Introduction

In Marshall and Tama County we find a largely rural population, with only a few concentrated areas where services and even basic items like food can be found. The link of high rates of poverty and poor nutrition have been proved time and time again, and both our counties struggle with a high rate of poverty.

In the recent Robert Wood Johnson Foundation’s Iowa County Health Rankings report, Marshall and Tama counties both scored poorly in the area of overall health outcomes. The need in our community was high and even with increased eligibity we found that family enrollment in programs like WIC had been slowly decreasing over the several months in 2016.

Taking a closer look into our communities, we found that education regarding breastmilk and the effects of that on our children’s nutrition was lacking. On top of that, there were not many resources for families that showed a desire to breastfeed. This is where the need for breastfeeding education and infant nutrition along with the lack of breastfeeding resources became apparent.

Project Overview

We created a coalition with the idea of community health in mind. We did not have an established coalition in either of our communities served, so we needed to provide buy in to our key stakeholders. This is easy, as these key players immediately saw the need for a meeting of people who can make great changes regarding the health of the community.

As the project grew stronger, we realized the need for breastfeeding education was dire. That became a bigger portion of our project than expected. We developed an initiative to encourage local organizations to learn more about why families choose to breastfeed and how to support them in many areas of the community. We developed a “Breastfeeding Friendly” training packet and included resources on who to support families who choose to breastfeed.

We wanted to reach as many people in our community as possible with information regarding breastfeeding education and support, provided education and resources to be placed where all staff can see to increase the amount of people exposed to breastfeeding education. Along with this training, they received a designation of a “breastfeeding friendly environment”. This included items like food can be found. The link of high rates of poverty and poor nutrition have been proved time and time again, and both our counties struggle with a high rate of poverty.

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Activities

- Develop and implement “Breastfeeding Friendly Environment” Training packet
- Develop online map with pins for our designated BFF environments
- Provide technical assistance to our local hospital by organizing staff meetings with Certified Lactation Consultants, discussing lack of organized breastfeeding policies
- Collect donations for new diaper bags with no infant formula inside
- Promote businesses and organizations who support breastfeeding in our community
- Organize and implement a breastfeeding education training for healthcare professionals in our community. This training was developed by the Iowa Breastfeeding Coalition and taught by two IBCLC’s (International Board Certified Lactation Consultant)
- Design and implement an organized WIC benefits and services training
- Develop and implement a universal referral system

Outcomes

- We established community partners to sustain and facilitate WIC and breastfeeding friendly trainings.
- We have certified over 15 organizations as breastfeeding friendly. One of these organizations is our local community college, which covers several off campus locations and two colleges in connection with MCC.
- Marshalltown Community College also created a lactation suite. Included in this suite are curtains for privacy, a comfortable chair, reading material, electrical outlets and a sign up sheet. In the future, they will be creating a stronger policy regarding the use of this room and are looking into a way to get a refrigerator system and a hospital grade pump so mama’s have one less thing to carry.
- We will be training over 30 healthcare professionals from our area in breastfeeding. This will create an even playing field when new moms are asking their healthcare provider about breastfeeding.
- We implemented a universal referral form in 4 organizations including the college. We have given WIC training to over 7 businesses and organizations including our OB/GYN office and primary health care office.
- We helped the hospital stop giving out “just in case” formula to breastfeeding moms. Now moms get a folder full of local breastfeeding resources.
- We have provided over 100 breastfeeding and skin to skin education posters to hospitals, clinics, WIC offices, and a college. This has reinforced the fact that education starts prenatally and these posters provide correct and interesting information.
- We connected our local refugee groups with a breastfeeding resource-our WIC peer counselors. They will be providing quarterly breastfeeding sessions to the Burmese refugees in their languages.
- We’ve been recognized in two different local newspapers at least 4 times for our efforts in educating the public on breastfeeding and increasing breastfeeding rates.

Next Steps

Sustain and expand collaboration efforts to other counties that MICA serves. The breastfeeding friendly trainings will continue along with the WIC services and benefits training. As new ownership takes place within our local hospital, we will work together to increase breastfeeding education at the prenatal level. When the hospital is financially stable, we will work with the Women’s Care Floor to increase breastfeeding rates as the time of discharge. WIC will then continue to encourage and provide resources to families in their care who’ve continued their breastfeeding plan.

Best Practices

Learn about the other resources your clients use and determine if they have similar goals as your group. We learned that many resources around us wanted similar things, and working together made reaching our goals much simpler.