

Factors contributing to the sustainability of an early childhood obesity prevention intervention: ***The Infant Program***



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Dr Penny Love



Dr Rachel Laws



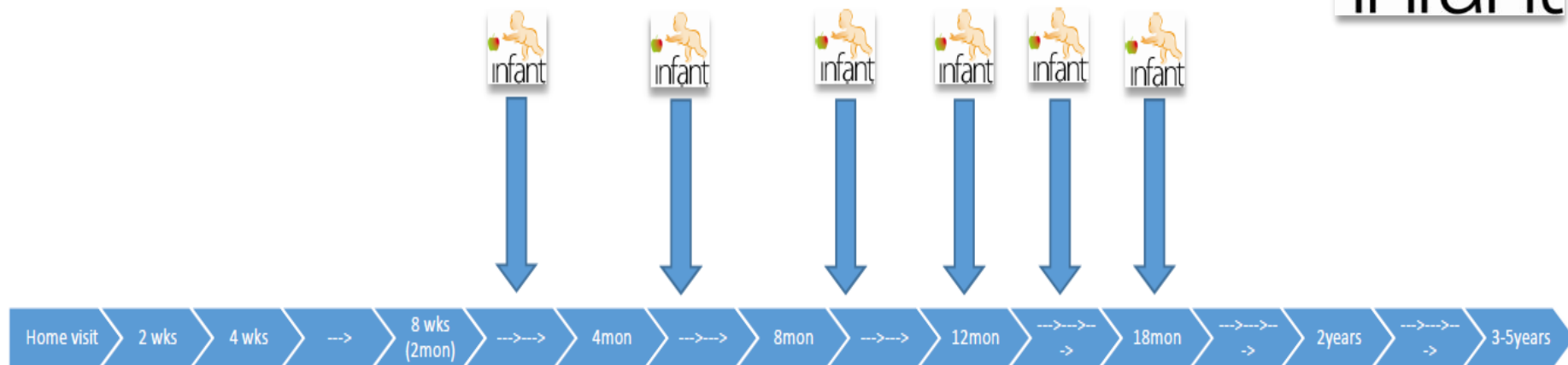
A/Professor Kylie Hesketh



Professor Karen Campbell



The *Infant Program*

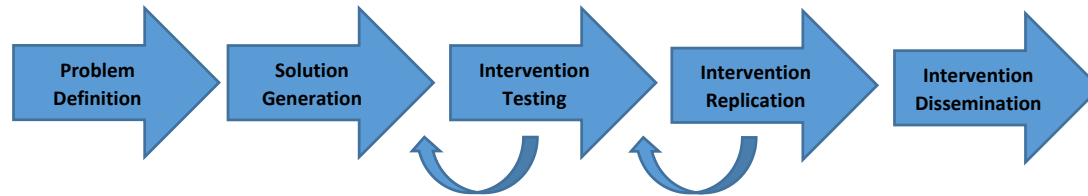


Victorian Maternal and Child Health Key Ages & Stages Service

The *Infant* Program

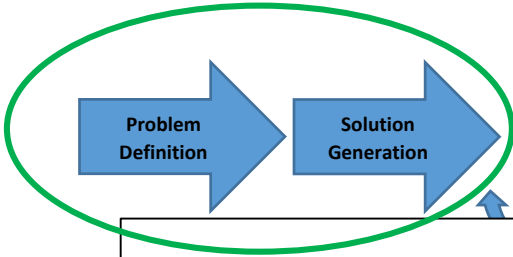


Evolution of the *Infant Program*: from trial to sustainability



Rychetnik L, Bauman A, Laws R, King L, Rissel C, Nutbeam D, et al. Translating research for evidence-based public health: Key concepts and future directions. *Journal of Epidemiology and Community Health*. 2012;66(12):1187-92

Evolution: formative research



Management of obesity: attitudes and practices of Australian dietitians

K Campbell* and D Crawford†*

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www.nature.com/ijo

Aims and current practices of Australian dietitians in the management of overweight and obese children were investigated. A survey of a randomly selected sample of members of the Dietitians Association of Australia was conducted.

Of those surveyed, 60% were female and 40% were male. The majority of dietitians were employed in private practice, followed by public hospitals and community health centers. Most dietitians were employed in the field of weight management, and saw this area as their primary area of interest. While they considered themselves to be the best-trained professionals in this area, many were pessimistic about intervention outcomes. Despite this, most dietitians were confident in their ability to provide advice on diet and exercise. The majority of dietitians were confident in their ability to provide advice on diet and exercise. The majority of dietitians were confident in their ability to provide advice on diet and exercise.

