

babycafé USA

Report on Baby Café Services during 2017

Acknowledgements

The authors thank all the Baby Café facilitators for their hard work throughout the year, and for gathering and submitting the data for the Annual Return. We also thank our support personnel for compiling the submitted data for this report.

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Executive summary

Baby Café USA co-ordinates a network of community based breastfeeding support services throughout the nation. A Baby Café is a free-of-charge breastfeeding drop-in site staffed by skilled facilitators along with peer supporters and volunteers. Baby Cafés are designed to provide both social support and expert professional assistance to mothers with breastfeeding questions or issues, in the context of that specific community needs. Each session is either directly facilitated by an International Board Certified Lactation Consultant (IBCLC), or overseen indirectly by an IBCLC with alternative qualified breastfeeding counselors facilitating the weekly group. The sessions are held in an informal environment, with refreshments, comfortable seating and breastfeeding-positive messaging. Funding comes from a variety of sources, including Departments of Public health, community funds, or health grants. All Baby Cafés must adhere to the 12 Baby Café Quality Standards, as set out in their licensing agreement.

Standard 1: A named facilitator

The Baby Café has a named facilitator(s) responsible for ensuring that Baby Café model requirements are met, as set out in the License Agreement.

Quality Standard 2: A qualified facilitator

The Baby Café facilitator is experienced in helping and supporting breastfeeding families and is either:

- A qualified health professional, e.g. IBCLC RN, CNM, MD,
- A qualified alternative trained breastfeeding counselor e.g. WIC, CLC, LLL, LER

Quality Standard 3: Collaborative Relationships and Multidisciplinary Staff-

The Baby Café encourages community collaboration and a multidisciplinary range of staff and volunteers. This should include:

- Collaborative working with local health care professionals
- Links with children's services, community groups and voluntary organization
- Training and involvement of peer supporters and volunteers.

Quality Standard 4: A welcoming environment

The Baby Café provides a weekly drop-in which:

- Has a safe, inviting, comfortable environment
- Serves refreshments and snacks

Quality Standard 5: A combination of social and clinical support

The Baby Café provides both a social model of care and one-to-one breastfeeding support from a skilled practitioner, which:

- Attracts women to attend regularly, while ensuring there is always sufficient capacity for new mothers with acute breastfeeding difficulties.
- Responds empathetically to mothers' social and emotional needs
- Responds effectively to the clinical needs of each mother and her baby
- Identifies women and babies with additional physical or mental health needs and refers them to appropriate services

Quality Standard 6: Promoting and supporting breastfeeding at all stages

The Baby Café attracts antenatal and postnatal mothers and ensures that women feel encouraged to continue breastfeeding exclusively, or in combination with using formula for 6 months or longer, using peers as support and positive role models.

Quality Standard 7: Serving the whole community

The Baby Café is committed to serving all women and is promoted effectively so that mothers from all sectors of the community are aware of and feel motivated to access the service, receiving timely and appropriate breastfeeding information and support.

Quality Standard 8: An accessible service

The Baby Café is easy for mothers to access including:

- a place to park strollers

- close to public transport
- close to stores, health or family services or other amenities
- a conveniently located, affordable car park or off-street parking
- staff and/or peer counselors speaking community languages
- translation facilities available

Quality Standard 9: Referring appropriately

The Baby Café refers promptly and appropriately to other services as required, while maintaining confidentiality of the client and keeping records.

Quality Standard 10: High quality information

The Baby Café displays posters, leaflets and other 'easy to read', evidence-based breastfeeding information. These might include:

- preventing and resolving common breastfeeding difficulties, e.g. perception of too little milk, sore nipples, mastitis
- preventing and resolving less common breastfeeding difficulties, e.g. thrush, tongue tie
- Leaflets/posters on hand expressing and storing breast milk
- Pictures, displays or written information about the importance of support from family and friends
- Lists/posters of other sources of information, such as reliable websites.

Quality Standard 11: Regular review and improvement

The Baby Café team meets regularly to review their service and reflect on practice. Notes are kept of issues and action points and actions carried out to address these.

Quality Standard 12: Providing reliable data

The Baby Café facilitator keeps accurate records and submits required data:

- Attendance Stats
- Mom's Survey responses
- Annual Operational Survey via Survey Monkey

Annual Return 2017

In total there were 91 US Baby Cafés operating in 24 states in December 2017, an increase of 19 since December 2016. Colorado, Virginia and North Carolina opened their first Baby Cafés this year. 10 Cafés closed during 2017; 8 due to lack of funding or staff, 2 closed because their sponsoring Healthcare system decided to develop their own model of breastfeeding boutiques to replace the Baby Cafés.

69 eligible Baby Café facilitators were sent a link to an online Survey Monkey to report their activity during the period January 1st– December 31st 2017, **65 Cafés completed the Survey.** (Cafés that are part of a cluster, closed during the year, or opened less than 6 months prior to December 2017 were ineligible.) While all reporting Baby Cafés collected numbers of mothers present at every meeting, some Cafés were unable to obtain actual numbers of 2017 new mothers due to overlapping attendees from previous years, lack of staff to monitor actual sign-in consistency, and scheduled social events like picnics, etc.

The annual return was created using Survey Monkey software, and contained a series of questions relating to the 12 Quality Standards against which all Baby Cafés are monitored.

Results: Baby Cafés

National Scope 2017- 65 Baby Cafés out of 69 reporting

16,998 - face-to-face contacts with women nationwide during 2017

5.1 - average face-to-face contacts per Café meeting

4,931- new mothers in 2017

3,302 – total # of sessions

1, 488 – pregnant mothers

4,460 – attended once (estimated)

5,389 – attended 2-5 times (estimated)

5,262 – attended > 5 times (estimated)

Budgets/Funding -The average budget for a baby Café was **\$\$11,836.30/yr**, with Tier 1 Cafés being the most costly, and Tier 3 being the least, due to staffing qualifications and their wages. The majority of Cafés that were sponsored by Baby Friendly Hospitals and state Public Health Departments had funding assured for a few years in the future, while the Cafés that closed due to lack of funding most often started solely with short-term grants that ran out.

Meeting the Quality Standards

Annual returns data demonstrate that Baby Cafés are performing to the required high standards. Overall rates of self-reported performance showed continuous improvement, with 80% of Baby Cafés meeting all the 12 Quality Standards and 20% working on meeting the standard.

Table 1: Number and percentage of US Baby Cafés meeting each Quality Standard in 2017

| | Quality Standard | Meets the Standard | | Working towards the standard | |
|----|-----------------------------|--------------------|-----|------------------------------|-----|
| | | n | % | n | % |
| 1 | Named facilitator | 60 | 80% | 5 | 20% |
| 2 | Qualified facilitator | 64 | 98% | 1 | 1% |
| 3 | Collaborative relationships | 51 | 78% | 8 | 22% |
| 4 | Café environment | 55 | 85% | 3 | 5% |
| 5 | Social model of care | 64 | 98% | 1 | 1% |
| 6 | Breastfeeding continuation | 51 | 78% | 5 | 20% |
| 7 | Diversity | 51 | 78% | 4 | 3% |
| 8 | Transport and access | 50 | 77% | 5 | 10% |
| 9 | Referral | 53 | 82% | 2 | 3% |
| 10 | Information | 52 | 80% | 3 | 5% |
| 11 | Review and improvement | 50 | 77% | 5 | 20% |
| 12 | Reliable data | 39 | 60% | 16 | 4% |

64 Cafés of the 65 for whom data are available reported that they had a suitably qualified Lead Facilitator- the one exception had a change of staff and is recruiting a new facilitator.

85% of the Cafés said their environment met the standards, while 5% were actively working to obtain more comfortable seating and surroundings.

