

Promoting Breastfeeding: ASTHO Learning Community

YEAR ONE PROJECT SUMMARY

I. Background: The Importance of Supporting and Promoting Breastfeeding

For most infants and mothers around the world, breastfeeding can be a powerful and positive experience. The short- and long-term benefits of breastfeeding have been long understood and are well documented in research. Breastfeeding protects both mothers and infants from a range of adverse acute and chronic health conditions. A meta-analysis of over 400 studies in developed countries found that breastfed infants had lower rates of acute illnesses, such as ear infections and gastroenteritis, severe lower respiratory tract infections, asthma, and chronic diseases and conditions, such as childhood leukemia, Type 1 and 2 diabetes, and obesity.¹ Maternal health benefits of breastfeeding include lower rates of Type 2 diabetes, and breast and ovarian cancer.² Mothers and infants also enjoy positive psychosocial effects, including increased bonding, and mothers who breastfeed seem to have a lower incidence of postpartum depression, particularly those who breastfeed for longer periods.³ Families of breastfed babies may also profit economically, saving both on the costs of formula for infants and medical costs for treatment of common illnesses such as ear infections and gastroenteritis.⁴



Due to the array of positive benefits, most maternal and child health experts recommend breastfeeding immediately following birth for at least one year, or, exclusively, meaning the infant is only fed breast milk, no supplemental foods or beverages, including water, through six months.⁵ However, most women in the United States do not adhere to these recommendations. Although 79 percent of mothers initiate breastfeeding following birth and almost 50 percent of babies are still breastfed at six months, only 19 percent of babies are breastfed exclusively at six months.⁶ Only about one-quarter of babies are still exclusively breastfed at one year.⁷

Healthy People 2020, the Office of Disease Prevention and Health Promotion's national goals for health improvement, cite improving these statistics as a critical maternal, infant, and child health goal. Specifically, *Healthy People 2020* establishes goals to:

- Increase the proportion of babies who were ever breastfed, and increase the proportion of infants who are breastfed at six months and at one year.
- Increase the proportion of infants exclusively breastfed through the first three months, and the first six months.
- Increase the proportion of employers that have worksite lactation support programs.
- Reduce the proportion of breastfed newborns who receive formula supplementation within the first two days of life.
- Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies.⁸

Women may stop breastfeeding for a variety of personal reasons. However, women across the economic spectrum, from recipients of assistance under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to higher-income women, experience common barriers to breastfeeding that may lead them to stop breastfeeding.^{9,10} These include:

- Institutional barriers such as policies and practices not supportive of breastfeeding in hospitals and worksites.
- Social norms, or beliefs and practices of a mother's community, that undermine breastfeeding efforts.
- A lack of family and peer support, particularly that of her male partner and mother, to breastfeed.^{11,12,13}
- Individual breastfeeding challenges.



Breastfeeding can be difficult and occasionally painful, and without supportive counseling, community and social norms, and peers and family, many women cease breastfeeding.

Although women cite common barriers to breastfeeding, these challenges impact women differently across American society based on socioeconomic, educational, and racial/ethnic lines. Women who graduated college were more likely to initiate and continue breastfeeding than women who had a high school education.¹⁴ Likewise, older women, married women, and women with higher incomes reported breastfeeding at higher rates than their younger, unmarried, lower-income counterparts, respectively.¹⁵ Sixty two percent of non-Hispanic black mothers report ever breastfeeding, compared to 81 percent of white women, 83 percent of Hispanic women, and 90 percent of Asian women.¹⁶

To increase breastfeeding rates and achieve the *Healthy People 2020* goals, experts recommend developing comprehensive, integrated strategies to reduce barriers, and create policies and practices to more effectively support mothers. Specifically, these recommended strategies address changing and updating hospital and healthcare policies and practices, training professionals and peer lactation counselors, changing social norms and expectations about breastfeeding, and creating breastfeeding friendly worksites.

This project summary will:

- Describe ASTHO's work with states and how they implemented strategies to improve breastfeeding rates through the ASTHO Breastfeeding Learning Community.
- Summarize project themes and notable outcomes from states' first year of work.
- Consider ASTHO's potential opportunities in supporting states' efforts.

II. Project Summary: Building State Health Department Capacity for Breastfeeding Promotion and Support

In 2014, ASTHO, with funding from CDC, initiated a unique project to support states in improving their breastfeeding rates. Using a Learning Community Model, ASTHO funded seventeen states and the District of Columbia to enhance the use of effective strategies to reduce breastfeeding barriers. These strategies included:

1. Increasing practices supportive of breastfeeding in birthing facilities.
2. Improving access to professional and peer support for breastfeeding.
3. Ensuring workplace compliance with the Federal lactation accommodation law.

