Connecticut Breastfeeding Initiative (CBI) – Logic Model

**Inputs**
- Problems
  - Breastfeeding initiation data
  - Existing Breastfeeding promotion activities
- Solutions
  - Baby Friendly Hospital model
  - Existing and model practices
  - Baby Friendly designation
- Political/ Stakeholders
- Hospital administrators
- Hospital Maternity staff
- Doctors and other medical staff
- Mothers and fathers (patients of the hospitals)
  - Other
- Administrative structures
  - Budget for materials and designation
  - Monitoring and compliance systems

**Activities Throughout process**
1. Formulation
   - Breastfeeding prioritized
   - BFHI Steps/Designation identified as a solution
2. Implementation – CT
   - Acquire funding
   - Develop and implement hospital selection process
   - Plan and implement training for maternity staff (BFH guidelines)
   - Select and work with BFH consultant
   - Identify approach for the advanced-practice hours for MDs
   - Conduct monthly conference calls for participating hospitals
3. Maintenance/ Modification
   - Maintain relationships with hospitals
   - Monitor individual hospitals for compliance with BFH
   - Monitor implementation/ impacts of BFH practice changes
   - Modify CBI structure based on feedback and lessons learned

**Outputs Throughout process**
- Awareness of CBI and BFH among public and hospitals
  - # of education & communication materials (CBI initiative and individual hospitals)
  - Garner media attention/ build relationship with communications manager
  - Engage stakeholders (e.g., medical staff)
  - Build support for and continually promote the CBI and BFH
- Established systems approach to BFH that addresses levels of breastfeeding among new mothers

**Outcomes/Effectiveness**

**Short Term (1-3 years)**
- Increased positive attitudes and knowledge about implementing the ten steps from BFH (among trained maternity staff)
- Increased number of maternity facility policies and practices in place that are supportive of breastfeeding
- Increased number of hospitals designated as Baby Friendly Hospital

**Intermediate (4-6 years)**
- Increase % of mothers who initiate breastfeeding
- Increase % of mothers who breastfeed for at least 6 months
- Increase the % of mothers who exclusively breastfeed for first 6 months
- Unintended consequences

**Long Term (7-9 years)**
- Public Health Impact
  - Effective in achieving population level improvements in child and maternal BMI, health, and well-being
  - Equitable distribution of improvements across population subgroups, particularly those at greatest risk
  - Cost Effective in achieving improvements

**Abbreviations:**
- BF – Baby-Friendly
- BFHI – Baby-Friendly hospital
- BFH – Baby-Friendly Hospital Initiative

**Process Evaluation Data Sources**
- Program trackers to log: hospital participation, training participation among maternity staff, consultant hours used, and hospital progress with the Ten Steps.
- State Hospital Association patient data and/or patient data collected from maternity facilities
- Systems Approach to BFH Implementation Plan
- BFH Maternity Staff Training curriculum
- Maternity Facility staff interview guide*
- Baby-Friendly USA Self-Appraisal

**Outcome Evaluation Data Sources**
- Baby-Friendly USA Self-Appraisal Tool
- Maternity facility staff interview guide*
- Maternity staff survey*
- Mock survey
- Consultant logs (or electronic database)
- Baby-Friendly USA – Hospital Designation Tracker

*Asterisked tools were developed and used by the intervention developer and are available on our website.