

Strategy 1. Maternity Care Practices

Definition

Maternity care practices related to breastfeeding take place during the intrapartum hospital stay and include practices related to immediate prenatal care, care during labor and birthing, and postpartum care.

Maternity care practices that support breastfeeding include developing a written breastfeeding policy for the facility, providing all staff with education and training on breastfeeding, maintaining skin-to-skin contact between mother and baby after birth, encouraging early breastfeeding initiation, supporting cue-based feeding, supplementing with formula or water only when medically necessary, and ensuring post-discharge follow-up. Maternity care practices that can have a negative effect on breastfeeding include using medications during labor and giving formula, water, or sugar water to breastfeeding infants when not medically necessary.

Baby-Friendly Hospital Initiative:

Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within 1 hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are 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 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them upon discharge from the hospital or clinic.

Action Steps

1. Review state regulations for maternity care facilities to determine if they reflect evidence-based practices or other practices in this report.
2. Sponsor a statewide summit of key decision makers at maternity care facilities to improve maternity care practices across your state.
3. Provide opportunities for hospital staff members to participate in training courses in breastfeeding.
4. Focus on hospitals that serve large numbers of low-income families and those that serve a large portion of your state’s population.
5. Create links between maternity care facilities and community breastfeeding support networks across your state.
6. Integrate maternity care into related quality improvement efforts.
7. Encourage hospitals to use The Joint Commission’s Perinatal Care core measure set to collect data on exclusive breastfeeding.

Strategy 2. Professional Education

Definition

Professional education includes any program that improves the knowledge, skills, attitudes, or behaviors of health care providers in relation to the importance of breastfeeding, the physiology and management of lactation, or the need for breastfeeding counseling for mothers. Health care providers are defined here as doctors, nurses, midwives, nurse practitioners, nutritionists, lactation consultants, and other health care professionals working in maternity care.

Action Steps

1. Make available and coordinate grand rounds or in-service presentations on breastfeeding by health care professionals with training in this area.
2. Distribute clinical protocols developed by experts, such as the Academy of Breastfeeding Medicine, to local doctors.
3. Expand the reach of professional development by providing training.
4. Identify and promote access to evidence-based online and CD-based training courses for the health care workforce.

Strategy 3. Access to Professional Support

Definition

Access to support from health care professionals such as doctors, nurses, or lactation consultants is important for the health of the mother during pregnancy, after giving birth, and after release from the hospital. If a mother chooses to breastfeed, this support may include counseling or behavioral interventions to improve breastfeeding outcomes. It may also include helping the mother and baby with latch and positioning, helping with a lactation crisis, counseling mothers returning to work or school, or addressing concerns of mothers and their families.

Professional support can be given in many different ways and settings—in person, online, over the telephone, in a group, or individually. Some women receive individual in-home visits from health care professionals, while others visit breastfeeding clinics at hospitals, health departments, or women's health clinics.

Action Steps

1. Collaborate with state Medicaid and insurance commissioners to explore ways to increase access to lactation services.
2. Consider options for developing walk-in breastfeeding clinics that are available to all new mothers in the community and that are staffed by trained breastfeeding professionals who are reimbursed for all services provided.
3. Create comprehensive, statewide networks to provide home-based or clinic-based follow-up care to newborns in the state.
4. Develop and disseminate a resource directory of local lactation support services available to new mothers.
5. Given that the WIC Program serves 53% of all new mothers and infants, ensure that WIC participants have professional services for breastfeeding support in place before they are discharged from the hospital.

Strategy 4. Peer Support Programs

Definition

The goal of peer support is to encourage and support pregnant and breastfeeding women. It is often provided by mothers who are from the same community and who are currently breastfeeding or have done so in the past. It can be provided in several ways. The two most common and effective methods are peer support groups and individual peer support from a peer counselor. Women who provide peer support receive specific training. They may lead support groups or talks with groups in the community or provide one-on-one support through telephone calls or visits in a home, clinic, or hospital. Contact may be made by telephone, in the home, or in a clinical setting. Peer support includes emotional support, encouragement, education about breastfeeding, and help with solving problems.

Action Steps

1. Given the reach of the WIC Program, help WIC providers increase the availability of peer counseling services for all WIC participants.
2. Establish peer counseling programs for women not eligible for the WIC Program.
3. Improve the quality of existing peer counseling services by increasing contact hours, improving training, and making prenatal visits earlier.
4. Make sure that peer counselors have support and adequate supervision from an IBCLC.
5. Create and maintain a sustainable infrastructure for mother-to-mother support groups and peer counseling programs in hospitals and community health care settings.

Strategy 5. Support for Breastfeeding in the Workplace

Definition

Support for breastfeeding in the workplace can include several types of employee benefits and services.^{57,58} Examples include the following:

- Developing corporate policies to support breastfeeding women.
- Providing designated private space for women to breastfeed or express milk.
- Allowing flexible scheduling to support milk expression during work.
- Giving mothers options for returning to work, such as teleworking, part-time work, or extended maternity leave.
- Providing on-site or nearby child care.
- Providing high-quality breast pumps.
- Allowing babies at the workplace.
- Offering professional lactation management services and support

Action Steps

1. Provide employers with resources and technical assistance to help them comply with federal and state regulations on breastfeeding support in the workplace.
2. Sponsor a summit of employers, business organizations, and other key decision makers to develop a strategy to implement high-quality breastfeeding support programs in the workplace.
3. Support training on how to implement the steps in The Business Case for Breastfeeding tool kit (see Program Examples for more information).
4. Create links between state agencies that are responsible for implementing existing laws on work-site accommodations.
5. Develop a resource to help employers find creative ways to provide breastfeeding support in the workplace.
6. Enhance lactation support within state agencies.
7. Create recognition programs for businesses to set up high-quality breastfeeding support programs in the workplace.

