



MATERNAL HEALTH INNOVATION *Podcast*



Changing the way America cares for
women and birthing people.

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Andrea Serano & Appalachian Breastfeeding Network

Andrea: Welcome to Maternal Health Innovation, a podcast from Maternal Health Learning and Innovation Center at UNC Chapel Hill, where we connect around culture, measures, and best practices in maternal health. The purpose of these conversations is to authentically explore what's working well and think together about ways to strengthen care for birthing parents, families, and those seeking to serve them. At the MHLIC we're thrilled for the opportunity to speak with experts on ways we can better serve families and advance maternal health equity.

I'm Andrea Serano, program director at Reaching Our Sisters Everywhere. At ROSE, we work to address breastfeeding disparities for communities of color while providing resources and networking opportunities for individuals and communities.

I have the utmost privileged opportunity to speak to some phenomenal experts from the Appalachian Breastfeeding Network. And so today I'm talking with Stephanie Hutchinson founder and president of Appalachian Breastfeeding Network, Kate Tuttle membership chair of ABN, Jeanna Spears, ABN secretary and librarian.

We'll be discussing access to care in rural communities and how one Appalachian community used a hotline to address transportation gaps, access to care and support during the pandemic. So, thank you again, ladies, for joining us today, I'm so excited to be able to speak with you. This is an opportunity to kind of connect and share what magnificent work you all are doing with a broader audience.

And so, with this lead in what my first question and any of you may choose to answer, and that is what is the Appalachian Breastfeeding Network for those that may not know the greatness?

Stephanie: Thank you for having us. We are a 501(c)(3) nonprofit organization.

Uh, we didn't really start out that way. We started out as a cultural coalition. Just basically we wanted some information and some education that was Appalachian specific. And, you know, at the time, you know, Jeanna and I were actually in a room together and we were just kind of talking about this after a conference that we went to and we just went to Google and we're like, there has to be something, you know, Appalachian and breastfeeding.

And that's what I did. I went to Google, I typed in Appalachia and I typed in breastfeeding and nothing came up. Absolutely. Nothing. And so, we're like, well, if it, if it doesn't exist, we're going to make it. And so that's what we do. We focus on increasing access to care and lactation services in Appalachia.

Uh, it started out in our Appalachian, Ohio, and it grew to all 13 states. So, we're just like super excited to continue to grow, continue to offer that access to care.

Andrea: Beautiful. So, I want to make sure the audience is able to know what the full mission is. The, what is the mission statement that, you have for Appalachian breastfeeding network?

Stephanie: So, our mission is to work towards transformation of breastfeeding culture and Appalachia by providing empowerment and education to increase access to care.

Andrea: And so, diving into our next question here, what kind of gaps did you see in access to care and support in Appalachian?

Jeanna: I would say there's definitely a stigma attached to the word breastfeeding. People hear it and they hillbillies and rednecks. But we're not, we want the same care that people who are not living in Appalachia receive, but it seems that we do have trust of those outsiders who would come in and give us that up-to-date care. So, the growth in Appalachia tends to be a little behind. And so, I would definitely say the biggest thing.

Stephanie was the first breastfeeding pure helper and our county. And so up until she started there wasn't anything. So that lactation care when I started at WIC, and then eventually moved to the hospital where I work now. I mean, even now I've been here three years. People are still like, oh, we have a lactation consultant? I didn't know we had that. That's so cool. Go ahead, Kate.

Kate: No, you're fine. I just think that for people in the Appalachian region poverty is a huge battle. I have, I work at a local WIC and I have moms that say, I can't make it to my appointment this week. I don't have the gas money, or I don't have anyone that can take me.

I also have moms that have a baby on Thursday, go back to work on Monday because they're the only source of income in that home. And they literally cannot afford to, to not be at work. So, I think a lot of people kind of deal with that poverty. And I think that it really inhibits, you know, getting to their doctor's appointments, getting to their WIC appointments, getting to the resources that they need to get to, to get the help that they need.

Andrea: Absolutely, and both of you all have mentioned Appalachia region, so not everyone is aware of how broad the region expands. could you provide just a little insight on that?



Jeanna: It actually spans across 13 states. West Virginia though is the only one that is completely in the Appalachian region. Stephanie, Kate, and I just happened to be in the little piece of Ohio that is considered Appalachian. And we luckily enough know Stephanie, who has big dreams for our area. So, we're just along for the ride. But yeah, it's, it's actually very, it's huge.

Stephanie probably knows the exact mileage or counties?

