 minutes)
- Session summary (5 minutes)

Instructions for Lactation Consultant

Activity	What to Say	What to Do
Welcome and Introductions	Welcome everyone to Choose the Breast, Forget the Rest! My name is _____ and I am a lactation consultant and am in charge of leading the program's sessions. Today I am joined by __ (name of peer counselor) __, who is one of the many peer counselors assisting with the program. Today she will be joining us in order to share her experiences with exclusive breastfeeding.	<ul style="list-style-type: none"> - go over session outline - ask participants to introduce themselves and their support people
Icebreaker	To kick off the session and get to know each other a little better, we are going to start with a quick and fun icebreaker.	<ul style="list-style-type: none"> - go around in a circle and ask participants and support people to answer the question: "what was your favorite childhood book or story?"
Pre-Lesson Survey	One of the main goals of the program is to encourage more mothers to exclusively breastfeed their baby. The program helps accomplish this goal by doing many activities, including educating participants and their support people about the benefits of breastfeeding. In order to see if the program is accomplishing this goal, we ask that you participate in a quick pre- and post-lesson survey just to see what you know, what you learned, and your breastfeeding intentions as of now. We will pass around the pre-lesson surveys for each of you to fill out, this should take no more than 10 minutes.	<ul style="list-style-type: none"> - pass out pre-lesson surveys and pens/pencils to participants and their support people - answer any questions participants may have - collect surveys when everyone is finished

Benefits of Breastfeeding PowerPoint	<p>Thank you everyone for participating in the survey! Next, I am going to go over the benefits of breastfeeding for mom and baby. We will have time for questions at the end, but please feel free to raise your hand if you think of a question or comment during the presentation</p>	<ul style="list-style-type: none"> - present “Benefits of Breastfeeding” PowerPoint - discuss the information on each of the slides - at end of presentation, ask if anyone has any questions
Peer Counselor’s Breastfeeding Experience	<p>Now we are going to hear from __ (name of peer counselor) __, who will discuss her experience with exclusive breastfeeding, including her struggles and advice for new moms.</p>	<ul style="list-style-type: none"> - introduce peer counselor and allow her time to share her story - help answer participant questions
Questions/Discussion		<ul style="list-style-type: none"> - After PowerPoint and peer counselor’s story, open up the floor for discussion about what was learned and talked about during the session - answer participant questions - try to involve support people; consider asking them questions, such as: <ol style="list-style-type: none"> 1. How have your opinions changed about breastfeeding since the beginning of the session? 2. Is there anything you learned today that surprised you? 3. How can you best support your (wife, daughter, sister, friend) while she is breastfeeding?
Post-Lesson Survey	<p>As mentioned before, we are going to conclude today’s session by giving another quick post-lesson survey to find out what you have learned in order for us to better understand your breastfeeding intentions. We will pass out these surveys, and like last time, completing the survey should take no more than 10 minutes.</p>	<ul style="list-style-type: none"> - pass out post-lesson surveys and pens/pencils to participants and their support people - answer any questions participants may have - collect surveys when everyone is finished
Session Summary	<p>Thank you everyone for attending and participating in today’s session. We hope today’s session inspired you to consider exclusively breastfeeding your baby. Remember, this is only session 2, there are 8</p>	<ul style="list-style-type: none"> - Summarize what was discussed during session - Thank participants and support people for attending and participating

	<p>sessions remaining in which we will continue to educate and support your breastfeeding efforts. And a big thank you to all of the friends and family who joined us today, we look forward to meeting you again during session 4! Reminder session 3 will take place on _____ and we will discuss and practice different breastfeeding techniques.</p>	<p>- Give reminder about date, time, and location of session 3</p>
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Appendix D: Sign-in Sheet for Session 2 Lesson**Attendance Sheet**

