Development of a Breastfeeding Class Specifically for Working Moms

Maryleah S. Needels

University of San Francisco, mlneedelsrn@gail.com

Follow this and additional works at: https://repository.usfca.edu/capstone

Part of the Maternal, Child Health and Neonatal Nursing Commons, and the Pediatric Nursing Commons

Recommended Citation


https://repository.usfca.edu/capstone/370
Development of a Breastfeeding Class Specifically for Working Moms

Maryleah Needels

University of San Francisco
Development of a Breastfeeding Class Specifically for Working Moms

Clinical Leadership Theme

The Clinical Nurse Leader (CNL) curriculum theme of Clinical Outcomes Manager is the focus of this project. The main CNL role I will envelope is one of an educator, “conducting health education of individual patient or cohort based on risk profile” (American Association of Colleges of Nursing, 2013). The global aim statement for the project is to provide educational classes for employed lactating mothers in order to extend the duration of exclusive breastfeeding rates, thereby increasing the long-term health benefits for both mother and baby.

Statement of the Problem

Effective March 23, 2010, the Patient Protection and Affordable Care Act amended Section 7 of the Fair Labor Standards Act (FLSA) to require employers to provide a nursing mother reasonable break time to express breast milk after the birth of her child for up to one year. The amendment also requires that employers provide a place for an employee to express breast milk that is not a bathroom, provides privacy, and is free from intrusion (United States Department of Labor, 2012). Returning to work while breastfeeding is mentioned briefly in prenatal breastfeeding education classes, however the specific details are not covered. A report from the County of Sonoma (2015) revealed:

Immediately following birth, 82.9% of Sonoma County mothers exclusively breastfed their new babies in the hospital. Sometime between hospital discharge and 1 month of age, the rate of Sonoma County infants exclusively breastfeeding falls significantly to 56.1%. By three months, only 1 in 3 Sonoma County infants (33.6%) are still being exclusively breastfed, falling far short of the American Academy
of Pediatrics’ recommendation to breastfeed exclusively for at least 6 months (para. 6).

This significant drop correlates with the timeframe in which mothers are returning to the workforce. These mothers are at the greatest risk for early breastfeeding cessation due to employment (see Appendix B for root cause analysis diagram).

I believe that pregnant women are not ready to absorb information about this subject, as they have not experienced the learning curve of actual successful breastfeeding. Bastable (2014) found that, “no matter how important the information is or how much the educator feels the recipient of teaching needs the information, if the learner is not ready, then the information will not be absorbed” (p. 125). The theme of improvement revolves around providing education specific to women reentering the workforce postpartum who desire to maintain successful breastfeeding of their infants.

**Project Overview**

The lack education available specifically designed for mothers who desire to exclusively breastfeed and return to the workplace is the driving force for my CNL project. I hope to increase the mother’s self-efficacy based on Bandura’s (1977) theory that claims a person’s belief in their capacity to successfully perform a particular task will increase their ability to do so (see Appendix A). Developing a class with the specific aim of providing the tools for mothers to become empowered with the necessary skills thereby meeting the goal of increasing the percentage of exclusively breastfed babies in accordance with the Healthy People 2020 goals of 42.6% of mothers exclusively breastfeeding their infants at 3 months of age and 25.5% at 6 months of age (Office of Disease Prevention and Health Promotion, 2016). Mothers will develop an understanding of the process necessary in order to provide their infants with breast milk as the
sole means of nourishment while the two are separated for employment reasons.

The class will be designed for mothers who are breastfeeding and will be held in an informal setting in the early evening during the week. The process map flow chart is demonstrated in Appendix E. Partners, family members, caregivers and babies will also be invited to attend. Practical instructions will be discussed and mothers will also benefit from the peer-to-peer sharing. Both peer and professional support have been identified as important to the success of breastfeeding (Schmied, Beake, Sheehan, McCourt, & Dykes, 2011).

