

Encouraging the Use of Evidence-Based Practices through Grant Writing to Increase Breastfeeding in Nebraska

Executive Summary



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Breastfeeding Data to Action Committee

INTRODUCTION

Breastfeeding has long been recognized as the optimal source of nutrition for infants by all leading public health institutions including the World Health Organization, the U.S. Department of Health and Human Services and the American Academy of Pediatrics. Over the past 17 years, the Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS) has collected population-based data on issues surrounding maternal attitudes and experiences before, during, and after pregnancy. The purpose of this resource is to improve breastfeeding rates in Nebraska by supporting organizations that provide breastfeeding support to mothers, through access to PRAMS data; by promoting evidence-based strategies to overcome reasons women stop breastfeeding; and sharing appropriate resources and performance measures for grant writing. This resource includes:

- ❖ Links to PRAMS data; birth rate and birth by location data.
- ❖ PRAMS data specific to breastfeeding
- ❖ Information on best practices specific to overcoming reasons women stop breastfeeding in the populations of interest.
- ❖ General information on best practices in grant writing.

METHOD

The development of the project began in 2015. In 2015, a committee formed with the goal of creating a product that translated PRAMS data to action to increase breastfeeding in Nebraska. To create the product the committee partnered with a student, Tambudzai Ndashe, working on her capstone project for her Masters of Public Health degree within the UNMC College of Public Health. Ms. Ndashe (the first author of this resource) researched, drafted, piloted the resource using a pretest and posttest, and revised the resource as part of her capstone project. In her work, she spent 8 months making connections with organizations within Nebraska who could use the resource to develop grant proposals to increase the percentage of mothers who breastfeed in Nebraska. Ms. Ndashe met with organizations with little, some, or a lot of experience writing grant proposals related to breastfeeding and incorporated their feedback into the full resource. After piloting the resource, Ms. Ndashe and the committee updated the PRAMS data and finalized the draft.

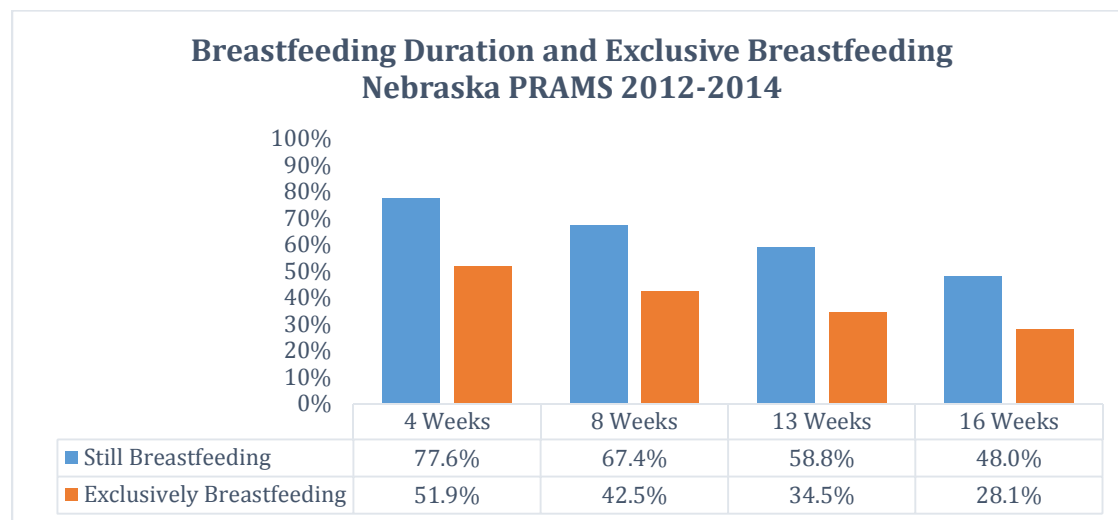
KEY BREASTFEEDING AND BIRTH RATE DATA RESOURCES

PRAMS data can be accessed at the DHHS [PRAMStat](#) page or by contacting the PRAMS Project Coordinator, Jessica Seberger, at jessica.seberger@nebraska.gov. The breastfeeding questions from the Nebraska PRAMS survey are listed in **Appendix A** of the full report. Data on Nebraska births and birth outcomes can be accessed via the [Nebraska DHHS Vital Statistics Homepage](#), the [CDC's National Vital Statistics Homepage](#), and via the [CDC Wide-ranging Online Data for Epidemiologic Research \(CDC WONDER\)](#).

SUMMARY OF NEBRASKA PRAMS BREASTFEEDING DATA

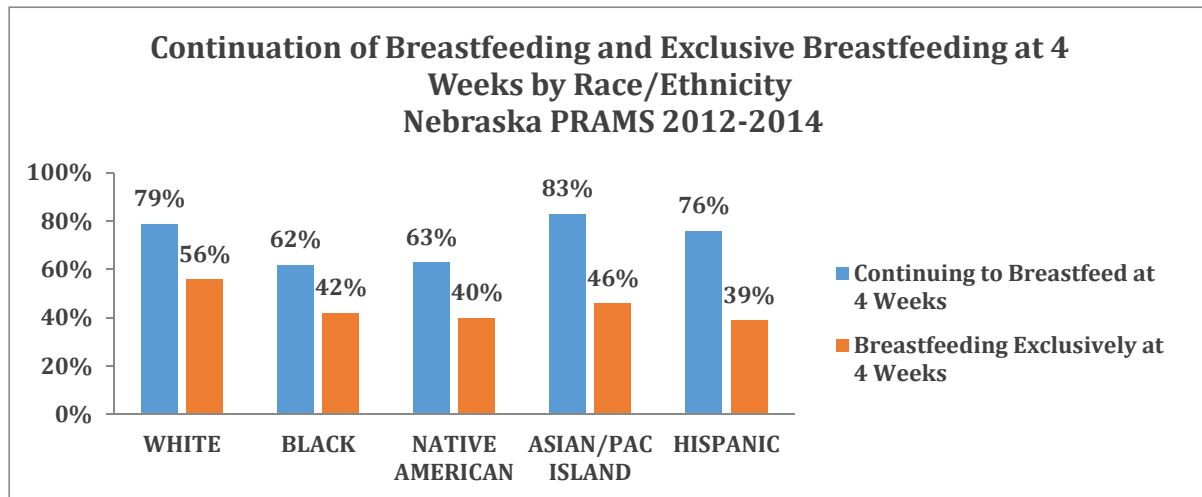
Between 2012 and 2014, 88.9% of mothers with a new baby reported that they had breastfed or pumped breast milk to feed their new baby. The percentage of mothers who reported breastfeeding declines as baby ages (Figure 1).

Figure 1: Breastfeeding Duration and Exclusive Breastfeeding



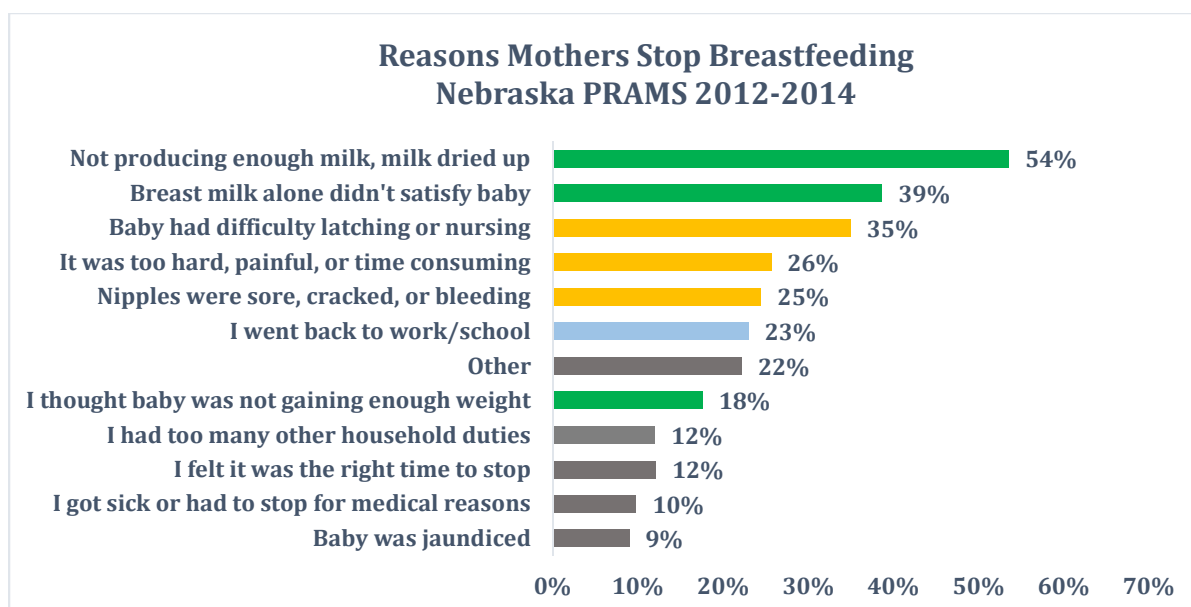
Appendix B, in the full resource, provides the prevalence of breastfeeding by race/ethnicity, urban/rural residence, age, educational attainment, Medicaid status at delivery, WIC use during pregnancy, and country of birth. Within each category, the lowest prevalence of breastfeeding at 13 weeks is among mothers who are Native American, rural, under age 20, have only a high school degree, had Medicaid for their most recent delivery, used WIC during pregnancy, or were born in the United States. Breastfeeding continuation varies by race/ethnicity (Figure 2).