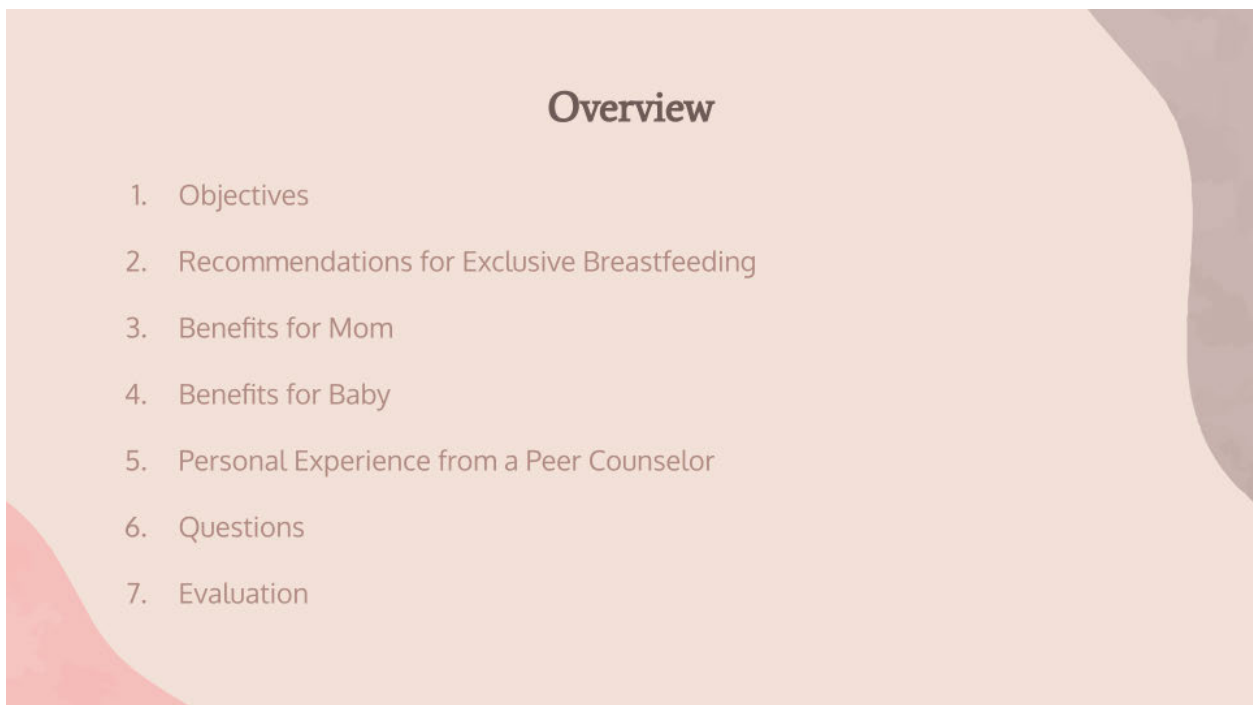
Session #2: Benefits of Exclusive Breastfeeding _____

Name of Lactation Consultant and Peer Counselor: _____

Date: _____

	Participant Name	Participant Signature	Accompanying Family Member	Accompanying Family Member Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Appendix E: Benefits of Breastfeeding PowerPoint



Objectives

01

By the end of the lesson, 95% of participants will be able to state the APA recommendation for exclusive breastfeeding.

02

By the end of the lesson, 85% of participants will be able to list at least 2 benefits of exclusive breastfeeding that occur for the mom.

03

By the end of the lesson, 85% of participants will be able to list at least 2 benefits of exclusive breastfeeding that occur for the baby.

Recommendations for Exclusive Breastfeeding

The American Academy of Pediatrics recommends that moms breastfeed their babies for the first 6 months of life.

- Babies should be exclusively breastfed with no introduction of other foods.
- After 6 months, breastfeeding should be continued until 12 months of life.
 - Complementary foods can be introduced during this time.
- Breastfeeding can be continued after 1 year if the mother so desires.

Benefits for Mom

Exclusive breastfeeding lowers a mom's risk for many chronic conditions!