82% reported they had appropriate processes for referrals, while over 75% said they met the required standard for collaborative relationships, breastfeeding continuation, diversity, and met regularly for review and improvement (see table 1).

Only 60% of Cafés said that they met the standard for reliable data collection, the failures stating that they are understaffed and find it time-consuming and difficult to meet deadlines for submission.

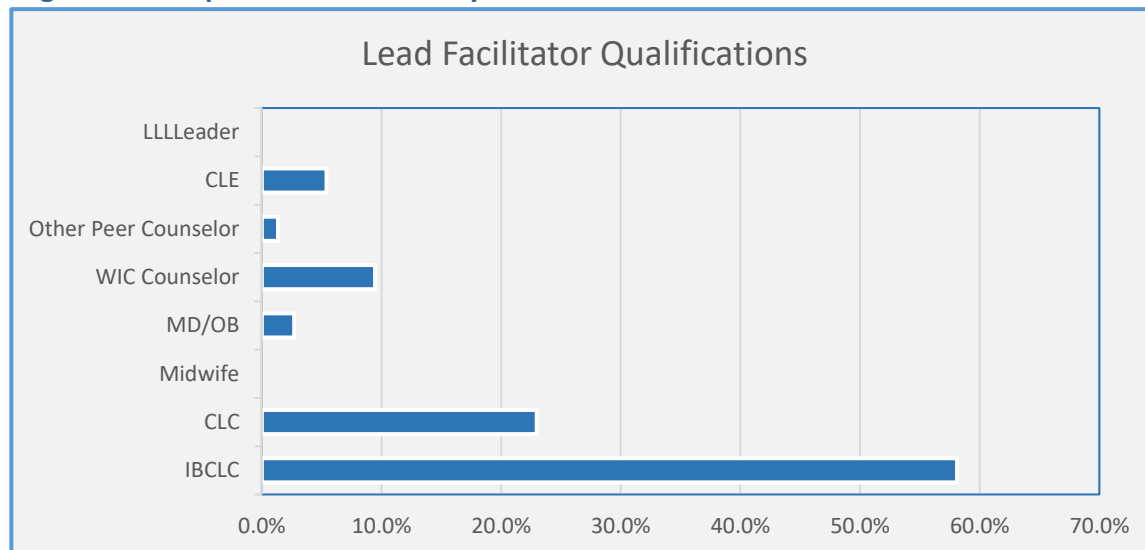
Quality Facilitators and Staffing-:

Each Café was staffed by an average of 1.5 paid staff each week and 1 volunteer. Some Baby Cafés struggle with locating adequate staffing, particularly in rural and depressed areas where qualified lactation professionals are scarce. A few Café staff also reported that their institutions were less than eager to give financial support and validation for community breastfeeding support, resulting in unstable Café programs.

Access to professional care – Baby Café quality standards require a named Lead Facilitator(s) who is skilled and experienced at counseling breastfeeding women and families.

58% of Baby Café Lead Facilitators were IBCLCs (Internationally Board Certified Lactation Consultants), 23% were CLCs (Certified Lactation Counselors) and 10% WIC Peer Counselors, with many having several of these titles concurrently. (see figure 1).

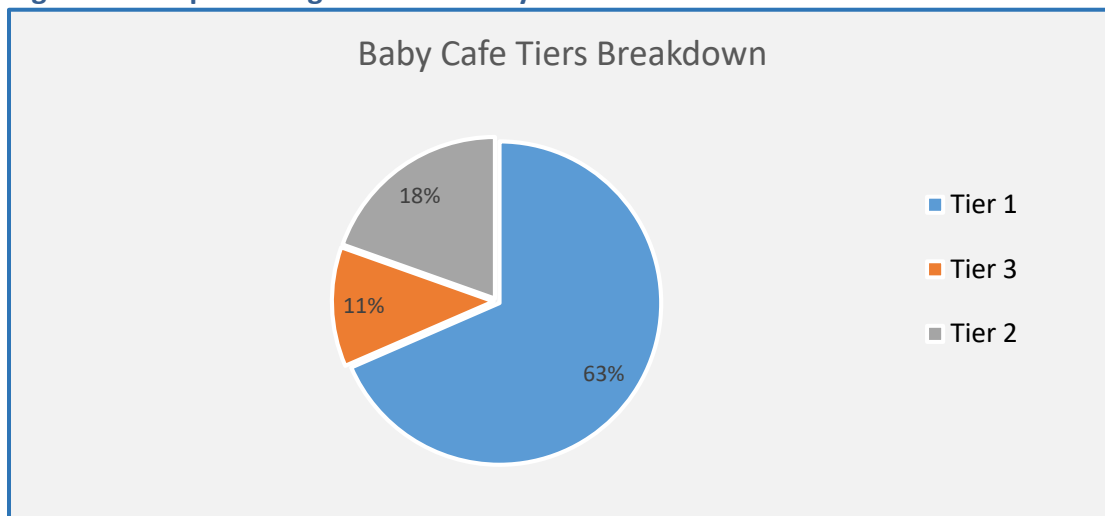
Figure 1: The qualifications of Baby Café Lead Facilitators



Tier models - US Baby Cafés are divided into three tiers according to the level of staffing with 63% falling into Tier 1, 11% in Tier 2 and 18% in Tier 3. (see figure 2 below) 99% of those in Tiers 2 and 3 said they had an IBCLC for referral, free of charge to mothers.

- Tier 1- IBCLC present at all Café meetings
- Tier 2- IBCLC present at EVERY OTHER Café meeting, other meetings Alternate Staffing
- Tier 3- Alternate Staffing at every Café meeting, may be a combination of: a. 2 CLCs; or b. 1 CLC + 1 WIC Peer Counsellor; or c. Midwife/OB/MD + WIC PC; or d. 1 La Leche League Leader + 1 CLC

Figure 2: Tier percentages of 2017 Baby Cafés

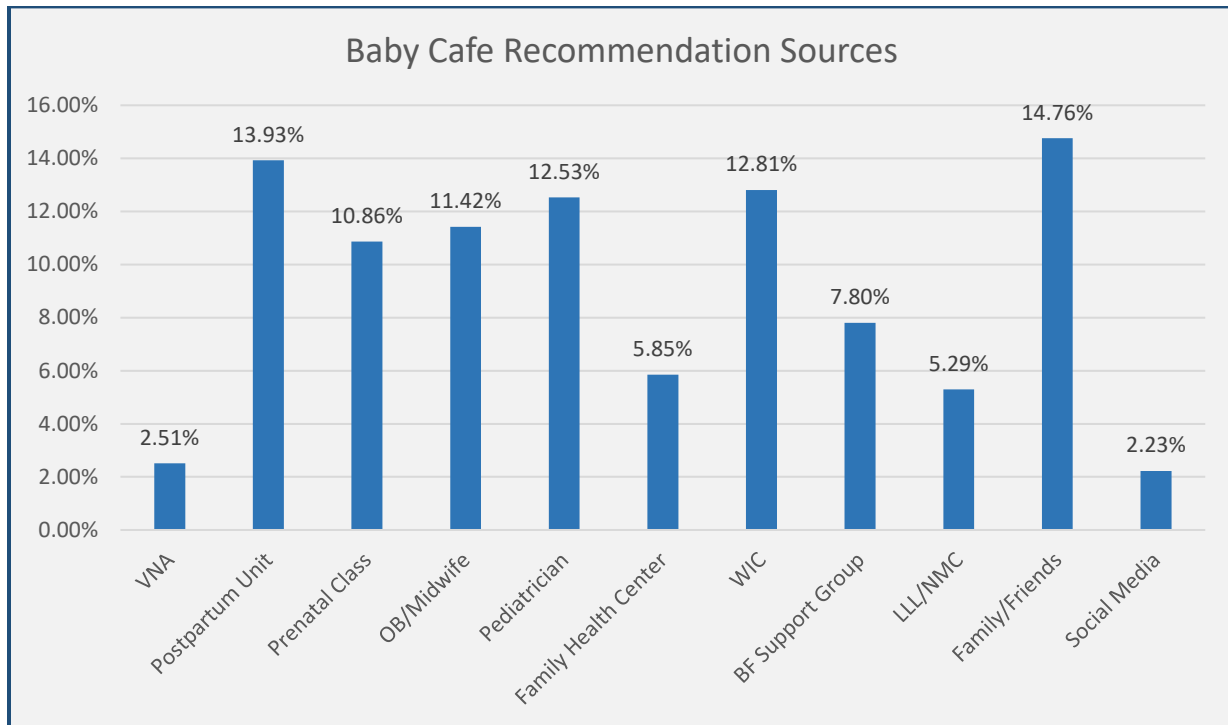


Collaborative Relationships:

