



Kansas
Breastfeeding
Coalition, Inc.

Annual Meeting

February 12, 2021



Kansas
Breastfeeding
Coalition, Inc.

Welcome!

Please enter your name and city in the “Chat” box”
This meeting is being recorded.

KBC Mission: To improve the health and well-being of Kansans by working collaboratively to promote, protect and support breastfeeding.

KBC Vision: Breastfeeding is normal and supported throughout Kansas.



Kansas Connecting Communities



Disclosure Statement

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Kansas Connecting Communities (KCC)

A federally funded **Perinatal Behavioral Health** resource :

- Perinatal provider access line for psychiatric consultation and care coordination support
- Free patient assessments via telehealth
- Provider training & Continuing Education opportunities
- Technical Assistance for clinics and providers implementing screening and referral for PMADs





NOT JUST MOMS

Maternal mental health disorders impact the whole family, not just women⁶



More Than
600,000
women will suffer from a
maternal mental health disorder
in the United States every year⁷



Anxiety and depression
have risen
37% in teen girls
This will increase the number
of women suffering postpartum
depression in the future⁵



1 in 10

Dads will experience a perinatal
mental health disorder following
the birth of their child.⁶






Breastfeeding & Mental Health



Support & Resources

- Kansas Breastfeeding Coalition
- Postpartum Support International (PSI)
- MotherToBaby
- Local peer support options
- **Kansas Connecting Communities**





The Provider Consultation Line for Perinatal Behavioral Health

- Consultations available M-F, 8:00 am-5:00 pm

Call 833-765-2004 or connect online using this [form](#)

- Requests responded to within 24 hours or the next business day

More information

<https://www.kansasmch.org/connecting-communities.asp>



Connect!

Kansas Connecting Communities

- Schedule a clinic consultation or TA session: <https://calendly.com/pcarrillo12/perinatal-behavioral-health-clinic-consultations>
- Learn more or schedule a training for your organization: kcc@ku.edu
- Access Provider Consultation Line (case consultations, care coordination support, and patient assessments): <http://bit.ly/ProviderConsult>

Melissa Hoffman, melissahoffmanaprn@gmail.com

- Build Your Village: <https://buildyourvillagekansas.com/>
- PSI-KS: <https://psichapters.com/ks/>





Supporting Healthy Weight and Breastfeeding after Pregnancy

PRESENTED BY: Lisette T. Jacobson, PhD, MPA, MA
eMOMS Principal Investigator

February 11 & 12, 2021

**Research reported in this presentation is supported by the National
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Overview

- **Overview of studies leading to eMOMS™ program**

- Pioneer Baby – Southwest Kansas
 - ✓ Obstetrical health assessment
 - ✓ Focus groups
 - ✓ Community health assessment

- **What is eMOMS™?**

- Study design
- Curriculum
- Recruitment & Retention
- Next steps: Outcomes

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Pioneer Baby: A QI Initiative – Overarching Goal



Improve pregnancy and birth outcomes among reproductive age women in southwest rural Kansas

Pioneer Baby and our population of interest

Four phases to reach Pioneer Baby's overarching goal:

- Phase 1 - 3 (2014-2017) – Four studies/projects:
 - Health assessment of obstetrical population
 - Follow-up focus groups
 - Community health assessment in 3 southwestern Kansas counties
 - Outreach clinic: Maternal-fetal medicine
- Phase 4 (2018 – Present) – Intervention programming: eMOMS™

Gestational Diabetes Mellitus (diabetes occurring during pregnancy)

- Critical access full-spectrum hospital in southwest Kansas
 - Gestational diabetes rate: 11% locally vs. ~6% nationally (DeSisto, Kim, & Sharma, 2014)
- Increasing rate nationally: ~8%
 - Of these women, 20% have a subsequent diabetes diagnosis (Casagrande, Linder, & Cowie, 2018)
 - 7-fold increased risk of developing type 2 diabetes (Bellamy, Casas, Hingorani, & Williams, 2009; Harreiter, Dovjak, & Kautzky-Willer, 2014; Robitaille & Grant, 2008)
- GDM risk factors - Advanced maternal age, family history of diabetes, non-White race, higher parity, previous GDM, high BMI, poor diet, inactivity
- GDM associated with pregnancy complications and adverse birth outcomes: gestational HTN, pre-eclampsia, macrosomia, shoulder dystocia, malformations, preterm birth, c-section (Ovesen, Jensen, Damm, Rasmussen, & Kesmodel, 2014; Saydah et al., 2005)

