

Breastfeeding Friendly Health Departments (BFHD)



BUILDING
CAPACITY
THROUGH
THE TEN STEP
PROCESS

TOOLKIT

FOR LOCAL PUBLIC HEALTH
AND COMMUNITY PARTNERS



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Toolkit Objective >>

To develop the capacity of the local health department to promote breastfeeding in communities through the implementation of the Breastfeeding Friendly Health Department ten step process

ABOUT THIS TOOLKIT >>

This toolkit was developed to encourage local health departments to utilize evidence-based breastfeeding policies and practices outlined in the ten steps for Breastfeeding Friendly Health Departments (BFHD). This toolkit serves as a resource to help local public health departments develop the capacity to promote breastfeeding in communities.

The BFHD ten step process was adapted from several projects listed on the bottom of page seven, including the Wisconsin BFHD project that focused on increasing the capacity of public health as well as increasing breastfeeding initiation, duration and promoting breastfeeding exclusivity. The BFHD process compliments the Baby Friendly Hospital Initiative that was launched by the World Health Organization in 1991.

This toolkit outlines the ten step process and contains materials such as a work plan, resources, templates, model policies and communication materials that support each step. A checklist is included to help explore, understand and take action to complete each step.

This toolkit has been designed for local public health departments, but can be a useful resource for anyone, especially others in healthcare and community settings who are working to promote and support breastfeeding.

We are pleased that this toolkit has been recognized both locally and nationally. In the last year the Centers for Disease Control and Prevention listed various breastfeeding strategies on their website and the Toolkit is listed as a resource for increasing breastfeeding friendly environments. The American Public Health Association (APHA) presented the authors with a national award recognizing the work in creating and successfully implementing the Toolkit. In 2017 the National Association of County and City Health Officials (NACCHO) Model Practices Program has selected the Breastfeeding Friendly Health Departments program, created and piloted by the Dakota County Public Health Department, as a Model Practice.

ACKNOWLEDGMENTS

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Thank you for your interest in breastfeeding!

This toolkit was one of the deliverable's from my Doctorate of Nursing Practice (DNP) program scholarly project. The purpose of my DNP leadership project was to increase the capacity of metro and rural health departments in Minnesota to promote breastfeeding in the community by implementing the Ten Steps for Breastfeeding Friendly Health Departments (BFHD) and establish the process for local public health departments to attain recognition as a BFHD. The setting for this project was in ten local public health departments located in urban, suburban and rural counties in Minnesota. This project could not have been accomplished without the work of the BFHD pilot site champions from each of the ten public health departments listed below and the Minnesota Department of Health.

- Anoka County
- Carlton County Public Health & Human Services
- City of Bloomington Public Health
- Dakota County Public Health
- Freeborn County
- McLeod County Public Health
- Mille-Lacs County Community Health
- St. Paul - Ramsey County Public Health
- Sherburne County
- Southwest Health and Human Services –
- Murray County Public Health
- Southwest Health and Human Services –
- Lyon County

The results demonstrated that the BFHD process was successful in increasing the capacity within the pilot site agencies and overall progress was made in each step.

To continue to support these early successes of the BFHD process, the Minnesota Department of Health established a recognition program in 2014. Information and more on this program can be found on page 9.

Together we can make a difference and provide leadership in our communities for breastfeeding! Thanks to all who use this toolkit for your work in breastfeeding support and promotion!

Healthy regards,

Bonnie Brueshoff, DNP, RN, PHN
Dakota County Public Health Director

Introduction >>

According to the U.S. Department of Health and Human Services, breastfeeding provides tremendous health benefits to both mothers and babies.

To obtain the most benefit, maternal and child health experts recommend women exclusively breastfeed their babies for at least six months, and continue breastfeeding through one year or longer.



Though the data shows that many Minnesota women initiate breastfeeding, we have further work to do as a state if we want the majority of Minnesota mothers to exclusively breastfeed and be successful in breastfeeding their infants for at least one year.

Among many benefits, breastfeeding builds healthy babies who need less medical care, reducing health care costs and parents' absenteeism. Breastfed babies' optimal brain development makes them ready to learn. Those ready to learn children are more likely to become healthy, productive adults who will help Minnesota maintain its quality of life. Supporting breastfeeding is worth the effort.



Breastfeeding rates can and will be improved by implementing the ten steps for Breastfeeding Friendly Health Departments.

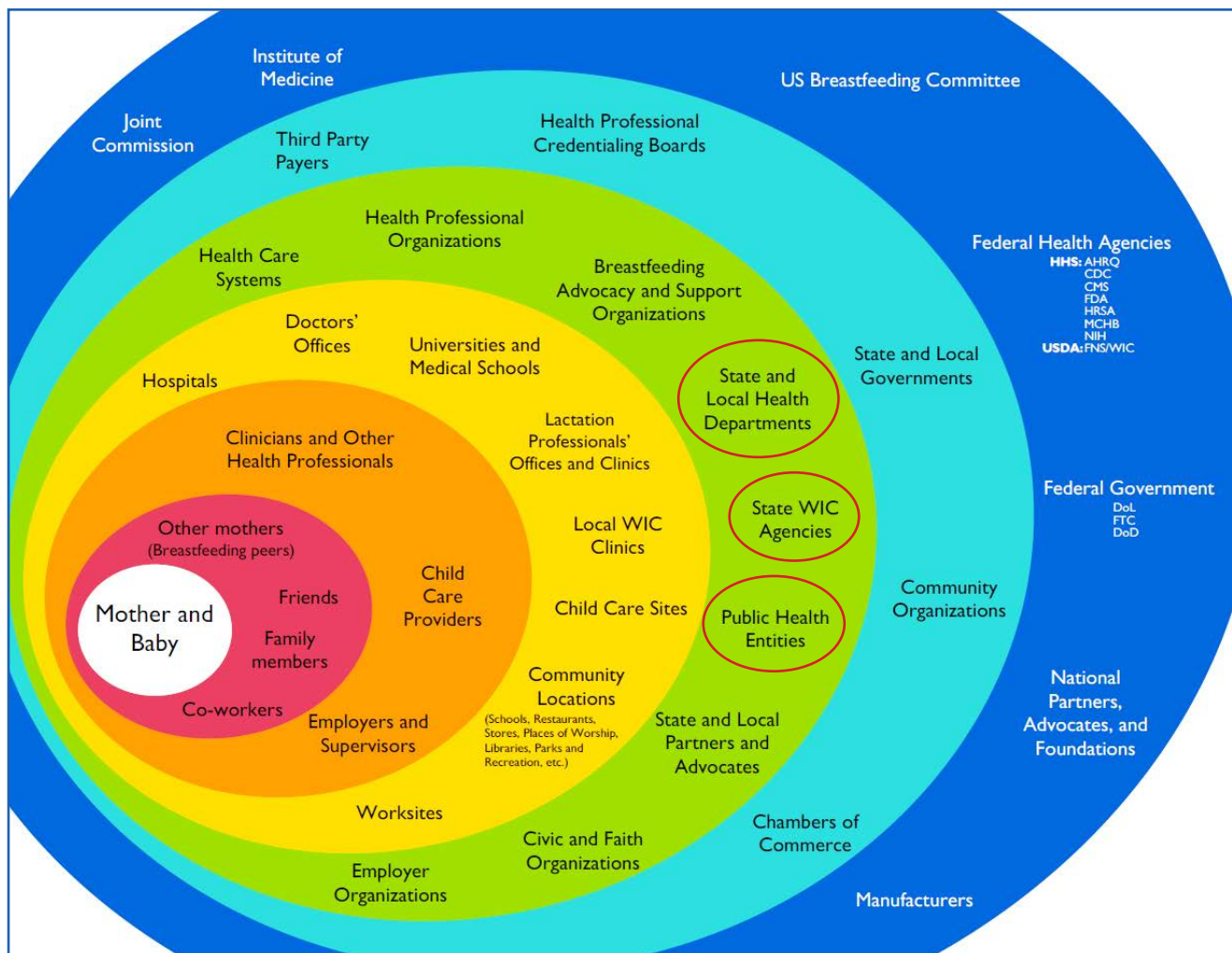
Breastfeeding Support >>

The Many Layers of Influence on Breastfeeding

There are actions that families, communities, employers, health care professionals and government can take to support breastfeeding. The Social Ecological Framework recognizes the variety of players that need to be involved in promoting successful breastfeeding and reducing barriers.

Local public health has a leadership role and the Ten Steps for Breastfeeding Friendly Health Departments is a process for increasing capacity.

This diagram illustrates the collaborations and outreach that are key to establishing breastfeeding as a norm in the community.



Source: <http://www.usbreastfeeding.org>

10 Steps

For Breastfeeding Friendly Health Departments



1 Establish a designated individual/group to manage the following tasks including policy review, development, staff orientation and education:

- Establish a process for developing, reviewing and modifying policies, procedures and protocols related to breastfeeding practice and environments.
- Ensure staff receive orientation and continuing education on breastfeeding policy implementation and support.
- Complete assessment of community needs for individual breastfeeding promotion and support.
- Initiate a breastfeeding coalition/task force with community and health department membership.

2 Have a written breastfeeding policy that is routinely reviewed with department staff and meets the following criteria including addressing all BFHD 10 steps:

- The public health department has a written policy that addresses all ten steps.
- Indicates all mothers will be referred to appropriate individual support within the community.
- Identifies first point of referral in healthcare provider/community for mothers experiencing common breastfeeding challenges.
- Includes language about support for breastfeeding employees in accordance with state statutes.
- Identifies a process for review by women and their families if requested.

3 Coordinate breastfeeding support and promotion with other programs in the health department, private and public health care systems, and community organizations to establish breastfeeding as the “norm” in the community:

- Ensure breastfeeding mothers are given contact information of community-based breastfeeding support groups and individual breastfeeding services.
- Coordinate information and promotion of breastfeeding with other programs, systems and/or organizations.
- Collaborate with partners or coalitions to advocate for support and accommodation of breastfeeding women.

4 Collaborate with community partners to ensure access to breastfeeding classes for prenatal women:

- Identify available prenatal breastfeeding classes within the community.
- Identify barriers to accessing classes for any/all populations within the community such as language, cost, and location.
- Work collaboratively with community partners/OB providers to fill the gaps and eliminate the barriers.

5 Educate the community on breastfeeding support:

- Increase community awareness by sharing the health department breastfeeding policy.
- Provide basic information on breastfeeding support and management.
- Increase community awareness of breastfeeding friendly messages.

6 Encourage racially and ethnically diverse resources within the community:

- a. Identify racial, socio-economic and minority needs in the community.
- b. Offer diverse breastfeeding support collaboratively with community partners.

7 Support mothers in initiating and maintaining breastfeeding up to twelve months and beyond:

- a. Educate parents and community partners about the importance of exclusive breastfeeding and the difficulty of reversing the decision not to breastfeed.
- b. Ensure that mothers know how to access timely support and resources, express their milk, and obtain a breast pump when appropriate, to manage separation from their babies.
- c. Work with local providers to ensure they are aware of resources that inform them about medication compatibility with breastfeeding.
- d. Develop a formal referral system for communicating mother's breastfeeding progress to staff as she moves from hospital to community/public health programs.
- e. Inform mothers of state and federal breastfeeding laws.

8 Through community partners encourage local public places to provide a breastfeeding friendly environment for families:

- a. Work with local public places such as libraries and community centers to provide a private space to breastfeed and/or express milk.
- b. Encourage the facility to educate staff on acceptable vs. unacceptable behaviors and responses towards breastfeeding women.
- c. Encourage the facility to display signage identifying it as breastfeeding friendly.

9 Select businesses each year to provide workplace lactation support training:

- a. Discuss benefits of breastfeeding for the workplace.
- b. Provide sample workplace breastfeeding policy.
- c. Provide minimum requirements of a lactation room.
- d. Provide sample materials to be included in an employee breastfeeding packet.
- e. Honor local breastfeeding friendly worksites through community task force/coalition.

10 Facilitate access to information and training for local child care centers or family child care providers on how to support a breastfeeding mother:

- a. Identify organizational capacity to host training.
- b. Identify available training for childcare providers in person and online
- c. Work collaboratively with childcare associations for training dissemination of resources.
- d. Honor local breastfeeding friendly childcare centers/providers/schools through community task force/coalition.

The Ten Steps were developed by Bonnie Brueshoff, Director of Public Health in Dakota County, in partial fulfillment of the requirements for her Doctor of Nursing Practice and were created in partnership with ten pilot sites in rural, suburban and urban Minnesota and the Minnesota Department of Health.

Dakota County Public Health Department
www.DakotaCounty.us (search "Breastfeeding")



<http://www.health.state.mn.us/divs/oshii/bf/healthdept.html>

Resources used in developing the 10 Steps for Breastfeeding Friendly Health Departments:

- Wisconsin Department of Health Services. (2010). *Breastfeeding friendly health departments in Wisconsin* - <http://www.dhs.wisconsin.gov/health/>
- Breastfeeding Committee for Canada. *The Baby-Friendly Initiative in community health services: A Canadian implementation guide*. Toronto: Breastfeeding Committee for Canada; 2002 <http://breastfeedingcanada.ca/>
- Carolina Global Breastfeeding Institute. *Breastfeeding-Friendly ChildCare* - <http://sph.unc.edu/breastfeeding>
- World Health Organization and UNICEF BfHI (1989)

Original: 11/15/2012

Revised: 10/08/2014



Become a Breastfeeding Friendly Health Department



Photo: Courtesy of the United States of Breastfeeding Committee

Recognition as a Breastfeeding Friendly Health Department (BFHD) lends credibility and visibility to local public health agencies that choose to complete some or all of the Ten Steps for Breastfeeding Friendly Health Departments.

Local public health agencies and tribal health boards are eligible for recognition as a Breastfeeding Friendly Health Department at Bronze, Silver and Gold levels.



To be eligible for recognition at the Bronze level, a health department must demonstrate completion of Step One, Step Two, and any three additional steps, for a total of five steps.



To be eligible for recognition at the Silver level, a health department must demonstrate completion of the requirements for Bronze level recognition, plus completion of any two additional steps.



To be eligible for recognition at the Gold level, a health department must demonstrate completion of [all Ten Steps](#).

Recognition at any level lasts five years, after which health departments will need to submit an application to renew their recognition status. Health departments are invited to apply for an increase in status (to Silver or Gold level recognition) at any time.

Guidelines for Breastfeeding Friendly Health Department Recognition and the Application to become a Breastfeeding Friendly Health Department visit:

<http://www.health.state.mn.us/divs/oshii/bf/healthdeptBFF.html>

GUIDELINES FOR BFHD DESIGNATION

Use this guide as a checklist in completing the process for BFHD designation (pages 10 - 15)

Guidelines for Recognition as a Breastfeeding Friendly Health Department

Ten Steps for Breastfeeding Friendly Health Departments

Note: Any place you are asked to attach a document it is acceptable to provide a link to a current webpage instead. Resources to assist you in completing each step are provided in the Breastfeeding Friendly Health Departments Toolkit, available online.

Step 1: Establish a designated individual/group to manage the following tasks including policy review, development, staff orientation and education

Internal: Establish team and process

	Documentation requested
<p>a. Establish a process for developing, reviewing and modifying policies, procedures and protocols related to breastfeeding practice and environments</p>	<ul style="list-style-type: none"> ❖ List the positions of individuals designated to manage breastfeeding-related policy development and review, staff orientation, and continuing education related to the breastfeeding policy ❖ Attach or provide a link to your health department's document renewal procedure
<p><i>What process does your health department follow for developing, reviewing and modifying policies, procedures and protocols related to breastfeeding practice and environments? Who has been designated to manage this process?</i></p>	
<p>b. Ensure staff receive orientation and continuing education on breastfeeding policy implementation and support</p>	<ul style="list-style-type: none"> ❖ Supply orientation checklist or other appropriate documents
<p><i>How does your local health department ensure staff receive orientation and continuing education on breastfeeding upon hire and on an annual basis?</i></p>	
<p>c. Complete assessment of community needs for individual breastfeeding promotion and support</p>	<ul style="list-style-type: none"> ❖ Attach assessment of community needs for individual breastfeeding promotion and support (completed within the last five years)
<p><i>Has your local health department completed an assessment of community needs for individual breastfeeding promotion and support in the last five years, either alone or as part of your existing Community Health Assessment (CHA) process?</i></p>	
<p>d. Initiate a breastfeeding coalition/task force with community and health department membership</p>	<ul style="list-style-type: none"> ❖ Attach an agenda or minutes from most recent meeting
<p><i>Has your local health department initiated a coalition/task force with community and health department membership which is currently active?</i></p>	

Step 2: Have a written breastfeeding policy that is routinely reviewed with department staff and meets the following criteria including addressing all BFHD 10 steps

Internal: Policy

	Documentation requested
<p>a. The public health department has a written policy that addresses all ten steps</p>	<ul style="list-style-type: none"> ❖ Attach policy

<i>Does your health department's breastfeeding policy address all BFHD 10 steps?</i>	
b. Indicates all mothers will be referred to appropriate individual support within the community	
<i>Does your breastfeeding policy indicate that all mothers will be referred to appropriate individual support within the community?</i>	
c. Identifies first point of referral in healthcare provider/ community for mothers experiencing common breastfeeding challenges	
<i>Does your health department's breastfeeding policy identify which health care provider/community resource acts as the first point of referral for mothers experiencing common breastfeeding challenges?</i>	
d. Includes language about support for breastfeeding employees in accordance with state statutes	
<i>Does your health department's policy address provision of adequate <u>support, time, education and place (STEP)</u> for breastfeeding employees?</i>	
e. Identifies a process for review by women and their families if requested	
<i>How do you ensure that your health department's written breastfeeding policy is accessible for review by women and their families?</i>	
Step 3: Coordinate breastfeeding support and promotion with other programs in the health department, private and public health care systems, and community organizations to establish breastfeeding as the "norm" in the community	
<i>External: Coordination</i>	
	Documentation requested
a. Ensure breastfeeding mothers are given contact information of community-based breastfeeding support groups and individual breastfeeding services	❖ Provide resource list used, including both prenatal and postpartum resources
<i>How does your local health department ensure that breastfeeding mothers are given contact information of community-based breastfeeding support groups and individual breastfeeding services?</i>	
b. Coordinate information and promotion of breastfeeding with other programs, systems and/or organizations	❖ Provide an example of how your health department is coordinating information with one or more of the groups listed
<i>Does your health department coordinate information for breastfeeding support and promotion with any of the following programs?</i> <ul style="list-style-type: none"> • WIC Program • Schools • Hospitals • Medical clinics • Health care providers (i.e. pharmacists, home visiting staff) 	

c. Collaborate with partners or coalitions to advocate for support and accommodation of breastfeeding women	❖ Provide an example of how you have worked with partners or coalitions to advocate for support and accommodation of breastfeeding women
<i>Does your health department collaborate with partners to advocate for support and accommodation of breastfeeding women?</i>	
Step 4: Collaborate with community partners to ensure access to breastfeeding classes for prenatal women	
<i>External: Prenatal classes</i>	
	Documentation requested
a. Identify available prenatal breastfeeding classes within the community	❖ List available prenatal breastfeeding classes
<i>What prenatal breastfeeding classes are available in your community?</i>	
b. Identify barriers to accessing classes for any/all populations within the community such as language, cost and location	❖ Document barriers
<i>What barriers prevent pregnant women in your community from accessing prenatal breastfeeding classes?</i>	
c. Work collaboratively with community partners/OB providers to fill the gaps and eliminate the barriers	❖ Document your plan to work with community partners to address existing barriers and eliminate gaps in service
<i>How are you working (or how do you plan to work) collaboratively with community partners/OB providers to fill the gaps and eliminate barriers?</i>	
Step 5: Educate the community on breastfeeding support	
<i>External: Awareness & education</i>	
	Documentation requested
a. Increase community awareness by sharing the health department breastfeeding policy	❖ List communication method(s)
<i>How do you share your health department's breastfeeding policy?</i>	
b. Provide basic information on breastfeeding support and management	❖ Provide an example of how your health department has worked or is currently working with community partners to share basic information on breastfeeding support and management (may attach educational brochure or link to a website as the example)
<i>How do you work with community partners to share basic information on breastfeeding support and management?</i>	
c. Increase community awareness of breastfeeding friendly messages	❖ List communication method(s) you are using to increase community awareness of breastfeeding friendly messages
<i>How do you share positive breastfeeding messages with the community (e.g. promotion of World Breastfeeding Week and World Breastfeeding Month)?</i>	