ASTHO provided each participating state \$15,000 to pilot or enhance system-level strategies designed for maximum potential to be sustained and spread across the state. Five states received “enhanced” funding, \$30,000, to work in more depth with their state coalitions. The lead agency in most states was the state health department and several state health departments worked collaboratively with their state breastfeeding coalitions or task forces, with and without enhanced funding.^a Each state had a main area of focus that is indicated in the chart on page 4 and includes detailed summaries of selected states’ activities by strategy.

Members of the ASTHO Breastfeeding Learning Community convened virtually for four structured sessions over a nine-month period, as well as a few times in between to discuss specific topics. ASTHO convened each of the four structured sessions, which included presentations from outside groups including CDC, the U.S. Breastfeeding Committee, and the National Association of City and County Health Officials (NACCHO). Each presented on their breastfeeding work and discussed opportunities for connecting to ongoing efforts. In addition, non-learning



community states presented on their breastfeeding efforts, including Connecticut, Iowa, and New York. States in the learning collaborative also presented their breastfeeding efforts, including North Dakota, Texas, and Delaware. All states in the learning community presented their progress during round-robin discussions with the full group and smaller group breakout sessions for each strategy area. Specific topical calls included discussions about working in rural areas and engaging hospital administrators.

To continue their work for another year (through June 2016), ASTHO provided an additional \$15,000 to the 17 states and the District of Columbia, and one new state, South Dakota. This is the first time CDC has provided funding to all 50 state health agencies for breastfeeding promotion and support through the 1305 grants and the ASTHO learning community.

^a Delaware contracted with the Medical Society of Delaware. Hawaii’s fiscal agent was Breastfeeding Hawaii, New Hampshire’s was the Foundation for Healthy Communities, Ohio’s fiscal agent was the Ohio Hospital Association, and Oklahoma’s, the Coalition of Oklahoma Breastfeeding Advocates.

To assist ASTHO in understanding how states implemented the three different strategies, the team selected nine states in the learning community for in-depth reviews. The states were selected based on their unique approach, target population, and/or progress during the project’s relatively short timeline. A project consultant conducted key informant interviews by phone with project leads from seven states over a period of several weeks in June 2015 as the first year’s project period was nearing completion. In addition, the consultant analyzed presentations, reports, and supplemental information for two additional states. This information was used to create more in-depth state summaries, and included in issue briefs on each strategic area, and to provide insight on general project trends and themes, as well as potential opportunities for ASTHO’s continued work with and support of the Learning Community in year two.

III. ASTHO’s Breastfeeding Learning Community State Team Participation and Areas of Focus, Year One

STATE	INCREASING SUPPORTIVE PRACTICES IN BIRTHING FACILITIES	IMPROVING PROFESSIONAL AND PEER SUPPORT	ENSURING WORKPLACE COMPLIANCE
Arkansas	●		
Alabama [†]	●		
District of Columbia ^{*†}	●	●	
Delaware ^{*†}		●	
Georgia	●		
Hawaii [*]	●		
Illinois [*]	●		
Louisiana ^{*†}	●	●	
North Dakota	●		
New Hampshire	●		
New Mexico [*]			●
Nevada	●		
Ohio [*]	●		
Oklahoma ^{*†}		●	
Texas [*]	●		
Vermont [*]			●
West Virginia	●		
Wyoming		●	

* Indicates states selected for in-depth review.

† Indicates states receiving enhanced funding.

IV. Overarching Lessons Learned and Project Themes

Using the state interviews and other information from state reports, ASTHO identified the following overarching project themes and lessons learned. Specific state examples are included to illustrate the theme.