Stephanie: I Definitely do not know the mileage, I do know that it spans from, New York down to Mississippi. So, and like Gina said, West Virginia is the only state, entire state, but where we are in Ohio, it's actually 38% of the state. So, I do know the percentage, but I do not know

Andrea: the

Stephanie: mileage

Andrea: The information is great just because not many know the full region. And so I think it's really good to kind of get that visual. when thinking about it. And so you mentioned transportation being a barrier. You mentioned, you know, having access to providers in the full region being a barrier prior to the pandemic, right? This is, these are barriers that have existed. So, after COVID 19 hit and, you know, pandemic, how has it impacted the needs of the community? How has it exacerbated it?

Stephanie: Yeah. So, what's really interesting about this is that we got our current grant funding for our breastfeeding hotline in March of 2020. So, like exactly when everything was going down, that's when we, we had our hotline fully funded and it started out, we would get questions about relactating due to, you know, formula shortages and stuff like that. And then after the, you know, some time went on a little bit, we had some questions about, you know, can I breastfeed while I am COVID positive?

And then it went on to what is the, you know, vaccine effectiveness or safety for somebody that's lactating. So, it's kind of like fully to come full circle with our hotline, but even outside of our hotline, we know that WIC pretty much is the number one source of lactation support in Appalachia, especially in Ohio.

We have to have, you know, WIC staff in each county and not every county has an IBCLC. Not every county even has a birthing hospital. And so, WIC might be the only source of lactation support for them. But with COVID, they're not seeing them in person. And so, what I like to call pink flags, but I don't really like to call things like red flags because we don't really know for sure, but I like to call them pink flags.

And so those pink flags might be getting missed because they're not coming in for weight checks. They're not seeing in person. We don't know if they need lactation support. So, you know, we have seen a huge increase as well in an already isolating, you know, area that we're seeing a huge increase in like PMADs. And so thankfully with our hotline, we do have a mental health specialist.



Um, that gets lots of calls as well. In fact, we had you know, a call recently that went on for almost two hours with a parent. So, we know that it's desperately needed and COVID is a big, you know, factor in that.

Andrea: I appreciate the insight and so forth. Those that may not know PMAD's is?

Stephanie: Is Perinatal Mood and Anxiety Disorders.

Andrea: I was asking to make sure; you know cause I, in my head I thought the same thing, but you know, be on the safe side, I was good to ask questions. And so but speaking on that and I know the tele-health overall was really expanded as a means of seeking care, you know, just throughout the nation. I was a big call.

And so how did that kind of call to action on tele-health impact communities. Right? Cause I remember in previous opportunities to connect with you all, which is the awesome part about having a relationship is we talk about broadband being an issue and concern for, you know the Appalachian region. So how did this kind of fold in through 2020 and on?

Jeanna: One thing I will say that I've noticed is that people have to make sure that it's a good time. when they say they want a video call, I call them. And so, we can schedule it to make sure that they're going to have someone to help them and Reliable internet. And sometimes that's not always available. I've had people find me on social media, who they have no minutes on their phone, so they can't call the hotline. Because. Back kind of back to poverty.

They don't have a well enough job to pay along with all the other bills that they're kind of having to go with. I mean, even I am the IBCLC on call, but every day the hotline staff knows that when I, when I'm driving home, that there's a gap of like 10, 15 minutes that I have no internet at all from my workplace to my home because of where I live.

There's huge areas of terrible coverage. And even before we got our good internet, thankfully, we had, we had to go outside and stand on top of the hill to get a, to get a cell service even a bar of it. So, this area is just, we've got all kinds of all kinds of problems that we're trying to help.

Kate: Not everybody has access to even decent internet. Like we just switched yesterday and it's still iffy. Like, it's not, it's better than it was, but now we can watch, we can stream something, and my son can play his Nintendo switch and the house isn't going to like fall apart.

So, I mean, and we're not even in like a very rural or secluded area too. So, like, I can't even imagine, you know, further. I know that it's a struggle because we were struggling. Right. And we're not,

Stephanie: And yeah, I use zoom to teach, and the other instructors always think it's hilarious that if somebody uses my microwave, it'll take my internet down. Like literally



just using my microwave will kick me off zoom. So, we still, I mean, we are still even dealing with it. So those that don't even have access to paying for the, you know, the highest package like we are doing. You know, we know that there's a struggle. One thing that I really am happy that we do on the hotline is that our motto is listen, support and refer.

So, every single person that calls in gets a referral, we don't expect that to stop at us or wait for them to call us back. We are connecting them, collaborating with them and making sure that they get the care that they deserve and the care that they need. Because most times they just don't know that it's there or they don't know where to go for it.

