

Breastfeeding in Dakota County

2015 Assessment



Dakota County
Public Health Department
www.dakotacounty.us



Acknowledgments

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About this report

The Dakota County Public Health Department prepared this assessment of the environment in the county related to breastfeeding.

This report and related Profiles are posted on the Dakota County website at:

<http://www.co.dakota.mn.us/Government/publiccommittees/CHA/Pages/profiles.aspx>.

For additional information, please contact Melanie Countryman, Public Health Epidemiologist by e-mail (Melanie.Countryman@co.dakota.mn.us) or by phone (651-554-6131).

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Breastfeeding in Dakota County, 2015 Assessment

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Introduction

Benefits of Breastfeeding

Breastfeeding provides the best possible nutrition for baby. Human milk provides virtually all the protein, sugar, and fat a baby needs to be healthy. It also contains many substances that benefit the baby's immune system and protect against a wide variety of diseases and infections. In some cases this protection lasts long after the baby has weaned. Breastfed babies have fewer ear infections, colds, and allergies and less diarrhea and constipation. Breastfed children are less likely to have diabetes or become overweight in later years.

Breastfeeding is also good for mothers. It helps them lose weight, relax and bond with the baby. It also saves money because there are no formula or bottle costs, fewer doctor bills and medication costs, and less lost time from work. Breastfeeding reduces the risk of breast and ovarian cancer, osteoporosis, diabetes and heart disease.

The American Academy of Pediatrics recommends breastfeeding for a year or more after birth, with exclusive breastfeeding for the first six months (1; 2).

Background of the Breastfeeding-Friendly Health Department Initiative

In 2013, the Dakota County Public Health Department launched a plan to achieve recognition as a Breastfeeding-Friendly Health Department by the Minnesota Department of Health. Completion of some or all of the ten steps to being a Breastfeeding-Friendly Health Department (listed below) lends credibility and visibility to local public health agencies and demonstrates their support for new mothers and families. Dakota County Public Health Director, Bonnie Brueshoff, developed the Ten Steps in partial fulfillment of the requirements for her Doctor of Nursing Practice. They were created in partnership with ten pilot sites in rural, urban, and suburban Minnesota.

1. Establish a designated individual/group to lead the effort to become a breastfeeding-friendly health department.
2. Have a written breastfeeding policy.
3. Coordinate support and promotion to establish breastfeeding as the "norm" in the community.
4. Collaborate with community partners to ensure access to breastfeeding classes.
5. Educate the community on breastfeeding support.
6. Encourage racially and ethnically diverse resources within the community.
7. Support mothers in initiating and maintaining breastfeeding for 12 months and beyond.
8. Encourage local public places to provide a breastfeeding-friendly environment.
9. Select businesses each year and provide workplace lactation support training.
10. Facilitate access to information and training for local childcare centers to support breastfeeding.

Data sources

The Breastfeeding in Dakota County report utilized a variety of data sources, including data from vital statistics, Minnesota Pregnancy Risk Assessment Monitoring (PRAMS), local surveys, WIC, and other local, state and national databases. Data presented were the most recent data available at the time the assessment was compiled. Every effort was made to locate data sources that were compiled at a county level; however, in some cases data were only available at a metropolitan region, state or national level and, therefore, include a geographic area larger than the county. When county-level data are available, historical trends and comparisons to metro, state, and national data are provided, if possible.

Limitations

This assessment discusses many important topics related to breastfeeding, but it does not present every possible issue. The indicators included were selected to represent the breadth and complexity of the topic, but the amount of investigation and analysis is limited by available resources. This assessment should not be considered a research document. References are included at the end of the document to enable readers to access additional information.

Frequently, the types of data that would be useful for community assessment are not available. This may be because data related to a specific topic area are not collected, they are not collected at the county level, or data available at the county level cannot be broken down by race/ethnicity, income, or other factors. When race/ethnicity breakdowns are available, the level of specificity is often limited, preventing the examination of specific ethnic groups in more depth. For purposes of this assessment, if data were not available at a county level, data from a regional, state, or national level were used instead.

Every effort was made to gather data from all of the partners referenced in the ten steps. We have established connections with a small subset of businesses in the county and did not feel these businesses were representative of all businesses in the county, so we were unable to collect information about their breastfeeding practices at this time. We will explore methods to gather this information in the future.



Executive Summary

The Dakota County Public Health Department conducted this assessment to provide a portrait of the landscape for breastfeeding in Dakota County. It recognizes trends in breastfeeding initiation and duration rates and considers high-risk populations and those with disparities in health outcomes.

The assessment utilized a variety of data sources, including local surveys, vital statistics, and other local, state, and national databases to identify factors and trends in the community environment that impact breastfeeding including *health care, legislation, media, and community resources*.

Minnesota mothers breastfed at a similar or slightly lower rate than those in the United States overall. Forty-nine percent of infants are breastfed at six months in Minnesota and nationally. Twenty-three percent are breastfed at 12 months, compared to 27 percent nationally (3). Minnesota is below the Healthy People 2020 goals: 81.9 percent ever breastfed, 60.6 breastfed at six months, and 31.1 at one year (4).

The rate of initiation of breastfeeding for Dakota County mothers has increased and was above the Healthy People 2020 goal in 2013 (91 percent). However, there are variations by the demographics of the mother. Only 79 percent of adolescent mothers (aged 15-19), 75 percent of African-American mothers, and 79 percent of mothers with less than a high school education were breastfeeding at discharge from the hospital. Seventy-nine percent of low-income mothers who were visited by a Dakota County family health nurse ever breastfed their infant. Eighty-five percent of mothers participating in Dakota County WIC ever breastfed their infant; however, the rate of breastfeeding drops off significantly after three months. There is variation in the initiation and duration rates by race and ethnicity.

Ninety-nine percent of Dakota County mothers deliver in a hospital or birth center. Dakota County hospitals provide a high level of maternity care that is supportive of breastfeeding. Most Dakota County clinics surveyed refer women who need breastfeeding support. But, clinic practice and policies on breastfeeding are inconsistent. The majority of Dakota County clinics surveyed do not have signs welcoming breastfeeding in their waiting rooms (84 percent) and more than forty percent provide materials with commercial logos and/or distribute formula samples. The Affordable Care Act requires most health insurance plans to provide breastfeeding equipment and comprehensive lactation support and counseling by a trained provider for pregnant and nursing women for the duration of breastfeeding. Three of the four major insurers in Minnesota cover little beyond the bare minimum to meet the ACA requirements for breastfeeding care and did not improve their coverage between 2013 and 2014.

Overall, the representation of breastfeeding in the media during the six-month review period was positive. The media can be a powerful influence in reinforcing both positive and negative messages.

A small percentage of Dakota County family child care providers who responded to a survey provide a high level of support for breastfeeding mothers, evidenced by having a written breastfeeding policy that is communicated to all families; receiving regular training on breastfeeding; having a dedicated space for mothers to breastfeed that is marked; and providing breastfeeding resources to families.



Overview of Dakota County

Dakota County is the third most populous county in Minnesota, comprising 7.5 percent of the population of Minnesota (5). It is located in the southeast corner of the Twin Cities metropolitan area and encompasses 587 square miles, 562 square miles in land and 25 square miles in water (6). Two major rivers, the Mississippi and the Minnesota, form the county's northern and eastern borders. The county shares borders with the following counties: Hennepin County in the northwest, Scott County in the west, Rice County in the southwest, Ramsey County in the north, Washington County in the northeast, Pierce County, Wisconsin in the east, and Goodhue County in the southeast (7).

