



PRAMS

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

PRAMS Data to Action/Success Stories Template

This template is intended for use by PRAMS sites to describe the impact of their data collection and dissemination activities. The form aims to collect **detailed** information in a format that is conducive to creating a success story. Each section in the template is followed by a self-check, which outlines relevant criteria that should be addressed in that section.

1. DATA TO ACTION/SUCCESS STORY TITLE:

Breastfeeding Experiences and Behaviors of Wyoming WIC Enrollees, 2016-2018.

2. PROBLEM OVERVIEW: BRIEFLY DESCRIBE THE PUBLIC HEALTH PROBLEM THAT WAS ADDRESSED IN THIS DATA TO ACTION EXAMPLE/SUCCESS STORY.

In the 2016 PRAMS Data-to-Action example, a partnership was described to help public health professionals better understand the Wyoming WIC population, their unique health risks, and health outcomes. Today, the partnership continues to evolve. As a team, PRAMS and WIC staff identify topics of concern for WIC participants, find evidence-based materials (white papers, peer-reviewed articles) focused on the topic of interest, and then use Wyoming PRAMS data to explore outcomes for the Wyoming WIC population. Data analysis includes descriptive and analytic epidemiology with an emphasis on identifying disparities and trends over time.

While Wyoming women in general are higher than the nation in breastfeeding initiation, PRAMS data (2016-2018) report that WIC women are significantly less likely to initiate breastfeeding (84.0%) as compared to non-WIC women (93.3%). The Healthy People 2020 goal for breastfeeding initiation is 81.9%.

3. PRAMS DATA USED: LIST THE TOPICS AND YEARS OF PRAMS DATA THAT WERE USED

Breastfeeding Experiences and Behaviors of Wyoming WIC Participants. (PRAMS Data 2016 – 2018). This presentation was directed to WIC Breastfeeding Peer Counselors. It is the first time that PRAMS data was presented to this group.

Indicators included: Planning to Breastfeed; Breastfeeding Initiation and Duration; Sources of Breastfeeding Information; Barriers to Breastfeeding; and Hospital-based Breastfeeding Practices.

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4. PARTNERS AND PLAYERS: WHO WERE THE COLLABORATORS?

Primary collaborators were MCH Epidemiologist and Wyoming PRAMS Coordinator, Lorie Wayne Chesnut, DrPH, MPH with the Wyoming WIC program Breastfeeding Coordinator/WIC Supervisor Aislynn Basta, RDN, LDN, CLC. Secondary collaborators were Wyoming WIC Breastfeeding Peer Counselors.

Wyoming WIC program Breastfeeding Peer Counselors had never received information or training about the Wyoming PRAMS survey. In consultation with Ms. Basta, a presentation was developed to familiarize them with PRAMS as well as to inform about breastfeeding data collected by PRAMS for the WIC population. Comparisons between WIC and non-WIC enrollees on breastfeeding behaviors and experiences were also presented. The goal of this activity was to identify areas where the WIC Breastfeeding Peer Counselors could improve their outreach to WIC enrollees.

5. DATA TO ACTION/SUCCESS STORY NARRATIVE: WHAT HAPPENED?

Results: Using Wyoming PRAMS data (2016-2018), Wyoming WIC women found to be significantly *more likely* to talk to their health care provider about their plans to breastfeed (95.9%) than non-WIC women (89.9%) however this discussion did not correlate with breastfeeding initiation rates for WIC enrollees. When asked about planning to breastfeed, WIC enrollees were also significantly less likely to report that they *knew they wanted to* breastfeeding their infant (78.8%) as compared to non-WIC moms (86.6%). And, as stated earlier, initiation rates for WIC women continue to be significantly lower (84.0%) as compared to non-WIC women (93.3%) as do breastfeeding duration rates (4 or more weeks, 71.2% vs. 85.3%; 8 or more weeks (63.1% vs. 78.4%).

While most hospital-based breastfeeding practice results were not significantly different for WIC and non-WIC enrollees, Wyoming WIC women were significantly *less likely* to receive a phone number for breastfeeding support from hospital staff (67.7%) as compared to non-WIC women (79.5%).

Additionally, WIC Peer Counselors noted that the infants of WIC enrollees were *more likely* to be given a pacifier (70.7%) as compared to the infants of non-WIC enrollees (62.5%). Infants were also *less likely* to be breastfed in the first hour after birth (74.3%) as compared to non-WIC women (80.1%). While neither of these differences were statistically significant, WIC professional staff felt that they warranted further discussion, both internally and with enrollees.

At the conclusion of the presentation, discussion began about how the WIC Breastfeeding Peer Counselors could include key information during counseling sessions.