Links to other services

Almost all reporting Baby Cafés were part of wider strategies to improve breastfeeding rates in their area. They funding bodies were most often from grant generated to improve state breastfeeding rates and reduce disparities. Baby Cafés are encouraged to make connections to all services in their communities that provide health and/or social opportunities to families with young children. These include services focusing on low-opportunity families as well as middle and upper income organizations. (see figure 3)

Figure 3: Sources Recommending Mothers to Baby Cafés



“Our organization is part of the statewide Creating Breastfeeding Friendly Communities Grant. We are located in a new library on a bus route with high pedestrian traffic and in a low-income area “

“We have had mothers, fathers and grandmothers attend nearly every session. Many that stop by to just see what the Baby Café has to offer have come back for varying levels of support. We have had several media spotlights on the Baby Café which include print articles, TV and social media.”

“We have grant funding through NACCHO (National Association of County and City Health Officials) "Reducing Disparities in Breastfeeding through Peer and Professional Support". This is a cooperative agreement with the Centers for Disease Control and Prevention (CDC) to increase implementation of evidence-based and innovative breastfeeding programs, practices and services at the community level. The Breastfeeding Project specifically focuses on provision of peer and professional lactation support to breastfeeding mothers in predominantly African American and under-served communities’

“Baby Café is a joint effort headed by the local breastfeeding coalition including hospital, health department, WIC, La Leche League and child development programs in the community. Our

goal and objectives are focused on increasing duration rates by providing support to breastfeeding families”.

Involvement of peer supporters and volunteers – Volunteers and peer supporters play a key role in providing a welcoming environment for women attending the service and ensuring ongoing social support throughout the breastfeeding journey.

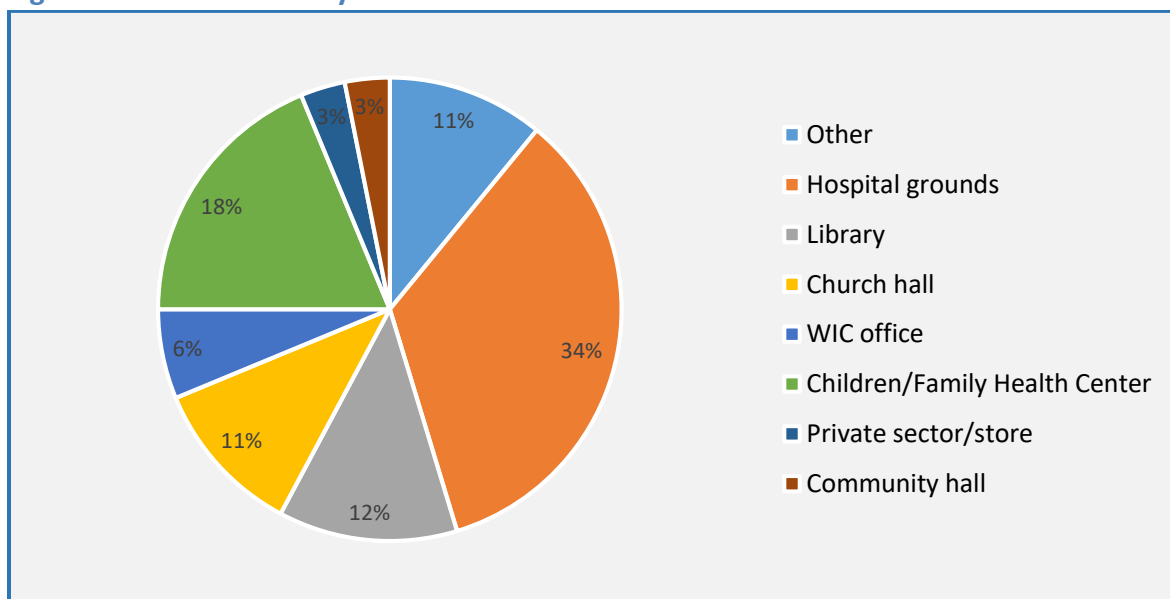
- Baby Cafés received an average of 282 volunteer hours per Café during 2017, with 22 Cafés reporting WIC Peer Counselors on staff.
- 50% of the Cafés reported actively training women at their Café using one of the following training programs: Baby Café Breastfeeding Counselor, ROSE Community Transformer, Certified Lactation Counselor, or WIC Peer Counselor.

Welcoming Facilities:

All 2017 reporting Baby Cafés, except one, were in donated space, emphasizing the Baby Café model as a free community service, and welcoming to all public.

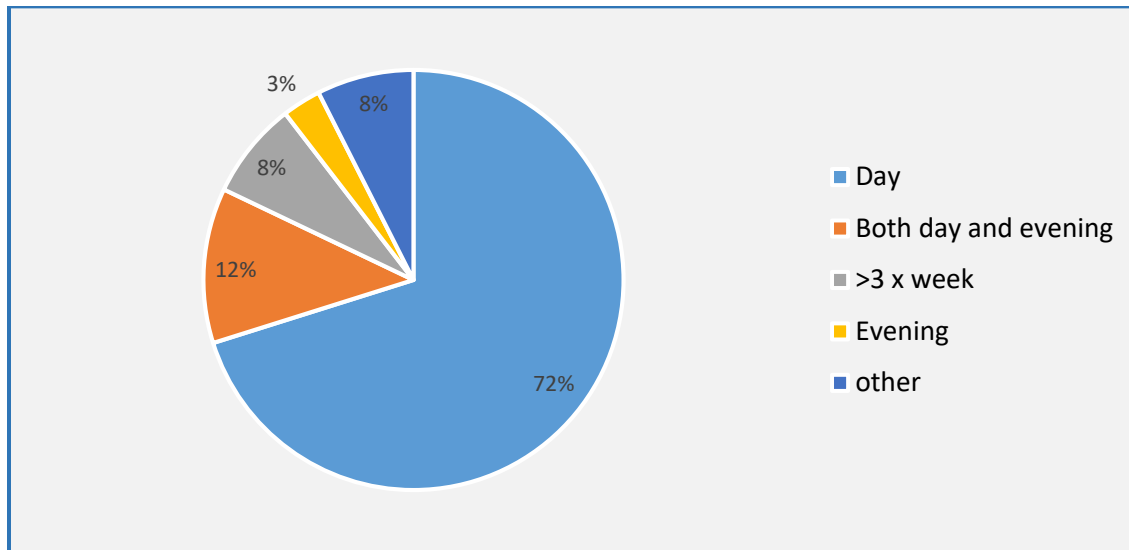
Locations – Baby Cafés were held in a variety of locations, most commonly in health facilities including hospital premises or Health Centers, with other locations including church or community halls, WIC (Women, Infants and Children) Centers and libraries (see figure 4).

