Perinatal Education and Support Program: Baystate's New Beginnings

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ABSTRACT

Parent education traditionally focuses on childbirth, whereas the perinatal period gets little attention despite parents' reports of feeling unprepared. Lack of education surrounding newborn behavior leads to decreased maternal confidence and ineffective responsiveness to infant cues for feeding, crying, and sleep. This can cause overfeeding, lowered breastfeeding success, and contributes to parental stress which can impact maternal–infant bonding. Lack of postpartum maternal support adds to fatigue and stress which contributes to poor maternal well-being. This article describes an innovative perinatal program, *Baystate's New Beginnings*, modeled after the education from the 2011 California Baby Behavior Campaign and *The Secrets of Baby Behavior* that combines newborn behavior education and maternal support in the first 3 months postpartum to improve maternal role transition.

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Transition to motherhood after childbirth is known to be a tumultuous time in a woman's life. There are physical, psychological, and social changes, along with an emotional process, as women struggle to meet cultural and personal role expectations (Liu, Chen, Yeh, & Hsieh, 2012). Maternal role is dependent on the mother's own experience of the interactions between herself and her infant and the care that she perceives she can give, reflected in her level of confidence (Liu et al., 2012). Maternal confidence is correlated to maternal transition as she goes through the process toward maternal role attainment (Mercer, 2006). One qualitative study found the following themes surrounding the needs of postpartum women: The postpartum period is a time of upheaval, it is a time not well prepared for,

it involves seeking a new social network and sense of self, support around breastfeeding is frequently desired, insecurity around caring for the infant is often felt, and the redesign of postpartum services is needed (Foley, 2012). Health professionals have traditionally had a greater focus on care tasks and have not met the wider needs of women as they transition into their new maternal role identity (Sporek, 2014).

For more information about the California Baby Behavior Campaign, see <https://www.cdph.ca.gov/programs/wicworks/Pages/WIC-CaliforniaBabyBehaviorCampaignDrJaneHeinigsTraining.aspx>

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Conditions of change, such as transition to motherhood, cause stress which negatively impacts adjustment to the maternal role (Emmanuel & St. John, 2010; Ngai & Chan, 2012). Postpartum stressors identified within the maternal–infant dyad include multiple roles and tasks, lack of sleep, children’s health concerns including breastfeeding, parental relationship strain, and a crying newborn (Jevitt, Groer, Crist, Gonzalez, & Wagner, 2012). Fatigue caused by regularly interrupted sleep surrounding infant care and feeding is a major stressor that causes ineffective coping mechanisms and undermines self-efficacy in the parenting role (Giallo, Rose, Cooklin, & McCormack, 2013). This fatigue and postpartum stress affects both the parent and infant. One study model that looked at the relationship between fatigue, parenting, and childhood development hypothesized that fatigue impacts parental adaptability and may impact child development (Kienhuis, Rogers, Giallo, Matthews, & Treyvaud, 2010). Recent research has determined that toxic stress early in life can negatively affect the developing infant brain which influences healthy adaptation into adulthood (Shonkoff & Garner, 2012). Infants whose mothers are unable to meet their needs have worse cognitive and emotional outcomes (Beck, 1998).

Researchers have noted that women with the lowest levels of support had the highest levels of postpartum stress (Hung, Lin, Stocker, & Yu, 2011). Lack of maternal support in the early postpartum period can lead to postpartum depression (Leahy-Warren, McCarthy, & Corcoran, 2012). Postpartum depression negatively affects maternal well-being and can cause an inability of the mother to bond with her infant (Husmillo, 2013). Studies show that postnatal support is effective in facilitating a positive maternal role transition (Hung et al., 2011; Jevitt et al., 2012; Leahy-Warren et al., 2012).

