Improving Lactation Support & Continuity of Care:

STRATEGY EXAMPLES FOR INSTITUTIONS, INCLUDING HEALTHCARE, COMMUNITY ORGANIZATIONS, SCHOOLS, WORKSITES, AND MORE

Published in partnership with the Association of State & Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO), with support from the Centers for Disease Control and Prevention (CDC), Division of Nutrition, Physical Activity and Obesity (DNPAO)

The views expressed within do not necessarily represent the views of the funding agency.
Ensuring families are supported in their lactation journeys, from the prenatal period through birth and postpartum, is critical to increasing breastfeeding initiation and duration in the United States (U.S.). Approximately 84 percent of U.S. infants born in 2017 were breastfed, but only 58.3 percent of infants were receiving any breast milk at six months, and 35.3 percent at 12 months. The American Academy of Pediatrics recommends infants be fed breast milk exclusively for the first six months of life to promote optimal nutrition and growth. Yet, only about 25 percent of infants met this exclusivity benchmark in 2017. There are also disparities in breastfeeding rates by income level and race/ethnicity due to historic oppression and current social and structural determinants, with low-income families and families of color generally experiencing the lowest rates. While great strides have been made to increase lactation-friendly practices at hospitals and birthing facilities and in communities across the country, much more can be done to improve support for breastfeeding, lactation, and the feeding of breast milk and to prioritize efforts that promote equity.

Continuity of care refers to consistent and collaborative care across the continuum and in transitions of care provided among service providers. Continuity of care in lactation means that lactation support services and environments are consistent between and across providers and over time, from the prenatal period through birth and one or more years postpartum, until lactation and/or feeding of breast milk is discontinued. Organizations can improve support for lactation (community support) and work to ensure consistency and collaboration with other organizations and lactation support providers in the community or region to ensure a seamless support system for lactation (continuity of care).

Many national organizations, including the United States Breastfeeding Committee (USBC), the Centers for Disease Control and Prevention (CDC), the National Association of County and City Health Officials (NACCHO), and the Association of State and Territorial Health Officials (ASTHO) have invested in the call to improve continuity of care in community support for lactation in communities across the U.S. These investments have increasingly focused on the need to prioritize equity in lactation support.

State and territorial health agencies (S/THAs) play a critical role in establishing lactation continuity of care across and among organizations that support lactation. Several state roles contribute to establishing a successful lactation framework including:

- Authority to shape policy through adopting and implementing legal statutes and regulations.
- Acting as a convener and leader to ensure successful partnerships and collaboration.
- Programmatic funding and fiduciary responsibility.
- Authority and oversight for programs.
- Evaluation, quality improvement, and training and technical assistance efforts.

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As part of the Illinois State Physical Activity and Nutrition (ISPA) Program, a five-year cooperative agreement with the Division of Nutrition, Physical Activity, and Obesity (DNPAO) at the CDC, the Illinois Public Health Institute (IPHI) has convened lactation experts, lactation support providers (LSP), healthcare providers, and lactating people to develop objectives to improve support and equity in Illinois. Like many agencies promoting support statewide, IPHI has played a critical role in convening stakeholders, facilitating listening sessions and strategic planning processes, facilitating learning collaboratives to promote action planning and change, and sharing communications and resources across the state to support this work. As part of one of the ISPA learning collaboratives to promote improvements to lactation support, IPHI compiled and disseminated a list of strategies institutions could implement to increase community support and/or continuity of care for lactation. While not a comprehensive list, these strategies provide feasible, concrete examples of how various types of institutions can support families on their lactation journeys. Strategies are organized by the type of site/institution. Although this document was originally developed for use in Illinois, the strategies align with the release of the 2021 Breastfeeding Continuity of Care Blueprint and can help guide local communities in implementing the blueprint recommendations.

Questions? VISIT IPHIONLINE.ORG/BREASTFEEDING TO LEARN MORE.
## Strategy Ideas by Site-Type