Step 6: Encourage racially and ethnically diverse resources within the community	
<i>External: Health equity</i>	
	Documentation requested
a. Identify racial, socio-economic and minority needs in the community	❖ Attach assessment or use available data to document identified needs within your community
<i>How does your health department assess the racial, socio-economic and minority needs of your community? Has an assessment been completed in the last 5 years?</i>	
b. Offer diverse breastfeeding support collaboratively with community partners	❖ Summarize the culturally appropriate breastfeeding support opportunities available within your county and how you are working to meet the needs identified above
<i>How does your health department plan to work with community partners to offer breastfeeding support in accordance with the needs identified above?</i>	
Step 7: Support mothers in initiating and maintaining breastfeeding up to twelve months and beyond	
<i>External: Support breastfeeding initiation and duration</i>	
	Documentation requested
a. Educate parents and community partners about the importance of exclusive breastfeeding and the difficulty of reversing the decision not to breastfeed	❖ Describe how you ensure that relevant health department staff are able to provide this education
<i>How do you ensure that health department staff are able to educate parents and community partners about the importance of exclusive breastfeeding and the difficulty of reversing the decision not to breastfeed?</i>	
b. Ensure that mothers know how to access timely support and resources, express their milk, and obtain a breast pump when appropriate, to manage separation from their babies	❖ Attach instruction sheet or describe how this education is provided
<i>How does your health department ensure that the mothers you work with receive information on how to access timely support and resources, how to express their milk, and how to obtain a breast pump when appropriate?</i>	
c. Work with local providers to ensure they are aware of resources that inform them about medication compatibility with breastfeeding	❖ Attach resource(s) used and list one or more providers you are working with
<i>How is your health department working with local providers to increase awareness of resources related to medication compatibility with breastfeeding?</i>	
d. Develop a formal referral system for communicating mother's breastfeeding progress to staff as she moves from hospital to community/public health programs	❖ Attach referral process document(s)
<i>Has your local health department developed a formal referral system for communicating mother's breastfeeding progress to staff as she moves from hospital to community/public health programs?</i>	

e. Inform mothers of state and federal breastfeeding laws	❖ Attach document(s) you provide to mothers about the law
<i>How do you ensure that all breastfeeding mothers are aware of state and federal breastfeeding laws?</i>	
Step 8: Through community partners, encourage local public places to provide a breastfeeding friendly environment for families	
<i>External: Public places</i>	
	Documentation requested
a. Work with local public places such as libraries and community centers to provide a private space to breastfeed and/or express milk	❖ List at least two places you have worked with or are currently working with
<i>How are you working with community places such as libraries and community centers to ensure that private, clean, quiet spaces are available for breastfeeding mothers?</i>	
b. Encourage the facility to educate staff on acceptable vs. unacceptable behaviors and responses towards breastfeeding women	❖ Describe or provide an example of how you encourage the facilities you work with to educate staff on acceptable behaviors towards breastfeeding women (e.g. attach education sheet)
<i>How do you provide education to community members on acceptable vs. unacceptable behaviors and responses to breastfeeding women?</i>	
c. Encourage the facility to display signage identifying it as breastfeeding friendly	❖ Provide an example of signage used (image or narrative)
<i>How do you provide or share examples of breastfeeding friendly signage with the community?</i>	
Step 9: Select businesses each year to provide workplace lactation support training	
<i>External: Workplaces</i>	
	Documentation requested
a. Discuss the benefits of breastfeeding for the workplace	❖ Identify at least two workplaces or business organizations you have worked with or are currently working with and attach resources used
<i>Have you developed a workplace lactation support training for workplaces or chosen an existing training? Does the training describe the benefits of breastfeeding for the employer? Have you presented this training to workplaces or business organizations?</i>	
b. Provide sample workplace breastfeeding policy	
<i>Do you provide a sample breastfeeding policy to employers as part of your workplace lactation support training?</i>	
c. Provide minimum requirements of a lactation room	
<i>Do you provide the minimum requirements of a lactation room to workplaces as a part of your workplace lactation support training?</i>	
d. Provide sample materials to be included in an employee breastfeeding packet	

<i>Do you provide sample materials for employee breastfeeding packets as part of your workplace lactation support training?</i>	
e. Honor local breastfeeding friendly workplaces through community task force/coalition	❖ Provide an example of how you have honored at least one local breastfeeding friendly workplace or plan to in the future. Photos encouraged.
<i>How is your health department planning to identify and honor local breastfeeding friendly workplaces?</i>	
Step 10: Facilitate access to information and training for local child care centers or family child care providers on how to support a breastfeeding mother	
<i>External: Child care</i>	
	Documentation requested
a. Identify organizational capacity to host training	❖ Describe organizational capacity to host trainings
<i>Has the child care center or family child care provider identified capacity to host trainings?</i>	
b. Identify available training for child care providers in person and online	❖ List trainings Note: If the child care provider wishes to receive MDH recognition as a Breastfeeding Friendly Child Care Provider, the two approved trainings are Supporting Breastfeeding in Child Care Programs and Let's Move Child Care: Nutrition, Beverages and Infant Feeding. These trainings are offered through the Minnesota early childhood professional development system, in-person or online, usually through Child Care Aware. Child care providers can contact their local Child Care Aware agency for a schedule of upcoming trainings.
<i>What breastfeeding trainings are available for child care centers and family child care providers, in person or online?</i>	
c. Work collaboratively with child care associations for training dissemination of resources	❖ Attach resources
<i>Has your health department worked with child care associations to disseminate breastfeeding friendly child care training resources?</i>	
d. Honor local breastfeeding friendly child care centers/providers/schools through community task force/coalition	❖ Provide an example of how you have honored at least one local breastfeeding friendly child care program or plan to in the future. Photos encouraged.
<i>How is your health department planning to identify and honor local breastfeeding friendly child care centers and family child care homes?</i>	



Minnesota Department of Health
 Office of Statewide Health Improvement Initiatives
 P.O. Box 64882, St. Paul MN 55164-0882
www.health.state.us/divs/oshii/bf

Step 1

Establish a designated individual/group to manage the following tasks including policy review, development, staff orientation and education.

- a. Establish a process for developing, reviewing and modifying policies, procedures and protocols related to breastfeeding practice and environments.
- b. Ensure staff receive orientation and continuing education on breastfeeding policy implementation and support.
- c. Complete assessment of community needs for individual breastfeeding promotion and support.
- d. Initiate a breastfeeding coalition/task force with community and health department membership.



One of the first steps in local health improvement is to take stock of your community's needs, resources, strengths, and assets. You will want to understand what helps as well as what hinders progress toward improving breastfeeding support in your community.

KEY ACTIVITIES TO ASSESS NEEDS AND RESOURCES

- > Review your County Health Ranking's snapshot
- > Define your community
- > Generate questions about your community
- > Identify measures and sources of data that will help you answer questions about your community
- > Identify community assets and resources
What's missing? Identify additional qualitative and quantitative sources of data (e.g., focus groups, community surveys) and then collect the information
- > Bring it all together: Compile and analyze information collected
- > Identify remaining gaps
- > Share results with your community

POLICIES AND PROCEDURES

Organizational policies and procedures based on the Ten Steps for Breastfeeding Friendly Health Department provide a comprehensive framework for your organizational efforts for breastfeeding. BFHD Step 2 focuses on breastfeeding policy development.

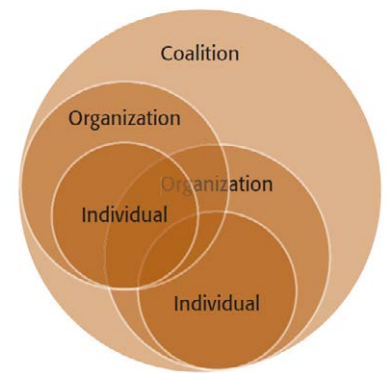


COALITION BUILDING

Once you have completed a community assessment you will have a better understanding of the resources and assets for your community and can identify the gaps that exist in creating a supportive, breastfeeding-friendly community. Because key stakeholders from populations in your service area are identified during the assessment process, you can begin to build effective partnerships, collaborations, and coalitions that better meet community needs. Understanding differences in attitudes, beliefs, and perceptions about breastfeeding will allow you to approach and address gaps and barriers identified during your community assessment. Including people and organizations from diverse backgrounds and disciplines can mobilize people to take action to resolve complex issues.

Partnerships, collaborations, and coalitions are effective ways to leverage community assets to work on increasing rates of breastfeeding initiation, exclusivity, and duration, especially in vulnerable populations. Working together as a community prevents duplication of services, improves access and utilization of services available in your community, and is an effective way to focus on unmet needs identified during the assessment process.

Coalition Building: Creating Relationships



Source: What Makes an Effective Coalition? Evidence-Based Indicators of Success, The California Endowment



Partnering with other community organizations is an effective way to advance breastfeeding as the community norm

WHAT ARE THE ADVANTAGES OF COALITIONS?

Coalitions:

- > Are a group of individuals and/or organizations working together for a common purpose.
- > Reach a broader base.
- > Generally have a greater credibility and more leverage by demonstrating broad based community support.
- > Can offer better access to policy makers and connections to influential decision-makers through a strong united voice.
- > Create networking and partnership opportunities for your organization.
- > Have the potential to provide media attention that member organizations or groups may not be able to achieve.
- > Provide economies of scale and cost efficiency, conserving resources for each member organization.
- > Offer access to greater expertise by calling on a range of organizations and individuals.

Source: Louisiana Breastfeeding Coalition



SIX STEPS TO BUILDING LOCAL BREASTFEEDING COALITIONS

- ① ... Consider the type of organization that can influence a mother's decision to breastfeed.
- ② ... Identify community linkages you have and ones you need to make.
- ③ ... Participate in a breastfeeding coalition desirable to people/organizations that influence mothers who breastfeed.
- ④ ... Invite key stakeholders (influencer's) to a meeting.
- ⑤ ... Meet to discuss working together on breastfeeding goals.
- ⑥ ... Develop an organizational structure for the coalition.

Source: Breastfeeding Coalition of Oregon

INFLUENCERS ON THE DECISION TO BREASTFEED:

- Family
- Health care providers
- WIC
- Child care providers
- Media
- Legislators/policy makers
- Employers
- Other human services providers

Source: Breastfeeding Coalition of Oregon

The United States Breastfeeding Coalition contains information about existing coalitions. Sign up to receive emailed information at: <http://www.usbreastfeeding.org>

TRAINING AND ORIENTATION

Training and orientation for staff is an essential part of communicating your breastfeeding policy. All staff, no matter their role in your organization, need to be aware of the significance of your breastfeeding policy and understand the importance of complying with the policy.

Training and orientation helps ensure successful policy implementation and sustains consistent evidence-based practices by staff.

It is helpful for staff to understand that every woman deserves the opportunity to discuss health benefits of breastfeeding and to make an informed decision about feeding their infant.

This checklist will help you complete Step 1

- ✓ What process does your health department follow for developing, reviewing and modifying policies, procedures and protocols related to breastfeeding practice and environments? Who has been designated to manage this process?
- ✓ How does your local health department ensure staff receive orientation and continuing education on breastfeeding upon hire and on an annual basis?
- ✓ Has your local health department completed an assessment of community needs for individual breastfeeding promotion and support in the last five years, either alone or as part of your existing Community Health Assessment (CHA) process?
- ✓ Has your local health department initiated a coalition/task force with community and health department membership which is currently active?

COMMUNITY ASSESSMENT

Taking time to assess your community will help identify needs and available resources. Community assessment has been described as looking at what is and then focusing on what could be. Assessment leads to better understanding about needs, assets, social structures and culture that impact breastfeeding in your community.

The Community Tool Box can be a helpful guide to community assessment and other steps for community change, visit: http://ctb.ku.edu/en/tablecontents/section_1019.aspx.



The Community Tool Box

Our Mission

Promoting community health and development by connecting people, ideas and resources

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Developing a Plan for Identifying Local Needs and Resources

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Tools & Checklists

Edited by Kate Nagy and Jerry Schultz

Checklist

Here, you'll find a checklist summarizing the major points contained in the text.

What do we mean by needs and resources?

- Needs can be defined as the gap between what is and what should be.
- Resources, or assets, can include anyone or anything that can be used to improve the quality of life.

Why develop a plan for assessing local needs and resources?

- It will help you gain a deeper understanding of the community.
- An assessment will encourage community members to consider the community's assets and how to use them, as well as the community's needs and how to address them.
- It will help you make decisions about priorities for program or system improvement.
- It goes a long way toward eliminating unpleasant surprises down the road.
- It allows you to involve community members from the very beginning of the process.
- An assessment is a great opportunity to use community-based participatory research, further involving community members and increasing community capacity.
- A good plan will provide an easy-to-follow road map for conducting an accurate assessment.
- A planning process will give community members the opportunity to voice their opinions, hopes, and fears about the community.

Source: http://ctb.ku.edu/en/tablecontents/sub_section_1019.aspx

SAMPLE TEMPLATE - TOOL TO ASSESS BREASTFEEDING WORK (page 1)

Public Health Department Action Plan Template

Ten Steps to Successful Breastfeeding for Health Departments County: _____ Date: _____

10 Steps Action Plan	What	Who	Implementation Steps	Timeframe	Status
1. Public Health Step One: Establish a designated individual/group who is responsible for the following:	Convene breastfeeding task force that will meet at least annually that includes review of policy and includes community assessment of breastfeeding support needs.	Public Health Parent Child Health / Maternal Child Health will take the lead	Invite to participate on task force; Hospital staff Physician Champion WIC /PCH/MCH Staff Peer Counselors Clinic Staff, Breastfeeding Mothers		
2. Public Health Step Two: Policy based on the Ten Steps will be routinely communicated to all PCH and WIC staff through annual in-service. Hospital Based Step One: Have a written breastfeeding policy that is routinely communicated to all health care staff	Policy will be developed reflecting the 10 steps to successful breastfeeding for health departments. Staff will be instructed in policy and or changes and new staff will be oriented to policy upon hire.	Supervisory or lead PCH/MCH staff	Policy to be posted on shared F-Drive, displayed in interview/WIC rooms in a binder and highlights included on handout in prenatal and postpartum client packets Policy will be reviewed on annual basis		
Hospital Based Step Two: Train all health care staff in the skills necessary to implement this policy.	Training on breastfeeding and lactation management will be given to all staff caring for women and infants within six months of their employment.	PCH/MCH Supervisory PCH/MCH nurses and WIC staff	Training to include 10 Steps and referrals as per policy. Mothers will be referred initially to a Certified Lactation Counselor (CLC) in (Carlton) County with collaboration with her primary health care provider as needed.		
3. Public Health Step Three: Policy will be shared with community stakeholders No Hospital Based Step Equivalent	Promote community awareness	Supervisory or lead PCH/MCH staff Breastfeeding Task Force, BF Peer counselors	Utilize task force members, prenatal and early childhood providers to promote breastfeeding friendly messages and provide with resources on basic information on breastfeeding support and management.		
4. Public Health Step Four: Collaborate with community partners to assure access to breastfeeding classes for prenatal women. No Hospital Based Step Equivalent	Assure access to breastfeeding classes for prenatal women.	Supervisory or lead PCH/MCH staff Breastfeeding Task Force, BF Peer counselors	Identify the available prenatal breastfeeding classes in the community. Identify any barriers to accessing classes for any populations within the community. Work collaboratively with the partners of the Task Force to fill the gaps and eliminate the barriers.		
5. Public Health Step Five: Support mothers in maintaining breastfeeding up to 12 months and beyond. Hospital Based Steps 3-9 (see itemized under implementation steps)	Includes all concepts of hospital based policy steps 3-9 of Ten Steps to Successful Breastfeeding for Hospitals. See policy for more detail.	PCH/MCH nurses and WIC staff, BF Peer counselors	(3). Inform all pregnant women about the benefits and management of breastfeeding including the following; (4). Help mothers initiate breastfeeding within a half-hour of birth. (5). Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants. (6). Give newborn infants no food or drink other than breast-milk, unless medically indicated. (7). Practice rooming-in, allow mothers and infants to remain together 24 hrs. day. (8). Encourage breastfeeding on demand. (9). Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.		

SAMPLE TEMPLATE - TOOL TO ASSESS BREASTFEEDING WORK (page 2)

Public Health Department Action Plan Template

10 Steps Action Plan	What	Who	Implementation Steps	Timeframe	Status
6. Public Health Step Six: Encourage racially and ethnically diverse resources within the community. No Hospital Based Step Equivalent	Identify racial, socio-economic and minority needs in the community as part of the assessment done in step one.	Breastfeeding Task Force, BF Peer counselors	Use community partners to offer diverse breastfeeding support		
7. Public Health Step Seven: Through community partners encourage local public places to provide a breastfeeding friendly environment for families. No Hospital Based Step Equivalent	Work with local public places such as libraries and community centers to provide a private space to breastfeed and or express milk. Target 1-2 facilities per year.	Breastfeeding Task Force PCH/MCH nurses and WIC staff	Choose facilities to target. Encourage facilities to educate staff on acceptable vs. unacceptable behaviors and responses toward breastfeeding women. Encourage facilities to display “breastfeeding friendly signage”.		
8. Public Health Step Eight: Select a different business each year and provide worksite lactation support training. No Hospital Based Step Equivalent	Choose one business each year to provide worksite lactation training and support.	Supervisory or lead PCH/MCH staff Breastfeeding Task Force PCH/MCH nurses and WIC staff	Utilize the “Business Case For Breastfeeding” Tool Kit. Discuss the benefits of breastfeeding for the workplace. Provide sample worksite breastfeeding policy to the worksite. Provide the minimum requirements of a lactation room. Through the Breastfeeding Task Force, provide recognition to honor local breastfeeding friendly worksites.		
9. Public Health Step Nine: Train two local childcare centers, providers, or schools each year on how to support a breastfeeding mother. No Hospital Based Step Equivalent	Choose two sites each year to receive the training and support as part of the assessment process.	PCH/MCH nurses and WIC staff Breastfeeding Task Force	Discuss the benefits of breastfeeding for the childcare center/provider/school. Provide feeding suggestions for childcare workers/staff/teachers. Review storing fresh, frozen, and thawed breast milk. Provide sample of breast milk labels for containers and storage.		
10. Public Health Step Ten: Coordinate breastfeeding support and promotion with other programs in the health department, private and public health care systems and community organizations, to establish breastfeeding as the “norm” in the community. Hospital Based Step Ten: Foster the establishment of breastfeeding support and refer mothers to quality breastfeeding support within the community.	Implement a formal referral system for communicating mother’s breastfeeding progress to staff as she moves from hospital to community and public health programs. Explore the concept of working collaboratively with partners to establish protective legislation for breastfeeding women.	PCH/MCH nurses and WIC staff BF Peer counselors Breastfeeding Task Force	Assure breastfeeding mothers are given contact information of community based support groups and individual breastfeeding services. Coordinate information with the WIC program, Parent Child Health Team Programs, Northland Breastfeeding Coalition, Hospital OB staff from four area birthing centers, UM-Extension Nutrition Education Program, Young Student Parent Program, Schools, Hospitals, Medical Clinics, Fond du Lac Public Health, and health care providers. Keep current on legislative action affecting the issues of breastfeeding.		

