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**The First What to Expect Foundation Baby Basics Program Meeting:**

**May 23-24, 2007**

While participants differed on preferred approaches to implementing a new program –
*A Perfect Mess* (Abrahamson & Freedman, 2007) vs. Step-by-Step to Success – everyone agreed that the What to Expect Foundation is reaching *The Tipping Point* (Gladwell, 2002), as Baby Basics begins moving out into the world.

Following is a brief summary of our one and a half days together that captured key points from large and small group discussions.

This Meeting Summary begins with An Introduction to Baby Basics followed by brief descriptions of Baby Basics sites to bring the three Baby Basics Program Models to life. It is followed by brief sections on:

- Training
- Implementation
- Evaluation
- The WTEF Website

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An Introduction to Baby Basics

**Mission: Giving families in-need education and support…so they, too, can expect healthier pregnancies, safer deliveries and happier babies**.

Baby Basics is a framework – consisting of materials, tools, training and technical assistance – for providing prenatal education and health literacy skills to underserved families with the goal of ensuring a healthier future for parents and babies.

**Strengths of Baby Basics:**

**The Materials**

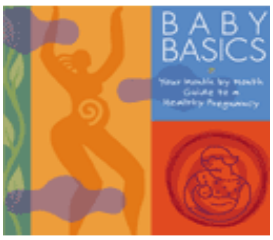
- Baby Basics contains information to many underserved mothers who do not have access to, since they typically don't buy books or go on-line for material.
- The Baby Basics book is beautiful. People want to pick it up and read it.
- The book was created through collaboration and took an ecological approach. WTE kept "going back to the source," (the users, providers and educators).
- It can be used by any program that provides prenatal care or education to an underserved family.
- It is multi-lingual, so it acts as a translation tool, as well as an educational tool.
- It is comprehensive enough to answer most questions, and is culturally relevant.
- The Planner is like a personal medical record that patients and providers can use.

**The Program**

- The Baby Basics program ***is*** more than a book. It teaches health literacy/family literacy *in the context* of women's lives. It matters to moms. If a program or a book doesn't matter, people won't come. People won't learn.
- It ***is not*** based on the assumption that low-literate people "can't read," and therefore, we should just simplify words and information or give them no written information. Instead it meets them where they are, and helps them learn the value of books and reading.
- If a mom can't read the text, the program and the community will help her - a partner, friend, family member, or Baby Basics PAL (volunteer) can read the book with and to her.
- The Baby Basics program is strong, yet flexible. It can be used by anyone promoting prenatal care and health literacy education.
- Baby Basics programs are works in progress. Best practices are being discovered and identified each day.
- Baby Basics links to libraries, schools, adult literacy programs, family literacy programs and larger communities.
- Baby Basics has potential to become the next Reach Out and Read.

**Who are Baby Basics Partners?**

- Medical providers, educators, (health, health literacy, literacy and family support), librarians, home visitors, managed care programs, Healthy Starts, Nurse Family Partnerships, Healthy Families America, WIC Providers, Perinatal Consortiums, Researchers, Health Departments, Medicaid Managed Care Programs, County Boards of Education, Early Head Starts, parents, prison programs, churches/faith based organizations, communications agencies, Political Leaders, Businesses, council of child care providers; and Boys & Girls Clubs.
- Leaders, explorers, creators bring the Baby Basics framework to life in a variety of places, in a variety of ways. Those committed and willing to move along an uncharted path discover lessons learned and best practices to be shared with others.

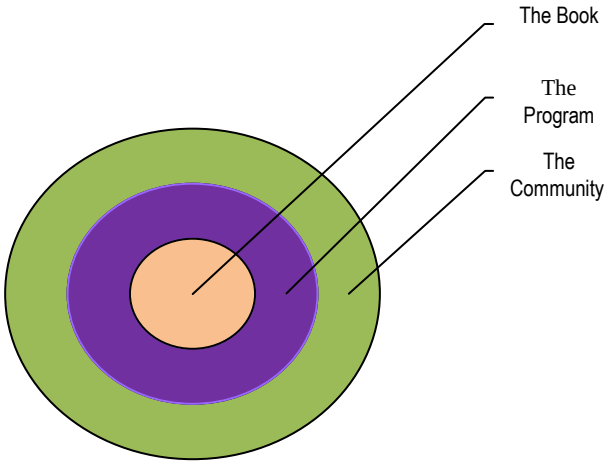


## Baby Basics Models

There are three ways Baby Basics can be used. It is everyone's hope that people will move up from the simplest to the most complex integration of the Baby Basics Book into their practice.