Obesity Management: Australian General Practitioners' Attitudes and Practices

Karen Campbell,* Helen Engel,† Anna Imperio,* Catherine Cooper,* and David Crawford*

Interventions for preventing obesity in children (Review)

Campbell K, Waters E, O'Meara S, Kelly S, Summerbell C



Health Promotion International, Vol. 28, No. 1
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Australian parents' views on their 5–6-year-old children's food choices

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Centre for Physical Activity and Nutrition Research, School of Exercise and Nutrition Sciences, Deakin University, Burwood, Australia

SUMMARY

The home food environment is central to the development of healthy eating behaviours, but associations between the home food environment and children's food choices are not yet fully understood. The aims of this study were to explore parents' views regarding factors that influence children's food choices and parents' decision-making regarding the food they provide to their children. In-depth one-on-one interviews were conducted using a semi-structured interview schedule. Key concepts and themes were coded independently by two investigators. Participants include seventeen parents (16 mothers and 1 father) of children in their first year of formal schooling (aged 5–6 years). Five main themes emerged from the interviews: food marketing, food availability/food exposure, feeding strategies, modelling of eating and opportunity for food

choices were also seen to influence what a child ate. Yet, although some parents believed it was the parents' role to determine what foods were made available to their child, others offered food on the basis of the child's tastes or preferences. The use of food as a reward was a feeding strategy employed by many parents. Family mealtimes were seen as an important opportunity for modelling of eating behaviour by parents. Peers were also seen to influence children's food preferences and eating behaviour. Finally, many parents believed that involving children in the preparation of food had a positive impact on children's food choice. Associations between the home food environment and children's food choices are complex and involve multiple mediators. Parents' views on the promoters and reinforcers of their decision-making regarding food

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* Professor of

Key words:
management

Overweight health is passing both physical and mental health. (1) diet as an intervention. (2) occupation. (3) GPs have a role in weight management. (4) at weight management. (5) Amongst obesity as a weight management. (6) are also diet effective. (7) themselves their diets. (8) that GPs weight quality weight of factors of liver such as. (9) Obesity is first instance a reluctance bedtime. (10) GPs' exist-

hold negat

obesity reviews

doi:10.1111/j.1467-7626.2008.02055.x

Strategies which aim to positively impact on weight, physical activity, diet and sedentary behaviours in children from zero to five years. A systematic review of the literature

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Summary

Preventing the development of obesity in children is an international health priority. To assess the effectiveness of interventions designed to prevent obesity, promote healthy eating and/or physical activity and/or to reduce sedentary behav-

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REVIEWS

CHILDHOOD OBESITY

Interventions to Prevent Obesity in 0–5 Year Olds: An Updated Systematic Review of the Literature

Kylie D. Hesketh* and Karen J. Campbell†

The small number and recency of the early childhood obesity-prevention literature identified in a previous review of interventions to prevent obesity, promote healthy eating, physical activity, and/or reduce sedentary behaviors in 0–5 year olds suggests this is a new and developing research area. The current review was conducted to provide an update of the rapidly emerging evidence in this area and to assess the quality of studies reported. Ten electronic databases were searched to identify literature published from January 1996 to August 2008. Inclusion criteria: interventions reporting child anthropometric, diet, physical activity, or sedentary behavior outcomes and focusing on children aged 0–5 years of age. Exclusion criteria: focusing on breastfeeding, eating disorders, obesity treatment, malnutrition, or school-based interventions. Two reviewers independently extracted data and assessed study quality. Twenty-three studies met all criteria. Most were conducted in preschool/childcare (n = 9) or home settings (n = 8). Approximately half targeted socioeconomically disadvantaged children (n = 12) and three quarters were published from 2003 onward (n = 17). The interventions varied widely although most were multifaceted in their approach. While study design and quality varied most studies reported their interventions were feasible and acceptable, although impact on behaviors that contribute to obesity were not achieved by all. Early childhood obesity-prevention interventions represent a rapidly growing research area. Current evidence suggests that behaviors that contribute to obesity can be positively impacted in a range of settings and provides important insights into the most effective strategies for promoting healthy weight from early childhood.