**Rational**

The pediatric clinic operates in organized chaos treating up to 300 patients per day. There are 20 pediatricians, 4 NPs, 9 RNs, 5 LVNs, 10 MAs, 6 secretarial staff and only 2 International Board Certified Lactation Consultants (IBCLC) RNs. Appointments are booked 30 minutes for a well check and 15 minutes for a sick check. Lactation visits are booked on a different time scale. These visits average forty-five minutes to one hour depending on the mother’s level of anxiety. There is an average of 42 patients seen per week. A teary-eyed new mother would ask, “now, how do I prepare to leave my baby some milk when I return to work?” in the last few minutes of a successful lactation consultation. This would require the scheduling of a future appointment closer to the end of the mother’s maternity leave. “Research indicates that returning to work does not affect breastfeeding initiation but does adversely affect duration of breastfeeding” (Riordan & Wambach, 2010, p. 553). Blocking a forty-five minute appointment to discuss strategies to return to the workforce while maintaining breastfeeding is an inefficient use of the lactation department’s resources.

Although this juncture is a critical time for mothers based on the evidence as Arthur et al. (2003) discovered in their research, almost 50% of the physicians studied ceased breastfeeding
purely on the condition of returning to work. New mother-baby dyads with difficulties such as inefficient latch or severe engorgement are at a crucial point in their breastfeeding establishment. Dehydration most often occurs in infants born to first-time mothers new at breastfeeding (La Leche League, 2004). “Early discontinuation of breastfeeding is not a decision that is taken lightly by women; it is associated with a high prevalence of problems such as painful breasts and nipples; many mothers report distress related to the decision to discontinue breastfeeding” (Renfrew et al., 2012, para. 5). Many mothers also report healthcare professionals recommended formula supplementation in response to maternal complaints (Neifert & Bunik, 2013).

According to the Canadian Paediatric Society (2004), a mother may experience the mixed emotions of freedom and sadness when she starts to gradually wean her baby. Abrupt weaning should be avoided if possible. The Society authors explain, “abrupt weaning is traumatic for the infant, uncomfortable for the mother, and may result in blocked ducts, mastitis or breast abscesses” (p. 253). In order to produce a change that benefits both groups of breastfeeding mothers, my proposal for changing this microsystem is the development of a class specifically designed to provide women with the necessary information to support their desire to continue breastfeeding upon returning to the workforce. Bastable (2014) defines readiness to learn as “the time when the learner demonstrates an interest in learning the information necessary to maintain optimal health or to become more skilled at a job” (p. 124). Please see Appendix D for a detailed SWOT analysis for the project and Appendix H for a stakeholder chart.

The cost analysis for the implementation of this project is small in relation to the cost savings of the positive outcomes of extended duration of breastfeeding (see Appendix I). The class will be held on an evening when the clinic building is open for other purposes; therefore ancillary personnel such as security and environmental services are available. One RN, IBCLC
for 2 hours will cost approximately $130/month. The color printed flyers at $0.05 each multiplied by 150 equals $7.50. If 90% of the U.S. families complied with the medical recommendations to breastfeed exclusively for 6 months, $13 billion could be saved annually and approximately 900 infant deaths could be prevented each year (Bartick & Reinhold, 2010). Mid and long-term costs savings would be realized by both healthcare providers and maternal employers as babies statistically have a lower rate of otitis media, respiratory infections, and gastrointestinal disorders subsequently mothers have less need for time off to care for their sick infants (Weimer, 2012).

**Methodology**

Ronald Lippitt’s (1959) Phases of Change Theory, which focuses on the change agent rather than the actual change, worked well for this project (see Appendix C for list of phases). As a CNL MSN student, I was able to bring fresh eyes to the microsystem and diagnose the problem, assess the motivation and capacity of the lactation department, assess and utilize the recourses especially health education, and develop an action plan for the development of the class. My role as the change agent has been one of a consultant, a facilitator, a cheerleader and, as an IBCLC, an expert. I plan to use survey results as feedback to communicate the necessity to maintain the class and as my relationship gradually terminates from the organization, I will ascertain that all of my data is readily available and complete.

