Advancing Breastfeeding Promotion and Support in States Toolkit

Introduction

From 2014-2018, ASTHO supported states in designing, implementing, and improving strategies to increase breastfeeding initiation and duration rates. This toolkit is a compilation of state highlights, resources developed by learning community states, and lessons learned from states within three strategy areas:

1. Improving hospital policy and practice.
2. Enhancing peer and professional support.

This toolkit aims to provide ideas and resources to assist states in implementing similar approaches to breastfeeding promotion.

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Background: ASTHO’s Breastfeeding State Learning Community

From 2014-2018, ASTHO launched the innovative State Breastfeeding Learning Community and funded 18 states and the District of Columbia to address barriers to breastfeeding.

States focused their efforts on critical systems-level interventions to fundamentally change the way hospitals, communities, and worksites support breastfeeding. These approaches include interventions that targeted:

- **Policy** approaches that supported creating state, community, or employer breastfeeding-friendly policies.
- **Data** collection and analysis, including developing or utilizing existing data systems to inform action and change.
- **Partnership** development or enhanced strategic partnerships to help align, coordinate, and amplify ongoing breastfeeding efforts.

ASTHO’s State Health Agency Breastfeeding Promotion and Support web page highlights resources detailing state efforts to promote and support breastfeeding. Summaries and cross-cutting issue briefs delve into the research and evidence for population-level breastfeeding approaches, as well as breastfeeding-related issues, and include:

- Promoting and Supporting Breastfeeding: ASTHO Learning Community Year Three Project Summary
- Enhancing Health Equity in Breastfeeding Opportunities and Outcomes
- Promoting Breastfeeding: State Health Departments and Breastfeeding Coalition Partnerships in the ASTHO Breastfeeding Learning Community
- Blog Post: State Legislation Supporting Increased Breastfeeding Duration
- Perinatal Quality Collaboratives Support Breastfeeding
- ASTHO State Story: Illinois Women’s Prison Promotes Breastfeeding and Maternal and Infant Health

State Breastfeeding Strategies

States focused on three systems-level, evidence-based approaches:

- Improving hospital policy and practice.
- Creating additional peer and professional support for breastfeeding.
- Supporting the development of breastfeeding-friendly workplace policies.

In years one through three of the Breastfeeding State Learning Collaborative, ASTHO funded 18 states and the District of Columbia to address one or more of the three systems approaches. In year four of the learning collaborative, seven states out of the original cohort received innovation grants to enhance, improve, and expand on their previous strategies by reaching different communities or populations. The chart below highlights the states’ areas of strategic focus for the four project years.
Table 1. State Learning Collaborative Activities

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<td>Wyoming</td>
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+ Indicates states receiving enhanced funding in years 1-3 for enhancing state health department and breastfeeding coalition coordination.
* Indicates states receiving innovation funding in year 4.
1 Indicates focus area in year one.
2 Indicates focus area in year two.
3 Indicates focus area in year three.
4 Indicates focus area during the innovation year.

ASTHO’s interactive map contains descriptions of ASTHO's Breastfeeding Learning Community state teams and highlights from state health agency breastfeeding promotion efforts.

Improving Hospital Policy and Practice: Supporting Baby-Friendly Hospital Initiative or State Recognition Programs

Strategy Summary
Maternity care practices play a significant role in establishing breastfeeding behaviors. Birthing facilities can positively influence a mother’s breastfeeding initiation, particularly by encouraging skin-to-skin contact (direct contact between mother’s bare chest and infant, or another support member’s bare chest and the infant), facilitating opportunities for immediate breastfeeding by encouraging rooming-in
(keeping the infant in the mother’s room for at least 23 out of 24 hours), and supporting and encouraging breastfeeding. Likewise, hospitals can undermine breastfeeding by promoting formula, disregarding the World Health Organization’s International Code of Marketing of Breastmilk Substitutes and advertising formula by giving free formula in discharge packs.\textsuperscript{2,3}

In 1992, the World Health Organization partnered with UNICEF to create the Baby-Friendly Hospital Initiative to implement practices that protect, promote, and support breastfeeding. In the United States, Baby-Friendly USA grants designation to Baby-Friendly facilities that have successfully implemented the Ten Steps to Successful Breastfeeding thereby demonstrating that they have implemented the gold standard of breastfeeding maternity practices. Hospitals that improve their maternity practices and adopt the ten steps consistently demonstrate increases in breastfeeding initiation.\textsuperscript{4,5} However, pursuit of this designation can be challenging for hospitals, logistically or financially. To address these challenges, some states have created their own recognition programs to motivate and honor hospitals progressing toward or achieving these ten steps to become more breastfeeding-friendly.