- ***Model One:*** *THE BABY BASICS MATERIALS*
  Any existing organization that serves families living at or below the poverty level can purchase and use the *Baby Basics* book and planner to provide quality prenatal education. In this model, the book is simply incorporated into an existing curriculum and practice.
- ***Model Two:*** *THE BABY BASICS PROGRAM: Clinical and Educational*
  There are two kinds of Baby Basics Programs – **BB Clinical Programs** (for facilities that provide prenatal care,) and **BB Education Programs** (for any program that provides prenatal education or support.) The implementation, technical assistance, training and costs are different for a clinical vs. an educational program.

  BB Programs have access to a full array of evaluation tools and continuing best practices education through the What To Expect Foundation website. Any program that works with pregnant mothers can become a Baby Basics Program if they:
  - Purchase Baby Basics Materials.
  - Are trained in Baby Basics Health Literacy Strategies and the Baby Basics Moms Club Curriculum, by a certified BB Trainer.
  - Have fully integrated the BB book into their practice with technical assistance from the BB Program Director.
- ***Model Three:*** *THE BABY BASICS COMMUNITY*
  BB Communities involve a web of partnerships amongst all who serve pregnant women in a city, county, or neighborhood. Program are usually initiated at the health center and then extended to other community partners including home visitors, Medicaid Managed Care, Health Departments, WIC, case managers, libraries, prisons, literacy educators and high schools. The community's educational and financial resources are pooled in a way that provides optimum, patient centered education and care across what were once impenetrable boundaries. The WTEF materials and training help partners coordinate messages and language. An entire community is "on the same page."




**Examples of Mode One Baby Basics Sites: Materials**

Baby Basics is used by over 400 programs across the country. Though these sites are not considered official "Baby Basics Programs," because they have not received our standardized training or technical assistance, they are using our materials to change their prenatal care. Here are some examples:

- The New York City Nurse Family Partnership (NFP) Program uses Baby Basics. Every mom receives a copy of Baby Basics when a nurse makes an initial visit. The book is used to teach mothers about their bodies during pregnancy. The Bronx NFP program also uses the Baby Basics Planner to help moms track their appointments, write down questions for their provider and remember important pages to review during the week. (Hundreds of NFP programs across the country are using Baby Basics.)

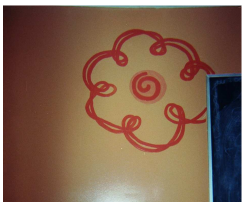
- The Washington DC Healthy Start Program (run from the city's Maternal and Child Health Bureau,) gives each new mom a Baby Basics book at their first home visit.

- The Santa Clara Valley Hospital in California gives every mom a copy of Baby Basics at intake. The nurse uses the book to guide patients through important information and gives a short orientation of the book at the first appointment.

- Aetna's Medicaid Managed Care Prenatal Program uses the Baby Basics book and planner for their phone case management program. Nurses refer their moms to specific pages in the book, using if to frame their phone conversations. They also help moms form questions for their provider and encourage them to write it down in their BB Planner. Moms take the planner to their prenatal appointments to review their questions, and ask providers to write important information in the planner, so the nurses can reinforce the provider's instructions during their next phone session. One of Aetna's goals is to increase health literacy, so BB fits well.

- The Centering Pregnancy Program at Montefiore Hospital has integrated Baby Basics into their program. Centering is a group pregnancy model of mothers meeting with the support of medical professionals. The program –replaces routine visits throughout pregnancy with 90-minute peer group support meetings and self-examination, led by a physician or a certified nurse midwife. Baby Basics in the group empowers moms to read about their pregnancy, and provides a useful resource for the group.

## 2 Examples of Model Two: Baby Basics Clinical Programs



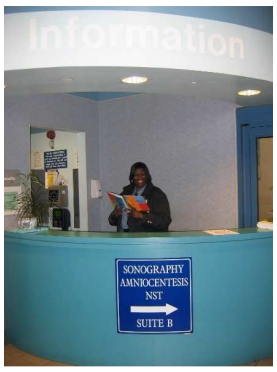
### Case History #1:
### Jamaica & Astoria MIC Women's Health Centers, (a prenatal clinic staffed by OB-Gyns and Midwives)

**A Patient's Experience of the Baby Basics Program at MIC:**

1. Every mom receives a copy of the Baby Basics book and planner at her first appointment from the clerical staff. She is encouraged to attend drop-in Baby Basics Mom's Clubs in the education room, (which was painted to look like a Baby Basics book,) while she waits for her appointment.
2. At the Mom's Club, Health Educators who have been trained to run health literacy groups use the BB Mom's Club Curriculum to teach prenatal topics infused with health literacy skills: Asking questions, health vocabulary, navigating systems.
3. When it's time for a mom's appointment, the nurse finds her in the mom's club and brings her to the exam room. The doctor or midwife not only points to pictures in Baby Basics when talking to the mom, they also write down key words in her Baby Basics Planner and note the page number, so mom can look it up again, and review it when she gets home, (or with her home visitor, prenatal educator or family member. Together they review the questions in the planner and the questions mom has developed during the Mom's Club

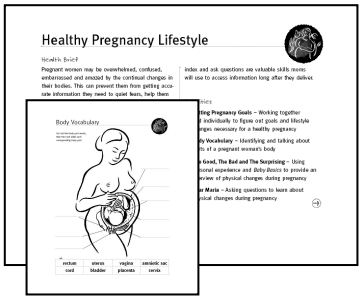
**Staff training and experience of the Baby Basics Program:**

1. The entire staff was trained: providers, nurses, clerks, and the health educator.
2. The program aims to provide dignity, care, and respect for patients and staff. The front desk takes ownership; greets patients, hands out books, and planners and talks with moms about how to use materials. There was little resistance from 1199 (union) staff.
3. The providers are eager for even more training.