INTRODUCTION

The prevalence of obesity is high and increasing in all age groups and most countries worldwide (1, 2), with these trends being observed from early in life (3). Behaviors that contribute to obesity, including high-energy dense food consumption (4) and frequent sedentary behavior (5–7), are also prevalent during early childhood (6–5 years of age). Evidence regarding physical activity levels in young children remains inconclusive (8) which is likely due to issues of measurement. Declining diet quality (9), increasing sedentary behavior (10), and decreasing physical activity levels across childhood (11) suggest these obesity-promoting behaviors observed early in life persist.

Given these trends, early intervention to positively impact

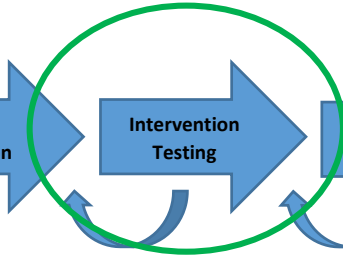
obesity-prevention literature suggests this is a new and developing research area. A number of reviews of obesity prevention during early childhood have been published in recent years (12–17), all with differing inclusion criteria and predominantly focusing on the preschool age group. The current review was conducted to provide an update of the emerging evidence in this area and to assess the quality of studies reported. The inclusion in this review of a broad range of study designs enables a comprehensive overview of the obesity-prevention literature. The incorporation of a published (18) study quality assessment tool aims to assist with comparison of disparate study designs.

METHODS AND PROCEDURES

This review involved the following

Evolution: intervention testing

Cluster RCT (2008)
Follow-up (2011)



BMC Public Health BioMed Central

Study protocol Open Access

The Infant Feeding Activity and Nutrition Trial (INFANT) an early intervention to prevent childhood obesity: Cluster-randomised controlled trial

Karen Campbell¹, Kylie Hesketh¹, David Crawford¹, Jo Salmon¹, Kylie Ball¹ and Zoë McCallum^{*2}

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Abstract
Background: Multiple factors contribute to the development of obesity-prone children.

Contemporary Clinical Trials 34 (2013) 145-151

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journal homepage: www.elsevier.com/locate/conclintrial

The Melbourne Infant Feeding, Activity and Nutrition Trial (InfANT) Program follow-up^{2†}

Kylie D. Hesketh^{a,*}, Karen Campbell^a, Jo Salmon^a, Sarah A. McNaughton^a, Zoë McCallum^b, Adrian Cameron^a, Kylie Ball^a, Lisa Gold^a, Nick Andrianopoulos^a, David Crawford^a

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A Parent-Focused Intervention to Reduce Infant Obesity Risk Behaviors: A Randomized Trial

- WHAT'S KNOWN ON THIS SUBJECT:** While obesity-promoting eating, sedentary and physical activity behaviors, and increased prevalence of adiposity are evident from early life, few high-quality studies have evaluated interventions that seek to influence the development of these behaviors in very early childhood.
- WHAT THIS STUDY ADDS:** This study highlights the receptivity of first-time parents to interventions focused on their new infants' eating and active play and provides evidence of effectiveness on some obesity-promoting behaviors in very early childhood.

AUTHORS: Karen J. Campbell, PhD,* Sandrine Lionet, PhD,* Sarah A. McNaughton, PhD,* David A. Crawford, PhD,* Jo Salmon, PhD,* Kylie Ball, PhD,* Zoë McCallum, PhD,* Bibi E. Garner, MPH,* Alison C. Spence, PhD,* Adrian J. Cameron, PhD,* Jill A. Hnabuk, MSc,* Obioha C. Okununne, PhD,* Lisa Gold, PhD,* Gavin Abbott, PhD,* and Kylie D. Hesketh, PhD

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† The Melbourne InfANT Program is a trial of an obesity prevention intervention (months). Conducted from 2008 to 2010, we had positive impacts on some dietary and physical activity behaviors (at baseline and 5 years). The follow-up study aims to evaluate the effectiveness of the intervention on obesity outcomes (at baseline and 5 years).

* The Melbourne InfANT Program at baseline and 5 years. Home visit data collections will occur at baseline and 5 years. Main outcomes to be assessed include (1) 24-hour recall; food frequency questionnaire data; parent reported active play and ActiPAL inclinometer data; and (2) body mass index (BMI) at baseline and 5 years.

