

The Winnebago Comprehensive Healthcare System and Winnebago Tribe of Nebraska strive for continuity of care in supporting Indigenous breastfeeding families

Implementing the Continuity of Care in Breastfeeding Support Blueprint

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Synopsis

Winnebago Comprehensive Healthcare System (WCHS) provides healthcare and education to Indigenous people who reside on the Winnebago and Omaha Reservations and surrounding communities in Nebraska and Iowa. Through NACCHO's Bridging Breastfeeding Continuity of Care and Nutrition Security within the First 1,000 Days funding opportunity, Winnebago Comprehensive Healthcare System (WCHS) established a partnership with Winnebago Public Health Department (WPHD), Public Health Nursing (PHN), Women, Infant and Children Program (WIC), and Twelve Clans Unity Hospital (TCUH), Primary Care Clinic (PCC) to implement Blueprint Recommendations 2, 3, and 5. Through this collaborative effort, WCHS focused on providing continuity in breastfeeding messaging and support, and developing a seamless referral system between the partners.

The partners identified that current referral practices were fragmented and developed a plan of action which connects PHN, WIC and PCC departments within a new electronic referral system. Currently, the referral process is a mixture of paper and electronic processes. This was key to designing a new process since WCHS is currently implementing a new electronic health records system. As the system is built and personalized for WCHS, the partners have input on designing the electronic Lactation Referral.

Gaps were identified in provider and staff breastfeeding knowledge. Educating the providers and staff who work with prenatal clients and their newborns is a priority. At the start of this grant cycle, WCHS had three certified breastfeeding personnel, all who reside in the PHN Department. Point-of-care breastfeeding education and counseling was irregular when breastfeeding issues were identified in the Primary Care Clinic.

Key providers and staff members from the partnership were selected to complete online breastfeeding



education/certification so that breastfeeding problems can be identified and resolved while the client is presenting. More complicated issues are then referred to the IBCLC.

Community breastfeeding support was further enhanced using grant funding to purchase an "Lactation Station" tent which could be used for indoor and outdoor public events, providing a comfortable and private setting for families to feed and change their children. The first use was at the Winnebago 158th Homecoming Celebration which provided a cool, comfortable space for families to feed and change their infants. The tent was stocked with supplies for changing and breastfeeding.



Project Team (left to right): Ebony StCyr (WIC) Sandy Anderson, Stormy Griffin, Jordann Blackfish (PHN), Melanie Tuamoheloa (PCC)

Challenge/Problem Statement

The Primary Care Clinic provides services for prenatal clients during their pregnancy, postpartum and newborn care after discharge. Most deliveries are performed in an outlying medical facility by contracted providers. Some clients receive prenatal and infant care solely from providers outside our healthcare system, yet seek lactation consultation, education and support through the PHN Department and WIC. The PHN Department, Maternal Child Health Program provides education in lactation, safety, and care of the mother and infant to over 95% of prenatal clients served by TCUH as well as many self-referred clients from the surrounding area. Over 90% of prenatal clients who receive care at TCUH and/or meet with the PHN lactation counselor express the intent to breastfeed.

The referral process between PCC, PHN and WIC is fragmented and cumbersome. The PCC and PHN Departments are connected via electronic record; however, the consult system is one-directional. The PCC can send referrals to PHN, but it cannot be reciprocated. WIC is not connected to either PCC or PHN. Through necessity, the WIC referral is sent to the PHN Department and then forwarded via secure email.

Certified breastfeeding staff members were solely within the PHN Department prior to the Blueprint grant consisting of an IBCLC, CLC and a Certified Indigenous Lactation Counselor (ILC). When problems were identified by the PCC provider or staff during a medical appointment, consultation was dependent upon availability of the PHN staff's schedule. Most breastfeeding issues were identified by the Pediatric Nurse Practitioner (PNP) and her nurse during the newborn discharge follow up appointment.

Breastfeeding literature that is culturally adapted to Indigenous populations is limited. The project partners focused on traditional breastfeeding practices that reflect the cultural values of the Tribes that WCHS serves. Through interviews with breastfeeding families and elders, they found that breastfeeding traditions vary from Tribe to Tribe, region to region, clan to clan and family to family. The constant theme verbalized is that breastmilk was the traditional and most healthful food for babies. Project Partners found that breastfeeding has many faces in the community. Although most mothers put the baby to the breast, some mothers exclusively pumped. A few mothers relayed that when they were short of breastmilk, that a trusted family member or friend would breastfeed their infant or share breastmilk. This is an example of a tradition that was voiced by a few of the elders when they expressed that sisters would breastfeed each other's children.



Breastfeeding resource poster

Solution

WCHS is currently implementing a new electronic record system, which was in the design and set up stage when this grant started. This is an opportunity for Project Partners to have input in the design for lactation referrals between the departments. Primary Care, Public Health Nursing and WIC addressed the current fragmented referral issue and how the desired flow and hand-off of breastfeeding clients could occur in the future. We discovered through this process that a referral can be created to our specifications.