**Technical Assistance**:

1. WTEF and staff created a plan for implementation and continue to enhance the program. They also adapted implementation of Mom's Club. Classes are now held at set times. Moms are guaranteed they will see their doctor afterwards. Classes in the waiting rooms didn't work, because moms' were focused on not missing their appointments.
2. *Baby Basics i*s a work in progress involving everyone.



**Evaluation Results thus far at Jamaica MIC:**

1. Overall patient satisfaction increased over time at the intervention site, compared to all other centers.
2. The mean number of prenatal visits increased post intervention. This difference was statistically significant over time when comparing intervention to non-intervention sites. *(This measure reflects fewer missed appointments and fewer drop-outs, and suggests that patients are more engaged in and happy with their care. Coming more often may also imply better compliance.)*
3. Using more Baby Basics materials was not associated with increased visit duration, but using effective communication techniques was associated with increased visit duration.
4. Providers mentioned the Baby Basics book in every visit, but use of other Baby Basics materials during visits varied by provider.
5. After implementation, the proportion of patients returning for postpartum care was significantly higher at the Baby Basics site, compared to the other sites that did not implement the Baby Basics program.

***Next steps:***

1. MIC Astoria's Health Educator has left, so a Community partner who has been trained to run BB Mom's Clubs will come to the center to run Clubs weekly.
2. Partnerships with other programs in Astoria are being developed.

## Case History #2: Jamaica Hospital

**The Women's Health Center at Jamaica Hospital is a stand-alone clinic staffed by OB-Gyns and Midwives**

***Key Characteristics of the BB Program:***

Baby Basics PALS is an innovative volunteer waiting room program created at Jamaica Hospital. These multi-lingual volunteers help Moms and Dads in the waiting room learn how to use Baby Basics materials and prepare for their visit with the provider.

1. Volunteers receive 12 hours of training on topics including health literacy, adult learning, common obstetric terminology and procedures, and the SOP (standard operating procedures) at The Women's Health Center and Jamaica Hospital Medical Center. They volunteer 2-3 shifts per week: 9:00 AM –1:00 PM or 1:00 PM to 4:00 PM.
2. BB PALS offer peer support, health literacy support but NOT health education. BB PALS help pregnant moms:
    - Develop and practice asking a questions for their visit to the provider
    - Write questions for their provider in their planner
    - Translate the question into English (when necessary)
    - Use the Index to look up answers to their questions in Baby Basics
    - Find answers by reading aloud from Baby Basics
    - Navigate through the hospital and healthcare system, ensure their questions are answered. (BB PALS ask moms to find them after the appointment. If a question remains that can't be answered using BB book, the BB PAL helps mom get the answer from her provider before she leaves the clinic.)

3. To recruit volunteers, Jamaica Hospital distributed 3,000 colorful flyers throughout community – in churches, schools, businesses, beauty shops. "You don't know until you ask them." The response has been overwhelmingly positive. Volunteers LOVE the program and there is a waiting list of women who speak many different languages, from many different backgrounds.
4. The program was funded by a grant from the United Hospital Foundation. The training has been standardized and is ready for replication.

***Next steps:***

1. Training medical staff integrates the Program into the clinical practice,
2. Hanging the BB poster and other materials into the exam room.
3. Creating a Baby Basic Moms Club at the Queensboro Public, (Library Jamaica Branch). The library is 5 blocks from the clinic. The Health Educator from the Queens Perinatal Consortium will run these groups once a week and the volunteers will promote them at the clinic.

## 2 Examples of Mode Two: Baby Basics Educational Programs

### Case History #1:

### The Plains Indian's Healthy Start

The Plains Indian Healthy Start has 16 sites at reservations across 4 states (South Dakota, North Dakota, Nebraska and Iowa.) There are 20 case managers who visit close to 800 mothers a year.

***Key Characteristics of the Program:***

Every mom who receives a home visit from a Healthy Start Case Manager receives a copy of the Baby Basics book and a planner. She is encouraged to look at the book on her own and it used to focus the conversation when the case manager visits. Moms write questions down in the planner. Case managers can note pages that she can look at for her next visit. Literacy is not an issue within the Native American population – but health literacy and empowerment skills, and comfort working with the healthcare system is a definite problem (challenge).

