

# **baby**café USA

Report on Baby Café Services during 2018

## Acknowledgements

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

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## Executive summary

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

### Standard 1: A named facilitator

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

### Quality Standard 2: A qualified facilitator

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

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

### **Quality Standard 3: Collaborative Relationships and Multidisciplinary Staff-**

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

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

### **Quality Standard 4: A welcoming environment**

The Baby Café provides a weekly drop-in which:

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

### **Quality Standard 5: A combination of social and clinical support**

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

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

### **Quality Standard 6: Promoting and supporting breastfeeding at all stages**

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

### **Quality Standard 7: Serving the whole community**

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

### **Quality Standard 8: An accessible service**

The Baby Café is easy for mothers to access including:

- a place to park strollers

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

#### **Quality Standard 9: Referring appropriately**

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

#### **Quality Standard 10: High quality information**

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

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

#### **Quality Standard 11: Regular review and improvement**

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

#### **Quality Standard 12: Providing reliable data**

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

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

## Annual Return 2018

In total there were 132 US Baby Cafés operating in 24 states in December 2018, an increase of 41 since December 2017. Colorado, Nevada, and Tennessee opened their first Baby Cafés this year. 4 Cafés closed during 2018; all due to lack of funding or staff. Interest has been generated to open Baby Cafés in Milk Banks, with a few Milk Banks planning to support clusters of Cafés.

**94 eligible Baby Café** facilitators were sent a link to an online Qualtrics survey to report their activity during the period January 1st– December 31<sup>st</sup>, 2018, **62 Cafés completed the Survey**. (Cafés that are part of a cluster, closed during the year, or opened less than 6 months prior to December 2018 were ineligible.) While all reporting Baby Cafés collected numbers of mothers present at every meeting, some Cafés were unable to obtain actual numbers of 2018 new mothers due to overlapping attendees from previous years, lack of staff to monitor actual sign-in consistency, and scheduled social events like picnics, etc.

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

## Results: Baby Cafés

### National Scope 2018- 62 Baby Cafés out of 94 reporting

**17,388** - face-to-face contacts with women nationwide during 2018

**6.1** - average face-to-face contacts per Café meeting

**4,121**- new mothers in 2018

**48** – average # of sessions held by each Café during 2018

**1, 179** – pregnant mothers

**35%** – attended once (estimated)

**41%** – attended 2-5 times (estimated)

**31%** – attended > 5 times (estimated)

**Budgets/Funding** - The average budget for a Baby Café was **\$14,118/yr**, with Tier 1 Cafés being the most costly, and Tier 3 being the least, due to staffing qualifications and their wages.

The majority of Cafés that were sponsored by Baby Friendly Hospitals and state Public Health Departments who had funding assured for a few years in the future, while the Cafés that closed due to lack of funding most often started solely with short-term grants that ran out.

## Meeting the Quality Standards

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

**Table 1: Number and percentage of US Baby Cafés meeting each Quality Standard in 2018**

	Quality Standard	Meets the Standard		Working towards the standard	
		n	%	n	%
1	Named facilitator	61	99%	1	1%
2	Qualified facilitator	61	98%	1	1%
3	Collaborative relationships	53	78%	9	22%
4	Café environment	62	100%	0	0%
5	Social model of care	62	100%	0	0%
6	Breastfeeding continuation	59	100%	3	0%
7	Inclusivity	59	50%	3	50%
8	Transport and access	56	77%	6	10%
9	Referral	61	82%	1	3%
10	Information	52	80%	3	5%
11	Review and improvement	57	77%	5	20%
12	Reliable data	47	60%	15	4%

61 Cafés of the 62 for whom data are available reported that they had a suitably qualified Lead Facilitator- the one exception had a change of staff and is recruiting a new facilitator.

100% of the Cafés said their environment met the standards, meaning they provided comfortable seating and surroundings.

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

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

### **Quality Facilitators and Staffing-:**

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

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

55% of Baby Café Lead Facilitators were IBCLCs (Internationally Board Certified Lactation Consultants), 24% were CLCs (Certified Lactation Counselors) and 2% were MDs or Midwives. Other included staff RNs, ROSE Community Transformers, and LER Trained Breastfeeding Counselors. (see figure 1).

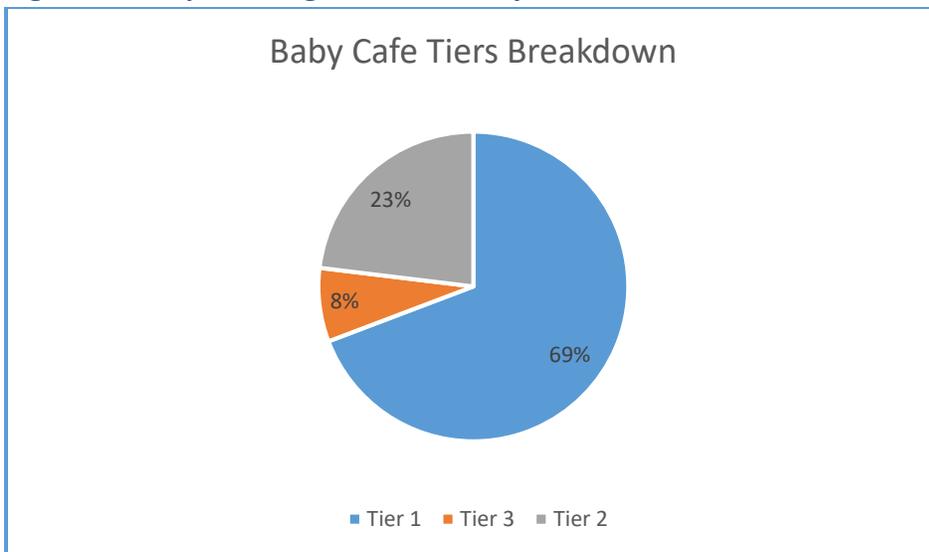
**Figure 1: The qualifications of Baby Café Lead Facilitators 2018**



**Tier models** - US Baby Cafés are divided into three tiers according to the level of staffing with 69% falling into Tier 1, 23% in Tier 2 and 8% in Tier 3. (see figure 2 below)  
100% of those in Tiers 2 and 3 said they had an IBCLC for referral, free of charge to mothers.