1. High Blood Pressure
2. Type 2 Diabetes
3. Cancers
 - a. Breast Cancer
 - b. Ovarian Cancer

Mothers who choose not to breastfeed exclusively have been shown to have higher rates of these diseases.



Benefits for Mom Cont.

Exclusive breastfeeding helps Mom mentally and physically too!

- Social and emotional wellness is fostered during breastfeeding.
 - Hormones are released when breastfeeding that improves the Mom's mental health.
 - This occurs due to the bonding between mom and baby.
- Pregnancy weight is easier to lose when breastfeeding.
 - 500 calories are burned when building and maintaining a milk supply.
- There is a greater chance of the uterus returning to normal size.
 - Breastfeeding promotes the uterus to contract.

Benefits for Baby

Breastfeeding promotes growth and development!



- Breast milk has the optimal nutrients for baby development.
 - The carbohydrate to fat ratio needed for optimal growth changes as a baby develops
 - A growing baby does not need as much fat, so breastmilk automatically decreases in fat content as the baby gets older.
 - As the baby grows and needs more calories, more breastmilk is produced by the mom.

Benefits for Baby Cont.

Breastfeeding exclusively until 6 months of life lowers baby's risks for developing disease and illness, including . . .

- Diabetes
- Ear Infections
- Asthma
- Obesity
- Necrotizing enterocolitis (Intestinal Inflammation)
- Sudden Infant Death Syndrome (SIDS)
- Dental Caries (Cavities)

Non-breastfed babies are at increased risk for these diseases!

Peer Counselor Experience



Peer Counselor Jackie and her son!

Learn about Jackie's
experience with exclusive
breastfeeding.

Questions



Evaluation

Thank you for Coming!

Reminder for Session #3

Date: Next Month

Topic: Breastfeeding Techniques

Do you have any questions or concerns?

Email: choosethebreast@gmail.com

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Appendix F: Pre-Lesson Survey

Benefits of Breastfeeding Pre-Lesson Survey

The purpose of this survey is for the program coordinators to have a better understanding of your current breastfeeding knowledge, attitudes, and intentions. Please select or write the answer that best represents your thoughts or opinions.

1. What is the preferred method of infant feeding recommended by the American Academy of Pediatrics?
 - a. Formula feeding
 - b. Breastfeeding
 - c. Solid foods
 - d. Formula and breastfeeding
2. How long should an infant be fed with the preferred method?
 - a. 4 months
 - b. 5 months
 - c. 6 months
 - d. 7 months
3. What are the benefits a mother may experience from breastfeeding? Please list as many as you can.

4. What are the benefits a baby or child may experience from breastfeeding? Please list as many as you can.

5. As of right now, how likely are you to breastfeed your baby?
 - a. Very likely
 - b. Somewhat likely
 - c. Somewhat unlikely
 - d. Very unlikely
6. If you answered **a** or **b** to question 5, on a scale of 1 to 10, how supported do you feel in your decision to breastfeed by your support system?

Appendix G: Post-Lesson Survey

Benefits of Breastfeeding Post-Lesson Survey

The purpose of this survey is for the program coordinators to have a better understanding of what you learned during the Benefits of Breastfeeding session. Please select or write the answer that best represents your thoughts or opinions.

1. What is the preferred method of infant feeding recommended by the American Academy of Pediatrics?
 - a. Formula feeding
 - b. Breastfeeding
 - c. Solid foods
 - d. Formula and breastfeeding
2. How long should an infant be fed with the preferred method?
 - a. 4 months
 - b. 5 months
 - c. 6 months
 - d. 7 months
3. What are the benefits a mother may experience from breastfeeding? Please list as many as you can.

4. What are the benefits a baby or child may experience from breastfeeding? Please list as many as you can.

5. After learning and participating in today's session, how likely are you to breastfeed your baby?
 - a. Very likely
 - b. Somewhat likely
 - c. Somewhat unlikely
 - d. Very unlikely
6. If you answered **a** or **b** to question 5, on a scale of 1 to 10, how supported do you feel in your decision to breastfeed by your support system?

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