**Training:**

All of the case managers were trained to:

1. Use the Baby Basics book as a framework for their visit.
2. Use the Baby Basics Mom's Club Curriculum to start conversations and bring health literacy into their daily practice.
3. Use the Baby Basics Mom's Club Curriculum to run Groups.
4. Help moms develop, practice asking and write down questions in the Planner.
5. Encourage moms to take the planner to their appointments at Indian Healthy Starts and show their questions to their providers.

A Baby Basics Moms Club on the reservation

**Technical Assistance**
Working with the staff of the Healthy Starts a training curriculum was developed specifically for this group of case managers. In addition, the evaluation tools and strategies were supplied by the WTEF and MHRA.

**Evaluation Results**
Moms and dads were very receptive to the book.

- 100% of the case managers reported using the book always or usually during a home visit.
- Over 80% used the book to teach new vocabulary words to mothers.
- 98% of the moms found the books very or somewhat helpful and 91% reported that they had looked up the answer to a question in the book.
- Clients who reported that they read more than half of the book – which was 86% of women who responded to the survey -- were more likely to report that they felt "very comfortable" asking their providers questions about their pregnancy.

**Next Steps**
Staff turnover is very high, so training needs are constant. A Train-the-Trainer program must be developed, as well as more tools for case managers to empower them to continue to bring health literacy skills to their moms.

## Case History #2:
## The Home Visiting Programs of the State of Missouri

The State of Missouri funds 15 home visiting programs across the state. Each site chooses their model. Some of the programs chose to run the Nurse Family Partnership Program; others used peer education models, such as Promontoras and others use the Healthy Family Model.

***Key characteristics of the Program:***
All programs visited pregnant women at their home, and a few held prenatal groups. Each program received a year supply of books and planners for every mother they served and 1 BB Moms Club Curriculum - they could purchase Curriculum for other staff at a discount (all of them did).

**Training:**
1. 60 case managers were trained to use the materials and the Moms Club curriculum.
2. The training received 100% favorable evaluations from the group with only one complaint – "the training was so good, she didn't go to the potty, so she didn't miss something."

**Technical Assistance**
In addition to building a customized training that spanned a wide variety of program models, TWEF worked with individual sites to integrate BB and health literacy skills into their programs, existing models and curricula.

**Next Steps**
The States' funding has dried up, but many of these sites continue to rely on the materials. They ask that we hold another training for new employees. This will be one of our training goals.

**Mode Three: Baby Basics Community**

**Case History #1:**

**Southwest Virginia Perinatal Council Baby Basics Program**

The SW VA Perinatal Council is a community program, because providers, nurses and educators at prenatal clinics give the Baby Basics books and planners to moms at their first prenatal appointment; then, home visitors use the book and look into the planners with visiting moms to see what the doctor, or nurse have written down for review. The program continues to strengthen the community ties and the practice of the providers and educators at the clinic.

***Current Status:*** Underway at seven target sites

***Key characteristics:***

1. Program is in second year at seven target sites.
2. Serves 2400 women, who receive books and planners at first prenatal visit along with one-on-one counseling on how to use the book.
3. Patients bring the planners and nurse/primary care providers discuss different topics from the book at each visit.
4. Post-partum evaluation given to each patient: each BB patient record is earmarked; at each hospital, a lead person identifies BB moms and gives them a patient survey either following delivery or at six week post-partum visit.

**Training:**

Two half day trainings were held.

1. The morning training was for case managers/home visitors in the Perinatal Consortium's purview.
2. The second training was for clerical staff, nurses and health educators at the prenatal providers. Some were private offices, others were health centers.

**Evaluation:**

1. Data collected about BB impact (book helpful?, prevented unnecessary ER visits?, baby birth weight?) Findings from survey show centers are more in line with Healthy People 2010 goals; overall - patients really like book, find it helpful and easy to use and patient satisfaction with caregiver increased.
2. Yearly office staff surveys conducted, which show staff like having a useful, beautiful book to give to their patients.

*Data is being collected to support the case for physician offices funding BB books/materials.*

***Next Steps:***

1. Roll out a more in-depth encounter at a target site that will use a maternal/child educator to conduct a 30-minute counseling session following first prenatal visit.
2. Find more funding for lead coordinator position. Due to loss of funding, may have to scale back 1-2 target sites rather than scale up. *Rather than do it bigger, do it better.*
3. Train OB/Gyns thoroughly as it won't be successful otherwise.
4. Determine ways to manage the online interface – time and staff are not available to input data into computer; some centers do not have a computer.
5. Hold a physician/staff support dinner with Karla Damus to reinvigorate offices and community support agencies outside of physician's office. This will be a media opportunity to bring awareness to funders and community. Perinatal conference will be held the next day.