Andrea: Absolutely, an absolutely wonderful example of what it means to overcome barriers, even if it's the infrastructure barriers, right. So, expanding more about the hotlines. I know you said it was recently fully funded March 2020, but it's been around prior to, so give us a little bit of information on what led to the creation of the hotline.

Stephanie: Yeah, sure. So, in 2017 Ohio department of health, they actually were doing some research and some surveys looking at breastfeeding statistics in our region in Ohio. And like I said, it's 38% of the state. So, I mean, this is a huge region of our state and our statistics are just much, much lower than the rest of the state.

And so, they actually approached me to see if we would like to do a pilot program. It was a three-month program, just to kind of get this hotline up and running, but it was an after-hours program. So, it was not only about our region, but it was also about, you know, those calls at 3:00 AM, you know, when there's nobody in the office.

So, it was kind of like trying to bridge two different gaps, one you know, like our infrastructure and two the fact that nobody's in the office, you know, in the middle of the night when people actually need help, you know? So, we started with that three-month program. We had a little gap in funding after that.

And the data was so good from that three-month program that they're like, okay, let's do another one. Let's do a six month one. we had a huge gap in funding after that. It was like, they knew that they wanted to do it, but they didn't know where they're going to get the money. They didn't know how it was going to go.

You know, how, you know, grant funding kind of works. But we kept it up and running voluntarily because we saw the need. We knew that people were calling us. We wanted to continue that. And then in 2019 there was a terrible hurricane season and we opened it up 24 hours at that time because we saw the need. And at that point in time, when we saw that WIC offices were calling us, physicians, offices were calling us.

Parents were calling us. We kept it open 24 hours. And because of that data, we were able to apply for the grant that we have now, which is the Ohio statewide, 24-hour breastfeeding hotline. So, we were open 24 hours, seven



days a week, 365 a year. It's really funny because I was looking at the data yesterday actually, and from September 2017, which is when we started to February, 2019, we had about 800 calls.

And in September of this year, we had 767 calls.

Andrea: I ended up me and Stephanie, we are here on a data because I love data and numbers. I'm like, show me the graphs. I get all happy for graph. So, I definitely understand what joy it means to kind of like pull all that information and just like watch the charts, you know, and to see that comparison that is beautiful. I almost don't even want to ask this next question because I feel like you've answered it already, but I'm still going to give an opportunity for you to maybe share if there was something else that speaks to it, which is what major successes have you seen?

Jeanna: Just the increase of lactation care availability, whether it's a, in their mind, a simple question you know, Can I do I have to pump and dump after this medication, or if it's a really complex problem where they need referrals, you know, maybe one or even more than that, we're able to help connect them to the right people because they don't know who to ask.

And even sometimes just being an ear for them when they're having, when they need to vent about breastfeeding, because they don't know anybody else who breastfed because they're the first person in their family because, you know, oh, people don't do that. You know, people just give a bottle. That's not how we do it. So just being an ear for them to just talk to.

Andrea: So what I hear in that major success is, you know, helping families meet their rested and goal, whatever that might look like and addressing their needs. And that is a huge major success because that's the reason why the line was created in the first place. Right?

Stephanie: Yes. And one thing that I'd like to touch on too, is that like Jeanna said, when, you know, in 2010, When I was working at WIC, I was the only breastfeeding lactation, anything in this area. And because of this hotline, because of this grant money, we were allowed to send people to the certified lactation specialist course.

And we have now over I think over 40 people that are certified in Appalachian, Ohio. So, to go from, you know, a handful of people that I knew in all of the 38% to over 40 people, and most of them are so passionate about. You know, helping families that they have stuck with us through those funding gaps and, you know, continue to just love what they do.

And, you know, I just love seeing the passion grow and other people, you know, when it was like me, I was the lone rider and now I, you know, I have like these breast friends, right. That We are so connected and such, yeah.

Andrea: It's the whole breastfeeding caravan, that's what it is.



Jeanna: Definitely have to thank Stephanie for that, because I didn't know anybody. And she was my, she was my go-to. So

Stephanie: Being in the right place at the right time for me, for real,

Jeanna: I mean, I feel the same way. For me, you know, I, I, I walked into the right WIC office and I met the right person. And now look at me.

Andrea: Doing phenomenal things, exactly. One candlelight lighting, the others. So, I know you had mentioned that folks from doctor's offices, hospitals just all over half utilize the hotline. So how about people outside of the Appalachian area? About how frequently do you find that others take advantage of the hotline?