Figure 4: Location of Baby Cafés



Frequency of Meetings – The majority of Baby Cafés were open once a week- this ensures adequate weight checks by the IBCLC for babies facing slow weight gain, a common issue. Some Cafés, due to funding constraints were only open every other week, or once monthly. Cafés reported that requests from working mothers led them to add evening meetings. (see figure 5)

Figure 5: Open Times of Baby Cafés



Environment – 85% of the Cafés reported that they met the required facilities standards: 100% of those who responded provide toilets and a place to dispose of diapers hygienically, a diaper changing area, cold drinks and fruit or other snacks. 83% also offer comfortable seating. 100% of Cafés also offered a private area for consultation. 39% of Cafés had toilet facilities for siblings, and 43% a child play area. (Facilitators comments in italics below)

“Due to our location, we don't have access to any space other than conference rooms, therefore, we can't designate a play area or have amenities such as special toilet facilities for siblings.”

“We have a place for one storage cabinet, but because we are located in a shared meeting space and office spaces in a community building, it is difficult to store the items we would like to include at the Café and we have to take everything in and out each time.”

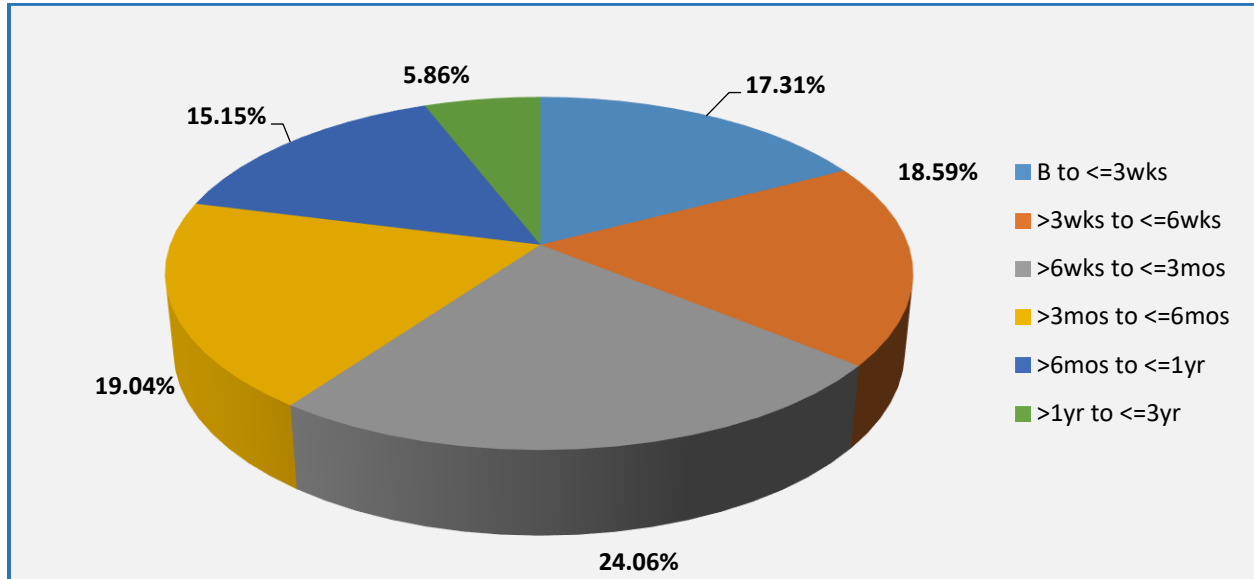
“A storage room for scales, food, children's toys, etc is down the hall. A spare key is not available, and we have to track down someone every week to open it. If budget allowed we would have a cabinet in the conference room to store equipment.”

“Grant funding for food/beverage is difficult to secure.”

Social and Clinical Support:

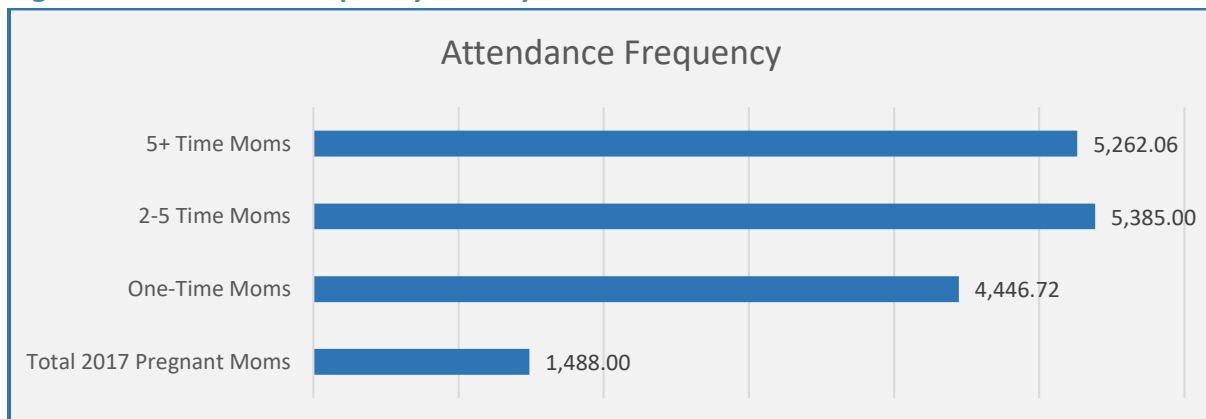
Attendance- Mothers most commonly first attend Baby Café when their baby is aged B- 3 weeks but the largest age group attending Baby Cafés overall is 6 weeks-3 months (24%), a time when routine support tends to drop away and women are left struggling with ongoing feeding issues as they prepare to return to work. (see figure 6).

Figure 6: Attendance Babies' Age Groups



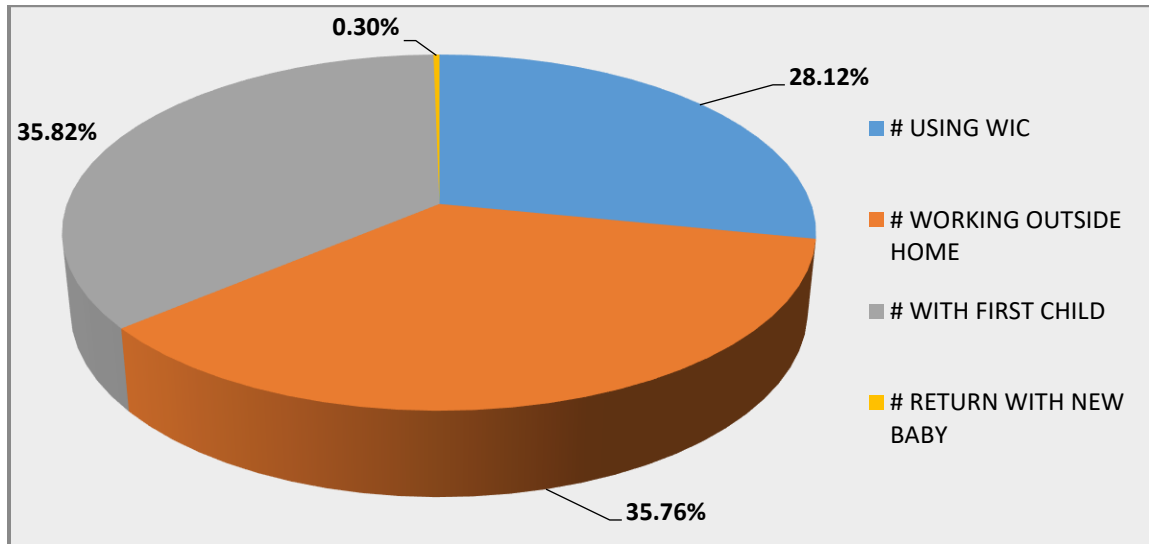
Continual support – 74% of women attended Baby Cafés more than once and 31% attended five or more times, suggesting that the service is successful in providing a social model of care for ongoing breastfeeding support. Qualitative feedback from women suggests that they value the continuity of care provided by a named facilitator and ongoing social support and role modelling from peer supporters and other breastfeeding mothers. (see figure 7)