On 9/28/07 Merry McKenna the Director of The Southwest Virginia Perinatal Council is presenting this poster about their Baby Basics program at the National Perinatal Association Conference.

# BABY BASICS

Merry Wright-McKenna

## Southwest Virginia Perinatal Council in partnership with The What to Expect Foundation

The Baby Basics program was created by The What to Expect Foundation, which takes its name from the nation's best-selling pregnancy guide, ***What to Expect When You're Expecting***.
This program in partnership with the Southwest Virginia Perinatal Council is reaching thousands of expecting parents in rural Appalachia to help ensure women are better able to care for themselves and their babies. It is dedicated to giving mothers educational materials that empower them to access, act upon and understand health care information, have healthier outcomes and be better able to provide a healthier future for their child.

Written for a 3rd to 5th grade reading level, ***Baby Basics*** unique format was created in response to a parent's varied interests and skills. It is a comprehensive prenatal guide and literacy education tool that takes into account the special health, economic, social, and cultural needs of low-income expecting families. Years of research went into the making of Baby Basics, and the book is continuously revised and updated to reflect changes in medicine and the needs of the community. The book has been lauded by health care providers, literacy experts, and the mothers and fathers for whom it was written.

REACHING A VERY SPECIAL POPULATION

"The Baby Basics program is a great example of a health literacy initiative - one which I hope will be replicated nationwide."
*Vice Admiral Richard Carmona, former US Surgeon General*


### THE NEED

In Southwest Virginia 23% of those between the ages of 18 and 44 do not have a high school diploma or the equivalent.

### SOUTHWEST VIRGINIA

| | |
|---|---|
| Infant mortality rates - | 2001 - 5.9 |
| | 2005 - 9.3 |
| Sudden Infant death rates - | 2001 - .29 |
| | 2005 - 1.2 |

### THE PROCESS

- Target site engagement
- Provider and support agency training
- Distribution of Baby Basics/planner
- Prenatal visit implementation
- Data collection and satisfaction surveys
- Reporting

### Baby Basics Project Year 1 Summary

Books distributed - 1,463
Births to participants (through May 31, 2007) - 1,037

**Participants 2006**
Preterm Births - 8%
Low Birth Weight - 6%

**Virginia Births Benchmark**
**2004** (year prior to implementation)
**Preterm - 12.1%**
**Low Birth Weight - 8.3%**
*data courtesy of March of Dimes Perinatals*

**Healthy People 2010 Goal**
**Preterm Births - 7.6%**
**Low Birth Weight Infants - 5.0%**

## Case Study #2
## Tennessee Baby Basics Program/READ Chattanooga

***Current Status:*** Model One underway; getting started as Model Three, July 1, 2008

***Key Characteristics of Model One:***

- Modeled after a Success By Six Program. With grant funds from City of Chattanooga, (targeting adult education as a way to decrease crime and poverty), gave out books as part of Collaborative. Were not teaching the books and were not sure how to integrate with medical community.
- Hired health literacy instructor and continued to build collaboration, focusing on Head Start programs with March of Dimes grant. Lacked structure and integration into medical model.
- Doula program uses Baby Basics and Hola Bebe.

***Plans for Model Three:***

- READ participates in Low Birth Weight Baby Task Force, which is affiliated with the local hospital system that will implement BB.
- Leadership will be provided by:
    - Pediatric ER doctor, a Junior League member associated with a local hospital that takes under-insured patients.
    - Board of Directors includes representative of largest health insurer, Blue Cross/Blue Shield, as well as representative from La Paz, which uses promotoras (lay/community-based health workers).
    - Advisory Board built from collaborative partners from Model 1.
- Funding is through a Junior League grant to prevent low birth weight babies.
- Junior League volunteers will be Pregnancy PALS.

***Next Steps:***

- Encourage an understanding of literacy among Advisory and Task Force members.
- Get buy-in on using books and trainings from hospital and medical staff.
- Determine who has the best reach into medical community – the OB/Gyn, nurses, midwife, or nurse who works with social services (e.g. - homeless, prisoners, fathers, women's shelters, pregnant teens).
- Strengthen collaboration with nurses.
- Explore ways to use Baby Basics as a recruitment tool for adult literacy.
- Use Baby Basics to continue building relationships with moms. The Framework for Understanding Poverty research indicates that there are 2 things that can move someone out of poverty: an *education* and a *relationship*.
- Help moms get a GED or a high school diploma: the ultimate goal.

**OUR NEXT STEPS FOR PROGRAM IMPLEMENTATION**
**Model 3**

## LA Best Babies

***Current Status:*** Looking at ways to incorporate Baby Basics into existing Prenatal Care and Quality Improvement Collaborative.

