

# Evaluation of Egyptian Health Department (EHD) Women, Infants, & Children (WIC) Breastfeeding Services

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### Background

- ❖ Centers for Disease Control and Prevention (CDC) 2017 state the national average for breastfeeding initiation is 82.5% and the six-month breastfeeding rate is 55.3 %.
- ❖ Breastfeeding rates at EHD are <u>lower</u> than the national average with an initiation rate of 58% and six-month rate of 13%.
- EHD nursing leadership requested independent review of breastfeeding services.

# Purpose

❖ To assess the EHD WIC breastfeeding services, to improve effectiveness, and to inform programming decisions.

# Objectives

- Analyze WIC breastfeeding services data from 2017 to determine positive and negative trends in client data.
- Analyze community factors that affect breastfeeding rates and services.
- Interview EHD leadership to identify strengths and weaknesses of breastfeeding services.
- Survey EHD staff and clients to gain insight on satisfaction and barriers with WIC breastfeeding services.
- Communicate findings and insights to EHD leadership.

## Literature Review

- Healthy People 2020 breastfeeding goal is to increase the proportion of infants who are breastfed at six months to 60.6%.
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) states breastfeeding is the "ideal and normative" method for term and preterm infant feeding.
- National Association of Neonatal Nurses (NANN) recommends at least six months of exclusive breastfeeding.
- ❖ Mannion et al. (2013) concluded that the partner/support person should be included in all prenatal and postpartum breastfeeding teaching to provide assistance and to support the breastfeeding process.



# Acknowledgements

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# **Conceptual Framework**

# The Evaluation Planning Incorporating Context (EPIC) Model

guided this community-based program evaluation (Holden & Zimmerman, 2009).



# Setting

- EHD is a rural, three-county public health department located in southeastern Illinois covering 1,217 square miles with four locations and WIC Program available at three-sites.
  - ❖Saline County: Eldorado WIC office offers services five days per week (population 93% White).
  - ❖White County: Carmi office offers services five days per week (population 98.1% White).
    ❖Gallatin County: Shawneetown WIC office offers services one day per week (population 97.9% White).
- EHD WIC Program is funded via the State of Illinois through U.S. Department of Agriculture funds. Additional grant funds are utilized to meet programming needs.
  - Breastfeeding services are part of the WIC program.
- The EHD WIC staff includes: nursing director, manager, 6 RNs, 1 certified peer lactation counselor, and 4 clerks. Some staff travel to different locations daily.
- The WIC program serves low-income pregnant, postpartum, and breastfeeding women, as well as their children (up to age 5).
- Client appointments are scheduled every 3 months. During appointments clients can receive health screenings, vaccines, nutrition information, case management, lactation counseling, referral services, and supplemental food coupons.
- As of November 2017, EHD caseload was 851 clients, which is 81% of the total client goal. Current client breakdown: 107 pregnant women, 27 post-partum breastfeeding women, 76 post-partum non-breastfeeding women, 257 infants (up to age 1), and 384 children (up to age 5).