Source: Developed by Terri Allen, Carlton County Public Health & Human Services, Terri.allen@co.carlton.mn.us

SAMPLE WORK PLAN

Breastfeeding Friendly Health Departments Sample Work Plan – Step 1

What:	Who: The person responsible to take the lead and others as needed	Implementation: Steps that will need to be taken to complete the task	Timeframe: What is the anticipated date of completion for each step?	Status:	Documentation: The information that will be required for BFHD recognition by MDH
Step 1: Establish a designated individual/group to manage the following tasks including policy review, development, staff orientation and education					
<i>Internal: Establish team and process</i>					
a. Establish a process for developing, reviewing and modifying policies, procedures and protocols related to breastfeeding practice and environments					<ul style="list-style-type: none"> ❖ List the positions of individuals designated to manage breastfeeding-related policy development and review, staff orientation, and continuing education related to the breastfeeding policy ❖ Attach or provide a link to your health department's document renewal procedure
<i>What process does your health department follow for developing, reviewing and modifying policies, procedures and protocols related to breastfeeding practice and environments? Who has been designated to manage this process?</i>					
b. Ensure staff receive orientation and continuing education on breastfeeding policy implementation and support					<ul style="list-style-type: none"> ❖ Supply orientation checklist or other appropriate documents
<i>How does your local health department ensure staff receive orientation and continuing education on breastfeeding upon hire and on an annual basis?</i>					
c. Complete assessment of community needs for individual breastfeeding promotion and support					<ul style="list-style-type: none"> ❖ Attach assessment of community needs for individual breastfeeding promotion and support (completed within the last five years)
<i>Has your local health department completed an assessment of community needs for individual breastfeeding promotion and support in the last five years, either alone or as part of your existing Community Health Assessment (CHA) process?</i>					
d. Initiate a breastfeeding coalition/task force with community and health department membership					<ul style="list-style-type: none"> ❖ Attach an agenda or minutes from most recent meeting
<i>Has your local health department initiated a coalition/task force with community and health department membership which is currently active?</i>					

Source: Developed by Dakota County Public Health and Minnesota Department of Health Staff



RECOMMENDED READING AND RESOURCES

Background Information

- > Healthy People 2020: Breastfeeding Objectives - <http://www.usbreastfeeding.org/p/cm/ld/fid=221>
- > The Surgeon General's Call to Action to Support Breastfeeding. U.S. Department of Health and Human Services, Office of the Surgeon General; 2011 - <http://www.surgeongeneral.gov>.
- > USBC core competencies - <http://www.usbreastfeeding.org/core-competencies>
- > WHO Code - http://www.cdc.gov/breastfeeding/pdf/BF_guide_7.pdf
Exclusive Breastfeeding - http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/
Infant and young child feeding - <http://www.who.int/mediacentre/factsheets/fs342/en/>

Community Assessment

- > County Health Rankings and Roadmaps: A Healthier Nation, County by County
<http://www.countyhealthrankings.org/roadmaps/action-center/assess-needs-resources>
- > CLAS Standards Steps 10 and 12 (requires registration)
<https://www.thinkculturalhealth.hhs.gov/clas/standards>
- > Breastfeeding Focused Community Assessment example
<http://publichealth.lacounty.gov/mch/reports/Prop10breastfeeding.pdf>

Breastfeeding Data

- > CDC Breastfeeding report card - <http://www.cdc.gov/breastfeeding/data/reportcard.htm>
- > mPINC Maternity Practices in Infant Nutrition and Care - <http://www.cdc.gov/breastfeeding/data/mpinc/index.htm>
- > Pregnancy Risk Assessment Monitoring System (PRAMS) - <https://www.cdc.gov/prams/index.htm>

Coalition Building

- > Prevention Institute: The Eight Steps to Effective Coalition Building
http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=104&Itemid=127
- > Texas WIC Building a Coalition Toolkit - <http://www.dshs.state.tx.us/wichd/bf/bf1.shtm>
- > The California Endowment: What Makes an Effective Coalition? Evidence-Based Indicators of Success
<http://campaignforaction.org/sites/default/files/Effective-Coalition.pdf>

Step 2



Have a written breastfeeding policy that is routinely reviewed with department staff and meets criteria including addressing all BFHD 10 steps.

- The public health department has a written policy that addresses all ten steps.
- Indicates all mothers will be referred to appropriate individual support within the community.
- Identifies first point of referral in healthcare provider/ community for mothers experiencing common breastfeeding challenges.
- Includes language about support for breastfeeding employees in accordance with state statutes.
- Identifies a process for review by women and their families if requested.

The American Public Health Association's Call to Action on Breastfeeding recognizes that breastfeeding is a public health issue and that breastfeeding should be incorporated into comprehensive public health policies.

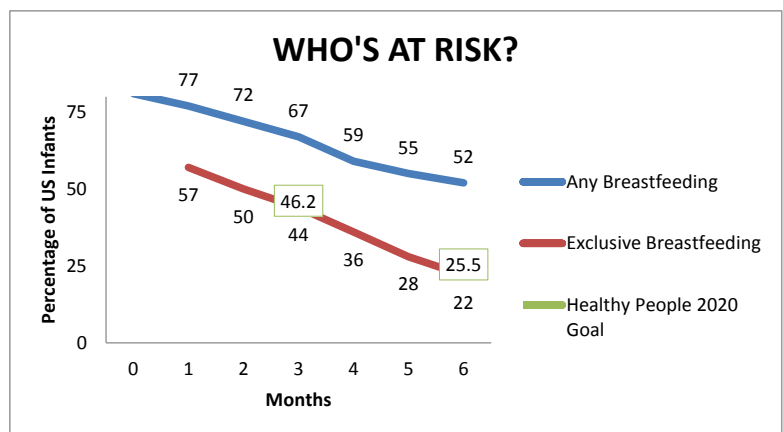
Many Minnesota hospitals and birth centers are designated as Baby Friendly by the Baby-Friendly Hospital Initiative. The Baby-Friendly first step requires organizations have a written breastfeeding policy that is routinely communicated to all staff. Local public health departments can complement the breastfeeding support mothers and babies receive at health care facilities by developing a breastfeeding policy.

REFERRALS FOR SUPPORT

Having readily available support is important for mom's to successfully breastfeed. Resources and information can be found in Step 3.

WHO'S AT RISK?

Percentage of any and exclusive breastfeeding by month since birth among US infants born in 2010



*Exclusive breastfeeding = infant receives only breast milk and vitamins or medications, but no other solids or liquids.

Source: http://www.cdc.gov/breastfeeding/data/NIS_data/

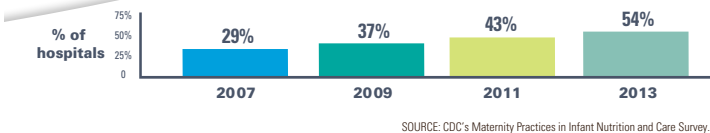


POLICY DEVELOPMENT

A well-written breastfeeding policy provides a strong foundation for implementing and maintaining best practice standards for breastfeeding. The policy should state clearly and concisely the aim and principles of the policy and the standards required of staff responsible for the care of breastfeeding mothers and babies.

For a breastfeeding policy to be effective, it must be presented in a manner which will make it accessible to all grades of staff and parents. It is suggested that wherever possible the standards are laid out in the order of the Ten Steps to Successful Breastfeeding. This ensures a logical sequence and makes the policy easier to follow.

More hospitals are using a majority of the Ten Steps to Successful Breastfeeding



Vital^{CDC}signs™
www.cdc.gov/vitalsigns/breastfeeding2015



POLICY COMPONENTS

Effective BFHD breastfeeding policy supports:

- Developing a breastfeeding training plan for all staff
- Eliminating materials and messages promoting infant formula feeding
- Collaborating with community partners to identify and remove barriers for mothers who breastfeed
- Educating parents and community partners about the benefits of long-term breastfeeding
- Incorporating breastfeeding messages into Public Health messaging about nutrition

This checklist will help you complete Step 2

- ✓ Does your health department's policy address all BFHD Ten Steps?
- ✓ Does your breastfeeding policy indicate that all mothers will be referred to appropriate individual support within the community?
- ✓ Does your local health department identify which health care provider/ community resource acts as first point of referral for mothers experiencing common breastfeeding challenges?
- ✓ Does your health department's policy address provision of adequate support, time, education and place (STEP) for breastfeeding employees?
- ✓ How do you ensure that your health department's written breastfeeding policy is accessible for review by women and their families?



SAMPLE WORK PLAN

Breastfeeding Friendly Health Departments Sample Work Plan – Step 2

What:	Who: The person responsible to take the lead and others as needed	Implementation: Steps that will need to be taken to complete the task	Timeframe: What is the anticipated date of completion for each step?	Status:	Documentation: The information that will be required for BFHD recognition by MDH
<i>Step 2: Have a written breastfeeding policy that is routinely reviewed with department staff and meets the following criteria including addressing all BFHD 10 steps</i>					
<i>Internal: Policy</i>					
a. The public health department has a written policy that addresses all ten steps					❖ Attach policy
<i>Does your health department's breastfeeding policy address all BFHD 10 steps?</i>					
b. Indicates all mothers will be referred to appropriate individual support within the community					
<i>Does your breastfeeding policy indicate that all mothers will be referred to appropriate individual support within the community?</i>					
c. Identifies first point of referral in healthcare provider/ community for mothers experiencing common breastfeeding challenges					
<i>Does your health department's breastfeeding policy identify which health care provider/community resource acts as the first point of referral for mothers experiencing common breastfeeding challenges?</i>					
d. Includes language about support for breastfeeding employees in accordance with state statutes					
<i>Does your health department's policy address provision of adequate support, time, education and place (STEP) for breastfeeding employees?</i>					
e. Identifies a process for review by women and their families if requested					
<i>How do you ensure that your health department's written breastfeeding policy is accessible for review by women and their families?</i>					

Source: Developed by Dakota County Public Health and Minnesota Department of Health Staff

SAMPLE POLICY TEMPLATE (page 1)

**SAMPLE POLICY
TEMPLATE**

Public Health Department Breastfeeding Policy

< Public Health Department Name >

Policy#

Date Issued:

Date(s) Reviewed/Revised:

Breastfeeding Policy

The <Agency Name> supports breastfeeding as the preferred feeding option for infants. Public Health will collaborate with community partners to identify and remove barriers for mothers who breastfeed, educate parents and community partners about the benefits of long term breastfeeding, incorporate breastfeeding messages into Public Health messaging about nutrition, provide training of public health staff about the advantages of breastfeeding and how to effectively communicate the information to clients.

Purpose:

To ensure <Agency Name> meets the 10 steps for successful Breastfeeding health department. The department will comply with breastfeeding laws and acts to increase the impact of broad population-based approaches to improve health in our communities. The <Agency Name> will actively promote, support and protect breastfeeding at individual, community and systems levels; provide information on the benefits and risks in decision making, to support optimal outcomes associated with breastfeeding; provide education and information to the community on the importance of breastfeeding and the health benefits it provides; and provide opportunities to increase community knowledge about infant feeding methods in order to dispel incorrect assumptions.

Procedure / Definitions:

All Public Health staff will:

- Receive & review information about the state and federal laws & statutes supporting breastfeeding.
- Provide information on community resources that support breastfeeding families during service encounters or at client request,
- Assure materials created and distributed by <Agency Name> will be free of references to and images of infant formula and images of baby bottles. Purchased material will be assessed by approving supervisory staff so it provides informed decision-making when discussing infant feeding practices.
- Receive orientation that includes review of the breastfeeding policy and program-specific practice information for supporting breastfeeding (including volunteers, contract staff, and students).
- Communicate and reinforce the written policy on breastfeeding promotion on an annual basis.

Policy Statements:

As a Breastfeeding Friendly Health Department, the <Agency Name> Public Health Department will:

1. Establish a designated individual/group to manage the following tasks including policy review, development, staff orientation and education.
2. Have a written breastfeeding policy that is routinely reviewed with department staff and meets the following criteria including addressing all BFHD 10 steps.

SAMPLE POLICY TEMPLATE (page 2)

3. Coordinate breastfeeding support and promotion with other programs in the health department, private and public health care systems, and community organizations to establish breastfeeding as the “norm” in the community.
4. Collaborate with community partners to assure access to breastfeeding classes for prenatal women.
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 up to 12 months and beyond.
8. Through community partners, encourage local public places to provide a breastfeeding friendly environment for families.
9. Select businesses each year and provide worksite lactation support training.
10. Facilitate access to information and training for local childcare centers/providers/schools on how to support a breastfeeding mother.

Authority & Reference:

MN Statutes 617.23, 145.905, 181.939

Patient Protection and Affordable Care Act, H.R. 3590, 111th Congress (2010).

Public Health Law Center at William Mitchell College of Law. *Legal Protections for Nursing Mothers in Minnesota: Nursing Mothers have Legal Protections in the Workplace and In Public*; May 2011. www.publichealthlawcenter.org accessed November 3, 2011.

U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011
<http://www.surgeongeneral.gov/topics/breastfeeding/index.html> accessed Aug 3, 2011;

Bartick, M., and Reinhold, A. The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis, *Pediatrics* 2010; 125:e1048-e1056, April 5, 2010.

American Academy of Pediatrics, Section on Breastfeeding, Breastfeeding and the use of human milk, *Pediatrics* 115(2):496-506, Feb 1, 2005. <http://pediatrics.aappublications.org/content/115/2/496.long> accessed Aug 3 2011

American Academy of Pediatrics, Work Group on Breastfeeding, Breastfeeding and the use of human milk, *Pediatrics* 100(6):1035-1039, December 1997. <http://pediatrics.aappublications.org/content/100/6/1035.full> accessed Aug 3, 2011

Ball, T., Wright, A. Health Care Costs of Formula-feeding in the first year of life, *Pediatrics* 1999; 103; 870-876, December 12, 2006.

Chen, A., Rogan, W.J. Breastfeeding and the risk of postneonatal death in the United States, *Pediatrics* 2004; 113; e435.
<http://pediatrics.aappublications.org/content/113/5/e435.full.html>

Distribution:**Approval By:****Approval Date:****Date of Information:**

Source: Dakota County Public Health Department

SAMPLE BFHD TIP SHEET: STEP 2



Breastfeeding Friendly Health Departments (BFHD)

BUILDING CAPACITY THROUGH THE 10 STEP PROCESS

Step 2 - Have a written breastfeeding policy that meets criteria including addressing all BFHD 10 steps.

Breastfeeding Today

78 out of 100 babies born in Minnesota today are getting their first breast milk. These babies and their moms are starting to reduce their risk of cancer, diabetes, obesity, respiratory disease, and much more.

But something goes wrong before those breastfeeding babies' 6 month birthday according to the [United States Breastfeeding Report Card](#).

- By 3 months old, only 35% are exclusively breastfeeding
- By 6 months, only 16% are exclusively breastfeeding

The American Academy of Pediatrics recognizes that infants who exclusively breastfeed less than 6 months do not get the full benefit of breastfeeding. With current exclusive breastfeeding rates, only 16% of Minnesota babies reach this breastfeeding goal.

Breastfeeding Friendly Health Departments that incorporate breastfeeding protection, education, promotion, and support into public health policies have the power to change the breastfeeding rates.

Resources

- <http://pediatrics.aappublications.org/content/129/3/e827.full.pdf>
- <http://www.surgeongeneral.gov/library/calls/breastfeeding/index.html>
- <http://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative>
- <http://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative/the-ten-steps>
- <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1360>

Breastfeeding and Policy: A Call to Action

The Surgeon General's Call to Action to Support Breastfeeding recognizes that the success rate among mothers who want to breastfeed can be greatly improved through active support from their families, friends, communities, clinicians, health care leaders, employers and policymakers.

The American Public Health Association's Call to Action on Breastfeeding recognizes that breastfeeding is a public health issue and that breastfeeding should be incorporated into comprehensive public health policies.

Breastfeeding Friendly Health Department Policy

A step in becoming a BFHD is having a Breastfeeding Policy that addresses the Ten Steps for Successful Breastfeeding for Health Departments. Many Minnesota hospitals and birth centers are on the pathway to Baby-Friendly designation by the Baby-Friendly Hospital Initiative. The Baby-Friendly first step requires organizations have a written breastfeeding policy that is routinely communicated to all staff. Public health departments are positioned to complement the breastfeeding support mothers and babies receive at health care facilities. Similar to the Baby-Friendly designation, to be a BFHD, a breastfeeding policy is required.

Policy Components

Effective BFHD breastfeeding policy supports:

- Developing a breastfeeding training plan for all staff
- Eliminating materials & messages promoting infant formula feeding
- Collaborating with community partners to identify and remove barriers for mothers who breastfeed
- Educating parents and community partners about the benefits of long-term breastfeeding
- Incorporating breastfeeding messages into Public Health messaging about nutrition



Five Action Steps to Develop a Policy:

1. Convene a workgroup to assess the policy (or lack of)
2. Develop or assess the policy language
3. Edit/Revise as needed
4. Adopt and approve
5. Post and disseminate the policy

For more information contact:

Bonnie Brueshoff at 651.554.6103 or
Bonnie.Brueshoff@co.dakota.mn.us

Breastfeeding Friendly Health Department
Pilot Project: Tip Sheet #1 - Policy
02/15/2013



RECOMMENDED READING AND RESOURCES

Policy - Local Health Department

- > Audit/Audit-tools-to-monitor-breastfeeding-support/
<http://pediatrics.aappublications.org/content/129/3/e827.full.pdf>
- > <http://www.surgeongeneral.gov/library/calls/breastfeeding/index.html>
- > <http://www.apha.org> (search "breastfeeding policy")

Policy - Hospitals

- > <http://www.babyfriendlyusa.org>
- > <http://www2.aap.org/breastfeeding/healthProfessionals.html>

Legal Protection (see also Step 7 resources)

- > <http://www.publichealthlawcenter.org> (search "Legal Protection for Nursing Mothers in Minnesota")
- > <http://www.publichealthlawcenter.org/sites/default/files/resources/ship-fs2-ww-affordablecareact-2011.pdf>

Step 3

Coordinate breastfeeding support and promotion with other programs in the health department, private and public health care systems, and community organizations to establish breastfeeding as the “norm” in the community.



- a. Ensure breastfeeding mothers are given contact information of community-based breastfeeding support groups and individual breastfeeding services.
- b. Coordinate information and promotion of breastfeeding with other programs, systems and/or organizations.
- c. Collaborate with partners or coalitions to advocate for support and accommodation of breastfeeding women.

BREASTFEEDING BENEFITS EXTEND FAR BEYOND MOTHER AND BABY.

Businesses that support breastfeeding employees see lower absenteeism and health care costs and greater productivity, job satisfaction and employee retention

Child care providers who support breastfeeding care for healthier children, and parents are increasingly choosing child care providers who fully support breastfeeding.