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

**Figure 2: Tier percentages of 2018 Baby Cafés**



### **Collaborative Relationships:**

#### **Links to other services**

Baby Cafés are encouraged to make connections to all services in their communities that provide health and/or social opportunities to families with young children. These include services focusing on low-opportunity families such as VNA, Healthy Start programs, YMCAs, WIC and Family Health Centers, and gym/yoga studios. One new Baby Café opened in a 400-bed domestic abuse shelter. This Baby Café's site is undisclosed for protection.

9 of the reporting Cafés stated they were working actively to expand their connections, especially focusing on low-access families. Almost all reporting Baby Cafés were part of wider strategies to improve breastfeeding rates in their area. Funding grants were most often derived from NACCHO and Block grants designed to improve state breastfeeding rates and reduce disparities. There were 2 new Health Care Systems in 2018 that opened Cafés as part of system-wide BFHI efforts. Following are some comments offered by Baby Café Facilitators:

*‘We are working towards training by reaching out to other agencies and the community to see if there are candidates interested in being volunteers and peer counselors. ‘*

*“Planned outreach to local clinics and birthing centers. Work collaboratively with Options for Women and WIC.”*

*“Since we're in a community health center, we collaborate with pediatric clinicians as they send us moms and newborns often. We also collaborate with the Vital Village/Boston Breastfeeding Coalition and have hosted a few of their volunteers.”*

*“My Baby Café works closely with city WIC. They are available to get hospital grade pumps that same day if needed. Currently working with the WIC to see if they can be scheduled to help each day to meet this standard and have easy access for the patients.”*

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

- Baby Cafés received an average of 276 volunteer hours per Café during 2018, with 23 Cafés reporting WIC Peer Counselors on staff.
- 20 of the Cafés reported actively training women at their Café using the Baby Café Breastfeeding Counselor program, with 17 using other programs such as ROSE Community Transformer, Certified Lactation Counselor, or WIC Peer Counselor.

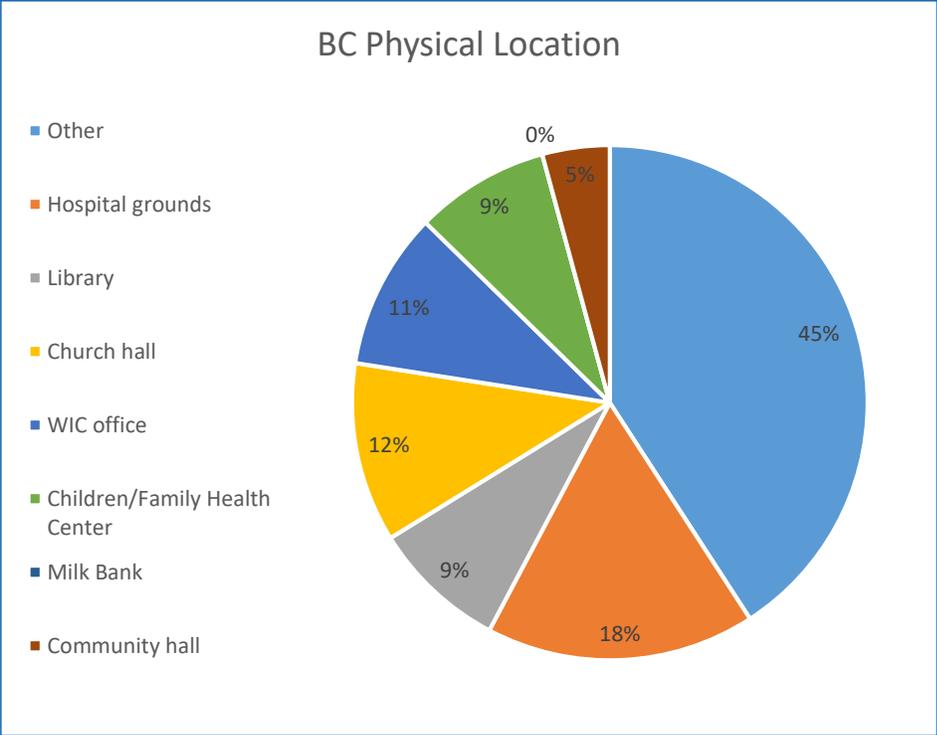
### **Welcoming Facilities:**

All 2018 reporting Baby Cafés, except one, were in donated space, emphasizing the Baby Café model as a free community service, and welcoming to all public.

**Locations** – Baby Cafés were held in a variety of locations, most commonly in health facilities including hospital premises or Health Centers, with other locations including church or

community halls, WIC (Women, Infants and Children) Centers and libraries (see figure 3). Milk Bank locations, new to 2019, will be counted in next year’s annual report.