State Highlights

**Georgia**

Georgia Department of Public Health’s 5-Star Hospital Initiative is a state-led initiative to encourage breastfeeding-friendly hospital practices. This five-step system is based on the Baby-Friendly designation and gives one star to a hospital that advances two steps along the Baby-Friendly pathway.

**Louisiana**

The Louisiana Department of Health (LDH) created The Gift, a hospital breastfeeding initiative that facilitates peer-to-peer mentoring between designated certified Baby-Friendly hospitals and hospitals working to obtain the Baby-Friendly designation. These mentor-mentee teams communicate and convene site visits among the hospitals. Additionally, LDH supported a series of regional capacity-building and collaborative meetings to engage stakeholders and hospital leadership and provided travel stipends for hospital staff that attend regional collaborative meeting. LDH also collaborated with local breastfeeding coalitions to conduct community-level networking meetings to facilitate consistent messaging efforts and quality patient care. LDH further created a comprehensive array of patient education resources, the Coffective System of Tools, to help educate families and encourage communities to be more accepting and encouraging of breastfeeding. LDH disseminated these tools statewide in hospitals, home visiting programs, and the state’s Special Supplemental Nutrition Program for Women, Infants, and Children program (WIC).

**Ohio**

The Ohio Department of Health (ODH) and the Ohio Hospital Association (OHA) co-led a unique partnership that built on the entities’ previously successful infant mortality reduction efforts. These partners unified the state’s breastfeeding efforts under common goals and objectives and joint priorities and interventions.

The Ohio team promoted its state-level hospital recognition program, First Steps for Healthy Babies, which distinguishes maternity hospitals that are progressing toward meeting the Ten Steps to Successful Breastfeeding. The Ohio team developed, branded, and marketed this recognition program to the state’s 107 maternity hospitals. In addition to the basic components of the ten steps, Ohio’s program includes a component focused on fatherhood. The program is based on a modified five-tier system, which awards hospitals for every two steps achieved. A hospital can select which steps to implement
and in the order that makes the most sense for the facility. Hospitals can apply on a quarterly basis using an online application. In addition, the Ohio team created skills labs and accompanying educational materials to provide ongoing training for staff.

Texas
Texas’s Ten Step (TTS) program is a program designed to recognize Texas hospitals progressing toward adopting and implementing evidence-based breastfeeding-friendly policies. The corresponding Texas Ten Step Star Achiever program is a quality improvement model that engages hospitals in a learning collaborative and offers support and technical assistance as hospitals adopt policies to improve breastfeeding rates.

Policy Strategies and Resources
Participating in state-level policies, including legislation, state agencies, or all-state policy focus.

- ASTHO’s Perinatal Quality Collaboratives (PQCs) Support Breastfeeding issue brief describes how states are using the PQC structure to advance breastfeeding efforts. States highlighted include North Carolina, Massachusetts, and Illinois.
- The District of Columbia Department of Health’s Lactation Commission provides leadership and expertise to the District of Columbia’s mayor on policy-level interventions designed to increase breastfeeding rates and support lactating mothers, with the longer-term goals of reducing infant mortality rates and improving child health in the district.

Disseminating best practices

- ASTHO’s Breastfeeding Best Practices in Hospital Settings infographic discusses breastfeeding promotion, highlights information on health equity and breastfeeding, and highlights lessons learned from Alabama, Georgia, and New Hampshire.

Supporting related policies, such as Safe Sleep

- ODH’s Breastfeeding and Safe Sleep poster is available in English and Spanish and highlights the benefits of breastfeeding and safe sleep practices to reduce sudden infant death syndrome (SIDS).