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<thead>
<tr>
<th>Site Type</th>
<th>Number</th>
<th>Strategy</th>
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<tbody>
<tr>
<td>HEALTHCARE (including hospitals, Federally Qualified Health Centers, family and pediatric practices, etc.)</td>
<td>1</td>
<td>Create procedures by which all pregnant people are screened for lactation support needs and/or receive lactation support services at specific touch points from their first prenatal visit through the infant’s first birthday and beyond. Procedures can help providers identify lactation “red flags,” and provide information and support at critical times, including referring to in-house and/or community-based supportive services (including the local Women, Infants, and Children [WIC] agency).</td>
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<td>2</td>
<td>Set up a system to automatically refer pregnant people to pump resources in their third trimester.</td>
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<td>3</td>
<td>Establish a joint agreement between a hospital and a local WIC peer counselor (or other support agency) to provide in-hospital lactation support, and/or refer to lactation support (individual and/or group).</td>
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<td>4</td>
<td>Create a process to include a list of lactation-friendly places, and/or lactation support resources with local hospital discharge papers (after a person has given birth).</td>
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<td>5</td>
<td>Have a procedure by which all providers in a healthcare institution, as well as community lactation support services, utilize the same evidence-based patient education materials to create common messaging.</td>
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<td>6</td>
<td>Develop a new infant feeding tracking system (stand-alone or in Electronic Health Record) to help track infant feeding across the hospital and primary care facilities within a healthcare system.</td>
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<td>7</td>
<td>Distribute a local lactation resource guide to area hospitals, providers’ offices, and/or WIC clinics to integrate into the materials they regularly share with parents.</td>
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<td>8</td>
<td>Develop an internal referral process so providers can refer to the in-house lactation support professional. Train existing staff that see families as lactation support professionals so they can accept the referrals (e.g., home visitors, certified medical assistants, nurses, community health workers, etc.).</td>
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<tr>
<td>Building Support</td>
<td>9</td>
<td>Pass a policy that all healthcare staff regularly attend (e.g., at least annually) in-person or virtual training designed to improve lactation support.</td>
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<td></td>
<td>10</td>
<td>Adopt a policy to not provide formula samples.</td>
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<td>11</td>
<td>Start a CenteringPregnancy® and/or CenteringParenting® group and include a lactation education and support curriculum.</td>
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<td>12</td>
<td>Implement or strengthen one or more of the “Ten Steps to Successful Breastfeeding” in hospitals.</td>
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<td>13</td>
<td>Implement or strengthen one or more of the “9 Steps to Breastfeeding Friendly: Guidelines for Community Health Centers and Outpatient Care Settings.”</td>
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<td>14</td>
<td>Identify and cultivate lactation champions: Develop a “Medical Director of Lactation” (or similar) position at the health system to ensure sustainable leadership for lactation; establish a “train-the-trainer” program to develop and maintain lactation champions across the organization.</td>
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<tr>
<td>Virtual/Technology</td>
<td>15</td>
<td>Create and/or strengthen online support groups for lactating people.</td>
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<td>16</td>
<td>Implement a texting-based lactation support program for pregnant people and/or new families guided by lactation support professionals.</td>
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<td>17</td>
<td>Provide telehealth lactation support for new families via a Health Insurance Portability and Accountability Act (HIPAA)-compliant platform.</td>
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<td>18</td>
<td>Share virtual lactation support resources with families for remote access.</td>
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Questions? Visit iphionline.org/breastfeeding to learn more.
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<tr>
<td><strong>COMMUNITY</strong>&lt;br&gt;Pages 20-22</td>
<td>19</td>
<td>Promoting Continuity of Care&lt;br&gt;Utilize the same evidence-based education materials as other local healthcare or community-based organizations to establish common messaging.</td>
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<tr>
<td><strong>Building Support</strong>&lt;br&gt;</td>
<td>20</td>
<td>Recognize local businesses and organizations for being “lactation friendly” when they comply with all federal, state, and local lactation support laws and (ideally) have enhanced support for lactation on-site.</td>
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<tr>
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<td>21</td>
<td>Adopt lactation support policy: Organizations, including faith-based, recreation, etc., can adopt a policy to allow lactation on-site and promote their policy to the community.</td>
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<td>22</td>
<td>Host lactation education classes and support groups: Organizations, including affordable housing, faith-based, community centers, etc., can host lactation classes and support groups.</td>
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<td>23</td>
<td>Promote welcoming lactation environment: Restaurants, retail outlets, etc., can adopt a policy that breastfeeding is welcome on-site and/or that there is a place to pump/feed milk, and can put stickers/decals in their front windows to advertise this.</td>
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<td>24</td>
<td>Improve access to donor milk: Local health departments, health centers, WIC sites, etc., can open a milk dispensary to increase access to donor milk.</td>
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<tr>
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<td>25</td>
<td>Correctional facilities can establish a process to enable lactating people to pump and store milk for pick-up.</td>
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<tr>
<td><strong>EARLY CARE AND EDUCATION</strong>&lt;br&gt;Pages 23-27</td>
<td>26</td>
<td>Promoting Continuity of Care&lt;br&gt;Create a process by which home-visiting professionals refer families to local lactation support services.</td>
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<tr>
<td><strong>Building Support</strong>&lt;br&gt;</td>
<td>27</td>
<td>Develop a lactation support policy for home-visiting funders and/or programs.</td>
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<td></td>
<td>28</td>
<td>Establish a process to ensure home-visiting staff receive lactation training at regular intervals.</td>
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<tr>
<td>Day Care Facilities</td>
<td>29</td>
<td>Equip home visitors with lactation support materials for their own reference and/or to give to families.</td>
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<td></td>
<td>30</td>
<td>Adopt a reporting system to enable home visitors to track lactation rates among their clients and use this information to inform program improvements.</td>
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<td></td>
<td><strong>Building Support</strong></td>
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<tr>
<td></td>
<td>31</td>
<td>Create a private space for parents (staff and/or clients) to lactate or express milk.</td>
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<td>32</td>
<td>Adopt (as required by Illinois law) and promote a policy that allows parents to lactate at the facility.</td>
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<td>33</td>
<td>Train all staff to prepare, feed, and properly store breast milk.</td>
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<td>34</td>
<td>Establish a process to create a lactation-friendly feeding plan with each family.</td>
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<td>35</td>
<td>Establish a process to teach families the proper steps to store and label their milk for use.</td>
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<td>36</td>
<td>Create a process for sharing lactation support policies and information with all new families.</td>
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<td>Schools</td>
<td></td>
<td><strong>Building Support</strong></td>
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<tr>
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<td>37</td>
<td>Create a private space (as required by Illinois law in public schools) for parents to lactate or express milk at schools, including high schools, colleges, and universities, and ensure parents are aware of this space.</td>
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<tr>
<td>WORKSITES</td>
<td>38</td>
<td>Help worksites comply with federal and state lactation support laws, and (ideally) take additional steps to create an environment supportive of lactation.</td>
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<td>39</td>
<td>When hosting meetings in communities, create and advertise a policy that non-crawling babies are welcome to join, which may reduce barriers to parents participating and support lactation.</td>
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<td>40</td>
<td>Promote an “infant-at-work” policy that allows parents to bring their babies to work for the first six months of life.</td>
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<td>41</td>
<td>Regularly share lactation support resources available to employees through their insurance, such as pumps and lactation support providers.</td>
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<tr>
<td>STATE AND TERRITORIAL HEALTH AGENCIES (S/THAS)</td>
<td>42</td>
<td>S/THAs support worksite adherence to legislative and regulatory public lactation accommodation policies, paid family and medical leave, and childcare licensing.</td>
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<td>43</td>
<td>S/THAs act as jurisdictional conveners, establishing a foundation for successful partnerships and collaborations across governmental and nongovernmental/private-public efforts.</td>
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<td>44</td>
<td>S/THAs can support lactation continuity of care through funding and promotion of lactation support resources and services.</td>
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<td>45</td>
<td>S/THAs can provide financial authority and oversight to ensure continuity of care for families and sustainability for these programs.</td>
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<td>46</td>
<td>S/THAs can improve lactation and lactation support through evaluation, quality improvement, and technical assistance.</td>
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Create procedures by which all pregnant people are screened for lactation support needs and/or receive lactation support services at specific touch points from their first prenatal visit through the infant’s first birthday and beyond. Procedures can help providers identify lactation “red flags,” and provide information and support at critical times, including referring to in-house and/or community-based supportive services (including the local WIC agency).