Private and public health care costs decrease as breastfeeding duration and intensity increases.

KEY BARRIERS TO BREASTFEEDING:

The Surgeon General’s Call to Action to Support Breastfeeding identifies seven key barriers to breastfeeding:

1. Lack of knowledge
2. Lactation problems
3. Poor family and social support
4. Social norms
5. Embarrassment
6. Employment and child care
7. Health services

Coordinated breastfeeding support and promotion breaks down these barriers.

Source: U.S. Department of Health and Human Services. Executive Summary: The Surgeon General’s Call to Action to Support Breastfeeding. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; January 20, 2011.



In the table are the Healthy People 2020 objectives for exclusive breastfeeding through 3 and 6 months of age.

Exclusive breastfeeding is defined as ONLY breast milk - no solids, no water, and no other liquids.

National data about exclusive breastfeeding are not available for children born before 2003.

Source: http://www.cdc.gov/breastfeeding/data/NIS_data/

Healthy People 2020 Objectives

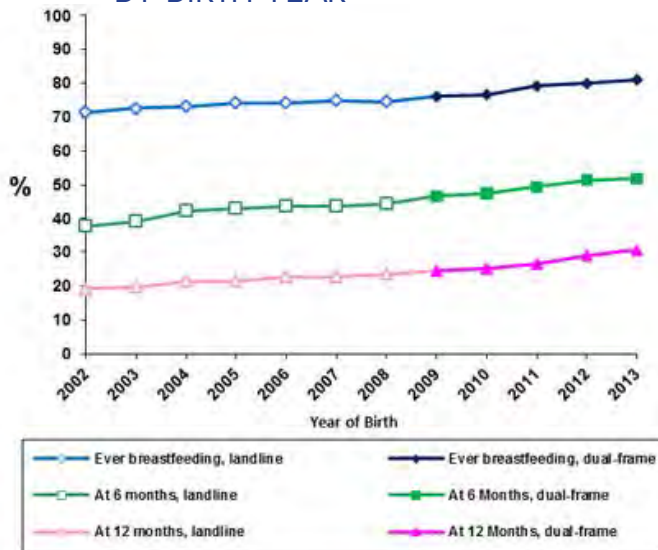
MICH-21:** Increase the proportion of infants who are breastfed

	Target	Current Rates*
MICH-21.1: Ever	81.9%	81.1%
MICH-21.2: At 6 months	60.6%	51.8%
MICH-21.3: At 1 year	34.1%	30.7%
MICH-21.4: Exclusively through 3 months	46.2%	44.4%
MICH-21.5: Exclusively through 6 months	25.5%	22.3%

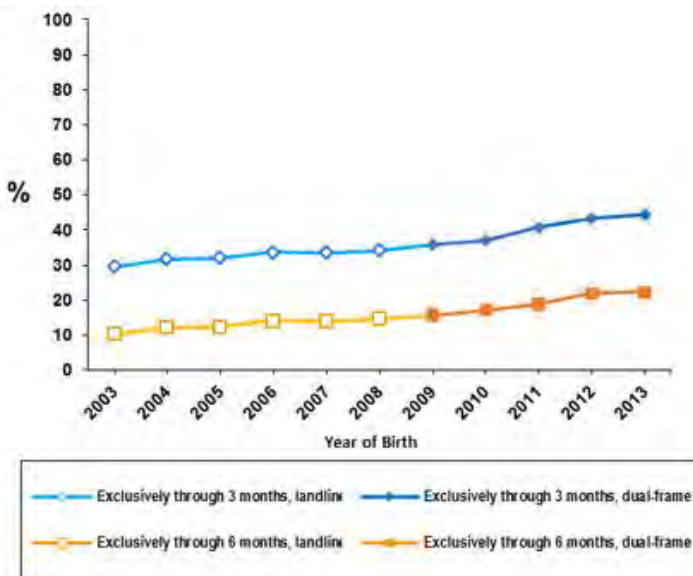
Source <https://www.cdc.gov/breastfeeding/pdf/2016breastfeedingreportcard.pdf>

PERCENT OF U.S. CHILDREN WHO WERE BREASTFED, BY BIRTH YEAR

Any breastfeeding %



Exclusive breastfeeding %



Breastfeeding rates continue to rise in the U.S. Among infants born in 2013:

- 4 out of 5 (81.1%) started to breastfeed
- Over half (51.8%) were breastfeeding at 6 months
- Almost one third (30.7%) were breastfeeding at 12 months

Source: http://www.cdc.gov/breastfeeding/data/NIS_data/



SAMPLE - BREASTFEEDING SUPPORT GROUP RACK CARD

This checklist will help you complete Step 3

- ✓ How does your local health department ensure that breastfeeding mothers are given contact information of community-based breastfeeding support groups and individual breastfeeding services?
- ✓ Does your health department coordinate information for breastfeeding support and promotion with any of the following programs?
 - WIC Program
 - Schools
 - Hospitals
 - Medical clinics
 - Health care providers (i.e. pharmacists, home visiting staff)
- ✓ Does your health department collaborate with partners to advocate for support and accommodation of breastfeeding women?

Attend a breastfeeding discussion group



Latch on.....
to breastfeeding

- Meet with other mothers
- Learn more about breastfeeding
- Share stories
- Get tips on breastfeeding's most common challenges

Morning and late afternoon groups are available.

Sign up today with WIC or other Public Health staff.

Next session:

_____ date

_____ time

_____ location



Public Health
Prevent. Promote. Protect.
TO GOOD HEALTH

Dakota County
Public Health Department
Women, Infants & Children
(WIC) Program
952.891.7525
DCPH-ID-HR-2683 (01/2014)



Source: Dakota County Public Health Department

SAMPLE WORK PLAN

Breastfeeding Friendly Health Departments Sample Work Plan – Step 3

What:	Who:	Implementation:	Timeframe:	Status:	Documentation:
	The person responsible to take the lead and others as needed	Steps that will need to be taken to complete the task	What is the anticipated date of completion for each step?		The information that will be required for BFHD recognition by MDH
<i>Step 3: Coordinate breastfeeding support and promotion with other programs in the health department, private and public health care systems, and community organizations to establish breastfeeding as the “norm” in the community</i>					
<i>External: Coordination</i>					
a. Ensure breastfeeding mothers are given contact information of community-based breastfeeding support groups and individual breastfeeding services					❖ Provide resource list used, including both prenatal and postpartum resources
<i>How does your local health department ensure that breastfeeding mothers are given contact information of community-based breastfeeding support groups and individual breastfeeding services?</i>					
b. Coordinate information and promotion of breastfeeding with other programs, systems and/or organizations					❖ Provide an example of how your health department is coordinating information with one or more of the groups listed
<i>Does your health department coordinate information for breastfeeding support and promotion with any of the following programs?</i> <ul style="list-style-type: none"> • WIC Program • Schools • Hospitals • Medical clinics • Health care providers (i.e. pharmacists, home visitina staff) 					
c. Collaborate with partners or coalitions to advocate for support and accommodation of breastfeeding women					❖ Provide an example of how you have worked with partners or coalitions to advocate for support and accommodation of breastfeeding women
<i>Does your health department collaborate with partners to advocate for support and accommodation of breastfeeding women?</i>					

Source: Developed by Dakota County Public Health and Minnesota Department of Health Staff

SAMPLE - COMMUNITY RESOURCES FOR BREASTFEEDING RACK CARD

COMMUNITY RESOURCES FOR BREASTFEEDING

BY PHONE

Breastfeeding Connection 952-892-2552
Fairview Ridges

Breastfeeding Resource Center 651-241-6250
United and Children's Hospitals

Breastfeeding Support Center 952-428-2064
St. Francis Hospital, Shakopee

First Touch Birth Center 507-646-1205
Northfield Hospital and Clinics

HealthEast Outpatient..... 651-232-3147
Lactation Clinic
St. Joseph's, St. John's & Woodwinds

Lactation Support Center..... 651-254-2380
Regions Hospital

La Leche League 612-922-4996

The Family Birthing Center 651-404-1200
Regina Hospital

front side

Source: Dakota County Public Health Department

CLASSES AND SUPPORT GROUPS

Check with your clinic or hospital for other classes or support groups.

AMMA Parenting Center 952-926-BABY
www.ammarentingcenter.com

Baby Café 651-241-5088

La Leche League 612-922-4996

St. Francis Hospital..... 952-428-2064
Support group for moms

ONLINE

National Women's Health Information Center
www.womenshealth.gov

La Leche League
www.lalecheleague.org

Breastfeeding and Parenting
www.kellymom.com

Minnesota Department of Health – WIC
www.health.state.mn.us/divs/fh/wic/

Breastfeeding Made Simple
www.breastfeedingmadesimple.com

WIC Program, Texas Department of Health
www.breastmilkcounts.com

You Can Breastfeed Here
www.youcanbreastfeedhere.com

Dakota County Public Health Department
1 Mendota Road W., Suite 410
West St. Paul, MN 55118-4771
651-554-6100
DCPHD-HR-1151 (12/13)

back side

SAMPLE - BREASTFEEDING REFERRAL GUIDE

Breastfeeding resource guides offer easy access to local lactation support services.

Pennsylvania's resource guide includes these categories:

- Lactation Consultants (Hospital)
- Lactation Consultants (Private Practice)
- WIC Breastfeeding Support /Breast Pumps (for WIC participants only)
- La Leche League
- Breastfeeding Help Lines
- Breastfeeding Coalition
- Electric Breast Pump Rentals (for general public)
- Breast Pumps (retail)

CARBON**Lactation Consultants/Nurses (hospital)**

*Sacred Heart Hospital: 610-776-4756 Collet Hogan, RN, IBCLC, Michelle Bilar, RN, IBCLC
 *Lehigh Valley Hospital: 610-402-7264 Beth Giovenco, RN, IBCLC, Jeanie Schevets, RN, IBCLC, Sharon Mendes, RN, CPN, IBCLC
 *St. Luke's Hospital, Allentown: 610-628-1876 Patti Hari, RN, IBCLC, Chris Erland, RNC
 *St. Luke's Hospital, Bethlehem: 610-954-1373
 Charlotte Becker, RN, IBCLC, Vicky Geiger, RN, IBCLC, Toni Prevlosky, RN, IBCLC
 Catherine L. Waltemyer RNC-NIC, IBCLC, NICU Lactation Consultant at both St Luke's Bethlehem and Allentown 610-954-2248

**Breastfeeding classes available*

Some hospitals provide out-patient lactation consults, generally fee for service.

Lactation Consultants (Private Practice)

Tracy Miller, RN, MSN, IBCLC: 610- 434-4417

WIC Breastfeeding Support/Breast Pumps (for WIC participants only)

Andrea Schappert, IBCLC: 800-367-6347
 Jillian Meyer, CLC: 484-664-7757 (Lehigh)
 Chelsea Lorenc: Breastfeeding Peer Counselor – 610-432-3455 (Lehigh)
 Sandy Kalish, CLC: 570-735-8741 (Carbon)
 Breastfeeding Peer Counselor: Kerri Abner: 610-377-6097 (Carbon)

Breastfeeding Mother Groups**La Leche League**

Liz: 610-437-3096 (Allentown)
 Samina: 610-295-5218
 Angela: 610-217-9253

Mama Milk Cafe of Northeast Pennsylvania (Palmerston)

Sharon Mendes, RN, CPN, IBCLC: 484-553-0751 kidsrn@ptd.net

Breastfeeding Help Lines

PA Department of Health Healthy Baby Line: 800-986-BABY or 800-986-2229
 National Women's Health Information Center: 800-994-9662 www.womenshealth.gov/breastfeeding

Electric Breast Pump Rentals* (general public)

Hartzells Pharmacy: 610-264-5471 (Catasauqua)
 Breast Health Services of Lehigh Valley Hosp.– Allentown: 610-402-2273
 Breast Health Services of Lehigh Valley Hosp.– Trexlertown: 610-402-0138
 Breast Health Services of Lehigh Valley Hosp.– Bethlehem: 610-884-2460
 *Some rental stations also carry pumps for purchase.

Breast Pumps Retail

The baby section of local department stores and pharmacies may carry various brands of pumps. Choose wisely! Pump brands vary in quality and effectiveness. Call a local breastfeeding specialist for more information. NOTE: The Food and Drug Administration (FDA) considers breast pumps single use devices, with the exception of FDA cleared, hospital-grade pumps, and recommends that pumps should only be used by one woman, because there is no way to guarantee the pump can be cleaned and disinfected between uses by different women.

Breast pump customer service numbers and websites:

Medela: 800-435-8316	www.medela.us	Limerick: 877-546-3742	www.limerickinc.com
Ameda: 866-992-6332	www.ameda.com	Avent: 800-542-8368	www.avent.com
Hygeia: 888-786-7466)	www.hygeiababy.com	Bailey: 800-413-3216	www.baileymed.com

Joint project of Pennsylvania WIC and the Bureau of Family Health, Pennsylvania Department of Health. Send changes to c-ka Hoover@pa.gov or cmaki@pa.gov 1/2012

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Source: Pennsylvania Breastfeeding Referral Guide, <http://pawic.com>



RECOMMENDED READING AND RESOURCES

Breastfeeding Support and Support Groups

- > Baby Cafés - <http://www.thebabycafe.org>
Find credentialed drop-in support groups for breastfeeding women and family/friends
- > La Leche League of Minnesota, Dakotas Group and Leader Directory - <http://www.llusa.org/locator/>
- > FALC - Find a Lactation Consultant - <http://www.ilca.org/home>
- > Speak Up: What you need to know about breastfeeding - http://www.jointcommission.org/speakup_breastfeeding/
- > Growing a First Food Movement -- Coming Together in Support of Breastfeeding (video)
<http://www.youtube.com/watch?v=Zhx-R6p1xAQ>
- > <https://mnbreastfeedingcoalition.org/>

Breastfeeding Guidance

- > Resources, including health professionals, support groups, and WIC program
<http://www.womenshealth.gov/breastfeeding/finding-support-and-information/index.html>

Step 4

Collaborate with community partners to ensure access to breastfeeding classes for prenatal women.

- a. Identify available prenatal breastfeeding classes within the community.
- b. Identify barriers to accessing classes for any/all populations within the community such as language, cost, and location.
- c. Work collaboratively with community partners/OB providers to fill the gaps and eliminate the barriers.

COMMUNITY SUPPORT

Once you have completed a community assessment, you will have a better understanding of breastfeeding support available in your communities. Hospitals, clinics, WIC, lactation professionals, breastfeeding peer programs, breastfeeding coalitions, and other community partners are key to assuring access to breastfeeding classes/groups for women.

EDUCATION PRIOR TO DELIVERY

Educating women prior to delivery about important steps that support early breastfeeding helps them plan effectively for the birth of their child, develop breastfeeding support networks, and to know how to get breastfeeding off to a good start. The goal of breastfeeding education in the prenatal period is to increase knowledge and skills, inform about resources available in the community, reinforce breastfeeding as normal, and to overcome misperceptions that create barriers to breastfeeding.

BREASTFEEDING PRACTICES

Five maternity care practices can extend breastfeeding duration in mothers with healthy infants. Practices include skin-to-skin contact during the first hour after birth, keeping their baby in their room, feeding only breastmilk, not using a pacifier, and providing resources for breastfeeding help after discharge.

These practices can help women discuss their birth and breastfeeding plans with their health care provider, maternity care center, and other key support people. It is important that providers know and support breastfeeding plans when working with prenatal women.





PROVIDE RESOURCES TO WOMEN

Providing information on free, low cost, and other breastfeeding classes and groups for women both during pregnancy and after delivery can help women access breastfeeding information that supports successful breastfeeding.

Work with your local breastfeeding coalition to address gaps in breastfeeding during the prenatal period.

BREASTFEEDING EDUCATION

✓ Prenatal breastfeeding education includes the following:

- Guidance for mothers about anticipated situations and signs of effective breastfeeding or breastfeeding problems.
- The benefits of breastfeeding to mother, baby, and society.
- Correct positioning to help the infant latch onto the breast effectively.
- Specific needs in the early days of breastfeeding.
- Resources for help with problems.
- Common fears, concerns, problems, and myths.

✓ Intrapartum breastfeeding education includes the following:

- Immediate issues such as correct latch and positioning.
- Adequate milk removal.
- Stability of the infant.
- Comfort of the mother.
- Concerns of mothers and family members.
- Referrals for postpartum support.
- Signs of success or potential problems in the first few days after hospital discharge.

Source: <http://www.cdc.gov/breastfeeding/pdf/Strategy7-Access-Breastfeeding-Education.pdf>

FIVE MATERNITY PRACTICES

To significantly extend breastfeeding duration among mothers of healthy infants.

The practices are:

- 1 ... Infant is breastfed in the first hour after birth.
- 2 ... Infant is fed only breast milk in the hospital.
- 3 ... Infant stays in the same room with the mother in the hospital.
- 4 ... Infant does not use a pacifier in the hospital.
- 5 ... Hospital staff gives mother a telephone number to call for help with breastfeeding after discharge.

Source: *Getting it Right After Delivery: Five Hospital Practices that Support Breastfeeding; Can Do 5 Initiative; www.colorado.gov*

This checklist will help you complete Step 4

- ✓ What prenatal breastfeeding classes are available in your community?
- ✓ What barriers prevent pregnant women in your community from accessing prenatal breastfeeding classes?
- ✓ How are you working (or how do you plan to work) collaboratively with community partners/OB providers to fill the gaps and eliminate barriers?

SAMPLE WORK PLAN

Breastfeeding Friendly Health Departments Sample Work Plan – Step 4

What:	Who: The person responsible to take the lead and others as needed	Implementation: Steps that will need to be taken to complete the task	Timeframe: What is the anticipated date of completion for each step?	Status:	Documentation: The information that will be required for BFHD recognition by MDH
Step 4: Collaborate with community partners to ensure access to breastfeeding classes for prenatal women					
<i>External: Prenatal classes</i>					
a. Identify available prenatal breastfeeding classes within the community					❖ List available prenatal breastfeeding classes
<i>What prenatal breastfeeding classes are available in your community?</i>					
b. Identify barriers to accessing classes for any/all populations within the community such as language, cost and location					❖ Document barriers
<i>What barriers prevent pregnant women in your community from accessing prenatal breastfeeding classes?</i>					
c. Work collaboratively with community partners/OB providers to fill the gaps and eliminate the barriers					❖ Document your plan to work with community partners to address existing barriers and eliminate gaps in service
<i>How are you working (or how do you plan to work) collaboratively with community partners/OB providers to fill the gaps and eliminate barriers?</i>					

Source: Developed by Dakota County Public Health and Minnesota Department of Health Staff



RECOMMENDED READING AND RESOURCES

Breastfeeding Support

- > It's only natural - has information and video clips that is helpful in the prenatal period.
<https://www.womenshealth.gov/itsonlynatural/>
- > Tips for fitting breastfeeding into your daily life: at home and in public
<https://www.womenshealth.gov/itsonlynatural/fitting-it-into-your-life/index.html>

Building a Network

- > <https://www.womenshealth.gov/itsonlynatural/finding-support/building-your-support-network.html>
- > Colorado Can Do 5 Initiative
http://www.cobfc.org/index.php?option=com_content&view=article&id=108&Itemid=150

Step 5

Educate the community on breastfeeding support.

- a. Increase community awareness by sharing the health department breastfeeding policy.
- b. Provide basic information on breastfeeding support and management.
- c. Increase community awareness of breastfeeding friendly messages.