The class will be designed and described as a drop-in support group for moms wishing to learn tips & tricks for successfully returning to work while maintaining breastfeeding.

“Discovering which stressful events or major life changes the learner is experiencing gives the educator clues about the person’s emotional readiness to learn” (Bastable, 2014, p. 128). The attendees will be from the same peer group instantly creating a social environment for learning.
Planning time for getting to know one another will create a comfort zone for learning. “Extra support by both lay and professionals had a positive impact on breastfeeding outcomes” (Renfrew et al., 2012, para. 2). The content will be specific with reference to pumping, storing, and transporting milk, separation anxiety, introducing bottle-feeding, and childcare. Time will be allotted for moms to express their own experiences to provide peer-to-peer teaching and discussion, thereby promoting self-efficacy. Various ways of performing the same task will be presented in order to allow the mothers to make their own choices for example: pumping and freezing the day’s milk or using that milk for the next day’s feeding. There will be game playing involving the assembling of breast pump apparatus with appropriate prizes such as freezable packs for transporting milk, providing various physical samples of different bottles and nipples and pumping equipment for the moms to play with will help to bolster their creativity.

Bandura (1977) believes that humans are information processors and think about the relationships between their behavior and its consequences. His description of self-efficacy or belief in one’s own capabilities plays a major role in the capacity to learn. Utilizing the visual, aural, read/write, and kinesthetic sensory modalities as learning styles to address the four types of learners (VARK, 2016). I will provide posters and/or videos showing pumping methods for the visuals, lectures and read out-loud directions about pumping for the auras, printed directions about pumping for the read/write learners, and actual pumping equipment to handle for the kinesthetic. Allowing time for question & answer periods after each topic covered, rather than at the end, will promote individual cognition. Providing handouts and links to web sites will reinforce continuing learning at home.

The class participants will complete a short survey before and after the class to determine if specific educational topics were clear and needs were met, the question and answer sessions
will also serve to identify problem areas. I will explain my excitement surrounding the development of the class into a permanent format and ask the participants if they would be willing to share their contact information so that the lactation department can conduct a follow up interview by email two weeks after they have returned to work. This date will be different for each participant and will be obtained from the pre-class survey. The list will be kept both on a hard copy in a folder in the lactation office and in a folder on the computer desktop. A detailed plan-do-study-act cycle is displayed in Appendix F.

**Literature Review**

The American Academy of Pediatrics (2012) recommends, “exclusive breastfeeding for the first six months of life with continued breastfeeding through twelve months and beyond as complimentary foods are introduced”. Exclusive breastfeeding is defined as an infant receiving only breast milk, no other liquids or solids except for medications or vitamins (AAP, 2012). A review of the literature presented overwhelming evidence to support this project relating maternal employment with poor breastfeeding outcomes. A search of the CINHAL database and Google Scholar was conducted using the PICO search strategy breastfeeding barriers, maternal employment, breastfeeding duration statistics, breastfeeding education, and breastfeeding & healthcare providers.

The American Academy of Pediatrics (2012) ascertains that breastfeeding provides a protective effect against respiratory illnesses, ear infections, gastrointestinal diseases, and allergies including asthma, eczema and atopic dermatitis. The rate of sudden infant death syndrome (SIDS) is reduced by over a third in breastfed babies, and there is a 15% to 30% reduction in adolescent and adult obesity in breastfed vs. non-breastfed infants. Battersby (2016) reports some of the reasons mothers discontinue breastfeeding are related to “physical problems,
social factors and practical difficulties”. A study conducted by NUK in 2015, revealed that 71% of 1432 mothers reported that they had encountered problems after successfully initiating breastfeeding. The author explained that good support mechanisms and clear evidenced-based information is needed in order for women to succeed and deal with problems as they arise. An analysis of 1031 Korean mothers revealed breastfeeding initiation rates were similar regardless of a mother’s employment, continuation rates were decreased at 1, 6, and 12 months in employed mothers compared to non-working mothers. (Kang, Lee, Bai, Van Achterberg, & Hyun, 2015).