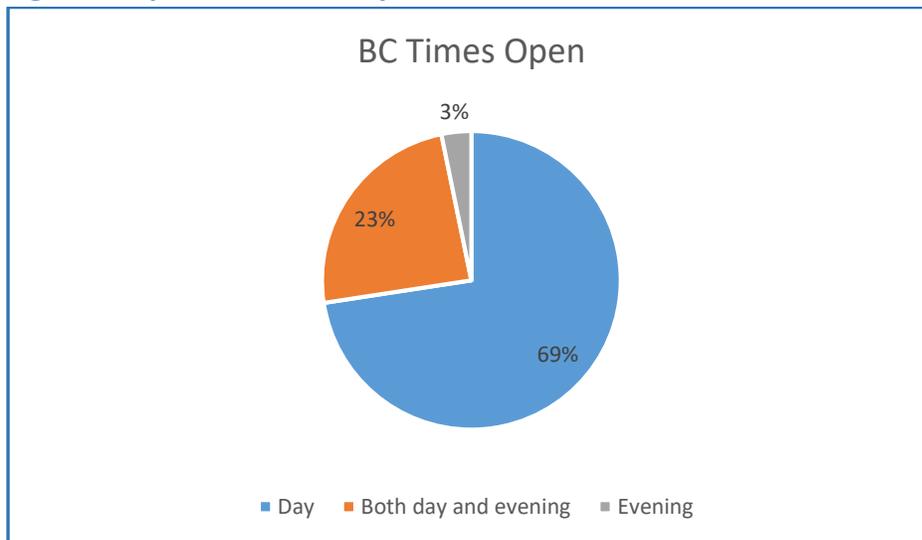
**Figure 3: Location of Baby Cafés 2018**



**Frequency and Times of Meetings** – 39 of the reporting Baby Cafés were open once a week- this ensures adequate weight checks by the IBCLC for babies facing slow weight gain, a common issue. 10 Cafés were open twice a week, while 15 others, due to funding constraints were only open every other week, or once monthly.

8 Cafés reported that requests from working mothers led them to add evening meetings. (see figure 4)

**Figure 4: Open Times of Baby Cafés 2018**



**Environment** – 61 of the Cafés reported that they met the required facilities standards: 1 is working on obtaining a place to dispose of diapers hygienically. 60 stated they offer comfortable seating, 2 have conference rooms and straight chairs. All Cafés also offered a private area for consultation and 60 offered snacks and drinks. 47 Cafés had toilet facilities for siblings, and a child play area. (Facilitators comments in italics below)

*“We pay to rent this space and pay for the muffins we are served. Water is available for free. Other drinks can be purchased at the coffee shop if moms desire.”*

*“The room we are using is small and our numbers are growing. The only room large enough is a conference room so we would lose the more comfortable seating but gain the extra space.”*

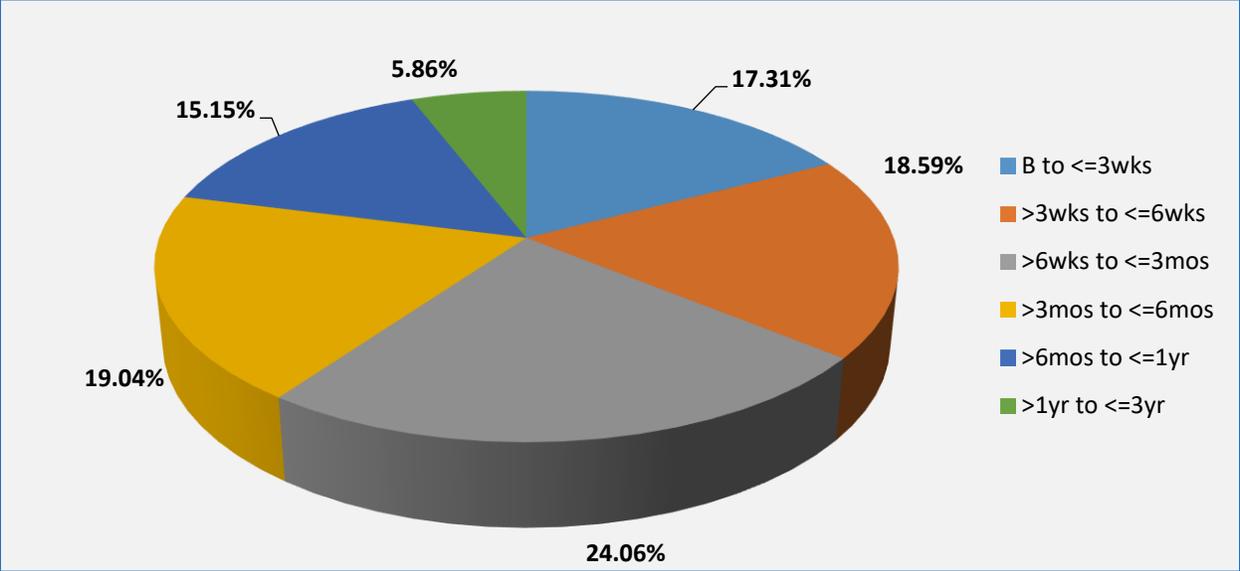
*“Because we are in an Early Childhood center in a local public school, we have to ring the doorbell to enter or scan a card to enter. Sometime that is challenging but it is added security. We also cannot be open if there is a holiday or inclement weather.”*

*“Snacks and refreshments may become restricted related to lack of any budget for these items.”*