COMMUNITY AWARENESS

Support in the community is important to increase breastfeeding duration. A mother's experiences in health care systems, child care facilities, workplaces, and public spaces can impact how long a mother chooses to breastfeed. Public health agencies are in a key position to increase awareness about the impact breastfeeding has on health and can help reduce barriers encountered by breastfeeding women in their communities. Positioning breastfeeding as the norm and standard of comparison for other infant feeding methods will help shift our communities to better health and lower health care costs.

BREASTFEEDING CONNECTIONS

Many women lack breastfeeding role models and it is important to connect them with peers and groups to help fill this gap. Some women encounter barriers to continue breastfeeding when they return to work. Employers who have breastfeeding-friendly policies can support women in continuing breastfeeding as they return to the workforce.

Support in childcare settings is important as well, and women who have supportive childcare providers are more likely to breastfeed longer. Healthcare providers who are knowledgeable about breastfeeding and maternity care centers that use evidence-based practices improve breastfeeding success in their communities.

A community assessment (covered in Step 1) that covers these settings will guide public health and local breastfeeding coalitions to focus community-level interventions to improve breastfeeding initiation and continuation.



FAMILY SUPPORT

Partners are particularly important because their approval means so much to a mother, and her partner is often a mother's primary source of support. Although fathers want the best for their family, they may become jealous or resentful or feel that they will not be able to bond with their child if their partner chooses to breastfeed. The baby's grandmothers are also very influential because mothers who have recently given birth often rely on them for support and advice.



IMPLEMENTATION STRATEGIES:

➔ **Launch campaigns for breast feeding education that target a mother's primary support network, including fathers and grandmothers.**

Local campaigns can use print, billboard, radio, and television public service announcements that feature members of a specific population for more effective reach.

➔ **Offer classes on breastfeeding that are convenient for family members to attend. Educational materials and classes directed toward fathers and grandmothers need to attract and involve this extended support network.**

Encourage the participation of family and friends, by involving churches, civic organizations, health clubs, community centers, and schools because these venues may be more accessible than health care institutions. Offering classes during a variety of hours and days also may improve participation.



Photo courtesy of the United States of Breastfeeding Committee

PROTECTING AND SUPPORTING BREASTFEEDING IN AN EMERGENCY

Breastfeeding is the best way to meet infants' nutrition needs during emergencies. Supporting breastfeeding infants and their mothers reduces the morbidity and mortality rate often associated with unsafe water supply and lack of sanitation. Many women who have previously breastfed can start producing breast milk again.

Consider these resources when developing Emergency Preparedness plans for families with young children:

- United States Breastfeeding Committee – Breastfeeding in an Emergency
<http://www.usbreastfeeding.org/p/cm/ld/fid=22>
- International Lactation Consultant Association – Breastfeeding in Emergencies
<http://www.ilca.org/learning/resources>
(Search the PDF: Infant and Young Child Feeding in Emergencies)



PUBLIC HEALTH HAS A ROLE IN:

- > Helping mothers and their families receive information and support to succeed with breastfeeding
- > Partnering to develop strong breastfeeding coalitions that work actively to create change in the community and to influence breastfeeding success for families

This checklist will help you complete Step 5

- ✓ How do you share your health department's breastfeeding policy?
- ✓ How do you work with community partners to share basic information on breastfeeding support and management?
- ✓ How do you share positive breastfeeding messages with the community (e.g. promotion of World Breastfeeding Week and World Breastfeeding Month)?

SAMPLE WORK PLAN

Breastfeeding Friendly Health Departments Sample Work Plan – Step 5

What:	Who: The person responsible to take the lead and others as needed	Implementation: Steps that will need to be taken to complete the task	Timeframe: What is the anticipated date of completion for each step?	Status:	Documentation: The information that will be required for BFHD recognition by MDH
Step 5: Educate the community on breastfeeding support					
<i>External: Awareness & education</i>					
a. Increase community awareness by sharing the health department breastfeeding policy					❖ List communication method(s)
<i>How do you share your health department's breastfeeding policy?</i>					
b. Provide basic information on breastfeeding support and management					❖ Provide an example of how your health department has worked or is currently working with community partners to share basic information on breastfeeding support and management (may attach educational brochure or link to a website as the example)
<i>How do you work with community partners to share basic information on breastfeeding support and management?</i>					
c. Increase community awareness of breastfeeding friendly messages					❖ List communication method(s) you are using to increase community awareness of breastfeeding friendly messages
<i>How do you share positive breastfeeding messages with the community (e.g. promotion of World Breastfeeding Week and World Breastfeeding Month)?</i>					

Source: Developed by Dakota County Public Health and Minnesota Department of Health Staff

SAMPLE - PANELS FOR TRIFOLD COMMUNITY DISPLAY BOARD

Breast Milk is the Best Food For Babies

Breast milk:

- ▶ Naturally includes everything baby needs to grow
- ▶ Reduces the risk of ear infections and colds
- ▶ May reduce risk of obesity, diabetes, and other diseases
- ▶ Is easier on baby's tummy
- ▶ Is always the right temperature and never needs mixing



Breastfeeding is Healthier For Moms


Breastfeeding helps:

- ▶ Speed recovery from pregnancy
- ▶ New moms lose weight following delivery
- ▶ Prevent excessive bleeding
- ▶ New moms relax and bond with baby




It's Important to Support Breastfeeding

If **90%** of women breastfed exclusively for 6 months it could result in nearly:



↓


\$13 Billion saved in the U.S. each year




1,000 Infant deaths prevented

Currently

74.6% of U.S. mothers initiate breastfeeding



44.3% of U.S. mothers still breastfeed at 6 months



Source: Bartick, M., and Reinhold, A. The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis. Pediatrics 2010; 125(4):e1048-e1056, April 5, 2010.

Breastfeeding Friendly Dakota County

Breastfeeding Families and You:

- ▶ Encourage moms who are breastfeeding
- ▶ Support moms who breastfeed in public
- ▶ Share the benefits of breastfeeding
- ▶ Help nursing moms with household chores



Breastfeeding Families and Businesses:

- ▶ Create a breastfeeding-friendly work environment
- ▶ Provide a place for breastfeeding moms
- ▶ Give breastfeeding employees breaks for feeding or pumping
- ▶ Create a breastfeeding-friendly atmosphere for clients

Breastfeeding Families and Healthcare Providers:

- ▶ Promote the benefits of breastfeeding
- ▶ Encourage breastfeeding on demand
- ▶ Encourage mother and baby contact and rooming in
- ▶ Know your local lactation consultants and support programs

Breastfeeding Families and Childcare:

- ▶ Create a breastfeeding-friendly environment
- ▶ Provide a comfortable place for moms to breastfeed
- ▶ Ask about breastfeeding policies and training for childcare staff

 Dakota County Public Health Department 651-554-6100
WIC 952-891-7525 www.dakotacounty.us

Source: Dakota County Public Health Department, 2010

SAMPLE - COMMUNITY POSTER

The Power of Skin-to-Skin: Poster size - 16" w x 24" h.
Posters available for purchase

Hamilton Regional Lactation Committee
email: info@hamiltonrlc.com

web: http://www.breastfeedinghelphamilton.ca/skin_to_skin_poster/poster.php

Source: <http://www.breastfeedinghelphamilton.ca>



the power of
skin-to-skin

Mother's body is baby's natural habitat

According to research, full term babies who are kept skin-to-skin with their mothers:

- are more likely to latch on and breastfeed well
- cry less in the first few days
- have more stable temperatures and higher blood sugar
- have pain relief when having medical procedures done

Research shows that premature babies who spend time skin-to-skin have many benefits:

- faster breathing
- better oxygen levels and maintenance of body temperature
- less reaction to painful procedures
- lower levels of stress hormones
- fewer discharges from the hospital and greater likelihood of breastfeeding at discharge
- a better parent-child relationship

SAMPLE

Click here to place orders



RECOMMENDED READING AND RESOURCES

Community Awareness

- > <http://www.cdc.gov/breastfeeding/promotion/communities.htm>
- > The Power of Skin-to-Skin (posters for purchase)
<http://www.breastfeedinghelphamilton.ca>
- > <https://www.womenshealth.gov/itsonlynatural/>
- > http://calwic.org/storage/documents/webinars/Citywide_Breastfeeding_Support_Rancho_Cucamonga.pdf
- > <http://www.lli.org/resources.html>
- > <http://wicworks.nal.usda.gov/breastfeeding>
- > http://www.infactcanada.ca/mall/Posters_Pin_Up.ASP
- > <http://www.babymilkactionshop.blogspot.com/search/label/Posters>

Breastfeeding Support and Management Videos

- > It's Only Natural – Mother's Love. Mother's Milk. Articles and videos addressing common breastfeeding concerns - <https://www.womenshealth.gov/blog/its-only-natural-mothers-love-mothers-milk>
- > <http://healthvermont.gov/wic/food-feeding/breastfeeding/index.aspx>
- > Top five things moms should know about breastfeeding
<http://www.youtube.com/watch?v=nOpFicbvDVA&feature=youtu.be>

Peer Breastfeeding Support

- > <http://chd.region.waterloo.on.ca/en/childFamilyHealth/breastfeedingsupports.asp>
- > <http://www.cdc.gov/breastfeeding/pdf/Strategy4-Peer-Support.pdf>

Breastfeeding Friendly Environment

Refer to Step 8

Breastfeeding Friendly Employer

Refer to Step 9

Step 6

Encourage racially and ethnically diverse resources within the community.

- Identify racial, socio-economic and minority needs in the community.
- Offer diverse breastfeeding support collaboratively with community partners.



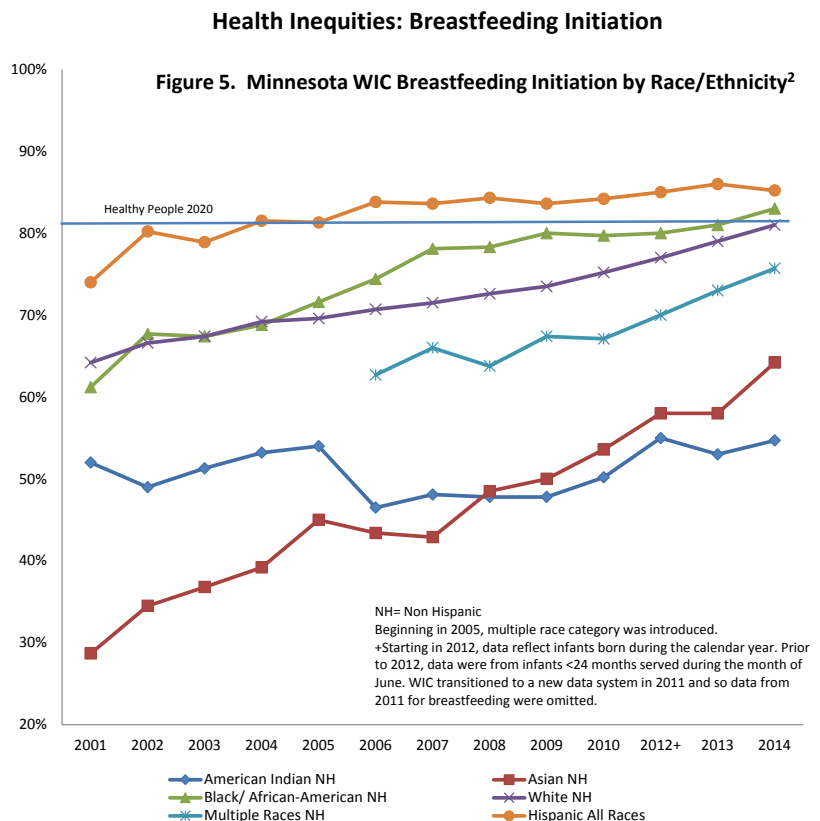
HEALTH OUTCOMES

Breastfeeding initiation rates in most communities are lower in minority groups, except for people who identify as Hispanic ethnicity. It is more commonly understood that where you live, work, play and socialize can influence your health.

Eliminating inequities that impact health by creating an environment that supports all communities enables people to attain the highest level of health possible.

Social determinants of health – personal, social economic and environmental factors - all contribute to differences in health outcomes.

Breastfeeding in Minnesota’s WIC Program



Source: MDH, Breastfeeding in Minnesota’s WIC Program Fact Sheet, 2015



HEALTH FOR A LIFETIME

By taking a life course perspective and looking at health across a lifespan you begin to understand the complex interplay of biochemical, behavioral, psychological, social, and environmental factors that contribute to health. By focusing on optimizing health in early childhood and beyond, it is easy to understand the importance of breastfeeding in impacting development of pathways that create building blocks to health.

According to the Center on the Developing Child at Harvard University, “Experiences are built into our bodies and significant adversity early in life can produce biological “memories” that lead to lifelong impairments in both physical and mental health.” It is suggested that three domains of influence establish a context within which the early roots of physical and mental well-being are either nourished or disrupted.

Two of the domains directly relate to breastfeeding:

A stable and responsive environment of relationships—infants and young children need consistent, nurturing, and protective interactions with adults that enhance their learning and behavioral self-regulation

Breastfeeding enhances bonding and attachment between mother and child and helps create a responsive environment needed to create health. Infants who are exclusively breastfed for three months ingest levels of nutrients and hormones that reflect the mother’s circadian rhythms and helps infants with self-regulation and sleep cycles. Consistent, responsive routines help infants develop emotionally.

Source: <http://developingchild.harvard.edu/>
http://www.who.int/nutrition/publications/public_health_nut2.pdf

“Health in the earliest years – actually beginning with the future mother’s health before she becomes pregnant – lays the groundwork for a lifetime of well-being. When developing biological systems are strengthened by positive early experiences, healthy children are more likely to grow into healthy adults”

Center on the Developing Child at Harvard University (2010).
<http://www.developingchild.harvard.edu>

Sound and appropriate nutrition—this begins preconception and continues through the life course

Breastfeeding provides the “first immunization” for an infant through the antibodies passed from mother to infant during early breastfeeding.

Breastmilk, unlike formula, contains living cells that adapt to the environment the baby is in and helps provide protection for them. Research indicates that there is an increased risk associated with artificial or formula feeding and short term breastfeeding. Risk for chronic diseases of childhood and adolescence include type one diabetes, celiac disease, some childhood cancers, and inflammatory bowel disease.

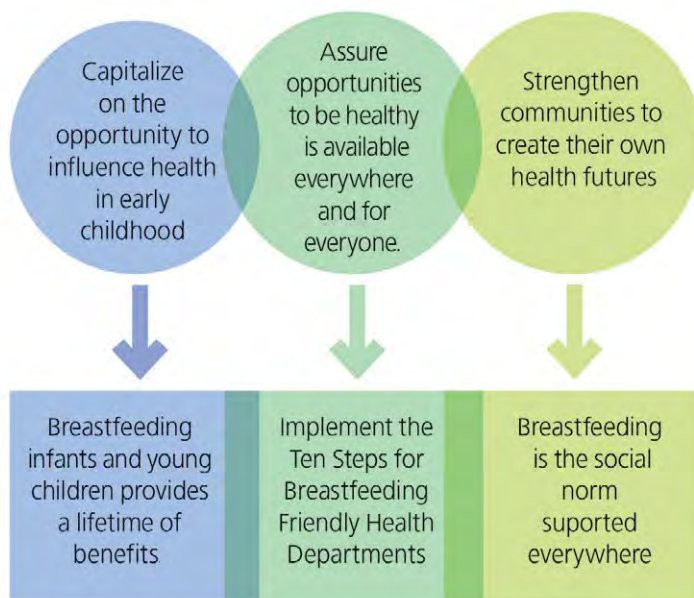


IMPROVING HEALTH

The Minnesota Department of Health developed Healthy Minnesota 2020 to serve as a framework for “creating and improving health throughout the state of Minnesota”. The emphasis is to “create conditions that assure a healthy start, that set the stage for healthy choices, and that create environments that support health throughout life.” (Healthy Minnesota 2020)

Three key themes were identified to focus action and discussion to improve health in Minnesota:

<http://www.health.state.mn.us/healthymnpartnership/hm2020/>



By supporting communities in creating their own future based on the evidence can result in a healthier future. Breastfeeding infants for a year or more can help communities establish a foundation of health.

PEER SUPPORT FROM THE COMMUNITY

Women’s decision-making processes are highly influenced by their social networks. Advice from friends and family is commonly cited as a reason for decisions about infant feeding, as is knowing someone who has breastfed. Perceived social support has been found to predict breastfeeding success. Women who serve as peer counselors can help other women overcome barriers to breastfeeding and prevent and manage breastfeeding problems during both the prenatal and postpartum periods. Refer to Step 5 resources for information on peer breastfeeding.

<http://www.cdc.gov/breastfeeding/pdf/Strategy4-Peer-Support.pdf>

This checklist will help you complete Step 6

- ✓ How does your health department assess the racial, socioeconomic and minority needs of your community? Has an assessment been completed in the last 5 years?
- ✓ How does your health department plan to work with community partners to offer breastfeeding support in accordance with the needs identified above?

SAMPLE WORKPLAN

Breastfeeding Friendly Health Departments Sample Work Plan – Step 6

What:	Who: The person responsible to take the lead and others as needed	Implementation: Steps that will need to be taken to complete the task	Timeframe: What is the anticipated date of completion for each step?	Status:	Documentation: The information that will be required for BFHD recognition by MDH
Step 6: Encourage racially and ethnically diverse resources within the community					
<i>External: Health equity</i>					
a. Identify racial, socio-economic and minority needs in the community					❖ Attach assessment or use available data to document identified needs within your community
<i>How does your health department assess the racial, socio-economic and minority needs of your community? Has an assessment been completed in the last 5 years?</i>					
b. Offer diverse breastfeeding support collaboratively with community partners					❖ Summarize the culturally appropriate breastfeeding support opportunities available within your county and how you are working to meet the needs identified above
<i>How does your health department plan to work with community partners to offer breastfeeding support in accordance with the needs identified above?</i>					

Source: Developed by Dakota County Public Health and Minnesota Department of Health Staff

SAMPLE - BROCHURES AND POSTERS IN SPANISH

El enlace mágico de amor y familia

Conforme usted y su pareja amplían su círculo familiar, tendrá muchas experiencias nuevas como padre. Ocuparse de su familia es una gran responsabilidad y usted quiere protegerlos, y hacer elecciones saludables. Por eso es importante que anime a su pareja para que amamente.



La leche materna es lo más saludable para los bebés

- La leche materna es más fácil de digerir. Los bebés que son amamantados padecen menos de diarrea, estreñimiento y cólico.
- La leche materna contiene anticuerpos para proteger contra las infecciones.
- Los bebés podrían correr menos riesgo de desarrollar sobrepeso, diabetes y otras enfermedades.
- Reduce el riesgo de padecer asma, alergia y otros tipos de cáncer.
- La leche materna contiene ciertos ingredientes especiales para promover el crecimiento del cerebro.

¿Cuál es el costo de alimentar al bebé con fórmula?

Alimentar con fórmula cuesta dinero. Los dólares se van sumando porque usted tiene que comprar más fórmula conforme su bebé crece, ya que WIC no le proporciona toda la fórmula que su bebé necesitará. Para el costo verdadero de la fórmula es un ir a trabajar o que pasará en el doctor o su bebé se enferma. Coméntalo con la leche materna, la fórmula carece de anticuerpos y los bebés necesitan para estar fuertes, saludables y ser inteligentes.

¡Válea por usted mismo!
La leche materna tiene más de las cosas buenas que los bebés necesitan.