***Key Collaborative Characteristics:***

- Serves over 6,000 per year with goal of streamlining services that pregnant women receive. (In LA – over 50% of women (75,000), use MediCal for prenatal care.)
- Core services are provided by four collaboratives with broad geographic reach.
- Funded by grant from CA tobacco tax /Healthy First Initiative, to improve birth outcomes for LA.
- Baby Basics book was tested and distributed by a health plan (Health Net) 3 years ago. LA Best Babies loves the book and idea of the family-literacy connection.

***Next Steps for adopting Baby Basics:***

- Establish leadership.
- Work with Family Literacy of LA, a local provider, to better meet goals for use of Baby Basics as family literacy tool.
- Develop a solid plan about how to use Baby Basics over time. A possibility could be to embed the book into Prenatal Collaboratives and reach 6,000 women. But ideally the plan will bring books to all pregnant women in LA county over time.
- Funding considerations:
    - Until funding is secured, LA Best Babies cannot start a BB Program.
    - MediCal component pays for prenatal care at 500 certified prenatal providers. BB could be used to augment their services. For example, MediCal provides guidelines to community health workers and social workers; BB could integrate into these guidelines.
    - Health Dept oversees MediCal, and they are a strong partner in the Collaborative.

**Collaborative Learning Model Lessons Learned:**

- Building relationships and trust, supporting mutual respect and open communication, clearly defined roles, develop shared vision and mission (each member brings own vision and goals).
- Successful collaborative requires willingness to share ideas and resources, divulge self interests, let go of control.
- Expect conflict and establish decision-making processes.
- Clarify issues, demonstrate respect, and focus on shared vision/goals. Find a win-win resolution for everyone.
- Collaboratives are messy, loud, take a long time, but you get MORE.

## Houston Collaborative for Children

***Current Status:*** The program was launched by the former US Surgeon General VADM Richard Carmona. 15,000 copies of Baby Basics and the Planner were donated by The What To Expect Foundation to the city of Houston. Houston gave the city a commendation. Collaborative for Children, a non-profit that houses many different early childhood education programs for the city offered to house the Initiative.