Lynch (2016) suggested that until breastfeeding is perceived as the norm by society, breastfeeding mothers would benefit from making an individual plan which evaluates her age, childcare situation and potential to express and store her pumped milk at her workplace. The author cited returning to work as one of the biggest barriers, which prevented continued breastfeeding. A longitudinal study conducted on women from Australia revealed that mothers of babies aged 4 to 12 months who worked outside of the home for as little as fifteen hours per week had lower breastfeeding rates than their non-working counterparts (Smith et al., 2013). Flannery (2014) stressed the need for better lactation education for the primary care providers and the nurses who tend to breastfeeding mothers. An International Board Certified Lactation Consultant (IBCLC) is the most knowledgeable and skilled professional in matters related to breastfeeding and should be utilized whenever possible to care for nursing mothers. The author explained that women with longer breastfeeding durations utilized various coping strategies in dealing with challenges. Seeking lactation counseling from an IBCLC was a common thread for success.

Riorden and Wambach (2010) state in their book *Breastfeeding and Human Lactation*, the breastfeeding bible, “returning to work does not affect breastfeeding initiation but does
adversely affect breastfeeding duration” (p. 553). They espouse the importance of healthcare workers in promoting breastfeeding, “every healthcare encounter should be used to inform and support the mother who plans or is currently combining breastfeeding and employment” (p.552). They suggest that the key to successes is having the mothers plan to learn about breastfeeding and combining it with employment, timing her return to work, assessing her workplace support of breastfeeding, and deciding her child care options.

A study of 5385 Mexican mothers aged 12 to 49 years old with babies under age 1 discovered that maternal employment negatively impacted breastfeeding duration. The study conducted by the Mexican National Institute of Public Health revealed this issue has been documented over the last fifteen years. The authors suggested the government use these statistics to improve policy designed to develop legislation designed to support breastfeeding working mothers (Rivera-Pasquel, Escobar-Zaragoza, & Gonzalez, 2015). Payne and Nicholls (2010) conducted a Foucauldian discourse analysis of interviews with 20 women who continued to breastfeed after returning to work. The results revealed the women were faced with the choice of either being a good mother or a good worker. The authors discovered the women perceived a good worker as one who constrained their breastfeeding practice and the women who maintained breastfeeding their child felt the need to remain silent and invisible.

Ali Hirani & Karmaliani (2012) performed a review of global literature, which revealed that in order to promote breastfeeding practices among employed mothers, one of the most powerful interventions for successful outcomes included the education of mothers concerning the management of breastfeeding with employment. Increasing employers’ awareness of the necessary physical accommodations and creating mother friendly workplace policies were also included. The same authors explained in 2013, Pakistan has high infant and child mortality rate
and decreasing prevalence of breastfeeding, especially among employed professional women. They concluded, “our findings indicate an urgent need for lactation support programs that include integrated interventions for lactating women that offer informational support, social support, and formal workplace support” (para. 5).

The literature overwhelmingly supports the direct correlation in the declining rate of the duration of breastfeeding to maternal employment in the United States as well as in developed countries around the world. It also supports the need for more lactation education for both mothers and healthcare providers.

Timeline

The planning for the development of this project began in January of 2015 with the review of patient charts and direct lactation patient visits. Two months of intensive research and development followed. A basic class outline was produced and the entire package was presented to administration for approval. Upon approval, flyers for advertising were developed and a plan for distribution and in-person promotional appearances at other parenting classes were solidified. The Working Moms’ Breastfeeding class will be held on July 14, 2016 with survey evaluation to follow the next week (see Gantt chart in Appendix G for a visual timeline).