Factors to Consider When Setting Up a Workplace Lactation Program

Population: The number of women who need support, the resources available,⁶⁸ 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. This space cannot be a bathroom.

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 as workplace support programs are promoted to human resources managers, employee health coordinators, insurers, and health care providers.

Strategy 6. Support for Breastfeeding in Early Care and Education

Definition

Early care and education (ECE) is a term used to describe various types of child care arrangements, including prekindergarten (pre-K) programs, Head Start programs, child care centers, and in-home care. ECE programs play an important role in supporting breastfeeding mothers and their infants by welcoming breastfeeding mothers and making sure staff members are trained to handle breast milk and follow mothers' feeding plans. Increasing access to ECE programs that support breastfeeding families will help women start and continue breastfeeding.

Action Steps

1. Review state ECE regulations related to breastfeeding practices. If licensing or regulation change is not appropriate, seek to integrate breastfeeding standards into statewide Quality Rating Improvement Systems.
2. Consider including breastfeeding materials that encourage breastfeeding initiation, duration, and exclusivity in preservice and professional development education and trainings for ECE providers.
3. Recognize ECE facilities that meet high standards for breastfeeding support.
4. Develop a model breastfeeding policy that can be shared with child care programs in your state or community.
5. Facilitate training for ECE providers on how to support breastfeeding mothers and feed breast milk to infants.
6. Encourage ECE facilities to develop breastfeeding policies that support breastfeeding employees.

Strategy 7. Access to Breastfeeding Education and Information

Definition

Breastfeeding education usually occurs during the prenatal and intrapartum periods. It should be taught by someone with expertise or training in lactation management. It may be offered in a hospital or clinic setting, as well as at libraries, community centers, churches, schools, and work sites. Education primarily includes information and resources. First-time mothers report that they find books and written information helpful, while experienced women often rely on their past experience and doctors.⁷⁵ Although the audience is usually pregnant or breastfeeding women, it may include fathers and others who support the breastfeeding mother.

The goals of breastfeeding education are to increase mothers' knowledge and skills, help them view breastfeeding as normal, and help them develop positive attitudes toward breastfeeding.

Action Steps

1. Evaluate how breastfeeding education may be integrated into public health programs that serve new families, such as Early Intervention; Early Head Start; Success by Six; and family planning, teen pregnancy, and women's health clinic programs.
2. Partner with local community groups that support breastfeeding mothers by providing educational seminars and classes.
3. Work with childbirth educators to include evidence-based breastfeeding education in their curricula.
4. Promote and support breastfeeding classes that are convenient for family members to attend.
5. Work with health plans to encourage them to routinely offer prenatal classes on breastfeeding to all members

Strategy 8. Social Marketing

Definition

Definition

Social marketing is an excellent tool for promoting public health activities. It may be used to promote breastfeeding practices in community, hospital, and workplace settings; educate policy makers about issues related to breastfeeding; and educate the public about healthy infant nutrition practices and support programs. Social marketing is a systematic and strategic planning process that results in an intended practice or program.⁷⁸

Many different definitions of social marketing exist, but most have these common components:

The adoption of strategies used by commercial marketers.

A goal of promoting voluntary behavior change (not just improved knowledge or awareness).

An end goal of improving personal or societal welfare.

The use of pro-health messages (for public health campaigns).

Action Steps

1. Identify local experts who can pitch stories that promote breastfeeding to the media.
2. Provide materials from *Loving Support*, the USDA's national breastfeeding promotion and support campaign for the WIC Program, to local doctors, schools, clinics, hospitals, and child care centers.
3. Ask local media outlets (television, radio, and print) to air or feature public service announcements from the Office on Women's Health's *Babies Were Born to Be Breastfed* campaign.
4. Develop and implement a public health campaign on breastfeeding that uses social marketing.

Strategy 9. Addressing the Marketing of Infant Formula

Definition

Monitoring how infant formula is marketed to ensure that potential negative effects on breastfeeding are minimized can help reduce barriers to breastfeeding for women who choose to do so. The negative association between the marketing of breast-milk substitutes and breastfeeding rates was the basis of the World Health Organization's *International Code of Marketing of Breast-milk Substitutes* (the Code).⁸⁵

Developed with infant formula manufacturers, the Code is a set of guidelines that apply to the marketing of breast-milk substitutes. It reaffirms the role that key entities—such as governments, health care systems, health care workers, and manufacturers and distributors of breast-milk substitutes—play in making sure infant formula is marketed in ways that minimize its negative effects on breastfeeding.

Action Steps

1. Establish guidelines for how public health clinics and facilities can display and distribute materials that do not deter breastfeeding initiation, duration, and exclusivity.
2. Provide educational materials that do not deter breastfeeding initiation, duration, and exclusivity to the offices of pediatricians, family practitioners, obstetrician-gynecologists, and nurse-midwives and to public health clinics and facilities.
3. Work with local associations of health care professionals such as pediatricians, family practitioners, obstetrician-gynecologists, and nurse-midwives to encourage the use of informational or educational materials that do not deter breastfeeding initiation, duration, and exclusivity.