The Project Partners continue to discuss policy and plan for implementation of breastfeeding follow up. A formal policy is in the works, which will be submitted to administration for approval this Fall. The Project Partners initiated the use of the Breastfeeding Self-Efficacy Scale Short-Form (BSES-SF) to evaluate mother's self confidence in fourteen breastfeeding skill areas. Studies have shown that breastfeeding self-efficacy demonstrates the mother's confidence in her ability to breastfeed her new infant and has been associated with breastfeeding duration and exclusivity.

The BSES-SF was administered prenatally before and after the initial lactation consultation with a PHN and repeated 1-2 weeks after delivery by PCC staff or PHN to evaluate new or recurring issues. The Partners discussed using this tool at the 2 month well child check to further evaluate breastfeeding confidence. Using the BSES-SF, mothers rate their self-confidence in 14 areas of breastfeeding using a Likert Scale of 1-not at all confident, 2-not very confident, 3-sometimes confident, 4-confident, and 5-very confident. Results from twenty prenatal clients showed that .

breastfeeding confidence greatly improved pre and post initial consultation, especially if first time breastfeeding or if the mother had previous breastfeeding difficulties. Prenatal clients who considered themselves successful with previous breastfeeding experience, rated themselves consistently as confident or very confident in all three evaluation stages.

Prior to the Breastfeeding Blueprint grant, lactation professionals were few and they had other duties assigned which made them unavailable for immediate consultation. Most breastfeeding issues were identified at the newborn checkup 3-4 days after discharge by the Pediatric Nurse Practitioner or her nurse. The problems primarily comprised of latch, positioning or supply concern issues. If a lactation counselor was not immediately available, advice was given based on personal experience or clinical knowledge obtained from their basic training. Our challenge was to provide breastfeeding education to key staff members so that education and consultation can be provided at the point-of-care. Six staff members have completed or are close to completing the Center for Breastfeeding Lactation Counselor Training and will take the Academy of Lactation Policy and Practice (ALPP) exam. Four additional staff members are registered for CAPP (Childbirth and Postpartum Professional Association) Certified Lactation Educator (CLE) Training in August 2024. Discussion continues regarding opportunities for future provider, staff and community training. The BSES-SF was used pre and post training to evaluate the provider and staff self-confidence in breastfeeding. The assumption was that if they did not feel confident in certain areas as they are trained and practice, the information can be used to provide support and education in those areas.

To address the limited Indigenous breastfeeding literature and our desire to highlight culture and traditions in breastfeeding, we decided to produce three short videos of local Indigenous families and elders talking about their experiences with breastfeeding and childbirth practices. Three educational pamphlets were also produced: Breastfeeding Milestones, Breastfeeding Resources and Traditional Breastfeeding. Complimentary posters for each pamphlet will accompany them. These materials will be disseminated at community events and in the clinical setting.

All initiatives and activities occurred on the Winnebago Tribe of Nebraska Reservation. Printed materials and videos will be shared with the Omaha Tribe of Nebraska Tribal healthcare system and medical services in the Sioux City, Iowa area.



Production day photos



Lactation Tent set up at the Winnebago 158th Homecoming Celebration

Results

The lactation referral system will be greatly improved as the process is established and implemented. Although we did not get to the point of development and implementation on the objective, this grant brought together key people to assess the gaps in our current process and opened a discussion of how to improve our process. This objective is simply delayed, not forgotten.

Lactation support was elevated by providing breastfeeding counseling education to the providers and staff in the primary care setting. Studies have shown that women will quit breastfeeding in the first couple weeks due to problems with latch, sore nipples and feeling that they are not producing enough breastmilk to feed their infant. All these issues can now be corrected immediately by clinic staff and referred to the IBCLC if further follow-up is needed. Ninety percent of women who receive initial lactation counseling express their intent to breastfeed. At 2 months, this falls to around 75%. Our hope is that more women will be breastfeeding at 2 months due to timely breastfeeding support and follow up after delivery.

Breastfeeding literature and videos were produced to provide education, cultural relevance and familiarity. We have observed that people are more inclined to pick up a

pamphlet or look at a poster when someone familiar is on it. Seeing another Indigenous person represented or someone they know provides relevance to the topic. Many of the breastfeeding families and elders who were interviewed stated that they felt honored that they were able to tell their story of success, struggles and how they overcame adversity.

A lactation tent was purchased to be used at indoor and outdoor public events, providing a private, comfortable space for breastfeeding families to feed and change their children.

Lessons Learned

The literature produced will be used locally and disseminated to key medical practices and hospitals in the surrounding area for distribution. The videos will be available on Facebook, You Tube, WCHS website and played on the local digital billboard in Winnebago. This activity supports Blueprint Recommendation #2, Strategy #2.4- Provide initiative-taking, consistent education and support.

Incorporating minimum competency requirements in lactation management has been an instrumental Blueprint Recommendation (#5), in elevating breastfeeding knowledge in the primary care setting. This will increase the likelihood that mothers who may have quit breastfeeding due to minor issues will continue to breastfeed longer.

Establishing community-clinical linkages has been a key activity during this project. The partnership between Public Health Nursing, Primary Care Clinic and WIC has enhanced cooperation toward a common goal of providing consistent and current lactation education and support to the breastfeeding families in the Winnebago Community and to all Indigenous people who seek lactation care in the community.

Resources/Tools

- <https://youtube.com/shorts/TVRZcJ8U5W8>
- https://youtu.be/IVKuCM1U_-4