

Ready, Set, Baby

Prenatal Breastfeeding Education



IMPLEMENTATION GUIDE

Thank you for your interest in Ready, Set, BABY

The purpose of this guide is to initiate and help facilitate discussions about Ready, Set, BABY as you embark on each of the stages of implementation. It is meant as an exploration of what your program might look like.

Feel free to get in touch with the Carolina Global Breastfeeding Institute with any questions or concerns you have throughout the process, or visit us at:

<http://breastfeeding.unc.edu>

Read what others are saying:

"We get comments saying [patients] 'love the handout' and 'thank you for letting us take these home.' They're really excited about it."

"The stories are really helpful [for the mothers] because you have to give clinical information, but you have to make it real...I find that you can't just talk facts. You have to make it human."

"I think it's [a] pretty much complete program because it has a little bit of everything...many great things that moms can use as first time moms or as experienced moms, as well as family like fathers or [other] family members."

"Sometimes they've taken a class already, so I just kind of tag in stuff to supplement what they need. It's really personalized. That's one of the benefits, they get that very personalized care, customized to fit their situation."



What's Inside This Guide

Assess Current Environment

What is your current prenatal education?
What would it look like in an ideal situation?

1

Brainstorm

What barriers or challenges do you have?
What resources or support are available?

2

Plan Logistics and Sustainability

What are the logistics of implementing
Ready, Set, BABY in your setting?

3

Set Measurable Action Goals

How will you measure progress as you
implement the Ready, Set, BABY program?

4

Each section contains suggested questions and prompts for conversation, as well as an optional worksheet to help keep track of discussion or progress towards implementation.

1

Assess Current Environment

Before you begin to plan for Ready, Set, BABY, it can be useful to take inventory of existing infrastructure, procedures, and resources.



Consider . . .

Ready, Set, *BABY* does not necessarily have to completely replace what your team is already doing to counsel and educate mothers about breastfeeding. Creatively integrating it into practice, while **continuing to utilize existing resources**, may be a great place to start.

Thinking about what aspects of your practice are working well (or not so well) can shed light on where to place your emphasis. **Identifying strengths** within your organization and your community can help you build your implementation plan with a sturdy foundation.

“

What's been successful for us has been just incorporating it into the system that was already in place, which was our childbirth class/breastfeeding class series.

”

Describe the current prenatal breastfeeding education being used (if any):

>> Baby-Friendly Required Content:

- | | |
|--|--|
| <input type="checkbox"/> Importance of exclusive breastfeeding | <input type="checkbox"/> Frequent feeding to help assure optimal milk production |
| <input type="checkbox"/> Non-pharmacological pain relief methods for labor | <input type="checkbox"/> Effective positioning and attachment |
| <input type="checkbox"/> Importance of early skin-to-skin contact | <input type="checkbox"/> Exclusive breastfeeding for first 6 months |
| <input type="checkbox"/> Early initiation of breastfeeding | <input type="checkbox"/> Importance of continued breastfeeding after 6 months |
| <input type="checkbox"/> Rooming-in on a 24-hour basis | |
| <input type="checkbox"/> Feeding on demand for baby-led feeding | |

>> Other content (*childbirth preparation, anticipatory guidance, resources, etc.*):

>> Describe the logistics of the current education:

(*individual/group, length, trimester given, who educates, voluntary or part of primary care*)

>> How are mothers informed of the education? Who attends? Is this documented?

>> What materials are given out to mothers? How is this funded and is this sustainable?

Identify existing resources available within the organization, including strengths:

(*financial and human resources, space availability, printers, decision-makers, stakeholder support, etc.*)

Identify existing resources available within the community, including gaps:

(*transportation, interpretation, social services, WIC, home visiting program, doulas, childbirth ed., etc.*)

Note anything you would like to change as you implement Ready, Set, BABY tools:

2 Brainstorm

For Ready, Set, BABY to be effective and sustainable in your setting, first identify obstacles to success and how to address them.



Consider ...

Don't brainstorm alone. Try to **involve a variety of staff members** to gather a wide range of ideas. **Speak with patients** to get insights about both challenges they face and what solutions would be most helpful.

Think about the **demographics or any specific patient populations** you may serve. What unique needs or barriers might they have?

Identify a provider or staff champion. Consider appointing a team to advocate and plan for incorporating prenatal breastfeeding education with Ready, Set, BABY.

Consider common challenges mothers and families face (*i.e., transportation, childcare, time off work, language, competing priorities, other financial challenges*) and **common challenges facilities face** (*i.e., restraints on space, finances, staff time*).

“For our facility, it is working really well to have the flexibility of offering [RSB] both ways, because we do have moms that it's not convenient for them to come to class. And for those moms I have the flip chart and I pull out a book, and I'm like 'hey, we're going to do a one-on-one session for you because you're special.'”

Barriers to Program or Challenges Faced <i>Consider barriers for mothers to receive information and for facility to provide education</i>	Potential Solutions or Mitigation Plans <i>Be as specific as possible. How might resources identified in Section 1 be useful?</i>
e.g., lack of childcare or PTO for extra appointments	e.g., combine with other appts. to minimize visits

3 Plan Logistics and Sustainability

You are ready to make a plan!
Utilize your assessment and
brainstorming to inform the
best steps forward.

Consider . . .



The best planning takes into account all the information you've gathered to ensure you're working from an informed place. It also looks ahead to **anticipate how to achieve lasting successes**.

You may need to tailor Ready, Set, BABY for your current needs or situation in order to get started. You can **adapt your implementation process** over time.

Educators may need additional training. Be sure Ready, Safe, BABY is provided in a **safe, non-judgmental space** that is **sensitive to the diversity** among the mothers and families you serve.

For funding – think outside the box. Local agencies and foundations may have small grants available. Ideally, your facility can work in the extra \$1-2 per patient in future budgets.

“Honestly, I don't think [implementation] is a big challenge, I think it's making it a priority that is the challenge.”

“If I have somebody that I can deem a RSB champion in the clinic, maybe I can utilize that person to be on my team to help me make sure people are getting the education.”

>> What materials or courses, including Ready, Set, BABY, will be used to educate mothers about breastfeeding and optimal maternity care practices?

>> What delivery method so you plan to use? (check all)

☐ Individual

☐ Group

☐ Other (video, online, etc.): _____

>> Who will deliver the education? How will they be trained?

>> At what timepoint(s) will the education be delivered? _____

>> Which topic segments will be delivered at each timepoint? _____

>> Will this be routine education for all patients? _____

>> Is it possible to document who receives the education and who does not, and by when all planned education is complete? How would this happen?

>> Will the Ready, Set, BABY flipchart be used to present the information? Will they need to be printed? _____

>> Will mothers receive a Ready, Set, BABY booklet to take home? When? _____

>> If booklets are provided, how will they be funded? Is the funding source sustainable?

>> Consider community organizations and other stakeholders for potential partnerships, collaborations, support, etc.:

4 Set Measureable Action Goals

Consider how to measure and evaluate the progress of Ready, Set, BABY, including various goals for each stage or phase of implementation.



Consider ...

What are the overall objectives that will guide you as you set your program goals?

(i.e., Baby-Friendly requirements, increase patient satisfaction, increase breastfeeding intention/initiation/duration/exclusivity, increase awareness of optimal, evidence-based maternity care practices, increase maternal confidence or breastfeeding self-efficacy, etc.)

What measurement & evaluation methods will be used to track program progress?

(i.e., chart reviews, staff interviews, patient survey, PDSA sheets, BFUSA Audit tools, tracking rates of breastfeeding intention or initiation/duration/exclusivity rates of mothers postpartum, etc.)

What measures would you like to track? *(which topics covered, % patients with education by 28 weeks, implementation logistics/clinic flow measures, patient understanding/recall, etc.)*



Pilot small trial runs of implementation plans as well as measurement procedures, and use the experience and results to refine your approach. Aim for ease with implementation, and measures that track progress and provide useful feedback for improvements.

Make sure your goals are **SMART**:

Specific, **M**easurable, **A**chievable, **R**ealistic, **T**ime-bound

30 Days

☐ Goal 1:

☐ Goal 2:

3 Months

☐ Goal 1:

☐ Goal 2:

6 Months

☐ Goal 1:

☐ Goal 2:

1 Year & Beyond

☐ Goal 1:

☐ Goal 2:

☐ Goal 3:

Set Measureable Action Goals **4**

Action Plan Worksheet

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