Barriers for reproductive age women in rural areas

Complications of GDM increased for rural women due to:



- **Limited access to OB healthcare services**
(ACOG, 2014; Gallagher et al., 2013; Rayburn, Richards, & Elwell, 2012; Ross, 2013)
- **Increased likelihood of low birth-weight babies and pre-term delivery**
(Blumenshine et al., 2010; McElroy et al., 2012; Strutz et al., 2012)
- **Long drive times to hospitals**
(Hung et al., 2016; Meyer et al., 2016; Rayburn et al., 2012; Chandler, 2002)
- **Late entry into prenatal care**
(Hung et al., 2016; Meyer et al., 2016; Rayburn et al., 2012; Chandler, 2002)
- **Reduced breastfeeding rates**
(Jacobson et al., 2015; Grubestic & Durbin, 2017; Hamilton & Tarasenko, 2020)

Next steps?

Problem statement –

- Critical access hospital with complicated pregnancies
- High rate of gestational diabetes

Questions that needed answers –

- What did the obstetrical population look like?
- What healthcare services can be offered to at-risk pregnant women in this region?
- What services do pregnant women want to see offered?
- What preventive public health measures can be put in place?

Study #1 - Health assessment of obstetrical population: N = 177

- Survey: English & Spanish
- Demographics
 - Hispanic (50.3%)
 - 18-25 y/o (48.6%)
 - Some high school (20.5%)
 - High school (30.7%)
 - <\$25,000/yr. (54.2%)
 - WIC (51.7%)
- Immediate family history of diabetes (30.5%)

Jacobson LT, Duong J, Grainger DA, Collins TC, Farley D, Wolfe M, Dong F, Anderson B. Health assessment of a rural obstetrical population in a Midwestern state. *Journal of Pregnancy and Child Health*. 2016;3(2).

Figure 2. Participants Body Mass Index Prior to Pregnancy

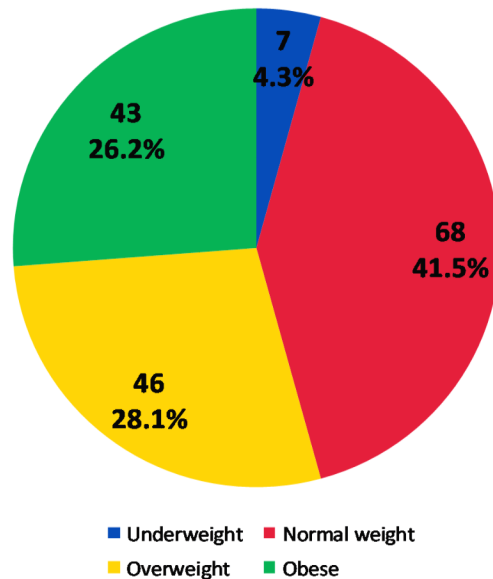
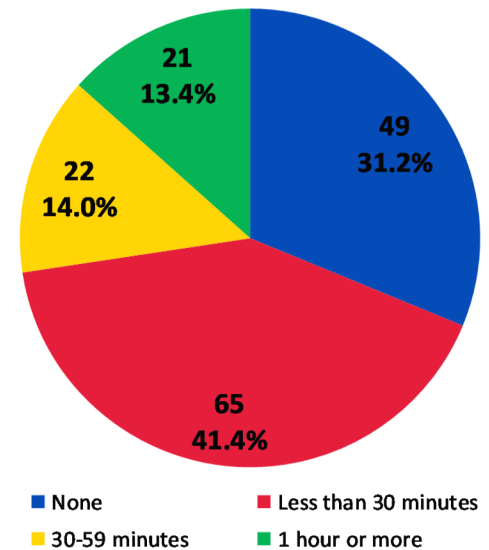