- States are considering ways to make interventions systemic and sustainable, including piloting and testing approaches before taking them to scale.** Many states have difficulty finding funding and establishing infrastructure to make breastfeeding projects sustainable. States in this project tested policies, practices, and partnerships to increase the likelihood of sustainability. New Mexico, for example, built relationships with the Chamber of Commerce in two counties to increase businesses' attention to lactation, while simultaneously supporting women's breastfeeding goals on their return to work, which they found to be a promising approach. The New Mexico team envisions "...a comprehensive program that can be replicated and tailored to other sites" in pursuit of a "breastfeeding friendly New Mexico for all."^b
- States are building on existing projects and initiatives to leverage partnerships and resources.** Almost all of the states had ongoing breastfeeding initiatives and sought to expand or enhance these efforts. Many states looked to their existing partnerships with task forces or breastfeeding advocates, while others looked to their WIC partners for collaborative opportunities. For the first time, Vermont coordinated activities with different sections in the health department to harmonize efforts, including worksite wellness, chronic disease, and maternal and child health. Because of these relationships, the state worked closely with their district health offices and chronic disease and school liaisons to build local connections.
- States are using approaches that encompass the continuum of intervention points — from the "bottom up" to the "top down" — for a quicker, more systematic and sustainable change.** States found that regardless of how invested individuals were in changing breastfeeding practices in hospitals, worksites, or communities, guidance and commitment from leaders is necessary to move action. Louisiana identified mentor hospitals to be change leaders, Ohio worked with the Ohio Hospital Association, and Texas worked with the Texas Medical Association to inspire leadership in those states. The Ohio, Louisiana, New Mexico, and Vermont teams cited the importance of state public health leadership in their projects.



Likewise, women need to be in communities that accept and encourage breastfeeding and women themselves need to understand the policies and practices that support breastfeeding. In Louisiana, leaders found that "...moms aren't coming into hospitals prepared to receive supportive practices so it is hard to implement these practices..."^c so they designed an intervention aimed at impacting both hospital policies and individual education to address hospital personnel and individual choices.

^b Cindy Chavez, New Mexico Breastfeeding Task Force.

^c Marci Brewer, Louisiana Department of Health and Hospitals.



- **Governmental and non-governmental organizations at the state and local levels are creating joint or complementary goals and/or performance measures.** To prevent duplication and ensure consistency of efforts and messages, several states recommended aligning the vision, goals, and performance measures across similar efforts in the state. For example, the Delaware Learning Community team cited “working together” as one of their most powerful assets, in which “[their] agencies and resources are working towards a common goal” and where “that shared goal supersedes ‘turf’ issues.” Within the Vermont Department of Health, the team aligned their breastfeeding goals across divisions, and in Oklahoma, the Oklahoma Coalition of Breastfeeding Advocates and the Oklahoma Department of Health collaborated to ensure consistency between their organizational strategic plans.
- **Recognizing and celebrating successes are important.** Whether it is through a formal process or designation, multiple states mentioned the importance of recognizing and celebrating successes. States recognized hospitals making progress towards baby-friendly policies and practices using the World Health Organization’s (WHO’s) Baby-Friendly Hospital Initiative or state-specific recognition program like Ohio’s or Texas. Vermont recognized breastfeeding-friendly employers at an annual worksite wellness conference. Louisiana requested hospital leaders to mentor other hospitals working towards baby-friendly status. Illinois highlighted their hospital’s efforts in a regional newsletter that reached over 1,000 homes.
- **High-quality sample policies and outreach and training materials already exist.** States do not need to reinvent tools, but can tailor existing materials to meet unique community needs. Many states set out to create toolkits or materials, but found that their time and resources were better spent on adapting and fielding existing tools.
- **States continue to improve health equity in breastfeeding rates,** focusing on populations in need of the most encouragement. The Illinois and District of Columbia teams worked with health systems serving populations of African-American women with low breastfeeding rates, and improved hospital policies and peer support initiatives to meet these women’s needs. New Mexico’s approach is to work with businesses and provide counsel to employees being served by WIC who were returning to work, and help them identify and advocate for improvements in lactation policy and practice.

V. Selected Outputs, Outcomes, and Project Impact by Strategy

During year one of the project, states trained professionals, created materials, and developed and implemented policies and practices in hospitals, worksites, and communities, in addition to fundamentally changing practices in these venues. Specific output and outcome measures are summarized in Appendix A.

Notable project outcomes:

- States increased the number of breastfeeding-friendly facilities (through state designation programs, etc.) roughly 80 percent over baseline.
- Over 800 healthcare professionals were trained on breastfeeding best practices.
- Almost 500 hospital-related professionals attended state breastfeeding summits.
- A hospital in Illinois increased three-month breastfeeding rates from 19 percent to 43 percent, and women reported skin-to-skin contact from 50 percent to 62 percent during the project period.
- Oklahoma convened 23 opportunities for women to access peer and professional counseling through their “Baby Cafés,” and the District of Columbia met the needs of 90 in-person clients.
- Delaware trained 116 professionals in 10 practices on breastfeeding, with 12 more practices scheduled for training.
- Vermont increased the number of employers that provide space and time for nursing mothers to express breast milk by 136 percent over baseline, and recognized 47 employers as breastfeeding friendly in 2015 – an increase of 161 percent from 2014.
- Sixty-three percent of employers responding to a survey in New Mexico reported an improvement in employee morale and productivity, and 25 percent reported a reduction in healthcare costs due to the business’ support of lactation in the workplace.