Data Strategies and Resources
Tracking and accounting for implementation of Baby-Friendly policies and practices.

- Nevada Division of Public and Behavioral Health’s Baby Steps to Breastfeeding Success has an evaluation tool that helps providers track progress on Baby-Friendly hospital efforts.
- Texas Department of State Health Services’ Exclusive Breastfeeding Audit Form helps hospital staff survey and measure exclusive breastfeeding among patients.

Partnership Strategies and Resources
Building partnerships between providers and new families: providing key patient education and information.

- Alabama Department of Public Health’s 10 Great Reasons to Breastfeed resource explains how breastfeeding benefits both mothers and their infants. Alabama’s topic-specific newborn
information also offers guidance on the importance of specific actions such as practicing skin-to-
skin contact and rooming-in.

- Nevada Division of Public and Behavioral Health’s Baby Steps to Breastfeeding Success letter to
newly-breastfeeding mothers provides motivation and support for breastfeeding, and the related guide provides additional breastfeeding success resources.

**Convenings**
Establishing a convening for healthcare professionals, including support professionals and
paraprofessionals, provides an opportunity to discuss strategies for improving breastfeeding rates in
their communities.

- Hawaii offers statewide breastfeeding conferences and training. Project funds are used to
provide scholarships to professionals in the state.

**Lessons Learned**

- **Utilize incremental steps to achieve buy-in.** Creating a draft policy, incorporating feedback, and
getting approval before finalizing the policy increases stakeholder support and decreases
resistance.

- **Tailor the terminology to the audience.** Teams found that it was best to avoid using loaded
terms. For example, “policy” might have unintended implications or be difficult to define, and
some stakeholders may perceive “baby-friendly” as meaning that non-designated facilities are
considered unfriendly to babies.

- **Engage hospital administrators in a meaningful way.** State teams found hospital and provider
engagement challenging. However, this is a vital constituency for large-scale hospital changes.
State teams utilized community champions, financial incentives, and “wins,” such as
improvements—even small ones—in breastfeeding rates to inspire leaders to engage and invest
in breastfeeding efforts.

- **Be specific and focused in “asks” of hospitals, partners, and organizations.** Team leads found it
more difficult to engage partners and stakeholder groups when their requests for feedback were
lengthy, vague, or without a clear, intentional goal. Partners were more responsive when they
could readily understand, react, and respond to specific requests from project leaders.

- **Staff training, re-training, and ongoing education are important, and many changes also
require a large-scale culture shift.** Staff should collaboratively examine cultural beliefs and
customs regarding breastfeeding and collaborate on strategies to address barriers.

**Enhancing Peer and Professional Support**

**Strategy Summary**
Women discontinue breastfeeding for a variety of reasons, which may include a lack of support for
breastfeeding in the community or from a woman’s family—particularly from her male partner and
mother. In general, breastfeeding can be difficult and may require additional education or
preparation. Without supportive counseling, supportive social norms, or encouragement from peers and
family, many women cease breastfeeding.

To address these challenges, peer and professional lactation counselors provide guidance, information,
comfort, and encouragement for women who want to breastfeed. Existing counseling models include
one-on-one or group support in homes or in community settings. Studies suggest that peer-to-peer support increases short- and long-term breastfeeding rates. Additionally, women who more frequently engage in counseling or support interventions were more likely to continue breastfeeding. Breastfeeding peer groups, where breastfeeding is normative and desirable, can change broader social norms to become more amenable to and supportive of breastfeeding. Peer groups also have the added benefit of connecting women with similar experiences who are facing comparable challenges.

State Highlights

District of Columbia

The DC Department of Health (DCDOH) and the DC Breastfeeding Coalition (DCBFC) sought new ways to engage and effectively reach technologically adept families and those with limited English proficiency who were currently not being effectively reached. The team used two primary strategies to accomplish this goal: (1) translating the available resources into Spanish and Amharic and (2) converting the DC Breastfeeding Guide into a static software application for both Apple and Android users. The app was designed to put the guide in the “palm of the hand” of District residents and connect women to areas to pump, express human breast milk, or breastfeed infants in community locations. The locations include maternity care centers that are designated as Baby-Friendly and businesses or worksites that are breastfeeding-friendly.