Figure 3. Participants Engaging in Moderate Physical Activity on an Average Day



Study #2 - Follow-up focus groups: N = 35

Study purpose -

To gain in-depth information from rural, pregnant women on what they value in a health promotion program

Key findings –

- Demographics
 - Hispanic (55.2%), non-Hispanic White (41.4%)
 - Age: 18-25 (42.9%), 26-35 (46.4%)
 - Some high school (34.5%), high school graduate (17.2%)
 - WIC enrolled (72.4%)
 - Earn < \$25,000/yr. (48.3%)

Overarching Themes

Limited availability of programs that focus on physical activity, nutrition, and breastfeeding support during and after pregnancy

Need to improve health communication on physical activity, nutrition and fetal movement/kick counts

Need for support group during and after pregnancy

Mixed emotions about overall use of technology

Peer education on all topics throughout all sessions

Jacobson LT, Zackula R, Redmond ML, Duong J, Collins TC. Pioneer baby: suggestions for pre- and postnatal health promotion programs from rural English and Spanish-speaking pregnant and postpartum women. *Journal of Behavioral Medicine*. 2018;41(5):653-667.

Study #3 – Community health assessment (Johnston & Jacobson, 2016, 2017)

- **Objective**: Assess knowledge, beliefs and perceptions of health information, health care resources, and social services among multiple economic sectors in the community
- **Setting**: Largest communities within three rural southwest Kansas counties
- Survey: English & Spanish

Key findings -

- Response rate
 - At city level – Ranged from 62% to 90%
 - At county level – Ranged from 49% to 65%
- Within top 5 health priorities:
 - High-risk obstetrical care
 - Weight management coaching
- Within top 10 health priorities:
 - Diabetes prevention support
 - Professional breastfeeding support
 - Nutrition/diet counseling

Phase 4 – Summary of background for intervention programming

- Summary findings from all studies:
 - Majority of pregnant women high BMI, limited exercise, family history of diabetes
 - Half of respondents were of low socio-economic status and of Hispanic heritage
 - Limited access to health promotion programs and breastfeeding support services
 - Top health priority: Weight management coaching
- Demonstrated need for health behavior change



Phase 4 – Framework for intervention programming

Diabetes Prevention Program (DPP) – Evidence-based program, reduces the risk of developing type 2 diabetes by 58% through effective diet, exercise, and behavior modification counseling (Knowler et al., 2002)

- Evidence to support use of DPP to reduce postpartum weight (Ferrara et al., 2011; Nicklas et al., 2014)
- Evidence suggests longer breastfeeding duration associated with:
 - Lower incidence of developing diabetes
 - Reduction of maternal postpartum weight
 - Resetting of maternal metabolism after pregnancy

(Gunderson et al., 2012, 2015 Chouinard-Castonguay et al., 2013; Binns et al., 2016; Kirkegaard et al., 2016; Martin et al., 2015; Stuebe & Rich Edwards, 2009)



Study design



- Combined breastfeeding, DPP-based, virtual program, 12-months long
- A pilot randomized controlled trial
- Registered at ClinicalTrials.gov, Identifier: NCT04021602

Overall goal: Test the feasibility of a combined breastfeeding, DPP-based program in a cohort of high BMI women followed during pregnancy through 6 mos. postpartum

eMOMS – A Collaborative Partnership



Study design and objectives

Three study arms (treatment groups):

- Tx1 - DPP plus breastfeeding
- Tx2 - DPP Only
- Tx3 - Usual Care



Program content: delivered via Facebook

Study objectives:

1. Test program efficacy to improve 6-month pp weight loss
2. Test program efficacy to improve 6-month pp mean blood glucose (HbA1c) and mean arterial blood pressure
3. Test program efficacy to increase breastfeeding through 6 months pp

Counseling on physical activity and nutrition based on the DPP:

Phase 1: 16 sessions, delivered during weeks 18 - 33 of pregnancy

Phase 2: 6 sessions, delivered during 6 - 20 weeks after pregnancy

- Each session: 15-minutes, pre-recorded video archived within a secure, private group on Facebook
- Delivered by a certified DPP lifestyle coach: Meredith Lucas, RN, BSN
- Weekly follow-up: telephone & online questions



Breastfeeding -



- Two-hour curriculum based on the Office on Women's Health "*Your Guide to Breastfeeding*"
- Curriculum developed by Kansas Breastfeeding Coalition in partnership with Bureau of Family Health at KDHE
- Four 30-minute pre-recorded videos archived within a secure, private group on Facebook delivered by Jolynn Dowling, MSN, APRN, NNP-BC, IBCLC, Janice M. Riordan Distinguished Professorship in Maternal Child Health
- Weekly follow-up: telephone & online questions (by lifestyle coach)

Additional evidence-based information posted on all 3 Facebook groups -

- Physical activity, nutrition, and breastfeeding support resources
- Safe sleep
- COVID-19 and breastfeeding
- COVID-19 and pregnancy
- Additional COVID-19 resources in English and Spanish
- Other postpartum support resources (i.e., Postpartum Support International)



Survey instruments

Pre/post Intervention Surveys



Breastfeeding knowledge assessment
Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF)
Kaiser Physical Activity Survey (KPAS)
Fruit and Vegetable Intake Screener (EATS)
Edinburgh Postnatal Depression Scale (EPDS)
Demographic characteristics and health status

Study locations, incentives

- Two recruitment sites (see brochure)
 - Ascension Via Christi St. Joseph, Wichita
 - Kearny County Hospital, Lakin
- Incentives
 - \$50 Amazon gift card at study entry
 - Digital scale mid-way through program
 - \$75 Amazon gift card at study closure
 - Small engagement gifts (i.e., diapers, pedometer, \$10 gift cards)





eMOMS™ IS HERE!

YOU MAY BE ELIGIBLE TO PARTICIPATE in a new program and research study called eMOMS™ — electronic Monitoring of Mom's Schedule — that supports healthy weight and breastfeeding after pregnancy.

YOU MAY BE ELIGIBLE IF YOU ARE:

- Age 18 or older and speak English
- Less than four months pregnant
- Overweight or obese before pregnancy
- Interested in breastfeeding your baby
- Wanting to learn more about nutrition and exercise
- Have a cellphone and internet access
- Able to use Facebook



As part of the eMOMS™ research study and at a time convenient for you, the University of Kansas School of Medicine-Wichita will provide you with access to:

- A certified diabetes prevention program lifestyle coach
- Weekly 15-minute videos on nutrition and exercise during and after pregnancy
- Online breastfeeding education and ongoing support

PARTICIPATION IS FREE OF CHARGE. You will receive FREE mom and baby care products throughout the eMOMS™ program!





To learn more about eMOMS™
call 316-293-3467
or visit wichita.kumc.edu/emoms

YOU WILL ENJOY free weekly one-on-one personal conversations with a health professional who can answer your questions, develop a plan to reach your lifestyle goals and offer support every step of the way.

eMOMS™ CAN HELP YOU:

- Develop healthy eating habits
- Discover ways to be more active
- Reach out to family members to participate in program activities
- Lose weight after delivery
- Improve blood sugars and blood pressure
- Breastfeed your infant
- Provide ongoing support after baby arrives



NO NEED TO SCHEDULE APPOINTMENTS TO PARTICIPATE.

You can use eMOMS™ anytime, anywhere and receive all the information you need for you and your baby.