VI. Next Steps for States in ASTHO’s Breastfeeding Learning Community for Year Two

These next steps are based on the states’ year two scopes of work, submitted July 2015.

STATE	NEXT STEPS
Alaska	Alaska’s Division of Public Assistance WIC Program will join the ASTHO Breastfeeding Learning Community team to expand access to peer and professional counseling and will continue promoting baby-friendly hospital policies and practices.
Alabama	Alabama’s health department will continue to collaborate with the Alabama Breastfeeding Coalition to assist hospitals in updating policies and practices aligned with the Ten Steps and baby-friendly standards, and focus on helping healthcare providers disseminate resources to support breastfeeding.
District of Columbia	The District of Columbia team will continue to expand their peer counseling services and will seek to expand to 1-2 additional birthing facilities that serve low-income African American families. The team also plans to work with Healthy Start and the Office of the State Superintendent of Education to extend peer-counseling services into these settings.
Delaware	Delaware will establish relationships with all maternity facilities in the state and assist them in improving and maintaining baby-friendly hospital policies in each of the six facilities. The state is encouraging dialog among the maternity facilities so they can discuss lessons learned as they work toward receiving Baby-Friendly designation. They will also reach out to 17 Federally Qualified Health Center practices that reach low-income or minority patients to receive training.
Georgia	Georgia will continue to promote its 5-STAR Hospital recognition program and hopes to expand participation from 9 hospitals to 18 hospitals in the next year. As a result of lessons learned, the Georgia team managing the recognition program will simplify the participation process and is revamping their website to reflect these changes. They will also conduct a participant summit and host six regional information sessions to disseminate information about the program.
Hawaii	Hawaii will expand its training to include aspects of baby behavior, which will be offered to WIC, hospital, and community providers, following a successful training for breastfeeding professionals convened in year one.
Illinois	Illinois will expand and spread their model from Touchette Hospital in East St. Louis, IL to Gateway Hospital in Granite City, IL. This model includes professional training and skills development in support of breastfeeding friendly policies and practices.
Louisiana	Louisiana will expand its mentor/mentee cohort and will add two additional relationships. The learning community team will host one statewide summit and six regional collaborative meetings for hospital decisionmakers. They will support regional coalition efforts and a new coalition in Baton Rouge.
North Dakota	North Dakota will expand its trainings and will continue to recruit participants across the state, specifically in Western North Dakota and among Indian Reservations.
New Hampshire	New Hampshire will continue its collaborative team approach and promote its online breastfeeding course, and will provide two onsite skills days at state hospitals. They plan to enroll two new hospitals in the training.
New Mexico	The New Mexico team will continue to support their employers and will develop a new relationship with the New Mexico Society for Human Resource Managers (SHRM) Chapter. They will also work with peer counselor and home visiting programs to train employees on how to best support their clients who are breastfeeding and returning to work or school.
Nevada	Nevada will continue to promote their training on breastfeeding policy and practice and will work with representatives of the northern and southern breastfeeding coalitions.

Ohio	Ohio will continue to promote and market its recognition program, encouraging new hospitals to apply and supporting participating hospitals that seek improved breastfeeding-friendly policies.
Oklahoma	The Oklahoma team will continue to promote their Baby Cafés, with the goal of opening and maintaining one new Café near a WIC site and another new Baby Café near a hospital that is participating in the Becoming Baby-Friendly in Oklahoma program. They will also support hospitals with their pursuit of receiving a baby friendly designation.
South Dakota	New to the Learning Community, South Dakota will build public, business, and peer support for breastfeeding mothers in the Brookings community through development, distribution, and implementation of breastfeeding support resources for businesses.
Texas	Texas will continue to support the adoption of breastfeeding-friendly policies in hospitals and will convene a statewide summit.
Vermont	Vermont will provide mini-grants and technical assistance to businesses to improve lactation policies and will also continue to implement its business recognition program.
West Virginia	West Virginia will continue to promote its virtual training on the Mountain State Milestones program to maternity providers and hospitals, and will provide two onsite training sessions. This initiative is designed to promote the Ten Steps to Successful Breastfeeding and help hospitals receive recognition as they attain the Ten Steps or Milestones.
Wyoming	The Wyoming team will use the results of their baseline assessment to design and implement community-specific breastfeeding strategies. They will also offer certified lactation counselor training to public health nurses and other community providers.