Geographically, Dakota County is largely rural; however, the county maintains an equal land use mix of urban, suburban and rural (7). Nearly 80 percent of the county's population resides in the northern and northwestern portions of the county (8). Dakota County is divided into 21 incorporated municipalities. A small portion of Hastings is in Washington County and the majority of Northfield is in Rice County (9). The five largest cities are: Eagan (64,691), Burnsville (60,838), Lakeville (56,758), Apple Valley (49,632), and Inver Grove Heights (34,024), which comprise 66 percent of the population of the county (5). Eagan is the ninth largest city in Minnesota (10).

Dakota County had an estimated 408,509 residents in 2013. An estimated 26,802, or 6.6% of the population was under age five. The median age is 37.4 (11).

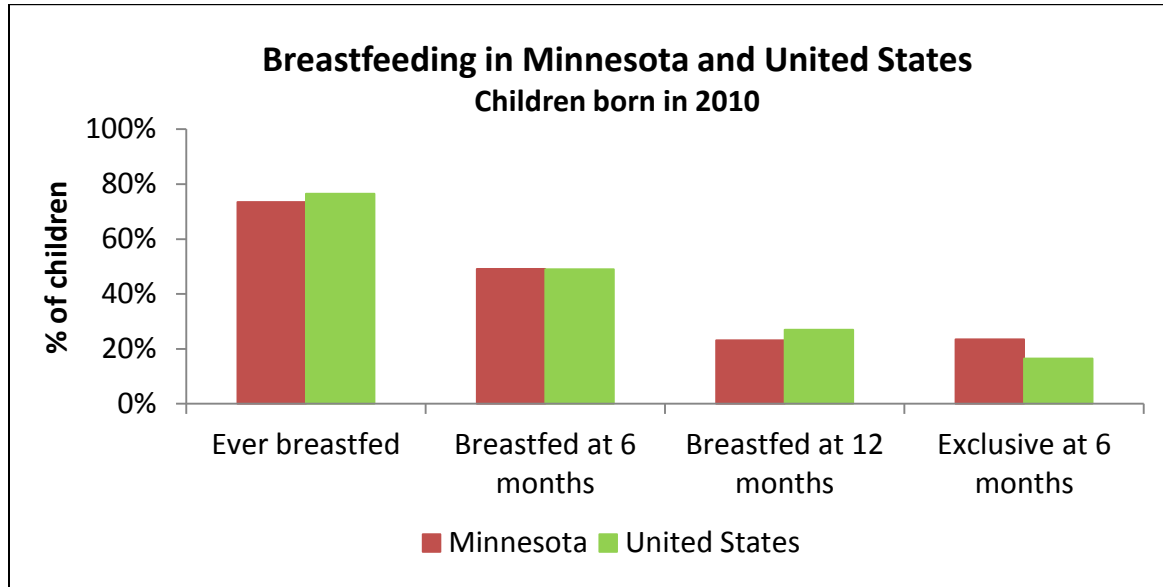
The United States is becoming more racially and ethnically diverse. Dakota County is not the most diverse county in the state, but this is rapidly changing. People of color make up a slightly higher proportion of the Dakota County population (19 percent) than the state population (18 percent). The Hispanic population makes up a slightly larger proportion of Dakota County (6.5 percent) than the state (five percent) (11). In 1990, people of color represented five percent of the total population. In 2010, the percentage had grown to 16.5 percent. The Hispanic population grew by 489 percent during that time and the Black/African-American population grew by 510 percent. Populations of color have grown faster than the county's White population in the past 20 years. In 2020, people of color are expected to be 22 percent of the total population, and in 2030, they will reach 25 percent (12). On average, populations of color tend to be younger than the county's non-Hispanic, White population.

A slightly larger proportion of the Dakota County population (nine percent) is foreign-born than the state population (seven percent) (11). From 2009-2013, 96 refugees settled in Dakota County. The largest numbers of refugees were from Somalia, Ethiopia, and Belarus (13). Based on five-year estimates, in 2010, 28 percent of the Black population in Dakota County was African-born (approximately 4,844 people) (14). The percent of the Dakota County population age five and older who speak a language other than English at home (13 percent) is slightly higher than the percent in the state (11 percent) (11). In the 2013-14 school year, 14 percent of Dakota County students spoke a language other than English at home, the same as the statewide percent. The most commonly spoken languages after English, are Spanish, Somali, and Vietnamese (15).



Population Data on Breastfeeding

Figure 1 – Breastfeeding in Minnesota and United States



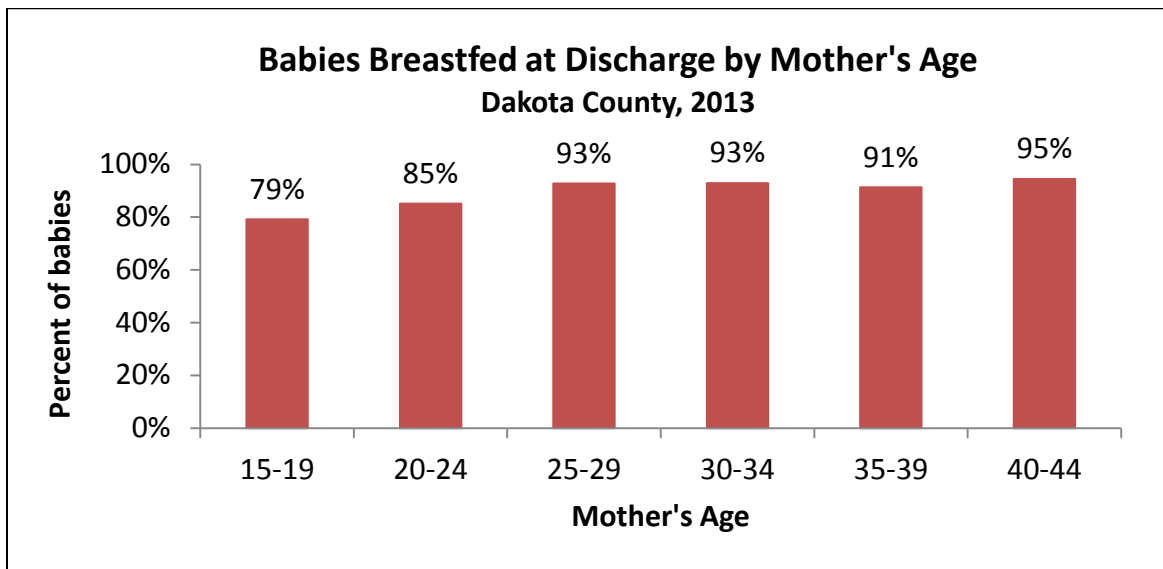
Source: Centers for Disease Control and Prevention, Breastfeeding Report Card, 2013, www.cdc.gov

Figure 1 above shows that Minnesota mothers breastfeed at a similar or slightly lower rate than those in the United States overall. In Minnesota, 73.5 percent of infants are ever breastfed, compared to 76.5 percent nationally. Forty-nine percent are breastfed at six months in Minnesota and nationally. Twenty-three percent are breastfed at 12 months, compared to 27 percent nationally (3). Minnesota is below the Healthy People 2020 goals: 81.9 percent ever breastfed, 60.6 breastfed at six months, and 31.1 at one year (4).

