

How Healthcare Providers Promote and Support Breastfeeding

Findings from Focus Groups with Healthcare Providers and Mothers of Infants

Prepared for South Plains Community Action Association, Inc.

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research + campaigns = behavior change

Acknowledgments



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Introduction

In 2019, SUMA Social Marketing, Inc. (SUMA) conducted research for South Plains Community Action Association, Inc. for the purpose of determining ways to increase the number of women who meet medical recommendations for breastfeeding. The goals of the research include:

- Explore healthcare providers' perceptions, thoughts, and experiences around providing breastfeeding support to their patients
- Explore the experiences of Texas mothers to better understand how to improve breastfeeding support at the healthcare-provider level
- Investigate partnership opportunities between WIC and healthcare providers to support breastfeeding mothers
- Gauge knowledge of WIC services
- Test WIC materials for understandability, appeal, usability, and effectiveness in motivating the target audiences to engage in specific behaviors

Methodology

SUMA conducted four focus groups with a total of 24 healthcare providers, including 12 pediatricians, 7 Ob/Gyns, 2 women's health nurse practitioners, and 3 pediatric nurse practitioners. The groups were held in San Antonio, Dallas, Tyler, and Lubbock. All providers were screened prior to the focus groups to ensure that they see Medicaid patients, although there was a wide variety in the percentages of Medicaid-eligible women that they serve. See Appendix A for the screener used to recruit participants.



Table 1 offers a summary of the participants of the provider's groups.



Table 1: Provider's Focus Group Participants (N=24)

	Specialty	Practice Type	Participants
Dallas	OB/GYN	Private Practice/Clinic	1
	OB/GYN	Small Practice	3
	Pediatrician	Large Practice	1
	Pediatrician	Private Practice/Clinic	1
San Antonio	OB/GYN	Private Practice/Clinic	1
	OB/GYN	Small Practice	2
	Women's Health Nurse Practitioner	Hospital	1
	Pediatrician	Private Practice/Clinic	2
Lubbock	Women's Health Nurse Practitioner	Large Practice	1
	Pediatrician	Private Practice/Clinic	3
	Pediatrician	Large Practice	1
	Pediatrician	Hospital	1
	Pediatrician	Federally Qualified Health Clinic	1
Tyler	Family Nurse Practitioner	Hospital	1
	Family Nurse Practitioner	Small Practice	1
	Pediatrician	Small Practice	3



Four focus groups of Texas mothers were conducted in Dallas, Tyler, Lubbock, and San Antonio. Focus group participants were recruited from a sample of female WIC clients and non-WIC clients that would have been eligible to enroll with children younger than 12 months old that they had breastfed for at least three weeks. These participants were of various races, ethnicities, relationship statuses, and education levels. The groups included a mix of first-time moms and those who had already had children before. Some of the women worked full time, some part time, and some were stay-at-home moms. Eight women participated in each group, for a total of 32. See Appendix B for the screener used to recruit participants.

Table 2 offers a summary of the participants of the women's groups.

Table 2: Women's Focus Groups Participants (N=32)

	Race/Ethnicity	WIC Status	Participants
Dallas	African American	On WIC	4
	African American	Not on WIC	2
	White	Not On WIC	2
San Antonio*	Hispanic	Not on WIC	3
	Hispanic	On WIC	5
Lubbock	Hispanic	On WIC	2
	Hispanic	Not on WIC	4
	White	On WIC	1
	White	Not on WIC	1
Tyler	White	On WIC	2
	African American	On WIC	4
	African American	Not on WIC	1
	Hispanic	On WIC	1

*Group conducted in Spanish



Qualitative research is defined as studies that focus on why and how things happen and that do not use numerical data as their primary facts. The focus group findings are qualitative in nature, meaning that they seek to answer questions of “why,” “how,” “when,” and “what,” but not about “how many.” Consequently, they should be considered directional rather than definitive.

Executive Summary

Providers

A notable number of providers said that the education women receive on breastfeeding is not sufficient. They reported that most of their patients want to breastfeed and know it is the healthiest choice, but the majority are unsuccessful for a variety of reasons. In most cases, breastfeeding education offered by providers is limited. Providers said they themselves received limited education about breastfeeding in medical school, and that what information they did receive about breastfeeding in medical school focused on treating medical problems such as mastitis, rather than on assisting mothers with common problems such as latch issues. Time is also a barrier for providers, who see between 25 and 35 patients per day for an average of ten minutes each. The majority of the providers in the focus groups rely on lactation specialists at the hospital or in the community to help their patients with breastfeeding challenges. Some would be receptive to continuing education on breastfeeding topics and recommended including it in their annual recertification process.

The degree to which providers discuss breastfeeding with their patients varied. Some providers bring it up at the first appointment and revisit it throughout the pregnancy; others first mention it in the second or third trimester. After delivery, once the mother is released from the hospital, Ob/Gyns typically do not see her again until the six-week postpartum visit, so the time they have to address breastfeeding is limited. Pediatricians said they assess breastfeeding when they see the newborn for the first time and then again when the mother and baby come for a checkup.

Some providers offer brochures and support information and encourage expectant mothers to take a class at the hospital if it is offered. In some communities, providers have limited knowledge of breastfeeding resources. Providers from larger practices were more likely to offer classes or have staff that can help a woman with a challenge, but many providers do not have this support. They simply recommend anyone who needs help to a lactation specialist.

Although most providers strongly encourage and support breastfeeding, they are also cognizant of the difficulties some women experience and understand that the stress of



breastfeeding can be detrimental to the well-being of both mother and baby. Several female providers who had had personal experience with breastfeeding reported that this hands-on experience was very helpful in assisting their breastfeeding patients. Male providers said they recognize that their lack of experience is a hindrance when discussing breastfeeding with their patients.

In all groups, most providers lacked knowledge about WIC's breastfeeding support. In Lubbock and Tyler, WIC came up unprompted in discussions about community support for breastfeeding. In contrast, in Dallas and San Antonio, WIC was mentioned as a resource for breastfeeding only when the moderator asked a question specifically about WIC. In Dallas and San Antonio, many providers' top-of-mind thoughts of WIC's offerings were testing for anemia and baby formula. Some providers expressed concern that they might offend patients by recommending WIC, but once they saw the quality of the WIC materials and the breastmilkcounts.com website, many changed their minds.

Providers said the best strategy for educating them about what WIC has to offer in terms of breastfeeding was for WIC staff to visit their office, talk to the office manager, and leave behind materials about WIC. They want information about WIC staff qualifications, a description of services, and information about what happens when someone makes an appointment. They also want samples of materials and a simple way to receive them if they choose to distribute them. In three communities, providers mentioned wanting to know more about nutrition education and wondered how WIC can help support obesity prevention.

A variety of materials were tested in the provider groups. The materials that tested the best were the push card, the prescription pad, the *Breastfeeding Guide*, and the *Your Guide to Raising a Healthy Child* and *Help My Child is a Picky Eater* pamphlets. Almost all providers were very impressed with the website breastmilkcounts.com. Most would refer patients to it. Some providers spontaneously expressed surprised with the high quality of the WIC materials and were eager to share them or direct their patients to them.

Other items, including the *WIC Can Help* flyer designed for physicians, the provider letter, the flipchart developed by Harris Methodist Hospital, the *5 Ways WIC Can Help Your Patients* one-pager, and the *WIC Partner Training* postcard about provider continuing education programs, had a lukewarm reception. Most providers did not remember receiving a letter from WIC describing services.

Women

While most participants had planned to breastfeed their youngest child for an extended period of time, after the baby was born many encountered obstacles that reduced the total length of time that they breastfed. These obstacles were largely related to



mechanical issues with getting the new baby to latch and/or using breast pumps. A few participants had positive, successful breastfeeding experiences because their children latched easily, but several spoke of feeling unprepared to breastfeed, and many encountered latch issues.

When asked what sort of breastfeeding support they would have liked, several women said they needed more hands-on instruction after the baby was born. In each group, participants brought up sources of local breastfeeding support that were unfamiliar to other participants, such as La Leche League and Baby Cafés. This may indicate that many women were not able to get hands-on help when they needed it because they did not know that these resources were available.

Several women said that breastfeeding at home turned out to be different from breastfeeding at the hospital. They said that shortly after giving birth, they had support and guidance from hospital staff, but when they brought the newborn home, they faced new breastfeeding challenges that they were not prepared for. Many women remarked that breastfeeding success varies greatly from child to child. Some of those who had previously breastfed initially felt prepared to breastfeed this baby too, but in reality it was a very different experience.

In all four cities, many participants said family members and WIC made them want to breastfeed their most recent baby. The most common reasons participants gave for wanting to breastfeed were to save money, to bond with the baby, to improve the baby's immune system, and because breast milk is good for the baby.

Many participants said their Ob/Gyns were not a helpful breastfeeding resource. Some said their Ob/Gyns may have asked them, while they were pregnant, if they planned to breastfeed and may have explained some of the benefits, but most said their Ob/Gyns did not offer support concerning the mechanics of breastfeeding. This means that some of the participants understood how beneficial breastfeeding is and made a plan to breastfeed while pregnant, but were not prepared to address the technical challenges of latching and pumping that arose after their babies were born.

Participants in each city except for Tyler said they received a high level of breastfeeding support at the hospital. For some, this support extended past their hospital stay in the form of follow-up phone calls from lactation consultants or trips back to the hospital for additional hands-on assistance.

Participants in all four cities said they had received valuable, hands-on breastfeeding support from WIC. WIC is perceived to be a pro-breastfeeding institution, and participants said WIC staff can help women get breast pumps, watch women breastfeed to help with latch issues, and offer education through classes with videos.



Most participants did not identify their pediatricians as a part of their breastfeeding support system. These women said the pediatrician was focused more on the baby than on the mother and did not talk about breastfeeding overall. Participants expressed that they often felt rushed at their Ob/Gyns' and pediatricians' offices, so they did not have much time to discuss topics in depth with either their doctors or the nurses.

Awareness of Baby-Friendly hospitals is low among women. Some women in Lubbock and a few in Dallas had heard of the "Baby-Friendly" designation. In Tyler and San Antonio, no participant had heard of Baby-Friendly hospitals. Only one participant, in Dallas, said the designation had to do with breastfeeding before the moderator informed the groups of that fact.

A variety of materials were tested in the focus groups. The materials that tested best were the Texas Ten Step flyer, the WIC Breastfeeding at Home poster, the health care provider prescription referral, and the push card. According to participants, the best way to disseminate these materials to women is through their Ob/Gyns.

On the other hand, the WIC Breastfeeding in Public poster generated discussion in the focus groups about whether it is appropriate to breastfeed in public without a cover. A notable number of participants said they prefer to cover themselves. These women said this poster did not resonate with them because they themselves are not comfortable breastfeeding uncovered in public. Others said the poster was important because the message is that it is okay to breastfeed in public.

Recommendations

- Create an outreach package that is designed to educate providers about WIC. It should include contact information for local clinics, provide an explanation of what happens at a WIC visit, and a description of services offered by WIC. Also include the WIC push card, the prescription pad, and Breastfeeding Guide. For pediatricians, also include samples of the *Your Guide to Raising a Healthy Child* and *Help My Child is a Picky Eater* pamphlets.
- Have local WIC staff visit providers' offices to meet with staff and deliver information about WIC services. Have them continue to reach out to the providers a few times per year. Outreach should start with a call to determine whom to ask for at the provider's office. Providers as well as other office staff should be educated about WIC services since other staff sometimes give patients materials and referrals.



