

MBC Conference 10/25/19  
OABC & SHIP Lactation Space  
L. Cruz, C. Greenwood

# OABC & SHIP Lactation Space

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# OBJECTIVES

- Objective 1: Designing a Breastfeeding Tent
- Objective 2: Community Collaborations & Outreach Methods
- Objective 3: Implementing Evaluation Tools

# DESIGNING A BREASTFEEDING TENT: EXTERIOR

- **What's in a Name? Lactation Space**
- Universal breastfeeding symbol and color
- SHIP logo on top
- OABC logo on all sides
- Ventilation—added two low windows that moms can open or close



# DESIGNING A BREASTFEEDING TENT: INTERIOR

- Picking the Chair
  - Wanted it to be portable, comfortable, and wide enough for mom & baby
- Picking the Table
  - Wanted it to be portable, spacious, and easy to maneuver
- Also purchased
  - battery operated lantern, tissues, sanitizer wipes, trash & trash bags, and a foldable wagon to transport it all



# OUTREACH METHODS

- Targeted emails to community events
- Emails had pictures & explanation of tent
- Sent repeat email 2 weeks after 1<sup>st</sup> email
- Difficult in first year to explain what the tent is & why it's beneficial to our community
- Some said “no” while others did not respond



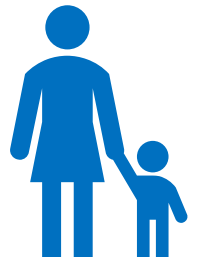
# COMMUNITY COLLABORATIONS

- Lactation Space tent was at
  - Olmsted County Public Health all-staff retreat
  - Rochesterfest (1 week event)
  - Olmsted County Fair (1 week event)
  - Oxbow Zoo & Park 50<sup>th</sup> Anniversary Celebration
  - Quarry Hill Fall Fest (weekend event)
  - Olmsted County HHHS all-staff meeting
  - Rochester Pride



# IMPLEMENTING EVALUATION TOOLS

- Began with reaching out to MDH for survey template
- Took questions from other counties (Stearns County, Brown County)
- Reviewed with OCPHS breastfeeding workgroup
- Many iterations with Health Assessment and Planning team
- Two final surveys
  - One for inside the tent—7 questions
  - One for convenience sampling—5 questions



# PUBLIC RESPONSE: DATA & FEEDBACK

- All positive feedback from moms.
  - 17/18 survey respondents said they were “very likely” to use the tent again, while the other respondent answered “somewhat likely”
- What influenced your decision to breastfeed:
  - 84% personal belief that breastfeeding is great
  - 60% healthcare providers,
  - 36% previous experience with other children, 32% family, 32% lactation consultant

## Breastfeeding Survey



Olmsted County Public Health wants to hear from you! By completing this 5-minute survey, you can help us better understand the needs for breastfeeding support. Thank you for your time!

### 1. How did you find out about the breastfeeding tent? Please circle all that apply.

Poster/Flyer      Social Media      Friend/Family      Event Worker      Other: \_\_\_\_\_

### 2. How likely are you to use the breastfeeding tent again at another event?

Not likely      Somewhat likely      Very likely

### 3. What influenced your decision to breastfeed? Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Healthcare providers (doctors, nurses) | <input type="checkbox"/> WIC staff or Peer Counselors                |
| <input type="checkbox"/> Lactation consultant                   | <input type="checkbox"/> Public Health Nurse                         |
| <input type="checkbox"/> Family                                 | <input type="checkbox"/> Cultural beliefs                            |
| <input type="checkbox"/> Friends                                | <input type="checkbox"/> Previous experience with other children     |
| <input type="checkbox"/> Internet                               | <input type="checkbox"/> Personal belief that breastfeeding is great |
| <input type="checkbox"/> Prenatal/birth classes                 | <input type="checkbox"/> Other: _____                                |
| <input type="checkbox"/> Books/magazines                        |  |

### 4. What breastfeeding resources have you used? Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Breastfeeding classes (OMC, Mayo, etc.) | <input type="checkbox"/> Lactation Consultant                   |
| <input type="checkbox"/> La Leche League                         | <input type="checkbox"/> Education materials, books, DVDs       |
| <input type="checkbox"/> Olmsted Area Breastfeeding Coalition    | <input type="checkbox"/> Healthcare facilities: Mayo, OMC, etc. |
| <input type="checkbox"/> Family/Friends                          | <input type="checkbox"/> Healthcare providers (doctors, nurses) |
| <input type="checkbox"/> Internet                                | <input type="checkbox"/> No support was needed                  |
| <input type="checkbox"/> WIC staff or Peer Counselors            | <input type="checkbox"/> Other: _____                           |
| <input type="checkbox"/> Public Health Nurse home visits         |   |