Lo más saludable para la madre es amamantar

- Amamantar ayuda a que el dinero de la madre regrese a su forma que tenía antes del embarazo.
- Puede ayudar a que la madre baje de peso más rápidamente.
- Reduce su riesgo de padecer cáncer de seno y ovario, así como osteoporosis (huesos quebradizos) más adelante en su vida.

La lactancia le hace ahorrar dinero

- Se ahorra en fórmula, biberones, servicios y cuentas médicas.
- Reduce los días de ausencia por enfermedad de las madres que trabajan.
- Es bueno para el medio ambiente porque hay menos basura y desperdicio de plástico.



• A los bebés les encanta el contacto de piel con piel con sus padres.
• Hablar, cantar, caminar, bailar, leer, reptar o cambiar el pañal al bebé.
• Tome tiempo para estar solo usted con su bebé - los bebés también necesitan caricias y abrazos de sus padres.

Los padres juegan un papel importante

La Lactancia: El Enlace Mágico de Amor



Para más información comuníquese con su oficina local de WIC, USDA o un proveedor o proveedor(a) de servicios de salud. Este proyecto se llevó a cabo con fondos de USDA/ARS W818-05-1-1. Octubre de 2008

Source: <http://wicworks.nal.usda.gov/breastfeeding>

Your Guide to Breastfeeding For African American Women

WHY BREASTFEEDING IS IMPORTANT

Learn about the health benefits for both mom and baby! Page 4-5

LEARNING TO BREASTFEED

What you can do even before your baby is born. Page 11

COMMON QUESTIONS

Can I breastfeed even if I am sick? Find out the answer to this question and more. Page 26

TEAR-OUT FEEDING CHART!

Page 45

BREASTFEEDING IN PUBLIC
Tips for making it work. Page 33

COMMON CHALLENGES
Learn tips for saying farewell to sore nipples! Page 18



U.S. Department of Health and Human Services, Office on Women's Health

Source: <http://www.womenshealth.gov/publications/our-publications/breastfeeding-guide/breastfeedingguide-africanamerican-english.pdf>

La Lactancia El Enlace Mágico de Amor

La leche materna tiene todo lo que nuestra bebé necesita.

La leche de mi mamá, me hace más saludable e inteligente. ¡Estamos empezando muy bien!

Al darme únicamente leche materna, mi mamá produce toda la leche que yo necesito.



October de 2008
Este proyecto fue financiado por USDA (FNS W818-05-1-1)

Source: <http://wicworks.nal.usda.gov/breastfeeding>



RECOMMENDED READING AND RESOURCES

Health Equity

- > A seven part documentary series exploring racial and socioeconomic inequalities in health - <http://www.unnaturalcauses.org/>
- > <http://breastfeeding.naccho.org/archived-webinars/>

Diverse Groups

- > Breastfeeding your baby video online in six languages (Spanish, Somali, Arabic, Russian, Hmong and English) <http://www.echominnesota.org/library/breastfeeding-your-baby>
- > <http://massbreastfeeding.org/handouts/>

Low Income Populations

- > Overcoming barriers to Breastfeeding in Low Income Women http://www.calwic.org/storage/documents/wellness/bf_paper2.pdf
- > <http://minorityhealth.hhs.gov/templates/content.aspx?ID=4493>

Breastfeeding Promotion and Support: African American

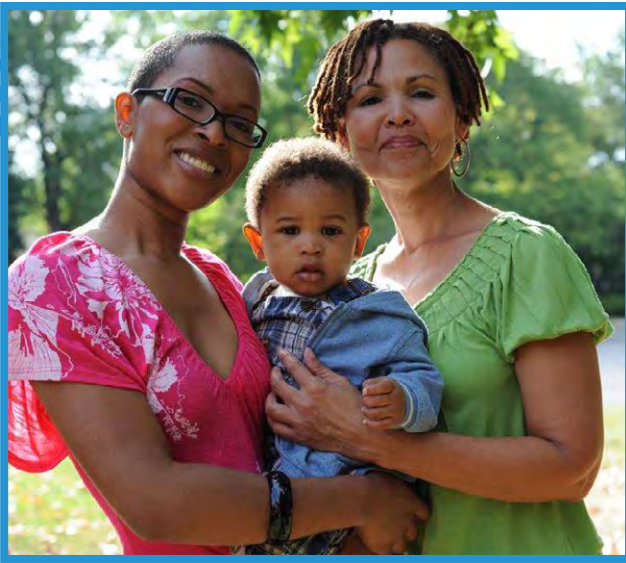
- > <http://indianablackbreastfeedingcoalition.com/?cat=17>
- > <http://www.womenshealth.gov/itsonlynatural/>
- > Somali Video: feeding/safe sleep - <http://www.youtube.com/watch?v=DwB32dhKUCs&feature=youtu.be>
- > Black Women Do Breastfeed: Blog and stories; Promotional materials - http://www.dshs.state.tx.us/wichd/bf/african_americanbf.shtm

Breastfeeding Promotion and Support: Native American

- > <http://womenshealth.gov> (search Breastfeeding for American Indian)
- > <https://letsmove.obamawhitehouse.archives.gov/> (search Breastfeeding)

Breastfeeding Promotion and Support: Latino

- > <http://www.hispanichealth.com> (search Breastfeeding)
- > The Easy Guide to Breastfeeding (In Spanish) - <http://www.in.gov/icw/files/lactancia.pdf>



Step 7

Support mothers in initiating and maintaining breastfeeding up to twelve months and beyond.

- a. Educate parents and community partners about the importance of exclusive breastfeeding and the difficulty of reversing the decision not to breastfeed.
- b. Ensure that mothers know how to access timely support and resources, express their milk, and obtain a breast pump when appropriate, to manage separation from their babies.
- c. Work with local providers to ensure they are aware of resources that inform them about medication compatibility with breastfeeding.
- d. Develop a formal referral system for communicating mother's breastfeeding progress to staff as she moves from hospital to community/public health programs
- e. Inform mothers of state and federal breastfeeding laws.

PREVENTING DEATHS

The CDC reports that proper use of safety seats and restraints saved the lives of **252** children ages 4 and younger in 2014. More than **911** US deaths, almost all of them infants, could be prevented in one year by exclusively breastfeeding for 6 months.

The value of supporting mothers in initiating and maintaining breastfeeding up to 12 months and beyond cannot be ignored as a vital part of building healthy communities.

Source: <http://www.cdc.gov/features/passengersafety/>
Melissa Bartick and Arnold Reinhold, *The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis*, *Pediatrics* 2010;125:e1048

AFFORDABLE CARE ACT - LACTATION SERVICES

The Affordable Care Act requires health plans to cover women's preventive care without cost-sharing requirements. Pregnant and postpartum women may access comprehensive lactation support and counseling from trained providers. Breastfeeding equipment and supplies, including breast pumps, must also be covered by health plans.

Visit HealthCare.gov for more information.



The American Academy of Pediatrics reaffirms its recommendation of exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer.



Source: California Department of Public Health WIC Program

This checklist will help you complete Step 7

- ✓ How do you ensure that health department staff are able to educate parents and community partners about the importance of exclusive breastfeeding and the difficulty of reversing the decision not to breastfeed?
- ✓ How does your health department ensure that the mothers you work with receive information on how to access timely support and resources, how to express their milk, and how to obtain a breast pump when appropriate?
- ✓ How is your health department working with local providers to increase awareness of resources related to medication compatibility with breastfeeding?
- ✓ Has your local health department developed a formal referral system for communicating mother's breastfeeding progress to staff as she moves from hospital to community/public health programs?
- ✓ How do you ensure that all breastfeeding mothers are aware of state and federal breastfeeding laws?

SAMPLE WORKPLAN

Breastfeeding Friendly Health Departments Sample Work Plan – Step 7

What:	Who: The person responsible to take the lead and others as needed	Implementation: Steps that will need to be taken to complete the task	Timeframe: What is the anticipated date of completion for each step?	Status:	Documentation: The information that will be required for BFHD recognition by MDH
<i>Step 7: Support mothers in initiating and maintaining breastfeeding up to twelve months and beyond</i>					
<i>External: Support breastfeeding initiation and duration</i>					
a. Educate parents and community partners about the importance of exclusive breastfeeding and the difficulty of reversing the decision not to breastfeed					❖ Describe how you ensure that relevant health department staff are able to provide this education
<i>How do you ensure that health department staff are able to educate parents and community partners about the negative effect on breastfeeding of introducing partial formula feeding and the difficulty of reversing the decision not to breastfeed?</i>					
b. Ensure that mothers know how to access timely support and resources, express their milk, and obtain a breast pump when appropriate, to manage separation from their babies					❖ Attach instruction sheet or describe how this education is provided
<i>How does your health department ensure that the mothers you work with receive information on how to access timely support and resources, how to express their milk, and how to obtain a breast pump when appropriate?</i>					
c. Work with local providers to ensure they are aware of resources that inform them about medication compatibility with breastfeeding					❖ Attach resource(s) used and list one or more providers you are working with
<i>How is your health department working with local providers to increase awareness of resources related to medication compatibility with breastfeeding?</i>					
d. Develop a formal referral system for communicating mother's breastfeeding progress to staff as she moves from hospital to community/public health programs					❖ Attach referral process document(s)
<i>Has your local health department developed a formal referral system for communicating mother's breastfeeding progress to staff as she moves from hospital to community/public health programs?</i>					
e. Inform mothers of state and federal breastfeeding laws					❖ Attach document(s) you provide to mothers about the law
<i>How do you ensure that all breastfeeding mothers are aware of state and federal breastfeeding laws?</i>					

Source: Developed by Dakota County Public Health and Minnesota Department of Health Staff

SAMPLE BFHD TIP SHEET: STEP 7



Breastfeeding Friendly Health Departments (BFHD)

BUILDING CAPACITY THROUGH THE 10 STEP PROCESS

Step 7 - Support mothers in initiating and maintaining breastfeeding up to 12 months and beyond.

Inform Mothers of State and Federal Breastfeeding Laws

Breastfeeding women are provided protection under both federal and state laws. The Patient Protection and Affordable Care Act (P.L. 111-148) amended section seven of the Fair Labor Standards Act (FLSA) requires employers to provide "reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child's birth each time the such employee has need to express the milk."

Employers are:

- Required to provide "a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk."
- Encouraged to provide breaks to all nursing mothers, whether they are exempt or non-exempt under FLSA provisions.

Source - www.publichealthlawcenter.org

Minnesota Laws in Support of Breastfeeding

BFHDs need to be aware of laws that support breastfeeding women. Minnesota law protects women beyond the workplace—it allows a mother to breastfeed in any location, public or private, where a mother and child are allowed to be and includes locations like parks, restaurants or stores.

In Minnesota, employees who work for an employer with one or more employees are covered by breastfeeding protections. This is different than federal law where only non-exempt employees under the FLSA are covered. Under federal law, employers with fewer than 50 employees are exempt from breastfeeding protections if the employer would experience "undue hardship".

If problems are encountered by breastfeeding women in the work place, a complaint or report of violation can be made by contacting the Minnesota Department of Labor and Industry (1-800-342-6364).

The Minnesota Breastfeeding Coalition has a business card that can be reproduced to distribute to breastfeeding mothers.



Download printable cards - <http://www.breastfeedingcoalition.org/decency-and-the-law/>



Action Steps:

1. Learn about the laws that protect nursing mothers.
2. Inform your clients of the legal protection for nursing mothers.
3. Work with employers to inform them of breastfeeding laws.
4. Use available resources such as the MBC business card.

Resources for Breastfeeding Laws:

- **Worksite Wellness & Nursing Mothers Fact Sheet:** <http://www.publichealthlawcenter.org/sites/default/files/resources/worksite-to-workplaces-2011.pdf>
- **Minnesota Breastfeeding laws and National Conference of State Legislation** www.ncsl.org/legislative_events/legislation/2011/143889
- **USBC (US Breastfeeding Committee):** www.usbreastfeeding.org/
- **Fair Labor Standards Act:** www.dol.gov/whd/laws/compliance/wfhds73.pdf
- **Public Health Law Center:** www.publichealthlawcenter.org

For more information contact
Bonnie Brueckhoff at 601.554.6103 or
Bonnie.Brueckhoff@co.delaware.nm.us

Breastfeeding Friendly Health Department
Pilot Project: Tip Sheet #3 - Breastfeeding Laws
04/18/2013

SAMPLE - FACT SHEET BREASTFEEDING AND THE HEALTH CARE LAW



FACT SHEET

Breastfeeding and the Health Care Law

July 2013

The health care law takes significant steps in making breastfeeding more accessible and affordable for millions of Americans.

Health Insurance Plans Must Cover Breastfeeding Equipment and Supplies

As of August 1, 2012, all new health plans¹ must cover without cost sharing – which means not paying any co-payment, co-insurance, or deductible – breastfeeding equipment and supplies for the “for the duration of breastfeeding.”² While a health insurer must cover breastfeeding equipment and supplies, it has some discretion to determine the scope of this coverage by implementing “reasonable medical management techniques to determine the frequency, method, treatment, or setting” for the coverage.³ One example could include requiring a purchase, rather than rental, of a breast pump.

Health Insurance Plans Must Cover Comprehensive Lactation Support and Counseling

Recognizing the difficulties breastfeeding mothers can have with breastfeeding or breast pumping, the health care law now requires all new health plans to cover “comprehensive prenatal and postnatal lactation support [and] counseling.”⁴ This means that breastfeeding mothers now have health insurance coverage for lactation counseling without cost sharing for as long as they are breastfeeding. Health insurers must cover such consultations without cost sharing, but can use “reasonable medical management techniques” to determine the scope of coverage, which could include covering only in-network trained providers without cost sharing. However, there is a general rule applied to the preventive services provisions that if an insurance plan offers no in-network providers, the patient may visit an out-of-network provider with no cost sharing.⁵

Access to Break Time and a Private Room to Pump At Work

The health care law requires that employers⁶ provide employees “reasonable break time” to pump up to 1 year after the child’s birth. The employer must provide a place other than a bathroom “that is shielded from view and free from intrusion from coworkers and the public.”⁷ Employers are not required to compensate nursing mothers who take breaks for expressing milk, unless the employee uses an otherwise-offered compensated break to pump.

Having Difficulty Getting the Breastfeeding Supplies and Support You Need?

The Law Center has a toolkit that can help you access coverage of certain preventive services, like breast pumps and breastfeeding consultations, without additional costs. For more information, please visit: <http://www.nwlc.org/resource/getting-coverage-you-deserve-what-do-if-you-are-charged-co-payment-deductible-or-co-insuran>

Still having trouble getting the coverage you need? Send us a message by phone at 1-866-PILL4US or email pill4us@nwlc.org.

Source: <http://www.nwlc.org/resource/breastfeeding-and-health-care-law>



RECOMMENDED READING AND RESOURCES

Posters comparing breast milk and formula

- > WIC materials for local agencies
<https://www.health.state.mn.us/divs/cfh/connect/index.cfm?cmd=forms.materials>
- > MA Breastfeeding Coalition (free/low cost posters) - <http://massbreastfeeding.org/index.php/handouts/>

Breastfeeding Education

- > The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis
<http://pediatrics.aappublications.org/content/125/5/e1048.full.pdf+html>
- > Breastfeeding and the Use of Human Milk, Section on Breastfeeding, Policy Statement
<http://pediatrics.aappublications.org/content/129/3/e827.full.pdf+html?sid=4b3b84be-3de0-47af-bd93-fe8eb3cfd5b5>
- > Searchable mobile app of prescription & non-prescription medications during pregnancy & breastfeeding
<http://www.infantrisk.com/categories/breastfeeding>
- > Free iPhone app that includes top ten breastfeeding issues, index of conditions, evidence & recommendations, resources, data & statistics, and diagnosis codes - <http://texastenstep.org/>

Community Resources

- > Minnesota WIC Agency Directory - <http://www.health.state.mn.us/divs/fh/wic>
- > La Leche League of Minnesota and the Dakotas - <http://www.llusa.org> (select: find a local group)
- > <https://mnbreastfeedingcoalition.org/>

Breastfeeding Laws - Federal

- > Fair Labor Standards Act Amendment - Break time for nursing mothers
<http://www.dol.gov/whd/regs/compliance/whdfs73.htm>
- > <http://www.nwlc.org> (search "Breastfeeding")

RECOMMENDED READING AND RESOURCES

Breastfeeding Laws - State

- > Workplace Support: <http://www.revisor.leg.state.mn.us/stats/181/939.html>
- > Indecent Exposure Exemption: <http://www.revisor.leg.state.mn.us/stats/617/23.html>
- > <http://www.ncsl.org/issues-research/health/breastfeeding-state-laws.aspx>
- > <http://www.nwlc.org/resource/breastfeeding-and-health-care-law>
- > http://www.nwlc.org/sites/default/files/pdfs/final_nwlcbreastfeedingtoolkit2014_edit.pdf
- > Resources from William Mitchell College of Law Public Health Law Center:
www.Publichealthlawcenter.org (search nursing mothers)
 - Legal Protections For Nursing Mothers In Minnesota (fact sheet 2014)
 - Worksite Wellness and Nursing Mothers (2011)
 - Worksite Wellness and Affordable Care Act (2011)

Step 8

Through community partners encourage local public places to provide a breastfeeding friendly environment for families.

- a. Work with local public places such as libraries and community centers to provide a private space to breastfeed and/or express milk.
- b. Encourage the facility to educate staff on acceptable vs. unacceptable behaviors and responses towards breastfeeding women.
- c. Encourage the facility to display signage identifying it as breastfeeding friendly.

SUPPORT FOR MOTHERS

Many factors, including the community where the mom lives, influence the mom's ability to initiate and continue breastfeeding.

A woman's community has many components, such as public health and other community based programs, coalitions and organizations, schools and child care centers, businesses and industry, and the media. The extent to which each of these entities supports or discourages breastfeeding can be crucial to a mother's success in breastfeeding.

<http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf>

HOW YOUR COMMUNITY CAN TAKE ACTION

- Make a commitment to support breastfeeding mothers where you live.
- Make sure your community helps mothers who want to breastfeed.
- Encourage community programs and organizations to build on the support that mothers receive in the hospital.
- Use the resources of your community to connect mothers to assistance such as mother-to-mother support groups that can help them keep breastfeeding even if they have problems.

By taking these actions, you can help improve the health of breastfeeding mothers and their babies in your community.





Across the United States, most new mothers hope to breastfeed. Breastfeeding can protect the health of babies and their mothers. With support from communities, mothers are more likely to be able to breastfeed their babies.

HOW YOU CAN HELP MOTHERS BREASTFEED

>> Use social marketing to promote breastfeeding <<

Communities can use social marketing and new types of media to make sure that families understand the value of breastfeeding and make well-informed decisions about how to feed their babies.

>> Set up programs for new fathers and grandmothers <<

Family members need up-to-date information so they can help mothers make decisions about breastfeeding. They may not know that breastfeeding can help protect both mothers and babies from serious health risks.

>> Strengthen mother-to-mother support <<

Talking with other women who are breastfeeding can help mothers decide to start and keep breastfeeding. Communities can support mother-to-mother groups and develop peer counseling programs in health care settings; both are good ways to connect breastfeeding mothers with each other.

>> Help find resources in the community <<

If mothers get the support they need in the first 4 weeks of a new baby's life, they are more likely to keep breastfeeding. Communities often provide a number of resources and programs to help breastfeeding mothers.