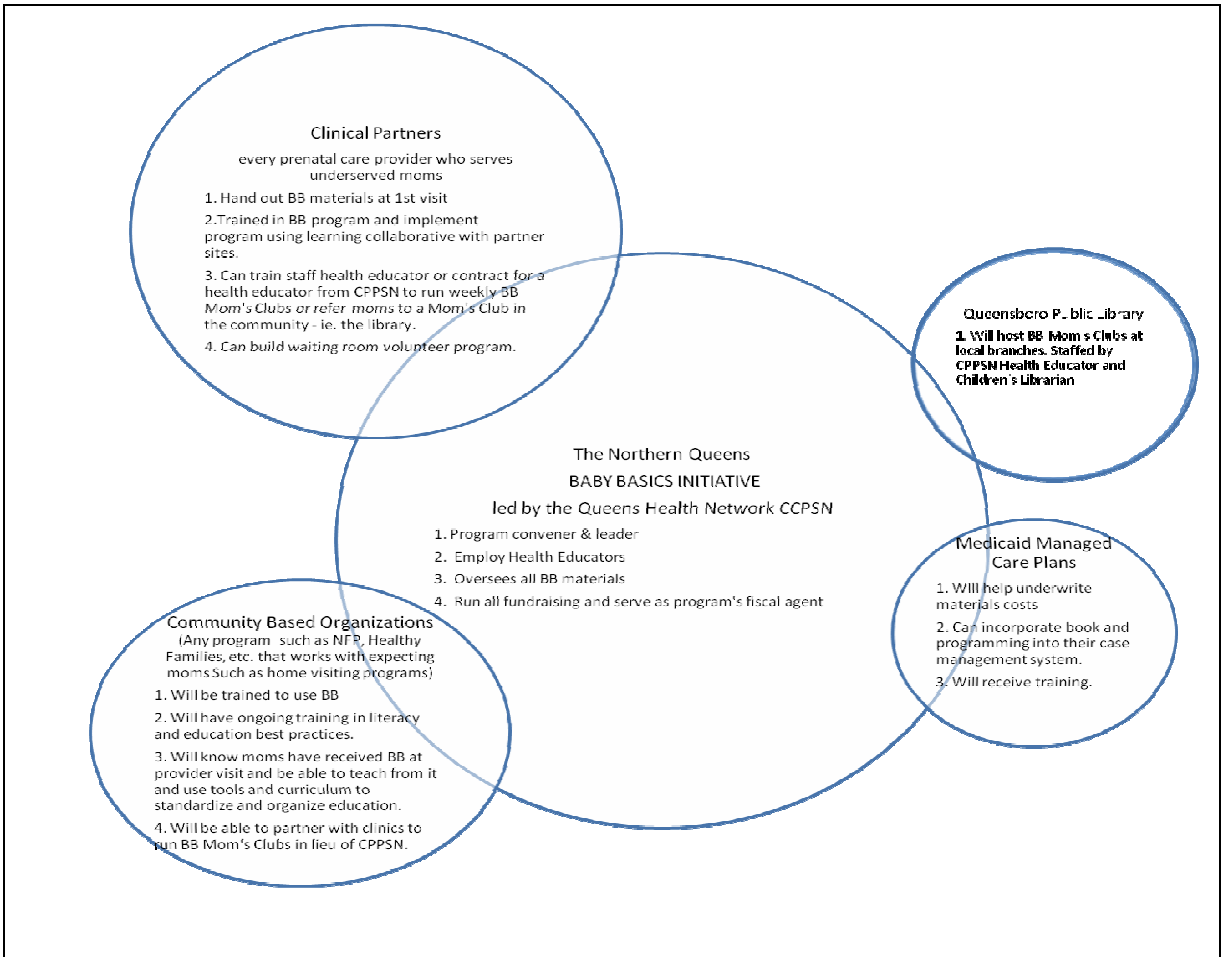
***Key Characteristics:***

- Community-wide implementation, not just within medical community. Communication will include monthly meetings, implementing uniformed questionnaires, etc.
- Creating a legislative agenda – Collaborative had a role in creating a blue print for a bill that included language about Baby Basics and steps to make book available in prison facilities.
- Successful fundraising and staffing efforts have already been underway.

***Next Steps:***

- Create a more solid collaborative structure that will give BB a stronger foundation and core, and a more identifiable network.
- The Collaborative is building a Baby Basics PRISON program – 2,000 copies of Baby Basics are going to be printed with a new binding, so they can be taken into the prison.

The Northern Queens Health Link Model



## Baby Basics Training

We are continuing to work on our training program, so that we can continue to provide high quality, standardized trainings that help everyone integrate the Baby Basics materials and health literacy education into their programs.

**Trainer qualifications and preparation:**

- There is need for a Train-the-Trainer Program, which includes initial training and year-long "preceptorship."
- The Master Trainer must have following attributes/competencies: a clinical background, excellent communication skills, ability to teach, cultural competency knowledge, charisma, people skills, basic literacy skills, ability to facilitate and engage groups, flexibility to shift with audience needs. The Master Trainer(s) would be responsible for training other trainers to train different levels of staffing, such as Clinical, Clerical, Nursing, Volunteers, etc.
- WTEF should offer a certification for Trainers who participate in a Train-the-Trainer program.
- It is important not to "box ourselves in," as far as setting qualifications for trainers, as it may be difficult to find people with all the skills needed.
- Mechanisms must be put in place to maintain Quality Control.

**Training strategies:**

- "Go with the audience." Meet their needs.
- Involve the class in discussions and hands-on activities.
- Teach the "real stuff". Model what you want providers and educators to do, e.g. - a conversation with a mom, a home visit, a Mom's Club activity.
- Convey the need for culture change in prenatal care. Together come up with vision of new culture in a setting.
- Help participants connect with expecting parents. Do activities that help people experience how it feels not to understand something, e.g. - following origami instructions.

**Strategies for training providers:**

- Work with residents. Residency is a key time to reach providers in trying to create a "culture change" in how prenatal health care is delivered. Medical Grand Rounds is a good teaching opportunity.
- Address providers' concerns about Baby Basics taking more time creatively. For example, encourage doctors to use the physical handling of the book itself as a way to test reflexes, etc. Convey research findings that show: providers who used the teach-back method took more time seeing a patient (10 vs. 13 minutes), but that time was made up in fewer calls from patients and visits to the ER.
- Provide charts and other tools to help providers refer moms to page numbers quickly.
- Emphasize pay back for providers, e.g. - patients who arrive at appointments with questions.
- Avoid making assumptions about who needs what in regards to training. MHRA had assumed providers would know how to communicate health messages using Baby Basics. It turned out not to be the case.

**Training materials:**

- Use a module format. It allows you to tailor training as needed. Training can be 2 or 8 hours – with the same end point, but depth and thoroughness differ.
- Be concrete. OB's need a clear guide, e.g. - 5 steps, about how to teach moms. Insert action into a protocol.

**Training Models***:*

- Harvard Plain Language Institute: focuses on how providers learn, and help them understand what it's like *not* to understand. Could be good to introduce this familiar training to providers at a ground round before the WTEF/BB training.
- S.T.A.B.L.E. (Sugar, Temperature, Airway, Blood Pressure, Lab Work, Emotional Support) Program, an education program that focuses exclusively on the post-resuscitation/pre-transport stabilization care of sick neonates. Expert reviewers agreed that the S.T.A.B.L.E. education program is accurate and of high quality, meets an important need, and is relevant to the March of Dimes' mission and their prematurity campaign.