Stephanie: Actually, every day, because we are, you know, more than just the Appalachian hotline. Now we get calls from all over. What is unique about our hotline is that everybody that works for it is in Ohio, but they are all over Ohio. We have a very diverse group as well, and I mean, we've had calls from Italy. We've had calls from Japan. We have a directory of other lactation supporters, all over. We have people in Egypt that have put their, you know, their name on there. So, it's every day, we're talking to people outside of Appalachia as well.

Andrea: And so how do you think birthing people would have suffered without the hotline? Like how would it have impacted them if it wasn't a resource?

Jeanna: I think looking in the wrong place for the correct information, I've had a number of instances where I will talk to someone and, you know, they've been told to pump and dump because they took this medication or they had mastitis and were on an antibiotic and their doctor said to pump and dump because that's what the product insert says, or the pharmacist said. And so. May working at a hospital, as well as the hotline.

I'm able to let them know you. If you can't get ahold of me, you can call this number and they, and they can look it up for you. They can let you know that it's okay for your patients. Just knowing that there's another place to go. And then I would say with COVID people are afraid to go places. I remember walking into urgent care.

Like the first day that we, everything was kind of shut down around here and it was a ghost town and I've never seen it like that. So, it was kind of eerie. So, I think having a place where they can just make a phone call and they feel like they're getting the right information and knowing that they have the ability to do a video call with someone who knows what they're talking about just makes them feel safer and better with their decisions.

Stephanie: And I'm really glad that we have a mental health specialist too, that's on call 24 hours because especially right now where that might be, the only, you know, means of having some sort of support, you know, anytime that somebody calls in and kind of seems off, you know, one of our operators, somebody called in and asked about an energy drink and our operator was like, okay, I'm hearing that you're tired. Do you want



to talk more about that? And so, she called in asking about, you know, is an energy drink is safe to breastfeed with, but she ended up leaving with a mental health referral and that specialists talk to her and, you know, got her a referral in person when we may not have caught that any other way.

You know, she may not have received any other support for postpartum depression. And I think that's what she was dealing with. So, instances like that, that we know would have fallen through the cracks just because, you know, especially with COVID, we're not going anywhere. You know, we're not seeing anybody in person. And that was, that was a really good catch, but by one of our operators, and I'm so glad that, you know, we've gone through trainings like that, to be able to catch those things too.

Andrea: Absolutely understand, cause referrals definitely have been one of those things, that's been a challenge, especially, you know, before the pandemic, but of course during it even more so where, you know, those connections.

Folks being able to catch, you know, a need that a family is expressing to be able to direct them to additional resources having issues. Unless that family has specifically said, I need this, this and this, you know, that's when I'm from Mike come, but to be able to have a connection where they might be coming in for one thing, but someone being able to adequately listen and really hear a person and be able to bridge those connections is so vital. And of course, addressing misinformation is so important. I'm sure we've all been in comments on posts and we're just like, what is going on here? This is not the advice. So, having a really credible resource is so vital and I'm so glad that, what you all have created expands, you know, beyond, you know, the borders in a sense. Right. I know I've definitely have given up the number as a resource line as well. And so, with this what would you consider to be the most rewarding call you have ever answered?

Kate: So, I do all of the follow-up calls. So, everyone that calls in there's a form and it's pretty a pretty detailed kind of intake form.

And sometimes when I'm reading through the forms, before I call the person, I'm like, hey, I knew that this person is in tears, this person was upset. This person is exhausted. and once you call, when I call back the next day you know, just to hear that they're just a completely different person than when they began that call the night before is amazing.

I mean, and especially when a lot of them will just even tell you, I just needed to vent and I'm glad that someone was there to listen to me. And you know, so-and-so was very helpful. I'm so glad I got to talk to her, knowing that there's a huge difference. And like what I'm seeing happened on paper. To them saying I'm good. I'm good. And I feel okay. It's just like, that's my favorite thing about the job for sure.

Jeanna: I am the IBCLC on call. So, I get the referrals when it goes beyond the on-call staff scope of practice. So, some days will be nothing and some days I'll get, you know, a handful of them. And I definitely, when I call that caller back and just hearing honestly, the relief in their voice that they're like, okay, thank you for the information. This is great.



I'm so, you know, so many people have said at the end of the call, that I'm so glad that this hotline is a thing. My doctor wasn't much help, or the pharmacist wasn't any help at all.

And so. Just thank you for being there. And that honestly, I, I love what I do because I love helping moms and babies, or lactating people and their babies. That was why I got into it. And that was so when. They feel helped. I feel just like a warm little happy spot. Yeah. I feel like the grant, she was heart grew three sizes. That's how I feel at the end of good calls.

Stephanie: I agree. And I'm thinking of one specific instance when the person from Italy called and, you know, we have a Facebook messenger group with all of the operators and. Something that, you know, they have a request for, they'll go to that group and say, okay, this person needs a lactation consultant in Italy.