VII. Resources Developed for Learning Community Activities

States developed a range of resources, including those intended for breastfeeding mothers, peer counselors, and professionals, and tools to promote worksite policies and practices. A comprehensive list of resources is available in Appendix B on pg. 14.

VIII. Conclusion and Opportunities for ASTHO Learning Community Year Two

Over the last year, 17 states and the District of Columbia have boosted the use of effective strategies to reduce the barriers to breastfeeding in healthcare settings, the community, and in worksites, following the three strategic themes for the project, (1) increasing practices supportive of breastfeeding in birthing facilities, (2) improving access to professional and peer support for breastfeeding, and (3) ensuring workplace compliance with the Federal lactation accommodation law. State teams engaged partner organizations, provided training and technical assistance, and facilitated high-quality counseling and encouragement to breastfeeding women. During year two of this project, state teams will continue to refine their strategies and spread them to additional communities, engage new partners, learn from their experiences, and build on successes.

To provide greater assistance to state teams, ASTHO reviewed the overarching lessons learned from the states year one activities and identified ways to enhance its support. ASTHO’s ongoing role in the learning collaborative will be to facilitate resources and contacts between state team members and other state representatives, identify best practices and success stories, and provide technical assistance to states.

Additionally, ASTHO could consider engaging in or expanding their role to potentially include:

- **Continuing to work with national partner organizations.** Throughout year one, ASTHO worked with national organizations that also promote breastfeeding, either solely or as part of a more comprehensive portfolio, including NACCHO, the U.S. Breastfeeding Committee, Association of Maternal and Child Health Programs, and the Carolina Global Breastfeeding Institute. In year two, ASTHO will continue to collaborate with these partners to improve capacity for breastfeeding promotion and support across the national landscape. ASTHO could also continue to highlight partner organizations' efforts and invite them, when appropriate, to future learning sessions or technical assistance calls. Additionally, ASTHO could explore additional partnerships with national organizations that mirror those at the state level, such as the Association of Women's Health, Obstetric and Neonatal Nurses, or other professional membership associations.
- **Providing insight to Federal partner agencies.** Several Federal agencies promote and enhance breastfeeding efforts, and ASTHO has the benefit of having a "birds-eye" view of state efforts. ASTHO could potentially work with Federal partners to identify gaps and opportunities for moving forward based on the work of the learning community states.
- **Assisting states identify high-potential populations.** ASTHO could facilitate greater information sharing and dissemination among states about populations with both the highest need for services and the potential for progress. For example, the Vermont Department of Health worked with school liaisons to address the breastfeeding needs of teachers in schools. This approach allowed the health department to target a population of high need and potential, and leverage existing staff capacity.
- **Supporting state health department staff to encourage greater coordination within and between chronic disease program staff, worksite wellness, healthcare (such as Medicaid), and other state governmental entities.** Although many states work within interdisciplinary teams, ASTHO could help them enhance and deepen their connections to improve coordination, set common goals and objectives, align resources, and ultimately increase the likelihood of institutionalizing policy and practice.
- **Helping identify additional governmental and non-governmental funding sources for states to enhance breastfeeding strategies,** such as from associations, foundations, or other sources.
- **Facilitating additional contact between state teams.** This could include distributing a contact list to state teams and convening shorter, more frequent opportunities for states to connect about challenges and opportunities. Several states identified this in their year one final reports as a potential "value add" for ASTHO.

Year two of the ASTHO Breastfeeding Learning Community offers opportunities for further work and development, with the ultimate goal of improving breastfeeding rates across the nation.

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District of Columbia

- Paulette Thompson and Emily Cleaves (*D.C. Department of Health*)

Hawaii

- Heidi Hansen-Smith and Lorilyn Salamanca (*Hawaii Department of Health*)

Illinois

- Brenda Jones (*Illinois Department of Public Health*)

Louisiana

- Marci Brewer (*Louisiana Department of Health and Hospitals*)

New Mexico

- Barbara Howe (*New Mexico Department of Health*)
- Cindy Chavez (*New Mexico Breastfeeding Task Force*)

Ohio

- Dyane Gogan-Turner, Breanne Haviland (*Ohio Department of Health*)
- Stacey Conrad (*formerly of Ohio Hospital Association*)
- Ryan Everett (*Ohio Hospital Association*)

Oklahoma

- Rebecca Mannel (*Coalition of Oklahoma Breastfeeding Advocates*)

