The Times Are A Changing: Discovering Strategies for Effective and Engaging Breastfeeding Education for Today's Parents

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Lactation education has come a long way in the past few decades and yet, the research shows that most of what is offered is not what is advantageous for parents in this day and age. Laurel Wilson has been a lactation educator, faculty, and lactation director in the community, in hospital settings, and for professionals for nearly two decades, and she has seen what works and what clearly fails. It is not uncommon today in classrooms to have dozens of parents listening to hours of lecture and watching endless power points without having the opportunity to step into their own educational experience and OWN their breastfeeding journey. In fact, some parents are foregoing traditional classroom education all together and learning exclusively on You Tube and other social media sites, which comes at the price of accuracy and connection. Come with me on a journey through today's classrooms, discussing what is and isn't successful. Learn what works, not just for early initiation and surviving the hospital breastfeeding experience but to help parents meet their own feeding goals. Research has identified that what is efficacious for some families and situations will not work for others. Discover unique strategies to address the specific learning needs of your families. The session will end with some favorite engaging activities to use in breastfeeding classes and support groups, gleaned from two decades on the job and having had the opportunity to learn from and work with the best of the best educators of our time.

Objectives:

• List two pros and cons of traditional classroom lactation education in terms of preparing parents for feeding their baby.
• List at least two reasons parents are turning to online education instead of classroom education.
• Identify three engaging activities to use in the classroom during breastfeeding classes or support groups.

Takeaways:

What is the Norm?
Listening to Mothers III Survey from 2013 1 in 3 mothers take CBE classes (up from last survey/New mothers (59%) experienced (17%)
Some take hospital or community classes.
Only 20% of mothers preferred getting their birthing/breastfeeding info from childbirth classes. (Soltani Marketing Survey)
• Pro
  • Access to Expert
  • Hands on Learning
  • Evidence Based Info
Online education options

- **Pros**
  - Easy to Access
  - Accessible Anywhere
  - Everyone has smartphone
  - Low cost or free

- **Cons**
  - May not have in-person help
  - Isolates parents
  - Parents can’t learn from one another
  - Formula/Pump companies offer online education now

Social Media as Education

**Pinterest/Facebook**

- **Pros**
  - Feel connected to peers
  - Easy to access
  - Mobile access
  - Anonymity for questions
  - Support 24/7

- **Cons**
  - Mommy shaming
  - Trolling
  - Misinformation
  - Incomplete information

**APPS Education**

- **Pros**
  - Easy
  - Convenient
  - Cheap
  - Always available

- **Cons**
  - Sponsorships
  - Accuracy
  - Lack of connection

Google as education

Reinforces bias

**Change the Message**

Amy Brown’s Research

“mothers valued breastfeeding information, but believed that changes needed to be made to current messages. Key themes
included a move away from the perception that breastfeeding is best (rather than normal), emphasis on wider values other than the health benefits of breastfeeding, and a message that every feed, rather than just 6 months exclusive breastfeeding, matters. Mothers also highlighted the need for promotion and education to target family members and wider society rather than simply mothers themselves, all of whom influenced both directly or indirectly maternal decision and ability to breastfeed. Mothers suggested ideas for promotional campaigns or how specific groups or methods could be used to increase support, including education for children, TV adverts, and using established online sources of breastfeeding information.” Brown, 2016

The Millennial Parent Habits and Behaviors
Baby Boomers 1946-64; Gen X 1965-1976; Millennials 1977-1993; Gen Z 1994+
Millennials: 75% of all births, 85% first births, 1 in 4 had working mom, Average age is 25.8, Higher education

- Millennials - Text messaging, multi-tasking, advertising-wary, trendsetting, sarcastic, blog-reading, information-addicted, social media-savvy, tech-embracing, fast-moving, highly ambitious, quick-talking, well-educated
- Most women (55%) already had at least one child. Overall 95% (n=498) used the internet to access information about pregnancy; 89% (n=90) of unemployed women used the internet to access healthcare information. Overall 76% (n=399) of women had a smartphone. Pregnancy apps for smartphones were used by 59% (n=237) of smartphone owners. O’Higgins, 2013
- All women wanted some form of online/digital support during their pregnancy, including weekly text messages about pregnancy stage-specific issues (cited by 49%), a maternity smartphone app (47%) and a website for feedback regarding their care (45%). O’Higgins 2013
Moms are socially connected:
• More than 3.4 accounts per mom
• Spend 17.4 hours per week on social media
• 90% share their ideas and brands/services they like and DON’T

What are our goals?
• Increase desire
• Increase initiation
• Increase duration
• Help eradicate barriers
• Address problems

Cochrane review- Antenatal BF Education not working (Lumbiganon, 2016)
• USA, Canada, UK and Australia
• 10,056 women
• Does not increase decision to feed
• Does not increase initiation
• Does not increase BF at 6 months

Prenatal visit education may be key (Pitts, 2015)
“Results: Twenty-three women participated, and 21 women completed questionnaires at 6 weeks postpartum. All women answered the content questions at the end of the modules correctly. Sixty-seven percent reported prior breastfeeding experience, 95% initiated breastfeeding, 86% were exclusively breastfeeding at 6 weeks postpartum, and 71% of the women planned to exclusively breastfeed for 6 months. Sixty-seven percent reported the modules promoted or affirmed their decision to breastfeed, whereas 5% would have preferred group-based education. Providers documented breastfeeding education 52% of the time.”
Videos alone don’t work (Kellams, 2016)
This study suggests that an educational breastfeeding video alone is ineffective in improving the hospital breastfeeding practices of low-income women. Increasing breastfeeding rates in this at-risk population likely requires a multipronged effort begun early in pregnancy or preconception.

How do we meet them where they are at?
The Flipped Classroom
What is it?
• Didactic at home
• Hands On in Classroom

Why try it?
• It makes actual classes shorter, less time for you to be away from family and other activities
• It allows you to utilize the creativity of the millions of people on the web
• After the initial investment of set up, maintenance for your online portion of classes is shortened – less work overall
• It allows parents to learn on their own schedule
• It increases retention
• It employs tools parents are comfortable using today
• It allows you to tailor the education to your student’s needs
• TODAY’S PARENTS PREFER IT!

Types of Flips
The Standard Inverted Classroom: Give “homework” prior to the class. This can include videos, books, articles, etc. that will relate to the topic in class. During the actual in person class, students practice what they’ve learned.
The Discussion-Oriented Flipped Classroom: Assign video, blog, online news article, such as - TED Talks, YouTube videos, Vimeo, your youtube Channel. Class time is all about discussion.
The Demonstration-Focused Flipped Classroom: Watch videos at home, practice in class.
The Group-Based Flipped Classroom: Assign standard content at home. In class, group students together to do activities. They will learn from one another.

Tools for Today
You Tube, Vimeo, Facebook Live, Facebook Groups, Smartphone, PollEverywhere,

Questions?
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Bibliography:


