

BREASTFEEDING SUPPORT LANDSCAPE

Analysis Summary of Genesee, Kent and Wayne Counties



ABOUT THE PROJECT

MIBFN was contracted by the W.K. Kellogg Foundation to complete a landscape analysis of breastfeeding support services in Genesee, Kent and Wayne Counties. These three counties house the three largest cities in Michigan: Flint, Grand Rapids, and Detroit, respectively.

This landscape analysis took place over the course of one year and focused on determining strengths, limitations and opportunities for improvement in breastfeeding promotion, protection and support around Michigan. Based on the identified opportunities for improvement, this report includes recommendations for the W.K. Kellogg Foundation and a commitment to next steps for strengthening the Michigan breastfeeding landscape.



Contact Michigan Breastfeeding Network Project Manager, Shannon McKenney-Shubert, at shannon@mibreastfeeding.org to learn more.

REACH

Mother Focus Group (January 2015)

n = 41

Grand Rapids (n = 21)
Flint (n = 11)
Detroit (n = 9)

Professional & Paraprofessional Focus Groups (June 2015)

n = 37

Kent (n = 18)
Genesee (n = 8)
Wayne (n = 11)

Mother Survey (August 2015)

n = 297

Kent (n = 172)
Genesee (n = 12)
Wayne (n = 113)

Professional & Paraprofessional Survey (August 2015)

n = 91

Kent (n = 44)
Genesee (n = 14)
Wayne (n = 33)

RESULTS

For a complete review and discussion of results, please download the full report at www.mibreastfeeding.org/projects.

RECOMMENDATIONS

1. Continue Using a Systems-Level Approach

While many mothers state that breastfeeding is a personal choice, when specifically prompted to state what impacts their breastfeeding duration, they listed many, system-level factors such as hospital practices, workplace accommodations and societal norms.

2. Complete a Statewide Landscape

Particularly in urban areas, mothers do not live and receive services within the confines of one county. For example, in southeast Michigan, mothers might birth their baby in Oakland County, see an OB/GYN in Macomb County, and participate in the WIC program in Wayne County.

3. Engage Local Coalitions

Local coalitions serve as a natural “backbone” partner in projects that begin with landscape analyses.

4. Perform Periodic Landscape Analyses

Periodic review of the findings and revisiting these communities to learn where changes have occurred will be integral to long-term improvement.

5. Engage Prenatal and Pediatric Medical Providers

Prenatal and pediatric medical providers could positively impact breastfeeding outcomes because of their access to moms. However, on the whole, they do not seem to be sharing with mothers about the evidence based practices that positively impact breastfeeding.

6. Strengthen and Expand the Reach of Peer Counselors

Throughout the surveys and focus groups, breastfeeding peers were recognized as integral to breastfeeding success for many mothers. Increase and broaden peer counselor support, especially in the hospitals.

7. Breastfeeding Stakeholders Should Communicate the Standard of Practice Using Consistent Terms

When it comes to communicating the actual logistics of breastfeeding with mothers, professionals often speak from personal experience, or use language that doesn't align with other community stakeholders. Breastfeeding professionals need to communicate about breastfeeding in a consistent way, through the lens of evidence-based standards of practice.

8. Engage All Breastfeeding Stakeholders – Including “At Home” Champions

Breastfeeding messaging is largely focused on mothers. However, do not make their feeding decisions in a silo and their social circle is their first line of contact when making decisions about infant feeding. Breastfeeding appointments, support groups, home visits, etc. should be open to partners and other people who might influence the mother's feeding choices.



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