Texas

- Julie Stagg (*Texas Department of Health*)

Vermont

- Natalie Schubel (*Vermont Department of Health*)

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APPENDIX A: COMMONLY SELECTED OUTPUT AND OUTCOME MEASURES FOR GRANTEES, YEAR ONE

STRATEGY	MOST COMMON OUTPUT MEASURES	MOST COMMON OUTCOME MEASURES
Increasing supportive practices in birthing facilities	<ol style="list-style-type: none"> 1. The number of breastfeeding professionals trained (six states.) 2. The number of breastfeeding summits convened; number of participants (five states.) 3. The number of internal trainings on new practices (four states.) 4. Breastfeeding teaching materials developed (four states.) 5. Other (number of mentor visits; number of practices formally implemented (SOPs); professionals recruited and hired.) 	<ol style="list-style-type: none"> 1. The total composite quality score from CDC’s mPINC survey (eight states.) 2. Number of facilities designated as breastfeeding-friendly (three states.) 3. Other (the number of birthing facilities with ideal practice on those specific practices that facilities are addressing; and number of maternity hospitals developing model lactation policies.)
Improving professional and peer support	<ol style="list-style-type: none"> 1. The number of peer networks developed (two states.) 2. The number of collaboratives convened (two states.) 3. The number of breastfeeding professionals trained (two states.) 4. Other (the number of professional breastfeeding materials developed; Baby Cafes convened; and community resources identified.) 	<ol style="list-style-type: none"> 1. Number of community providers with office policies to promote breastfeeding (two states.) 2. Other (the number of community sites that provide professional and peer support for breastfeeding.)
Ensuring workplace compliance	<ol style="list-style-type: none"> 1. The number of workplace breastfeeding policies developed and formalized. 2. Proportion of management that attended breastfeeding specific training. 	<ol style="list-style-type: none"> 1. The number of employers that provide space and time for nursing mothers to express breast milk. 2. The number of employers recognized as breastfeeding friendly. 3. Percentage of respondents reporting an improvement in employee morale and productivity due to businesses’ support of lactation in the workplace. 4. Percentage of respondents reporting a reduction in healthcare costs due to the business’ support of lactation in the workplace.

APPENDIX B: STATE RESOURCES

General Breastfeeding Promotion

- **Breastfeeding Marketing and Promotion (General Public)**

- [Children's National East of the River Lactation Support Center Informational Cards \(DC\)](#)

- Informational cards available for distribution to all Washington, D.C. birthing facilities, public health high schools with teen pregnancy clinics, and community churches.

- [Touchette Regional Hospital \(TRH\) Community Newsletter \(Illinois\)](#)

- The April 2015 TRH Newsletter featured the article "Know the Facts about Breastfeeding: Making Best Choice for you Baby." The newsletter was developed by the Touchette Regional Hospital's Marketing Department and targeted 1000 households within the Touchette Regional Hospital service area.

Increasing Practices Supportive of Breastfeeding in Birthing Facilities

- **Breastfeeding Marketing and Promotion (Hospital focused)**

- [Booker Promotions \(Georgia\)](#)

- A mesh, drawstring tote with the Georgia Department of Health's (DPH) logo and five stars were given to participants. Red lanyards with five white stars on one side and "a great start," DPH's Breastfeeding mantra, on the other side were distributed. Buttons with "Breastfeeding: a great start" under five gold stars were also given away at the workshop.

- **Clinical Tools**

- [New Patient Intake Form \(DC\)](#)

- In order to schedule WIC and early newborn visits, this intake form was developed for the peer counselor to use when establishing birthing facility contact.

- **Clinical Training Resources**

- [Breastfeeding for the Medical Professional \(Illinois\) \[slide deck\]](#)

- A lunch and learn presentation for providers, staff, and agency providers from Touchette Regional Hospital, East Side Health District WIC and Southern Illinois Healthcare Foundation. The objective of the presentation was to understand the process and benefits of breastfeeding.

- [Skills Lab PowerPoint \(Illinois\) \[slide deck\]](#)

- The Skills Lab PowerPoint was developed for staff of Touchette Regional Hospital, East Side Health Department WIC, and Healthy Start. The presentation outlines seven breastfeeding skills to help assist and support breastfeeding mothers and infants.

- [Skills Lab Competency Form \(Illinois\)](#)

- The Skills Lab competency form was designed for participating staff to document prerequisites and attendance at the seven skills lab stations.