Initiation

In 2013, there were 5,148 births to mothers who lived in Dakota County. Among Dakota County babies for whom breastfeeding status could be determined, 91 percent were breastfeeding when discharged from the hospital (16). This is well above the Healthy People 2020 goal of 81.9 percent. In the seven-county Twin Cities metro region, for the years 2009-11, 89 percent of mothers reported having ever breastfed. This was a statistically significant increase from 83 percent during in the period 2004-05 (17). Although initiation of breastfeeding is high in Dakota County, there is some variation based on demographic characteristics of the mother.

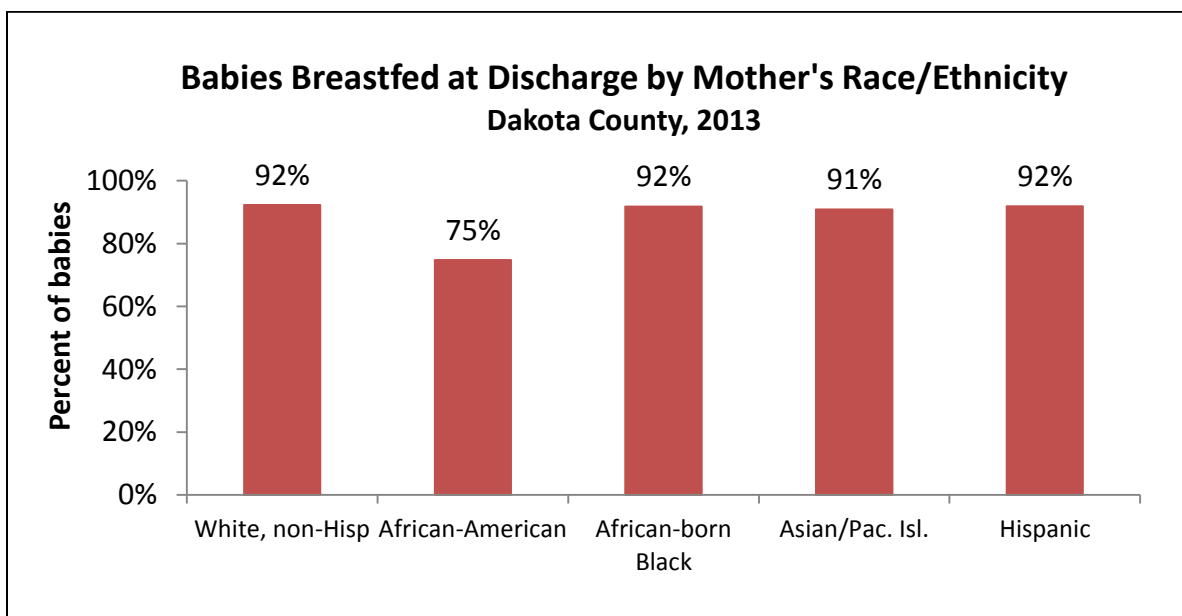
Figure 2 - Babies breastfed at discharge by mother's age



Source: Minnesota Department of Health, Births (geocoded), 2013

Figure 2 above shows that Dakota County mothers younger than 25 have the lowest rates of breastfeeding at discharge. The lowest rate of breastfeeding at discharge is in teen mothers (15-19 years of age) (79 percent). Mothers aged 40-44 years have the highest rate of breastfeeding at discharge (95 percent) (16).

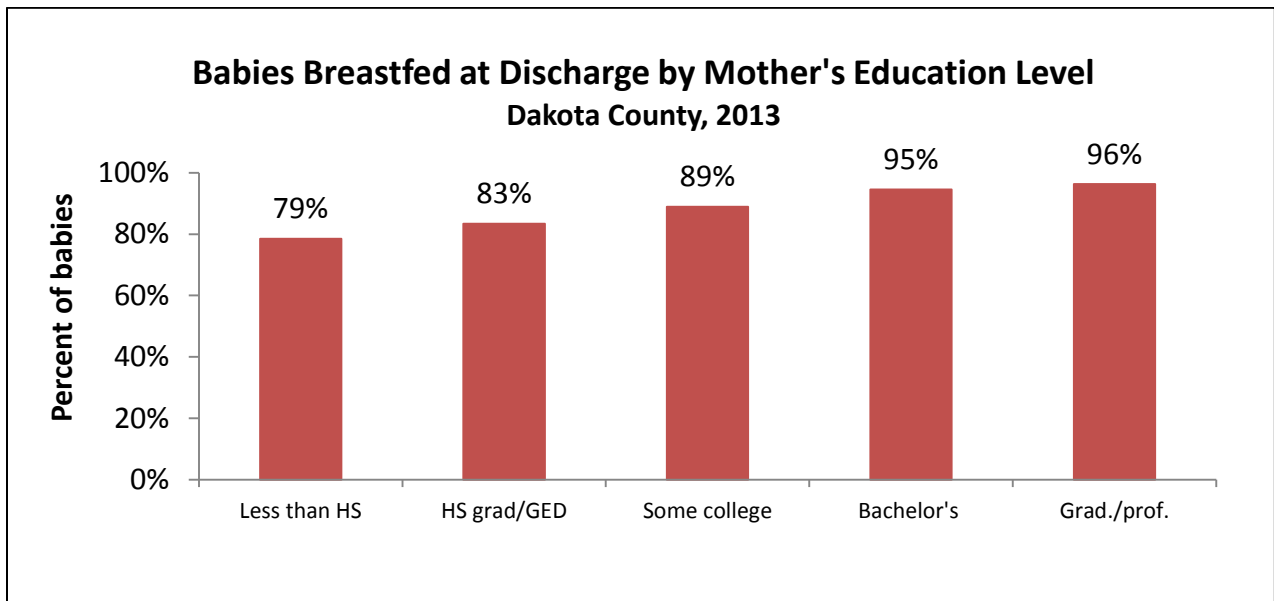
Figure 3 - Babies breastfed at discharge by mother's race/ethnicity



Source: Minnesota Department of Health, Births (geocoded), 2013

Figure 3 above shows that African-American mothers in Dakota County have the lowest rate of breastfeeding at discharge from the hospital (75 percent) while non-Hispanic Whites, African-born Blacks, and Hispanics have the highest rate (92 percent) (16). In the seven-county Twin Cities Metro region, the breastfeeding initiation rates increased for all race and ethnicity groups from the period 2004-05 to the period 2009-11. For Whites, this was a statistically significant increase (17).

Figure 4 – Babies breastfed at discharge by mother’s education level



Source: Minnesota Department of Health, Births (geocoded), 2013

Rates of breastfeeding at discharge increase with educational status of the mother. Mothers with a high school education or less have the lowest rates of breastfeeding initiation (79 percent for mothers with less than a high school education; 83 percent for mothers with a high school diploma or GED). Mothers with a bachelor’s degree or higher had the highest rates of breastfeeding initiation (95 percent for mothers with a bachelor’s degree and 96 percent for mothers with a graduate or professional degree) (16).

Discontinuing breastfeeding

In the seven-county Twin Cities metro region, for the period 2009-11, the top five reasons women indicated for discontinuing breastfeeding were: not producing enough breastmilk; breastmilk didn’t satisfy the baby; difficulty nursing/latching; too difficult, painful, too much time; and went back to school or work. The top five reasons changed very little from the period 2004-05 to the period 2009-11 (17).

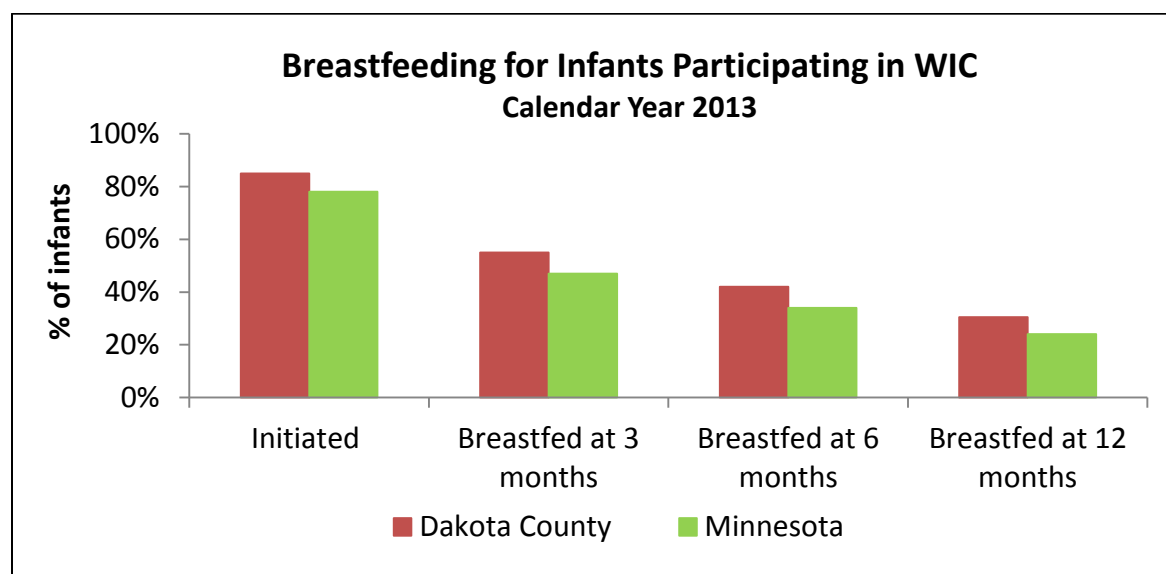


Public Health Program Data on Breastfeeding

Women, Infants, and Children (WIC)

The Women, Infants, and Children (WIC) nutrition program is a U.S. Department of Agriculture program designed to provide information on healthy eating and breastfeeding, access to nutritious foods to supplement diets, and referrals to health care for low-income women, infants and children up to age five. WIC promotes breastfeeding as the optimal method of infant feeding.

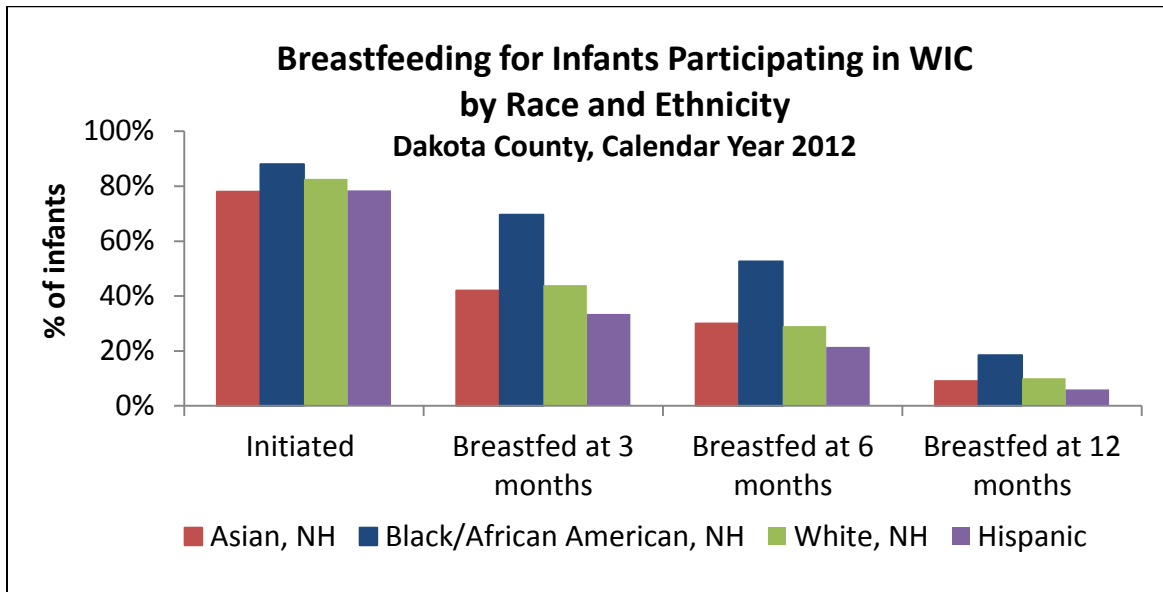
Figure 5 – Breastfeeding for infants participating in WIC, 2013



Source: Minnesota Department of Health, *Minnesota WIC Information System*, www.health.state.mn.us

Figure 5 above shows that infants participating in Dakota County WIC initiate and continue breastfeeding at a higher rate than infants participating in WIC in Minnesota overall. Initiation is high, but duration drops off significantly for WIC participants in the county and the state starting at three months. The rate of breastfeeding initiation in Dakota County WIC participants is 85 percent, compared to 78 percent of Minnesota WIC infants. Fifty-five percent of Dakota County WIC infants are still breastfed at three months, compared to 47 percent of Minnesota WIC infants. This is below the Minnesota 2020 goal of 70 percent. Forty-two percent of Dakota County WIC infants are still breastfed at six months, compared to 34 percent of Minnesota WIC infants (18). Thirty-one percent of Dakota County WIC infants are still breastfed at 12 months, compared to 24 percent of Minnesota WIC infants. Dakota County WIC met the Healthy People 2020 goal for breastfeeding initiation (81.9 percent), but was below the goals for breastfeeding at 6 months (60.6 percent) or 12 months (31.1 percent) (4).

Figure 6 – Breastfeeding for infants participating in WIC by race and ethnicity, 2012



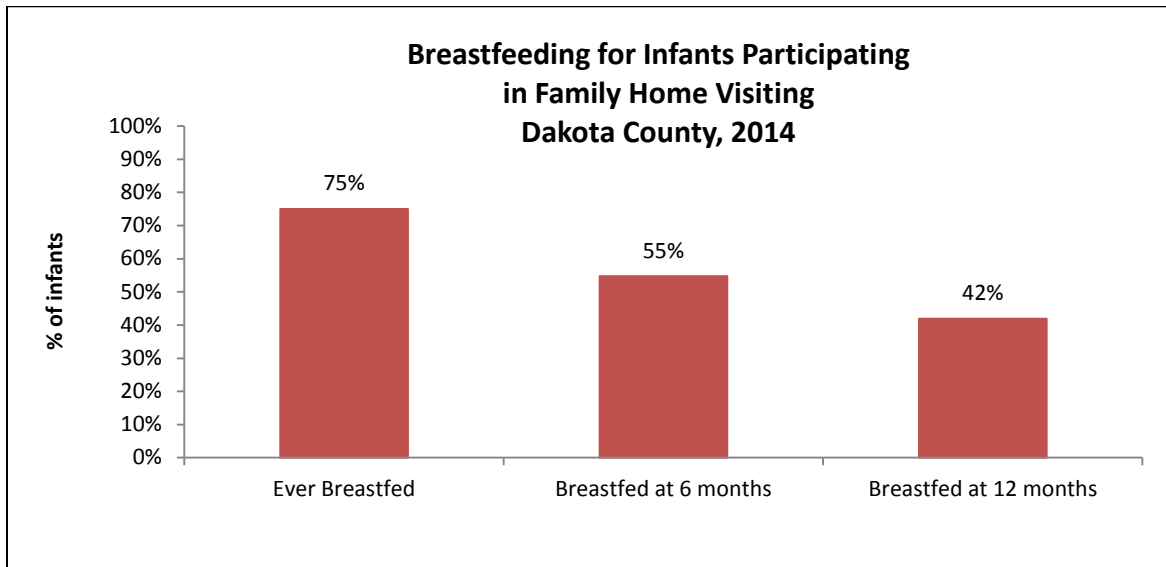
Source: Minnesota Department of Health, *Minnesota WIC Information System*, www.health.state.mn.us

Figure 6 above shows that among WIC participants, there are disparities in breastfeeding rates for different racial and ethnic groups. Initiation is lowest in non-Hispanic Asians (78 percent) and highest in non-Hispanic Blacks (88 percent). At three months, six months and 12 months, the highest rates continue to be in Blacks; the lowest rates are in Hispanics. It is important to note that the Black category includes both U.S.-born Blacks and foreign-born Blacks (19).

Family Home Visiting Program

Public health nurse home visits support families during pregnancy and after delivery to assure healthy pregnancies and positive child growth and development, leading to children who arrive at kindergarten healthy and ready to learn. Families served are at risk due to poverty, adolescent pregnancy, or other socioeconomic factors. Public health nurses have the opportunity to impact decision-making related to infant feeding and to provide support that helps women continue to breastfeed.

Figure 7 – Breastfeeding for infants participating in family home visiting



Source: Dakota County Public Health

Figure 7 above shows the breastfeeding rates for infants in Dakota County family home visiting who turned six or 12 months during 2014. Seventy-five percent of these infants were ever breastfed, 55 percent were still breastfed at six months and 42 percent were still breastfed at 12 months. The rates for Dakota County family home visiting were below the Healthy People 2020 goals for breastfeeding initiation (81.9 percent) and at 6 months (60.6 percent), but met the goal at 12 months (31.1 percent) (4).



Key Findings by Sector

Health Care

Birth Facilities

Ninety-nine percent of Dakota County births occur in hospitals or free-standing birth centers (16). Maternity care practices in hospitals and birth centers affect the initiation, duration and exclusivity of breastfeeding. For this reason, it is important for maternity care settings to actively support and promote breastfeeding. Breastfeeding allows for a natural continuation of infant development and mother/infant bonding immediately following delivery. Hospitals and birth centers play a role in helping mothers develop the skills and confidence to successfully breastfeed their babies (20).

Residents of Dakota County deliver at many facilities in the Twin Cities metro area and beyond. Table 1 below shows the top five birth facilities for Dakota County residents in 2013, representing 71 percent of the county births. Fifty-eight percent of Dakota County births occurred at facilities outside of Dakota County. Four of the top five birth facilities are outside of the county (16).

Table 1 – Top 5 birth hospitals, 2013

Hospital	Location	2013 Births (No.)	% All Births	Baby-Friendly
Fairview Ridges Hospital	Burnsville	1,777	34%	No*
United Hospital	St. Paul	880	17%	No
Abbott Northwestern Hospital	Minneapolis	358	7%	No
HealthEast Woodwinds	Woodbury	352	7%	Yes
Regions Hospital	St. Paul	324	6%	Yes

*Fairview University Medical Center is Baby-Friendly and the other hospitals in the system are currently working toward it.

Source: Minnesota Department of Health, Births (geocoded), 2013

The Baby-Friendly Hospital Initiative (BFHI) is a global program launched by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) in 1991. It recognizes hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding. It also provides special recognition to hospitals that have demonstrated a level of excellence by successfully implementing the Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes. Among the top five birth hospitals for Dakota County residents, two have achieved Baby-Friendly certification and one is in progress (see table 1 above) (21).

The Maternity Practices in Infant Nutrition and Care (mPINC) Survey is a national survey from the Centers for Disease Control and Prevention (CDC) that assesses infant feeding care processes, policies, and staffing expectations in maternity care settings. In 2013, 92 percent of Minnesota facilities participated and the score was 77 on a scale of 0-100. Two Dakota County hospitals that provided their final scores to Dakota County Public Health scored higher than Minnesota overall. The strengths identified for Minnesota hospitals overall were that most facilities routinely provide breastfeeding education as part of prenatal classes and most of them consistently ask and document mother’s infant feeding decisions. The opportunities for improvement include adherence to the standard clinical practice guidelines against supplementation with formula, glucose water, or water; inclusion of model breastfeeding policy components in comprehensive breastfeeding policies; assessment of staff competency in basic breastfeeding management and support; and initiation of skin-to-skin care for at least 30 minutes upon delivery (22).

Health Care Providers

Access to support from health care professionals, such as physicians, nurses, or lactation consultants, is an important component to insure a mother's continued success with breastfeeding. Professional support can be provided prenatally and postpartum, but is particularly important in the first weeks postpartum when lactation is being established. Health care professionals can assist with latch and positioning, help with a lactation crisis, counsel mothers returning to work or school and help with concerns of the mother and family (23).

There are 43 primary care clinics (family practice, pediatrics, obstetrics and gynecology) in Dakota County. The breastfeeding support practices of primary care clinics in the county were assessed using a survey. The survey was conducted online (3 surveys) and by phone (14 surveys). (A copy of the phone version of the survey can be found in Appendix A) (24). Seventeen surveys were completed, representing 19 clinics (44 percent response rate). (One survey was completed by a corporate office that represented two clinics). Seventeen clinics were not able to be reached by phone – either messages left were not returned or the appropriate person could not be reached after three calls. Seven clinics indicated that they referred to another clinic or a hospital for breastfeeding support – often to a central location that was located outside of the county.

Below are the key findings from the survey:

- 84 percent of clinics who responded do not have signs in the waiting room encouraging breastfeeding mothers to nurse whenever they desire. Sixteen percent have signs or posters in other locations, such as exam rooms or near scales.
- 42 percent of clinics who responded indicated that their clinic has not removed commercial logos and other indirect formula endorsements. Sixteen percent indicated that they provide formula samples. (Note: Whether they provide formula samples was not a question on the survey, but was noted if the respondent mentioned it). 79 percent of respondents indicated that the clinic stores formula supplies out of view.
- 21 percent of clinics who responded indicated that practitioners in their clinic do not have access to patient information that includes current recommendations about expression and storage of breast milk for mothers when they are separated from their babies.
- 21 percent of clinics who responded indicated that practitioners in their clinic do not have access to patient information that contains age-appropriate anticipatory guidance for breastfeeding.
- 58 percent of clinics who responded said they refer women for breastfeeding support.
 - 53 percent refer to education in the clinic
 - 42 percent refer to education at another organization
 - 47 percent refer to a lactation consultant
 - 47 percent refer to WIC
 - 31.5 percent refer to local breastfeeding support groups
- The roles most commonly reported as being responsible for providing breastfeeding support were triage nurses and nurse practitioners. Three of the clinics surveyed have a board-certified lactation consultant (IBCLC). One clinic has two staff members who are planning to take the IBCLC exam. One clinic has staff members who have taken the Building Bridges to Breastfeeding Duration class.