- Promote breastmilkcounts.com to providers. Participants in the provider focus groups were impressed with its quality and said they would promote it.
- Adapt the prescription pad for use to promote Texas WIC and distribute it to providers throughout Texas.
- Create a WIC Advisory Board of Physicians and promote it to providers statewide.
- Find a partner to fund printing of large numbers of *Your Guide to Raising a Healthy Child* and *Help My Child is a Picky Eater* and label the front with a WIC sticker to identify it as developed by WIC. Make it available to pediatricians statewide. Many said they need help educating parents on ways to reduce childhood obesity and cited this pamphlet as a good teaching tool.
- Distribute WIC fliers and posters, designed for moms and tested in the focus groups, to promote public breastfeeding and general support for breastfeeding moms. Consider including a visual of a mom using a cover for privacy while breastfeeding in public. Many moms said they are comfortable breastfeeding in public only when using a cover.
- Continue to promote the message that breastfeeding is a right protected by law.
- Promote the fact that the website breastmilkcounts.com and the 24-hour breastfeeding hotline are available for all women, not just those who qualify for WIC.
- Include the WIC brand on all WIC-related programs/activities, including Baby Friendly Hospital training, Baby Café, and all Baby Café promotional materials.
- Create a CEU on breastfeeding that addresses practical concerns such as tongue-tie and latch issues, to be included in medical providers' annual recertification process.



Focus Group Findings - Providers

Provision of Breastfeeding Support

When participants were asked where they think women learn about breastfeeding, the most common responses were that they learn from their families, friends, providers, classes, Facebook, social media, “trial by fire,” hospitals, outpatient lactation consultants, nurses, and WIC.

A number of participants said that most of their patients want to breastfeed because they know it is the healthiest choice, but many are not successful and quit early on. This finding is in line with the Statewide Study of Breastfeeding Behaviors, prepared by SUMA in 2019 for Texas WIC and the South Plains Community Action Association. That study found that although most women plan to breastfeed, many do so only briefly because of unforeseen challenges. Providers said that in order for their patients to successfully breastfeed, they need to be better educated about the mechanics and potential challenges it may entail.

I asked her if she took prenatal classes and she said yes. I said, “Well, how much discussion was there about breastfeeding?” She said, “Well, just that breast is best. It’s best for the baby, yada, yada, yada,” but no particular information about holds and latch-on and little things like that, the techniques that they really need to make it successful. She said when she got in the hospital, she was so frustrated until, when the lactation consultants came in and showed her how to do different positioning, and then it went. I said, “Do you feel like if you had had that information beforehand, would things have gone better for you?” She said, “Oh, yes.”

– Tyler

It’s interesting because, when we go through in their prenatal phase, they – “Yes, we want to do it, yes, we want to do it, my parents said” – they really want to do it, but then once they have the baby, they try – we have statistics that we look at every meeting that we go through, where we look at this, and no matter how good we want it to be, no matter: “We try for 100%,” less than half of them end up breastfeeding. Less than half.

– Dallas

I think we’ve got to strike a better balance between not scaring them completely and setting them up with realistic expectations, so they fight through it a little bit.

– Dallas



Provider Education and Experience with Breastfeeding

Providers said they feel comfortable talking about breastfeeding. The exceptions were some of the male doctors, who admitted their limitations because of their lack of personal experience. While claiming they are comfortable talking about breastfeeding, they also said their medical school education on breastfeeding was extremely limited.

Many participants admitted they lack formal education on breastfeeding and are therefore unable to assist women with common problems such as latching.

For us, the Ob/Gyns, it's typically not a breastfeeding problem but a breast problem, like mastitis or nipple pain or engorgement. Some kind of a medical issue, not a feeding issue. So, that's what we see.

– San Antonio

Most focus group participants said they received very little education about breastfeeding in medical school. For participants who attended medical school many years ago, breastfeeding education was almost nonexistent. Those who attended more recently may have had a bit more exposure, but still very little.

Learning about breastfeeding is still new to us. I mean, we didn't even have a curriculum beforehand. And we're expected to be the ones that moms come to with all their questions. So, they had us do online modules. And then we had to do a half day with a lactation consultant while you were on nursery. Those were the biggest things that we did.

– San Antonio

The most robust breastfeeding education discussed in the groups was a specially designed lactation rotation described by a couple of the Lubbock providers. This rotation, which is offered as an elective at Texas Tech University Health Sciences Center School of Medicine, is relatively new.

We also have a specially designed lactation rotation now, fully devoted to lactations, where the resident does not spend the majority of their time in the nursery examining babies and then going to deliveries, but spends the entire time with lactation, educating moms, and learning to troubleshoot difficulties.

– Lubbock

Very few of the providers had sought out continuing education on breastfeeding and said their options are limited. In a couple of the groups, providers said the best way to reach them with ongoing education is through their annual recertification program, which is required and is where they get their continuing medical education.



I think maybe in our annual exam that we do, the articles – there's thirty-five articles that we look at – maybe one of them is about breastfeeding every now and then.

– Dallas

They should throw an article in there on breastfeeding Well, all of us are required to recertify annually. They send us a list of articles, which we choose a certain number, and you have to make a certain grade.

– San Antonio

In Tyler, participants almost unanimously agreed that they would welcome a continuing education course on breastfeeding latching issues. They also suggested more education on breastfeeding children with special needs, such as Down syndrome. These suggestions were spontaneously offered during a conversation focused on topics of interest for continuing education. In all groups, the providers said they prefer earning their CEUs online and prefer classes that are an hour or two in length and can be taken in segments. Some also said they like to attend courses at conferences. Only two of the 24 participants had attended training through the Baby-Friendly Hospital Initiative, which they said offered extensive breastfeeding education. However, they did not know it was affiliated in any way with WIC.

In Dallas, the participants suggested that one way for WIC to reach providers is to spend time educating medical school residents.

Maybe not grand rounds, but we have resident education lectures, and we're always trying to figure out which one of the mom OBs is doing the breastfeeding lecture. Son of a gun, why doesn't WIC come? Not only are they educating, but a majority of the Parkland patients will utilize this service, and then you're educating the residents that they have reached beyond that economic group. I think there'd be a lot of bang for the buck if they came into the resident [inaudible] as well.

– Dallas

Prenatal Breastfeeding Promotion

Responses on how providers educate women about breastfeeding varied widely. Factors that influence how they educate and support women include their own breastfeeding knowledge and the amount of time they have for the exam. Most providers in the focus groups see 25 to 35 patients a day and spend an average of 10 minutes with each patient. Many have limited education on breastfeeding and view their role in breastfeeding as merely addressing the medical problems that stem from it, such as mastitis. The providers in the focus groups rely almost exclusively on lactation specialists to teach women about breastfeeding at the hospital, or to help them postpartum if they have a challenge.



The point during pregnancy at which they educate women about breastfeeding also varies. Some Ob/Gyns start asking patients how they plan to feed their babies at the first appointment, others ask in the second trimester, and some wait until the last trimester. Some providers recognize that discussing breastfeeding early in a patient's pregnancy gives her more time to attend a breastfeeding class and hopefully get the education she needs to be successful. Many offer breastfeeding materials in childbirth packets. Ob/Gyns typically rely on lactation consultants to educate the mom after the baby is born, then often do not see her again until six weeks postpartum, at which time they may ask about breastfeeding.

Availability of prenatal breastfeeding education varies greatly among the communities represented in the focus groups. In Dallas, one Ob/Gyn said his office offers a weekly breastfeeding class that accommodates 30 women and described it as mostly full.

At our office, they teach the class once a week, and it's usually pretty full. They have about thirty spots, and it's usually full. They cover it pretty well. We put the breastfeeding information in their first OB packet, and then during the third trimester we bring it up again, we talk to them about it, we ask them if they've been to the class. We have a little checklist. "Have you been to the class?" and stuff.

– Dallas

The availability of a breastfeeding class at the Ob/Gyn's office can be considered a best-case scenario, and in fact it is the exception rather than the rule. Some providers ask expectant moms how they plan to feed their babies and usually recommend breastfeeding as the healthiest choice, but they lack sufficient staff to offer breastfeeding education in house. Some recommend that their patients attend a breastfeeding class if it is offered at the hospital, although these are not always free. One provider in Dallas reported that the class at his hospital costs \$50, which may be a barrier for some women.

Breastfeeding Support After Childbirth

Pediatricians said that breastfeeding is something they ask about both when they visit newborns at the hospital and during newborn exams at their offices. In both cases, the pediatrician weighs the baby and assesses how breastfeeding is going. If a mother who is still in the hospital indicates she is having a problem, the pediatrician often recommends getting help from the lactation consultant. When a mom comes in for office visits, if she is having a breastfeeding challenge, the pediatrician almost always recommends contacting a lactation consultant. Some providers know the lactation consultant they recommend; others simply make the recommendation without knowing the consultant nor the cost of the consultation.



For me, if we see them in the hospital, we talk about the latch and the suck and those things. Anatomically, we look to make sure if there's an issue. Is there is a tongue-tie? Is there something going on that would affect the latch there? For me, a lot of times I utilize the nurses in the hospital. If there's an issue, I try to talk to mom and then have them come in, because they will be more comfortable with a female and they've got more one-on-one time with them in the hospital as well. Then, when they come to the office, "How is breastfeeding going? Is milk in? How does your weight look?" A lot of times it's the reassurance that, "We've lost so much percentage of weight, I'm worried that my baby is not getting enough." That simple reassurance that, "Yes, your baby is 48 hours old. Your milk is probably not in, but we're getting colostrum. Your baby's weight looks good."

– Tyler

I watch breastfeeding, I set moms up with pumps, and I show them how to use the pump. Because a lot of times, when I get babies coming into the hospital, they're jaundiced, they're well below birth weight, and mom has no idea how to do any of this. I'll be on the Pediatrics floor and now all of the nurses are very experienced with this.

– San Antonio

Office support for breastfeeding varies considerably. Other than a few providers in Dallas, most do not have office staff that can assist a woman with breastfeeding challenges. This was equally true of pediatricians and Ob/Gyns. In San Antonio, none of the providers has onsite support, such as a nurse or lactation specialist, because of the costs and the lack of reimbursement for the service. One San Antonio pediatrician knew about Baby Café only because she had used it herself as a breastfeeding mom, but she did not mention its connection to WIC. Others referred to support at the former Women's and Children's Hospital. Some Dallas providers in large practices have access to nurses or midwives to whom they turn for breastfeeding support. A couple of providers in Tyler and Lubbock said they have a nurse on staff with personal breastfeeding experience, and that is whom they use to assist women in house.

In general, the providers said they refer women who are experiencing breastfeeding problems to lactation specialists either in the community or at the hospital. However, these providers admitted that they do not know whether these services are offered free of charge or for a fee, which is a barrier for some.

The great majority of our babies are born at Mother Francis, so we just refer back to the lactation consultant at the hospital.

– Tyler



We don't have anybody specifically in our office. We can't afford to pay somebody to just deal with lactation. Our main resource is referral to the lactation consultants.

– San Antonio

I think the most accessible source of information is the lactation folks, because they really market, if you will, breastfeeding. And avail themselves for problems. And they're probably more accessible than calling the OB or calling the pediatrician.

– San Antonio

While providers were enthusiastic about the benefits of breastfeeding, they also expressed concerns that many women feel guilty or like failures for not successfully breastfeeding. This observation came up unprompted in every group. They talked about the importance of finding a balanced approach and the need to be sensitive to women who are struggling, so that they don't feel pressured.

I think it's important because I think there's about, probably 20% of women who just feel ashamed that they're not doing it, or maybe they're miserable, and that can really lead to a lot of stress and crying and depression.

– Dallas

I definitely promote breastfeeding and go through it. There's also that mom who is losing her you-know-what because she just can't take it anymore. I think sometimes when you tell them, "It's okay to supplement with some formula. It's okay. You're not a bad person." You also have to do that and know your breaking point for some people and not make them feel so guilty sometimes, because breast is best. Absolutely. But it's not for everybody. Some people are going to have supply issues or latch issues.