Expected Results

Expected outcomes from this project will have immediate, mid-term, and long-term results. Mothers will have an immediate understanding of the process for pumping and storing of breast milk, transporting and storing breast milk safely using the CDC guidelines, specific clothing and nutrition needs, and the emotional changes associated with returning to work. Mid-term results will allow mothers to remain breastfeeding for their desired time while employed outside of the home and the long-term positive health benefits of illness and disease prevention
will last a lifetime for both the mother-baby dyad. The county breastfeeding duration rates results will increase getting closer to meeting the Healthy People 2020 goals and my hope is that mothers who have attended the class will return for future class meetings to serve as peer support for those mothers who are just embarking on their own journeys.

**Nursing Relevance**

There remains a need for breastfeeding education across the board for both the medical and the lay population. Childhood obesity has become a public health epidemic around the world. There is a proven protective effect of breastfeeding on childhood obesity rates (Yan, Liu, Zhu, Huang, & Wang, 2014). For this reason alone, support of breastfeeding needs to be encouraged by all healthcare workers for the recommended duration by the AAP. The long-term positive health benefits for both the mother and her baby are overwhelmingly supported by the literature reviews. Nurses, as some may be or become working breastfeeding mothers, are in need of specific education as to the “how to” extend their duration rates the same as lay mothers. Nurses also have the potential to encounter breastfeeding peers throughout their professional career paths. These mothers have protection by law guaranteeing them time to pump breast milk in a private space free from intrusion and need positive support from their working peers. Educating mothers who desire to continue breastfeeding after returning to the workplace is the frontline step in creating positive role models for women across the world.

**Summary Report**

The long-term goal of my CNL project is to increase the duration of exclusive breastfeeding at both the 3 and 6-month marker to obtain goals closer to the Healthy People 2020 breastfeeding objectives of 42.6% at 3 months and 25.5% at 6 months. This statistical measurement will be tallied and the results revealed in the next quarterly statement. The short-
term goal was to provide mothers who desired to return to work and continue breastfeeding with immediate knowledge in order to develop the skills to be successful. Lactating mothers whose infants ranged from ages 6 weeks to 4 months composed the class population along with 4 fathers and 2 grandmothers. Lactating mothers whose infants ranged from ages 6 weeks to 4 months composed the class population along with 4 fathers and 2 grandmothers. One hundred percent of the mothers brought their babies.

The class was held after hours in the empty waiting room of the pediatric clinic where chairs and tables were rearranged to create a more relaxed and intimate atmosphere. A literature review conducted spanning the last five years revealed maternal employment as one of the biggest barriers to extended breastfeeding and lack of specific education on the topic as another. In the preplanning stages of the project, an informal survey was conducted to participants in a new mother’s group with reference to the pumping, handling, storing and bottle-feeding of pumped breast milk. The results revealed that 70% of the mother’s lacked knowledge in this area. Of the 30% who did, 90% were second time mothers. The identical survey was administered pre-class and the results revealed 90% of the new first time mothers lacked the necessary knowledge in all of the categories. One hundred percent of the fathers and grandmothers were incorrect on all answers.

Examples of misunderstood information surrounding the use of the breast pump were the amount of times a mother needed to use the pump, the correct sizing of the phalanges, and the cleaning of the equipment. Actual misinformation surrounding the handling and storing of the pumped milk dealt with the time recommended by the CDC for storage at room temperature, the process of transferring milk into bags and bottles and the refrigerator-freezer storage methods. The recommended method of paced bottle-feeding was explained and demonstrated. There were
numerous questions surrounding the federal law and a printed copy with reference links was provided. A copy of the CDC’s recommended breast milk storage guidelines was also distributed (See Appendix J).

Other topics of discussion included types of clothing to wear, proper nutrition, and sleep concerns. A large percentage of time was focused on in-home versus daycare pros and cons, parental role switching with father’s staying home and concerns over care given by relatives, especially grandmothers who did not breastfeed their own children. Emotional issues surrounding a mother’s return to employment and the possible effects on herself and her baby were discussed with reassurance that some normal sadness may occur in both. The signs and symptoms of a more serious depression were highlighted and the need to seek professional help without shame if they occur was explained.