Figure 2: Continuation of Breastfeeding and Exclusive Breastfeeding at 4 Weeks by Race/Ethnicity



Reasons women stop breastfeeding include barriers such as lack of knowledge about breastfeeding, misconceptions about breastfeeding, poor family and social support and others. The most common reasons women stop breastfeeding cited by PRAMS survey respondents related to milk supply, breastfeeding technique problems and mothers having to return to work or school (Figure 3). Of those moms who reported ever breastfeeding, problems with milk supply were reported by 65% of mothers, breastfeeding technique problems were reported by 43% of mothers, and 23% of mothers reported that they stopped breastfeeding due to returning to work or school.

Figure 3: Reasons Mothers Stop Breastfeeding



In-hospital experiences and hospital practices impact a mother's decision to breastfeed and the duration of how long she breastfeeds⁴. While most Nebraska mothers who initiated breastfeeding reported being given information about breastfeeding and initiating breastfeeding in the hospital, mothers who were not given information were less likely to initiate breastfeeding than mothers who were given information. Low-income mothers of almost all races are less likely to breastfeed. Disparities in breastfeeding by race and income may start in the hospital after delivery. For Nebraska mothers, in-hospital experiences also varied by whether or not mothers used Medicaid for their baby's delivery and by race/ethnicity. In this report Medicaid status at delivery is used as a proxy for having a low income.

STRATEGIES TO ADDRESS REASONS MOTHERS STOP BREASTFEEDING

The three top reasons women reported for why they stopped breastfeeding were related to milk supply, breastfeeding technique problems, and having to return to work or school. Evidence-based strategies to address these reasons are below.

REASON #1: PERCEIVED OR ACTUAL CHALLENGES WITH MILK SUPPLY

Strategy #1: Increase and Improve Maternity Care Practices Supporting

Breastfeeding: Breastfeeding education during prenatal care, delivery, hospitalization, and post-natal care all influence both breastfeeding initiation and later infant feeding behavior. Institutional maternity care practices have a significant effect on rates of breastfeeding initiation and duration. Activities to support this strategy are included in the full resource.

Strategy #2: Enhance, Expand, and Increase Access to Prenatal Classes to Promote and Support Breastfeeding:

Community members outside of maternity care organizations are important supports for women who are breastfeeding or plan to breastfeed. It is vital that women learn about breastfeeding and discuss their interests or fears with a variety of people that may include a woman's partner, fellow mothers, their family members and friends, as well as women who are educated on the topic. Community classes and programs can facilitate this discussion. Activities to support this strategy are included in the full resource.

Resources to use to address milk supply are included in the full resource.

REASON #2: BREASTFEEDING TECHNIQUE PROBLEMS

Strategy #1: Educating Primary Care Providers on Key Breastfeeding Challenges:

Health care providers have a tremendous amount of influence on a woman's ability to breastfeed effectively, however, not all providers have the skills to help women overcome challenges with breastfeeding. It is important to educate health care providers on ways to improve their breastfeeding knowledge, skills and attitudes. Activities to support this strategy are included in the full resource.

Strategy #2: Increase Access to Breastfeeding Support for Mothers and Their Support

System: Support from a partner, mother, family member, or close friend may be important predictors of whether or not a women will breastfeed. Group education sessions, home

visits, and individual counseling can also make a woman more likely to breastfeed her baby. Activities to support this strategy are included in the full resource.

Resources to use to address breastfeeding technique are included in the full resource.

REASON #3: RETURNING TO WORK OR SCHOOL

Strategy #1: Increasing Support for Breastfeeding in the Workplace or School: State and Federal laws exist to support breastfeeding at work and school. Organizations can work to increase familiarity and compliance with these laws. Activities to support this strategy are included in the full resource.

Strategy #2: Support for Breastfeeding through Early Care and Education Early care and education facilities (such as day care centers, pre-kindergarten programs, Head Start programs, and in-home child care) have a major influence on the duration of breastfeeding among working or school-going mothers. Early care and education facilities policies, programs, and staff trainings can promote breastfeeding. Activities to support this strategy are included in the full resource.

Resources to use to address returning to work or school are included in the full resource.

BEST PRACTICES IN GRANT WRITING

A grant proposal is a bid for funding. When developing a grant proposal it is important to identify a potential funder and learn about their grant requirements. Good grant writing skills are essential to the success of breastfeeding support organizations as they allow for the accessing of more funding for the implementation of better interventions that cover broader communities. The six major components of a grant proposal are discussed in detail in the full report. These components are a needs assessment, performance measures or indicators, activities, work plan, budget and budget justification, and measurement of objectives. Strong grant proposals are often tailored to a population of interest. The following topics should be addressed in a grant proposal that tailors strategies and activities to a population of interest:

1. Community engagement
2. Use of evidence-based strategies
3. Cross-sector collaboration
4. Impact on poverty
5. Use of local data

These topics, important tips for successful grant writing, and grant funding resources are included in the full resource. PRAMS data and the evidence-based strategies discussed in this resource can be used when drafting grant proposals to increase breastfeeding within Nebraska.