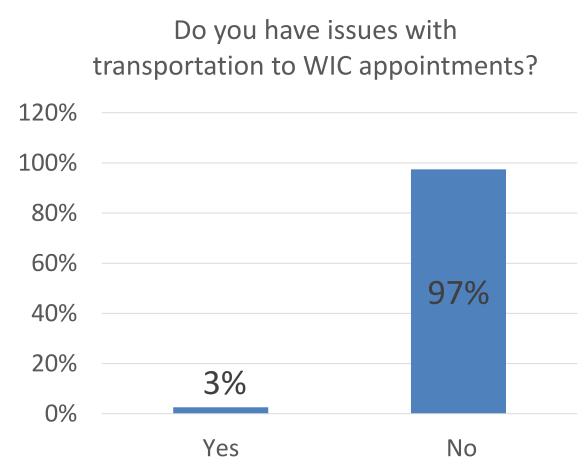
## Methods

- **❖** Data collected from December 1<sup>st</sup>, 2017 through January 31<sup>st</sup>, 2018.
- ❖ Program Evaluation Tools: Developed with collaboration from WIC program leadership. Program evaluation tools were based upon the EPIC model and included multiple choice and open-ended questions. Questions pertained to the following: current WIC structure, likes, dislikes, what changes should be made, preferred location, support person, preferred methods of communication, and transportation.
- Interviewed: EHD Nursing Director and WIC nurse manager provided 2017 breastfeeding data including: client numbers, staffing, staff continuing education, WIC breastfeeding referrals, hours of operation, appointment cancellation rates, and budget.
- Surveyed: 6 RNs and certified peer lactation counselor completed an anonymous, 16question program evaluation tool regarding strengths, weaknesses, barriers to breastfeeding practice, CLC breastfeeding education, and leadership support.
- Surveyed: 4 clerks completed an anonymous 6-question program evaluation tool regarding strengths, weaknesses, barriers to breastfeeding practice, and leadership support.
- Surveyed: 78 EHD clients completed an anonymous 20-question program evaluation tool regarding breastfeeding services: strengths, weaknesses, breastfeeding support person, hours of operation, preferred location for services, best method of communication, & transportation barriers.

## Results

- Survey response:
  - 82% EHD staff surveys
  - 78 client surveys
  - ❖ 69.8% of total WIC client caseload seen during survey period
- ❖ Lactation Services:
  - Working hours of operation varied by location to provide ample opportunity for clients to utilize services.
  - ❖ No lactation services were available after hours, nights, weekends, or holidays.
  - ❖ Breastfeeding consultation times varied by provider from 5 to 30 minutes with each client.
  - ❖ 48% of client survey respondents reported not receiving lactation counseling during pregnancy.
  - ❖ 69% of clients survey respondents preferred face-to-face lactation consultation contact over phone contact or other methods of communication.
  - ❖ 84% of breastfeeding clients expressed interest in a closed Facebook page for posing future breastfeeding questions.
  - Of breastfeeding clients, 40% reported mother as support person, 24% reported husband as support person, 12% reported friend as support person, & 24% chose other as support person.
  - Of the client survey respondents who chose Carmi as their preferred WIC location, 87.5% never breastfed.
  - ❖ 66% of EHD RNs perceived lack of transportation as the main client barrier for not attending WIC service visits. 97% of client survey respondents reported that transportation was NOT a barrier. This is a data mismatch.





- Systems Operation:
  - \* EHD relies on grant funding for certified peer lactation consultant salary.
  - No method of tracking missed appointments.
  - ❖ No way to track number of households served by the WIC program, only clients.

## Conclusion

- Based upon evaluation data, the WIC breastfeeding services have several strengths:
  - ❖ EHD staff is committed to providing quality breastfeeding services to meet client needs.
- With grant funding, EHD currently has appropriate funds to meet the financial needs of the services provided.
- \* EHD breastfeeding services are available in all three counties with varied hours of operation.
- \* EHD has a peer counselor available to provide breastfeeding support.
- Program evaluation provided a mechanism to analyze information about the EHD WIC breastfeeding services, as well as characteristics and outcomes for use by EHD leadership to make changes in the provided services.
- For those in public health settings with similar characteristics and aims that have not built in program evaluation, this evaluative project can be assessed for its applicability.

## Recommendations

- ❖ Implement on-call services to answer questions and provide lactation support after hours.
- Develop standard lactation consultation content for face-to-face prenatal and postpartum client visits.
- Expand peer lactation counselor role to include facilitation of the peer support group activities in all three counties.
- ❖ Develop closed Facebook page for client access to breastfeeding support via social media.
- ❖ Include support person in lactation counseling, both prenatally and postpartum.
- Carmi WIC RN complete Clinical Lactation Course (CLC) in order to provide increased knowledge and support to Carmi breastfeeding clients.
- ❖ Document client cancellation reasoning to identify opportunities to negate appointment cancellations.
- Implement tracking system to filter number of households served.

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