>> Ensure that community groups << support breastfeeding

Nonprofit community service organizations, early childhood education programs, peer support organizations, and breastfeeding clinics know about the barriers to breastfeeding that mothers in their communities face. These groups can help find ways of removing these barriers.

>> Find ways to let working mothers << be with their babies

One way to combine work with breastfeeding is for mothers to breastfeed the baby during the workday. Communities can encourage employers to make child care available nearby so working mothers can go to their babies to breastfeed during the workday.

This checklist will help you complete Step 8

- ✓ How are you working with community places such as libraries and community centers to ensure that private, clean, quiet spaces are available for breastfeeding mothers?
- ✓ How do you provide education to community members on acceptable vs. unacceptable behaviors and responses to breastfeeding women?
- ✓ How do you provide or share examples of breastfeeding friendly signage with the community?

Source: *The Surgeon General's Call to Action to Support Breastfeeding*

SAMPLE WORK PLAN

Breastfeeding Friendly Health Departments Sample Work Plan – Step 8

What:	Who:	Implementation:	Timeframe:	Status:	Documentation:
	The person responsible to take the lead and others as needed	Steps that will need to be taken to complete the task	What is the anticipated date of completion for each step?		The information that will be required for BFHD recognition by MDH
Step 8: Through community partners, encourage local public places to provide a breastfeeding friendly environment for families					
<i>External: Public places</i>					
a. Work with local public places such as libraries and community centers to provide a private space to breastfeed and/or express milk					❖ List at least two places you have worked with or are currently working with
<i>How are you working with community places such as libraries and community centers to ensure that private, clean, quiet spaces are available for breastfeeding mothers?</i>					
b. Encourage the facility to educate staff on acceptable vs. unacceptable behaviors and responses towards breastfeeding women					❖ Describe or provide an example of how you encourage the facilities you work with to educate staff on acceptable behaviors towards breastfeeding women (e.g. attach education sheet)
<i>How do you provide education to community members on acceptable vs. unacceptable behaviors and responses to breastfeeding women?</i>					
c. Encourage the facility to display signage identifying it as breastfeeding friendly					❖ Provide an example of signage used (image or narrative)
<i>How do you provide or share examples of breastfeeding friendly signage with the community?</i>					

Source: Developed by Dakota County Public Health and Minnesota Department of Health Staff

SAMPLE BFHD TIP SHEET: STEP 8



Breastfeeding Friendly Health Departments (BFHD)

BUILDING CAPACITY THROUGH THE 10 STEP PROCESS

Step 8 - Through community partners, encourage local public places to provide a breastfeeding friendly environment for families.

History of the International Breastfeeding Symbol



In the July-August 2006 issue of *Mothering* magazine, Stephanie Ondrack wrote "Taking Down the Almighty Bottle." The article was about the ubiquitousness of baby bottles in print, ads, and even baby books, blankets, and clothing. It highlighted the fact that baby bottle icons are generically used, ironically, to represent "nursing rooms" in public places.

Mothering's Art Director responded to this article, then asked a simple question: is there a universal breastfeeding symbol? Surprisingly, there wasn't. Even though breast milk is the unparalleled ideal food for babies, and the recommended feeding method by many health organizations, the cultural norm in western society for feeding infants is the bottle. Therefore, a baby bottle icon is usually used to represent so-called "nursing rooms" in public spaces. There was no universal symbol in existence that represented the act of breastfeeding.

In response to this realization, *Mothering* magazine held a contest for people to submit their ideas for the world's first international breastfeeding symbol. In November 2006, after combing through over 500 entries, the winner was chosen. Matt Daigle is the graphic artist responsible for the winning design.

Source - <http://www.breastfeedingsymbol.org/>

The International Breastfeeding Symbol

As local health departments work to coordinate breastfeeding support and promotion and establish breastfeeding as normal in the community, a breastfeeding symbol is useful. Fortunately, there is a symbol created for this very reason - the International Breastfeeding Symbol. This symbol has the potential to recognize where breastfeeding is supported. It can be used in many settings to show support for breastfeeding and to help get the word out that breastfeeding is normal.

Using this symbol is recommended; the more the International Breastfeeding Symbol is seen, the more ordinary people will recognize it. In working on both BFHD steps 3 and 8, use of this symbol will be very beneficial.

Resources for the Breastfeeding Symbol

As BFHDs, local public health staff need to let mothers know that breastfeeding is encouraged and welcomed in the public health setting and throughout the community. There are resources available to download the symbol. Some resources are free and other products with the symbol are available for purchase.

- ▶ Free downloadable Breastfeeding Welcome Here signs - <http://kellymom.com/blog-post/breastfeeding-welcome-here/>
- ▶ Breastfeeding symbol store - <http://www.breastfeedingsymbol.org/store/>
- ▶ Breastfeeding Welcome Here stickers and novelty items - <http://www.cafepress.com/+breastfeeding+gifts>

Action Steps

1. Use the breastfeeding symbol and display it in the public health department.
2. Incorporate the symbol into breastfeeding materials.
3. Encourage use and distribute the symbol to community partners such as:
 - Supermarkets
 - Retail businesses
 - Employers
 - Restaurants
 - Faith organizations
 - Childcare settings
 - YMCA
 - Libraries

For more information contact:
Bonnie Brueshoff at 651.554.6103 or
Bonnie.Brueshoff@co.dakota.mn.us

Breastfeeding Friendly Health Department
Pilot Project: Tip Sheet #2 - International
Breastfeeding Symbol

4/01/2013

SAMPLE - SELF ASSESSMENT BREASTFEEDING CHECKLIST

MINNESOTA WIC PROGRAM LOCAL SELF ASSESSMENT BREASTFEEDING CHECKLIST

This checklist is an **optional tool** to help you assess practices which promote and support breastfeeding. You can use the list to identify your current practices and areas you would like to work on or learn more about. You are not required to use this list, and not everything outlined below is required. The practices and information listed here can help in assessing, promoting and supporting breastfeeding.

To assist in your review of your clinic and development of breastfeeding promotion and support, work toward the response indicated by the bold border.

- **Walk through your clinic focusing on breastfeeding communication.**
- **Come in the front door, just as a participant would.**

	Y	N	COMMENTS
Are there visual clues that WIC promotes & supports breastfeeding?			
Do you see any formula in the waiting area or clinic area?			
Do you see any infant formula in areas accessible to participants (other parts of the clinic, restrooms, etc.?)			
Do you see any products from infant formula manufacturers? (Pens, notepads, cups, toys, educational materials, etc.)			
If bottles or formula cans are used to educate participants who choose to feed artificial baby milk are these teaching aids out of sight when not being used for participant education?			
Would a participant be comfortable breastfeeding at WIC? Consider: <input type="checkbox"/> Is there a comfortable chair with arms? <input type="checkbox"/> Is there an area away from doorways and windows? <input type="checkbox"/> Do you have signs specifically stating that participants are welcome to breastfeed at WIC? <input type="checkbox"/> If a participant would prefer a more private place to breastfeed do you have such a place for them?			
Do you see and hear positive breastfeeding messages? non-verbal (posters, materials, other) verbal (certifier/clerk/other)			
Is communication about breastfeeding done in everyday language, rather than textbook language? (For example "early milk" rather than colostrum, your milk is made for your baby rather than breastmilk is species specific, etc.)			

Source: Minnesota WIC Program



RECOMMENDED READING AND RESOURCES

Breastfeeding Friendly Environment

- > <https://www.cdc.gov/breastfeeding/>
- > International Breastfeeding Symbol - https://en.wikipedia.org/wiki/International_breastfeeding_symbol
- > Breastfeeding Friendly Health Department Recognition
<http://www.health.state.mn.us/divs/oshii/bf/healthdeptBFF.html>
- > Free downloadable Breastfeeding Welcome Here signs:
<http://kellymom.com/?s=welcome+here>
- > Breastfeeding Welcome Here stickers and novelty items -
<http://www.cafepress.com/+breastfeeding+gifts>
- > <https://www.revisor.mn.gov/statutes/?id=145.905>
- > <http://www.unicef.org.uk/BabyFriendly/Health-Professionals/>
- > <https://www.facebook.com/NIPTC>
- > <http://www.medelabreastfeedingus.com/media-center/132/new-iphone-app-from-medela-puts-helpful-breastfeeding-information-at-moms-fingertips>
- > <http://ksbreastfeeding.org/resources/>
- > <http://www.publichealth.hscni.net/> (search "Breastfeeding")
- > Place Matters: What is a First Food Desert? (video)
<http://www.youtube.com/watch?v=wqSXdMIXfzM>

Step 9

Select businesses each year to provide workplace lactation support training.

- Discuss benefits of breastfeeding for the workplace.
- Provide sample workplace breastfeeding policy.
- Provide minimum requirements of a lactation room.
- Provide sample materials to be included in an employee breastfeeding packet.
- Honor local breastfeeding friendly workplaces through community task force/coalition.



THE BUSINESS CASE FOR BREASTFEEDING

Companies successful at retaining valued employees after childbirth find that two components can make the difference: providing dedicated space (as small as 4' x 5') for breastfeeding employees to express milk in privacy, and providing worksite lactation support.

The payoff is significant: more satisfied, loyal employees and cost savings to the business.

These savings are seen in such areas as:



Retention of experienced employees



Lower health care and insurance costs

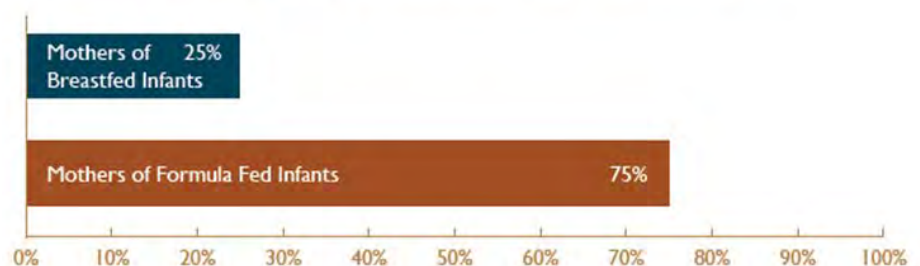


Reduction in sick time by both moms and dads for children's illnesses

RETURN ON INVESTMENT

Breastfeeding employees miss work less often. Their healthier infants are protected from common childhood illnesses, leading to reduced absenteeism.

Percentage of Infant Illnesses Requiring 1-Day Maternal Absence from Work¹



<https://www.womenshealth.gov/files/assets/docs/breastfeeding/business-case/business-case-for-breastfeeding-for-business-managers.pdf>



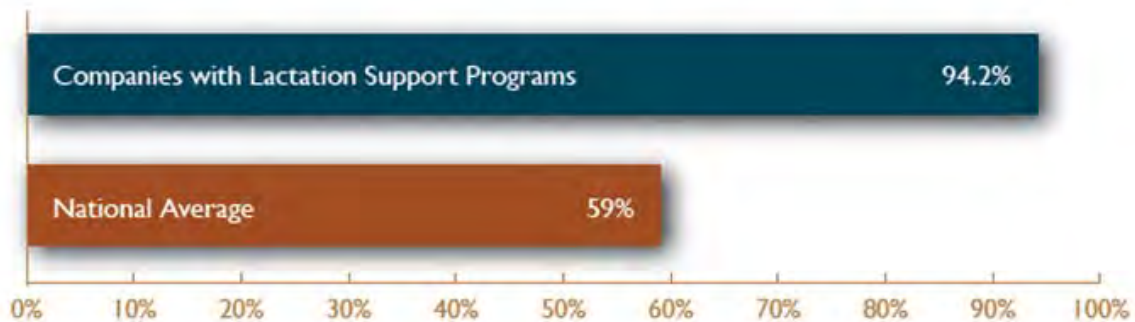
BREASTFEEDING LOWERS HEALTH CARE COSTS AND RETAINS EMPLOYEES

Babies who are not breastfed visit the doctor more often, spend more days in the hospital, and require more prescriptions than breastfed babies. Breastfeeding mothers are protected from many illnesses, including breast cancer.

Work site lactation programs yield substantial dividends, including:

- Lower turnover rates
- Higher productivity
- Positive public relations

Retention Rate for Employees of Companies with Lactation Support Programs



<https://www.womenshealth.gov/files/assets/docs/breastfeeding/business-case/business-case-for-breastfeeding-for-business-managers.pdf>

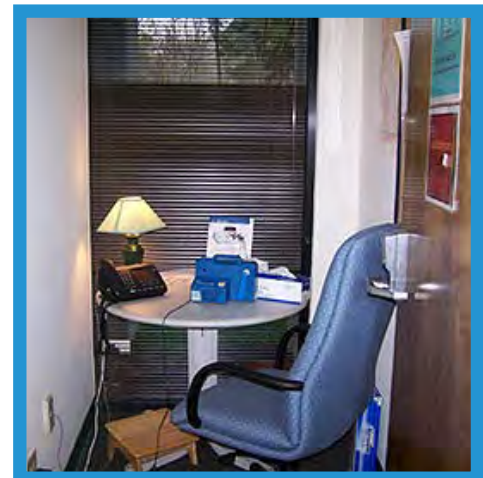
LACTATION ROOMS

Lactation rooms provide clean, private, and comfortable space for employees to be able to pump and store their breast milk at work, to take home to their infants at the end of the workday. Lactation rooms do not need to be big or expensive. This small, private space meets the needs of many breastfeeding women at CDC.

INSURANCE SAVINGS FOR FAMILIES

Since 2013, the Affordable Care Act has required insurance companies to cover the costs of breast pumps and visits to lactation experts for new mothers.

Health officials believe those provisions will make it much easier for all women, but particularly those who work outside the home, to follow the AAP's breastfeeding recommendations throughout the baby's first year.



BUILDING WORKPLACE SUPPORT FOR BREASTFEEDING FAMILIES

The Arizona Department of Health Services offers these tips for strengthening co-worker support:

- Involve co-worker representatives as part of the initial planning phase to identify and address potential concerns.
- Promote the program as a company health benefit.
- Communicate ways the company accommodates other employee needs (ex: fitness program breaks, private place to change clothes for exercise, privacy for diabetes self-management checks and insulin administration, etc.).
- Communicate the positive reasons for the program that will speak to colleagues, including lower absenteeism rates, lower turnover rates, higher productivity, and faster return to the workplace.
- Maintain ongoing communication with both the breastfeeding employee and her co-workers to ensure that the program is working well. Formal and informal guidance from company managers and appropriate consultants can help with any adjustments that might be needed during the program's implementation.

Source: <http://www.azdhs.gov/phs/bnp/gobreastmilk/BFresourcesInfo.htm>

FACTORS TO CONSIDER TO SET UP A WORKPLACE LACTATION PROGRAM

POPULATION: The number of women who need support, the resources available, and the settings in which female employees work.

SPACE: Lactation accommodations can take many forms, from a converted office or private space to a formal nursing mothers' room. Do not use a bathroom as a lactation room.

TIME: Employers can use many different strategies to make sure mothers have enough time to breastfeed or express milk. Examples include flexible work schedules and locations, break times for pumping, on-site child care services, and job sharing.

SUPPORT: Employers can do a lot to create an atmosphere that supports employees who breastfeed. A supportive atmosphere will be easier to achieve once human resources managers, employee health coordinators, insurers, and health care providers understand the benefits of a breastfeeding-friendly environment.

This checklist will help you complete Step 9

- ✓ Have you developed a workplace lactation support training for workplaces or chosen an existing training? Does the training describe the benefits of breastfeeding for the employer? Have you presented this training to workplaces or business organizations?
- ✓ Do you provide a sample breastfeeding policy to employers as part of your workplace lactation support training? Do you provide the minimum requirements of a lactation room to workplaces as a part of your workplace lactation support training?
- ✓ Do you provide the minimum requirements of a lactation room to workplaces as a part of your workplace lactation support training?
- ✓ Do you provide sample materials for employee breastfeeding packets as part of your workplace lactation support training?
- ✓ How is your health department planning to identify and honor local breastfeeding friendly workplaces?

SAMPLE WORK PLAN

Breastfeeding Friendly Health Departments Sample Work Plan – Step 9

What:	Who:	Implementation:	Timeframe:	Status:	Documentation:
	The person responsible to take the lead and others as needed	Steps that will need to be taken to complete the task	What is the anticipated date of completion for each step?		The information that will be required for BFHD recognition by MDH
<i>Step 9: Select businesses each year to provide workplace lactation support training</i>					
<i>External: Workplaces</i>					
a. Discuss the benefits of breastfeeding for the workplace					❖ Identify at least two workplaces or business organizations you have worked with or are currently working with and attach resources used
<i>Have you developed a workplace lactation support training for workplaces or chosen an existing training? Does the training describe the benefits of breastfeeding for the employer? Have you presented this training to workplaces or business organizations?</i>					
b. Provide sample workplace breastfeeding policy					
<i>Do you provide a sample breastfeeding policy to employers as part of your workplace lactation support training?</i>					
c. Provide minimum requirements of a lactation room					
<i>Do you provide the minimum requirements of a lactation room to workplaces as a part of your workplace lactation support training?</i>					
d. Provide sample materials to be included in an employee breastfeeding packet					
<i>Do you provide sample materials for employee breastfeeding packets as part of your workplace lactation support training?</i>					
e. Honor local breastfeeding friendly workplaces through community task force/coalition					❖ Provide an example of how you have honored at least one local breastfeeding friendly workplace or plan to in the future. Photos encouraged.
<i>How is your health department planning to identify and honor local breastfeeding friendly workplaces?</i>					

Source: Developed by Dakota County Public Health and Minnesota Department of Health Staff

SAMPLE BFHD TIP SHEET: STEP 9



Breastfeeding Friendly Health Departments (BFHD)

BUILDING CAPACITY THROUGH THE 10 STEP PROCESS

Step 9:
Select businesses each year and provide worksite lactation support training.

Support of Breastfeeding in the Workplace is Critical

Returning to work is an important transition for breastfeeding women. Many choose to quit breastfeeding upon returning to work because of the challenges to safely and comfortably express milk in the workplace. But when worksites support breastfeeding, many of the barriers can be overcome. Because breast milk is the optimal food for babies, both state and federal laws have been established to provide lactation support in the workplace*.

Many employers are often unaware of the benefits to their business and their employees. Local public health professionals can play an important role in raising awareness of the accommodation laws, benefits to employers and employees.

*See tip sheet # 3 on Step 7 for more information about the Federal and Minnesota Laws Support Breastfeeding.

Resources

- <http://www.health.ri.gov/awards/breastfeedingfriendly/>
- <http://publichealthlawcenter.org/sites/default/files/resources/ship-fs-ww-nursingmothers-2011.pdf>
- <http://publichealthlawcenter.org/sites/default/files/resources/ship-fs-policydraftingchlist-2010.pdf>
- <http://www.womenshealth.gov/breastfeeding> (search "business case for breastfeeding")

Breastfeeding Support in Worksites

Helping worksites to become breastfeeding friendly can happen through supporting advocates and through building relationships with local business organizations like the local Chamber of Commerce. By establishing an ongoing relationship, the health department can increase support for breastfeeding moms as they return to work. Public Health can become the go-to organization that provides resources, materials and training for businesses to have supportive policies and programs for breastfeeding moms in their workplace.

Public Health Professionals Can Make a Difference

In Pine County Minnesota, it certainly did for a young mom working at McDonalds restaurant. With the help of local public health staff, they advocated for breastfeeding support from the regional office of McDonalds. The employer provided space and created a breastfeeding friendly policy that included breastfeeding education for staff and a disciplinary plan for anyone teasing or harassing others about breastfeeding. As a result, the young mother and two co-workers started using the lactation room regularly.