### 5. What breastfeeding support was provided by the hospital or birthing facility where you gave birth? Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Opportunity to breastfeed within the first hour                     | <input type="checkbox"/> Number to call to receive breastfeeding support      |
| <input type="checkbox"/> Help with breastfeeding from lactation consultant                   | <input type="checkbox"/> Did not receive formula at discharge                 |
| <input type="checkbox"/> Help with breastfeeding from a nurse                                | <input type="checkbox"/> Formula not offered to the baby                      |
| <input type="checkbox"/> Instructions on how to breastfeed                                   | <input type="checkbox"/> Pacifier not offered to the baby                     |
| <input type="checkbox"/> Rooming in  | <input type="checkbox"/> I did not deliver in a hospital or birthing facility |
| <input type="checkbox"/> Hospital or birthing facility did not provide breastfeeding support | <input type="checkbox"/> Other: _____   |

### 6. What breastfeeding support was offered by your employer? Check all that apply.

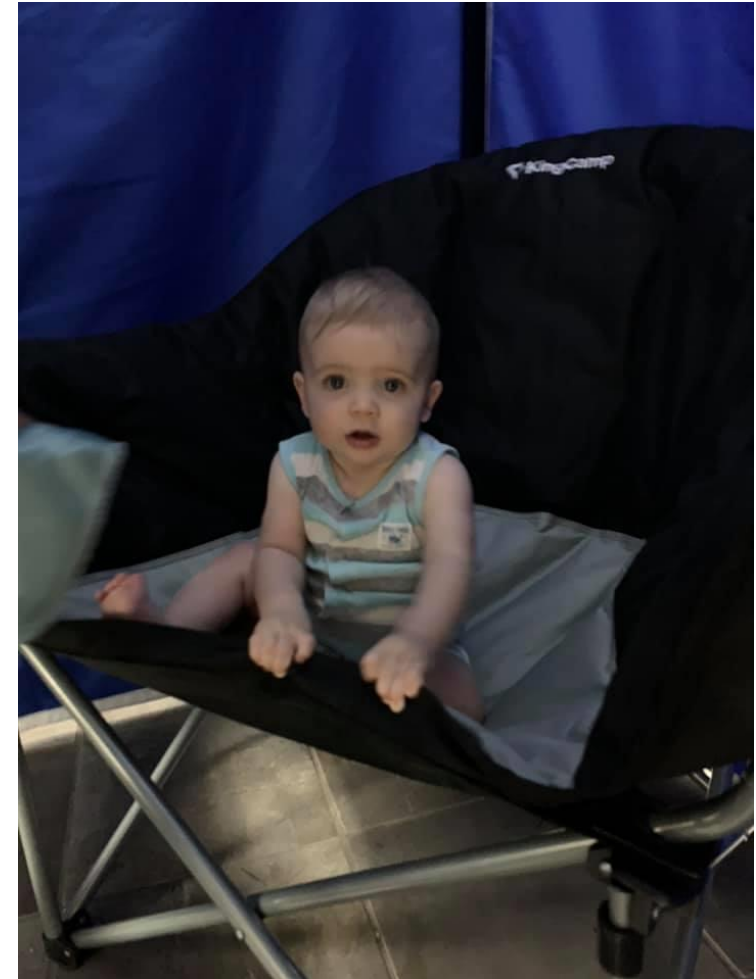
- |   |   |
|---|---|
| <input type="checkbox"/> Paid maternity leave   | <input type="checkbox"/> Paid break times                                   |
| <input type="checkbox"/> Unpaid maternity leave   | <input type="checkbox"/> Support from supervisors and/or coworkers          |
| <input type="checkbox"/> Written breastfeeding policy                                       | <input type="checkbox"/> I do <i>not</i> have breastfeeding support at work |
| <input type="checkbox"/> Private space to pump (not a bathroom)                             | <input type="checkbox"/> I was not employed before childbirth               |
| <input type="checkbox"/> I did not return to work (took a break, resigned after childbirth) | <input type="checkbox"/> Other: _____                                       |

### 7. What additional suggestions do you have for breastfeeding support?



# LESSONS LEARNED

- First year is about *Awareness & Outreach*
- Deposits are a good idea—but not as easy to implement in Year 1
- Moms liked having the tent as an option
- Wagon is necessary for transporting tent
- Logos on survey made a big difference in # of moms who completed a survey



# QUESTIONS?

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