Appropriate maternal support must include parental education surrounding newborn infant care and behavior. According to the researcher Nugent (2013), giving parents education surrounding their newborn infant’s behaviors allows them to better understand their infant; strengthening the parent–infant relationship and the adjustment to the parental role. Limited time for parent education during the

average 3-day hospital postpartum stay means newborn infant care is often not adequately addressed to meet parental learning needs (Buchko, Gutshall, & Jordan, 2012). Research suggests that mothers lacking competence in normal infant behavior also lack maternal confidence (Liu et al., 2012). New mothers need better understanding of infant cues to promote bonding, facilitate breastfeeding, and improve their confidence (Tedder, 2012). Breastfeeding was found to be a primary source of maternal postpartum stress in the early weeks (Razurel, Bruchon-Schweitzer, Dupanloup, Irion, & Epiney, 2011). Misunderstanding infant cues and infant states, especially in the breastfed infant, can lead to unnecessary formula supplementation, early weaning, and overfeeding (Heinig, Bañuelos, Goldbronn, Kampp, & Bacerra, 2010).

The Fit WIC study (Heinig et al., 2010), conducted by the University of California Human Lactation Center with a grant from the U.S. Department of Agriculture, was a 3-year quasirandomized educational intervention at California’s Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The study looked at caregiver’s perceptions of hunger based on infant crying, which prompt poor feeding habits leading to overfeeding. The conclusion of this study determined that education surrounding newborn infant behavior empowers parents to better understand their infant’s behaviors, decreases unrealistic expectations that lead to overfeeding, improves breastfeeding rates, and helps prevent childhood obesity (Heinig et al., 2010). Based on the conclusions of this study and preceding infant behavior research from key pediatricians such as Brazelton (1973), the University of California Davis Human Lactation Center partnered with the State of California to create the California Baby Behavior Campaign (California Department of Public Health, 2015). This campaign is an educational program adopted by WIC to teach caregivers how babies communicate so that they can better understand infant cues to prevent overfeeding. *The Secrets of Baby Behavior* (Heinig, Bañuelos, & Goldbronn, 2012) was developed based on this campaign and focuses on teaching infant cues surrounding feeding, crying, and sleep patterns. The aim of this article is to explain how a perinatal program that provides education about infant behavior modeled after the California Baby Behavior Campaign and *The Secrets of Baby Behavior* (Heinig et al., 2012), along with postpartum support in the first 3 months, can improve outcomes during maternal role transition.

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METHOD

In 2013, Dr. Jane Heinig was a guest speaker at the annual Baystate Medical Center (BMC) Breastfeeding Conference. Two BMC parent educators (PEs), who attended the conference, were captivated by the information they heard regarding how positive results of the Fit WIC study (Heinig et al., 2010) was the impetus to adding education about infant behavior to materials at all WIC agencies within the State of California. Individually, the PEs wondered how a program like this might be implemented within the BMC Wesson Woman's postpartum units. Collectively, they realized that by employing the support of the BMC Parent Education department and their manager, together they could make it happen. The PEs culled through information on infant behavior, specifically the research of the UC Davis Lactation Center (Heinig et al., 2010), to come up with an appropriate educational tool that could be applied to BMC Wesson Woman's Hospital community located in Springfield, Massachusetts.

BMC Wesson Woman's hospital delivers more than 4,000 infants annually (Baystate Health, 2015a). The hospital, located in Springfield, Massachusetts, and seated within Western New England, has a large urban population of 52% White, 39% Latino, and 22% African American (U.S. Department of Commerce, 2015). Wanting to reflect the community population, the educational tool PEs envisioned would need to be composed of information for both English and Spanish speakers and appropriate for all learners. With the aid of the BMC Creative Services department, a calendar-like guide full of beautiful images and information eloquently written by a PE was created in both English and Spanish versions. The colorful, eye-catching guide was to be provided to all new mothers on the inpatient postpartum units to teach parents how to better understand their infant within the first 3 months of life. Along with this helpful education, the PEs realized that there needed to be a method to offer support to new families. Multidimensional levels of support were considered and incorporated as a part of the model. In September 2013, the *Baystate's New Beginnings* (BNB) parent education and support program commenced.