**Social and Clinical Support:**

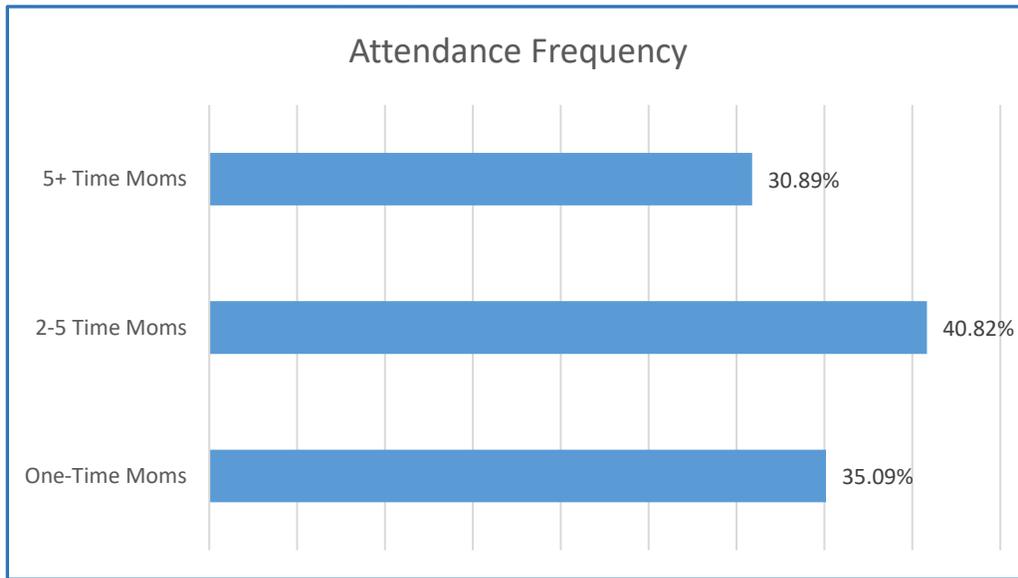
**Attendance-** Mothers most commonly first attend Baby Café when their baby is aged Birth - 3 weeks but the largest age group attending Baby Cafés overall is 6 weeks-3 months (24%), a time when routine support tends to drop away, and women are left struggling with ongoing feeding issues as they prepare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

**Figure 6: Attendance Babies' Age Groups 2018**



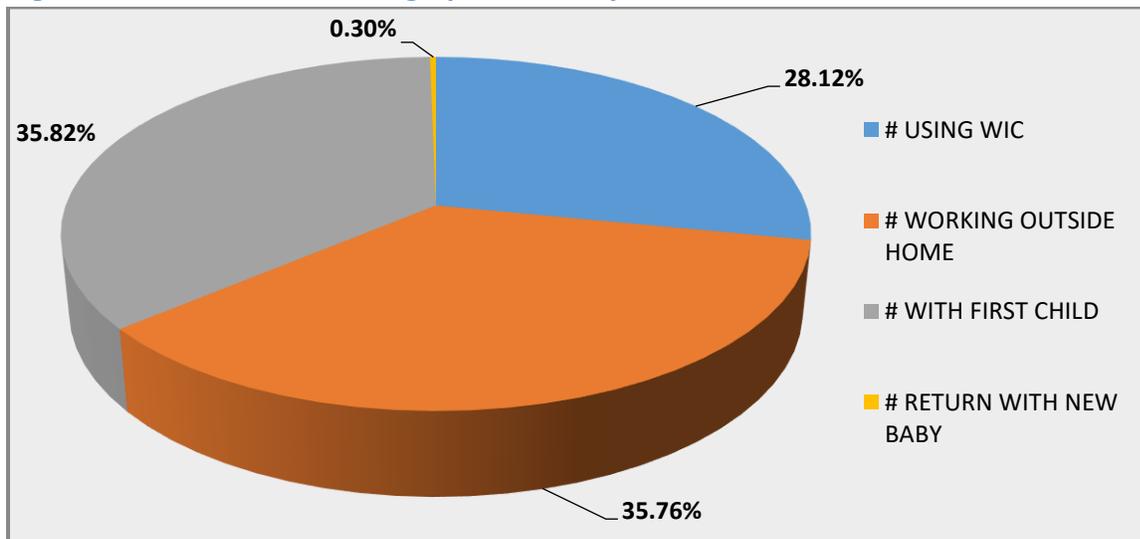
**Continual support** – An estimated 74% of women attended Baby Cafés more than once and 31% attended five or more times, suggesting that the service is successful in providing a social model of care for ongoing breastfeeding support. Qualitative feedback from women suggests that they value the continuity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