- [Skills Lab Equipment List \(Illinois\)](#)

- This Equipment List was designed for Skills Lab trainers to identify needed supplies and equipment for the Skills Lab set up.

- [Skills Lab Breastfeeding Crossword \(Illinois\)](#)

- The Breastfeeding Crossword was designed for staff education, emphasizing key concepts within the Skills Lab.

[Skills Training Agenda and Script for Trainers \(North Dakota\)](#)

The Skills Training Agenda and Script identifies the objectives and research for each one of the six skills lab stations. North Dakota Department of Health staff developed this to fit North Dakota needs based off of the training that was observed in Texas.

[Mountain State Milestones: An Update on Evidence Based Practices to Improve Infant Outcomes \(West Virginia\)](#)

A two hour PowerPoint Presentation targeted toward physicians, nurses, and other perinatal providers. The presentation included an overview of the Mountain State Milestones Program, The Ten Steps to Successful Breast-feeding and the Baby-Friendly Initiative.

[Mountain State Milestones promotional postcard \(West Virginia\)](#)

This promotional postcard was mailed to approximately 3,000 West Virginia perinatal providers to promote registration and participating in regional in person meetings.

[Mountain State Milestones promotional postcard \(West Virginia\)](#)

The Mountain State Milestones promotional postcard was used to promote the online e-learning program.

Hospital/Clinical Policies

[Breastfeeding Assisting the Mother – Policy Statement \(Illinois\)](#)

A policy statement developed for Touchette Regional Hospital Obstetric and Neonatal staff. The purpose of the policy statement to provide guidance for staff to assist and support the breastfeeding mother and newborn.

[Donating Mothers Milk to the Milk Bank \(Illinois\)](#)

Donating Mother's Milk to the Milk Bank is an advertisement designed by Cardinal Glennon to outline for patients the process for donating milk to the milk depot.

● ***Breastfeeding Resources for Mothers and Families in the Hospital and Post-Discharge***

[Breastfeeding: Getting Started Brochure \(North Dakota\)](#)

The Breastfeeding: Getting Started Brochure, developed by the North Dakota Department of Health staff and modeled after the Joint Commissions Speak Up Campaign, help mothers identify what they need to know before, during and after delivery.

[Discharge Card Check List \(North Dakota\)](#)

The Discharge Card Check List, developed by the North Dakota Department of Health staff, lists important items about breastfeeding for the health provider and mother to discuss prior to discharge. The back of the check list includes an area for mothers to write down questions to ask the doctor at the first pediatrician visits.

[Crib Cards \(North Dakota\)](#)

These crib cards, developed by the North Dakota Department of Health staff, include breastfeeding informational [bullet points](#).

[Golden Hour Door Sign \(Illinois\)](#)

A door sign designed to give families notice of the 1st Golden Hour (visiting limitation) after delivery to respect new mom and baby bonding.

[Breastfeeding Posters \(Really? Really.\)](#)

These breastfeeding posters, developed by Really? Really., are fun and informational infographics intended to be hung in hospital rooms for parents to read.

Increasing Access to Professional and Peer Support for Breastfeeding

- **Breastfeeding Support for Mothers and Families (Community)**

- [Peer Counselor Educational Took-Kit \(DC\)](#)

- The tool-kit includes teaching aids, evidence based educational materials to enhance peer counselor knowledge, and demonstration models.

- [COBA Baby Café Facebook Page \(Oklahoma\)](#)

- Facebook page with information on COBA Baby Cafés, announcements, and information on breastfeeding.

- [COBA Baby Café Website \(Oklahoma\)](#)

- Website with information on COBA Baby Café locations, dates, and times.

- [COBA Baby Café Flyers \(Oklahoma\)](#)

- Flyers, developed by the COBA Baby Café team, to promote the location of each Baby Café site.

- [Teaching Feeding Cues \(Oklahoma\)](#)

- An informational handout, developed by the Oklahoma Breastfeeding Resource Center, depicting infant feeding cues.

- [Hotline \(Oklahoma\)](#)

- An informational flyer for the Oklahoma Breastfeeding Hotline.

- [Baby's Cues \(Oklahoma\)](#)

- An informational handout describing baby's behavior cues.

- [Why Babies Cry \(Oklahoma\)](#)

- An informational handout explaining why babies cry.

Encouraging Worksites to be Breastfeeding-Friendly (Also, Ensuring Worksite Compliance with Federal Lactation Accommodation Law)

- **Worksite Resources (Employee focused)**

- [Mom at Work Door Hanger \(Illinois\)](#)

- The Mom at Work Door Hanger serves as a privacy notification for mothers during breastfeeding or pumping at work or school and given to new mothers. Southern Illinois Health Care Foundation funded the purchase of the door hangers for use in the hospital and as a take home gift for mothers.