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6. OUTCOMES & IMPACT: HOW IS LIFE DIFFERENT AS A RESULT OF THE ACTIVITY? THIS IS THE MOST CRITICAL PIECE OF THE STORY. *SHORT-TERM AND *INTERMEDIATE OUTCOMES MUST BE DOCUMENTED.

- A. *SHORT-TERM OUTCOMES: This includes early outputs of the process such as relevant publications, meetings with stakeholders and other MEASURABLE products or activities:**

Action items were identified that could be integrated into counseling practice. These included 1) the need for increased discussion about planning to breastfeed before delivery; 2) understanding why Wyoming WIC women were less likely to be given a phone number for breastfeeding support by birthing hospital staff as compared to non-WIC enrollees; and 3) added discussion about appropriate use and timing of use for pacifiers. Empowering women with information about these and other areas was noted as key to improved breastfeeding initiation and duration.

- B. *INTERMEDIATE OUTCOMES: This includes RESULTS of the short-term outcomes—what did those products or activities lead to? For example, a media campaign was launched, legislation was introduced and passed, a new program was funded, a program was changed to better address client needs, etc.**

Wyoming PRAMS data were presented to Wyoming WIC Breastfeeding Peer Counselors to improve their knowledge of the breastfeeding behaviors and experiences of Wyoming WIC enrollees. This information will be used to modify and enhance their counseling to better meet the needs of WIC enrollees. Empowering WIC enrollees to influence the behaviors and practices at the birthing hospital level will lead to improved breastfeeding support.

- C. LONG-TERM OUTCOMES: This includes the measurable changes in the behaviors or health outcomes of the target population. Such changes may be difficult to directly attribute to the efforts described in the intermediate impact, but efforts should be made to monitor and evaluate the activities that are implemented.**

Breastfeeding initiation and duration for Wyoming WIC enrollees will improve, leading to healthier infants and enriched bonding between mother and child. Breastfeeding success will also improve maternal postpartum mental health. Breastfeeding initiation and duration will be measured by both Wyoming Vital Records and PRAMS.

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7. STORY ABSTRACT: PROVIDE A SHORT 1-2 PARAGRAPH SUMMARY OF YOUR STORY AND THE OUTCOMES

This project continues the partnership begun in 2016 between the Wyoming PRAMS and Wyoming WIC program to help public health professionals better understand the Wyoming WIC population, their unique health risks, and health outcomes. When Wyoming PRAMS data (2016-2018) revealed that Wyoming WIC participants are significantly less likely to initiate breastfeeding (84.0%) as compared to non-WIC women (93.3%), this project was created to better understand the breastfeeding experiences and behaviors of Wyoming WIC participants. The target audience were Wyoming WIC Breastfeeding Peer Counselors. Comparisons were calculated and presented between Wyoming WIC enrollees and non-enrollees for: Planning to Breastfeed; Breastfeeding Initiation and Duration; Sources of Breastfeeding Information; Barriers to Breastfeeding; and Hospital-based Breastfeeding Practices.

Discussion followed the presentation with action items identified that could be integrated into counseling practice. These included 1) the need for increased discussion about planning to breastfeed before delivery; 2) understanding why Wyoming WIC women were less likely to be given a phone number for breastfeeding support by birthing hospital staff as compared to non-WIC enrollees; and 3) added discussion about appropriate use and timing of use for pacifiers. Empowering Wyoming WIC participants with information about these and other areas was noted as key to improved breastfeeding initiation and duration.

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8. CHECK IF ANY OF THE FOLLOWING ARE BEING SUBMITTED TO COMPLEMENT YOUR STORY: (CHECK ALL THAT APPLY)

- Testimonials
- Quote from Partner/Participant
- Sample of Materials Produced
- Press Release
- Promotional Materials
- Photo(s) of Project
- Video/Audio Clip
- Other (Explain: _____)

9. HOW WOULD YOU CATEGORIZE THE DATA TO ACTION EXAMPLE/SUCCESS STORY? (CHECK ALL THAT APPLY)

- Appropriation of funds
- Policy change
- New program started
- Existing program revised
- Increased visibility for an organization, program or issue
- Capacity building of an organization or group
- Other

10. CONTACT INFORMATION:

Name:
Title:
Organization:
Phone:
E-mail:

11. DATE SUBMITTED:

12. PRAMS PROGRAM MANAGER:

Overall Style Reminders

- Keep messages simple and concise
- Use bullets, if appropriate.
- Stick to the facts. Do not interject an opinion unless you attribute it to someone.
- Include direct quotes if they strengthen the story.
- Limit use of acronyms. If you use acronyms, spell them out on first mention.
- Use plain language and avoid jargon. Terms should be clearly understood by a non-public health audience
- Avoid using passive voice (e.g., “Trainings were provided.”). Use active voice (e.g., “X partner provided Y trainings.”), and be clear about who is doing the action in every sentence.