**Figure 7: Attendance frequency of Baby Café Mothers 2018**



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

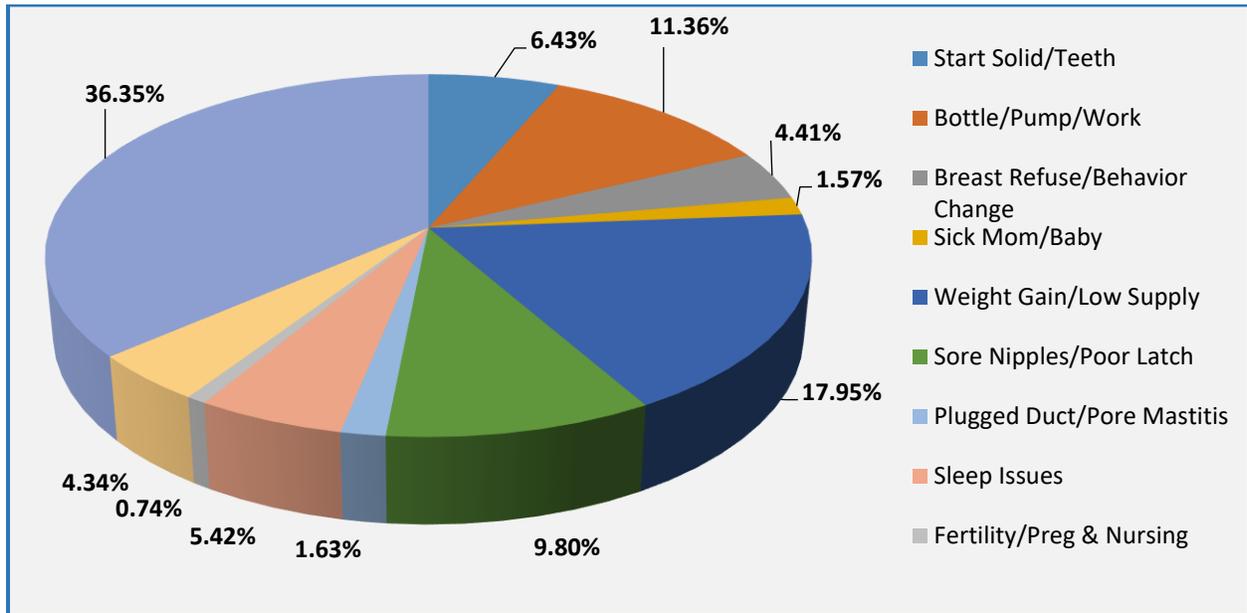
**Figure 8: Miscellaneous Demographics of Baby Café Mothers 2018**



**Mothers' Presenting Issues-**

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

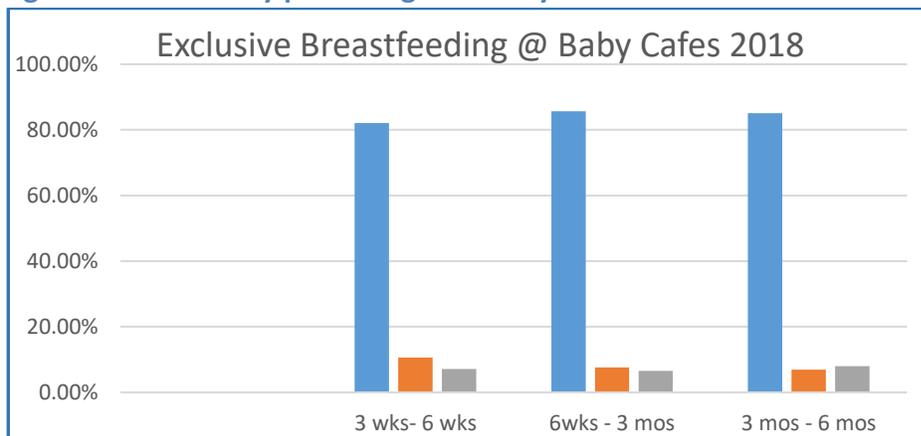
**Figure 9: Issues Mothers Presented with at Café 2018**



**Breastfeeding Exclusivity –**

Breastfeeding exclusivity rates were tracked on attending babies at various age points, at every meeting. The data is entered by each Baby Café Facilitator and returned to BCUSA for evaluation. Of the 17,388 tracked attendances at Cafés in 2018, 82 % of 3-6weeks age were exclusively breastfed, 85 % of 6weeks-3 months age were exclusively breastfed, and 85 % of 3-6 months age babies were exclusively breastfed. (see figure 10)

**Figure 10: Exclusivity percentages of Baby Café Mothers 2018**



Rates of formula use for a medical reason (low weight gain d/t poor latch, low supply) dropped over attendance, most likely due to the cause being discovered and fixed with guidance from the facilitator. There was a very slight increase of formula supplementation being used by

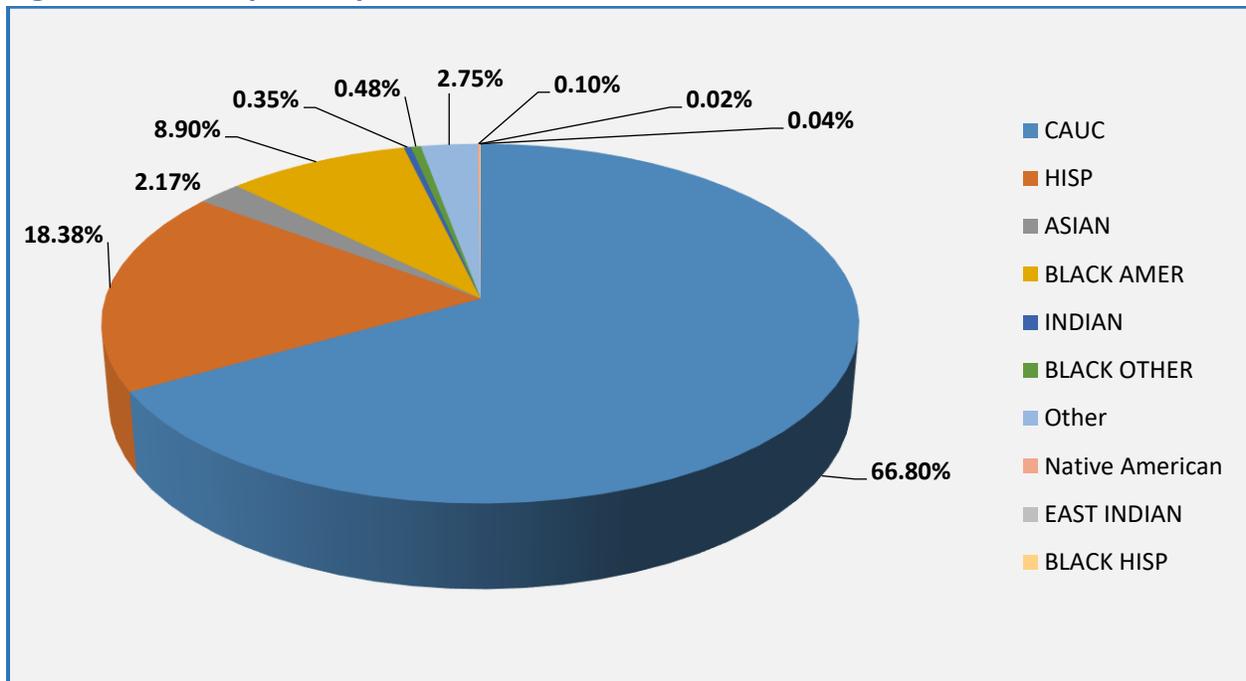
moms' choice beginning at 3 months post-partum; this is possibly caused mostly by moms returning to work and pumping. There are higher rates of formula supplementation by choice in the states faced with racial and economic disparities for mothers in the workplace.