BNB is a two-tiered program that combines education and support to create a safety net around new parents. As Liu et al. (2012) concluded in their research on maternal parenting stress in newborn care, infant care programs are needed in the

postpartum period to boost maternal confidence, which correlates with increased maternal competence. According to Foley (2012), when asked, parents stated that they wanted postpartum services redesigned. This program improves on the current state of postpartum services and has a clear message surrounding infant behavior, with the goal of reinforcing the message by all caregivers interacting with the patient. The BNB program focuses on the postpartum period when mothers transition from birth to the maternal role and combines infant care with maternal well-being, which is so often lacking (Leahy-Warren et al., 2012). The program includes partners, family, and friends in the mother's circle whenever possible and provides new parents with the education and confidence needed to parent with less stress. Ngai and Chan (2012) found that mothers who experience less stress had increased competence and satisfaction with their postpartum maternal role.

The BNB education is provided to all women on the postpartum units, and their families as desired, with infants born greater than 35 weeks' gestation. The PE enters the patient's room at a time of convenience for the new family and postpartum nurses. Parents are given the BNB guide as a gift, and the PE explains briefly how to use and refer to the guide over the next 3 months. The parents are asked if they would like the PE to add their infant's footprint into the guide which promotes ownership of it. While the PE works to place the footprint into the guide, she takes the opportunity to use the cues that the infant may be exhibiting at the time as a way to educate the parents about newborn infant behavior. When finished with the footprint, parents are encouraged by the educator to swaddle their infant with one arm out. This method of swaddling teaches families the importance of recognizing early feeding cues to promote maternal responsiveness (Heinig et al., 2012). Initially, families were reluctant to adopt this method of swaddling for fear their infant may scratch the face so PEs addressed this concern by providing a fine grit emery board to concerned parents.

As the PE is providing education on infant behavior, the need for maternal postpartum support is also addressed. The PE encourages the mother to enlist the help of her partner and family in the coming days and weeks. She is then educated about the risk for perinatal mood complications and use of the Edinburgh Postnatal Depression Scale (Cox, Holden, & Sagovsky, 1987), located on Week 4 in the

BNB guide. The mother is shown the list of BMC Parent Education department programs and encouraged to find support beyond her own resources whenever needed. Parents are then asked if they would like to join the BNB Facebook page (Baystate Medical Center Parent Education Department, 2015), sign up for weekly customized BMC e-mails through *The Parent Review Letter* (TPR Media, LLC, 2015), and lastly, the mother is asked if she would provide her telephone number for a follow-up phone call from a PE 1 week postdischarge.

Education within the BNB guide addresses the core concepts that Dr. Heinig et al.'s (2010) research stresses including cues surrounding infant feeding, crying, and sleep patterns. The guide starts by informing parents about expectations in the early hours after birth including the benefits of skin to skin, infant's stomach size for understanding appropriate feeding amounts, normal diaper counts, breastfeeding care, postpartum care of the recovering mother, and suggestions for ways the partner can become involved in care of both infant and mother. The guide then focuses on newborn reflexes and cues that a parent should be aware of for better understanding of what the infant is "saying" regarding feeding and engagement versus disengagement. Crying is an infant's way of communicating, so encouraging better parental understanding of cues that lead to infant distress aids in maternal response (Leerkes, 2010). Waking and soothing techniques are also included as a means for comforting the crying newborn or waking for feeding in the early days. This information provides new parents with the tools they need to assess what their infant is trying to say to them about what they need in the moment. As the guide continues, normal sleep cycles of the infant in the first 3 months of life are presented. New parents often worry about their infant's ability to settle, and formula supplementation is associated with attempts to promote infant sleep (Brown & Arnott, 2014). Research suggests the need for education surrounding realistic expectations related to newborn infant sleep patterns and infant behavior if breastfeeding duration is to be extended and overfeeding is to be avoided (Brown & Arnott).