Five Action Steps:



1. Learn the basic elements of state & federal laws.
2. Develop relationships with business organizations (local Chamber of Commerce and worksites in your area).
3. Develop training appropriate for worksites in your community that address benefits for worksites and families, support for nursing mothers, leave time and scheduling, and a place to express milk in accordance with state statute.
4. Provide annual trainings for local employers.
5. Recognize worksites that attend trainings and take the steps to become breastfeeding friendly.

Think S-T-E-P when implementing Step 9



Support: from supervisors, colleagues and employer

Time: leave after birth, flexible scheduling, lactation during work time

Education: for moms and dads and supervisors about the benefits of breastfeeding and the worksite policy

Place: private space to express milk

For more information contact:
Bonnie Brueshoff at 651.554.6103 or
Bonnie.Brueshoff@co.dakota.mn.us

Breastfeeding Friendly Health Department
Pilot Project: Tip Sheet #5 - Step 9 Worksite
05/30/2013



RECOMMENDED READING AND RESOURCES

Breastfeeding Benefits in the Workplace

- > The Business Case for Breastfeeding for Business Managers: Pamphlet outlining return on investment for supporting breastfeeding employees and employer solutions
<https://www.womenshealth.gov/breastfeeding/breastfeeding-home-work-and-public/breastfeeding-and-going-back-work/business-case>
- > United States Breastfeeding Committee – Workplace Breastfeeding Support
<http://www.usbreastfeeding.org/p/cm/ld/fid=106>

Worksite Breastfeeding Policy Samples

- > <http://www.co.washington.wi.us/uploads/docs/SampleWorksiteBFPolicy.pdf>
- > <https://www.womenshealth.gov/breastfeeding/employer-solutions/policy.html>

Lactation Rooms

- > Examples of lactation rooms
<https://www.womenshealth.gov/breastfeeding/employer-solutions/common-solutions/solutions.html>

Breastfeeding Friendly Employer

- > Developed by Oregon Health Authority - Includes self-assessment tool for employers
https://public.health.oregon.gov/HealthyPeopleFamilies/Babies/Breastfeeding/Documents/emp_packet.pdf
- > <http://www.cdc.gov/breastfeeding/resources/guide.htm> (see strategy 5)
- > <http://www.businessgrouphealth.org> (search “Breastfeeding”)
- > Breastfeeding & Working - <http://www.workandpump.com>
- > <http://healthvermont.gov/wic/food-feeding/breastfeeding/employers.aspx>

Breastfeeding Friendly Employer Recognition

- > <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/breastfeeding.html>
- > Breastfeeding-Friendly Workplace Award – Rhode Island: Point-based award criteria, allows recognized worksites to achieve higher level of recognition over time.
<http://www.ribreastfeeding.org/breastfeeding-friendly-workplace-award.html>

Step 10

Facilitate access to information and training for local child care centers or family child care providers on how to support a breastfeeding mother.

- a. Identify organizational capacity to host training.
- b. Identify available training for childcare providers in person and online
- c. Work collaborative with childcare associations for training dissemination of resources.
- d. Honor local breastfeeding friendly childcare centers/providers/schools through community task force/coalition.



RATIONALE

According to the CDC, in 2012 57% of all mothers with infants were employed. As a result, many children are regularly cared for by someone other than their mother from birth to age 4 years. Childcare providers and teachers influence the lives and health of the families they serve and can be an important source of support for working mothers who want to breastfeed.

All childcare programs, including those in personal homes, can lower a breastfeeding mother's anxiety by allowing her to feed her infant on-site, having a posted breastfeeding policy that is routinely communicated, making sure procedures for storing and handling breast milk and feeding breastfed infants are in place, and making sure staff members are well-trained in these procedures.



INFANT FEEDING GUIDELINES

In 2011, the American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) published the third edition of *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs* that provides guidelines for accommodating breastfeeding mothers.

Specifically, the AAP and APHA recommend that: “The facility should encourage, provide arrangements for, and support breastfeeding. The facility staff, with appropriate training, should be the mother’s cheerleader and enthusiastic supporter for the mother’s plan to provide her milk. Facilities should have a designated place set aside for breastfeeding mothers who want to come during work to breastfeed, as well as a private area with an outlet (not a bathroom) for mothers to pump their breast milk. A place that mothers feel they are welcome to breastfeed, pump, or bottle feed can create a positive environment when offered in a supportive way.”

SUPPORTING BREASTFEEDING IN CHILD CARE

What Does Success Look Like?

Child care providers:

- Know the health benefits of breastfeeding for babies and moms.
- Know how to properly store, handle and feed mother’s milk to babies.
- Can comfortably discuss breastfeeding with prospective and current families.
- Know of local and online resources for parents who need assistance with breastfeeding and infant feeding.

Source:

http://www.health.state.mn.us/healthreform/ship/2013rfp/docs/child-care-guide_SHIP3.pdf

This checklist will help you complete Step 10

- ✓ Has the childcare center or family childcare provider identified capacity to host trainings?
- ✓ What breastfeeding trainings are available for child care centers and family child care providers, in person or online?
- ✓ Has your health department worked with child care associations to disseminate breastfeeding friendly child care training resources?
- ✓ How is your health department planning to identify and honor local breastfeeding friendly child care centers and family child care homes?

SAMPLE WORK PLAN

Breastfeeding Friendly Health Departments Sample Work Plan – Step 10

What:	Who:	Implementation:	Timeframe:	Status:	Documentation:
	The person responsible to take the lead and others as needed	Steps that will need to be taken to complete the task	What is the anticipated date of completion for each step?		The information that will be required for BFHD recognition by MDH
<i>Step 10: Facilitate access to information and training for local child care centers or family child care providers on how to support a breastfeeding mother</i>					
<i>External: Child care</i>					
a. Identify organizational capacity to host training					❖ Describe organizational capacity to host trainings
<i>Has the child care center or family child care provider identified capacity to host trainings?</i>					
b. Identify available training for child care providers in person and online					❖ List trainings Note: If the child care provider wishes to receive MDH recognition as a Breastfeeding Friendly Child Care Provider, the two approved trainings are Supporting Breastfeeding in Child Care Programs and Let's Move Child Care: Nutrition, Beverages and Infant Feeding. These trainings are offered through the Minnesota early childhood professional development system, in-person or online, usually through Child Care Aware. Child care providers can contact their local Child Care Aware agency for a schedule of upcoming trainings.
<i>What breastfeeding trainings are available for child care centers and family child care providers, in person or online?</i>					
c. Work collaboratively with child care associations for training dissemination of resources					❖ Attach resources
<i>Has your health department worked with child care associations to disseminate breastfeeding friendly child care training resources?</i>					
d. Honor local breastfeeding friendly child care centers/providers/schools through community task force/coalition					❖ Provide an example of how you have honored at least one local breastfeeding friendly child care program or plan to in the future. Photos encouraged.
<i>How is your health department planning to identify and honor local breastfeeding friendly child care centers and family child care homes?</i>					❖ Describe organizational capacity to host trainings

Source: Developed by Dakota County Public Health and Minnesota Department of Health Staff

SAMPLE BFHD TIP SHEET: STEP 10



Breastfeeding Friendly Health Departments (BFHD)

BUILDING CAPACITY THROUGH THE 10 STEP PROCESS

Step 10 - Facilitate access to information and training for local child care centers/providers/schools on how to support a breastfeeding mother

Connect Infant Caregivers with Training and Resources to Support Breastfeeding

Proper training can dispel myths, change attitudes and provide child care providers with accurate information about handling, storage and feeding of breastmilk.

Knowledgeable caregivers can provide encouragement and support to mothers who want to continue breastfeeding when they are separated from their babies while they work or go to school.

Local public health staff can direct child care providers to their local Child Care Resource & Referral agency or WIC staff for appropriate in-person and online trainings, such as Supporting Breastfeeding in Child Care Programs and Let's Move Child Care's Nutrition, Beverages and Infant Feeding.

Staff in BFHDs can also help providers who wish to support breastfeeding by offering resources, such as tip sheets, sample breastfeeding policies, and resource lists for caregivers and for families.

Resources

- Wisconsin's 10 Steps to Breastfeeding Friendly Child Care Centers: <http://www.dhs.wisconsin.gov/publications/P0/P00022.pdf>
- Breastfeeding standards and best practices from Caring for Our Children (pages 26-31): http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf
- Child Care Aware – Professional Development information for child care providers: <http://www.childcareawaremn.org/professionals-caregivers/professional-development>

Support for Breastfeeding in Child Care Is Critical

A breastfeeding mom faces many challenges and barriers, especially when returning to work or school. A trained and supportive child care provider can make the difference for moms to follow the recommendation of exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced.

Many child care providers have no personal experience with breastfeeding and may not understand its important benefits not only for mom and baby, but also for their child care program, the environment and the economy. In addition, some caregivers believe the myth that breastmilk is a hazardous "bodily fluid", aren't familiar with laws protecting breastfeeding, or mistakenly think that storing and feeding breastmilk will be too complicated.

Training and information can change these attitudes and give child care providers the tools they need to be breastfeeding-friendly.



Six Action Steps:

- 1) **Learn** about the basic rules and regulations that govern nutrition and food safety in child care (state licensing regulations, Child & Adult Care Food Program requirements).
- 2) **Encourage** infant and toddler caregivers to seek out breastfeeding training through the child care professional development system (Child Care Resource & Referral).
- 3) **Distribute** materials to child care providers that promote and demystify breastfeeding, pumping breastmilk, and how to feed breastfed babies.
- 4) **Create** and provide a resource list of breastfeeding organizations and websites for child care providers to offer to parents who need more support or assistance.
- 5) **Encourage** caregivers to embed their new practices into policies.
- 6) **Encourage** child care providers to participate in the Breastfeeding Friendly Child Care Recognition Program (currently being developed by MDH).

For more information contact:
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Bonnie.Brueshoff@co.dakota.mn.us

Breastfeeding Friendly Health Department
Pilot Project: Tip Sheet #4 - Step 10 Child Care
04/30/2013

SAMPLE - SUPPORTING BREASTFEEDING FOR PROVIDERS

Supporting Breastfeeding in Child Care Settings...for Child Care Providers

- Promote your child care as being breastfeeding friendly
- Encourage breastfeeding mothers to continue to breastfeed when they return to work or school
- Tell parents about the many benefits and importance of breastfeeding

**Storage and Handling**

- Safely store breast milk in the refrigerator or freezer as soon as the parent brings it to your child care. Breast milk can be stored in the refrigerator for up to 5 days, in the freezer for 3 months and in a deep freeze for 6 months
- Be sure to label breast milk with baby's name and date the breast milk was pumped
- Rotate stored breast milk so the earliest date is used first (first in-first out)
- Always wash your hands before and after handling breast milk. The CDC and OSHA state that gloves do not need to be worn when handling breast milk
- Bottles of breast milk should be warmed under running warm tap water, never warm a bottle in the microwave as it can cause "hot spots" that will burn baby
- After warming, bottles should be gently swirled or mixed to avoid damaging nutrients in the milk and avoid foaming of the milk
- Any unfinished breast milk should be discarded
- BPA-free bottles, bottle caps, nipples and other equipment used to feed breast milk can be cleaned by washing in a dishwasher or by washing in hot soapy water and rinsing
- If bottles are not cleaned at your child care, place all feeding devices into a plastic bag for parents to take home

Feeding

- Promote breast milk as the only food offered until baby is 6 months of age unless otherwise directed by a health professional
- Offer breastfeeding mothers a quiet place to breastfeed while at your child care
- Encourage parents to practice bottle feeding with breast milk before coming to child care to acclimate baby to being fed from a bottle
- Be aware of baby's hunger and fullness cues
- Discuss feeding schedule with parents

Support

- Communicate with parents about what baby did for the day, including how much and when baby ate and how many wet and dirty diapers baby had during the day
- Train all child care staff to be supportive of breastfeeding
- Share reliable breastfeeding resources with parents and child care staff

Created by Holly Prestegaard, RD, LRD. Approved by the Minnesota Breastfeeding Coalition and the Minnesota Department of Health. October, 2012

SAMPLE - SELF-APPRAISAL QUESTIONNAIRE

Self-Appraisal Questionnaire

The Self-Appraisal Questionnaire is designed to help child care centers perform a review of their existing practices and their current compliance with the requirements for the Breastfeeding Friendly designation. It's an ideal tool to assess key areas where improvements are necessary in order to support breastfeeding mothers and babies. Once the Self-Appraisal Questionnaire is complete, it can be used to prioritize areas where improvements are needed.

Staff

Name and title of person completing this form _____

Date form completed _____

Name and title(s) of person responsible for initiating and assessing progress in completing the steps to become "Breastfeeding Friendly" _____

10 Steps to Successful Breastfeeding for Child Care Centers

	Yes	No
Step 1 Designate an individual or group who is responsible for development and implementation of the 10 Steps.		
<ul style="list-style-type: none"> ▪ Does the Child Care Center have a designated individual or group responsible for initiating and assessing progress in completing the steps to become "Breastfeeding Friendly?" <input type="radio"/> <input type="radio"/> ▪ Does the Child Care Center have a designated individual or group responsible for reviewing policies, procedures and protocols for practice? <input type="radio"/> <input type="radio"/> ▪ Does the Child Care Center have a designated individual or group responsible for ensuring staff receive orientation and continuing education? <input type="radio"/> <input type="radio"/> 		
Step 2 Establish a supportive breastfeeding policy and require that all staff are aware of and follow the policy.		
<ul style="list-style-type: none"> ▪ Does the Child Care Center have a written breastfeeding policy? <input type="radio"/> <input type="radio"/> ▪ Does the policy cover all 10 Steps? <input type="radio"/> <input type="radio"/> ▪ Are all staff trained on the policy and monitored for compliance? <input type="radio"/> <input type="radio"/> ▪ Is the policy available for review by women and their families if requested? <input type="radio"/> <input type="radio"/> 		

SAMPLE - SELF-APPRAISAL QUESTIONNAIRE

	Yes	No
Step 3 Establish a supportive worksite policy for staff members who are breastfeeding.		
• Are breastfeeding employees provided a flexible schedule for breastfeeding or pumping to provide breastmilk for their children?	<input type="radio"/>	<input type="radio"/>
• Are breastfeeding employees provided a private and clean place to breastfeed their babies or express milk?	<input type="radio"/>	<input type="radio"/>
• Does this area have an electrical outlet, comfortable chair, and nearby access to running water?	<input type="radio"/>	<input type="radio"/>
Step 4 Train all staff so that they are able to carry out breastfeeding promotion and support activities.		
• Are new staff oriented to the breastfeeding policy and appropriately trained within six months?	<input type="radio"/>	<input type="radio"/>
• Are all staff who have responsibility for care of infants and children able to provide breastfeeding information and support to help mothers continue breastfeeding when working or going to school?	<input type="radio"/>	<input type="radio"/>
• Do staff work with family members to develop babies' individual breastfeeding support plans and regularly update the plans?	<input type="radio"/>	<input type="radio"/>
• Do staff promote exclusive breastfeeding until babies are about six months old with continued breastfeeding to one year and beyond?	<input type="radio"/>	<input type="radio"/>
Step 5 Create a culturally appropriate breastfeeding friendly environment.		
• Does the child care center display culturally appropriate pictures and posters of breastfeeding and exclude those supplied by formula manufacturers?	<input type="radio"/>	<input type="radio"/>
• Are brochures, pamphlets and other resources about breastfeeding displayed for easy access?	<input type="radio"/>	<input type="radio"/>
• Does the child care center offer information on the benefits of breastfeeding to all families enrolled at the child care center?	<input type="radio"/>	<input type="radio"/>
• Are fathers included in discussions about breastfeeding?	<input type="radio"/>	<input type="radio"/>
Step 6 Inform expectant and new families and visitors about your Center's breastfeeding friendly policies.		
• Are all staff able to explain the benefits of exclusive breastfeeding for six months and do mothers receive this information?	<input type="radio"/>	<input type="radio"/>
• Do staff members willingly tell visitors about your breastfeeding policies?	<input type="radio"/>	<input type="radio"/>
• Are breastfeeding policy and practice materials included in the Center's information package?	<input type="radio"/>	<input type="radio"/>
• Are current and prospective parents encouraged to drop in and view the breastfeeding friendly environment?	<input type="radio"/>	<input type="radio"/>

SAMPLE - SELF-APPRAISAL QUESTIONNAIRE

	Yes	No
Step 7 Stimulate participatory learning experiences with the children related to breastfeeding.		
<ul style="list-style-type: none"> Do learning activities incorporate the concept that animals have baby animals of the same kind, and have special ways they are prepared to care for them, including how they are fed? 	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> Does the Center offer children's books that contain pictures of breastfeeding, play dolls that are nursing and other learning experiences that normalize breastfeeding? 	<input type="radio"/>	<input type="radio"/>
Step 8 Provide a comfortable place for mothers to breastfeed or pump their milk in privacy, if desired. Educate families and staff that a mother may breastfeed her child wherever they have a legal right to be.		
<ul style="list-style-type: none"> Is a private, clean, quiet space available for mothers to breastfeed and/or express milk? 	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> Does this area have a comfortable chair, electrical outlet and nearby access to running water? 	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> Does the Center provide refrigerator space for breastfeeding mothers to store their expressed breast milk? 	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> Does the Center educate staff and families that a mother may breastfeed her child wherever they have a legal right to be? 	<input type="radio"/>	<input type="radio"/>
Step 9 Establish and maintain connections with your local breastfeeding coalition or other community resources.		
<ul style="list-style-type: none"> Does the child care center coordinate and exchange information with the local breastfeeding coalition, e.g., WIC Project, Head Start, UW-Extension, schools, and health care providers? 	<input type="radio"/>	<input type="radio"/>
Step 10 Maintain an updated resource file of community breastfeeding services and resources in an accessible area for families.		
<ul style="list-style-type: none"> Are all breastfeeding mothers given contact details of community based breastfeeding support groups, breastfeeding peer counselors, and lactation specialists? 	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> Are mothers with breastfeeding concerns referred to above community resources? 	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> Are current printed or electronic lactation resources available to breastfeeding clients and employees? 	<input type="radio"/>	<input type="radio"/>

Source: Ten Steps to Breastfeeding Friendly Child Care Centers Resource Kit, <http://www.dhs.wisconsin.gov/wic/forms.htm> - publication number - P-00022



RECOMMENDED READING AND RESOURCES

Training and Education Resources

- > Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition Guidance on how to feed infants and prepare for breastfeeding infants in child care settings - <http://nrckids.org/CFOC3/index.html>
- > How to Support a Breastfeeding Mother: A Guide for the Childcare Center <http://www.dshs.state.tx.us/wichd/bf/childcare.shtm>
- > Ten Steps to Breastfeeding Friendly Child Care Centers - Wisconsin Department of Health Services. This resource kit includes a self-appraisal questionnaire to help child care centers review existing practices. <http://www.dhs.wisconsin.gov/publications/P0/P00022.pdf>
- > Minnesota - Supporting Breastfeeding in Childcare Programs online training <https://www.eagertolearn.org> (search "Breastfeeding" in Course Schedule)
- > Carolina Global Breastfeeding Institute - Breastfeeding and Childcare Toolkit <http://cgbi.sph.unc.edu/take-action/toolkits/265>
- > Indiana Perinatal Network - http://www.indianaperinatal.org/?page=MF_Breastfeeding
- > Carolina Global Breastfeeding Institute - <http://cgbi.sph.unc.edu/child-care>