### **Serving the Whole Community:**

#### **Inclusion and Diversity -**

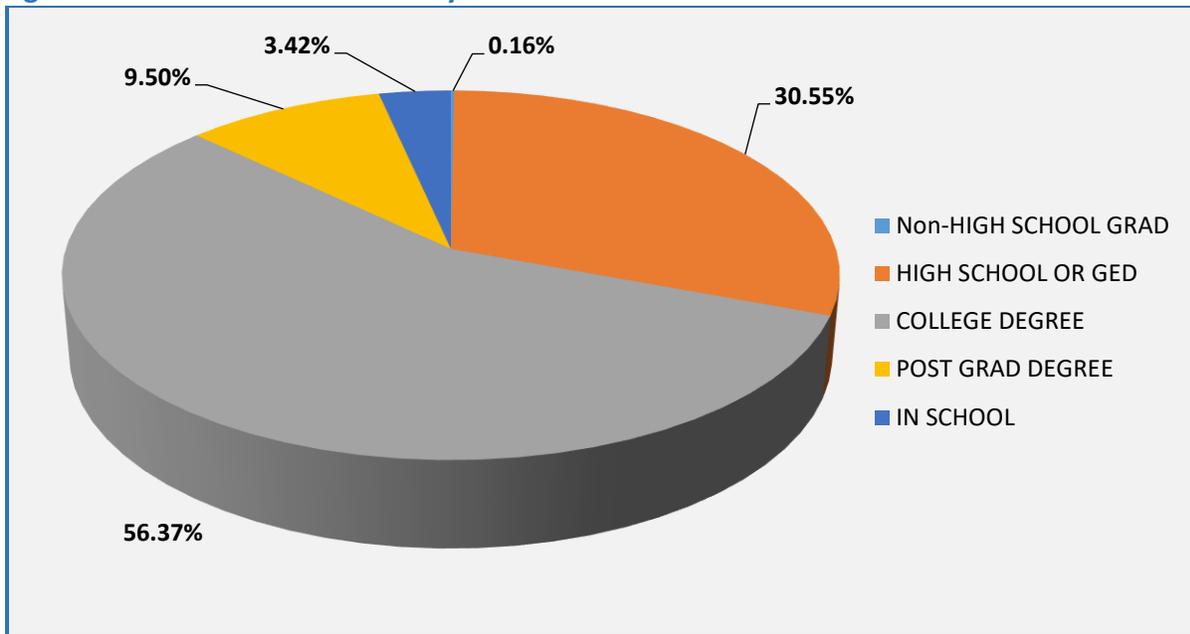
Demographic data was gathered on all the approximate 4000 different 2018 attending mothers, including education levels, age, and whether the mother is using the WIC program. Baby Cafés are encouraged to collaborate with community organizations and programs in efforts to normalize breastfeeding and to increase access for parents to appropriate care. Many Cafés are supported by HHS funding and block grants and are sited in areas experiencing disparities in healthcare. (see figure 11)