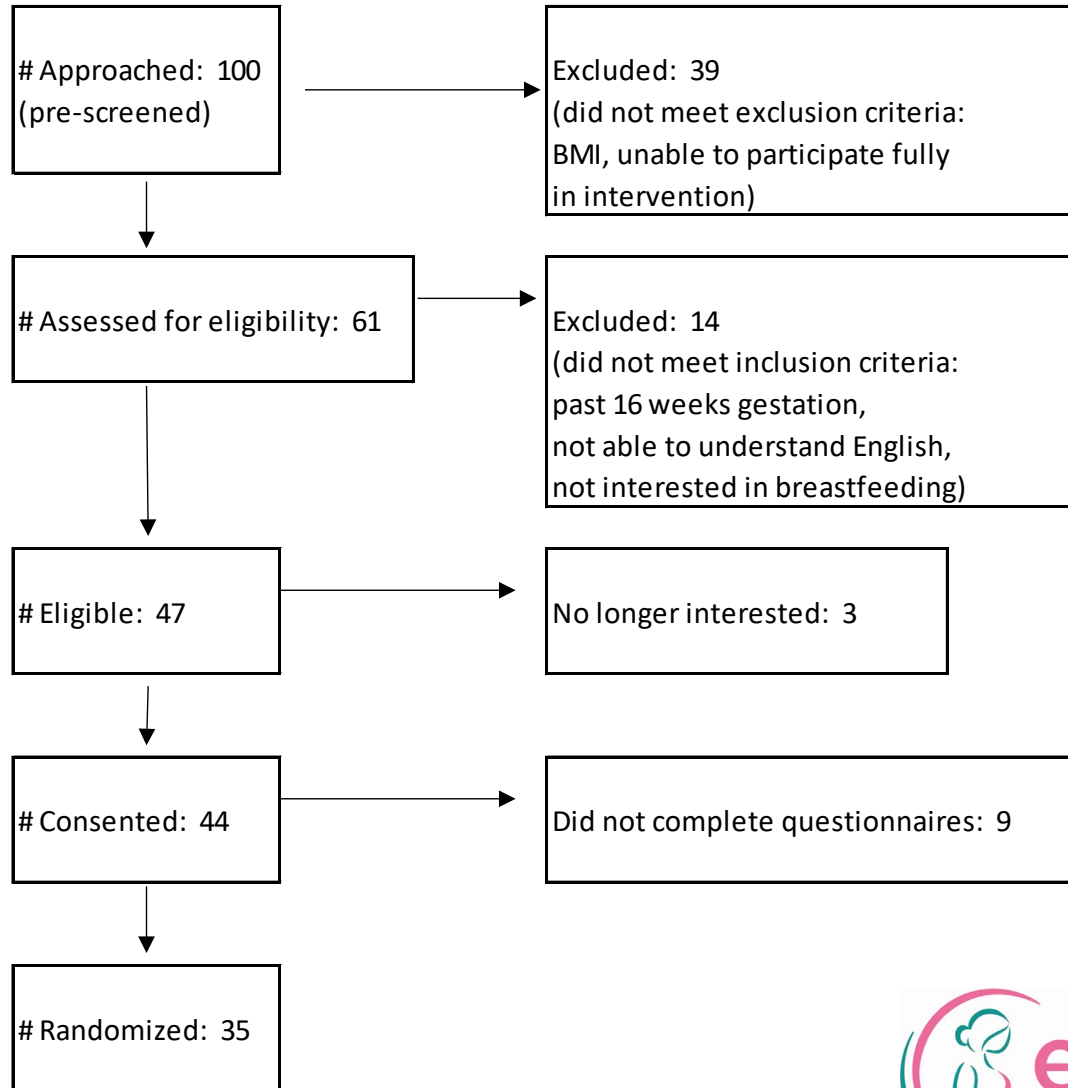


eMOMS Recruitment & Retention

- Recruitment: Sept. 2019 – Dec. 2020
- Screened: 100 women
- Randomized: 35 women
- COVID-19 influenced recruitment
 - Between March-Dec. 2020, only 19 more participants screened, of which 3 were randomized
 - Planning for the unexpected...
- Anticipated program completion rate: 74%



Flow Diagram eMOMS Screening & Recruitment



Note : Reflects data entered into REDCap as of January 26, 2021



Next Steps...