**Examples**

- **Esperanza Health Centers**, a group of Federally Qualified Health Centers (FQHCs) in southwest Chicago, ensures all clients receive nine touch points of lactation support contact through an updated Electronic Medical Records (EMRs) system to capture client lactation intentions and status and to document all lactation education and support sessions by each staff member. For more information, please click [here](#).

- **Florida's Lee Memorial Health System** incorporated lactation assessment questions into patients' medical charts with various indicators for referral to in-house support. A comprehensive discharge plan included coordination with lactation support follow-up systems, both internally and by the local WIC agency. For more information, please visit page 3 [here](#).

- **At Contra Costa Health Services**, parents are visited by trained nurses and lactation support staff during their stay. Discharge includes scheduling follow-up pediatric appointments in a clinic convenient for them and on certain days and times, so that an International Board Certified Lactation Consultant (IBCLC) can assess feeding and support any early needs. The healthcare provider and IBCLC team work together within the clinic to ensure all needs are met. Follow-up phone calls from the hospital ensure parents took their newborns for follow-up checks and were assisted with lactation. For more information, please visit page 66 [here](#) and page 4 [here](#).

- **In a pediatric clinic in Illinois**, the nurse trained as a Certified Lactation Counselor sees all patients in their first appointment after hospital discharge (1-3 days postpartum) to ensure lactation counseling and support is available.

**Resource**

- **A Clinician's Guide: Suggested Questions to Assess Breastfeeding in Primary Care Practice**, linked [here](#).
Set up a system to automatically refer pregnant people to pump resources in their third trimester.

Resources

- Through the Patient Protection and Affordable Care Act (ACA), most marketplace plans (except for grandfathered plans) must provide pumps. However, the pumps that are provided varies by plan. For more information, visit the HealthCare.gov website.

- Some Women, Infants, and Children (WIC) sites provide pumps to lactating parents. Identify and contact your local Illinois WIC office here.

Establish a joint agreement between a hospital and a local WIC peer counselor (or other support agency) to provide in-hospital lactation support, and/or refer to lactation support (individual and/or group).

Examples

- The Paris-Lamar County Health Department in Texas enhanced its partnership with an area hospital and established a formal agreement that granted permission for WIC peer counselors and lactation consultants to visit clients immediately after delivery and to provide referrals to support groups. For more information, please visit page 7 here.

- The Florida Department of Health in Broward County established a Memorandum of Agreement with a local hospital for WIC peer counselors to provide in-hospital lactation support to parents post-delivery. For more information, please visit page 61 here and page 4 here.

- A birthing hospital in Peoria, Illinois, integrated lactation education materials into the discharge paperwork for birthing families that had information on local resources. The hospital also created an automatic referral to the local Breastfeeding Resource Center to help families more easily access those services.

Questions? VISIT IPHIONLINE.ORG/BREASTFEEDING TO LEARN MORE.
Create a process to include a list of lactation-friendly places, and/or lactation support resources with local hospital discharge papers (after a person has given birth).

**Examples**

- With support from ISPAN, a health department in southern Illinois is partnering with a local hospital to include the list of lactation-friendly organizations with hospital discharge papers for new parents. They are also providing this list to other local healthcare entities to share with parents. Having this information will help parents know where in their community they can expect to be supported in lactation.

- A birthing hospital in Peoria, Illinois, automatically refers new parents to their local Breastfeeding Resource Center for a telehealth appointment on discharge.

Have a procedure by which all providers in a healthcare institution, as well as community lactation support services, utilize the same evidence-based patient education materials to create common messaging.

**Example**

- The Peoria City/County Health Department, in collaboration with the Illinois Chapter of the American Academy of Pediatrics is helping to integrate the curriculum Ready, Set, BABY into clinics and health centers in the Peoria region to provide common messaging and increase lactation support. Read more about this collaboration.

**Resources**

- Ready, Set, BABY is a free tool for lactation counseling. Access the resources [here](#).

- WIC lactation support materials are available [here](#).

Questions? VISIT [IPHIONLINE.ORG/BREASTFEEDING](#) TO LEARN MORE.
Develop a new infant feeding tracking system (stand-alone or in Electronic Health Record) to help track infant feeding across the hospital and primary care facilities within a healthcare system.

Example

As a part of a statewide learning collaborative with community health centers in Illinois, at least two community health centers worked to implement an improved infant feeding tracking system within their systems.

- A Federally Qualified Health Center (FQHC) in Chicago, Illinois, standardized their infant feeding documentation at well-child and postpartum visits and trained their providers on consistent documentation of newborn feeding methods.
- A health clinic in Peoria, Illinois, worked with the local hospital to develop standardized infant feeding reports linked to the Electronic Medical Record (EMR) that could be seen across both health systems.

Distribute a local lactation resource guide to area hospitals, providers’ offices, and/or WIC clinics to integrate into the materials they regularly share with parents.

Examples

- Gwinnett County Health Department in Georgia worked with the local hospital to update the resource guide with additional community resources to make it more culturally sensitive. For more information, please visit page 7 here.
- The Kansas Breastfeeding Coalition updated a list of existing lactation resources. Once the resource was completed, members contacted clinics, medical offices, and doulas to share and distribute the guide. Materials were translated into Spanish when appropriate. For more information, please download their slides here.
- With support from ISPAN, a health department in southern Illinois is partnering with a local hospital to include the list of lactation-friendly organizations with hospital discharge papers for new parents. They are also providing this list to other local healthcare entities to share with parents. Having this information will help parents know where in their community they can expect to be supported in lactation.