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Evolution: small scale implementation

Laws et al. *BMC Nursing* (2015) 14:26
DOI 10.1186/s12912-015-0077-7

BMC Nursing

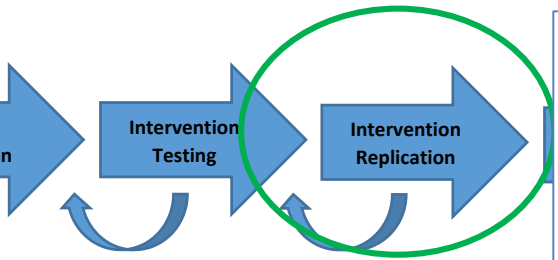
RESEARCH ARTICLE Open Access

Obesity prevention in early life: an opportunity to better support the role of Maternal and Child Health Nurses in Australia

R. Laws^{1,2*}, K. J. Campbell^{1,5}, P. van der Pijl¹, K. Ball^{1,5}, J. Lynch^{2,5}, G. Russell^{3,5}, R. Taylor^{4,5} and E. Denney-Wilson^{3,5}

Abstract
Background: Maternal and Child Health (MCH) nurses are well placed to deliver preventive programs to families, however, they usually rely on voluntary attendance, which is challenging given low parental engagement. This study explored factors influencing engagement in the *Infant Program*: a group-based obesity prevention program facilitated by maternal and child health nurses within first-time parent groups. Six 1.5 h sessions were delivered at three-month intervals when the infants were 3–18 months. A multi-site qualitative exploratory approach was used, and program service providers and parents were interviewed. Numerous interrelated factors were identified, linked to two themes: the transition to parenthood, and program processes. Personal factors enabling engagement included parents' heightened need for knowledge, affirmation and social connections. Adjusting to the baby's routine and increased parental self-efficacy were associated with diminished engagement. Organisational factors that challenged embedding program delivery into routine practice included aspects of program promotion, referral and scheduling and workforce resources. Program factors encompassed program content, format, resources and facilitators, with the program being described as meeting parental expectations, although some messages were perceived as difficult to implement. The study findings provide insight into potential strategies to address modifiable barriers to parental engagement in early-year interventions.

Keywords: childhood obesity; parental engagement; maternal and child health; research translation; implementation; infant feeding; active play



Laws et al. *BMC Public Health* (2016) 16:748
DOI 10.1186/s12889-016-3361-x

BMC Public Health

RESEARCH ARTICLE

Translating an early childhood obesity prevention program for local community implementation: a case study of the Melbourne InFANT Program

R. Laws^{1,2,3*}, K. D. Hesleth^{1,3}, K. Ball^{1,2}, C. Cooper¹, K. Vrtjic⁴ and K. J. Campbell^{1,2,3}

Abstract
Background: While there is a growing interest in the field of research translation, there are few published examples of public health interventions that have been effectively scaled up and implemented in practice. This paper provides a case study of the community-wide implementation of the Melbourne Infant, and Nutrition Trial (InFANT), an obesity prevention program for parents with infants aged 3–18 months. The study explored key factors influencing the translation of the program into routine practice and the responses of policy makers, researchers and implementers.

Methods: Case studies were conducted of five of the eight prevention areas in Victoria, Australia who implemented the program. Cases were selected on the basis of having implemented the program for 6 months or more. Data were collected from January to June 2015 and included 18 individual interviews, one focus group and observation. A total of 28 individuals, including research staff (n = 4), policy makers (n = 2) and implementers, contributed to the data collected. Thematic analysis was conducted using cross case comparisons and was verified through member checking.

Results: Key factors of successful translation included a combination of organizational and individual factors. These included having a clear vision of the program, having a strong relationship with the community, and having a strong relationship with the community. The study findings provide insight into potential strategies to address modifiable barriers to parental engagement in early-year interventions.

Keywords: childhood obesity; parental engagement; maternal and child health; research translation; implementation; infant feeding; active play

Campbell et al. *BMC Public Health* (2016) 16:166
DOI 10.1186/s12889-016-2833-0

BMC Public Health

STUDY PROTOCOL Open Access

The extended Infant Feeding, Activity and Nutrition Trial (InFANT Extend) Program: a cluster-randomized controlled trial of an early intervention to prevent childhood obesity

Karen J. Campbell^{1*}, Kylie D. Hesleth¹, Sarah A. McNaughton¹, Kylie Ball¹, Zoë McCallum², John Lynch³ and David A. Crawford¹

Abstract
Background: Understanding how we can prevent childhood obesity in scalable and sustainable ways is a major public health priority. Early RCT interventions focused on the first two years of life have shown promise however, differences in Mass Index between intervention and control groups diminish once the interventions cease. Innovative and effective strategies seeking to continue to support parents to engender appropriate energy balance behaviour in young children need to be explored.

