

Title V/Maternal and Child Health Success Story: October 1, 2018 – September 30, 2019

MCH Grantee (check box):

- Bismarck-Burleigh Public Health**
- Fargo Cass Public Health
- Grand Forks Public Health Department
- North Dakota State University
- South East Education Cooperative

North Dakota Maternal and Child Health Priority Area (check box):

- Increase the rate of breastfeeding at 6 months**
- Reduce overweight and obesity in children

In a sentence or two, describe the problem you were trying to solve or the reason why your intervention is needed.

Our aim for year 3 was to increase the rate of infants breastfeeding at 6-months of age. Additionally, we focused specifically on high-risk clientele in year 3 based on the triage tool that was created for this purpose. An intervention was needed because we identified that the majority of the clients that we were serving had low risk factors for early discontinuation of breastfeeding and had the resources available to them to obtain quality health and lactation services.

In a brief paragraph, please share what you implemented and how it made a difference.

We utilized our triage tool to identify and prioritize high-risk clients for our lactation services. The triage tool was utilized to score clients that enrolled in our Optimal Pregnancy Outcome Program (OPOP), Babies and Mothers Beyond Birth Education (BAMBBE) program, breastfeeding classes, and self-referrals for lactation consultations.

After implementing the triage tool, we noticed that the overall number of home visits and referrals decreased. The reason for this is because the clients that had little to no risk factors for early discontinuation of breastfeeding received services at a different capacity based on the resources that were available to them. For instance, clients with little to no risk factors that had lactation questions were sent lactation videos and links to documents via their cellphones whereas these methods of communication and education were less likely to make an impact for high-risk individuals.

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Are there any specific NUMBERS or OUTCOMES you can share as a result of your work?

One specific outcome that came from our change in using the triage tool was identifying a high-risk American Indian client early on in her pregnancy. Through this we were able to establish a relationship and build rapport throughout her pregnancy. Currently, she is breastfeeding her now 14-month old.

Were there any “AHA” or “lightbulb” moments you can share?

When we started to see our lactation referrals and number of home visits decrease, we were initially concerned about a lack of community awareness of our programs. Although these numbers have decreased, it was a lightbulb moment for us when we realized that the numbers decreased because we were focusing on and reaching the high-risk individuals that needed our direct services the most. The individuals that had resources and were less likely to discontinue breastfeeding early still received resources from us, but were less likely to receive direct services.

Are there any “quotes” from anyone benefitting from this that you can share?

One OPOP client agreed to participate in a photo shoot and social media campaign based on her success with breastfeeding. This client was identified as high-risk for early discontinuation of breastfeeding due to the social determinants of health that are assessed on each referral we receive. The client was a model for our practice because of her success in lactation and she took part in many lactation services at BBPH despite her high-risk status. Her direct quote that was utilized in the social media campaign stated, “breastfeeding has brought us close and we have a very close bond.”

Is there anything else you want to share?

Two MCH staff attended the U.S. Breastfeeding Committee Conference in Bethesda, MD to present on the triage tool and GIS project that was implemented at BBPH. Several attendees showed peaked interest in the triage tool and GIS map of our community that related to breastfeeding.