– Tyler

The Role of Electronic Medical Records in Breastfeeding Promotion

Providers said their electronic medical record (EMR) systems are not structured to allow them to spend much time asking patients about their breastfeeding experience. An Ob/Gyn's EMR system may simply ask if the mother intends to breastfeed. For pediatricians, the EMR system contains questions about how often the baby is feeding and the number of wet or soiled diapers they produce. Providers can use the EMR as a prompt to offer more information, but not all of them do. Beyond the EMR prompt, the amount of time spent on breastfeeding may depend on how much time the provider has to spend with the patient. In Lubbock, the providers at Texas Tech University Health Sciences Center School of Medicine said their EMR system has a prompt to ask if the patient is on WIC.



In my system, there's a third-trimester questionnaire that has breastfeeding questions. Not just any questions, but a question for breastfeeding. So that's when you tend to broach the subject with the patient.

– San Antonio

Yeah, it has a list of questions sometimes, so you can – like in our EMR, it would be like, "How many feeds a day is mom doing? Wet diapers? How many dirty diapers?" Which would all be things that I ask anyway, but it kind of prompts you to ask those questions.

– San Antonio

It's a really short prompt that says, "Do they have WIC? Yes or No." And we talk about, "Do you have WIC, have you been to your appointment, do you know where your office is," and I have information in my office about WIC and what it is and where the offices are.

– Lubbock

Male Versus Female Providers: Experience Makes a Difference

In terms of understanding breastfeeding, there was a striking difference between doctors who have had personal experience with breastfeeding and doctors who have not. Most male doctors also agreed that women providers who have breastfed are best equipped to talk about it with patients. The female providers who had breastfed tended to reflect on how different their perspective was before and after having breastfed. The relatively recent change in the gender composition of the provider population has had and will continue to have a positive impact on breastfeeding support and education.

From personal experience, and I'm not meaning TMI, but I don't think we do a good job, and I'm counseling differently after having my own children. No one told me how hard it was. You're a brand-new mom. You don't know how much milk they're getting. Your kid is falling asleep.

– Dallas [female]

I mean, I'm breastfeeding right now. So, I did not get a lot of exposure. Even in my pediatrics residency, I don't feel like I got a lot of help until I actually came and did it for myself. But a lot of where I'm getting resources is on Facebook, because that's where a community has actually come together and helped me learn how to do that.

– San Antonio [female]



Of course, I don't know what I'm doing. I've never done it, so a male can't really—you haven't ever had that personal experience, so I think that has a lot to do with it in listening and understanding. I can tell you what I've read, but I've never done it myself. I think being a female and having that experience makes a difference.

– Tyler [male]

That's what struck me the most, too, when I had my first kid. I remember doing rotations in the newborn nursery and just thinking, "Oh, I'm going to exclusively breastfeed my kid," just holier than thou and everything. Then, when it actually came down to it, it was one of the hardest things I've ever done.

– Tyler [female]

Some male doctors said the most valuable education they had on breastfeeding came from witnessing their wives cope with it.

It really hit home to me to watch my wife do it. After all the patients I've talked to about it, lectures, but seeing her go from the delivery to the milk coming in. She ended up having mastitis multiple times. That really taught me more than anything else, that personal experience, so to speak.

– Dallas [male]

General Knowledge of WIC

What providers know about WIC varies greatly. In the two largest cities where focus groups were held – Dallas and San Antonio – WIC never came up unprompted when the moderator asked where participants send women with breastfeeding challenges or where women learn about breastfeeding. In those groups, WIC was discussed only when the moderator asked a direct question about it. In both cities, the top-of-mind responses about WIC's role were that the agency tests for anemia and provides formula.

Participant 1: *Every patient that goes in there [WIC] is anemic. They need iron.*

Participant 2: *Formula is what I think of when I think of WIC.*

Participant 3: *I'm pretty sure, for our underinsured patients, lactation consultant is through WIC.*

Participant 4: *Is it? I didn't know that.*

– Dallas

In Tyler and Lubbock, providers were more knowledgeable about WIC and talked spontaneously about it as a resource for breastfeeding. Most participants in both cities were familiar with WIC, but not all knew the extent of its services.

I think it's a great service for the community, especially for people who don't have the financial means to purchase a breast pump, like they were saying. They do provide that,



and they do have the peer counseling for assistance with getting more knowledge about breastfeeding. So all of my experience with them has been really, really good.

– Tyler

I still refer moms that are breastfeeding to WIC. There's just not a formal, paper prescription by which we do that, by which formula-feeding babies receive, but do try to educate our moms that there's a lot of resources through WIC. In addition to the fact that, when that baby does go beyond the exclusive breastfeeding stage and does supplemental foods, that the packages for breastfeeding are very generous as compared to those for formula feeding. There's a lot of incentivizing-type setups.

– Lubbock

Still, some providers in Tyler and Lubbock were unaware of the extent of services offered through WIC. This was true even for a provider who had used WIC for his own adopted child.

I only refer when they're using formula. My experience would come from just being in practice and our daughter, our adopted daughter was on WIC, so that was – I actually went to the clinic and did the WIC appointments and stuff, and that kind of got me introduced to that side of it.

– Lubbock

Providers were asked a number of questions about referring patients to WIC for breastfeeding support and the likelihood of their referring all patients to WIC for that purpose. While all providers had to serve the Medicaid-eligible population in order to qualify for participation in the focus groups, only a few said they actually refer their patients to WIC for breastfeeding support. Most simply did not know that WIC offers breastfeeding support and serves mostly women who have private insurance. When providers were asked if they would refer all pregnant and recently delivered women to WIC, many expressed concern about potentially offending patients who are not in the demographic that qualifies for WIC.

If they're qualified for Medicaid, they're qualified for WIC. I always feel that weird stigmata like, "Now, do you use WIC?" I think that's a better way to say it. "Have you heard of WIC?" You don't want to give off the perception of somebody needing WIC or this or that.

– Tyler

Focus group participants reviewed WIC materials and the website breastmilkcounts.com. These resources led to a better understanding of WIC's services and the quality of their products. Providers were then more likely to express a



willingness to turn to WIC not only as a resource for breastfeeding, but for issues such as obesity, feeding picky eaters, and childhood nutrition as well. In a few locations, providers commented that they need community support in these areas in order to improve outcomes.

Participant: *One thing, like Jean said earlier, you would have to work on the stigma of WIC. That's the problem. Because a lot of it is, WIC is just for poor people. Looking at this, it's not.*

Moderator: *What made you change your mind, Dr. Stephen?*

Participant: *I'm just going through this website, flipping through all the different things that are there that I didn't know about. This is pretty cool.*

– Dallas

In three of the four communities in which the focus groups took place, providers said they would welcome help from WIC to support breastfeeding, but also to reinforce obesity prevention messages and to promote consistent messages about good nutrition.

Participant 1: *Yes. I mean, I have so many youngsters that are way above the 95th percentile and –*

Participant 2: *That's so sad –*

Participant 1: *You know, you can talk ad nauseum to them about dietary changes and such, and I just don't have enough time in the day.*

– San Antonio

Moderator: *Are there other topics that you would like more information? They're a nutrition expert.*

Participant: *Aside from breastfeeding? Obesity. Oh, yeah. Childhood obesity. That would be huge.*

– Tyler

Strategies for Partnering with Providers to Increase WIC Referrals and Address Overlapping Concerns

Providers were overwhelmingly open to having WIC staff come to their offices to introduce services. After seeing the quality of the WIC materials and websites during the focus groups, they were also willing to distribute fliers, push cards, and other selected materials at their offices.

A few providers in Lubbock and Tyler said that WIC had made an effort to educate them about its services. One Tyler participant said WIC came out and gave presentations at her clinic, which is a Federal Qualified Health Center (FQHC).



Unless things have changed, the directors at WIC are very willing to come out and give little talks and give information. We've done it several times at our clinic.

– Tyler

Providers who lacked knowledge about WIC said they need to know what happens when women go to WIC. As one provider put it, “Is it like the Social Security office or the DMV?” They wondered if women need to call to make an appointment or if they can just show up. They wanted to know more about who qualifies, the benefits, and the professional backgrounds of the providers who see women at WIC.

Exactly. It would be very helpful in referring out, because you refer to what you're comfortable with and to what you know and where you know they're going to get taken care of and what services they're going to get.

– Tyler

Providers almost unanimously suggested that a WIC representative come by their offices to introduce services. They said this is a common approach for any vendor that is trying to engage physicians. As one suggested strategy, a WIC representative would come to the office, ask to see the office manager, explain WIC services to him or her, and leave behind information about WIC services, staff qualifications, and samples of materials. Several providers also said a WIC representative could set up during lunch (or at another convenient time) to educate staff when they are most available. The providers said office managers and nurses are key people who need to be educated about WIC. The numerous quotes from the various focus groups strongly support this approach.

“Hey, we're with WIC. These are the things that we offer. Here's a flyer. This is what we've got.” Something as simple as that. Like she's saying, come to the lunch area. People come through.

– Tyler

We have an office manager that does let us all know that somebody's coming. “If you would like to talk to them, they will be here for an hour or if you've got some time. I'll be bringing her around.”

– Tyler

Yeah, I think just having someone come and talk to us and let us know. Because, like I said, I didn't know that they had all these other services. What we have in our office right now is just the WIC form to give patients different formulas other than Similac. That's it.

– San Antonio



Come and meet us. Exactly. That's what I was going to say. We've all heard of WIC before. We're familiar that WIC exists, but really don't know much about it. That's the best way. Come and see me in person and tell me these things.

– Dallas

If someone brings them to your office and says, "Hey, we're from WIC. Do you think you could put these in your exam rooms or at the checkout desk or when you check in?" Or when they check in, they get, they get a copy of this. That would be better than asking a physician to go to this website, ask for cards. None of us have time for that.

– San Antonio

They would be briefing the office manager on the services that are available. Then, in my practice, the office manager would go to the doctors and say, "This is what happened. Do you have any further interest in that?" Then we would make a decision to meet with the individual.

– San Antonio

In my office, they'll just set up an appointment to see us, usually around noontime. And that's when we all can either have lunch provided by you, or have our own lunch and listen to what you have to say.

– San Antonio

An FQHC in Tyler was even open to having WIC come onsite for one afternoon a week to introduce services to clients.

Breastfeeding Support Tools: Testing of Creative Materials and Resources

As part of the focus group, participants reviewed a number of WIC materials and provided their insights into how effective they would be in reaching providers or their patients. During this segment, providers were asked how they felt about WIC's using either the term "nonmedical expert" or the term "nutrition expert." Unanimously, the responses favored "nutrition expert."

Participants were also asked if, in general, they would like posters and materials for their offices. The prospect of receiving posters for their offices was met with mixed responses. Some providers said they get a lot of items like posters and typically just throw them out. However, a few said they might use them.

WIC Letter Introducing Services

One of the items that participants were asked to review was a letter from WIC. (See Appendix C.) They were asked if they remembered receiving the letter or anything else from WIC in the mail. The vast majority did not remember the letter. Those who did



WIC Rx Nutrition Services Prescription Pad

WIC Nutrition Services

Rx

NAME _____ DATE _____

Your doctor suggests
that you **consider**
visiting WIC for
these services
to help your family
be healthy.