Questions? VISIT IPHIONLINE.ORG/BREASTFEEDING TO LEARN MORE.
Develop an internal referral process so providers can refer to the in-house lactation support professional. Train existing staff that see families as lactation support professionals so they can accept the referrals (e.g., home visitors, certified medical assistants, nurses, community health workers, etc.).

Examples

• As part of a statewide learning collaborative with community health centers in Illinois, a health center in the Chicago suburbs trained one of their home visitors as a Certified Lactation Counselor (CLC) and then created a new referral process in their EMR that providers could use to refer patients to the CLC.

• An FQHC in Chicago, Illinois, trained one of their nurses as a CLC and now works to ensure that the nurse sees all patients for the first newborn visit to support lactation. They also created a process by which providers could refer patients to the CLC for telehealth visits during the COVID-19 pandemic.

Questions? VISIT IPHIONLINE.ORG/BREASTFEEDING TO LEARN MORE.
Pass a policy that all healthcare staff regularly attend (e.g., at least annually) in-person or virtual training designed to improve lactation support.

Example

- In Michigan, Kent County Health Department, in collaboration with Mercy Health Saint Mary’s and Healthy Kent Breastfeeding Coalition, provided a training titled “Breastfeeding from an African American Perspective” to more than 100 participants from various hospitals, community program staff, and community health workers. The training was developed by three African American lactation professionals. Topics included the historical context of lactation in African American communities, factors that contribute to disparities, and lactation benefits and barriers. The training identified teaching opportunities for lactation education during prenatal appointments, and information on how to refer African Americans to culturally appropriate support groups. For more information, please click here.

Resources

- **PRESENTATIONS**

- **WEBINARS**
  - Physician Webinar Series – A Maryland Department of Health series of lactation webinars conducted by physicians. CMEs are available. Available here.

- Breastfeeding Resources - Archived Webinars – The American College of Obstetricians and Gynecologists archived webinars on lactation are available here.

- The National Association of County and City Health Officials (NACCHO) has archived webinars on public health solutions to promote equity in lactation rates and access to care. All webinars feature a presentation on a local lactation project. Recorded webinars are available (at the bottom of the page under the webinars and archived webinars tabs) here.

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10 Adopt a policy to not provide formula samples.

Example

- Altura Centers for Health in California routinely does not give formula to patients unless there is a medical need. Formula samples and coupons are stored in a locked supply room. Formula coupons or advertisements are not visible in the waiting room. Instead, at each clinic, there are Breastfeeding Welcome Here stickers posted on the doors and lactation posters in the pediatric waiting room and exam rooms. For more information, please visit page 2 here.

11 Start a CenteringPregnancy® and/or CenteringParenting® group and include a lactation education and support curriculum.

About the Groups

- CenteringPregnancy® brings 8 to 10 pregnant people, who are all due around the same time, together for their prenatal care. The group follows the recommended schedule of 10 prenatal visits; however, each visit is 90 to 120 minutes long. Participants take their own weight and blood pressure, and they receive private time with their provider for a belly check. Once health assessments are complete, the provider, staff, and parents all come together. They engage in interactive activities and discuss important topics like nutrition, stress management, common discomforts, labor and delivery, lactation, and infant care.

- CenteringParenting® brings 6 to 8 parents, partners, additional support people, and their same-age infants together with their healthcare providers. Visits begin with individual well-child visits, and parents are responsible for tracking aspects of their child's wellbeing. After the individual check-ins, the group gets together to engage in activities and discuss topics including attachment, safe sleep, lactation, nutrition, early literacy, development, and safety.

Example

- As a part of ISPAN, the Peoria, Illinois, region currently offers CenteringPregnancy® at the local health department, a birthing hospital, and a Federally Qualified Health Center (FQHC).

Resources

- CenteringPregnancy® website
- CenteringParenting® website
- Active Centering sites in Illinois can be found here

Questions? VISIT IIPHIONLINE.ORG/BREASTFEEDING TO LEARN MORE.
Implement or strengthen one or more of the “Ten Steps to Successful Breastfeeding” in hospitals.

**The Steps**

World Health Organization and UNICEF “Ten Steps to Successful Breastfeeding” (revised in 2018)

1a. Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly resolutions.

1b. Have a written infant feeding policy that is routinely communicated to staff and parents.

1c. Establish ongoing monitoring and data-management systems.

2. Ensure that staff have sufficient knowledge, competence, and skills to support lactation.

3. Discuss the importance and management of lactation with pregnant people and their families.

4. Facilitate immediate and uninterrupted skin-to-skin contact and support parents to initiate lactation as soon as possible after birth.

5. Support parents to initiate and maintain lactation and manage common difficulties.

6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.

7. Enable parents and their infants to remain together and to practice rooming-in 24 hours a day.

8. Support parents to recognize and respond to their infants’ cues for feeding.

9. Counsel parents on the use and risks of feeding bottles, teats, and pacifiers.

10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

**Resources**

- World Health Organization and UNICEF Baby-Friendly Hospital Initiative Implementation Guidance (revised 2018), [here](#)
- World Health Organization and UNICEF “Ten Steps to Successful Breastfeeding Poster,” [here](#)
- Baby-Friendly USA [website](#)
- “The Impact in the United States of the Baby-Friendly Hospital Initiative on Early Infant Health and Breastfeeding Outcomes” article published in *Breastfeeding Medicine* in 2016. This article highlights the Baby-Friendly Hospital Initiative’s success in increasing lactation rates, especially initiation and exclusivity. Access the full article [here](#).

Questions? [VISIT IPHIONLINE.ORG/BREASTFEEDING TO LEARN MORE.](#)
Implement or strengthen one or more of the 9 Steps to Breastfeeding Friendly: Guidelines for Community Health Centers and Outpatient Care Settings.

The Steps

1. **Policy and Protocols**: Establish and routinely communicate to all clinic staff a written infant feeding policy that promotes, supports and protects lactation and human milk as the normative standard for infant feeding and nutrition.