The DC team also created the poster Delivering in the District of Columbia? What to Expect to prepare families for delivering in District facilities. Two hospitals have obtained Baby-Friendly designation, and the remaining four facilities are working toward designation. The team also created a brochure for families, Top Ten Reasons to Breastfeed Your Baby.

Moving forward, the DC team plans to (1) assess and promote consistent city-wide breastfeeding policies and protocols within birthing facilities and Children’s National Health System pediatric health centers and (2) establish in-patient postpartum breastfeeding support and refer patients to community-based support groups upon discharge, which aligns with step 10 of Baby-Friendly designation.

Oklahoma

Oklahoma’s project, led by the Coalition of Oklahoma Breastfeeding Advocates (COBA) in collaboration with the Oklahoma State Department of Health, concentrated on reducing disparities in breastfeeding among African American and American Indian women. The Oklahoma team adopted Baby Cafés, a community support model for breastfeeding, to provide a no-cost location where women can meet with other nursing mothers, talk to facilitators, and get advice from certified lactation consultants (CLC). Baby Cafés had either a certified lactation consultant onsite or an international board-certified lactation consultant (IBCLC) available by telephone.

The first Baby Café focused on African American women in Oklahoma City, operating cafés in three locations that were accessible to women in low-resourced communities. The team recruited African American facilitators to reflect the population and partnered with WIC and hospitals to market the Baby Cafés and recruit participants.
Policy Strategies and Resources

**Increasing statewide lactation support resources.**

- The Breastfeeding Coalition of Delaware’s lactation scholarship plan [template and accompanying application](#) is designed to cultivate a community of diverse professional and peer lactation supporters. Scholarship awards are based on demonstrated commitment to providing breastfeeding support to diverse communities and the intention to work as a professional or peer lactation supporter in Delaware.

- Coalition of Oklahoma Breastfeeding Advocates’ [Breastfeeding Resource Center](#) provides a 24-hour breastfeeding support hotline and up-to-date information on common breastfeeding challenges.

**Training community-based providers on supporting breastfeeding.**

- ASTHO’s [Breastfeeding Best Practices in the Community](#) infographic highlights ways to promote breastfeeding, including peer counseling, baby cafés, and medical training modules. Highlighted states include Delaware, the District of Columbia, and Oklahoma.

- The Delaware Division of Public Health, the Medical Society of Delaware, and the Breastfeeding Coalition of Delaware (BCD) developed Educating Physicians in the Community Breastfeeding Education, Support and Training (EPIC-BEST), presentations and training tools for physicians in the community. Delaware adapted tools and resources from Pennsylvania’s EPIC-BEST program. (Delaware’s materials are available from ASTHO upon request).

Data Strategies and Resources

**Documenting and disseminating breastfeeding resources.**

- The BCD’s [Guide to Breastfeeding Support Resources in Delaware](#) lists various resources, including hospitals, state programs, community-based organizations, private practice consultants, and websites that support breastfeeding mothers in the state.

Partnership Strategies and Resources

**Helping family members better understand how to support breastfeeding.**

- ODH and the OHA’s [father engagement resource](#) promotes involving fathers in breastfeeding and recognizing their important role in supporting mothers before, during, and after this important time.

**Building community among mothers and families.**

- District of Columbia’s [East of the River Lactation Support Center](#) is a collaborative program between Children’s National Health System, DC WIC, and the [DCBFC](#). The program aims to help mothers in the Washington, D.C., metro area reach their breastfeeding goals through prenatal breastfeeding education and postpartum breastfeeding support.

- Coalition of Oklahoma Breastfeeding Advocates’ COBA Baby Café is a model that combines peer support with free support from qualified lactation specialists. Baby Cafés welcome women and their families in their own communities to build connections and change social norms.
Lessons Learned

- **Breastfeeding women benefit from peer and professional counselors that reflect and originate from their community.** If applicable, birthing facilities can seek lactation consultants and supportive counselors who are the same race or speak the same language as the population they serve. Facilities may also utilize translation services, such as phone services, in-house translators, or staff trained in medically accurate language translation to provide high quality healthcare. In Oklahoma, particular attention was given to recruiting counselors from diverse cultures.