- Complete data collection and intervention, conduct exit interviews through June 2021
- Analyze and report results: weight loss, A1C, and breastfeeding
- Evaluate treatment efficacy (plan, do, study, act)
- Adapt program to a diverse, larger population
- Apply for additional federal funding

Acknowledgments

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 - Dr. Patty Kluding, Dr. Judy Stern, Dr. David Grainger, Dr. David Robbins, Dr. Tracie Collins, Dr. Christie Befort, and Dr. Ed Ellerbeck
 - Key team members: Jolynn Dowling, Dr. Lauren Haag, Kelsey Lu, Meredith Lucas, Dr. Hayrettin Okut, Dr. Michael Wolfe, Rosey Zackula
 - Administration, staff, healthcare providers and key stakeholders at Kearny County Hospital in Lakin
 - Administration, staff, healthcare providers and key stakeholders at Ascension Via Christi St. Joseph in Wichita
 - Kansas Breastfeeding Coalition, Inc.
 - Center for Research for Infant Birth and Survival (CRIBS)
 - Funders: National Institute for Diabetes and Digestive and Kidney Diseases (NIDDK), Kansas Department of Health and Environment Bureau of Family Health & Bureau of Health Promotion, March of Dimes, Beach Family Foundation, Kearny County Health Care Foundation
 - Everyone else who has contributed to this project!!!

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Thank you for your time!!!

Questions???