**Figure 11: Ethnicity of Baby Café Mothers 2018**



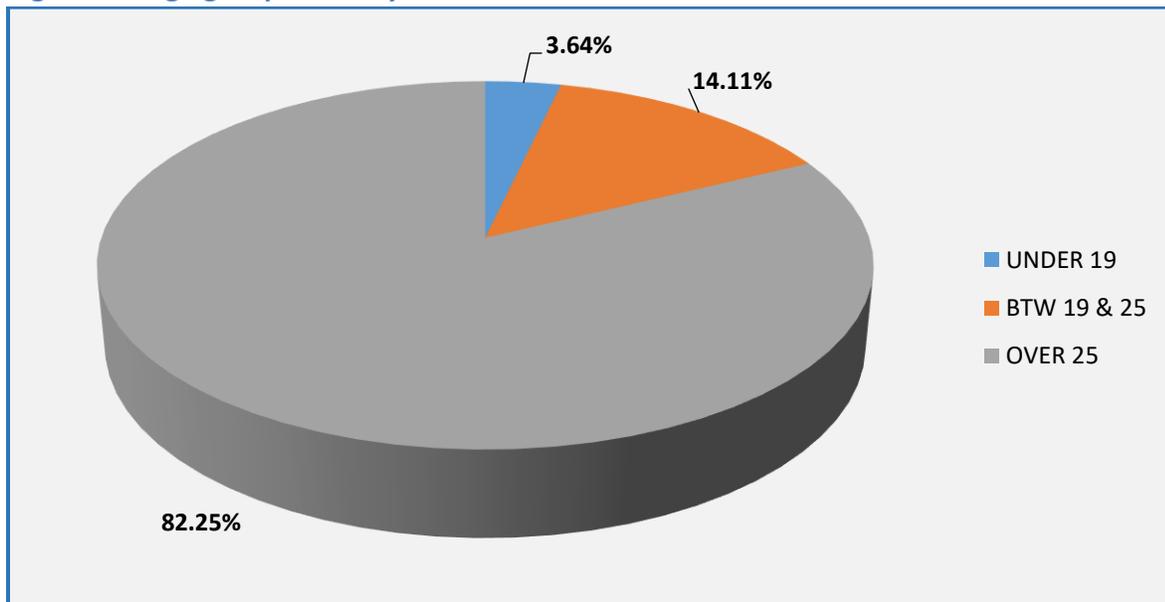
Mothers sign in the first time they attend a Baby Café, checking off their demographics on labeled sheets. Some Cafés report difficulty making sure all mothers fill out the demographics sheet, as mothers arrive at different times during the meeting. The Cafés also report occasional language barriers,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

**Figure 12: Education levels of Baby Café Mothers 2018**



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

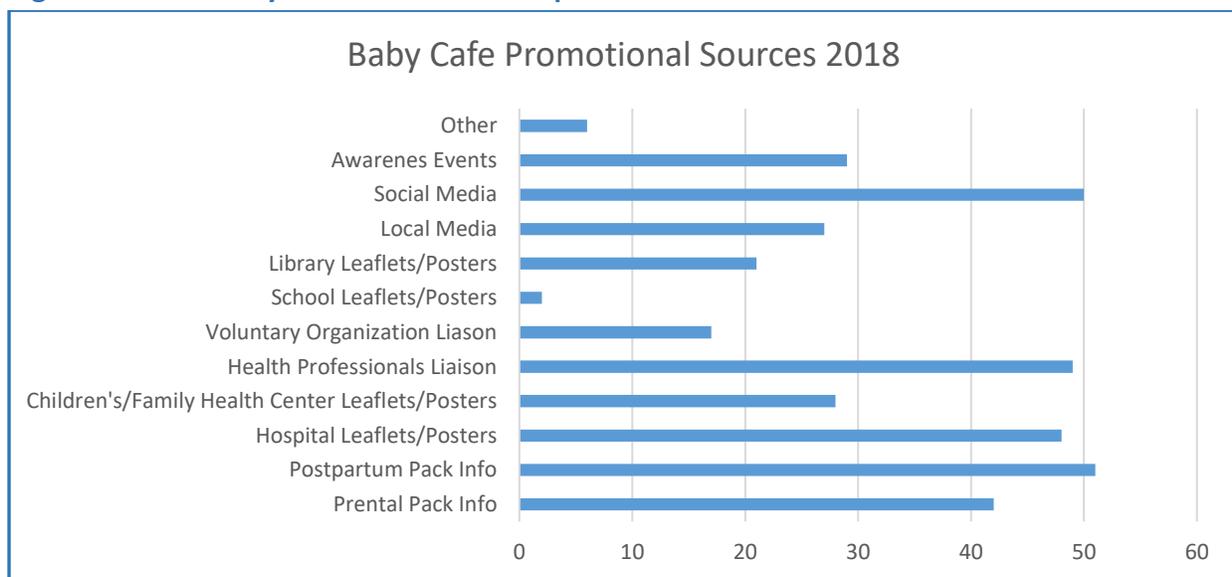
**Figure 13: Age groups of Baby Café Mothers 2018**



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

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

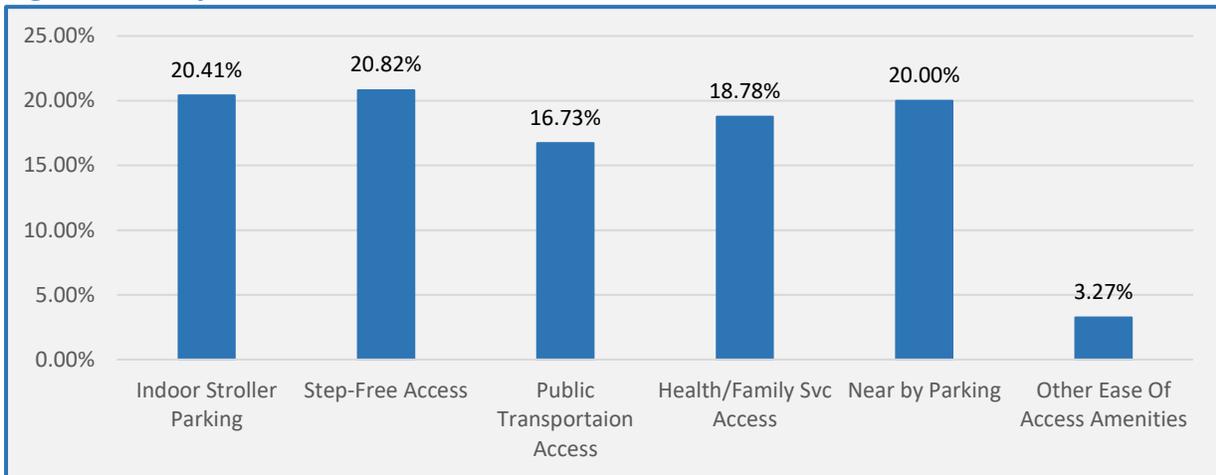
**Figure 14: How Baby Cafés advertise and promote their services**