- **Education and marketing materials should use images reflecting a diverse population of breastfeeding women.** Women need to “see themselves” breastfeeding, and materials should include a variety of images to help change social norms.

- **Leaders from the state health agency or breastfeeding task force can coordinate peer support and counseling efforts and streamline messages that women hear across the community.** Consistent peer support and communication efforts help avoid duplication of efforts or conflicting messages, which can confuse women, families, and the organizations that serve them.

- **Competing priorities will always present challenges.** Partners are busy and working toward their own goals and objectives. Breastfeeding advocates can consider coordinating goals, objectives, and measures with partners to better align efforts and resource coordination.

Encouraging Breastfeeding-Friendly Worksites

**Strategy Summary**

Women often face challenges continuing breastfeeding when they return to work after their maternity leave ends. The Patient Protection and Affordable Care Act requires that employers with more than 50 employees provide women adequate break time to express milk during the work day for one year after the child’s birth. This law also requires employers 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.” The U.S. Department of Labor provides guidance for implementing the law, including discussing which employees are covered, addressing possible retribution or retaliation, and the parameters for compensated breaks. Some state laws offer women more comprehensive rights and protections, such as California’s Lactation Accommodation Law.

Although laws ensuring the rights of women to express breast milk (also referred to as “pumping”) may be reasonable and desirable, employees and employers face implementation challenges due to worksite policies, facilities, and the nature of some jobs. Employers might find it difficult to identify space to create a lactation room or think the efforts will be too expensive to undertake. Other employers might be resistant to granting breaks to employees, either because of practical, logistical challenges or because of a perception of reduced productivity. Employees, particularly if they are the first in the worksite to require accommodations, might not know their legal rights or might find it difficult to advocate for their rights because of their position within the organization. A recent survey of breastfeeding women showed that while almost 60 percent of respondents felt that their employer was somewhat or extremely supportive of breastfeeding or pumping at work, less than 30 percent said it was easy to pump at work. Respondents cited a lack of time (66%), a lack of private room (26%), and having no facility to pump (8%) as specific impediments to expressing breast milk at work.
State Highlights

New Mexico

Led by the New Mexico Department of Health, (NMDOH), New Mexico’s team sought to create a system of support for breastfeeding employees, beginning with two pilot communities, Bernalillo and Dona Ana counties. The health agency used existing and combined infrastructure to offer technical assistance to businesses in these communities that were interested in enhancing their breastfeeding-friendly efforts. A breastfeeding worksite liaison partnered with the communities’ chambers of commerce and participated in networking events, built relationships with business leaders, and shared information about the initiative through presentations at chamber of commerce events and conferences for school health and early childhood educators. The liaison also provided resources to employers requesting assistance, including a toolkit, handouts, door hangers for pumping rooms, and other resources from HRSA’s Business Case for Breastfeeding program.\textsuperscript{14} Employers worked to address each step at their own pace and on a voluntary basis.

The New Mexico team concurrently sought to help women negotiate with employers for breastfeeding accommodations in compliance with the law. The team piloted an approach in which WIC breastfeeding counselors worked closely with mothers prenatally, at time of delivery, and then through post-partum WIC nutrition counseling. The WIC counselor became a trusted counselor for the women, advising them regarding their rights to lactation accommodations and helping them negotiate arrangements with employers.

Vermont

Vermont Department of Health’s (VDH) Divisions of Maternal and Child Health and Physical Activity and Nutrition collaborated, in conjunction with WIC and VDH’s regional chronic disease designees, to design a technical assistance, support, and recognition program for breastfeeding-friendly worksites. Through this division collaborative, VDH aimed to achieve join grant outcome measures and maximize effectiveness and coordination. The team offered small grants of $1,000 for up to 15 businesses to help employers make worksite changes to accommodate breastfeeding mothers. The changes included adding a refrigerator or reconfiguring space to accommodate private lactation spaces. To receive funds, worksites were required to draft and implement a worksite breastfeeding policy. For this program, VDH worked closely with WIC and regional health offices to conduct outreach specifically targeting schools, childcare centers, libraries, and for-profit businesses. After awarding grants, VDH, in collaboration with WIC and regional chronic disease designees, provided ongoing technical assistance, particularly for drafting breastfeeding policies. The team also worked with school liaisons to create lactation support for teachers and disseminate a breastfeeding policy template for schools.