The class was scheduled for a one-hour time slot however interest remained high and the class ran just over two hours. Conversation flowed easily and noticeable bonding was visible among the participants with suggestions of later play date scheduling and the sharing of contact information. Questions were encouraged throughout the class and time was allotted for peer-to-peer exchanges. A post class survey was administered which revealed that 100% of the mothers understood the principles of handling breast milk. A satisfaction questionnaire was administered toward the end of the class with 100% of mothers providing their email addresses for future follow-up.

Upon the evaluation of the verbal and written feedback, the immediate short-term goals of the class were met. There was a noticeable decrease in the visible stress level of the participants from the beginning of the class with shared laughter and joking. Some parents were even planning future get-togethers. The mothers expressed relief that the fathers and
grandmothers had been educated in the proper methods for handling and bottle-feeding their babies pumped breast milk. The long-term goals of longer breastfeeding duration times will be computed in the next quarter’s county survey.

The working mom’s breastfeeding class has the potential to become very sustainable at the organizational level. The health education department was on board from the project’s inception and staff was pleased and excited when hearing about the positive feedback from the participants. The relatively low cost of the project versus the potential long-term health benefits to the mother baby dyad along with the possibility of increasing the extended breastfeeding rates to meet the objectives of the Healthy Family 2020 fits with the organization’s mission. The cost benefits of improved health outcomes for both mother and baby far outweigh the minimal class cost (Appendix I). Future costs would be the IBCLC hourly rate for approximately 2 hours and cost of advertising flyers. Holding the class every three months would cycle with the average of 12-week maternity leave in California; this is currently in discussion. Also, the county and the state breastfeeding coalitions have expressed interest in obtaining more information about developing their own version of the class.

The Breastfeeding Class for Working Moms has the potential to increase a mother’s self-efficacy by providing her with the skill set necessary to return to work while successfully maintaining breast milk as the optimal nourishment for her infant. Providing education to this microcosm is just the beginning in changing the course of human health outcomes for the better, an enormous amount of work is still needed in educating society as a whole to accept breastfeeding as the norm. The CNL, as an educator, has the ability to make an impact in improving the overall outlook of breastfeeding success for all of the stakeholders involved.
References


http://dx.doi.org/10.1016/j.pcl.2012.10.001


http://dx.doi.org/10.1186/1471-2458-14-1267
Appendix A

Bandura’s Theory of Self-Efficacy

Self-Efficacy
Albert Bandura (1986)

“the belief in one’s capabilities to organise and execute the courses of action required to manage positive situations”

Source: EnglandHandball, 2015
Appendix B

Root Cause Analysis

Fishbone Diagram

- **PROCESS**
  - Expense of electric breastpump
  - Cost of pumping supplies
  - Lack of time to pump milk
  - Lack of storage space for milk

- **PEOPLE**
  - Mom's lack of knowledge
  - Mom has poor self-efficacy
  - Sleep deprivation
  - Lack of support system
  - Social concerns
  - Stress

- **ENVIRONMENT**
  - Non-supportive coworkers
  - Hostile workplace
  - Shortened maternity leave
  - Employment outside of home

- **MANAGEMENT**
  - Misinformed healthcare providers
  - Unavailability of educational classes
  - No lactation counseling

**EARLY CESSATION OF BREASTFEEDING**
Lippitt’s Phases of Change Theory

- **Phase 1**: Diagnose the problem
- **Phase 2**: Assess motivation & capacity to change
- **Phase 3**: Assess motivation & resources of change agent
- **Phase 4**: Action plans developed
- **Phase 5**: Change agents role defined & clearly understood
- **Phase 6**: Maintain the change
- **Phase 7**: Gradually terminate the helping relationship
Appendix D

SWOT Analysis

**STRENGTHS**
- Organizational support
- Class to be held in familiar location
- Class welcomes mom’s support group
- Knowledgeable & supportive IBCLC