Keywords: childhood obesity; parental engagement; maternal and child health; research translation; implementation; infant feeding; active play

nutrients **MDPI**

Article

Factors Influencing Parental Engagement in an Early Childhood Obesity Prevention Program Implemented at Scale: The *Infant Program*

Penelope Love^{1,2,*}, Rachel Laws^{1,2}, Eloise Litterbach³ and Karen J. Campbell^{1,2}

Abstract: The 'early years' is a crucial period for the prevention of childhood obesity. Health services are well placed to deliver preventive programs to families, however, they usually rely on voluntary attendance, which is challenging given low parental engagement. This study explored factors influencing engagement in the *Infant Program*: a group-based obesity prevention program facilitated by maternal and child health nurses within first-time parent groups. Six 1.5 h sessions were delivered at three-month intervals when the infants were 3–18 months. A multi-site qualitative exploratory approach was used, and program service providers and parents were interviewed. Numerous interrelated factors were identified, linked to two themes: the transition to parenthood, and program processes. Personal factors enabling engagement included parents' heightened need for knowledge, affirmation and social connections. Adjusting to the baby's routine and increased parental self-efficacy were associated with diminished engagement. Organisational factors that challenged embedding program delivery into routine practice included aspects of program promotion, referral and scheduling and workforce resources. Program factors encompassed program content, format, resources and facilitators, with the program being described as meeting parental expectations, although some messages were perceived as difficult to implement. The study findings provide insight into potential strategies to address modifiable barriers to parental engagement in early-year interventions.

Keywords: childhood obesity; parental engagement; maternal and child health; research translation; implementation; infant feeding; active play

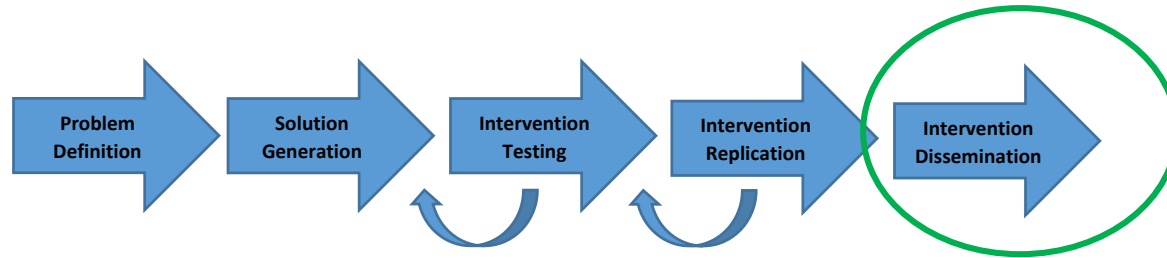
Received: 29 March 2018; Accepted: 16 April 2018; Published: 19 April 2018

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1. Introduction

The 'early years', more recently defined as the first 1000 days (conception to 24 months), is widely acknowledged as a crucial period in laying the foundation for life-long learning and development [1,2], and more specifically, for the prevention of childhood obesity [3]. Globally, an estimated 41 million children aged under five are overweight or obese [4]. In Australia, 20% of children aged 2–4 years are overweight or obese [5], with predictions that this could reach 33% by 2025 [6]. One in three children living in lower socioeconomic areas (33%) are overweight or obese compared with those living in higher socioeconomic areas (19%), while levels are comparable across urban (26%) or regional (27%) areas [7]. Childhood obesity is a related condition that tracks into adulthood. The health consequences