## **Accessibility:**

Baby Cafés are encouraged to seek sites that maximize accessibility for parents- these include having adequate parking, space for strollers during Café meetings, wheelchair ramps, and close to public transportation. It is advisable to also try to locate the Café in a public area close to shops and areas where mothers congregate for social reasons, ie; YMCAs and Libraries. 56 of the reporting Baby Cafés met the accessibility standards for 2018, 6 reported themselves as working on the standard (see figure 15)

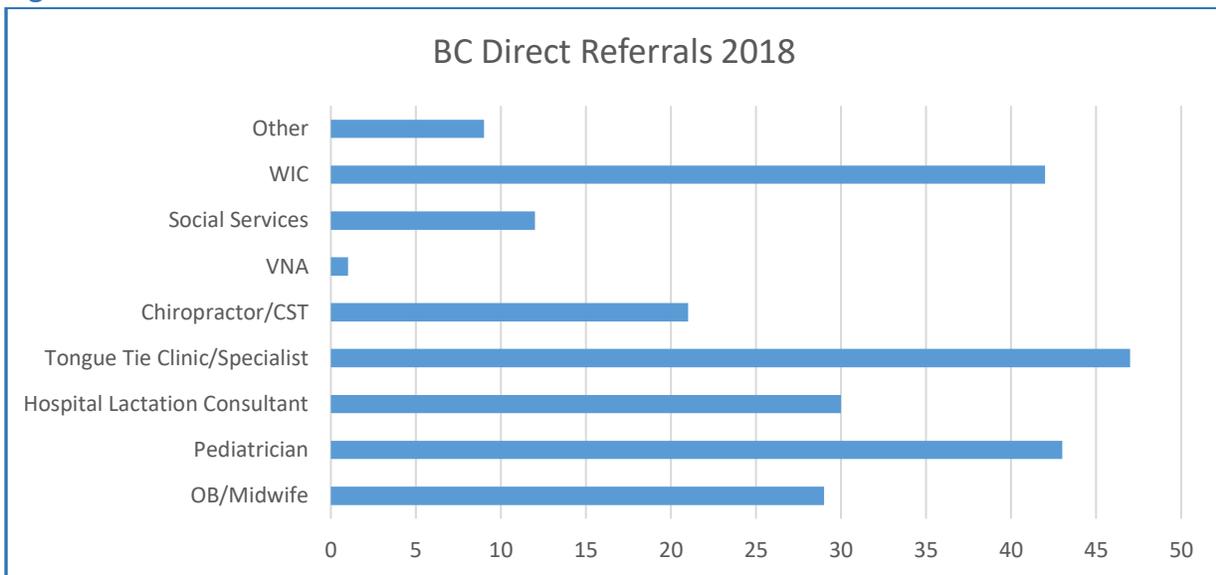
**Figure 15: Baby Cafés Ease of Access**



### Appropriate Referrals:

The reporting Baby Cafés made an approximate total of 234 direct referrals or recommendations to a health professional not directly involved in the running of the service during 2018. 1 Café reported making a referral for a mother reporting a home situation involving domestic violence, and 12 reported they had made referrals for symptoms of PPD in mothers. Most Cafés routinely made verbal referrals, while Tier 1 Cafés reported making written referrals, accompanied by written recommendations for assessment following the standards for the IBCLC scope of practice. (fig 15)

**Figure 15: Direct referrals and recommendations to other health services**



### Review and Improvement:

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

91% of the reporting Baby Cafés were able to meet the standard for continuous review and improvement during 2018. 5 Cafés reported they were working on this for 2019.

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

*“It is difficult to schedule meetings with all Café staff members since most have other full-time staff jobs on the floor.”*

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

*“Our attendance has increased, so we are trying to staff each Café with 2 consultants. Also, we streamlined the data collection process and received assistance for 2018. “*

*“This year, we decided to create a Facebook page to help promote Baby Café and communicate with our Baby Café participants.”*

*“We have discussed transportation to Baby Café and referred moms to our local bus. We have also discussed how to help balance having busy toddlers come and mom be able to feel supported and relax along with getting her breastfeeding questions.”*

### **Keeping accurate data**

47 of the 69 Cafés answering the Survey reported meeting the standard for reliable data collection. In addition to the data required for the Baby Café annual return, Baby Café USA has two additional requirements – that facilitators submit quarterly Excel spreadsheets to Baby Café USA with statistical and demographic data. The current methods rely on human entry and are time-consuming for the facilitators. Cafés who did not meet the standards attributed it to lack of time/staff to complete the required data collection. Improved methods are planned for development in the next year.

### **Conclusion**

The Baby Café mission is to provide a social model of community-based support for breastfeeding mothers in a relaxed environment, with access to expert breastfeeding

practitioners and prompt referral for additional care when necessary. This report identifies the standards and performance of the Baby Café network is in providing this social model of care for women. Cafés provide professional support for new mothers while working closely with local healthcare providers and facilitates the development of a community-based social support groups for women and their families.

Baby Café facilitators face many challenges providing care for women from underserved and remote sectors of the community. The CDC Breastfeeding Report Card highlights many rural areas with extremely low breastfeeding rates, and reduced access to lactation care. Rural Baby Cafés typically have much lower attendance than urban Cafés due to mothers' transportation difficulties.