- ☐ Breastfeeding support
- ☐ Child's healthy growth
- ☐ Assistance with family nutrition
- ☐ Nutritious foods
- ☐ Solutions for picky-eaters
- ☐ Prenatal nutrition
- ☐ Other: _____

The push card was almost universally well received. Most providers said they would make it available in their waiting room or exam rooms. In each group, some participants mentioned that they do not know how to use the QR scanner. However, when the moderator demonstrated, they were able to follow suit. Praise for the website breastmilkcounts.com was almost unanimous. Some providers were struck by the quality of the site. As previously mentioned, it immediately impacted their opinion of WIC in a positive way.



- Lubbock

I really like the photograph here showing a breastfeeding mom, because we talk a lot about media sources – we do not have enough of this being a natural picture, and we talk about this with residents and medical students. The more we normalize it, the better.

– Lubbock

I love this website. It's a good layout and it tells you, probably every objective that we've ever heard is addressed in a nice little bubble.

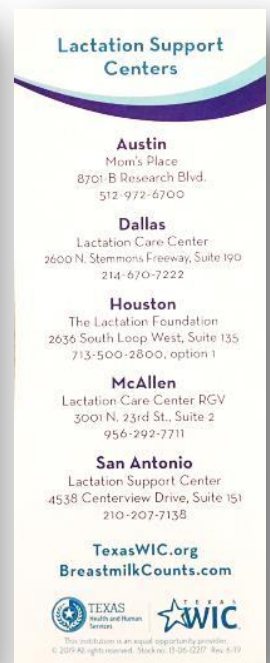
– Tyler

WIC Can Help Flier

At first glance, almost all participants thought this flier was for breastfeeding moms. However, once they read it closely, providers were more likely to understand that it was for them, but they still thought the messaging was important for moms. Many mentioned that they liked the hotline number.

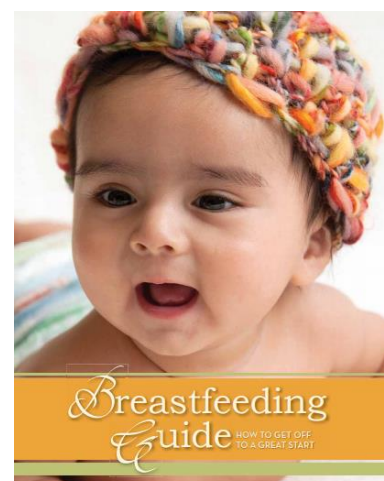
Participants described the *WIC Can Help* flier as containing important information and easy to distribute to patients. Top-of-mind ideas about what to do with this piece included putting it in participants' swag bags.

Some commented that they liked the message "It will get easier" because, as one participant in San Antonio put it, "Usually those first two or three days are miserable. And that's when they're ready to give up."



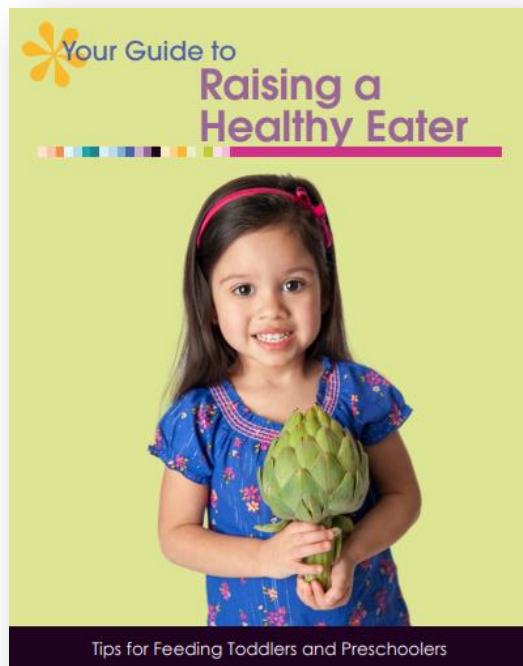
Breastfeeding Guide and Your Guide to Raising a Healthy Child and Help My Child is a Picky Eater Pamphlets

These items were received so well that in most groups the physicians asked if they could take them. *Breastfeeding Guide* was most popular with the Ob/Gyns, and the *Your Guide to Raising a Healthy Child* and *Help My Child is a Picky Eater* pamphlets were most popular with the pediatricians. Most providers thought these materials had good content that addressed important issues in an engaging and informative way.



In three groups, participants spontaneously said they need these materials to help address childhood obesity.

Providers would like to be able to give these items to patients. They said WIC's bringing a supply to their office would be the best way to receive them. Some said they would order them if the process was easy.



5 Ways WIC can Help Your Patients One-Pager

This item received mixed reviews. Some thought it had too much information. Others wondered about the sources of the content; for instance, one provider asked if the study had compared participants to others in the general population who had not accessed WIC.

One provider, who had been trained as an English teacher, didn't like the fact that the word "can" was not capitalized in the title.

Some providers weren't sure whether this one-pager was intended for them or for their patients.



Nevertheless, the reception varied across groups and some participants said they would read it.

Some of the patients who have access only to WIC are traditionally patients that are not eating well during their pregnancy, right? They have Medicaid and have five children. So they're already at increased risk for prematurity or complications at pregnancy.

– San Antonio

Texas Health Harris Methodist Hospital Flipchart

In general, the providers could not get past the fact that this flipchart contains so much information, despite the fact that it was presented as something to be taught in modules throughout a woman's pregnancy. Many said they do not have support staff that can use it as a teaching tool and therefore did not see it as useful. In two groups, participants thought it would translate well to video, either on the hospital TV or in a clinic waiting room.

When I'm doing a visit, I'm charting at the same time. There's no way that I can go through a packet, talk to my patient, and also chart on the EMR. I can't do that many things at the same time.

– San Antonio

WIC Advisory Board of Physicians

Some providers voiced the opinion that an Advisory Board of Physicians would enhance WIC's credibility as an organization.

I think it would make it more credible. It would make it more of the experts in nutrition if we had a panel of physicians who were supporting, or at least not regulating, but at least advising on the materials they're putting out, on the things that are in their packages.

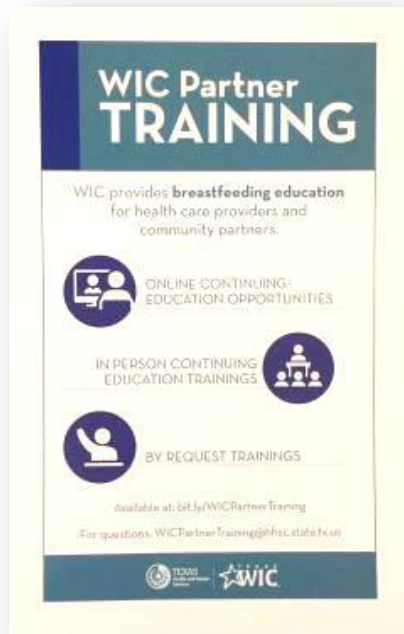
– Lubbock

One provider volunteered that she would like to be on the Advisory Board.



WIC Partner Training Promotional Card

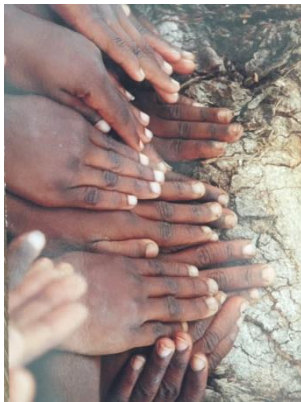
This item did not test well. Providers said they were not sure what “WIC partner training” means. They wanted to know more about the specific topics covered in the training. They are interested only in training for which they can earn CMEs, and the promotional card doesn’t state whether CMEs are offered.



Focus Group Findings - Women

Visual Explorer™ Icebreaker Activity

In an icebreaker discussion at the beginning of each focus group, the moderator laid out a deck of Visual Explorer™ cards depicting images of a wide variety of people, places, and situations. Participants were asked to browse through the cards and select the one image that best illustrated their feelings about how prepared they were to breastfeed their most recent baby. This warm-up exercise set the tone for the rest of the discussions, creating an atmosphere of reflection and open sharing. In this exercise, many participants chose an image that represented difficulties with breastfeeding for them. A few chose an image representing a peaceful or positive breastfeeding experience. Several spoke of feeling unprepared to breastfeed their most recent baby. Many women remarked that breastfeeding success varies greatly from child to child. Some of those who had previously breastfed initially felt prepared to breastfeed this baby too, but in reality it was a very different experience. For some, difficult deliveries or high-risk conditions such as preeclampsia caused them to have unexpected challenges with breastfeeding. Some participants spoke of feeling scared, anxious, or not wanting to let their child down when trying to breastfeeding.



I didn't know what to think. I didn't know which way I was going. They don't know which way they're going. It was a little bit of everything and everything. We're floating and just didn't know it.

– Tyler (cereal bowl)

I knew it all. I already had a kid and breastfed her. I didn't pick up any pamphlets at the doctor's. I just thought, eh. I thought I was the master of all breastfeeding. I didn't think there was anything left to learn, but it was totally different [with this baby].

– Dallas (handprints)

This pregnancy, I felt very different because, with a girl, everything was different from the boy. When I tried to – I tried with all my heart to breastfeed – because, with the girl, I never could. With this boy, I tried and tried until I gave up, because doctor said, "You have to give him supplements now." I'm so sorry about that. I regret it because I had – I should have never paid attention to him [the doctor].

– San Antonio (X-rays)



Breastfeeding Duration and Challenges

Some participants said they breastfed their youngest child exclusively for a few days to a few weeks. Some women breastfed for a total of a month or two. About half of the participants breastfed for three to six months, and a few breastfed their youngest child for longer than six months, with the longest duration being 19 months.

Participants were asked what challenges they faced with breastfeeding their youngest child. While a few said breastfeeding was not challenging with this child, a majority of participants did face difficulties that reduced the total length of time they breastfed. Several women spoke of feeling prepared ahead of time, but then, when the baby arrived, breastfeeding did not go according to plan. Common challenges faced by the women included:

- Latch issues
- Not producing enough milk
- Pain (sore/engorged breasts, cracked nipples, infants with teeth)
- Leaking milk
- Difficulties using breast pumps
- Nipple confusion between breasts and bottles
- Figuring out how to breastfeed
- Finding that breastfeeding is tiring
- Lack of sleep
- Caring for other children while breastfeeding
- Using nipple shields

The swelling and how hard they got. Whenever mine did that, my mom and granny came. They did exactly what she was saying – put the cabbage on there. They had to because they hurt so bad. They would wrap me in hot towels. The hot towels to soothe it, to make the milk drain, to make it go back to normal. It hurt. It was so heavy. You felt like you had your whole body up here. It hurt. That hurt.

– Tyler

The hospital gave me – I think they called it a nipple guard, just a little plastic piece to help him get on, and that helped somewhat, but still he had some difficulties. And then I didn't know how often to pump or when to pump, or really how the pump worked. I was playing with the speeds and the suction, and just – I don't know, my cousin and my friend both had breastfed and I asked them for so much advice, and they tried to help me, but I felt like the biggest problem was I just didn't know what questions to ask.

– Dallas



I was so happy before the baby was born but, when the baby was born, I didn't know what to do. I would get really desperate because the baby didn't know how to grab the nipple. He would get frustrated, crying and crying. I said, "No, Mom. Please give me a bottle. I'm going to give him a bottle. Don't you see he's crying?" But then, it was because he didn't know and I didn't know how to breastfeed him. But in three months' time, I could do it. With my mother's help – and she's super Catholic, so she would pray and pray to all the saints – that's a way that I could only get patience and overcome this problem because I was starting, just about, to have depression.

– San Antonio

Some women also shared that they experienced depression and feelings of failure when they faced difficulties with breastfeeding and when they were not able to breastfeed as long as they had wanted.

I was leaking, so I was like, my milk is in, my milk is in. And then when it came for her to – she latched on immediately, but she was not full, and when I started pumping – because they made me pump after every feed – it would just be enough for a syringe. They started me off the big bottle, and then it just got smaller and smaller until I had a syringe worth of milk. And it was just so depressing.