Through this project, VDH increased the number of employers that provide space and time for nursing mothers to express breast milk by 136 percent. VDH publicizes worksites that are recognized as breastfeeding-friendly, and used a previously arranged statewide worksite wellness conference to recognize 47 worksite leaders for breastfeeding-friendly policies, an increase of 161 percent since 2014.

Policy Strategies and Resources

Creating and enforcing statewide breastfeeding laws.

- The Coalition of Oklahoma Breastfeeding Advocates uses the United States Breastfeeding Committee resource Guide to the Rights of Breastfeeding Employees in Oklahoma. This
The document provides an overview of the laws that protect the rights of breastfeeding employees to express breast milk during the workday.

- North Dakota Department of Health’s [Breastfeeding Laws bookmark](#) and [Breastfeeding Laws card](#) outline the federal and state laws for accommodating breastfeeding women in North Dakota businesses.

**Developing and promoting a statewide employer recognition program for breastfeeding-friendly worksites.**

- New Hampshire Breastfeeding Task Force’s [Breastfeeding Friendly Employer Awards](#) allows anyone to nominate a business as breastfeeding-friendly and provides criteria for the selection process.
- South Dakota Department of Health’s Breastfeeding-Friendly Business Initiative [business pledge](#) publicly commits businesses toward breastfeeding-friendly practices. Businesses that commit receive a toolkit and window cling by signing the pledge.

**Supporting the creation of worksite policies for breastfeeding employees.**

- Alaska Department of Health and Social Services’ [Breastfeeding Workplace Support Request for Applications](#) provides options for Alaska workplaces to initiate activities that accommodate and support breastfeeding. Applicants may apply for a $2,500 sponsorship to improve or create a nursing space, and large business applicants can request extra funding for to create more than one space. Applicants may also apply for technical assistance.
- South Dakota’s [Sample Breastfeeding Policy](#) provides a basic template businesses can use to assess their current breastfeeding accommodation practices.

**Ensuring breastfeeding-friendly policies at state agencies.**

- Alaska Department of Health and Social Services’ [Breastfeeding Policy and guidance](#) for employees and supervisors is intended to help state agencies serve as a model to the employer community on breastfeeding-friendly policies.
- North Dakota Office of Management and Budget developed an [Infant at Work](#) policy. North Dakota’s policy supports breastfeeding, allowing mothers to apply for a special parking permit, and paid break to express milk or breastfeed an infant for up to a year.

**Increasing training for employers.**

- New Hampshire’s [Employer Module for Workplace Lactation Support](#) is an online training that employers can use to learn more about lactation accommodations. The training also provides a certificate upon completion.
- Vermont’s [Pregnancy Related Workplace Accommodations for Vermont Employees](#) video outlines workplace accommodations for Vermont employers. It was created on behalf of a multi-agency state group and outlines potential worksite accommodations for pregnant and lactating women, as well as the responsibilities of employers to these employees.
Data Strategies and Resources

Supporting worksites in conducting audits of breastfeeding policies and tracking the number of breastfeeding friendly worksites.

- North Dakota’s web-based Infant Friendly Businesses map provides a visual display of infant-friendly workplaces in the state and lists by county. As of 2019, 157 businesses were recognized as “infant friendly,” comprising 34,000 employees in the state.
- Vermont’s breastfeeding employer project created basic and detailed policy examples to help businesses create or audit their own policies.

Partnerships Strategies and Resources

Working directly with employers to promote breastfeeding.