**Comments and Questions, Future Challenges and Opportunities:**

- How do we better communicate the power of asking questions as a key strategy?
- How do we better communicate: "It's not OK to have your baby early by choice. Your womb is the best place for your baby to be" in effort to decrease pre-term births?
- If the intent is to increase literacy rates, isn't there a need to teach literacy?
- How do we connect moms to literacy programs? One suggestion: know who the local literacy providers are, including libraries.
- What steps do we take to assure the "stickiness factor?" – to create and offer training where the ideas "stick."
- In a Train-the-Trainer model, who will interview the applicant: WTEF, Site leaders? Who will maintain quality control?

## Implementation

**Lessons Learned:**

- *A dedicated, passionate manager/program champion and sign-off from medical director are prerequisites for success.*
- *Buy-in from medical director and other leadership is key to success.*
- *It can take time to get a Baby Basics initiative up and running.* It took MHRA a year to get started.
- *During pregnancy people are starved for information.* There is no less interest if it is your first baby or your third.
- *A consistent message(s) is needed across providers and all levels of staff.*
- *Provide structure.* Give clerical staffs steps for distributing books, including guidelines on who gets them. Give providers steps for asking questions, using books with moms, etc.
- *Be flexible.* When moms weren't able to focus on Moms' Clubs in waiting rooms due to fear of missing their appointments, MIC adapted. Morning and afternoon classes were scheduled. Moms were assured that after the class, charts would be processed and they would see their provider. In fact, Moms' Clubs became a "fast track" to an appointment.

- *Clarify roles.* e.g. - of providers, educators, and volunteers. For example, Pregnancy PAL volunteers can read what's in Baby Basics with families. Any other issues/questions are referred to providers. Staff knows volunteer is not taking over his/her job.
- *Take a universal precautions approach to literacy. Give everyone support.* Why put people through testing? People can be stigmatized. We don't need such detailed information on reading skills -- it is for us and for funders. Instead, ask basic questions, e.g. - "would you rather read something or see it on TV?" or "how often do you read a newspaper?"
- *Think and partner creatively.* Jamaica Hospital negotiated with Neighborhood Health Providers (HMO), "You can't have BB unless you buy them for all our patients." Aetna is meeting with competing plans to collaborate around BB.

**Comments and Questions, Future Challenges and Opportunities:**

- Get Baby Basics and healthy literacy incorporated into definition of prenatal care. Reach Out and Read is endorsed by American Academy of Pediatrics, since literacy is considered a part of well baby care.
- Build relationships with local literacy providers. Including libraries!
- Expand outreach to target pregnant teens.

## Evaluation

**Lessons Learned:**

- *Evaluating creates an evidence-based program out of the perfect mess.*
- *Build evaluation in from the beginning.*
- *Using the "teach-back" method added-3-minutes to visits with providers.* We can make a case that this is time made up elsewhere, e.g. - a mom not showing up in the ER.
- *Studying outcomes is key. Future partners, (including funders and ACOG) care about outcomes.*

**Comments and Questions, Future Challenges and Opportunities**

- How can Baby Basics reduce risk of pre-term births?
- What's the use if we don't look at birth outcomes? We need to be bold when it comes to evaluation.
- We don't want to just "do nice." We want to show Baby Basics is making a real difference that affects larger issues with a scientific basis. Collect data on how BB decreases pre-term labor and infant mortality. That best buy is educating physicians. Residents – they want this information and tools. They want to do what's best and want to be empowered, too.

## The WTEF Website

**The Baby Basics Program Website will soon be launched:**

**Goals:**

- Enhance communication (between BB/WTEF Program Manager and local Site Manager, between sites.)
- Create continuity (through for example, the User's Guide/Introduction to the book; online provider training; pre- and post- evaluations.)
- Create a community.

**Participants' ideas of features to be added include:**

- *A clear picture of options for BB programs.* e.g. - what it looks like for WIC or home visits. A "skeleton" of what a program should be would help.
- *Strategies to get buy-in of administrators, providers and staff.*
- *Support with funding.* Perhaps flag relevant RFP's on website. Include links with foundations. Provide templates/materials relevant for grant proposals.
- *Journal articles about using Baby Basics from participating doctors.* Create a forum for doctors, so they can learn from each other.
- *Links to research organizations* to give people access to basic science, e.g. - stress and pre-term birth.
- *A fact sheet on Why to Care About Health Literacy.* What is Health Literacy? What is the cost? This could be used in different ways, e.g. - for proposal writing, securing buy-in and in-training.
- *Resources about high-risk pregnancies.*
- *A sample business plan.* To be used as a marketing tool, showing outcomes and making the case for why to implement Baby Basics.
- *A Memorandum of Understanding* for partner organizations that communicates a shared vision.

**Inspiration, as we look to the Future and as Baby Basics Continues to Grow**
**-- from Karla Damus, March of Dimes**

**The Problem:**

- Infant Mortality skyrocketing in the South.
- Programs are being de-funded.
- 25% of women don't get adequate prenatal care.

**The Solution:**

- *Baby Basics* is a book for life. Get it to people early.