– Dallas

I am breastfeeding him, still. Sometimes, I give him formula when I don't feel comfortable, but just very little. But, with all this – when I started to breastfeed him, I was by myself, and I felt very depressed.... I told the doctor that I was doing really bad. I was feeling depressed, that I feel like crying and I feel very heavy. Then, it goes away. I told the doctor and the doctor said, "I can give you some pills." I said no, because of the baby.

– San Antonio

I'm the kind of person who has to – I'm not a perfectionist, but I'm close to it. And I wanted the very best for my daughter. I waited all this time to have a kid. I was always focused on work and school, so I'm just like, I'm putting everything into my daughter, and I want her to have the best. When I could not provide for her, it was very disheartening, and still today, I'm just like, I wish I could breastfeed like them.

– Dallas

A sentiment frequently shared among participants was that their experience breastfeeding varied greatly from child to child. Some said they felt prepared because they had breastfed another child, only to realize that feeding their youngest baby was completely different. These participants acknowledged that, even if they were experienced breast-feeders, breastfeeding a new baby is still challenging.



I think that those first two weeks, no matter how many times you've breastfed a baby, I feel like those first two weeks are the hardest to get through. You're sore, you're recovering from birth, no matter how you deliver. You're in recovery, your hormones are balancing, but I think that breastfeeding provides an instant connection with your child, and that can help with some of those ups and downs.

– Lubbock

Several women said that breastfeeding was different at the hospital and at home. They said that after giving birth, they had support and guidance from hospital staff, but when they brought the newborn home, they faced new breastfeeding challenges that they were not prepared for.

Because, when my baby was born, practically – it was like – at the hospital, they made me feel the same as what everybody was saying. With the videos, everybody was so beautiful, so easy. That's what it is. The concept that I had during pregnancy that it's normal – you just grab the baby and the girl is going to suck, and then she's going to be fed. It wasn't like this, unfortunately. I don't know if it was my bad luck or what, but I needed the milk. The nurse only told me, "Get this to take your milk out." That was like a monster – a five-legged monster. I didn't know what that was. It's my first son. I don't know what is a pump.

– San Antonio

Some women were worried that they were not producing enough milk for their child. A couple of those participants said their doctors instructed them to start supplementing with formula because the child was not gaining enough weight by breastfeeding exclusively.

[W]hen he was two months old – when I took him to the doctor, he had lost a pound. The doctor said, "He's not drinking enough milk."

– San Antonio

Some participants' babies had spent time in the NICU, which created challenges with establishing their milk supply. A few said their babies were given donor milk in the NICU, but also shared that the time away from the baby made it hard for them to breastfeed once they brought the baby home. One participant who had a baby in the NICU said she had breastfeeding support from a lactation consultant and nurses.

We were in NICU for a month. I had a lactation coach, and some older nurses who were very helpful, showing me how to nurse. Plus, my mom, she's a retired person in the medical field. Everybody was helpful, but I still could not produce enough for her. My blood pressure was too high. They had me on too much medication. Then I had – I got depressed and had to start taking meds for depression. I'm like, I'm not going to pass this



on to her, so – I had as little as a syringe worth of milk coming at one point, and they still said, feed it to her. I was doing that. I stayed at the NICU all day long.

– Dallas

Deciding to Breastfeed

Participants were asked how they had decided to breastfeed and where they had found the information that influenced that decision. In all four cities, many participants said family members and WIC had made them want to breastfeed their most recent baby. These participants said they'd heard about the benefits of breastfeeding in their families and communities, with some adding that while they were pregnant people would ask them if they planned to breastfeed. Some participants said that a doctor had influenced their decision to breastfeed. Other sources that had influenced a few women to try breastfeeding include:

- Facebook groups
- Baby Center
- The Bump app
- Other online sources
- Commercials
- Parenting magazines

Working at a salon, a lot of women just would tell us about the benefits of breastfeeding. I have a cousin who breastfed and she just made it sound wonderful. I couldn't wait to try it. With my oldest, I didn't. I didn't ever even try. He was just bottle-fed from the very beginning.

– Lubbock

They're advocates. The nurses and WIC, they're advocates on breastfeeding. They're pushing it. They're like, you come in here, even if you're unsure, they're going to give you help.

– Dallas

You'd be surprised. That's one of the main questions somebody asks you when you're pregnant. "Are you planning on breastfeeding? Let me know. We've got tricks."

– Lubbock

The most common reasons participants gave for wanting to breastfeed were to save money, to bond with the baby, to improve the baby's immune system, and because breast milk is good for the baby. Other reasons mentioned by one or two women include:



- Breast milk has better nutrients than formula
- Breastfeeding encourages mom to eat right
- Breastfeeding helps mom lose weight
- Breast-fed babies are stronger
- Breastfeeding helps with baby's brain development

This is our first and only child, so I was really excited. I started reading on it and reading how the nutrition and stuff like that. One, it would be good for yourself. You're forced to eat right. You're forced to treat your body right due to the fact – to produce.

– Tyler

I think I always felt bad when my two oldest, I couldn't do it. That's why I got a lactation specialist this time around, because I tried it with my son, and I felt like it was challenges all over the place, so I wanted to be more successful this time with my daughter. But it's supposed to be the best milk for the child. The benefits of it, to me, I thought, was that it would keep them from being so sickly.

– Dallas

Breastfeeding Support from Ob/Gyns

Participants overall were likely to say their Ob/Gyns did not talk to them much about breastfeeding. Many said their Ob/Gyns were not a helpful breastfeeding resource. All but one Tyler participant described the level of breastfeeding support they received from their Ob/Gyns as “zero,” the one exception saying she got “one percent” support in the form of pamphlets. Some participants wished they had received more support from their Ob/Gyns.

I got a folder at the beginning and honestly, I don't know if there was a breastfeeding pamphlet in there. They just gave me the folder and it was really overwhelming, because it just had a bunch of papers in it, and I went home and it went in a drawer.

– Lubbock

They don't really talk about it. They more so check on you. They don't really go into the depths of that. Like she said, they give you pamphlets and they give you paperwork. Some say, “Read this and take it home.”

– Tyler

I think it would have probably helped if he would have discussed it or even brought to the attention. But since I already knew that I wanted to do it, but even to have somebody else that I see on a regular basis reinforce that – “Okay, are you going to breastfeed?” The importance of breastfeeding and – I think that probably helped.



– Dallas

Some participants said their Ob/Gyns may have asked them, while they were pregnant, if they planned to breastfeed and may have explained some of the benefits, but most said their Ob/Gyns did not offer support concerning the mechanics of breastfeeding. This means that some women in the focus groups understood how beneficial breastfeeding is and made a plan to breastfeed while pregnant, but were not prepared to address the technical challenges of latching and pumping that arose after their babies were born. Some participants were given pamphlets or lists of resources for breastfeeding, but they did not have in-depth discussions with their doctors on the topic.

Participant 1: *Mine told me the benefits of health-wise and how they can grow up stronger and being healthier and stuff like that. Pretty much the same thing the WIC told me.*

Participant 2: *They prepare you on what it's good for and the benefits that it serves you and your child, but as far as –*

Participant 3: *I thought I was the only one alone in this. I was like, "Nobody ever told me."*

Participant 4: *I didn't have WIC. I didn't know anything, so whenever he came out, I just tried to put him on there, and then, luckily, it kind of worked. But I think I did more damage right after I had him, because nobody had shown me. I was trying to do it on my own, and then it was really sore.*

– Lubbock

A few participants in San Antonio received what they described as helpful support from their Ob/Gyns. One woman said her Ob/Gyn referred her to local organizations because her child was in the NICU and she could not breastfeed her herself. Another woman said her female Ob/Gyn asked her if she was planning to breastfeed, explained the benefits, and referred her to WIC to take breastfeeding classes. Another woman said her doctor's office called to offer breastfeeding classes.

I talked to my doctor – we talked about it when I found out that I was pregnant. I don't know if it was just because she was a female doctor, but she asked me if I was going to breastfeed my baby. I said I didn't know anything about it. She said, "It's good because" – and she started telling me about the advantages – the good things. I said, "I think that's what I want for my baby." She said, "When you're going to start, take a class. You have to go to class and they will tell you how to do it."

– San Antonio

After giving birth, most participants said their Ob/Gyns would ask how the breastfeeding was going but did not offer substantial support to help them overcome



obstacles. Some were given pamphlets or a list of websites. These were helpful for those who read them or visited the sites, but not all women read the materials they were given. A few women said their Ob/Gyns referred them to lactation consultants at WIC or hospitals. Some participants said their Ob/Gyns offered them pills to either encourage milk production or dry up their milk.

I did go to a few of [the websites]. They were very informational. There was one, I can't think of the name of it, but it had a video on it. It specifically was a demi-doll, a demi-baby doll. It taught them how to latch the baby, where you pick up their lip and you tuck it back.

– Lubbock

She was really supportive of it, but information-wise, she always told me, "Talk to your lactationist," but she was really good, though She was really supportive. Even after having the baby, she asked how it was going. She didn't breastfeed her babies, so she didn't really have information on it.

– Dallas

Breastfeeding Support in the Hospital

Participants in each city except for Tyler said they received a high level of breastfeeding support at the hospital. Several Lubbock participants agreed that the hospital nurses provided them with more breastfeeding support than any other source. A few did note, however, that they received conflicting advice from various hospital staff, nurses, and lactation consultants, which was confusing. Many San Antonio participants recalled that the hospital staff was helpful and attentive in getting them started with breastfeeding, and some also worked with lactation consultants. Overall, women who received follow-up calls asking how breastfeeding was going after discharge said those calls came from hospital nurses or lactation consultants.

I feel like the delivery nurse was my biggest source of information. They were the one who encouraged, made sure that the latch was okay, helped me adjust if I needed to. I feel like [the] delivery nurse was probably the most pivotal person in my breastfeeding experience.

– Lubbock

I delivered at Covenant and I did see a lactation specialist, but they didn't really explain – because he only latched on one breast and not the other, so I lost milk on that side of the breast, and then they didn't explain to me all of that. The nurse would try to say, "Express it and give it to him in a spoon," and then the lactation nurse would say, "Don't do that, do this."



– Lubbock

As it was my second child, they asked me if I wanted a lactation consultant. I said yes, because all the babies are different. That helped a lot, because they would come every five hours to check up on me, to ask me if I was feeding the baby, if I would let him. It was forty hours that I wouldn't fall asleep, because they would ask me, "Did the baby eat? Did you feed the baby?" Yes. Everybody was really attentive.

– San Antonio

Several Dallas participants said that the hospital nurses strongly encouraged breastfeeding and, in a few cases, refused to provide them with formula. These women said nurses provided them with breastfeeding support by showing them breastfeeding positions, teaching them how to use nipple guards, and giving them a feeding log to record each time they fed the baby.

Yeah, they were really helpful, because I ended up – the way that I had the baby, I didn't go to Parkland, because I had the baby on the ambulance. They sent me to the closest hospital. They were very helpful. And all the nurses, they make sure that you have a sheet or whatever, that you write down, make sure you're feeding the baby all the time.

– Dallas

They told me no. I was literally like, "Oh, please, please." No. And I was like, "It's hurting." And they were like, "We'll get you a lactation, and she'll come in and talk to you in the morning, make sure he's latching all right."

– Dallas

Participants in Tyler said they did not get much breastfeeding support from hospital staff when they delivered their youngest baby. A few had breastfeeding materials in their discharge bags, but said the nurses did not go over those materials with them.

I think that's the hardest part. You weren't educated on it. You're just kind of experimenting with your baby and yourself. You don't know what you're doing. You're like, "Here, get it. Hold on."

