



CONTINUITY OF CARE

breastfeeding support as a key component in transition to community care | Marlies Rijnders

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BREASTFEEDING IN THE NETHERLANDS

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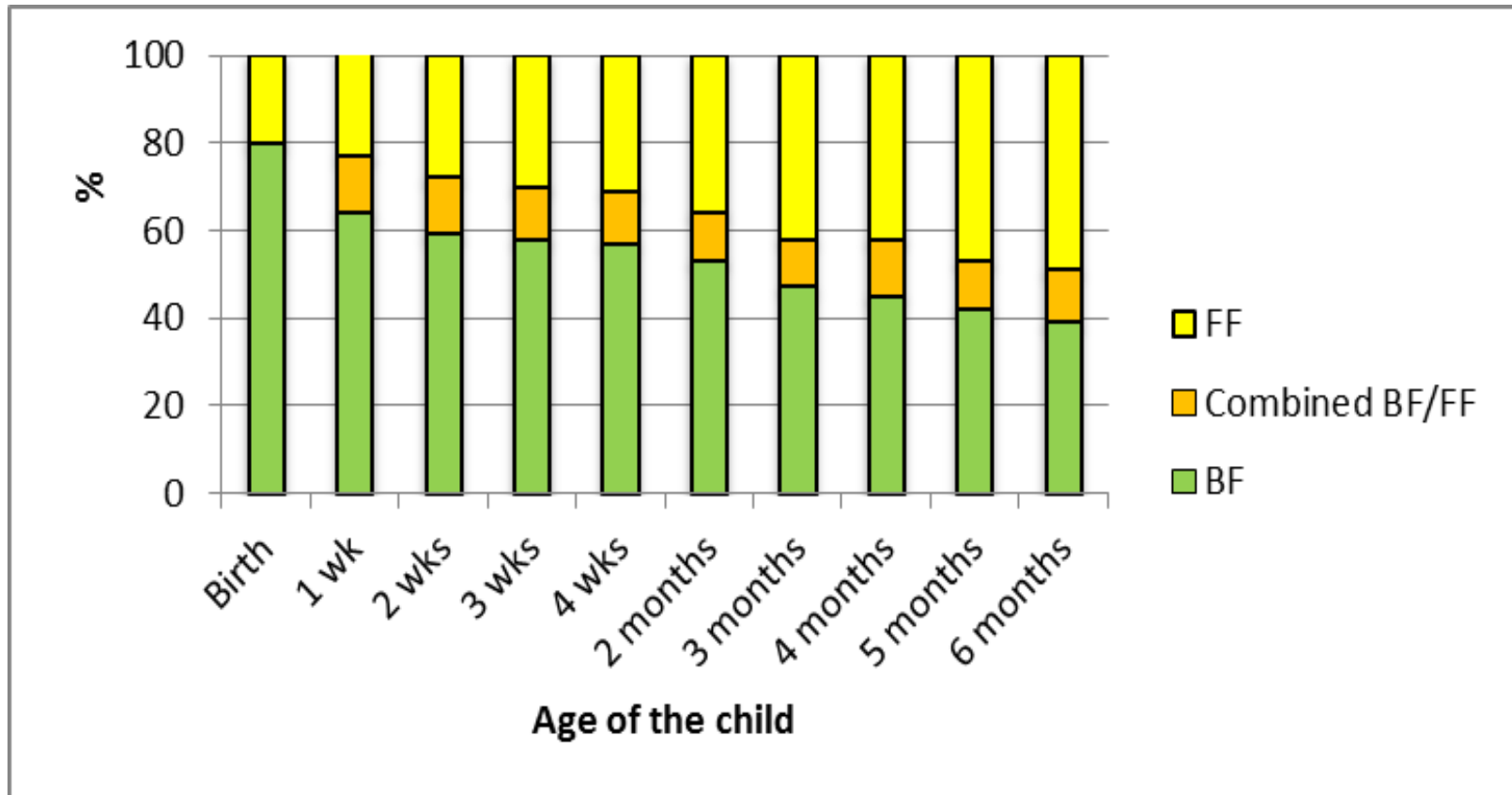


- › As of 2001, six national surveys on infant feeding
- › At Mother & Child Health Care clinics
- › Questionnaires to mothers with infants ≤ 6 months
- › Representative of Dutch population