Figure 7: Attendance frequency of Baby Café Mothers



Miscellaneous Demographics - 35% of mothers attending were first-time mothers, and fair proportion of women were using the WIC nutritional program, 28% of the total attending. 36% overall were planning on returning to work outside of the home. (see figure 8)

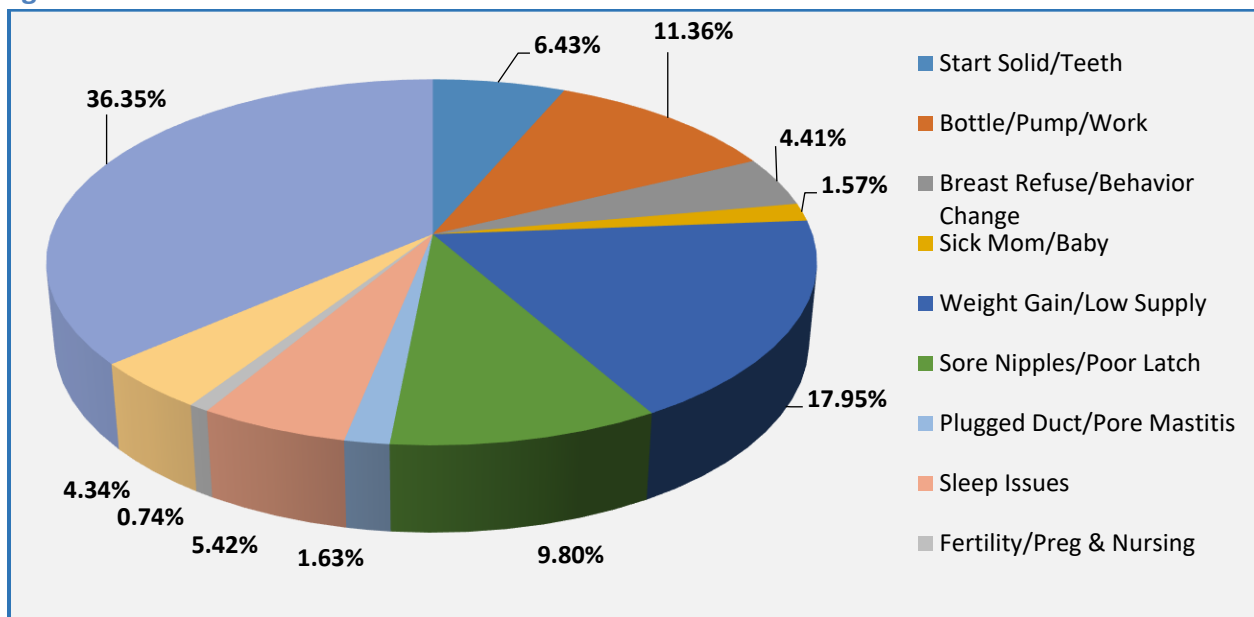
Figure 8: Miscellaneous Demographics of Baby Café Mothers



Mothers’ Presenting Issues-

Mothers come seeking help with a variety of issues during the year. Discounting the continued attendance for social reasons, the most common presenting issues are poor weight gain/low supply (18%) and sore nipples/poor latch (10%). These are also the major causes for medically ordered supplementation for formula, and premature cessation of breastfeeding. (see figure 9)

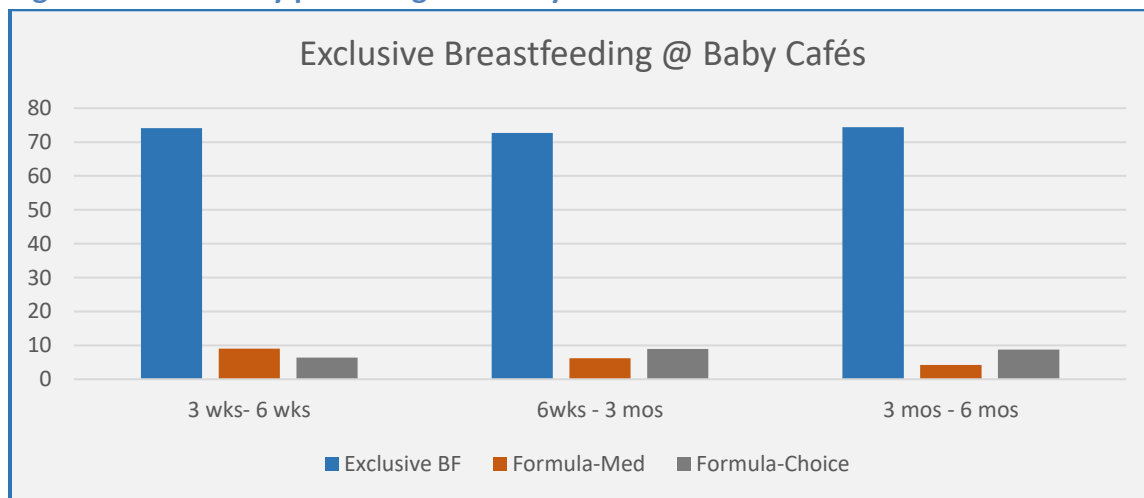
Figure 9: Issues Mothers Presented with at Cafe-



Breastfeeding Exclusivity –

Breastfeeding exclusivity rates were tracked on attending babies at various age points, at every meeting. The data is entered by each Baby Café Facilitator, and returned to BCUSA for evaluation. Of the 16, 981 attendances at Cafés in 2017, 74.14% of 3-6weeks age were exclusively breastfed, 72.67% of 6weeks-3 months age were exclusively breastfed, and 74.43% of 3-6 months age babies were exclusively breastfed. (see figure 10)