– Tyler

Breastfeeding Support from Pediatricians

Most participants did not identify their pediatricians as a part of their breastfeeding support system. These women said the pediatrician was focused more on the baby than on the mother and did not talk about breastfeeding overall. Participants expressed that they often felt rushed at their Ob/Gyns' and pediatricians' offices, so they did not have much time to discuss topics in depth with either their doctors or the nurses. The few



participants who did speak with their pediatricians about breastfeeding said they were more likely to offer words of support than hands-on help.

It's kind of their main concern – they want you in and out. They have appointments stacked so close together. They just get you in and out.

– Tyler

She encourages it, she's like, "Keep breastfeeding, that's good for the baby," but as far as trying to help me or show me tricks or anything like that, it was none, zero.

– Lubbock

Some participants shared negative stories concerning their pediatricians and breastfeeding. Several San Antonio women said they had bad experiences at their pediatricians' offices, explaining that the staff made them feel badly about their attempts to breastfeed or pressured them to use formula instead. One woman in Tyler said the breastfeeding advice she got from her pediatrician extended only to encouraging her to continue through the pain.

My pediatrician practically – the nurse told me to make me ashamed. She was cruel to me, because – "How many times do you put the baby to your breast?" because the baby had to be there every day for two weeks. "How many ounces did he take?"

– San Antonio

Participant 1: *I let them know that I wanted to breastfeed him, but they said, "No, you can't." They put pressure on me to give him formula.*

Participant 2: *Yes, they did the same to me. I feel this pressure of giving him the formula.*

– San Antonio

He was just encouraging me to eat really good and to try even if I was hurting. Even if I was hurting, not to take any medicine or anything. Everything I ate, the baby was eating.

– Tyler

The exception to this trend was in Dallas, where many participants said their pediatricians were an important source of breastfeeding support. One Dallas participant's pediatrician referred her to WIC, and another was referred to a hospital lactation consultant, so they could receive in-depth breastfeeding education.

My pediatrician, she was supportive as well. She more so goes with the flow of what you want to do, so I voice some of my concerns about, I'm not sure if I want to do it so long, and she voiced her opinions about the benefits and said, but it was my final decision.

– Lubbock



She was very adamant about me breastfeeding, because I was basically a teenager, and she was like, need to go to WIC. You don't work good. Go to WIC. And I was like, okay. Because I had a crappy job, and so she was like, "Go to WIC, they'll help you." I did that, and then they're the one that taught me about breastfeeding. The big thing was, breast milk is free. So, I was like, I can do that. That was the big push.

– Dallas

Breastfeeding Support from WIC

Participants in all four cities said they had received valuable, hands-on breastfeeding support from WIC. Many participants perceive WIC as a pro-breastfeeding institution. Tyler participants said that WIC was the only place that provided them with breastfeeding support. Overall, participants felt that WIC had breastfeeding support available to them if they wanted to avail themselves of it, but would not pressure women into accessing that support. Participants said WIC staff can help women get breast pumps, watch women breastfeed to help with latch issues, and offer education through classes with videos.

WIC and at the café – both, because I would take the baby every week and they would weigh the baby to see how much she had gained. They helped me. They encouraged me to breastfeed.

– San Antonio

My WIC has always been supportive. They would rather you breastfeed than bottle-feed any day of the week.

– Lubbock

Participant 1: *They'll try to get your baby to latch in front of them too.*

Participant 2: *They'll try to get you to breastfeed and see if you have any problems with breastfeeding.*

Participant 3: *I remember having to take little classes. Do you remember that? You would have to go back and watch a film. We would have to watch films.*

– Tyler

WIC provides the pump. They provide you with the pump and then they give you a grocery list that you can go and get groceries, like cereals, grains, milk.

– Lubbock

Many learned about WIC from their families and said they had been aware of WIC because it's been in their communities for years. Some San Antonio participants were referred to WIC by their doctors. One Dallas participant was referred by her baby's pediatrician.



Participant 1: WIC is everywhere.

Participant 2: You see it in the school bus. You see it on the billboard.

Participant 3: Yes, it's everywhere. Got a lot of advertisement.

– Tyler

Some participants said they got support from WIC in the form of formula, which helped them feed their babies when they experienced breastfeeding challenges. Women often mentioned the high cost of formula when they spoke about receiving formula from WIC. Some said family members (typically their mothers) told them to go to WIC to get free formula.

She had to do the [formula] for preemies, and online, that is expensive. It was \$175 for just a certain amount. I was like, "I'm not spending that." My uncle's the one that told me to go ahead and just go to WIC.

– Lubbock

Dallas and Tyler participants were asked if they had heard of the WIC breastfeeding hotline. A couple of the women in Tyler and several in Dallas said they were aware of the hotline, and one had called it and received timely advice. Several Tyler participants said they would be unlikely to call a hotline with breastfeeding issues.

I had pneumonia and bronchitis, so I was taking this medicine, and it made me feel funny. I called the hotline because I didn't know if I should still breastfeed while I was on that medicine, and she asked me, what was I on. And she actually went online and researched it. When she couldn't find anything, she put me on hold and called another pharmacy. I think it was a 24-hour CVS, and she called them, and they gave her information. She was like, "Don't breastfeed. Just pump and dump while you're on the medicine, and then if you have anything you stored up, just give the baby that."

– Dallas

Lubbock, Dallas, and Tyler participants were asked if they would attend an in-person WIC breastfeeding classes. All Tyler and Lubbock women and several Dallas women said they would be likely to go to such a class. The Lubbock and Dallas participants also liked the idea of live, online breastfeeding classes from WIC, noting that evenings and weekends would be the best times for them to attend. Tyler participants said they would prefer to do an in-person class, since breastfeeding is a "hands-on" topic. Dallas and San Antonio participants said WIC should have an app offering online classes and parenting information.

I feel like that would benefit a lot of moms. Because I feel like they give you the information about what it's going to do to benefit you, but they don't give you the information on what's really going to happen whenever you do try to breastfeed.

– Lubbock



I think it would benefit showing the struggles. The struggles of latching on, the struggles of using a shield. A lot of moms that I have known – how to position, with their lips, too... where they're supposed to sit and then, too, what's comfortable, how to make yourself comfortable, because sometimes it hurts your back if you're not in a good position.

– Lubbock

You can't really just learn [online], especially being a first-time mom. You don't want to be up in a camera talking about, "What do you want me to do?" That's just something that's hands-on to me.

– Tyler

It's more touchy-feely. This is my baby. Like how she was saying, you're over here. Even with me having four, every experience was different. Every kid is different. I want the teacher right there. It's better. Like how we're having this right here, you have other mothers you can see. You can maybe personally ask them their issues and stuff, and you can help. She said, "This is kind of what I had. It's hard for my baby to latch on." That person can help that teacher help you.

– Tyler

Additional Breastfeeding Resources

Participants brought up other sources of breastfeeding support that they were aware of in their communities. Some participants had found some of these resources themselves; a few participants were referred to resources by WIC or another healthcare provider. Resources mentioned by participants in each community are as follows.

Lubbock

- YouTube videos posted by other moms
- Google
- Their own moms
- Apps
- La Leche League
- Parenting Cottage classes

Tyler

- Older female relatives
- Online resources

Dallas

- Hospital classes



- WIC DVD
- Booklets from healthcare providers

San Antonio

- Latched (program)
- Nurse Family Partnership
- Doula
- Baby Café
- Community First Health Plan

Latched. It's a program – it's like WIC, but they come over to your home. They do the home visit. That's their own unit – that's a private unit. They came to my home with a big plastic booby, with a plastic baby, and they would teach me how to do it. It was two young girls who would do it. I felt really good because I was at home – they would visit me at home and I was feeling really confident in my home. I didn't have to go out and visit anybody.

– San Antonio

When asked what sort of breastfeeding support they would have liked to have received, several women said they needed more hands-on instruction after the baby was born. Several participants said they wished they had been more aware of the breastfeeding resources in their communities so that they could have accessed them when they needed them. Lubbock participants said that breastfeeding resources are not well advertised in their community and that it requires “digging” and research to find them. When asked where they would like to learn about these resources, women agreed that such information would be best received from their Ob/Gyns.

I would say through your OB, because you're going to see them the most while you're pregnant. You're going to see them, so you need to be educated about getting ready to have a baby no matter if it's your first or second. No pregnancy is the same. Nobody is the same. You need to be educated as you go to each appointment so you can feel comfortable when you have that baby.

– Dallas

I think you start all – everything start with the gynecologists. They need to start giving you information and, little by little, they can give you more – the doctors at the hospital. I think it should start in the first appointment you have with a gynecologist – not just about the pregnancy but feeding the baby. Breastfeeding and milk – there are so many organizations like ATP [Association of Tongue-tie Practitioners] – they check your blood pressure and all that – all the sugar. There's nobody who can help you with feeding your baby. They have a lot of resources for some of the things – for a lot of other things,



but not for babies. There's nothing related to feeding babies. When they told me about the milk pump, it's because – I had this emergency C-section and they asked me, "You don't have a pump?" I said, "What's that?"

– San Antonio

Baby-Friendly Hospitals

Participants in Tyler and Lubbock were asked if access to breastfeeding support had influenced their choice of the hospital where they had delivered their babies, and every participant replied "No." Many did not feel they had much of a choice of hospital because there are limited options in their communities. A few made the decision based on other factors, such as being able to have family members in the delivery room.

It's just what was available for it. All of them – like here, Mother Francis at one point was the only one that even delivered babies. ETMC did it, or you had to go to Good Shepherd.

– Tyler

I wanted more of a family-centered delivery and just all around – post-delivery. That did factor into our decision to deliver at the certain hospital we chose.

– Lubbock

Some women in Lubbock and a few in Dallas had heard of the "Baby-Friendly" designation. In Tyler and San Antonio, no participant had heard of Baby-Friendly hospitals. Only one participant, in Dallas, knew that the designation has to do with breastfeeding. Other participants, when asked what they thought the term "Baby-Friendly" means, took multiple guesses, including that the hospital staff is specially trained to handle babies, the hospital itself is baby-proofed, the hospital is for babies only, babies are allowed in all areas of the hospital, and babies stay in the room with their mothers. No participant unfamiliar with the designation guessed that it had to do with breastfeeding.

I could be wrong, but from what I remember is that they promote breastfeeding for the mother. All hospitals seem to, but from what I've heard is, they are much more so promoting breastfeeding.

– Dallas

They have more education when it comes to babies, or they have more equipment when it comes to babies. They're more equipped for babies like a – what do you call it? Neo?

– Tyler

"Baby-Friendly" is that they accept the babies – that they see only babies or children.

– San Antonio



Usually, “Baby-Friendly hospital” is, the baby stays with mom the whole time. Any kind of checkup done by either an audiologist or even as far as bathing, everything is done in-room, and they don’t usually provide a nursery. Baby stays with mom the whole time.

– Lubbock

Breastfeeding Support Tools: Testing of Creative Materials and Resources

Participants were shown various print pieces, were given time to review them one by one, and were then asked what they thought about each piece.

Texas Ten Step Flyer

Prior to reading the flyer, few participants had heard of Texas Ten Step hospitals. A few thought they had seen the flyer before: A couple had seen it at their hospital, one thought she had gotten it from WIC, and one had seen a similar poster at her Ob/Gyn’s office.

Once they had read the flyer, all participants agreed that the concept of Texas Ten Step facilities is a good one, and all said that if they had known such a designation existed, it would have impacted their choice of hospital for the delivery (provided that their doctor and insurance company were networked with that hospital). Most said they would prefer to deliver at a Texas Ten Step hospital now that they know they exist. Some thought the hospital where they delivered might have had this designation because it was pro-breastfeeding, but they did not know for sure whether the facility was Texas Ten Step certified.