Insurers

The purpose of the new mandate in the Affordable Care Act for insurers to cover breastfeeding support is to improve breastfeeding initiation and duration rates. However, specific coverage for breastfeeding still varies widely across the industry – ranging from coverage that meets the minimum necessary to comply with the law to comprehensive coverage that recognizes the importance of improving breastfeeding. The National Breastfeeding Center developed a report card to score insurers on the quality of coverage they provide for breastfeeding. The insurers are measured on types of services covered, types of providers covered, types of pumps covered, criteria or restrictions on coverage, and accessibility. The insurers that scored the lowest typically covered only a manual pump and only those services that are part of routine care by in-network providers who may or may not have lactation care qualifications.

Table 2 below shows four major insurers in Minnesota, with their score on the report card for 2013 and 2014.

Table 2

Insurers	2013	2014
BlueCross BlueShield of Minnesota	C	C-
HealthPartners	C	A-
Medica	C+	C+
Preferred One	F	F

Source: National Breastfeeding Center, Payer Scorecard, www.nbfcenter.com

With the exception of HealthPartners which improved from a C in 2013 to an A- in 2014, the other three major insurers in Minnesota have average to poor scores and did not improve between 2013 and 2014 (25).

Legislation

Legislation can help assure that women have access to the services and supports they need in order to continue breastfeeding, particular when returning to work.

The Affordable Care Act requires most health insurance plans to provide breastfeeding equipment and comprehensive lactation support and counseling by a trained provider for pregnant and nursing women for the duration of breastfeeding. These rules apply to all Health Insurance Marketplace plans, Medicaid expansion plans, and other health insurance plans that are not grandfathered plans. Plans under these rules must cover the cost of a breast pump. The plan can decide whether it will cover purchase or rental of the pump, whether the pump is manual or electric, how long the rental coverage lasts, and when they will provide the pump (before or after the birth of the baby). For lactation support and counseling, plans may require pre-authorization from a physician and may require choosing someone from their list of in-network providers. Plans cannot require cost-sharing for these services, such as copays, deductibles, or coinsurance. (26)

A number of Minnesota statutes provide protections for nursing mothers in public and in the workplace. Statute 145.905 provides that a mother may breastfeed in any location, public or private, where the mother and child are authorized to be, regardless of whether the mother’s nipple is uncovered during or incidental to breastfeeding. Statute 617.23, passed in 1998, specifies that breastfeeding does not constitute indecent exposure. Statute 181.939, passed in 1998 and revised in 2014, requires employers to provide daily, unpaid break time for a mother to express breast milk for her infant child. Employers are also required to make a reasonable effort to provide a private location for nursing or expressing breastmilk other than a bathroom or toilet stall that is in close proximity to the workplace, shielded from view, free from intrusion and has an electrical outlet (27).

Media

Media has the power to have a positive impact on breastfeeding by framing breastfeeding as normal and healthy for mothers and babies. It can also propagate negative messages around breastfeeding that hinder the initiation and continuation of breastfeeding (28).

A review of local, regional, and national media for the 6-month period from November 15, 2014-April 15, 2015 found that coverage of breastfeeding is limited. Among the four local print news publications reviewed, there were no stories related to breastfeeding during the six-month period. Twenty-six popular regional and national news media venues (print, TV, and radio) were also reviewed. They contained some content related to breastfeeding, but it was still limited. During this time, the most common news stories related to research on the benefits of breastfeeding to mothers and babies, new drug labeling for pregnant and breastfeeding women, the controversy surrounding breastfeeding in public, social media adopting policies to allow breastfeeding photos to be posted, and female

celebrities releasing photos of themselves breastfeeding. Blogs associated with popular national news sources frequently present both pro and con arguments about breastfeeding. Infant formula was a topic in the news only when there was a safety issue or an FTC complaint about false advertising. This review did not include advertisements. In April 2015, there was a significant amount of news coverage about the risks of breast milk purchased online.

While limited, overall, the representation of breastfeeding in the media during this six-month time period was generally positive. The controversy surrounding breastfeeding in public is a possible deterrent to women who are considering breastfeeding; however, celebrity endorsements of breastfeeding could have a positive influence.

Community Resources

Womens, Infants, and Children (WIC)

The Women, Infants, and Children (WIC) nutrition program is a U.S. Department of Agriculture program designed to provide information on healthy eating and breastfeeding, access to nutritious foods to supplement diets, and referrals to health care for low-income women, infants and children up to age five. WIC promotes breastfeeding as the optimal method of infant feeding.

Dakota County WIC is committed to providing advanced breastfeeding training for all nutrition staff. WIC staff promotes breastfeeding during all prenatal visits. Late prenatal WIC visits focus on breastfeeding anticipatory guidance to help women advocate for birth practices that support lactation support, including skin-to-skin, rooming in, and avoiding infant formula supplementation. WIC encourages pregnant women to attend the Dakota County Public Health (DCPH) breastfeeding discussion group during the third trimester and offers follow-up contacts to attendees. A NACCHO grant to reduce breastfeeding disparities will allow breastfeeding groups to expand from current two groups to five or more sessions per month and add at least one new group site. WIC staff responds to the DCPH Breastfeeding Information Line messages and refers breastfeeding women for clinical breastfeeding support when necessary.

Home Visiting Programs

Public health nurses in Dakota County provide home visits that support families during pregnancy and after delivery to assure healthy pregnancies and positive child growth and development, leading to children who arrive at kindergarten healthy and ready to learn. Families served are at risk due to poverty, adolescent pregnancy, or other socioeconomic factors. Because public health nurses have contact with women during pregnancy and in the early postpartum period, they have the opportunity to impact decision-making related to infant feeding and to provide support that helps women continue to breastfeed.

At both prenatal and postpartum family home visits, public health nurses provide counseling on breastfeeding. They have a breastfeeding education and management guide that was developed based on the book "Breastfeeding, A Great Start," (29) which is used for education during visits. Breastfeeding is embedded in the teaching tools, and is discussed at all visits. The family health nurses maintain a library of 31 resources on breastfeeding that can be given to clients as needed. Supportive teaching tools, such as videos, are also brought to visits. There is one board-certified lactation consultant on staff, who is available to support the nurses, including providing individualized visits to clients with complex breastfeeding needs. Intake nurses and WIC staff may request "rapid response" referrals for early postpartum mothers who need breastfeeding support. The mother is contacted that day to ensure that breastfeeding is not interrupted. Family health nurses also work with WIC staff to jointly offer breastfeeding classes.

Breastfeeding Coalitions

Breastfeeding coalitions provide a mechanism for individuals and organizations who are concerned about improving the health of mothers and babies to work collaboratively to create an environment that recognizes and supports breastfeeding as vital to the health and development of children and families.

Dakota County Breastfeeding Coalition

Since 2007, the Dakota County Breastfeeding Coalition has met to address members' lactation practice concerns and share best practices in lactation management to support breastfeeding families in Dakota County. Members include lead lactation staff from hospitals, medical clinics, and public health. Most members participated in the Statewide Health Improvement Program (SHIP) breastfeeding initiative in 2010-11, which supported policy, system and environment change.

Minnesota Breastfeeding Coalition

The Minnesota Breastfeeding Coalition (MBC) was formed in January 2006 following the first National Conference of State Breastfeeding Coalitions. Since that time MBC has grown to include 30 local breastfeeding coalitions. Coalition members represent state and local health departments, the WIC Program, hospital lactation departments, La Leche League, and other organizations and individuals who support and promote breastfeeding. Members of the Dakota County Breastfeeding Coalition serve on the MBC Board and Steering Committee and assist with planning and hosting MBC meetings and workshops, conducting strategic planning, and promoting public awareness and support for breastfeeding as the cultural norm.