2. **Staff Education and Evaluation**: Provide initial and ongoing competency-based education and training for all clinic staff on topics necessary to establish and maintain the infant feeding policy and protocols that support delivery of comprehensive lactation education and clinical services.

3. **Patient Education**: Provide accurate and evidence-based information about lactation and human milk to all pregnant people, parents and/or caregivers that is based on current nationally recognized guidelines.

4. **Clinical Services**: Provide clinical services that promote and support lactation for the parent-baby dyad as the norm for infant feeding and nutrition.

5. **Clinic Environment**: Establish, provide, and maintain a lactation-friendly clinic environment.

6. **Community Resources**: Collaborate with local agencies and health professionals to ensure continuity of care and lactation support in the community.

7. **Workplace Lactation Accommodation**: Provide and maintain effective lactation accommodation for all employees within the organization.

8. **Financial Sustainability**: Develop a financial plan that guides provision of lactation services in a way that maximizes sustainability in the context of overall clinic health services and resources.


Examples

- In collaboration with partners, Altura Centers for Health in California has developed plans to address all nine steps. For more information, please click [here](https://www.iphionline.org/breastfeeding).

- A health center in Chicago, Illinois, is working on implementing multiple steps.

Resources

- **9 Steps to Breastfeeding Friendly: Guidelines for Community Health Centers and Outpatient Care Settings**, created by the California Department of Public Health, California Breastfeeding Coalition, and California WIC Association, [here](https://www.iphionline.org/breastfeeding).

- 9 Steps to Breastfeeding Friendly Clinics - Online Toolkit, created by the California WIC Association and the California Breastfeeding Coalition. The toolkit includes tools and resources for each of the nine steps. Check it out [here](https://www.iphionline.org/breastfeeding).

**Questions?** VISIT [IPHIONLINE.ORG/BREASTFEEDING](https://www.iphionline.org/breastfeeding) TO LEARN MORE.
Identify and cultivate lactation champions: Develop a “Medical Director of Lactation” (or similar) position at the health system to ensure sustainable leadership for lactation; establish a “train-the-trainer” program to develop and maintain lactation champions across the organization.

Examples

• HealthNet, a Federally Qualified Health Center in Indiana, developed a “Medical Director of Lactation” position within the organization to ensure there was always a clinical champion for lactation at the clinic. Learn more about their work to support lactation [here](#).

• Through a statewide learning collaborative process, some health centers in Illinois indicated they would have their IBCLCs or CLCs train other staff throughout the organization on key aspects of lactation support and common challenges so all staff people would be comfortable talking about lactation with families and referring people with challenges to the lactation support professionals on staff.

Questions? [VISIT IPHIONLINE.ORG/BREASTFEEDING TO LEARN MORE.](#)
15 Create and/or strengthen online support groups for lactating people.

About Groups

Online support groups can be a great way for parents to get support for lactation and for other aspects of parenthood. Online support groups can be especially effective when gathering in-person is unsafe, and in rural areas where transportation support may be a barrier. Virtual support groups can be permanent, such as through a social media platform, and enable participants to interact with each other in an unstructured way whenever suits them. Virtual support groups can also be hosted as time-bound sessions on videoconferencing platforms, which give participants a dedicated time and space to learn from one another. Regardless of the type of support group, it is important to have a lactation support professional moderate it to make sure no misinformation is spread.

Examples

• La Leche League International has lactation support groups on Facebook in English and Spanish, as well as for specific topics, such as for parents of multiples. They also host online support meetings. For more information, please click here.

• The Kent County Health Department in Michigan expanded their parent-to-parent lactation support by creating a private Facebook group for their Peer Breastfeeding Mentors. For more information, please click here.

• The Breastfeeding Support Group for Black Moms is a private Facebook group supporting and sharing evidence-based information on lactation for parents by parents. The group is moderated by a lactation peer counselor, lactation consultant, and registered nurses. For more information, please click here.

Resources

• Breastfeed Chicago has a Breastfeeding Support Group Map for sites in the City of Chicago and Suburban Cook County here.

• The Health Communicator’s Social Media Toolkit was developed by the Centers for Disease Control and Prevention (CDC). Access the toolkit and additional tools and resources here.

Questions? VISIT IPHIONLINE.ORG/BREASTFEEDING TO LEARN MORE.
Implement a texting-based lactation support program for pregnant people and/or new families guided by lactation support professionals.

**Examples**

* The Wisconsin Women’s Health Foundation developed a set of 100 lactation-related text messages that can be sent to pregnant and lactating people. They also created a PowerPoint presentation to train staff to support lactating families. Both the PowerPoint and text messages are available for free with the creation of a NACCHO account (see first resource below).

* The Brooklyn Hospital Center in New York focused on reducing clients’ barrier of access to lactation support during evenings and weekends. It developed standardized texting scripts and passed policies regarding its use. The hospital developed staff capacity to provide text-based services by training more than 30 WIC personnel and 150 hospital staff on texting policies and procedures. This strategy provided clients with standardized lactation support outside of traditional office hours. For more information, please visit page 4 [here](#).

* The Santa Barbara County Public Health Department created a two-way texting program for lactation peer counselor participants called “Bfed.” The program began at 12 weeks prenatal and ended at 10 weeks postpartum. Recipients get one or two messages per week. For more information, please visit [here](#).

**Resources**

* The Wisconsin Women’s Health Foundation PowerPoint presentation and text messages can be found [here](#) (note, you must create a free account to access the materials).

* Free text messaging service. This platform is built for the education sector, but may have broader utility. Check it out [here](#).

Provide telehealth lactation support for new families via a HIPAA-compliant platform.

**Examples**

* The Peoria City/County Health Department WIC peer counselor used the [Ready, Set, BABY curriculum](#) to provide virtual lactation support during the COVID-19 pandemic.

* The OSF Saint Francis: [Breastfeeding Resource Center](#) in Peoria, Illinois, offers virtual consultation and free telephone counseling.