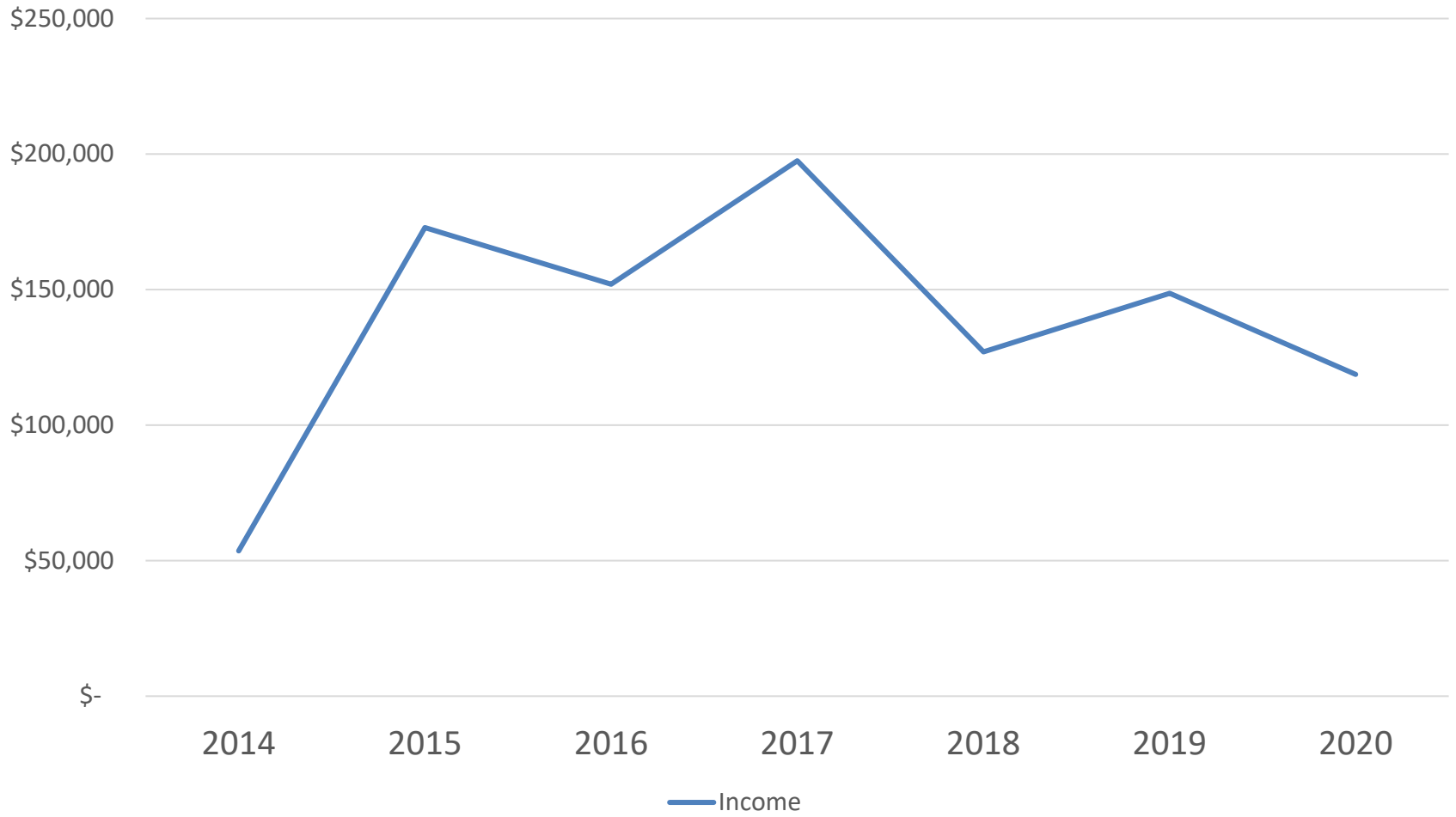


KBC 2020 Annual Financial Report

Earlisha Killen, KBC Treasurer

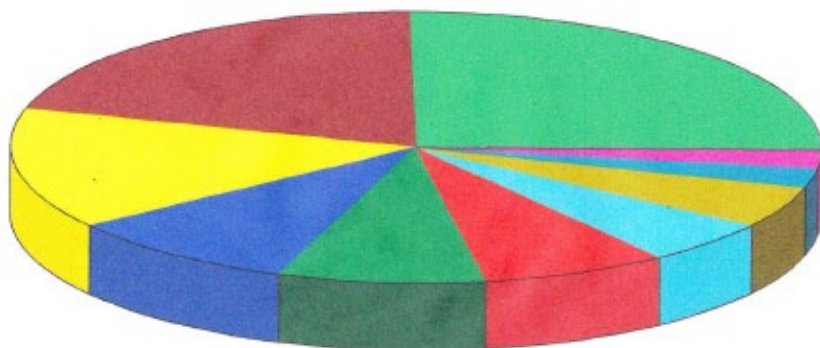


KBC Annual Revenue



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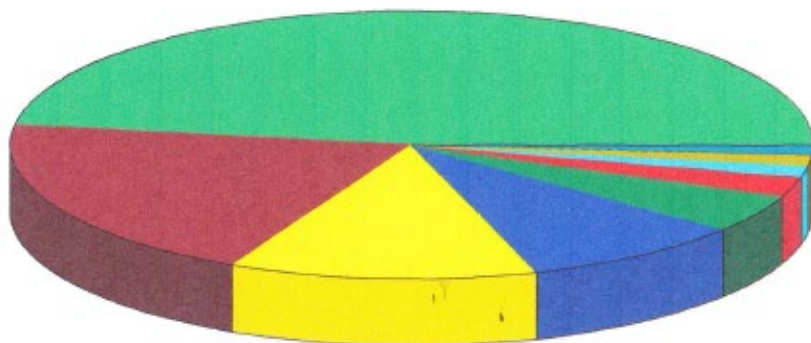
Income Summary
January through December 2020



UMHMF Bldg a Culture of Support	25.41%
KDHE SFY 2020	20.44
KDHE SFY 2021	14.62
2020 Conference	9.47
UMHMF ED Position	8.43
BFing Classes	7.56
Consulting	5.38
Unclassified	5.07
Child Care Provider Education	2.53
Trainings	1.09
Total	\$118,664.32