**WEAKNESSES**
- Wrong day/date/time
- Ineffective marketing strategy
- Untimely intervention for moms
- Only 2 IBCLC on staff

**OPPORTUNITIES**
- Peer-to-peer support group benefits
- Referrals to WIC if needed
- Increased duration of breastfeeding
- Improved mom’s self-efficacy
- Increased monthly attendance due to

**THREATS**
- Incorrect information on internet
- Lack of family support for moms
- Hostile work environment for moms
- Inclement weather/earthquake
- Competitive class in community
Appendix E

Process Map Flow Chart
Appendix F

Plan Do Study Act Cycle

- Plan: Develop class
- Do: Hold class
- Study: Survey & statistics results
- Act: Schedule next class

Class becomes permanent
Appendix G

Gannt Chart

Timeline for Project Development

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microcosm Assessment</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R &amp; D</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing &amp; rewriting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department Approval</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Advertising</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Official Class</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Review &amp; Revisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Submitted to Health Ed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Complete  Incomplete  Not Started
Appendix H

Stakeholder Beneficiaries
Appendix I

Cost Benefit Analysis

Infants who were breastfed for a minimum of 6 months experienced $1435 less health care claims than formula fed infants in 1993, in today’s dollar based on the Bureau of Labor Statistics Consumer Price Index, the amount equates to $2364.

Appendix J

CDC Breast Milk Storage Guidelines

Storage Duration of Fresh Human Milk for Use with Healthy Full Term Infants

<table>
<thead>
<tr>
<th>Location</th>
<th>Temperature</th>
<th>Duration</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countertop, table</td>
<td>Room temp. (up to 77°F or 25°C)</td>
<td>6-8 hours</td>
<td>Containers should be covered and kept as cool as possible; covering the container with a cool towel may keep milk cooler.</td>
</tr>
<tr>
<td>Insulated cooler bag</td>
<td>5-39°F or -15-4°C</td>
<td>24 hours</td>
<td>Keep ice packs in contact with milk containers at all times; limit opening cooler bag.</td>
</tr>
<tr>
<td>Refrigerator</td>
<td>39°F or 4°C</td>
<td>5 days</td>
<td>Store milk in the back of the main body of the refrigerator.</td>
</tr>
<tr>
<td>Freezer</td>
<td>5°F or -15°C</td>
<td>2 weeks</td>
<td>Store milk toward the back of the freezer, where temperature is most constant. Milk stored for longer duration in the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality.</td>
</tr>
<tr>
<td>Freezer compartment of a refrigerator</td>
<td>0°F or -18°C</td>
<td>3-6 months</td>
<td>Store milk toward the back of the freezer, where temperature is most constant. Milk stored for longer duration in the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality.</td>
</tr>
<tr>
<td>Chest or upright deep freezer</td>
<td>-4°F or -20°C</td>
<td>6-12 months</td>
<td>Store milk toward the back of the freezer, where temperature is most constant. Milk stored for longer duration in the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality.</td>
</tr>
</tbody>
</table>

Appendix K

BREAST FEEDING SURVEY

If it’s quick – it’s okay to warm breastmilk in the microwave

T     F

Shake the bottle of breastmilk vigorously to mix it well before feeding baby

T     F

Fresh breastmilk can be left out on the counter for 6-8 hours

T     F

If baby only drinks part of the breastmilk bottle, the rest can be put back into refrigerator until next feeding

T     F

Babies should be fed a bottle only after they start to cry

T     F
WORKING MOMS CLASS SURVEY

Was this class scheduled at a convenient day/time for you?

YES                             NO

If No: What is a better time/day for you?

Do you feel that the information from this class was helpful to you?

YES                      MAYBE     NO

Was the information presented in a way that you were able to understand?

YES                      MAYBE     NO

Would you recommend this class to other mothers who are planning to breastfeed and return to work?

YES                      MAYBE     NO

How long do you plan to breastfeed?

What is your baby's age?

When do you plan to return to work?

Please provide your email address to participate in follow-up study.