- New Hampshire’s Breastfeeding Support in the Workplace toolkit provides employers with sample policies, timelines, an employee feedback form, and support.
- South Dakota’s Best Feeding: The Benefits of a Breastfeeding-Friendly Work Environment brochure is designed to help employers understand the benefits of breastfeeding and act as a sustainability tool to help build the capacity of state employers.

Helping employees understand their breastfeeding rights.

- Breastfeeding Coalition of Delaware’s Breastfeeding and Returning to Work pamphlet provides guidance for breastfeeding women, reminds them of their rights, and shares practical tips for easing the transition of returning to work from maternity leave.
- New Mexico Breastfeeding Task Force’s Guide to Breastfeeding: Returning to Work or School is a one-page information sheet providing practical suggestions from the prenatal period to post-delivery.

Lessons Learned

- Employers may be motivated by even a minimal amount of funding or a sufficient incentive to engage in this work. Sometimes, businesses needed less than the $1,000 offered to make changes.
- Possessing sample policies and tools for technical assistance (such as logos and materials) made it easier for project leaders to quickly respond to employers’ technical assistance requests.
- Employer groups or those focused on worksite support (such as chambers of commerce or the worksite wellness team at a health department) can build connections and relationships with employers. Businesses may represent a new partner for health department program leaders. Introductions from business entities, such as the chamber of commerce or worksite wellness programs, may facilitate strong partnerships.

Conclusion: General Considerations for States and First Steps to Approaching Breastfeeding Initiatives

As state breastfeeding champions consider developing, enhancing, or expanding efforts in any of the previously discussed strategies, ASTHO State Breastfeeding Learning Community participants recommend the following:
• **Understand the current breastfeeding landscape.** Breastfeeding leaders should understand breastfeeding data trends, including populations and geographic areas where breastfeeding rates are reaching intended goals and others that might need additional support. Leaders should learn who is currently collaborating or working on similar initiatives, the history of breastfeeding efforts in the state, and if possible, the path of successful public health initiatives on related challenges.

• **Assess and build upon existing projects and initiatives and leverage partnerships and resources.** Existing partnerships may include work from other organizations and coalitions, such as regional or state breastfeeding coalitions or task forces. Other possible partnerships may include collaboration on a related issue with potential new partners and constituencies to inform or amplify breastfeeding messages. It is also helpful to jointly create or work toward complementary goals or key performance indicators to ensure consistency across efforts.

• **Create smaller systemic to test and create sustainable interventions.** Piloting and testing approaches prior to implementing them on a large scale is beneficial. Approaches will have a better chance of being successfully implemented and sustained if project leaders can assess their potential success, or failure, in advance and address potential pitfalls. By integrating ongoing feedback through a quality improvement process, leaders can attain buy-in from stakeholders to ensure sustainability.

• **Engage leadership and communities to acquire quicker, systematic, and sustainable change.** States can utilize “bottom up” and “top down” approaches within their initiatives. Guidance and commitment from leaders are necessary to move action, regardless of individual investment in improving breastfeeding practices. Likewise, communities, including women and their families, can provide important guidance and feedback on programs designed to address their needs.

• **Use or adapt high-quality sample policies, outreach tools, or training materials.** States can tailor existing materials to meet unique community needs. Many states initially set out to create toolkits or materials but discovered that their time and resources were better spent on adapting and disseminating existing tools.

• **Build capacity for identifying, analyzing, and adapting to emerging trends.** For example, practitioners were able to link breastfeeding promotion approaches for addressing the challenges of Neonatal Abstinence Syndrome (NAS) related to opioid exposure. By building on a critical issue that is a high priority for states, breastfeeding leaders were able to emphasize the importance of breastfeeding practices, particularly for vulnerable women in need of breastfeeding support.

• **Recognize and celebrate successes!** Breastfeeding leaders should formally or informally and periodically recognize and celebrate successes to identify accomplishments and build team comradery, morale, and momentum. Since progress can feel challenging at times, project leaders should take the time to appreciate small successes, which can build enthusiasm and remind team members that small successes can accumulate and eventually yield large-scale improvements and positive outcomes.
For More Information

Email ASTHO’s Maternal and Child Health Team at breastfeeding@astho.org

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2 Ibid.