By Class

Expense Summary
January through December 2020

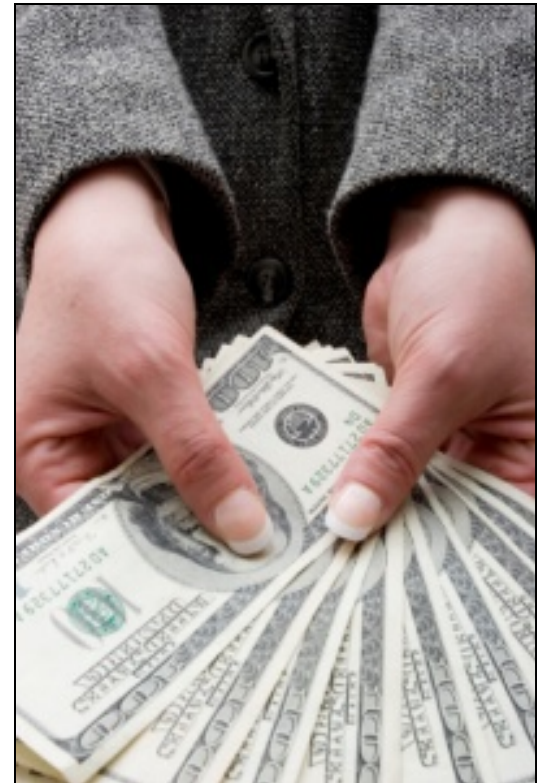


66000 · Payroll Expenses	47.61%
530 · Independent Contractor	20.16
533 · Grants to Others	12.54
65000 · Operations	9.09
640 · Contract Services	4.66
68300 · Travel and Meetings	2.41
620 · Child Care Provider Education	1.57
65100 · Other Types of Expenses	1.39
531 · Marketing/Outreach	0.58
Total	\$122,213.94

By Account

KBC 2020 General Funds Revenue Sources

- Conference - \$7,319
- Breastfeeding courses - \$4,364
- Donations - \$2,533 **RECORD!!**
- Consulting/trainings - \$1,439
- Membership - \$443



KBC General Funds

\$37,090 as of Dec. 31, 2020

Board approved the following use of KBC general funds for 2021:

\$10,000 - Mini-grants for local coalitions capacity building and staff support – RFP to be release March 1

\$ 5,000 – Scholarships for Black, Indigenous and people of color to become lactation support providers

\$ 2,500 – Scholarships for USBC National Breastfeeding Coalition Conference, June 9-11

KBC Bylaws Amendments PASS

Membership –

- **Dues has been eliminated**
- Members are those who have contact with the KBC (i.e., classes, webinars, exhibits, emails, etc.)

Starting in 2022:

- **Annual meetings** – moved from Feb. to **Oct.** (at conference)
- **Elections -**
 - August - Voting begins
 - September – Voting ends (30 days to vote)
 - October – Board takes office at conference

KBC Board Transitions Welcome!



Susan Lukwago
Chair-Elect
(currently secretary)



Diana Lady
Member-at-Large



Mandy Chapin
Secretary

Out-Going Board Member



Lisette Jacobson

Past Chair 2019-2021

Treasurer 2015-2019

NEW Breastfeeding Courses

Breastfeeding 101: The Basics

- Core concepts of lactation
- Feb. 18, 2021, 8:00 am – 12:00 pm (*April, Aug. & Dec.*)
- \$59

Breastfeeding 201: Building on the Basics

- Intermediate concepts
- Feb. 18-19, 2021, 1:00 – 5:00 pm (*April, Aug. & Dec.*)
- \$110

Continuing Education for nurses, dietitians and lactation support providers (CERPs).

Details & registration at <https://ksbreastfeeding.org/our-work/breastfeeding-education-courses/>



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- **KBC General Meetings:**

- May 14, Aug. 13 (2nd Fridays)

- 12:00 – 1:00 pm



- **2021 Breastfeeding Conference (*online*):**

- Oct. 14-15, Community Engagement (FREE!)

- Oct. 28-29, Hot Topics in Lactation (CEUs)

- 8 am – 12 pm all days



**Share
your
thoughts**

We're
listening

Breastfeeding in Kansas

- What are the bright spots for breastfeeding families in your community?
- What are the challenges for breastfeeding families in your community?
- What is the Kansas Breastfeeding Coalition doing well?
- What could the Kansas Breastfeeding Coalition be doing better?

<https://www.surveymonkey.com/r/ThoughtsBreastfeeding>



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Get Social with the KBC!



KSBreastfeeding – *NEW on Instagram!!*



@KSBreastfeeding



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