I would hope that every hospital does this, but I just didn't know there were some that really did it.

– Dallas

If this was a hospital facility, this is where I would want to go. Usually with something like this – say you went to an appointment. Do you know how they have Lamaze and stuff like that? They would also offer classes like this. That's going to make me feel more comfortable. Even with me having more than one child, every pregnancy was different and scary. I would want to go. Products change and breast pumps change. Now you need to know. My oldest is up there, so the machines are not the same, technology. I want it every time.

– Tyler



Participants liked the facts that the steps were explained on the poster and that women receive breastfeeding support continuously while in the hospital, rather than just having a single interaction with a nurse.

Not just once, but consecutively throughout the hospital. They actually check on you. They're actually concerned about breastfeeding. They're trying to promote it.

– Tyler

All participants said they would be very likely to tell their friends about Texas Ten Step hospitals now that they knew that such a designation exists.

After seeing this piece, participants said they would want to go to the website to see a list of hospitals that had earned the designation. Several participants said they wanted the website address to be larger and more prominently placed.

According to participants, the best way to let women know about Texas Ten Step hospitals is through their Ob/Gyns. Other places participants suggested for promoting Texas Ten Step include at the offices of other types of doctors; on hospital tours and hospital websites; in ads on social media, radio, and Pandora; in commercials; at maternity stores; on billboards; at WIC; and on YouTube, Facebook, and Instagram.

To me, everything is – all this information is what I've been looking for – exactly what I wanted in the very beginning – that I wanted to do this. I wanted to breastfeed my baby, so I would like to have this at the beginning with WIC or with my doctor – since the very beginning, to be motivated – to be encouraged to breastfeed. When you get to the hospital, you realize that you can do it, but you're not used to having somebody insisting on you breastfeeding your baby. If there's a social worker at the hospital that would come close to you and let you know about these options, that would be great.

– San Antonio

WIC Breastfeeding in Public Poster

The imagery of a woman breastfeeding uncovered in public generated discussion in the focus groups. Most Dallas participants said they liked the encouraging message that it's fine to breastfeed anywhere, while participants in the other cities were split on whether it is appropriate to breastfeed in public without a cover. Most said they prefer to cover themselves while in public. Even after WIC changed the image to one in which the mother had less skin showing, the participants said the poster did not resonate with them because they would not choose to breastfeed so openly outside of their homes.

I think that it's great that they're telling women that, don't feel ashamed needing to breastfeed your baby. More and more recently I feel like I've seen more and more women breastfeeding without even a cover, just because they're feeding their baby and they shouldn't be ashamed. I like that this tells you – before, whenever you had a kid, that



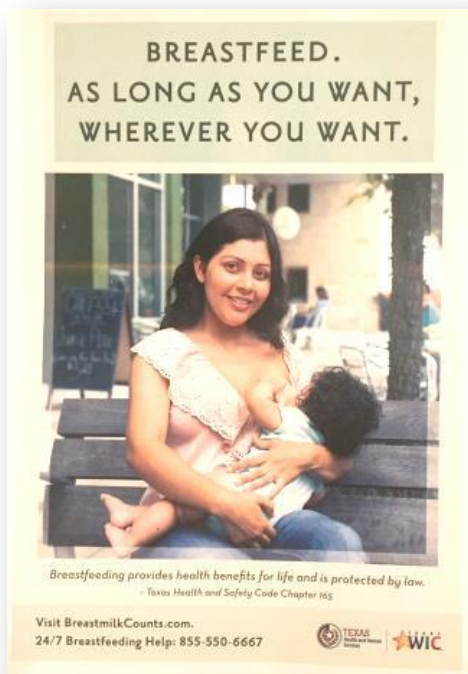
there is nothing to be ashamed about, and yeah, the law is on your side. People give you weird looks? Well, then, they've got more problems than you do.

– Dallas

Participant 1: *I like it. I like the way it looks. I like the poster. That's to be brave. I would like to do it. To see her like that – if she's doing it like that, maybe I can do it.*

Participant 2: *I have a different opinion about it. Breastfeeding is very natural, but there are certain areas that you can breastfeed your baby whenever you want to at the time you want to, but what I think – you need to cover your breasts because, sometimes, children ask questions.*

– San Antonio



First Image



Revised Image

Participants in Tyler and Lubbock were more likely to comment that, while it is legal to breastfeed in public, they still prefer to use blankets to cover themselves while breastfeeding outside their homes. These women said this poster did not resonate with them because they themselves are not comfortable breastfeeding uncovered in public. Some participants said that even though they think breastfeeding in public should be accepted, the reality is that they would be stared at or hear negative comments if they were to breastfeed in public like the woman on the poster.



For them to respect themselves, they need to cover themselves, because nobody wants to see – older kids, like five- or six-year-olds – to see a mother's breast out while feeding their child. The best thing to do is to cover yourself up to respect the environment.

– Tyler

I think this is to help mothers, to encourage mothers to breastfeed, that there's positivity in it, but when you're actually in that situation, it's frowned upon. People stare at you or they want you to cover up, which I don't think you should have to cover up, because we all have ... nipples, they're just different colors. I'm not saying to go and flash people, but to feed a baby.

– Lubbock

If I see it, I don't care, but personally, I don't feel comfortable showing anything. I feel ashamed because of what people are going to think.

– San Antonio

Several participants said they liked the message of being able to breastfeed anywhere and liked knowing that it is protected by law. Several found the poster motivational and encouraging for breastfeeding women. Some women shared that they had been made to feel ashamed or embarrassed to breastfeed in public, so they appreciated the supportive message of the poster. Those who noticed the website and hotline number felt encouraged by knowing they could access these resources 24/7.

I like that it says that you're protected by law. Even if you feel uncomfortable, if anybody says anything to you, you are protected by the law to breastfeed where you want.

– Lubbock

I like the fact to know that it's protected by law. One of the companies I used to work for, we had an employee that was breastfeeding, and I can tell some of the managers who didn't even have kids was annoyed by how many times she had to go on breaks to breastfeed. I was more the one that was backing her up. I already have kids, so – at the time, I didn't even have my child, but it was just the fact that it shouldn't be an annoyance. She can't help it.

– Dallas

Several women said they wanted to see pro-breastfeeding messages like this one throughout their communities (in malls, schools, government buildings, and offices) to help fight the stigma they had experienced. One participant suggested that it would be helpful to have this poster in a company's Human Resources office to educate all employees about the legality of breastfeeding at the workplace. Some participants also pointed out that they appreciated seeing non-white women associated with breastfeeding on the poster.



I like the fact that they used a minority in the picture, because a lot of times we associate breastfeeding with Caucasian women, and a lot of minorities have done it for years – a long time. They would be the wet nurses and everything. So, it's just nice to see that this is being promoted, not just what we see on TV all the time.

– Dallas

WIC Breastfeeding at Home Poster

This piece was tested with participants in Tyler, San Antonio, and Lubbock. Participants responded more positively to this poster than to the one featuring a mother breastfeeding publicly. They saw the scenario of breastfeeding in public more as aspirational, while breastfeeding at home struck them as more relatable and “comfortable.”

For me, the pictures speak differently because this one's in public and this one's isolated in your own home. You should feel comfortable, obviously, being in your own home, but you should also feel comfortable being out in public.



– Lubbock

Because she's at home. She's calm. Nobody's looking at her. I think, because we are getting identified with the photo – if we're at home, we can be wearing whatever, and you feel comfortable. It's a special moment. You're comfortable.

– San Antonio

Participants said they felt comfortable seeing the woman in this poster breastfeeding uncovered because she was in her own home. They said the message was supportive, encouraging, and positive.

Participant 1: *She's at home.*

Participant 2: *Someone's obviously encouraging her, supporting her.*

Participant 3: *The baby looks like she's latching on good. She looks peaceful. They got it. They both have it.*

– Tyler

I like it, too, just because when you're at home, especially being a first-time mom, and you're breastfeeding for the first time and it's like, you're struggling, you don't know what to do, maybe the baby's latching, you have questions, your mom's asleep, you can't



go wake her. There's this number you can call and they'll help you through it.

– Lubbock

Participants said they would like to see a poster like this in doctors' offices. All of the Lubbock participants said they would want it mailed to them about six weeks after they delivered as an encouraging reminder to keep going. One suggestion was to show a mom pumping rather than directly nursing a baby, to reflect the experience of working moms.

It'd be interesting to see a photo of a mom either getting ready for work and pumping, something in a different aspect, where, now, there's a lot of breastfeeding moms who are pumping most of the day. That is really hard, too. Have encouragement to say, "You can still do it" even if it doesn't look like this with a baby on you, and it's a pump, instead.

– Lubbock

WIC Rx Nutrition Services Prescription Pad

This piece was tested with participants in Tyler and Lubbock. Participants responded positively to it. Several who already felt aware of WIC services said this piece did not offer any new information to them. Still, many liked the idea of a doctor educating them about helpful services in their community. A couple of participants who had not been aware of WIC before their pregnancies said that, if their doctors had handed them something like this, it would have prompted them to enroll sooner.



I think that your doctor is there for your health, but I think that WIC specifically specializes in doing the nutrition part of your life, whereas a doctor is not necessarily trained for that, unless it's a dietitian.

– Lubbock

If my doctor would've given this to me, I probably would have WIC by now. My doctor didn't, and I had to hear about it hearsay. That's why I still haven't went.

– Tyler



Participants were happy with this card; one called it “perfect.” Participants said they liked the inclusion of the father, the free classes, everyone smiling, the detailed information about pumping and storing breast milk, and the information that WIC is for children up to age five. Some participants said they learned about the recipes and the online classes from this piece.



– San Antonio

– Lubbock

- Lubbock

- The right diet for children

- How diet impacts breastfeeding
- Foods that do not cause upset stomachs for children
- Helping children sleep
- Feeding picky eaters
- What to look for if a child is developing allergies
- Supplements or vitamins for children
- How to wean
- Childhood dental health

Some participants said they would use the QR code to access the website. Others were unsure whether their phones had the capability to scan QR codes. Some said they had used a QR code in the past, but only one or two times, and they were not sure whether their current phones could scan them. Participants who visited the site had a positive impression of it. The Texas Mother-Friendly Worksite information, self-care tips, and phone number all caught their eye.

I would rather just go to the website, just the fact that not everybody has that QR code thing. I don't.

– Lubbock

Closing Thoughts

At the end of each focus group, the moderator went around the table and asked each participant to share what they felt was the most important thing discussed during the session. The top answer was learning about the various breastfeeding resources available to women, many of which participants were not aware of prior to their participation in the group.

That there was plenty of information out there to seek if you're interested in breastfeeding, especially for those who does not have that experience or anyone around them. It's positive.

– Dallas

We all go through different situations, and there are people who can help. There's information out there that a lot of us didn't know that existed. We just need to find it and get well informed.

– San Antonio

I think support. Women, no matter what their demographics, whatever their income, that they choose to breastfeed, that there's support behind them.

– Lubbock



The second most frequent response was that participants were happy to learn about the Texas Ten Step hospital designation.

Other responses given by a few participants are as follows.

- Breastfeeding is protected by law
- Other moms struggle with breastfeeding too
- WIC prescription pad
- Breastfeeding is important
- You can breastfeed as long as you want, any time you want
- Learning about Breastmilkcounts.org
- Learning about the WIC hotline
- Encouraging WIC posters



Conclusion

The medical providers who participated in the focus groups are very receptive to WIC staff's reaching out to their offices to introduce WIC services. Providers currently offer limited breastfeeding education and support; once introduced to the services, they would be better equipped to refer patients to WIC for breastfeeding help and nutrition education. Local WIC offices have an opportunity to form important partnerships with medical providers, which will ultimately increase access to breastfeeding education and support through WIC.