Evolution: sustainability



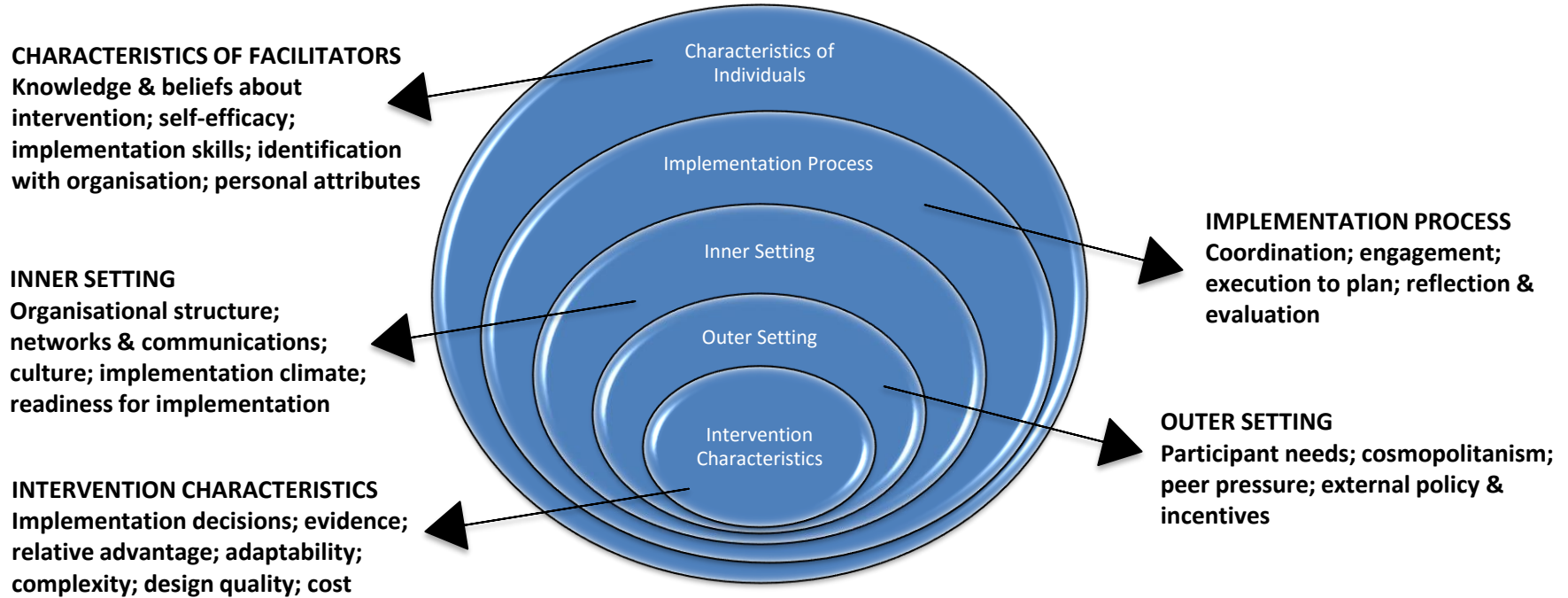
AIM:

To explore the enablers and barriers to the sustained implementation of the *Infant Program* within Victorian, Australia

Methods

- Convergent parallel mixed methods study
- Online survey of trained facilitators since scale-up (RR: 52.4%)
 - ongoing implementation (5 LGAs)
 - discontinued implementation (5 LGAs)
 - no implementation (4 LGAs)
- Follow-up telephone interviews of sub-sample
 - ongoing implementation (4 LGAs)
 - discontinued implementation (4 LGAs)
 - no implementation (3 LGAs)

Thematic analysis



Damschroder, L.J., et al., Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. Implementation Science 2009, 4(1):50

Results

CHARACTERISTIC		TOTAL (n=33)	Ongoing (n=15)	Discontinued (n=11)	Never (n=5)	Don't know (n=2)
Gender	Female	33	15	1	5	2
Age	20-29 years	3	3			
	30-39 years	6	3	1		2
	40-49 years	12	5	6	1	
	50-59 years	10	4	3	3	
	60+ years	2		1	1	
Position	MCHN	15	8	5	2	
	Dietitian	9	6		2	1
	HP Officer	3	1	1		1
	Early Intervention/ Childhood Professional	3		2	1	
	Children/Families Professional	3		3		
Capacity	full time	12	5	3	2	2
	part-time	21	10	8	3	
In role	<5years	7	5	2	0	
	5-10years	11	6	3	0	2
	11-15years	4	2	1	1	
	>15years	11	2	5	4	
LGA since training	same	31	15	11	5	
	different	2				2