* The Children’s Hospital & Medical Center and Creighton University School of Medicine’s pediatrics training program in Omaha, Nebraska, launched a telehealth program to support lactating people. The program offers instruction and support to parents after they leave the hospital through virtual visits with a certified lactation consultant. For more information, please click [here](#).

Share virtual lactation support resources with families for remote access.

**Resources**

* The Illinois Public Health Institute partnered with lactation leaders across Illinois to develop short lactation support videos. Check them out [here](#).

* A repository of online resources geared toward lactating people can be found on the Illinois Public Health Institute’s lactation webpage, [here](#).

* A library of lactation videos in English and Spanish compiled by the Illinois Maternal, Infant, and Early Childhood Home Visiting Program can be found [here](#).

Questions? [VISIT IPHIONLINE.ORG/BREASTFEEDING TO LEARN MORE.](#)
Utilize the same evidence-based education materials as other local healthcare or community-based organizations to establish common messaging.

Example

- As a part of ISPAN, the Peoria City/County Health Department, in collaboration with the Illinois Chapter of the American Academy of Pediatrics is helping to integrate the curriculum Ready, Set, BABY into clinics and health centers in the Peoria region to provide common messaging and increase lactation support. Read more about this collaboration.

Resources

- Ready, Set, BABY is a free tool for lactation counseling. Access the resources here.
- WIC lactation support materials are available here.

Recognize local businesses and organizations for being “lactation friendly” when they comply with all federal, state, and local lactation support laws and (ideally) have enhanced support for lactation on site.

Example

- With support from ISPAN, Jackson County Health Department is recognizing local businesses and healthcare practices as being “lactation friendly.” They have adapted Illinois’s “Breastfeeding is Smart Business” recognition program materials for their use, linked below. Recognized sites include a courthouse and health centers.

  - Jackson County Breastfeeding Friendly Business Award Program Brochure
  - Jackson County Breastfeeding Friendly Business Award Program Handout
  - Jackson County Breastfeeding Friendly Business Award Program Application

Resource

- The North Carolina Breastfeeding Coalition “Making It Work Tool Kit” includes a sample worksite lactation policy, resources to help lactating parents return to work, resources for family members to support lactation, and resources for employers to comply with lactation laws. Check it out here.

Questions? VISIT IPHIONLINE.ORG/BREASTFEEDING TO LEARN MORE.
21 Organizations, including faith-based, recreation, etc., can adopt a policy to allow lactation on-site and promote their policy to the community.

*Note: All institutions, except for faith-based organizations, are required by Illinois law to allow people to lactate on-site (as long as the person is otherwise permitted to be present). For more information, please see Illinois’s law [here](#). Check your state’s lactation laws for additional information.

**Example**

- Precious Jewels Moms Ministries in Chicago is a faith-based lactation support group for parents. The group leader is a licensed minister, registered nurse, and IBCLC. They offer the lactation instruction class “Breastfeeding by Faith” and a lactation support group, “Precious Jewels Nursing Mothers Club.” For more information, please click [here](#).

**Resources**

- Health Communication Capacity Collaborative’s “Supporting Breastfeeding Interventions for Faith-Based Organizations Implementation Kit” provides strategy templates, case studies, lactation communication materials, sample sermons, and more. Check it out [here](#).

22 Organizations, including affordable housing, faith-based, community centers, etc., can host lactation classes and support groups.

**Example**

- The Glynn County Health Department in Savannah, Georgia, partnered with Mercy Housing to use space within their housing development to conduct lactation classes and support groups. As part of the program, community members were recruited and trained to be culturally-attuned peer counselors to provide support during the group meetings. For more information, please click [here](#) and visit pages 4 and 7.

23. Restaurants, retail outlets, etc., can adopt a policy that lactation is welcome on-site and can put stickers/decals in their front windows to advertise this.

*Note: All institutions, except for faith-based organizations, are required by Illinois law to allow people to lactate on-site (as long as the person is otherwise permitted to be present). For more information, please see Illinois’s law [here](#). Check your state’s lactation laws for additional information.

**Resources**

- “Breastfed Babies Welcome Here!” materials from the United States Department of Agriculture (USDA), including a poster (available in both English and Spanish) and graphic can be downloaded for free. These materials are intended for institutions that serve children, such as schools and childcare providers, but have utility in other organizations as well. Check them out [here](#).
- “Breastfeeding Welcome Here” graphics from Kellymom can be downloaded for free. The graphic can be printed on mediums such as stickers, window clings, or signs. Check them out [here](#).

**Questions?** VISIT [IPHIONLINE.ORG/BREASTFEEDING](#) TO LEARN MORE.
Local health departments, health centers, WIC sites, etc., can open a milk dispensary to increase access to donor milk.

**Example**

- With support from ISPAN, new milk dispensaries were opened in Chicago and Champaign, Illinois. Both were in conjunction and co-located with WIC clinics.

**Resource**

- The [Mothers’ Milk Bank of the Western Great Lakes](https://www.mothersmilkbank.org) has information about donor milk, and how to access it in Illinois, Wisconsin, and Minnesota.

Correctional facilities can establish a process to enable lactating people to pump and store milk for pick-up.

**Example**

- With support from ISPAN, a county sheriff’s office established a policy and purchased equipment, including a freezer and pump, to enable incarcerated people to pump their breast milk and store it for pick-up by a community caregiver.

**Resources**

- The [ISPAN Cook County Breastfeeding Equity Project](https://ispanteam.org/project/cook-county-breastfeeding-equity-project) webpage has information on lactation and incarceration.

- The Michigan Breastfeeding Network has a toolkit “Guide to Breastfeeding and Incarceration” as part of their Working to Overcome Roadblocks Kits. They also have a sample policy, here.

- The California Breastfeeding Coalition has information on pumping and picking-up breast milk programs in California county jails. Check it out here.
Create a process by which home-visiting professionals refer families to local lactation support services.

About Referrals

Equipping home visitors with a strong understanding of the lactation support resources available in the communities they serve can empower them to refer families to those resources, getting them the support they need. Consider developing a list of these resources, including logistical information like opening hours, enrollment requirements, etc., that home visitors can access while they are meeting with families.