Most participants in the women's groups have heard that breastfeeding has myriad benefits for mother and baby. Sources of this information include their families, communities, WIC clinics, and doctors' offices. Knowing that breastfeeding is good for their children inspired most participants to plan on breastfeeding for a period of time. Unfortunately, once the baby arrived, many encountered mechanical problems that reduced the total length of time they were able to breastfeed. Overcoming challenges with breast pump use and/or latching often requires hands-on instruction, which many participants did not receive.

Many women said they got good hands-on instruction from the hospital nurses when they delivered, but most of these women received no further breastfeeding support from the hospital after they were discharged. Most women identified neither their Ob/Gyn nor their child's pediatrician as a significant member of their breastfeeding support network. They said those healthcare providers offer words of encouragement or pamphlets, but not hands-on guidance or referrals to providers of in-person education. Some women got hands-on help and breast pumps from WIC.

When asked what sort of breastfeeding support they wish they had received, several women said they needed more hands-on instruction after their babies were born. In each women's group, participants brought up sources of local breastfeeding support that were unknown to other participants, such as La Leche League and Baby Cafés. Several participants said they wished they had been more aware of the breastfeeding resources in their communities so that they could have accessed them when they needed them.

Women still trust their Ob/Gyns to provide them with the information they need during their pregnancy. For this reason, they said they would want critical information about community breastfeeding resources and Texas Ten Step hospitals to come from their Ob/Gyns.



Appendix A – Provider Focus Group Screener

SUMA Social Marketing, Inc. WIC Breastfeeding Provider Research 2019

Hello, my name is _____ and I am calling from _____, a local market research company. This is not a sales or collection call. We are calling to find interested healthcare providers to speak with us about health-related information. We would like to ask you some questions.

1. Targeted Provider	<p>Are you:</p> <p><input type="checkbox"/> A Medical Doctor (MD) or Doctor of Osteopathy (DO) (CONTINUE)</p> <p><input type="checkbox"/> An advanced practice nurse (CONTINUE)</p> <p><input type="checkbox"/> All others (TERMINATE)</p> <p>**Recruit 8-10 for 6 to show; we want evenly mixed group by gender, facility setting, and ethnicity, if possible</p>
2. Specialty & Training	<p>What is your specialty and/or completed training?</p> <p><input type="checkbox"/> OB/GYN (CONTINUE)</p> <p><input type="checkbox"/> Pediatrician (CONTINUE)</p> <p><input type="checkbox"/> Women's Health Nurse Practitioner (CONTINUE)</p> <p><input type="checkbox"/> Family Nurse Practitioner (CONTINUE)</p> <p><input type="checkbox"/> All others (TERMINATE)</p> <p>At least 2 should be OB/GYN and 2 should be pediatricians **Recruit 8-10 for 6 to show; we want evenly mixed group by gender, facility setting, and ethnicity, if possible. Do not recruit more than one doctor from the same practice.</p>
3. Length of Practice	<p>How long have you been in practice?</p> <p><input type="checkbox"/> 2+ years (CONTINUE)</p> <p><input type="checkbox"/> Less than 2 years (TERMINATE)</p>
4. Well Woman exam	<p>Do you work with women postpartum or with infants?</p> <p><input type="checkbox"/> If yes (CONTINUE)</p> <p><input type="checkbox"/> If no (Terminate)</p>
5. Patient Income	<p>Does your practice/facility serve Medicaid patients?</p> <p><input type="checkbox"/> Yes (CONTINUE)</p> <p><input type="checkbox"/> No (TERMINATE)</p>
6. Practice Setting	<p>What type of healthcare setting do you work in?</p> <p><input type="checkbox"/> Large Practice (more than 20 doctors) (CONTINUE)</p> <p><input type="checkbox"/> Small Practice (less than 20 doctors) (CONTINUE)</p> <p><input type="checkbox"/> Federally Qualified Health Clinic (CONTINUE)</p>



	<input type="checkbox"/> Private Practice or clinic (CONTINUE) <input type="checkbox"/> Military Hospital (CONTINUE) <input type="checkbox"/> Hospital (CONTINUE) <input type="checkbox"/> Research institution (TERMINATE) <input type="checkbox"/> Medical School Intern or Resident (TERMINATE) <input type="checkbox"/> Other: record here _____ **IMPORTANT: please recruit doctors who do NOT work in the same practice or office **Recruit mixed representation of healthcare settings. No more than 2 from each setting.
7. Conflict Of Interests	Are you or any member of your family employed by the State of Texas Health Department? <input type="checkbox"/> Yes (TERMINATE) <input type="checkbox"/> No (CONTINUE)
8. Open Question	In your opinion, what is the biggest challenge women have post-partum? _____ If respondent is not forthcoming with an answer or says "I don't know," TERMINATE. We are interested in respondents who are willing to share their opinions openly.

Thank you for your time. We will be conducting an informational focus group among doctors in your community to discuss healthcare issues. The focus group will be completely confidential. The discussion will take place on _____ the _____ of _____, and will last approximately 2 hours. You will receive **(\$400)** for your time and opinions.

PLEASE ARRIVE 30 MINUTES BEFORE THE START OF YOUR FOCUS GROUP IN ORDER TO HAVE TIME TO ENJOY THE SNACK OR MEAL.

Someone will call you as a reminder before the focus group.

Will you be able to join us? ☐ YES



Appendix B – Women Focus Group Screener

SUMA Social Marketing, Inc.
WIC Breastfeeding Women Research 2019

Hello, my name is _____ and I am calling from _____, a local market research company. This is not a sales or collection call. We are calling to find interested people to speak with us about health behaviors. We would like to ask you some questions.

1. Language	What language(s) do you speak with your family? <input type="checkbox"/> Spanish (DISCONTINUE) <input type="checkbox"/> English (CONTINUE) <input type="checkbox"/> Other _____ (if only other, terminate)
2. Parent	Do you have children? <input type="checkbox"/> Yes (CONTINUE) <input type="checkbox"/> No (DISCONTINUE) If yes, how many _____
3. Parent	Is one of your children 12 months or younger? <input type="checkbox"/> Yes (CONTINUE) <input type="checkbox"/> No (DISCONTINUE)
4. Breastfeeding Status	How would you describe your breastfeeding with this baby? <input type="checkbox"/> I breastfeed for 3 weeks or more. (CONTINUE) <input type="checkbox"/> I never breastfed this baby. (DISCONTINUE) Note to interviewer: If she says she pumped and fed her milk to the baby for at least 3 weeks, CONTINUE Note to interviewer: We mostly want women who breastfed for at least a couple months but if a few only breastfed for 3 weeks that is okay.



5. Ethnicity	<p>How would you describe your ethnicity?</p> <p><input type="checkbox"/> Caucasian (CONTINUE)</p> <p><input type="checkbox"/> Hispanic (CONTINUE)</p> <p><input type="checkbox"/> African American (CONTINUE)</p> <p><input type="checkbox"/> Other (CONTINUE – RECORD ANSWER)</p> <p>We would like a mix of women.</p>
6. Income	<p>Using the chart below determine income:</p> <p>How many people are in your family? _____</p> <p>What is your household yearly income? _____</p> <p>If they fall within the following guidelines:</p> <p>Continue</p> <p>If not terminate.</p>
7. WIC Status	<p>Are you or your child currently on WIC?</p> <p>Yes (Continue)</p> <p>No (Continue)</p> <p>We want a mix of people who are on WIC and those who are not.</p>
8. Education Level	<p>What was your last level of education completed?</p> <p><input type="checkbox"/> Elementary school</p> <p><input type="checkbox"/> To 8th grade</p> <p><input type="checkbox"/> Some High school</p> <p><input type="checkbox"/> High school graduate</p> <p><input type="checkbox"/> Some college</p> <p><input type="checkbox"/> College graduate</p> <p><input type="checkbox"/> I never went to school</p> <p>CONTINUE FOR ALL- THIS IS FOR DATA PURPOSES</p>



9. Relationship Status	<p>How would you describe your relationship status?</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Committed relationship other than marriage</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Other _____</p> <p>CONTINUE FOR ALL- THIS IS FOR DATA PURPOSES</p>
10. Open Question	<p>What is the biggest concern you have about feeding your child?</p> <p>_____</p> <p>If respondent is not forthcoming with an answer or says "I don't know," TERMINATE. We are only interested in respondents who are willing to share their opinions and are comfortable expressing themselves openly.</p>

Policy and Procedures Manual 2

WIC INCOME GUIDELINES	Weekly	Bi- Weekly	Twice Monthly	Monthly	Annual
Family Size					
1	445	889	963	1,926	23,107
2	602	1,204	1,304	2,607	31,284
3	759	1,518	1,645	3,289	39,461
4	917	1,833	1,985	3,970	47,638
5	1,074	2,147	2,326	4,652	55,815
6	1,231	2,462	2,667	5,333	63,992
7	1,388	2,776	3,008	6,015	72,169
8	1,546	3,091	3,348	6,696	80,346
9	1,703	3,405	3,689	7,377	88,523
Family Size	Weekly	Bi- Weekly	Twice Monthly	Monthly	Annual
10	1,860	3,720	4,030	8,059	96,700
11	2,017	4,034	4,370	8,740	104,877
12	2,175	4,349	4,711	9,422	113,054
13	2,332	4,663	5,052	10,103	121,231
14	2,489	4,978	5,392	10,784	129,408
15	2,646	5,292	5,733	11,466	137,585
16	2,804	5,607	6,074	12,147	145,762
EACH ADDITIONAL FAMILY MEMBER	+158	+315	+341	+682	+8,177



Thank you for your time. We will be conducting focus groups in your community with people like you to learn talk about feeding your baby. Your participation is very important; therefore, you will receive \$100.00 in cash for your time and opinions. Your name will not be associated with any documents other than a disclosure form and will not appear in any reports. The discussion will take place on _____ the _____ of _____, and will last approximately 2 hours. Please arrive at least 15 minutes early.

There is not babysitting at this focus group. Please arrange for childcare.
Are you able to make other arrangements for your child(ren) for this time?

Will you be able to join us? ☐ YES

Details...
Get Cell Number



Appendix C – WIC Letter to Providers Introducing Services



TEXAS
Health and Human
Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

September 1, 2019

Dear Health Care Provider,

The Texas Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has several important updates. WIC provides healthy food, nutrition counseling, and breastfeeding assistance. Families do not need to be U.S. citizens, or Medicaid or SNAP recipients to qualify for WIC.

WIC updates include:

- **Online application** – Your patients can answer a few simple questions and start their WIC application online.
- **WIC shopping app** – Shopping just got easier with the *my Texas WIC* app. Clients can check their WIC benefits, find a store, scan barcodes, and view shopping guides.
- **TexasWIC.org and BreastmilkCounts.com** – Your patients, regardless of income, can find expert nutrition and breastfeeding information from Lactation Consultants (IBCLCs) and Registered Dietitians.
- **Free online classes on TexasWIC.org** – Classes created by IBCLCs and Registered Dietitians on topics such as breastfeeding and milk supply, breastfeeding and returning to work, starting solids, weaning from the bottle, picky eating and more. Classes are available online to all, regardless of income.

Enclosed you will find a promotional card to place in your waiting room or exam rooms. Patients can use their camera to scan the QR code and start their WIC application online while they are waiting. To order additional cards, email WICMaterials@hhsc.state.tx.us.



Visit our Health Partner's website at [TexasWIC.org/health-partners](https://www.texaswic.org/health-partners)

Sincerely,

Edgar Curtis
Texas WIC Director

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