What do I do? And I'm like, oh, I have like three on my, on my Facebook. Let me get their information for you and send that one to you onto them. And I like, listen, I listened to all of the calls. So, I'm the person on the back end that gets to hear everything. So, I went back and I listened to that one. And that person was like shocked, absolutely shocked that they called somebody that is in Appalachian Ohio and got a referral to an Italian lactation consultant, you know, but thankfully that's, I feel like that's how our entire field works.

We're so connected. We network, we, you know, we get to know each other and thankfully through these conferences and stuff that we've been able to go to, I knew a few and got that person connected to somebody all the way in Italy. So that one, I, that one always gives me like chill bumps when I think about it.

Andrea: Yes, that, the demonstration of relationships here, how much of a difference they make. I mean, that's why it's called the Appalachian breastfeeding network, you know, an actual network of individuals and power movers and shakers as I would like to see you all as. And so, you know, one of the things that I would like to ask is you may be sharing some of the other work you all do because the hotline is a key program.

You all do, but you also, I've also participated in a few of your other great initiative endeavors. And I think it would be good to just give a brief overview of some of those items.

Stephanie: So, we do monthly webinars that are free for our members. They have continuing education attached to them. So, we do all kinds of different topics.

Just really, we go with the flow with what people are requesting and, you know, if they want something on suicide awareness, like last month was suicide awareness month. We had a webinar on that. So, we try to kind of just like, go with what everybody is requesting. We do an annual conference, but with COVID, we've actually put that on hold.



Some people have, you know, kind of turned their conferences into online conferences, but like you mentioned, we have a huge gap with internet issues. And so, it was something like 60% would not have been able to attend. If we, you know, 60% of our membership. We had done that online. So, we have held off on that.

Hopefully in October of 2022, we will be back in person. I hope so. But we usually have, you know, a pretty in-depth conference. This next year we have decided that it will be a three-day conference because we are making up for those years that we were not able to do. So, we do a hospital education initiative.

Uh, we've been working on this for a long time where it's kind of you know, changed and shifted along the way. And so, we're in the process of applying for continuing education for that. but what the idea of that is kind of like education for hospitals and nurses that is Appalachian specific because one thing that we've realized is that.

Our nurses are usually Appalachian, but our doctors are usually non-Appalachian. And so, there's like this clash between cultures when we are trying to move, you know, lactation support forward. And so, another thing that we have done in the past, it's kind of not up and running right now is a hospital adoption program where an urban, non-Appalachian hospital will adopt an Appalachia and rural hospital and help them move towards baby friendly hospital initiative practices.

Some other things that we do, we've been in contact with like Ohio department of health university of North Carolina chapel hill to do some research we've finished two different research projects. That's another thing that is lacking in Appalachia. We don't. Any statistics to back up what we're saying, you know, so that's what we're working on too. And I'm also in the process of writing a book with another Appalachian person out of Georgia. So hopefully that will be moving forward and published sometime soon. Anything else that you can think of?

Jeanna: Just the empower parent project. It actually started off as Empowering moms, and then we were like, wait, that's not inclusive enough, because not everybody who is a parent is a mother. So, we've recently rebranded that to the empower parent project. I think that's the new name.

Yes. Empowering parents. And it's really just the social media where we just share things about lactation, just empowering the hotline just to put a positive message out there and just be a little bit of good on social media when there's so much bad.

Andrea: Well, you all have provided a robust amount of information. And I think it gave a nice on top of the iceberg view of the phenomenal work that you all are doing. And I hope anyone listening to this takes the opportunity to dive a little deeper and connect because these ladies and the work that they do within the Appalachian region is phenomenal. Are there any last words you want to give the audience?

Stephanie: Just that we are, you know, we love collaborating with people. We love learning more. I think that's something that I pride myself on as well as that I'm never done learning. And so, we're never done learning and we love collaborating with other



people and, you know, making sure that this is a full spectrum network and not you know, us white Appalachian ladies. You know, we want to make sure that we're collaborating with everybody and, that we aren't rednecks or hillbillies. We are intelligent human beings that really have voices that need to be heard.

Jeanna: I also like to add that if you're listening, we would love to have your information in our database, you can add that on our website.

Andrea: Well with that. I want to thank you all so much for coming on the show. Stephanie, Kate, and Jeanna, it was wonderful connecting with you all.

For podcasts, videos, blogs, and maternal health content visit the maternal health learning and innovation center website at maternalhealthlearning.org. I am Andrea Serano, and we'll see you soon on Maternal Health Innovation.

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