Schools

Schools can provide support for breastfeeding for their faculty and staff, for students who are parenting, and for visitors to the building.

Eight out of nine school districts in Dakota County were surveyed in spring 2015 about the facilities they have available for breastfeeding in their buildings. (A copy of the survey can be found in Appendix B). Twenty-four out of 64 buildings (37.5 percent) have dedicated lactation rooms and one is in process. One district has dedicated lactation rooms in every building. Data was not provided on 14 buildings in two districts. All buildings make accommodations for staff who are breastfeeding. Among the 14 high school buildings that were included in the survey, four have facilities that are available to students (28.5 percent) and one is in process. Seven buildings out of 64 have facilities that are available for use by the public (11 percent). Buildings that do not have dedicated lactation rooms offer a variety of options to accommodate breastfeeding or pumping. The most commonly mentioned were: the health office, conference rooms, other offices, and locked classrooms. Privacy is provided by drawing curtains or pulling down shades in rooms and locking doors. One district provides breastfeeding resources for staff going on maternity leave and one includes the breastfeeding guide from the United States Department of Health and Human Services in each of its lactation rooms.

Child Care

Child care providers play a critical role in supporting working mothers who want to breastfeed. Caregivers who are knowledgeable about proper handling, storage and feeding of breast milk and are supportive of breastfeeding can help mothers who want to continue to breastfeed when they return to work or school (30).

Dakota County had 654 licensed family child care providers as of July 2015. In 2014 and 2015, providers from 164 family child care providers attended training on breastfeeding, nutrition and/or physical activity. All of these providers completed a pre-assessment survey regarding their policies on breastfeeding. (A copy of the survey can be found in Appendix C).

Below are the key findings of the pre-assessment survey:

- 14.5 percent of those who responded said that all infant caregivers receive breastfeeding training or a refresher at least every three years. 17 percent said all infant caregivers have received training, but it is not current (within the last three years).
- 31 percent of respondents said they have a dedicated space available for breastfeeding and it is marked. 59 percent indicated that they have a space, but it is either not private or available only upon request.
- 37 percent of respondents indicated that they have breastfeeding materials available for families. Among those, 30 percent make all enrolled and prospective families aware of them; 30 percent only make enrolled families with infants or those who are expecting a baby aware of them; and 40.5 only make them available when requested.
- 10.6 percent of respondents indicated that they have a written policy on breastfeeding that is up-to-date and includes current practices. 38 percent said that practices are generally followed but are not written down.
- 15 percent of respondents said they have a written policy and it is communicated to parents in writing only or both in writing and verbally. 68 percent indicated that they have no written policy, but practices are communicated to parents verbally.

Other community resources

Other resources in the community to support breastfeeding mothers and babies include phone support, outpatient services, classes, support groups, and websites.

Table 3 – Other Community Resources

Note: Some of these resources have a charge and may not be covered by insurance.

Name of Resource	Type	Location	Description
Breastfeeding Center <i>HealthPartners Como Clinic</i>	Phone, outpatient services	St. Paul	Phone consultations and in-person consultations with a breastfeeding specialist (certified lactation consultant or nurse practitioner) by appointment
Breastfeeding Connection <i>Fairview Ridges Hospital</i>	Phone	n/a	Certified lactation consultant helps with problems or concerns following birth in the hospital (available for all, including those who didn't deliver at Fairview Ridges).
Breastfeeding InfoLine <i>Dakota County WIC</i>	Phone	n/a	Breastfeeding information and referral line for Dakota County WIC clients
Breastfeeding Resource Center <i>United and Children's Hospitals</i>	Phone, outpatient services	St. Paul	Telephone counseling and support; outpatient clinic for evaluation and treatment of complex breastfeeding problems. Staffed by lactation consultants who are registered nurses with advanced education, international board certification and experience helping breastfeeding mothers and their babies.
First Touch Birth Center <i>Northfield Hospital</i>	Phone, outpatient services	Northfield	Phone follow-up; outpatient assessments (available for all, including those who didn't deliver at Northfield). Staffed with certified lactation consultants, lactation counselors and lactation educators.
HealthEast Outpatient Lactation Clinic <i>St. John's Hospital, St. Joseph's Hospital, and Woodwinds</i>	Phone, outpatient services	St. Paul	Telephone support after discharge from the hospital or appointment with a certified lactation consultant

Name of Resource	Type	Location	Description
La Leche League	Phone, support groups	Various locations	Telephone or email support for breastfeeding questions or concerns with a trained La Leche League leader; support group meetings – there are no groups in Dakota County
Lactation Line <i>St. Francis Regional Medical Center</i>	Phone	n/a	Telephone support for breastfeeding questions or concerns
Lactation Support Center <i>Regions Hospital</i>	Phone	n/a	Telephone counseling and education with certified lactation consultants
AMMA Parenting Center www.ammaparentingcenter.com	Classes/Support Groups	Various locations	Prenatal and new parent classes (in-person and online), breastfeeding assessment and help. Fairview Ridges and HealthEast refer to this organization for childbirth education.
Baby Café <i>Allina Health</i> www.allinahealth.com	Classes/Support Groups	St. Paul	Support and assistance for pregnant and breastfeeding moms
Baby Talk <i>Northfield Hospital</i>	Classes/Support Groups	Northfield	A supportive, educational resource that meets once a week for new parents, sponsored cooperatively by the Northfield Hospital, Early Childhood Family Education and the Rice County Public Health Nursing Service, and staffed by First Touch Birth Center nurses
Breastfeeding Support Group <i>Fairview Ridges Hospital</i>	Classes/Support Groups	Burnsville	Free group that meets once per week for new moms to discuss topics such as: breastfeeding, pumping, infant growth and development, sleep. Facilitated by a certified lactation consultant.
Breastfeeding Support Group <i>St. Francis Regional Medical Center</i>	Classes/Support Groups	Shakopee	Weekly support group for breastfeeding moms
Northfield Hospital Childbirth Education Classes	Classes/Support Groups	Northfield	Breastfeeding Basics class taught by a certified lactation consultant
Breastfeeding Center <i>Park Nicollet Clinic</i>	Outpatient Services	St. Louis Park	Appointment with a registered nurse certified as a lactation consultant for counseling and coaching
Outpatient Lactation Services <i>Fairview Ridges Hospital</i>	Outpatient Services	Burnsville	Appointment with a certified lactation consultant to get support for topics such as: how to breastfeed, problems with breastfeeding, breastfeeding at work or school, taking medicines while breastfeeding, pumping and storing breast milk, and slow weight gain in baby,
Regina Medical Center	Outpatient services	Hastings	Breastfeeding education, assessment, and feeding support by appointment
Breastfeeding information from the Minnesota WIC program www.health.state.mn.us/divs/fh/wic/	Website	n/a	Information on a variety of breastfeeding topics in English, Spanish, and Somali
KellyMom Parenting & Breastfeeding kellymom.com	Website	n/a	Information on a variety of breastfeeding topics
Office on Women's Health www.womenshealth.gov	Website	n/a	Information on a variety of breastfeeding topics in English and Spanish

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Appendix A – Clinic Phone Survey

Dakota County Public Health Breastfeeding Clinic Survey

This is (name, position) with the Dakota County Public Health Department. May I speak to a person in your clinic who knows about clinic practices related to breastfeeding?