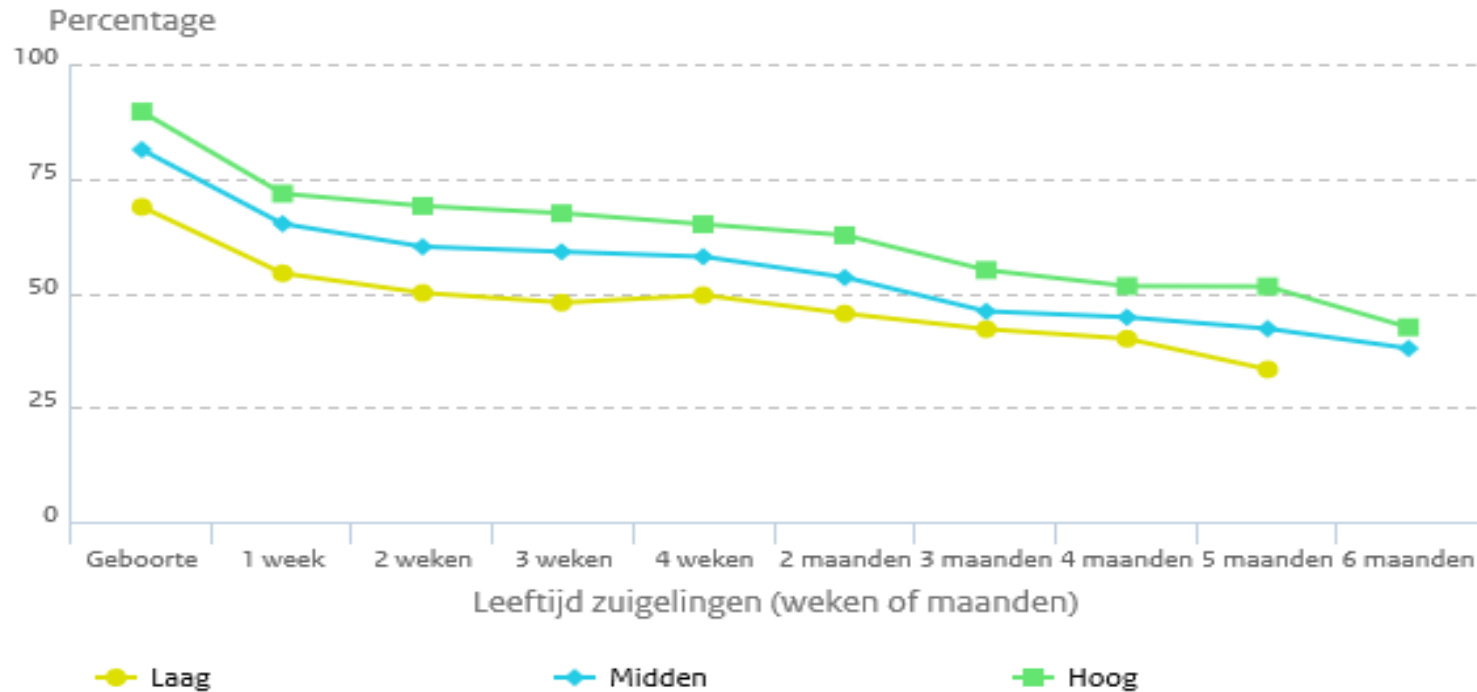


(Peeters, van Wouwe Lanting 2015)

PREVALENCE IN THE NETHERLANDS (2015)



BREASTFEEDING BY EDUCATIONAL LEVEL



- › Women decide before birth how they want to feed their baby
- › In 2015 -contrary to the years 2003 and 2007- there was no relation with uptake or sustainability of BF and care provided by a BF certified health professional

GROUP ANTENATAL CARE

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Inclusive model of care COMBINING:

- Health assessment
- Interactive learning
- Peer Support/Community Building

- › 10-12 women per group
- › Replaces individual care
- › 10 two- hr sessions
- › Facilitated discussions
- › Women involved in health assessment