Figure 10: Exclusivity percentages of Baby Café Mothers



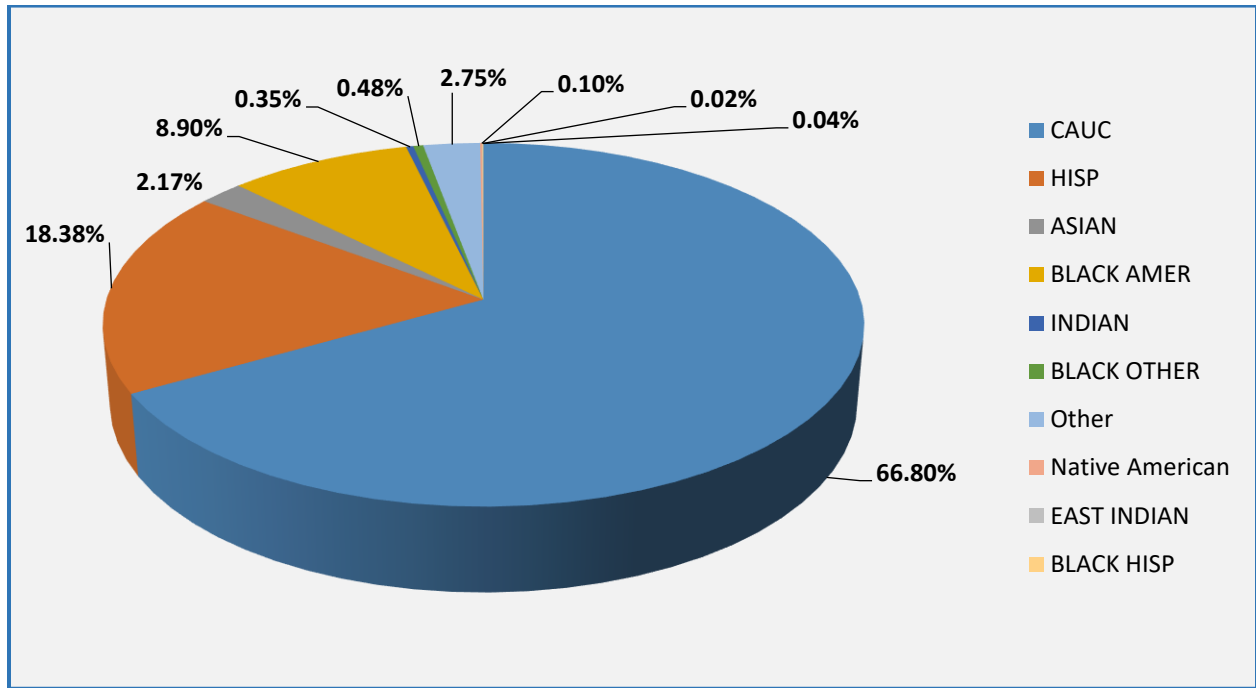
Rates of formula use for a medical reason (low weight gain d/t poor latch, low supply) dropped over attendance, most likely due to the cause being discovered and fixed with guidance from the facilitator. There was an increase of formula supplementation being used by moms' choice beginning at 3 months post-partum; this is often caused by moms returning to work and pumping. There are higher rates of formula supplementation by choice in the states faced with racial and economic disparities for mothers in the workplace.

Serving the Whole Community:

Inclusion and Diversity -

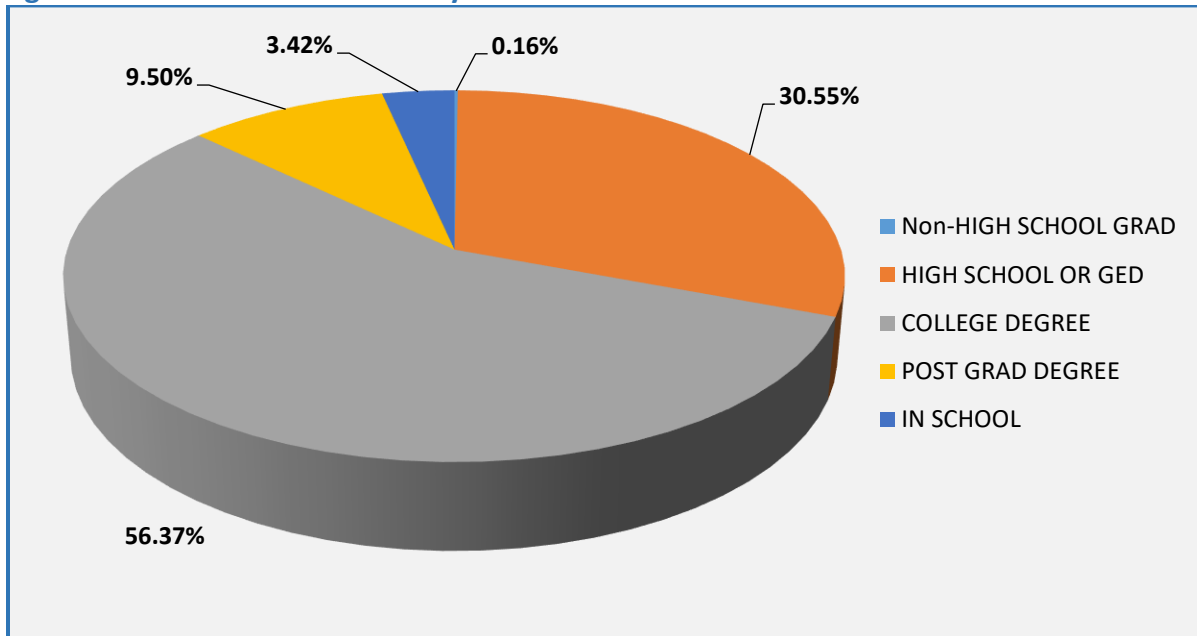
Demographic data was gathered on all the approximate 5000 different 2017 attending mothers, including education levels, age, and whether the mother is using the WIC program. Baby Cafés are encouraged to collaborate with community organizations and programs in efforts to normalize breastfeeding and to increase access for parents to appropriate care. Many Cafés are supported by HHS funding and block grants, and are sited in areas experiencing disparities in healthcare. (see figure 11)

Figure 11: Ethnicity of Baby Café Mothers



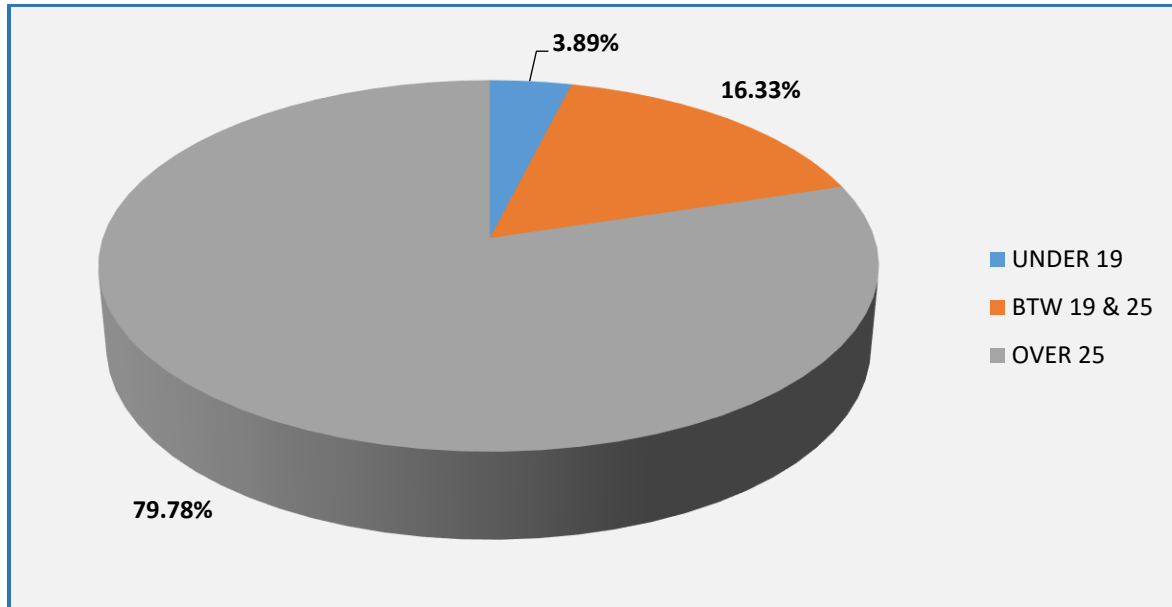
Mothers sign in the first time they attend a Baby Café, checking off their demographics on labeled sheets. Some Cafés report difficulty making sure all mothers fill out the demographics sheet, as mothers arrive at different times during the meeting. The Cafés also report occasional language barriers, or reluctance to leave personal information. 4497 mothers chose to answer the education level question, although 5212 chose to answer the age question.(see figure 12)

Figure 12: Education levels of Baby Café Mothers



Efforts are made by Baby Cafés to collaborate with WIC, Head Start, and programs targeting areas at risk. Over the last half of 2017 and the beginning of 2018, there was an increase of Baby Cafés opening in states experiencing very low breastfeeding rates and resultant poor health, such as MS, LA, and NC. These areas also have younger mothers attending with lower education levels compared to Cafés in the Northeastern states. (see figure 13)