Develop a lactation support policy for home-visiting funders and/or programs.

Example

- The Illinois Maternal, Infant, and Early Childhood Home Visiting Program developed guidance to establish consistency across home-visiting programs, and home visitors, regarding what lactation information to share and when, when to refer to lactation support services, and the content and frequency of lactation training for staff. Check it out [here](#).

Resources

- The “Home Visiting Supports Mothers, Infants” article from the Education Development Center highlights the critical role of home visiting in lactation support efforts.
- “Let’s Talk About Breastfeeding: The Importance of Delivering a Message in a Home Visiting Program” article, published in the American Journal of Health Promotion in 2017. This article highlights the importance of delivering consistent lactation messages in home-visiting programs for increasing lactation rates. Access the full article [here](#).

Establish a process to ensure home-visiting staff receive lactation training at regular intervals.

Resource

- The Institute for the Advancement of Family Support Professionals offers three free lactation support training modules geared toward home visitors. The modules cover helping parents choose, initiate, and continue lactation. Creating an account is required for access. Check them out [here](#).
Equip home visitors with lactation support materials for their own reference and/or to give to families.

About Materials

Giving resources to home visitors for their own use, and/or to share with families can increase the home visitor’s confidence to share lactation information, give something to families to reference after the home visitor’s visit, and can work to increase access to consistent, evidence-based messaging. Consider including a list of available community-based resources, including any places recognized as “lactation friendly,” lactation tip sheets, and reference guides.

Resources

- This Supporting Breastfeeding Mothers triage tool from the Head Start Early Childhood Learning & Knowledge Center can help home visitors and other family support professionals, answer a lactating person’s questions/concerns, and access additional information.
- The Illinois Public Health Institute’s lactation webpage has resources geared toward lactating people, partners/families, and more.
- Illinois’s lactation laws wallet card in English and Spanish. To print, choose “actual size.”

Adopt a reporting system to enable home visitors to track lactation rates among their clients and use this information to inform program improvements.

Resource

This tool developed by the Family League of Baltimore, a grantee of the National Association of County and City Health Officials, includes forms to track lactation initiation and duration rates among participating families. A free account is required for access.

Questions? VISIT IPHIONLINE.ORG/BREASTFEEDING TO LEARN MORE.
DAY CARE FACILITIES

31. Create a private space for parents (staff and/or clients) to lactate or express milk.

Resource

• Lactation Room Design best practice recommendations from the American Institute of Architects (AIA).

32. Adopt (as required by Illinois law) and promote a policy that allows parents to lactate at the facility.

Resource

• “Breastfed Babies Welcome Here!” materials from the United States Department of Agriculture (USDA), including a Parent’s Guide, a poster, and graphic can be downloaded for free. Child and Adult Care Food Program (CACFP) operators can also order hard copies of these materials in either English or Spanish for free. Check them out here.

33. Train all staff to prepare, feed, and properly store breast milk.

Resources

• Handling and Storing Breast Milk Breastfeeding-Friendly Childcare Training video from UC San Diego School of Medicine and partners (video #3).

• Storage, Handling, and Warming of Breastmilk one-pager from BreastfeedLA.

• Guidelines for Storing Breastmilk refrigerator magnet from First 5 San Diego and Breastfeeding-Friendly San Diego.

Questions? VISIT IPHIONLINE.ORG/BREASTFEEDING TO LEARN MORE.
Establish a process to create a lactation-friendly feeding plan with each family.

Please see “General Resources for Lactation in ECE” below.

Establish a process to teach families the proper steps to store and label their milk for use.

Please see “General Resources for Lactation in ECE” below.

Create a process for sharing lactation support policies and information with all new families.

Please see “General Resources for Lactation in ECE” below.

General Resources for Lactation in ECE

- The Illinois Public Health Institute’s website has an “Early Care & Education” webpage with resources for providers.

- “Breastfeeding and Early Care and Education” (ECE) two-pager from the Centers for Disease Control and Prevention (CDC). Includes recommendations, resources, and case studies from states and communities. Check it out here.


- Breastfeeding-Friendly Childcare Training videos and accompanying resources from UC San Diego School of Medicine and partners. Videos are about 5 to 8 eight minutes each, and cover: The Benefits of Breastfeeding, Creating a Breastfeeding-Friendly Childcare, Handling and Storing Breast Milk, and Paced Bottle Feeding. Access the videos and accompanying resources here.

- “Breastfeeding in Child Care Toolkit” from the Colorado Department of Public Health & Environment, here.

- Ten Steps to Breastfeeding Friendly Child Care Centers Resource Kit from the Wisconsin Department of Health Services, here.

- Compendium of resources around lactation support in child care from PennState Extension, here.

- USDA “Breastfed Babies Welcome Here!” here.

- The Carolina Global Breastfeeding Institute (CGBI) has a series of free available trainings through their Breastfeeding University, here. A free account is required for access. For early care providers in Illinois, the same training is available for credit hours through the Gateways for Opportunity professional development system.

- “CGBI: Ten Steps to Breastfeeding Friendly Child Care,” here.

- Kansas Breastfeeding Coalition, Inc., Resources:

  - Breastfeeding Support in the Child Care Setting, here. Introduction to Supporting the Breastfeeding Family, here.

  - Guidelines to Support the Breastfeeding Infant During Emergencies While in Child Care, here.

Questions? VISIT IPHIONLINE.ORG/BREASTFEEDING TO LEARN MORE.
SCHOOLS

Create a private space (as required by Illinois law in public schools) for parents to lactate or express milk at schools, including high schools, colleges, and universities, and ensure parents are aware of this space.

*Note: Illinois public schools are required by law to make reasonable accommodations for lactating students, including by providing a private space for parents to lactate or express milk. For more information, please see Illinois’s law here. Check your state’s lactation laws for additional information.