Results

ENABLERS		BARRIERS	
ONGOING (n=15)	INITIAL (n=11)	DISCONTINUED (n=11)	NEVER (n=5)
Management support	Availability of funding	Availability of funding	Availability of funding
Availability of funding	Availability of staff to deliver	Ability to maintain attendance of parents	Availability of staff to deliver Availability of staff to co-ordinate
Evidence to support the decision Confidence of staff to deliver Availability of staff to co-ordinate Management support	Evidence to support the decision Management support Availability of staff to co-ordinate	Availability of staff to deliver Availability of staff to co-ordinate Management support	Ability to incorporate as routine practice Ability to maintain attendance of parents
	Alignment to organisational priorities Ability to incorporate as routine practice Confidence of staff to deliver Ability to recruit parents Ability to maintain attendance of parents		Ability to support the decision Ability to support parents
Ability to maintain attendance of parents		Confidence of staff to deliver	
Availability of staff to deliver		Evidence to support the decision	

HIGH likelihood of continuing implementation

LOW likelihood of (re) starting implementation

CONCLUSIONS

ENABLERS OF SUSTAINABILITY

- Management support
- Sufficient funding and staff
- Incorporation into routine practice
- Alignment to organisational priorities
- Recruitment & retention of adequate participant numbers
- Confidence of staff to deliver & coordinate the program

CFIR Constructs

Inner setting - Leadership engagement

Inner setting - Available resources

Inner setting - Compatibility

Inner setting - Relative priority

Outer setting - Patient needs

Individual Characteristics - Attributes

Obesity Prevention

Sustaining obesity prevention in communities: a systematic narrative synthesis review

J. Whelan¹, P. Love², L. Millar³, S. Allender⁴ and C. Bell¹

SYSTEMATIC REVIEW

Open Access



Navigating the sustainability landscape: a systematic review of sustainability approaches in healthcare

L. Lennox^{1,2*}, L. Maher³ and J. Reed¹

...program delivery and ongoing sustainability (32). Two papers ...
...tion is centred on the health outcomes rather than the inter-
...vention. We agree with Scheirer (2011) that 12 months is a

Table 2 Sustainability framework – 1

Factor		
Resourcing	Resourcing refers to the resources used to employ staff and the importance of human capacity to enhance sustainability outcomes.	resources to add capacity. Staff needs
Leadership	Leadership was defined as leadership capacity, influence and come from all levels (e.g. CEO level) and throughout the organization.	CEO level) and throughout the organization.
Workforce development	Workforce development refers to workforce and teaching aspects of the intervention.	staff at the start of implementation and also important in supporting staff.
Community engagement	Community engagement refers to relevant stakeholders and those engaged in the intervention.	stakeholders that involve the community.
Partnerships	Partnerships are defined as relationships that achieve a common goal.	relationships that achieve a common goal.
Communication	Communication comprises the methods used to enhance reach of the intervention to intended audiences.	with an appropriate budget and effectiveness of communication.
Policy	Policy includes national, regional and local guidance or regulations to encourage or discourage certain behaviors.	and regulations to encourage or discourage certain behaviors.
Adaptation	Adaptation refers to the process of ensuring context-specific implementation.	ensure context-specific implementation.
Evaluation	Ongoing checking and re-balancing of implementation to ensure success and minimize dead ends.	regularly, not only pre-intervention to enable further success and minimize dead ends.
Governance	A group or individual who provide strategic direction, mobilize funding and resourcing and ensures the intervention keeps to the long-term vision. A specific structure that guides the direction of the intervention, preferably established through a memorandum of understanding.	Develop a clear governance structure to provide strategic guidance and oversight, keeping the end goal in sight. Good governance structures will mobilize resources and advocate for the intervention. Document roles and responsibilities and meeting

resourcing

leadership

partnerships

policy & procedures

resourcing

leadership

stakeholder participation

intergration into existing programs/policies

training & capacity building

program effectiveness

monitoring progress

Lessons learnt



- Streamlined administration and evaluation processes
 - > Online registration and evaluation system
- Accessible facilitator training
 - > Online training course
- Capacity building on implementation processes
 - > Case studies and facilitator networking
- Participant online options to complement sessions
 - > Program app and website
- High level organisational support
 - > Partnership engagement
 - > System wide approach to roll out



“I’ve been able to incorporate *Infant* into my role whereas I think other dietitians or maternal and child health nurses don't have that flexibility”

“I think if you get really, really good training, that puts you in a good place to then deliver”

“*Infant* provided a structure and some resources for providing a program to mothers addressing many of the issues that we wanted to address”

“The reason we can run so many *Infant* programs and offer so much support is because we have the funding to do it”

“In the early stages the scheduling was quite difficult.. at age specific times, and juggling the dietitians’ diaries....but we’ve come up with a reasonably good scheduling system now”