PERINATAL INFANT HEALTH

BREASTFEEDING AND SAFE SLEEP

Increased breastfeeding in combination with safe sleep practices reduces infant mortality and morbidity. To better understand these practices in urban and rural areas of Tennessee, two different cities participated in **focus groups.** The following are some of their thoughts and perceptions.



ON SAFE SLEEP

URBAN GROUP

- No blankets, pillow, lay on their back
- Take the bottle out of their mouth
- No bumper pads

RURAL GROUP

- · Nothing in crib, lay on their back
- Keep monitor in the room
- Comfortable temperature
- Check on them

PLACES TO FIND AFFORDABLE CRIBS

•

URBAN GROUP

- Health Departments
- Ross/Walmart/Amazon
- Consignment Store

RURAL GROUP

- Churches
- Crisis Pregnancy Center
- Salvation Army





MESSAGING SUGGESTIONS TO STOP THE USE OF BLANKETS IN THE CRIB

URBAN GROUP



- Reiterate not to use them
- Sleep sacks/sleepers to keep the baby warm
- Keep house at a normal temperature

RURAL GROUP

- Promote using warmer clothes
- Direct messages about no blankets/using sleepers

MESSAGING SUGGESTIONS TO STOP INFANTS SLEEPING IN THE SAME BED WITH PARENTS/CAREGIVERS



Encourage time with baby while awake

• Sleep within reach while still in separate bed

RURAL GROUP

- Do not start co-sleeping, it is hard to stop
- Place crib at safe distance beside the bed





THOUGHTS ON WORKPLACE BREASTFEEDING POLICIES

URBAN GROUP

- Most workplaces have breastfeeding rooms
- Cultural acceptance of breastfeeding
- Privacy needed

RURAL GROUP

- Little to no support at workplace
- Could not go back to work because of pumping

BREASTFEEDING SUPPORT NEEDED IN THE WORKPLACE

URBAN GROUP

- Corporate support
- Allocated time and place for pumping

RURAL GROUP

- · Time and private area provided for pumping
- Included as part of maternity leave
- Allow breastfeeding if maternity leave is not allowed







PERINATAL INFANT HEALTH

BREASTFEEDING AND POSTPARTUM DEPRESSION

To better understand breasfeeding in Tennessee, several health care providers took part in **key informant interviews.** The following are their thoughts and perceptions.

DESCRIPTION OF KEY INFORMANTS:

- Types of Provider: physicians, residents and nurses
- Specialties: obstetrics, pediatrics and family medicine
- Career Stage: early (< 15 years) and late (>=15 years)
- Practice Location: rural and urban
- Mode of lactation education: school curriculum, shadowing, conference training, lactation certification training or none

Provider Role in Breastfeeding Support

- Listen
- Praise
- Encourage
- Empower
- Connect
- Educate

OVERVIEW <

Resources Providers Use

- TN Breastfeeding Hotline
- Lactation clinic/WIC clinic
- Support group
- Peer counselor
- Hospital classes

Perception of Resources

- Moms may not know about resources
- Prefer printed resources to distribute
- More comfortable referring to free resources
- Prefer resources that are not a burden to patients



· − → SCREENING AND RESOURCES

Provide Depression Screening

During Pregnancy

- Yes: 67%
 - -If patient has history of mental illness
- -Using the Edingburgh Postnatal Depression Scale
- No: 33%

After Pregnancy

- Yes: 86%
 - -Using the Edingburgh Postnatal Depression Scale
- No: 14%

Provide Depression Resources Provided

During Pregnancy

- Yes: 62%
 - -American College of Obsetetricians and Gynocologist handouts
- No: 38%
- -Referral to OB/GYN

After Pregnancy

- Yes: 100%
 - -Share ACOG and March of Dimes resources

BREASTFEEDING MOTHERS/FAMILIES

Reasons Mothers Stop Breastfeeding Before Goal Duration

- Experience pain
- Perceive formula to be easier
- No family history of breastfeeding
- Perceived lack of milk supply
- Concern that baby is not receiving enough milk
- Lack of access to resource (i.e. pumps)

Breastfeeding Information Families Should Know

- Breast milk (including colostrum) is enough
- Breastfeeding benefits baby and mom
- Breastfeeding is a learned skill
- Any amount of breastfeeding is great
- · Moms have a right to breastfeed in the workplace
- Support is available