Examples

- In partnership with the school district and the participating high school’s leadership, the Children’s Home Society of Florida established a “No-Judgement Zone” lactation room in an underserved high school that was equipped with a hospital-grade pump. Student-parents could use this space to pump and store breast milk during the school day. Additionally, a new lunch program was introduced for pregnant and lactating students to receive additional healthy foods to help meet their increased nutritional needs. For more information, please visit page 63 here and page 6 here.

- Healthy Active Arkansas partnered with Philander Smith College, the Arkansas Department of Health, and Sisters United to open the college’s first “Nursing Nook” for use by both faculty- and student-parents. For more information, please click here.

Resource

- Lactation Room Design best practice recommendations from the American Institute of Architects (AIA).

Questions? VISIT IPHIONLINE.ORG/BREASTFEEDING TO LEARN MORE.
Help worksites comply with federal and state lactation support laws, and (ideally) take additional steps to create an environment supportive of lactation.

*Note: Illinois employers are required by law to make reasonable accommodations for lactating employees, including by providing reasonable break time and a private space for parents to express milk. For more information, please see Illinois's law here, and federal legal information here. Check your state's lactation laws for additional information.

Resources

- The Business Case for Breastfeeding from the U.S. Department of Health and Human Services Office on Women's Health (OWH). This is a comprehensive program designed to educate employers about the value of supporting lactating employees in the workplace and provides several tools and resources for implementing lactation support programs. Check out their website here.

- Supporting Nursing Moms at Work from OWH. This resource highlights practical and low-cost ideas for lactation accommodations that can be shared with employers. Check out their website here.

- Break Time for Nursing Mothers webpage from the U.S. Department of Labor Wage and Hour Division (WHD). The site includes legal information, general guidance, and additional resources. Check out their website here.

- Making it Work: For Employers toolkit from the New York State Department of Health and New York State WIC, check it out here.

- “Making It Work Tool Kit” from WorkWell NC, check it out here.

- Breastfeeding/Lactation Support and Policy from Live Well San Diego, check it out here.

Questions? VISIT IPHIONLINE.ORG/BREASTFEEDING TO LEARN MORE.
When hosting meetings in communities, create and advertise a policy that non-crawling babies are welcome to join, which may reduce barriers to parents participating and support lactation.

**Example**

- The Illinois Public Health Institute (IPHI) has promoted this policy for some of its past meetings and has found it to work well! In addition to promoting lactation, some of the key attendees have been lactating parents, and this helps to ensure they are able to be present for the meeting.

**Promote an “infant-at-work” policy that allows parents to bring their babies to work for the first six months of life.**

**Example**

- The Illinois Department of Public Health (IDPH) has had an Infant at Work policy since May 2018. Check out their press release [here](#), and their policy [here](#).

**Resource**

- The Parenting in the Workplace Institute has resources available to support this work, including a babies-at-work policy template, and a database of child-inclusive organizations. Check out their website [here](#).

**Regularly share lactation support resources available to employees through their insurance, such as pumps and lactation support providers.**

**Resource**

- Through the Patient Protection and Affordable Care Act (ACA), most marketplace plans (except for grandfathered plans) must provide pumps. However, the pumps that are provided varies by plan. For more information, visit the [HealthCare.gov website](#).

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**Questions?** VISIT [IPHIONLINE.ORG/BREASTFEEDING](#) TO LEARN MORE.
S/THAs support worksite adherence to legislative and regulatory public lactation accommodation policies, paid family and medical leave, and childcare licensing.

For example, the New Mexico Department of Health (NMDOH) implemented a Breastfeeding Friendly Workplace Initiative providing support to worksites to improve lactation accommodations. NMDOH also worked with county chambers of commerce to promote the initiative and collaborated with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to advise WIC clients in negotiating with employers regarding lactation accommodations.

S/THAs act as jurisdictional conveners, establishing a foundation for successful partnerships and collaborations across governmental and nongovernmental/private-public efforts.

For example, the Ohio Department of Health and Ohio Hospital Association developed the Ohio First Steps for Healthy Babies initiative, a state program that recognizes maternity facilities working toward implementing Baby-Friendly USA’s Ten Steps to Successful Breastfeeding. Leadership support and engagement with healthcare organizations, worksites, childcare centers, and community-based organizations facilitate lactation continuity of care to create a strong safety net for under-resourced families and better patient outcomes.

S/THAs can support lactation continuity of care through funding and promotion of lactation support resources and services.

Supportive programs include access to health agency programs such as WIC and innovative programs such as the Oklahoma Breastfeeding Hotline. This hotline establishes a statewide telephonic lactation support helpline staffed by lactation support providers. The Oklahoma State Department of Health (OSDH) and Coalition of Oklahoma Breastfeeding Advocates (COBA) also developed Baby Cafés, where women could meet with other nursing mothers, talk to facilitators, and get advice from Certified Lactation Consultants (CLCs). OSDH and COBA partnered with WIC and hospitals to market the Baby Cafés and recruit participants.

Questions? VISIT IPHIONLINE.ORG/BREASTFEEDING TO LEARN MORE.
S/THAs can provide financial authority and oversight to ensure continuity of care for families and sustainability for these programs.

S/THAs can facilitate continued coverage of lactation support through Medicaid policies, including beneficiary eligibility and coverage of licensure processes to facilitate payment for comprehensive lactation support services. For example, in 2017 the DC Department of Health Care Finance, the District’s Medicaid Agency, adopted a regulation allowing International Board Certified Lactation Consultants (IBCLCs) to enroll as Medicaid providers and bill for lactation consultation services.

S/THAs can improve lactation and lactation support through evaluation, quality improvement, and technical assistance.

Improving knowledge and practice among lactation programs and resources is an important step toward improving outcomes. S/THAs can work to comprehensively improve their lactation rates by evaluating data, measuring patient outcomes, and tracking indicators aimed at lactation improvement practices. In addition to evaluation, S/THAs can use quality improvement methodology to help organizations identify and successfully implement evidence-based interventions, collaborative learning, and effective practices. Agencies can also assist with training and technical assistance by sharing outcomes, effective strategies, and advancing support for continuity of care.