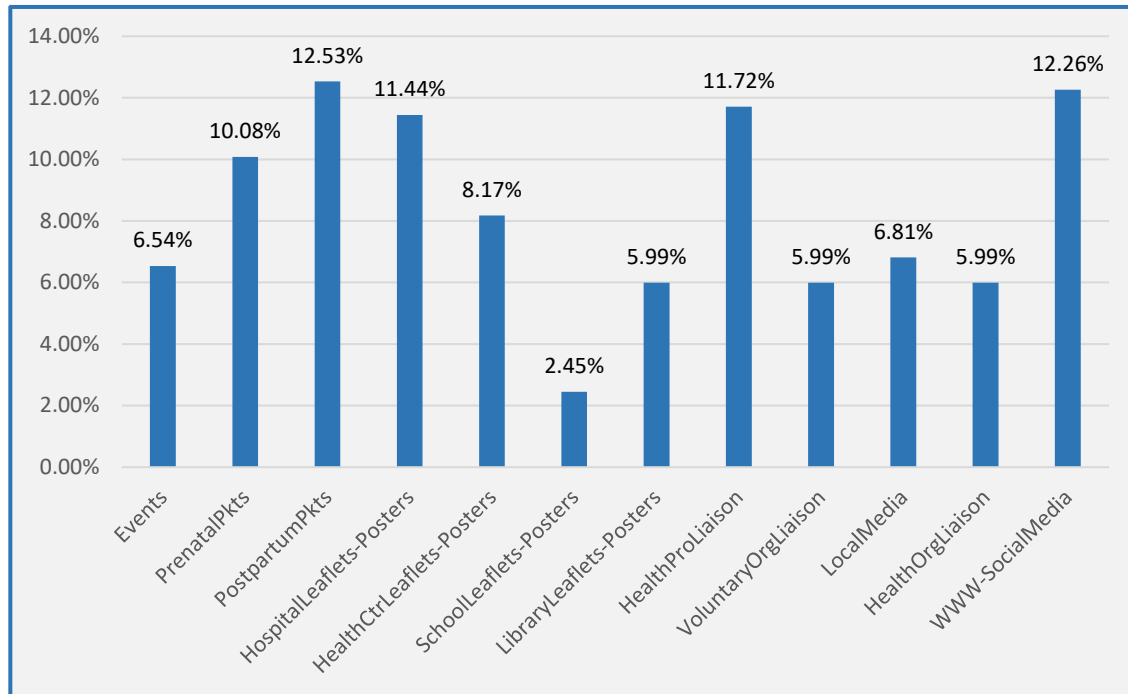
Figure 13: Age groups of Baby Café Mothers



Promotion- Licensed Baby Cafés have use of the trademarked logo to use to promote their service, as well as password-protected access to a web-based resource bank containing publicity materials. The facilitators also have access to a Facebook discussion group where they can post ideas and questions about building attendance or handling issues. The Cafés are encouraged to reach out to local media and present their model at conferences and collaborative meetings, as well as health care facilities.

All Baby Cafés actively promoted their services using what was available in their areas, with all reporting using some version of Social Media, and most were able to put fliers in postpartum hospital packets. Some Cafés reported innovative ideas, such as speaking at a local air force base, hosting community “Baby Showers”, and using community Coffee Houses. Word of mouth from other mothers was reported as responsible for increasing the numbers of attendees over time. (see figure 14)

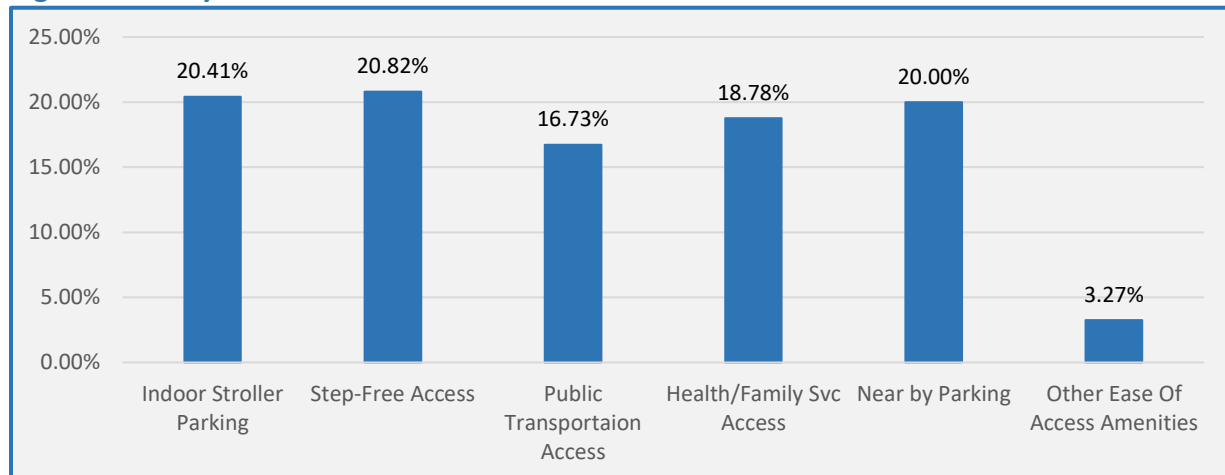
Figure 14: How Baby Cafés advertise and promote their services



Accessibility:

Baby Cafés are encouraged to seek sites that maximize accessibility for parents- these include having adequate parking, space for strollers during Café meetings, wheelchair ramps, and close to public transportation. It is advisable to also try to locate the Café in a public area close to shops and areas where mothers congregate for social reasons, ie; the state of Virginia has begun an initiative to open Cafés in community coffee houses and Buffalo NY operates a Café in a local soup kitchen serving homeless shelters. (see figure 15)

Figure 15: Baby Cafés Ease of Access

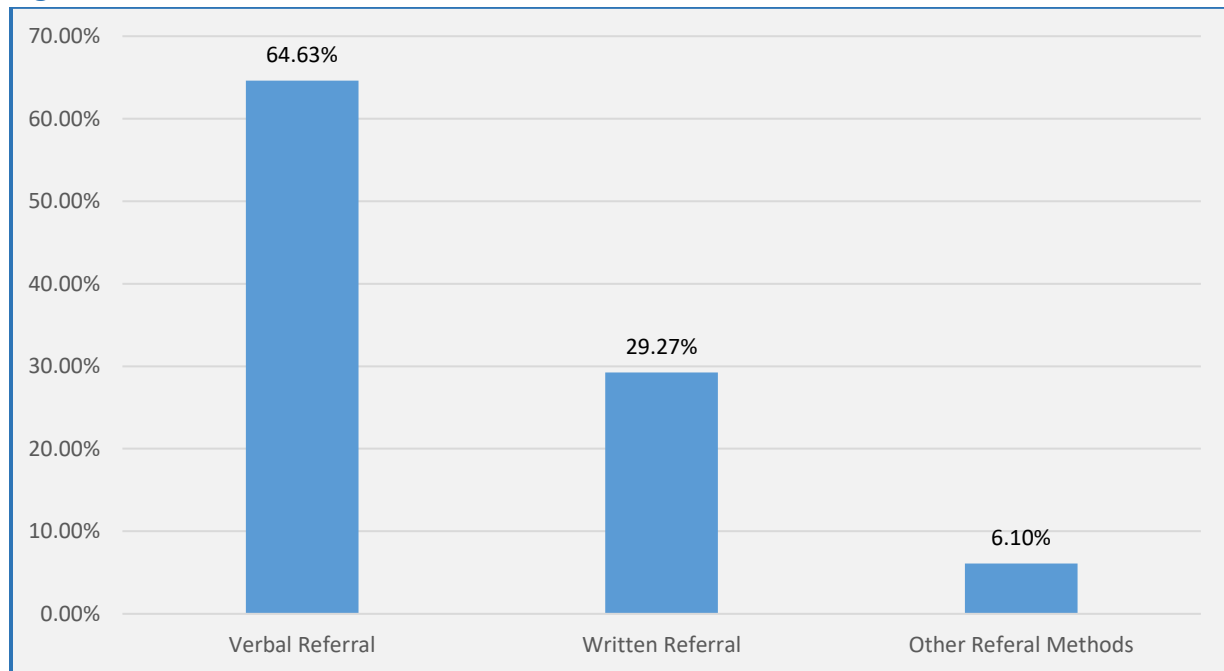


Appropriate Referrals:

The reporting Baby Cafés made an approximate total of 102 direct referrals or recommendations to a health professional not directly involved in the running of the service during 2017. 53 Cafés routinely made verbal referrals, while 24 made written referrals, with 3 Café reporting calling MDs directly. (fig 15)

2 Cafés each reported making a referral for a mother reporting an unsafe home situation involving domestic violence, making a total of 2.

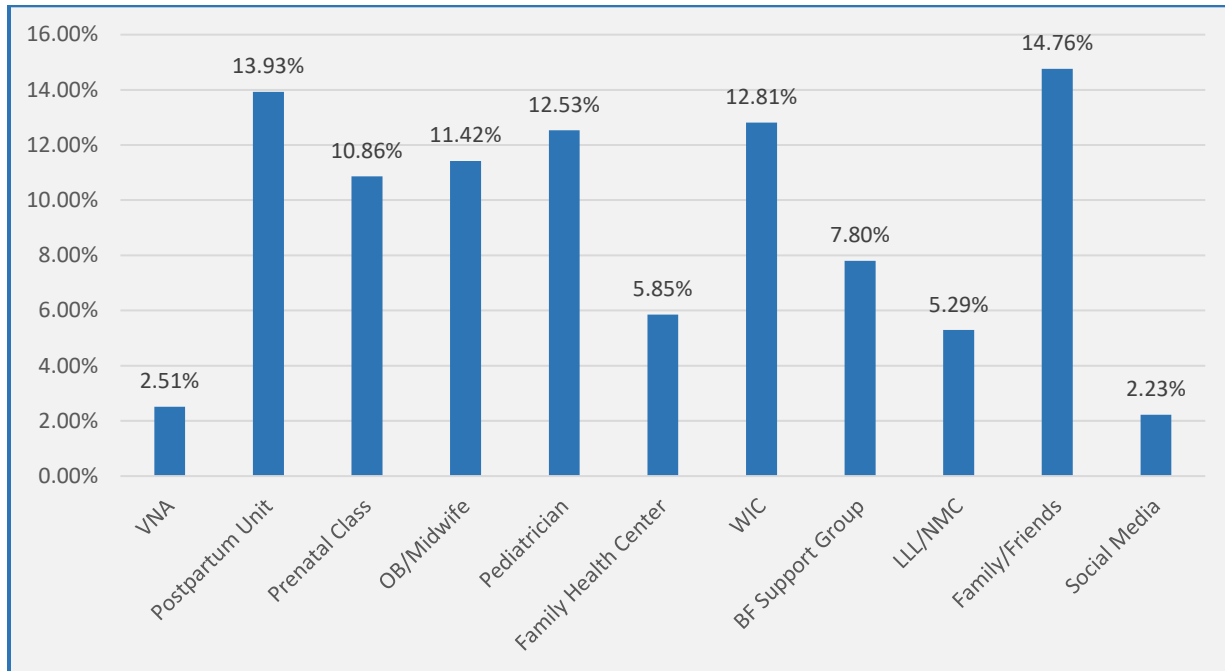
Figure 15: Direct referrals and recommendations to other health services



IBCLC Professional Referrals- Baby Cafés that are not staffed by IBCLCs (Tier 2 and 3) made recommendations to WIC offices, other supportive organizations, or referred mothers with complicated situations to IBCLCs.

Professional referrals from Baby Cafés to specialists or other health care practitioners were made only by IBCLCs, and were accompanied by written recommendations for assessment following the standards for the IBCLC scope of practice. Baby Café IBCLCs were most likely to refer to pediatricians, obstetricians / midwives, WIC services and tongue tie clinics / specialists. (see figure 16)

Figure 16: Direct Referrals for Professional Assessment



Review and Improvement:

The annual operational survey provides an opportunity for facilitators to reflect upon practice and continuously review and improve their service. Pro-active support and initial webinar training from the Baby Café team is in place to help all Baby Cafés achieve the Quality Standards.

77% of US Baby Cafés were able to meet the standard for continuous review and improvement during 2017. Where Cafés did not meet the standard this tended to be because meetings were informal and written records were not taken, something that Cafés aimed to work towards in 2016.

Baby Cafés often struggle to get continued funding, and report that they frequently are understaffed, with a single IBCLC facilitating the Café, and being responsible for gathering and reporting the detailed statistical and outcome data required by Baby Café USA. Most staff is paid for only the actual hours they are at the Café, with minimal extra time allowed for data reporting.

‘It can be difficult to have regularly scheduled meetings with all cafe staff members since most have other full-time jobs. We aim for monthly meetings, but occasionally it is impossible for all staff members to attend each meetin.’

Examples of issues raised during meetings and acted upon to improve the service included:

“We have had some funding challenges and are working on writing grants for 2018. “

‘It is a challenge to connect with moms for follow up phone calls at 6 months and 1 year. We have tried leaving messages and sending emails, but it continues to be a challenge to get ahold of mothers who no longer attend baby Café.”

“A challenge was being able to handle 20+ talking mom and babies early on in the meetings. Also, I've had people come that want to give out their business cards and offer their own advice. All was handled with care.”

“There was low attendance in the winter months during especially cold weather. We are hoping that during the spring and with more pedestrian traffic our attendance will resume back to normal. “

“Low participation, especially after some changes in staffing. Finding a location, receiving funding, and submitting data have been challenges. The facilitator is actively looking for funding, and location that will be permanently in place without possible threats. So far the organization has been accommodating and helpful.”

Keeping accurate data

45 of the 69 Cafés were able to meet the standard for reliable data collection. In addition to the data required for the Baby Café annual return, Baby Café USA has two additional requirements – that facilitators submit quarterly Excel spreadsheets to Baby Café USA and that the facilitators make call-back to mothers attending the service when the Baby is >1 year old for feedback. These requirements are hard to meet with an unsophisticated collection method, although the methods has been greatly improved for 2018. Where Cafés did not meet the standards this was often because they did not have time / staff to complete the required data collection. Those who had attempted the 12 month mothers’ outcome survey reported difficulties in contacting the mothers, meaning that data was often incomplete. However, where such data is available it could provide a valuable resource for evaluation and continued improvement of the service.

Conclusion

The Baby Café mission is to provide a social model of community-based support for breastfeeding mothers in a Café-style environment, with access to expert breastfeeding practitioners and prompt referral for additional care when necessary. The findings of this report show that the Baby Café network is successful in providing this social model of care for women.

Cafés provide professional support for new mothers and work closely with local healthcare providers to give women opportunities for extra care where needed.

Baby Café facilitators are well aware of the challenges of providing care for women from all sectors of the community and this is a priority going into 2018 and beyond. Similarly, having accurate data on each Café's activities will help Baby Café to evaluate and monitor its services to ensure that this high-quality care continues. 2017 has seen a continued increase in the numbers of Baby Cafés meeting each of the 12 Quality Standards and improved response rates data collection and reporting.