A large part of the BNB program is the ongoing support it provides to all new parents from BMC. Few women are prepared for the physical and emotional effects associated with adaptation to motherhood (Sporek, 2014). Because the length of stay after childbirth is short, and new mothers do

not routinely see their health-care provider until 6 weeks postpartum, mothers have limited time to get the education and support from the caregivers that they need. Research suggests that mothers who receive both informational and emotional support are less likely to experience symptoms of postnatal depression in the first 6 weeks after giving birth (Leahy-Warren et al., 2012). From the day of birth, support is offered through the option of calling the BNB PEs direct phone line during normal business hours and/or by "liking" the BNB Facebook page. This Facebook page is a social media virtual community for new parents that is facilitated daily by one of the PEs (Baystate Medical Center Parent Education Department, 2015). It offers ongoing encouragement, education about infant care, support for maternal well-being, and parenting resources for the first 3 months of their infant's life. Schedules for upcoming classes and groups are routinely posted on the page. Users of the page are encouraged to private message the facilitator for answers to questions or if in need of personal support. Support in this form of social media allows parents to get the information they need in a timely manner with the added convenience of not having to leave their home.

Another means of support that BNB provides is a 1-week postdischarge phone call to all inpatient mothers that accept it. This ensures that mothers are provided with follow-up support when they need it most. Studies show that support is especially critical within the first few weeks of the perinatal period (Leahy-Warren et al., 2012). PEs call to ask the mother how she is coping during her transition to the maternal role, and they provide answers to many questions mothers have in the early postpartum days. PEs attempt to determine the level of maternal stress based on the needs mentioned during the call and offer to help mothers find the particular support that would be most beneficial to them.

Breastfeeding questions are the most common questions PEs encounter during their routine maternal follow-up calls. Research shows that women who don't have breastfeeding support in early weeks postpartum are more likely to discontinue breastfeeding (Brand, Kothari, & Stark, 2011). During the call, breastfeeding mothers having difficulty are asked by PEs if they would like a direct call from a BMC lactation consultant or an outpatient lactation consultation scheduled. The PEs then facilitate this process, bridging the gap between a struggling breastfeeding mother and a lactation consultant.

Other common issues mothers might express are often related to fatigue, infant care, or maternal well-being. Referrals are commonly made to maternal obstetricians or midwives, pediatricians, Early Intervention Program (Behavioral Health Network, Inc., n.d.), Square One in Springfield, including the Healthy Families Springfield program (Square One, 2015), and BMC Parent Education departmental support groups (Baystate Health, 2015b). These groups provide support for breastfeeding, infant behavior, new parents, and perinatal mood complications.

Outcomes

Positive outcomes are possible with a perinatal education and support program like BNB. Research shows how perinatal education and support can be effective in improving transition to the maternal role and lowering parental stress (Jevitt et al., 2012; Liu et al., 2012). Infant stress can also be decreased by improving maternal-child interaction which the BNB program encourages (Letourneau et al., 2011). Since the inception of the BNB program at BMC, families have reported receiving benefit from the program. Reports include parents feeling better able to understand their baby which has increased their confidence when caring for their infant. Many more families are reaching out to PEs through private Facebook messages for support, and calls to the PE office have been increasing. Outpatient rates at BMC Lactation Services have also increased which could be attributed to the increase in referrals by PEs during postdischarge follow-up phone calls. As research shows, this increased breastfeeding support should help to improve duration of breastfeeding (Brand et al., 2011). Also, the BNB Facebook page currently has more than 2,200 followers. Of note, many parents who have gone beyond the 3-month postpartum period have continued to maintain their affiliation with the virtual community and have begun to offer their support and encouragement to new parents. BNB PEs have also seen an increased number of maternal referrals for support of perinatal mood complications and maternal well-being. Research shows that providing more adequate support surrounding emotional health aids in maternal role transition and alleviates maternal distress (Emmanuel & St. John, 2010).