- [Privacy Please Door Hangers \(North Dakota\)](#)

- The Privacy Please Door Hangers, developed by the North Dakota Department of Health staff, help mothers obtain privacy while breastfeeding and/or pumping if desired. The back of the door hangers has ten websites that mothers can go to for valuable breastfeeding information.

- [Vermont Workplaces Support Nursing Moms Fact Sheet \(Vermont\)](#)

- Developed by the Vermont Commission on Women and the Vermont Department of Health in 2008, this fact sheet includes information for employers and employees about the Vermont law protecting nursing mothers in the worksite.

- [Information and Resources for Employers and Employees \(Vermont\)](#)

- This document contains breastfeeding links for resources for Vermont employers. The document includes links to the resources from the Vermont Commission on Women, and links to government websites with information for employers about supporting breastfeeding employees.

- **Worksite Resources (Employer focused)**

- [BWL Announcement \(New Mexico\)](#)

- A flyer developed by The New Mexico Breastfeeding Task Force to promote the Breastfeeding Workplace Liaison (BWL) program to both employers and employees.

- [Employer Tool Kit \(New Mexico\)](#)

- The Breastfeeding Workplace Liaison Employer Tool Kit included the BWL announcement, business cards, New Mexico Breastfeeding laws, 'Breastfeeding Welcome Here' decal, and breastfeeding/pumping educational materials.

- [Business Certificate \(New Mexico\)](#)

- The Business Certificate was given to businesses that have self-identified as breastfeeding friendly.

- [Breastfeeding Workplace Liaison Handbook \(New Mexico\)](#)

- A BWL Handbook was provided to businesses that have self-identified as breastfeeding friendly.

- [Best Feeding Business Owners Brochure](#)

- The Best Feeding Business Owners Brochure highlights the benefits to employers who support moms who want to continue breastfeeding after returning to work and lists eight ways to support breastfeeding employees.

- [ASTHO Fact Sheet: Worksite Wellness: Breastfeeding Promotion](#)

- This fact sheet describes state health agency best practices to promote breastfeeding and provides talking points for how breastfeeding reduces healthcare costs without lowering productivity. It highlights the Texas' Mother-Friendly Worksite Program.

- [Texas Mother-Friendly Worksite Program \(Texas\)](#)

- The Texas Mother-Friendly Worksite Program website outlines steps to becoming a mother-friendly worksite employer.

- [Breastfeeding Friendly Employer Project Brochure and Application \(Vermont\)](#)

- The Breastfeeding Friendly Employer Project Brochure and Application was developed over 10 years ago by the Vermont Department of Health WIC Program. The application is reviewed and revised periodically and includes a checklist with levels of support.

- [Vermont Workplaces Support Nursing Moms Fact Sheet \(Vermont\)](#)

- Developed by the Vermont Commission on Women and the Vermont Department of Health in 2008, this fact sheet includes information for employers and employees about the Vermont law protecting nursing mothers in the worksite.

- [Information and Resources for Employers and Employees \(Vermont\)](#)

- This document contains breastfeeding links for resources for Vermont employers. The document includes links to the resources from the Vermont Commission on Women, and links to government websites with information for employers about supporting breastfeeding employees.

Worksite/Employer Policies

- [ASTHO Webinar: Healthy Worksite Maternity/Breastfeeding Policies](#)

- This webinar highlights successful strategies and best practices that have been implemented in the North Dakota and Nevada state health agencies to encourage breastfeeding and to help new parents return to work. In addition, Virginia describes how they work with businesses in their state to develop breastfeeding policies.

- [ASTHO Case Study: North Dakota Health Department Healthy Maternity Policies](#)

- ASTHO's worksite wellness case study highlights comprehensive maternity policies at the North Dakota Department of Health set high standards to promote wellness for mothers returning to the workplace.

[Sample Basic Breastfeeding Policy \(Vermont\)](#)

Developed by Vermont WIC, the sample basic breastfeeding policy is a basic one-page document for employers to use as a template when crafting their own policy for supporting breastfeeding employees.

[Sample DETAILED Breastfeeding Policy \(Vermont\)](#)

Developed by Vermont WIC, this detailed sample breastfeeding policy includes the national and Vermont state law protecting breastfeeding employees, sample employer statement of support, guidelines for lactation space, and references and web links for additional information and resources.