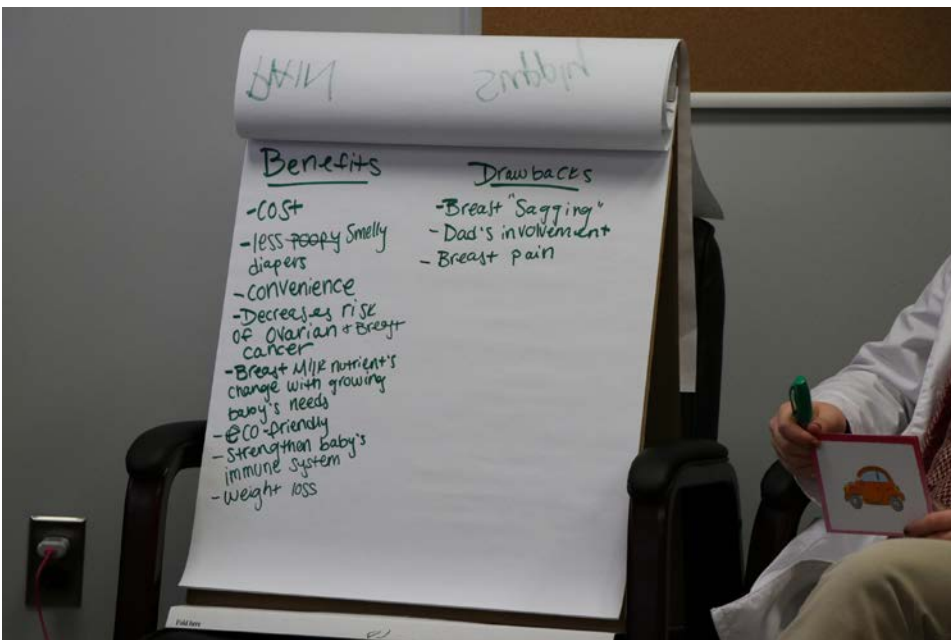


EFFECT GROUP CARE ON BREASTFEEDING

Participation in CenteringPregnancy increased the probability of breastfeeding initiation by:

- 53% overall (n = 8047) (95% CI 29%-81%)
 - 71% for African American women (n = 1458) (95% CI 27%-131%)
- (Robinson 2018)

Dutch trial: 53-97% increased probability of breastfeeding initiation
(Rijnders, Crone)



MATERNITY CARE ASSISTANT (MCA)

- › (almost) every woman in the Netherlands (90-95%) receives care from a midwife and maternity care assistant.
- › It highly rated by most women: mean rating 8.8 (Baas 2017)

The MCA provides care (3–8 hours per day) up to 8 to 10 days after birth



A primary care midwife will visit the family 3–5 times (or more when necessary) in the first 8–10 days after birth.

THE AIM OF MCA IS

- › to provide practical care, support, instruction and guidance
- › to detect health problems of mother and/or baby at an early stage
- › to encourage breastfeeding
- › to give new families a good start

An MCA will be with the family at home for an extended period.

Advantages:
information and education is embedded in the daily activities and therefore more easily understood and accepted,

health care and psycho-social care are indissolubly intertwined



- › No data exists around the impact of use on maternal infant outcomes or breastfeeding 😞
- › But...
- › postpartum home visits seem to be effective in improving breastfeeding rates and parenting skills in high-income countries (Avellar and Supplee, 2013, Shaw 2006).
- › In-home lactation support appears to facilitate positive breastfeeding outcomes for mothers of term newborns (McKeever 2002, Boulvain 2004)
- › Lack of breastfeeding support is often cited by mothers as one of the key reasons for premature weaning (McFadden 2017)
- › The need for effective and sensitive professional and social support is seen as key to breastfeeding success

› Professionals

- › Online Guideline
- › E Learning Breast Feeding
- › Quiz guideline

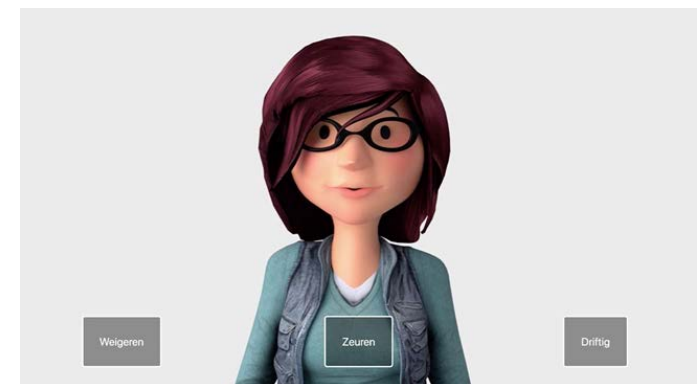


Parents

- › Visualised information



- › Visual Coaching Parents



<https://oudercoach.guidingtube.com>

CONCLUSION (OR THE WAY TO MOVE FORWARD)

- › Care that aims to provide **continuous** support for Breastfeeding
- › STARTS in PREGNANCY (or even before)
- › INCLUDES post-partum support at home
- › FACILITATES peer support !!!
- › INVOLVES actively women, partners and community in model of care
- › INCORPORATES new technologies



A nighttime photograph of a city street featuring a modern, curved pedestrian bridge or walkway. The scene is illuminated by city lights, with long, vibrant green and yellow light trails from moving vehicles or lights creating a sense of motion. The background shows multi-story buildings with lit windows.

› THANK YOU FOR YOUR ATTENTION

Take a look:
[TNO.NL/TNO-INSIGHTS](https://tno.nl/tno-insights)

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