Program Growth

The success of BNB has meant much growth for the program in just 17 months' time. Staff education and training around infant behavior in the inpatient setting at BMC has been instituted for nurses,

interns, residents, and other members of the multidisciplinary team by BNB PEs. To date, 40 staff members have gone through the training program. Also, BNB has trialed an educational program surrounding infant behavior and parenting at the BMC pediatric outpatient clinic at High Street, Springfield (Baystate Health, 2015c). This program was started to reach families at high risk for toxic stress. The clinic continues to refer its new families to the program, but the actual educational offering has moved from the pediatric clinic to Square One in Springfield where clients frequent for daycare and support services (Square One, 2015). Most recent growth involves collaboration about the topic of perinatal mood complications. BNB is partnering with the High Street pediatric clinic (Baystate Health, 2015c), BMC Postpartum Depression Coalition, and inpatient postpartum units at Wesson Woman's (Baystate Health, 2015c). In addition, MotherWoman (MotherWoman, n.d.) has been a valuable partner to bring awareness of perinatal mood complications affecting multiple women today. BNB is helping to institute universal screening and support for perinatal mood disorders within BMC and the greater Springfield community through an educational grant provided by MotherWoman (MotherWoman, n.d.). Two of the BNB PEs have been trained as support group facilitators in the MotherWoman model, and a MotherWoman support group has recently been added to the groups offered by BMC to mothers in the Springfield community.

Program Limitations

Limitations to the BNB program have been noted. First, the BNB guide has been considered by some to be text dense which may be a deterrent for reading to those with limited time or a lower reading ability. Because large numbers of the guides have already been printed, budget constraints prohibit current revisions. Second, budget plays a large role in expansion and promotion of the program. Grants could be considered for help in financing the areas of growth the program is currently experiencing. Monies could provide further training for nursing staff and providers, increased PE staff for inpatient rounding or support group facilitation, and improved educational and marketing materials. Third, there is a lack of bilingual educators for inpatient rounding and to act as support group facilitators, especially in the Spanish language. Information is often provided through Spanish speaking interpreters

which is not ideal, especially when emotional support is required. Lastly, there has been an inability to get the message about the BNB program out to many providers, especially private pediatricians. The program has grown exponentially in 1 year time yet many pediatricians are still unaware of the care and support their patients and families are receiving by this incredible program.

Implications for Practice

BNB is evidence that innovative strategies and programs work to improve maternal and infant outcomes. For too long, parental stress and fatigue in the early newborn period has been seen as a normal part of transitioning into the maternal role. Cultural perceptions that mothers can “do it all” are pervasive, and the makeup of modern families more often than not lack the social supports they once had. It is important to find methods to provide realistic expectations about life after childbirth. Too much emphasis continues to be placed on the birthing process in parental education and not enough on what to expect following the birth (Ahldén, Ahlehagen, Dahlgren, & Josefsson, 2012). PEs are in the unique position of being able to provide an important supportive role to new families because of their knowledge of childbirth and infant care. Mothers may not be in contact with their own provider for up to 6 weeks postpartum but may begin to look to PEs instead for answers to questions about infant care and maternal support in the early weeks. It is recommended that PEs begin to see that their role must evolve beyond only being providers of childbirth education, to providing education and maternal support into the first few weeks at home with a new infant.

PEs who feel their own knowledge and skills are lacking in normal infant behavior must see this as necessary knowledge and seek out professional development on the topic. Infant behavior should be taught as part of prenatal childbirth education classes and then integrated into routine postpartum education for all mothers. PEs should use educational materials that can be provided to new parents about infant behavior on inpatient units and work with nursing staff to incorporate a strong,

cohesive message surrounding the need to understand infant’s cues and get maternal support for home. Together, educators and the health-care team can provide a safety net of education and support for parents within the first 3 months after birth.

CONCLUSION

It is evident that there is a need for improving maternal outcomes such as increased maternal confidence, increased breastfeeding support, decreased levels of postpartum stress, and improved maternal well-being. Studies are needed on innovative programs such as BNB to show evidence of good outcomes. Implementation of similar programs and strategies such as BNB in other hospitals and facilities with postpartum units would help to increase the scope of postpartum support in the early weeks. Programs and strategies implemented in the perinatal period that improve how mothers deal with postpartum stressors, unrealistic parental expectations and negative cultural perceptions will positively influence transition to the maternal role.

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Too much emphasis continues to be placed on the birthing process in parental education and not enough on what to expect following the birth.

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