NOTES:

- 1) If the person is not available, ask if you can get their name and phone number to contact them later. If this is not possible, ask if you can leave a voicemail message for the person. Below is a sample voicemail message:

This is (name, position) with the Dakota County Public Health Department. We are conducting a short survey to help us understand how clinic practices support breastfeeding women in Dakota County. Please give me a call at your earliest convenience at (phone number). We are conducting surveys through June 30, 2015.

If you don't get a call back within a week, make one more call to try to reach them.

- 2) If the person is not available and you are not able to leave a message, ask if there would be a better time to call back and try again. Make no more than two more calls to attempt to reach them. (Use your judgment: don't continue to call if it doesn't seem like you are going to be able to talk to someone, ex. receptionist seems frustrated with your calls).
- 3) Once you've reached the appropriate person, use the following message:

This is (name, position) with the Dakota County Public Health Department. We're working on helping breastfeeding families in Dakota County meet their breastfeeding goals, and knowing how medical clinics in Dakota County provide lactation support will help us focus our department's breastfeeding work. Would you have about 10 minutes to answer our breastfeeding survey? Your answers would become a part of total responses for all clinics, and your individual responses will not be reported.

- a) If the person says they are not able to talk right now, ask if you can schedule a time to contact them at a later date.
- b) If the person is able to talk right now, complete the survey below.

NOTE TO INTERVIEWER: Bolded items are notes for you. You should not say these things to the respondent.

Clinic Name: _____

Date of survey: _____

Your name: _____

Person answering the survey

Name: _____

Role at clinic: _____

At your clinic, are you responsible for breastfeeding education and support?
(circle one) Yes/No

If the answer to the above question is No ask:

Who is the person at your clinic who is responsible for breastfeeding education and support?

Name: _____

Role at clinic: _____

Please indicate your level of agreement with the following statements on a scale of 1-4 with 1 being strongly disagree and 4 being strongly agree.

1. My clinic has signs in the waiting room encouraging breastfeeding mothers to nurse their babies whenever they are comfortable and whenever they desire.

(circle one)

1 2 3 4

Respondent indicates that they don't know or are not sure (mark with "x") ____

Note any other comments the respondent makes:

2. My clinic has removed commercial logos and other indirect formula endorsements (notepads and pens with brand names, calendars, and decorative logos).

(circle one)

1 2 3 4

Repeat the scale if the respondent hesitates: a scale of 1-4 with 1 being strongly disagree and 4 being strongly agree.

Respondent indicates that they don't know or are not sure (mark with "x") ____

Note any other comments the respondent makes:

3. My clinic stores formula supplies out of view.

(circle one)

1 2 3 4

Repeat the scale if the respondent hesitates: a scale of 1-4 with 1 being strongly disagree and 4 being strongly agree.

Respondent indicates that they don't know or are not sure (mark with "x") ____

Note any other comments the respondent makes:

4. Practitioners in my clinic have access to patient information that includes current recommendations about expression and storage of breast milk for mothers when they are separated from their babies.

(circle one)

1 2 3 4

Repeat the scale if the respondent hesitates: a scale of 1-4 with 1 being strongly disagree and 4 being strongly agree.

Respondent indicates that they don't know or are not sure (mark with "x") ____

Note any other comments the respondent makes:

5. Practitioners in my clinic have access to patient information that contains age-appropriate anticipatory guidance for breastfeeding.

(circle one)

1 2 3 4

Repeat the scale if the respondent hesitates: a scale of 1-4 with 1 being strongly disagree and 4 being strongly agree.

Respondent indicates that they don't know or are not sure (mark with "x") ____

Note any other comments the respondent makes:

6. Do you refer women for breastfeeding support?

(circle one) Yes/No

If respondent answers No to #6, skip 6a.

If respondent answers Yes to #6, ask the following question:

6a. I am going to read a list of resources for breastfeeding support. Please answer Yes or No to each of these to indicate whether your clinic refers women for breastfeeding support.

Education provided at my clinic **(circle one) Yes/No**

Education provided by another organization **(circle one) Yes/No**

Lactation consultant **(circle one) Yes/No**

WIC **(circle one) Yes/No**

Local breastfeeding support group **(circle one) Yes/No**

Other **(circle one) Yes/No**

If Other is Yes: Please describe Other resources that you use.

Note any other comments the respondent makes:

7. If Public Health had grant funds available in 2016, would you be interested in receiving more information about additional support that would enhance your clinic’s capabilities to provide lactation support to families?

7a. I am going to read a list of potential supports. Please answer Yes or No to each of these to indicate whether you would be interested in receiving more information about this, assuming that Public Health has grant funds available in 2016.

Creating a breastfeeding-friendly environment **(circle one) Yes/No**

Improving policies and procedures around supporting breastfeeding moms and babies **(circle one) Yes/No**

Patient education materials **(circle one) Yes/No**

Getting staff trained in breastfeeding support **(circle one) Yes/No**

Working through the steps of baby-friendly primary care **(circle one) Yes/No**

Note any other comments the respondent makes:

8. Is there anything else about breastfeeding support that you would like to tell us?
9. Are you interested in receiving additional materials (ex. Dakota County Breastfeeding resource list, Minnesota Breastfeeding Coalition toolkit)? **(circle one) Yes/No**

If the respondent answers Yes, collect email address.

Email address: _____

Appendix B – School Survey

Dakota County Schools Breastfeeding Survey

School District:

Date:

Building Name	Dedicated lactation room (s)	Lactation rooms available for (check all that apply):			Other support provided for breastfeeding mothers (describe)
		Staff	Students	Public	
	Y N				
	Y N				
	Y N				
	Y N				
	Y N				
	Y N				
	Y N				

Appendix C – Child Care Survey

Infant caregivers/teachers have received training on promoting and supporting breastfeeding, including the benefits of breastfeeding and proper labeling, storage and handling of breast milk:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some infant caregivers have received training, but not in the last 3 years	<input type="checkbox"/> All infant caregivers have received training, but it is not current (in the last 3 years)	<input type="checkbox"/> All infant caregivers (and the director if the program is a center) receive training (or a refresher) on a regular basis, at least every 3 years
A quiet, comfortable and private place (other than a bathroom) is available for mothers to breastfeed or pump:	<input type="checkbox"/> A space is not available	<input type="checkbox"/> A space is available but is not private	<input type="checkbox"/> Is available when requested, but not offered	<input type="checkbox"/> Is available and its location is marked or otherwise made known to families
Educational materials and information about online and local breastfeeding resources are available for families:	<input type="checkbox"/> Materials do not exist	<input type="checkbox"/> Materials exist, but are only made available when asked	<input type="checkbox"/> All enrolled families with infants or who are expecting a baby are made aware of these resources	<input type="checkbox"/> All enrolled and prospective families are made aware of these resources
There is a written policy that includes the breastfeeding best practices that have been adopted:	<input type="checkbox"/> There are no standardized breastfeeding practices or policies	<input type="checkbox"/> Practices are generally followed but not written down	<input type="checkbox"/> Written policy exists, but does not reflect current practices	<input type="checkbox"/> Written policy is up-to-date and includes current practices
Breastfeeding policy is communicated to current and prospective families:	<input type="checkbox"/> No written policy; practices are not communicated to parents	<input type="checkbox"/> No written policy; practices are generally communicated to parents verbally	<input type="checkbox"/> Written policy exists; is provided to parents only in written form	<input type="checkbox"/> Written policy exists; is generally communicated to parents both in writing and verbally